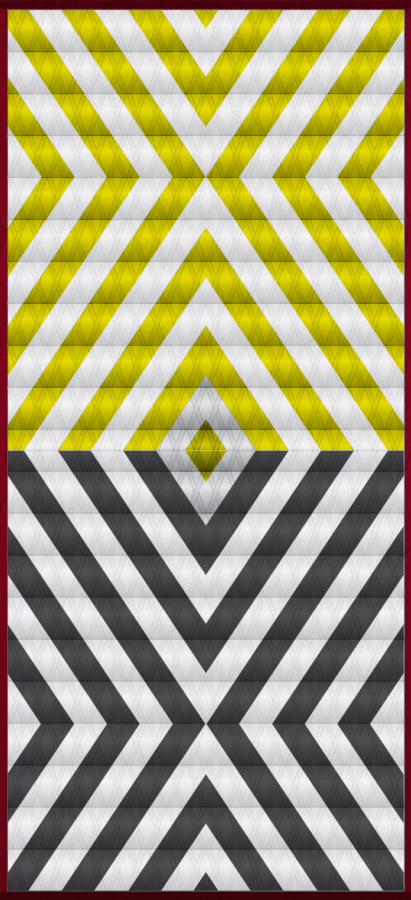

Whare Tukutuku

Survey Outcome Report MAY 2021

“Whakatupu ā tātou māramatanga”

Alcohol and Other Drugs: Growing our collective understanding

Whare Tukutuku

"Whiria te muka harakeke, whiria te muka tangata. Puritia ngā taonga a ō tātou tūpuna hei taonga mā ngā uri whakatupu"

Plait the flax fibres, plait the fibres of mankind. Hold on to the treasures of our ancestors as a taonga for future generations.

Nā kaumatua Witi Ashby

Ngā mihi

E ngā rau Rangatira, tēnā koutou katoa.
Tuatahi, he mihi ki te runga rawa, nāna nei ngā mea katoa.
Tuarua ngā mihi ki te iwi whānui.
Nō reira, tēnā koutou, tēnā koutou, tēnā koutou katoa.
Nāia mātou o Whare Tukutuku e tuku mihi atu ki a koutou I whai wā ke te tautoko I tō mātou mahi rangahau, arā, tō mātou tatauranga.

To all the people, greetings to you all.
Firstly, let us greet that which is above all else, for all things from that source.
Secondly, let us greet the people.
Greetings, greetings, greetings to us all.
On behalf of us at Whare Tukutuku we would like to extend our thanks to you all for taking the time to support the research.

Kaimahi and Whānau Alcohol and Other Drug Insights

Whare Tukutuku is a kaupapa of Te Rau Ora (TRO) with support of the New Zealand Drug Foundation (NZDF). Our collective aim is to address some of the challenges of Alcohol and Other Drug (AOD) harms. Māori are at high risk of experiencing addiction-related challenges, which influences a wide range of outcomes for whānau, hapū, iwi and hapori Māori (Huriwai & Baker, 2016). We administered a short survey at Te Pūtahitanga Annual Symposium held in Ōtepoti, Dunedin from the 8th-10th of April 2021. The survey helped to gain an insight into what Whānau Ora Workforces attending the symposium are thinking about AOD use, how they understand AOD harms and whether there is an appetite to receive training or attend wānanga. Each question presented a scale with options labeled 1-5 where participants selected if they strongly disagree, disagree, neither agree nor disagree, agree, and strongly agree. The survey had three themes with a space at the end to provide comment and elaborate on their response.

The survey was designed to answer questions based on the themes, huritau, matatau and pūkenga. Huritau gathered attitudes toward people who use alcohol and other drugs. Matatau gained an understanding of participants knowledge of AOD and its effects. Pūkenga explored participants skills and identified their ideas about future areas of training and support. Fifty-three people attending the symposium filled out the survey with approximately 45 people completing all questions.

The term addiction was incorporated throughout several of the survey questions. Addiction is defined as a person's overwhelming desire to do or take something that makes them feel good or in some cases feel bad (New Zealand Rugby Union, 2021). It affects the biological processes of the brain, increasing cravings for a substance or object, which can be anything, and creates a powerful urge to recreate an enjoyable high (Health Navigator, 2021). There are difficulties with the terminology used to describe addiction challenges and it is important to note they exist along a continuum, which includes severe and sometimes long terms conditions (Paterson, et al., 2018). For the purposes of this report addiction relates to alcohol and other drug use.

Demographic information

Basic demographic information was collated at the beginning of the survey. This gave us an insight into the different location's participants travelled from to attend the symposium. The results gave some geographical context to the skills, understanding and types of training respondents contributed to this survey.

Huritau

The opening section of the survey aimed to gather participants attitudes about people who use alcohol and other drugs. The questions were focused around society's perceptions of what causes addiction,

the need for increased support for people experiencing challenges, if alcohol is perceived as a drug, their ability to maintain employment, and how people feel when they hear about the effects of AOD on whānau. The following data showed an interesting variation in responses, particularly people's insights of what causes addiction and how the effects of AOD makes them feel.

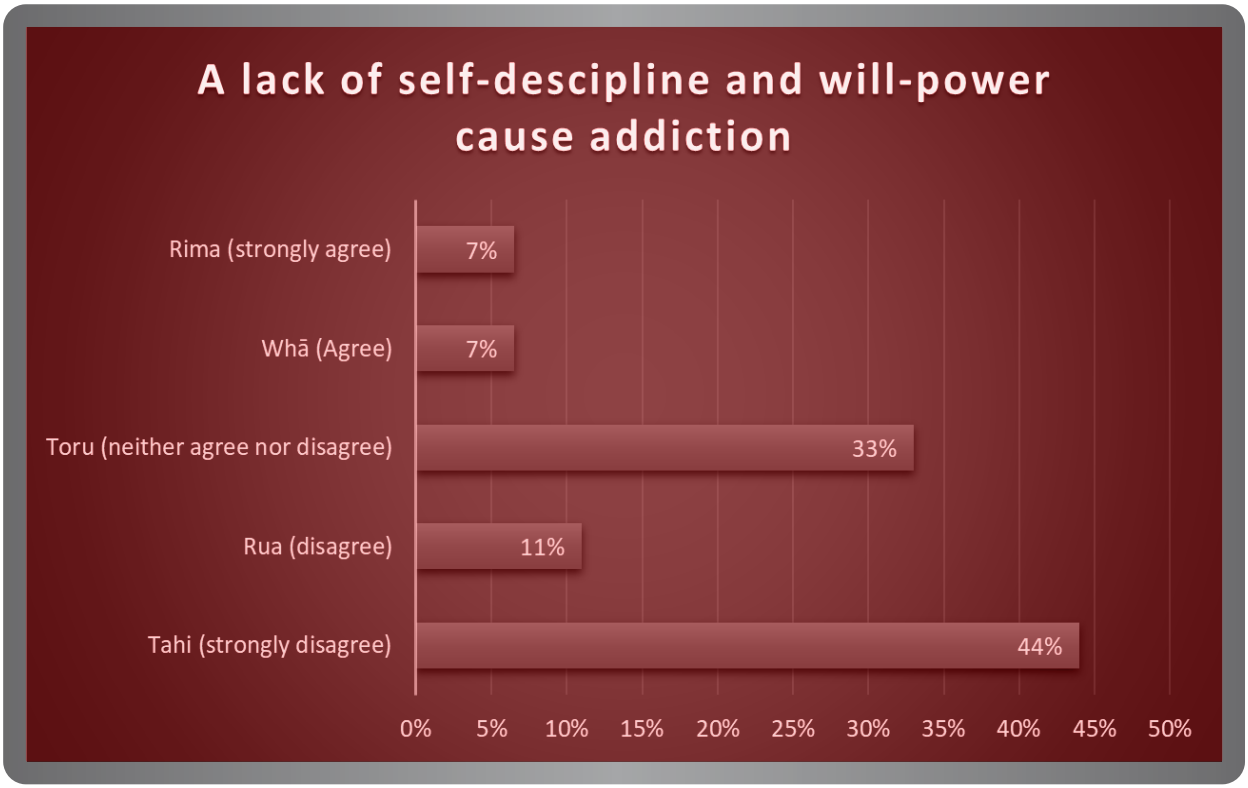

Figure 1 One of the main causes of addiction is a lack of self-discipline and will-power?

Many people consider addiction to substances to be symptoms of trauma, poverty, and social exclusion, which originate from colonisation and intergenerational deprivation (Theodore et al., 2021). Participants were asked about their thoughts on why they feel people become addicted to alcohol and other drugs, specifically if they felt it was a person's lack of self-discipline or will-power. The graph above shows a range of answers provided with over half of the responses indicating participants are unsure or agree with this statement. Forty four percent strongly disagree that people with addiction lack self-discipline and will-power. Thirty three percent neither agree nor disagree, which suggests there are many people who still do not understand what addiction is and how dependence happens.

[1]The term flax roots can be used interchangeably with the term grass roots.

[2]Harm reduction refers to the community-led strategies and ideas to enhance alcohol and other drug safety.

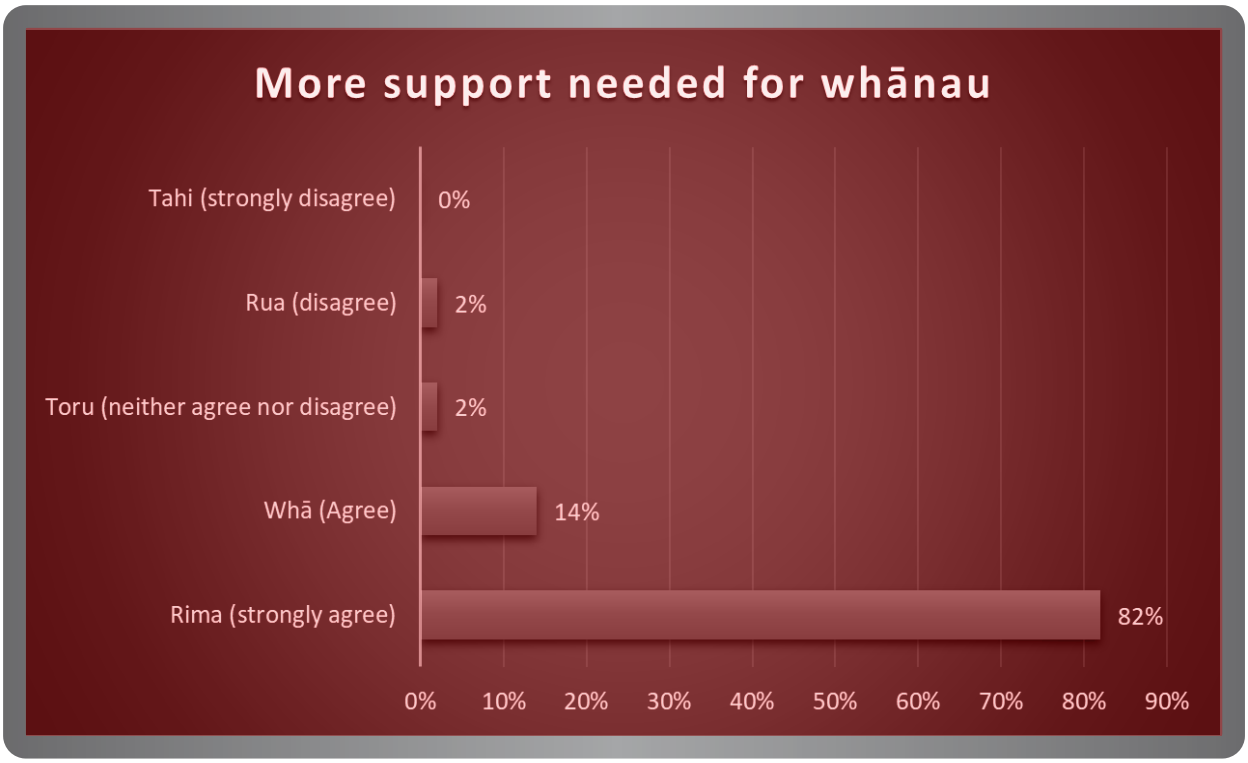

Figure 2. A more supportive approach for people and whānau experiencing addictions needed.

There is immense support for an increase in addiction care for whānau with 82% strongly agreeing and just 2% disagreeing. "Addiction breaks down the fabrics that build society. Let's help ourselves by helping those who have addiction problems," is a response written that highlights the wider impact AOD harm has in a community.

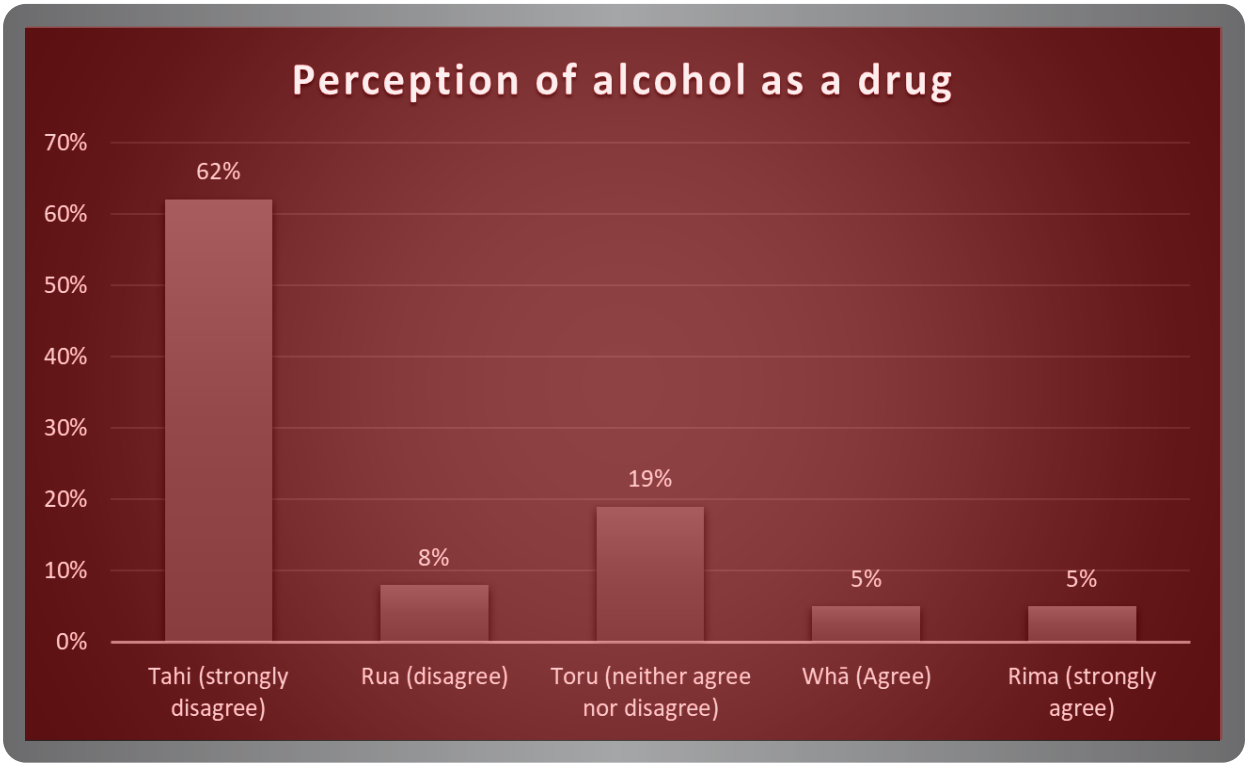

Figure 3. Alcohol isn't really a drug.

It is important to understand society's perceptions of alcohol in comparison to other drugs, particularly as it is a legal substance. Sixty two percent of respondents strongly disagree that alcohol isn't really a drug with the following question posed, "why is alcohol seen different to drugs when it causes so much damage nationwide". In comparison, 19% neither agree nor disagree and a smaller number of 5% strongly agree.

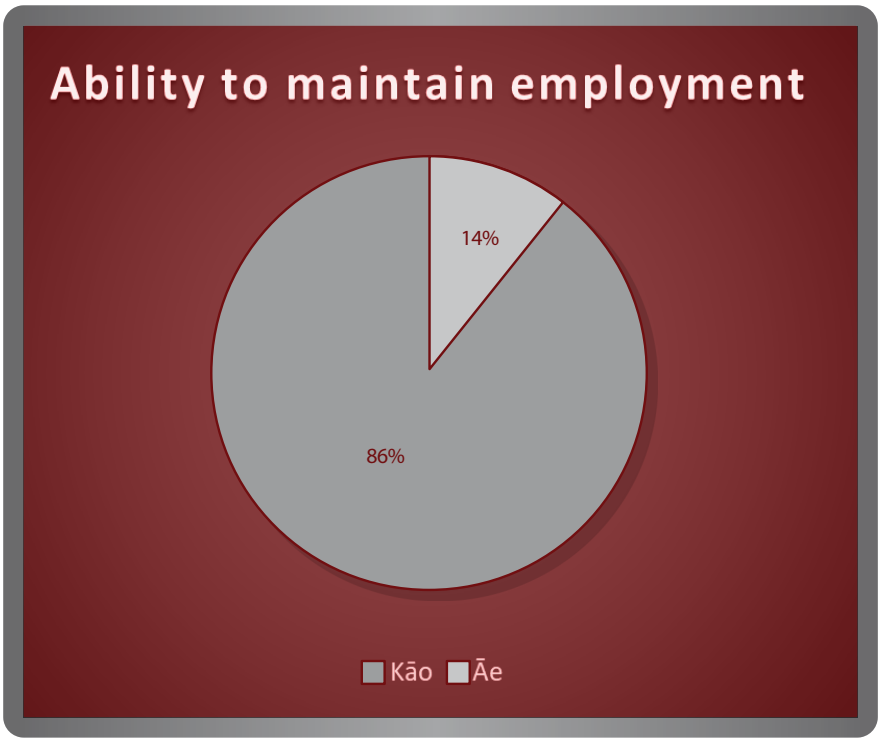

Figure 4. People with addictions can hold down a job.

Participants answered a yes or no question about if they feel people with addiction can maintain their employment. Many (86%) agree that people can hold down a job, while 14% feel people are not able to. One of the respondents elaborated on their thoughts about this question, which they felt was dependent on the person themselves. "...in my opinion [people with] addiction can hold down a job but only because some of them are [highly] functioning". There is a tendency for people experiencing AOD challenges to be stereotyped, however, these challenges exist on a continuum and it is important to understand people have different experiences with substance use. This poses the need for an increase in education about the awareness of substance use and when it may become a problem and shift into an addiction.

[1]Kaimahi were also given three other options including gender diverse, prefer not to say and self-describe.

Figure 4. The gender of kaimahi[3] .

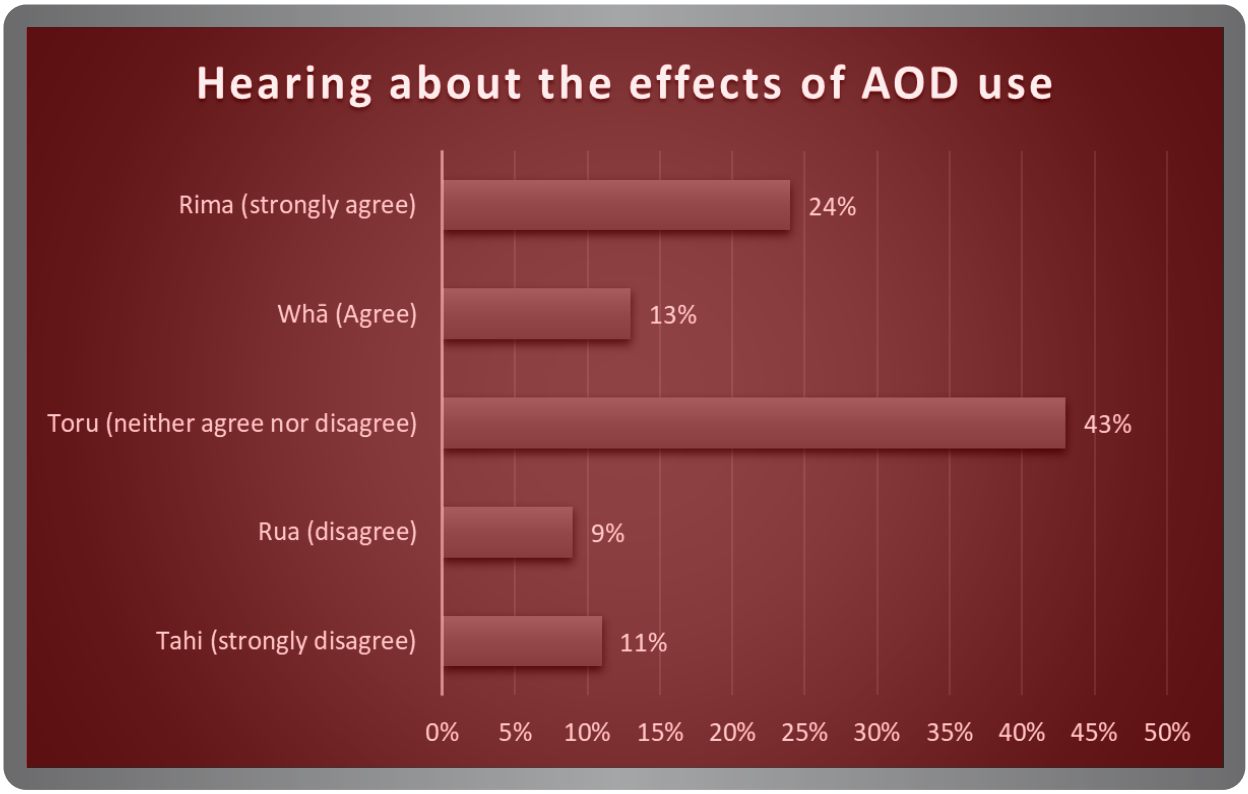

Figure 5. When I hear about the effects of alcohol or other drug use on whānau – I get pukuriri (angry).

Participants responses to the effects of AOD making them pukuriri were varied with almost half neither agreeing nor disagreeing (43%). Twenty four percent strongly agree it makes them angry, while a further 20% either disagree or strongly disagree. The diverse results of this question may be due to the emotion being specific to anger. Although respondents did not elaborate on this question, there were a small number who mentioned at the symposium they did not necessarily feel anger but other emotions such as, pōuri or sad. The survey question provided a translation for pukuriri as 'angry', and in hindsight further explanations could have been possible to encourage participants to openly share what they are feeling.

Matatau

The second section of the survey gathered participants understanding of their knowledge of AOD and its effects. Questions explored addiction support available, number of substances used, emphasis shifting from criminalisation to health care, therapy, and making whānau feel guilty. It was interesting that some respondents felt criminalising low-level drug use should continue and guilt was effective in reducing harm.

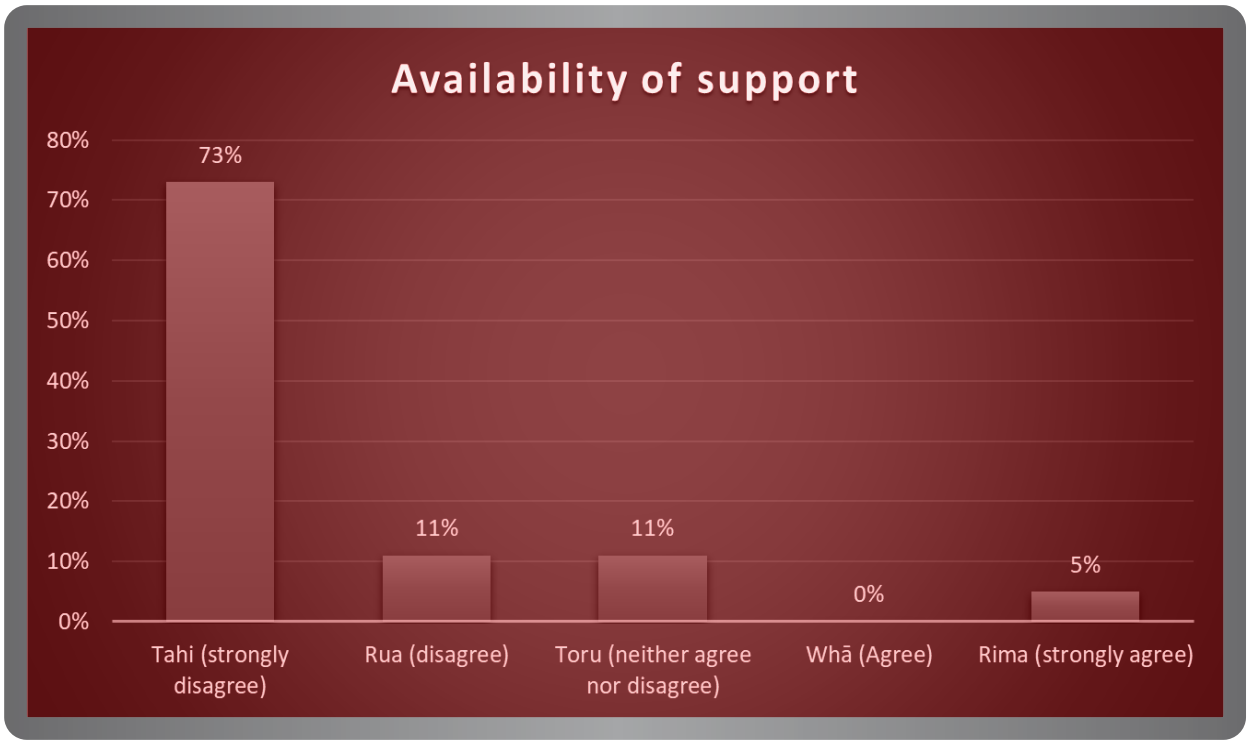

Figure 6. There is already enough support for people with addictions.

The survey included a question about addiction support that is currently available for whānau. A vast number of responses (73%) strongly disagree with this statement while a smaller, yet surprisingly 5% have expressed that they strongly agree there is enough addiction support available. Although participants did not elaborate on their initial thoughts on this question, it suggests people feel there is enough support available and rather than create new services, an improvement of the existing services is a better approach.

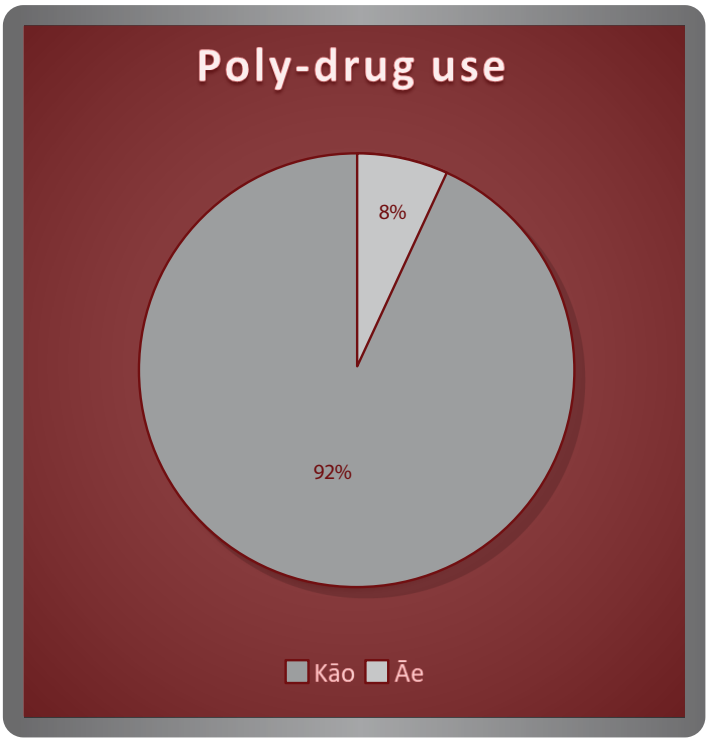

Figure 7. People who have an addiction keep to a single substance rather than using a variety of drugs.

The term poly-drug use refers to a person using more than one drug at a time. It can intensify the effect of an individual drug, while simultaneously increasing its danger (Addiction Center, 2021). When asked if people use more than one substance, almost all participants (92%) noted that people with an addiction use a variety of drugs rather keeping to a single substance (8%). A study that described the patterns of illicit drug use within a birth cohort in New Zealand supports these results, which found clear evidence of poly-drug use among those using illicit drugs (Boden, Fergusson, & Horwood, 2006).

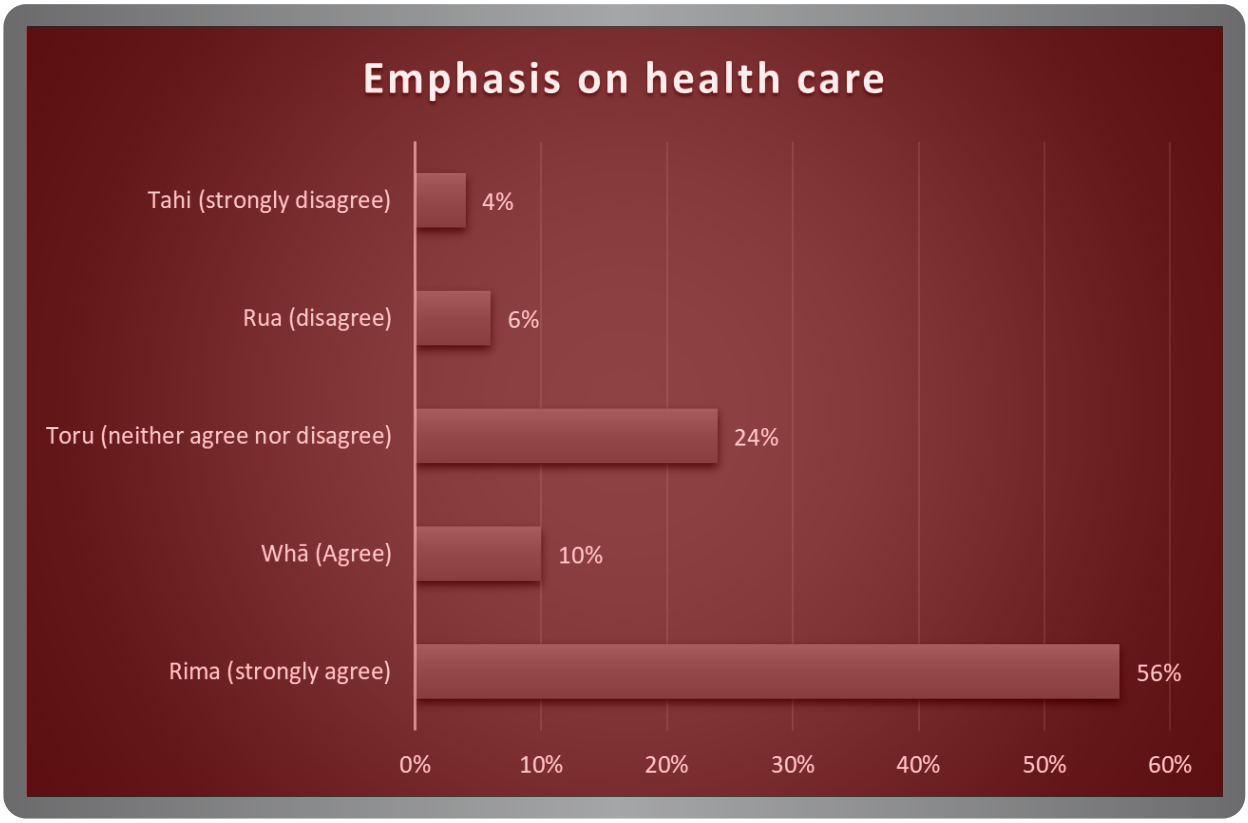

Figure 8. Less emphasis should be placed on criminalising low-level drug users and more emphasis put into providing health care.

Figure 8 above presents participant's thoughts about the current focus around the criminalisation of low-level drug use. It is evident in the graph there are some varied responses with at least half (56%) strongly agreeing that emphasis should be put into providing health care. These results support the want for New Zealand to adopt a mature drug policy where addiction is treated as a health issue rather than a criminal justice issue (Paterson, et al., 2018). There are a significant number (24%) that are unsure and 10% that either disagree or strongly disagree with this statement. Participants did not provide further comment to elaborate on their answers, however, it would be beneficial to understand why people feel low-level drug use should be criminalised rather than prioritised in the health care system or at least provided with an early intervention option.

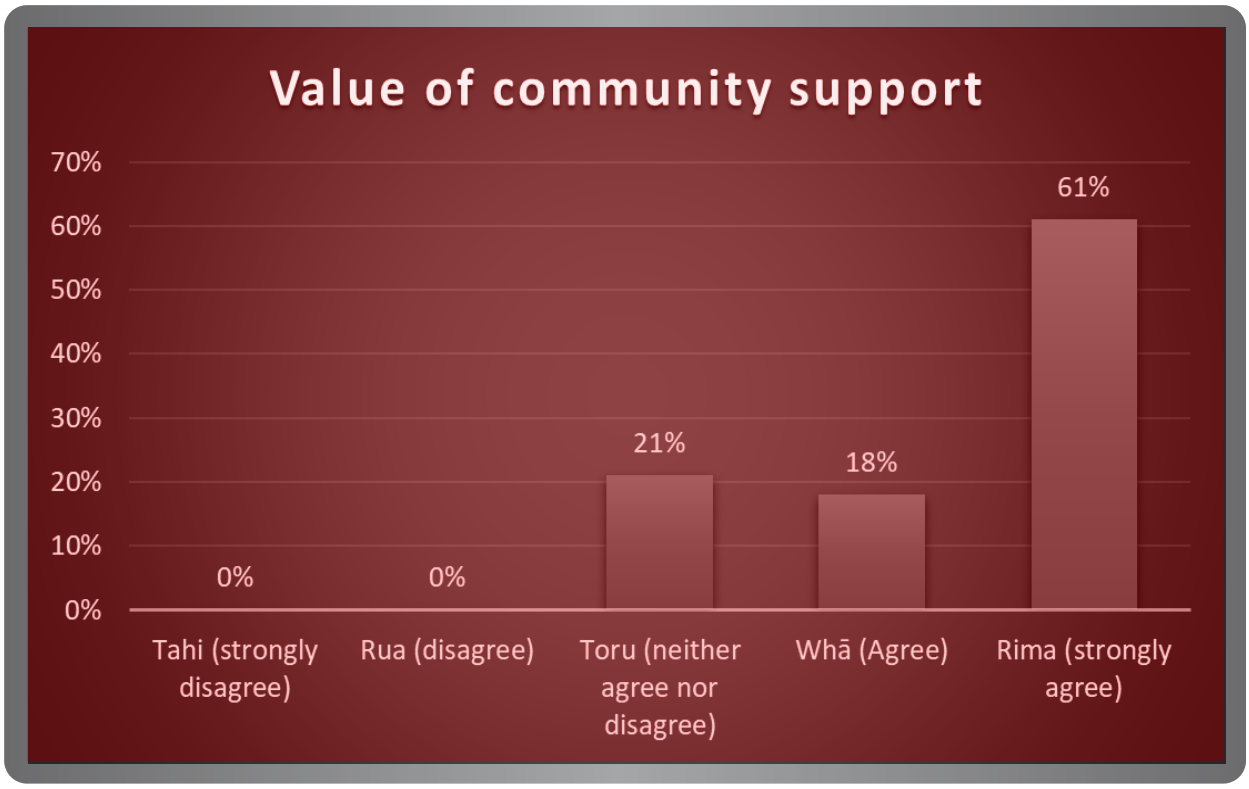

Figure 9. The best therapy for many people with addiction is to be supported by people in their community.

As expected, responses revealed community support is the most favored option to care for people experiencing AOD challenges. Seventy nine percent either agreed (18%) or strongly agreed (61%) with this statement. There were a significant number of 21% that were unsure, neither agreeing nor disagreeing, suggesting that it was dependent on who was in the person's community. One respondent stated, "When it comes to being supported by people in your community it depends on the community in question. If it's the community of other [people with addiction], then strongly disagree!"

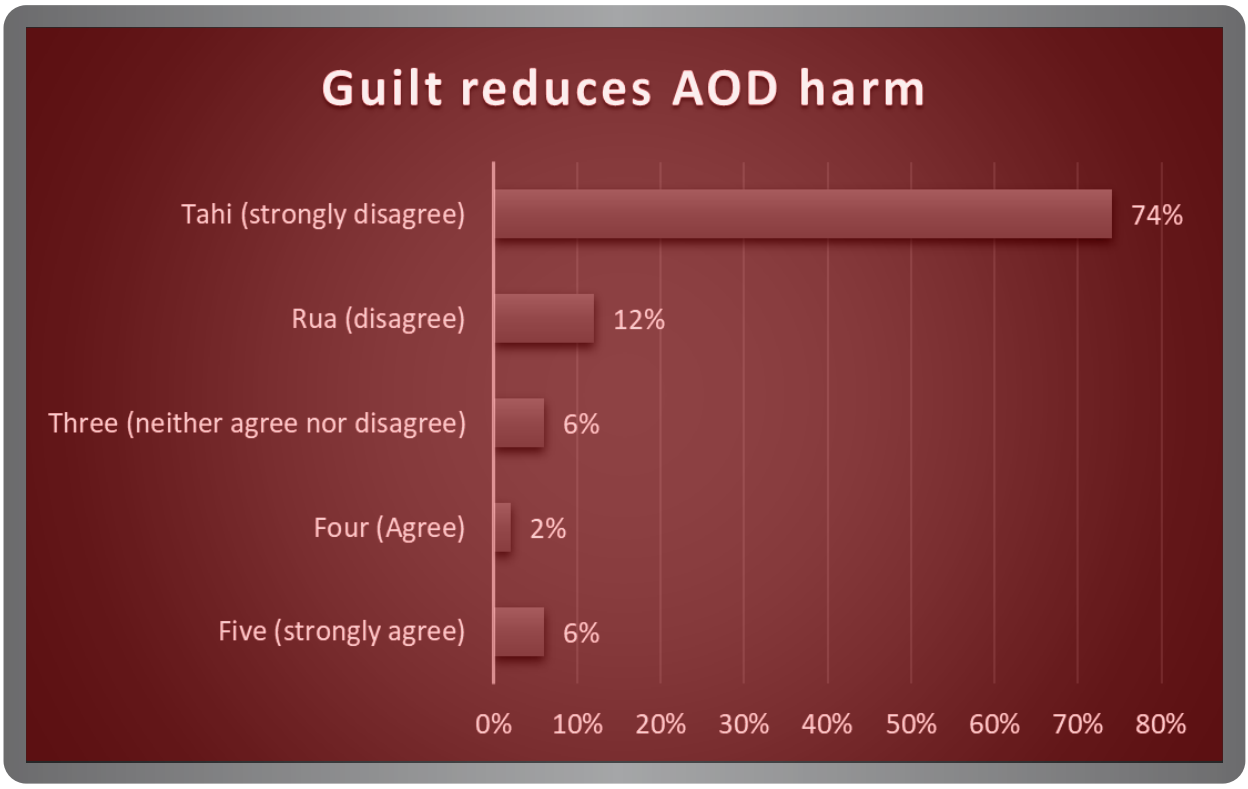

Figure 10. Making whānau feel guilty about their using is an effective way of reducing alcohol and drug harms.

There is a lot of stigma surrounding addiction and as mentioned when discussing figure four earlier in the report, people experiencing AOD challenges are often stereotyped. The graph above shows the participants thoughts about using guilt as an effective approach to harm reduction. A vast majority (74%) of respondents strongly disagree with this statement and a further 12% disagreeing. There are 6% that are unsure and surprisingly 6% strongly agree that guilt is an effective strategy. The He Ara Oranga Report (2018) also found people wanted addiction to be destigmatised with a shift in focusing on the underlying contributors, such as stress, anxiety, and trauma. Blaming or judging people does not change behavior, there needs to be an increase in understanding and education about effective approaches to reducing harm across the spectrum.

Pūkenga

The final section gathered participants skills and identified if there is an interest in future training and support. Respondents were asked about their confidence to talk about AOD use, if they have supported whānau with addiction, the seriousness of alcohol, and professional development. There were many varied results within this section of the survey, particularly around knowledge and confidence in discussing AOD use with whānau. Many of the people attending the symposium had some form of experience working with their own whānau in supporting them through AOD use. This was as recent as the month preceding the symposium and will be presented in the graphs below.

Figure 11. I am confident to talk about alcohol and other drug use with the whānau I support.

When asked about their confidence to talk to their whānau about AOD use, most people indicated they are somewhat confident (39%). Thirty three percent felt extremely confident while 20% were very confident. A small number of 8% were either not so confident or not confident at all to discuss AOD use with whānau.

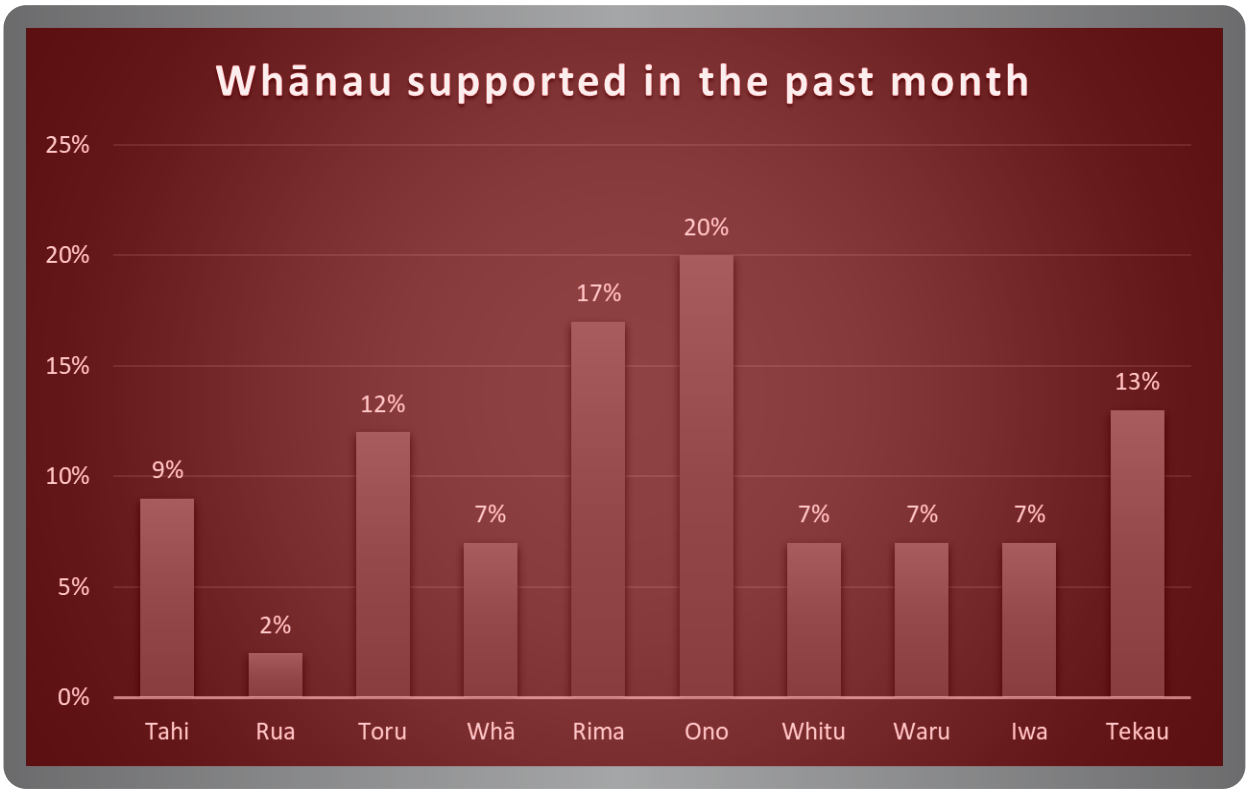

Figure 12. The number of whānau participants have had a kōrero with about AOD use in the past month.

The graph above shows survey participants have supported many whānau with AOD use in the past month. In recent years, there has been an emerging focus around recognising whānau as part of the "natural workforce", highlighting the important role they play in a person's journey and ensuring this part of the workforce continues to grow (Nelson, 2017). Significantly, results reveal 20% of respondents have supported six people, 17% supported five people and 13% supported 10 people within their whānau. It is evident there is a need for further support and workforce development for flaxroots people and hapori Māori.

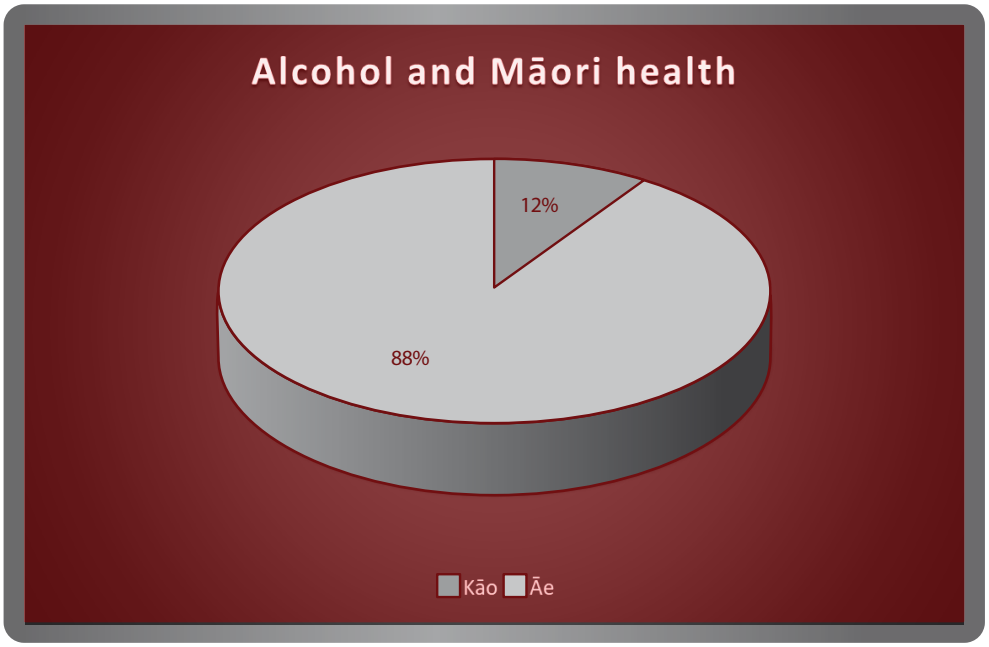

Figure 13. Alcohol causes some of the most serious health and social consequences in Māori whānau.
The survey revealed 88% of whānau feel alcohol has one of the most serious impacts on Māori health and social outcomes.

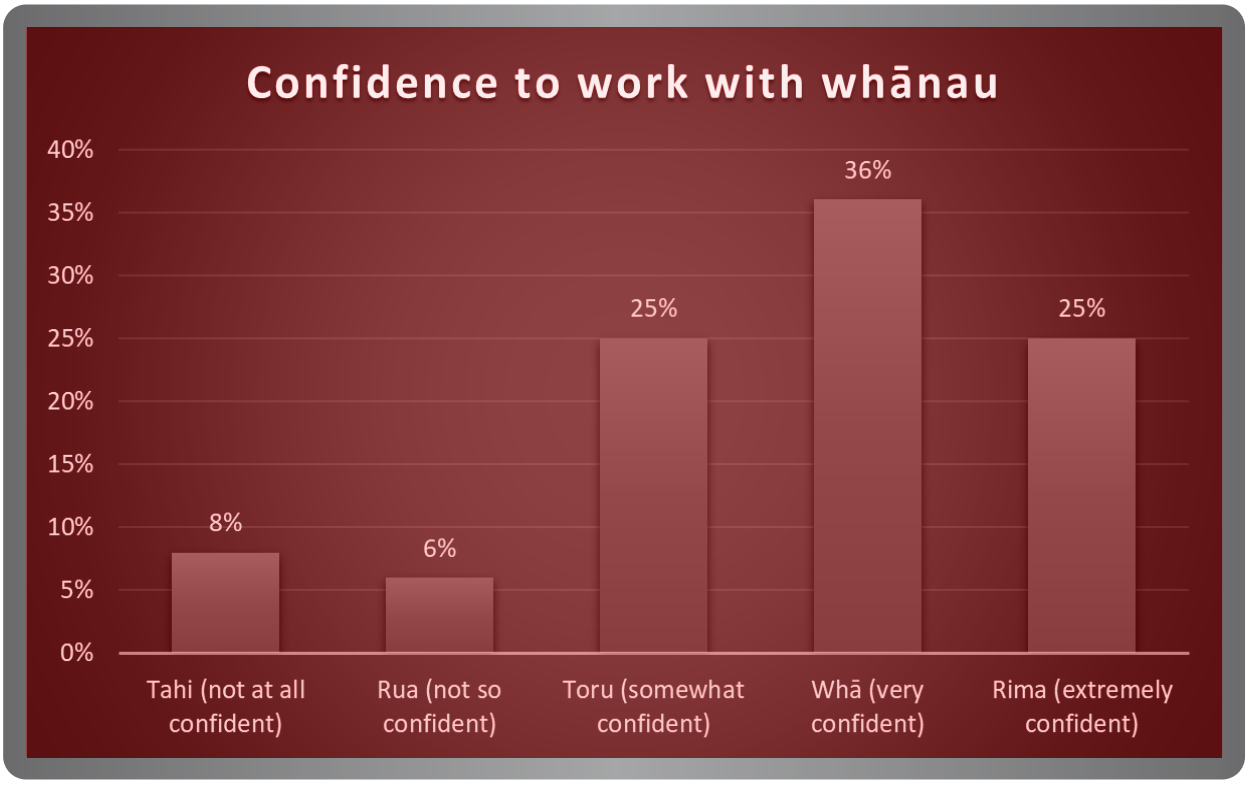

Figure 14. I am confident in working with whānau with a alcohol and other drug addiction.
When asked about their confidence in working with whānau that experience AOD challenges, 36% were very confident, 25% extremely confident and 25% somewhat confident. The remainder of 14% were either not so confident or not at all. This question provides an important insight considering the number of whānau that participants have supported with AOD use in the past month, which is presented earlier in figure 12.

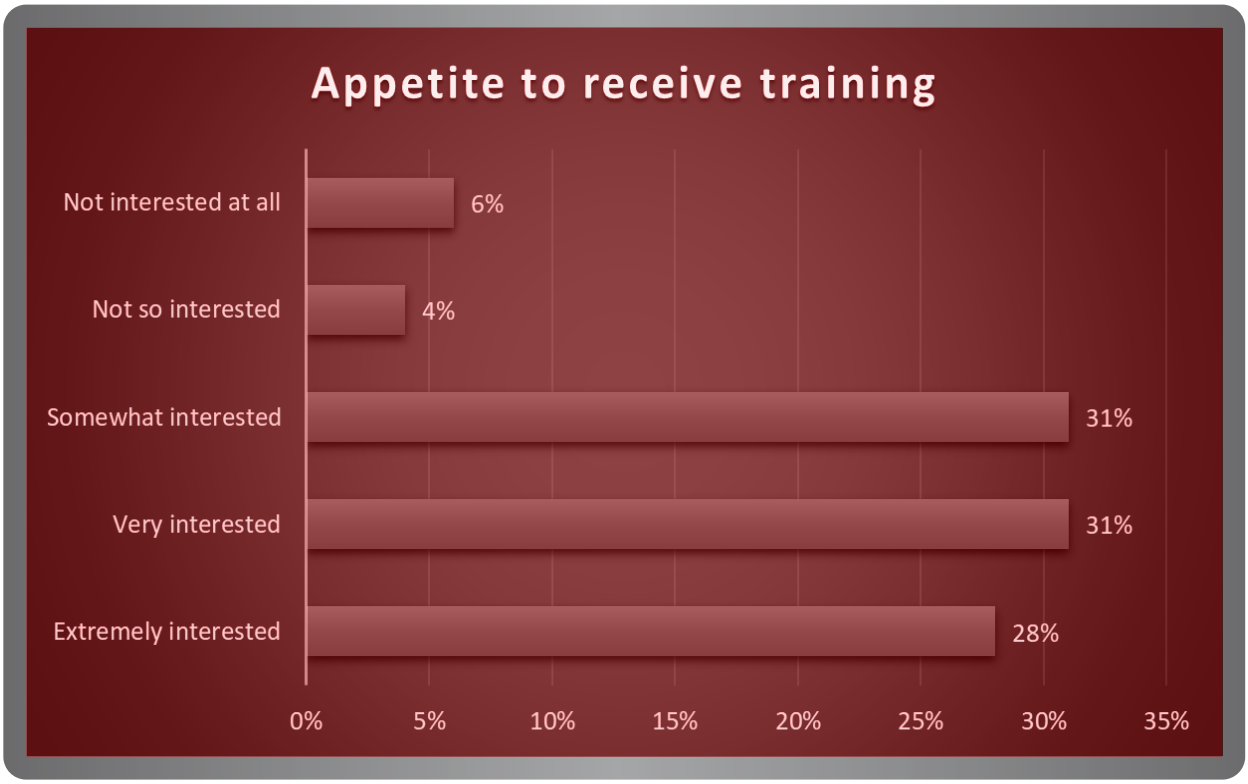

Figure 15. Participants interest in professional development around supporting whānau with AOD addictions.

The final question of the survey gathered an expression of interest from participants about future professional development in AOD care, with majority of respondents indicating a keen desire. Thirty one percent were very interested, 28% extremely interested and 31% somewhat interested. A small number (10%) were not so interested or not interested at all. This insight supports Whare Tukutuku's kaupapa of providing future workforce training and wānanga in the AOD harm reduction space.

Summary of findings

The survey gathered brief insights from whānau who attended Te Pūtahitanga o Te Waipounamu annual symposium, about alcohol and other drugs. It provided an insight into attitudes and understanding of AOD care, as well as skills and confidence in working with whānau experiencing challenges. The survey affirmed participants knowledge around the need for more support and further training. There were some surprising results indicating the presence of stigma and stereotyping – however, with increased knowledge through good evidence-based education comes improved awareness.

Key findings

- The survey allows us to gain an understanding of what Whānau Ora Workforces may think of people experiencing AOD challenges. It is clear there is some stigma and stereotyping of people who use alcohol and other drugs, for example, 14% of respondents feel people cannot hold down a job.
- Participants have said they feel there needs to be a large increase in support and although they feel community type care is important, it is dependent on who makes up a person's community.
- An interesting aspect of this survey was the varying responses about participants confidence in discussing and supporting other whānau that use alcohol and other drugs, with 14% not confident.
- Fifty four percent had supported whānau with AOD in the month prior to partaking in the survey. This strongly supports Whare Tukutuku's kaupapa to advocate for new scopes of practice that are Māori-led and community-focused.
- A key finding from the survey revealed peoples understanding of what causes dependency/addiction, how it works and their opinions on enhancing AOD care. Some interesting results revealed 10% feel alcohol is not a drug, 10% disagree with decriminalising low-level drug use and 8% felt making people feel guilty is effective in reducing AOD harms.
- There is a need to strengthen through education/early intervention how to help whānau better understand AOD challenges.

Conclusion

The survey gathered insights from Whānau Ora Workforces who attended Te Pūtahitanga o Te Waipounamu Annual Symposium in Ōtepoti, Dunedin. The purpose was to understand the opinions of Whānau Ora Workforces who mahi with people experiencing alcohol and other drug challenges. The results showed varying attitudes and understandings about why people use alcohol and other drugs, and effective strategies to enhance harm reduction. There is clear evidence that participants want Māori-led professional development, training and wānanga, to aid in the work they are doing within the community to address some of the areas that are being impacted by AOD-related harms.

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Glossary

Hapori	*Community*
Huritau	*Consider, reflect*
Kaupapa	*Initiative*
Mahi	*Work*
Matatau	*Knowledge, understanding*
Pūkenga	*Skill*
Pukuriri	*Angry, incensed, outraged*
Wānanga	*Educational seminar, meet and discuss, deliberate, consider*
Whānau	*Family group, extended family*

Appendix 1. Copy of the survey questions.

1. Would you like to have your name associated with this survey?
2. What are your iwi affiliations?
3. One of the main causes of addiction is a lack of self-discipline and will-power?
4. We need a far more supportive approach for people and whānau experiencing addictions to make it easier for them to get help.
5. Alcohol isn't really a drug.
6. People with addictions can hold down a job.
7. When I hear about the effects of alcohol or other drug use on whānau – I get pukuriri (angry).
8. Would you like to make any further comment about any of these questions?
9. There is already enough support for people with addictions.
10. People who have an addiction keep to a single substance rather than using a variety of drugs.
11. Less emphasis should be placed on criminalising low-level drug users and more emphasis put into providing health care.
12. The best therapy for many people with addiction is to be supported by people in their community.
13. Making whānau feel guilty about their using is an effective way of reducing alcohol and drug harms.
14. Would you like to make any further comment about any of these questions?
15. I am confident to talk about alcohol and other drug use with the whānau I support.
16. How many of the whānau you support have asked you about alcohol and other drug use in the past month. How often in the last month have you had a kōrero with whānau about alcohol and other drug use?
17. Would you like to elaborate on your answer?
18. Alcohol causes some of the most serious health and social consequences in Māori whānau.
19. I am confident with working with whānau with alcohol and other drug addictions.
20. I'm interested in professional development around supporting whānau with alcohol and other drug addictions.
21. Would you like to make any further comment about any of these questions?

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