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Substance misuse stories among Pacific peoples in New Zealand

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ABSTRACT

This paper examines the oral stories of Pacific people attending addiction treatment services in Auckland, New Zealand who were participating in a larger study exploring the validity of the Alcohol, Smoking and Substance Involvement Screening Test. (ASSIST). A Talanoa approach was used by interviewers to help gain an understanding of the factors associated with participants' substance misuse. Interviewers made notes of the stories they heard. Fifty participants were interviewed and expressed concerns related to how their substance use was influenced by their peers (66%, $n = 33$), the environment they were living in (60%, $n = 30$), and their family (50%, $n = 25$). Sixteen participants provided detailed narratives of their lived experiences that permitted further in-depth analysis. Thematic analysis of these narratives revealed five interrelated themes; introduction to drugs and alcohol, family dynamics access to drugs, attempts at giving up, and motivation to stop. The use of a Talanoa approach, whilst administering a screening tool, such as the ASSIST, allows for a more in-depth exploration of an individual's substance use. The information gathered would allow those working with Pacific people who misuse alcohol and/or drugs to develop culturally appropriate interventions.

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Pacific peoples; substance misuse; talanoa; ASSIST

Introduction

The misuse of psychoactive substances is considered among the top risk factors for increased morbidity and mortality worldwide and is recognised as an issue that affects individuals, families, and communities (World Health Organization 2009). This paper examines the oral stories of a number of people of Pacific ethnicity who were in treatment for substance dependence in New Zealand and who were part of a larger study designed to examine the validity of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) questionnaire in Pacific peoples in New Zealand (Newcombe et al. 2016).

Pacific peoples in New Zealand

Pacific peoples is a term that encompasses a diverse population comprised of various groups whose ancestral origins are from many different Pacific Islands. Every Pacific

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community is different and within each further diversity exists which is usually based on cultural and traditional structures that determine how each differs. In 1945, an estimated 2200 people in New Zealand were identified as being of Pacific origin, and by 2013 this number had increased to 295,941, which represented 7.4% of the total New Zealand population. It is estimated that 62% of Pacific peoples were born in New Zealand, and that by 2026 there will be 480,000 Pacific peoples in New Zealand (MPP Annual report 2017; Pasifika Futures 2017). The National Census recognises 18 ethnic Pacific groups, the largest of these identified as being of Samoan (49%), Cook Island Māori (21%), Tongan (20%), Niuean (8%), Fijian (5%) and Tokelauan (2%) descent (Pasifika Futures 2017). As a group, Pacific peoples are considered youthful and the fastest growing young population in New Zealand.

Pacific peoples immigrated to New Zealand for opportunities in employment, health care, education and to meet the New Zealand labour force demands. The migration history of the particular Pacific group varies, with entry easier for some than others. New Zealand has administered the Cook Islands, Niue and Tokelau who all retain citizenship within New Zealand and migration have generally been easier for these Pacific groups than others. The Treaty of Friendship between Samoa and New Zealand grants New Zealand residency to a set number of Samoans on an annual basis. (Spoonley et al. 2003). Tongan and Fijian migration were usually through temporary permits, quota schemes and family reunification provision (Bedford and Hugo 2012).

A significant pull-factor into New Zealand was the opportunity for migrants to provide for their families in their home Island counties and to pave a path of greater opportunities for children born in New Zealand. Many Samoans, Tongans, and Fijians on temporary permits, obtained semi-skilled work, often overstaying the extent of their permits. After the Second World War and up to the 1960s overstaying was relatively common while demand for semi-skilled workers were high, but due to the economic downturn of the early to mid-1970s, policing of permits became strict, resulting in the dawn raids and random street checks for Pacific people (Cook et al. 1999; Anae 2012).

Pacific peoples are considered disadvantaged on a number of social and economic scales that directly impel health outcomes. In general Pacific peoples are characterised by higher unemployment rates, lower levels of formal qualification, and lower skilled manual jobs (Anae 1997; Oakley et al. 2006). They are over-represented in the most deprived socio-economic areas within New Zealand that have poorer health status and poorer access to health services (Craig et al. 2008). Accordingly, research based on the issues that affect Pacific peoples in New Zealand is necessary if the gap of inequities is to be bridged.

Substance use and Pacific peoples in New Zealand

Alcohol and drug use amongst Pacific peoples in New Zealand are generally higher than that of the general population. Te Rau Hinengaro – the New Zealand Mental Health Survey, showed that in people of Pacific ethnicity the 12-month prevalence of any substance use disorder was 4.9% compared to 2.7% in the general population. In this survey the most prevalent specific substance abuse disorders were related to alcohol and cannabis misuse (Oakley et al. 2006). More recently, while Pacific peoples have been shown to be less likely to report drinking alcohol than non-Pacific ethnicities, they were

more likely to engage in hazardous drinking behaviours (Ministry of Health 2017). Pacific peoples are also less likely to use alcohol and other drug services than other ethnic groups, and therefore are less likely to receive effective and culturally appropriate interventions for their drug misuse (Ministry of Health 2008, 2010; Southwick et al. 2012).

Gaining an understanding of the possible underlying factors associated with substance misuse in Pacific peoples (through identifying themes) would go a long way to elucidate the possible determinants of drug use in this group. This will help to inform the development of possible culturally appropriate interventions and/or preventative measures/approaches.

The validation of the ASSIST

The ASSIST is a pencil and paper questionnaire that assesses lifetime drug use and recent drug use (last 3 months), and classifies respondents according to their level of risk (low or non-problematic substance use, moderate or risky use, high or problematic/dependent use) (Humeniuk et al. 2008). The interview typically takes 10–15 minutes to complete and if respondents are classified as 'moderate risk' (that is engaged in harmful drug use, but not substance dependent), a targeted brief counselling intervention can be delivered which may take an additional 15–20 minutes (Newcombe et al. 2005; Humeniuk et al. 2008).

The ASSIST has undergone significant psychometric evaluation through a multisite international study to ensure that it is feasible, reliable, and valid in the populations in which it was tested (WHO Assist Working Group 2002; Newcombe et al. 2005; Humeniuk et al. 2008). However, until recently its validity in Pacific peoples in New Zealand had not been established. In order to validate the ASSIST in this context 100 participants attending general practitioner's known to be used by Pacific peoples, and 50 Pacific participants attending addiction treatment agencies were recruited to take part in the ASSIST validation study. Participants were required to be of Pacific ethnicity between the ages of 18 and 45, and to speak and understand English. While attempts were made to ensure that all Pacific ethnic groups were represented numbers were particularly high amongst the Samoan, Cook Island and Tongan ethnic groups. All participants were administered a comprehensive test battery made up of the ASSIST Version 3.0 and a number of other interviewer administered and self-administered instruments that offered alternative measures to the ASSIST of the phenomena of interest, such as diagnostic assessment of addiction disorders, the frequency of substance use and associated family problems, psychological dependence, and functional assessment of physical health, anxiety and depression (Humeniuk et al. 2008). A more thorough description of the research design, methods, and results of the larger study have been reported elsewhere (Newcombe et al. 2016).

The objective of this study was to identify common themes underlying participants' experiences and to consider these in terms of the broader sociocultural context in which they lived and misused psychoactive substances to inform possible interventions.

Method

To ensure the technical and cultural competency of the research process the interviews were undertaken by Pacific researchers (HS and ST) who were well trained in delivering the test battery and were well versed in Pacific 'talanoa' research methodology.

The talanoa research methodology represents a means of oral communication for Pacific peoples and is considered the most common means of communication across the Pacific population groups in New Zealand and in their homelands (Halapua 2000; Prescott 2009; Southwick et al. 2012). It can be described as a 'conversation, a talk, an exchange of ideas or thinking, whether formal or informal' (Vaioleti 2016). Without any specific framework, talanoa in the Pacific sense simply means 'to talk', 'discuss', 'converse', 'tell stories', and so forth (Thompson and Thompson 2000). It is almost always carried out face-to-face and the approach has been described as 'a personal encounter where people story their issue, their realities and aspirations' (Vaioleti 2016). The encounter is described as informal, which further encourages the participant to 'tell stories or relate experience' (Churchwood 1959). Vaioleti described *noa* as accounting for the act of providing space and conditions and *Tala* as a means of bringing the researcher and participants, 'emotions, knowing and experiences' together. The mutual interaction between 'tala' and 'noa' creates a safe and suitable environment of space and time for the participant and researcher to talk and exchange information (Vaioleti 2016). Therefore the communication and discussions central to the talanoa approach permit people to engage in conversations that can potentially lead to a critical discussion about certain topics and issues that can lead to new knowledge being gained. This then allows rich information to appear in the stories of the participants.

Adopting a 'talanoa' approach in which the ASSIST was delivered provided an opportunity for participants to tell their story as they were answering the questions in the test. The ASSIST prompted further explanations about participant substance use thereby further engaging in social conversation about their substance use. The Pacific interviewers prompted participants about their substance use as they saw fit to fully appreciate the nuances embedded in the stories told by the participants and the facets of the individual's life at relevant points in the interview.

Specifically, a life story approach was used, which encouraged a narrative style where the participants set the pace of the discussion, and the interviewer listened, clarified, probed and brought up any topic which needed to be covered in relation to the tool used (Olson and Shopes 1991). The role of the interviewer is of an active listener and asker of accompanying questions or prompts in the context of their life stories using the ASSIST. The interviewer attended to meanings and emotions, and made notes of supplementary topics to bring up later, at an appropriate time. Bringing up prompts invited the interviewer to explore topics further, or to explore different but related topics, or different angles on topics.

Procedure

During recruitment, participants were provided with participant information sheets and given sufficient time to consider their involvement in the study. They were assured that all information provided would be treated confidentially and were required to provide written consent to participate. Interviews were conducted in an office located in the treatment setting, and took place between 4th July 2011 and 5th February 2013. The participants were administered a battery of tests as previously described which took on average 60–90 minutes to complete. However, the time taken to administer the ASSIST

questionnaire and to engage in conversation with the participant around their alcohol and other drug use took considerably less time (on average 20–30 minutes).

Participants were compensated NZ $50 on completion to compensate them for their time. … Ethical approval for the larger validation study was obtained from the New Zealand Health and Disability Ethics Committee (ref. CEN/11/03/011). An amendment to this ethics approval was granted to enable researchers to annotate stories from participants.

Data analysis

At the end of each interview, the interviewer wrote up full notes. These notes described the interview and in particular, the stories that were told by participants during the interview. In addition, any thoughts the interviewer had about what went on in the interview, including factors such as the behaviour of the participants during the interview. The responses to the questions given by the interviewer were also noted. While stories were gathered from all participants, not all were able to give full accounts and so only a proportion of the fifty treatment participants' stories were suitable for more extensive analysis. The notes were reviewed for emergent themes using a general inductive approach (Thomas 2006).

Results

Participants

The 50 participants who were recruited from alcohol and drug treatment agencies were considered for this study. The majority identified themselves as Samoan (56%; $n = 28$); 26% ($n = 13$) as Tongan, 12% ($n = 6$) as Cook Island Māori, and 6% ($n = 3$) as Niuean. Twenty–three participants were female, 27 were male, and their age ranged from 18 years to 45 years. The majority of the participants met the Diagnostic Statistical Manual (DSM-IV) diagnostic criteria for alcohol dependence as their primary diagnosis, with fewer meeting diagnostic criteria for cannabis and methamphetamine dependence. All participants were poly drug users, commonly using alcohol and tobacco, and either cannabis and or methamphetamine. ASSIST scores for specific substances were highest for tobacco and alcohol.

When considering the fifty participants as a whole, the greatest concerns expressed by participants during the interviews were related to how their substance use was influenced by their peers (66%, $n = 33$), the environment they were living in (60%, $n = 30$), and their family (50%, $n = 25$). This was followed by how their substance use was affected by the wider context/environment (38%, $n = 19$), health (4% $n = 2$) and other factors.

Sixteen participants provided detailed narratives of their lived experiences during the delivery of the ASSIST tool and which could be explored in more detail. Table 1 provides demographic details of these participants.

Nine participants identified as being male, seven as female. The annotated notes permitted more detailed analysis using thematic analysis. Five key themes were identified from these notes; introduction to drugs and alcohol, family dynamics, access to drugs, attempts at giving up, and motivation to stop. These themes are described below and include examples of the narratives provided by participants. In order to preserve

Table 1. Demographic details of participants providing narratives.

Participant	Age	Gender	Ethnicity
1	39	Male	Cook Island Māori
2	42	Male	Samoan
3	30	Male	Samoan
4	45	Male	Samoan
5	42	Male	Samoan
6	32	Male	Samoan
7	28	Male	Samoan
8	18	Male	Tongan
9	20	Male	Tongan
10	41	Female	Samoan
11	41	Female	Samoan
12	33	Female	Samoan
13	23	Female	Cook Island Māori
14	27	Female	Samoan
15	37	Female	Cook Island Māori
16	44	Female	Niuean

anonymity participants are identified by a number that corresponds to the participants listed in the table.

Themes

Introduction to drugs and alcohol

For five participants the introduction to alcohol and drugs occurred through a close peer or a family member who either used or sold drugs. In many cases, this reportedly occurred at a young age (Participants, 3. 7, 9, 12, & 14). For example, one participant reported being introduced to alcohol and drugs through his father and family members who were affiliated with a gang and drug dealers (Male participant, P3). Exposure to this environment meant that the participant was introduced to substances at a young age and that he was encouraged to use over a long period of time. Similarly, a female Samoan participant also grew up in a gang-affiliated family and her introduction to drugs and alcohol was through family members and gang members connected to her father (P14). Another participant who at the time of participating in this study was 28 years of age, reported that he had been smoking marijuana (cannabis) since the age of 15 years. He was introduced to marijuana through his brothers who sold and used drugs and so he felt compelled to do the same (P7).

Family dynamics

Throughout the narratives, the most common theme noted was participants having experienced some form of trauma because of family dysfunction. Issues within the family were reported to be influential in the decisions about using alcohol and drugs that participants made. Family issues included a lack of parental supervision, and abuse or areas that could be indirectly related to a family situation.

Six of the nine men disclosed physically watching their fathers leave the family home and having no contact with them since childhood. For these six participants, this subject continuously came up throughout the interview. They noted 'their upbringing was difficult' and 'unstable' (participants 1, 2, 4, 5, 6, 8). One Samoan participant specifically discussed the impact that an unstable upbringing had on him and consequently

attributed much of his current alcohol and drug problems to his father leaving when he was very young (P5).

As well as discussing their personal pain they also noted the abuse within the family home and the probable influence this had on their future trajectory into crime. For example, a Samoan participant grew up with his father who was abusive and affiliated with a gang, he watched his mother die as a result of violence and noted it as a traumatic experience in his life (P3). Three out of the six female participants spoke at length about the abuse that they experienced within the family home, but were generally reluctant to talk about the type of abuse experienced (P10, 13, 15). One participant described her reluctance in discussing her sexuality with her family out of fear that she would be ridiculed because of the family's cultural beliefs. She stated that she used alcohol and drugs to help cope with the situation she found herself in (P10).

Access to alcohol and other drugs

Participants also discussed their access to alcohol and other drugs. None of the participants who were in addiction treatment mentioned living in a stable home, and as previously noted, many described the trauma they experienced due to family dysfunction. Much of the discussion around access to alcohol and other drugs was based on access through gang allegiance. Participant 3 stated that the difficulty with staying drug-free was the fact that 'You can't get away from the gangs' (P 3, 7, & 11). Two of the female participants had access to drugs as sex workers (P 13 and 14). Participant 14 worked as a sex worker to support her drug habit, and participant 13 used drugs because she was ashamed of her sex work but felt she had no alternative as she needed to support her children.

Many participants in the study discussed how their living environment made giving up drugs difficult because of the constant exposure they had to drugs (P 1, 2, 3, 4, 5, 8, 10, 13, 14, 16). Three participants had ongoing encounters with the justice system with participant 3 acknowledging that one of the fears he had, coming out of jail, was being placed back into the environment that fostered his addiction because there was nowhere else to go (P 2, 3, 16). Furthermore, a Male Samoan participant stated that his children had only started visiting him in prison and that it was difficult to break away from substance use because he was a gang member and repeat offender (P2). A female participant reported that she had assaulted a police officer when she was drunk which meant that she was in further trouble with the justice system (P 16).

Attempts at giving up

In this study, some participants felt guilty for being addicted to either alcohol or drugs. Despite being currently in treatment for addiction, no one mentioned previously gaining assistance through a treatment agency. They also mentioned that all previous attempts at giving up were attempted without accessing any treatment. When probed as to whether addiction treatment worked, and if so, for how long, one Tongan participant reported that he had attempted to give up several times without treatment but had always relapsed back to alcohol and other drug use (P9). Furthermore, two female participants stated that withdrawal from alcohol and other drugs was physically painful and as a result, they were likely to relapse to ease the pain (Participant 13 and 15).

Motivation to stop

The final theme encountered during the conversations with participants during the interviews was the desire or motivation that some participants expressed to give up their substance use. For four participants in this study who were parents their main drive for change was their children (P 3, 5, 8, 15). For example, a Cook Island women had two children removed from her custody by the courts and she reported that this continued to be her motivation to stop (P15). Furthermore, a father wanted to make a change for his children, but noted the struggles due to his association with crime (P3).

Although two participants were estranged from their family members because of their drug use, motivation came from a supportive partner who was not substance user and who assured them that they would help them through their rehabilitation (P 12 and 15). Hence, in these cases, the desire for stability and healthy relationships were the main motivators for change.

Discussion

Currently, there is a paucity of literature on the lived experiences of substance users in addiction treatment settings as described through their own narratives, particularly those of Pacific peoples. In this study, these lived experiences were told to researchers during the administration of the ASSIST to a group of Pacific peoples engaged with addiction treatment services in New Zealand. While the ASSIST was developed to screen for problematic alcohol and drug use, the 'talanoa' approach in which the tool was delivered provided an opportunity for discussions around certain facets of the individual's life that were related to their substance use. It became apparent whilst undertaking the larger study designed to validate the ASSIST in Pacific peoples that participants were willing, in many cases, to talk in detail about their lives and how they became involved with alcohol and other drugs. Consequently, the approach by which the ASSIST tool is delivered provided a context within which substance misuse could be viewed for the individuals being interviewed. Participants provided insight into their experiences with the substances they were using and the context in which they used. This study highlighted a number of inter-related themes that are important when considering the participants' experiences with alcohol and other drugs. These key themes were related to how participants were initiated into using alcohol and drugs (introduction to drugs and alcohol), and how their substance use was maintained (family dynamics, access to alcohol and other drugs), and thereby related to their motivations and attempts at stopping use (attempts at giving up, and motivation to stop).

Although Pacific peoples have been in New Zealand for over a century it has only been relatively recently that the Pacific population has grown significantly (MPP Annual Report 2017; Pasifika Futures 2017). Thus there is a group of Pacific peoples who are island born, and therefore brought to New Zealand their cultural norms around the use of alcohol and other drugs. In particular, Pacific peoples had not discovered the manufacture of alcoholic beverages on their own, and so it was never part of their cultural makeup (Marshall 2003). In Lima's study on alcohol and Samoa, he noted that Samoan people's drinking behaviours 'violates traditional norms' (Lima 2004). However, after lengthy exposure to alcoholic beverages alcohol has secured a permanent and central place in the cultural, economic, and social fabric of many Pacific people's lives, including those people in the fast-growing

Pacific communities in NZ (Lima 2004). There is also a growing population of New Zealand born Pacific peoples who may have assimilated some of the mainstream practices, including substance use, so this behaviour can come in conflict with these traditional values and norms (Lima 2004).

Much of the knowledge about substance use in Pacific peoples in New Zealand concerns their use of alcohol (Huakau et al. 2005; Sundborn et al. 2009; Ministry of Health 2010). National surveys reveal that people of Pacific ethnicity generally report lower rates of drug use (other than alcohol) in the past year than non-Pacific (Ministry of Health 2010, 2017), although they reportedly have higher rates of diagnosed substance use disorder (Oakley et al. 2006). Of course this data needs to be viewed in the context of social, economic and political constraints and inequalities in the distribution of, and access to, resources (such as health care) that are apparent in New Zealand society (Oakley et al. 2006; Ministry of Health 2010, Southwick et al. 2012). Cannabis was reportedly the most commonly used illicit drug by Pacific peoples across all metrics (past 12 months, at least weekly, monthly, and daily use), but was lower than for Māori and European (Ministry of Health 2010). The next most common drugs of use by Pacific peoples were stimulants, such as amphetamines, methamphetamine, and ecstasy (Ministry of Health 2010, 2017). This general trend is reflected in the sample of Pacific peoples who volunteered to participate in this study.

Participants in this study highlighted the significance of a number of factors that facilitated their introduction to, and ongoing access to alcohol andor drugs, that reflect the importance of family and the wider environment. In particular, the absence of kin support and the lack of a stable family is known to exacerbate substance use. This is even more of an issue in single-parent households, with the lack of one parent, as shown by participants in this study (Harrell et al. 1999). These reports are consistent with findings from New Zealand based studies that have explored the predictors of alcohol use in adolescence (Huckle et al. 2008; Jackson et al. 2014). Huckle and colleagues showed that in a representative New Zealand sample of adolescents (12–17 years of age), the quantity of alcohol consumed was found to be associated with the frequency of social supply by parents, friends (peers) and others, as well as alcohol outlet density and neighbourhood deprivation (Huckle et al. 2008), further attesting to the pivotal role of environment in determining alcohol use. Furthermore, for those who might be in jail and drug free, returning to an environment where drugs are freely accessible and drug using is common, places them at high risk of relapse and return to drug use (Harrell et al. 1999).

Pacific peoples have been characterised as high risk drinkers which means that even though a smaller proportion of Pacific people drink alcohol compared to that of Europeans, when they do drink they tend to drink more on a typical occasion (Huckle et al. 2008; Sundborn et al. 2009; Ministry of Health 2017). Then again, Sundborn and colleagues reported that Pacific drinkers were more likely to give up drinking than European drinkers. The main motivators given by Pacific peoples in the latter study for giving up were related to family and social reasons which would align with the stories provided by some of the participants in this study (Sundborn et al. 2009). These findings highlight a potential target for interventions with Pacific peoples.

To date, little is known about the contribution of treatment interventions in facilitating recovery from problematic drug use for Pacific peoples. There is a paucity of information

on what works, for whom and under what circumstances. Pacific peoples are less likely to use treatment services (Ministry of Health 2008, 2010; Southwick et al. 2012) and so they are more likely to experience adverse consequence of attempting to give up alcohol and drugs – i.e. going 'cold turkey' which will likely lead to ongoing drug use as they relapse to relieve the 'pain' of withdrawal. Many participants in this study reported that they had attempted to give up drugs on their own, but had failed because of the painful withdrawal they experienced and the need to use drugs again to relieve the pain. Rather than relying on mainstream services to provide addiction treatment for Pacific peoples there is a need for the provision of culturally appropriate interventions that would be more likely to better engage and therefore be more effective treatment options for Pacific peoples.

We have previously discussed the importance of devising a relatively brief counselling session or brief intervention (BI) for Pacific peoples that would be considered culturally appropriate and that could be linked to the scores on the ASSIST questionnaire (Newcombe et al. 2016). Although the ASSIST screening tool was developed primarily to screen for alcohol and drug use, in this study the 'talanoa' approach in which the tool was delivered facilitated the discussion of the individual's life and in obtaining information about their drug use. This information was significantly more rich and detailed than the scores provided by the ASSIST (which are designed to place individuals on a continuum of risk and informs the type of specific health-related feedback) and would potentially assist treating clinicians to prioritise and plan patient care that would supplement the information that the ASSIST provides. This information would be personal and so would allow for the development of an individualised intervention, rather than utilising a standardised BI that has been developed for more mainstream use (Humeniuk et al. 2008; Newcombe et al. 2016). The themes identified in this study might be used to help guide the conversation. However, it is possible that if this approach were adopted different themes, than described in this paper, might be elicited during conversations with Pacific peoples. Such an intervention could be delivered by the health professional who carried out the ASSIST screen which would help to enhance the capability to engage with Pacific people with problematic alcohol and other drug use.

This study has a number of strengths. The development of a personal relationship between the researcher and the participant was pivotal in obtaining information. It was particularly significant that the 'interviewers' were Pacific and conversant with the talanoa approach. Consequently, the methodology by which the ASSIST tool was delivered provides a context within which substance misuse could be viewed for the individuals being interviewed. In terms of limitations, the main one is the relatively small sample size. Only 16 participants (out of the 50 participating in the larger ASSIST validation study) provided sufficiently detailed narratives that allowed for the detailed analysis undertaken in this study. Nevertheless, all participants in this study were able to express their greatest concerns about their substance use in conversations with the interviewers. Moreover, while the larger study managed to recruit Pacific peoples from the main Pacific nationalities represented in New Zealand – the detailed narratives where predominantly sourced from Pacific peoples of Samoan ethnicity which limits the generalisability of these findings to other Pacific ethnicities.

Conclusions

The present study illustrated the value of adopting a Pacific methodological framework, specifically the 'talanoa approach' whilst administering the ASSIST screening tool. This approach allowed for a more in-depth exploration of an individual's substance use and the intricacies related to the context in which they used, and the consequence of their use. The information elicited using this approach could be used to bolster the information gathered using the ASSIST and would allow those working with Pacific peoples who misuse substances to develop individually focused interventions, and particularly targeted messages, that are more meaningful, more culturally appropriate and thereby more likely to be effective.

Disclosure statement

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