

ANNEX 1 COUNTRY REPRORTS

COOK ISLANDS

Alcohol consumption

The Cook Islands have a high level of alcohol consumption. The per capita consumption is approximately 4.8 litres alcohol per person. The high consumption is linked to ready availability of alcoholic beverages. A survey conducted in 1993 on alcohol revealed that 91.3% of men and 85% of women started drinking at 16 years of age.

Harm done by alcohol

The estimated number of people with harmful alcohol consumption is indicated in the table.

Age group	1998	1999	2000	2001	2002
0 -14	0	0	0	0	1
15 - 22	9	4	12	16	16
25 - 34	7	6	6	12	4
35 - 44	1	1	2	9	6
45 - 54	1	4	0	2	3
55+	1	0	0	1	0
Total	19	15	20	41	42

Alcohol policy

The Cook Islands' Government is committed to combat the harm done by alcohol. The Ministry of Health, in partnership with stakeholders, has adopted initiatives and strategies to inform the public of the harm done by alcohol.

In 1998 the Healthy Island Committee established a sub-committee to review the sale of liquor and recommended: a review of the licensing fee to fund an education programme; public venues should remain alcohol free; all forms of alcohol advertising and sponsorship of sports should be prohibited; and a levy tax on alcohol should be used for health promotion and treatment.

There are locally produced information and education materials with a focus on alcohol and sports. Television is used during alcohol awareness campaigns. The police and Public Health Department launches an alcohol

awareness week campaign to reduce drinking and driving twice a year. There is a violence awareness week to create public awareness of the risk of alcohol and violence. A 24 hour Centre provides counselling and referral services for victims

The number and type of alcohol licenses is shown in the table.

Type of License	Cook Islands 2004 Total
Retail	82
Restaurants	27
Sports club	14
Hotel/Motel/ Guesthouse	10
Guestroom bar	12
Bar	9
Airport	4
Restaurant & Bar	20
Special	8

GUAM

Alcohol Consumption

Data from 2003 indicate that 5.7% of adults on Guam are at risk of heavy drinking (national US average equals 5.7%), and that 18.7% of adults on Guam are binge drinkers as compared to 16.5% of adults nationally. Both heavy drinking and binge drinking are more prevalent among males. Heavy drinking is more common among younger adults (18-24), those with lower incomes and lower educational attainment. Binge drinking appears to be more common among young and middle aged adults, and those with mid-level incomes (\$25,000-50,000). Underage drinking is prevalent. Among youth, the 2003 youth survey reports that 71.3% of High School students have had at least one drink of alcohol, with 8.5% of all High School students having had their first drink at 8 years old or younger.

Harm done by alcohol

Over 17% of high school students state that they have gone binge drinking, 10% have driven a car after drinking alcohol and 37.6% have ridden in a vehicle in the past month driven by someone who had consumed alcohol. The costs of the harm done by alcohol are unknown but felt to be considerable. Guam Police Department statistics reveal that in the year 2000 over half of fatal motor vehicle crashes were alcohol and drug-related.

Alcohol policies and responses

Current policies include a legal drinking age of 18, a 0.08 Blood Alcohol Concentration limit and mandatory assessment and treatment of driving under the influence offenders. Taxes on alcoholic beverages not manufactured on Guam were increased as of May 2003, with 50% of tax revenues going to the "Safe Homes, Safe Streets Fund" established to address the prevention of underage drinking, the promotion of traffic safety and the enhancement of alcohol and drug treatment programs. There are no advertising restrictions for alcohol.

Recent developments that may augment alcohol control efforts include the creation of the Governor's PEACE Council for substance abuse prevention, and the strong likelihood that the a five year multi-million dollar grant for substance abuse prevention and early intervention will be awarded, with a focus on the reduction of underage drinking.

Guam's youth may be at greater risk for developing alcohol-related problems given that the legal age to purchase and consume alcohol beverages is 18 years. A special ballot raising the alcohol drinking age to 21 years, introduced during the November 2002 elections on Guam, did not receive a majority vote. Other current challenges include poor and/or inconsistent enforcement of

laws, heavy advertising of alcoholic beverages in all media, cultural acceptability of alcohol use and the availability of alcoholic beverages, such as during events at the University of Guam Fieldhouse.

Another challenging area is the recent proliferation of Bills (some of which have been passed into law) that propose to give tax credits against tobacco and alcohol taxes for corporations that donate money for various purposes (e.g. building a sports complex, funding the Guam Memorial Hospital, maintaining the Paseo, etc.).

Finally, strong political ties of those who control the alcohol distributorship on the island may be contributing to the perceived lack of political support for alcohol control policies.

No island-wide alcohol prevention plan of action exists. Financing is from multiple sources (block grants, Government grants, alcohol taxes, etc.), and PEACE, a comprehensive substance abuse prevention and early intervention plan.

FEDERATED STATES OF MICRONESIA

The Federated States of Micronesia consists of 4 states, Chuuk, Pohnpei, Yap and Kosrae. The total population is 107, 008, according to the 2000 census.

Alcohol Consumption

Alcohol is clearly a Western contribution to Micronesia by the European and American contact with the islands in the mid-nineteenth century.

The table shows that the age group 10-14 start to drink alcohol and increasingly so as they reach their legal age.

National Prevalence of alcohol use including gender/age level of use. Users of Alcohol within Past 12 Months by Age Group. (Percentage of sample)

FSM	10	10-14	15-19	20-29	30-44	45-64	65+	Total
Males	0	2.6	32.4	63.0	69.5	50.7	21.8	54.9
Females	0	0.8	5.5	8.1	14.6	7.6	4.4	9.1
Total	0	1.8	19.0	36.7	43.0	28.7	13.6	32.4

Source 1997 Assessment by Micronesian Seminar

The low female rates of alcohol use are indicative of the strong cultural prohibition on female drinking that persists even today. The proportion of drinkers decrease in those aged over 45 years.

Data from Pohnpei reveal that a small number of drinkers (4.3%) start to drink during their early teens (10-14). Chuuk has a small number drinking in their early teens, which grows into a rate (15%) half the size of the Pohnpei's by the late teens. Yap and Kosrae do not show any evidence of drinking in the 10-14 age groups and Kosrae shows none in the 15-19 age cohorts. There is a decline in the later ages which varies from state to state except the state of Yap, which has a remarkably high proportion in the 45-64 year old age groups who drink. The prevalence rate of drinking among those not in school is many times higher than for students, three times higher in Pohnpei, five times in Chuuk, and ten times higher in Yap.

Chewing betel nut is an extremely common practice. Although betel nut is not a controlled substance, it is most often used together with tobacco and doused in alcohol.

The harm done by alcohol

Michael Kenney's report Youth states that 90% of all arrests of young people under the age of 18 were for "illegal possession and consumption of alcohol; disturbing the peace, assault and battery, burglary and larceny to get alcohol or money to purchase alcoholic beverages". This trend appears to continue until the late twenties and early thirties in most Micronesian Societies.

Alcohol Policies and responses

The Federated States of Micronesia does not have any jurisdiction to regulate alcohol laws except to impose import tax. The National Government has a current policy of 6% import tax on alcohol and each state has its own implementation of sales tax (excise tax).

In Pohnpei State, any business which offers for distribution, wholesale sale, retail sale, use or consumption of alcoholic beverages and /or any tobacco products are prohibited from advertising these products in any way:

- Signs can only advertise the prices of alcoholic beverages and tobacco products;
- Signs can only be placed inside the store where they cannot be easily seen from outside;
- Signs and promotional items, such as posters and inflatable beer bottles are prohibited;
- It is unlawful to sell any alcoholic beverages or tobacco product which has a gift included with the purchase;
- Alcohol cannot be sold, given or served to any person under the age of 21;
- Warning signs (health risks) must be posted in a conspicuous place in the area where alcoholic beverages and tobacco are sold;
- Violation of the law is a crime punishable by up to a \$1,000 fine and up to 30 days in jail; and
- The law applies to owners, operators and the business entity itself.

The National Plan of Action has the following three objectives:

1. Objective 1: To build regional capacity and infrastructure at the state and community level by strengthening the capacity to train prevention specialists, school faculty, and staff and to make this training available regionally, nationally and internationally. Currently substance abuse prevention functions are under-staffed, under-funded and underutilized.

2. Objective 2: To prevent the onset and reduce the progression of substance abuse including childhood and underage drinking by using an effective model prevention program that will be implemented to improve behaviour.
3. Objective 3: To reduce substance abuse-related problems in communities by developing capacity of regional agencies to establish effective community substance abuse prevention systems.

The 2004 alcohol policy summary for the World Health Organization is shown in the table.

Federated States of Micronesia (the)		Beverage categories		
		Beer	Wine	Spirits
Control of retail sale and production	Monopoly on production of	YES	YES	YES
	Monopoly on sales of	NO	NO	NO
	Licence for production of	YES	YES	YES
	Licence for sale of	YES	YES	YES
Off-premise sales restrictions and level of enforcement	Hours of sale	YES	YES	YES
	Days of sale	NO	NO	NO
	Places of sale	NO	NO	NO
	Density of outlets	NO	NO	NO
	Level of enforcement	NOT		
Age limit for purchasing alcoholic beverages	On-premise:	21	21	21
	Off-premise:	21	21	21
Taxation of alcoholic beverages	Sales TAX/VAT exists?	YES		
	% sales TAX/VAT	3		
	Tax as % of retail price	-	-	-
	Excise stamps exist?	NO		
Restrictions on advertising	National television	NO	NO	NO
	National radio	-	-	-
	Print media	NO	NO	NO
	Billboards	PARTIAL	PARTIAL	PARTIAL
	Health warning on advertisements	NO		
	Enforcement of advertising and sponsorship restrictions	RARELY		
Restrictions on sponsorship of	Sports events	NO	NO	NO
	Youth events	NO	NO	NO
Restrictions on alcoholic beverage consumption in public domains	Health care establishments	BAN		
	Educational buildings	BAN		
	Government offices	BAN		
	Public transport	NO		
	Parks, streets, etc.	NO		
	Sporting events	NO		
	Leisure events (concerts, etc.)	NO		
Workplaces	BAN			
Definition of alcohol, BAC level and RBT	Definition of alcohol (vol. %)	2.5		
	Maximum Blood Alcohol Concentration (BAC) level	0.5		
	Use of Random Breath Testing (RBT)	NO		

Fiji

Fiji is comprised of over 300 islands with a land area of over 18,000 km². It is a multiracial and multi-religious community with many western influences.

Alcohol Consumption

Alcohol is readily available and accessible. It is an accepted part of culture and binge drinking common. The average consumption per head population during 1994 to 2003 was 22.79 L of beer and 0.72 L of spirits. In 1993 6.2% of family budget was spent on alcohol and tobacco.

The 1999 GYTS found that 26% of boys and 9% of girls were current drinkers, with the proportion increasing with age. Of those who drank, 47% of boys and one third of girls had started drinking by ten years of age. Binge drinking was more common in boys (69%) than in girls and more common amongst Fijians (74%) than amongst Indians (58%). 21% of boys had ever been drunk and 6% of girls; the proportion was higher amongst Fijians (15%) than Indians (11%) and more common in the older students.

The 1999 FNASUS found that 49% of respondents had ever tried alcohol, males (67%) and females (31%). 35% were current drinkers, males (52%) and females (19%). The average age of the first drink was 19.3 years (males 18.6 years) and females 20.9 years). Those in younger age groups reported starting to drink at a younger age: 16-25 (17.7 yrs), 26-35 (19.6 yrs), and 36-45 (21 yrs). 45% of current drinkers had a pattern of heavy drinking. 31% of current drinkers reported drinking alcohol more than 10 days in the previous month.

The 2002 FIJI NCD STEPS found that 45% of respondents had ever tried alcohol, males 70% and females 16.5%. Fijians had more often tried alcohol (50%) than Indians (37.1%). 23.8% were current users, males 39.9% and females 5.5%. There was an increase in use in younger age groups in both genders. 77.3% had had an episode of binge drinking, males 79.5% and females 58.6%. More Fijians (88.5%) had had an episode of binge drinking than others (84.6%) and Indians (61.3%). Binge drinking was more common in the younger age groups. 35.5% were high risk drinkers, Fijians 48.6% and Indians 16.3%. High risk drinking was more common in the younger age groups, both males and females.

In 2003, 1.8m L (\$12m) of alcohol were imported, wines (\$5.9m), liqueurs and spirits (\$5.2m) and beer (\$0.558m). Exports were 0.661m L (\$1.8m), liqueurs and spirits (\$1.5m), beer (\$0.166m) and wines (\$0.11m). Customs tariffs were \$1.55-\$68.66/L or 27% of total value depending on the alcoholic product and its ASBV.

Harm done by alcohol

In 2003 alcohol-related road traffic accidents were 21% of all road traffic accident fatalities and 11% of non-hospitalized casualties. Injuries sustained had increased 51% from 2002. Alcohol-related road traffic accidents occurred mostly on Saturday or Sunday, with peak times between 3pm and midnight.

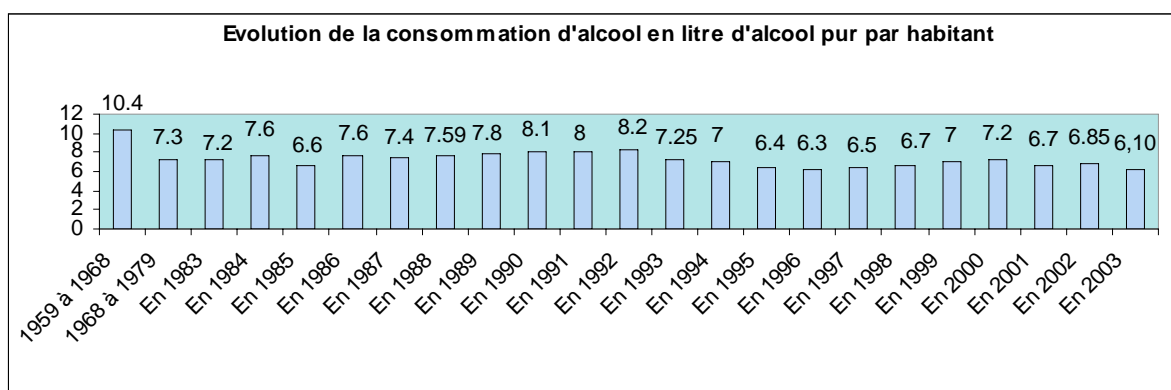
Alcohol Policies and responses

The Liquor Act of 1975 regulates sale and consumption of liquor. The Act was reviewed in 2002/2003 and a revised Bill is in the process of being prepared. Alcohol is freely advertised and aggressively marketed. At present, there is no national policy on alcohol.

FRENCH POLYNESIA

Alcohol consumption

Changes in alcohol consumption (l/capita) from 1959 to 2003 is shown in the figure.

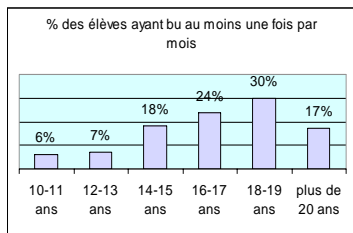
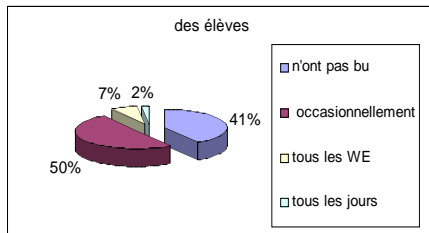


The distribution of drinking frequency by gender and age is shown in the figures.

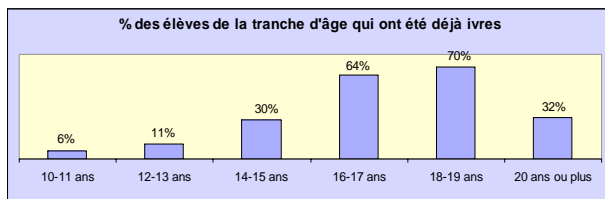
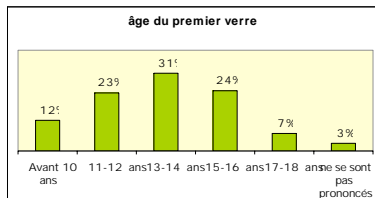
Des différences liées au sexe	Hommes n=385	Femmes n=340	Rappel ensemble n=725
Occasionnellement	20%	35%	27%
Régulièrement (entre 1 et 3 fois/mois)	24%	35%	28%
1 fois / semaine et +	56%	30%	45%
Tous les jours	11%	3%	7%
Tous les week-ends	25%	15%	21%

Des différences liées à la classe d'âge	16-39 ans n=496	40 - 59 ans n=183	60 ans et + n=46	Rappel ensemble n=725
Occasionnellement	28%	27%	22%	27%
Régulièrement (entre 1 et 3 fois/mois)	32%	25%	24%	30%
1 fois / semaine et +	40%	48%	54%	43%
Tous les jours	4%	12%	28%	7%
Tous les week-ends	22%	20%	9%	21%

The distribution of drinking patterns amongst students and by age is shown in the figures.



The age of first drink and the percentage of students by age who have already consumed alcohol are shown in the figures.



The harm done by alcohol

L'alcool est une des principales causes d'accidents de la circulation depuis plusieurs années. (un accident corporel sur 3 et un accident mortel sur 2). En 2003, le nombre officiel accidents était de 328 avec 439 blessés et 38 morts. Ces chiffres sont sous évalués. Le bilan 2001-2003 est de 153 tués, 536 blessés graves et 849 légèrement.

Alcohol policies and responses

Répression de l'ivresse publique (1917) et de la consommation dans les lieux publics (1959). Interdiction de vente d'alcool aux mineurs (1959- renforcement des sanctions en 1999). La publicité directe et indirecte en faveur des boissons alcoolisées est prohibée dans les établissements sportifs et lors des manifestations sportives (2003). Abaissement du taux d'alcoolémie légale à 0,5g/l (2001). Limitation de la publicité en faveur des boissons alcoolisées mais pas d'interdiction.

Taxes sur les boissons alcoolisées et les produits sucrés pour financer des actions de prévention. Création d'un comité Etat-Territoire de prévention de la toxicomanie coordonnant les actions de prévention. Réalisation d'une enquête sur la consommation d'alcool en PF. Instauration d'une journée territoriale sans alcool annuellement. Réalisation de supports pédagogiques variés

The 2004 alcohol policy summary for the World Health Organization is shown in the table.

French Polynesia		Beverage categories		
		Beer	Wine	Spirits
Control of retail sale and production	Monopoly on production of	NO	NO	NO
	Monopoly on sales of	YES	YES	YES
	Licence for production of	YES	YES	YES
	Licence for sale of	YES	YES	YES
Off-premise sales restrictions and level of enforcement	Hours of sale	YES	YES	YES
	Days of sale	YES	YES	YES
	Places of sale	YES	YES	YES
	Density of outlets	NO	NO	NO
	Level of enforcement	FULLY		
Age limit for purchasing alcoholic beverages	On-premise:	18	18	18
	Off-premise:	18	18	18
Taxation of alcoholic beverages	Sales TAX/VAT exists?	YES		
	% sales TAX/VAT	16		
	Tax as % of retail price	38	41	63
	Excise stamps exist?	NO		
Restrictions on advertising	National television	BAN	BAN	BAN
	National radio	BAN	BAN	BAN
	Print media	NO	NO	NO
	Billboards	NO	NO	NO
	Health warning on advertisements	NO		
	Enforcement of advertising and sponsorship restrictions	PARTIALLY		
Restrictions on sponsorship of	Sports events	NO	NO	NO
	Youth events	NO	NO	NO
Restrictions on alcoholic beverage consumption in public domains	Health care establishments	VOLUNTARY		
	Educational buildings	VOLUNTARY		
	Government offices	VOLUNTARY		
	Public transport	BAN		
	Parks, streets, etc.	BAN		
	Sporting events	.		
	Leisure events (concerts, etc.)	BAN		
	Workplaces	BAN		
Definition of alcohol, BAC level and RBT	Definition of alcohol (vol. %)	2.0		
	Maximum Blood Alcohol Concentration (BAC) level	0.5		
	Use of Random Breath Testing (RBT)	OFTEN		

KIRIBATI

Alcohol policies and responses

Despite using the ICD-10 data collection system, the recording of alcohol-related disorders was reported as almost non-existent. In the cases where it might be used, for example, cirrhosis or acute hepatomegaly, it is generally not, because Hepatitis B is endemic in Kiribati and thus the role of alcohol is not always considered or differentiated from Hepatitis B. Based on the work of Dr Chris Doran, the cost of alcohol related treatment (in 1997) for alcohol was \$127,571. This is likely to be an under-estimate.

The Tarawa Hospital has the capacity for assessing blood alcohol levels of a patient. However, there is little resourcing for this work and additional resources would be required before this could be routinely implemented and is unlikely to occur in the short-term. Recent assessments at Bikenibu and Betio hospitals in South Tarawa indicate that 5% and 25% of clients seeking treatment out of hours are alcohol affected.

There are seven importers of alcohol to Kiribati, two of which are Government owned - Abamakoro and BKL. These two Government-owned companies import over 60% of all the available beer in Kiribati. The information below summarises the customs data from 2000-2002. Although not specifically regulated, beer is only supposed to be imported in aluminium cans. However, it appears that glass stubbies are increasingly being imported.

Table 1: Imported alcohol quantity[1]
1/1/00-31/12/01 compared with 1/1/02-31/12/02#

Alcohol Type	2000 & 2001	Average for 2000/01	2002	Estimated Change	% ⁺
Beer (litres)	2 426,467	1 213,233.5	1 510,962	+ 297,728.5	+ 24.5 %
Wine (litres)	18,546	9,273	4,987	- 4,286	- 46.0 %
Ready to drink <10% (330mls)	15,600	7,800	13,560	+ 5,760	+ 73.8 %
*Spirits <57% (330mls)	40,250	20,125	35,752	+ 15,627	+ 77.6 %
Spirits (litres)	12,715	6,357.5	6,594	+ 236.5	+ 3.7 %
Vermouth (litres)	1,353	676.5	747	+ 70.5	+ 10.4 %
Fermented (ciders) (litres)	1,099	549.5	0	- 549.5	- 100 %

Conservative estimates from the Pacific Action for Health Project on available 2002 data shows a per capita intake of 2.92 litres per head of the 20+ population in Kiribati.

This was calculated using the following reference levels of alcohol per volume: Beer 4.5%; Wine 12%; Ready To Drink (RTD) <10% 8%; Spirits <57% 40%; Spirits 40% and Vermouth 20%. There appear to be large increases in beer and RTD. Also, these estimates have been discounted and do not consider the additional impact of yeast brew and sour toddy. Also

The technical legal drinking age is 21, but this is not enforced and widely contravened. Police have recently been visiting venues frequented by young people in an effort to curb underage drinking, with a significant number of arrests and closures of sour toddy outlets.

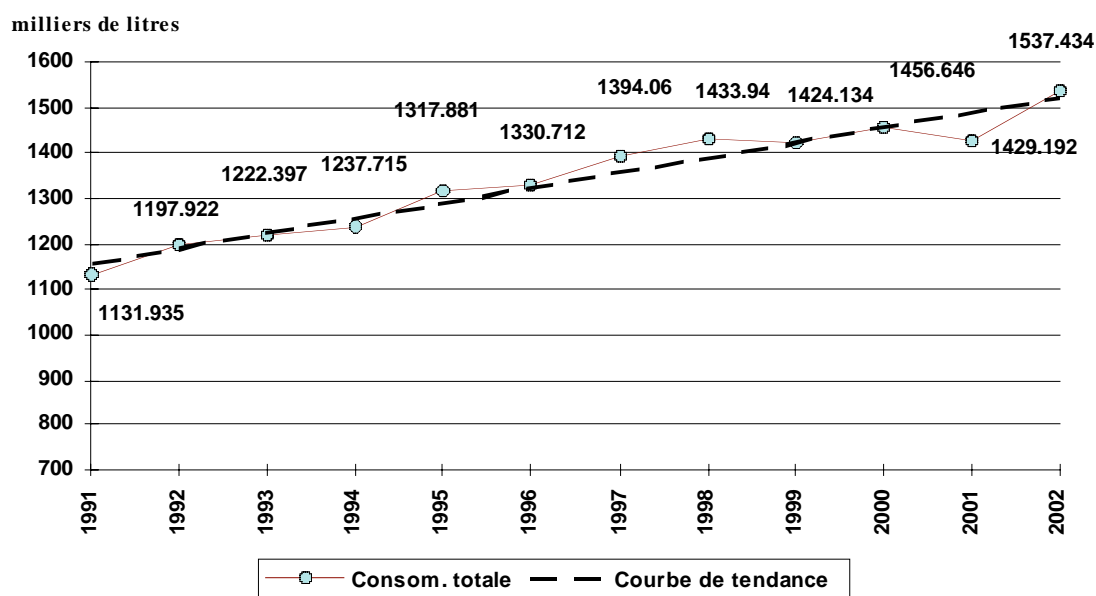
In 2004 there have also been petitions from schools to close outlets located next to them during daylight hours. Through the Pacific Police Project, officers have been trained in the use of breathalysers. However, the Attorney General's Office is still to finalise the Regulations that accompany the new Road Traffic Act. Breath analysis will be accepted as evidential in the court system. Recommendations to Cabinet are currently being compiled to modify the existing Liquor Ordinance. It is hoped that these ordinances will be submitted to Cabinet early in 2005.

Alcohol policy was developed in 2003 and funded by PAHP. It sets out a framework for the development of alcohol policy. It proposes recommendations and regulatory changes on taxation and liquor availability. A Government Action Plan for Youth sets out activities for 2001-2005 to adopt an integrated approach to reduce the harm done by alcohol to youth, to facilitate public awareness, to develop counselling services for youth, to increase the tax on imported alcohol beverages by 10% to fund preventive and counselling programmes, to establish a National Youth Coordinating Body, to provide technical and financial support to youth NGO programmes, and to develop guidelines for NGOs to help implement the plan.

NEW CALEDONIA

Alcohol Consumption

The trends in alcohol consumption are shown in the figure. In the year 2002, the consumption was 9.8 L per person aged over 14 years.



Of those who drink alcohol, it is estimated that 40% are occasional drinkers, 22% light drinkers, 15% heavy drinkers and 21% weekend binge drinkers.

Alcohol policies and responses

The 2002-2004 program has the overall objective of reducing the health and social consequences arising from alcohol. There are three specific objectives:

objectif spécifique N° 1

Représentation

- agir sur les attitudes, les représentations et les choix afin de pouvoir répondre de manière individuelle et collective aux événements de la vie autrement que par l'alcool,

objectif spécifique N° 2

Consommation

responsabiliser l'usager et développer la prise de conscience collective face à l'usage à risque et l'usage nocif afin de diminuer la prévalence des buveurs excessifs,

objectif spécifique N° 3

Soins

Optimiser et renforcer le dispositif de soin pour une prise en charge de proximité, cohérente, diversifiée et graduée en direction de l'usage nocif et de l'alcool-dépendance,
objectif spécifique N° 4

Recherche Evaluation

Développement de la recherche et de l'évaluation des soins et de la prévention

Actuellement, seules trois structures ont une activité uniquement alcoologique. L'unité de prévention du risque alcool est chargée de la coordination de l'ensemble du programme, en particulier de la mise en place du réseau de prévention et de soins, de la formation des partenaires et de l'évaluation du dispositif. L'association de prévention des abus d'alcool (l'APAA) a un rôle de prévention primaire. Le centre d'accueil et de thérapie en alcoologie (CATA) a un rôle de soins. Le reste du dispositif est intégré à l'ensemble des structures sanitaires et sociales de Nouvelle-Calédonie.

NIUE

Alcohol Consumption

The current use of alcohol is estimated to be:

Males 16 – 20 yrs	20%
Females 16 – 20 yrs	20%
21 – 30 yrs (male and female)	30%
31 – 50 yrs male:	<50%
female:	>30%
>50 yrs male:	20%
female:	10%

Binge drinking and weekly drinking are very common. There is very high alcohol consumption in both young males and females. The age of first use is estimated to be between 15 and 16 years for both genders.

It is the custom for alcohol to be supplied by the host at parties and alcohol is a very common gift.

Alcohol policies and responses

The government is the sole supplier of alcohol. The minimum purchasing age is 18, and premises for sale must be stipulated. There is no plan on alcohol, and the budget for alcohol policy is very small.

PALAU

Alcohol Consumption

A 1997 survey of 802 men and women found a lifetime prevalence rate of 46.8%. Problem drinkers were 17.8% of the entire sample. Reasons for drinking included social comfort, change in feelings, physical addiction, increased accessibility and common use.

The youth risk behavioural survey found in 1997 that 29.5 % of students had drunk five or more drinks in a row on one or more of the past 30 days. The proportion was 31.5% in 1999 and 30.4% in 2001.

Alcohol Policies and responses

There is a law that that restricts vending machines for alcohol. The import tax on alcohol was increased in 1997 and decreased by 50% in 2002. There is a law that extended curfew hours to 4am including the sale of alcohol.

Of Palaus' total budget, about 16% comes annually from the local budget. There is Federal Funding from SAMHSA.

The 2004 alcohol policy summary for the World Health Organization is shown in the table.

Palau		Beverage categories		
		Beer	Wine	Spirits
Control of retail sale and production	Monopoly on production of	NO	NO	NO
	Monopoly on sales of	NO	NO	NO
	Licence for production of	YES	YES	YES
	Licence for sale of	YES	YES	YES
Off-premise sales restrictions and level of enforcement	Hours of sale	YES	YES	YES
	Days of sale	NO	NO	NO
	Places of sale	YES	YES	YES
	Density of outlets	NO	NO	NO
	Level of enforcement	PARTIALLY		
Age limit for purchasing alcoholic beverages	On-premise:	21	21	21
	Off-premise:	21	21	21
Taxation of alcoholic beverages	Sales TAX/VAT exists?	YES		
	% sales TAX/VAT	4		
	Tax as % of retail price ¹³⁹	10	.	.
	Excise stamps exist?	NO		
Restrictions on advertising	National television	NO	NO	NO
	National radio	NO	NO	NO
	Print media	NO	NO	NO
	Billboards	NO	NO	NO
	Health warning on advertisements	NO		
	Enforcement of advertising and sponsorship restrictions	N.A.		
Restrictions on sponsorship of	Sports events	NO	NO	NO
	Youth events	NO	NO	NO
Restrictions on alcoholic beverage consumption in public domains	Health care establishments	BAN		
	Educational buildings	BAN		
	Government offices	BAN		
	Public transport	BAN		
	Parks, streets, etc.	PARTIALLY		
	Sporting events	PARTIALLY		
	Leisure events (concerts, etc.)	PARTIALLY		
Workplaces	BAN			
Definition of alcohol, BAC level and RBT	Definition of alcohol (vol. %)	0.5		
	Maximum Blood Alcohol Concentration (BAC) level	0.1		
	Use of Random Breath Testing (RBT)	NO		

PAPUA NEW GUINEA

Alcohol Consumption

The available data shows a high level of alcohol consumption and a high level of binge drinking by men, mainly in urban areas, and with an increase in male teenage drinking. Drinking amongst females is low, but increasing.

Harm done by alcohol

Communicable diseases are responsible for the greatest disease burden. Trauma and Accidents are responsible for some one fifth.

The 1998 Trauma PMGH A&E Survey of 19 hospitals found that 50% of admissions were due to trauma. Of these, 60% were assaults, 21% motor vehicle accidents, 13% domestic violence and 3% child abuse. In 96% of the cases alcohol was involved. About 80-90% of domestic violence and child abuse were alcohol related.

Review of Annual reports of 19 hospitals and cancer research and other reports find that oral cancer was the second commonest cancer responsible for 26% of cancers. Laryngeal and Pharyngeal cancers were 13% and oesophageal 8%. Liver cancers were the fourth commonest cancer.

Alcohol policies and responses

Government Agencies dealing with alcohol include Social Welfare and Community Development, Consumer Affairs, Alcohol and Narcotics Bureau, Health, Police, Customs, Justice and Attorney Generals.

Beer and spirits are manufactured in Papua New Guinea. The Liquor Licensing Laws of 1963 grant licenses and set licensing operating hours and an age limit for selling, buying and consuming.

There is no clear Government coordinated national plan of action on alcohol. The topic is addressed in various sector plans. The National Action Plan on Health 2001-2010 aims to reduce morbidity and mortality from alcohol use through health promotion, empowering communities and individuals, and partnerships with NGOs and the private sector. The main initiatives are the production of information and education material using theatre groups and drama, radio, and health promoting schools.

REPUBLIC OF THE MARSHALL ISLANDS

The Republic of the Marshall Islands consists of 1,225 atolls scattered over 750 square miles of ocean. Of these atolls, there are five single islands and 29 groups of coral-atolls. The population of the Republic of the Marshall Islands is approximately 53,000 people and Majuro and Ebeye accounting for more than half this total, with the rest of the population distributed unevenly on the “Outer-Islands”.

Although many cultural changes have come-about in the past century, the basic three tiered social structures remain in place. While the Government is a democracy with elected leaders, the traditional leaders remain an extremely strong and influential force amongst the Marshallese people.

The Republic of the Marshall Islands Ministry of Health (MOH), through the Mental Health Program of the Division of Human-Services, is the sole provider of mental health services throughout the republic. There is an expanded community-based system of health-care that includes improved outpatient-services and targeted services for prenatal and postnatal mothers and problems concerning alcohol or any type of substances used in the Marshall Islands.

Majuro Atoll, which is also the capital city, and Ebeye, Kwajalein Atoll, which is the second most populated location, are the only places in the Republic of the Marshall Islands in which it is legal to sell or consume alcohol.

Alcohol Consumption

There has not been a formal study of alcohol-consumption or substance-abuse and related problems in the Republic of the Marshall Islands. Alcohol was first introduced to the islands by the early Spanish “Whalers” that first landed in the Marshall Island in the 17th century. In those days, the Whalers did not sell alcohol to the people as there was no formal system of trade. Instead they offered alcoholic-beverages to traditional leaders and locals as gifts and alcohol was consumed moderately. Nowadays, the usage of alcohol is very different.

The Import and Tax Regarding Alcohol for the period 2000-2003 is as follows:

Yrs	Disc.	Qty Cases	Dutiable
2000	Beers	83092	\$ 1,013,133.00
2001	Beers	86048	\$ 1,137,924.00
2002	Beers	94586	\$ 1,128,268.00
2003	Beers	93069	\$ 1,059,004.00

The harm done by alcohol

The Republic of the Marshall Islands is currently experiencing severe problems relating to the use of alcohol. The problems are mostly concerned with young adults, around the ages of seventeen to thirty years of age. On a daily basis, examples of the negative impact especially of alcohol and other illegal drugs related behaviours can be readily seen.

Crime

The Law Enforcement authorities such as the National Police Force and the Local Government police are constantly called upon to intervene in mostly domestic problems related to high alcohol consumption. The Police estimate conservatively that up to 70% of the arrests for criminal behaviours involve alcohol as a major contributing factor, and these include theft, sexual-violence, assault, auto-incidence and improper conduct in public-areas.

Alcohol related charges during January 2004 are as follows:

<u>Charges:</u>	<u>M</u>	<u>F</u>	<u>total</u>
Assault. & Battery	03	01	04
Burglary	01	01	02
DDC	90	06	96
Driving under the influence	13	01	14
Obstructing justice	05	0	05

Alcohol related car Incidences 2004

	January	February	March
Vehicle-Object	03	05	04
Vehicle-Pedestrian	03	02	03
Vehicle-Vehicle	18	17	10
Fatality	0	01	0
Hit & Run	0	01	0
<u>Total</u>	<u>24</u>	<u>26</u>	<u>17</u>

Alcohol related suicide

The Republic of the Marshall Islands has one of the highest rates of suicide in the world, mostly amongst young people. The problem of suicide parallels the alcohol consumption in two manners. It is predominantly a male related problem and it is estimated that 93% of the individuals who attempt suicide have alcohol as a major contributing factor. The mood depressant effect of alcohol is a major contributor to the loss of life through suicidal behaviour.

Alcohol policies and responses

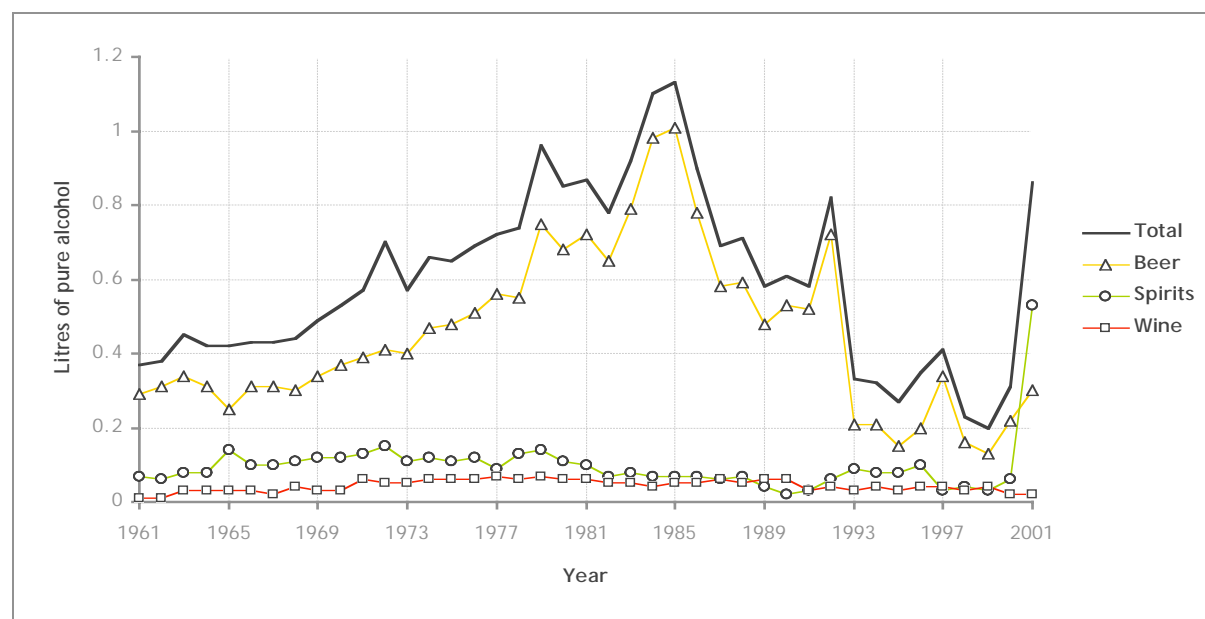
While resources are scarce, there are a few agencies and institutions (religious, educational, etc) that are investing in addressing the problems of alcohol, tobacco, and other illegal drug addiction and related behaviours. It is

critically necessary to develop and undertake certain approaches to the alcohol related problem and issues facing the Republic of the Marshall Islands. Fortunately, there are aspects of the approach with the Ministry of Health, the Division of Health Promotion and Human Services, with the efforts being primarily directed towards prevention and educational services. While this is an integral part of addressing the problems, treatment strategies for those individuals identified as impaired by alcohol, tobacco and other illegal substances must be established. As the community awareness of the problems grows and individuals with alcohol, tobacco and other illegal-substance related behaviours are identified, programs for treatment must be available. Without a comprehensive treatment component, approach to the alcohol and other problem cannot be truly addressed and be effective.

SOLOMON ISLANDS

Alcohol Consumption

Recorded adult per capita consumption (age 15+) of alcohol is shown in the figure and table below.



Sources: FAO (Food and Agriculture Organization of the United Nations), World Drink Trends 2003

COUNTRY	YEAR	PER CAPITA				PER ADULT CAPITA (15+)			
		BEER sorghum & millet & maize & barley	WINE & vermouth & must of grapes & fermented beverages (excl. wheat, rice, must o. g.) & wheat fermented & rice fermented	SPIRIT	TOTAL	BEER sorghum & millet & maize & barley	WINE & vermouth & must of grapes & fermented beverages (excl. wheat, rice, must o. g.) & wheat fermented & rice fermented	SPIRIT	TOTAL
Solomon Islands	1996	.110	.025	.056	.191	.201	.045	.103	.348
Solomon Islands	1997	.186	.024	.016	.225	.338	.043	.029	.410
Solomon Islands	1998	.090	.014	.023	.127	.163	.026	.042	.231
Solomon Islands	1999	.073	.020	.019	.111	.132	.035	.034	.201
Solomon Islands	2000	.124	.011	.036	.171	.223	.019	.065	.307
Solomon Islands	2001	.175	.010	.306	.492	.304	.018	.533	.856

Data from the Customs Department and from a local manufacturer show that the per capita consumption of pure alcohol among those 15 years and older in 1994 was 0.7 litres. This level is far below that of many other South Pacific nations reflecting, in part, the fact that some 90% of the Solomon Island's population live in rural villages where they have only limited involvement in the cash economy. It also reflects the concentration of liquor outlets in the capital, Honiara, and the main provincial centres. Locally produced beer accounted for some 80% of the total absolute alcohol consumed in 1994 with imported beer accounting for 17% and imported spirits 3%.¹ It is generally believed that the unlawful production of alcoholic beverages (home brew, toddy and kaleve) is not uncommon.

The harm done by alcohol

In 1992, 54% of reported criminal offences were alcohol-related.²

Alcohol policies and responses

Alcohol policy is a low priority in the past and present. There is no specific policy on alcohol control and prevention. There is government legislation on alcohol production, imports and tax. There is traffic legislation on road users. The main problem is the enforcement of the legislation. There is a Community Awareness on Alcohol project planned for 2005 by the Ministry of Health and the churches to strengthen the non-communicable disease unit to address alcohol, to improve data collection on alcohol consumption, diseases and social problems, and to implement the NCD step programme.

References

1. McDonald D, Elvy G, Mielke J. Alcohol in the South Pacific: the mid-1990s. *Drug and Alcohol Review*, 1997, 16(4):383–390.
2. Han ST. Current problems of alcohol abuse in the Western Pacific Region and future prospects. *Alcoholism: Clinical and Experimental Research*, 1998, 22(3):177S–180S.

TOKELAU

Tokelau has been a territory of New Zealand since 1948. It is located 480 km north of Samoa and comprises three low lying atolls of 12sqkm size with 127 islets, only four of which are occupied. The population of 1500 (2001 census) is administered by Councils of elders/chiefs (Taupulega). The atolls are widely separated by sea, with Atafu inhabited by 700 people, Nukunonu by 300 people, and Fakaofu by 500 people. Ferry is the only mean of transport to and from Samoa and between the atolls.

Alcohol Consumption

50/100 cartons of 270ml and 150ml Vailima Samoa beer respectively and 1-4 cartons of spirit are imported fortnightly. There is local production of toddy. 75% of the population consume alcohol. 70% of alcohol consumers are men and 30% are women.

Alcohol Policies and responses

Alcohol policy takes place at the village level. The minimum drinking age is 18 years. Only the village store can order alcohol, and is open two days a week. The limit of sale is 2 x 270ml or 6 x 150ml cans of beer a day for men and 1 x 270ml or 3 x 150ml cans of beer a day for women and 1 bottle of spirits a week. There are no national plans and no budget allocation for alcohol related programs.

TONGA

Alcohol Consumption

21.3% of youth have used alcohol. 13% have been drunk at least once. Anecdotal evidence indicates a steep rise in alcohol consumption since 1989.

The harm done by alcohol

Alcohol and tobacco were responsible for 10.4% of the non communicable disease hospital admissions and 19.6% of all hospital expenditures in 2002.

Alcohol policies and responses

Nuku'alofa has 83 alcohol outlets, 1 outlet per 360 people total population, or 1 outlet per 180 people aged 15 years or over. Out of 142 purchase attempts by young people aged 11- 16 years, 121 (85%) were successful. Of the 21 unsuccessful attempts, ten outlets did not sell alcohol, one was out of stock and ten refused.

An Interagency Alcohol Control sub-committee has been formed to review the existing legislation. The Intoxicating Liquor Act 1989 gives a minimum purchase age of 18 years for on-licenses and 14 years for off-licenses.

TUVALU

Tuvalu comprises nine Coral islands with a land area of 26 sq km spreading over a sea area of 900,000 sq km. About 48% of the total population of 9,500 (2002 Census) resides on the urbanised island of Funafuti

Alcohol Consumption

22.2% of the total population consume alcohol. 46% of the male population 15 years and over consume alcohol. Alcohol consumption is predominantly prevalent between the ages of 18 and 40 years.

Alcohol is mostly imported into the country. Since 1997 the volume of imported alcohol products had generally increased. The volume of beer has fluctuated over the last 6 years, but here has been an increase in the volume of both imported wine and spirits.

Alcohol policies and responses

Most alcohol policy issues are covered under the Alcoholic Drinks (1990 Revised Edition) Act, Cap 69. Control and prevention of alcohol programs have largely suffered though a lack of resources. The Ministry of Health's budget for 2004 does not clearly reflect the government's commitment to supporting alcoholic prevention programmes. However donor partners (SPC, WHO) have facilitated support and assistance in public health. The government receives \$15,000 annually from alcoholic licenses, of which only \$350 is spent annually on the control and surveillance of alcohol consumption.

The government is planning through its alcohol licensing committee to create a national forum to develop a national policy. The policy will focus on reviewing the current legislative framework, institutional arrangements and will develop a strategic plan to support it. The forum is part of a project that is to be submitted for donor assistance. The project is called "strengthening alcohol controls and publicizing awareness". The project also seeks the support of technical assistance to facilitate the coordination and development of the policy.

VANUATU

Alcohol Consumption

50% of men and 11% of women use alcohol. 70% of boys and 40% of girls have used alcohol by the age of 17; 9% and 5% respectively by the age of 12.

Estimates of absolute alcohol available for consumption (litres) are as follows:

	2000	2001	2002
Age 15 years plus	0.70	3.23	3.58
Drinkers	2.33	10.75	11.94

Tourism influences the local consumption data.

Harm done by alcohol

Alcohol and tobacco were responsible for 9.9% of the non-communicable disease hospital admissions and 4.3% of all hospital expenditures in 2002. A study of hospital trauma data over 14 days (7pm-7am) found 29 confirmed cases involving alcohol (12 assaults (41%), 8 injuries (27%), 1 rape and 1 suicide attempt).

There were 18 males (mean age 32) and 9 females (mean age 29). The mean alcohol intake was 14 beers and 8 spirit drinks (22 drinks). 15 had also consumed kava (mean 6 shells). The mean BAC levels were 0.10 (range 0.023-0.179).

Alcohol Policies and responses

Port Vila has 87 alcohol outlets and 230 nakamals, representing 1 alcohol outlet per 345 total population and 1 per 211 population aged 15+ and 1 nakamal outlet per 130 total population and 1 per 80 population aged 15+.

Massey University of New Zealand is conducting an alcohol policy scoping review. An Interagency Alcohol Policy committee has been formed and alcohol is a key focal area of the NCD National Strategy.

Legislation includes the Liquor Licensing Act 1988, the Alcohol Importation Act 1988, the Excise Act 2002 and the Road Traffic (Control) Act 1988.

WALLIS & FUTUNA

Wallis and Futuna comprises a population (2203 data) of 10071 people in Wallis and 4873 in Futuna. 50% are aged 0-19 years, 43% 20-59 years and 7% 60 years or older.

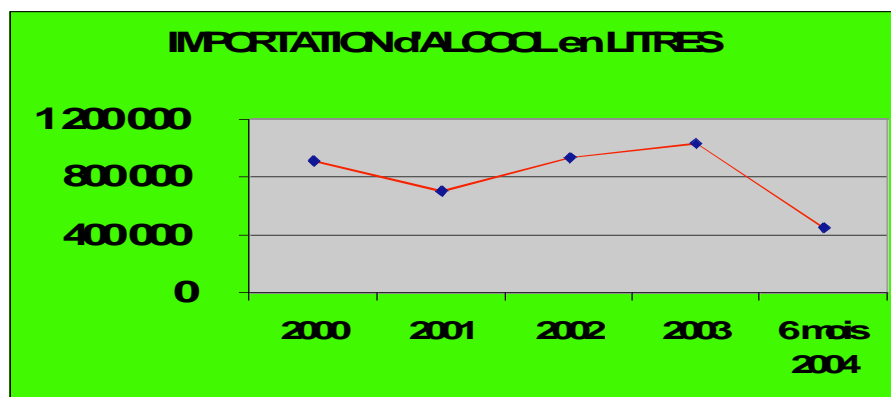
Alcohol Consumption

The proportion of the population which consumes alcohol and the frequency of consumption are shown in the table (1996 survey).

Age	Men	Women
15-19	44%	8%
20-29	72%	13%
30-49	64%	3%
50-59	40%	1%
60+	22%	0%

Age	Daily	Weekly	Occasionally	Never
15-19	2%	10%	65%	23%
20-29	2%	12%	70%	16%
30-39	2%	12%	68%	18%
40-49	8%	12%	56%	24%
50-59	11%	22%	35%	32%
60+	0%	4%	66%	30%

The import of alcohol is shown in the figure.



The harm done by alcohol

The consequences of alcohol consumption by age (accidents, illness, hospitalizations and no consequence) are shown in the figure.

