

Drug and Alcohol Use in Fiji: A Review

Elenoa Seru Puamau¹, Fiji School of Medicine, Graham Roberts¹, Fiji School of Medicine, Private Bag, Suva, Fiji. Lucina Schmich², Burnet Institute of Melbourne, Robert Power, Burnet Institute of Melbourne, Australia

Introduction

The use of a range of drug types, including alcohol, are part of the traditions of many, if not all, communities in Fiji. The Fijian and Indo-Fijian communities have long traditions of psycho-active drug use in the context of ritual and ceremony.^{1,2} It has been noted that seafarers, together with indentured labourers, brought cannabis or Indian hemp traditions to Fiji, with the sugar cane plantations providing fertile ground for cultivation.^{2,3} Meanwhile, kava was widely cultivated and consumed by ethnic Fijians. The Indo-Fijian community slowly adopted kava drinking rituals and gradually others began to increase their consumption. In addition, marijuana use emerged and spread with increasing popularity amongst youth, especially males.²⁻⁵

This literature review explores the current licit and illicit drug situation in Fiji. It considers peer-reviewed articles identified using Pub Med, Health Internet Work Access to Research Initiative (HINARI) searches and 'grey' literature, including published and unpublished reports, and web based resources (e.g. UNDOC, WHO). The review found that there is limited data available to assist in understanding the current situation and associated harms in Fiji, but notes more studies and reports have examined alcohol consumption patterns and associated social problems when compared with studies on illicit drug use.^{1,5-15}

Alcohol use in Fiji

According to the WHO Global Status Report on Alcohol, data from the 1993 National Nutrition Survey indicate that consumption of alcoholic home brew use is widespread in Fiji, as in other Pacific nations. These beverages usually contain up to three times the alcohol content of commercially produced beer and are mostly drunk by younger men.¹⁶

After 1995, unrecorded alcohol consumption in Fiji was estimated to be 1.0 litre of pure alcohol per capita for the population older than 15 years (estimated by a group of key alcohol experts).¹⁷ Although there are no recently published statistics on the number of drinkers and abstainers, the same survey found daily drinkers to be 1.4% among males and 0.8% among females aged 12 years and over.¹⁸ Estimates from alcohol experts show that the proportion of adult males and females who had been abstaining (in the year prior to the survey) was 74% (males) and 98% (females).¹⁷

Research shows that single drinking sessions with a high rate of alcohol intake (common practice among Fijian youth) can cause abrupt mood swings resulting in violence, accidents and fights, exaggerated emotions, uncharacteristic behaviour, memory loss, impaired judgement, communication problems, sleepiness, coma, stupor and death (at very high intake) and suicide attempts. Binge drinking has also been implicated in schizophrenic and other psychiatric episodes.¹⁹



While there is limited current information on the rate and consumption patterns of alcohol, cannabis and kava among young people,^{1,6,9} several studies^{2,3,8,11} were conducted to analyse the extent of tobacco and alcohol use among young people in Fiji in the 1990s and early 2000s. One of the studies⁴ found that alcohol is widely consumed in one form or another among young people, with about 2 in 5 of the young people surveyed having tasted it. The percentage of young people classified as current drinkers ranged from a high of 26% among males to 9% among females.⁴ Of concern was the high proportion of binge drinkers: about 3 in 5 young people reported having had 5 or more alcoholic drinks in one session. The study⁴ indicated that the high prevalence among 13-15 year olds poses a serious concern, and highlights the need for law enforcement and intervention programs to create an environment that promotes responsible drinking. Interestingly, the study found that when compared to smoking, alcohol and kava use, the proportion of young people using cannabis was relatively low.⁴ A follow up survey of 2147 students in 2004 by the National Substance Abuse Advisory Council (NSAAC) found a general increase in substance use among secondary students (see table 1).

Table 1: Youth Substance Use in Fiji (Comparison of the results for Fiji in the 1999 Global Youth Tobacco Survey by UNICEF and WHO and 2004 follow up survey by NSAAC).

Substance	GYT Survey (1999)	NSAAC (2004)
Tobacco	32.3	43
Alcohol	40.3	51
Kava	51.9	61
Marijuana	12.8	13

Significant variations exist in the drinking habits of males and females in Fiji; there are many more male drinkers than there are female drinkers.¹¹ Ordinarily males consume the bulk of the alcohol in the company of other males, usually during drinking sessions with no special occasion, while most women drink alcohol during social functions or in night club settings in the company of men and other women. While women occasionally participate in drinking sessions, typically it is an exclusively male activity.^{11,13} It is at these drinking parties where the most copious amounts of alcohol are reportedly consumed. Thus, when males drink, they tend to drink larger amounts of alcohol in one sitting than women do.

Illicit drug use in Fiji

Border Security and Drug Control

Limited data exist to aid in understanding illicit drug use and the associated harms across the Pacific. In addition, there are no surveillance systems.²⁰ However, Fiji by virtue of its geographical position is faced with the twin problems of illicit drug trafficking and increasing use.^{21,22} These are further aggravated by the rapid transitional and social changes arising from urbanization. These developments create an atmosphere which exposes entire communities to greater risk associated with drug use (Personal communication – Fiji Police Department, 2008).

Minimal use of drugs such as heroin, morphine, cocaine and hallucinogens occur, but this review found that Fiji is considered a transit area for smuggling.[20-23] Drugs such as heroin, methamphetamines and



cocaine are not commonly used due to their high cost when compared to the average income. Raw cocaine has reportedly been found in Fiji and three Chinese men and a Fijian security guard were murdered in what was thought to be an organized crime execution linked to drugs.²² National enforcement agencies have responded to curb trafficking as is reflected by the large seizures of illicit drugs.^{24,25} In spite of this response, a drug laboratory found in Fiji in 2006²⁵ supports the view that organized crime groups could escalate their activities in the Pacific islands.^{21,25} A raid at an industrial estate in Suva, involving police from Australia and New Zealand and Fijian Customs Officer followed a major heroin seizure in 2000.^{21,25} The lab identification also suggests a transition of Fiji (and possibly other Pacific Nations) from a transshipment point to a production base. According to the New Zealand Police, to succeed in future operations similar to the Suva bust, interested agencies need to work towards having “robust communication systems” across organisations to keep them connected and informed on crime in the region.²¹ It is reported that there are about 5000 vessels transiting in the Pacific on any given day.^{21,24} Large shipments may be unloaded from a mother ship to smaller vessels, and can subsequently go in hiding at the many small, uninhabited islets and atolls, waiting for the next step.²¹

Fiji has recently established a Transnational Crime Unit (TCU) with the Fiji Islands Revenue and Customs Authority (FIRCA) as one of the key law enforcement agencies involved. This unit has been vigilant in promoting the cooperation between border organizations in order to assist the TCU in controlling the borders.²⁴ The Unit also compiles data for intelligence risk assessments throughout the year. It supports a Case Management Intelligence System (CMIS), whereby relevant information from the Police Department, Immigration Department, Local Government Authorities, Financial Intelligence Unit, and other Law Enforcement Agencies²⁴ are automatically linked in the system. A number of cases which the TCU have been investigating include a Tongan syndicate smuggling drugs from Fiji to Tonga. In a recent example of program cooperation a number of TCU surveillance targets were arrested during a Police roadblock in Sigatoka (personal communication, FIRCA, 2008).

Domestic Issues

Cannabis is by far the most common and widespread illicit drug used in Fiji.¹¹ Like many other countries in the region, anecdotal evidence suggests there has been a considerable increase in drug use among young people⁴ despite the relatively small increase suggested by the 2004 NSAAC study (see table 1). However, it is not clear if the two studies they reported were directly comparable. Data collected by the St Giles Hospital and the Fijian Police Department support the view there has been an increase in use. Admissions data for St Giles Hospital reports on cannabis induced psychosis and other disorders. In 1987, five young men were admitted to St Giles Hospital with cannabis related mental disorders. In 1988, the number rose to fifteen with many more unreported cases.²⁶ The 2005 hospital data revealed that a total of 612 patients were seen at outpatients department diagnosed with a substance abuse disorder. These included 386 (63%) patients for marijuana, 59 (10%) alcohol, 99 (16%) kava and 99 (16%) tobacco use issues. In 2006, 272 admissions to St Giles Hospital were reported as drug related, consisting of 66% Fijians, 20% Indo-Fijian and 14% belong to other ethnic groups. It is probable that the political troubles in 2006 impacted on the number of admissions, but no data were available to confirm or reject this view.

Police arrest data report possession (see Table 2).^{8,13,26} Statistics provided by Fiji Police showed 259 drug-related crimes were committed in 2008. There was a 21 per cent drop from 2007 which had 329 drug-related



crimes.²⁷ There are also reports of increasing cannabis cultivation as a form of inter-seasonal cash crop substitution among farmers. It is estimated that Fiji has between 500 to 1000 cannabis producers, some of them citing the country's worsening economy as the motivator for production (personal communication, Police Drug Unit, November 2008). For generations, the villagers of Navosa have travelled for hours across rugged terrain to reach a road to the market to sell their produce with no guarantee their produce will be sold. Facing the same hardships as their ancestors, many of these villagers report having no choice but to resort to marijuana growing because "The product is lighter, it has a steady market and is economically viable" (Personal communication with growers, December, 2008). Production is predominantly for local consumption.

Table 2: Recent Crime Data (Drug offences recorded by the Fiji Police Forces from 2000 to 2006).

Year	2001	2002	2003	2004	2005	2006
Drug offences	433	417	417	312	312	333

The Save the Children Fund in Fiji reports that the continuing political and economic instability in the country has also led to a lot more children working as drug traffickers or prostitutes.[28] Concern over the increasing number of children involved in drug trafficking was sparked by the recent arrest of three school children caught selling drugs in an amusement centre in Labasa. The Fiji Women's Crisis Centre reported an increase in young Indo-Fijian girls working as prostitutes in urban centres. Furthermore, the National Manager for Save the Children Fund in Fiji, says there is a growing trend among poor families to send their children out onto the streets.²⁸

Drug and alcohol legislation and policy

According to the literature, there is no regional-based illicit drug policy for the Pacific and few treatment programs.^{20,29} Information from the Pacific Island Forum Secretariat (PIFS) indicates that Fiji's Illicit Drugs Control Act is an adaptation of the Regional Model Law on the Control of Illicit Drugs which was developed by the Secretariat. There was no formal committee, but it was endorsed by a Cabinet sub-Committee on legislation which was chaired by the then Attorney-General. Both the Fijian Government and PIFS are advocating for a regional legislative framework to respond to the increase in illicit drugs in the region (personal communication, PIFS, 2008). Amphetamines are a key drug of concern with the region's geographical vulnerability highlighted as a key factor in the rationale for this approach. At the time of writing, Kiribati and Fiji are the only two PIFS member countries to have adapted and enacted the model law. Furthermore, a Code of Practice has been developed by PIFS to assist stakeholders such as law enforcement agencies and pharmacies to classify, register and dispose of illicit drugs (personal communication, PIFS, 2008). It may be adapted by Forum member countries with modifications to suit national legal and administrative arrangements.

Legislative control on the consumption and sale of alcohol to minors has not been widely and effectively implemented. While minors are legally barred from consuming alcohol, the sale of alcohol beverages to under-age drinkers is common throughout the country.¹¹ For the minor who is unable to gain access to commercial alcohol beverages, homebrew is an easily obtained alternative. Anecdotal evidence suggests that minors make up a large and undetected percentage of consumers of alcohol beverages.



Sexually Transmitted Infections

Sexually Transmitted Infections, including HIV, are emerging public health problems in Fiji.¹³ A recent WHO report indicated that the rise in the number of HIV cases, in addition to increasing number of patients accessing STI clinics, is an ongoing concern. In 2006, MOH statistics indicated³⁰ that Fijians comprised 83% of confirmed HIV diagnoses, Indo-Fijian 13% and 'others' 4%. Since 2004, Fijian males had replaced females as having the highest number of cases. Overall, males comprised 59% and heterosexual transmission accounted for 85% of all cases. By the end of 2004 a total of 182 HIV infections had been reported in Fiji¹³ and the number of new cases reported each year has increased for the last five years. In Fiji, reported cases of syphilis and gonorrhoea have fluctuated between 1998 and 2004. In 2004 there were 852 reports of syphilis and 1182 gonorrhoea. The number of cases reported for 2008 were 1004 for syphilis, 1064 gonorrhoea and 283 HIV cases.²⁷

Recent statistics from Fiji's Health Ministry on Sexually Transmitted Infections are a cause for concern with the high rate of STIs among people aged 20 to 29 increasing the risk for HIV infection.^{31,32} Fiji's Director of Public Health notes that statistics gathered over the past eight years by the Ministry show that gonorrhoea and syphilis are the most frequently reported STIs in the country, which "highlights the underlying concern of unsafe sexual behaviour among young people" and the "same high-risk behaviour for the transmission of HIV." He also said that "sex is serious business" and that "anyone, especially young people, who participates does so at their risk, in view of the sad consequences of infection from so many STIs including HIV, pelvic inflammatory disease and infertility."³²

Risk/Protective Factors

Some religious groups in Fiji, such as Islam, strictly forbid the use of alcohol. Christian denominations such as the Assemblies of God, Jehovah's Witnesses and the Seventh Day Adventist Mission also prohibit the consumption of alcohol. Individual members of these religious groups vary in the degree to which they adhere to these principles. Any negative effects of combining tobacco or alcohol with kava use are currently conjecture, with relatively little work done to explore the nature of the relationship between these substances in the Pacific.^{1,6,9,26,33} However, anecdotal evidence suggests an inter-relationship exists with social and health consequences.^{1, 4-6, 9, 13, 26, 33, 34} Reports of kava drinking followed by a beer chaser, known as 'washdown', are not uncommon and suggests the need for further exploration of potentially harmful consumption patterns.

Excessive drinking, drinking too frequently and too much, often reflects the drinking profile of the majority of young people in countries like Fiji.^{5, 11, 14} Excessive drinking is reported as a significant contributor to motor vehicle accidents, violence and aggressive behaviour, unwanted pregnancy, sexually transmitted infections, and criminal activities.^{3, 14, 15, 18, 26} It has been suggested that the alcohol consumption pattern of young Indigenous Fijian males follows the traditional kava ritual of drinking until there is nothing left in the kava bowl. In many instances, young people often end their kava drinking session by consuming alcohol ('wash down').^[3, 5] It is reported that most youths drink excessively to manage their problems, but it may result in new problems like unsafe sex, crime and violence and even suicide.^{5, 14, 15, 34, 35} A study in Fiji^{10, 11} revealed that alcohol was a factor in 58% of all homicide between 1982 and 1992 and approximately 80% of the crime in the country is alcohol-related.^{10, 18}



Furthermore, the effects of alcohol on the physical, mental and social health of Fiji's citizens have in recent years been the subject of considerable concern amongst health-care professionals and social scientists, as well as the ordinary citizens.^{2, 3, 8, 10, 11, 23, 26, 33} At present there is sufficient evidence from a variety of research findings^{1, 6, 10, 11, 34} to suggest that the heavy consumption of alcohol contributes other health problems in Fiji, such as diabetes, heart problems, obesity and hypertension. Among the social consequences of excessive alcohol consumption in the country,^{10, 11} violent crime, domestic violence, and road fatalities have been identified as the most serious.^{8, 23, 34}

While alcohol and home brew drinking are more common, marijuana cultivation, sales and distribution has become pervasive in some Pacific Island countries. It has been seen as a good source of income. A further emerging substance abuse issue is glue sniffing among school age children, mostly in their early teens. In addition, unemployment in youths is a major problem in the Pacific. In Fiji it has been estimated that out of nearly 10,000 youths seeking employment, only 1500 can be employed.^{2, 3, 13} Studies and observations in some urban areas of Pacific countries point to an increasing numbers of people between the ages of 15-19 engaging in commercial sex worker with some aged even younger.^{2, 3, 11, 15, 35, 36}

Conclusions

There is a range of evidence and data suggesting the potential for increased risk of HIV infection associated with substance use in Fiji, but there is a need to explore this issue further with social behavioural and qualitative research. While harmful substance use patterns and sexual health risk factors are increasingly reported, there is little current analysis regarding the interaction of the two. Of particular concern is the current environment of rapidly changing substance use patterns with little in the way of structural responses to protect the people of Fiji from the range of social and health-related harms. In addition, difficult economic conditions and the tangible benefits of cannabis growing and distribution (and potential for amphetamine production) lend urgency to the need to investigate these issues further and to develop viable interventions that are informed by robust data and research information.

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CONTACT

Talanoa Oceania

Nasili Vaka'uta - Chairman of the Committee

Email: TalanoaOceania@gmail.com

Professor Sitaleki A. Finau

Director Pasifika

Office of the Assistant Vice-Chancellor (Māori and Pasifika)

Massey University, Albany Campus

Private Bag 102904, North Shore, Auckland, New Zealand

Phone: +64 (0)9 414 0800 ext 9766

Email: s.a.finau@massey.ac.nz

Azima Mazid

Office of the Assistant Vice-Chancellor (Māori and Pasifika)

Directorate Pasifika

Massey University, Albany Campus

Private Bag 102904, North Shore, Auckland, New Zealand

Phone: +64 (0)9 414 0800 ext 9767

Email: a.mazid@massey.ac.nz

Website: <http://pasifika.massey.ac.nz>

Talanoa Oceania 2011 Conference Secretariat

C/- Conference Services, Massey University

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