

Perspective

OPEN ACCESS

A perspective on Illicit drug use for Pacific people living in New Zealand

Vili NOSA,¹ Dwaine FALETANOAI,¹ Audrey PO'E-TOFAEONO,¹ David NEWCOMBE²

Historically, alcohol and tobacco use has been the main substance use for Pacific people in New Zealand (NZ).^{1,2,3} However, more recently, illicit drug use is a new emerging concerning trend amongst Pacific people in New Zealand. Illicit drugs refer to highly addictive and illegal substances such as cannabis, synthetic cannabinoids, heroin, marijuana and methamphetamine. Importantly, Pacific youth have been identified as having higher prevalence rates than other age groups in the Pacific population in New Zealand.⁴ Although, Pacific people have higher rates of substance abuse, they tend to have lower rates of accessing health service access compared with the New Zealand general population.⁵ Very little research has examined illicit drug use for Pacific people. With the emergence of rising illicit drug use, there is an urgent needed to identify why illicit drugs will become an issue for Pacific people in the future.

Like the consumption of alcohol and tobacco, illicit drugs are not a traditional part of Pacific Islands culture.^{6,7,8,9,10,11} Historically, illicit drugs, such as marijuana were introduced by European settlers who visited the islands. The importation of alcohol and tobacco in the Pacific region led to the introduction of illicit drugs such as marijuana, in the form of cultivation as a cash crop. For instance, seafarers and labourers brought cannabis (*cannabis sativa*) to Fiji as the cultivation conditions were favourable. This has led to the increased production and consumption of marijuana, especially amongst the youth and particularly males.¹² As an example of this trend, a survey of Samoan adolescents found that boys reported higher rates of marijuana and hallucinogenic use and polysubstance abuse. Hallucinogen use was prominent in those aged 12-15-year olds, however as they aged, the use declined. A significant trend found in the study was that boys in the 16-19-year-old group reported an increase in behaviours that are indicative of disorder illicit drug use.¹³

Obesity refers to an abnormal or excessive fat accumulation in adipose tissue that may impair health.¹

Corresponding author: Vili Nosa, v.nosa@auckland.ac.nz.

1. Pacific Health Section, School of Population Health, Faculty of Medical and Health Sciences, University of Auckland
2. Section of Social & Community Health, School of Population Health, Faculty of Medical and Health Sciences, University of Auckland

Rec: 08.06.2022 **Acc:** 10.12.22. **Pub:** 20.12.22

Citation: Nosa V, et al. A perspective on Illicit drug use for Pacific people living in New Zealand. *Pacific Health Dialog* 2022; 21(10): 693-696. DOI: 10.26635/phd.2022.149

Copyright: © 2022 Nosa V, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credit

According to the World Health Organization (WHO), obesity can be quantitatively measured using an anthropometric measurement called the body mass index (BMI), a simple index calculated by person's weight in kilograms divided by the square of the person's height in meters (kg/m²).² Generally, an adult who has a BMI greater than or equal to 30 kg/m² is considered obese. Risk factors for obesity include sedentary lifestyles and exceeding the caloric needs of the body.¹ Obesity is a serious public health concern as it is a risk factor for numerous health conditions such as, but not limited to, diabetes, stroke, cancer, and heart attack.³ Type 2 diabetes is 10 times as common in people with a body mass index (BMI) of 30 or more.⁴ Levels of obesity among the Samoan adult population have doubled since 1978 for both men and women.⁵ About 56 % of the total adult population in Samoa fall into categories of obesity ranking from overweight to morbidly obese.¹

A central concern in the Pacific region regarding substances, alcohol and drugs, are the varying degrees of political stability amongst countries and territories in the Pacific region. There is a call for a coordinated regional response with targeted domestic programmes to reduce substance use in the region. Addressing government stability in the region and democratic process are areas that can be useful to develop effective legislation and policy for the

implementation of successful alcohol and other drug programmes in the region.¹⁴

Although Pacific people came to New Zealand for better opportunities, Pacific people experience lower social inequities. Consequently, Pacific people have higher mortality rates and lower life expectancies than European and Asian ethnic groups. Pacific people have higher deprivation rates and lower educational outcomes than the general population. Pacific people in New Zealand also have one of the worst health outcomes. Pacific people also report higher substance use disorders coupled with lower rates of service access than the general New Zealand population.^{15,16,17,18}

Several social determinants also contribute towards Pacific people poor health. For instance, poor nutrition, a lack of physical activity, hazardous drinking and smoking are examples of unhealthy behaviours.¹⁹ Other factors impacting Pacific health issues include low levels of health literacy, increasing unemployment, overcrowding in homes, damp homes and inequitable access to quality health care.²⁰ Because of these social inequities, Pacific people, have poor health outcomes compared to the general New Zealand population, which can often lead to illicit drug use.

The Te Rau Hinengaro: New Zealand Mental Health survey indicated that Pacific people had the lowest risk for onset of lifetime use of those participants who reported having ever used drugs.²¹ Although there are relatively lower rates of illicit drug use amongst Pacific peoples than other ethnicities, Pacific people in New Zealand tend to have higher substance use disorder rates than that of the general New Zealand population. The lifetime prevalence of any substance use disorders was 17.7% compared to 12.3 % in the general population, and 12-month prevalence was 4.9% compared to 2.7% in the general population. The most common substance use disorders were alcohol and cannabis. A recent study has shown that the ASSIST tool was an effective and acceptable screening tool for substance misuse in Pacific people.^{22,23}

Another study in 2016 explored comorbid substance use and substance use disorders among New Zealand prisoners. They ascertained that prisoners were 30 times more likely to have a 12-month drug dependence diagnosis than the general population. Pacific prisoners had the highest prevalence of alcohol disorders (both 12-month disorders and lifetime disorders) and the lowest prevalence of drug disorders.²⁴

Cannabis use in New Zealand is common, and over the past 50 years, it has been increasingly used for recreational use in social settings,

especially amongst youth. Based on the latest (2019/2020) New Zealand Health survey the prevalence of illicit drug use for Pacific people, compared to the general NZ population, was greater in 2019/2020 than previous years (2011-2020) The prevalence of cannabis use for 2011/2012 was 8.0% which increased to 14.9% by 2019/2020. The prevalence of amphetamine uses in 2011/2012 was 0.7%, but this had risen to 1.1% in 2019/2020.²⁵

Since the 2000s, the use of synthetic cannabinoids has increased significantly in youth. When they first emerged, synthetic drugs or alternative 'legal highs' such as 'K2' and 'Spice' targeted youth. Those aged 15-24 years reported significant use of synthetic cannabinoids. Around 60% of those aged 24-25 years old reported synthetic drug use.²⁶ Pacific people reported the least lifetime use at 37% compared to the general population. In another study, about 13% of Pacific adolescents in a college reportedly used the drug 'K2'.²⁶ In 2017, synthetic cannabis called the 'zombie drug' contributed to the deaths of 25 people, and at least 7 of these occurred in Auckland. This drug was revealed to be 70 times more potent than natural cannabis.²⁷

The most common illicit drug presented by the media is synthetic cannabis. A recent article published in the New Zealand Herald²⁸ showed that approximately 45 people are believed to have died in New Zealand because of synthetic drug use since June 2017. However, there is minimal data available on the use of synthetic cannabis by Pacific people in New Zealand. With such little data, there is also a corresponding lack of Pacific representation in this literature. Furthermore, there are reports that very few Pacific peoples use addiction services for synthetic cannabis. For example, a survey of participants in a large metropolitan detoxification health service found only 3% of participants admitted for synthetics over 12 months identified as Pacific.²⁹

Methamphetamine use has also been associated with criminal activity. In 2018, a Pacific teenager invaded a stranger's home and was convicted of rape, threatening to kill and assault. At the court hearing, the teenager had been using methamphetamine two days before the incident.³⁰

There several challenges related to illicit drug use in Pacific people in New Zealand needs to be addressed. The Illicit drugs most consumed by Pacific people are cannabis, methamphetamine, and synthetic cannabinoids. The prevalence of rates of cannabis has increased in the last decade, and the prevalence of methamphetamine use has

also increased. Synthetic cannabinoid drugs continue to be available in the community.

Therefore, a number of initiatives are suggested to improve our understanding of illicit drug use in Pacific people, especially youth, and to reduce the impact of illicit drug use in Pacific people in New Zealand.

Firstly, there needs to be more research about illicit drugs such as synthetic drugs, methamphetamine, and party drugs. The national wide surveys, such as Te Rau Hinengaro: Mental Health Survey 2003/4, which captured valuable data on Pacific people and substance use, needs to be repeated. At the very least, a representative survey of illicit drug use amongst Pacific people is needed to identify and describe addictive behaviours for substance use in Pacific people. Furthermore, qualitative research would be useful in determining why Pacific youth take illicit drugs.

Secondly, an education awareness campaign that targets explicitly Pacific communities needs to be developed. For example, there is a need to explore some of the social and health harmful effects on the individual but also the impacts for the family. This could be the use of graphic visual images on the physical body, the financial burden and relationship issues.

Thirdly, there are currently limited alcohol and drug services that cater for Pacific people in New Zealand. This is one of the main reasons why it is difficult for Pacific youth to seek help for substance and drug abuse. Pacific youth is a high priority group, and therefore interventions must be centred towards youth. Pacific youth are known risk-takers, and the drive to take illicit drugs is commonly practised. The increasing rates of illicit substances such as methamphetamine and synthetics will continue to rise if addiction services do not cater to this growing population. There is a need for Pacific addiction services that are culturally appropriate that can cater to Pacific youth's needs. Future research needs to focus on priority needs issues for Pacific addiction users and Pacific addiction services.

Funding: No funding was attached to this project.

Competing interests: All the authors have no competing interests

DF, VN developed the research question, collected the data, data analysis and assisted with writing the manuscript; **VN, AP, DN** performed the analysis and drafted the manuscript. **VN, AP, DN** reviewed and provided feedback to the draft.

REFERENCES

1. Cagney, P. Alliston, L. Pearls unlimited: Pacific Peoples and Alcohol. Wellington, New Zealand: Alcohol Advisory Council of New Zealand, 2009. https://www.hpa.org.nz/sites/default/files/imported/field_research_publication_file/Pearls_Unlimited_0.pdf (Accessed 28/01/2021).
2. McFadden Consultancy. (2016). Research Report: The New Zealand Drug Harm Index 2016. Wellington: Ministry of Health.
3. Nosa, V. Leau, K. Walker, N. (2018a) Cytisine as an alternative smoking cessation product for Pacific smokers in New Zealand. *Pacific Health Dialog* 2018;21(2):89-9 DOI: 10.26635/phd.2018.919.
4. Matua Raki. (2017). Bridging the Gap: Young people and substance use. Wellington: Matua Raki.
5. Pulotu-Endemann, F. Faleafa, M. (2017). Developing a Culturally Competent Workforce that Meets the Needs of Pacific People Living in New Zealand. In M. Smith & A. Jury (Eds.), *Workforce Development Theory and Practice in the Mental Health Sector* (pp.165-180). Hershey, PA: IGI Global. doi:10.4018/978-1-5225-1874-7.ch008.
6. Nosa, V. Duffy, S. Singh, D. Lavelio, S. Amber, U, Homasi-Paelate, H. Alfred, J. (2018b). The use of homebrew in Pacific Islands Countries and Territories *Journal of Ethnicity and Substance Abuse. Ethnography special issue* 17(2).
7. Schmich, L. Power, R. (2010). Situational analysis of drug and alcohol issues and responses in the Pacific. Canberra: ANCD.
8. Devaney, ML. Reid, G. Baldwin, S. Crofts, N. Power, R. (2006). illicit drug use and responses in six Pacific Island countries. *Drug Alcohol Review.*25(4):387-90
9. McDonald, D. Elvy, G. Mielke, J. Alcohol in the South Pacific: the mid-1990s. (1997). *Drug Alcohol Review.* 16:383-90. 13.
10. Howard, J. Ali, H. Robins, L. (2011). Alcohol, cannabis and amphetamine-type stimulants use among young Pacific Islanders. *Drug Alcohol Rev.* 2011; 30:104-10
11. Howard, J. Ali, H. (2014). Cannabis use among young people in Pacific Island Countries and Territories. *Australian and*

- New Zealand Journal of Public Health, 38(1), 89-90.
12. Puamau, E. Roberts, G. Schmich, L. Power, R. (2011). Drug and alcohol use in Fiji: a review, *Pacific Health Dialog* Mar;17(1):165-71.
 13. Odden, HL. (2011). Alcohol, tobacco, marijuana and hallucinogenic use in Samoan adolescents. *Drug and Alcohol review* 10.1111/j.1465-3362.2010.00280
 14. Power, R. Schmich, L. Nosa, V. (2015). A response for substance and harm reduction in pacific island countries and territories. *Harm Reduct J*; 12(1):48.
 15. Ryan, D. Grey, C. Mischewski, B. (2019). *Tofa Salli: A review of evidence about health equity for Pacific Peoples in New Zealand*. Wellington: Pacific Perspectives Ltd. ISBN 978-0-473-48927-4.
 16. Ministry of Health. (2020). 'Ola Manuia: Pacific Health and Wellbeing Action Plan, 2020-2025. Wellington: Ministry of Health.
 17. Ministry of Health. (2018). *'Ala Mo'ui Progress Report: Pacific health care utilisation*. Wellington: Ministry of Health.
 18. Ministry of Health (2019). Annual Update of Key Results 2018/19: New Zealand Health Survey. Wellington: Ministry of Health.
 19. Ministry of Health. (2018). 'Ala Mo'ui Progress Report: Pacific Health care utilisation. Wellington: Ministry of Health.
 20. Southwick, M. Kenealy, T. Ryan, D. (2012). Primary Care for Pacific People: A Pacific and Health Systems approach Report to the Health Research Council and the Ministry of Health, Pacific Perspectives, Wellington.
 21. Wells, J.E. McGee, M.A. Baxter, J. Agnew, F. Kokaua, J. New Zealand Mental Health Survey Research Team. (2009). Onset and lifetime use of drugs in New Zealand: Results from Te Rau Hinengaro: The New Zealand Mental Health Survey 2003-3—4. *Drug and alcohol review*, 28(2), 166-174.
 22. Newcombe, D. Seini, T. Tanielu, H. Nosa, V. (2019) Substance misuse stories among Pacific peoples in New Zealand. *Kōtuitui: New Zealand Journal of Social Sciences Online*, 14:1, 68-79, DOI: 10.1080/1177083X.2018.1528991
 23. Newcombe, D. Tanielu-Stowers, H. McDermott, R. Stephen, J. Nosa, V. (2016). The validation of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) amongst Pacific people in New Zealand. *New Zealand Journal of Psychology*. Apr 2016; v.45n.1. p.30-39
 24. Indig, D. Gear, C. Wilhelm, K. (2016). Comorbid substance use disorders and mental health disorders among New Zealand prisoners. New Zealand Department of Corrections, Wellington
 25. Ministry of Health. (2020). New Zealand Health Survey Annual Data Explorer [Data File]. [URL:https://minhealthnz.shinyapps.io/nz-health-survey-2019-20-annual-data-explorer](https://minhealthnz.shinyapps.io/nz-health-survey-2019-20-annual-data-explorer) (Accessed 28/01/2021)
 26. Noller, G. (2014). Synthetic cannabinoid use in New Zealand: Assessing the harms. Report #01. The STAR Trust. Auckland: New Zealand.
 27. Hu, X. Primack, B. Barnett, T. & Cook, R. (2011). College students and use of K2: an emerging drug of abuse in young persons. *Substance Abuse Treatment, Prevention, and Policy* 2011 6:16 available at <https://doi-org.ezproxy.auckland.ac.nz/10.1186/1747-597X-6-16>
 28. New Zealand Herald. (2018a). Harder than meth: The drug that's killing Kiwis at an alarming rate. https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12001582 (Accessed 28/01/2021)
 29. Macfarlane, V. Christie, G. (2015). Synthetic cannabinoid withdrawal: a new demand on detoxification services. *Drug and alcohol review*, 34(2), 147-153.
 30. New Zealand Herald. (2018b). A young synthetic drug addict's final hours. Retrieved from <https://www.stuff.co.nz/national/crime/107741349/a-young-synthetic-drug-addicts-final-hours> (Accessed 28/01/2021)