



MĀORI ACTION PLAN

2009-2012

ALCOHOL ADVISORY COUNCIL OF NEW ZEALAND
Kaitiaki Whakaitipati Waitohu o Aotearoa



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Alcohol Advisory Council of New Zealand

FOREWORD

I am delighted to introduce the Alcohol Advisory Council of New Zealand's (ALAC's) action plan, which will guide our approach to working with Māori in the next three years.

The social and economic costs that excessive use of alcohol imposes on society are high. While many New Zealanders enjoy alcohol in moderation most of the time, problem drinking is creating some serious health and social issues.

While ALAC works on alcohol issues as they affect all New Zealanders, we also recognise three priority populations – Māori, Pacific peoples and young people – who suffer more harm than other New Zealanders from alcohol misuse.

Māori are a priority population for three reasons. Firstly, there is the unique relationship identified in the Treaty of Waitangi.

Secondly, Māori across all ages experience disproportionate harm from alcohol. Approximately three-quarters of Māori adults aged 18 years and over identify themselves as drinkers, with about one-third identifying themselves as binge-drinkers. This is a pattern of hazardous drinking where the most acute harms occur.

Thirdly, the health burden of alcohol falls inequitably on Māori. Half of the Māori population is aged under 24 years, an age group in which a much higher level of alcohol-related harms occur. This means that the Māori population is more adversely affected by alcohol than the non-Māori population. The prevalence of severe alcohol-related problems amongst Māori individuals and whānau is more than twice that among the non-Māori population. Māori are more likely to experience harm from their own or other people's drinking. In fact, we know that Māori are four times more likely than non-Māori to die of an alcohol-attributable condition.

This action plan's overarching aim is to reduce alcohol-related harm by enhancing whānau ora. A key component of the plan is its three-year plan of action, which details six interrelated areas for action, each with its own specific outcomes and range of initiatives for implementation. In developing the plan we were guided by four principles, which recognise:

- the unique Treaty-based relationship between Māori and the Crown
- the need to take a collective approach that involves developing quality relationships based on a common vision and set of values
- that Māori must be involved in designing solutions to issues that impact on whānau/hapū/iwi Māori
- the need to build on whānau strengths and what we know works in improving whānau ora and reducing alcohol-related harm.

The six action areas cover effective partnerships, getting the conversation going about alcohol use and its effects, providing quality information to parents/caregivers to help them protect young

people, better research, working collaboratively, and supporting Māori communities to develop their own solutions.

While this action plan provides us with some guidance on what we need to do to work towards reducing alcohol-related harm among Māori, we recognise that the task is not something we can do alone. We are acutely aware that, to really make a difference, we must team up with whānau/hapū/iwi Māori, Māori service providers, central and local government and the non-government sector.

We are also aware that our action plans for Māori, Pacific peoples and young people are strongly inter-linked despite addressing different needs. We believe that these additional efforts will pay off in accelerated gains towards a new drinking culture in New Zealand and a general reduction in alcohol-related harm.

This plan will be reviewed and updated regularly to ensure that it remains relevant.

Peter Glensor

Council Chair

ACKNOWLEDGEMENTS

The Alcohol Advisory Council of New Zealand (ALAC) wishes to acknowledge all participants from the various Māori communities, hapū/iwi, Māori organisations, central and local government and nongovernment organisations who contributed through meetings and personal feedback to the development of ALAC's Māori Action Plan.

Tēnei te mihi aroha atu ki a kōutou kātoa.

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MĀORI ACTION PLAN

Aim: To enhance whānau ora by reducing alcohol-related harm among Māori

P R <i>Tiriti o Waitangi</i> I N <i>Tino Rangatiratanga</i> G I <i>Whānaukatanga</i> P L <i>Pūawaitanga</i> M S	Year One <ul style="list-style-type: none"> Review ALAC's capacity and capability to achieve outcomes for Māori. Work with other agencies and key stakeholders on alcohol issues specific to Māori. Prioritise funding for initiatives that prevent and reduce harmful drinking among Māori. Establish a Māori research programme, with a priority on what works & increase Māori sample numbers to get trends overtime. Support community-based evaluations. Establish a database of Māori stakeholders. 	Year Two <ul style="list-style-type: none"> Continue to work with other agencies on alcohol issues. Continue to prioritise funding for initiatives to prevent and reduce harmful drinking among Māori. Continue to implement the Māori research programme. Identify effective whānau/hapu/iwi Māori champions / agents for change. Produce evidence-based resources for parents/caregivers to facilitate kōrero and create behaviour change within whānau/hapu/iwi Establish a process for ongoing and regular engagement with Māori on alcohol issues. Support Māori to have their say on alcohol issues and to develop their own alcohol policies. Develop indicators to measure progress in reducing alcohol harms for Māori overtime. Develop evaluation criteria to measure the success of Māori specific interventions. 	Year Three <ul style="list-style-type: none"> Continue to work with other agencies on alcohol issues, prioritise funding for initiatives to and prevent and reduce harmful drinking among Māori and implement the Māori research programme.
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**Ehara taku toa
i te toa takitahi
Engari, he toa
takitini**

Success is not the work of one,
but the work of many

A FOCUS ON HARM-FREE DRINKING

Alcohol is the most commonly used recreational drug in Aotearoa/New Zealand (Alcohol Advisory Council of New Zealand & Ministry of Health, 2001). Approximately 80 percent of us describe ourselves as drinkers (Stefanogiannis et al., 2007). While most New Zealanders who drink consume alcohol in a safe manner, just under one-quarter consume large amounts of alcohol on a typical occasion (Stefanogiannis et al., 2007; Ministry of Health, 2008; Palmer et al., 2007) and in doing so can place themselves and others in risky and harmful situations.

In recognition of the health and social harms that can result from alcohol misuse, the Alcohol Advisory Council of New Zealand, *Kaunihera Whakatupato Waipiro o Aotearoa* (ALAC) was established in 1976 as an autonomous Crown entity with a specific focus on alcohol. Our prime objectives, as outlined in our governing legislation, are to:

- encourage and promote moderate consumption of alcohol
- discourage and reduce the misuse of alcohol
- minimise the personal, social and economic harm resulting from alcohol misuse.

ALAC is fully aware of the challenges we face in achieving these objectives. Everywhere we turn alcohol seems to be there. It's in our supermarkets and even in some of our corner dairies. It's cheap to buy and many of our young people are finding it easy to access even though they are legally under age to buy it themselves. Fundamentally we are living in a society that generally accepts, tolerates, and to some extent celebrates, binge-drinking and drunkenness. ALAC is therefore focusing its efforts on finding ways to move our society from this current norm to one of responsible drinking so that our whānau and communities enjoy life, free from alcohol harms.

For various reasons, certain population groups in Aotearoa/New Zealand experience proportionately more alcohol harms than others. While legislative reforms to reduce the availability and accessibility of alcohol will have positive flow-on effects for addressing harm within these population groups, additional work is required. As such, in addition to general efforts to transform the drinking environment, we have produced specific action plans for each of these population groups:

- Māori
- Pacific peoples
- young people (aged 12-24 years).

These action plans remind us that 'one size does not fit all' and that we need to think contextually, holistically and flexibly when developing our policies and interventions. These plans also identify the key actions we need to be taking over and above what we are already doing to make a difference for these population groups, and are strongly inter-linked despite addressing different needs.

This action plan is about...

‘doing what will make a difference to enhance whānau ora¹ for whānau/hapū/iwi Māori by reducing alcohol harms experienced by Māori’.

It is ALAC’s roadmap for guiding what we will do in the next three years to support whānau/hapū/iwi Māori to reduce alcohol-related harm. It builds on previous efforts and takes into account the importance of working with others to improve overall outcomes for whānau/hapū/iwi Māori.

Some key things to note about the Māori Action Plan...

1. The overarching aim is to enhance whānau ora by reducing alcohol-related harm. A key component of the plan is its three-year schedule for action, which details six areas for action, each with its own specific outcome and initiatives for implementation. In developing the plan we were guided by four principles, which recognise:
 - the unique Treaty-based relationship between Māori and the Crown
 - that Māori must be involved in designing solutions to issues that impact on whānau/hapū/iwi
 - the need to develop quality relationships based on a common vision and set of values
 - the need to build on whānau strengths and what we already know works in improving whānau ora and reducing alcohol-related harm.
2. This action plan is strongly linked to the other two priority population action plans. This is crucial given that the Māori population is a youthful one and many Māori also identify with one, or several, Pacific ethnic groups. The 2006 census data shows that one-half of the Māori population is under the age of 25 years.
3. We held a series of nationwide hui with stakeholders including rangatahi, kaumatua and other whānau members, secondary school and tertiary students, Māori service providers, individuals working in the justice, health and other social service areas, central and local government advisers, and those undergoing treatment for alcohol and other drug (AOD) issues. The first four hui helped to shape the overarching aim, principles and broad areas for action and the following 10 hui tested the relevance of these components.
4. The key actions for implementation in the next three years were identified through an analysis of:

¹ We have purposely avoided providing any definition of ‘whānau ora’ as we believe that it is primarily something that only whānau can define for themselves. Further, we understand that other agencies are in the process of getting a better insight into what this concept may mean at a more generic level. For example, in a general sense, according to Te Puni Kōkiri, it is a state in which “the cultural, spiritual and social and economic wellbeing of Māori people, as well as their relationships with others, interact to optimise their overall wellbeing according to their own preferences and norms... It recognises the interconnectedness of the wider determinants of health that include housing, justice, welfare, employment and lifestyle as elements of whānau wellbeing”.

- the common themes that emerged from the hui
 - what the current research and other evidence generally tell us about alcohol use among Māori and where we could best place our efforts
 - what we know other government and non-government agencies are doing or not doing in this area
 - ALAC's statutory role and ability to deliver.
5. In moving forward we will be reviewing our organisational capacity and capability to implement this plan. We will also be reviewing our current initiatives to ensure that they align with this pathway forward. A report outlining the progress made on implementing the plan, as well as any changes to the plan, will be released annually.

STRATEGIC FIT

Why do we need a Māori Action Plan?

ALAC acknowledges te Tiriti o Waitangi as the founding document of New Zealand and is mindful that as a Crown entity we have Treaty obligations and responsibilities to Māori. We have attempted to reflect the essence of this Treaty relationship in our work activities and in our strategic documents. Being clearer about what we can do better and what we can do to support whānau/hapū/iwi to enhance whānau ora, is another genuine attempt to meet our Treaty obligations in a more planned way.

Today there are many Māori, like other New Zealanders, who consume alcohol. Although most Māori drink responsibly and/or avoid any harm to themselves and others, there are a number of Māori who do experience harm or, in their haurangi state, cause harm to others. We also know that alcohol-related deaths fall heavily and unevenly on the Māori population. There is evidence to show that, overall, Māori have an estimated alcohol-related mortality rate of more than four times that of non-Māori and more than double the rate of years of life lost due to alcohol (Connor et al., 2005). As such the impact of alcohol on the wellbeing of Māori individuals and their whānau is of common concern to both Māori and ALAC.

We acknowledge that the action plan will not, on its own, achieve an alcohol-harm-free future for Māori, as it cannot address the broader systemic issues such as the structural inequalities that still exist in our society. However, ALAC is determined to work with Māori to implement a coordinated and planned approach towards a vision of whānau and communities enjoying life, free from alcohol harms. We are fully aware that Māori have always been proactive in addressing alcohol issues among their own people, and we look forward to working more closely with Māori communities on this kaupapa.

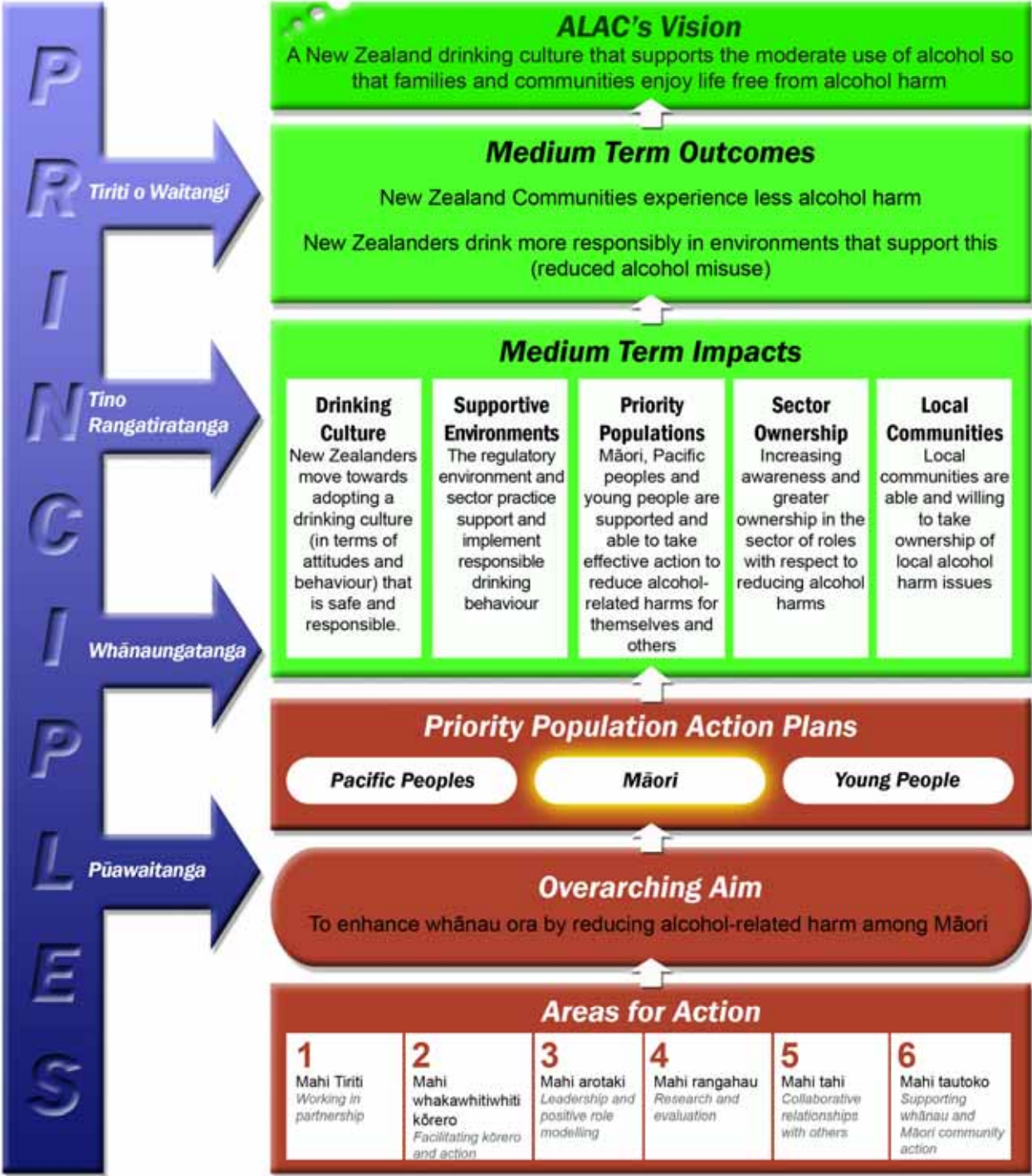
How does it fit with other work in this area?

The Māori Action Plan sits within the broader Government framework on minimising alcohol harms, as well as other strategies designed to support whānau ora (such as the Ministry of Health's He Korowai Oranga: the Māori Health Strategy). However, ALAC's Māori Action Plan concentrates more specifically on what we can do to support whānau/hapū/iwi to reduce alcohol harm and improve their health and wellbeing.

Supporting Māori to reduce alcohol-related harm for themselves and others is also one of five medium-term impacts on which ALAC is focusing in the next three years to ultimately achieve our vision of a:

'New Zealand drinking culture that supports the moderate use of alcohol (or abstinence if that is what people choose) so that whānau and communities enjoy life, free from alcohol harm'.

The framework that follows provides a picture of how the Māori Action Plan fits with ALAC's overall vision and direction and outlines the action areas on which we will be focusing in the next three years.



We are also aware of a range of other strategies and initiatives² that are similarly aiming to improve whānau ora, particularly those strategies:

- in the general health and mental health areas
- with a focus on capacity building and workforce development
- that are focused on strengthening whānau and family functioning
- that aim to prevent and/or reduce violence and other types of offending
- that specifically focus on Māori development or addressing/responding more effectively to issues that impact on Māori.

We will work more closely with the agencies responsible for this work to ensure that our efforts are coordinated and resources maximised. We will also be ensuring that the Law Commission takes into account the key tenets of this action plan as part of its comprehensive review of the legislation that governs the sale and supply of liquor.

² For example, national strategies such as: the Department of Corrections' Drug and Alcohol Strategy 2009-2014; the Ministry of Health's He Korowai Oranga: the Māori Health Strategy, Whakatātaka Tuarua: Māori Health Action Plan 2006-2011, Te Tāhuhu: Improving Mental Health 2005-2015 (the second New Zealand Mental Health and Addiction Plan) and Te Kōkiri: the Mental Health and Addiction Action Plan 2006–2015; the Ministry of Justice's Safer Communities: Action Plan to Reduce Community and Violence and Sexual Violence and work on 'Drivers of Crime' (which incorporates a priority on reducing Māori offending and victimisation); the Ministry of Social Development's E Tu Whānau Ora: Programme of Action for addressing family violence; the New Zealand Police's work on the development and implementation of iwi-led Crime Prevention Plans; work in collaboration with Te Puni Kōkiri on building the capability and capacity of Māori wardens; and the Families Commission's draft Whānau Strategy.

THE CURRENT SITUATION

What are some of the harms that can result from drinking too much?

Alcohol consumption can be linked to a range of diseases, such as chronic health problems in many organ systems (e.g. cirrhosis of the liver), mental health disorders and a number of cancers. Alcohol can also affect foetal development and contributes to death and injury, including falls, drownings and car crashes (Ministry of Health, 2008). Health effects relate to both the average volume of alcohol consumed and the pattern of drinking (Connor et al., 2005).

Alcohol consumption can also contribute to criminal offending and there is considerable research to show that a large number of offenders have been drinking before they commit an offence. At a population level, studies show that more drinking tends to lead to more violence and less drinking to less violence, and that this association may be stronger in countries (like ours) with binge-drinking cultures (Alliston, 2007).

In addition, alcohol consumption can impact on an individual's work life, home life, social life and finances. Harmful drinking can result in risky and unwanted sexual behaviour (Stefanogiannis et al., 2007; Cashell-Smith et al., 2007). There is also research to suggest that heavy parental alcohol use is associated with a range of negative child and adolescent outcomes (Girling et al., 2006).

What do we know about the drinking patterns and harms among Māori?

A survey conducted in November 2008 showed that:

- just over three-quarters (76 percent) of Māori adults aged 18+ and 66 percent of Māori youth aged 12-17 years identified themselves as drinkers
- 36 percent of all Māori surveyed were binge-drinkers, with Māori adults reporting that they had consumed on average 8.9 standard drinks on their most recent occasion
- overall there were slightly more Māori male than female drinkers and males were more likely than females to binge-drink
- beer was indicated as the preferred drink of choice, particularly for Māori males
- 31 percent of Māori adult drinkers reported getting drunk on the most recent occasion, with 16 percent reporting that they had intended to get drunk on that occasion
- of those adults who reported getting drunk on their most recent drinking occasion, Māori aged 18-39 years were more likely than those aged 40+ to report having done so and to have intended to get drunk on that occasion
- 45 percent of Māori youth aged 15-17 years reported getting drunk the most recent time they drank alcohol, with 25 percent reporting that they had planned to do so

- Māori adults were more likely to drink at home, whereas young Māori aged 12-17 years were more likely to report drinking at a friend's or relative's house
- 80 percent of all Māori adult drinkers believed it was acceptable to get drunk at home, with approximately 66 percent agreeing that it was acceptable to get drunk at parties or at a friend's or relative's house
- on average the majority of Māori youth drinkers believed it was okay to get drunk in most locations, particularly at home, at friends' and relatives' houses and at parties
- overall, most Māori drinkers reported having experienced some form of harmful or regrettable experience from their drinking in the previous 12 months, with most reporting that they had experienced some form of short-term effect of drinking, such as vomiting, hangovers and/or loss of memory (Raggett et al., 2009a).

These findings are consistent with other alcohol surveys such as the 2004 alcohol use survey (Stefanogiannis et al., 2007) and the 2003 ALAC survey of New Zealanders' attitudes and behaviours toward drinking (De Bonnaire et al., 2004).

Further, the health burden of alcohol falls inequitably on Māori. The combination of harmful drinking patterns and a smaller proportion of the population in the older age groups where some benefits may accrue, means that the Māori population is more adversely affected by alcohol than the non-Māori population (Connor et al., 2005). For example, in one study it was found that substance use disorders were the third leading cause of hospitalisations for mental disorders among Māori males (a rate of 81.7 per 100,000) between 2003 and 2005.³ Te Rau Hinengaro, the New Zealand Mental Health Survey, also identified that the most common lifetime disorders among Māori were anxiety disorders (31.3 percent) followed by substance use disorders (26.5 percent) (Browne et al., 2006).

³ The two leading causes of hospitalisation for mental disorders among Māori males were schizophrenia (a rate of 416.7 per 100,000), followed by bipolar disorders (85.7 per 100,000), cited in Robson & Harris, 2007.

AIM AND PRINCIPLES

The overarching aim of the Māori Action Plan is:

'To enhance whānau ora by reducing alcohol-related harm among Māori'.⁴

The Māori Action Plan is guided by four high-level themes that build on the principles outlined in our Strategic Direction 2008-2013.

- **Principle 1: Tiriti o Waitangi.** Te Tiriti o Waitangi creates a unique relationship between Māori and the Crown, one of partnership, participation and protection. As such, initiatives and investments need to reflect this special relationship appropriately.
- **Principle 2: Tino Rangatiratanga.** Tino Rangatiratanga acknowledges whānau/hapū/iwi Māori desire to control their future direction and to be actively involved in determining solutions. It also recognises that contemporary Māori society is both fluid and dynamic and that individual Māori realities are diverse. It recognises the need to invest in actions that will strengthen the ability of Māori individuals, whānau, hapū, iwi and communities to achieve their own aspirations and to make a real impact on Māori outcomes.
- **Principle 3: Whānaungatanga.** Whānaungatanga recognises the need to work collectively and effectively with others to create positive change. This involves developing and maintaining quality relationships, based on a common vision and set of values.
- **Principle 4: Pūawaitanga.** Pūawaitanga refers to realising Māori potential, cultural concepts, values and practices. It recognises the need to build on whānau/hapū/iwi Māori strengths as well as gains already made in improving whānau ora. It also means ensuring that Māori issues are framed in a way that is balanced and does not create or reinforce any negative stereotypes.

These high-level principles will continue to guide ALAC's efforts to enhance whānau ora and reduce alcohol-related harm among Māori.

⁴ This aim is consistent with other similar goals and visions across Māoridom and the public sector. For example, 'whānau ora' is the overall vision of He Korowai Oranga: the Māori Health Strategy, and refers to Māori families being supported to achieve their maximum health and wellbeing.

PLAN FOR SUCCESS

The plan for success consists of six broad interrelated areas for action and specific initiatives to be implemented in a three-year timeframe. This timeframe was chosen because it aligns with ALAC's business planning, but more importantly it tends to allow sufficient time to test the success of a particular course of action, while also maintaining relevance.

In prioritising key actions we have been guided by: the high-level principles (outlined above); what Māori told us throughout the engagement process; what the current evidence says; what we know other agencies are doing or not doing in the area; and what we as ALAC can influence.

Each area for action details:

- what we are trying to achieve
- why and how we should focus our efforts
- what we are going to do to get there and by when.

Consistent with our business planning, the estimated timeframes for completing each action are based on the following financial years:

- Year 1 – 1 July 2009 to 30 June 2010
- Year 2 – 1 July 2010 to 30 June 2011
- Year 3 – 1 July 2011 to 30 June 2012.

The actions and timeframes for completing work are subject to change, should more effective ways of achieving our desired outcomes become evident. We will highlight any amendments to our actions and timeframes in our annual progress reports.

Area for Action 1: Mahi Tiriti

What we are trying to achieve

- ALAC and Māori are working toward recognising and reducing alcohol-related harm in a way that reflects the essence of a Treaty partnership.
- ALAC's work reflects Māori perspectives and realities, and everything that ALAC does contributes to enhancing whānau ora.

Why this is important

As a Crown entity ALAC shares the Treaty responsibilities of Government. This gives rise to certain rights of and obligations on both parties to the Treaty and establishes a unique relationship between Māori (as members of hapū) and ALAC (as an agent of the Crown).

The judiciary often speaks of the concept of partnership when it applies the Treaty of Waitangi in its decisions. Partnership implies that both partners to the Treaty should be included in the decision-making process and all reasonable efforts should be made to ensure that decisions, on matters of common concern, appropriately reflect the interests of both partners. As an extension of this, ALAC also recognises the need to ensure that Māori interests and perspectives are given an appropriate priority in all aspects of its work. These are nice goals to which to aspire, but the challenge for ALAC is in 'walking the talk' and developing meaningful relationships that will be effective for reducing alcohol harm. We are also cognisant of the structural inequalities and power imbalances between Crown agencies and iwi/Māori that often influence the nature of the relationship.

Māori stakeholders consulted as part of the development of this action plan agreed that partnerships needed to be meaningful (i.e. beneficial to both parties) and based on Treaty principles. Stakeholders also commented that we needed to be clear about the parameters of the relationship and the joint outcomes towards which we were working. Others said that the quality of the partnership would be reflected in the fruits of it (i.e. our joint contribution to improving outcomes for Māori). In this respect we were challenged to show that every dollar we spend contributes to Māori outcomes.

Māori stakeholders differed in some respects on who they thought ALAC should partner with. Most, however, suggested locally based partnerships, which included strengthening existing relationships with Māori communities, in the first instance, and partnering with Māori social service providers (preferably mandated by hapū/iwi) working in the alcohol area. It was also suggested that we could leverage off partnerships other agencies have already established (e.g. the New Zealand Police liaison committees).

Forming effective partnerships with Māori to reduce alcohol harm and improve whānau ora is important from both a Treaty perspective and a needs perspective.

What we plan to do in the next three years to make a difference

	Description	Timeframe
1.1	<p>Establish a process and mechanism to:</p> <ul style="list-style-type: none"> • identify the most appropriate stakeholders in each tribal area for ongoing and regular engagement on alcohol issues • assist in setting clear parameters for each relationship, including identifying roles, what each of us will contribute to the partnership, key priorities, shared outcomes and how we will work together towards those outcomes • ensure that regular engagement with partners occurs. 	Year 2
1.2	<p>Review ALAC's capacity and capability to respond to diverse Māori needs, and implement any changes that may be required. This will involve developing clear criteria for undertaking the review.</p>	Year 1
1.3	<p>Require ALAC staff to:</p> <ul style="list-style-type: none"> • review existing ALAC policies, drinking guidelines and other initiatives to ensure that they will be effective for improving whānau ora • develop new policies and other initiatives that will be effective for improving whānau ora • measure the contribution that ALAC makes to Māori outcomes based on every dollar ALAC spends. <p>Jointly produce, in consultation with Māori, user-friendly tools that will assist staff to complete these tasks.</p>	Year 2

Area for Action 2: Mahi Whakawhitiwhiti Kōrero

What we are trying to achieve

- Whānau/hapū/iwi are having regular conversations that challenge the place of alcohol in their lives and are taking action to reduce alcohol-related harm.
- Māori communities are having conversations about the use of alcohol at whānau/hapū/iwi gatherings, on the marae and alongside other cultural and social events and are taking action to reduce alcohol-related harm.

Why this is important

“The power of stereotypes that buttress prejudice comes in part from a more neutral dynamic in the mind that makes stereotypes of all kinds self-confirming. People remember more readily instances that support the stereotype while tending to discount instances that challenge it” (Goleman, 1995).

Negative images of whānau drinking, such as the ‘Once Were Warriors’ scenario, have been constructed based on the experiences of a minority of Māori whānau. However, these negative images are perceived to be the norm rather than the exception, and as such have become a self-fulfilling prophecy for far too many Māori individuals and their whānau. Further, this type of cultural stereotyping is negatively impacting on rangatahi Māori, with some linking alcohol to their cultural identity and what it means to be Māori. For example, some of the rangatahi attending Anamata 08 (the ALAC national youth forum) commented that:

“young people are expected to be a certain type of drinker depending on their culture...”

“stereotypes of being Māori contribute to the way we drink e.g. Jake Heke is a warrior, he can fight and handle anything...” (Robertson, 2009).

Today, in one way or another, alcohol touches every Māori whānau. Approximately three-quarters of Māori adults aged 18+ identify themselves as drinkers, with about one-third identifying themselves as binge-drinkers (Raggett et al., 2009a). When it comes to manaakitanga (looking after others), alcohol is often treated like kai (food) and is part of being a good host. This means ensuring that there is more than enough alcohol available for those who visit or attend whānau gatherings.

You can now drink on many marae, and in some places you can even consume alcohol on the mahau of the wharenuī with the body of a loved one who has just passed on. It is common to drink after tangi, and to give alcohol to the cooks both during and after a whānau gathering to show appreciation for their help. As outlined in a presentation by PJ Mataira to the 1989 World Congress for Mental Health:

“Alcohol serves as an integral and inseparable part of hospitality where providing the best is the essence of warmth and sharing on the marae.” (Mataira, 1989).

Consequently alcohol appears to have become embedded in areas of Māori tikanga, despite not featuring in any significant way in whānau and hapū life prior to contact with Pākehā (Hutt, 1999). Ironically, history also tells us that Māori were avid protestors of alcohol use in their tribal areas (rohe) and took active control of it within their rohe (Hutt, 1999).

Māori stakeholders consulted during the early stages of the development of this action plan told us that there was no need to raise awareness of alcohol use and harms among Māori, because most were already aware of this. Instead, they told us that there was a need somehow to facilitate conversations within Māoridom about alcohol use and its effects and to encourage some action to be taken. Māori stakeholders consulted throughout the motu (nationwide) also requested that ALAC support them to facilitate such kōrero and action and that a broad range of settings would need to be targeted (including sports clubs, iwi organisations and companies, marae, cultural events and whānau hui). Further, it was raised that different approaches, messages and messengers would need to be used, depending on the setting, and it would also be critical to be clear about the outcomes being sought within each setting (as these too are likely to differ).

Māori stakeholders commented that whānau need to be having conversations about alcohol use as early as possible. It was suggested that, as a priority, ALAC try to encourage starting the conversation at home and support the kōrero that is already happening within whānau and the community by providing information and other educative resources, helping to facilitate hui, training others to facilitate conversations and allocating funding to this kaupapa.

What we plan to do in the next three years to make a difference

	Description	Timeframe
2.1	Work with a range of people and organisations to identify ways of facilitating kōrero and action on alcohol issues in areas where large numbers of Māori gather (e.g. national kapa haka events).	Ongoing
2.2	Prioritise funding for: <ul style="list-style-type: none"> initiatives to facilitate kōrero within whānau/hapū/iwi on alcohol use and key actions moving forward local-level conversations that are topical and connected to ALAC's national marketing campaign. 	Year 2
2.3	Develop, in consultation with Māori communities, resources and other communications for whānau/hapū/iwi Māori that are appropriate and effective for facilitating kōrero in a range of settings and that aim to create behaviour change and to prevent and reduce alcohol harm.	Year 2

Area for Action 3: Mahi Arotaki

What we are trying to achieve

- Whānau/hapu/iwi/community leaders and other high-profile Māori are consistently encouraging and role-modelling responsible drinking behaviour.
- Parents, other caregivers and the wider whānau are role-modelling safe and responsible drinking and supporting rangatahi to make healthy choices, including the choice not to drink.

Why this is important

“Looking ahead, we can either wait for government and related agencies to put in place policies and services that shape our environment and relationship to alcohol or we can take the initiative to shape our environment and hence our future.”

(Nā Lorna Dyall & Paul Stanley, 1995⁵)

Whānau is commonly recognised as the foundation of Māori society. Well whānau are a powerful source of strength, support, security and identity (Ministry of Health, 2002). This applies to both the traditional form of whānau (which is based on whakapapa/kinship ties) and the more contemporary type of whānau (which is based on a common kaupapa [mission/values] and involves members who act towards each other as if they are blood related) (Te Puni Kōkiri, 2005). The significant role that both types of whānau play in Māoridom, and in young people's lives in particular, means that they have a powerful ability (both positive and negative) to influence the decisions of their whānau members when it comes to drinking.

Research consistently shows that parents and friends are the main suppliers of alcohol to young people under the minimum legal purchase age (University of Auckland, 2004, 2008; Raggett et al., 2009b). Over half of Māori parents/caregivers reported that they believed their teens drank alcohol, 64 percent also believed that their teens had drunk too much on an occasion and 19 percent of parents agreed that it was okay for their teenagers to get drunk sometimes. Further, 57 percent of Māori parents reported that they and/or other parents/caregivers supplied alcohol to their teenagers, with 20 percent reporting giving their teenagers alcohol to take to parties or special occasions within the previous six months, that they did not attend (Raggett et al., 2009a).

Given this feedback, we believe that providing quality information to parents/caregivers and other whānau members on (among other things) the short and long-term harms of drinking and what they can do to keep their young ones safe is an immediate priority. Māori stakeholders consulted in the development of the action plan also confirmed that leadership and role-modelling start in the home and that ALAC should provide information on host responsibility and more educative resources for whānau.

At a community level, there are many examples in the recent past that demonstrate Māori leadership on alcohol issues.⁶ These examples show us that Māori have always been aware of

⁵ Cited in Hutt, 1999.

⁶ During the mid to late 1800s there were numerous petitions presented to Parliament by Māori. For example, in 1856, petitions and letters were presented to the House of Representatives by Ngāti Mahuta asking that drink be

and concerned about the impact of alcohol on Māori communities and very active in doing something about this.

Māori stakeholders commented that champions (or agents for change in the alcohol area) should be chosen by their communities. It was also emphasised in a number of forums that we needed to recognise that the mana (prestige) of the messenger was critically important for reaching Māori and that whānau/hapū/iwi needed strong, focused, respected and committed members in the home and on marae to lead the way. In this respect Māori wardens could play a key role in leading the way, particularly given their purpose and statutory powers that enable them to, among other things, prevent drunkenness and riotous behaviour among Māori patrons and prevent disorderly behaviour at Māori gatherings. Further, Māori wardens were set up for the people and by the people, so their number one commitment is to the communities they serve (ALAC, 2006).

Further, Māori stakeholders suggested that ALAC could support active leadership and role-modelling by promoting positive images of Māori (such as those who don't drink and lead healthy lifestyles) through social marketing and using positive messaging. Building on Māori identity through the use of empowering positive messages was something that worked well in the Auahi Kore (Smokefree) strategy to reach Māori (Grigg et al., 2008). This strategy was based on feedback from Māori about their distrust in government-driven anti-tobacco programmes, especially those that were seen to create negative stereotypes of Māori as smokers (Forsythe Research, 2000⁷). Māori rangatahi attending Anamata 08 also suggested that a way forward to dispelling negative cultural stereotypes was to bring back tikanga Māori and promote what 'being Māori' was really about (Robertson, 2009). This is something that ALAC needs to consider as part of its communication strategy to reach Māori.

What we plan to do in the next three years to make a difference

	Description	Timeframe
3.1	Determine, in consultation with Māori communities, the most effective way for creating 'champions/agents for change' in whānau/hapū/iwi Māori communities, and implement it. This should include exploring the potential effectiveness of supporting key community leaders, including how we could help to strengthen the role of Māori wardens to become 'agents for change' in the alcohol area.	Year 2
3.2	Produce and disseminate, through the most appropriate means, evidence-based resources and other communications that provide information to Māori parents, families and communities that aims to: <ul style="list-style-type: none"> • educate them on the importance of role-modelling and the impact on their tamariki of their behaviours and attitudes towards alcohol • educate them on the short- and long-term harms of drinking 	Year 2

kept from them. In 1866 a petition from six Arawa chiefs asking that no licence be allowed on their land was received by the House of Representatives. In 1879 all South Island tribes petitioned Parliament for the total prohibition of alcohol in the southern provinces, and in Tūrangānui ā Kiwa (Gisborne) a central body of chiefs forbade the consumption of liquor and fined offenders. These examples are referred to in Hutt, 1999.

⁷ Cited in Grigg et al., 2008.

	Description	Timeframe
	<ul style="list-style-type: none"> • help them to keep their tamariki safe • delay the onset of drinking • get them to reconsider supplying alcohol to youth who are under the legal purchase age • ensure that those who do supply understand the importance of supervision while drinking. 	
3.3	Work with high-profile Māori and 'local heroes' (who young people typically look up to and think are cool, such as rugby and league players and other sports people) to become role models and leaders for positive change in the alcohol area.	Year 2
3.4	<p>Review existing ALAC resources and other communications to ensure that we:</p> <ul style="list-style-type: none"> • avoid strengthening negative stereotypes • promote well whānau • promote tikanga Māori as a positive pathway for change. <p>Update and revise communications where required and ensure that all future resources and communications take into account these factors.</p>	Ongoing

Area for Action 4: Mahi Rangahau

What we are trying to achieve

- Policies and interventions to reduce alcohol harm are effective for whānau/hapū/iwi Māori as they are informed by robust evidence and knowledge.
- Māori communities are supported in evaluating efforts to reduce alcohol harm.

Why this is important

Having access to quality information is critical to ensuring strategies and initiatives to reduce alcohol-related harm for whānau/hapū/iwi Māori have the greatest impact possible. Māori stakeholders involved in the development of the action plan commented that research needed to be localised and conducted by Māori for Māori using appropriate cultural and kaupapa Māori frameworks. Māori stakeholders also commented that research needed to be readily accessible to communities and written in a way that was easy to understand.

ALAC's previous *Strategic Plan 2002-2007* identified that there was a lack of adequate information on alcohol use among Māori and evidence for what interventions work for Māori to reduce alcohol-related harm (ALAC, 2002). While we have improved data collection on Māori alcohol use, there is more work to be done to increase our knowledge of what works and what doesn't to prevent and reduce alcohol harm among Māori.

Māori stakeholders told us that evidence-based research is an essential foundation for building effective programmes for whānau, especially if it comes from an appropriate cultural framework. In this respect, health impact assessments were identified as particularly useful for supporting community work. Māori stakeholders also suggested that good evaluations were required to support and monitor interventions, but that these evaluations had to be based on criteria that were appropriate for measuring the efficacy of Māori-specific programmes. The need for more local data was also mentioned.

Further, Māori stakeholders suggested that ALAC take a lead role in alcohol-related research and were interested in a range of topics (some of which ALAC has already completed).

What we plan to do in the next three years to make a difference

	Description	Timeframe
4.1	Produce and regularly update a Māori resource document that collates the available literature and information on Māori and alcohol in Aotearoa/New Zealand. Compile and widely disseminate user-friendly fact sheets to Māori communities and other agencies to inform their work in the alcohol area.	Year 2
4.2	As a priority, undertake specific research on what works and what doesn't to prevent and reduce alcohol-related harm among Māori, with a particular focus on the efficacy of particular approaches for creating successful behavioural change. As part of this research, examine initiatives that have worked well to reduce alcohol-related harm for other indigenous peoples or that have been successful in creating positive behavioural change among indigenous peoples.	Year 1

	Description	Timeframe
4.3	<p>Conduct or support research to help inform our knowledge of:</p> <ul style="list-style-type: none"> • how best to engage whānau in creating positive behavioural change, and in particular to examine the role of women as agents for change within whānau • the role of tikanga as a pathway for positive change and as a protective factor for preventing and reducing harmful drinking • the link between alcohol and sports, with a specific focus on Māori. 	Year 2
4.4	Increase Māori sample numbers in ALAC population-based research to enable better analysis to be conducted (e.g. include a booster sample in the national marketing campaign research monitors) and to establish trends over time.	Year 1
4.5	Support Māori communities to evaluate their efforts in reducing alcohol-related harm.	Ongoing
4.6	Develop a set of indicators that will be effective in measuring the success of this action plan and, in particular, progress in reducing alcohol-related harm among Māori over time.	Year 2
4.7	Develop evaluation criteria to measure the success of Māori-specific interventions. As part of developing this criteria, work with other agencies and whānau to identify common themes on what constitutes whānau ora.	Year 2

Area for Action 5: Mahi Tahī

What we are trying to achieve

- ALAC is working collaboratively and effectively with central and local government and the non-government sector to enhance whānau ora.

Why this is important

Alcohol is a cross-cutting issue that affects health, social and economic outcomes. Often excessive drinking is a symptom of broader societal and/or personal pressures and problems. It therefore requires a multi-faceted approach and a coordinated effort to prevent and reduce adverse outcomes.

ALAC also acknowledges the need to work a lot better with other agencies and community groups towards our vision of whānau and communities enjoying life, free from alcohol harms. We are acutely aware that, like other agencies with limited resources, we cannot transform the drinking culture and reduce alcohol-related harm on our own. Māori stakeholders consulted in the development of the action plan expressed a desire for ALAC to take a leadership role in collaborating on alcohol issues at both national and local levels and to look at a broad range of issues (such as strengthening whānau) rather than focusing solely on alcohol-specific issues.

The relationship between alcohol and a range of adverse outcomes is touched on in a number of local, regional and national strategies across the health, justice, social and economic sectors. Further, the need to develop culturally relevant interventions and build the capacity of the mainstream and Māori workforce to address and respond to Māori needs more effectively is similarly shared in a number of strategies across the sectors. For example, reducing alcohol-related harm is an important aspect of the Ministry of Justice-led 'Drivers of Crime' work (which also incorporates a priority and emphasis on reducing Māori offending and victimisation). 'Drivers of Crime' involves working more effectively across the government sector to respond to the underlying drivers of crime along pathways to offending. Alcohol is seen as a facilitator of and contributor to crime. Reducing alcohol-related harm and improving access to and the availability of treatment services are key components of this work.

It makes sense therefore to identify ways in which we could work more efficiently and effectively towards our shared outcomes, in particular how we could work together to:

- increase Māori use of treatment services
- build the capacity (infrastructure, organisational and skill base) of Māori and mainstream services to respond more effectively and holistically to whānau
- ensure assessment tools and other interventions are culturally relevant for Māori
- strengthen whānau and improve whānau ora
- align funding for similar outcomes.

What we plan to do in the next three years to make a difference

	Description	Timeframe
5.1	<p>Work with relevant central and local government and non-government agencies to:</p> <ul style="list-style-type: none"> • recognise more consciously the connection between alcohol and the adverse outcomes the agency is aiming to prevent and reduce • look for opportunities to align strategies and communications where alcohol is likely to be a factor (e.g. family violence) • identify joined-up solutions and interventions, in a range of settings and in consultation with Māori, that are likely to be effective for reducing alcohol-related harm and other adverse outcomes among whānau/hapū/iwi Māori • identify opportunities for greater collaboration and integration of services to whānau/hapū/iwi Māori • improve whānau ora • use a contextualisation approach for framing Māori data that will help to construct a more empowering frame for Māori drinking. 	Ongoing
5.2	<p>Work with central government agencies, district health boards and primary health organisations to:</p> <ul style="list-style-type: none"> • increase AOD early and brief interventions for Māori • ensure there is access to AOD whānau-centred interventions • ensure that alcohol screening tools, other measures of alcohol use, treatment services and other interventions are culturally relevant and effective for Māori • identify opportunities for building the capacity and capability of the mainstream and Māori workforce to meet the needs of whānau/hapū/iwi Māori more effectively • establish a coordinated approach to monitoring and reporting on common outcomes and trends • identify opportunities for aligning funding for Māori services and capacity building, particularly in the primary care and mental health areas. 	Ongoing
5.3	<p>Work with local councils to ensure that their alcohol policies, plans and interventions are culturally relevant and effective for Māori.</p>	Ongoing
5.4	<p>Facilitate collaboration at a local level, in partnership with Māori communities, on alcohol issues.</p>	Ongoing
5.5	<p>Establish and maintain a comprehensive Māori stakeholder database.</p>	Ongoing

Area for Action 6: Mahi Tautoko

What we are trying to achieve

- Māori communities and services are supported to come up with their own solutions to reducing alcohol harms within whānau/hapū/iwi and Māori communities.
- Māori communities and services are supported to take action on alcohol issues, both locally and nationally.

Why this is important

A number of Māori stakeholders consulted on the development of the action plan emphasised the need for whānau to step up and take more responsibility for addressing alcohol-related issues among Māori, and that ALAC needed to look at ways to encourage and support this to occur. Māori stakeholders also reminded us that Māori communities are best placed to determine and design initiatives that work for Māori within their own rohe, and that ALAC needed to ensure that its criteria for funding fitted with this.

Further, Māori stakeholders were particularly keen for ALAC to help strengthen the links between services at a local level and to create a space for providers to share information, knowledge, opportunities and solutions. There was also a strong desire for ALAC to assist whānau to have a say in liquor licensing within their rohe.

What we plan to do in the next three years to make a difference

	Description	Timeframe
6.1	Develop a mechanism(s) that will: <ul style="list-style-type: none"> • better involve diverse Māori communities in the work that ALAC does • support whānau/hapū/iwi Māori communities to have input into central and local government decision-making processes on alcohol issues • support Māori communities and providers to develop their own alcohol-related policies and other initiatives • strengthen Māori community leadership in the alcohol area • build and maintain relationships between ALAC and Māori communities. 	Year 2
6.2	Prioritise funding for initiatives that aim to strengthen whānau, with a primary focus on preventing and reducing harmful drinking among Māori.	Year 1
6.3	Prioritise within the ALAC sponsorship fund events that attract large numbers of Māori, particularly young Māori (of which some may be typically known to be drink fests), and work with the event organisers to create an alcohol-free environment or, where alcohol is available, ensure it is managed responsibly.	Year 1
6.4	Work with Māori communities to identify the types of initiative that are likely to be effective for preventing and reducing alcohol-related harm among Māori.	Ongoing

HOW WE WILL KNOW WE HAVE BEEN SUCCESSFUL

Māori stakeholders involved in developing this action plan were asked about the outcomes they would expect to see if ALAC got the 'plan for success' right. Most stakeholders commented that they would see well whānau. Other responses included that:

- ALAC's partnerships with others are making a significant contribution to achieving whānau ora
- whānau and the Māori community take a more active role in reducing alcohol-related harm
- whānau lead a positive change in the drinking culture and promote healthy lifestyles
- all sectors work together to reduce alcohol-related harm among Māori.

These responses, in conjunction with ALAC's impact and outcome statements (as outlined in our *Statement of Intent*) will be used as a starting point for developing a set of indicators for measuring the effectiveness of this action plan and, in particular, progress in reducing alcohol-related harm among whānau/hapū/iwi Māori.

We are already working on improving our data, and in particular increasing our Māori sample, to give us a much better insight into what is happening within Māoridom. We anticipate having baseline information available by the end of 2009, at which time we will be able to make more informed decisions on what specific indicators can be used to measure and monitor performance reliably over time.

MOVING FORWARD

This action plan provides us with guidance on what we need to do to work towards reducing alcohol-related harm among Māori. Preventing and reducing alcohol harms among Māori is not something we can do alone though. We are acutely aware that we need to team up with whānau/hapū/iwi Māori, Māori service providers, central and local government and the non-government sector to really make a difference.

As a first step in moving forward, we will need to review our organisational capacity and capability to ensure that we can effectively respond to whānau/hapū/iwi Māori needs and implement this plan. This will include a review of current initiatives for their continued relevance and to ensure that they align with our pathway forward.

We will also be reviewing and updating the plan regularly to ensure that it remains relevant.

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