Situational analysis of drug and alcohol issues and responses in the Pacific 2008–09
Situational analysis of drug and alcohol issues and responses in the Pacific 2008–09

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The Burnet Institute

A report prepared for the Australian National Council on Drugs
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Acknowledgements

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### Acronyms and abbreviations

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<th>Description</th>
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<tbody>
<tr>
<td>ACFID</td>
<td>Australian Council for International Development</td>
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<td>ADB</td>
<td>Asian Development Bank</td>
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<td>AFP</td>
<td>Australian Federal Police</td>
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<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>ALAC</td>
<td>Alcohol Advisory Council of New Zealand</td>
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<td>ANCD</td>
<td>Australian National Council on Drugs</td>
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<td>APG</td>
<td>Asia/Pacific Group</td>
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<td>AU$</td>
<td>Australian dollar</td>
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<tr>
<td>AusAID</td>
<td>Australian Agency for International Development</td>
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<tr>
<td>BINL</td>
<td>(United States) Bureau of International Narcotics and Law Enforcement Affairs</td>
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<tr>
<td>BMS</td>
<td>Border management system (Federated States of Micronesia)</td>
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<td>CBO</td>
<td>Community-based organisations</td>
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<td>CDC</td>
<td>United States Center for Disease Control and Prevention</td>
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<td>CIANGO</td>
<td>Cook Islands Association of Non-Government Organisations</td>
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<td>CLAG</td>
<td>Combined Law Agencies</td>
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<td>DEA</td>
<td>(United States) Drug Enforcement Administration</td>
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<td>EDF</td>
<td>European Development Fund</td>
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<td>European Union</td>
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<td>FAO</td>
<td>Food and Agriculture Organization</td>
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<td>Fiji Council of Social Services</td>
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<td>FIU</td>
<td>Financial Intelligence Unit</td>
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<td>FJ$</td>
<td>Fiji dollar</td>
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<td>FSM</td>
<td>Federated States of Micronesia</td>
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<td>FSMed</td>
<td>Fiji School of Medicine</td>
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<td>GATS</td>
<td>General Agreement on Trade in Services</td>
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<td>Acronyms and abbreviations</td>
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<tr>
<td>GATT</td>
<td>General Agreement on Tariffs and Trade</td>
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<td>GDP</td>
<td>Gross domestic product</td>
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<td>GST</td>
<td>Goods and services tax</td>
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<tr>
<td>HCV</td>
<td>Hepatitis C virus</td>
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<td>HDO</td>
<td>Honolulu District Office</td>
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<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<td>IDU</td>
<td>Injecting drug use</td>
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<td>INCB</td>
<td>International Narcotics Control Board</td>
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<td>IKEC</td>
<td>International Kava Executive Council</td>
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<td>ISF</td>
<td>International Stabilisation Force</td>
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<td>JCS</td>
<td>Joint Country Strategy</td>
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<td>JICA</td>
<td>Japan International Cooperation Agency</td>
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<td>JSPS</td>
<td>Joint Samoa Program Strategy</td>
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<tr>
<td>LDC</td>
<td>Least Developed Country</td>
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<td>MDGs</td>
<td>Millennium Development Goals</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>NCD</td>
<td>Non-communicable disease</td>
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<td>NGO</td>
<td>Non-government(al) organisation</td>
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<td>NITF</td>
<td>Niue International Trust Fund</td>
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<td>NNCB</td>
<td>National Narcotics Control Board (Papua New Guinea)</td>
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<td>NSDP</td>
<td>National Sustainable Development Plan (Cook Islands)</td>
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<td>NZAID</td>
<td>New Zealand Agency for International Development</td>
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<td>NZ$</td>
<td>New Zealand dollar</td>
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<tr>
<td>OCO</td>
<td>Oceania Customs Organisation</td>
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<td>ODA</td>
<td>Overseas development assistance</td>
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<td>PACER</td>
<td>Pacific Agreement on Closer Economic Relations</td>
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<td>PacLII</td>
<td>Pacific Islands Legal Information Institute</td>
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<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
<td>NSAAC</td>
<td>National Substance Abuse Advisory Council (Fiji)</td>
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<td>PALP</td>
<td>Pacific Anti-Money Laundering Programme</td>
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<td>PCAA</td>
<td>Palau Community Action Agency</td>
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<td>PDARN</td>
<td>Pacific Drug and Alcohol Research Network</td>
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<td>PGK</td>
<td>Papua New Guinean kina</td>
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<td>PIANGO</td>
<td>Pacific Islands Association of Non-Governmental Organisations</td>
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<td>PICP</td>
<td>Pacific Islands Chiefs of Police</td>
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<td>PICTA</td>
<td>Pacific Island Countries Trade Agreement</td>
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<tr>
<td>PICTs</td>
<td>Pacific Islands countries and territories</td>
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<tr>
<td>PIFS</td>
<td>Pacific Islands Forum Secretariat</td>
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<td>PILON</td>
<td>Pacific Islands Law Officers’ Network</td>
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<td>PNG</td>
<td>Papua New Guinea</td>
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<tr>
<td>PRHP</td>
<td>Pacific Regional HIV Project</td>
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<tr>
<td>PRO</td>
<td>Pacific regional organisation</td>
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<td>RAMSI</td>
<td>Regional Assistance Mission Solomon Islands</td>
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<td>RMI</td>
<td>Republic of the Marshall Islands</td>
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<tr>
<td>RSE</td>
<td>Recognised Seasonal Employer scheme</td>
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<tr>
<td>SHORE</td>
<td>Centre for Social Health Outcomes Research and Evaluation, New Zealand</td>
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<tr>
<td>SPC</td>
<td>Secretariat of the Pacific Community</td>
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<tr>
<td>STI</td>
<td>Sexually transmitted infection</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>SUNGO</td>
<td>Samoa Umbrella for Non-Governmental Organisations</td>
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<td>TANGO</td>
<td>Tuvalu Association of Non-Governmental Organisations</td>
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<tr>
<td>TCU</td>
<td>Transnational Crime Unit</td>
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<tr>
<td>TITF</td>
<td>Tokelau International Trust Fund</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<td>UNAIDS</td>
<td>United Nations Joint Programme on HIV/AIDS</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>UNGASS</td>
<td>United Nations General Assembly Special Session on HIV/AIDS</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>UNODC</td>
<td>United Nations Office on Drugs and Crime</td>
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<td>UNTAET</td>
<td>United Nations Transitional Administration in East Timor</td>
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<tr>
<td>US</td>
<td>United States of America</td>
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<tr>
<td>US$</td>
<td>United States dollar</td>
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<tr>
<td>VUV</td>
<td>Vanuatu vatu</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<td>WPRO</td>
<td>(WHO) Western Pacific Regional Office</td>
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<tr>
<td>WTO</td>
<td>World Trade Organization</td>
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<tr>
<td>YHBL</td>
<td>Youth Health Behavioural &amp; Lifestyle Survey</td>
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<tr>
<td>YRBS</td>
<td>Youth Risk Behaviour Survey</td>
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Executive summary

This situational analysis was commissioned by the Australian National Council on Drugs (ANCD) for the Expert Advisory Committee on Asia–Pacific Regional Drug Issues (EAC). Following the ANCD-commissioned 2004–2005 *Situational Analysis of Illicit Drug Issues and Responses in the Asia–Pacific Region*, EAC decided that an analysis focusing on the Pacific region, including both licit and illicit drug use, was required.

While acknowledging that scientific understanding of drug and alcohol use in the Pacific remains somewhat limited, this assessment recognises the risks for drug-related crime as identified by international and regional law enforcement agencies for more than a decade. Information collected by enforcement organisations and networks suggests that illicit drugs are becoming an increasing concern in the region. More importantly, health and other community services have begun to highlight the social and economic costs of high levels of alcohol use as an area of increasing concern.

In this context, a review of published and grey literature, key informant interviews and broad consultations have been undertaken to inform development of detailed country profiles. These highlight existing issues, risks and responses, and will inform the development of recommendations for future research activities, policy development and programmatic interventions. In addition, a regional overview drawing out common issues and challenges has been prepared to highlight where existing regional mechanisms may be, and already have been, employed to address these issues.

The report provides considered recommendations for framing appropriate responses coordinated at the regional level, via regional and international coordinating mechanisms and donors.

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Methodology

Peer-reviewed publications with a focus on substance use among the communities of the Pacific region are limited in number and currency. Much of the available information is collected by government, international donors and non-government organisations (NGOs) in the course of broader programs, e.g. youth behavioural health and lifestyle programs managed by the United States Center for Disease Control and Prevention. Data reporting on substance use among adult populations based in Pacific Islands countries and territories (PICTs) is rare, leaving policy makers and service providers dependent on anecdotal reports and single service provider perspectives in the decision-making process.

In the development of country profiles, the preferred source was data from national government ministries and regional member forums. However, reports on household income and expenditure, arrests and hospitalisation, and import data can provide only a limited picture of the situation. Where countries have included specific questions relating to substance use in their routine data collection, this information has been highlighted in country profiles. In many cases, the original source and the accuracy of data in grey literature were difficult to verify. A relative lack of focus on substance use in some sectors and services means that developing a comprehensive and accurate picture of the current situation remains challenging. Key informant questionnaires and interviews, in addition to more informal chains of email correspondence, were essential to extracting and explaining the available data.

Summary of findings

The challenges for responding to substance use issues in the Pacific region have changed little in at least the last decade, if not longer. Overwhelmingly, the achievement of improved health and law enforcement outcomes is hampered in varying degrees by a lack of resources, commitment and local capacity to address the issues. Data vary widely in availability, quantity, quality and currency, with much collected as part of small-scale localised interventions and research activities. Results are not widely disseminated and often cannot be generalised. Where large-scale surveys have been undertaken, they have often targeted specific populations, such as in-school youth, leaving substance use patterns among large numbers of the population under-explored. Census statistics, household income and expenditure surveys, and import statistics include relevant data from arguably more representative samples of Pacific Island populations but lack sufficient detail to accurately reflect the true nature of substance use and the associated harms. In addition, these general data sets fail to capture illicit drug manufacture, cultivation and use, including illicit homebrew production, excessive consumption of which has been identified as a significant contributor to substance use harms across the majority of countries in the region.

Among the countries included in this analysis, a variety of responses to changes and increases in substance use patterns has been adopted including: cannabis crop eradication programs; youth education and awareness-raising activities coordinated across health, education and law enforcement sectors; mass media campaigns; peer-led and risk settings.

2 Less than 50 peer-reviewed publications since the late-1960s making reference to alcohol and other drug issues in the Pacific were identified as part of this analysis, with many making only tangential reference.
interventions; and program integration with the mental health services system. The effectiveness of these responses in the Pacific context has not been well evaluated and, in contrast to countries with more developed responses to substance use issues, the PICTs lack clear frameworks for responding.

As a consequence of existing funding priorities and resource allocations, government departments and other service providers have initiated responses to substance use issues via HIV prevention, non-communicable diseases, and gender and other development programs. While this pragmatic approach recognises the important role substance use plays in impeding successful implementation of development programs, the result is a series of somewhat disjointed service and treatment responses across a range of disciplines with only rare opportunities for consolidation and analysis of evidence for effective interventions to reduce substance-related harms in the Pacific context. Furthermore, responses of this type, which are largely abstinence-based approaches, raise well-founded concerns regarding stigmatisation of substance use, as demonstrated in a recent survey of mental health workers, over 80 per cent of whom felt alcohol dependence and addiction were a result of individual weakness or some other ‘personality flaw’. Bias of this type extends beyond service discrimination with a recent evaluation of the New Zealand-funded regional employment programs reflecting a degree of self- (and sometimes village or district level) exclusion of people known to consume both licit and illicit substances from the opportunity to participate in these schemes. Workers from a number of countries have developed an international ‘reputation’ for involvement in alcohol- and other drug-related incidents which further acts as a barrier to program participation. Such concerns have been raised with respect to fishing crews from Kiribati and Tuvalu, each with the capacity to provide many more workers than are currently employed and each having done so in the past, but now confronted by risk-averse employers seeking to avoid employing staff with substance ‘abuse’ issues. The contribution that initiatives such as the regional seasonal migration schemes make to the development of small island states in particular has the potential to be severely limited if these attitudes prevail without responses to address the underlying issues.

In contrast to health and development responses in this area, there is a strong law enforcement focus on supply reduction of illicit drugs in the region. Pressure for legislative and financial sector reforms and accession to international treaties and conventions represent the imbalance in the response. This is paired with school-based education programs with a demand reduction focus, often implemented in partnership with law enforcement.
The development of any policy and programmatic responses must first recognise the unique circumstances of each PICT and avoid the tendency to frame responses regionally but still benefit from the support of regional mechanisms. It must also take into account the following factors:

- Alcohol, including both legally and illegally produced homebrew, remains the key drug of concern in the region.
- Cannabis remains the key illicit drug of concern in the region.
- A balanced approach between law enforcement and health service providers is absent yet essential to effectively address the range of substance use issues identified in the region.
- The successful implementation of development programs is at risk where substance use issues remain unaddressed.
- International pressure to conform to treaties, agreements and border control issues has skewed the response to substance use toward law enforcement without the concurrent health interventions to deal with the health and social consequences of substance use.
- The success of cannabis crop eradication and other supply reduction programs will continue to be hampered by the fact that it is not a labour-intensive or reliable source of income for families facing financial pressures in vulnerable economies especially susceptible to international market fluctuations.

Summary of recommendations

Recognising the need for increased capacity development, resource allocation, data collection and analysis, a series of short-term (6–12 months) and long-term (2–7 years) recommendations have been developed. For each set of recommendations, the three focus areas are: surveillance; research; and response development. In the immediate future the recommendations propose that existing data sources and skills sets be adapted as a platform for increasing knowledge and skills, filling data gaps and building a strategic and longer-term program of work in the areas of surveillance, research and service delivery in the alcohol and other drugs sector.

In the medium to longer term it is recommended that an approach similar to that for HIV and non-communicable diseases (NCD) programming in the region be developed. This would entail the development of a regionally endorsed multi-sectoral framework for responding to alcohol and other drug issues in the region. A framework of this type would act as a guide for the development of coordinated national level responses tailored to the local context and responding to substance use primarily among the key drugs of concern. Such an approach should seek to utilise the current skills and experience of both government and non-government agencies already identified as working to address these issues in order to avoid replication and any drain on finite resources. In addition, it should include a commitment to ongoing capacity building and professional development among this existing workforce.
1. Regional overview

1.1 Introduction

Substance use is associated closely with patterns of human behaviour and is a sensitive issue. Equally the economic stakes are high and with numerous and varied vested interests—from large-scale domestic and international beverage manufacturers and importers to regional employers seeking a reliable workforce, and from small-scale cannabis producers benefiting from a highly profitable cash crop to traditional farmers seeking to capitalise on profits from the alternative therapy market. With this in mind, this analysis seeks to look at a wide variety of factors with the potential to influence substance use in the Pacific.

Recognising that data on substance use issues across the Pacific is not systematically collated, this analysis was undertaken working with current and past members of the Pacific Drug and Alcohol Research Network (PDARN) as the key contacts, accessing information from across sectors via their networks. In addition to accessing the limited pool of peer-reviewed publications on the subject area, the analysis is informed by key informant questionnaires and interviews, project and government reports, census data and household expenditure surveys, and a review of websites, media and anecdotal reports.

The absence of formal illicit drug use surveillance systems was noted in the 2004–05 analysis. Still today, available data are largely ‘incidental’, collected most often as part of other health and law enforcement systems and not systematically consolidated and analysed. This analysis attempts to accurately identify where data collection is taking place and where it may be strengthened to contribute to a more systematic approach to reporting on substance use issues. In addition, it seeks to highlight gaps and identify the data sources essential for a basic understanding of these same issues in the region. In reporting these issues the goal is to inform decision making around funding allocation, strategy and program development and ongoing research priorities.

Since the 2004–05 analysis, there are only limited reports of new research activities with a focus on substance use. A number of those identified are linked directly to PDARN, including rapid assessments in Papua New Guinea and Fiji looking at the interaction of drug and alcohol use with HIV and sexually transmitted infections (STIs). In addition, a behavioural study being undertaken by the Pacific Islands Chiefs of Police (PICP) is exploring police knowledge and attitudes to HIV and substance use among officers. Work is also being undertaken...

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1 For a recent critique analysing the interests, see B. Neilson & M. Bamyeh (2009), Drugs in motion toward a materialist tracking of global mobilities. Project Muse: Cultural Critique, no. 71—Winter.

4 For a discussion of these factors, see C. Spooner (2005), Structural determinants of drug use: a plea for broadening our thinking. Drug and Alcohol Review, 24(2): 89–92.

5 Above, fn.1. The analysis by the Burnet Institute and Turning Point Drug and Alcohol Centre included Fiji, Tonga, Samoa, Vanuatu, Solomon Islands, Papua New Guinea and Timor-Leste.

6 Personal communication, May 2009.
by the University of New South Wales on behalf of the World Health Organization (WHO) exploring issues around ‘Adolescents and substance use in the Western Pacific Region’,7 as well as a Desk Review of Programs for Most At-Risk Young People in Six Pacific Countries by the Burnet Institute on behalf of the Adolescent Health Development Program and UNICEF’s Asia–Pacific Shared Services Centre.8

This analysis also seeks to highlight research priorities identified in cooperation with key informants to further inform the development of country profiles. Importantly, many of the PDARN members have identified capacity building in research skills and a greater understanding of drug and alcohol use as vital first steps in this process.

In reports from PDARN participants and service providers, anecdotally and in the media, high and increasing levels of cannabis, kava and alcohol use have been identified as key areas of concern in Pacific communities.9 Other areas of concern include inhalant use and possible correlations between drug use and violence. Information regarding emerging local drug markets — in particular, use of amphetamine-type substances and other stimulants — is equivocal. However, while not necessarily an indicator of local substance use trends, relatively recent drug seizures across the region support the view that there is cause for concern.10 In addition, regional bodies such as the Oceania Customs Organisation (OCO) have highlighted existing geographical and structural risk factors making the Pacific an ideal transhipment point for illegal drugs. Key informants have identified that limited information flow between international coordinating bodies and enforcement agencies and national law enforcement and health service providers remains a fundamental barrier which continues to impair stakeholder ability to identify and respond quickly and locally to emerging trends.

However, there is an apparent bias toward law enforcement responses to illicit drug issues. Most available data are from the United States Drug Enforcement Administration (DEA) and the United Nations Office on Drugs and Crime (UNODC). The OCO also reports on seizures, threats and associated responses of the enforcement agencies. These responses are accompanied by pressure to amend legislation, to ratify the United Nations conventions on narcotics control.11

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7 Personal communication: project expected to be completed in late 2009.
8 Personal communication, November 2008.
9 3rd PDARN meeting, July 2008.
11 Listed in detail at section 1.6 of this report (Regional networks and responses).
and incorporate offences for emerging drugs of concern in the region. A September 2008 hearing by the Australian Senate Standing Committee on Foreign Affairs, Defence and Trade raised questions on the transhipment points for illegal drugs and trafficking on illegal drugs and weapons. The inquiry considered the main economic and security challenges facing Papua New Guinea and the Island States of the Southwest Pacific.12

While the early approach has been enforcement-centred, the broadening commitment to also address substance use issues from a health perspective is a positive development. Agencies such as WHO’s Western Pacific Regional Office (WPRO) have worked with the Secretariat of the Pacific Community (SPC) for a number of years on national-level alcohol policy development and have engaged with the PDARN to increase activity in this area. This renewed Pacific focus includes appointment of advisers to support program development in the region. Increasing attention to alcohol issues is also reflected by broader recognition that alcohol needs to be incorporated into national-level plans concerning non-communicable diseases.

1.2 The region

The Pacific is characterised as a region for the purposes of many international interventions, interactions and assistance programs. In addition, representatives of all Pacific States participate in regional forums designed to create a strategic and unified approach to development and interactions with the international community. Although it is not a member of regional forums and networks, Timor-Leste is included in this analysis. The logic for this inclusion is informed by geographical proximity and the many parallel development imperatives and risk factors that characterise Timor-Leste and the PICTs.

Where the country profiles highlight local trends, organisations and capacity to respond to substance use issues, the regional overview seeks to highlight common themes and identify areas potentially justifying a regional response. The benefit of a regional overview is to flag the potential for resource and skills sharing, and country-to-country mentoring and support mechanisms. Furthermore, interventions such as the Regional Assistance Mission Solomon Islands (RAMSI) impact locally (on Solomon Islanders) and regionally (on deployed personnel); these complex interactions require complementary and considered responses. Other examples include regional-level trade agreements with a direct impact upon domestic strategies to regulate alcohol imports and the occasionally advanced argument for a regional court. Decisions at regional level cannot be taken without considering domestic effects. These examples highlight the benefit of a regional understanding while cautioning against an imbalanced approach too heavily reliant on regional responses. Other regional versus domestic challenges including migration and governmental stability are explored in detail in the section below.

12 Above, fn.10.
1.3 Pacific context

The factors influencing substance use issues may include: governmental stability; exposure to foreign visitors; migration patterns, remittances and visits by family; size of the population; culture; and religion. Key factors contributing to the current situation across the PICTs, highlighting where they are of specific relevance to individual countries, are outlined in the following section.

Demographics

The countries of the Pacific region are made up of people of Melanesian, Micronesian and Polynesian background. In addition, countries such as Fiji and the Solomon Islands include large later-generation populations of Chinese and Indian ethnicity. Many of the PICTs are characterised by high rates of unemployment, rural–urban drift and very high youth populations (in many cases, over 50 per cent under 20 years of age). As a consequence, much of the research and many of the programs addressing substance use have a strong youth focus and are part of wider youth programs. This focus raises the concern of whether it is sufficient for substance use to be addressed as part of wider programs and highlights a general lack of attention to adult use. A recent peer-reviewed publication reported on the heavy impact that parental disciplinary methods have in the likelihood of youth involvement in problematic behaviours — in particular, substance use. Arguably, parent substance use patterns will be similarly influential, so targeting adult behaviours may be a significant step in addressing youth issues. Details of relevant demographic data have been included in each of the country profiles.

Regional response mechanisms

The development of regional responses to shared issues is common in the Pacific. The benefits of small populations, with limited resources, combining to achieve shared goals are apparent. However, a number of organisations have highlighted the challenges of a regional approach. Importantly, regional trade agreements impact on the ability of individual countries to respond to specific alcohol issues, and transnational crime management responses are equally likely to have a similar impact on responses in the illicit drugs field. Adopting only regional approaches also risks incorrect assumptions around homogeneity of issues and potential development of inappropriate responses.

Donor environment

There is increasing coordination in the funding of development programs in the Pacific. As key donors in the region, Australia and New Zealand cooperate in design and implementation of, as well as approach to, development programs (e.g. the Samoa Joint Country Program Strategy). In Vanuatu, these countries cooperate with the European Union for program delivery. While donor programs are increasingly aligned with priorities


15 Samoa has been adopted as the official name for the state previously referred to as Western Samoa.
determined by national governments, in the context of future responses to substance use issues the influence of Australian and New Zealand approaches to these matters will be significant. While there are currently no programs specifically targeting these issues, many of the already funded regional law enforcement programs have the potential to provide a framework for future programs. For example, the Pacific Patrol Boat Program focuses on the fisheries industry, but future activities are flagged to incorporate training in search and identification techniques for illegal substances.16

Governance

The countries included in this 2008–09 situational analysis are characterised by varying degrees of political stability. Without stable government and democratic process, it will remain difficult to develop consistent and effective legislation and policy to facilitate the successful implementation of drug and alcohol programs. In the countries characterised by a high level of instability, ensuring government support for interventions, in particular those employing a harm minimisation framework, is likely to remain an ongoing challenge.17 At least one key informant identified a reluctance to implement a national-level response to address problematic alcohol use,18 while another highlighted the absence of a legislative framework as a barrier to addressing current issues.19 Finally, the priority afforded substance use issues varies across countries; in the 2004–05 analysis, Timor-Leste flagged more urgent and competing priorities. In 2009 and beyond, Fiji is facing long-term political uncertainty and exclusion from regional organisations which may impact on the willingness and ability to respond to these issues.

Population mobility

In the Pacific Islands, where high unemployment and population growth rates are commonplace, Recognised Seasonal Employer programs (RSE) and other migration opportunities have provided many job opportunities for skilled and unskilled workers alike.20 The importance of movement of ‘unskilled’ labour throughout the region and the economic benefits of migration are often highlighted.21 The character and skill of migrant workforces range from Fiji as an exporter of skilled labour, to large numbers of seamen from Tuvalu and Kiribati working abroad, to new recruits in the seasonal migrant labour schemes to Australia and New Zealand. Remittances have been identified as a key component of gross domestic product (GDP) in both Tonga and Samoa and have

16 Personal communication, May 2009.
17 See generally resources available at: <http://www.eldis.org/go/topics/dossiers/health-and-fragile>
18 Key informant interview, 2009.
19 Key informant interview, 2009.
20 World Bank (2006), At Home and Away: expanding job opportunities for Pacific Islanders through labour mobility. Washington DC: World Bank. New Zealand’s Recognised Seasonal Employer program agreements are with Kiribati, Tuvalu, Tonga, Samoa and Vanuatu; in 2008 Prime Minister Kevin Rudd announced that Australia will pilot a similar scheme.
contributed to increased national savings and investment in secondary education.\textsuperscript{22} It is estimated that the 2008 value of remittances in the region is in the vicinity of US$446 million (up from US$163 million in 2000).\textsuperscript{23}

An evaluation of the New Zealand RSE scheme essentially advocates for maximum development impact through careful selection of unskilled participants, calculated program duration, repeat opportunities as a reward for good workers, and a cost-sharing arrangement allowing workers to save at the same time as providing an incentive to return home.\textsuperscript{24} Advocacy for careful selection of participants serves to highlight the risk that skilled workers will elect to take higher unskilled paid jobs in the region than to remain on the islands working in essential service provision. The flow of remittances to the islands provides obvious economic and social benefits,\textsuperscript{25} but it remains unclear as to how increased flow of disposable income impacts on substance use in the countries of origin.\textsuperscript{26} While many of the same issues face people in the origin and destination countries, there will be a number of unique context-driven risk and protective factors, as demonstrated by New Zealand research on Pacific Islanders living in New Zealand.\textsuperscript{27}

Non-resident Pacific Islanders

Both island- and overseas-born Pacific Islanders are well studied in their new countries of residence, including New Zealand, Australia and the United States (Hawaii, in particular), with specific reference to alcohol. Issues for further investigation include interactions between returning Pacific Islanders and locals, if Pacific Islanders are at specific risk for substance use upon migration and integration with communities in their new countries of residence. Each should be considered in the context of substance use patterns and associated impact. Community policing programs, peace-keeping, industry-specific migrant labour and the return of ‘troubled’ youth to the care of extended families in the islands have also been flagged by key informants (and above) as issues of concern.\textsuperscript{28}

\textsuperscript{22} World Bank above, fn.20.
\textsuperscript{23} AusAID (2009), \textit{Pacific Economic Survey 2009: engaging the world.} Canberra: AusAID. This AusAID survey also notes that 89 per cent of these remain concentrated in Samoa, Tonga and Fiji.
\textsuperscript{24} Ibid.
\textsuperscript{26} World Bank above, fn.20.
\textsuperscript{27} Spooner above, fn.4; see also New Zealand Ministry of Health (1997), \textit{The Place of Alcohol in the Lives of People from Tokelau, Fiji, Niue, Tonga, Cook Islands and Samoa Living in New Zealand: an overview.} ALAC Research Monograph Series no.2. Wellington, New Zealand: Alcohol Advisory Council of New Zealand.
\textsuperscript{28} Personal communication, May 2009.
Impact of trade

To join the World Trade Organization (WTO), countries must negotiate bilateral agreements as part of their entry procedure. Such agreements lead to specific commitments, concessions and schedules to liberalise trade in goods and services. The results of these bilateral negotiations are merged with the results of more general negotiations carried out between the candidate country and a working party of the WTO membership to form one overall ‘accession package’.\(^9\) WTO membership, the General Agreement on Tariffs and Trade (GATT) and the General Agreement on Trade in Services (GATS) all impact on the distribution, sale, regulation, taxation and advertising of alcohol.\(^\) Furthermore, engagement in international trade agreements can have a significant impact on public health policy, restricting flexibility and autonomy in responding to local issues, such as regulation of tobacco and alcohol. The cost of fighting legal challenges to taxation and advertising regulations has been highlighted as a difficulty for maintaining effective and appropriate nationalised and regional public health responses to alcohol use.\(^1\) In addition, tariffs and taxes are a key source of income for small developing economies in the Pacific, with liberalised trade potentially leading to reduced incomes with subsequent impacts on resources for service delivery. Appendix 18.3 reflects the relevant treaties and organisations involved in countries across the Pacific.\(^2\)

Services delivery approaches

In the Pacific, where they exist, drug and alcohol interventions are often located within mental health services. No large-scale evaluations of the effectiveness of this approach in the Pacific context have been identified.\(^3\) However, in a 2009 study of the situation in the Solomon Islands, substance use was a key issue and one that participants felt traditional community response mechanisms were struggling to manage.\(^4\) This observation is important as the segregation or lack of coordination across services often impacts on collection, recording and reporting of information. This is further demonstrated in HIV programming where many youth-focused programs include behaviour change and life skills programs including drug and alcohol information, but it remains difficult to capture the extent and effectiveness of the response in dealing specifically with substance use. More recently responses to alcohol use issues have been included in


\(^2\) Centre for Social and Health Outcomes Research and Evaluation (2006), Alcohol Marketing in the Western Pacific Region. Report prepared for the WHO Western Pacific Regional Office. Auckland: SHORE.

\(^3\) Secretariat of the Pacific Community (2005), Tobacco and Alcohol in the Pacific Island Countries Trade Agreement: impacts on population health. Noumea: SPC.

\(^4\) Personal communication, 3rd PDARN Meeting, July 2008.
non-communicable diseases programs and strategies and will need to be evaluated in a way that contributes to the overall picture of substance use.

Economic imperatives

The idea of drug distribution, trafficking and consumption as contributing to an alternate illegal global economy is not new. Structures and functions mirroring ‘legitimate’ business and economic models exist inside the illegal milieu. What is important for the PICTs is that many have reported the cultivation of illicit drugs (particularly cannabis) as being driven by an economic imperative resulting from limited income-earning opportunities. Furthermore, the same imperative applies to cultivation, production and sale of other harmful but not illegal drugs, such as alcohol, tobacco and kava. In identifying this issue, it is important to learn from campaigns such as the late-1980s moves against tobacco in Papua New Guinea where competing interests declared the economic loss would prove disastrous if tobacco plants were to close down. There is a clear argument for engaging health economists to compare and report on the health costs compared to economic benefits of such trade and inform the policy response. Equally donors such as Australia and New Zealand must continue to support development of alternate education, employment and business opportunities.

‘Traditions’ of substance use

There has been much discussion of the long tradition of drug use in the Pacific. However, this statement needs critical examination, especially in light of the fact that brewing technology was introduced by Europeans in the 1800s. There is no clear consensus on when cannabis was introduced to the Pacific and the practice of cultivation adopted. However, cannabis now grows wild across many of the islands, with varieties known as Niugini Gold and Spak Brus regarded as some of the most potent available worldwide. The exception is kava with longstanding rituals of use reported in a series of ‘legends’ which vary across the islands, including Samoa, Tonga and Vanuatu.

In the Pacific there is a rich history of anthropological studies illuminating the unique cultural and traditional contributors to the societies of each country. The continuing importance of such perspectives for considering drug and alcohol use was highlighted at the turn of the century. In fact, what little

understanding of the issues exists is in part due to anthropological studies which have focused on ‘traditional’ drugs. An example of this is the anthropological approach to interventions and public policy development adopted in a 1997 Federated States of Micronesia study investigating youth substance use. The kava circle has also been identified for its potential to provide insight into patterns of alcohol consumption among Pacific Islanders, useful for shaping future responses. However, there may yet be space to challenge the notion of ‘traditional’ substance use and cultures of intoxication without ignoring the insight that existing studies provide into evolving patterns of substance use and emerging cultures.

Among Pacific Islander populations in New Zealand the language of substance use has been important in understanding consumption patterns and protective factors. With an understanding of the language of consumption, successful targeted and appropriate interventions have been developed. Finally the potential benefits of the rules governing cultural ritual such as fa’asamoa and kastom, and their capacity to operate as protective factors in managing drug and alcohol issues, need to be more fully understood.

Gender

It is important to understand the interaction of substance use across genders in the Pacific. A number of the study countries reported relatively limited alcohol use among women, which often decreased with age. This mirrors the traditional kava consumption which has been restricted to men, with women participating in the preparation process only. However, countries such as Vanuatu are reporting concerns with increased use of all substances among young women. The association between substance use and violence is an ongoing concern for people in the region. A recent Asian Development Bank (ADB) report highlighted the contribution of substance use to violence and other hardship for women particularly in the Marshall Islands, Nauru, the Federated States of Micronesia, Kiribati and the Solomon Islands. Many of the PDARN participants have reported the social impacts of substance use as a concern, with family members often absent for long periods of time spent drinking or in kava sessions. In contrast, gender-based violence was highlighted as a key development challenge in the region in a recent AusAID report, with only limited assessment of the role substance use plays in this issue.

41 F.X. Hezel (1997), Alcohol and Drug Use in the Federated States of Micronesia: an assessment of the problem with implications for prevention and treatment. Pohnpei: Micronesian Seminar (on behalf of the Center for Substance Abuse Treatment); discusses research with an emphasis on the cultural barriers influencing the methodology.
42 Studies are not consistent in their definition of ‘youth’, with the range often as broad as 15–30 years.
43 G. Nelson (2008), Gender Profiles of Asian Development Bank’s Pacific Developing Member Countries. Manila: ADB.
44 AusAID (2008), Violence against Women in Melanesia and East Timor: a review of international lessons. Canberra: AusAID.
Violence

The interaction between substance use and violence requires special consideration in the Pacific context. This issue has been particularly highlighted by PDARN members in the cases of Tonga, Papua New Guinea, Vanuatu, the Solomon Islands and Fiji. High levels of cannabis use, reports of cannabis psychosis and the correlation with violence are issues that are receiving increasing attention in the media and from service providers. There is a considerable body of international research investigating the causal relationship between substance use and violence and psychosis, in particular cannabis. However, no Pacific-based studies exploring this relationship have been identified, despite increasing anecdotal reports linking cannabis use with violence.45

As noted previously, the interaction between substance use and gender-based violence is not well recognised despite its prominence as a development issue.

HIV

With only limited evidence of injecting drug use, HIV prevention activities in the region focus on sexual transmission. A recent epidemiological report commissioned by the United Nations Joint Programme on HIV/AIDS (UNAIDS) (not released to the public) noted that injecting most often occurs in the American-affiliated states, French Polynesia and Palau, but little if any is reported in other PICTs.46 The main risk factors for HIV transmission identified in the Pacific Regional Strategy on HIV/AIDS 2004–2008 were sex work and high rates of sexually transmitted infections. The contribution of alcohol and other drugs as risk factors has been largely overlooked in both the 2004–2008 strategy and its successor, the Pacific Regional Strategy on HIV and Other STIs for 2009–2013.47

Study of the interaction between sexual risk behaviours and drugs and alcohol is common in Western countries. More recently it has become of increasing interest in the Pacific. A recent study of risk in youth in Vanuatu, Tonga and Micronesia demonstrated a moderate to high rate of risk. The paper showed that the total of youth who had ever had sex when under the influence of drugs or alcohol was in the range of 34–52.9 per cent. The percentage is greater in males.48 In addition, the research demonstrated a significant association between increased binge drinking and multiple sexual partners. Recent rapid assessments in Fiji and Papua New Guinea clearly identified risky substance use, but further study is required to show causation.

45 Over 200 international articles considering this issue were identified while the information for the Pacific remains anecdotal.
46 Personal communication, 2008.
Religion

With high rates of active participation in religious life, an analysis of the involvement of churches in the prevention of substance use is of interest for all Pacific countries. This is particularly important where religious leaders have traditionally taken on the role of ‘regulating’ social behaviours among their constituents. Research among Pacific Islanders living abroad suggests that actively practising a religion can act as a protective factor against problematic substance use. In New Zealand it has been shown that there is a lower prevalence of alcohol consumption among Pacific Islanders than among the general population and this has been linked to religious practice. This view is supported by the fact that a number of churches — for example, the Methodist Church — have successfully advocated kava use over alcohol, as it is associated with less harm. Despite the positive role that religious groups have played in limited substance use harms, the adoption of traditional abstinence programming to the exclusion of all other services is as unlikely to succeed in this context as in other settings across the world.

1.4 Illicit drug trends

The UNODC World Drug Report 2007 includes data for Oceania, predominantly gathered from Australia and New Zealand, and is consequently of only marginal interest for this assessment. In the same report, the PICTs are not identified as ‘significant’ producing countries, with the possible exception of cannabis cultivation. Asia and South America are clearly identified points of origin for other illicit drugs in the region.

Transhipment of drugs in the region is a concern raised by the OCO and other law enforcement agencies across the region. However, there seems to be inter-regional movement of drugs, notably the shifting of cannabis between Samoa and American Samoa, and movement between Fiji and other nations. The risk factors for the region are included in detail in an Australian Institute of Criminology report on precursors in Oceania.

Significant seizures in the region have included:

- 375 kilograms of heroin in Fiji, 2000
- 160 kilograms of heroin shipped from Myanmar to Vanuatu, 2001

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49 Up to 90 per cent in some of the countries included in this analysis.
50 Personal communication, July 2008.
52 Fiji is also identified as a source of cannabis for Tonga and Samoa: personal communication, July 2008.
53 R. McCusker (2006), Transnational Crime in the Pacific Islands: real or apparent danger? Trends & Issues in Crime and Criminal Justice, no.308, March 2006. Canberra: Australian Institute of Criminology. This publication includes Pacific countries not the focus of this report, i.e. the French and American territories, and presents the view that the region is increasingly a trafficking route for precursor chemicals.
• 98 kilograms of cocaine in Tonga, 2001
• 74 kilograms of methamphetamine in Singapore on a ship travelling to Fiji and Australia, 2002
• International Narcotics Control Board prevented the importation of 12 tonnes of ephedrine and pseudoephedrine into Papua New Guinea, 2002, and
• 120 kilograms of cocaine found buried on a beach in Vanuatu in 2004.54

In Fiji in 2004 there was also a significant seizure at what is known as a crystal methamphetamine ‘super’ laboratory yielding 5 kilograms of finished crystal methamphetamine, 700 litres of liquid methamphetamine and enough precursor chemicals to produce 100 kilograms more.55 However, with the exception of the Fiji ‘super’ lab, illicit drug seizures in the PICTs are comparatively small. Where seizures in major producing countries are routinely measured in metric tonnes, in the Pacific seizures of cannabis are measured in number of plants.56

In a 2005 report, cannabis was reported as the drug of choice among the six PICTs considered, largely because it is cheap and easily available.57 A review of recent related media reports suggests this trend continues to exist alongside an emerging, but not yet numerically significant, trend toward the use of amphetamine-type substances. There is insufficient information to unequivocally state that cannabis use is increasing across the region and the emergence of targeted law enforcement campaigns leading to increased arrests and reporting are likely to be factors in this apparent trend. Important issues for cannabis use are that it is locally grown and renowned for its potency.58 Of particular concern to key informants is the interaction between mental health issues and cannabis use and the high levels of use among the youth population.59 In 2004 the DEA reported a low usage of marijuana of 2 per cent of the population in the Marshall Islands, and a high usage of 34 per cent of the population in Palau.60 Notably, the 2003 UNODC Pacific Profile reported there were in the vicinity of one million cannabis users in Papua New Guinea and up to 350,000 daily users, but the data are now more than a decade old and no new estimates have been identified.61

A review of court reports (where available) for the countries in this analysis supports the view that offences for possession or trafficking of cannabis are the illicit drug cases most

54 Ibid.
57 Devaney et al. above, fn.40.
58 Fiji, Papua New Guinea, Samoa and Vanuatu.
59 Above, fn.40.
60 DEA above, fn.55, quoting a US National Institute on Drug Abuse report.
61 UNODC (2003), Pacific Profile, August.
often before the courts. However, the total number of reported judgments in all areas is relatively low and it is not clear if they reflect all substance-related offences or if informal diversion from the court system is taking place. Indeed the system for diversion is formalised in Palau where it is recognised that all the people currently in drug treatment programs are on court-ordered treatment. Other drugs appearing in the reports include cocaine and amphetamines most frequently, with occasional ecstasy reports, and heroin only rarely.

In 2008, a study of 148 countries reporting injecting drug use (IDU) listed only eight that reported zero HIV prevalence among injecting drug users. The draft summary for the burden of disease review of PICTs notes that injecting is reported in a number of countries, but the extent is still not well known. The interaction of injecting and HIV has been well reported and remains an ongoing challenge for HIV prevention around the world. For the whole of the Pacific region, a recent epidemiological study estimates the number of injecting drug users at somewhere between 14 500 and 25 000. This study excludes Tokelau and the Cook Islands. No current estimate is available for Timor-Leste. Australia and New Zealand were not included in the region for this study.

It is reported that 6.7 per cent of all HIV infections in the Pacific outside Papua New Guinea were transmitted through IDU, but many countries report it is still not a significant issue. This is in spite of behavioural surveys in Vanuatu, the Solomon Islands, Fiji, Kiribati, Tonga and Papua New Guinea reporting single-digit figures for youth injecting in 2005–06. In the research undertaken since the 2004–05 analysis, cannabis is also noted as the drug of most concern, along with alcohol. These findings are the result of multi-site rapid assessments undertaken in Fiji and Papua New Guinea.

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62 Key informant, 2009.


65 No available estimate.

66 Above, fn.63: this review included an assessment of over 11 000 papers and consultation with regional experts.


68 Ibid; in some countries it was a matter of one or two individuals identified as injecting.

Finally, the media continue to report on the dangers of increasing cannabis consumption, identifying links between drugs, guns, money laundering and violence. The 2004–05 situational analysis notes the tendency toward the increasing commercialisation of cannabis cultivation in the region. There have not been any significant reports of this in the ensuing period, but Vanuatu is an example where villagers are growing crops to supplement income. In addition, media in Fiji regularly report cannabis sales in the local fruit, vegetable and fish markets, each suggesting a less ‘organised’ marketplace.

1.5 Licit drug trends

Problematic alcohol consumption patterns have been noted for over a decade in the Pacific. It is accepted that Europeans introduced alcohol and brewing technologies to the PICTs. Furthermore, it is specifically noted that Pacific Islanders had not developed indigenous brews until the arrival of Europeans. Harmful alcohol consumption patterns have a relatively short history in the Pacific. Thus, there is a greater risk, in the absence of well-formed cultural ‘norms or prohibitions’, in terms of consumption. Finally, there is increasing pressure on already stretched public health services and infrastructure to respond to emerging drug and alcohol use issues.

Alcohol

The World Health Organization periodically reports on alcohol consumption patterns in the region. Global burden of disease analyses note the greater impact on men, with volume and pattern of consumption as the predictors for the burden. The burden is influenced by social context, injury, biochemical effects, intoxication, dependence, and acute and chronic outcomes. Particularly relevant for the Pacific is the established link between economic development and drinking patterns.\(^{70}\) Reportedly, drinking to the point of intoxication is more prevalent in economies outside the developed market economy style.

Both licit and illicit alcohol are consumed across the Pacific, but for the purpose of this analysis each will be considered in the licit drug trends section. In addition, both beverage and non-beverage alcohol\(^ {71}\) consumption have been reported in the region. Reports of drinking methylated spirits and occasional consumption of pure methanol have been past public health problems in


\(^{71}\) Refers to ethanol and other derivative alcohol products not produced specifically for human consumption; this may still represent a major concern in Papua New Guinea.

A report commissioned by the Secretariat of the Pacific Community details the effect of including tobacco and alcohol in the Pacific Island Countries Trade Agreement (PICTA), and specifically the effect on consumption.\footnote{M. Allen et al. (2005), \textit{Tobacco Control and Alcohol in the Pacific Island Countries Trade Agreement: impacts on population health}. Noumea: SPC.} The United Nations Food and Agriculture Organization (FAO) also collects tobacco and alcohol consumption data for the region, but such data do not capture significant consumption of homebrew and illegally brewed products.\footnote{Refer FAO report on consumption for the region.}

In addition to domestically generated data, Pacific communities in Australia, New Zealand and the United States have been the subject of drug and alcohol research. Pacific Islander alcohol consumption in New Zealand has been considered among Samoan, Cook Island Maori, Tongan, Niuean, Fijian and Tokelauan communities, comparing consumption with the general New Zealand population. In this context, the proportion of Pacific Islanders who are drinkers, 57 per cent, is significantly less than the proportion of the general population, at 85 per cent. This trend seems to be mirrored in recent Island-based studies. However, annual average alcohol consumption by Pacific Island respondent drinkers in Australian and New Zealand studies was significantly higher, at 21 litres, than the general population, at 11 litres. Anecdotal evidence suggests similar patterns in the Pacific Islands. The non-Island research concluded that Pacific peoples’ drinking patterns had greater associated harms, but there is insufficient evidence to draw the same conclusion for Island populations. However, comparative analysis of other health indicators has proven useful in understanding other health issues in the past and could be useful in this context (see Samoa chapter).\footnote{J. Huakau, A. Lanuola et al. (2005), New Zealand Pacific peoples’ drinking style: too much or nothing at all? \textit{The New Zealand Medical Journal}, 118(1216).}

### Kava

Kava is consumed by all major Polynesian groups except the New Zealand Maori and on two islands of Micronesia (Kosrae and Pohnpei). It is also consumed by a significant proportion of the population in Vanuatu.\footnote{In 2003 the UNODC Pacific Islands report included an estimate of 70 per cent (Vanuatu is part of Melanesia).} The kava legend illustrates its cultural significance, highlighting the often ritualised
nature of consumption and its importance in strengthening ties of kinship, reaffirming rank and facilitating communication with spirits.

Although it is a plant extract widely used across the Pacific, kava is now a strictly controlled substance in Australia, recognised for its narcotic and health effects, despite its social and ritual importance.\(^77\) Traditionally it has been used as a herbal treatment for cystitis, urethritis, rheumatism, and infection of the genito-urinary tract. It has also been used for treatment of nervous anxiety, tension and restlessness, and mild depression of non-psychotic origin.\(^78\) Related health effects include a skin condition, some evidence of organ damage, and what has been described as an ‘amotivation’ syndrome, with impacts on life, work and social interactions.

Kava drinking, while not illegal, is associated with alcohol and tobacco use and is flagged as a concern because past research has shown that consumption rates for these drugs are atypical and much higher among kava drinkers.\(^79\) Use among women and youth is cited as evidence of a significant change in consumption patterns, a change from usually enforced restrictions limiting consumption to adult males of rank.\(^80\) It has been suggested that modern methods of kava sales and consumption mirror alcohol sale and consumption patterns, e.g. kava bars and takeaways. These will be significant for assessing trends and harms in light of suggestions that kava rituals are the drinking model for alcohol in the Pacific.\(^81\) However, there is also a view that groups traditionally excluded from kava consumption have tended to consume imported alcohol as a sign of status and esteem, exclusive to those included in the kava ritual, suggesting influence flows in a different direction.\(^82\)

The social harms directly related to kava are the subject of a large number of anecdotal reports, while not necessarily being well researched. These harms include family breakdown due to extensive periods of time away from the family and neglect of family responsibilities. In Vanuatu, people associate kava drinking with promiscuity. In contrast to these views of the harms, it is also reported as popular ‘lore’ that kava drinking reduces the level of crime, in particular, domestic violence, despite what alternative indicators suggest.\(^83\)

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\(^77\) Australian Drug Foundation Druginfo Clearinghouse, Fact sheet on kava: <http://www.druginfo.adf.org.au/druginfo/fact_sheets/kava/kava.html> (accessed December 2009); kava is also called yoqona in Fiji.


\(^80\) Ibid.

\(^81\) Ibid.

\(^82\) Vanuatu is an example of this.

\(^83\) McDonald & Jowitt above, fn.79.
Inhalants

While not illegal, the increasing use of inhalants is of particular significance and requires further study. Such use has been increasingly reported in Fiji and Papua New Guinea. PDARN delegates from other countries report sniffing of various substances but none to the extent reported in Fiji. While it has not been reported in Papua New Guinea, a considered decision was taken to avoid discussing it as part of the Tingim Laip response to substance use activities to avoid curiosity and experimentation among program participants. Inhalant use is commonly a youth-specific issue and it appears to follow the same pattern where it occurs in the Pacific.

Tobacco

High rates of tobacco smoking and community acceptance of the practice have been reported in a number of publications relating to the Pacific. While recognising that smoking is a significant contributor to health issues, especially among youth in the Pacific, this analysis notes that, in contrast to other substance use considered here, there has been a relatively significant response to tobacco use, with the majority of PICTs signing up to the United Nations Framework Convention on Tobacco Control as a starting point. In addition, countries such as Tonga have responded by convening a National Committee on Tobacco Control to begin addressing the health effects of its consumption. Pacific approaches to tobacco control are of significance, as many of the structural forces at work in the alcohol industry are similar to the tobacco industry, e.g. industry sponsorship of sporting and cultural events. In addition, the shift to commercially manufactured cigarettes as a symbol of modernised, westernised ‘sophistication’ mirrors the preference for imported alcoholic beverages in many PICTs. Denying people access to products by prohibitionist regimes may be interpreted as Western attempts to prevent people from accessing the benefits of globalisation and modernisation. Local production of tobacco and alcohol is also considered a good source of income and employment in addition to government revenues raised from their sale and import. Finally, religion has been shown to play a role in the decision of Pacific Islanders to smoke, or not — a scenario that may be similarly tested for alcohol.

84 4th PDARN meeting, Vanuatu, July 2009.
85 Tingim Laip is an AusAID-funded activity; personal communication, 2009.
87 With the exception of Tokelau.
88 Key informant interview, 2009.
89 Above, fn.86.
90 Ibid.
91 Ibid. Anti-smoking campaigns occurred as early as the 1830s; in some cases being a non-smoker was a requirement for membership of a congregation.
Betel nut

Betel nut (Areca catechu), also commonly known as Areca nut, paan, paan-guthka pin-lang, pinang or supari, is only mildly narcotic, stimulating the central nervous system in a way similar to tobacco or caffeine.\(^\text{92}\) It is not illegal. Chewing is said to provide benefits such as expelling wind, killing worms, removing phlegm, and beautifying the mouth.\(^\text{93}\) The health impacts of betel use have been the subject of a number of ethnographic studies, with limited scientific studies available.\(^\text{94}\) It is primarily of concern in Papua New Guinea where the government has recently introduced restrictions on street-based sale and consumption in response to concerns around tuberculosis transmission. In addition, research has shown links between betel chewing and mouth cancers, possibly associated with the lime use when chewing.\(^\text{95}\) While it has been identified as an issue in some PICTs, betel nut use is not a focus of this analysis.


\(^{94}\) Cawte, ibid.

1.6 Regional networks and responses

International treaties

The 29th South Pacific Forum called for the early ratification and implementation of the United Nations conventions related to drug control. The international conventions on narcotics control include: the Convention on Narcotic Drugs 1961; the Convention on Psychotropic Substances 1971; and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988. Notably, the countries included in this analysis, with the exceptions of Tokelau and Timor-Leste, have signed up to the United Nations Framework Convention on Tobacco Control. In contrast, at the time of writing, five countries included in this study are party to none of the UN conventions on drug control; and many of the others are party to only one of the three conventions. Fiji and Tonga are party to all three treaties. The Solomon Islands is a party to the 1961 Convention, as is Papua New Guinea, which is in negotiations for adherence to the 1988 Convention. Since the 2004–05 situational analysis, Samoa, the Cook Islands and Vanuatu have signed up to the 1988 agreement. A detailed overview of the countries that have ratified each convention can be found at Appendix 18.3. Convention adherence is significant, as it has been suggested that the successful enforcement of regional environmental treaties related to fishing and other resources of import for the PICTs could provide a model for managing international crime, including drug trafficking and production. However, from a governance perspective, there are many challenges for this approach and caution should be advocated when considering regionalist approaches to legislating for illegal activities.

Legislation

Much of the legislation against illicit drug cultivation, trafficking and related offences in the PICTs is ill-equipped to manage emerging issues and does not apply to new and emerging substances such as amphetamine-type stimulants. The exception is in the American-affiliated states which have largely adopted the United States forms. Reported judgments from the PICTs indicate that courts currently exercise a degree of discretion in sentencing in relation to alcohol and illicit drug offences, an approach to be encouraged. Details of specific legislative approaches to alcohol and other drugs are included in

97 Tokelau is covered under the New Zealand agreement.
98 See Appendix 18.3.
99 See Appendix 18.3.
100 N. Boister (2005), New directions for regional cooperation in the suppression of transnational crime in the South Pacific, Journal of South Pacific Law, 9(2).
individual country profiles and an overview of relevant legislation is provided at Appendix 18.6. Notably an Illicit Drugs Control Bill 2002 was drafted as model legislation for narcotics control for PICTs aiming to address outmoded legislation and identified gaps. It was used as the basis for legislation in Tonga. A version of the Bill has also been put before the Papua New Guinea Parliament for approval — the outcome is not yet known.

Law enforcement (drug control roles and responsibilities)

At least since the 1992 Honiara Declaration, the Pacific Islands Forum Secretariat (PIFS) has been instrumental in coordinating the response to international crime.102 The Combined Law Agencies (CLAG) response was developed in relation to drug and alcohol issues. In a personal communication in 2005, a PIFS representative noted that there is no regional or country-based policy for drug issues. There is a Forum Regional Security Committee, but no published data have been identified outlining current activities and, at the time of writing, attempts to contact the Committee were unsuccessful. A number of countries have announced law reforms and reviews of existing illicit drugs legislation, yet the shape of these reforms remains unknown. A joint working group including the OCO, PICP and PIFS is also designated to address drug control issues.103

The Pacific Transnational Crime Coordination Centre is supported by the Australian Federal Police (AFP). The AFP has appointed Transnational Crime Teams across the region to support international law enforcement obligations including people and drug trafficking. Transnational Crime Units have been established in Fiji, Tonga, Samoa, Papua New Guinea, Vanuatu and, as of July 2009, the Solomon Islands.104 The Pacific Regional Policing Initiative is designed to strengthen the capacity of Pacific police. In June 2008, the Pacific Islands Forum Secretariat highlighted the threat to human and economic security and re-emphasised that combating transnational crime remains a high priority in the region.105

The Pacific Plan 2005 considers how Pacific nations may benefit from sharing resources and aligning laws. Developing regional responses to cross-cutting issues has become the standard approach in the Pacific. There is a plethora of regional response networks developing strategies to respond to emerging issues in specific disciplines. Many health and development issues are common to all Pacific Island countries and, in an environment with limited resources, resource sharing has become the norm. The ongoing commitment to and participation in these networks and forums are significant successes.

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102 Boister, ibid.
Health

The previous situational analysis reported that there are limited targeted programs for drug and alcohol use across the region. The presentations of PDARN representatives support the conclusion that this remains the case. However, in terms of primary prevention programs for illicit drug use, organisations similar to the Fiji National Substance Abuse Advisory Council have developed a significant amount of literature. The programs tend to be part of general education, covering counselling, healthy lifestyle and mental health. This is also reflected by the SPC’s non-communicable diseases and healthy lifestyles programs facilitating inclusion of alcohol use issues as a component. While the effectiveness and appropriateness of this mode of response, in particular school-based education programs, need to be assessed, there is scope to build on current nationally mandated response modes to establish evidence-informed programs.

Any national response framework needs to take into consideration WHO collaboration with the SPC to develop the Pacific Framework for the Prevention and Control of Noncommunicable Diseases. This includes alcohol as a principal risk factor for the four most prevalent diseases in the Pacific (cardiovascular disease, diabetes, chronic respiratory disease, and cancers). The SPC is working with PICTs to develop country strategies. Countries can elect, but are not bound, to include strategies for the mitigation of the harmful effects of alcohol as part of these. These countries involved have the discretion to include drugs and alcohol as an issue, but it is unclear as yet how this will manifest. As stated earlier, the majority of PICTs have signed up to the Framework Convention on Tobacco Control. In addition, countries such as Tonga have developed national response mechanisms concerning tobacco control and have a more advanced response to this issue than to alcohol.

Little is written with respect to treatment options for substance users. There are a number of papers on the association between mental health issues and cannabis use and, in the Solomon Islands, Fiji and Vanuatu, data are collected on substance use-related hospital admissions. Key informant comments suggest the criteria for identifying an admission as substance use-related are broad and it is not clear what treatment protocols exist. The International Narcotics Control Board reports on methadone consumption and availability in the Cook Islands in the 2005–07 period, with nothing listed for the other PICTs included in the report.

In 2000, the need for a regionally supported response to kava consumption was identified. The benefits of a harm reduction approach were discussed simultaneously with a caution against indiscriminately applying what has worked elsewhere. However, no systematic responses to the negative impacts

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106 Personal communication, May 2008.
107 See Solomon Islands in this report; St Giles Hospital in Fiji also collects such data.
109 McDonald et Jowitt above, fn.79.
of excessive kava consumption have been identified during this analysis, and programming is likely to remain a challenge because of the real and perceived benefits of use.

Regulation

In the international sphere, the commonly engaged mechanisms for regulating alcohol consumption include taxes, licences, bans and targeted education, among others. While a number of these may be employed across the Pacific, they fail to account for illegal toddy and homebrewed products, which are untaxed and are therefore cheaper. Furthermore, the earlier-mentioned difficulties associated with complex trade agreements may begin to affect these measures. Finally, the actual objective of governments in taxing alcohol needs to be carefully considered, including where and how alcohol-related revenue is invested.

For all of the PICTs, the key barrier to change may be government monopolies on alcohol sales and high rates of revenue return. Where important revenue is generated from direct sales, licensing and taxation regimes (employee tax contributions as well as goods and services type taxes), any motivation to regulate and reduce consumption may be limited. Equally, the challenge of developing measures to address problematic non-beverage alcohol consumption is of particular importance. There are currently no local organisations mandated to address both licit and illicit drug issues and advocate for changes, such as implementing a framework convention on alcohol control.

The International Kava Executive Council expects the kava trade to return to normal within two years after an agreement reached in Brussels in October 2008. The Council, the European Commission and the German Government have agreed on a two-year process to restore the trade after six years of bans over possible health risks. This decision allows for resolution of any remaining conflicts in the research and for Pacific growers to improve quality control of kava, before the trade can resume. Before the ban, in 1998, kava was among the top-selling herbs in the United States, a market valued at US$8 million. However, there has been increasing debate around the introduction of international restrictions on kava sales. The Food


114 Denham above, fn.78.
Standards Association of Australia and New Zealand has undertaken a stringent biological analysis of the properties of kava since the decision to restrict imports.

Non-government organisations

Potential exists among Pacific-based civil society organisations to support and enhance the response to substance use issues. In supporting good governance and exposing corruption, Pacific Island regional advocacy bodies have an important role to play. The Pacific Regional Rights Resource Team (known widely as RRRT) has established a significant presence in the region providing technical assistance and advice on human rights and supporting civil society strengthening. Other examples include: the Pacific Concerns Resource Centre; the Pacific Network on Globalisation; the Ecumenical Centre for Research, Education and Advocacy; and the Tonga Human Rights and Democracy Movement, particularly their work to raise awareness and ensure that Pacific Island decision makers are accountable for inaction or complicity in corruption.115

The Pacific Islands Association of Non-Governmental Organisations (PIANGO) is an umbrella organisation constituted by representatives of national bodies, broadly representative of NGOs in the respective countries. All of the PICTs considered in this analysis are members;116 Timor-Leste is an interim member. PIANGO’s areas of strategic focus are: sharing information; building capacity; strengthening key relationships; and ensuring quality performance. Unfortunately in early 2009 the organisation has come into the spotlight and faces an uncertain future due to funds mismanagement and the subsequent withdrawal of donor funds. At the time of writing, a caretaker manager is working to resolve these issues. A civil society coordinating mechanism of this type has the potential to support information sharing and resource development among community-based NGOs working in the alcohol and other drugs field and to strengthen the response.

In 2003, UNODC documented the role of church groups and other community-based organisations in responding to substance use issues in the Pacific.117 The overall extent of this involvement is not otherwise well documented, but agencies such as the National Substance Abuse Advisory Council in Fiji and the Fishermen’s Unions in Tuvalu and Kiribati are clearly mandated to respond. In addition, the Micronesia Seminar has been involved in the response in the American-affiliated states, at least since the mid- to late-1990s, and has been involved in large-scale behavioural research activities on substance use undertaken at the time.


116 PIANGO: <http://www.piango.org_members.html> (accessed March 2009). The exception is Tokelau, represented by New Zealand on the group. In April 2009, activities were suspended under this network due to concerns regarding funding misuse; at the time of writing, this issue had not been resolved.

117 UNODC (2003), Pacific Profile: Pacific Islands. Bangkok: UNODC Regional Centre for East Asia and the Pacific.
1.7 Australian involvement

The current focus areas of Australia’s aid program in the Pacific include health, education and training, governance, trade, infrastructure, land, fisheries, environment, gender, disaster response and supporting regional institutions. Aid includes financial support for eight Pacific regional organisations (PROs) including PIFS, SPC, the University of the South Pacific and the Fiji School of Medicine (FSMed), each performing a variety of functions related to substance use issues ranging from research to training practitioners, to law enforcement.

Assistance is delivered in close cooperation with New Zealand, WHO, SPC and the World Bank and is focused on strengthening health systems, recognising the need for increased capacity in all areas of health service delivery and challenges for meeting Millennium Development Goals (MDGs) 4, 5 and 6. Since August 2009 Australia has chaired PIFS and presided over the issue of the Cairns Compact, which outlines a strengthened commitment to improved coordination of development resources in the region to support achievement of the MDGs. Australia has identified improvement in government effectiveness, reducing corruption and maintaining rule of law as key contributors to successful development of and priorities for achieving the MDGs. In the governance area Australia prefers to adopt a whole-of-government approach, including work with the Australian Federal Police and Australia’s Attorney-General’s Department, in addition to partnerships with PROs and New Zealand in this area.

Australian Agency for International Development

The framework for Australia’s current aid program in the Pacific is the Pacific Regional Aid Strategy 2004–2009. In 2008, AusAID reported that net aid from all donor sources to the Pacific was in the vicinity of US$1.1 billion in 2006. Formal remittances across the region were estimated to have grown to US$425 million in 2005 with an annualised growth rate of 36 per cent, compared to overseas development assistance which grew by an average of only 6 per cent. The 2008 report did not include mention of the impact of alcohol and other drugs on Pacific communities. However, there is scope within existing programs for these issues to receive increased attention, with health a major part of bilateral programs. These include: improving health outcomes in Papua New Guinea by providing assistance to implement the National Health Strategy; improving service delivery aims in the Solomon

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119 Forum Communiqué: Cairns Compact on Strengthening Development Coordination in the Pacific, 40th Pacific Islands Forum, August 2009.


121 AusAID (2008), Tracking Development and Governance in the Pacific. Canberra: AusAID.

122 Ibid.
Islands to strengthen public health functions; supporting the reduction of non-communicable diseases and the development of the health workforce in Samoa; accelerating progress in Vanuatu towards health MDGs through better access and quality of health care services; supporting long-term economic growth in Tuvalu to improve preventative health services; reducing the prevalence of non-communicable disease risk factors such as smoking and obesity in Tonga; and strengthening management and addressing non-communicable diseases in Nauru.

**Australian non-government organisations**

To identify Australian NGO programs in the Pacific, a search of the Australian Council for International Development (ACFID) website was undertaken in addition to emails circulated among the network list. A wide variety of Australian-based NGOs implement programs in the Pacific. Organisations such as Save the Children Australia, Oxfam Australia and World Vision are key players, with community-based programs including youth-focused activities. Many of these activities include life skills programs which address youth alcohol and other drug consumption; details are outlined at Appendix 18.5.

**1.8 International involvement**

A review of the current programs of key bilateral international development cooperation agencies was undertaken. Agencies searched included Japan’s International Cooperation Agency (JICA), the United States Agency for International Development (USAID), the Canadian International Development Agency (CIDA), *Groupe Agence Française de Développement* (AFD), the United Kingdom Department for International Development, the Taiwan International Cooperation Development Fund (Taiwan ICDF) and *Deutsche Gesellschaft für Technische Zusammenarbeit* GmbH (GTZ). Where agencies have provided bilateral program funds, there has been a focus on non-health-related programming, with funds allocated to infrastructure development, resource management and environmental protection issues.

The AFD has a focus on the former French territories without significant programs in the focus countries of this situational analysis. Taiwan ICDF has undertaken programs in a number of the analysis countries in the last two decades, with many of the large projects completed and a focus on loans and infrastructure development. GTZ has provided significant support in Timor-Leste with a focus on conflict resolution and alternative dispute resolution activities. In a number of the PICTs not affiliated with the United States, USAID has provided funds and technical assistance to aid military training in support of peace and security; this is separate from the direct budget and trust fund support provided to the American-affiliated states. CIDA has a small-scale Fund for Local Initiatives for projects proposed by local organisations.
The Bureau of International Narcotics and Law Enforcement Affairs (BINL) has contributed US$1.5 million in 2007 to the PIFS as part of its four-year Pacific Anti-Money Laundering Programme (PALP). Money laundering is seen as an indicator of drug trafficking. Under this program, ‘countries of concern’ include the Cook Islands, Samoa, Vanuatu and Palau. This classification is designed to exert pressure on the countries listed to address money laundering issues. Other Pacific countries being monitored include Timor-Leste, Fiji, Marshall Islands, Federated States of Micronesia, Nauru, Niue, Papua New Guinea, Solomon Islands and Tonga.

With respect to overseas development assistance, there is a tendency to coordinate programs and develop unified strategies. In 2008, the World Bank announced an agricultural commodities program with the objective of poverty reduction via economic development activities. This type of response was developed in view of a perceived failure of the Bank to stimulate economic growth in the region as a result of previous interventions. There are 14 Pacific member countries of the Asian Development Bank receiving loans, grants and technical assistance. The program focuses on poverty reduction via sustainable economic development programs. Papua New Guinea is the principal beneficiary.

Countries in the Pacific have been negotiating an Economic Partnership Agreement with the European Union (EU) to improve trade and economic agreements.

The Pacific Regional Initiatives for the Delivery of Basic Education is supported by the EU’s European Development Fund and New Zealand Agency for International Development (NZAID) and implemented via the University of the South Pacific. The countries benefiting from the project include: Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu. The goal of the activity is to expand opportunities for children and youth to acquire the values, knowledge and skills that will enable them to actively participate in the social, spiritual, economic and cultural development of their communities and to contribute positively to creating sustainable futures.

The Canada Fund for Local Initiatives (CFLI) aims to support small projects proposed and implemented by local organisations in countries of the western Pacific. In providing funding for small projects that offer direct social, economic or technical assistance to local populations, the CFLI contributes to the overall goal of reducing poverty. The main organisations eligible for such funding include local NGOs, village councils, cooperatives and women’s groups.

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123 World Bank (2008), The World Bank and the Pacific Islands: background information note for the Pacific Kick-Off Workshop of the All ACP Agricultural Commodities Programme (AAACP), Samoa, 27–29 February 2008; the World Bank classifies the Pacific Islands to include: Fiji, Federated States of Micronesia, Kiribati, Marshall Islands, Palau, Samoa, Solomon Islands, Tonga and Vanuatu.

124 For details of the Asian Development Bank’s assistance to Pacific countries, see <http://www.adb.org/Pacific/default.asp>; and see the ADB’s Pacific Strategy 2005–2009; note that Timor-Leste is included among the 14 countries.

1.9 Gaps analysis

While existing regional organisations have the potential to provide the beginnings of a framework for addressing illicit and licit drug issues, there is a need for the regular collection and collation of data to develop informed and appropriate responses. This analysis has identified a variety of data sources, such as household income and expenditure surveys and import data which, while useful, are insufficient to identify clear trends in substance use across the region. In addition, the analysis identified relevant time-series data for a number of countries across a number of surveys, but maintaining resources for collection and analysis remains an obvious challenge, with examples of data available for up to a decade followed by significant gaps. There is an almost complete absence of surveys into adult population substance use patterns and the impact these behaviours have on use and uptake of substance use. What focus there is tends to centre on youth. The discussion concerning polydrug use is gaining momentum but there is virtually no available research on the topic, despite key informants highlighting this as an issue of increasing concern. Attempts were made to identify reports of substance use in prisons — where responses were received, it was treated as a relatively minor concern with no data provided to support or deny this view.

1.10 Health and development lessons

The importance of anthropological approaches is highlighted in the available literature, especially with reference to understanding consumption of and responses to alcohol and illicit substances. A multi-disciplinary approach adopting both qualitative and quantitative measures is preferred. Such an approach seeks to avoid assumptions around consumption and the complexities associated with problematic substance use. The risk of assumptions is also particularly relevant in a context where the default position is framing responses in a regional strategy, in which the issues relate to complex behavioural, cultural, traditional and social interactions. Health and community services personnel stand to benefit from reviewing the lessons taken from the development and implementation of successive HIV prevention strategies across the region.

What can be taken from the experience of alcohol and other drug workers in New Zealand is the importance of terminology in framing the context and illuminating the issues. Understanding terms such as ‘banking at the pub’: spending all money on alcohol; ‘boot drinking’: alcohol is banned in a venue and people go to the car park for a drink; ‘the circle’: ‘modelled’ on the kava circle; and ‘drinking school(s)’: where the

barman controls intake of the alcohol (not in the western sense of a bar, but in an informal drinking environment)\textsuperscript{127} is essential in understanding consumption in the New Zealand context. Also important for this group is greater emphasis on the social implications of the drink, rather than on the individual health effects of consumption patterns. Finally, those who reported not being drinkers still report having a few drinks during social occasions, highlighting an alternate understanding of ‘abstinence’.\textsuperscript{128}

1.11 Conclusions

Alcohol is a drug of concern in all 16 PICTs considered as part of this analysis. Overwhelmingly it is the primary drug of concern. While alcohol is a relatively recent introduction into the region, harmful consumption has occurred for over a decade in the countries considered. In some cases, such as Papua New Guinea, concerns have been raised for significantly longer. In many of the countries there is a contemporary view that people live in ‘cultures of alcohol consumption’, and in some cases ‘intoxication’, but this cannot be equated with longstanding ‘traditions’ such as kava use, which is highly ritualised and often linked to identity and societal roles.

With the notable exception of cannabis, illicit drugs are still of little concern in terms of local use in the PICTs. There is noticeably more concern around border and customs control, but this arguably reflects much of the bias of international law enforcement agencies and donor organisations. In addition, many of the countries have demonstrated a commitment to legislative reforms, undertaking legislative reviews to address new and emerging drug concerns.

Youth consumption patterns of all drugs, mental health issues and lack of treatment options are apparent across all PICTs. There is a tendency toward prevention-focused education and training programs in response to alcohol and other drug use among adolescents. While many agencies are able to report on the number of activities undertaken in a given period, there is little evaluation to assess the impacts of specific interventions on behaviour change. Data on youth alcohol and other drug consumption are most often collected via behavioural surveillance surveys. The strongest data sets are available from the American-affiliated states which receive significant grants from the United States Government.\textsuperscript{129}

\textsuperscript{127} New Zealand Ministry of Health (1997), \textit{The Place of Alcohol in the Lives of People from Tokelau, Fiji, Niue, Tonga, Cook Islands and Samoa living in New Zealand: an overview}. ALAC Research Monograph Series no.2. Wellington: ALAC.


\textsuperscript{129} Palau, Marshall Islands, Federated States of Micronesia.
While there has been much discussion about introducing drug and alcohol surveillance systems in the PICTs, a separate analysis on the appropriateness of such systems on islands with small population bases requires careful consideration. Given there is little or no specific funding allocated to alcohol and other drug programs in the Pacific, scrutiny of the purpose of such a surveillance system and its cost-effectiveness, compared to the provision of a broader range of treatment services, is necessary. Currently, treatment services are largely delivered via mental health programs and, in some instances, via counselling programs. Little was identified in the way of treatment options beyond these.

1.12 Recommendations

International development programming in the Pacific has already laid much of the groundwork for framing a response to substance use issues in the region. Although not always fully satisfactory, successive programs have highlighted risks and challenges for working in the Pacific. In 2004–05 the previous situational analysis of drug issues in the Asia–Pacific region included six Pacific countries. An apparent dearth of data led to the establishment of the Pacific Drug and Alcohol Research Network (PDARN) in 2005. This 2008–09 situational analysis details 16 Pacific countries, seeking to increase the current understanding of substance use issues, responses and data and programming gaps in the region.

In resource-limited settings, an effective response depends on using existing programs and data sources, while recognising that in the long term the evidence base for effective interventions in this region needs to be improved. In addition, engaging existing service providers and recognising the cultural and economic context are essential for success. Accordingly, the recommendations comprise immediate short-term actions (6–12 months) and long-term goals (2–7 years). They are further divided into three categories: surveillance; research; and response development.
1.13 Short-term goals (6–12 months)

Surveillance

Current data sources include: household income and expenditure surveys; import and export data; youth lifestyle and behavioural surveillance surveys; national census data; hospitalisation and police accident and injury data. Much of these data are collected sporadically, ordinarily for other purposes and, where focused on substance use, are targeted toward commonly identified high-risk groups (e.g. youth and sex workers), leading to large data gaps for other groups. Analysis is rarely focused on substance use trends and impacts. It is therefore essential to:

- build on existing data collection systems to collect regular data on alcohol and other drug production and consumption trends
- advocate for inclusion of specific drug and alcohol questions in routine surveys
- collaborate with regional initiatives (e.g. UNODC Global Smart Program)
- engage international agencies, such as the WHO Western Pacific Regional Office and the United Nations Office on Drugs and Crime, in data collection, and
- assess the feasibility of developing an early-warning system for emerging substance use in individual Pacific Island countries and regionally.

Research

Much of the current research funding is sourced via HIV and other development programs in the region wherein substance use is considered a risk factor rather than the central issue. It is essential that targeted funding be made available to investigate the extent of social, economic and health consequences of substance use in the Pacific and subsequent findings be used to develop appropriate responses. It is essential to:

- identify and enhance specific funding sources for alcohol and other drug research in the Pacific region
- build on the existing momentum behind the Pacific Drug and Alcohol Research Network (PDARN) as the network for alcohol and drug research and data collection in the Pacific
- adequately resource and manage the PDARN website as a platform for information sharing and reporting on alcohol and other drug issues in the Pacific
- identify opportunities for research centre twinning arrangements
- continue to encourage PDARN research collaborations and networking
- promote capacity building in research skills through implementation of research activities, and
- encourage Pacific Islanders to undertake research, student placements and sabbaticals with established research institutes and centres with expertise in alcohol and other drug research.
Response development

While many PICTs have national alcohol policies, these are not well implemented, if at all. Other current responses to alcohol and other drug production and use are largely two-dimensional, focused on school-based demand reduction programs, and supply reduction via customs, border control and crop eradication programs. Services are often ad hoc and in some cases embedded in mental health services, which are not adequately equipped to address the range of emerging issues, but are usually appropriate only for critical care. There is external pressure and international funding for regional security and enforcement programs. It is essential to:

- identify and/or advocate for funding opportunities to develop a regionally endorsed Pacific framework for responding to alcohol and other drug issues
- engage current non-government and government service providers in education and training and professional development programs in the alcohol and other drugs field
- establish mentoring relationships between experienced alcohol and other drug services at all stages in the spectrum of care and support, and Pacific-based service providers
- identify opportunities to improve existing treatment and rehabilitation programs and services
- promote capacity building for existing treatment programs and other service providers
- work with current service providers to undertake rigorous evaluation of current interventions, and
- trial and rigorously evaluate a range of alternative small-scale community-based interventions.
1.14 Long-term goals (2–7 years)

Surveillance

The development of a regional surveillance system and reporting framework should be modelled on methods used in existing successful regional networking and coordination mechanisms. Such a system should include regular and routine reporting of drug patterns and trends supported by the development of national and regional coordination mechanisms.

Research

A sustained program of research is required to understand and respond to trends in and impacts of substance use as they emerge. Pacific-based drug and alcohol research centres of excellence should be funded and supported via relationships with established research centres in the region. In addition, large-scale research activities should be funded to enhance a local evidence base.

Response development

By building on recent policy and legislative reforms in a number of PICTs, significant benefits may be achieved through the development of a strategic framework to respond to alcohol and other drug issues. This requires recognition of the issues and increased political will, created via targeted advocacy activities, to implement effective evidence-informed responses to current and emerging issues. This will include ongoing trials for alcohol and other drug interventions subjected to rigorous evaluation and review.

Activities may also include: supporting legislative review for informed and appropriate legislative reforms; advocacy to improve the balance of funding allocation in favour of prevention and treatment responses over law enforcement and border control; and supporting the development of an alcohol and other drug workforce through vocational training programs, degree and postgraduate qualifications and continuing professional development programs.
2. Cook Islands

<table>
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<th>Population</th>
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<tr>
<td></td>
<td>15–64 years: 63.7%</td>
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<td></td>
<td>65 years and over: 9.2% (2009 est.)</td>
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<td>Gender</td>
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<tr>
<td>Literacy</td>
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<td></td>
<td>Total population: 95%</td>
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<tr>
<td></td>
<td>Male: Not available</td>
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<tr>
<td></td>
<td>Female: Not available</td>
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<tr>
<td>Unemployment</td>
<td>13.1% (2005) (#144)</td>
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<td>Employment by sector</td>
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<td></td>
<td>Industry: 9.6%</td>
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<td>Services: 75.3% (2004)</td>
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<td>Currency</td>
<td>New Zealand dollar (NZ$)</td>
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<tr>
<td>Exchange rate</td>
<td>Per US dollar: 1.4151 (2008 est.)</td>
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</table>


2.1 Introduction

The Cook Islands are located in the South Pacific between Niue, Samoa and French Polynesia. The country is made up of 15 islands and atolls covering an estimated total land area of 241 square kilometres. The Islands form part of a self-governing parliamentary democracy named after Captain Cook. The Cook Islands became a British protectorate in 1888. By 1900, administrative control was transferred to New Zealand, and in 1965 residents chose self-government in free association with New Zealand.


Demographics

Population estimates for the Cook Islands are as high as 20,000\(^{132}\) and as low as 12,271\(^{133}\). The difficulty that temporary and permanent migration creates for calculating accurate estimates has been highlighted by the Cook Island Statistics Office, which notes that approximately three to four times as many Cook Islanders live overseas as in the Cook Islands\(^ {134}\). It is estimated that the Cook Island Maori population living abroad is 58,000\(^ {135}\).

In the Cook Islands, the population is concentrated in Rarotonga (72.3 per cent), with 20.6 per cent of residents living in the Southern Island group and 7.1 per cent in the Northern Island group\(^ {136}\). The impact of this concentration is that many of the outer islands are less developed, thus perpetuating the urban flow. In addition, under current arrangements with New Zealand, Cook Islanders have the benefit of automatic entry and dual citizenship\(^ {137}\). This allows Cook Islanders to live and work in Australia, contributing to population mobility.

The Cook Islands population is comprised of a 90 per cent Cook Islands Maori majority and very small minorities, including 9 per cent Europeans and 1 per cent Filipino, Fijian-Indians, Samoans, Tongans, Kiribati and New Zealand Maori\(^ {138}\). The risk profile of the minority groups is unclear, as drug and alcohol consumption research tends to focus on the Cook Island Maori population. Notably migration to the Cook Islands by people of other ethnic origin is increasing and this may change the dynamics of drug and alcohol consumption in the future.

The majority of Cook Islanders practise some form of religion including: Cook Islands Christian Church 55.9 per cent; Roman Catholic 16.8 per cent; Seventh-Day Adventists 7.9 per cent; Latter-Day Saints (Mormons) 3.8 per cent; other Protestant 5.8 per cent; other 4.2 per cent; unspecified 2.6 per cent; none 3 per cent (2001 Census)\(^ {139}\). Significantly, research indicates that, in Pacific Islander populations outside their country of origin, religious affiliation has been a significant factor.

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\(^{132}\) Ibid.


\(^{135}\) Ibid.

\(^{136}\) Ibid.

\(^{137}\) Ibid.

\(^{138}\) Ibid.

\(^{139}\) Above, fn.131.
determinant of drug and alcohol consumption patterns, with a number of churches providing leadership and influence on the congregation.\textsuperscript{140}

\section*{Government}

The Cook Islands Government has the right at any time to move to full independence by unilateral action.\textsuperscript{141} In the 1990s a radical structural adjustment program to reduce significant government deficits was undertaken. The program has had a significant impact on employment opportunities and migration from the Cook Islands. The adjustment program with associated government downsizing may provide some insight into the lack of specific drug and alcohol policies and services and needs further exploration.

\section*{Health and development}

Internationally, the Cook Islands is a high-ranking, middle-income country.\textsuperscript{142} Compared with residents of most developing countries, the people of the Cook Islands have a high standard of living, with a Human Development Index of 0.789 in 2002, among the highest-ranking in the Pacific region.\textsuperscript{143} The Asian Development Bank reports that, among adults, the prevalence of non-communicable diseases, especially heart disease, diabetes and cancer, has risen with increased use of alcohol as one of many contributing factors.\textsuperscript{144} The ADB notes that most of the Millennium Development Goals (MDGs) have been met or will be met by 2015.\textsuperscript{145} The most recent MDG report available is the 2005 report.\textsuperscript{146}

Similar to other PICTs, the Cook Islands has relatively limited natural resources, remoteness from major trade and industrial centres, and a diminishing labour force. However, the country does have a small, but successful, tourism industry, with further development afforded high priority by the government. This is in addition to the development of marine resources within the Exclusive Economic Zone.\textsuperscript{147} Trade deficits are offset by remittances from emigrants and by foreign aid, with the majority provided by New Zealand. The impact of high levels of remittances on disposable income and expenditure needs to be considered further.

\begin{thebibliography}{99}
\bibitem{140} New Zealand Ministry of Health above, fn.127.
\bibitem{141} Above, fn.131.
\bibitem{143} Ibid.
\bibitem{144} Ibid.
\bibitem{145} Ibid.
\bibitem{146} Ibid.
\end{thebibliography}
2.2 Drug and alcohol overview

The Cook Islands was first represented by a delegate from its Ministry of Health at the July 2008 meeting of the PDARN. At the meeting the delegate reported on the following drug- and alcohol-related trends: increase in under-age drinking; increase in marijuana use; increase in drug-induced psychosis; increases in violence, family disruptions, ill-health and disease, injury, and crime; and an increase in the prison population.\(^\text{148}\)

Furthermore, cases of binge drinking with greater and more frequent consumption (and consumption to the point of drunkenness) among males were identified as an issue. The drinks of choice were homebrew for males and alcopops (pre-mixed, ready-to-drink beverages)\(^\text{149}\) for females. Homebrew users reported drinking a minimum of 6 litres per sitting, with blackouts a common occurrence.\(^\text{150}\) Alcohol consumption has been identified as an issue of key concern, reflected in the published data on the Cook Islands. No reports of inhalant use have been identified among the documents reviewed for this analysis. Finally, kava is not considered to have the same significance in the Cook Islands as in other neighbouring countries, and there is no wild variety growing in the Islands in contrast to other PICTs.

2.3 Illicit drug trends

Very little information on illicit drug consumption is reported for Cook Islanders resident in the Cook Islands. As with other PICTs, the Cook Islands is included in the Oceania region for the purposes of the UNODC World Drug Report 2007.\(^\text{151}\) The Oceania region includes Australia and New Zealand, each recognised as having high rates of amphetamine use, distorting the data and proving unreliable for determining trends in other PICTs.

However, the Bureau of International Narcotics and Law Enforcement Affairs included the Cook Islands on its list of ‘countries of concern’, pressuring the government to strengthen money laundering legislation.\(^\text{152}\) Money laundering is closely linked to drug

\(^{148}\) Cook Islands country report to 3rd PDARN meeting, Lautoka, Fiji, July 2008.

\(^{149}\) Australian Drug Foundation, Fact sheet on alcopops, available at: <http://www.druginfo.adf.org.au/newsletter.asp?ContainerID=the_facts_about_alcopops> (accessed December 2009), typically derived from a malt beverage, wine or spirit that is then mixed with other additives and flavours. Regular alcopops contain between 4 and 5 per cent alcohol; ‘premium’ or super-strength alcopops can contain up to 9 per cent alcohol. Alcopops can also include caffeine and other stimulants which can give drinkers a false sense of alertness.\(^\text{Ibid.}\)


trafficking and terrorist financing and the United States of America has identified so-called systemic weaknesses in the Cook Islands. Since being recorded as a non-cooperative territory in 2000, the Cook Islands has moved toward compliance with international guidelines for regulating the offshore financial sector, introducing regulations and licensing to manage the sector.\textsuperscript{153} The strengthening of these systems may make the Cook Islands a less than viable option as a drugs transhipment point.

A single reported judgment from 1987 relating to drug offences in the Cook Islands was identified from the Pacific Islands Legal Information Institute (PacLII) website. The judgment considered chain-of-evidence issues and highlighted a limited capacity for modern chemical laboratory testing to identify drugs in the Cook Islands at the time.\textsuperscript{154} Notably, the police officer involved in the testing process had participated in an internationally sponsored conference on testing. It is not clear what further progress has been made in this area.

**Cannabis**

In contrast to the Islands-based communities, illicit drug use trends are well reported among Cook Islands Maori resident in New Zealand as a significant minority group. Research indicates that similar proportions of men (24 per cent) and women (19 per cent) had used marijuana in the past 12 months, with the population average at 21 per cent. Thirty per cent of non-users reported they did not use marijuana because they did not like it and 15 per cent because they did not like the smell of it. Other drug use was limited to only a very small number of men and women who had used stimulants, LSD, mushrooms and ecstasy.\textsuperscript{155} Further investigation is required to determine if these trends are mirrored among island-based populations.

**Other**

No data or reports with respect to other types of illicit drug consumption have been identified for the Cook Islands.


\textsuperscript{155} Pacific Research and Development Services & SHORE (2003), *Pacific Drugs and Alcohol Consumption Survey: Cook Islands Maori Fact Sheet*. Auckland: SHORE.
2.4 Licit drug trends

Alcohol

When the Cook Islands was annexed to New Zealand, only Europeans were allowed to buy alcohol; therefore, the locals drank home-brew. From 1940 to 1950 locals had to be certified fit to drink, which then entitled them to purchase a limited amount of spirits and beers each month. In the late-1960s purchase points were decentralised, with a few parties selected to on-sell alcohol. There were no limits on the quantity purchased, and the production of homebrew became illegal. It is not clear how and if this legislation was enforced.

Regulations introduced in the 1970s included Sale of Liquor Licences, including licensing for homebrew production. In the Cook Islands, alcoholic homebrews are made from rice, pineapple, oranges and nu uri (green coconut). In addition, green coconuts are commonly used for medicines, thus many attribute medicinal properties to homebrew made from the same fruit. Homebrew is also made from Papaa (European) hops and malt.

During the 1990s structural adjustment program, former government employees were given a three-month payout and training to ‘up skill’. Payments were made in fortnightly instalments. It has been reported that men in this program began to have drinking parties which would last up to three days. Drinks included spirits, homebrew and beer. Passers-by referred to them as Repo taro (dirty taro), a derogatory term used to describe manual labourers. No data are available on the long-term impacts of the adjustment program on drinking patterns. In addition, the emigration of employees made redundant as part of this program needs to be considered as a contributing factor to consumption patterns among this group in their destination countries.

Looking to more recent trends, in 2008 the Cook Islands Statistics Office reported a steadily increasing supply of alcohol. The 2006 Household Expenditure Survey report shows annual expenditure on alcohol estimated to be NZ$1 886 200 which, combined with tobacco expenditure, represents 2 per cent of total expenditure. However, the report notes that there is a trend toward under-reporting of expenditure.

156 Above, fn.129.
157 World Health Organization (2004), Global Status Report on Alcohol 2004: Western Pacific region. Geneva: WHO. In the 2004 fact sheet much of the data on alcohol-related accident statistics and use patterns is from the 1990s; therefore, it is useful as an indicator of past trends.
158 Above, fn.128.
In 2002, Cook Islands representatives of the Small Islands Voice project undertook a survey\(^\text{161}\) of children (5–14 years), youth (15–21 years) and adults (21 years and over) focusing on environment, development and tourism issues. The research indicated that youth reported alcohol consumption as one of the most important issues they faced.\(^\text{162}\) A 1993 WHO report suggests people aged over 15 years consume approximately 9.7 litres of alcohol per capita annually, with beer the source of more than 73 per cent of the total pure alcohol consumed.

In the Cook Islands, alcohol use is also closely associated with the prevalence of motor vehicle accidents, particularly in Rarotonga, often involving young men on motorbikes. In 2004, 91 people were hospitalised due to motor vehicle accidents in Rarotonga, in addition to five fatalities.\(^\text{163}\) Fifty-eight of these accidents were reported to be alcohol-related. The same report notes that alcohol abuse also contributes to domestic and other violence.\(^\text{164}\)

Other

Similar to other Pacific Island nations, kava is a traditional ceremonial drink in the Cook Islands, but some reports suggest that missionaries have virtually eliminated the tradition. Other more anecdotal reports suggest that ‘kava’ is now used as a general term to describe any alcoholic beverage on the Islands.\(^\text{165}\) No specific data on kava consumption were identified. An October 2009 media report lamented the missed opportunity to demonstrate the Cook Islands kava ceremony to the region and the world, suggesting reluctance to entirely abandon the ritual.\(^\text{166}\)


\(^{162}\) Ibid.

\(^{163}\) WHO above, fn.157. This 2004 report in the section ‘Cook Islands: alcohol consumption’ listed 41 alcohol-related injuries in 1989, four deaths from alcohol-related accidents and 27 assaults.

\(^{164}\) Above, fn.131. Note that wearing a helmet is not a legal requirement in the Cook Islands.


2.5 Local responses

The main social services are the responsibility of ministries of Health, Education, Internal Affairs, and Social Services. In theory, governments of the outer islands are responsible for managing basic infrastructure services, with direction from the Ministry of Works.167 The current Cook Islands development plan is *Te Kaveinga Nui – Living the Cook Islands Vision: a 2020 Challenge* including the National Sustainable Development Plan (NSDP) 2007–2010, signed by the Prime Minister in January 2007. Of significance for drug and alcohol issues are Strategic Outcomes 1 and 2 of the plan related to health and security.168

Legislation

In February 2005, the Cook Islands accessioned the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988. Existing relevant Cook Islands legislation for drug and alcohol control includes: *Transport Act 2007*, *Criminal Procedure Amendment Act 2003*, *Sale of Liquor Act 1991–1992*, and the *Proceeds of Crime Act 2003*. In 2007 the *Prevention of Juvenile Crime Act 2007* was passed.169 Police hope that the new Narcotics and Misuse of Drugs Bill will be passed at the first sitting for the 2009 parliamentary year. The Bill replaces the *Narcotics Act 1965* and, like the legislation it replaces, is based on New Zealand law. However, the Deputy Police Commissioner Maara Tetava says it has been adapted for the Cook Islands, with changes in the penalties and fines to suit local conditions.170 This Bill was first flagged for development in 2004. While the Cook Islands is now a party to the 1988 UN drug convention, the International Narcotics Control Board still lists it as a country of concern with a need to remain focused on implementing anti-money laundering legislation.171 It is reported that there is no methadone available in the Cook Islands, and that there is no legislation regarding its import.172

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167 Above, fn.131.
171 Above, fn.152.
Law enforcement

The Cook Islands is a member of the Pacific Islands Law Officers’ Network and attended the most recent meetings in December 2007 and December 2008. No drug and alcohol issues were highlighted in the annual reports, with the exception of support provided to the Australian Attorney-General’s Office in the collection and swearing of evidence for a serious drug smuggling case in 2008. The Cook Islands is a member of the Asia/Pacific Group on Money Laundering (APG), which was officially established in February 1997 at the Fourth (and last) Asia/Pacific Money Laundering Symposium in Bangkok as an autonomous regional anti-money laundering body. The Cook Islands is also a beneficiary under the Pacific Islands Forum’s Pacific Anti-Money Laundering Programme (PALP).173

Health

The Joint Country Strategy of the Cook Islands and the Secretariat of the Pacific Community174 reflects the earlier-mentioned NSDP. Under Strategic Goal 1: ‘Equal opportunities for education, health, and other social services towards maintaining an inclusive, vibrant, resilient and productive society in harmony with our culture’, strategic targets include: develop and implement a comprehensive drug and alcohol, tobacco and gambling cessation strategy; and enact alcohol and drug, tobacco and gambling legislation. Proposed SPC technical assistance includes providing technical assistance to finalise the Cooks Islands Alcohol Strategy, among other alcohol-related inputs.175

Agencies identified as instrumental in the achievement of these goals include the Cook Islands Ministry of Health, Cook Islands Association of Non-Government Organisations (CIANGO), Are Pa Taonga, Te Kainga, Punanga Tauturu, Cook Islands Family Welfare Association, Are Pa Metua, Cook Islands Red Cross, Tobacco Control Working Group and the National AIDS Committee.

The Public Health Division aims to change behaviour through school programs, and a national tobacco strategy has been drafted with help from WHO and NZAID.176 Steps toward the implementation of the development strategy have commenced with the Finance Minister announcing an increase in taxes on soft drinks, cigarettes and alcohol in June 2008. The taxes are expected to reduce consumption resulting in improved health outcomes particularly for young people.177

Ministry of Health officials report alcohol services including: a twice-weekly Alcoholics Anonymous-type program at Te Kainga (Community Mental Health Service provider); Te Kainga/Ministry of Health awareness programs – ‘Men Against Violence’; men/women counselling groups; and doctors in

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173 See details of PALP above, section 1.8 (Regional overview), and below, section 2.7 (International involvement) of this report.


175 Ibid.

176 Above, fn.129.

hospital accident and emergency departments are encouraged to counsel or refer alcohol-related injuries. It is not clear if these services are limited to Rarotonga. This needs to be further explored with local counterparts.

Non-government organisations

CIANGO is the umbrella organisation for NGOs in the Cook Islands and represents the Cook Islands on the Pacific Islands Association of Non-Governmental Organisations (PIANGO). CIANGO has a broad membership base including women, youths, churches, uniformed organisations, traditional groups, and the Chamber of Commerce. No specific mention of drug and alcohol interventions is made, but this organisation provides a potential framework for the development of future interventions.178

Regulation

Recent news reports indicate a move toward increasing taxation and regulation of alcohol and tobacco.179 Currently taxes are calculated per litre depending on the alcohol content of the product, with higher taxes for imported beer.180

In 2006, the Cook Islands moved to abolish the majority of customs levies, with levies remaining on the four major imports into the Cook Islands: alcohol, tobacco, fuel, and motor vehicles, along with levies on some smaller imports, soft drinks and vegetables (seasonal levy).181 In 2007, a report considering the impact of trade reform on revenue described the result of an import levy of 20 per cent applied to what are termed ‘luxury’ or ‘sin goods’, such as alcohol, cigarettes and cars. In addition, an excise tax is also imposed on these items.182 The price inelasticity of these types of goods was seen as positive in maintaining and increasing revenue.

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178 PIANGO, available at: <http://www.piango.org/nlu/cook-islands.html> (accessed May 2009); an email was sent to CIANGO (with no reply as at May 2009).
180 ADB above, fn.140.
2.6 Australian involvement

In the interests of aid harmonisation, the Australian Government has opted to provide aid to the Cook Islands by way of an annual contribution to management and implementation costs of the program managed by NZAID. During 2008–09 Australia’s total overseas development assistance to the Cook Islands is estimated to be AU$5.1 million, including bilateral (approx. AU$2.7 million) and other programs. The Cook Islands is also a part of Pacific Regional Programs to which the Australian Government provides a significant contribution. Notably, the Cook Islands participates in the Pacific Patrol Boat Program, including provision of a patrol boat in 1989 and a life extension upgrade for boats in 2006.

Australian Agency for International Development

AusAID’s contributions to the Cook Islands development program support health and governance activities. Details of the Joint Country Strategy are outlined below in section 2.7 (International involvement) of the report.

Australian non-government organisations

No Australian NGO programs in the Cook Islands have been identified.

2.7 International involvement

New Zealand

The Cook Islands Joint Country Strategy 2008–2017 is a cooperation agreement between the Cook Islands Government, NZAID and AusAID. The strategy reflects the Cook Islands NSDP. New Zealand and Australia have identified four focus areas including: investing in people; good governance; sustainable livelihoods; and economic growth and infrastructure. New Zealand is the main contributor to the strategy allocating NZ$9 million, with Australia contributing AU$2.6 million.

The program funds visits by medical specialists and additional future support will be considered, potentially providing an opportunity to support the local development of drug and alcohol interventions. The strategy has also supported governance programs, including strengthening legislation and law enforcement around money laundering and public sector reforms. A plan to undertake an impact study on current community sector programs, funded under the Small Grants Scheme, may provide avenues for future investment in drug and alcohol services.

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183 Australian Government Department of Foreign Affairs and Trade above, fn.18, compared to the Cook Islands Joint Country Strategy 2008–2017; figure is quoted as NZ$1.7 million.

184 See section 1 of this report (Regional overview) for further detail on this program.

185 Ibid.


188 Subject to parliamentary approval.
NZAID contributes significantly to the Secretariat of the Pacific Community, the Pacific Islands Forum Secretariat and the University of the South Pacific, with a funding allocation for regional organisations in 2007–08 of NZ$24.55 million. NZAID also provides funding of NZ$39.4 million for regional projects focusing on education, health, governance and economic growth. In addition to the NZAID programs, Statistics New Zealand has been working with delegations from Tokelau, Niue and the Cook Islands Planning and Statistics Departments as part of a program of statistical capacity building. This may be significant for the establishment and implementation of alcohol and other drug surveillance systems.

Other programs

The Bureau of International Narcotics and Law Enforcement Affairs (BINL) develops policies and programs to combat international crime. It releases annual International Narcotics Control Strategy Reports. In its 2007 report BINL highlighted the Cook Islands as a ‘country of concern’. Concerns mainly surround regulation of the offshore banking sector, but the link with weak regulation of the financial sector and drug trafficking and terrorist financing is highlighted.

The Cook Islands has received mentoring and supervision under the PALP to draft legislation and conduct investigations responding to financial services sector issues. It has also been involved in providing mutual assistance to other countries working under the PALP. As a relatively new partner in the Cook Islands, the European Union program is focused on outer island development, helping to raise the standard of social service delivery in the outer islands. The 10th European Development Fund (EDF) focus is on the environment, significant for the development of Cook Islands tourism and ecotourism, which currently contribute around 50 per cent of GDP. This is in addition to contributions to improved local livelihoods and more sustainable management and exploitation of marine resources. The Cook Islands and the European Community signed a new Country Strategy Paper in October 2007 for the period 2008–2013, with a total budget of €3.3 million.


190 Above, fn.166.

2.8 Gaps analysis

Very little information on illicit drug use is reported. There is a strong focus on alcohol and it remains unclear whether this reflects minimal use of other drugs or lack of reporting. While data for hospital admissions are available for alcohol-related accidents, it is uncertain if any testing for other drugs is routinely undertaken at admission. Testing is unlikely to be feasible given the limited number of health personnel in the Islands. However, as with all of the PICTs included in this analysis, a number of data sources already collect information vital for understanding substance use in the Cook Islands. If analysed with specific reference to substance use issues, existing data sources may be utilised to provide an evolving picture for some aspects of drug and alcohol issues in the Cook Islands. The 2008 PDARN delegate also highlighted a lack of research capacity and resources (money and human, limited information sharing, lack of treatment facilities, and limited government commitment to addressing issues).

However, the opportunity for new institutional relationships exists though New Zealand-based non-government organisations working specifically with Pacific Island populations living in New Zealand. A Cook Islands Maori fact sheet was developed from SHORE research of Cook Island Maori resident in New Zealand in 2003. The research showed high levels of alcohol consumption and drinking patterns consistent with the data provided by the Cook Islands Ministry of Health at the 2008 PDARN Meeting.192

In 2006, the Alcohol Advisory Council of New Zealand (ALAC) produced Cook Islands language guidelines titled Alcohol, Your Community and You. These guidelines use a myths and facts approach to consumption patterns in addition to providing tips for safe consumption, stories from Cook Islanders, and detailing the potential legal consequences of consumption. Finally, the guidelines provide contact details for services targeted toward all Pacific Island communities in New Zealand, in addition to mainstream services. These guidelines reference culturally specific terms, e.g. ‘beer schools’, and thus are contributing to understanding the consumption context.

By way of collaboration, the skills and experience within New Zealand-based organisations, particularly Statistics New Zealand, and their Cook Islands counterparts may be utilised to address a number of the identified resource issues. Equally, opportunities may be provided for Cook Islanders to contribute to both communities.

192 Above, fn.25.
3. Federated States of Micronesia

<table>
<thead>
<tr>
<th>Population</th>
<th>107 434 (July 2009 est.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>0–14 years: 34.8%</td>
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<tr>
<td></td>
<td>15–64 years: 62.3%</td>
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<tr>
<td></td>
<td>65 years and over: 2.9%</td>
</tr>
<tr>
<td>Gender</td>
<td>Total population: 1 male(s)/female (2009 est.)</td>
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<tr>
<td>Literacy</td>
<td>Definition: age 15 and over can read and write</td>
</tr>
<tr>
<td></td>
<td>Total population: 89%</td>
</tr>
<tr>
<td></td>
<td>Male: 91%</td>
</tr>
<tr>
<td></td>
<td>Female: 88% (1980 est.)</td>
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<tr>
<td>Unemployment</td>
<td>22% (2000 est.) (#170)</td>
</tr>
<tr>
<td>Employment by sector</td>
<td>Agriculture: 0.9%</td>
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<tr>
<td></td>
<td>Industry: 34.4%</td>
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<td></td>
<td>Services: 64.7%</td>
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<tr>
<td>Note: Two-thirds are government employees (FY05 est.)</td>
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<tr>
<td>Currency</td>
<td>United States dollar (US$)</td>
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<td>Exchange rate</td>
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3.1 Introduction

With the ratification of the 1979 constitution, the Federated States of Micronesia (FSM) was formed. The FSM is an independent nation in free association with the United States of America. The four States are Chuuk, Kosrae, Pohnpei and Yap.

Demographics

The population is estimated to be 110 000. The country has seven official languages: English, Ulithian, Woleaian, Yapese, Pohnpeian, Kosraean and Chukese. The population is largely Christian, comprising Roman Catholic (50 per cent), Protestant (47 per cent), other and none 3 per cent. Significantly, it is estimated that over half the population is less than 19 years of age.

194 Ibid.
The population of FSM is reportedly very mobile with people travelling frequently between FSM, Guam, the Northern Mariana Islands, Hawaii and the United States mainland.\textsuperscript{196} This has been identified as a risk for HIV prevention programming and is likely to be a risk for substance use programming too.\textsuperscript{197} As with PICTs such as Samoa and Tonga, a significant proportion of people reporting FSM identity live abroad,\textsuperscript{198} many of whom are under 20 years of age.\textsuperscript{199}

**Government**

The Congress of the Federated States of Micronesia has 14 elected members, comprising four senators representing the four States, with the remaining 10 senators serving two-year terms, representing single-member districts based on population.\textsuperscript{200} There are no formal political parties, with the President and Vice-President elected from among the four State-based senators by the Congress. The President and Vice-President are supported by an appointed Cabinet.\textsuperscript{201} In addition to the National Government located in Palikir, Pohnpei, each State of the FSM has its own legislature, with members representing a particular geographical area. Members are elected by popular vote. In addition, each State has its own Constitution and retains considerable power, especially in relation to the implementation of budgetary policies. States are further subdivided into municipalities for local government.\textsuperscript{202}

An additional important consideration for programming approaches to substance use in FSM is traditional leadership roles and responsibilities. These vary between States, with the exception of Kosrae, which no longer has traditional leaders. Both Pohnpei and Yap maintain a hierarchical system of traditional leadership, including a Council of Chiefs, while Chuuk has traditional leaders but no council overseeing the entire State. The traditional chiefs in Yap retain a considerable degree of influence over day-to-day living across the entire State, while the influence of chiefs in Pohnpei and Chuuk varies between individual villages and islands.\textsuperscript{203}


\textsuperscript{197} Ibid.

\textsuperscript{198} Above, fn.195: approximately 30 000; note that people usually identify with a particular State e.g. Kosrae, Chuuk, Yap, Pohnpei.

\textsuperscript{199} Ibid.

\textsuperscript{200} Ibid.

\textsuperscript{201} Ibid.

\textsuperscript{202} Ibid.

\textsuperscript{203} Ibid.
Health and development

Economic activity is primarily subsistence farming and fishing in an environment with few natural resources. There is potential for the development of a tourist industry but this is limited by irregular flight connections and lack of adequate facilities. These conditions have lent themselves to dependence on international assistance, with the United States being the primary donor. Similar to other PICTs, the major causes of morbidity and mortality in FSM are non-communicable diseases, such as heart disease, diabetes, hypertension and obesity. While health services are relatively well funded, FSM performs poorly against key health indicators, being second only to Kiribati in having the highest infant mortality rate in the region.

3.2 Drug and alcohol overview

The FSM was not included in the 2004–05 situational analysis. However, FSM was represented at the 2008 PDARN meeting. Micronesia has had the benefit of large-scale youth substance use surveys in the past (the latest being in 1997), but this exercise needs to be repeated to gain a current understanding of the situation. In 2008, the PDARN contact reported that at the time of the survey there was no evidence of injecting and there is nothing to suggest this has changed. The 1997 data highlighted alcohol as the drug of most concern, with more than 11,000 males and 700 females identified as problem drinkers. In 2006 in the context of HIV program planning, a situation and response analysis included interviews and self-completed surveys. In mid-2009 the FSM Ministry of Health reported that cannabis, kava, alcohol and tobacco use (including use with betel) were all on the rise and the Ministry intended to undertake a further survey of substance use across all four States pending funding approval.

3.3 Illicit drug trends

Among the FSM judgments, reported for all courts, there were only three referring to narcotics (from 1982, 1983 and 1986), with one separate case relating to cannabis (1989). Sixteen judgments referring to marijuana were reported in the period from 1982 to 2006. Data were reported as unavailable against indicators 20 and 21 for injecting drug use for the 2008 UNGASS report. However, during that...
period there may have been some instances. In a 2006 survey on Kosrae, not a single person interviewed, including the Chief of Police, was aware of anyone who injected drugs on the island, but there were a few reports of people who had injected drugs while off-island. The same report also identified two male injecting drug users at risk for HIV. In addition, the 2007 Pohnpei Youth Survey reported that 6.1 per cent of young females and 11.2 per cent of young males reported having injected drugs in the previous 12 months. There was no information available as to whether the injecting equipment used was sterile or not. Given the illegal and socially unaccepted status of this activity, it is unlikely that young people would have ready access to sterile equipment.

Cannabis

In a 2001 youth health, behavioural and lifestyle (YHBL) survey conducted by UNICEF, marijuana was one of the drugs that students least frequently reported using regularly, but there was still one in eight who said that they smoked marijuana once a week or more.

3.4 Licit drug trends

Alcohol

As a baseline measure of the concerns associated with alcohol consumption in FSM, a 1997–98 study showed that alcohol was directly responsible for 5 per cent of all deaths, 45 per cent of all suicides, and 85 per cent of all arrests. A search of court-reported judgments identified 38 reported alcohol-related judgments in total, with 18 since 2000. No follow-up survey on the same scale has been undertaken in recent times, though smaller-scale surveys reflect current trends.

However, a 2006 survey of high school students in Kosrae revealed that a quarter of students reported being drunk at least monthly. During interviews in a 2006 situational analysis, key informants among local police services reported almost all call-outs were connected to alcohol-related incidents. Similar to other PICTs, data from a large-scale survey in 1997

213 Above, fn.195.
216 Above, fn.195.
217 Note that judgments are not always reported and these figures reflect only those cases that make it to the court system. PacLI: <http://www.paclii.org/cgi-bin/sinosrch.cgi?method=all;query=alcohol;meta=per cent2Fpaclii;mask_path=fm;rank=on;callback=on;stats=on;results=50;view=date;offset=0> (accessed May 2009).
reported that, where alcohol was consumed, it was usually consumed in large quantities, estimated at 9.2 standard drinks or more.\textsuperscript{219} FSM was a part of the 2001 YHBL survey which surveyed 1516 in-school students from Pohnpei only. The majority of students were aged between 14 and 17 years and the survey reported 76.3 per cent as using alcohol at least once in the past.\textsuperscript{220} Significantly, of the sexually active young people, 61 per cent of boys and 32 per cent of girls reported having unwanted sex when drunk or high on drugs.\textsuperscript{221}

Data on consumption of alcohol, tobacco, betel and sakau (kava) are also collected as part of household income and expenditure surveys. In the most recent survey (2005), there was a decline in consumption for the period since 1998, when the previous survey was undertaken. However, average expenditure on such consumption for all States was 3.5 per cent, but for Yap it was significantly higher at 6 per cent. The total dollar expenditure on alcohol, tobacco, betel and sakau for the whole of FSM was US$7 478 000, with an average expenditure per household of US$734.\textsuperscript{222} By way of comparison, the greatest expenditure was on food at US$83 132 000 and the least on education at US$489 000. In addition, it is suggested in the analysis that cultural factors have contributed to understating alcohol, tobacco, sakau and betel consumption.\textsuperscript{223}

In a 2006 FSM international trade report the value of imported beverages totalled US$6.1 million including: beer (US$2.6 million), spirits (US$0.4 million) and wine (US$0.2 million).\textsuperscript{224} While the total annual beverage imports have almost doubled in the period since 2000, the data are not disaggregated by beverage type in the report.\textsuperscript{225} Achi (fermented coconut toddy), chooriyu (distilled achi) and yiss (yeast or homebrew) are drunk in Chuuk. In response to an inquiry concerning the kind of alcoholic beverage that they usually drank, included as part of the 1985 general population survey, just over 2 per cent indicated ‘homebrew’ (compared to 59 per cent ‘distilled spirits’ and 38 per cent ‘beer’).\textsuperscript{226} In 2009 the key informant

\textsuperscript{219} Above, fn.195.
\textsuperscript{220} Above, fn.214.
\textsuperscript{221} Ibid.
\textsuperscript{223} Ibid.
\textsuperscript{225} Ibid.
noted that price increases in commercially produced alcohol have seen recent rises in homebrew consumption due to the fact it is cheap (at US$1 for a 600ml bottle) and widely available.227

Other
The 1997 report on substance use in Micronesia included information on inhalant use, noting that it was relatively age-specific with youths in the 10–14 years age range followed by the 15–19 years age range the most likely consumers.228

3.5 Local responses
Compared to many of the other PICTs, the American-affiliated states have well-developed public health mechanisms to address drug and alcohol use. These include established epidemiological working groups, treatment services and, in some cases, court-ordered treatment programs. It has been difficult to establish the extent of non-compulsory treatment services, an area that may require further investigation and investment. In addition, these states have an advanced legislative framework adopted from United States legislation. They do not face the challenge of outdated legislation which would be ill-equipped to deal with emerging drugs and drug use patterns.

Legislation
The FSM Constitution specifies the powers delegated to the FSM National Congress; those not expressly delegated or of ‘indisputably national character’ are regarded as State powers. Some States retain laws from the days of the Trust Territory, with others choosing to enact their own, replacing and/or overriding the old laws of the Trust Territory.229

The Trust Territory Controlled Substances Act is based on the United States Uniform Controlled Substances Act and deals comprehensively with drug types and routes of admission.230 Public Health, Safety and Welfare legislation includes a chapter on tobacco prohibition, but there was no identified legislation on alcohol control.231 However, it is clear from reported judgments that each State has enacted relevant legislation for offences related to driving under the influence of alcohol and causing bodily injury.232

227 4th PDARN meeting, July 2009.
228 3rd PDARN meeting, July 2008.
229 Above, fn.196.
The International Trade legislation also specifies arrangements for duty-free shops, including import restrictions on duty-free alcohol. In addition, provisions relating to the consumption of alcohol and drugs are found in the *Admiralty and Maritime, Employment and Welfare of Seamen Act*. FSM has signed up to the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, effective from 2004.

**Law enforcement**

The Federated States of Micronesia is a member of the regional forums and networks, including PILON and PICP, and Pacific Patrol Boat operations. In addition, a transnational crime unit (TCU) was opened in Pohnpei in 2008, which forms part of the transnational crime network including Fiji, Papua New Guinea, Tonga and Vanuatu and the Pacific Transnational Crime Coordination Centre in Samoa. It is anticipated that the TCU will enable FSM to leverage resources to combat transnational crimes, including drug trafficking, and that senior officers from Palau, the Marshall Islands and Kiribati will also be involved in the program. There is a strong focus on maritime surveillance and protection of marine resources with the potential for future skills transfer to enforcement programs related to illicit drug trafficking.

**Health**

In the context of HIV prevention activities, the National Youth Policy 2004–2010 includes family life sector programs providing health and wellness, family life skills, peer education training, prevention of HIV and AIDS, and alcohol awareness among other services. The FSM Ministry of Health works in cooperation with FSM/States Substance Abuse and Mental Health Advisory Council, State Departments of Health Services, States Substance Abuse and Mental Health Programs (SAMHP), the Tobacco Coalitions and the FSM Department of Public Safety to deliver services. In addition, there are ongoing partnerships with NGOs, church leaders, youth groups, private organisations, sports, etc.

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233 FSM Code, Title 38, Chapter 3. Available at: <http://www.fsmlaw.org/fsm/code/title38/T38_Ch03.htm> (accessed May 2009).


236 A PICP contact mentioned potential for future training for program staff in drug identification and seizure as part of this program.


238 Ibid.

239 Ratified in 2005 by the FSM Congress.

240 Above, fn.196.
traditional leaders, community leaders, women’s organisations, and national, State and local municipal FSM Youth Affairs departments. At the time of writing, the Ministry of Health was finalising the latest epidemiological profile on substance use (2008–09 financial year) and had sought additional funding to undertake a further substance use survey.241

Non-government organisations

The Federated States of Micronesia is a member of PIANGO.242 The Micronesia Seminar has been actively involved in alcohol and other drug research in Micronesia for over a decade. Specifically it was involved in a large-scale survey of Pohnpei, Chuuk, Kosrae and Yap.243 The Seminar is a public education forum founded by the Jesuit Order of the Catholic Church and, while it has been involved in relevant research and advocated prevention programming in the past, none of its current activities is specifically relevant for alcohol and other drug program implementation.244

Regulation

In the past an island in the State of Truk (now Chuuk) implemented a policy of alcohol prohibition in 1978.245 Other examples of this approach have not been identified. The WHO 2004 Global Status Report on Alcohol highlights the modern approach, with the age limit for alcohol purchase set at 21 years, but with no restrictions on advertising and sponsorship of sports events or consumption in public places. However, there were restrictions on hours of sale, and licensing for sale and production at the time of reporting.246

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241 Personal communication, 2009.
242 At the time of writing, the continuing existence of the PIANGO was under threat due to funding suspension linked to corporate governance issues, June 2009.
243 The study also included the Marshall Islands and Palau.
3.6 Australian involvement

**Australian Agency for International Development**

The focus of the Australian aid program for FSM is education and training, largely providing scholarships for study at regional universities. In addition, there is a Small Grants Scheme to support community organisations or supplement the work of government agencies to provide direct assistance for small-scale community development by targeting governance, education and health.247 Other initiatives include the joint implementation of a border management system (BMS), with the Australian contribution estimated to be AU$800 000. The BMS assists Micronesia to manage and control its borders using a computerised system in its international airports and immigration offices. The objective is to expand the investigation capability of FSM and increase its ability to address border control issues, such as human trafficking, visa fraud, illegal weapons and drug trafficking.248

**Australian non-government organisations**

A search of the Australian Council for International Development (ACFID) website yielded no information regarding Australian NGOs working in FSM.

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248 Ibid.


251 Above, fn.196: only three HIV-positive people continue to reside in FSM — 27 of the 35 diagnosed cases have died and the remainder left the country.
3.8 Gaps analysis

Unlike many of the other PICTs, the FSM has benefited from previous large-scale studies which have considered substance use. The issue for many of these is that they have not been replicated on the same scale in recent times, therefore making it difficult to assess how trends have changed or remained the same. What can be taken from the 1997–98 research model is a guide to working within the FSM context. The research provides indicators for framing questions and for engagement with the relevant communities. The research also advocated working with church and community-based organisations as a more effective approach to addressing such sensitive issues. As with each of the other PICTs considered in this study, the responses that do exist are often within the context of youth health and lifestyle programs.
4. Fiji

<table>
<thead>
<tr>
<th>Population</th>
<th>944 720 (July 2009 est.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>0–14 years: 30.3%</td>
</tr>
<tr>
<td></td>
<td>15–64 years: 64.9%</td>
</tr>
<tr>
<td></td>
<td>65 years and over: 4.8%</td>
</tr>
<tr>
<td>(2009 est.)</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Total population: 1.01 male(s)/female (2009 est.)</td>
</tr>
<tr>
<td>Literacy</td>
<td>Definition: age 15 and over can read and write</td>
</tr>
<tr>
<td></td>
<td>Total population: 93.7%</td>
</tr>
<tr>
<td></td>
<td>Male: 95.5%</td>
</tr>
<tr>
<td></td>
<td>Female: 91.9%</td>
</tr>
<tr>
<td></td>
<td>(2003 est.)</td>
</tr>
<tr>
<td>Unemployment</td>
<td>7.6% (1999) (#100)</td>
</tr>
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<td>Employment by sector</td>
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</tr>
<tr>
<td></td>
<td>Industry and services: 30%</td>
</tr>
<tr>
<td></td>
<td>(2001 est.)</td>
</tr>
<tr>
<td>Currency</td>
<td>Fijian dollar (FJ$)</td>
</tr>
<tr>
<td>Exchange rate</td>
<td>Per US dollar: Not available (2007)</td>
</tr>
</tbody>
</table>


4.1 Introduction

Fiji became independent in 1970, after nearly a century as a British colony. Since independence, democratic rule has been interrupted by military coups on multiple occasions.\(^{252}\) In the past, part of the conflict has concerned control of government and business between the ethnic Indian and Fijian communities. In spite of such conflicts, Fiji has achieved status as one of the more developed PICTs and is an established regional hub. This role is under threat due to the current political uncertainty and with Fiji’s membership of the PIFS suspended.\(^{253}\)


Demographics

Census data for 2007 estimate the population at just over 837,000, with the divide between urban and rural residents almost even. similar to other PICTs, Fiji has a large youth population with more than a third estimated to be less than 15 years of age. Fiji has two dominant ethnic groups: Fijian 57.3 per cent; Indian 37.6 per cent; as well as Rotuman 1.2 per cent, other 3.9 per cent (European, other Pacific Islanders and Chinese), with current research identifying quite different risk profiles for drug and alcohol consumption among the dominant groups. The majority of the population identifies as Christian 53 per cent, in addition to a large Hindu minority at 34 per cent, and a small percentage of Muslims at 7 per cent.

Recent research has shown there is a high rate of skilled migration among Fijians moving to other Pacific Island nations, such as Kiribati. In addition, large numbers of Fijian women are taking up work opportunities as teachers and nurses in the Republic of the Marshall Islands. This is in contrast to high rates of participation in seasonal migrant labour programs sourcing labour from other PICTs in the region, and presents an additional challenge, particularly where there are low rates of return to Fiji.

Government

The Government of Fiji is based on the British parliamentary system. However, since the 1990s the political situation has been increasingly unstable with a series of coups and elections culminating in a 2006 coup and ongoing instability into 2009. Currently Fiji is under military rule. Leaders face pressure from regional organisations and donor governments, such as Australia and New Zealand, to hold democratic elections as soon as possible. Such instability may prove an overwhelming barrier to addressing illicit drug issues, as Fiji

257 CIA above, fn.252, data from the 1996 Census — Christian: Methodist 34.5%, Roman Catholic 7.2%, Assembly of God 3.8%, Seventh-Day Adventist 2.6%, other 4.9%; Hindu: Sanatan 25%, Arya Samaj 1.2%, other 7.8%; Muslim: Sunni 4.2%, other 2.8%; other or unspecified 5.6%, none 0.3%.
260 CIA above, fn.252.
is increasingly marginalised within the region, and the push to reinstate democratic government takes priority. At the time of writing Fiji had been suspended from participation in the Pacific Islands Forum, the Pacific Islands Chiefs of Police, and the Commonwealth.

Health and development

Fiji, while maintaining a large subsistence sector, is one of the most developed of the Pacific Island economies. In addition to forest, mineral and fish resources, sugar exports, remittances from Fijians working abroad and a growing tourist industry are the major sources of foreign exchange. However, Fiji’s tourism industry has been damaged by the December 2006 coup and ongoing instability and the nature and timing of any recovery are uncertain. Tourist arrivals for 2007 are estimated to be down almost 6 per cent, resulting in substantial job losses. In July 2007 the Reserve Bank of Fiji announced the economy was expected to contract by 3.1 per cent in 2007. Fiji’s current account deficit reached 23 per cent of GDP in 2006, and is reflected in the Health and Development Indicators.

4.2 Drug and alcohol overview

Fiji has participated in all the Pacific Drug and Alcohol Research Network meetings to date. The 2006 and 2008 meetings were held in Fiji with the Fiji School of Medicine (FSMed) as co-host. In addition, the FSMed is cooperating with the Burnet Institute to undertake research into the interactions of HIV, STIs, drugs and alcohol use in Fiji. The research is applying an adapted and refined rapid assessment methodology used for a similar study in Papua New Guinea in 2006–07. The National Substance Abuse Advisory Council functions as the principal NGO dealing with drug and alcohol issues in Fiji; it has a strong focus on education and awareness raising. The Fiji Council of Social Services and the Fijian Police also undertake significant activities aimed at ameliorating the negative effects of drug and alcohol consumption.

Over the last decade the key drugs of concern in Fiji have been repeatedly identified as cannabis, alcohol, yaquona (kava) and tobacco, a view supported by the key informant for this research. The FSMed and Burnet Institute rapid assessment has identified some links between substance use and violence in Fiji, noting that the issue is a relevant concern.

262 Ibid.
263 Ibid.
264 Earth Trends, above, fn.255.
265 See section 10 of this report on Papua New Guinea.
The 2000 Census reported that over 80 per cent of Fijian women were exposed to violence in their lifetime, with an alarming 66 per cent experiencing violence directly. Importantly, the leading cause of morbidity in 2007 was injury and, in the past, injury rates have been closely linked with alcohol-related accidents. All of these factors suggest the need for further investigation of the issue.

The Fiji Islands Bureau of Statistics reports a steady, but not significant, decline in offences against the Drugs Ordinance Act in the period from 2001 to 2007 (433 and 329 respectively). These are relatively few compared to property offences and offences against the person. It is worth noting that no alcohol-related offences are included in this data set. Key informants note that the drugs of concern (alcohol, cannabis and inhalants) are especially problematic among the youth population and require targeted programs.

4.3 Illicit drug trends

In 2008 illicit drug-related issues were a common subject of media reports. These included police reports related to LSD traces found in goods from the United States and cocaine from South America. Police have reported drug finds in nightclubs and restaurants, which are cited as major distribution centres. Preliminary results from current research investigating drug and alcohol risk behaviours and HIV risk indicate that there are high rates of cannabis use among youth and sex workers. In addition, substance users in the older age groups report using cocaine and ecstasy, accessed via tourists and yachts.

The National Substance Abuse Advisory Council (NSAAC) has highlighted cannabis as the main illicit drug of concern, but also reports no specific data on substance use among the adult population are collected. UNAIDS’ AIDS data hub reports in its Fiji country review that in 2005 only one known case of HIV transmission was reported to have been transmitted intravenously, with no mention of associated drug injecting.
However, without providing specific details, the same report notes high levels of drug and substance use as risk factors for HIV in Fiji.\textsuperscript{273} The United Nations General Assembly Special Session on HIV/AIDS (UNGASS) in its progress report for Fiji for 2007 states that the two knowledge and behaviour indicators related to injecting drug use are not applicable for Fiji, therefore no surveys were undertaken in the reporting period.\textsuperscript{274} Again, drug use and alcohol use were identified as key risk factors for HIV infection.\textsuperscript{275}

Cannabis

Fiji is known as a cannabis-producing country, with many other PICTs reporting Fiji as the source of their locally consumed cannabis.\textsuperscript{276} In response, a key informant reported in June 2009 that a four-month sustained campaign of crop eradication was being undertaken.\textsuperscript{277} However, recent reports include details of eight parcels of a 20-parcel seizure missing from prosecution evidence against a local taxi driver in July 2008,\textsuperscript{278} highlighting one of the ongoing challenges for managing drug-related incidents.

Cannabis cultivation and use are well established in Fiji, with police reporting schoolchildren below 10 years of age caught selling drugs as early as 2001. They reported children frequenting amusement centres and selling drugs during school hours while wearing their school uniforms. Police also noted children were being used to traffic drugs. At the same time market vendors were also arrested and charged with being in possession of dangerous drugs, in addition to cultivation of cannabis as a cash crop.\textsuperscript{279}

The pattern seems to have persisted with other common scenarios including a mother of seven gaoled for 18 months for possession of illicit drugs,\textsuperscript{280} after telling police that she had to sell 291.2 grams of marijuana to pay for her rent in 2006. She claimed that

\textsuperscript{273} UNAIDS, ibid.


\textsuperscript{275} Ibid.


\textsuperscript{277} Key informant responses, 2009.


she was selling but not using drugs. Also in 2006 a villager was sentenced to five years’ gaol after telling the Fiji court that planting and selling marijuana were more profitable because marijuana took a short time to mature, while other crops such as cassava needed more work.\textsuperscript{281} The persistence of these motivators for cultivation is supported by data collected by the FSMed and Burnet Institute in late 2008 to early 2009, which included focus group discussions with cannabis growers.\textsuperscript{282} Given the current climate of hardship in Fiji, due to internal troubles and external economic pressures, it is likely these pressures will persist and that cannabis use will remain a police focus.

Finally, the NSAAC reported that, of 178 outpatients treated at St Giles Psychiatric Hospital, 107 were treated for conditions associated with marijuana use. For 2006, the NSAAC reported that there were 180 admissions to St Giles Hospital associated with marijuana use.\textsuperscript{283}

\textbf{Other}

In August 2008, police reported the recent seizure of 100 cubes (2 kilograms) of cocaine in Nadi. They were located on two travellers from Columbia and Mexico. To assist in the prosecution process, Fiji Police sought assistance from overseas forensics teams, noting they were trying to establish whether the drugs were bound for New Zealand, Australia or possibly for clients in Fiji.\textsuperscript{284} The view that a small amount of cocaine is consumed locally is supported by data collected as part of the Fiji research undertaken by the FSMed and the Burnet Institute.\textsuperscript{285}

Fiji has also been identified as a destination or transhipment point for other illicit substances over the last decade. In 2000, 375 kilograms of heroin were seized; in 2002, 74 kilograms of methamphetamine were seized in Singapore on a ship travelling to Fiji and Australia; and in 2004 there was a significant seizure at a crystal methamphetamine ‘super’ laboratory yielding 5 kilograms of

\textsuperscript{281} Marijuana grower gets 5 year sentence, \textit{Fiji Times}, 13 January 2006. See Fiji Times Online: <http://www.fijitimes.com>: report of 2.9 kilograms of dried marijuana leaves and 112 mature plants destroyed; a five-year sentence imposed for the first count of possession and two years for cultivation of an illicit drug to be served concurrently.

\textsuperscript{282} Burnet Institute & Fiji School of Medicine above, fn.69.

\textsuperscript{283} NSAAC’s Fiji country report, 3rd PDARN meeting, July 2008.


\textsuperscript{285} Burnet Institute & Fiji School of Medicine above, fn.69.
finished crystal methamphetamine, 700 litres of liquid methamphetamine and enough precursor chemicals to produce a further 1000 kilograms.\textsuperscript{286}

While there have been relatively recent seizures of equipment compatible with diversion of illegal amphetamine manufacturing,\textsuperscript{287} the regulatory affairs pharmacist in Fiji suggested there is no known diversion of pseudoephedrine.\textsuperscript{288} There are regulations requiring over-the-counter sales to be registered in addition to an informally operating network of pharmacists sharing suspicious behaviours. The purchase limit is one packet per person. It has also been suggested that stimulant use is uncommon, but that illegal exports of pseudoephedrine by organised syndicates is becoming an issue.\textsuperscript{289}

4.4 Licit drug trends

The NSAAC is mandated to research current alcohol trends in Fiji, but faces budget constraints which have thus far prevented such an investment.\textsuperscript{290} This situation is further exacerbated by a recent request to reduce spending by up to 50 per cent.\textsuperscript{291} No data on adult substance use are currently collected, but schools report on student use. Overwhelmingly, alcohol is the main drug of concern, particularly with reference to binge drinking,\textsuperscript{292} followed by kava and tobacco. In addition, inhalant use among children and youth is reported as a major concern.

Alcohol

No population-based surveys on alcohol consumption have been undertaken since a 1999 survey reported on Noumea in 2004, with many of the available estimates for alcohol consumption based on data collected during the mid- to late-1990s.\textsuperscript{293} The report noted early initiation to drinking (one-third of female and half of male drinkers at age 10 or younger), and high rates of binge drinking


\textsuperscript{288} Personal communication, December 2008.

\textsuperscript{289} Ibid.

\textsuperscript{290} Key informant interview, 2009.

\textsuperscript{291} Key informant interview, 2009.

\textsuperscript{292} Fiji country profile, \textit{The Globe} (Global Alcohol Policy Alliance), Pacific Issue no.1, 2005.

among drinkers (69 per cent of male and 54 per cent of female drinkers) with 26 per cent of males and 6 per cent of females reporting ever being drunk.\(^294\) WHO also reported that there is a high prevalence of homebrew consumption, but the data are more than 10 years old.\(^295\)

A 2008 paper on recent research in Fiji into the attitude of mental health workers to mental health patients revealed that over 80 per cent of workers surveyed\(^296\) agreed in response to the statement: ‘People who abuse alcohol have no self-control’. This attitude was recorded among both more and less experienced and trained workers and has the potential to severely inhibit the development and success of treatment programs.\(^297\)

Of four Fijian communities that participated in a 2007 pilot Stepping Stones Project evaluation, only people from the village of Sasa identified concerns over alcohol consumption.\(^298\) These concerns led to the establishment of a Youth Council and a police education program on drug and alcohol issues. In addition, the community reported increased ‘monitoring’ of public drunkenness via informal mechanisms. This reveals a continuing trend, with 2002 research into youth risk behaviours reporting that many of the estimated 2400 Fiji teenagers who become pregnant each year do so as a result of drug or alcohol abuse. Of the youths surveyed, 25 per cent reported that alcohol made sex feel good.\(^299\)

Yaquona (kava)

The cultural importance of kava drinking is reflected in the name for Fijian spiritual leaders, dauvaguna, with a literal translation meaning expert at drinking kava.\(^300\) However, it is not unusual for communities at a local level to impose bans on both kava and alcohol consumption.\(^301\) Elders in the village of Tavua on the main island of Viti Levu say their six-year ban on alcoholic beverages and kava has reduced crime and family problems. They stated that having the bans prevented people neglecting their farms, sleeping in, and diverting income to purchase kava and alcohol. In addition to the ban on these substances, elders put in place a 9pm curfew in town, with penalties to include planting

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\(^294\) WHO above, fn.293.

\(^295\) Ibid.


\(^297\) Ibid.


\(^301\) Key informant interview, June 2009.
crops and cleaning the village hall and pig pens.302 No data on the current rate of kava consumption have been identified and, unlike alcohol, statistics do not appear in expenditure surveys. In addition, there is no national legislation or regulation dealing with kava.

The kava trade is a significant source of income in Fiji, with the total number of kava farmers reportedly peaking at 21,956 in 2004 and dropping back to 14,118 in 2005 due to international market uncertainty.303 Fiji also imports kava from Vanuatu; reportedly, domestic consumption is 21 times more than exports, with lack of quality supply pushing up imports.

**Inhalants**

Fijian police report approximately three cases of glue-sniffing per day, per post, from a total of 90 posts.304 There is no regulation or legislation to manage this issue and it has been identified as a research priority by the NSAAC.

### 4.5 Local responses

#### Legislation

Fiji’s *Illicit Drugs Control Act 2004* is an adaptation of the Regional Model Law on the Control of Illicit Drugs.305 Recent court decisions suggest a tendency toward strict penalties for cultivation, possession, use and/or trafficking in illegal drugs in Fiji, with the example of a farmer being convicted for five years on a first offence for cultivation.306

The Central Liquor Board is a division of the Office of the Attorney-General in Fiji. Fiji has enacted the *Liquor Act 2006*. The original *Liquor Act 1975*, regulating the sale and consumption of alcohol, was reviewed in 2002–03. In 2004 it was reported there was no national policy on alcohol and this view was repeated again in 2008 by a key informant.307

In 2006 the Fiji Law Reform Commission announced a review, under section 5(2) of the *Fiji Law Reform Commission Act*, of the Penal Code and Criminal Procedures Code. The review considered reform recommendations on crime and criminal offences, based on current and future needs and circumstances in

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304 Key informant, June 2009.


307 Key informant interview, June 2009.
Fiji. This review included an issues paper on regional and international obligations in the context of criminal law and planned to include narcotics control issues.

**Law enforcement**

Notably, Fiji is not a member country of the PICP network. However, Fiji is represented on PILON. Fiji’s report to the 2008 PILON meeting focuses on constitutional issues and the recruitment of additional staff to strengthen its legal systems and to enable a response to the backlog and increasing volume of cases to be heard.

**Health**

The Fiji Ministry of Health has identified four main risk factors for non-communicable diseases (NCD): poor nutrition; physical inactivity; smoking; and alcohol/kava abuse. The relevant areas include accidents and injuries, research and surveillance, and monitoring and evaluation.

St Giles Hospital has been the main mental health service provider in Fiji since 1884. The service user profile has changed significantly over time — initially predominantly ‘expatriates’, later Indo-Fijians, and currently ethnic Fijians. It was reported in 2002 that more than 50 per cent of first-time admissions to St Giles included people with a substance use disorder. The high level of admissions where the patient had a substance use issue was explained in part by what was described as a cultural assumption that cannabis use induces psychosis.

**Regulation**

Fiji is both an alcohol importer and an alcohol exporter. In 2003, Fiji exported 661,000 litres (FJ$1.8 million) of liqueurs and spirits, particularly rum (FJ$1.5 million), beer (FJ$0.166 million) and wines (FJ$0.11 million). More importantly, it imported more alcohol: liqueurs, spirits (FJ$5.2 million); beer (FJ$0.558 million), 1.8 megalitres ($12 million); and wines (FJ$5.9 million). At the time customs tariffs were charged at rates of FJ$1.55 to FJ$68.66 per litre, or 27 per cent of total value depending on the type of beverage and its alcohol content.

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308 Qolilawa Darpan: Newsletter of the Fiji Law Reform Commission, no.14, April 2006: 1–3. Available at: <Qolilawa per cent20Darpan per cent20issue per cent2014 per cent20April per cent202006> (accessed June 2009).


312 Lewa above, fn.299.

313 Ibid.

It is noteworthy that in 2008 the Fosters Group Pacific Limited reported sales volume had decreased by 1.7 per cent in both Fiji and Samoa. The company said it was affected by the tough economic conditions and was facing a 25 per cent drop in volume of sales. It was suggested the drop in sales related to pressure on consumer spending patterns due to increased fuel prices. While a drop in sales may be considered to be indicative of a positive impact of the difficult economic times, there are no surveillance mechanisms to monitor changes and increases in production and consumption of homebrews, often linked to price fluctuations, and which are known to have greater ill-health effects in some instances. The legal drinking age in Fiji is 21 years.

**Non-government organisations**

The National Substance Abuse Advisory Council undertakes school-based drug prevention and awareness programs. NSAAC programs include introducing the following:

- code of ethics in secondary schools
- penalties for offences on drug use
- policy on drugs and substance use in schools for 2008
- regulation to control the sale and supply of volatile substances, e.g. glue sniffing
- review of the *Education Act* on health and safety to include drugs and substances; incorporate drugs and substance abuse education in the National Curriculum Framework (Family Life Education)
- to develop health-promoting school programs, and
- moral and family life education.

Recent research activities have included: 2004 research into drug use by secondary school students; 2005 research into drug use by primary school students; analysis of school principals’ ‘Red Files’ 1999–2003; and analysis of Schools Information Management System (SIMS) data 1999–2003. The school surveys reported 59.4 per cent rural youth and 63.5 per cent of urban youth used alcohol, and 35.9 per cent rural youth and 31.1 per cent urban youth used marijuana. Analysis of the ‘Red Files’, confidential reports by school principals on student substance abuse, showed 181 cases of marijuana use, 165 of alcohol use, and 66 of tobacco/solvents use across 159 secondary schools. The 2004 survey of 2147 students in secondary school reported high rates of alcohol and kava use among students at 51 per cent and 63 per cent respectively, compared to 13 per cent for marijuana use.

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317 3rd PDARN meeting, July 2008.

318 Ibid.
In addition, the Fiji Council of Social Services (FCOSS) was established to provide a link between the state and civil society organisations. FCOSS manages programs such as the Voluntary Youth Network, which aims to create awareness of the effects of drug and substance use and to identify and implement preventative measures.\textsuperscript{319} Programs have a national focus and include early intervention and awareness-raising activities targeted toward children.

A need for more educational programs for youth was highlighted in 2002. The Fiji Community Education Association has recommended that the government provide additional resources to establish rehabilitation centres. The youth part of the UNICEF program suggested more innovative education programs using posters, drama, skits, interactive video, educational films, \textit{talanoa} (story-telling) sessions, and youth critical thinking skills training.\textsuperscript{320}

\section*{4.6 Australian involvement}

Australia has suspended parts of its aid program in Fiji where it has assessed that the effectiveness and integrity have been compromised. These include public sector reform programs and assistance to law and justice sector agencies. Australia is one of Fiji’s top five export partners.\textsuperscript{321} Ongoing activities are oriented toward civil society interventions. Relevant programs include: the Community Justice Support Program, Australian Civil Society Support Program, and Health Sector Improvement Program.\textsuperscript{322}

\section*{Australian Agency for International Development}

Fiji was included in the Pacific Regional HIV Project (PRHP) which was completed in November 2008. Many of the PRHP activities will be continued with the support of the Secretariat of the Pacific Community. Activities under the PRHP included the pilot Stepping Stones Program.\textsuperscript{323} The Fiji Education Sector Program has also supported the Fiji Ministry of Education and the NSAAC to deliver awareness workshops on substance use and HIV risk.\textsuperscript{324}

\begin{thebibliography}{99}
\expandafter\ifx\csname bibitem\endcsname\relax\def\bibitem#1{\bibitem{#1}}\fi

\bibitem{319} FCOSS presentation to 3rd PDARN meeting, Fiji, July 2008.
\bibitem{320} Lewa above, fn.299.
\bibitem{323} Evaluation results discussed above in section 4.4: Alcohol; see also SPC above, fn.298.
\end{thebibliography}
Australian non-government organisations

Oxfam Australia is present in Fiji, undertaking a social empowerment and development program. The Adventist Development Relief Agency provides a youth hub development program and Caritas is undertaking a rural development and empowerment program. With the increasing isolation of the Fiji Government and donors preferring to support community-based interventions, it is likely such programs may come to the forefront of donor support in Fiji.325

4.7 International involvement

New Zealand

Since the December 2006 coup, the New Zealand Government has maintained sanctions on aid pending a ‘firm commitment by Fiji’s interim government to a credible roadmap for a return to democratic and constitutional governance’. Sanctions include a freeze on new development assistance initiatives assisting or partnering with the government in Fiji, and a suspension of awarding new government-managed scholarships and training, and of public sector eligibility for training initiatives under regional governance programs.326 A reorientation toward strengthening civil society, assisting informal settlements and focus on the poor, is forecast to lead to increased disbursement of the NZ$5 million aid allocation for Fiji in 2008–09.327 Significantly the program includes ongoing core funding for the Fiji Women’s Crisis Centre with branches in Ba, Nadi and Labasa to assist women suffering, or at risk of, domestic violence.328

Other programs

The European Union has suspended all aid until the interim government takes steps toward new elections. Long-term problems include low investment, uncertain land ownership rights, and the government’s inability to manage its budget. Overseas remittances from Fijians working in Kuwait and Iraq have decreased significantly. In addition, agencies such as the Asian Development Bank have suspended large grants to Fijian capital projects and economic restructuring, due to the domestic instability.329 Significantly, Fiji’s funding for HIV programming from the Global Fund to Fight AIDS, Tuberculosis and Malaria under Round 4 was expended at the end of 2007, and as Fiji was unsuccessful under Round 7,330 it is not clear how this programming is being sustained.


327 Ibid.

328 Ibid.


4.8 Gaps analysis

With Fiji’s increasing isolation from regional bodies and forums, its ability to participate in regional initiatives is likely to become even more limited. Already internal politics have triggered a restructuring of approach in international aid programs with efforts increasingly focused on community-based initiatives.

The fact that Fiji has an established National Substance Abuse Advisory Council, mandated to research and respond to drug and alcohol issues, puts it ahead of many of the PICTs reviewed. However, the challenge for the NSAAC is to remain viable in the context of local instability and forced expenditure cuts.

A review of the available documentation on the drug and alcohol situation in Fiji indicates that there are a number of papers from the mid- to late-1980s, with little new data collected in recent times. The number and frequency of media reports on illicit drug-related incidents are suggestive of the need for a response, especially to collect evidence to allow for targeted and non-politicised intervention.

With respect to drug treatment services, St Giles Hospital is the only identified service provider in Fiji. Future interventions should involve advocacy and training activities on addiction and dependence for mental health workers if the current service model is to be maintained. As the primary service providers, their overwhelmingly negative response to alcohol ‘abuse’ is likely to act as a disincentive to treatment-seeking behaviour and contribute significantly to stigmatisation. A similar study on attitudes toward other forms of addiction and development of appropriate programs may also be necessary.

Our key informant identified the research and program priorities as follows: repeat the 2004 secondary school survey; training of trainers for drug awareness programs; data analysis for the 2004–07 schools survey; national glue-sniffing research. The same informant also identified the need for greater coordination between the Ministries of Education and Health.

As with all other PICTs, virtually no data were available on drug use in prison and other closed settings. Important data sets such as the rate of incarceration for drug use offences and access to drugs in closed settings are absent in the Pacific context.

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331 Above, fn.322.
5. Kiribati

<table>
<thead>
<tr>
<th>Population</th>
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<td></td>
<td>15–64 years: 59%</td>
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<tr>
<td>Literacy</td>
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<tr>
<td></td>
<td>Total population: Not available</td>
</tr>
<tr>
<td></td>
<td>Male: Not available</td>
</tr>
<tr>
<td></td>
<td>Female: Not available</td>
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<td>Services: 65.3% (2000)</td>
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<tr>
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<td>Australian dollar (AU$)</td>
</tr>
<tr>
<td>Exchange rate</td>
<td>Per US dollar: 1.2059 (2008 est.)</td>
</tr>
</tbody>
</table>


5.1 Introduction

Kiribati comprises a group of 33 coral atolls in the Pacific Ocean, straddling the Equator. Formerly known as the Gilbert Islands, it was granted self-rule by the United Kingdom in 1971 and independence in 1979 under the new name of Kiribati. The country includes the Phoenix and Line Island groups, after the United States relinquished all claims to these islands in a 1979 treaty of friendship with Kiribati. On 1 January 1995, Kiribati proclaimed that all of its territory lies in the same time zone as its Gilbert Islands group, even though the Phoenix Islands and the Line Islands under its jurisdiction lie on the other side of the International Date Line.332

Demographics

In the most recent Kiribati Census in 2005, the population was recorded as 92,533. Taking birth rate patterns into consideration, the population estimate was likely to be greater than 100,000 by 2007. The population is reported as being ethnically homogeneous with the 2000 Census identifying that it is 98.8 per cent Micronesian. The two dominant religious faiths are Roman Catholic at 52 per cent and Protestant (Congregational) at 40 per cent, with much smaller numbers of Seventh-Day Adventists, Muslims, Baha’i, Latter-Day Saints (Mormons) and Church of God, totalling 8 per cent (1999 Census). Kiribati is included as one of the trial countries in the migrant labour scheme operated by Australia and New Zealand. In addition, there are estimated at any given time to be approximately 1000 seafarers (or 14 per cent of the total workforce), representing the main employment opportunity outside government services. However, media reports note that this role is at risk due to substance and alcohol abuse among the workers.

Government

The President of Kiribati is both the head of state and the head of government. There is a 12-member Cabinet appointed by the President from among the members of the House of Parliament. Once the House of Parliament has chosen the prospective presidential candidates from among its members, they compete in a general election. The President is elected for a four-year term and remains eligible for two additional terms. The most recent election was held on 17 October 2007. Democratic principles are reportedly robust, in a relatively stable society with a strong and resilient culture: all positive indicators for the development of programmatic responses to drug and alcohol issues.

334 Ibid.
337 CIA above, fn.332.
338 Ibid.
Health and development

Foreign financial aid from United Kingdom, Japan, Australia, New Zealand and China equals more than 10 per cent of GDP in Kiribati. Remittances from seamen on merchant ships abroad account for more than AU$5 million each year. Kiribati also receives around AU$15 million annually for the government budget from an Australian trust fund. Tourism provides more than one-fifth of GDP. Private sector initiatives and a financial sector are in the early stages of development. Commercially viable phosphate deposits were exhausted at the time of independence from the United Kingdom in 1979. Copra and fish now represent the bulk of production and exports. The economy has fluctuated widely in recent years. Economic development is constrained by a shortage of skilled workers, weak infrastructure and remoteness from international markets. Health services in Kiribati are provided by the government free of charge.

5.2 Drug and alcohol overview

Kiribati was not included in the 2004–05 Situational Analysis of Illicit Drug Issues and Responses in the Asia–Pacific Region. Kiribati has not yet been represented on the PDARN. Much anecdotal evidence of drug injecting among i-Kiribati seafarers has been identified, but no peer-reviewed publications with supporting data were located. This pattern contrasts with the other PICTs under consideration in this analysis, with the majority reporting no injecting. Excessive alcohol consumption has been identified as a factor preventing increased placement of i-Kiribati on sailing vessels, with some reports suggesting that up to double the number could be employed if these issues did not arise so frequently.
5.3 Illicit drug trends

Reports on illicit drugs in Kiribati relate most often to contracted seamen. As recently as July 2008, a number of i-Kiribati and Tuvaluan seafarers were arrested in possession of heroin, estimated to be worth over US$680 000 by the Drug Enforcement Administration. However, a recent statement by the High Commissioner of Kiribati to Fiji noted that the total worldwide number of i-Kiribati seafarers caught smuggling drugs was 20. As early as 2003, the International Narcotics Control Board called for Kiribati and other PICTs to become signatories to the United Nations conventions on drugs.

Heroin

Kiribati is one of the few countries in the region where reference is made to heroin injecting. This has usually been in the context of seafarers and arrests associated with heroin possession and trafficking. At the time of writing, the report of the Commission on AIDS in the Pacific was due for release. This report reaffirms the high risk for sexual transmission of HIV among the seafaring workforce, but there is still a need to collect evidence of injecting.

Cannabis

Similar to other PICTs there are reports of youth cannabis use in Kiribati. In addition, a key informant advised that people reported planting cannabis to earn cash. If this is the case, then it would suggest a significant shift from a 2001 research report for Tawara which noted that it is rarely smoked.
5.4 Licit drug trends

A PacLII website search of reported judgements found almost 100 alcohol-related reports and no more than half a dozen illicit drug-related reports.\textsuperscript{350} The majority of the judgments relate to drink-driving offences. More significantly, alcohol is considered to be one of the key factors in the dismissal of i-Kiribati seamen from contract fishing fleets. As this is one of the few non-public sector roles available to i-Kiribati, it is afforded the highest priority.\textsuperscript{351}

Alcohol

The 2006 Household Income and Expenditure Survey reported that 3 per cent of household income was spent on tobacco and alcohol.\textsuperscript{352} This amounts to AU$282 of a total average household expenditure of AU$9400.\textsuperscript{353} In the 2005 Census, the questionnaire included several questions on smoking and alcohol use for members of the population aged 10 years and older. The Census found the proportion of males drinking alcohol is higher than females of any age, with less than 15 per cent of males and 2 per cent of females reporting ‘regular’ alcohol consumption. However, more than 40 per cent of males aged 20–34 years reported drinking alcohol ‘sometimes’.

Among youth aged 5–19 years, male and female ‘occasional drinkers’ were 26 and 3 per cent respectively.\textsuperscript{354} ‘Regular’ use was defined as daily, creating a high threshold for those who drink sometimes.\textsuperscript{355} The highest proportion of regular drinkers was in the 20–29 years age range with a tendency for alcohol consumption to decrease with age.\textsuperscript{356} Surveys in 2005 and 2001 reported increases in drinking among young women and in under-age drinking. This is in addition to disorderly conduct and heavy drinking among tertiary students.

A 2005 situational analysis reported an increasing number of teenagers were appearing in court for drunk and disorderly conduct.\textsuperscript{357} Substances used include imported alcohol,
fermented toddy *kaokia* and homebrews. Lack of alternate activities and the associated boredom are listed as reasons for drinking, in addition to low self-esteem and social interaction. The key informant for this analysis reported in 2009 that many of these consumption patterns remain the same.

It is worth reiterating that a reputation for excessive alcohol consumption is deemed an international disincentive for employing i-Kiribati in shipping services. The South Pacific Marine Services and the Marine Training Centre estimate that up to 4000 people (increased from the current figure of 1000) may be employed in the service of shipping vessels if the issue of excessive drinking is addressed. In a nation with limited development opportunities, this is a key concern, a point highlighted in recent media reports.

Kiribati ‘sex workers’ known as *Te Korekorea* are reported to fraternise with local men and seafarers and exchange sex for alcohol and other goods. In addition, they occasionally drink to excess and become victims of violence. Young women are considered at risk of engaging in sex work due to a lack of employment and educational opportunities, but no surveillance or behavioural research has been undertaken with this group.

A local situational analysis in 2005 identified concerns regarding links between alcohol, family violence and sexual abuse. The analysis was initiated after a call in 2000 for a community response following reports of a series of incidents involving very young children. No further information regarding this issue has been identified and it is unclear what measures, if any, have been introduced to clearly identify and manage the issue.

Other

A 2005 government document reported that Kiribati youth sniff benzene and drink methylated spirits in addition to using a variety of alcoholic substances. The authors did not identify any additional information to confirm that this pattern persists.

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359 Personal communication, July 2009.

360 Figures are said to have declined from a peak of 2000 to below 1000 in 2008.

361 Ibid.


363 H. Buchanan-Aruwafu above, fn.358.

364 Ibid.

365 Above, fn.349.

366 Ibid.
5.5 Local responses

Since 2003 there has been a strong focus in Kiribati on transparent and accountable government. In November 2003 Parliament repealed the Beretitenti (Immunities from Civil Proceedings) Act; this move was associated with discussion on the development of a Leadership Code in 2004. At the same time the Government focused on a number of key concerns including what was described as a culture of lawlessness and anti-establishment, particularly under-age drinking, sex-related crimes and prostitution, in addition to security problems on the outer islands. One of the key strategies for responding to these issues focused on strengthening partnerships between national institutions and civil society.

In 2005 a National Leadership Convention was convened in a Western conference style. Among the issues considered were reforms to strengthen police services, including community engagement. Alcohol abuse was listed as a major challenge, with a call for collective community action. The impact of any progress towards this objective requires further investigation.

Legislation

Under the Traffic Act 2002 it is an offence to drive under the influence of alcohol or any other drug, including provisions for breath analysis and blood test procedures. Penalties include fines and potential imprisonment for third and subsequent offences. The Liquor Ordinance 1973 and the Manufacture of Alcohol Act 1997 prohibit consumption of alcohol or its sale to people under the age of 21 years. A 2005 survey reported that the responsible organisations, the police, Island Councils and the Ministry of Health were not enforcing legal restrictions on alcohol and tobacco sales.

The 2005 Leadership Convention called for a review of the Alcohol Ordinance to include provisions on alcohol-free zones surrounding school areas, putting a time limit of 9pm on the sale of alcohol, restricting the sale of alcoholic toddy to allocated bars and not from homes, and raising the minimum age limit for consumption to 21 years. Higher taxes on alcohol and cigarettes were also advocated as well as a call for a limit on alcohol consumption at government functions. In 2006 a review of the Alcohol Ordinance was being prepared for tabling in
Parliament, in addition to increased taxes on alcohol and cigarettes in February 2006 — it is not clear if this task was completed. A further convention was planned for 2008. The 2001 Dangerous Drugs (Amendment) Act added the Thorn Apple, with a botanical name of *datura metel* and an i-Kiribati name of Urin Tiaina, as a dangerous drug in the Dangerous Drugs Ordinance.

**Law enforcement**

Kiribati is a member of the PILON and participated in both the 2007 and 2008 meetings. The meeting reports did not highlight any specific drug and alcohol issues, but included a report on a significant case dealing with the proceeds of crime. A police informant reported that police had attempted to address some of the youth substance use issues by way of awareness-raising programs with local youth groups. Police officers were trained in breathalyser use through a Pacific Police Project, to support implementation of the required regulations under the proposed Traffic Act.

**Health**

In 2003 tobacco- and alcohol-related illnesses accounted for almost 10 per cent of hospital admissions. The Kiribati Government responded by developing policies to reduce the harm caused by alcohol and tobacco, including the endorsement of the National Strategy to Prevent and Control Non-Communicable Diseases 2004–2009. The challenge of converting policies into changed behaviour, including reduced alcohol and tobacco consumption, was flagged at the time. Questions on alcohol and tobacco consumption in the 2005 Census were included at the request of the Ministry of Health. Discouragement of excessive alcohol consumption was among the initiatives listed in response to the demographic data collected in the 2005 Census.

**Non-government organisations**

Kiribati is represented on the Pacific Islands Association of Non-Governmental Organisations (PIANGO) by the Kiribati Association of NGOs (KANGO). Past activities have included a project funded by the Pacific Regional HIV/AIDS Project working with Kiribati seafarers and their wives on HIV prevention.
of KANGO include the Alcoholic Awareness and Family Recovery Association with activities focusing on education and awareness, in addition to recovery support.\footnote{Membership of Kiribati Association of NGOs available at: <http://www.kango.org.ki/Members.php> (accessed April 2009).} Other relevant members include the Kiribati Overseas Seafarers Union and the Kiribati Counsellors’ Association.\footnote{Ibid.} Churches in Kiribati wield much social and cultural influence; by contrast, NGOs are few and underdeveloped.\footnote{NZAID (2007), \textit{Strategy for the New Zealand Development Cooperation Programme with Kiribati, 2002–2007}. Wellington: NZAID. Available at: <www.nzaid.govt.nz/library/docs/nzaid-kiribati-strategy-0207.pdf>.}

**Regulation**

In 2005 a framework for alcohol policy proposed changes in taxation and liquor availability. In addition, a government action plan for youth based on an integrated approach to reduce drinking harms was developed. Proposals included prevention and counseling services funded by a 10 per cent increase in taxation on imported alcoholic beverages, in addition to establishing a national youth coordinating body.

The decision to implement a tax-based response is significant given that all beer and other alcohol are imported from Australia, and two out of seven importers of alcohol to Kiribati are government-owned: Abamakoro and BKL. These two companies are responsible for importing over 60 per cent of the available beer. An assessment of quantities of alcohol imported in 2002, compared with the 2001 and 2000 years, shows a 24.5 per cent increase for beer, increases of 77.6 per cent and 73.8 per cent respectively for spirits and pre-mixed spirits, with wine dropping by 46 per cent. The 2002 data provide a per capita intake of 2.92 litres per head of population aged 20 and over. This does not include local toddy.

Recent concerns about alcohol sales include: minors being sent to buy alcohol for a parent; under-age drinkers being able to buy alcohol without showing identification; and minors going into nightclubs, which are open until 2am. The police have recently been visiting venues popular with young people in an effort to curb under-age drinking, with a significant number of arrests and closures of sour toddy outlets. Some schools have petitioned for nearby outlets to be closed during daylight hours. Recent assessments at Bikenibu and Betio hospitals indicate that 5–25 per cent of those seeking treatment out of hours are affected by alcohol. Data on alcohol-related disorders, such as liver disease, are poor because of difficulty distinguishing this from hepatitis B, which is endemic in Kiribati.
5.6 Australian involvement

The Australian country program in Kiribati is estimated to be worth AU$11.6 million for 2008–09, with overseas development assistance totalling AU$18.4 million. In addition, Australia is Kiribati’s main trading partner, being the principal export destination and import origin.

Australian Agency for International Development

The current program focus is on basic education, human resource development and public sector management. In addition, the Government of Kiribati has prioritised public sector improvement in financial and economic management. Australia is supporting this objective through activities to improve financial management and to increase revenue collection.

5.7 International involvement

Australian non-government organisations

No relevant Australian NGO programs in Kiribati have been identified.

New Zealand

NZAID assistance to Kiribati for 2008–09 is estimated to be in the vicinity of NZ$6 million. The aid program focuses on basic and advanced education, with other activities including support for civil society development via the KANGO, and for government agencies such as the Attorney-General’s Office.

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387 Ibid.

5.8 Gaps analysis

Locating current data for all areas of drug and alcohol use in Kiribati has been difficult. This difficulty was largely due to the lack of an existing local contact or key informant focused on drug and alcohol issues. Now that a key contact within the Kiribati police has been identified, there is scope to seek more up-to-date information regarding substance use generally in Kiribati. Ideally health and community sector contacts will also be identified to participate in future PDARN and other AOD (alcohol and other drug) sector activities to form a current and accurate picture of the situation in Kiribati, as much of the currently available information is more than three years old. In addition, much of the literature focuses on substance use by youth and other high-risk groups (e.g. seafarers and sex workers) and little is reported on issues such as alcohol consumption among the general adult population. Similar to other PICTs, Kiribati has introduced a number of legislative and policy reforms to address substance use issues — the progress and success of these moves are unclear. Where initiatives outlined in the Regulation section (above) have been implemented, if possible a rigorous evaluation should be undertaken to assess the effectiveness of the current response to alcohol and other drug issues.
6. Marshall Islands

<table>
<thead>
<tr>
<th>Population</th>
<th>64 522 (July 2009 est.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>0–14 years: 38.6%</td>
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<tr>
<td></td>
<td>15–64 years: 58.5%</td>
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<tr>
<td></td>
<td>Male: 93.6%</td>
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<tr>
<td></td>
<td>Female: 93.7% (1999)</td>
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<td>United States dollar (US$)</td>
</tr>
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<td>Exchange rate</td>
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</tbody>
</table>


6.1 Introduction

The Marshall Islands consist of two chains of coral atolls, together with more than 1000 islets, just north of the Equator. The atolls are coral deposits on the crater rims of submerged volcanoes. The islands were occupied by the United States of America for several decades after World War II. They now comprise a sovereign nation under a Compact of Free Association with the United States.389

Demographics

The population is estimated to be somewhere between 50 000 and 60 000,390 with the planned 2009 Census postponed due to a funding shortfall. The ethnic origin of the population of the Islands is largely homogeneous, comprising Marshallese 92.1 per cent, mixed-Marshallese 5.9 per cent, other 2 per cent (2006). The population is largely Christian with affiliations as follows: Protestant 54.8 per cent, Assembly of God 25.8 per cent, Roman Catholic 8.4 per cent, Bukot nan Jesus 2.8 per cent, Latter-Day Saints (Mormons) 2.1 per cent, other Christian 3.6


per cent, other 1 per cent, none 1.5 per cent (1999 Census). As with other Pacific Island nations, the role of religious beliefs in moderating drug and alcohol consumption needs to be considered. An additional concern for the development of the Marshall Islands is population sustainability. High and sustained rates of emigration are reported to be another prominent demographic feature, with an average of around 1000 Marshallese migrating to the United States every year since 2000.

Government

After almost four decades under United States administration as part of the United Nations Trust Territory of the Pacific Islands, the Marshall Islands attained independence in October 1986. The Government is a constitutional government under a Compact of Free Association with the United States. The most recent elections were held on 19 November 2007. On 7 January 2008 the Niti-jela elected Litokwa Tomeing as President. Significantly, the Marshall Islands continues to host the United States Army at Kwajalein Atoll (USAKA) Reagan Missile Test Site, a key installation in the United States missile defence network. The role of military personnel in illicit drug and alcohol consumption warrants further study. As in the other countries considered in this analysis, excessive alcohol and tobacco consumption is the primary concern in the Marshall Islands, along with increasing cannabis use.

Health and development

The economy of the Marshall Islands continues to be dependent on revenue from the United States under the Compact, with over 80 per cent of government revenue being derived directly, or indirectly, from United States grants. Government is the major employer, followed by the commercial and retail sectors. The construction industry is expanding, but there is limited domestic production — fisheries, copra, handicrafts and subsistence agriculture being the most significant sectors. The export base of the Republic of the Marshall Islands is narrow.

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391 Ibid.
393 CIA above, fn.390. The Compact was amended in May 2004.
395 Above, fn.390.
396 Ibid.
6.2 Drug and alcohol overview

The Marshall Islands was not included among the countries considered in the 2004–05 situational analysis of illicit drug use and responses. In addition, it has not been represented at PDARN meetings held to date. In 2009 a delegate was identified to participate in the network but was unable to attend the 2009 meeting. The relationship with the United States distinguishes the Marshall Islands from other Pacific Islands nations, and this special relationship is reflected in the drug use profile.

6.3 Illicit drug trends

In 2008, a comprehensive epidemiological overview of substance use in the Marshall Islands was prepared. This report focused on alcohol and tobacco. It attempted to identify ‘other’ substance use patterns, but included only self-reports from pregnant women concerning use prior to pregnancy. Substance use included betel, marijuana, kava and other drugs, with marijuana the highest at 2.6 per cent ever used. The study highlights the limited data available and is inconsistent with reports of increasing trafficking and seizures, but consistent with police and court data for 2000–04.397

A number of large-scale seizures of illicit drugs have taken place in the Marshall Islands in the last decade. Drugs seized include cocaine, methamphetamine and cannabis. In 2008, the United States Drug Enforcement Administration (DEA) reported increased problems with methamphetamines.398 The DEA contact identified source countries as China, the Philippines, Taiwan, Hawaii and the mainland of the United States. At a conference in Saipan, the Micronesian Police Executives Association reportedly told delegates that transhipment of drugs in the region is so common that drugs are ‘falling off ships’ and washing up on shore, with the DEA agent suggesting ‘wash up’ of cocaine in the Marshall Islands is commonplace.399

In July 2007, Marshall Islands police confiscated more than 30 kilograms of marijuana,400 with an estimated street value of over US$200 000, which was washed up in a boat on a remote outer atoll. There was some suggestion of links between the boat the drugs were found in and a group of Mexicans who were rescued in September 2006 after nine months drifting across the Pacific. Accusations of involvement in drug-running were emphatically denied by the Mexicans.401

399 Ibid.
401 Ibid.
6.4 Licit drug trends

As described earlier, a comprehensive epidemiological overview of substance use in the Marshall Islands was prepared in 2008. The report focused on alcohol and tobacco, but noted data availability as a fundamental limitation of the review, with sources dating from a variety of surveys spanning the period 2002–2007.

Alcohol

In 2005, severe alcohol problems were reported in the Marshall Islands, particularly with youth aged 17–30 years. Alcohol is considered a key cause of domestic violence in addition to being a contributing factor for up to 70 per cent of criminal arrests. The Marshall Islands also has a very high suicide rate, with the Ministry of Health suggesting that alcohol consumption is a contributing factor in 93 per cent of cases. In 2004, suicide was fifth in the top 10 causes of death. Police data issued by the Statistics Office report that drunk and disorderly conduct was by far the most common reason for arrest in every year from 2000 to 2004.

Kava

While kava (sakau) consumption is reported to occur in the Marshall Islands, only a 2006–07 prenatal survey of consumption (rate of 1.7 per cent) among adult women was included in the 2008 Marshall Islands epidemiological profile.

6.5 Local responses

Legislation

The relevant drug control legislation is the Narcotic Drugs (Prohibition and Control) Act 1987. The legislation, last revised in 2004, includes provisions for synthetic drugs. The Marshall Islands has still not acceded to the 1988 United Nations drug convention, but it is a signatory to counter-terrorism financing legislation and has enacted anti-money laundering laws.

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403 Ibid.
404 Ibid.
The relevant legislation for alcohol is the *Alcoholic Beverage Control Act* 1971, last revised in 2004. In addition, there is a *Driving Under the Influence Act*, updated in 2004, which includes provisions for breath testing and increasing the severity of penalties with every offence.

**Law enforcement**

The Marshall Islands is included under the jurisdiction of the Los Angeles Field Division, Honolulu District Office (HDO). The HDO has an area of responsibility that encompasses the State of Hawaii, Guam, the Commonwealth of the Northern Mariana Islands, the Republic of the Marshall Islands, the Federated States of Micronesia and American Samoa. The Marshall Islands was not represented at the December 2008 meeting of the Pacific Islands Law Officers’ Network.

**Health**

Searches indicate that the Marshall Islands is a treatment destination for people from mainland United States, which may impact on drug supply, use and patterns. It is not clear if these programs are accessible and affordable for locals. The 2008 substance abuse epidemiological survey also identified the need for a clearer understanding and recording of treatment statistics not available at the time the report was prepared.

**Non-government organisations**

There is an NGO network website, but no NGOs have been identified with a specific mission around drugs and alcohol. However, there appear to be a number of private drug and alcohol treatment centres.

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6.6 Australian involvement

Australian Agency for International Development

Australia’s development assistance program with the Marshall Islands is estimated at AU$496 000 for 2008–09. Its focus is on scholarships and support for community organisations.\(^41\) In addition, Australia provides funding for the Pacific Patrol Boat Program. In 2007–08, funding to the Marshall Islands through the Defence Cooperation Program was estimated to be AU$791 000.\(^41\) Australia also responded to the December 2008 flood crisis, offering US$50 000 in emergency assistance funds.\(^41\) Like the other PICTs included in this analysis, the Marshall Islands benefits from Australian funding contributions to regional bodies and organisations.

6.7 International involvement

New Zealand

In contrast to other PICTs, the Marshall Islands is not the beneficiary of a bilateral program with New Zealand. However, New Zealand does contribute funding to regional bodies such as the Pacific Islands Forum Secretariat, of which the Marshall Islands is a member.\(^41\)

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41 Ibid.


Other programs

Since independence the Marshall Islands has maintained a Compact of Free Association with the United States. As part of this agreement, the United States guarantees to provide US$57 million per year until 2023, with direct US aid accounting for 65.7 per cent of the Marshall Islands’ $123.3 million budget for the 2008 financial year.416

6.8 Gaps analysis

When compared to other PICTs, the Marshall Islands is at an advantage with the existence of the epidemiological working group which undertakes relatively frequent analysis for substance use trends. However, the analysis is limited by the frequency and breadth of the surveys considered. There is potential to extend existing survey mechanisms to include illicit drug use, particularly consumption data, and the operation of health services. In 2009 a nominated delegate from the abovementioned working group was identified to attend the PDARN meeting in Vanuatu, but due to emergency hospitalisation two days before the meeting was unable to attend. Hopefully the delegate will participate in the 2010 meeting and will contribute to the increased understanding of alcohol and other drug issues across the Pacific.

7. Nauru

<table>
<thead>
<tr>
<th>Population</th>
<th>14 019 (July 2009 est.)</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
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<td>65 years and over: 2.1% (2009 est.)</td>
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<td>Total population: 1 male(s)/female (2009 est.)</td>
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<tr>
<td>Literacy</td>
<td>Definition: Not available</td>
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<td></td>
<td>Total population: Not available</td>
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<td></td>
<td>Male: Not available</td>
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<td></td>
<td>Female: Not available</td>
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<td>Currency</td>
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<tr>
<td>Exchange rate</td>
<td>Per US dollar: 1.2059 (2008 est.)</td>
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</tbody>
</table>


7.1 Introduction

Nauru is characterised as one of the only PICTs to have been ‘prosperous’, as calculated by Western standards of gross domestic product and gross national income. However, reserves from phosphate mining (the main means of wealth) are now all but exhausted, leaving Nauru with few alternative sources of income. Consecutive budget deficits resulted in the government sale of assets abroad and the need for support in financial management.

In contrast to other PICTs, Nauru consists of a single island. As a result of this, many of the risk factors associated with other island nations characterised by remote atoll and island chains are less relevant. Notably, as part of healthy lifestyles programs, people are encouraged to walk around the island with an area of just 21 square kilometres.

Demographics

The estimated population of Nauru is 10 000.417 The majority religion is Christianity, with almost 100 per cent of the population either Roman Catholic or Methodist. With the exception of international advisers supporting reform programs, there are very few residents of other ethnicities living on Nauru. The expatriate population also now excludes staff and residents of the recently closed offshore processing centres for refugees and asylum seekers.

Government

Nauru became an independent republic in 1968. The government is made up of an 18-member Parliament, with the members electing the President, who is chief of state and head of government. There is a perceived degree of stability in the Nauruan government. The reformist government of Ludwig Scotty was in power until a 2007 vote of no confidence, which was followed by elections when supply was blocked in a budget deadlock in the Parliament. The current President is Marcus Stephen. Challenges to the parliamentary process are managed by the Supreme Court and a recent decision regarding quorums to validly undertake business indicates a commitment to due process.

Health and development

Health trends in Nauru largely reflect those in other PICTs, where non-communicable diseases inflict the largest burden on health services. These diseases include cardiovascular disease, cancers, respiratory illnesses and diabetes. Alarmingly, the trend in Nauru has been towards a decrease in life expectancy to the late 40s and early 50s age bracket. It is estimated that Nauru has one of the world’s highest levels of diabetes, renal failure and heart disease (exceeding 40 per cent of the population) due to poor diet, sedentary lifestyle and alcohol abuse. Like a number of other small PICTs, Nauru is dependent on rainwater tanks and desalinated water, as there is no natural fresh water supply.

7.2 Drug and alcohol overview

Nauru was not included in the 2004–05 situational analysis of illicit drug issues and responses in the Asia–Pacific region. For the first time in 2008, a delegate from Nauru, nominated by the Ministry of Health, attended the PDARN meeting. At this meeting (in Fiji, July 2008) the delegate identified alcohol as the key drug of concern in Nauru, noting the link to domestic violence, mental health issues and traffic accidents. No evidence of illicit drug use has been provided and no publications relating specifically to this issue in Nauru were identified.


421 Above, fn.418.
7.3 Illicit drug trends

Key informants suggest there is very little, if any, concern over illicit drug use on Nauru. A media search revealed claims around drug dealing in the Australian-administered detention centres, but it is not clear if these claims were substantiated. Irrespective of this situation, the centres were closed by the Australian Government in 2008, potentially eliminating the risk factor.422

The view that illicit drugs are of little concern in Nauru is supported by reported cases before the courts, with only three of 293 cases in 2008 relating to possession of dangerous drugs as prescribed by the Dangerous Drugs Ordinance 1952–1967.

In contrast to a number of other PICTs, Nauru is largely infertile and reliant on imports for food. There is little space for crop cultivation, with little scope to join its neighbours as a cannabis-producing country.

In 2005, Nauru was included as a country of concern for international money laundering due to the international banking sector and the associated sale of passports to foreign nationals. After a period of reform, Nauru has been removed from this list and is no longer involved in the international banking sector.

7.4 Licit drug trends

Aside from alcohol, no reports of other problematic substance use have been identified in Nauru. In contrast to other PICTs, there is no literature relating to kava or inhalant use. In addition, comments on the consumption of non-beverage alcohol are also absent.

Alcohol

Based on available reports, alcohol is the key drug of concern in Nauru. Of approximately 290 cases before the courts in 2008, 14 were related to drunk and disorderly behaviour. Concerns around high levels of alcohol consumption and this type of conduct were raised by media reports around 2005, but it is not clear if this trend has continued unabated.423 It is worth noting that in 2004 a dramatic rise in excise on beer was followed by a dramatic increase in illicit alcohol production, leading to a subsequent reduction of the tax. The 2004 STEPS report, which surveyed people aged between 15 and 64 years on alcohol consumption (among other health issues), noted that while more than half the total population surveyed had not consumed alcohol in the 12 months prior to the survey, there was a high rate of binge drinking. The average

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The number of drinks consumed in a session was 13.2 for men and 10.6 for women. Almost 45 per cent of those who were drinkers were classified in the high-risk category.424

More recently, data for 2007–08 establish that approximately 46.2 per cent of the population consumes alcohol: 60.7 per cent male and 32.1 per cent female,425 with the highest proportion of current male drinkers in the 25–34 year age group (68.2 per cent) compared to the highest proportion of current female drinkers among those aged 15–24 years (34.9 per cent).426

Other

Although there is no reference in the literature, kava is consumed in Nauru, but there is little discussion of problematic effects. Similar to all other PICTs, Nauru has identified high rates of tobacco consumption as a concern, with approximately 51 per cent of women and 46 per cent of men reported to smoke in 2004.427 This issue is being addressed as part of the non-communicable diseases plan for tobacco control among PICTs. This is a positive first step toward the broad-based introduction of tobacco control measures. PICTs continue to lobby for ongoing exclusion of tobacco and alcohol from the Pacific Island Countries Trade Agreement.

7.5 Local responses

Legislation

The legal system of Nauru is based on the British common law legal system. Currently, Nauru is not a signatory to any of the United Nations drug conventions.428 The Liquor Ordinance (Amendment) Act 1997 is the relevant alcohol control legislation. As part of the National Non-Communicable Diseases Action Plan 2007–12, the legislative framework for alcohol regulation and control is slated to be reviewed, with funds provided by the SPC and WHO. Issues under consideration include pricing, licensing and marketing.429

Law enforcement

Nauru is a member of both the PILON and the PICP, regional organisations providing the opportunity to identify and address legal issues. At the most recent PILON meeting in Vanuatu, the Ministry of Justice reported the planned appointment of a Border Control Director to oversee improvements in immigration, customs and border control. This decision highlights the priority afforded by the Nauru Government to streamlining management and operations of the three departments, and it is seeking financial assistance for the new position.


425 3rd PDARN meeting, Fiji, 7–9 July 2008.

426 Ibid.


429 Government of Nauru, Nauru National Non-Communicable Diseases Action Plan 2007–2012; the review was planned for 2007–08 but it is unclear whether it has already taken place and what recommendations resulted, if any.
Health

As the main drug of concern, alcohol is included in the Nauru National Non-Communicable Diseases Action Plan 2007–2012. The plan is consistent with the objectives of WHO and the SPC, developed and supported in line with the Pacific Framework for the Prevention and Control of Noncommunicable Diseases and the 2008–2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases. The plan includes the development of core and optimal strategies for alcohol control. The legislative strategies listed above are core areas of work. The optimal strategies include the development of a national leadership model, a data collection and analysis system, and coordination of civil society organisations. Interventions also include the ongoing development of a school-based curriculum.430

Regulation

The negative impact of trade agreements on the capacity of nations to regulate alcohol and tobacco imports is well documented by WHO. In the context of harmful rates of alcohol consumption, the Government of Nauru has committed to voting against trade liberalisation of alcohol under PICTA, to be renegotiated in 2009.

Non-government organisations

Nauru is a member of the Pacific Islands Association of NGOs, with the peak representative body being the Nauru Island Association of NGOs. Notably, the PDARN delegate reports there are currently no NGOs operating in Nauru.

7.6 Australian involvement

Australia has a longstanding relationship with Nauru as one of the three countries431 assigned a joint trustee mandate over the island at the end of World War I. When Japanese occupation during World War II ended, Nauru became an Australian trust territory until it achieved independence.432 Since the collapse of the phosphate mining sector, Australia has maintained an ongoing development assistance program in Nauru.

Australian Agency for International Development

Total overseas development assistance to Nauru for 2008–09 is estimated to be AU$26.6 million. Of this, AU$15.23 million is allocated to the country program. Program priorities include economic reform and management, improving service delivery and capacity building. In addition, Australia contributes to the Nauru Settlement Treaty and discretionary funding negotiated annually under the Memorandum of Understanding.433 As part of

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430 Ibid.
431 Britain and New Zealand were the other two countries.
432 Above, fn.418.
the program of work, Australian advisers are deployed to work with government, including personnel from the Australian Government Department of Finance and the Australian Federal Police (AFP). The AFP provided the Director of Police and a special police adviser in 2005 to work with local police to address prosecution backlogs and undertake skills building. Australian programs have also supported health sector planning and management improvements since 2006.434

**Australian non-government organisations**

A search of the Australian Council for International Development website provided no evidence of international NGOs working in Nauru.

### 7.7 International involvement

The monetary donor aid flows to Nauru are estimated to total approximately 46 per cent of its 2007–08 budget revenues. Apart from Australia, other major donors include Taiwan (AU$4.4 million) and New Zealand (AU$1.4 million). Other donor partners include: the Secretariat of the Pacific Community, Japan, the European Union, India, the Pacific Islands Forum Secretariat, United Nations Development Programme, South Pacific Applied Geoscience Commission, South Pacific Tourism Organisation, Forum Fisheries Agency, the United Nations FAO and WHO, Cuba, Venezuela, Italy, Israel, Brazil, Singapore, South Korea, the Czech Republic and the United States.435

For some time, ties with Taiwan were suspended in favour of a relationship with the People’s Republic of China on the promise of US$130 million in aid, but this position was reversed in 2005.436 Nauru has a troubled relationship with the Asian Development Bank, joining in 1991 but having loans suspended due to non-compliance with associated conditions in 2003. The loan program was restarted with the election of a new government in late 2004, but as of 2007, outstanding repayments remained. The ADB program supports the National Sustainable Development Strategy development and implementation of priorities.437

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434 Ibid.
436 Above, fn.418.
New Zealand

New Zealand has a limited bilateral relationship with Nauru, based mainly on historical ties such as phosphate exports and contact through regional mechanisms. Nauru and New Zealand enjoy good relations. Given New Zealand’s political and financial support for the Pacific Regional Assistance to Nauru framework and the implementation of the National Sustainable Development Strategy, it is likely that New Zealand–Nauru relations will expand in the near future.\textsuperscript{438}

Other programs

No other international programs relevant to this analysis were identified for Nauru.

7.8 Gaps analysis

Alcohol consumption data were collected as part of the 2004 STEPS program. Since these data were collected and reported, there has been increased program focus on alcohol-related mortality and morbidity. In addition, Nauru has been actively involved in the ‘Healthy Islands’ program. The impact of these targeted interventions needs to be measured and more current consumption trends identified.

The 2008 PDARN delegate reported the need for targeted research looking at the health and social consequences of drug use in Nauru to augment an assessment of the economic costs. Other needs included financial and technical assistance to support drug and alcohol policies and programs.

There has also been no assessment of the health effects of the immigration detention centres on the local population. The only identified reports of illicit drug use in Nauru were related to these centres, but it is possible that local residents working in the camps may have come into contact with illicit drug use. Any such impact may be impossible to assess, as the camps have been closed since early 2008.

The proposed streamlining and coordination of the immigration, customs and border control authorities, as well as Nauru’s involvement in all major regional organisations, open the door to establishing a basic illicit drug surveillance system. Given the limited evidence of illicit drug use in Nauru, it will be essential, in the first instance, to utilise existing mechanisms to collect data and avoid putting additional pressures on organisations and individuals already stretched to capacity.

8. Niue

<table>
<thead>
<tr>
<th>Population</th>
<th>1398 (July 2009 est.)</th>
</tr>
</thead>
</table>
| Age        | 0–14 years: Not available  
15–64 years: Not available  
65 years and over: Not available (2009 est.) |
| Gender     | Total population: Not available |
| Literacy   | Definition: Not available  
Total population: 95%  
Male: Not available  
Female: Not available |
| Unemployment | 12% (2001) (#136) |
| Employment by sector | Note: Most work on family plantations; paid work exists only in government service, small industry, and the Niue Development Board |
| Currency   | New Zealand dollar (NZ$) |
| Exchange rate | Per US dollar: 1.4151 (2008 est.) |


8.1 Introduction

Niue is the least populated of the Pacific Islands included in this situational analysis. Niue is unique in that it comprises a single coral island, the largest in the world.\textsuperscript{439} It is a self-governing parliamentary democracy in free association with New Zealand. Niueans are of Polynesian descent.

Demographics

The population of Niue is estimated to be between 1400 and 2000. This represents a decline from a peak of 5200.\textsuperscript{440} Of significance are the estimated 20 000 people of Niuean descent living in New Zealand.\textsuperscript{441} Niueans are citizens with the right of free access to New Zealand.\textsuperscript{442} At approximately 9 per cent,\textsuperscript{443} Niueans represent a significant


\textsuperscript{443} Niue country profile, The Globe (Global Alcohol Policy Alliance), Pacific Issue no.1, 2005.
Situational analysis of drug and alcohol issues and responses in the Pacific

According to 2001 Census data, the population of Niue comprises 78.2 per cent Niuean, 10.2 per cent other Pacific Islander, 4.5 per cent European, 3.9 per cent mixed, 0.2 per cent Asian and 3 per cent unspecified ethnicity. The majority of Niueans (61 per cent) are members of the Ekalesia Niue Church, with the balance made up of Latter-Day Saints (Mormons), Roman Catholics, Jehovah’s Witnesses, Seventh-Day Adventists and other unspecified religions, with only 1.9 per cent nominating ‘no religion’ in the 2001 Census. In contrast to other Pacific countries, there is no mention in the literature of religion playing a regulating role in alcohol and other drug consumption.

Government

Since 1974 Niue has been self-governing, in free association with New Zealand. While the Niue Government is fully responsible for internal affairs, New Zealand retains responsibility for external affairs and defence. Niue’s most recent elections were held in June 2008, resulting in a change in government. The Premier, currently Toke Talagi, is elected by the Legislative Assembly and heads a Cabinet of three ministers. Niue is dependent on New Zealand to address the shortfall between revenue and government expenditure, a large portion of which is used to pay wages to public employees. However, Niue has cut government expenditure by reducing the public service by almost half.

Health and development

No data for Niue were included in the UNDP health and development data report for 2007-08. However, challenges for Niue are similar to other PICTs. These include: isolation; limited natural resources and transport; poor communications; and a lack of skilled labour. A distinguishing feature of Niue is that, unlike other PICTs, its residents have access to New Zealand and, consequently, Australia. This may contribute to an explanation for reports that Niue has zero poverty, as compared with 38 per cent in Kiribati. Despite such reports, agriculture is at subsistence levels and manufacturing is limited. Niue is highly dependent on New Zealand aid with limited employment prospects and high rates of migration.

444 The authors identified documents referring to a 2006 Niue Census, but no data reports were located.
445 CIA above, fn.440.
446 Ibid.
447 Above, fn.442.
448 CIA above, fn.440.
449 Ibid.
450 Above, fn.442.
452 Above, fn.442.
8.2 Drug and alcohol overview

A New Zealand-based Niuean representing the Niue Ministry of Health attended the 2009 PDARN meeting. In responding to the key informant questionnaire circulated in October 2008, the Niuean contacts identified alcohol as the key drug of concern. No evidence of other drug use has been identified on the island. While it is often reported that kava is consumed across the Pacific, there is no specific reference to Niue as either a producer or a consumer of the crop.

Niue has been working towards compliance with international agreements — in particular, agreements relating to money laundering. Offshore services provided by the offshore banking sector were closed in December 2006. In addition, Niue has enacted the Misuse of Drugs Act 2007.

8.3 Illicit drug trends

As part of the literature review undertaken for this study, no cases of illicit drug use were identified in law reports, media reports or health resources. Two key contacts for Niue, including a police representative, indicated that illicit drug use has not been identified as an issue. In contrast with other Pacific nations, there have been no reports of small-scale cannabis crop cultivation by subsistence farmers. The International Narcotics Control Board report for 2005 focused on anti-money laundering responses in Niue without mention of illicit drugs. The Niue Country Report for the PILON meeting in December 2008 reported significant progress in the prevention of money laundering especially in relation to the proceeds of crime. With the strengthening of financial systems, risk for illicit drug issues will most likely occur as a result of a highly mobile population and local interaction with visiting and returning family members. There are occasional anecdotal reports that cannabis has been introduced by Niuean students returning from Fiji but there is insufficient information available to confirm this situation.

453 Key informant interview, December 2008.
457 Above, fn.454.
8.4 Licit drug trends

Alcohol

Data on alcohol consumption is not regularly collected by the government, but alcohol and tobacco were identified as the main issues of concern. One key informant reported that there is reluctance among the population of Niue to admit there is a problem with alcohol. Increasing apprehension of drink-drivers was highlighted as an indicator of the significance of alcohol consumption and its associated impact.

In 2005 the Department of Health reported that 20 per cent of 16–20 year olds and 30 per cent of 21–30 year olds drank alcohol. In the 31–50 and the over-50 age ranges, drinking prevalence varied between men and women. The percentage of men drinking in the 31–50 age range was estimated at 50 per cent, dropping back to 20 per cent in the over-50s. For women, drinking prevalence was steady: at 30 per cent in the 31–50 age range, but dropping significantly to 10 per cent in the over-50s. More importantly for health impacts, a 2005 report on alcohol and trade reported that weekly drinking and binge drinking are common. The WHO situation report also notes a high rate of alcohol consumption, with homebrew the cheapest form of alcohol. Homebrew is made from hops, coconut and sugar, left to ferment for three days and then drunk. Other ingredients used to make homebrew include pawpaw and beetroot. Recorded per capita alcohol consumption (litres of pure alcohol) among adults (≥ 15 years) was 9.5 litres (2003).

An insight into alcohol consumption patterns and the role of alcohol in the life of Niueans may be gleaned from research undertaken among the Niuean population of New Zealand. Niueans have been the subject of a PhD thesis — Drinking Behaviours: Niuean Men’s Alcohol Consumption — and

458 Key informant interview, December 2008.
459 Key informant interview, December 2008.
460 Above, fn.443.
461 Secretariat of the Pacific Community (2005), Tobacco and Alcohol in the Pacific Island Countries Trade Agreement: impacts on population health. Noumea, New Caledonia: SPC.
a Master’s thesis on alcohol consumption among Niuean women. The research showed that, as with other Pacific Island cultures, consumption is linked with generosity, reciprocity and gift giving.

Findings of research into alcohol consumption of Pacific Islander populations living in New Zealand identified clear themes, but highlighted the difficulty in generalising behaviours. Themes included: the social nature of consumption; the role of the church; and changing consumption patterns with age. Of the groups studied, the Niuean group was exceptional in its awareness of the health effects of alcohol consumption. However, study participants were reported to be more concerned with ‘conduct’ surrounding consumption. The Niuean group also highlighted safety concerns and the practice of having a non-drinking group member to watch over drinkers, while the women highlighted the need to protect children from adult drinkers.

Other

The New Zealand-based research notes that kava is not consumed in Niue, but that the kava ritual tends to provide the model for alcohol consumption among Pacific Island cultures. Further investigation is required into whether this model can be legitimately applied to Niuean alcohol consumption. No reports on the consumption or impact of betel, tobacco or non-beverage alcohol have been identified for Niue.

464 New Zealand Ministry of Health (1997), The Place of Alcohol in the Lives of People from Tokelau, Fiji, Niue, Tonga, Cook Islands and Samoa Living in New Zealand: an overview. ALAC Research Monograph no.2. Wellington, New Zealand: ALAC. Note that the research was undertaken in 1997 and only 19 Niuean women and 13 Niuean men were interviewed; see also Alcohol Advisory Council of New Zealand (1997). Vai Mamali: The Place of Alcohol in the Lives of Niuean People Living in Aotearoa New Zealand. Research Findings no.5. Wellington, New Zealand: ALAC.

465 Ibid.

466 Ibid.; see also E. Lemert (1967), Secular use of kava in Tonga, Quarterly Journal of Studies on Alcohol, 28(2): 328–341.
8.5 Local responses

A key issue for the Government of Niue is population sustainability. As part of the program of post-cyclone reconstruction, the Government of Niue is seeking, in the long term, to reduce the flow of young skilled workers from the country, and to promote tourism as a key sector for economic development. This focus on youth is reflected in reported responses to drug and alcohol issues.

A final report for the Winds of Change program on alcohol and drugs, conducted in September 2008, is currently being drafted. The program is a joint initiative of the Youth Council, and the Niue Departments of Police and Health. The report will include presentations given during the three-day program, including data from the Customs Department on the quantity of alcohol imported into the country, and Health Department statistics on the number of alcohol-related cases. The police have taken a leading role in drug and alcohol issues, seeking assistance from the Alcohol Advisory Council of New Zealand for advice on a response. The Niue Youth Council also has a pivotal role in the response to alcohol issues. The National Niue Youth Policy 2009–2013 includes reducing alcohol abuse as one of its aims. The Youth Council hosted the inaugural Youth Ball in early 2009, an alcohol-free event attended by 50–60 youth. The Council will also host the Youth Parliament in August 2009, with the issue of alcohol consumption to be a key agenda item.

Legislation

The Crown Law Office is implementing a three-stage law reform project to promote good governance and an appropriate review of laws as part of the Niue Legislative Review. This project includes: the enactment of the Interpretation Act 2004; consolidation of legislation; and reform of two legal subject areas per year. Since the project began, Niue has introduced a Financial Intelligence Unit (FIU) and repealed offshore financial legislation — Niue no longer offers offshore financial services. In a further move toward compliance with international anti-money laundering regulations, Niue has also enacted the Misuse of Drugs Act 2007.

Previously the relevant legislation for drug and alcohol issues in Niue included the Misuse of Drugs Act 1998. The Act extends New Zealand’s Misuse of Drugs Act 1975 to Niue. It includes any subordinate legislation made under the New Zealand Act and is to be read


468 Personal communication, December 2008; the authors were not able to access the final report before completion of this document.

469 Natasha Toeono-Tohovaka, Executive Committee Member, Niue Youth Council: information provided December 2008.

470 Key informant, December 2008.

with any New Zealand Act deemed to be part of New Zealand’s Misuse of Drugs Act. However, the Niue Assembly maintains the right to reject any amendments made to the New Zealand Act.

Law enforcement

Law enforcement officers are taking a leading role in addressing alcohol issues. However, only a limited number of cases come before the courts in Niue annually. In a review of reported judgments since 1995, none relating to drugs and alcohol was identified. The absence of relevant reported judgments raises questions as to the nature of the response of law enforcement to reported high rates of drink-driving. The police have undertaken a review of the Liquor Act and submitted it to the Crown Law Office with a view to updating provisions of the Act.

Health

Our key informant noted that Niue Ministry of Health’s Health Promotion Officer has played a key role in the development of youth programming, including alcohol use issues. Health falls under the strategic objective: ‘Enjoying a healthy lifestyle in a thriving, educated and healthy community that has access to a wide range of quality social infrastructure, services and development opportunities’. As noted previously, the Niue Department of Health is also part of the youth-focused Winds of Change program.

In the past, Niue public health and NGO representatives have participated in 2004 and 2005 meetings of the Global Alcohol Policy Alliance, dedicated to discussing alcohol issues. The December 2005 meeting resulted in the establishment of the Asia Pacific Alcohol Policy Alliance.

Regulation

Notably, there are age restrictions on the purchase of alcohol — any person aged 18 years and over can purchase alcohol from a bond store in Niue. Niue is committed to the Pacific Agreement on Closer Economic Relations (PACER), which requires import duties to be lifted. It is well accepted that agreements such as this have the potential to severely limit the capacity for national governments to regulate alcohol and tobacco importation, thus inhibiting a key response


473 Key informant interview, December 2008.

474 Key informant interview, December 2008.


for managing harmful consumption patterns.\textsuperscript{478} In 2007 the Government of Niue announced a two-stage approach to tax reform, with the removal of import duties on tobacco and alcohol and the introduction of an excise tax, potentially deferred to 2009.

A 2005 report identified a public health imperative to regulate tobacco and alcohol, recommending they be classified as special cases. This was seen as being of greater importance than the facilitation of free trade in tobacco and alcohol.\textsuperscript{479} This emphasis is reflected in Niue Broadcasting Corporation’s prohibition of alcohol advertising. However, this does not prevent New Zealand breweries distributing promotional materials and branded merchandise.\textsuperscript{480} New Zealand is a key trading partner for Niue, in addition to making significant contributions via direct budget support. It is a legitimate concern that trade commitments to PACER and other trade-related agreements will restrict regulatory approaches such as those imposed by the Broadcasting Corporation.

Alcohol taxes are used by the Government of Niue to support sporting and cultural events. This includes NZ$1 per can of beer sold and a levy on any sale of alcohol by sponsors at sporting events.\textsuperscript{481} Furthermore, all alcohol is imported by the government, which has the discretion to hand out promotional materials or not. There are also licensing provisions for local alcohol production (there were no local producers in 2005).\textsuperscript{482} A review of the Niue Government’s approach to regulation of alcohol is required to address these issues.

\begin{center}
\textbf{Non-government organisations}
\end{center}

It is unclear what role, if any, the Niue Island Association of NGOs (NIUANGO) plays in the provision of drug and alcohol services. The Niue Integrated Strategic Plan highlighted the important role of the church in Niue,\textsuperscript{483} but none of the published materials reports that the church has an active role in the provision of drug and alcohol services. This is in contrast with other PICTs and may be explained, in part, by declining population numbers. The role of NGOs and the church needs to be explored further.

\begin{footnotes}
\item[478] Secretariat of the Pacific Community (2005), Tobacco and Alcohol in the Pacific Island Countries Trade Agreement: impacts on population health. Noumea, New Caledonia: SPC.
\item[479] Ibid.
\item[480] Above, fn.476.
\item[481] Niue country profile, The Globe (Global Alcohol Policy Alliance), Pacific Issue no.1, 2005.
\item[482] Ibid.
\end{footnotes}
8.6 Australian involvement

It is estimated that the value of the Australian Country Program for Niue is AU$1.6 million for 2008–09, with the total overseas development assistance benefits at AU$2.73 million. In the past, Australia has come to the aid of Niue in emergency situations, with an Australian Defence Force field hospital and AU$200,000 in relief provided in the wake of Cyclone Heath.\footnote{January 2004 funding was for essential medical infrastructure, equipment and emergency staffing, and other minor equipment.}

Australian Agency for International Development

The focus of AusAID’s bilateral aid is promotion of economic development and growth, as well as an increase in self-reliance. In addition, Australia is a joint signatory with New Zealand and Niue to the Niue International Trust Fund (NITF) Deed, signed at the Pacific Islands Forum in Suva, Fiji.

The aim of the NITF, in operation since 2006, is to provide a long-term, dependable revenue stream for the Government of Niue, to meet the objectives of self-reliance and decreased dependency on official development assistance.\footnote{Australian Government Department of Foreign Affairs and Trade, Niue Country Brief, available at: <http://www.dfat.gov.au/geo/niue/niue_brief.html> (accessed March 2009).} AusAID reports that prior to 2006 Australia had contributed approximately AU$5.5 million to the New Zealand-managed Niue Trust Fund Account, until the full implementation of the NITF. Furthermore, Australia intends to gradually transfer its bilateral aid allocation to Trust Fund contributions in the future. Until such time, Australia will continue to support bilateral aid activities in education scholarships and human resource development. There are no specific law enforcement or health programs identified as priorities for Australia in Niue.

Australian non-government organisations

No Australian NGO programs for Niue have been identified during the course of this review. This is an area for further exploration with key informants. Key informants have reported no drug and alcohol interventions supported by NGOs in their written responses.
8.7 International involvement

New Zealand

NZAID is the most significant international donor in Niue. The Agency’s work supports the development of a more resilient Niue via economic, social and cultural opportunities. New Zealand’s support targets the following key areas: good governance and supporting and building the capacity of the public sector; strengthening the emerging private sector, particularly in tourism; and improving much of the island’s core infrastructure. Aid is mostly delivered by direct budget support and is in the vicinity of NZ$16.7 million for 2008–09. New Zealand provides up to 50 per cent of Niue’s GDP through its programs.

Other programs

Niue is part of the UNICEF regional program. Among the issues facing children in Pacific Island countries, UNICEF lists increases in teen pregnancies, drug and alcohol abuse, and sexual violence. These issues are contributing to an overall decline in living standards for women and children in the Pacific. Pacific Island nations have the highest suicide rates in the world and poverty forces many children to drop out of school because their parents cannot afford school fees. These are recognised risk factors for drug and alcohol use and abuse.

UNICEF’s Adolescent Development and Child Health Programme is working to help young people develop life skills and engage in activities, including the publication of brochures and posters that raise awareness of how to prevent transmission of HIV and AIDS. UNICEF programs may provide an avenue to address drug and alcohol issues among youth. In addition, the advocacy program for open conversations may assist in any drug and alcohol interventions. Australia and New Zealand are the only donors with bilateral programs with Niue.

8.8 Gaps analysis

There is room for a multi-sectoral approach to drug and alcohol programming. Currently interventions focus on supply and demand reduction. A key informant also mentioned the existence of a national alcohol policy. Continuing failure and lack of capacity to implement the policy are ongoing challenges. In a review of the data, no information on treatment programs was identified. In addition, details of relevant changes to legislation for both narcotics and liquor need to be discussed with key informants. Areas for further investigation include exploring the extent of engagement between Niueans resident in New Zealand and those residing in Niue, in particular the changing culture of alcohol consumption; and assessing the potential to design and implement a national drug and alcohol surveillance system in such a small population base.

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487 Above, fn.443.


## 9. Palau

### Population

<table>
<thead>
<tr>
<th></th>
<th>20 796 (July 2009 est.)</th>
</tr>
</thead>
</table>

### Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–14 years</td>
<td>22.9%</td>
</tr>
<tr>
<td>15–64 years</td>
<td>70.8%</td>
</tr>
<tr>
<td>65 years and over</td>
<td>6.2% (2009 est.)</td>
</tr>
</tbody>
</table>

### Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Total population: 1.14 male(s)/female (2009 est.)</th>
</tr>
</thead>
</table>

### Literacy

| Definition: age 15 and over can read and write | Total population: 92% |
|------------------------------------------------|
| Male: 93%                                      |
| Female: 90% (1980 est.)                       |

### Unemployment

<table>
<thead>
<tr>
<th>Unemployment</th>
<th>4.2% (2005 est.) (#52)</th>
</tr>
</thead>
</table>

### Employment by sector

- Agriculture: 20%
- Industry: Not available
- Services: Not available (1990)

### Currency

<table>
<thead>
<tr>
<th>Currency</th>
<th>United States dollar (US$)</th>
</tr>
</thead>
</table>

### Exchange rate

<table>
<thead>
<tr>
<th>Exchange rate</th>
<th>—</th>
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### 9.1 Introduction

Palau is located in the northern Pacific, some 800 kilometres east of the Philippines. Palau comprises 340 islands, only eight of which are inhabited, with 70 per cent of the population residing on the main island of Koror.

### Demographics

According to a July 2008 estimate, the population of Palau is 21 093. Population diversity in Palau is reported to be increasing, largely due to the arrival of migrant labour. The people of Palau are mainly of Micronesian ethnicity at 69.9 per cent of the population, with Malayan and Melanesian admixtures. The balance of the population...

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is made up of Filipino 15.3 per cent, Chinese 4.9 per cent, other Asian 2.4 per cent, Caucasian 1.9 per cent, Carolinian 1.4 per cent, other Micronesian 1.1 per cent, other or unspecified 3.2 per cent. Census data suggest there are a relatively large number of people in Palau who identify as having no specific religion, numbering 16.4 per cent of the population. Religious affiliations are noted as: Roman Catholic 41.6 per cent, Protestant 23.3 per cent, Modekngei 8.8 per cent (indigenous to Palau), Seventh-Day Adventist 5.3 per cent, Jehovah’s Witness 0.9 per cent, Latter-Day Saints (Mormons) 0.6 per cent, and other 3.1 per cent. Significantly, Palau is a matrilineal society with land tenure linked to women. One-third of the population are foreign workers, making up an estimated 73 per cent of the total workforce. The combined impact of this population composition and the free movement of Palauan people to the United States deserves in-depth research, especially in relation to patterns of drug and alcohol use.

Government

Palau, formerly part of the Caroline Islands cluster, spent three decades as part of the United Nations Trust Territory of the Pacific under United States administration. In 1978 Palau opted for independence in preference to joining the Federated States of Micronesia. A Compact of Free Association with the United States was ratified in 1993 resulting in full independence in 1994. Palau is a representative democracy, with its elections synchronised to the United States four-year cycle. The President is both head of state and head of government, and there are 16 State representatives, one for each of the 16 States. Notably, the Council of Chiefs acts as an advisory body for the President and is consulted on matters of traditional law and customs. Under the Compact, the United States Government agrees to pay in the vicinity of US$450 million over 15 years, an arrangement that expires in 2009. In addition, the Compact allows the Palauan

495 Ibid., according to the 2000 Census data.
497 Ibid.
498 Above, fn.494.
499 Above, fn.496.
500 Palau’s last general election was held on 4 November 2008. Its first presidential election on the same day resulted in the election of Johnson Toribiong as President.
501 Above, fn.491.
502 Above, fn.492.
503 Ibid.
504 Ibid.
citizens to reside, work and study in the United States and its territories, and access a number of United States federally funded programs. While Palau has a relatively stable government, reports of corruption among government officials are common and have the potential to significantly affect long-term sustainable development goals.

Health and development

Palau is reported to have one of the highest living standards of all Pacific Island nations and income per capita is twice that of its neighbour, the Philippines. It remains unranked in terms of the UNDP Human Development Index. An analysis of data provided by the Palau Ministry of Health suggested that, of the ten leading causes of death in Palau, substance use plays a part in all but two, with the list including heart and liver disease, cancer and injuries in the top five.

9.2 Drug and alcohol overview

Palau was not one of the countries considered in the 2004–05 situational analysis of illicit drug issues in the region. Palau has not played a part in the PDARN to date, but for the first time a law enforcement delegate from Palau attended the 2009 PDARN meeting. In addition, the Palau Behavioural Health Centre has provided a valuable contribution to the development of the country profile and is undertaking important work in the substance use field. This development is relatively important because Palau has been identified as a country with a number of key risk factors related to injecting drug use and HIV infection, more than for any other PICTs considered in this analysis. Despite its relatively small population, Palau will be an important future contributor to the network, not least because the available data place a heavy emphasis on alcohol as the main drug of concern.

505 Above, fn.496.


507 Above, fn.491.

508 Ibid.

509 Council on Substance Abuse Prevention (COSAP) (2009), (Draft) Epidemiological Profile of Substance Use/Abuse Patterns in the Republic of Palau. Koror, Palau: COSAP, March 2009; copy provided by key informant.

510 Personal communication, 2008, re unpublished epidemiological report prepared for UNAIDS.
9.3 Illicit drug trends

The most recent United States Department of State report has highlighted people trafficking, corruption by government officials, and domestic violence as matters for concern in its annual review of human rights conditions in Palau. The concerns identified drug and alcohol ‘abuse’ as contributing to domestic violence involving women and children. Government and judicial leaders noted that Palau has not had any reports or cases of entry of methamphetamine into the country since 2006 and protested against a listing on the State Department’s international narcotics watch list. It was noted that law enforcement officers were monitoring points of entry and sharing information with authorities in neighbouring countries. In addition, police officers have received training to combat drugs.

In the 2008 UNGASS report, Palau reported that there were no known current injecting drug users. Therefore, no data were provided against the national program coverage indicators relating to this section. However, people trafficking, prostitution and entertainment industry workers are all indicators for potential risk and initiation into injecting and other drug use.

Cannabis

Marijuana is grown locally on Palau and is therefore easily accessible. A 2002 seizure on one island in Palau yielded 2900 plants from 50 farms. A Youth Risk Behaviour Survey (YRBS) is conducted every two years in Palau. Youth marijuana use was reported to be in decline in the period from 1999 to 2005. Among all grade 9–12 students surveyed, the rate was 49 per cent, reflecting...
the lower rate of use by females.\textsuperscript{520} However, the 2009 YRBS reporting on data collected in the 2007 survey contradicted this earlier finding with a reported increase in use of 60 per cent of students ever having used the substance: 64 per cent of males and 56 per cent of females.\textsuperscript{521} In the same report, 38 per cent of students had reported using marijuana in the 30 days prior to completing the survey.\textsuperscript{522} Further in-depth analysis is required to better understand the apparent change in consumption patterns and contradictory results.

\textbf{Amphetamines}

Reported youth amphetamine use has declined significantly from a peak of 22 per cent of males having used one or more times in the 2001 survey to 10 per cent in the 2007 survey. The overall rate of use was 7 per cent for males and females, also reflecting a slight decline in the number of females ever having used — from 6 per cent in the 2005 survey to 4 per cent in 2007. No figures for use among adult populations were included in the 2009 substance use profile for Palau, reflecting the general lack of data collection on adult substance use.

\section*{Other}

Data from 1999 and 2003 behavioural surveillance surveys indicate that 2.3 per cent of men and 0.5 per cent of women in Palau aged between 20 and 59 years had injected, with 38 per cent sharing injecting equipment. The survey did not state if drugs other than heroin were injected.\textsuperscript{523} These figures contradict the earlier cited UNGASS report stating there is no known injecting on the islands.\textsuperscript{524} The same report shows that 6.8 per cent of men and 4.2 per cent of women reported having sex with an injecting drug user in the previous 12 months,\textsuperscript{525} indicating a need for further data collection and clarification on this issue. Questions on cocaine use were not part of the YBRS and are not reflected in the adult survey data.

\textsuperscript{520} Ibid.
\textsuperscript{521} Above, fn.509.
\textsuperscript{522} Ibid.
\textsuperscript{523} Personal communication, 2008, re unpublished epidemiological report prepared for UNAIDS.
\textsuperscript{524} The UNGASS report is for 2008 and presumably relates to current injectors.
\textsuperscript{525} Personal communication, 2008, re unpublished epidemiological report prepared for UNAIDS.
9.4 Licit drug trends

Alcohol

In contrast to other PICTs, Palau’s drinking culture is reported to be shaped by a cash economy and imported alcohol, and not dominated by ‘toddy’ or homebrew to the same extent as elsewhere. However, Palau is similar to many other PICTs in that it involves bars, house parties and car parties, at which both men and women participate. In contrast to daily life, alcohol consumption is an opportunity for egalitarianism, with participants referring to one another as sechelik (my friend) rather than usual ranks in the hierarchy.

The 2009 Epidemiological Profile of Use/Substance Abuse Patterns in the Republic of Palau noted 2006 household expenditure in the range of 3.1 per cent and 5.6 per cent on alcohol, tobacco and betel nut depending on region (highest in Kayangel/Angaur and lowest in Koror). This represents an overall household expenditure slightly more than half what is spent on health, personal care, education and personal services combined. For some regions, more was spent on alcohol, tobacco and betel nut than the above services. The same data also show tobacco in dollar terms is by far the most significant proportion of this category of expenditure followed by betel then alcohol, with Koror providing the exception where expenditure on alcohol almost equals that on tobacco.

Alcohol is identified as a key substance of concern in Palau with alcohol-related death from accident, injury, motor vehicle accidents, suicide and chronic disease all identified as a concern in the 2009 epidemiological profile of substance use. The highest of these was 28 per 100,000 deaths from chronic alcohol-related disease which has been the main reported contributor every year since 2001. However, the epidemiological profile rightly notes limitations of the data in that the figures do not reflect alcohol- and other substance use-related morbidity and other social consequences of use. By way of example, arrests were one of the few identified indicators for drink-driving in Palau but the accuracy of data is limited in a small island population where police are known to exercise significant discretion. The Council on Substance Abuse Prevention reports that at times police will intervene to prevent intoxicated people driving home, often impounding cars and driving them home themselves. This is a pragmatic and laudable approach, but this intervention masks the true extent of the problem.


527 Ibid.

528 Above, fn.509.

529 70 per cent of the population of Palau is reported to live on the island of Koror.

530 Above, fn.509.

531 Ibid.

532 Above, fn.517.
The legal age for alcohol purchases from all outlets is 21 years.\textsuperscript{533} The 2009 epidemiological profile noted a lack of current data for adult consumption, with the 2003 Ministry of Health community health assessment providing the most recent indicators of consumption among this group. In this survey, 10,990 people or 80.4 per cent of the population 20 years or older were surveyed, with 3866 indicating they had consumed alcohol in the previous 12 months and 24 per cent reporting they consumed alcohol one to four days a week. In addition, 51.7 per cent of the respondents having consumed alcohol reported having five or more drinks when they drink. Also important was 5 per cent of respondents reporting having 20 drinks or more on days when they drank.\textsuperscript{534} Other sources of information include the Ministry of Finance Bureau of Revenue, Customs and Taxation report which estimated more than 500 standard drinks (beer, wine and spirits) imported to Palau annually per adult 21 years or older.\textsuperscript{535}

The 2005 YBRS found that, among students from grades 9–12, 62 per cent had tried alcohol, most commencing at 13 years of age and often exhibiting a pattern of binge drinking.\textsuperscript{536} In a comparison of youth alcohol consumption and binge drinking in 2003, 2005 and 2007, the most recent epidemiological profile notes declines in each category with reported current drinking dropping from 51 per cent (2003) to 36 per cent (2007), and bingeing similarly decreasing from 34 per cent (2003) to 24 per cent (2007).\textsuperscript{537} As this is a school-based survey, most at-risk youth populations are not represented and therefore consumption and binge rates are potentially much higher for those falling into the youth age bracket.

Betel

In the 2007 YRBS more than half (58 per cent) of high school students surveyed reported having chewed betel one or more times in the previous 30 days. This rate of use was similar to that in 2005 but a decline since 2001 and 2003. The profile also noted that betel is often chewed with tobacco and, since 2005, chewing rates are higher among females than among males. This will be explored further in the third youth tobacco survey, planned for 2009.\textsuperscript{538}

\textsuperscript{534} Above, fn.509; a binge was defined as five drinks or more for the survey undertaken by the Ministry of Health in 2003.
\textsuperscript{535} Ibid.; standard drinks are listed as 12oz bottles/cans.
\textsuperscript{536} Above, fn.493.
\textsuperscript{537} Above, fn.509.
\textsuperscript{538} Ibid.
Other

The YRBS collects data on youth inhalant use. For the period from 1999 to 2005 a trend emerged of increasing use, with kerosene identified as one of the main substances used. Among surveyed youth, 14 per cent of boys and 12 per cent of girls had used inhalants as a drug in 2005.\(^{539}\) However, the 2007 survey data reflect a decline in use to a total of 9 per cent of youth reporting lifetime use.\(^{540}\) The most up-to-date epidemiological profile notes that inhalant use fluctuates with the availability and affordability of other drugs. A review of the literature suggests that kava is not widely used in Palau.

9.5 Local responses

The Council on Substance Abuse Prevention (COSAP) report entitled *Epidemiological Profile of Substance Abuse Consumption and Consequence Patterns in Palau* highlights the key data sources for drug and alcohol use in Palau. Consumption data are gleaned from the Ministry of Finance’s Bureau of Revenue, Customs and Taxation, with adult-specific data collected as part of the Ministry of Health’s Community Health Assessment (2003). In addition, youth-specific data are collected as part of the YRBS, conducted by the Ministry of Education.\(^{541}\)

Consequences data are extrapolated from death certificates and such data place substance use in the context of the ten leading causes of death in Palau.\(^{542}\) Significantly, COSAP identified substance use as at least a partial contributor to eight out of ten of the leading causes of death.\(^{543}\) Palau delegates to the Small Islands Voice project highlighted youth drug and alcohol abuse as issues, recommending responses focused on supply reduction of marijuana and awareness raising.\(^{544}\) It is unknown whether any interventions have been implemented as a result of these recommendations.

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\(^{539}\) Ibid.

\(^{540}\) Ibid.

\(^{541}\) The Ministry also conducts a youth tobacco survey. As tobacco is not included as part of this analysis, the results are not considered in this profile.

\(^{542}\) Above, fn.517.

\(^{543}\) Ibid.

\(^{544}\) Maaremetua Murare (2002), Small Islands Voice youth report, *Cook Islands Small Islands Voice*, 1(2): 2–3 — ‘getting rid of the people that are buying or planting marijuana plants’. 
Legislation

The Public Health and Safety Code of Palau defines the crime of possession at section 3302. However, a 2002 paper reporting on the impact of drug paraphernalia and syringe prescription law in Palau noted there was no relevant legislation.\textsuperscript{545} Section 3302 distinguishes between marijuana and other drugs and allows for suspended sentences, conditional on enrolment in a court-approved drug counselling program. This option is also conditional on mandatory drug testing a minimum of four times per year over three years. Failure of any test will result in the revocation of the suspended sentence and immediate imprisonment for the remainder of the sentence.\textsuperscript{546} The cost of drug counselling is borne by the national government and the severity of the penalty is determined by the quantity possessed. A key concern about the legislation in its current form is that it does not define a minimum amount to qualify for possession. Therefore, drug remnants in a used syringe may be equated to possession. The consequence of this is that exercising safe disposal options presents a risk of arrest for injecting drug users.\textsuperscript{547}

Law enforcement

There are no reported cases of drug- or alcohol-related issues available via the Pacific Islands Legal Information Institute (PacLII) website, which has reported Palau law and legal cases since independence in 1994. Yet, in fact, there have been six reported decisions in total, with the most recent being in August 1995. While the website was last updated in December 2007, the PILON report included details of a 2006 Appeal Court trial on a human trafficking matter, suggesting the database does not provide a comprehensive listing of cases coming before the courts. Palauan authorities believe that drug and human trafficking and prostitution are the primary sources of illegal proceeds resulting in money laundering.\textsuperscript{548}

Palau is a member of the PILON, with delegates attending the most recent meeting in December 2008. The Palau Country Report to the PILON meeting did not highlight any drug use issues, but identified significant issues around people trafficking. The report noted that 21 amendments to the Palau Constitution were approved in the 2008 elections with the potential to significantly change the ‘legal landscape’ in Palau.\textsuperscript{549} The changes will have a major impact on the process for criminal trials and therefore potentially on hearings for drug-related crimes.


\textsuperscript{546} Ibid.

\textsuperscript{547} Ibid.


\textsuperscript{549} Palau Country Report to Pacific Islands Law Officers’ Network meeting, December 2008.
Health

In 2003, alcohol was identified as a major concern for Palau, resulting in the announcement of ‘Drunk Driving Prevention Month’ in December. Alcohol abuse was identified as a primary cause of serious car crashes and violent crimes.\footnote{Palau’s Justice Minister Michael J. Rosenthal, Alcohol a serious problem in Palau, Pacnews, 19 June 2003.} In 2005, September was declared ‘Alcohol and Addiction Recovery Month’ as a celebration of individuals in recovery, their families and service providers.\footnote{Palau’s President Tommy Remengesau, Focus on alcohol, addiction recovery, Palau Horizon/PNS, 19 September 2005.} At the time, a treatment centre was handling 51 cases, the majority in treatment due to court orders,\footnote{Ibid., reference by Mr Marinelli to the Bedochel Treatment Center.} which could be categorised as a drug diversion program. Finally, during preparation of the 2008 UNGASS report, health officials noted plans to standardise survey techniques to allow international comparative analysis.\footnote{Above, fn.493.}

Regulation

The WHO Global Status Report on Alcohol noted that Palau had a licensing regime limiting days and places of sale, and imposing age restrictions for purchasing and on consumption settings. Otherwise, few limits applied and notably there were no restrictions on sponsorship of sporting events and advertising.\footnote{Above, fn.533.} The legal drinking age in Palau is 21 years.\footnote{International Center for Alcohol Policies, Minimum Age Limits Worldwide: table available at: <http://www.icap.org/table/MinimumAgeLimitsWorldwide> (accessed April 2009).}

Non-government organisations

The Palau Community Action Agency (PCAA) is an interim member of the PIANGO.\footnote{PIANGO available at: <http://www.piango.org/docs/Publications/monthly-2-5.html> (accessed March 2009).} The PCAA uses participatory learning and action working with people to identify their needs and then mobilise resources to meet those needs. Activities target women, youth and rural residents and include: community development, disaster relief, and health, among others.\footnote{Pacific Development Directory. Wellington, New Zealand: Development Resource Centre.} While no specific programs targeting alcohol and other drugs were identified, there may be scope to include such initiatives in current programs of work.
9.6 Australian involvement

Australian Agency for International Development

Australian development assistance to Palau for 2007–08 is approximately AU$436,000 with a priority for education programs via scholarships and small grants for community organisations. In addition, Palau is part of the Pacific Patrol Boat Program for which Australia provided the boat and technical assistance worth over AU$1 million in 2007–08. Otherwise, Palau was a recipient of assistance as part of Regional Pacific Programs which included AusAID-funded country programs wound up in 2008.

Australian non-government organisations

According to the Australian Council for International Development, none of its member NGOs has registered current activities in Palau.

9.7 International involvement

United States

Grants already agreed to under the Compact of Free Association will cease in 2009. Negotiations for a new agreement are underway. Significantly the United States Center for Disease Control and Prevention supports the biannual administration and analysis of the YRBS survey, which provides some of the most useful data on substance use consumption in the region.

New Zealand

Palau is a current beneficiary under NZAID’s Environment Facility Small Grants Program. The total program is worth NZ$6.5 million for 2008–09. The grants are targeted to support cost-effective community development initiatives for environmental protections, poverty reduction and sustainable livelihoods. Palau also benefits from NZAID contributions to regional organisations, such as the Pacific Islands Forum Secretariat, but NZAID does not have a Palau country program.

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558 Above, fn.492.
559 Ibid.
Other programs

After the United States, key contributors to Palau’s development include Taiwan, Japan and the European Union. Taiwan contributes to tourism and investment. The Japan International Cooperation Agency provides technical support to Palau, with an estimated 15 per cent of grants-in-aid. The projects focus mainly on environment, infrastructure and human resources. One example is the Project for Improvement of Solid Waste Management in the Republic of Palau. In 2007 the European Community and Palau developed a Country Strategy Paper and National Indicative Programme for 2008–2013. The focus areas include sustainable economic and social development, smooth integration into the world economy, and a campaign targeting poverty, with the main activities centred on energy and resources.

The Asian Development Bank has assisted Palau with support for national planning efforts and small-scale technical assistance since Palau joined the ADB in 2003. In addition, the National Statistics Office of Palau is being supported to achieve international standards in statistical publications, including its Household Income and Expenditure Survey. The ADB is working with Palau to develop a Country Partnership Strategy commencing in 2008. Palau is part of the UNICEF multi-country program, which includes adolescent development and child health programs. These assist young people to develop life skills and healthy lifestyles and include advocacy to prevent child abuse and trafficking, among other activities.

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566 Above, fn.506.


9.8 Gaps analysis

Palau’s response to substance use issues is more developed than that of many of the PICTs considered in this situational analysis. However, there are a number of clear data gaps in substance use information. A review of substance abuse-related deaths fails to capture associated morbidity. In addition, while arrests are provided as an indicator of drink-driving, the broader impact of substance use-related arrests is not measured. Consumption data are calculated via imports, failing to capture locally produced alcohol beverages. Furthermore, the adult survey data figures focus on alcohol, providing no insight into adult consumption of illicit and other licit drugs.

It has been difficult to identify international NGO activities undertaken in Palau, and no current programs targeting drug and alcohol use have been identified. This area needs further exploration but may best be explained by the fact that these services are the mandate of government health services and locally run NGOs.

Finally, the key informant for Palau identified the need for economic modelling in relation to substance use programming as an important next step to developing prevention and treatment services for substance use.
10. Papua New Guinea

<table>
<thead>
<tr>
<th>Population</th>
<th>6 057 263 (July 2009 est.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>0–14 years: 36.9%</td>
</tr>
<tr>
<td></td>
<td>15–64 years: 59%</td>
</tr>
<tr>
<td></td>
<td>65 years and over: 4.1% (2009 est.)</td>
</tr>
<tr>
<td>Gender</td>
<td>Total population: 1.04 male(s)/female (2009 est.)</td>
</tr>
<tr>
<td>Literacy</td>
<td>Definition: age 15 and over can read and write</td>
</tr>
<tr>
<td></td>
<td>Total population: 57.3%</td>
</tr>
<tr>
<td></td>
<td>Male: 63.4%</td>
</tr>
<tr>
<td></td>
<td>Female: 50.9% (2000 Census)</td>
</tr>
<tr>
<td>Unemployment</td>
<td>1.9% (2004) (#17)</td>
</tr>
<tr>
<td>Employment by sector</td>
<td>Agriculture: 85% (2005 est.)</td>
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<tr>
<td></td>
<td>Industry: Not available</td>
</tr>
<tr>
<td></td>
<td>Services: Not available</td>
</tr>
<tr>
<td>Currency</td>
<td>Papua New Guinean kina (PGK)</td>
</tr>
<tr>
<td>Exchange rate</td>
<td>Per US dollar: 2.6956 (2008 est.)</td>
</tr>
</tbody>
</table>


10.1 Introduction

Papua New Guinea (PNG) forms the eastern half of the island of New Guinea. Located between the Coral Sea and the South Pacific Ocean to the east of Indonesia, PNG gained independence from Australian administration in 1975.

Demographics

The population, comprising Melanesian, Papuan, Negrito, Micronesian and Polynesian ethnic groups, is estimated to be just below 6 million. While the number of ethnic groups is not large, the population is geographically and culturally diverse, with over 700 disparate cultural groups, and characterised by complexities not evident on the same scale in other countries in the region. Alternatively, the United Nations estimated the population to be 6.3 million in 2007.


570 Ibid.

The most recent Census report highlighted a degree of religious diversity with groups including Roman Catholic 27 per cent, Evangelical Lutheran 19.5 per cent, United Church 11.5 per cent, Seventh-Day Adventist 10 per cent, Pentecostal 8.6 per cent, Evangelical Alliance 5.2 per cent, Anglican 3.2 per cent, Baptist 2.5 per cent, other Protestant 8.9 per cent, Bahai 0.3 per cent, indigenous beliefs and other 3.3 per cent (2000 Census). This does not explain the interaction of religion and traditional kinship ties which may prove important for intervention development for drug and alcohol issues. PNG is also experiencing rapid, sustained population growth of about 2.7 per cent a year.

**Government**

The government of Papua New Guinea is a constitutional parliamentary democracy with Queen Elizabeth II (since 6 February 1952) the head of state, represented by a Governor-General. Since independence, PNG has struggled with governmental stability, with the government led by Prime Minister Michael Somare the first-ever to serve a full five-year term. In an environment of ongoing instability and violence, PNG still faces difficulty in gaining investor confidence, restoring integrity to state institutions, promoting economic efficiency, and balancing relations with Australia.

**Health and development**

In contrast to other PICTs, PNG is endowed with natural resources, but development is hampered by rugged terrain and high costs of developing infrastructure. Up to 85 per cent of the population is dependent on subsistence agriculture as a livelihood. However, mineral deposits, including copper, gold and oil, account for nearly two-thirds of export earnings. PNG is also unique among the PICTs in that it faces a worsening HIV and AIDS epidemic on a scale not faced by any other in the region. It has the highest rate of reported HIV cases in the region, with 64,000 people (or 2 per cent of the adult population) living with HIV and AIDS in 2005.

Approximately 40 per cent of the population reportedly live in absolute poverty (less than US$1 a day). Most Papua New Guineans live in rural areas, but poor rural conditions mean more people are moving to urban centres, where poverty, unemployment and civil unrest are growing. Also contributing to the

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573 Above, fn.571.
574 Above, fn.569.
575 Ibid.
576 Ibid.
577 Ibid.
578 Ibid.
579 Above, fn.571.
development challenges are low literacy rates of 51 per cent for females and 63 per cent for males. Violence against women is common and access to education and employment opportunities are more limited for females than males. Papua New Guineans have low life expectancy and high infant and maternal mortality.581

10.2 Drug and alcohol overview

Papua New Guinea was included in the 2004–05 situational analysis of illicit drug issues. In addition, PNG has sent a representative to each PDARN meeting. An initiative of PDARN was to undertake a rapid assessment and response in 2006. In contrast to other PICTs, PNG has been the subject of much alcohol research since prohibitionist times when it was illegal for indigenes to consume the product.582 Similar to Fiji, PNG is a cannabis-producing country, and much folklore has developed around the local product. PNG’s illegal drug culture is also linked (in the media at least) to local gun-running syndicates and other organised crime activities. PNG is known to have a ‘culture of intoxication’ characterised by the abuse of licit drugs such as commercially produced alcohol and homebrews.

10.3 Illicit drug trends

Papua New Guinea is increasingly considered an emerging risk for transhipment of drugs and other illegal goods en route to Australia. Australian Customs authorities have identified significant risk associated with limited capacity in border control and the presence of organised crime groups.583 PNG relies on assistance from Australia to deter illegal cross-border activities primarily from Indonesia, including goods smuggling, illegal narcotics trafficking, and squatters and secessionists.584

580 Ibid.
581 Ibid.
584 Above, fn.569.
Cannabis

Papua New Guinea is reported to be a major cannabis consumer.\textsuperscript{585} Over the last decade, health officials, the media, law enforcement officers and researchers have all reported increased drug use, especially of cannabis, despite little systematic data collection to support this view.\textsuperscript{586} Trends toward increased use are often measured by arrest reports, while the PNG delegate at the 2006 PDARN meeting noted a rapid increase in the number of people admitted to mental health services with cannabis-induced psychosis from 2000 to 2004, with close to 100 in 2004 alone cited as an indicator of the trend.\textsuperscript{587}

In early 2008, 40 kilograms of dried marijuana destined for Madang, or possibly overseas, were seized as part of a 24-hour crackdown in the Eastern Highlands. PNG police believed the 17 detained individuals were part of a major marijuana syndicate.\textsuperscript{588}

A further seven arrests followed and 18 kilograms of marijuana were later confiscated in a similar road block on a weekend. The suspects came from a variety of regions, indicating a broad reach. Firearms were commonly seized at the same time as drugs.\textsuperscript{589} The national drug squad and southern command task force rounded up two suspects during a regular drug operation after being tipped off about a deal, resulting in the confiscation of a .22 rifle and 38 rounds of ammunition from an Australian man and 20 kilograms of illicit drugs from a government official. Police said the 38-year-old government officer and father of nine was arrested and charged for being in possession of 20 kilograms of illegal drugs, but was later released on bail of PGK500 (Papua New Guinea kina).\textsuperscript{590}

\textsuperscript{585} Ibid.


\textsuperscript{590} Equivalent to approximately US$160.
Other

In January 2009 the media reported on a seizure by PNG police of US$250 million in counterfeit notes and a quantity of powder suspected to be methamphetamine or cocaine. In addition, 10 kilograms of marijuana were seized. Furthermore, it has been estimated that there are 7500 injecting drug users in PNG.

10.4 Licit drug trends

Since independence in 1975 legislative responses have recognised the high rates of alcohol consumption. Offences for drunkenness include violence and damage. In addition, provisions allow police to protect drunken individuals from harming themselves or doing harm to others by taking them into custody for up to 12 hours. Prior to independence, a campaign for the rights of the indigenous people to drink was undertaken. In a 1988 paper reviewing the development of alcohol consumption patterns and conceiving appropriate public health responses, Mac Marshall flagged the long-term issues facing PNG. At the time he advocated establishment of a national body to address the problem. The paper also considered the debilitating effects of methanol consumption and the cultural determinants for this behaviour. An important consideration for PNG when developing a response to drug issues is the historical origins of a culture of defiance of prohibitions.

Alcohol

Papua New Guinea is renowned for its ‘culture of intoxication’. In response, local and provincial communities have often adopted a prohibitionist approach to alcohol consumption to address local issues of concern. Lack of program evaluations means there is little evidence for the effectiveness or other impacts of such responses. However, possible associated consequences include the increased production of illegal homebrews and consumption of non-beverage alcohol and the resultant risk factors. However, the early impacts of prohibition in PNG as described by Marshall suggest negative responses.

Destructive consumption patterns continue to be an issue in PNG at times, threatening development, employment and general prosperity. This is evidenced by cases such as a multi-billion dollar gold project at Hidden Valley in Bulolo, Morobe, where it was reported that the project could be forced to cease operations if law and order problems persisted. Full-scale production is scheduled to commence in June 2009, providing


592 International Harm Reduction Association (2006), Regional Overview: Oceania. Available at: <http://www.ihra.net/Oceania>.


594 Ibid.

595 Ibid.

new employment opportunities for the local people, but high daily rates of liquor consumption have been identified as a key contributor to the problems. The challenge laid down for the President’s Local Level Governments (LLGs) is for the electorate to work together in addressing the issue. This resulted in a call on the District Administrator and Bulolo MP, Sam Basil, to impose a liquor ban in the district. Following consultations with various relevant authorities in the electorate, Basil supported the moves to impose the liquor ban and to improve police presence in the area. This is one example of a local-level response to problematic alcohol use.

Another case where alcohol regulation and business have conflicted is that of the Cargill-owned Higaturu Oil Palms, which involved a Christmas party alcohol order in the disaster-stricken Oro province. State-of-emergency laws prohibited the sale and consumption of alcohol in the province. The company, Oro province’s biggest private sector employer, has spent over PGK2 million on humanitarian assistance, mainly targeting its flood-affected employees and villagers. Staff claimed the incident was a misunderstanding, while village officials noted the behaviour breached conditions of employment visas in addition to being insensitive to the grief of their Papua New Guinean hosts. Such conflict between business and policy enforcement is an issue that continues to emerge across the Pacific.

Despite calls in 2004 to address alcohol as a contributor to violence, it continues to be an issue in PNG. In 1995 the PNG Law Reform Commission found that 71 per cent of the women interviewed considered alcohol abuse as a major cause of marital problems, with 26 per cent of those beaten by their spouse relating the incident to alcohol. While it is difficult to assess the extent to which this situation persists, a key informant from the PNG Highlands noted that substance abuse is often identified as a trigger for violence and injury where people presented to health services. The link between alcohol and violence is supported by data collected as part of a rapid assessment undertaken by the

597 Ibid.
599 Equivalent to US$680 000.
Burnet Institute in 2006, with alcohol linked to approximately 50 per cent of participant experiences of violence.\(^{602}\) Information provided by key informants also supports the view that there are strong links between alcohol use, violence and injury.

Nonetheless, alcohol production continues in PNG. A multi-million dollar cassava bio-fuel project at Launakalana in PNG’s Central province several kilometres outside the capital, Port Moresby, is set to attract another possible investor — the giant Korean company, LG International Corporation.\(^{603}\) Ethanol, which is produced from cassava to manufacture alcohol beverages, can be an additive to bio-fuel, made from biological or natural agriculture crops.

**Kava**

Like its PICT neighbours, Papua New Guinea is also a kava consumer but this remains a relatively minor concern when compared to other substance use.

### 10.5 Local responses

#### Legislation

Relevant legislation in PNG includes the *Dangerous Drugs Act* 1952 and the *Summary Offences Act* 1976. Specific definitions in the legislation include: ‘drunkenness’ includes the state of a person who is so affected by alcoholic drink or drugs that his physical or mental faculties or his judgment are appreciably and materially impaired in the conduct of the ordinary affairs or acts of daily life; and ‘drunk’ has a corresponding meaning; ‘fight’ means a fight in which two or more people are assaulting one another in a manner that is likely to cause bodily injury to some other person or so as to cause bodily injury to the property of some other person; and ‘to fight’ has a corresponding meaning; ‘indictable offence’ includes an indictable offence in relation to which a person may be dealt with summarily or a summary offence in relation to which a person may be dealt with upon indictment.

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\(^{602}\) Burnet Institute & Papua New Guinea Ministry of Health, ibid.

Law enforcement

The National Narcotics Control Board Act 1992 established the National Narcotics Control Bureau; it is responsible for coordination of all aspects of the response against drugs.604 Overwhelmingly, the response to illicit drug use in PNG is punitive, focused on supply and demand reduction. Provincial-level bans and eradication schemes dominate the response. Examples include a September 2008 protest march against drug and homebrew dealers by up to 10 000 people in Kundiawa, Chimbu province. The march, endorsed by the provincial police commander, included schoolchildren, public servants, hospital patients, police, correction officers and prisoners, women and youth equipped with placards motivated by the view that the removal of marijuana and homebrew from the community would help to end law and order problems. Identified problems included rape, stealing, murder and the rise of HIV and AIDS.605

Other provincial-level interventions have included a PNG Telikom initiative in 2001 which provided for the installation of telephone lines with six extensions free of charge, manned 24 hours a day at the Boroko police station, for the public to call the police and pass on any information that may lead to the arrest of drug offenders.606 The program was launched on the International Day against Drug Abuse and Illicit Trafficking and was part of the increased concern about the rise in marijuana cultivation, trafficking and consumption.

Reports suggest that PNG has continued to struggle in responding to narcotics cultivation and trafficking despite formation of the Bureau, with former staff continuing to receive substantial salaries, and other ‘shady payments’, reports of want of financial probity and drugs for guns deals, to name but a few issues.607 Calls for independence and change in staff have been made, with proposed staffing to include young women, doctors, lawyers, teachers and church representatives. Reports in 2004 noted problems with Viagra, cannabis, ecstasy and cocaine, in addition to problems of drug trafficking, human smuggling, money laundering and the sale of illicit drugs. There have been more than 13 police commissioners since independence, equalling one police commissioner

for every two years. In 2005 the provincial administration in Lae identified illicit trade as an issue, undertaking a ‘clean-a-thon’ to eradicate public consumption of illicit drugs and alcohol. Despite the reported troubles, in the period from 1999 to 2004 there were an estimated 307 arrests by the Drugs and Vice Squad for drug-related offences, with 60 per cent of offenders convicted in court, 23 per cent absconding while on bail, 10 per cent dismissed for lack of evidence, and the balance placed on good behaviour bonds.

Failed attempts at enforcement around illicit drug trafficking and use, and failure to enforce current legislation for alcohol-related offences (as identified at the PDARN meetings in 2008 and 2009), suggest the need to reconsider current approaches to drug and alcohol policy in PNG. There is a clear argument for the development of a framework for a multi-sectoral response.

Health

The PDARN delegate reports that mental health services are largely responsible for addressing substance use issues with the support of non-government organisations and church groups. Newspaper and radio programs are also used as a vehicle to undertake mass audience awareness-raising activities. The legal drinking age in PNG is 18 years. In December 2008, the Papua New Guinea Government announced a complete ban on the sale of betel nuts in plastic bags to commence early in 2009. While the ban appeared to be motivated by environmental concerns, a later report suggested up to 2000 people die yearly from health problems associated with chewing betel nut. These included cancers, ulcers and tuberculosis. The most recent Census was undertaken by the National Statistics Office in 2000, with data collected once a decade since 1971. A simplified format suggests that no behavioural questions are asked.


610 2nd PDARN meeting, July 2006.


Non-government organisations

Papua New Guinea is a member of the umbrella organisation PIANGO, where it is represented by the Melanesian Centre for Leadership. There is no specific focus on alcohol and other drug issues but there may be scope to utilise some of the skills in governance, networking and organisation support to build skills among other civil society organisations in PNG.

10.6 Australian involvement

Australia is committed to working with PNG to achieve sustained economic growth and alleviate poverty. Australia planned to supply more than AU$300 million in aid in the 2007–08 financial year, accounting for nearly 20 per cent of the national budget. The country program investment for the 2008–09 financial year is approximately AU$389.4 million. In addition, Australia is PNG’s principal export/import partner.

Australian Agency for International Development

Australia has developed the Papua New Guinea–Australia Development Cooperation Strategy to help reduce poverty, promote sustainable development and improve the quality of life for all Papua New Guineans. Australia’s aid program aims to help the PNG Government implement its own medium-term development goals. The program includes four focus areas: improved governance and nation building; sustainable broad-based economic growth and increased productivity; improved service delivery and stability; and a strengthened, coordinated and effective response to the HIV and AIDS epidemic. In 2009 the Australian Government has begun a series of roundtable discussions to consider the redeployment of Australian Federal Police officers to PNG.

Australian non-government organisations

As part of the response to the incidence of HIV in PNG, the AusAID-funded and Burnet Institute-managed project, Tingim Laip, delivers programs designed to specifically address the interaction of substance use and HIV risk across multiple sites. In addition, Save the Children Australia implements youth healthy lifestyles programs, including HIV prevention and STI management and prevention. Other relevant programs include literacy, leadership and health programs implemented by World Vision, capacity-building and anti-violence campaigns by Caritas, and sexual health and police training by the International Women’s Development Agency.
10.7 International involvement

New Zealand

The NZAID allocation for Papua New Guinea in the 2008–09 financial year was NZ$22.5 million. NZAID has entered into a joint strategy with the PNG Government to deliver its aid program for 2008–2018.\(^{619}\) The program focus areas are: Health and HIV/AIDS; Education and Capacity Development; and Rural Livelihoods. The framework for the response is gender empowerment and HIV awareness, with the two strategic outcomes listed as improved social services in education and health, and improved livelihood opportunities for rural people.\(^{620}\) Oxfam New Zealand also has a presence in PNG working in the relevant areas of peace building, and conflict and HIV prevention.\(^{621}\)

Other programs

In 2006 the Asian Development Bank provided technical assistance for a health and demographic survey supported by the PNG National Statistics Office. Family Health International is also a presence in PNG and previously partnered with the Burnet Institute on the delivery of the Tingim Laip program. There is significant involvement of multilateral agencies in PNG with WHO, UNICEF, UNAIDS and the ADB all present. UNAIDS continues to play a significant role in collation and analysis of HIV-related data, but with information on drug injecting absent from the 2008 update.


\(^{621}\) Available at: <http://www.oxfam.org.nz/whatwedo.asp?s1=what per cent20we per cent20dofts2=where per cent20we per cent20workfts3=pacificfts4=Papua per cent20New per cent20Guinea> (accessed May 2009).

10.8 Gaps analysis

When compared to other PICTs, there is seemingly a greater awareness of the impact of substance use in Papua New Guinea. This is specifically the case with respect to the association between substance use and domestic and interpersonal violence. However, the available evidence suggests these issues are far from recently emerging and are much more pervasive than in other countries in the region. Previously the response to illicit drug and alcohol issues tended toward local and provincial enforcement approaches. More recent initiatives have raised the issue of HIV risk associated with substance use and have included harm reduction interventions among high-risk populations. Based on the persistence of earlier identified trends and increasing concerns, a more coordinated response which includes evaluation of earlier initiatives would be greatly beneficial. While there is no current national strategy on substance use issues, this has been flagged as a future response.
11. Samoa

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<td>15–64 years: 56.7%</td>
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<td>65 years and over: 5.7% (2009 est.)</td>
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<tr>
<td>Currency</td>
<td>(Western) Samoan tala (WST)</td>
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11.1 Introduction

Since 1997 Samoa has been the officially recognised name for what was previously known as Western Samoa. It is situated about halfway between Hawaii and New Zealand, with American Samoa as its closest neighbour. More than 100 000 people identifying with

Demographics

The Samoa Statistics Department Census report estimated the population at 179 166; other sources report it at 178 631 and more recently at 217 083 (est. July 2008). More than 100 000 people identifying with


624 Samoa Statistics Department (2006), Census of Population and Housing 2006 (Tusigaigoa O Tagata Ma Fale 2006); breaks down the population by village and may inform future research on drug use and links with urbanisation.

625 CIA above, fn.622.
Samoan ethnicity live in New Zealand, with large populations also living in Australia (over 17 000) and the United States (est. 91 000–120 000). The significance of these large migrant populations is threefold. Pacific Islanders identifying with Samoan ethnicity are well studied in relation to drug and alcohol consumption patterns, particularly in New Zealand; there is a high rate of funds remittances to countries of origin, and both Australia and New Zealand are piloting seasonal migration schemes with the potential to impact on drug consumption patterns and the need for interventions across the Pacific.

Though of significance, the demographic data from the 2006 Census do not give an indication of significant non-Polynesian ethnic groups living in Samoa. This is notable, not least for the fact that colonial administration of Samoa had a history of importing Chinese labourers with the resultant reported issues of opium addiction and distillation of alcohol which may have shaped patterns of use into the 21st century.

Government

Samoa has been independent of New Zealand’s administrative mandate since 1962. It is a relatively stable parliamentary democracy with only one change in the elected head of state, occurring in June 2007. Samoa’s government consists of a Head of State who swears in the Prime Minister (elected by the Legislative Assembly) and appoints Cabinet Ministers on the Prime Minister’s advice. Government stability will be a key determinant in the Samoan government’s ability to respond to issues such as drug trafficking and cultivation, and allows continuing participation in regional responses.

629 AusAID, Aid programs in Samoa, available at: <http://www.ausaid.gov.au/country/countrycfm?CountryID=18REgion=SouthPacific> (accessed October 2008); it is estimated that remittances as a source of foreign exchange currently account for 20 per cent of Samoa’s GDP.
630 CIA above, fn.622.
632 CIA above, fn.622.
634 CIA above, fn.622.
Health and development

The United Nations Development Programme notes that Samoa has been recommended to graduate from least developed country (LDC) status in 2010. In 2004 Samoa was ranked 75th of 177 countries in the UNDP’s Human Development Index. According to the United Nations, it was ranked 77th in 2007–08. In terms of other indicators, the UNDP reports a high level of literacy at approximately 98.6 per cent of the total population aged 15 and over in 2005.

AusAID reports that health indicators for Samoa show high rates of immunisation coverage, increasing life expectancy, and declining infant mortality and fertility. However, it also reports poor health care services in rural areas, endemic obesity and high levels of non-communicable and lifestyle diseases, e.g. Type II diabetes, heart disease and hypertension.

The non-communicable diseases program of the Secretariat of the Pacific Community has the potential to include activities addressing alcohol and the relationship with these diseases.

It is estimated that 20 per cent of Samoans are living below the basic needs poverty line, but it is important to note that culturally Samoans do not identify with the concept of poverty. They adopt the general principle that individuals should provide for both family and community. The expectation that people will donate to church and community ceremonies can exacerbate difficulties. However, what may be seen as relative poverty in other contexts is recognised as ‘hardship’, characterised by lack of access to cash income to meet basic needs, lack of access to services, and limited opportunities for employment.

The Samoan Department of Statistics health data do not reflect drug- or alcohol-related hospital admissions. Progress to achieving Millennium Development Goal (MDG) 6—the goal of combating HIV, malaria and other diseases—is reportedly inhibited by data gaps and the need to strengthen surveillance systems.

635 Economic and Social Commission for Asia and the Pacific, Working Group on Least Developed, Landlocked and Island Developing Countries, Resume of Discussions, 12 April 2007. Available at: <http://www.unescap.org/LDCCU/LDCs/WorkingGroup/8th-April-07/ResumeOfDiscussion.doc>. In 2007 Samoa made a case against graduation from Least Developed Country status and, as a result, did not graduate on the economic vulnerability indicator.


638 AusAID above, fn.629.


640 Ibid.

In a recent report on progress related to the MDGs, alcohol consumption among sailors working on cargo ships across the Pacific was identified as a potential concern for Samoa. In addition, the potential for long-term impacts of seasonal and migrant worker schemes on drug and alcohol consumption patterns is emerging as an area of concern.

11.2 Drug and alcohol overview

Samoa was included as one of the Pacific countries in the *Situational Analysis of Illicit Drug Issues and Responses in the Asia–Pacific Region, 2004–05*. A representative from Samoa has attended each PDARN meeting held since that analysis. To date, the representative has been from the Samoan Ministry of Health’s Health Promotion Team. No specific drug and alcohol research activities in Samoa have been reported since the last analysis. However, a health promotion specialist is now employed within the Ministry to work on drug and alcohol issues.

Multi-sectoral development programs including institutional strengthening and capacity building, the ongoing promotion of strong cultural traditions, and a heightened awareness of the issues mean that there is great potential for Samoa to respond to emerging drug and alcohol issues.

11.3 Illicit drug trends

The Attorney-General’s report for the PILON Meeting in December 2007 details drug offences involving cocaine, methamphetamines and cannabis. Notably possession of utensils for administering methamphetamines is illegal. The recent case of *Police v Joseph Faulkner* for possession of 500 grams of cocaine significantly led to the highest sentence ever imposed by the courts for drug offences. Samoan police participated in training for chain-of-custody matters in 2007.

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644 The Pacific Drug Research Network became PDARN in 2006; network meetings have been held in 2005, 2006, 2008 and 2009.

645 Information provided by the Ministry of Health representative at the 2008 meeting.

646 Personal communication, April 2009.

647 *Police v Nicky Chan Chui; Police v Tagaloa Runi Masame; Police v Lucky Nauer* (dismissed due to a chain-of-custody issue); *Police v Ben Vai; Police v Joseph Faulkner*. 
Cannabis

A 2001 Drug Threat Assessment by the United States National Drug Intelligence Center identified Samoa as the primary source of cannabis for American Samoa.\(^{648}\) Cannabis was reportedly the most frequently used drug. In that report, the notable exception to the stable and downward trend in risk-taking behaviours was the increase (<0.01 reported with a confidence interval of 95 per cent) in the ‘percentage of students who used a needle to inject any illegal drug into their body one or more times during their lifetime’.

Opium

An historical look at drug use trends in Samoa yielded a study into the fortunes of Chinese indentured labourers. From the early 1900s many labourers were reported to have serious opium addictions and worked simply to support their addiction. The Chinese Government, becoming aware of the problem, made recommendations to address them via the Anti-Opium Society. However, the New Zealand administration’s response to this issue was repatriation of all addicts to China.\(^{649}\)

There are few indications of significant opium use in Samoa today. A number of web-based resources suggest that illicit drug use is not an issue in Samoa.\(^{650}\) The precise source, validity and reliability of this information are not always clear and content is contradicted by media reports. A recent report on the global epidemiology of injecting drug use identified that injecting does occur in Samoa, though available data were inadequate to make a reliable estimate.\(^{651}\) A 2006 study of hepatitis C (HCV) among Samoans and American Samoans found a low prevalence, which suggested low rates of injecting in each country. The article did note that tattooing practices may contribute to any HCV that does exist.\(^{652, 653}\)


\(^{649}\) Above, fn.631.


\(^{653}\) The impact of the *matai* on the regulation and control of drug and alcohol consumption in Samoa may be an area for future research.
Other

The 2001 Drug Threat Assessment highlighted increasing methamphetamine (largely ice) use, but concluded that the source would likely be Hawaii rather than large-scale local manufacture. Recent media reports indicate the presence of methamphetamine and cocaine, with a man gaol in 2007 for possession of 555 grams of cocaine. This view is supported by the number of drug-related cases before the courts and in court reports.

The Youth Risk Behavior Survey undertaken in American Samoa by the United States Center for Disease Control and Prevention showed very little change (and usually a decrease) in alcohol and drug-taking behaviours from 1999 to 2007. It is not clear how closely use patterns in Western Samoa mirror those in American Samoa, but of interest for future research will be any discussion on the impact of social determinants of drug use — for example, the culture of hospitality and consumption is likely to affect both countries.

10.4 Licit drug trends

When opium supplies were low, Chinese labourers manufactured drugs and distilled proof spirits from cocoa juice, making more money from these processes in one night than from a month of plantation work. It is well recorded that Samoan culture dictates a strong family and community unit providing support for the whole group. This culture of support has been shown to influence the drinking patterns of Samoans resident in New Zealand and may be equally significant in-country. Consumption patterns are strongly influenced by the culture of hospitality and entertaining and the notion that all food and alcohol provided at the events must be consumed and that providing only small quantities is regarded as parsimonious.

654 Above, fn.648.
657 Above, fn.631; at the time it was not considered an offence to distil spirits.
658 CIA above, fn.622.
660 Ibid.
**Alcohol**

The Samoan Ministry of Health includes a guide to healthy alcohol consumption on its website, but it is not clear what level of access people have to the internet in Samoa and if this operates as an effective means of communication. No other alcohol-related interventions were listed on the website, but the information did form part of the Healthy Pacific Lifestyle program, a broader public health initiative across the Pacific supported by the Secretariat of the Pacific Community.661

Alcohol-related acts of domestic violence and child abuse are reportedly increasing in rural villages, largely (but not always) related to economic pressures. These are commonly dealt with by Village Councils of male *matai* (chiefs), because there are no police. Reports show *matai* are often the perpetrators, so there is no safe place for the victims or justice.662

A STEPS report on alcohol consumption patterns provides the following data: in the past 30 days, 75.2 per cent (±6.6) of the study population had consumed alcohol. There was a significant gender difference with 79.9 per cent (±5.8) of males and 47.6 per cent (±12.0) of females having consumed alcohol in the previous 12 months, a gender difference that persisted across age groups. For females, binge drinking was defined as having four or more standard drinks on at least one day in the previous week. For males, binge drinking was defined as having five or more standard drinks on at least one day in the previous week. A higher proportion of males (44.7 per cent (±6.3)) were recorded as being binge drinkers compared to females (15.6 per cent (±15.2)).

The gender difference was significant and persisted across the 25–34 and 35–44 age groups. In the 55–64 age range, female binge drinkers were even higher than male binge drinkers, but not significantly. There were higher proportions of binge drinkers in the younger age groups for both males and females, except 55–64 years for females. Table 6.2.2.3 in the report shows that the percentage of abstainers (who did not drink alcohol in the last year) was 70.6 per cent (±4.1) — 49.2 per cent (±5.6) for males, and 94.2 per cent (±1.8) for females; there were significant differences between males and females.663 Table 6.1.1.1 describes the age and gender breakdown of the surveyed population and its relation to the overall sampling frame. The study population size was 2804: 1291 males and 1513 females.


However, it is contended that the inclusion of alcohol in the review will see some quite unique factors contributing to the situation in Samoa. It is well recognised that Samoans living in New Zealand are a vulnerable group for alcohol issues, hence the large number of studies into consumption. Also reported is an alcohol-related manslaughter, where the convicted man was not under the influence of drugs, but the victim and his friend were reported to be drunk and seeking drugs (marijuana) from the fisherman.664

Research undertaken in 1993 looking at health symptoms in Samoan communities in Samoa, American Samoa and Hawaii indicates that there are significant differences in stressors on health. Significantly for this analysis, alcohol was a key differentiating factor, with consumption and associated health symptoms less in Samoa. The study proposes the view that modernisation is a key contributing factor to the differences and to the emergence of health symptoms.665 This may undermine the view that trends of drug and alcohol use in American Samoa or in Samoan residents in New Zealand can inform the situation in Samoa. Still it may provide data to identify and enhance protective factors in each setting.

WHO’s Western Pacific Regional Office, reporting on recorded alcohol consumption per capita, noted as part of its 2004 global survey that there are no survey data for self-reported consumption or the illicit manufacture of beverages in Samoa. Types of alcohol consumed include fa’amafu (to ferment) or pulu (brew), with an alcohol content of 10–25 per cent, which is cheaper than palagi (European alcohol), which is lower in alcohol content. Sini ai-vao (bush gin) and sipili ai-vao (bush spirits) are both made from fermented fruits and are stronger than the homebrews mentioned above. Historically matai have had a say in how alcohol supply is regulated, prohibiting it in the 1950s. The WHO report contends that this restriction may have contributed to the flourishing homebrew ‘industry’.666

A 2002–03 study of Pacific Islanders living in New Zealand included Samoans as part of the study group, which showed fewer Pacific Islanders drink than the general population of New Zealand, but those who do drink, drink more and face more harms.667 In March 2006 the Alcohol Advisory Council of New Zealand developed guidelines titled Alcohol, Your Community and You, available in English and Samoan, which break myths, highlight case studies where alcohol has a negative impact, and provide accurate information and details for support services. A similar set of guidelines is available via the website for the Samoa Ministry of Health’s Healthy Lifestyle program.

667 J. Huakau et al. (2005), New Zealand Pacific peoples’ drinking style: too much or nothing at all? New Zealand Medical Journal, 118(1216): U1491.
Kava
As with many other Pacific nations, kava consumption in Samoa is traditionally a heavily ritualised process. It continues to function as an important social and business lubricant, but consumption patterns have changed. Samoa is a member of the International Kava Executive Council (IKEC), which undertakes discussions around strengthening and building the kava export market.

11.5 Local responses
Specific to Samoa is the close proximity with American Samoa and the relationship between the two nations. With respect to current interventions, the Law and Justice Institutional Strengthening Project is likely to contribute to the ability of Samoa to respond to illicit drug issues and potentially to provide an opportunity to include harm reduction approaches. In addition, the desire to introduce the law and justice sector into the Strategy for the Development of Samoa 2008–2011 has been highlighted.

Legislation
The legal system of Samoa is based on English common law and local customs. Samoa has a principle of judicial review of legislative Acts with respect to the fundamental rights of citizens. It has not accepted compulsory International Court of Justice (ICJ) jurisdiction. The Narcotics Act 1967 is the most significant legislation for the control of illicit substances. Notably the maximum penalty for import and export of narcotics (s.17) is significantly lower at two years’ gaol than the maximum for supply or possession (s.18) at 14 years for persons aged under 21 and seven years for persons aged over 21. In 2007, the Chief Justice called for a review of the penalties in light of recent patterns of offences.

At the time of the 2004–05 situational analysis, Samoa was not party to any of the three main international conventions on drugs (1961, 1971, 1988). Samoa acceded to the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

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671 Profile on Samoa in CIA, *The World Factbook*, available at: <http://www.cia.gov/library/publications/the-world-factbook/geo/ws.html>; International Court of Justice <http://www.icj-cij.org/jurisdiction/index.php?p1=5>. Acting as a world court, the ICJ has a dual jurisdiction: it decides, in accordance with international law, disputes of a legal nature that are submitted to it by member states (jurisdiction in contentious cases); and it gives advisory opinions on legal questions at the request of the organs of the United Nations or specialised agencies authorised to make such a request (advisory jurisdiction).
Situational analysis of drug and alcohol issues and responses in the Pacific

Substances (Vienna Convention) in 2005, but is not a party to the UN Convention against Transnational Organized Crime (Palermo Convention).\textsuperscript{673}

The Young Offenders Act 2007 and the Customs Amendment Act 2007 were drafted by the Attorney-General’s Department,\textsuperscript{674} though it is not clear if these new provisions will impact directly on import of alcohol and drugs (the Customs amendment) and drug-related offences by youth.

The Narcotics Act makes provision (at s.8) for the supply of opium to registered addicts unlikely to be safely treated. The Act makes reference to, but does not define, ‘quasi-medical’ use — it is not clear how narrowly this provision is interpreted, and whether the Director of Health is likely to exercise the discretionary powers as described in the Act. Notably, none of the case law examined thus far reports a trial on this issue.

Finally, recent media reports indicate a toughening of approach to illicit drug offences. Reports propose a maximum life sentence for convicted offenders against so-called ‘hard’\textsuperscript{675} drugs, such as cocaine and methamphetamines. In addition, an amendment is proposed to the seven-year maximum gaol term (for offenders aged over 21) for supply and possession of other drugs. A recent report also indicates there will be new provisions dealing with precursor chemicals for the manufacture of amphetamine-type substances.\textsuperscript{676}

The relevant legislation for alcohol is the Liquor Act 1971. Reported judgments on alcohol-related offences are predominantly in the area of drink-driving.

Law enforcement

It may be of interest in the future to compare approaches in Samoa and American Samoa regarding policies, interventions and use patterns. In 2007 extensive talks were held to develop a joint law enforcement program to prevent drug trafficking between the two countries,\textsuperscript{677} but no documents relating to any agreed joint policies have been identified.

In 2007, a proposal for mandatory testing of elected officials, independent contractors to government and government employees was put to the Parliament, but it was eventually rejected in the Senate. However, both Samoa


\textsuperscript{674} Above, fn.670.

\textsuperscript{675} It is not clear if the category for hard drugs will be limited only to cocaine and methamphetamines (and amphetamine-type substances).


and American Samoa have agreed to cooperate on drug control with trends towards strict drug control and associated initiatives likely to influence drug policy in Samoa.

Joint Transnational Crime Unit and police operations during February and March 2006 resulted in the seizure of suspected narcotics and firearms and the arrest of over 20 people. The amounts of suspected narcotics were reported to be significant by Samoan standards, suggesting a link between the domestic drug market and transnational crime, producing proceeds of crime that are then money-laundered in Samoa.

Samoa was reported to be involved in the development of a Combined Law Agencies (CLAG) program, designed to respond to new trends in organised crime. Samoa is a part of the initiatives of the Pacific Transnational Crime Coordination Centre. In addition, the involvement of Australian Federal Police Transnational Crime Teams was noted in the 2004–05 situational assessment. Samoa is a member of the PILON.

While there was a tendency toward a more punitive approach in 2008, mandatory maximum sentences have not been widely used in Samoa in recent times. In many instances first-time offenders have received suspended sentences, reductions for time in custody, and penalties in the vicinity of 2–3 years’ gaol.

The majority of reported judgments relate to marijuana offences, also mirrored in the news media. The accepted evidence in these cases indicates it is common for offenders to be apprehended in the local food markets, where offences usually involve possession and supply, with the drug amounts being relatively small. There has been one cocaine-related conviction and one amphetamine-related conviction since January 2005. Media and reported judgments also indicate a high rate of trafficking between American Samoa and Samoa. Sniffer dogs have been introduced at airports.

Planned tougher drug laws in Samoa, flagged in late 2008, include the potential for life imprisonment for offences against the Narcotics Act related to drugs classified as hard drugs, including cocaine and methamphetamine. The potential for a 14-year sentence for lesser drug offences (e.g. marijuana possession) indicates a focus on a deterrent approach. Amendments include provisions dealing with the sale of precursor chemicals — information provided on

678 There is no indication of the quantities that have been seized in the past.


682 Above, fn.676.
30 September 2008 at the South Pacific Precursor Control Forum conference, held in Apia and co-hosted by the Office of the Samoan Attorney-General and the Australian Attorney-General’s Department. The intention is that the tough penalties will also prevent Samoa from becoming a trafficking transit point for methamphetamines.

Health

There is no reference to treatment programs in any of the literature, yet it should be noted that cannabis and methamphetamines are the drugs of most concern for which no substitution therapy is currently available. However, there is a clear program regarding anti-doping policy for rugby players, in compliance with the International Rugby Board requirements and programs, including awareness and outreach, in addition to training. A report on Samoalive News, October 2008, also notes a tendency of rugby players to visit their medicine man (taulasea) for herbs and this provides a potential opportunity to identify rugby role models for youth programs, among others. Notably, the Healthy Lifestyles program promotes sensible use of alcohol.

Media reports have suggested a view that Samoan tradition and culture are being lost among Samoans born and raised in New Zealand. The proposed answer is for them to return to Samoa to see how Samoans live and to realise that it is not a primitive society. This may act as a response to the notion that Samoans returning to Samoa introduce bad drinking patterns. Rather, they might leave with a restored sense of identity. There have been discussions on weblogs and commentaries suggesting a strong sense of what it means to have a Samoan identity. An historical look (1984) at grassroots health systems in Samoa highlights the important role that rural women’s associations (komiti tumama) played in preventive medicine. The paper argues that this role has been diminished by the increasing bureaucratisation of health services in Samoa. This situation poses the interesting question regarding the state of these associations in 2009 and whether they have a role in preventive programs for drug and alcohol use. There have been no further publications relating to the issue of these services in recent times, so research would need to investigate how and if they are functioning today.

683 Samoa is Samoa not a part of something, Samoalive News, 10 October 2008.

Non-government organisations

The Samoa Umbrella for Non-Governmental Organisations (SUNGO) membership database lists 87 members, the majority of which do not work in health-related services and none has a clear mandate for drug and alcohol service provision. However, many of these NGOs do work in youth and women’s support and development services and may be a source of future service providers in the alcohol and other drugs field.

Regulation

Agreements under the GATS and GATT have the potential to impact on the Samoan Government’s ability to control alcohol supply, production, distribution, taxation and regulation. The legal drinking age in Samoa is 18 years.685

With respect to diversion of pharmaceutical drugs, there are existing regulations preventing the supply of pseudoephedrine to the same buyer within a week. However, the key informant for this research noted that the prescribed recording process is not adhered to.

11.6 Australian involvement

Australia contributes an estimated 30 per cent of Samoa’s bilateral aid (approximately AU$20 million). It is a partner with New Zealand in the development and implementation of the Joint Samoa Program Strategy (JSPS) 2006–2010. Australia leads the strategy in public sector reform and law and justice initiatives.686 The JSPS highlights youth vulnerability due to lack of employment opportunities and low cultural status. Reports show an increase in suicide and substance use. Community development, including strengthening the police force and building community linkages, is a key part of the 2006–2010 JSPS and can potentially include strategies to address drug and alcohol issues.

Australian Agency for International Development

The law and justice system component of the JSPS advocates the integration of modern and traditional systems. Specifically the program includes addressing domestic violence, which needs to be considered in the context of substance use.


Situational analysis of drug and alcohol issues and responses in the Pacific

Samoa was a recipient/implementing counterpart under the Pacific Regional HIV/AIDS Project (PRHP) funded by AusAID, including a grants scheme to support capacity strengthening for HIV programming. Notably, injecting (and other) drug users were not identified among risk groups for HIV in Samoa. However, youth were recognised as being at risk and were targeted by programs, specifically the National AIDS Council administrative support grant which addressed youth-related problems, including alcohol and substance abuse. The PRHP was completed in 2008.

11.7 International involvement

New Zealand

In the JSPS, New Zealand specifically focuses on community development and health, each with the potential to include drug and alcohol issues, despite the fact that no specific reference is made to them in the strategy. Health priorities concern strengthening primary health care, though it is not clear if interventions include addressing drug and alcohol issues. The emphasis is on non-communicable diseases.

Other programs

The Asian Development Bank’s inception report — Support for the Formulation and Implementation of the Strategy for the Development of Samoa completed in April 2008 — reviewed activities under the capacity-building program implemented between 1995 and 2004 and provided recommendations for future activity, with a focus on macroeconomic policy for development. The ADB provided support to Samoa for development planning from 1985 to 2004. A 2008 report assessing the program identified positive developments with many of the trained staff advancing in their civil service.

Australian non-government organisations

Little information is available on the involvement of Australian NGOs in Samoa. To date, there have been no cases identified where such organisations are working in drug and alcohol service provision. A review of the ACFID website suggests this is true. The Australian Government-sponsored Volunteering for International Development from Australia (VIDA) program is active in Samoa, including activities focused on improvement of health services delivery. The program is also aligned with the Pacific Regional Aid Strategy 2004–2009, which includes a focus on improved law and justice and security.

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687 Pacific Regional HIV/AIDS Project, Project Monitoring and Evaluation Report. Annex 9; Samoa Worship Centre activity including a week-long program of presentations, discussions, skits and dances.

688 Many of the PRHP activities will continue under the management of the Secretariat of the Pacific Community programs.

careers. A 2007 training needs assessment identified a priority for research training for other skills sets. The focus of this program is macroeconomic analysis and policy formulation.690

The Country Program Action Plan 2008–2012 between the Government of Samoa and the UNDP focuses on Millennium Development Goals (MDGs), acknowledging the difficulty of managing HIV in the absence of reliable and sufficient data. There are no specific drug and alcohol initiatives outlined in the plan. However, the plan highlights the need to address domestic violence against women, which may require additional attention to the links with alcohol.691 Finally, an important new program is the DEVINFO initiative of sex-disaggregated data (national and regional harmonised information systems).692

11.8 Gaps analysis

No prevalence data on illicit drug use have been collected for Samoa. Furthermore, much of the discussion of trends is from anecdotal reports or qualitative research, or inferred from analogous contexts and populations; for example, those identifying with Samoan ethnicity who are resident in New Zealand. Specific drug and alcohol policies are mentioned in a number of the reports. There may be benefit derived from a comparative analysis of drug and alcohol responses in American Samoa and Samoa, including an analysis of the impact of a supply and demand reduction versus a harm minimisation approach. Other factors contributing to difference may be development indicators and changes in traditions.

In addition, there is much discussion of the ‘erosion’ of traditional values and the shift from a community-focused subsistence economy to a more individualistic modern economy with its changing modes of behaviour. A further comparison between alcohol abstainers and drinkers, studying the relationship with high levels of lifestyle diseases, would be of value. The potential for the Center for Disease Control’s Youth Risk Behavior Survey to be extended to Samoa should be explored. A review of the impact of web-based health promotion materials for healthy lifestyles that include alcohol information would be useful in assessing if this approach is effective.

Finally, the role of traditional leadership structures compared to the role of the church in responding to the social determinants of problematic drug use may support appropriate intervention development.


692 Ibid.; United Nations Volunteers (UNV) program and sports programs to support achievement of the MDGs: resource allocation of over US$2.5 million with a goal to raise funds from financing partnerships of approximately US$10.2 million (non-core funds).
12. Solomon Islands

Population | 595,613 (July 2009 est.)
---|---
Age | 0–14 years: 39.5%
     | 15–64 years: 57.1%
     | 65 years and over: 3.5% (2009 est.)
Gender | Total population: 1.02 male(s)/female (2009 est.)
Literacy | Definition: Not available
         | Total population: Not available
         | Male: Not available
         | Female: Not available
Unemployment | Not available
Employment by sector | Agriculture: 75%
                     | Industry: 5%
                     | Services: 20% (2000 est.)
Currency | Solomon Islands dollar (SB$)


12.1 Introduction

The Solomon Islands is an archipelago in the South Pacific. The Islands achieved self-government in 1976 and independence in 1978. The islands are both mountainous islands and coral atolls covering about 28,000 square kilometres. Internal conflict lasting from 1999 to 2003 had a crippling effect on economic activity, including on export industries such as mining, palm oil and fisheries. Economic recovery has been aided by the presence of the Regional Assistance Mission Solomon Islands (RAMSI), which aims to normalise law and order and moves towards addressing the serious fiscal situation.


Demographics

The current population of the Solomon Islands is estimated to be over 530,000. The majority of the population is Melanesian at approximately 94.5 per cent. Other ethnic groups include Polynesians, Micronesians and people of unspecified ethnicity. An estimated 40 per cent of the population is under 15 years of age.

Government

After years of ethnic tension and a coup in 2000, the Solomon Islands became characterised by growing lawlessness, extortion and open corruption. The government was unable to manage the economy and deliver basic services. The Prime Minister, Sir Alan Kemakeza, requested assistance from Australia and regional partners in the Pacific and, as a consequence, the RAMSI was deployed on 24 July 2003. While progress in the ensuing period has been considerable, the situation in Solomon Islands remains fragile.

Health and development

Similar to the majority of PICTs, the people of the Solomon Islands rely on agriculture and fishing for their livelihood, with more than 80 per cent of the population involved in these activities. Also characterised by population growth rates of around 2.4 per cent, urban migration is an emerging issue, increasing demands on infrastructure and services. When compared to other PICTs, Solomon Islands’ access to both primary and secondary education is low, as is the adult literacy rate at approximately 76.6 per cent. In addition to these challenges, the Solomon Islands has one of the highest malaria rates in the world. This and other diseases contribute to an infant mortality rate that is one of the highest in the world.


696 Above, fn.693.

697 Above, fn.694.

698 Ibid.

699 Ibid.
12.2 Drug and alcohol overview

Substance use in the Solomon Islands was considered in the 2004–05 situational analysis. The Solomon Islands has been represented by either a Ministry of Health or NGO delegate at all four PDARN meetings held to date. Drug and alcohol issues are treated as part of the mental health services sector.

The heavy presence of other Pacific Islanders, Australians and New Zealanders in the Solomon Islands creates a different dynamic to the other countries in the study. An interesting effect of the RAMSI is the development of different drug and alcohol consumption patterns. There have been a number of cases where officers associated with the mission have been arrested for alcohol-related offences. A number of key informants have identified the issue of officers being away from their families for long periods of time, without social networks and with little to do other than drinking.700

Youth programs from 2004 identified substance use as both a contributor to and a consequence of many other issues facing youth in the Solomons. At the time, marijuana and alcohol were the two key substances of concern, and this remains the case.

12.3 Illicit drug trends

While facing similar risk factors to other PICTs, the Solomon Islands has the additional dimension of RAMSI personnel. With the exception of Timor–Leste, no other country in the region faces this issue.

Cannabis

In the 2004–05 situational analysis, cannabis was identified as the key illicit substance of concern. The 2008 PDARN delegate again highlighted local concerns citing high rates of cannabis use, particularly among youth.701 There is an increasing sense of urgency around the need to better understand and respond to this trend.

Other

Recent consumption patterns on other types of illicit substance use in the Solomon Islands are not well reported, but in 2001 there were reports of ‘hard drug’ use such as cocaine.702 One study found that up to 11 per cent of a cohort of over 3000 young unemployed people reported use of cocaine or speed.703 The same report noted use, particularly among Asian businessmen, in nightclubs and casinos as payment for sex work, but the data source is unclear.

700 Personal communication, 2009.
701 No specific details of usage rates were provided.
703 Ibid.
12.4 Licit drug trends

Alcohol

Media reports suggest that alcohol remains one of the main drugs of concern in the Solomon Islands.\(^{704}\) Reports of officials drinking in government vehicles have also been made, in addition to concerns related to alcohol consumption among RAMSI police officers.\(^{705}\) These reports contribute to tension locally, with two Samoan police officers involved in a fatal car accident in which they hit and killed a local woman.\(^{706}\) Treatment of officers in such a context creates tension, with the woman’s family demanding compensation.\(^{707}\) Reporting of further incidents involving Tongan police officers consuming alcohol or kwaso on duty have added to tensions.\(^{708}\) There are internal investigation and disciplinary processes where officers are involved in misconduct.

Other

As noted previously, tobacco and betel are not a focus of this analysis. However, it bears reporting that the Solomon Islands, like the majority of the PICTs, has recognised tobacco as an issue and begun to implement responses, such as signing up to the Framework Convention on Tobacco Control.\(^{709}\) Betel and kava are also consumed in the Solomon Islands but alcohol and cannabis appear most often as the primary drugs of concern.

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709 See Appendix 18.3: Pacific participation in United Nations conventions and treaties.
12.5 Local responses

Legislation

Relevant legislation includes the Dangerous Drugs Act with Part 5 of the Act outlining the process for legal proceedings and enforcement. The Liquor Act provides for the regulation of alcohol and related offences.

Law enforcement

The Solomon Islands is a member of the PILON and the PICP. While the RAMSI has been identified for the potential to exacerbate substance use issues, its current or potential role in addressing substance use issue requires further assessment.

Health

The Ministry of Health addresses substance use issues as part of the Mental Health Strategic Plan under strategic objectives 7.1 (substance use and suicide prevention interventions) and 11.1 (including a survey on secondary school students’ alcohol, cannabis and tobacco use). Integrated Mental Health Services of the Solomon Islands is responsible for substance use issues. The current focus areas include alcohol, tobacco and cannabis use among secondary school students, in addition to research on the health effects of betel consumption. A National Alcohol and Substances Committee was formed in early 2008, with stakeholders from across the majority of sectors represented. The need for increased networking has already been emphasised, but in July 2009 the committee had met only twice, with intentions to meet monthly.

A youth mental health situational analysis identified substance use issues as a key concern. Of greater concern was a survey assessing mental health worker attitudes to people with substance use issues. Before the provision of training, over 80 per cent of the respondents demonstrated a discriminative attitude toward patients with these issues. Responses are essentially based on ‘substance abuse’ awareness raising among schools and other organisations.

The 2009 PDARN delegate identified the intention of the Ministry of Health to undertake a rapid assessment and response, similar to those undertaken in Papua New Guinea and Fiji, to better understand current substance use trends and issues.

Regulation

The legal drinking age for on-site consumption of alcohol in the Solomon Islands is 21 years, but there is no age restriction for purchasing alcohol and consuming it off-site.

711 Personal communication, July 2008.
712 Personal communication, July 2009.
713 Personal communication, July 2009.
714 Personal communication, July 2009.
Non-government organisations

A 2007 baseline survey into the role of church organisations was undertaken to assess what services were provided. Prior to that, the Federation of Solomon Islands Youth (FOSIY) had identified emerging substance use issues of concern and sought to investigate, but the response was hampered by the outbreak of ‘the troubles’ in 2000.

12.6 Australian involvement

Since 2003 Australia has provided about AU$1 billion in aid aimed at fostering a peaceful, well-governed and prosperous Solomon Islands. The current country program is estimated to be worth AU$105.49 million for 2008–09, with total overseas development assistance for the same period approximately AU$236.42 million. The bilateral program is designed to complement the RAMSI and focuses on improving service delivery across key sectors. In the health sector, the bilateral program is assisting to strengthen management and to improve provision of essential health services.

Australian Agency for International Development

The RAMSI Law Enforcement\(^\text{716}\) program also supports agriculture and resource management. Support is also provided to the Solomon Islands National Disaster Management Office to improve disaster preparedness and humanitarian assistance. Additional activities include peace-building and community development programs.\(^\text{717}\) Since July 2003, Australian aid to Solomon Islands has been delivered through a bilateral program and the RAMSI. In 2007–08 AusAID’s country program provided AU$101 million of aid, including AU$67.4 million through the RAMSI. Other Australian assistance provided through AusAID’s regional and global programs and from other Australian Government agencies, such as the Australian Federal Police and Customs, bring total estimated expenditure in 2007–08 to AU$229.8 million.

The bilateral program and the RAMSI are the mechanisms through which Australia seeks to support: increasing security by improving the operations of the police, prisons and the justice system; improving the performance


\(^{717}\) AusAID above, fn.716.
of government to make it more accountable, efficient and effective; improving the government’s economic and financial management; encouraging reforms to generate broad-based economic growth; and assisting communities to become strong, resilient and peaceful. In addition to the bilateral program, Australia has recently provided assistance after the 2007 earthquake and tsunami which affected the western Solomon Islands.

12.7 International involvement

New Zealand

New Zealand’s aid allocation for the Solomon Islands is its largest bilateral aid program, with an allocation for 2008–09 of NZ$35.7 million in a program focused on investing in people and improving livelihoods. In addition to contributions to the RAMSI, other activities include education and training and civil society development.

12.8 Gaps analysis

The Ministry of Health representative to the PDARN has noted the fact that drug and alcohol services are currently a small part of the mental health portfolio and that the services are generally under-resourced. It is noteworthy that the absence of an alcohol and other drugs (AOD) service sector represents a significant challenge for the Solomons, along with all other PICTs. The absence of an AOD sector limits the opportunity for the implementation of the many well-developed treatment modalities used internationally to address these issues. However, there is an apparent commitment to better understand and address these issues, which should be capitalised upon. Rigorous evaluation of initiatives such as the 2009 World Vision program will be valuable in informing the ongoing development of future substance use programming, in addition to making a significant contribution to the overall response.

718 Ibid.
719 3rd PDARN meeting, July 2008.
13. Timor-Leste

Population

| Age | 0–14 years: 34.7% (male 199 237/female 192 900) |
|     | 15–64 years: 61.9% (male 356 772/female 344 103) |
|     | 65 years and over: 3.4% (male 18 403/female 20 197) (2009 est.) |

Gender

| Total population: 1.03 male(s)/female (2009 est.) |

Literacy

| Definition: age 15 and over can read and write |
| Total population: 58.6% |
| Male: Not available |
| Female: Not available |

Unemployment

| 20% (2006 est.) rural areas; over 40% for urban youth |

Employment by sector

| Agriculture: 90% |
| Industry: Not available |
| Services: Not available (2006 est.) |

Currency

United States dollar (US$)


13.1 Introduction

After a 1999 United Nations-sponsored national referendum decided in favour of independence by 78.5 per cent of the population, independence for the Democratic Republic of East Timor was formalised on 20 May 2002. However, violence and destruction after the 1999 vote led to the establishment of the United Nations Transitional Administration in East Timor (UNTAET), which governed East Timor prior to independence.721

The first democratic legislative elections were held two years later on 30 August 2001. Over 91 per cent of East Timor’s eligible voters elected a Constituent Assembly. In March 2002, the Constituent Assembly then passed Timor’s Constitution, based on the Portuguese model, with a unicameral system of parliament, a prime minister with executive power, and a president as head of state.722

Following independence, the government requested that the name of the country in all languages be Timor-Leste.

722 Ibid.
Demographics

The estimated population of Timor-Leste is 2.1 million, comprising an Austronesian (Malayo-Polynesian) majority, Papuans and a small Chinese minority. It is estimated that 98 per cent of the population is Roman Catholic, with only small numbers of Muslims and Protestants. Like many of the PICTs, Timor-Leste has a young population, with almost 40 per cent aged 14 years or under. In addition, Timor-Leste has a high rate of population growth at around 4 per cent per annum and, in contrast to other PICTs, there is little evidence of the same level of population mobility. It is not a beneficiary under any of the Pacific regional seasonal migration schemes.

Government

The unicameral National Parliament is comprised of between 52 to 65 seats with members elected by popular vote to serve five-year terms. The most recent elections were held in 2007 and the next are planned for 2012. The leader of the majority party or majority coalition is appointed as Prime Minister by the President. The violence and unrest of April–May 2006 are indicative of the challenges still ahead for Timor-Leste on many fronts and are likely to affect the capacity to develop a national-level response to substance use issues.

Health and development

Timor-Leste remains one of the poorest countries in the Asia–Pacific region, ranking 158 out of 179 countries worldwide according to the 2008 UNDP Human Development Index. In addition, it ranks low on other key indicators such as life expectancy, literacy and GDP per capita. The economy remains vulnerable, with notable contractions and negative growth related to the departure of international personnel in 2002 and violence in 2006. The absence of adequate infrastructure and skills represents a challenge to investment and development, with the World Bank ranking Timor 170 of 181 nations in its Doing Business report.
The National Development Plan has identified governance, poverty reduction and improved food security as development priorities. In addition, strengthening the judiciary and other institutions, creating an enabling environment for civil society and business, reducing unemployment and providing skills training and education are all seen as areas of concern. Continued reform of the power sector and improvement of infrastructure are also flagged as priorities in the plan. Implementation and support for this plan will be evidenced by transparency in the management of its large petroleum reserves.

13.2 Drug and alcohol overview

Timor-Leste was included in the 2004–05 situational analysis. At that time no data on illicit drug issues had been collected, due to many competing and more urgent issues. Key contacts noted only low levels of substance use and no early indicators of change. Anecdotal reports of homebrew and shabu use were also cited. Key informants in 2008–09 highlighted concerns over problematic alcohol consumption. Despite these earlier views, much of the commentary on the 2006 country-wide trouble links it to drug use — in particular, methamphetamines. Alcohol issues and responses were not a focus of the previous analysis. Key informants also identified increasing concern with diversion of pharmaceutical drugs and illicit alcohol production. Similar to the other countries included in this analysis, poly-substance use has been identified as a concern, with specific evidence of impacts on health and law enforcement as yet unavailable.

734 Ibid.
735 Ibid.
737 Ibid.
738 *Shabu* is a locally used term to describe amphetamine-type substances.
739 Above, fn.736.
740 East Timor violence linked to drugs. ABC Radio, AM program, 30 October 2006. Available at: <http://www.abc.net.au/am/content/2006/s1776429.htm> (accessed May 2009).
741 4th PDARN meeting, July 2009 (diverted pharmaceuticals included sedatives and stimulants).
13.3 Illicit drug trends

In spite of predictions, almost a decade ago, that Timor-Leste would soon become a nation characterised by high rates of drug use, there is little evidence to support this view. However, seizures of ‘ice’ and ‘opium-derived drugs’ were reported in early 2008, but only a single report of this type was identified in this analysis. In late 2008, Asia Times Online reported links between youth gangs, drugs and violence in Timor. The article reports on an estimated 70 per cent of young men and women involved in gangs and somewhere between 10 and 25 per cent involved in the 2006 riots. A 2009 report on the gang culture notes the use of drugs and alcohol, but it is not clear if this extends to trafficking and production and the role they play in drug use trends. The United Nations epidemiological fact sheet on HIV for 2008 provided no data for injecting drug use, and includes no prevention indicators, despite a UNODC regional overview reporting 105 people who inject. However, the 2008 Evidence to Action report for Timor-Leste highlights injecting as a risk factor for HIV.


745 Ibid.


13.4 Licit drug trends

As with illicit drug use, there is no published research specifically considering alcohol use trends and its impacts. However, alcohol use is highlighted as a key concern among gangs and as a contributor to domestic violence.\(^{749}\) The link between alcohol and domestic violence was highlighted, with around a third of reported domestic violence cases linked to alcohol.\(^{750}\) This issue was highlighted in 2004 and continues to be reported in the ‘gang’ context. In a 2006 WHO report on alcohol control policies in the Southeast Asia region, no data were available for Timor-Leste.\(^{751}\) However, the WHO *Global Status Report on Alcohol 2004* shows a dramatic decline in per capita pure alcohol consumption, but data were recorded only until 1977.\(^{752}\) The 2009 PDARN delegate also highlighted as emerging concerns an apparent increase in ‘abuse’ of legal sedative drugs, consumption of traditional homebrew (*tuak sabu*) and drinking non-beverage alcohol (disinfectant).

Analogous to the situation in the Solomon Islands, the contribution of high levels of international security and law enforcement personnel to substance use patterns should not be overlooked. Recent media reports cite the repatriation of personnel after being discovered drunk on duty.\(^{753}\) No official data relating to consumption patterns among these groups have been identified, but this influence is considered to be of relevance.

13.5 Local responses

While Timor-Leste has been included in this Pacific regional analysis, it is not represented on any of the regional forums, including the Secretariat of the Pacific Community, the Pacific Islands Forum Secretariat, the Pacific Islands Law Officers’ Network, the Oceania Customs Organisation and the Pacific Islands Chiefs of Police. In contrast to the other countries considered as part of this analysis, Timor-Leste is included under the South-East Asia Regional Office of WHO and is not a beneficiary under any of the Pacific regional programs funded by Australia.

Legislation

Timor-Leste is not listed as a signatory to any of the key UN conventions on drug control but there are plans to ratify the 1971 Convention (see Appendix 18.3: Pacific participation in United Nations conventions and treaties for details). Timor-Leste participates in the Judicial System Monitoring

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Law enforcement

Timor-Leste did not provide advice to the International Narcotics Control Board for its 2005 report on precursors, but the 2009 PDARN delegate reported the adoption of the INCB regulations in the preceding 12 months. No other law enforcement data or programs associated with substance use issues were identified. However, there is scope to further explore Timor-Leste’s enforcement of drug and alcohol issues with its representation now at PDARN meetings.

Health

A recent article on school-based health research identified no activities for Timor-Leste. No published research reports have been identified subsequent to the publication of that article.

A Timor-Leste Youth Social Analysis Survey was undertaken in 2005 to identify risk factors. The survey highlighted the challenge for transitioning ‘gang’ cultures away from political militia-type activities to more traditional youth/sport groups. As part of the response, a youth and sport portfolio has been created under the Leadership for Economic Development program.

Non-government organisations

Notably the local NGO, Psychosocial Recovery and Development East Timor (PRADET), has organised workshops to raise awareness of the dangers of alcohol abuse in an attempt to reduce the high rates of domestic violence and sexual assault. Among other activities,
programs include involvement with local law enforcement agencies in relation to their own drinking patterns. PRADET plans to further develop this program to include training around illicit drug use. This is in response to emerging reports of illicit drugs being brought into Timor-Leste from Indonesia. The Pacific Regional Rights Resource Team, widely known as RRRT, has been working successfully in the area of post-conflict resolution in Timor-Leste. Using the Pacific Plan 2005 as a platform, their work has a human rights focus based on the principles of good governance, sustainable management of resources and observance of democratic values.

Regulation

No examples of drug and alcohol policy or regulatory measures through excise and tax initiatives or import restrictions have been identified during the course of this analysis. The Ministry of Health nominated a participant to attend the 2009 PDARN meeting — the first time Timor-Leste has been represented as part of the network. No restrictions on legal drinking age have been identified for Timor-Leste.

13.6 Australian involvement

Australia is committed to Timor-Leste’s development priorities and provides support via a number of avenues. These include AusAID’s development assistance program and the work of the Australian Federal Police (AFP). AusAID’s development assistance budget to Timor-Leste in 2006–07 was AU$43.6 million. With the violence and unrest in April–May 2006 and the associated humanitarian crisis, Australia’s spending on overseas development assistance (ODA) increased to an estimated AU$74.8 million. In total, Australia’s ODA budget for Timor-Leste in 2008–09 is AU$96.34 million.

Australia continues to support improvement in the delivery of basic services in Timor-Leste. The aims of this assistance include: strengthened rural water supply and sanitation, with an emphasis on environmental health; better health sector management; expansion of vocational education opportunities for youth; and improved food security.

Australia has also been working with the Government of Timor-Leste to assist the development of its security forces, including assisting the Timor-Leste National Police Force through a joint program between AusAID and the AFP. In addition, Australia assists the justice sector and supports accountability and oversight mechanisms, including the Parliament and the nation’s electoral system.

761 Personal communication, May 2009.
763 Above, fn.721.
Australia is also a lead donor in the development of Timor-Leste’s Defence Force by way of a Defence Cooperation Program focusing on capacity building through in-country training and professional advice, as well as assistance to the Office of Defence Force Development.764

The AFP has deployed around 200 members in support of the Australian Defence Force-led effort to help stabilise Timor-Leste. Since first deploying a contingent of its members in 2006, the AFP has made two further deployments to assist with its operations. AFP members will work closely with local and other international law enforcement agencies contributing to the stabilisation efforts.765

Australian Agency for International Development

After leading the multinational INTERFET force which restored security in East Timor following the 1999 post-ballot violence, Australia played a leading role in UNMISET. Australia leads the International Stabilisation Force (ISF) which was deployed to Timor at the request of the country’s leadership to help restore stability following the unrest of April–May 2006. The ISF remains in Timor in support of the United Nations Integrated Mission to Timor-Leste (UNMIT), with the full support of the Timorese Government and the United Nations. Following the events and unrest of 11 February 2008, the Australian Government deployed approximately 200 additional soldiers and 70 police under the ISF. These additional forces have now been withdrawn.

Australia and Timor-Leste signed a Memorandum of Understanding (MOU) on Cooperation to Combat International Terrorism in August 2003, and two MOUs on combating illegal immigration and people smuggling in February 2002. Australia and Timor-Leste also signed an MOU in October 2006 on security arrangements within the Joint Petroleum Development Area.

Reflective of the strength of the bilateral relationship, there have been numerous high-level visits between Australia and Timor-Leste, including Australia’s Prime Minister Rudd and Foreign Minister Smith in December 2007 as part of their first overseas visit. Timor-Leste’s Foreign Minister, Zacarias da Costa, paid an official visit to Australia in February 2008, while Prime Minister Xanana Gusmao, accompanied by a range of ministers, secretaries of state and the country’s Chief of the Defence Force, visited Australia as a guest of the government in August 2008.

Prime Ministers Rudd and Gusmao have announced a joint education, training and employment initiative that will review existing cooperation and make specific recommendations for action focusing on needs in Timor-Leste’s public sector to better support

764 Ibid.

national development. The review will also consider possible access for Timorese workers to Australia’s seasonal labour market. Prime Minister Rudd announced additional initiatives with the potential to impact on the determinants of substance use including: an increase in the number of Australian Development Scholarships available to Timorese students from 2009; AU$24 million over four years (2008–2012) to improve youth unemployment opportunities; and vocational training services in schools and in the community.766

Australian non-government organisations

The Australian Council for International Development lists Timor-Leste as one of the top 15 recipient countries receiving development assistance from Australian non-government organisations. As with the other countries considered in this analysis, there is little in the way of targeted alcohol and other drug programming. However, the local NGO PRADET has received support from a number of Australian organisations in the implementation of alcohol awareness workshops.

13.7 International involvement

New Zealand

With an estimated allocation of NZ$5 million for 2008–09, NZAID assistance to Timor-Leste focuses on capacity building, public sector reform, human rights and good governance.767 After a recent review, the NZAID strategy in Timor-Leste will be based on the country’s Annual National Priorities. Currently the targeted sectors are education and justice. NZAID also contributes to the multi-donor Planning and Financial Management Capacity Building Programme. Under this program the New Zealand Customs Service will provide support to the Timor-Leste Customs Service, subsequent to a review commissioned in 2007 in which New Zealand Customs officials participated.768

In addition to the abovementioned programs, NZAID contributes to the deployment of 25 New Zealand police officers to participate in the UNMIT assistance to the Timor-Leste National Police Force (PNTL) and a 12-month community policing pilot program implemented by PNTL and NZ Police, which started in October 2008. Further support comes in the form of a justice outreach program run by the Judicial Systems Monitoring Programme (JSMP), committed to advocating for rights and access to law and justice for the Timorese people.769

766 Above, fn.721.
768 Ibid.
769 Ibid.
Other programs

A key multi-lateral intervention is the United Nations Integrated Mission in Timor-Leste (UNMIT). Significant for this analysis is the role this mission plays in supporting the justice sector. This includes the Administration of Justice Section Unit, which undertook alcohol awareness workshops with prison staff and prisoners in 2008.770

In July 2006 UNICEF provided a life skills program for displaced youth as part of an anti-violence campaign, which included HIV prevention messages, along with those highlighting awareness of drug and alcohol issues. These youth were identified as particularly vulnerable as there is little in the way of day-time entertainment.771 It is not clear if subsequent activities have been implemented to address these structural issues.

With funding from the Japanese Special Fund, the Asian Development Bank is implementing the third phase of a program titled Capacity Building to Strengthen Public Sector Management and Governance Skills.772 While there are no specific activities targeted at the health services or law enforcement sectors under this program, institutional strengthening contributes to overall capacity to respond to such issues.

13.8 Gaps analysis

Since the 2004–05 situational analysis, it is clear that there is increasing awareness of the impact of substance use in Timor-Leste. In response to this issue, local NGOs initially focused on mental health; in particular, post-conflict stress issues have incorporated alcohol and other drug awareness training activities as part of their programs. This is neither systematic nor coordinated at the national level. However, the NGO PRADET has recently undertaken to work with both health and law enforcement professionals, and is advocating for further program funding to expand its work.

It is not clear if Timor-Leste is at an advantage or disadvantage as a result of not being part of the Pacific regional coordinating mechanisms and bodies. There is scope to undertake an analysis of the potential benefits and challenges of participation in these groups with specific reference to managing substance use issues.


## 14. Tokelau

<table>
<thead>
<tr>
<th>Population</th>
<th>1416 (July 2009 est.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>0–14 years: 42%</td>
</tr>
<tr>
<td></td>
<td>15–64 years: 53%</td>
</tr>
<tr>
<td></td>
<td>65 years and over: 5% (2009 est.)</td>
</tr>
<tr>
<td>Gender</td>
<td>Total population: Not available</td>
</tr>
<tr>
<td>Literacy</td>
<td>Definition: Not available</td>
</tr>
<tr>
<td></td>
<td>Total population: Not available</td>
</tr>
<tr>
<td></td>
<td>Male: Not available</td>
</tr>
<tr>
<td></td>
<td>Female: Not available</td>
</tr>
<tr>
<td>Unemployment</td>
<td>Not available</td>
</tr>
<tr>
<td>Employment by sector</td>
<td>Not available</td>
</tr>
<tr>
<td>Currency</td>
<td>New Zealand dollar (NZ$)</td>
</tr>
<tr>
<td>Exchange rate</td>
<td>Per US dollar: 1.4151 (2008 est.)</td>
</tr>
</tbody>
</table>


### 14.1 Introduction

Tokelau is located about 480 kilometres north of Samoa, comprising a group of three atolls (Atafu, Fakaofo, Nukunonu) with a land area of 12 square kilometres and few natural resources. Notably, Tokelau does not have an airstrip and is accessed only by sea. Originally settled by Polynesian emigrants from surrounding island groups, the Tokelau Islands became a British protectorate in 1889. They were transferred to New Zealand administration in 1925. Referendums held in 2006 and 2007 to change the status of the islands from that of a New Zealand territory to one of free association with New Zealand did not meet the needed threshold for approval.

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776 CIA above, fn.774; Resolution adopted by the General Assembly [on the report of the Special Political and Decolonization Committee (Fourth Committee) (A/62/412/Add.1)] 62/121. A New Zealand key informant was unable to confirm if any data were collected on behalf of Tokelau.
Demographics

The most recent population estimate is 1433.777 Due to limited opportunities on the islands, up to 6000 Tokelauans are estimated to have settled in New Zealand and many hundreds in Samoa.778 Overall, the population declines by about 0.9 per cent per annum due to migration for education and employment.779 Just over half of the population is in the 15–64 age range, with just under half aged 14 years or under.780 The majority of the population is Christian, with recent data reporting affiliations as: Congregational Christian Church 70 per cent, Roman Catholic 28 per cent, other 2 per cent.781 WHO identified the population of Tokelau as 100 per cent rural,782 which is in contrast to many other Pacific Island nations where reports suggest increasing urbanisation. It is likely that the size of the atolls prevents traditional forms of urbanisation, which are often associated with increased drug and alcohol consumption.

Government

Tokelau is currently a self-administering (governing) territory of New Zealand.783 Tokelau and New Zealand have agreed to a draft constitution, as Tokelau moves toward free association with New Zealand. However, a United Nations-sponsored referendum on self-governance in October 2007 did not produce the two-thirds majority vote necessary for changing the political status.784 The head of state is Queen Elizabeth, who is represented by the Governor-General of New Zealand, and New Zealand is represented by an Administrator.785 The head of government position rotates annually among the three Faipule (village leaders). The cabinet is called the Council for the Ongoing Government of Tokelau, consisting of three Faipule (village leaders) and three Pulenuku (village mayors).786 Tokelau is dependent on New Zealand assistance for approximately 80 per cent of its budget.787

777 Above, fn.774; the most recent population Census was held in 2006.
780 Above, fn.774.
781 Ibid.
784 Above, fn.774.
785 Ibid.
786 Ibid.
Health and development

The main challenges facing Tokelau are environmental. As a group of low-lying atolls, it is susceptible to natural disasters. In addition, limited land mass creates challenges for waste management, which directly affects reef quality and therefore the health of Tokelauans, who consume locally available seafood.\(^{788}\) A full-time medical practitioner is available on each of the three atolls and WHO has been engaged to address some of the health issues associated with increasing pollution.\(^{789}\) The increased pollution is partly due to lifestyle changes and increasing reliance on imported food and beverages, which contribute to increases in non-communicable diseases.\(^{790}\) To date, Tokelau has not reported on progress toward the Millennium Development Goals.\(^{791}\)

14.2 Drug and alcohol overview

Tokelau is not independently represented on common regional forums such as: PIFS, PILON, OCO and PICP. However, it is a member of the SPC. Tokelau was not one of the countries considered in the 2004–05 situational analysis.\(^{792}\) To date, Tokelau has not been represented at the PDARN meetings and attendance at regional meetings will continue to be a challenge due to transport limitations. Almost no information is available on drug and alcohol use in Tokelau, but there is potential for more information to be generated from WHO activities in the area on non-communicable disease prevention for 2008–09.

14.3 Illicit drug trends

A recent study into the global epidemiology of injecting drug users does not include any data for Tokelau. For the whole of the Pacific region it was equally difficult for the authors to provide any estimates of incidence or prevalence. There are reportedly no illicit drug problems in Tokelau.\(^{793}\) HIV infections have now been reported in every country or territory in the Pacific island region, barring two of the smallest countries, Niue and Tokelau.\(^{794}\) Lack of reports on HIV infection may support the view that there is no injecting drug use on the atolls. Alternatively it may be a consequence of lack of surveillance or of migration of affected people.

\(^{788}\) Above, fn.779.
\(^{789}\) Ibid.
\(^{790}\) Ibid.
\(^{791}\) Ibid.
Cannabis

In contrast to other Pacific Island nations, there was an absence of anecdotal reports of cannabis use, even where no official data are collected.

Other

No reports of other substance use were identified for Tokelau.

14.4 Licit drug trends

Research on alcohol consumption in Tokelau was undertaken in 1968, 1971 and 1976, showing that 34 per cent of males and 0 per cent of females consumed alcohol. The research suggests increasing consumption over the decade in question, but is perhaps too remote from the current day to provide insight into current use patterns. However, the significant increase in toddy consumption from around 5 per cent to 21 per cent is worth mentioning.\(^{795}\) A 2004 estimate from WHO suggests that up to 50 per cent of males and 0.8 per cent of females consumed alcohol.\(^{796}\) There are strict social and religious prohibitions on alcohol consumption, in addition to a lack of frequent access to imported goods, which have shaped alcohol consumption patterns in Tokelau.\(^{797}\) The fermented sap of the palm tree (kalaevae or fa’amafu), which Tokelauan people, especially males, have made and consumed for at least several generations, does not appear to have been an important ceremonial drink.\(^{798}\)

People who identified as being of Tokelauan descent were included in the 2002–03 Pacific Drugs and Alcohol Consumption Survey.\(^{799}\) A total of 1103 randomly selected Pacific peoples were surveyed, with approximately 79 per cent of interviews conducted in English. The survey was not translated into Tokelauan. No specific trends were reported for Tokelauans. However, a general trend was identified whereby Pacific people, compared with the general New Zealand population, were less likely to drink, but those who did drink consumed greater amounts.\(^{800}\)

\(^{795}\) WHO above, fn.782.
\(^{796}\) Ibid.
\(^{797}\) Ibid.
\(^{799}\) J. Huakau et al. (2005), New Zealand Pacific peoples’ drinking style: too much or nothing at all? *New Zealand Medical Journal*, 118(1216).
\(^{800}\) Ibid.
Interestingly, consumption during celebrations accounted for only 4 per cent of the total annual volume of alcohol consumed. This suggests ‘celebrations’ or ‘ceremonies’ were not a key contributing factor in the greater individual annual rates of consumption among Pacific Island peoples.\(^{801}\)

In a 1997 study of Pacific peoples in New Zealand, including people of Tokelauan ethnicity, the possible link between the kava circle and patterns of alcohol consumption was highlighted.\(^{802}\) Specifically the notion of a ‘barman’ directing drinking in the ‘circle’ was cited by Tokelauans; this is despite noting that kava is reportedly not used in Tokelau.\(^{803}\) A 2004 WHO report also noted a lack of kava-type ceremony in consumption of locally produced liquor in Tokelau, compared to other Pacific Island countries.\(^ {804} \) No other reports relating to the consumption of non-beverage alcohol, kava, betel or inhalants among Tokelauans have been identified.

### 14.5 Local responses

#### Legislation

New Zealand has ratified the United Nations conventions on drugs with a declaration they will apply to Tokelau. The Tokelau Customs Regulations 1991–94 incorporate the definitions of psychotropic drugs in accordance with Schedules I, II, III and IV of the 1961 and 1971 UN conventions. Section 25 of the Tokelau Customs Regulations specifies it is an offence to import any of the substances or plants captured by these definitions.\(^{805}\) Penalties include imprisonment or fines of up to NZ$1000. The legislation includes standard exceptions for use by medical practitioners in the course of their employment.\(^ {806} \)

\(^{801}\) Ibid.


\(^{803}\) ALAC, ibid.

\(^{804}\) WHO above, fn.782.

\(^{805}\) ‘Psychotropic drug’ means: any substance (natural or synthetic) or preparation for the time being specified or referred to in Schedule I, II, III or IV of the Single Convention on Narcotic Drugs, New York, 30 March 1961.

\(^{806}\) Tokelau Customs Regulations, section 25: Offence to import prohibited plant or psychotropic drug.
Law enforcement

Tokelau is the only country in this study, apart from Timor-Leste, which is not represented on the Pacific Islands Law Officers’ Network. This may reflect the fact that the Supreme Court of New Zealand currently has jurisdiction in Tokelau. If a future referendum succeeds in establishing the independence of Tokelau, then membership of this and other regional networks would be important to guarantee regional participation.

Regulation

Attempts were made to identify a contact within government departments of Tokelau to both attend the PDARN meeting and provide information on current drug and alcohol policy or existing regulatory measures; however, none was identified.

14.6 Australian involvement

Australian Agency for International Development

Australia’s bilateral aid to Tokelau is approximately AU$360 000 per year which provides scholarships for tertiary education and training. At any one time, two to three students are supported by these scholarships to study at regional institutions, such as the University of the South Pacific. By focusing on building skills and experience, the program aims to support the economic and social development of Tokelau. Tokelau was a participating country in the AusAID-funded Pacific Regional HIV Project, with the implementation period ending in 2008.

In addition, Australia has contributed to the Tokelau International Trust Fund (TITF). The fund was established in 2004 by the governments of New Zealand and Tokelau, supported by the Australian Government. Its purpose is to provide an additional source of revenue contributing to the long-term financial viability of Tokelau. Australia plans to continue to contribute to the TITF and wishes to participate on the Trust Fund Board of Directors when Tokelauan self-government is declared. Since 2005, Australia has contributed approximately AU$5.1 million to the TITF.

807 Above, fn.773.

808 Above, fn.787.

809 Note: it was expected that self-government would be declared in October 2007 but this did not occur.

810 Above, fn.773.
Australian non-government organisations

Tokelau is not listed as receiving assistance from any Australian NGOs, according to the ACFID website.811

14.7 International involvement

New Zealand

New Zealand is the major contributor to Tokelau, providing direct budget support. The 2008–09 allocation is NZ$17.1 million.812 Contributions are made in accordance with the 2003 Joint Statement of the Principles of Partnership between New Zealand and Tokelau. In accordance with this partnership agreement, New Zealand government departments support the limited Tokelau Public Service in any area of government activity, as required.813 The Government of New Zealand worked with the Government of Tokelau to establish the TITF in 2004.814 The Administrator of Tokelau manages the relationship with New Zealand and is based in the New Zealand Ministry of Foreign Affairs and Trade.815 The budget support program includes secondary and tertiary study awards for study in New Zealand and places Volunteer Service Abroad teachers in Tokelau.816

Other programs

Tokelau is included in many of the United Nations multi-country programs in the Pacific region. These programs promote cooperation, particularly among the smaller island states. The WHO country office located in Apia is responsible for WHO activities in Tokelau. Technical cooperation between the government and WHO focuses mainly on human resources development (fellowships), communicable and non-communicable diseases (NCD), and tobacco control. In 2008–09, WHO technical cooperation with the Government of Tokelau is expected to focus on WHO strategic objectives: to prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence, injuries and visual impairment (SO3). WHO assistance also aims to support the strengthening of NCD control and prevention under Strategic Objective 6 to promote health and development, and prevent or reduce risk factors for health conditions associated with the use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex.817 Tokelau was also included in the UNAIDS Pacific Regional Implementation Strategy on HIV and AIDS 2004–08 and will be part of the 2009–13 strategy (in draft form at the time of writing).

812 Above, fn.787.
813 Ibid.
814 Ibid.
815 Ibid.
816 Ibid.
The UNDP, via the Samoa Multi-Country Office, has established a Country Program Action Plan (CPAP) for 2008–2012 with the Government of Tokelau. Program areas include: equitable economic growth and poverty reduction; good governance and human rights; crisis prevention and recovery; sustainable environmental management; and joint programming. The UNDP plans to work with Tokelau to produce a Millennium Development Goals report for 2010. In addition, it is a key supporter of the move toward independence. A web search yielded identification of no Asian Development Bank activities for Tokelau. As with other Pacific nations, no country-specific details are available for the United Nations Office on Drugs and Crime.

14.8 Gaps analysis

While Tokelau continues to operate as a self-governing territory of New Zealand, there appears to be limited commitment from international agencies to develop and implement interventions there. With a population of less than 1500, there is only limited scope to develop research and policy skills in drug and alcohol issues, especially when compared to competing health and development priorities. While data collection on drug and alcohol issues is limited across the Pacific, the authors did not identify any incidental data sources for Tokelau, such as household income and expenditure surveys, import and sales figures, and hospital admission data available for other PICTs. This, along with the lack of an established contact, made developing a current and accurate understanding of the situation in Tokelau difficult. Efforts to engage Tokelau in the activities of the PDARN will be important to improve on this situation in the future.
15. Tonga

<table>
<thead>
<tr>
<th>Population</th>
<th>120 898 (July 2009 est.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>0–14 years: 32.8%</td>
</tr>
<tr>
<td></td>
<td>15–64 years: 62.9%</td>
</tr>
<tr>
<td></td>
<td>65 years and over: 4.3%</td>
</tr>
<tr>
<td>Gender</td>
<td>Total population: 0.99 male(s)/female (2009 est.)</td>
</tr>
<tr>
<td>Literacy</td>
<td>Definition: can read and write Tongan and/or English</td>
</tr>
<tr>
<td></td>
<td>Total population: 98.9%</td>
</tr>
<tr>
<td></td>
<td>Male: 98.8%</td>
</tr>
<tr>
<td></td>
<td>Female: 99% (1999 est)</td>
</tr>
<tr>
<td>Unemployment</td>
<td>13% (2003–04 est.)</td>
</tr>
<tr>
<td>Employment by sector</td>
<td>Agriculture: 31.8%</td>
</tr>
<tr>
<td></td>
<td>Industry: 30.6%</td>
</tr>
<tr>
<td></td>
<td>Services: 37.6% (2003 est.)</td>
</tr>
<tr>
<td>Currency</td>
<td>Tongan pa‘anga (TOP)</td>
</tr>
</tbody>
</table>


15.1 Introduction

Tonga is unique among Pacific nations in that it never completely lost its indigenous governance. The archipelagos of the ‘Friendly Islands’ were united into a Polynesian kingdom in 1845. Tonga became a constitutional monarchy in 1875 and a British protectorate in 1900. In 1970 it withdrew from the protectorate and joined the Commonwealth of Nations.

Demographics

Tonga’s population is 119 009 (July 2008 est.), comprising Christian (Free Wesleyan Church claims to have over 30 000 adherents) Polynesians and Europeans. Most people live on the main island, Tongatapu. It is estimated that 98 per cent of the population are of Polynesian background, with the remainder being of European, mixed European and other Pacific Islander descent, in addition to a few hundred Chinese.821


821 Country Background Note on Tonga, prepared for the UNDP Regional Bureau for Asia and the Pacific Cluster Meeting, 15–16 November 2006.
Government

King George Tupou V has been the chief of state since September 2006. The Prime Minister, Dr Feleti Sevele, has held office since 11 February 2006. The Cabinet comprises 14 members: 10 appointed by the monarch for life; four appointed from among the elected members of the Legislative Assembly, including two each from the nobles’ and peoples’ representatives, each serving three-year terms. There is also a Privy Council consisting of the monarch, the Cabinet and two governors. The monarch is hereditary and the Prime Minister and Deputy Prime Minister are appointed by the monarch. The legal system is based on English common law.

Tonga is dependent on external aid and remittances from Tongan communities overseas to offset its trade deficit. Tourism is the second-largest source of hard currency earnings after remittances.822 The level of remittances may provide insight in determining the relationship between migrant and seasonal workers and drugs and alcohol. AusAID reports that the government is focusing on the development of the private sector, and is committing increased funds for health and education.823 Further, AusAID’s profile reports that high youth unemployment, inflation and pressures for democratic reform are major issues facing the government.824 This analysis of the issues, particularly youth unemployment, is supported by key informant interviews.825

Health and development

According to UNDP 2007–08 indicators, Tonga is ranked 55 in Human Development Index status, one of the highest-ranked in the Pacific.826 However, nearly a quarter of the population are estimated to live below the poverty line.827 Tongans enjoy a relatively high quality of life, which includes a strong sense of community and national identity. Reported challenges include high levels of emigration and a dependency on remittances828 (approximately 45 per cent of GDP). Other challenges include lack of youth development and employment opportunities, and vulnerability to natural and economic disasters. Tonga has high literacy rates, estimated at over 98 per cent.829 Tonga is embarking on an ambitious program of economic and public sector reform in parallel with political reform. The reforms aim to improve the accountability and responsiveness of Tonga’s public institutions, improve fiscal policies,

823 Ibid.
824 Ibid.
825 3rd PDARN meeting, July 2008; note that there are conflicting reports on whether Tonga joined the World Trade Organization in 2005 or 2007.
827 Ibid.
828 Ibid.
829 Above, fn.821.
develop a more effective and equitable revenue system, promote private sector growth and create a more efficient and streamlined public service. An estimated 5 per cent of GDP is allocated for health expenditures.

15.2 Drug and alcohol overview

Tonga has been represented at each PDARN meeting since its inception. The Tonga delegate is a representative of the Salvation Army, which operates drug and alcohol programs. Inadequate sample size has been an issue for research activities, as have the currency and reliability of the statistics. Tonga has also been the subject of a number of research activities investigating kava use, but many of these are more than a decade old. PIFS assessment reports for 2004–05 indicate that cannabis has been trafficked from Fiji to Tonga, marking it as a recipient market. Tonga is a member of the PILON, but did not attend the 2008 meeting.

Kava is frequently noted as an important part of Tongan ritual and ceremony. Alcohol and tobacco (and presumably other drugs) were first introduced by sailors and traders. A 1982 report highlights that kava use was predominant among men and that it provided insight into status and rank. Additionally, and most importantly, the report notes that urbanisation introduced a new dimension to consumption, with the prestige of Westernisation and therefore Western products driving up alcohol use. At that time the authors noted legislative inconsistencies concerning alcohol as a challenge and proposed that kava and kava ritual are preferable to other drug use. Use of alcohol at kava clubs was considered unacceptable at the time of the survey.

In any consideration of programs and interventions in Tonga, it is important to note that the majority of the population is concentrated on the main Island of Tongatapu, and that many programs do not reach the outer islands. However, in the past there have been some coordinated efforts among international donors to assist development on these islands.

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830 Ibid.
831 Ibid.
833 PILON meeting, December 2008.
15.3 Illicit drug trends

While surveys of youth substance use in Tonga have been undertaken in the past, the lack of current data remains a challenge for understanding the situation.\(^{835}\) This, in addition to a lack of political involvement, a failure to enforce policy and limited intersectoral collaboration, constitute barriers to addressing drug and alcohol issues in Tonga.\(^{836}\) As well, a lack of resources to support surveillance and monitoring systems, treatment and rehabilitation facilities, and to prevent injuries and deaths, combined with denial of these as challenges, are barriers to changing the current situation. These circumstances exist in a context where reports of increases in drug trafficking and rises in kava use, youth risk behaviours and exposure to sexually transmitted infections, HIV and AIDS have been identified as serious concerns. Key informants reported the additional challenges presented by increased exposure of young people to advertising and symbols associated with substance use.\(^{837}\)

The 2004–05 situational analysis identified the existence of a Tongan syndicate in Hawaii.\(^{838}\) The *International Narcotics Control Strategy Report 2005*, released by the Bureau of International Narcotics and Law Enforcement Affairs, Southeast Asia and the Pacific, makes no reference to drugs, but includes details regarding money laundering.\(^{839}\) The 2004–05 situational analysis reported the seizure of 100 kilograms of cocaine in Tonga in 2001.\(^{840}\) From 2004 to 2007, only one 2004 court report relating to drug offences was identified.

### Cannabis

However, in 2006 the media reported a suitcase containing 2 kilograms of marijuana abandoned on the inward carousel at Tonga’s Fua’амotu Airport. The owner of the suitcase was identified as a Tongan national. The seizure was part of a border security operation, which was launched two weeks prior to the incident. The operation was initiated by the Customs Department and covered all border entries, airport and harbours. In addition, there was a report of joint exercises by Customs officers and the Tongan Navy, using the patrol boats of the Tonga Defence Service. Customs officers were reported to have been working with the police and the community.\(^{841}\)

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836 3rd PDARN meeting, July 2008.

837 Ibid.

838 No further reports of or evidence to support this claim have been found.


In 2003, Tonga introduced heavy penalties for drugs offences, with fines of up to US$488 500 and prison terms of up to 30 years for importing illicit drugs. For possession, manufacture, cultivation, use or supply and for importation and possession of controlled chemicals and equipment, the maximum penalty is 25 years. Each of these initiatives suggests a move toward a punitive approach to drug control. The appointment of an Australian as Head of Customs in 2005 was closely followed by new initiatives from the Tongan Customs Department, including a new Customs Bill.

Other

Cocaine seizures and the existence of organised crime suggest the presence of other illicit drugs in Tonga, but there is little evidence to suggest widespread use.

15.4 Licit drug trends

Alcohol

In 1997 beer was produced locally by the Royal Beer Company Limited (located in Nuku‘olafa), with per capita consumption estimated in 1994 at approximately 1.3 litres including beer, wine and spirits. Beer was approximately 77 per cent of this figure. No data were available for consumption of illicit alcohol, but anecdotes suggest the rates may be quite high. The authors also noted that public drunkenness was one of the most commonly reported offences by police. There are no offender diversion schemes in Tonga, with those coming into contact with police ending up in the criminal justice system, unless officers simply elect to take them home without charge. The study reported illegal out-of-hours sales and domestic violence as other alcohol-associated issues. At the time of the study, Tonga did not have a national alcohol policy. In 1997 McDonald et al. highlighted the need for research on transitions in drinking, a need that remains pertinent today.

844 Ibid.
Tonga was included in the UNICEF-funded 2000–01 Health Behaviour in School-Age Children survey, with boys reporting drinking alcohol more often than girls. A 2004 WHO report indicated that 16 or 17 years of age was the norm for alcohol consumption with high rates of binge drinking on a regular basis.\textsuperscript{845} Spirits included \textit{hot stuff}, e.g. Bounty rum, and \textit{hopi}, which is easily brewed and used as a reward and taken as a rite of passage — young men are given it for completing tasks.\textsuperscript{846} The report also notes that in 2001 there were 114 hospital admissions with a known link to alcohol, compared with only 18 with non-communicable diseases and 96 with other diseases.\textsuperscript{847}

The 2001 State of Health Behaviour survey by UNICEF also showed links with bullying. Alcohol use was positively associated with age and maleness. Males in Tonga had a high rate of use of methylated spirits, according to self-reports.\textsuperscript{848} Reports of injury requiring treatment were associated with past substance use and the authors suggest this may be an indication of risk-taking behaviours among Tongan youth. The same survey looked at sexual risk behaviours among youth not in school and noted 35 per cent reported sexual activity. Of more concern is the high rate of girls in this group: 61 per cent reported not protecting against HIV and STIs, compared to 32.3 per cent of males. However, young men were more likely to be sexually active and report having sex when drunk or high.\textsuperscript{849} This study raised issues of urbanisation and access to products and services as possibly impacting on the use of condoms. In addition, it considered if shame associated with sex before marriage was preventing youth accessing services. Of most concern for this study is the identified link between binge drinking and increased sexual activity and increased numbers of partners.\textsuperscript{850}

Further afield, alcohol consumption has reportedly become a problem among some of the Tongan workers under the New Zealand Recognised Seasonal Employer (RSE) scheme.\textsuperscript{851} A worker in the South Island of New Zealand was charged with rape due to excessive alcohol consumption. The official in charge of the labour schemes advocated care


\textsuperscript{847} Above, fn.845.


\textsuperscript{850} Ibid.

in selection of the workers, avoiding those with a ‘drinking’ problem. At the time of the report it was estimated that representatives from up to 20 companies were anticipated in Tonga to recruit fruit pickers for New Zealand.\textsuperscript{852} The significance of this lies in the opportunity for Tongans to work internationally, the dependence of those at home on remittances from international workers, and the impact on community attitudes to alcohol consumption. In 1994, 18 per cent of all criminal offences were reported to be alcohol-related.\textsuperscript{853}

### Kava

Kava means ‘bitter’ in Tongan.\textsuperscript{854} The significance of kava in Tongan culture is often highlighted. Arguably the ‘kava legend’ is one of community sacrifice and loyalty to the king, with requisite reward for displays of virtue.\textsuperscript{855} Consumption patterns are part of ceremony and ritual and have been the preserve of Tongan men, regulated by strict monarch-imposed protocols.\textsuperscript{856} Research in 1990 found that consumption was in the vicinity of 13 litres per evening over a period of 50 hours a week.\textsuperscript{857}

A 2008 media report on kava restrictions in Australia provides some insight into the continuing importance of kava in Tongan culture and the interaction of kava and alcohol. It has been argued that Australia’s restriction on kava imports\textsuperscript{858} puts an unfair burden on Pacific culture and should be changed. Tongans in Australia have linked increases in violence in the Pacific Island community with the ban on commercial importation of kava and associated increases in alcohol consumption.\textsuperscript{859}

Kava clubs in Australia are seen by Tongans as a way to bring their people in touch with their roots and heritage. A Tongan community representative said that more than 100 Tongan kava circles gathered at least twice a week with pure kava (drink) the key...


\textsuperscript{853} Above, fn.835.


\textsuperscript{855} Above, fn.832.

\textsuperscript{856} Ibid.

\textsuperscript{857} Ibid.

\textsuperscript{858} The same research found a link between increased cholesterol and heavy kava consumption; no updated research data on consumption have been identified during this study.


\textsuperscript{859} Sione Pinomi (2008), Australian kava restrictions unfair to Pacific cultures. *Sydney Morning Herald*, 30 May 2008. Available at: <http://www.smh.com.au/news/opinion/kava-restriction-puts-an-unfair-burden-on-pacific-culture/2008/05/29/1211654216506.html>: Sione Pinomi is the publicity officer with the Sydney-based Association of Tongan Arts and Culture; bans were introduced 11 months prior to the report in 2007 — it is not clear what evidence exists for increased alcohol consumption.
There is a fear that alcohol has become a substitute for kava: ‘kava’s promotion of a gentle sense of contentment is being replaced with the violence so often associated with excessive drinking’. Australian restrictions allow a traveller to bring in 2 kilograms of kava, pushing prices up from AU$30 per kilogram to around AU$200 per kilogram. The Tongan community proposed a system for kava club registration through the Tongan consulate-general, the Australian Government Department of Health, or another appropriate group, to allow for control and approval of the quality and supply of kava imported to Australia. The argument for allowing kava rituals to promote traditional culture and prevent a shift toward increased alcohol consumption reflects the arguments in Tonga that increasing Westernisation and aspirations also increase alcohol consumption. For other countries in the Pacific, kava exports are a key contributor to GDP, though none of the material reviewed for this study provided such a view for Tonga.

15.5 Local responses

The PDARN delegate from Tonga reported that the Ministry of Health, the Ministry of Police, the Tonga Family Health Clinic, the Salvation Army Alcohol and Drug Awareness Centre and the National Centre for Women and Children on Violence are all collecting drug and alcohol data. A key informant noted that while the Salvation Army has capacity to undertake drug and alcohol research and implement program responses, the sector remains under-resourced. However, there is a National Alcohol and Drug Advisory Board, whose membership includes the Salvation Army, Red Cross and the Tonga Family Health Association, which may be a vehicle to advocate for increased program funding.

Legislation

The main legislation for illicit drug issues is contained in Acts administered by the Ministry of Justice, including the Illicit Drugs Control Act 2003. Other relevant legislation includes the Drugs and Poisons Act 1988, the Intoxicating Liquor Act 1988 and the Methylated Spirits Act 2001. Tonga is a party to all three international conventions on illicit drugs. The PIFS-endorsed

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860 In Tonga, people are not permitted to enter kava clubs/circles in an intoxicated state.

861 Above, fn.859.

862 Ibid.

863 The authors were unable to determine how the submitted data may be influencing current programming.

864 Personal communication, 2008.


Illicit Drugs Control Bill 2002 provided the model for the Tonga Illicit Drugs Control Act 2003. The Bill and subsequently enacted legislation were developed to address issues emerging around new drugs of concern including methamphetamines, which were not addressed in earlier legislation. If countries across the Pacific choose to adopt this model as the foundation of their drugs legislation, some consistency of approach will result at a regional level.

In 2007, a legal mentor with the Pacific Anti-Money Laundering Programme (PALP) responded to a request from Tongan authorities regarding the theft of precursor chemicals believed to be used for the manufacture of methamphetamines. PALP’s legal mentor provided assistance to the Government of Tonga’s review of its Money Laundering and Proceeds of Crime Act 2001 (MLPCA). The legal mentor also aided in the drafting of amendments to the Money Laundering and Proceeds of Crime Act, as well as drafting Bills for currency declaration and for the strengthening of a financial intelligence unit (FIU), resulting from a review in March 2007. The amendments to the MLPCA include serious offences designated by the inter-governmental Financial Action Task Force as predicate offences for money laundering. The Currency Declaration Bill, when passed, will assist in detecting bulk cash smuggling. The FIU Bill will provide the Tongan FIU with more extensive powers to investigate reports received from financial institutions of suspicious transactions.

Law enforcement

The Ministry of Police is heading data collection in relation to crimes committed under the influence of alcohol and other drugs, as part of the Ministry of Police Annual Plan 2008. The Ministry of Health is also involved in this response. The Tonga Family Health Clinic provides information on STIs and HIV. The Salvation Army Alcohol and Drug Awareness Centre collects data from clients, while the Tonga National Centre for Women and Children on Violence also provides information on substance abuse. In his closing address to the Tonga Police Commissioned Officers 39th Conference in October 2008, the Tonga Police Commander identified drugs and alcohol as an issue of concern for the future but also highlighted many competing priorities, including community policing. Notably, community policing responses may be compatible with innovative responses to alcohol and other drug issues, and the potential to coordinate responses requires further investigation.

868 A key informant noted that little priority is given to substance use issues; therefore, it was difficult to determine a specific approach to substance use issues, punitive or otherwise.
869 Key informant interview, February 2009.
Health

The Ministry of Health is the lead agency in the production, monitoring and implementation of the Tonga National Strategic Plan for Combating HIV/AIDS 2009–2013. No additional activities beyond the Ministry’s involvement in drug and alcohol data collection have been identified. The health response seems to rest largely with the activities of the Salvation Army Alcohol and Drug Awareness Centre, discussed below.

Regulation

The impact of trade agreements and associated regulations on the capacity of nations to manage the supply of alcohol and other products is well reported. Tonga has already acceded to the World Trade Organization.\(^{871}\) The legal drinking age in Tonga for on-site consumption is 18 years, with no restriction on purchase for off-site consumption.\(^{872}\)

Non-government organisations

Authorities in Tonga recognise that there is benefit in establishing a strong civil society and, accordingly, there are many structures already in place. The umbrella NGO group in Tonga has identified key areas of work including: capacity building, community development, small grant programs and environment, transparency and good governance, community development and youth/women gender issues.\(^{873}\) The Civil Society Forum of Tonga (CSFT), established in 2001, has a multi-sectoral mandate to address and coordinate the needs and collective roles of civil society organisations (CSOs). CSFT works to ensure that community development is recognised and supported as a powerful way of tackling inequality and achieving social justice.\(^{874}\) There is a strong focus on issues affecting youth, with the Tonga National Youth Congress acting as an umbrella organisation. Among key concerns are issues associated with substance use, including national-level responses. These have been identified in a number of national and regional forums.\(^{875}\)


The Salvation Army Alcohol and Drug Awareness Centre of Tonga promotes healthy lifestyle choices, offering holistic approaches to assessment, treatment, awareness and education. Programs include life skills, healthy anger, 12 steps to good health, psychology of winning, recovery group, community-based programs, team building and one-to-one counselling.876

Regional and national advocacy groups, including the Tonga Human Rights and Democracy Movement, monitor corruption,877 aiming to raise awareness and to ensure that Pacific Island decision makers are accountable for inaction or complicity in corruption.878 Such advocacy groups may present an opportunity to advocate for innovative and alternative responses to drug and alcohol issues.

15.6 Australian involvement

There has been a tendency for international donors, including Australia, New Zealand and the European Union, to focus on providing support to nominated outer islands of Tonga. In 2004–05 the Australian Federal Police funded a transnational crime team for a number of Pacific countries, including Tonga.

Australian Agency for International Development

Australia is the largest aid donor to Tonga, providing a AU$13.2 million country program and total overseas development assistance of AU$19.3 million. Focus areas include improved governance and accountability, stronger economic growth and better service delivery. Relevant programs for this review include law and justice, and health and education programs. Australia is providing funding and technical support for economic and public sector reform, business recovery, anti-corruption initiatives, customs and policing, and community development.


877 Other groups include the Pacific Concerns Resource Centre, the Pacific Network on Globalisation and the Ecumenical Centre for Research, Education and Advocacy.

In addition, Australians hold key positions in the Tongan judiciary and as Head of the Tongan Customs Service. The Customs Interim Assistance Program has succeeded in tackling corruption, achieving prosecution of non-compliant companies and individuals. The Australian Government, via AusAID, also provided AU$2.6 million to a business recovery fund after the 2006 riots.\(^\text{879}\)

**Australian non-government organisations**

No alcohol and other drug sector or related programs implemented by Australian NGOs were identified in Tonga.\(^\text{880}\)

15.7 International involvement

**New Zealand**

The Joint Tonga/New Zealand Country Programme Strategy 2008–2018\(^\text{881}\) focuses on governance and civil society. Australia and New Zealand are preparing a five-year package to address policing concerns.\(^\text{882}\) The plan also includes funding for the National Centre for Women and Children safe house for victims of family violence, training and advisory services (reviewed mid-2008). In addition, New Zealand is supporting Tonga’s Customs Service in cooperation with Australia.

Under the New Zealand RSE scheme, money sent home has assisted in the reduction of poverty levels, particularly in countries like Tonga, where remittances constitute more than 30 per cent of GDP. In April 2007, the New Zealand Government launched a new Pacific Seasonal Labour Scheme, allowing 5000 low- and semi-skilled Pacific Island workers to take up temporary jobs in the horticulture and viticulture industries.\(^\text{883}\)

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\(^{879}\) 3rd PDARN meeting, July 2008; at this meeting the Salvation Army Alcohol and Drug Awareness Centre identified the role that alcohol and other drugs have played in violence and unrest.

\(^{880}\) See Appendix 18.5 for examples of relevant international NGO programs identified by this analysis.


\(^{882}\) Ibid.

The Fiji and Tonga Salvation Army offices form part of a single entity with the Salvation Army in New Zealand, but each prepares its own financial statements. In Tonga the Salvation Army is involved in substance abuse programs, offering a ‘Bridge Programme – Drug and Alcohol Addiction’, which includes the 12-step recovery program and community support.

Other programs

In 2001 UNICEF conducted a survey entitled The State of Health Behaviour and Lifestyle of Pacific Youth: Kingdom of Tonga Report. The survey measured the prevalence and frequency of smoking, kava use and drunkenness as well as illegal drug use, including marijuana, glue/petrol and methylated spirits. In total, 2808 students aged 11–17 years were surveyed in Tonga.

The European Union plans to establish a nationwide program in Tonga themed around water. UNAIDS, WHO and UNICEF are also active in HIV programming in Tonga, along with Asian Development Bank programs focused on public sector management and infrastructure development.

15.8 Gaps analysis

The main challenges for addressing drug and alcohol issues in Tonga are coordination and communication around interventions. Alcohol is the main drug of concern but the government has rejected a proposal to form an Alcohol Control Committee to address the issue. By contrast, the Tobacco Control Committee managed to meet on a quarterly basis to address tobacco-related issues. An additional concern is the place of ‘kava Tonga’ in the lives of Tongan men. The traditional association with kava consumption means that it is not identified as a problem, but key informants suggest a social impact analysis would reveal a different picture.

While the Salvation Army has identified an understanding of employing a harm minimisation approach to manage drug and alcohol issues, this is not a common approach in current interventions. Potential research areas include: exploring the cultural prohibitions on alcohol consumption and kava substitution; investigating the impact of alcohol as a prestige product; exploring protective factors associated with cultural practices; and assessing the impact of Australian kava regulations on changing consumption patterns for migrant and seasonal workers.

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16. Tuvalu

<table>
<thead>
<tr>
<th>Population</th>
<th>12,373 (July 2009 est.)</th>
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</thead>
<tbody>
<tr>
<td>Age</td>
<td>0–14 years: 29.2%</td>
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<tr>
<td></td>
<td>15–64 years: 65.6%</td>
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<tr>
<td></td>
<td>65 years and over: 5.2% (2009 est.)</td>
</tr>
<tr>
<td>Gender</td>
<td>Total population: 0.96 male(s)/female (2009 est.)</td>
</tr>
<tr>
<td>Literacy</td>
<td>Definition: Not available</td>
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<tr>
<td></td>
<td>Total population: Not available</td>
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<tr>
<td></td>
<td>Male: Not available</td>
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<td></td>
<td>Female: Not available</td>
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<tr>
<td>Unemployment</td>
<td>Not available</td>
</tr>
<tr>
<td>Employment by sector</td>
<td>Note: People make a living mainly through exploitation of the sea, reefs and atolls and from wages sent home by those abroad (mostly workers in the phosphate industry and sailors)</td>
</tr>
<tr>
<td>Currency</td>
<td>Tuvaluan dollar or Australian dollar (AU$)</td>
</tr>
<tr>
<td>Exchange rate</td>
<td>Per US dollar: 1.2059 (2008 est.)</td>
</tr>
</tbody>
</table>

Source: <https://www.cia.gov/library/publications/the-world-factbook/geos/tv.html>

16.1 Introduction

Tuvalu was granted independence in 1978 and comprises the territory formerly known as the Ellice Islands, made up of five coral atolls and four reef islands. Eight of the nine islands are inhabited. The population is largely dependent on subsistence fishing and agriculture, accounting for about 70 per cent of employment opportunities. Seafaring on overseas cargo vessels is a significant source of employment, as are remittances from overseas employment.

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Demographics

The population of Tuvalu is between 11,000 and 12,000, with cyclical variances as students, labourers and seamen return during the festive season and out-of-term time. An estimated 96 per cent of the population is of Polynesian ethnicity, with the balance Micronesian. In addition, almost 97 per cent are members of the protestant Christian Church. Significantly, there are a large number of seafarers from Tuvalu, with 1,200 ever registered and 600 in active service. The potential impact is twofold: a high level of remittances increases disposable income; and the impact of the seafarers’ lifestyle on drug and alcohol consumption is significant.

Government

The most recent national elections were held in August 2006, with Apisai Ielemia sworn in as Prime Minister, elected by a majority of the 15 members of the new Tuvalu Parliament. Two additional Tuvalu Cabinet Ministers were sworn in in early August 2007. Tuvalu is a Commonwealth nation with Queen Elizabeth II as the head of state. The head of government is the Prime Minister. In addition, there is a local hereditary monarch responsible for appointing the Governor-General.

Health and development

Tuvalu is classified as a least developed country, according to the United Nations. Development challenges include the almost complete lack of potable water, relatively low levels of skilled workers, and few opportunities for private sector development. The combination of such factors may hamper sustained economic growth and service provision. However, real GDP per capita has grown at an average annual rate of 2 per cent between 1995 and 2005, mainly in the public sector. Notably, the Tuvalu Trust Fund has contributed roughly 11 per cent of annual government budgets since 1990 and provides an important source of income to Tuvalu.

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888 CIA above, fn.887.
889 Tuvalu Country Background Note prepared for UNDP Regional Bureau for Asia and the Pacific Cluster Meeting, 15–16 November 2006.
892 Ibid.
893 CIA above, fn.887; UNDP above, fn.889.
895 Ibid.
896 Ibid.
16.2 Drug and alcohol overview

Tuvalu was not included in the 2004–05 situational analysis of drug issues and responses in the region. However, a delegate from Tuvalu participated in the 2006 PDARN meeting. A key informant noted that a recent research report surveying 127 youths on risk behaviours included data collection on drug and alcohol use patterns. Just over 41 per cent of respondents, mainly male, reported consuming alcohol, with over half of those consuming more than once a week. Amounts per session varied from 1 to 24 cans (average number of drinks is four cans, equivalent to a ‘standard can of beer’). Only 15 of the surveyed youths reported using marijuana and none reported using heroin, cocaine, speed or ice. Approximately 30 reported using the Fijian variety of kava (*yagona*).\(^897\)

Occasional cases of cannabis being smuggled into Tuvalu from Fiji are uncovered, but very little other illicit drug use is reported.\(^898\) Tuvalu is not a signatory to any of the counter-narcotics conventions.\(^899\) The Ministry of Health is currently finalising a Demographic Health Survey which includes data on drug, alcohol and tobacco use. No reported judgments related to drug or alcohol cases are available for the period 1987–2008.\(^900\) Tuvalu has an Alcohol and Liquor Board Committee.

16.3 Illicit drug trends

The UNGASS 2008 report did not identify any injecting drug use in Tuvalu, and therefore no interventions. Seafarers are identified as a high-risk group, but the reported risk is associated with alcohol.\(^901\)

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897 Key contact questionnaire, January 2009. Note: Fijian kava, commonly known as *yaquona*, is also known as *yagona*, as described by the key informant for Tuvalu.

898 Ibid.


Cannabis

In 2008, police and customs officers were reported to be working together to complete passenger searches for illicit substances on ferry services, which yielded nothing. In a subsequent tip-off, police arrested a number of young men. At the time of the campaign, the Acting Police Commissioner, Motulu Pedro, noted that the police force and customs rely largely on the public to identify marijuana users and that Tuvalu police do not have the technology to monitor the entry of drugs into the country. The majority of the police force have been trained to identify marijuana by smelling it, and also by looking at it through a microscope. In addition, there are plans to propose that police in Fiji and Tuvalu work together to search every Tuvalu vessel for drugs before it leaves Fijian waters. Drugs issues were raised in a late-2008 session of Parliament, suggesting this as an issue of increasing concern.

Other

As mentioned in the introduction, there are no reports of any other illicit substance use in Tuvalu.

16.4 Licit drug trends

Alcohol

Women with ‘alcoholic’ husbands were identified as a group facing hardship in a 2003 Asian Development Bank report on hardship in Tuvalu. The paper reported that the hardship is related to lack of opportunity and limited resources, rather than poverty. A survey of 250 people from a combination of urban and rural areas across three geographical regions indicated that social and cultural change, particularly around increasing drug and alcohol consumption, was a contributor to increased hardship (especially among youths as users and women as partners of alcoholic husbands). However, there is a tradition of strong social support networks, with family, extended family and the church expected to bear the burden of responding to the hardship. This traditional support contrasts with decreasing levels of obligation from clan, village, community organisations, government and parliament, in that order. Significantly, alcohol consumption contributes to a reported 90 per cent of seafarer dismissals, with a direct impact on those dismissed, but also resulting in the tarnished...
reputation of Tuvaluan workers. Recruiting agencies have highlighted these problems, so that some contractors will no longer employ Tuvaluans.\textsuperscript{909} A 2005 report noted that 22.2 per cent of Tuvaluans drink alcohol, with consumption predominantly among 18–40 year olds, with almost half the male population being drinkers.\textsuperscript{910} Liquor licences in 2005 are said to have generated approximately AU$15 000, of which only AU$350 is spent annually on control and surveillance of consumption.\textsuperscript{911} The majority of alcohol is imported. At the 2009 PDARN meeting, the Tuvalu delegate flagged a plan to develop a national policy ‘strengthening alcohol controls and publicising awareness’ utilising the \textit{Alcoholic Drink Act} (revised 1990).

Other

A youth survey published in 2007 by Dr Homasi reported that a number of youth consumed the Fijian blend of kava.\textsuperscript{912} Substances of concern identified in other PICTs include betel, tobacco and non-beverage alcohol. While tobacco is not a focus of this analysis, the 2009 PDARN delegate noted it remains a concern. No record of consumption of the other substances was identified for Tuvalu and none of the existing data sources reviewed appears to be equipped to report on these.

16.5 Local responses

Legislation

Free legal representation is provided to all citizens of Tuvalu for criminal and civil procedures. Relevant legislation for drug use issues includes: Tuvalu’s Constitution containing its Bill of Rights; the \textit{Island Courts Act}; and statutes covering tobacco control, alcohol licensing and customs. Consolidated legislation was last reviewed in 1990. In 2007 it was reported that a Counter-Terrorism Bill was being prepared for consideration by the Parliament.\textsuperscript{913}

Law enforcement

Tuvalu is a member of the PILON and attended meetings in both 2007 and 2008. In 2007 the majority of cases before the courts were land disputes, while in 2008 there was a reported increase in serious crimes related to sexual assault.\textsuperscript{914} No drug cases were included in the list of significant decisions for either year.\textsuperscript{915} The 2009 PDARN delegate reported that police in Tuvalu were receiving support from Australia and New Zealand to establish a database to manage their crime statistics, with the potential to enhance quality and enable future analysis.

\textsuperscript{909} Taomia above, fn.890.
\textsuperscript{910} Tuvalu country profile, \textit{The Globe} (Global Alcohol Policy Alliance), Pacific Issue no.1, 2005.
\textsuperscript{911} Ibid.
\textsuperscript{912} S.M.K. Homasi (2007), HIV/AIDS and Other STIs in Tuvalu, South Pacific. Master of Medicine thesis, University of Sydney; key contact questionnaire, January 2009; this requires further exploration as Tuvalu is not recognised as a traditional consumer of kava.
\textsuperscript{913} 26th PILON meeting, December 2007.
\textsuperscript{915} Ibid.
Health

For the first time in 2009, the Ministry of Health nominated a health education and promotion officer to attend the PDARN meeting held in Vanuatu. This provided the opportunity to engage the delegate in regional discussions regarding substance use issues and discuss planning for future interventions. The Ministry has identified the following priorities: providing advice on quantity and consumption; education and awareness raising on impacts; and sharing information with stakeholders, including the non-communicable diseases strategic plan (risk factors). The current lack of reporting on alcohol-related deaths and accidents has been identified as a concern, in addition to the inability to accurately document social harms.916

Regulation

Tuvalu has recently ratified the PICTA and is in the process of implementing reforms for future trade under the agreement.917 The Alcohol and Liquor Board Committee regulates alcohol use in issuing licences for sales and prohibiting sale to minors.918 The Committee also has the power to confirm renewal or transfer of licences and to remove, cancel or suspend them.919 In the 12-month period prior to the July 2009 PDARN meeting, the Committee investigated compliance with the licensing regime and undertook an alcohol awareness-raising workshop. There are limits imposed on the consumption of alcohol outside licensed premises.920

916 Tuvalu Ministry of Health presentation to 4th PDARN meeting, Vanuatu, July 2009.
918 Key contact questionnaire, January 2009.
919 Tuvalu Ministry of Health presentation to 4th PDARN meeting, Vanuatu, July 2009.
Non-government organisations

Tuvalu is a member of the Pacific Islands Association of NGOs. The Tuvalu Association of NGOs (TANGO) aims to strengthen the capacity of non-government and community-based organisations in Tuvalu. TANGO supports the enhanced cooperation and direction of these organisations, among other tasks, and is able to highlight issues of concern among the NGO and CBO communities. It also aims to provide a comprehensive database of donors and other organisations working in Tuvalu. TANGO leads the Tobacco Control Coalition in Tuvalu and may have potential to operate as a lead agency and a data collection focal point for drug and alcohol interventions and issues. The Tuvalu Family Health Association also provides some information on alcohol use among young people.

16.6 Australian involvement

Australian Agency for International Development

The focus of the Australian aid program in Tuvalu is education and training, in addition to technical assistance for budget management. Australia is also a member of the Board of Management of and the Advisory Committee to the Tuvalu Trust Fund, as well as providing annual contributions. Australia’s aid program in Tuvalu for 2008–09 is estimated to be AU$4.3 million, with the total overseas development assistance estimated at AU$6.2 million. AusAID’s program supports Tuvalu’s development priorities as identified in the Te Kakeega II National Strategy for Sustainable Development 2005–2015, through both direct assistance and in helping to manage the Tuvalu Trust Fund. In 1994, Australia presented Tuvalu with a patrol boat, the HMTSS Te Mataili, and continues to provide technical and financial assistance to support its operations in fisheries surveillance.

924 Key contact questionnaire, January 2009.
925 Australia was an original contributor and has contributed around $12.5 million to the Tuvalu Trust Fund since 1988.
Australian non-government organisations

A web-based and Australian Council for International Development database search identified no Australian NGOs working in Tuvalu.

16.7 International involvement

New Zealand

The New Zealand–Tuvalu Development Cooperation Programme Framework 2002–2007 outlines NZAID’s priorities with Tuvalu. The goal of the strategy is to support the efforts of the Tuvalu Government and people to achieve equitable and sustainable development. The three key areas aligned with the Tuvalu National Development Strategy are: Te Kakeega II outer island development; financial management support; and human resource development. The strategy is currently being reviewed and updated in 2008–09 to cover the next 10 years.927 New Zealand also funds a Tuvalu Trust Fund director and an Advisory Committee member, in addition to making contributions to the fund on a regular basis.928

Other programs

The International Centre for Eyecare Education is the only international NGO listed with the Australian Council for International Development as working in Tuvalu.929 In terms of international development activities by NGOs, Japan registers as a heavily involved country; however, the authors were unable to identify specific program details.930

Tuvalu is a member of both the Asian Development Bank and the United Nations with close ties to Fiji and diplomatic relations with Chinese Taiwan.931 The Tuvalu Trust Fund is the primary source of income with contributions from Australia, New Zealand, the United Kingdom, Japan and South Korea.932


928 Ibid.


931 Tuvalu Country Background Note prepared for UNDP Regional Bureau for Asia and the Pacific Cluster Meeting, 15–16 November 2006.

932 Ibid.
Both the Secretariat of the Pacific Community and WHO provide funds for public health programs. Japan funded the development of Tuvalu’s single desalination plant and has provided ongoing contributions to infrastructure programs, as well as fisheries-related programs.

WHO, UNAIDS and ADB all have Tuvalu-based programs. A specific objective of the WHO program is preventing and reducing the risks associated with alcohol and tobacco use.

### 16.8 Gaps analysis

While there is reportedly no illicit drug use on Tuvalu, studies need to verify this and fill the data gap. The example of risk taking among Tuvaluans resident in New Zealand is an important indicator that risk among migrant populations needs to be explored further. Reports of risk-taking behaviours, and in particular substance use, among seafarers are common, yet tailored programs to address these issues have not been identified.
17. Vanuatu

17.1 Introduction

Vanuatu is the official name of the islands formerly known as the New Hebrides. The archipelagic nation of 83 islands attained independence in 1980, after 74 years of joint rule by Britain and France. A history of joint rule overlaid with strong indigenous traditions and relations has contributed to the current uniquely complex interaction of governing structures and policies.

Demographics

In July 2008 the Vanuatu population was estimated to be 215,446, with ni-Vanuatu comprising 98.5 per cent, others 1.5 per cent. The religious profile of the population of Vanuatu is Presbyterian 31.4 per cent, Anglican 13.4 per cent, Roman Catholic 13.1 per cent, Seventh-Day Adventist 10.8 per cent, other Christian 13.8 per cent, indigenous beliefs 5.6 per cent (including Jon Frum cargo cult), other 9.6 per cent.


Ibid.; other estimates have the population at 221,000 with the majority living in rural villages.

The next Census is planned for late 2009.
none 1 per cent, unspecified 1.3 per cent (1999 Census). A recent AusAID report identified the potential of churches in Vanuatu to influence broad-based grass-roots interventions, which are somewhat hampered by the competing interests of the different denominations. An ongoing challenge will be to identify measures to harness the reach and service delivery experience of the churches to support drug and alcohol responses. Avoiding the limitations of competing denominational interests will also present challenges.

Also significant is the recent inclusion of Vanuatu in the New Zealand Recognised Seasonal Employer (RSE) scheme. According to World Bank reports, only 1.5 per cent of Vanuatu’s population currently lives abroad — this is significantly low compared to other Pacific nations. The new RSE scheme and other similar schemes are likely to impact on numbers of migrant workers from Vanuatu. In the 2008 recruitment round for the RSE, ni-Vanuatu formed the majority of workers. The contribution of these employment trends, and any associated remittances, to the economy of Vanuatu will emerge only as the program continues to operate.

Government

Vanuatu is an independent, democratic republic with a 52-member Parliament elected by the adult population every four years. The executive consists of a Council of Ministers headed by the Prime Minister, who is elected by Parliament from among its members. The President is elected by Parliament and the National Council of Chiefs for a period of five years.

A number of sources describe Vanuatu as enjoying relative political stability since 2004. The most recent election, in September 2008, resulted in a change in leadership for the coalition government. It is too soon to comment on the stability of the new coalition, but it is worth noting that the previous leader was subject to no less than five motions of no confidence. As in other Pacific nations, the stability of the government has the potential to impact on the ability of the government to develop legislation, policy and interventions to respond to current and emerging drug and alcohol issues. Substantial Vanuatu Government earnings from turnover taxes on hotels, licensed premises and casinos may also decrease motivation to enact regulations for alcohol production and supply.


939 D. McKenzie, P.G. Martinez & L.A. Winters (2008), Who is Coming from Vanuatu to New Zealand under the New Recognised Seasonal Employer (RSE) Program? London: Centre for Research and Analysis of Migration (CReAM). Available at: <http://www.econ.ucl.ac.uk/cream/pages/CDP/CDP_06_08.pdf>. Visas are issued for seven months only but workers are able to take repeat opportunities.

940 Ibid. McKenzie flagged the intention to continue to research the impact of the RSE and the characteristics of applicants and workers; the 2008 study provided a baseline only.


Health and development

In the most recent estimation based on 2007 data, Vanuatu had a Human Development Index ranking of 126 and was listed as a medium-range developing country. The Action Agenda for 2006–2015 outlines Vanuatu’s development priorities, including: increasing the productive sector, especially agriculture and tourism; maintaining a macroeconomic balance; raising public service performance; cutting costs associated with transport and utilities; and improving access to basic services, such as health and education. In February 2009, Vanuatu sent a delegation to the United Nations headquarters in New York to argue against its graduation from least developed country status. Vanuatu claimed the decision was based on faulty data; graduation would likely have a significant impact on the receipt of overseas development assistance.

Meanwhile, AusAID reports that poverty levels in Vanuatu are among the highest in the Pacific and improving the delivery of basic services remains a priority, particularly in rural areas. Around 20 per cent of the Vanuatu population do not have access to health services and almost 25 per cent of children aged under five years are underweight. These data need to be considered in the context of Vanuatu’s ‘subsistence affluence’ and ‘poverty of opportunity’. This is reflected in the strong culture of community obligation in Vanuatu supported by a large rural population of subsistence farmers and low rates of formal employment and opportunities. Fertile land creates adequate crop yields for rural families, but increasing monetisation of the economy is making it more difficult for families to access education and other services. In this context there have been reported increases in numbers of farmers producing cannabis as a cash crop to cover routine household expenditures. These features influence both the affluence and poverty of Vanuatu.

946 AusAID above, fn.941.
947 Ibid.
948 Above, fn.938.
17.2 Drug and alcohol overview

Vanuatu was one of five Pacific countries included in the 2004–05 ANCD-funded situational analysis. For that study, it was impossible to obtain estimates for a drug user population and no specific alcohol and other drug service providers were identified.

Vanuatu was represented at the PDARN meeting for the first time in 2008. The delegate was an NGO representative working on youth programs for Save the Children Australia, which include health and lifestyle interventions incorporating drug- and alcohol-related health promotion. In 2009 the PDARN meeting was hosted in Vanuatu with representatives from the Vanuatu Ministries of Health and Justice, in addition to the Foundation of the Peoples of the South Pacific International.

With respect to research, Vanuatu is one of three nations participating in a recent youth health and lifestyle survey related to risk behaviours. This survey included drug and alcohol consumption. When compared to the other countries surveyed (Tonga and the Federated States of Micronesia), Vanuatu tended to be characterised by less risky behaviours. However, the research highlighted as significant in Vanuatu an association between binge drinking and increased sexual risk-taking and the likelihood of having multiple partners. Poly-substance use has also been identified as an emerging concern. Finally, no research into drug and alcohol issues among non-youth populations in Vanuatu has been identified. However, the high incidence of alcohol-related interpersonal and domestic violence has been flagged as an ongoing concern.

17.3 Illicit drug trends

Vanuatu is a member of the PILON. In 2007 and 2008 the Vanuatu Attorney-General’s Office noted an increase in the prosecution of drug offences (possession and cultivation), with a total of ten related matters included in its PILON report. By local standards this is a significant increase: up from an average of five in previous years. This trend is further illustrated by the identification of 35 cannabis-related and two cocaine-related judgments for offences including possession, consumption, cultivation and trafficking of drugs from January to September 2008.

950 Ibid.
953 The ni-Vanuatu defendant in one of the cocaine cases reported travelling to Venezuela to transport drugs to Vanuatu; cultivation relates to cannabis only.
A 2003 report identified limited drug trafficking and use in Vanuatu, explaining a lack of targeted initiatives to countering cultivation, production and distribution of illegal drugs.\(^{954}\) This is not to ignore the 2001 seizure of 160 kilograms of heroin originating from Myanmar and 120 kilograms of cocaine found buried on a beach in Vanuatu in 2004.\(^{955}\) Today there continues to be a lack of reliable measures of either trafficking or drug use.\(^{956}\) However, Vanuatu has demonstrated a willingness to cooperate with international organisations in dealing with drug trafficking issues.

**Cannabis**

At the 2008 and 2009 PDARN meetings, cannabis was again identified as the key illicit drug of concern.\(^{957}\) The 2006 National Drug Squad raid on Malekula leading to the arrest of 20 villagers and seizure of 40 bags of freshly harvested marijuana\(^{958}\) illustrates why it is a significant issue. At the time of the arrests, there were calls for responses ranging from increased law enforcement (by police), to increased treatment and education (by NGOs), to a call for leniency in light of ‘economic imperatives’ (by a Member of Parliament).\(^{959}\) While concerns over cannabis were aired, police indicated there had been no ‘hard’ drug cases, referring specifically to heroin and cocaine. An attendant concern is the increasing frequency for kava bars in urban areas to act as supply points for cannabis.\(^{960}\) Save the Children Australia reported that an increasing number of unemployed 15–30 year olds smoke marijuana as a pastime activity: ‘*kilim taem*’.\(^{961}\) There is also a suggestion of a ‘cannabis following’ among music fans/artists, in particular reggae and hip-hop.


\(^{955}\) Advice by S. Wimmer, National Manager, International Branch, Australian Government Department of Foreign Affairs and Trade, 19 December 2008, to the Australian Senate Standing Committee on Foreign Affairs, Defence and Trade in response to questions on notice (21 November 2008) concerning transhipment points for illegal drugs and trafficking on illegal drugs and weapons; Oceania remains vulnerable to illicit drugs, Australian Institute of Criminology media release, 17 November 2008.

\(^{956}\) Above, fn.954.

\(^{957}\) 3rd PDARN meeting, July 2008.

\(^{958}\) South Pacific: sympathy for marijuana growers in Vanuatu. *Drug War Chronicle*, no.460, 11 March 2006. Available at: <http://skepticaldrugwar.org/chronicle/460/vanuatu_parliamentarian_has_sympathy_for_marijuana_growers> [sic] (accessed March 2009); see also section 17.5 of this profile (Local responses).

\(^{959}\) Ibid.

\(^{960}\) 3rd PDARN meeting, July 2008; it is not clear what evidence is available to support this view.

\(^{961}\) Ibid., reporting on the Young People’s Research Project 2004.
Other

The 2003 International Narcotics Control Strategy Report suggested that Vanuatu is not a source of precursor chemicals, but notes some small-scale relatively recent seizures of small quantities of amphetamines and synthetic drugs including ecstasy, reportedly from Asia, for supplying to affluent youth. In addition, a 2001 International Narcotics Control Board report identified Vanuatu as a known transit point for trafficking heroin and cocaine, though no source was provided and it is not clear if this situation has changed in the ensuing period.

Vanuatu has been known as a tax haven and was identified as a risk for money laundering, but it has become a member of a number of regional initiatives to work against crimes of this type, notably the Pacific Anti-Money Laundering Programme. There is also anecdotal evidence of limited cocaine use. In 2008 an Australian Senate inquiry included a report of 120 kilograms of cocaine found buried on a beach in Vanuatu in 2004. No information on more recent seizures has been identified.

17.4 Licit drug trends

Alcohol

In 2008, the PDARN delegate outlined a number of drinking trends. In the two major urban centres, Port Vila and Luganville, regular Friday night drinkers known as ‘tusker drinkers’ are predominantly 19–30 years of age. Save the Children Australia reports provide anecdotal accounts of homebrew consumption as part of family and community celebrations outside the urban centres. In addition to homebrews, both imported and locally brewed spirits are said to be consumed at special occasions. Again the estimated age range for consumption is 15–30 years.

A 2005 research report noted that over a third of surveyed youth in Vanuatu reported ever having had sex when ‘drunk or high on drugs’. The report also highlighted an association between binge drinking and increased number of sexual partners. This survey was undertaken with out-of-school youth. The 2006 Household Income and Expenditure Survey reported that, on average, total

962 Above, fn.954.
965 The US State Department, under the mentoring section of this project, seconded a law enforcement mentor based in Vanuatu from the second half of 2008. Available at: <http://www.state.gov/p/inl/ris/nrcrpt/2009/vol2/116548.htm> (accessed July 2009).
966 Ibid.
967 S. Wimmer, above, fn.955.
968 Tusker is a locally brewed beer.
969 Above, fn.954.
970 Above, fn.949.
household expenditure was VUV645,425 (Vanuatu vatu),\footnote{Vanuatu currency AU$1 = approx. 82 vatu (July 2009).} with VUV22,808 of that amount spent on tobacco and alcohol.\footnote{Vanuatu Statistics Office, Household and Income Expenditure Survey. Available at: \url{http://www.spc.int/prism/Country/VU/stats/Projects/hies per cent2006.htm} (accessed March 2009); approximately 3.5 per cent of household expenditure.} The data were not disaggregated between tobacco and alcohol.

There is a clear need to engage stakeholders in developing responses to alcohol and violence and other substance use issues as advocated in a 2003 report on the development of an alcohol policy for Vanuatu.\footnote{G. Humphrey & S. Casswell (2003), Development of an Alcohol Policy for Vanuatu: final report. Auckland: Centre for Social and Health Outcomes Research and Evaluation (SHORE), Massey University.} Challenges for regulating alcohol consumption are highlighted by two recent high-profile incidents involving government officials.\footnote{P. O’Connor (2009), Moti debacle a smudge on Aussie Government, \textit{Fiji Sun}, 25 December 2009. Available at: \url{http://pidp.eastwestcenter.org/pireport/2009/December/12-28-com1.htm} (accessed January 2009).} One incident was an alleged sexual assault of a minor; the other involved alleged violence against a journalist by police. In each case the perpetrators were said to be under the influence of alcohol. These cases remain under investigation, but the outcome will no doubt provide some insight into the official view on alcohol. An update on the current status of Vanuatu’s three brewing companies was not found, but in 2003 it was reported that at least one was government-sponsored.\footnote{Above, fn.973.}

The establishment of the Violence Against Men and Family Protection Centre, in response to the view that the promotion of western-style women’s rights is undermining traditional Vanuatu kastom,\footnote{John P. Taylor (2008), The social life of rights: ‘gender antagonism’, modernity and \textit{raet} in Vanuatu. \textit{Australian Journal of Anthropology}, 19(2): 165–178.} illustrates the potential sensitivity of these issues, particularly where alcohol is linked to domestic violence. The emergence of a ‘backlash organisation’ emphasises the need for a consultative process recognising the roles both traditional structures and modern systems can play in developing responses.

A study of the RSE initiative with New Zealand research found the majority of participants were males in their late 20s to early 40s, literate but with no schooling beyond Year 10 (4th Form). More importantly, they are ‘relatively healthy and drink kava or alcohol less frequently than non-participants’.\footnote{Above, fn.939.} However, bias in the selection process exists, with a number of communities selecting only applicants not ‘dependent’ on cigarettes, alcohol or kava.\footnote{Ibid.} As the recruitment cycles continue, this may begin to impact on community attitudes to alcohol and kava consumption, pressuring them to reduce consumption.

For some regions, low application numbers were
associated with communities having adequate income from kava exports.\footnote{Ibid.} Importantly, applicants interviewed after orientation most frequently reported that the most useful information from the session was that workers cannot drink during working hours.\footnote{Ibid.}


### Kava

Kava root extract exports are reported to be an important source of income in Vanuatu.\footnote{Crime and Society: a comparative criminology tour of the world, available at: <http://www-rohan.sdsu.edu/faculty/rwinslow/asia_pacific/vanuatu.html> (accessed March 2009).} In light of this fact, import restrictions by Australia, New Zealand and the European Union are likely to impact on production. This may lead to changing consumption patterns. Internationally, Vanuatu’s kava is known as the world’s most potent, used almost exclusively as an intoxicant.\footnote{S. Combs (1995–98), \textit{Vanuatu: a Canadian’s perspective — Kava in Vanuatu}, Part 2. Available at: <http://members.shaw.ca/scombs/kava2.html> (accessed March 2009).} There are a number of reports highlighting changing consumption patterns associated with increased urbanisation.

The PDARN delegate reports that both males and females can be found drinking at the \textit{Nakamal} (kava bars) from 5pm to 2am or 3am. This trend is mainly limited to Port Vila and Luganville, but is said to be emerging in other centres. Regular drinkers are reportedly consuming between 2 and 25 shells of kava per night.\footnote{No metric measure was provided for the shells but they are usually the size of a coconut shell.} No reports of the same social exclusion (e.g. as found in Tonga) of combining kava consumption with alcohol consumption have been identified.

### Other

The use of spirit fuel (Coleman Light) to brew an alcoholic drink was identified as an issue as early as 2003.\footnote{Above, fn.973.} Youth were identified as the key group of concern. As spirit fuel is a commercially available product not subject to liquor licensing, the difficulty with managing this issue remains a matter of supply.\footnote{Recommendations for the development of a Vanuatu alcohol policy included strict regulations on the sale of Coleman Light and yeast to youth.} This matter was raised again at the 2009 PDARN meeting. Benzene and glue sniffing, the use of highly concentrated coconut and fruit juice to make homebrew, and mushrooms were also identified as locally used drugs.
17.5 Local responses

Legislation

Historically, Vanuatu had parallel systems of British and French laws, with an opt-in approach for citizens. At independence, a move was made to consolidate legislation. This unified approach is relatively new and the reform project continues to this day.987 The establishment of a Vanuatu Law Commission was identified as a clear priority for establishment by 2009.988 The Supreme Court of Vanuatu has jurisdiction to determine all matters. In terms of legislation relevant for this analysis, as at September 2008, the Dangerous Drugs Act is under review, with a steering committee working to develop recommendations for reform, including provisions to include ‘modern’ drugs such as amphetamines.989

Vanuatu acceded to both the UN Convention against Transnational Organized Crime and the 1988 UN drug convention in January 2006. The Government of Vanuatu has not signed the UN Convention against Corruption. The Vanuatu Financial Intelligence Unit has a memorandum of understanding with Australia.990 Domestic legislation has extracted the provisions of the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, with the Act providing ratification coming into effect on 15 September 2003.991

Penalties for possession, use or trafficking in illegal drugs in Vanuatu are strict and convicted offenders can expect gaol sentences and heavy fines.992 The Penal Code allows for anyone found selling, in possession of or cultivating marijuana to be fined up to VUV1 million or face a penalty of 22 years’ imprisonment, or both.993 Sentencing provisions allow for suspended sentences, with the Attorney-General’s report to PILON indicating both approaches had been taken in 2007. In a 2007 sentencing hearing of 21 defendants in a cannabis case, it was submitted that ‘Section 17 of the Dangerous Drugs Act set the maximum penalty by a fine not exceeding 100 million Vatu or a term

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988 Ibíd.

989 Above, fn.964.


991 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act 2001.


993 Above, fn.954.
of imprisonment not exceeding 20 years or to both fine and imprisonment.’ The court noted a lack of provision in the Dangerous Drugs Act to distinguish sentences in relation to the quantity of the drugs, whether 1 gram or 1 kilogram. The court opted for a case-by-case assessment in determining sentences.994

Legislation such as the Nurses Act includes provisions regarding being under the influence of alcohol and drugs. Other relevant legislation includes the Customs Act, Road Traffic Regulation, the Liquor Licensing Act, the Alcohol Importation Act, the Beer Amendment Act and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act 2001.

Vanuatu also has a Kava Act 2002, which manages the kava export industry and provides a vested interest in regulating and ensuring the quality of the country’s kava crops. In March 2008 tobacco legislation (Tobacco Control Act 2008) was passed, with the processes for enforcement being put in place by the Ministry of Health, the Police Department and other interested stakeholders.

Law enforcement

Law enforcement is provided by the Vanuatu Police Department, the courts, Corrections Department and the Vanuatu Women’s Centre.995 The same departments are also responsible for providing drug and alcohol support programs and services. At the 2009 PDARN the Australian Federal Police delegate provided examples of information, education and communication materials detailing cannabis-related harms — materials developed in conjunction with the Vanuatu Ministry of Justice to be used locally. Materials also identified potential negative health consequences of regular excessive kava use, including skin conditions. These were available in both Bislama and English.996

Health

In 2003 a report funded under the Pacific Action for Health Project of the Secretariat of the Pacific Community, and developed by New Zealand’s Centre for Social and Health Outcomes Research and Evaluation (SHORE), provided clear recommendations for enhancing existing legislation and regulation of alcohol in Vanuatu.997 The Ministry of Health recently sought technical assistance for the development of a new national policy, in consultation with NGOs and other stakeholders. This initiative includes the development of a National Mental Health Policy and Plan (2009–2015), a Draft National Drugs Policy and a National Non-Communicable Diseases Strategic Plan (2010–2014) addressing alcohol and other drug issues.998

994 Criminal Case No.53 of 2006 & Criminal Cases Nos.83–102 of 2006. Sentencing reforms are included in the amendments of the new Penal Code Act — it is not clear if these have come into force as at 2009.
995 PDARN meeting, Vanuatu, 7–10 July 2009.
996 Did not enquire as to availability in French.
997 UNDP above, fn.943.
998 PDARN meeting, Vanuatu, 7–10 July 2009.
Non-government organisations

The Vanuatu Association of NGOs (VANGO) represents Vanuatu on PIANGO. In 2006 VANGO commented on drugs issues in Vanuatu, calling for more treatment options. The Vanuatu programs of Save the Children Australia, the Foundation of the Peoples of the South Pacific International (FSPI) and the Police Department Young People’s Project, along with Wan Smol Bag Theatre and other community-based organisations (e.g. churches, Chiefs), all have responsibility for awareness raising around substance use issues.999 A delegate from FSPI participated in the 2009 PDARN meeting. In 2009 the Wan Smol Bag Theatre is due to release Season 2 of the regionally popular Love Patrol series, which includes themes such as HIV, sexual and reproductive health, and substance use issues.

Regulation

In 2003, Vanuatu was assisted in the development of an alcohol policy by SHORE, though it is not clear if there have been further developments in this policy. In 2008 the legislature considered changes to the advertising and promotion, marketing and sales of tobacco. The new Act provides the opportunity for positive change in the management of consumption via regulation; this may have the potential to extend regulation to the supply of alcohol and kava. In July 2009 the Ministry of Health scheduled a review of narcotics control legislation and requested assistance from WHO to develop an updated alcohol policy, scheduled to take place in late 2009.1000

In February 2008, Vanuatu announced that it was ready to trade under the PICTA.1001 The result will be a reduction in import duties on goods from other PIFS countries. Such agreements have the potential to limit the autonomy of Pacific countries in regulating the supply of alcohol imports via taxes. With respect to alcohol, there is a Liquor Sales Ban limiting sales of alcohol at certain times of the year, e.g. leading up to Independence Day. In addition, there is currently an imported Alcohol Excise Tax (in addition to VAT) set at 5 per cent.1002 The legal drinking age in Vanuatu is 18 years.1003

999 Above, fn.954.
1000 Personal communication, 2009.
1002 Above, fn.954.
17.6 Australian involvement

In May 2009 Australia and Vanuatu signed a Pacific partnership agreement on development, the fifth such agreement. Australia and Vanuatu are working together, in collaboration with New Zealand, to lift primary school retention rates by phasing out school fees. In addition, combating malaria will be an important focus, building on the reduction of malaria rates by 38 per cent in 2008. The partnership will also see Australia help the island nation improve infrastructure and reform economic governance.

Australian Agency for International Development

The Australian country program estimate for aid to Vanuatu for 2008–09 is AU$37.35 million, with total overseas development assistance of AU$51.79 million, including regional initiatives. The Australian aid program in Vanuatu is designed to support sustainable economic and social development. The linking of program priorities in health, education, and law and justice are designed to reflect the Vanuatu Government’s priorities. In the future, it will be important to identify where drug and alcohol use features on the list of governmental priorities, with activities such as capacity building for police and legal staff providing the potential for strengthening in these areas.

AusAID highlights achievements of the Vanuatu program, including a more visible police presence and extended reach of police operations in Port Vila and Luganville. In addition, 27 per cent of new recruits were young women, compared with approximately 2 per cent before the campaign. Vanuatu has benefited from the regional Legal Sector Strengthening Project since 2000 and continues to do so with the placement of Australian advisers in-country and the opportunity for ni-Vanuatu to attend training in Australia.

Programs with the potential to impact on and support the development of drug and alcohol interventions include the Vanuatu Women’s Centre working to reduce violence against women and children (2007–2012); Phase III of the Law and Justice Sector Strengthening Project (2006–2011); and the Vanuatu Police Force Capacity Building Project (2006–2011), which aims to strengthen crime prevention and detection. Vanuatu has an AusAID desk officer in-country as part of a regional policing initiative.

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1005 AusAID above, fn.941.

1006 Ibid. The first recruitment drive since 1997 may provide an opportunity to strengthen interventions against domestic violence.
African non-government organisations

Relevant Australian NGOs with representative offices in Vanuatu include: Save the Children Australia; Oxfam; and the International Women’s Development Agency (IWDA). These are significant for their youth programs working on health and life skills issues — in the case of the first two, intersecting with substance use prevention activities. IWDA is working on sexual and reproductive health programs. Other agencies include World Vision, which focuses on rural training and capacity building. CARE Vanuatu was only established in 2008 and has focused on emergency preparedness.  

17.7 International involvement

Vanuatu is the current chair of, and provides the secretariat office for, the Melanesian Spearhead Group, which advocates for free trade and acts as a regional policy focal point for its Melanesian members. This group provides significant leverage in negotiating the terms of trade agreements, which in turn have the potential to impact on the outcome of revision and enforcement of trade regulations.

New Zealand

The 2008–09 NZAID bilateral program in Vanuatu is worth NZ$17 million, with the program focusing on education, governance and economic development. NZAID identifies urban drift and youth unemployment as emerging issues. Support for the judiciary and the Department of Corrections are an important part of the NZAID program relevant to this analysis. The program also supports the Sanma Counselling Service, which works to address domestic violence issues.

1007 For a detailed list of Australian NGOs working in Vanuatu, see Appendix 18.5.
The Recognised Seasonal Employer program supports ni-Vanuatu to work in New Zealand, with Vanuatu (one of five nominated kick-start countries) the largest supplier of labour in the first year of the program.1011

Other programs

UNICEF has taken a regional approach when working with issues facing children in the Pacific Island countries. High levels of risk for HIV and increased teen pregnancies, drug and alcohol use, and sexual violence are reported as contributing to an overall decline in living standards for women and children. UNICEF activities include child protection programs, adolescent development and health programs, including life skills and other advocacy activities to encourage open discussion.1012 A November 2006 UNDP report does not include details of any investment in health or law enforcement issues.1013 The AusAID-published report *Unfinished State: drivers of change*1014 highlights the increasing engagement between China and Vanuatu. It is not clear what impact this highly politicised relationship will have on the development of Vanuatu.

Finally, World Vision has supported recruitment by one of the key agencies (‘Big Toe’) providing labour for New Zealand’s RSE scheme.

As a former French colony, Vanuatu also has a significant ongoing bilateral relationship with France. The relationship has been troubled at times but is currently reflected in the France-Vanuatu framework partnership document (FPD), which is ‘the action guide for French cooperation in Vanuatu’ for 2006–2010.1015 The program focus areas include: implementing structural reforms aimed at making public action more efficient; developing the productive sector (agriculture and tourism in particular); and improving access to basic services (health care, primary education, professional training).1016

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1011 Above, fn.939; see earlier comments on the impact of this program: ‘Population mobility’ section of the Regional Overview (section 1.3 of this report).


1014 Above, fn.938.


1016 No dollar value for the program was identified.
17.8 Gaps analysis

Participants at both the 2008 and 2009 PDARN meetings identified gaps including a lack of research capacity and clearly aligned policy approaches to substance use issues. The absence of a solid evidence base for intervention development was also highlighted. However, risk factors for illicit drug use have been recognised and some steps taken toward appropriate legislative responses. The strength of local and provincial structures and networks, such as the Vanuatu Youth Interagency Group, are identified as capable of supporting the development of an effective response.

With a number of response mechanisms already in motion, the need to increase coordination across sectors is clear. At the 2009 PDARN meeting, delegates from the Ministries of Health and Justice reported that while information is collected, there is limited routine sharing of data and they questioned the quality and consistency of what is collected. While a number of responses have been identified, there is no mention of service provision beyond youth healthy lifestyles and domestic violence programs. Significantly while domestic violence is flagged as a key concern for Vanuatu, no programs specifically addressing alcohol and other drugs as contributors to violence were identified. Finally, much of the response is targeted toward youth, with little attention paid to adult alcohol and other drug consumption patterns and harms. Even less is known about people considered to fall within the adult range than any other.
## 18. Appendices

### 18.1: Membership of regional organisations

Regional organisations are fundamental to the delivery of development assistance in the region — these organisations play a role in current responses and will continue to play an essential role in further developing targeted responses.

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Notes:
Fiji – membership currently suspended: annual conference 2008 resolved suspension to continue
Timor-Leste – is not treated as part of the region, hence the lack of membership Tokelau’s interests are represented by New Zealand because of the small population size and associated cost

References:
SPC:  <http://www.spc.int>
PIFS:  <http://www.forumsec.org.fj>
PILON: <http://www.pilonsec.org>
OCO:  <http://www.ocosec.org>
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18.2: 4th PDARN meeting, July 2009 — participant-identified research priorities

**Alcohol/homebrew/toddy**
- Sour toddy: per cent alcohol + consumption patterns, gender, distribution
- Drinking till finished + black-market purchases, cost, frequency, harm to others
- Homebrew harm: who, how much, context, drink per ml + other drugs
- Relationship between homebrew and commercial alcohol and tax measures
- Homebrew effect on behaviour, e.g. angry, sleepy?
- Study of risk/protective factors (social and other) in each country
- How much do alcohol and other drug contribute to HIV risk behaviours?
- Understanding alcohol-related accidents, injury and disease
- Alcohol and the elderly, injuries
- Alcohol and other medication
- Influence of adult alcohol consumption on youth/children
- Outlets, licensing, availability
- Youth consumption and harms, enforcing legal age
- Changing patterns of use across age groups

**Policy and services**
- Assessment of availability and effectiveness of services
- Assessment of skills of health care workers to work with clients involved in psychoactive substance use
- Approaches for advising people with alcohol dependence
- Developing a drug, alcohol and mental health policy

**Other drugs**
- Harms associated with young people’s drug use
- Understanding ‘kava wash’ with alcohol, tobacco and other drugs — cost and frequency
- Cannabis consumption among children and adolescents
- Active content in traditional drugs (kava and betel)
- Risk estimates for psychoactive substance use
- Information and guidelines for other substances
Other areas

- Understanding contribution to burden of prioritising responses
- Understanding approaches for implementing existing policy and legislation
- Research collaborations across Pacific countries
- National household study
- Cost-effectiveness analysis
The United Nations system of treaties and conventions has been identified as a potential model for addressing substance use issues in the Pacific.

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<td>Pharmaceutical services proposal 2004-07 identified a long-term plan to ratify the convention</td>
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**References:**

<http://treaties.un.org/Pages/ParticipationStatus.aspx>

**Notes:**

Information accessed online December 2008

* NZ signed 13 September 1971, ratified 7 June 1990, with declaration of application to Niue and Tokelau

** Ratified by New Zealand June 2004 with notification that it will not apply to Tokelau unless a declaration is lodged in consultation with Tokelau

*** Reservations Art.31, para.2 & Art.10, para.1
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### 18.4: Participation in international, regional and bilateral trade agreements

Listed agreements potentially impact on national powers to regulate supply of commercially produced alcohol, e.g. via taxes, duties.

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Key:
S  signed  
R  ratified  
F  in force  
A  accessioned

References:
WTO  World Trade Organization (members are also GATS members)  
<http://www.wto.org/english/theWTO_e/whatis_e/tif_e/org6_e.htm>
GATS  General Agreement on Trade in Services  
<http://www.wto.org/english/tratop_e/serv_e/gatsqa_e.htm>
GATT  General Agreement on Tariffs & Trade  
<http://www.wto.org/english/theWTO_e/gattmem_e.htm>
PICTA  Pacific Island Countries Trade Agreement  
<http://www.forumsec.org/userfiles/file/PICTA per cent20status per cent20report.pdf>
PACER  Pacific Agreement on Closer Economic Relations  
<http://www.forumsec.org/userfiles/file/PACER per cent20status per cent20report.pdf>
APEC  Asia Pacific Economic Cooperation  
SPARTECA  South Pacific Regional Trade & Economic Agreement  
<http://www.forumsec.org.fj/userfiles/file/SPARTECA per cent20status per cent20report.pdf>
MSG  Melanesian Spearhead Group  
BTA  Bilateral Trade Agreement  
FTA  Free Trade Agreement  
<http://www.ftib.org.fj/fiji-bilateral-trade.cfm>
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## 18.5: Regional, Australian and national non-government organisations in the Pacific

This matrix of NGOs was collated using publicly available program information. Organisations were included on the basis of identified activity relevance to the alcohol and other drugs sector while recognising many more work in the region and nationally. Not all activities were listed.

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<td>Literacy, Leadership, Health</td>
<td>Violence and access to health services assessment</td>
<td>Youth Programs Health &amp; Lifestyle, HIV Prevention, STI Management &amp; Prevention</td>
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**Australian**
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<td>HIV, Justice &amp; Livelihoods programs</td>
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<td>Vanuatu</td>
<td>Member</td>
<td>Vanuatu Association of NGOs</td>
<td>Foundation of the Peoples of the South Pacific Int’al, Wan Smol Bag</td>
</tr>
</tbody>
</table>

**References:**
- [http://www.piango.org/members.html](http://www.piango.org/members.html)
- [http://members.acfid.asn.au/](http://members.acfid.asn.au/)

**Notes:**
Listed NGOs operate projects that may provide services relevant for drug and alcohol programming, e.g. youth and HIV programs. Where nothing is listed, no specifically relevant programs were identified.

* The future of PIANGO remains unclear as of July 2009, with funding withdrawn due to misappropriation.

** The FSPI works with partners across the region but is listed here only where relevant programs were identified.
<table>
<thead>
<tr>
<th>World Vision</th>
<th>Oxfam</th>
<th>Save the Children</th>
<th>Adventist Development Relief Agency</th>
<th>Caritas</th>
<th>IWDA</th>
<th>Other agencies</th>
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<tbody>
<tr>
<td>Youth, Health, Advocacy, Lifeskills</td>
<td>Youth Programs Health &amp; Lifestyle</td>
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<td></td>
<td></td>
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</tbody>
</table>

References: [www.piango.org/members.html](http://www.piango.org/members.html) [members.acfid.asn.au/]

Notes: Listed NGOs operate projects that may provide services relevant for drug and alcohol programming, e.g. youth and HIV programs. Where nothing is listed, no specifically relevant programs were identified.

* The future of PIANGO remains unclear as of July 2009, with funding withdrawn due to misappropriation.

** The FSPI works with partners across the region but is listed here only where relevant programs were identified.
### 18.6: Table of relevant legislation

A review of available legislation and case law identifying references to alcohol, narcotics, drugs, injecting paraphernalia and sentencing approaches.

<table>
<thead>
<tr>
<th>Country</th>
<th>Legislation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cook Islands</strong></td>
<td><em>Narcotics and Misuse of Drugs Act; Narcotics and Misuse of Drugs Amendment Act 2009; Shipping Act 1998 (personnel offences)</em></td>
</tr>
<tr>
<td><strong>Federated States of Micronesia</strong></td>
<td><em>Admiralty and Maritime, Employment and Welfare of Seamen [FSM Code, Title 19 Chapter 6]; Trust Territory Controlled Substances Act</em></td>
</tr>
<tr>
<td><strong>Fiji</strong></td>
<td><em>Dangerous Drugs Act; Illicit Drugs Control Act 2004; Customs (Prohibited Imports and Exports) Regulations 1986; Substance Abuse Advisory Council Act 1998; penalties for possession of Indian hemp, opium poppy or coca leaf, prepared opium, and pipes and utensils</em></td>
</tr>
<tr>
<td><strong>Kiribati</strong></td>
<td><em>Dangerous Drugs Ordinance: includes penalties for possession of opium or opium pipes/utensils, Indian hemp and coca leaf</em></td>
</tr>
<tr>
<td><strong>Marshall Islands</strong></td>
<td><em>Narcotic Drugs (Prohibition and Control) Act 1987: offence for possession of opium, meperidine, isonipecaine, coca leaves and opiates, and derivatives</em></td>
</tr>
<tr>
<td><strong>Nauru</strong></td>
<td><em>Dangerous Drugs Ordinance 1952–1967; Extradition of Fugitive Offenders Act 1973 (offences by foreigners)</em></td>
</tr>
<tr>
<td>Alcohol</td>
<td>Sentencing</td>
</tr>
<tr>
<td>---------</td>
<td>------------</td>
</tr>
<tr>
<td>Admiralty and Maritime, Employment and Welfare of Seamen [FSM Code, Title 19 Chapter 6]; Trust Territory Controlled Substances Act</td>
<td></td>
</tr>
<tr>
<td>Liquor Act 2006; Traffic (Amendment) Act 1986; Customs Amendment Acts</td>
<td>Third Schedule of Dangerous Drugs Act outlines offences punishable on conviction</td>
</tr>
<tr>
<td>Manufacture of Liquor Act 1997; Liquor (Amendment) Act 2005; Traffic Act 2002; Customs Act 1993</td>
<td>Part Six of Dangerous Drugs Ordinance outlines legal proceedings and penalties</td>
</tr>
<tr>
<td>Alcohol Restriction Act 1994; Import Duties Act 1989; Driving Under the Influence Act; Alcoholic Beverage Control Act 1971</td>
<td>Section 909 of Narcotic Drugs (Prohibition and Control) Act 1987 outlines penalties</td>
</tr>
<tr>
<td>Country</td>
<td>Legislation</td>
</tr>
<tr>
<td>------------------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Palau</td>
<td>No specific legislation identified (March 2008)</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td><em>Dangerous Drugs Act 1952; National Narcotics Control Board Act 1992</em></td>
</tr>
<tr>
<td>Samoa</td>
<td><em>Narcotics Act 1967; Narcotics Amendment Act 2006</em></td>
</tr>
<tr>
<td>Solomon Islands</td>
<td><em>Dangerous Drugs Act</em></td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>Unable to access English language versions (March 2008)</td>
</tr>
<tr>
<td>Tonga</td>
<td><em>Drugs and Poisons Act; Illicit Drugs Control Act 2003; Drugs and Poisons Act</em> (penalties for possession of opium pipes or utensils)</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Sentencing</td>
</tr>
<tr>
<td>---------</td>
<td>------------</td>
</tr>
<tr>
<td>No specific legislation identified (March 2008)</td>
<td>No specific legislation identified (March 2008)</td>
</tr>
<tr>
<td><em>Liquor Act 1971</em></td>
<td><em>Narcotics Act 1967 outlines penalties for offences; Narcotics Amendment Act also includes penalty for import, export, supply and possession</em></td>
</tr>
<tr>
<td><em>Liquor Act</em></td>
<td>Part Five of <em>Dangerous Drugs Act</em> outlines legal proceedings and penalties</td>
</tr>
<tr>
<td>Unable to access English language versions (March 2008)</td>
<td>Unable to access English language versions (March 2008)</td>
</tr>
<tr>
<td><em>Intoxicating Liquor Act; Intoxicating Liquor (Amendment) Act 1995; Intoxicating Liquor (Amendment) Act 1989; Manufacture of Intoxicating Liquor Act</em></td>
<td>Section 14 of <em>Drugs and Poisons Act</em> outlines penalties</td>
</tr>
<tr>
<td>Country</td>
<td>Legislation</td>
</tr>
<tr>
<td>-------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Tuvalu</td>
<td><em>Traffic Act 1983 [Cap 71]</em></td>
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<tr>
<td>Vanuatu</td>
<td><em>Dangerous Drugs Act; Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act 2001</em></td>
</tr>
</tbody>
</table>

**Notes:**
Based on legislation available in the public domain via the Pacific Islands Legal Information Institute (PacLII), many countries are currently involved in law reform activities. Listed cases provide recent examples of approaches to sentencing regarding illicit drug- and alcohol-related offences.

**References:**
- PacLII <http://www.paclii.org/>
- WorldLII <http://www.worldlii.org/>
- [http://www.fsmlaw.org/fsm/code/index.htm]
<table>
<thead>
<tr>
<th>Alcohol</th>
<th>Sentencing</th>
</tr>
</thead>
</table>

Notes: Based on legislation available in the public domain via the Pacific Islands Legal Information Institute (PacLII), many countries are currently involved in law reform activities. Listed cases provide recent examples of approaches to sentencing regarding illicit drug- and alcohol-related offences.

## 18.7: Key bilateral aid estimates (2009–2010)

<table>
<thead>
<tr>
<th></th>
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<td>23.4</td>
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<td>Palau</td>
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<td>Samoa</td>
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<td>695</td>
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<td>2.53</td>
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<td>Tuvalu</td>
<td>7.5</td>
<td>3</td>
<td>40</td>
<td>5.4</td>
<td></td>
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<tr>
<td>Vanuatu</td>
<td>56.3</td>
<td>18</td>
<td>115</td>
<td>23.2</td>
<td>4.84</td>
</tr>
</tbody>
</table>
Notes:
Based on current publicly available estimates from donor agencies for all overseas development assistance (ODA) (i.e. not specific drug and alcohol programming)
* Total ODA allocation including country program budgets and regionally allocated funding; they do not represent specific alcohol and other drug program funding

Estimates are accurate as at November 2009:
** This is the combined AusAID budget for Niue and Tokelau

The value of the regional program is estimated for 2009-10 to be $270 million which supports programs in the Pacific countries via regional organisations

NZAID has allocated $756 million for Pacific development over the next three years

Many of the USAID programs had their first year in 2009; the focus is largely peace and stability via military training programs

European Development Fund (EDF) – European Development Fund strategy papers have a strong focus on energy sector development

Japan’s International Cooperation Agency (JICA) funds technical assistance programs in the region with a strong infrastructure focus

No programs of the French Development Agency were identified for the Situational Analysis countries (former French territories are not included in the analysis)

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http://les.acdi-cida.gc.ca/servlet/JKMSearchController
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