

Tobacco, Alcohol, Other Drugs (TAOD) **within the Pacific and within Pacific** **populations in New Zealand**

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Translating research into practice

Counties Manukau AOD provider collaborative

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Presentation Outline

- **Alcohol & Pacific people.**
- **Tobacco & Pacific people.**
- **Other substances & Pacific people.**
- **Pacific research projects in NZ and the Pacific region.**
- **Summary.**

Tobacco, Alcohol, Other Drugs (TAOD) in the Pacific region

- **Introduced by European Voyagers such as beachcombers, sailors, whalers, early traders.**
- **Also introduced by colonial administrators.**
- **The importation of alcohol & tobacco products.**
- **Drug trafficking of drugs.**
- **The introduction of breweries in Samoa, Tonga and Fiji.**
- **The growing of marijuana as a cash crop.**
- **Marijuana & cannabis mainly used in the Pacific.**
- **TAOD in most Pacific countries.**
- **Pacific men main users of TAOD.**
- **Young boys will drink when they reach adolescents.**
- **Heavy binge drinking occurs in the weekend.**
- **Alcohol part of festive and celebration functions.**

TAOD Impact of migration in NZ

- Increased access due to availability.
- Pacific people influenced by the new culture.
- TAOD as a means of adapting to the stress of being isolated from their homeland.
- Alcohol & drugs also used as a coping mechanism.

Pacific People Alcohol & Drugs Survey

2003

- **Between November 2002 and July 2003 the Pacific Drugs & Alcohol Consumption Survey (PDACS) collected data from 1103 Pacific people aged 13-65 years about their patterns of alcohol, tobacco, kava, marijuana and other drugs use, as well as gambling and related harm.**
- **The survey was available in English, Samoan, Cook Islands Maori, Tongan and Niuean.**

Methodology

- Randomly selected Pacific people aged between 13-65 years old, resident in households throughout Aotearoa New Zealand were surveyed using computer assisted telephone interviewing (CATI) and computer assisted cell-phone interviewing (CACI).
- The survey had a overall response rate of approximately 63%.

Sampling

- **Sample consisted of 338 Samoans, 228 Cook Islands Maori, 232 Tongans, 207 Niueans, 66 Fijians and 32 Tokelauans.**
- **The Pan-Pacific sample was analysed separately and then the four main ethnic groups were analysed compared to the Pan-Pacific sample by gender for those aged 13-29 & 30-65.**

Alcohol use

- **57% of Pacific respondents were drinkers;**
- **Pacific males were more likely to be drinkers than Pacific females in those aged 21-29, 30-34, 35-44, 45-54, 55-65.**
- **33% of drinkers reported drinking enough to feel drunk at least once a week with 41% of men and 25% of women doing so.**
- **Respondents reported their lives were affected by other people's drinking.**
- **Women were more likely to think other people's drinking was harmful to their home life, role in church and friendships and social life.**
- **The most common harmful affect from own drinking was feeling the effects of alcohol the next day (48%), followed by being unable to remember their actions after drinking.**

Tobacco use

- **55 % of respondents reported ever having smoked tobacco.**
- **37% had used tobacco in the last 12 months and 34% had done so over the past month.**
- **62% of men had ever smoked tobacco and 41% had done so in the last 12 months.**
- **85% of people agreed that smokers risked harm if they regularly smoked cigarettes.**
- **75% of smokers agreed people risked harm if they tried cigarettes once or twice and 86% smokers agreed that people who smoked regularly risked harm.**

Other Drugs

In the last 12 months Pacific use of any:

- Hallucinogens was 2.1%,**
- Stimulants was 1.9%,**
- Opiates was 0.6%**
- other drugs was 0.2%**
- Overall 4.7% of Pacific people had used other drugs; 85% of this use was by males.**

(Source: Pacific Alcohol & Drug survey 2003)

Marijuana Use

- In 2003, 17% of Pacific People had used marijuana in the last 12 months (males 21%, females 13%).
- Compared to their Pan-Pacific contemporaries: Tongan women aged 30-65 were less likely to have used marijuana in the last 12 months.

(Source: Pacific Alcohol & Drug survey 2003)

Kava

- **14% of Pacific males and 3% of Pacific females drank kava in the last 12 months.**
- **Compared to their Pan-Pacific contemporaries: Cook Islands Maori men were less likely to have drunk kava in the last 12 months.**
- **Tongan men were more likely to have drunk kava in the last 12 months.**

(Source: Pacific Alcohol & Drug survey 2003)

FINDINGS FROM THE METRO AUCKLAND DISTRICT HEALTH BOARD DATA SETS

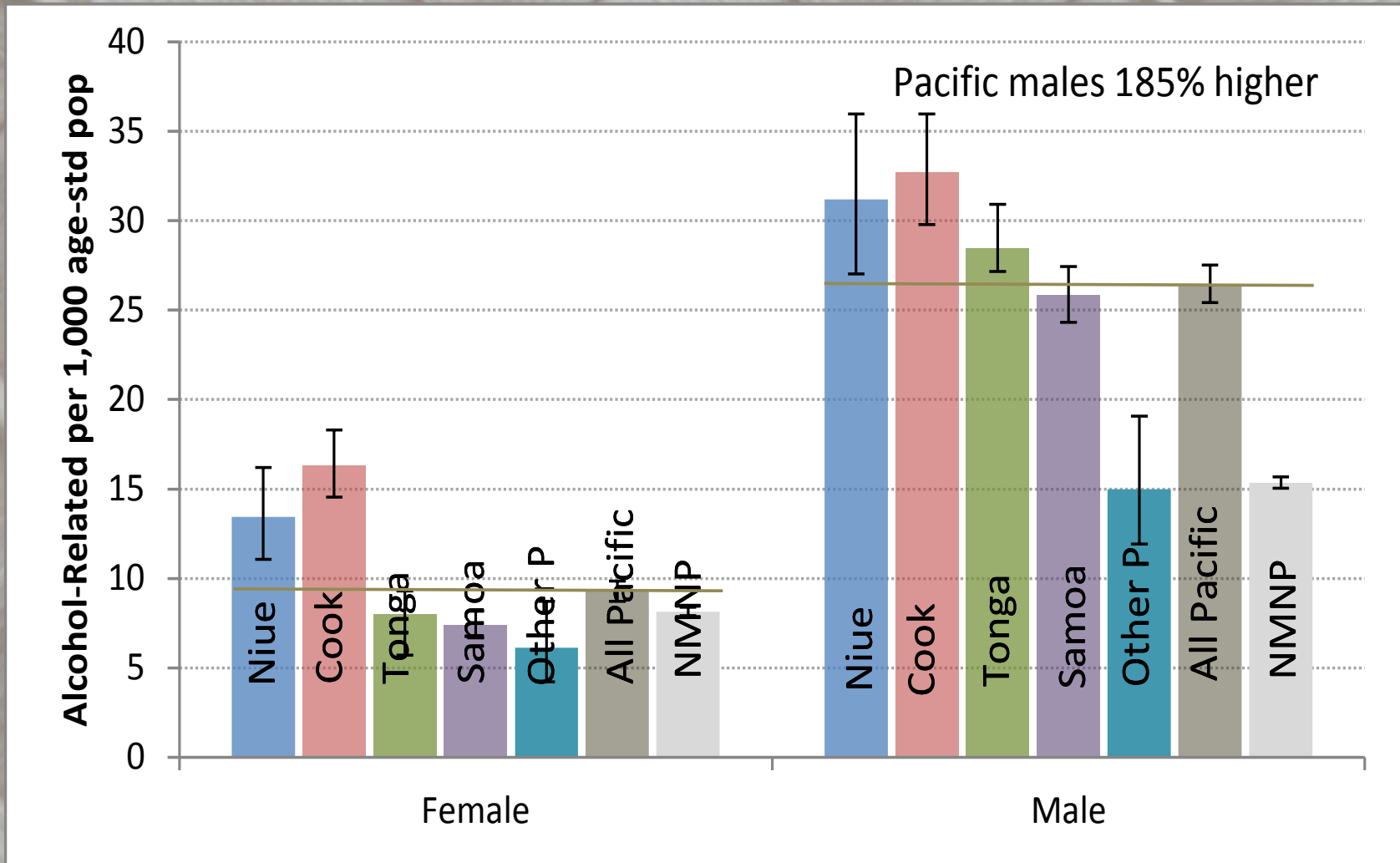
**HEALTH
PARTNERS**
CONSULTING GROUP LIMITED

Metro-Auckland Pacific
Population Health Profile

TOMORROW'S HEALTH TODAY

ALCOHOL

Figure 6.3: Alcohol-related disease prevalence, metro-Auckland Pacific people (all ages), 2011



Alcohol Patterns in NZ

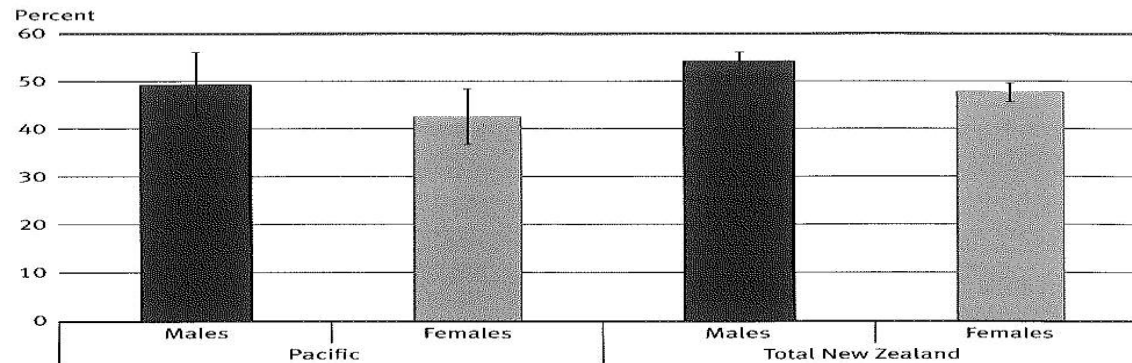
- **Pacific people** consume alcohol at the pubs, night clubs, sports clubs, and work (Pacific alcohol drug survey 2003, Manuopangai 2012).
- **Young Pacific people** prefer to drink with own peers, heavy binge drinking, won't drink with family members/Pacific communities (Gray & Nosa 2009, Gray 2005, Manuopangai 2012) .
- **Samoan men** will consume large quantities, drink in groups, drink until they are drunk, coping with parents expectations, and tension reduction (Lima 2006) .
- **Niuean men & women** also drink until they are drunk, drink in groups, drinking at male centered events ie garage drinking, sports events, part of the Niuean culture within festivities & alcohol consumption is normal (Gray & Nosa 2009, Gray 2005, Manuopangai 2012) .

Substance use in NZ

- Higher rates of substance use in comparison to the NZ general population.
- Lifetime prevalence rates of 17.7 % in Pacific people vs 12.3 % for NZ general population.
- 12 month prevalence rates Pacific 1.5 % vs NZ general population 0.5 %.
- Main substance alcohol and marijuana use.
- Pacific people are less likely to use alcohol & drug services.

Source: Ministry of Health (2008). *Pacific Peoples and Mental health: A paper for the Pacific Health and Disability Action Plan review*. Wellington: Ministry of Health

Figure 11: Prevalence of meeting the physical activity guidelines, Pacific and total population (18 years and over), by sex, 2006/07 (age standardised)



Source: New Zealand Health Survey 2006/07

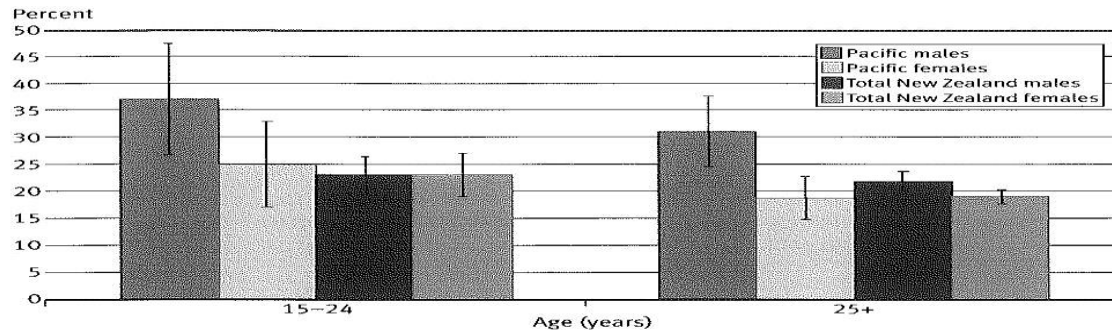
Figure 11 shows that, after adjusting for age, there were no significant differences between Pacific and total men and women (aged 18 years and over) in the prevalence of meeting the physical activity guidelines.

5.5 Tobacco smoking

Tobacco smoking is a major cause of ill health and death. Smoking is the main cause of lung and chronic obstructive pulmonary disease (COPD), and is a primary risk factor for cardiovascular disease, cancer and chronic diseases (US Department of Health and Human Services 2004).

A current smoker, according to the World Health Organization definition, is someone who has smoked more than 100 cigarettes in their lifetime and is currently smoking at least once a month (World Health Organization 1998).

Figure 12: Prevalence of being a current smoker, Pacific and total population, by age and sex, 2006/07 (age standardised)



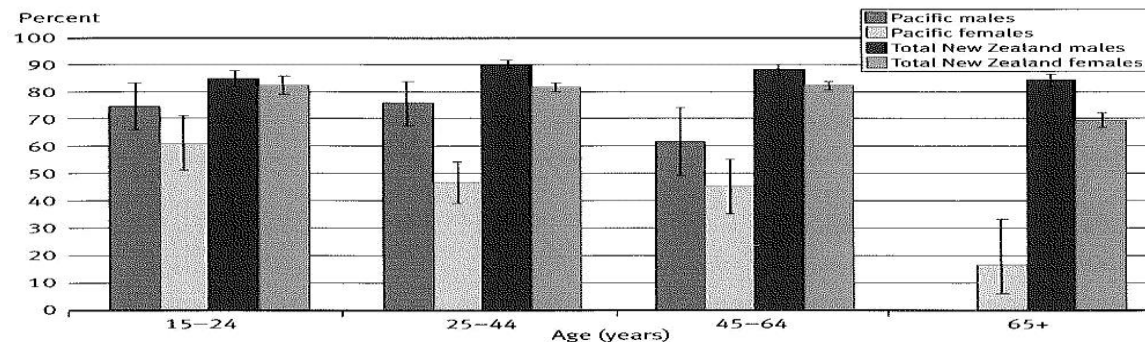
Source: New Zealand Health Survey 2006/07

Figure 12 shows that, after adjusting for age, Pacific men aged 25 years and over had a significantly higher prevalence of being a current smoker than Pacific women and men and women in the total population.

5.6 Alcohol and other drugs

Alcohol is the most commonly used recreational drug in New Zealand, with the majority of adults consuming alcohol at least occasionally. However, the misuse of alcohol can cause a wide range of harms to the individual, to their family, and to the wider community (Ministry of Health 2007a).

Figure 13: Any alcohol intake in the last 12 months, Pacific and total population, by age and sex, 2006/07 (age standardised)



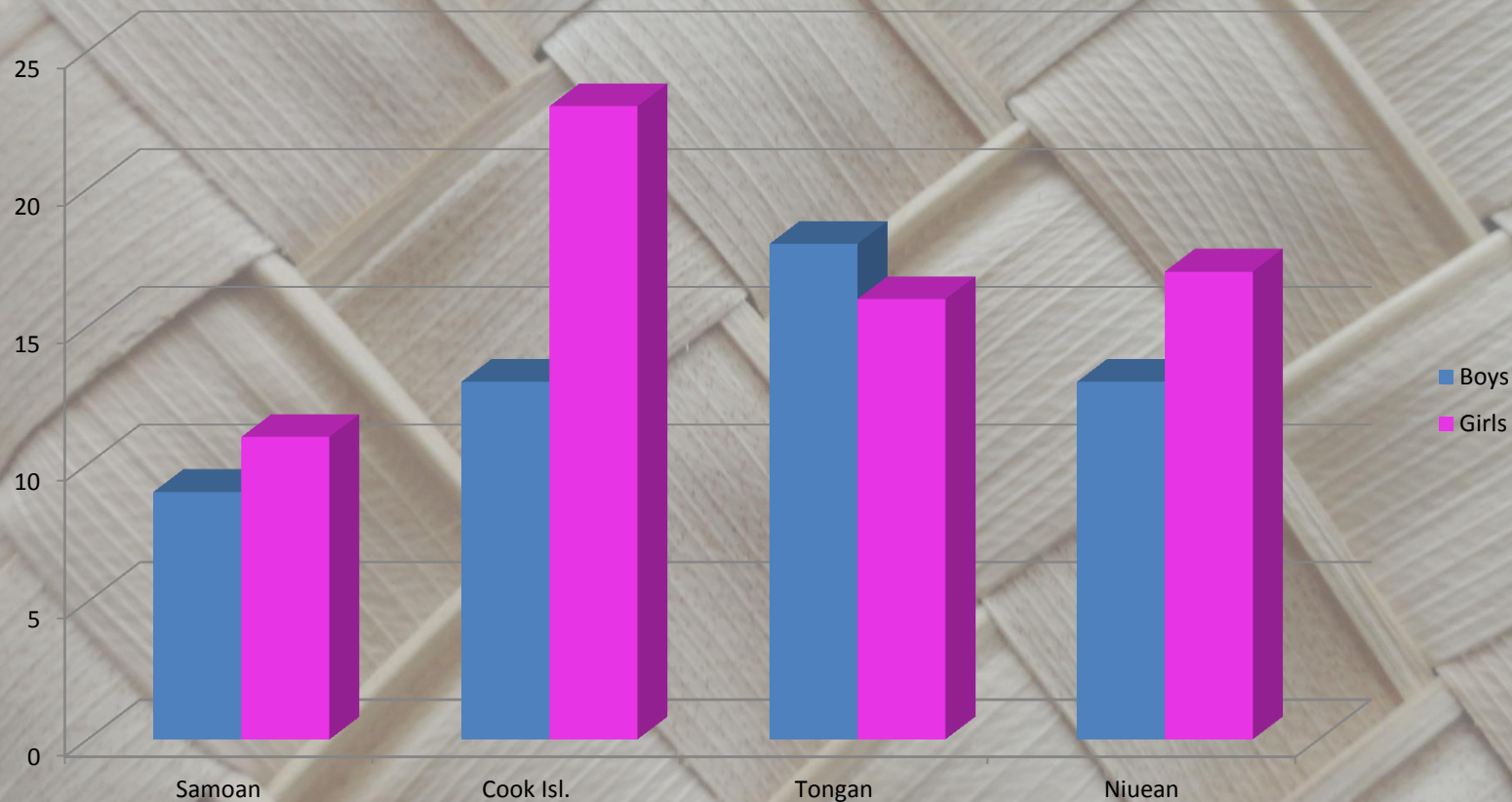
Source: New Zealand Health Survey 2006/07

Note: Rates were suppressed when the denominator was less than 30.

Pacific People and Tobacco use

- **About 1 in 4 Pacific adults in NZ smoke** (MoH 2008).
- **\$72 million spent by Pacific people on tobacco products in 2000** (MoH 2004).
- **High rates of pregnant women smoking** (Butler 2004).
- **Increased uptake after childbirth** (Erick-Peleti, 2006).
- **High rates of Pacific youth smoking** (ASH Year 10 Survey, 2006).

Youth Regular Smokers by Ethnicity, NZ 2008-2009



Source: ASH Snapshot Survey

TAOD related problems

- High rates of violence.
- Men are the main offenders.
- High rates of motor vehicle incidents due to drinking & driving.
- High admission rates into psychiatric institutions.
- Personal problems.
- Health related problems.
- Financial problems.

TAOD Pacific Research projects in NZ

Masters in Public Health, 2013-2014, (SOPH, UOA). Title of thesis: Her side of the kava story: Exploring the effects of heavy kava use based on the perspective of Tongan women residing in Auckland, New Zealand. Student: Nalei Taufa:

Aim & objectives: This thesis aims to explore the perspective of Auckland-based Tongan women effects of heavy kava consumption amongst Tongan men. The key objectives were to understand the reasons and motives for kava consumption, to explore the social, cultural, economic and health effects of heavy kava use among Tongan men.

Methods: A qualitative study of 20 participants were interviewed individually through face-to-face interviews. Participants needed to be of Tongan descent, residing within the Auckland region, and between the ages of 18 to 65+ years. Data analysis was used a general inductive method. Key questions include general knowledge about kava and kava use; the social, cultural, economic and health effects of kava use, identifying interventions and solutions to addressing the effects of kava.

Key findings: Social kava use causes more social, economic and health problems. Ceremonial uses of kava limited kava drinking to one round and preserved Tongan culture. Participants strongly voiced that social breakdowns in relationships, families, communities, financial burden unemployment, and loss of income, financial hardships, health morbidity, mortality and death were consequences of excessive kava use. There were several risk factors to consider including sleep deprivation, exposure to smoking, and poor nutrition.

Recommendations: To have more awareness and education programmes that identify that Kava use is a problem. To regulate and register kava clubs about the health impact of heavy kava use. The inclusion of family discussions about the overall impact of kava use.

TAOD Pacific Research projects in NZ

Masters in Public Health, 2011-2012, (SOPH, UOA). Title of thesis: Exploring alcohol consumption patterns and drinking behaviour of Tongan youth females affiliated to the Tongan Methodist churches of Auckland, New Zealand. Student: Seini Manuopangai.

Aim & objectives: The aim of this study is to investigate the consumption of alcohol in the lives of Tongan youth females 16-25 years old in Auckland, New Zealand. The key objectives is to describe the consumption of alcohol financially, socially, culturally, physically and health.

Methods: This was a qualitative study. Twenty Tongan females were interviewed using a semi-structured interview format. The Tongan youth females were between 17- 25 years of age. Participants were resident in the Auckland region, and are associated with the Tongan Methodist Church. This study asked about the Tongan females' contemporary drinking style, the influence of their culture on their consumption of alcohol, the impact their gender roles have on their alcohol use, the influence of their religion, the harm experienced with their alcohol use and their lack of knowledge of alcohol use.

Key findings: Tongan youth females consume alcohol excessively. This study recognized the influence their peers, family, culture and religion have on Tongan females' alcohol use. It has also highlighted the issue of harm experienced by Tongan youth females through their alcohol use, and also the problem of a lack of education around heavy alcohol use.

Recommendations: To provide educational and awareness programmes highlighting the impact of alcohol use. To identify alcohol education programmes that would be suitable for the Tongan youth. To have further discussions with church leaders about the content of alcohol education being taught in the churches.

TAOD Pacific Research projects in the Pacific

Pacific Health SOPH, UOA & Pacific Drugs and Alcohol Research Network (PDARN).

Title: Homebrew in the Pacific region 2010-2011: Case studies in Papua New Guinea, Tonga, Tuvalu & Marshall Islands.

Investigators: Dr Vili Nosa, Dr Uma Ambi, Save Lavelio, Avanoa Homasi, Julia Alfred.

Aim & objectives: The aim of this research is to identify, explore and discuss the impacts and effects of homebrew consumers.

Methods: A systematic review was undertaken of six bibliographic databases. Twenty three studies were compiled using a narrative synthesis. In addition, structured face to face interviews were undertaken with 78 men and women from the Marshall Islands (37), Papua New Guinea (11), Tonga (20) and Tuvalu (10). Interviewees were asked about using homebrew and its effects. Data were analysed qualitatively for key themes.

Key findings: Findings from the systematic review and interviews were broadly similar. Homebrew is generally consumed from a young age in private areas such as the bush, abandoned homes or in private dwellings. Men are the main consumers and producers of homebrew and they tend to drink homebrew to be sociable, to be relaxed, as part of 'becoming a man' and due to the expense of commercially produced alcohol. The negative consequences of homebrew was stomach aches and headaches. Homebrew was also associated with violence.

Recommendations: To provide education of policy makers about the impact of increasing alcohol taxes. To provide education of individuals, families and churches about the potential health consequences. To educate ways to produce homebrew more safely. To educate health professionals about how to provide appropriate physical and psychological support.

WHAT IS HOMEBREW ?

- Homebrew is produced by fermenting fruits, vegetables, yeast, water, sugar and other ingredients. The ingredients are combined and boiled and the mixture is left to ferment for two to three weeks before being consumed.







TAOD Pacific Research projects in Pacific & New Zealand

Pacific Health SOPH, UOA 2014-2015.

Title: Beliefs and practices of kava consumption for Tongan men living in Auckland, New Zealand and Tonga

Investigators: Dr Vili Nosa, Dr Teuila Percival, Dr Malakai Ofanoa.

Aim & objectives: The aim of this study is to examine the social, cultural and health impacts of kava consumption amongst Tongan men who are members of the Kava clubs in Auckland, New Zealand and Tonga. To examine the practises and beliefs of kava consumption between Tongan men residing in Auckland and Tongan men living in Tonga. To explore the social and cultural impacts on the use of kava among New Zealand Tongan men and Tongan men residing in Auckland and Tonga. To examine the health effects caused by the excessive consumption of kava among Tongan men residing in Auckland and Tonga.

Methods: The methodology that will be used for the study is a qualitative research design with focus groups interviews. The interviews will be semi structured with the use of open-ended question. The open-end question schedule will include a number of key themes such as the social use of kava, the cultural significance of kava use and the impact of kava on health. A sample size of 10 Kava clubs in NZ and 10 Kava clubs in Tonga. The maximum number of participants will be 8-10 participants. The age range will be 16-70 years plus.

Key findings: We have conditional ethics approval but am waiting for full ethical approval.

Recommendations:



What is Kava?

Kava

Kava is derived from Piper Methysticum which is a plant.

The roots of the kava plant is chewed, pounded and mixed with water.

Pacific traditional practices

Enhances social and customary values.

Strengthens kinship ties.

Medicinal purposes.

Effects

Is a mild relaxant.

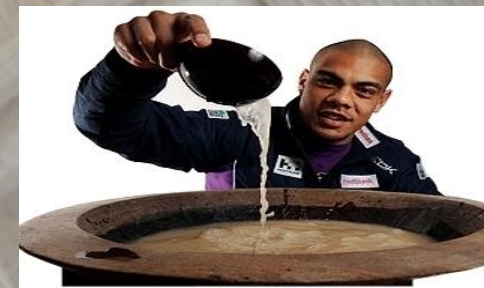
Helps with muscle tension.

Kava is a mild narcotic.

A global health issue

A complex issue due to the access, availability, restriction, production, consumption.

Levels of potency of kava.





Summary

- **TAOD introduced by Europeans into the Pacific.**
- **The importation of alcohol, tobacco, introduction of breweries, drug trafficking.**
- **TAOD patterns in the Pacific Countries- Men & Young boys main users, heavy binge drinking, alcohol part of festive & celebration activities, Marijuana as a cash crop.**
- **High access & availability of TAOD in NZ.**
- **Pacific people high prevalence rates for TAOD.**
- **Low access to TAOD services.**
- **Very difficult to get data for other drug use as not enough evidence based research is available.**
- **More research is needed.**