Substance use among young people in the Pacific Island Countries and Territories

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Issue
Substance use by young people is a global health priority, and impacts on sustainable development goals. Most Pacific Island Countries and Territories [PICTS] are characterised by factors known to predict harm in other settings:
• High rates of unemployment
• Increasing urbanisation
• High youth population

Evidence of increasing levels of use of: Cannabis. Alcohol (+ toddy and homebrew), Kava, Inhalants, and Increasing seizures of ATS.

Geographic and structural risk factors for trafficking.

Methods
Data from routine CDC Youth Risk Behaviour Surveys and WHO Global School Health Surveys, plus peer-reviewed, published and unpublished literature, relevant websites, and key informant interviews. Note variation in survey years.

Findings
Despite the limitations of the data, concerning trends emerged with regards to levels of alcohol, cannabis and ATS use, and IDU for young people of mean age 15. Levels reported in many PICTs far exceeded those for Australia, New Zealand and the US. The specific needs of young people are recognized, but remain largely unmet.

Figure 1. Most recent estimate of rates of current or recent use of alcohol - GSHS, YRBS, School survey Aust.

Figure 2. Most recent estimate of rates - ever use cannabis - GSHS, YRBS

Figure 3. Trends in rates of ever use of heroin, methamphetamine and injecting drug use (IDU) - YRBS

Conclusions
There is a need to: (i) improve data collection via routine surveys to discern trends and emerging difficulties of young people in and out of school, and especially most at risk adolescents; (ii) develop a facilitating policy and practice environment, focused on health and not criminalisation; (iii) explore diverse sites for prevention and screening activities such as schools, dormitories and other out-of-home accommodation used by students, workplaces that employ young workers, and other sites such as seafarer/ marine colleges; (iv) trial evidence-informed prevention and treatment, especially brief and non-residential interventions including those attending to mental health concerns and which involve families and the community; (v) build the capacity of both generalist and specific workforces to meet the multiple and complex needs of young substance users in youth friendly settings.

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