

Substance Abuse Prevention Strategic Plan,
2007-2011
Republic of Palau



Prepared by the President's Council on
Substance Abuse Prevention (COSAP)
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Table of Contents

I. Statement from the Council on Substance Abuse Prevention	2
II. Introduction	3
Mission	
Vision	
III. Epidemiological Assessment	4
IV. Priority Substances	4
V. Alcohol	4
1. Overview	
2. Data Sources	
3. Contributing Causes	
4. Suggested Strategies	
5. Outcome Measures	
6. Potential Collaborating Partners	
VI. Tobacco	7
1. Overview	
2. Data Sources	
3. Contributing Causes	
4. Suggested Strategies	
5. Outcome Measures	
6. Potential Collaborating Partners	
VII. Marijuana	12
1. Overview	
2. Data Sources	
3. Contributing Causes	
4. Suggested Strategies	
5. Outcome Measures	
6. Potential Collaborating Partners	
VIII. Methamphetamine	15
1. Overview	
2. Data Sources	
3. Contributing Causes	
4. Suggested Strategies	
5. Outcome Measures	
6. Potential Collaborating Partners	
IX. Implementation	17
X. Monitoring and Evaluation	17

Statement from the Council on Substance Abuse Prevention

The Republic of Palau is a small Pacific island country that has a mere 12-year history as an independent nation. As a relatively young nation, it is growing at a very rapid pace. This rapid development provides many positive benefits while at the same time it presents many new challenges to our nation, to our communities and to our families.

One of the most significant challenges our nation and communities face is the breakdown of traditional systems as modern, and/or Western systems are introduced. As a result of this change, our communities are under stress, which attributes to significant levels of substance use and abuse. In response to this challenge, the Council on Substance Abuse Prevention (COSAP) was created.

The Council on Substance Abuse Prevention is an advisory council appointed by the President and is made up of representatives of government agencies and community organizations. It was created by Presidential Executive Order number 222 and mandated the development of a substance abuse prevention strategic plan for Palau.

In response to this mandate, the COSAP has been hard at work gathering and analyzing data, and developing strategies to create a substance abuse prevention plan as well as building the necessary capacity and infrastructure to carry out this plan.

The following plan outlines the process whereby the COSAP determined priorities and the strategies that the Council and partners plan to implement over the next five years to address the problem of substance abuse in the Republic.

It is the hope of the COSAP that the same level of support and collaborative engagement that was put into creation of the plan will be carried forward into the next step: implementation of the plan. With this same level of cooperation, we may all realize our vision of a Republic where people live a healthy and happy life, free from alcohol, tobacco and other drugs.

Introduction

In 2003, President Tommy E. Remengesau Jr. created a Council for Substance Abuse Prevention (COSAP) made up of community members representing various segments of Palau's population. One of the many charges of the COSAP was to develop a National Strategic Plan for Substance Abuse Prevention in the Republic. The COSAP started the process to develop a National Strategic Plan by gathering, analyzing and assessing data that show both consumption and consequences of substance use and abuse.

Council on Substance Abuse Prevention (COSAP)

Vision: Palau: People living a healthy and happy life: free from alcohol, tobacco and other drugs.

Mission statement: COSAP is an advisory group for the President of Palau whose mission is to reduce substance abuse-related problems in the community. This mission is accomplished through strategic planning, development of prevention infrastructure and advocacy for evidence-based practices.

Epidemiological Assessment

This data collection and analysis lead to the creation of a full epidemiological profile of substance use and abuse patterns in both the adult and youth populations in Palau. The full profile is available at www.palauprevention.com. Highlights of the profile are presented in this document.

The data collection and analysis efforts then lead to a prioritization process where by the COSAP decided what substance abuse behaviors will be prioritized for the purposes of this plan. The prioritization process took into account the following factors;

- number of persons affected by the substance abuse
- five year trend rates of the use/abuse
- burden caused by consequences of the use/abuse
- years of life lost due to substance use/abuse
- changeability of use/abuse patterns
- degree of public concern over substance use/abuse patterns
- the gap between resources available to address the problem and the need for resources to address the problem

The results of this collaborative process resulted in four substance use/abuse issues being identified as priorities. Thus, the following four priorities are covered in this plan:

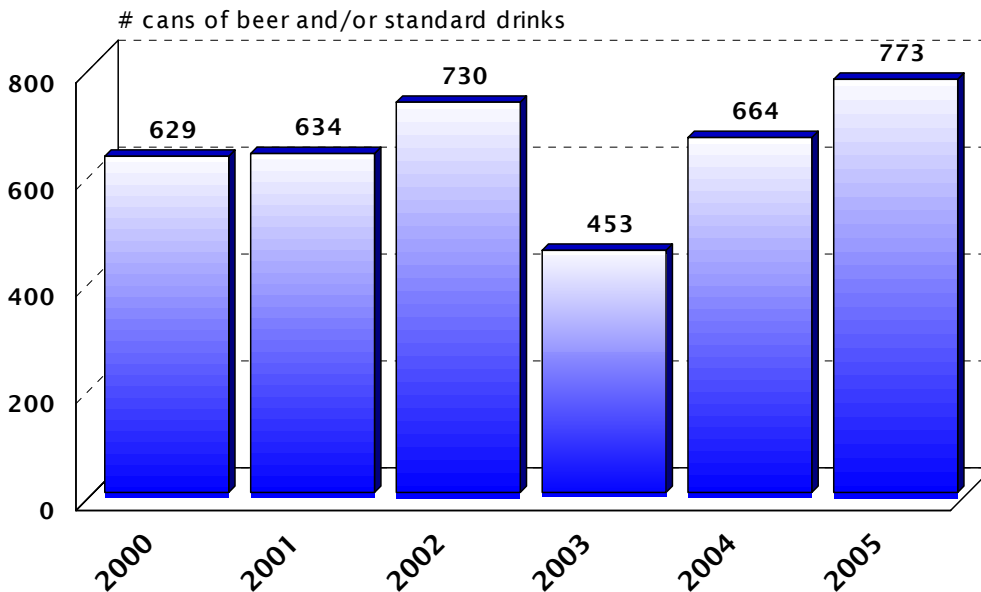
- alcohol use
- tobacco use
- marijuana use
- methamphetamine use

Priority Substances

Alcohol

Alcohol use in Palau is very high. Not only are the amounts of alcohol imported into Palau alarmingly high, given the size of our population, but we also know that there are significant challenges with chronic/heavy drinking, binge drinking and drinking and driving. According to the 2003 MOH/Community Health Assessment only about one-half of the adults in Palau reported to have used alcohol in the past 12 months. However, statistics from the Bureau of Revenue, Customs and Taxation show that in the year 2005, 773 standard drinks (beer, wine and spirits) were imported for each adult (age 21 and over) residing in Palau. A more detailed analysis of alcohol import data is presented in Figure 1.

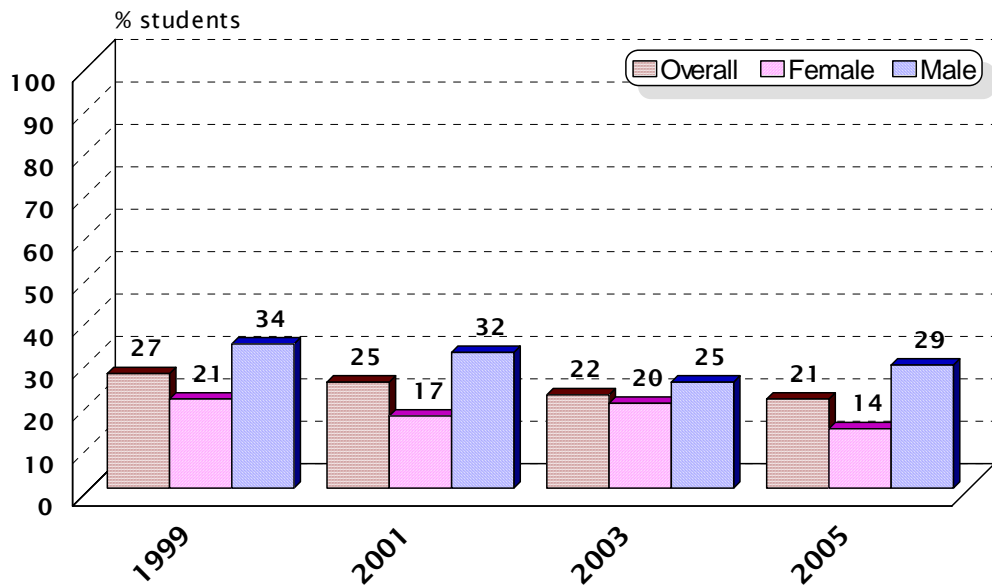
Figure 1. Number of standard drinks (beer, wine, spirits) imported per adult per year.



Source Data: Republic Of Palau, Bureau of Revenue, Customs & Taxation

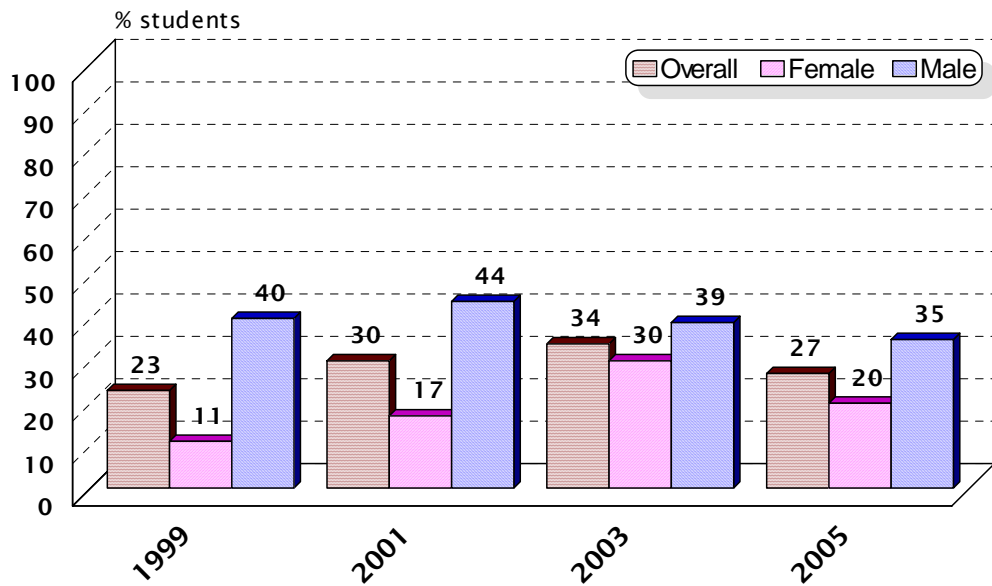
Alcohol use among youth is also problematic in the Republic. Youth frequently report using alcohol at early ages, engaging in binge drinking behaviors and riding with drivers that have been drinking (see Figures 2, 3 and 4 respectively).

Figure 2. Percentage of students grades -12 who reported drinking alcohol before age 13years.



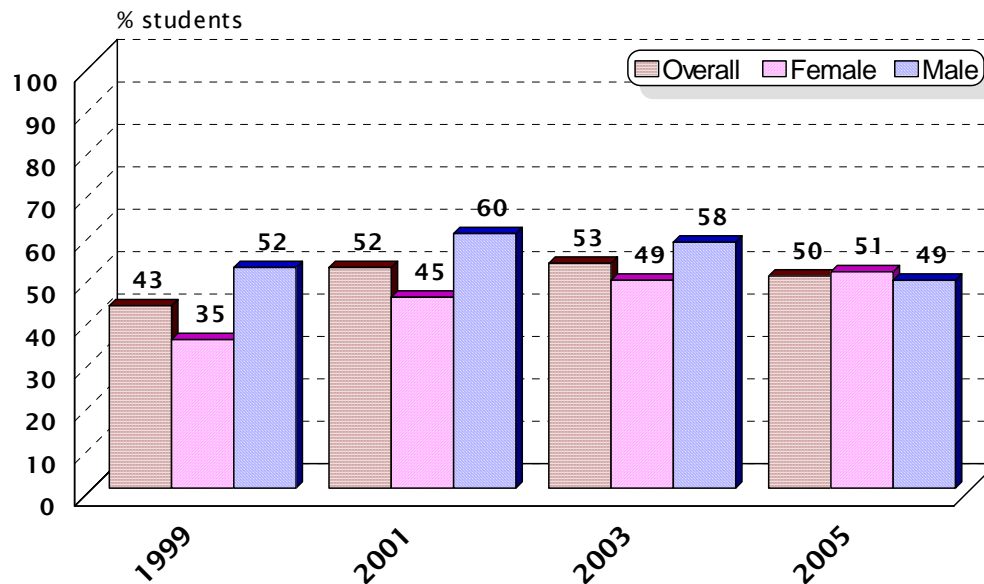
Source Data: YRBS 1999-2005

Figure 3. Percentage of students grades 9-12 who reported having 5 or more drinks in a row in a short period of time (binge drinking).



Source Data: YRBS 1999-2005

Figure 4. Percentage of students grades 9-12 who reported during the past 30 days riding in a car driven by someone who had been drinking alcohol.



Source Data: YRBS 1999-2005

In an attempt to reduce the consumption and consequences related to alcohol use and abuse, the COSAP had identified and listed below data sources to track alcohol consumption, causes that contribute to high levels of alcohol use/abuse, goals to reduce alcohol use and finally suggested strategies for implementation.

Data Sources

- Community Health Assessment
- Death Certificate data
- Emergency room data
- Alcohol import data
- Arrests data
- Youth Risk Behavior Survey (YRBS)

Contributing causes:

- Widespread availability
- Frequent and wide scale promotion of alcohol
- Poor enforcement of existing alcohol laws
- Community acceptance of alcohol use
- Breakdown of traditional systems governing social behavior
- Easy access to alcohol for youth (both retail and social)
- Positive attitude toward alcohol among youth
- Individual characteristics (genetics)

Goal: Prevent the onset and reduce the progression of alcohol abuse in communities through a holistic approach, which includes interventions aimed at the policy, practice and program level.

Suggested Strategies:

- Social marketing campaign
- Social norms marketing
- Develop comprehensive legislation to reduce promotion and decrease availability
- Improved enforcement efforts
- Work with traditional leadership to strengthen leadership roles
- Implement anti-alcohol programs for youth

Outcome Measures

- Decrease in current use of alcohol among youth
- Decrease in percent of students reporting having had their first drink before age 13
- Decrease in binge drinking among youth
- Decrease in youth reporting riding with drivers who have been drinking
- Decrease, or leveling off, of alcohol imports
- Increase in arrests/convictions for DUI cases
- Legislation passed to limit promotion and decrease availability

Potential Collaborating Partners

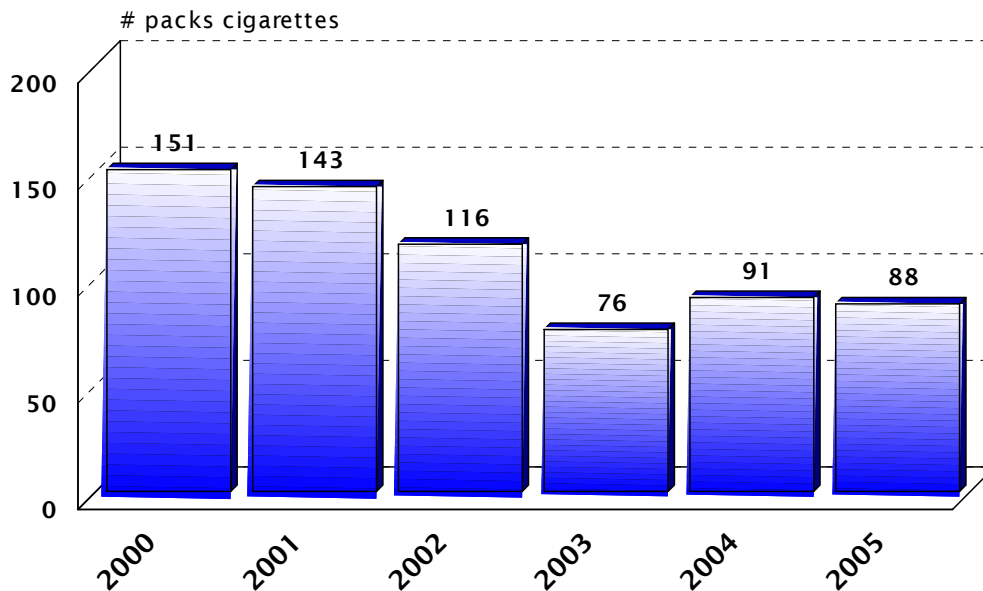
- Ministry of Education
- Ministry of Health
- Ministry of Justice
- Olbiil Era Kelalau
- Council of Chiefs/Traditional Leaders
- Private Sector
- Faith-Based Organizations
- Youth Organizations

Tobacco

Tobacco use is a preventable health risk and in many countries it is the leading preventable cause of death. Most tobacco users first experiment with tobacco products in adolescence and many become regular users before age 18. Smoking tobacco is responsible for heart disease, cancers of the lung, larynx, mouth, esophagus and bladder; stroke; and chronic obstructive pulmonary disease. Chewing tobacco alone or as an additive to betel nut is associated with leukoplakia, oral cancers, tooth and gum disease, and cardiovascular disease. The most common way of using tobacco in Palau is by chewing (pieces of cigarette or smokeless) with

betel nut. Tobacco imposes a terrible burden on both mortality and morbidity in the Republic of Palau.

Figure 5. Number of packs of cigarettes imported per adult (19 years and older) per year



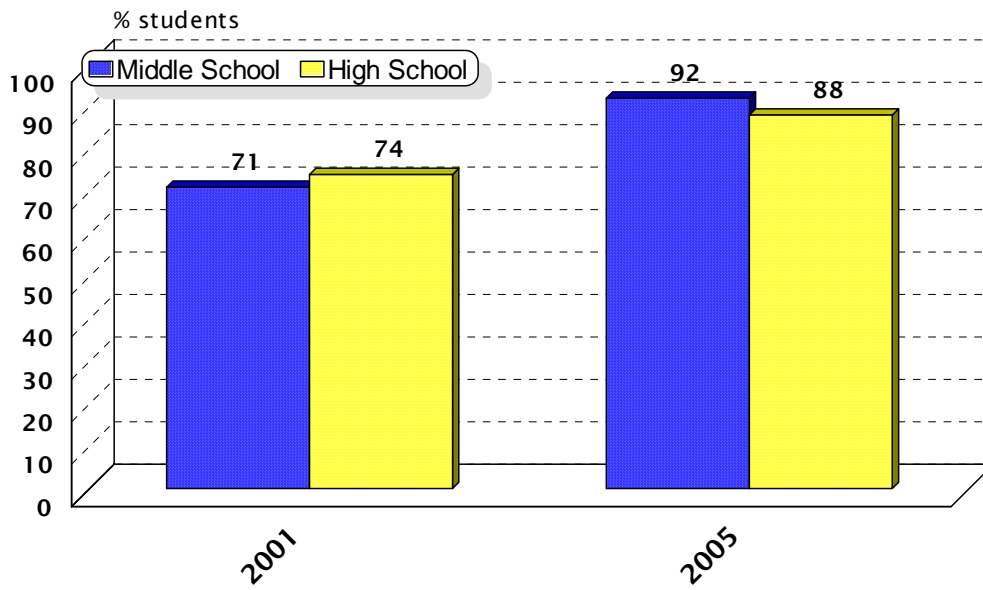
Source Data: Republic Of Palau, Bureau of Revenue, Customs & Taxation

Like alcohol, our most recent source of tobacco consumption data for adults is the MOH Community Health Assessment. According to the 2003 CHA, which surveyed 10,990 adults, 48% of adults responded that they chew betel nut, and of those 48%, 85%, or 4,369 individuals, reported chewing betel nut with tobacco.

The number of adult respondents who reported smoking was 17%, or 1,492 individuals. However, a disproportionate percentage of the smokers in the CHA were not Palauan. The number of Palauans who reported to be daily smokers was 1,197.

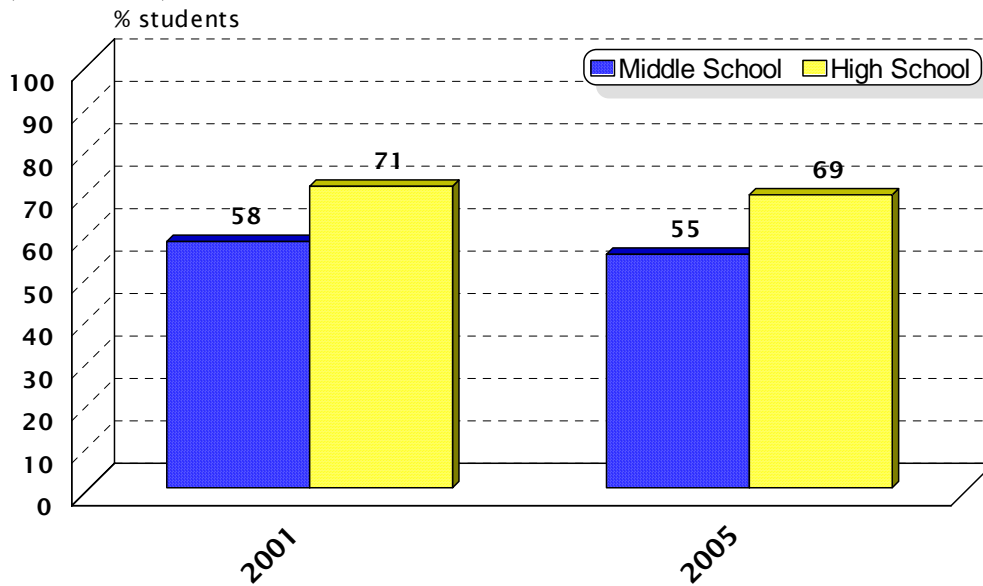
Tobacco use among youth is very high. Youth frequently report not only smoking, but chewing tobacco (either cigarette or smokeless) with their betel nut at alarming rates (see Figures 6, 7 and 8 respectively). There is no significant difference in the proportion of boys and girls who are current users of any form of tobacco.

Figure 6. Percentage of students who ever used some form of tobacco (lifetime use).



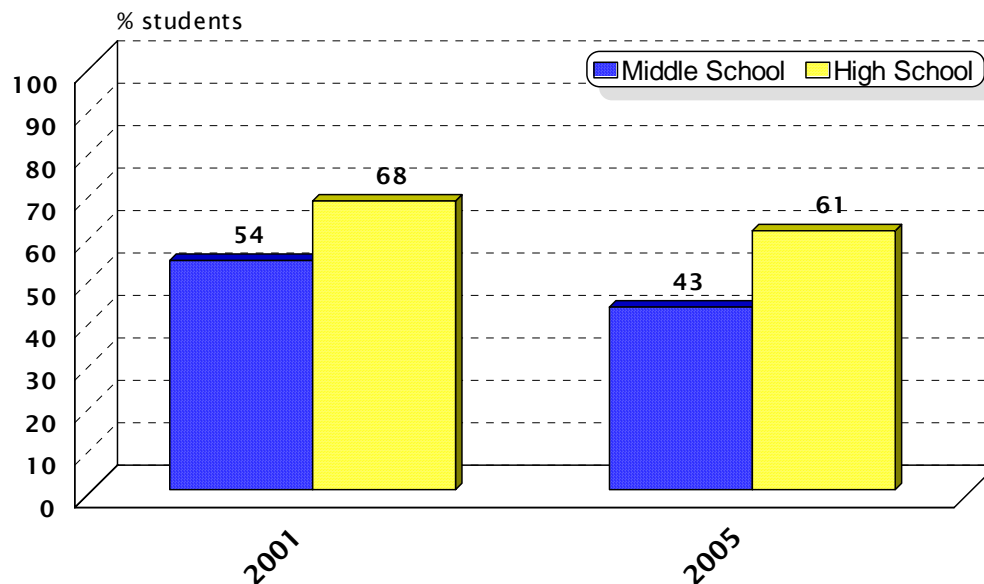
Source Data: Palau YTS 2001, 2005

Figure 7. Percentage of students who used any form of tobacco in the past 30 days (current use)



Source Data: Palau YTS 2001-2005

Figure 8. Percentage of students who chewed betel nut with tobacco in the past 30 days (current use).



Source Data: Palau YTS 2001-2005

In an attempt to reduce the consumption and consequences related to tobacco use and abuse the COSAP had identified and listed below data sources to track tobacco consumption, causes that contribute to high levels of tobacco use, goals to reduce tobacco use and finally suggested strategies for implementation.

Data Sources

- Community Health Assessment
- Death Certificate data
- Sale & Distribution License data
- Tobacco import data
- Youth Risk Behavior Survey
- Youth Tobacco Survey

Contributing causes:

- Widespread availability
- Frequent and wide scale promotion of tobacco
- Poor enforcement of existing tobacco laws
- Community acceptance of tobacco use
- Breakdown of traditional systems governing social behavior
- Easy access to tobacco for youth (both retail and social)
- Positive attitude toward tobacco among youth
- Susceptibility of youth to nicotine addiction

Goal: Prevent the onset and reduce the progression of tobacco use in communities through a holistic approach, which includes interventions aimed at the policy, practice and program level.

Suggested Activities:

- Social marketing campaign
- Social norms marketing
- Develop comprehensive legislation to ban sponsorship by tobacco companies, and the promotion of tobacco products, to decrease availability and accessibility to tobacco products, and to limit exposure to tobacco use and secondhand smoke
- Conduct merchant education and regular enforcement to tobacco vendors
- Work with traditional leadership to revive and strengthen cultural values that can limit or prohibit youth tobacco use
- Work with MOE and private schools to implement comprehensive tobacco free school policies and improved provision of culturally appropriate curricula regarding tobacco use
- Implement anti-tobacco programs for youth
- Implement tobacco use cessation programs for youth

Outcome Measures

- Increased Knowledge of, improved anti-tobacco attitudes toward, and increased support for policies to reduce youth initiation
- Increased anti-tobacco policies and programs in schools
- Increased restriction and enforcement of restrictions on tobacco sales to minors
- Reduced tobacco industry influences
- Reduced susceptibility to experimentation with tobacco products
- Decreased access to tobacco products
- Increased price of tobacco products
- Reduced initiation of tobacco use by young people
- Reduced tobacco-use prevalence among young people

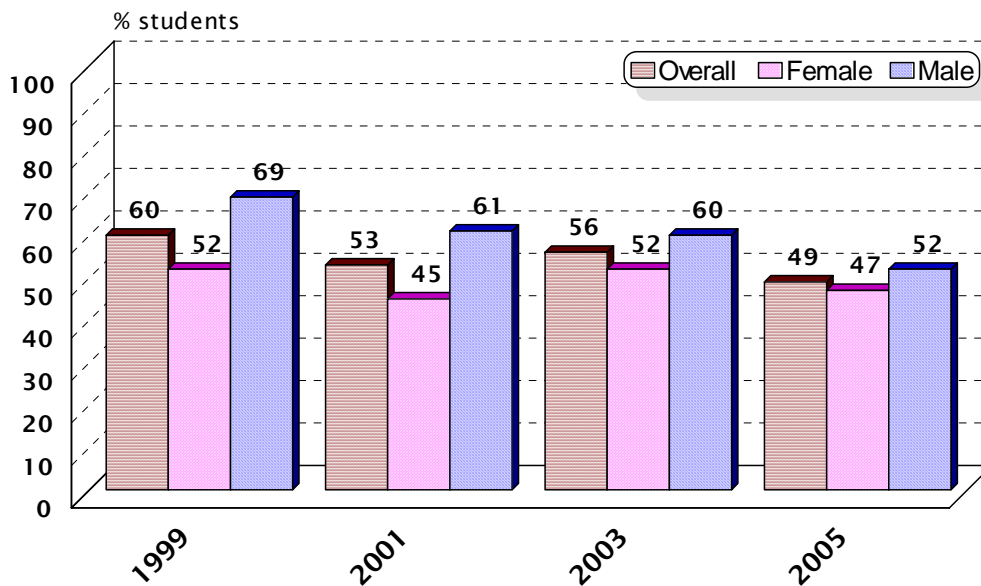
Potential Collaborating Partners

- Ministry of Education
- Ministry of Health
- Ministry of Justice
- Olbiil Era Kelulau
- Council of Chiefs/Traditional Leaders
- Private Sector
- Faith-Based Organizations
- Youth Organizations

Marijuana

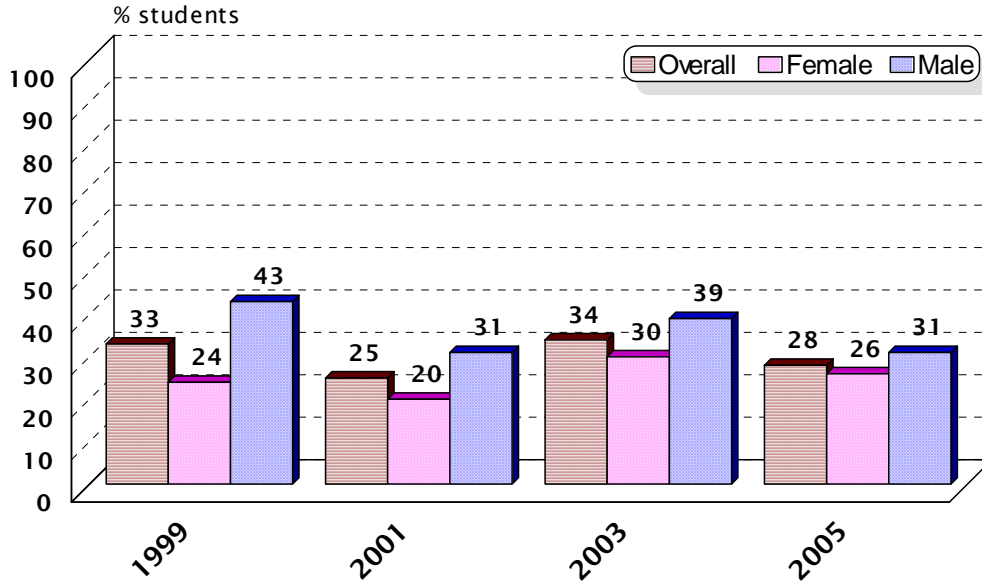
It is well known that marijuana is locally grown in Palau, so it is not surprising that a large number of residents of Palau have access to this illegal drug. Young people are among those with access, and, as the following figure shows, many of them have tried it. Moreover, public laws regarding possession of marijuana are not stringent, especially compared to laws for other illicit substances such as methamphetamine. This makes enforcement efforts even more difficult. Finally, social acceptance of this substance is wide spread, which further hampers efforts to curb marijuana use in our communities.

Figure 9. Percentage of students grades 9-12 who reported ever having used marijuana.



Source Data: YRBS 1999–2005

Figure 10: Percentage of students who reported using marijuana in the past 30 days (current use).



Source Data: YRBS 1999–2005

In an attempt to reduce the consumption and consequences related to marijuana use and abuse the COSAP had identified and listed below data sources to track marijuana consumption, causes that contribute to high levels of marijuana use/abuse, goals to reduce marijuana use and finally suggested strategies for implementation. It should be noted that while there are a number of data sources for alcohol and tobacco use, the data available to track illicit drug use is much more limited. In the case of marijuana, the YRBS does provide a number of measures of use, such as current use, lifetime use, and information on early initiation of use.

Data Sources

- Arrests data
- Court data
- Youth Risk Behavior Survey
- Anecdotal information from Bureau of Public Safety

Contributing causes:

- Social acceptability
- Enforcement challenges (budget issues, no on-island testing facility, difficulty securing cooperation from informants)
- Availability
- Strong demand for marijuana
- Contribution to cash economy
- Lack of alternative activities especially for adolescents
- Community perceptions
- Lack of parental involvement
- Legal recourse is a limited deterrent

- Accepted in families
- Unemployment
- Court leniency with penalties

Goal: Prevent the onset and reduce the progression of marijuana use in communities through a holistic approach, which includes interventions aimed at the policy, practice and program level.

Suggested Strategies:

- Create drug-free school zone areas
- Increase legal penalties for possession of marijuana
- Implement social marketing campaign aimed at decreasing social acceptability of marijuana use
- Increase opportunities for alternative activities for youth
- Collaborate with Small Business Development Center to find and promote economic alternatives to growing marijuana
- Work with key stakeholders to implement youth apprenticeship training program to increase employment opportunities for individuals
- Increase treatment programs/options for marijuana users
- Partner with crime stoppers to increase community awareness and support of their program and activities

Outcome Measures

- Decrease in current use of marijuana among youth
- Decrease in lifetime use of marijuana among youth
- Decrease in percent of students reporting having used marijuana before age 13
- Increase in arrests for possession/sale of marijuana
- Increase in average penalty for those convicted of marijuana possession or possession with intent to deliver

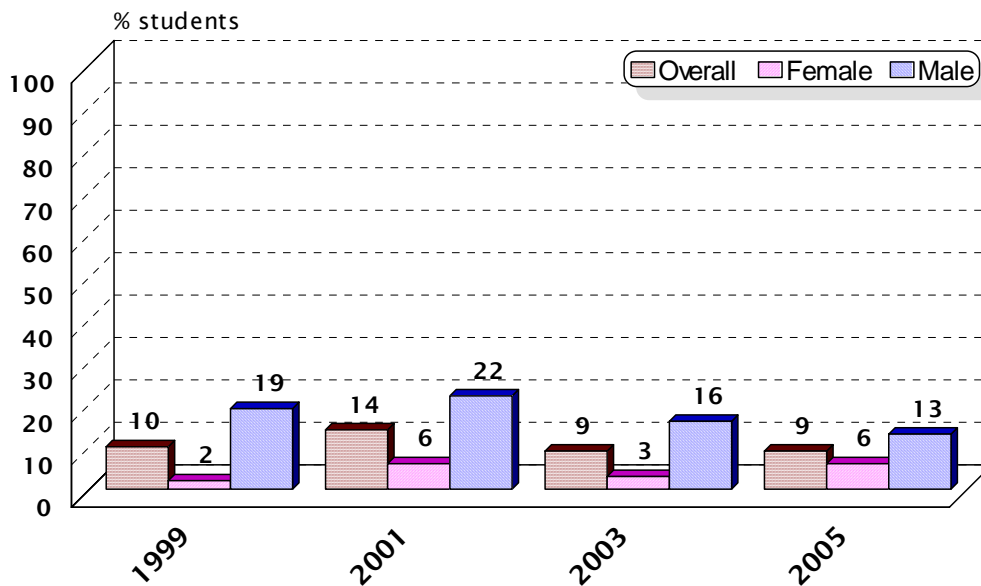
Potential Collaborating Partners

- Ministry of Education
- Ministry of Health
- Ministry of Justice
- Olbiil Era Kelulau
- Traditional Leaders
- Crime Stoppers
- Small Business Development Center
- Palau Community College
- Division of National Youth Affairs
- Palau National Olympic Committee
- Sports Federations

Methamphetamine (Ice)

Methamphetamine is a powerfully addictive stimulant associated with serious health conditions, including memory loss, aggression, violence, psychotic behavior and potential heart and neurological conditions. As a very strong stimulant, methamphetamine affects many areas of the central nervous system. Moreover, the drug can easily be made in makeshift laboratories from relatively inexpensive over-the-counter ingredients and can be purchased at relatively low cost. These factors make methamphetamine a drug with a high potential for widespread abuse. Because methamphetamine can be made with readily available inexpensive materials, there is great variation in the process and chemicals used. This means that methamphetamine may not be 'methamphetamine' at all, but rather a highly altered chemical mixture with some stimulant-like effects. Uncertainties about the drug's sources and the pharmacological agents used in its production make it especially difficult to determine its toxicity and resulting consequences and symptoms. Finally, since methamphetamine is known to cause episodes of sudden and violent behavior, intense paranoia, visual and auditory hallucinations and bouts of insomnia, meth users pose a much greater risk of crime and violent crime in Palau's communities.

Figure 11: Percentage of students grades 9-12 who reported using ice one or more times during their life.



Source Data: YRBS 1999–2005

In an attempt to reduce the consumption and consequences related to methamphetamine use and abuse the COSAP had identified and listed below data sources to track methamphetamine consumption, causes that contribute to high levels of methamphetamine use/abuse, goals to

reduce methamphetamine use and finally suggested strategies for implementation. It should be noted that while there are a number of data sources for alcohol and tobacco use, the data available to track illicit drug use is much more limited. In the case of methamphetamine use, the only reliable, consistent quantitative data source is the YRBS, which only provides a single measure of use, lifetime use.

Data Sources

- Arrests data
- Youth Risk Behavior Survey
- Anecdotal information from Bureau of Public Safety

Contributing causes:

- Enforcement challenges (budget issues, no on-island testing facility, difficulty securing cooperation from informants)
- Availability
- Economic incentive for dealers
- Strong demand in market
- Unemployment
- Risk taking behaviors (especially with young adult male population)
- Lack of alternative activities for youth
-

Goal: Prevent the onset and reduce the progression of methamphetamine use in communities through a holistic approach, which includes interventions aimed at the policy, practice and program level.

Suggested Activities:

- Create drug-free school zone areas
- Track importation of precursor ingredients used in the manufacturing of methamphetamine
- Implement social marketing campaign aimed at decreasing social acceptability of methamphetamine use, and increasing the knowledge of harmful side effects of the substance
- Increase opportunities for alternative activities for youth
- Collaborate with Small Business Development Center to find and promote economic alternatives
- Work with key stakeholders to implement youth apprenticeship training program to increase employment opportunities for individuals
- Increase treatment programs/options for methamphetamine users
- Partner with crime stoppers to increase community awareness and support of their program and activities

Outcome Measures

- Decrease in lifetime use of methamphetamine among youth
- Decrease in availability of methamphetamine on-island

Potential Collaborating Partners

- Ministry of Education
- Ministry of Health
- Ministry of Justice
- Olbiil Era Kelulau
- Traditional Leaders
- Crime stoppers
- Small Business Development Center
- Palau Community College
- Division of National Youth Affairs
- Palau National Olympic Committee
- Sports Federations

Implementation

It should be noted that the COSAP is an advisory body, not necessarily an implementation agency. However, the COSAP has taken the charge, assigned to them by the President, and has developed this plan in the hopes that the various implementing agencies would align their efforts and resources according to the priorities and strategies suggested in this plan.

The next steps include the respective bodies moving this strategic plan into the implementation phase. It is envisioned that this will happen through coordinated action planning by the SPF-SIG staff and the NCD alcohol group (for issues relevant to alcohol control), and the tobacco coalition (for tobacco control). Moreover, since there is no specific body in existence to look at issues of marijuana and methamphetamine use, the COSAP (through SPF-SIG staff) will convene a working group of interested stakeholders to conduct coordinated action planning and implementation for issues related to illicit drugs.

Monitoring and Evaluation

The Division of Behavioral Health, under the Bureau of Public Health, will be charged with monitoring and evaluating the Strategic Prevention Plan. Monitoring will be done on an ongoing basis to assure that action planning and implementation are proceeding as planned within the allocated time frame. DBH staff will conduct semi-annual monitoring meetings with key stakeholders in each substance area to assess progress on implementation and assure maximum alignment and synergy of efforts.

Moreover, an annual process evaluation will be conducted. This will result in the preparation of an annual report that will be shared with the COSAP.

At the completion of this five-year framework, an outcome evaluation will be conducted. The results of this evaluation will provide baseline information for any subsequent planning process, as well as serve as a guide for future planning endeavors.