ANALYSIS OF MĀORI SPECIFIC ALCOHOL AND OTHER DRUG HEALTH MESSAGING IN AOTEAROA

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Alcohol and Other Drug (AOD) addiction issues disproportionately and adversely impact Māori more than non-Māori. Māori have a lifetime prevalence of substance use disorders (26.5%) twice that of the total population (12.3%) and Māori are twice as likely as non-Māori to consume large amounts of alcohol. Māori are more likely to need alcohol and other AOD treatment services than any other ethnicity (National Committee for Addiction Treatment, 2012). Despite this, health messaging does not reflect this need.

Effective health messaging for Māori is important to reflect the relationship between the Crown and Māori under Te Tiriti o Waitangi, and in particular to apply the principles of partnership, participation and protection, to achieve health equity for Māori. While Alcohol and Drug Use is a complex and complicated health issue, health messaging is one controllable factor, which can be addressed at a population level.

“The effectiveness of a message will be controlled by the medium through which it is transmitted”  
(Standen and Rivalland, 1982)

Health messaging is important for, changing and creating social norms, health behavioural change.
This report is an exploratory study of Health Messages in Drug and Alcohol Resources. This report is based on analysing over 10 Alcohol and other Drug resources and webpages developed and available in Aotearoa, New Zealand. These were accessed via Google Search Engine – the same way whānau would access resources online, in addition to an academic search of the research literature, to provide insights into AOD messaging for Māori.

Overall, this is a lot of different resources and AOD messaging. There is a relatively large body of resources identifying the harms caused by AOD use, as well as support resources for those who are wanting to stop using drugs or use drugs more safely. There are also many resources for whānau members and health practitioners supporting those with AOD use. This could potentially be overwhelming for whānau and individuals accessing support.
MĀORI SPECIFIC AOD HEALTH MESSAGING

Currently, most AOD health messaging is pitched at a mainstream audience.

Currently, most AOD health messaging does not include Māori language, messages, imagery or people. This is of concern, as health messaging targeted towards a mainstream audience could prove ineffective to Māori and contribute to widening inequality. A report into smoking inequalities looked at the impact of mainstream anti-smoking programmes on smoking inequalities and highlighted the need to develop smoking reduction programmes that are effective for those groups with the highest need. The most effective approach to tobacco control is likely to include a balance of universal and more targeted programmes (Hill, Blakely, & Howden-Chapman, 2003). It is therefore important to provide relevant and targeted public health AOD messaging and information for a Māori specific audience.

Lack of Māori specific health messaging

There are few examples of Māori specific health messaging, which include Te Reo Maori or messaging which incorporates Mātauranga Māori or Māori cultural practices. This type of messaging could prove ineffective to Māori and contribute to the widening inequity in the AOD space for Māori whānau.
VERBAL ASPECTS OF MESSAGING

Verbal Messaging: Use of Te Reo Māori in Health Messaging

The use of Mātauranga Māori, as well as Māori language and culture in health messaging, is very important to ensure health messages reach Māori communities. I found that there are very few examples of AOD health messaging or resources available in Te Reo Māori. One example is the Drug Foundation comic posters which are translated into Te Reo Māori. It is important to note that resources and health messaging translated into Te Reo Māori does not always mean that that health messaging comes from a Māori perspective and aligns with a Māori worldview.

There were also very few examples of Mātauranga Māori embedded within or guiding health messaging. While, there is a reference to whānau and the importance of whānau in some resources (For example, Kina - Families and Addiction Trust - Family Inclusive Practice in the Addiction Field) overall there was little in-depth integration of Mātauranga Māori. Some resources did discuss cultural competency and cultural elements; however, this information was often siloed or included later in the resources. Overall, there was little integration of Māori concepts, Te Reo Māori or Mātauranga Māori in AOD health messaging. I was unable to find any AOD health messaging, rich in Te Reo Māori or Mātauranga Māori.
Of interest in the Māori messaging space, Keri Opai has developed, a Māori language glossary, Te Reo Hāpai – The Language of Enrichment, is a new Māori glossary that not only provides translations for existing words, it has also created many new words in Te Reo Māori - for use in the mental health, addiction and disability sectors. Importantly, Te Reo Hāpai uses enriching language and a strengths base, mana enhancing Māori worldview for the benefit of Tāngata Whaiora.

Examples Include:
- Whakangā Pahūrehu - Volatile Substance Misuse
- Whakapōauau - Drug Narcotic
- Whakapōauau Taihara - Illicit Drugs
- Te Piringa Wara Waipiro - Alcohol Addiction connection
- Korekai – Abstinence
- Te Piringa Wara Whakapōauau - Drug Addiction connection

There were no resources in this search that used these terms.
Of concern, was the use of negative images of Māori (as shown below). Such negative images are of concern for two reasons. First, they could reinforce negative stereotypes of Māori and potentially add to the stigma. Second, it is possible that Māori will engage with resources and messaging, of drug-induced, or drunk Māori. There is a clear tension about how we create imagery to appeal to Māori, without reinforcing negative stereotypes of Māori, and potentially encouraging or increasing drug and alcohol use among Māori. There were some examples of where Māori specific images such as Marae, nature, Māori Arts and people were used. These positive images, still appeal to Māori, do not reinforce negative stereotypes, and also encourage aspects of positive wellbeing.
Overall, there is a lack of Te Reo Māori and Mātauranga Māori (Māori knowledge) in Health Messaging in Aotearoa, this including the AOD space. In many of these resources, we see the use of Māori language in addition to images, but this often seems to be at a superficial, surface level and does not reflect deeper cultural values. Lastly, there is a lot of AOD health messaging aimed at teens and youth. This is an excellent example of identifying a community and messaging directly, to this audience in a specific way to engage this community. It is clear there is also a need for Māori Specific health messaging, with positive prosocial imagery, and consistent, mana-enhancing verbal korero and messaging.

Use of Prosocial Positive Imagery

There were some examples of where Māori specific images such as Marae, nature, Māori Arts and people were used. These positive images, still appeal to Māori, do not reinforce negative stereotypes, and instead encourage aspects of positive wellbeing.
These is little academic literature on Māori specific Health Messaging specific to the AOD space. This research identified a report written in 1994 on the effectiveness of Health Messaging for Māori by Daphine Ropiha on behalf of the Ministry of Health, in addition to a Māori model of Health Promotion - The Te Pae Mahutonga - published in 1999 by Sir Mason Durie. While both were published over 20 years ago, there has not been significant uptake by the AOD sector. Both are summarised below and should be considered for future health messaging targeted towards Māori communities.

KIA WHAI TE MARAMATANGA: THE EFFECTIVENESS OF HEALTH MESSAGES FOR MĀORI (ROPIHA, 1994)

Key considerations from the paper Kia whai te maramatanga: The Effectiveness of Health Messages for Māori (Ropiha, 1994):

- The creation of messages needs to utilise images, language and protocol of Māori to ensure that the meaning of the message gets through to the receiver, Māori people.

- How Māori people come into contact with a message depends largely on how relevant the messages are to them. The vehicle used to carry the messages need to be identified as Māori.

- Messages must be kept consistent.

- Māori language should be used as much as possible.

- Māori networks and social links of īwi-hapū-whānau should be involved.

- The message must include concepts and constructs that are appropriate and will lead to understanding.
Tā Mason Durie developed a Māori model of Health Promotion which can be applied to health messaging. The Te Pae Mahutonga (Southern Cross Star Constellation, Durie, 1999) brings together elements of modern health promotion such as Mauriora (cultural identity), Waiora (physical environment), Toiora (healthy lifestyles), Te Oranga (participation in society), Ngā Manukura (community leadership) and Te Mana Whakahaere (autonomy).

The four central stars represent the four key tasks of health promotion and reflect particular goals; Mauriora, Waiora, Toiora, Te Oranga. The two pointers Ngā Manukura and Te Mana Whakahaere represent the two prerequisites for effectiveness, leadership and autonomy.
During Covid-19, we saw the need for and impact of Māori specific health messaging. Examples include using Māori values, such as manaakitanga, whānaungatanga, and Māori concepts such as rāhui, to provide targeted public health messaging for Māori communities. This same targeted approach could be applied to the AOD space.

Below is an example of a Covid-19 Messaging created by Māori Communities which draws upon Māori Values to convey important health information.

During Covid-19 we also saw the translation of important information into Te Reo Māori, such as the example below.
ABORIGINAL – AUSTRALIA
One report, Summary of methamphetamine use among Aboriginal and Torres Strait Islander people (2020) highlights a Strength-based approach as well as Localised resources and services as important aspects of health messaging.

A strength-based approach includes sharing positive messages from individuals and communities who have successfully addressed their methamphetamine issues, and localised resources and services, for example, social marketing, information and education messaging should be directly relevant for the target group (MacLean, Harney, & Arabena, 2015).

Below is an example of Aboriginal Specific AOD Health messaging found on the Department of Health, Government of Western Australia website. This particular messaging draws upon The Aboriginal Inner Spirit Model developed by Joseph ‘Nipper’ Roe (Karajarri, Yawuru).
First Nations - Canada

Like Aotearoa, no reviews specifically examine health communication interventions regarding First Nations, Inuit and Métis populations. However, three review discussed alcohol prevention strategies among other Aboriginal groups (Hawkins, Cummins, Marlatt, 2004; Jiwa, Kelly, Pierre-Hansen, 2008; Montag, Clapp, Calac, Gorman, Chambers, 2012). These reviews, alongside other research from indigenous communities, suggest that incorporating indigenous cultural and traditional values may be beneficial in targeting behaviour in Indigenous populations. The report makes the below recommendations about intervention development which can be applied to health messaging here in Aotearoa.

Public health practitioners should consider involving community leaders in intervention planning to ensure their cultural and traditional relevance. This approach may maximize the impact of the intervention for community members and increase their acceptance of Canada’s Low-Risk Alcohol Drinking Guidelines.

These interventions can include traditional methods such as talking/healing circles, medicine wheels, spirit dances and incorporating tribal history and focus on health and alcohol awareness, refusal and life skills while incorporating the Canada’s Low-Risk Alcohol Drinking Guidelines (Public Health Ontario, 2015).
MĀORI CULTURAL APPROPRIATION

The analysis of Māori-specific health messaging highlights the wider issue of Māori cultural appropriation. In some of the examples, we see Māori culture, in particular imagery used superficially. There is a clear danger associated with the use of Māori cultural practices, imagery, and Te Reo Māori when it is appropriated and not incorporate in a meaningful way.

Frist, this approach is unlikely to cause equality and significant health outcomes for Māori individuals and communities. Further, this may confuse Māori and make it harder to differentiate Kaupapa Māori health messaging and health services, from those who superficially present themselves.

Second, there is the broader issue of sovereignty and intellectual property of Māori Culture used in Health Messaging. This extends beyond health messaging and also applied to AOD treatment and resource development. Cultural and intellectual property rights are areas of growing concern for Indigenous people, of particular concern is the appropriation and commodification of Indigenous knowledge. These same issues around sovereignty, Māori cultural appropriation and cultural and intellectual property rights are relevant more broadly to the field of health - where there is a struggle over control of Māori material and images, ownership and control images, language and culture (Pihama & Smith, 1997).

These concerns are shared among Indigenous peoples globally. Native American academic Ward Churchill believes that the misappropriation of a people’s history, spirituality and cultural identity will, if allowed to continue unchecked, ultimately have serious consequences:

When our last definable asset, our conceptual property, spiritual practices and understandings….are gone – or hopelessly prostituted – there will truly be nothing left with which we may sustain ourselves.

(Churchill.1994:286-7)
It has been identified in this report that there is a lack of health messaging which comes from a Māori perspective. Future steps should look at exploring a Māori perspective around Drug and Alcohol use to create culturally congruent health messaging. Below is a list of recommendations to improve health messaging in the AOD space.

- Broadly, there is a need for a national conversation to identify key messages for consistent AOD health messaging in Aotearoa is essential to form a basis in developing targeted public health messaging for Māori.

- Organisations, such as the Drug Foundation acknowledge that different audiences need different information - such as youth - yet Māori communities are not often specified as a specific target audience. We need to explicitly identify Māori as a target audience. This identification allows for the next discussion to take place - what could Māori health messaging look like?

- Identify important target audience within Māori Communities (such as wāhine, rangatahi, Takatāpui).

- Identify examples of effective Māori health messaging, more broadly in the health field as well as in the AOD space.

- Encourage the use and promotion of Te Reo Māori and Mātauranga Māori in a meaningful way through imagines, words and conveying feelings.


MĀORI SPECIFIC AOD HEALTH MESSAGING

- Māori and the communities receiving health information must determine what health messaging looks and sounds like.

- Qualitative research should take place on how Māori feel about the existing resource, including imagery, to best guide the development of new resources.

- Consider how Māori ways of transmitting information such as pūrākau, waiata, whakatauki and kiwaha could be used in health messaging.

- Consider not only the importance of not only the messages themselves but “who” is delivering the message. Trusted relationships, sources, and people sharing and endorsing the messages.

- Explore how the translations developed by Keri Opai - Te Reo Hāpai The Language of Enrichment could be incorporated into health messaging.

- Use the guidelines from Ropiha’s (1994) report - Kia whai te maramatanga: The effectiveness of health messages for Māori - and Māori models of Health Promotion such as Te Pae Mahutonga (Durie, 1999) to inform the development of AOD Health Messaging, in particular, promoting positive aspects of Māori concepts.

- Lastly, consider how we measure the effectiveness of health messaging. Web usage data is one way of evaluating public health messaging and outreach online (Tian, Brimmer, Lin, Tumpey, & Reeves, 2009), talking with Māori communities, hapū and iwi directly is another.

CONCLUDING COMMENTS

Overall, there is a clear need to develop Māori specific health messaging in the AOD space. Effective health messaging for Māori is essential in achieving health equity and being responsive to the Treaty of Waitangi. Māori specific health messaging is important to reduce AOD use in Māori communities.

It plays a vital role in reducing disparity in AOD use between Māori and non-Māori across Aotearoa. Health messaging in Aotearoa must focus on equity and need. During Covid-19, we saw consistent and coherent health messaging, adapted and driven by Māori communities. This provides a strong example of what needs to take place in the AOD space with urgency.


