

ALCOHOL HARM HAS NO PLACE IN OUR CULTURE

Pasifika Alcohol Harm Sector and Community Engagement Report

Final Report

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August 2023

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Executive Summary

INTRODUCTION

To address the alcohol harm experienced by Pasifika peoples, it is important to understand the historical, social and cultural context that influences alcohol use for Pasifika peoples living in Aotearoa. We know Pasifika peoples experience alcohol harm, and their risk factors for it are disproportionately higher compared to other population groups in Aotearoa. It is fair to say it is a significant public health concern and an equity issue.

This report presents the findings that explore the overarching goal of better understanding the context in which Pasifika peoples use alcohol and experience its harms. The methodology used was the talanoa (community and sector discussions) to bring to light these experiences. These talanoa sessions were conducted from November 2022 to January 2023, where a total of seventy (70) participants were involved from the Pasifika communities, including representatives from 40 organisations from the Alcohol, Pasifika community groups and Other Drugs (AOD) sector.

FINDINGS

Based on a thematic analysis of the participant narratives, six key themes emerged:

1. **Understanding alcohol harm** - participants gave a broad understanding of alcohol harm as the negative social, cultural and economic consequences that usually arise from heavy drinking.
2. We asked participants what behaviours were linked to alcohol use, and which were harmful. Six **harmful behaviours** were identified, including drink driving, physical and aggressive behaviour, social and interpersonal relationship problems, and the negative consequences on school, university, or work.
3. Our engagements highlighted the integrated way that other **underlying factors** influence or drive alcohol use that can lead to alcohol harm. Participants highlighted the following reasons alcohol was often used: to cope with stress, help relieve anxiety, fit in with peers, or out of curiosity and the desire to experiment.
4. **Protective factors against alcohol harm** align with research and commentary on the topic. As expected, education and awareness, connected families, open and regular dialogue, and a strong connection to culture and identity all served as a buffer against alcohol harm.

5. It was important to understand what the community and sector thought and experienced as the **barriers to achieving alcohol harm minimisation**. For this conversation, ineffective alcohol laws and policies featured consistently and topically at the time. A limited understanding of alcohol and its impacts, alcohol marketing, social norms and peer pressure also featured prominently as barriers.
6. Lastly, participants raised two points identified as **unintended consequences of progressing alcohol harm**, which were public backlash to law and policy interventions intended to reduce alcohol harm. Instead, these factors were seen as impinging on the freedoms of individuals and the political will and sway of the prevailing government or party of the day driving change (or lack thereof), as opposed to responding to the needs of the community.

Topics of interest and knowledge gaps were also identified, which will need further exploration in future work responding to alcohol harm for Pasifika peoples. These were:

- ❖ understanding the cultural view on alcohol
- ❖ understanding the role of the church in alcohol harm minimisation
- ❖ exploring the different experiences with kava and alcohol and understanding their use in personal and cultural contexts
- ❖ understanding the role and effects of alcohol marketing and online sales on alcohol harm.

IMPLICATIONS - WAY FORWARD

Communities would benefit greatly from a deeper understanding of the context of alcohol for Pasifika peoples in the current New Zealand context, specifically to understand the barriers to progressing alcohol harm minimisation and the protective factors needed to effectively address or mitigate alcohol harm. A deeper understanding is important to inform and influence culturally safe and tailored solutions, and to create healthy environments to reduce the risk of harm and work towards closing the inequity gap that Pasifika communities have long withstood around alcohol harm.

This engagement report presents the following key considerations from the Pasifika community and sector engagements on alcohol harm. These considerations will inform and shape the development of the National Pasifika Strategy as part of the broader Pacific alcohol harm minimisation work programme. Communities told us the solution must incorporate or do the following:

1. Build from Pasifika values.
2. Respond to ethnic-specific and regional differences.
3. Increase education and awareness to empower communities.
4. Community must be at the centre.
5. Improve alcohol law and policy for Pasifika communities.
6. Build strategic partnerships between the AOD, health and social sectors.
7. Investment and funding to resource the Pasifika workforce.
8. Presenting a shared vision of a Pasifika community that is free from alcohol harm.

A snapshot of the aspirations for a Pasifika community that is free from alcohol harm is presented in the following diagram:

Diagram of quotes from participants



Participants have a strong sense of community and are optimistic about a future that is free from alcohol harm. They are also committed to supporting and collaborating with one another and working towards a future where their communities can thrive in a healthy environment.

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1. Introduction

1.1. BACKGROUND

Pasifika peoples have a right to good health and should be able to thrive in an environment without health inequities, and the social, cultural and environmental impacts of alcohol harm. The cost of alcohol harm remains high in society (Action Point, n.d) and comes at an even greater cost to some groups more than others (Connor et al., 2013). Research shows Pasifika peoples experience higher rates of harmful alcohol use and related harm than other ethnic groups (Casswell et al., 2016). It is critical to progress work towards eliminating inequities from alcohol harm long experienced by Pasifika communities.

In 2022, Te Whatu Ora - Health Promotion (previously Te Hiringa Hauora | Health Promotion Agency) established a dedicated work programme to address alcohol harm for Pasifika peoples in Aotearoa New Zealand. Key outcomes of this work programme are to provide an overarching focus to support national, regional and local alcohol harm minimisation work through the development of a National Pasifika Strategy, elevate the voice of Pasifika peoples to influence alcohol law and policy change, and to enable Pasifika and community-led action towards better health outcomes through minimising alcohol harm.

This report details the findings of the engagement undertaken from November 2022 through to January 2023, to explore and gain understanding of the context in which Pasifika peoples use alcohol and experience its harm. The report will inform the development of a National Pasifika Strategy to assist with combating harmful alcohol use and related harms.

1.2. AIMS OF THE STUDY

Aligning with the broader work programme and supporting its strategic direction, the aims of the engagement were to:

- a) Establish authentic and meaningful connections with Pasifika communities and sector stakeholders. This initial connection and engagement will provide foundational insights to inform the development of the National Pasifika Strategy.
- b) To understand better the context in which Pasifika peoples use alcohol and experience alcohol harm.
- c) To understand the aspiration of Pasifika peoples to have healthy and thriving communities by reducing alcohol harm.

1.3. METHODOLOGY

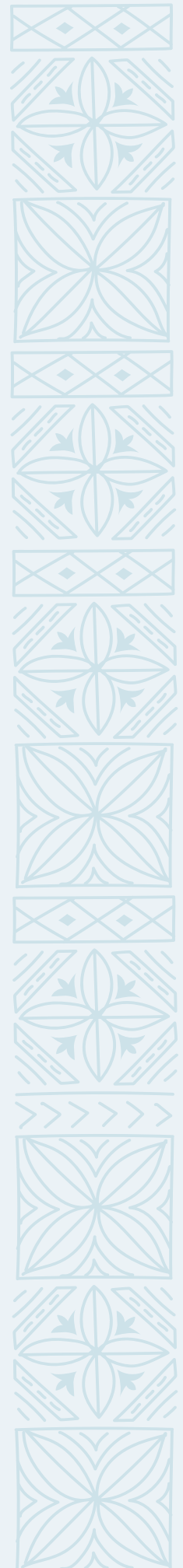
1.3.1. COMMUNITY TALANOA

Community focus groups were curated and conducted to help explore the context in which Pasifika, living in Aotearoa, use alcohol and experience the associated harms. This included exploring the lived experience (refer to Appendix 1, Figure 2 & Figure 3), behaviours, perceptions and aspirations of communities nationwide. To do this in a culturally safe way, the talanoa methodology (Vaioloti, 2006) was used. A representative sample totaling seventy (70) participants was curated using a whānau/aiga-centred approach, focused on:

- ❖ regions with higher populations of Pasifika
- ❖ ethnic-specific representation (refer to Appendix 1, Figure 4), including the Realm countries and Pasifika ethnic groups known to have higher rates of alcohol harm (Nosa et al, 2021)
- ❖ key sub-populations of youth, disability and Rainbow. Nine focus groups took place between November 2022 and January 2023 across the Northern (Auckland), Central (Wellington) and Southern (Dunedin) regions.

Key demographics of the nine focus groups were:

- ❖ Participants were aged between 12 and 79 years old, with a gender composition of 55% females and 45% males.
- ❖ Most participants were Samoan (39%) and Tongan (30%), with the remaining 31% from Fiji, Kiribati, Cook Islands, Tuvalu, Solomon Islands, Vanuatu, Tokelau, Niue and those of multiple pacific ethnicity.
- ❖ Most participants were from Auckland (77%), with 14% from Wellington and 9% from Dunedin.
- ❖ Sixty-five percent (65%) of participants received wages and salaries, 4% were retired, 7% were self-employed, 16% were studying, 4% were on benefits and 4% were unable to work.



1.3.2. SECTOR TALANOA

In response to the Pasifika community experiencing alcohol harm, the AOD sector fono were conducted to help explore the Pasifika sector perspective on this.

Their perspective was a valuable one in that they provided a frontline view, usually from the clinical and treatment end but not limited to, and typically including broader health and social support. Similar to the community focus groups, the talanoa methodology was used for the sector fono.

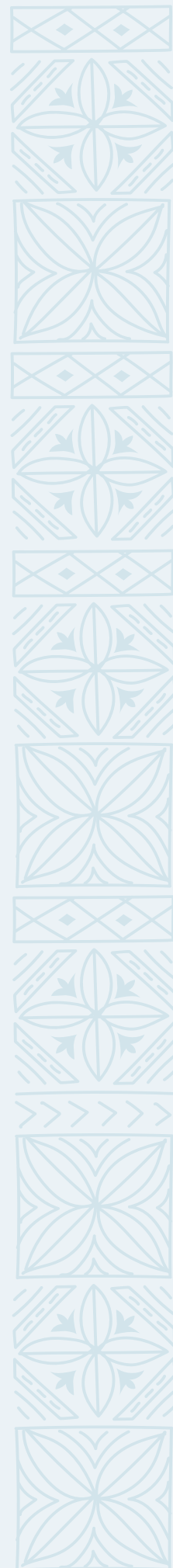
Participants were sourced from a comprehensive list of Pasifika AOD providers, and later broadened to include Pasifika health providers from across the country, and were invited to attend one of four fono held in Auckland, Wellington, Christchurch and Dunedin. More than 50 organisations were invited to participate and 40 organisation representatives attended (refer to Appendix 2, Table 1). These fono took place on 16 November 2022, 6 December 2022, 16 January 2023 and 18 January 2023, respectively. Demographic information has not been included in this report for the sector fono; instead, we captured the organisation or provider each attendee represented (refer to Appendix 2).

1.4. LIMITATIONS

The engagement had some limitations. First, while it is important to acknowledge the lived experiences and cultural property each participant contributed to the talanoa, the report recounts the perspectives of a small representative group of Pasifika peoples. Second, the engagements highlighted the growing and concerning practice of mixing kava and alcohol for consumption. This practice needs to be explored further and carried out carefully, to acknowledge the appropriate contexts, including the influence of colonisation, the historical and cultural context of kava, and the Pasifika diaspora. This can help to prevent undue harm that could perpetuate negative and misinformed perspectives on kava in light of alcohol.

1.5. OUTLINE OF THE REMAINING SECTIONS OF THE REPORT

- ❖ Chapter 2 presents the findings of the engagements, highlighting the key themes that emerged from the participant narratives and the topics of interest and knowledge gaps.
- ❖ Chapter 3 discusses the implications of this engagement to inform current and future policy and programming interventions.
- ❖ Chapter 4 is the conclusion of this report.



2. Key Findings

2.1. THEMATIC ANALYSIS OF PARTICIPANT NARRATIVES

The following six themes were identified from the thematic analysis.

2.1.1. THEME 1: UNDERSTANDING ALCOHOL HARM

Participants conveyed a broad understanding of alcohol harm as the negative physical, mental, emotional, social and economic consequences usually from the heavy consumption of alcohol, both in a single or regular sessions. Moreover, most participants reported having more than one harmful experience relating to alcohol. The following list contains the alcohol harms – some of the behavioural harms are explored further in this report under the ‘Harmful behaviours’ section.

Harms identified:

- ❖ drink driving
- ❖ physical violence (eg, fighting)
- ❖ domestic abuse and family violence
- ❖ employment issues (eg, absent from work, loss of job)
- ❖ risky behaviours (eg, unprotected sexual activity)
- ❖ impaired judgement (eg, deciding to drive while under the influence of alcohol)
- ❖ health issues (eg, reported removal of a kidney due to severe and prolonged alcohol consumption)
- ❖ addiction and dependence.

“I’m an alcoholic, and alcohol is God to me... I still couldn’t fight my alcohol addiction. I’d tell myself not to drink again, but once I see alcohol, I would drink again. I’m still struggling with my addiction, and I drink every day.”

2.1.2. THEME 2: HARMFUL BEHAVIOURS

Participants identified the following as the main harmful behaviours associated with their experience of alcohol harm:

a) Drink driving – Most participants were aware that driving under the influence of alcohol is dangerous, due to the drink driving campaigns shown on television. Some participants admitted to driving under the influence, while others shared experiences of being a victim hit by a car with a driver under the influence.

“The only negative aspect of alcohol I’ve seen on TV is drink driving, and I’m much more aware of this when drinking.”

b) Physical and aggressive behaviour – Many participants stated alcohol was the main factor in their experience of domestic and family violence, such as verbal, physical and sexual abuse. Participants who shared these experiences were a combination of individuals who had experienced the domestic or family violence done to them personally, witnessed it being done to another, or were the offender themselves.

“The yelling, the beating up of my mother is terrible. My father would spend all the money on alcohol and not buy his own children food.”

c) Poor academic and professional performance – Participants identified poor academic and work performance as being a harmful behaviour stemming from regular alcohol consumption. Participants who were students reported that when they consumed heavy quantities of alcohol, they often had trouble focusing on and completing assignments, which led to poor academic performance and missed opportunities. Similarly, participants shared about missing work regularly due to being hung over the day after heavy drinking, and how this often contributed to increased stress in the home. Participants mentioned these stresses often compounded existing financial and relationship issues, and acknowledged the likelihood that opportunities at work were missed due to heavy drinking.

“Sometimes I missed work because I was so drunk the night before. I lost so many opportunities because of alcohol.”

d) Social and interpersonal relationship issues – Participants shared experiences around having at least one parent absent during their childhood and the neglect of parental responsibilities due to heavy alcohol use. Participants said this had led to strained relationships and conflicts with loved ones. They felt it created a cycle of isolation and social withdrawal that led to further damage to interpersonal relationships.

“I would go in the early hours of the morning with my mother to pick up my father from a bar. These are negative experiences of alcohol that I don’t like.”

e) Cognitive impairments – Participants reported having impaired memory and limited cognitive function, which they reported led to blackouts and periods of memory loss when they drank heavily. It was reported that impairment also manifested in the immediate physical symptoms, such as slurred speech and slow reaction times.

“I blacked out once and swore never to do it again. I was lucky that I had my friends, and I was in a safe place. I now know my limits, so I don’t have the same experience again.”

f) Physical health impairment – Participants reported their excessive alcohol consumption had worsened other physical health issues they already had. One participant mentioned having a kidney removed due to excessive alcohol use during her young adult life. Since then, they have expressed remorse and now actively talk to their children about the dangers of alcohol.

“I had a kidney removed because of my alcohol abuse.”

g) Addiction and dependence – Some participants reported experiencing alcohol addiction and dependency issues. Many we spoke to did not seek support until they were told their alcohol problem was at the severe end of the spectrum. Some

older participants reduced their alcohol intake as they aged to try to mitigate the issue, but others reported struggling to address their alcohol problem even after they sought help from an AOD provider.

"Alcohol is GOD."

2.1.3. THEME 3: ALCOHOL USE IS OFTEN USED TO ADDRESS OTHER UNDERLYING ISSUES

a) Coping mechanism for stress – Participants reported often turning to alcohol for stress relief and to help cope with challenging circumstances (work, family and finances). Drinking provided a temporary escape from life stresses and would often help participants feel relaxed. Adult participants mentioned having a drink at the weekend to relax after hard labour work during the week, and young participants expressed that they used alcohol to "numb the pain."

"Drinking helped me loosen up, especially when going through problems. But when I sobered up, the problem was still there. It's a cry for help."

b) To relieve social anxiety – Participants stated that alcohol was often a central part of social events and celebrations. For some, drinking was a social lubricant that helped them to come out of their shell and be more engaging and social with others. Participants also felt that alcohol was normalised in their homes, workplaces, within social circles and even at church.

"My parents tell me not to drink, yet I go to church, and I get given alcohol, even in our church events, alcohol is a big part of it."

c) To fit in with peers (peer pressure) – Most adult participants attributed peer pressure as being one of the main reasons for trying alcohol for the first time. A considerable number who said this did so because they were looking for acceptance from their peers. It was also mentioned that alcohol facilitated a way to help discuss sensitive topics with close friend groups or other 'safe' group alternatives. This was said to create a conflicting situation for some of the younger participants, with many reporting being told by their parents or guardians not to drink and often given no explanation why.

"I wanted to be in vibes or mafana with my friends and that's why I started drinking."

d) Curiosity/experimental – Some participants attributed curiosity and wanting to experiment as the main reasons for trying alcohol. This was especially the case among the young participants exposed to alcohol at an early age.

"I saw my father drinking with his friends at home and his whiskies were lined up on one of our cupboards. My curiosity got the best of me, I opened one of the bottles and drank it. I would finish one whole bottle and fill it with tea. I was found out and got the meanest hiding."



2.1.4. THEME 4: PROTECTIVE FACTORS AGAINST ALCOHOL HARM

Protective factors against alcohol harm are important to help mitigate and reduce the risk of alcohol harm for individuals or groups. By using protective factors, we can tailor support and interventions, create and build supportive environments to promote healthy lifestyles, and reduce the negative impacts of alcohol on individuals, families and communities. Participants identified the following as the main protective factors against alcohol harm:

a) Education and awareness – Participants with greater understanding of alcohol and its effects on the body shared how this information helped them make better decisions about their alcohol use. Participants said that if others had access to the same information, harmful drinking among Pasifika communities would be reduced.

“I was taught alcohol and its impact on the body. I was also taught how to take alcohol so that my body does not take on the full impact of alcohol, such as eating before consuming alcohol, taking water regularly in between drinks for example.”

b) Connected families – Participants expressed difficulty in discussing alcohol with their parents, while many adult participants found it challenging to engage in such conversations with their children. However, some participants recognised the importance of educating their children about low-risk drinking and no drinking as viable options by creating safe spaces for them to socialise.

“We all have a role to play, families, organisations, churches, companies, government departments etc. It takes a village to raise a child, and by raising children we must inform and educate them about life, including alcohol, so they can make the right decisions. We also need to walk the talk and have and/or promote alcohol-free events that are fun for all to enjoy.”

c) Open and regular communication – Most participants acknowledged the difficulty of discussing sensitive topics, such as alcohol at home. Participants who had children disapproved and prohibited their children from drinking alcohol, usually without explanation. On the other hand, many of the young participants had experienced this from their parents and most stated this strictness and lack of open dialogue was a key reason they chose to rebel and experiment with alcohol.

“I openly share with my kids about alcohol, how much they should take, when they should drink and who to surround themselves with when they drink.”

d) Strong culture and identity – Participants with a strong grounding in their culture and identity believed this was important in mitigating the risk of alcohol harm. Cultural practices like kava, and adhering to traditional Pasifika values of love, respect and reverence for the sacred relational spaces between people and environments, are strongly associated with abstinence of alcohol. Some participants highlighted the need to look to a time before the introduction of alcohol (pre-colonisation) as a standard of health and prosperity that was alcohol-free.

“My grandmother forbade the drinking of alcohol in our house, and everyone respected this family value.”

2.1.5. THEME 5: BARRIERS TO ALCOHOL HARM MINIMISATION

Participants identified the following as the main barriers to addressing alcohol harm:

a) Ineffective alcohol law and policies - Participants often cited the high concentration of alcohol outlets in South Auckland as a significant obstacle to progressing alcohol harm minimisation, and believed this was a result of shortcomings in alcohol law and policy that allowed this to happen. Participants felt that current alcohol law and policy did not acknowledge the lived realities of their communities. It was suggested that implementing policies and regulations, such as raising the cost of alcohol, restricting its availability, and regulating alcohol marketing and advertising, would help to reduce the overall alcohol harm Pasifika peoples experienced. A caveat to this expressed by participants was that any legislative and policy change must include the community and the lived experience voice.

"There are so many alcohol shops in South Auckland, it's nearly on every corner, who is allowing this to take place?"

b) Limited understanding of alcohol and its impacts - Participants acknowledged that their understanding of alcohol and its negative side effects was limited to their lived experiences or anecdotal information shared among family, extended family and social groups. Alternatively, some participants highlighted content on various media platforms promoting alcohol rather than informing them of the harmful impacts, except for drink driving campaigns. Participants stated that a lack of understanding of alcohol and its impacts often led to higher alcohol consumption.

"Educating our people about alcohol and its impacts is needed. We must show the images of lost body parts, black eyes, families separating to bring to light the dark side of alcohol."

c) Alcohol marketing - Participants noted that alcohol marketing often showed drinking as a 'fun and safe' activity, but their own experiences of alcohol had been the opposite. Alcohol marketing was seen across various social platforms, such as TikTok, Instagram and Facebook. Participants also mentioned that alcohol marketing associated with the sport of rugby was a significant problem due to the high exposure of the product, brand and practice, on and off the field, and this was said to be the normal.

"I saw a whiskey advertisement on Facebook of a beautiful actress sipping whiskey in her large, beautiful mansion and it made me want to drink whiskey."

d) Social norms and peer pressure - Young participants reported being exposed to heavy drinking when their families had parties during special events and gatherings, and for others it was when they spent time with peers rebelling against parents or school. Participants also talked about drinking to fit in with peers and getting into fights where alcohol was a contributing factor. These were common themes among the young participants we talked to.



“Alcohol is always present during family events, it’s common for family members to come with boxes of beer to drink when we have family events or meetings. It’s so normal, it is weird to not have family get together without alcohol and loud music.”

e) Low socio-economic status - Participants who came from lower socio-economic backgrounds shared their challenges growing up and being exposed to alcohol. For these participants, they witnessed in their household that drinking alcohol was a common way to socialise, celebrate and relieve stress, which would often lead to ongoing and harmful drinking behaviour carrying through to adulthood. Some participants highlighted that buying alcohol became the priority over basic needs.

2.1.6. THEME 6: UNINTENDED IMPACTS FROM ADDRESSING ALCOHOL HARM

Participants had raised some impacts that can be best described as unintended consequences of progressing alcohol harm minimisation. The following are key themes that were highlighted from discussions.

a) Consumer and public backlash - Some participants saw themselves as responsible drinkers or social drinkers and that alcohol is not the problem, but rather the person. They expressed strong feelings that they should not be penalised because others cannot “handle their alcohol.” These participants felt they had a much better understanding of the risks of alcohol from exposure to Western cultures.

“Alcohol is not the problem, it’s people who cannot control their drinking.”

b) Political will - During discussions, it was made known to participants the different alcohol-related amendment bills open for public submissions (New Zealand Parliament, 2022). However, it drew little confidence from participants, as they expressed their lack of knowledge about the amendment bills, the timing of submissions and the lack of facilitation for the community to participate in the process. Participants were glad there was a spotlight on alcohol harm. However, the hurried process begged the questions, ‘why now?’ and for ‘how long will this attention last?’, till the political will swayed in another direction.

“While it’s commendable that there is a lot of appetite to reform the alcohol space, it’s important to ensure that the process is not rushed and that there is equitable access by all including Pasifika communities to make robust submissions.”

2.2. TOPICS OF INTEREST AND KNOWLEDGE GAPS

The following section explores four points identified as topics of interest and knowledge gaps. We recognise that further literature to support the following questions likely exists in the broader body of literature on alcohol, kava and Pacific peoples, but this was not in scope of this project. What is presented is a brief exploration through the viewpoints and experiences of participants.

2.2.1. WHAT IS THE CULTURAL VIEW ON ALCOHOL?

The predominant view among the community participants regarding the cultural perspective on alcohol was that, historically, alcohol was not socially acceptable to drink traditionally or recreationally. One participant stated that Pasifika peoples, before alcohol touched their shores, were characterised as healthier, happier and more connected to family and community. This common and long-held view raises the critical point around the influence of colonisation. According to Gamella (2002), evidence points to alcohol not being commonplace in Polynesian culture and society pre-European contact and was only manufactured their own once foreigners arrived.

I-Kiribati and Ni Vanuatu participants commented on the widespread alcohol ban in most villages. Other participants mentioned that women were discouraged from drinking alcohol and that it was more socially acceptable for men to drink instead. As mentioned, it is critical to understand the cultural and historical context of alcohol and Pasifika peoples. Historically, we know that the impact of Christian evangelical churches influenced the widespread prohibition of alcohol among most island nations in the 19th century (Gamella, 2002). Spirituality and religion are widely acknowledged as foundational aspects of Pasifika culture and identity, so it is reasonable to expect that a similar influence of church and religion persists among Pasifika communities today.

Participants born and raised in the islands recall alcohol becoming more socially acceptable and accessible in New Zealand. However, it was still counter-cultural when it came to specific church communities (ie, for Mormons, it was against their religion, but for other denominations, such as Catholics, it was more socially accepted). Participants shared examples of the negative impacts of alcohol on them, their family and friends, including alcohol addiction and dependence, domestic and family violence, and it affecting physical and mental health. Among older participants, the dangers of alcohol were highlighted, especially for young people. Additionally, most participants mentioned that alcohol harm has no place in their cultures.

Participants recognised the diversity of Pasifika peoples living in Aotearoa, but were unaware of varied differences in alcohol use and harm across the various ethnic groups. They did acknowledge that their alcohol use and misuse were influenced by their culture and the region where they resided. For example, participants who lived in South Auckland shared about the high number of alcohol outlets in their communities, often close to schools and shops.

To support progressing alcohol harm minimisation for Pasifika peoples, it is important to critically explore the subject through a Pasifika cultural and historical lens that seeks to understand the values, traditions and beliefs, while also acknowledging the impact of colonisation, generational trauma and migration on Pasifika peoples concerning alcohol.

A literature review may provide this, but this was out of the scope of this project.

2.2.2. DOES THE CHURCH HAVE A ROLE TO PLAY IN ALCOHOL HARM MINIMISATION?

Most participants from a church community agreed that the church should play a key role in preventing and addressing alcohol harm. It was agreed that priests, ministers, pastors and other church leaders should, in addition to their pastoral care duties and leadership, be a conduit for providing education, awareness and advocacy about alcohol harm minimisation and should lead in creating and advocating for healthier social environments in those communities.

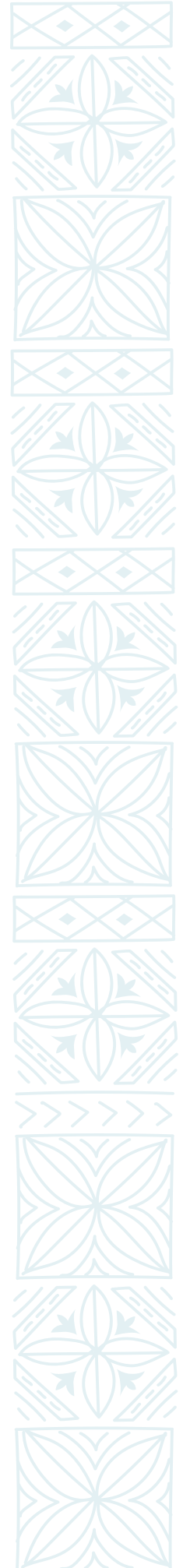
Many participants maintained that the church is both a place and a community of people, where guidance, support and advice should be given on matters of health and social issues, including alcohol harm, and not limited to spiritual guidance. The spiritual beliefs of Pasifika peoples hold great significance, and participants recognised the church's potential role in supporting those who experience alcohol harm. Participants strongly expect that guidance and support should be given in a non-judgemental way in line with common Christian teaching.

"We can't pray and hope for this problem to go away, we need to act also. The church has a role to look after its flock, and it must be supported well to deliver the support and care in a non-condescending way. We have the responsibility to look after our flock all the time, not just in the good times but also when they are experiencing hardship."

Participants did point out that the church alone cannot provide the sole support to individuals and their families who experience alcohol harm, but need to work collaboratively with health and social providers to provide the appropriate support, especially if a person requires clinical intervention for alcohol addiction or dependence problems. Access to information and the appropriate support can ensure that people can properly address their problems at whatever stage of their journey with alcohol they are on.

It is noteworthy that young participants talked about how churches should provide safe and enabling spaces for them to talk openly about issues they struggle with, and for churches to hopefully be responsive in practical and non-judgemental ways. The youth expressed a desire for more open discussions about real-life issues, including alcohol problems and other forms of social or health issues.

"We gave feedback about topics that should be discussed in our groups, including alcohol, relationships and how we want to be better supported so that both our spiritual life agrees with our physical."



2.2.3. DIFFERENT PERCEPTIONS OF KAVA AND ALCOHOL AND THEIR USE IN PERSONAL AND CULTURAL CONTEXTS

Participants from the sector and community groups highlighted the growing number of kava groups emerging. Most Tongan participants discussed transitioning to kava as a healthier, more socially and culturally acceptable alternative to alcohol. These participants felt that kava was safer because it was not alcoholic and did not result in disorderly behaviour typically associated with alcohol – for these participants, it had the opposite effect of inducing calm and relaxed effects. One Fijian participant did highlight a practice typical within their social circle of drinking kava followed by alcohol as a ‘chaser’. They stated that consuming this way helped lessen alcohol intake and also delayed the onset of drunkenness.

“Grog sessions are fun and quiet but once alcohol is involved, it can get very rowdy and can escalate very quickly.”

Existing research explores various aspects of kava use, such as the impacts of heavy kava consumption on the body (Aughton, 2020; Aporosa et al., 2020), including physiological function and cognitive performance. One study explored the cultural significance of kava as a traditional and customary practice and found it reinforced the cultural values and identity of the participants (Fehoko, 2016). There is plenty room for further exploration of kava, as well as in relation to alcohol, and the recent engagement and report signal this area as a potential knowledge gap. However, any work undertaken in this area must acknowledge the importance of applying a critical lens and consider the cultural, economic and social implications of kava use, view the historical contexts, and explore how colonisation and migration have influenced this traditional and customary practice.

2.2.4. HOW DO ONLINE SALES AND MARKETING IMPACT ALCOHOL HARM?

Participants believed that alcohol being marketed and purchased online had made it even harder to address the issue of alcohol harm and felt there was little, or nothing, being done to safeguard against any potential risk and harm for high-risk and vulnerable communities. Some younger participants reported finding ways to purchase alcohol online, while parents shared experiences of their children being heavily exposed to online alcohol marketing.

“It’s hard to know what my nieces and nephews are seeing online. I heard of targeted advertisements on the dark web, and it makes me fearful for their future.”

We know alcohol availability via digital platforms is a growing trend (Babor et al., 2022), subsequently increasing online sales, and providing an easy opportunity for people to purchase alcohol. Research analysing online sales had shown retailers typically offer products cheaply, heavily promoted, and at highly discounted prices on such platforms (Hayden et al., 2023). These tactics from alcohol brands and retailers often use digital marketing and data collection to increase tailored promotion and potential targeting, towards those people who may already experience harm from alcohol use and, more concerning, young people.

3. Implications

After hearing from the community and the sector participants, the following themes emerged, which are listed as key implications of this engagement to inform the development of the National Pasifika Strategy. It is anticipated that further sector engagements will take place as the project evolves where similar or new views could emerge.

3.1. BUILD FROM PASIFIKA VALUES

It is essential to adopt a values-based approach that aligns with Pasifika cultural traditions and values of love, respect for family and community, and spirituality. Participants proposed to even highlight the ways in which alcohol harm goes against Pasifika values and highlight the harms unique to Pasifika peoples. Participants also raised the need to reclaim the narrative about their once thriving cultures, sacred traditions and customs before the arrival of alcohol. This should also be done in a way that acknowledges the impacts of colonisation, migration and generational trauma experienced by Pasifika peoples.

3.2. RESPOND TO ETHNIC-SPECIFIC AND REGIONAL DIFFERENCES

Participants were consistently clear that alcohol harm minimisation approaches that work in one region may not be effective in another, and an effective approach must acknowledge the multiple ethnic groups that make up the collective. These points were a strong theme for the sector engagements as well. A tailored regional and ethnic-specific approach is critical to ensure that any proposed solution will be responsive to the needs of all ethnic groups across all regions of the country.

3.3. INCREASE EDUCATION AND AWARENESS TO EMPOWER COMMUNITIES

During the engagements, participants emphasised the importance of education and raising awareness about the harmful impacts of alcohol, especially among young people. They asserted that the education curriculum should:

- ❖ support the teaching of alcohol-related harm and harm minimisation in schools
- ❖ build the capability of community groups and churches to educate members about the harms of alcohol
- ❖ provide a pathway to getting the appropriate support at the earliest sign of alcohol harm.

Alcohol marketing in sports needs to be looked at more critically, especially in sports codes such as rugby. The oversaturation of alcohol marketing in association with sports at the grassroots level, right through to the professional level, exposes a high proportion of young Pasifika people to the allure of alcohol.

3.4. COMMUNITIES MUST BE AT THE CENTRE OF THE SOLUTION

Communities know what works best for them, with the solutions often lying within their own communities – as the Samoan proverb goes, “e fofo e le alamea le alamea” (the cure for alamea is alamea). Empowering them to develop solutions for themselves will ensure success and long-term support. Community organisations, leaders and the church were identified as important actors in supporting community initiatives, as evidenced by the successful Pasifika COVID-19 response, where their involvement was critical in increasing awareness and improving compliance for vaccination.

Community involvement is also crucial in developing culturally appropriate and effective strategies that resonate with Pasifika peoples, as their lived experience can help to inform the most effective ways to address alcohol harm. For many Pasifika communities, the church can play a critical role by extending its pastoral role to include pathways for people with alcohol problems to get the most appropriate support.

3.5. IMPROVE ALCOHOL LAW AND POLICY FOR PASIFIKA COMMUNITIES

Despite the intent of the Sale and Supply of Alcohol Act 2012 (SSAA) (New Zealand Parliamentary Counsel Office, 2022) to promote responsible drinking and to reduce alcohol-related harm, participants felt that the current alcohol law has failed them and continues to do so. Similarly, as a strong cultural and social undercurrent calls for a Treaty of Waitangi-informed alcohol law (Maynard, 2022) to enable equitable health and social outcomes for Māori, participants also want the inequitable health and social outcomes they face addressed. Participants also raised ongoing concerns about what they viewed as the inconsistent application of alcohol licensing, and alcohol outlets supplying alcohol to minors. A key issue that was raised often by participants was the high concentration of alcohol outlets in parts of Auckland, and how the SSAA has failed to protect communities in such areas.

3.6. BUILD STRATEGIC PARTNERSHIPS BETWEEN THE AOD, HEALTH AND SOCIAL SECTORS

Establishing strategic partnerships between key actors in the addictions, health and social sectors acknowledges that no one agency, organisation or approach alone can provide the solution to support the change that is needed to address alcohol harm for Pasifika peoples. This key focus area recognises the importance of a collaborative and integrated approach that is required to tackle alcohol harm. Other benefits of building key partnerships include alignment of work contributing to alcohol harm minimisation, reduction of duplication of services, and to ensure finite resources are focused on areas where alcohol harm is most prevalent in the community.



3.7. INVESTMENT AND FUNDING TO RESOURCE THE PASIFIKA AOD WORKFORCE

To address alcohol harm effectively and sustainably for Pasifika peoples requires investment and funding to resource the Pasifika AOD sector (and non-Pasifika providers that serve Pasifika peoples), to provide quality and sustainable treatment and support for alcohol harm or to scale up current efforts to match the proportion of harm Pasifika peoples experience. Sector participants strongly expressed their disappointment about the years of underinvestment in the AOD sector, despite the unjust disproportionate harm facing Pasifika communities and the stagnant progress over the last decade (Nosa e al, 2021). As many of the sector practitioners stated, they constantly strive to respond to the unmet needs of their people, and many also stated they find the current approach to be unsustainable and that it risks an unsafe environment for all involved. Currently, the health system is not meeting the needs of Pasifika peoples and more needs to be done to address this longstanding and unjust issue.

3.8. PRESENTING A VISION OF PASIFIKA PEOPLES FREE FROM ALCOHOL HARM

Participants were asked to imagine themselves in a society free from alcohol harm. Many acknowledged the ever-present place that alcohol holds within society. While this is seen as a barrier, most were optimistic that their future could look more positive with improved alcohol outcomes. The participants also acknowledged the importance of a tailored approach to alcohol harm minimisation and recognised the complexities of socio-economic factors and how they can enable environments for alcohol misuse to happen.

Despite the challenges, there is an optimism that an overarching goal of a Pasifika peoples living and thriving free from alcohol harm can be reached. Moving the dial on this also aligns with the broader strategic goals of the Pae Ora (Healthy Futures) Act 2022, which is currently undergoing a system transformation to help create a more equitable, accessible, cohesive and people-centred system that will improve the health and wellbeing of all New Zealanders, including Pasifika peoples. The discussions highlighted the need for Pasifika peoples to adopt and promote a vision of a Pasifika community that is free from alcohol harm - as articulated in the following diagram.

Figure 1. Diagram of quotes from participants





4. Conclusion

4.1. SUMMARY

Alcohol harm is a critical issue for the Pasifika community in Aotearoa New Zealand. Addressing this issue and supporting efforts to progress alcohol harm minimisation will need further understanding of the broader context in which Pasifika peoples use alcohol and experience its harms. This will mean a better understanding of the barriers facing Pasifika peoples to progressing alcohol harm minimisation, the behaviours associated with alcohol, and the risk and protective factors for and against alcohol.

Some barriers to progressing alcohol harm minimisation include ineffective alcohol laws and policies, a limited understanding of alcohol and its impacts, social norms around alcohol, and the strong influence of peer pressure and determining socio-economic factors.

Protective factors were identified as open communication and connected families, strong culture and identity, and supportive alcohol laws and policies. Two unintended impacts raised during discussions were consumer and public backlash (ie, to proposed or current policies thought to impinge on individual freedoms, and the political will and sway of the prevailing government or party as opposed to the need of the community). Topics of interest included the growing practice of mixing kava with alcohol and the rise in online alcohol purchases.

For Pasifika connected to church communities, the church's role is vital in providing spiritual and social support, promoting healthy environments, and facilitating the spread of information and awareness of health and social issues. However, more can be done for churches to provide increased education and awareness of alcohol harm and the appropriate support needed to help those who experience alcohol problems in their church communities. It is important to acknowledge that churches may not have the capability to do some of the work needed to support heavy alcohol dependence and addiction issues, or the social issues that typically arise when alcohol is a mitigating factor. A connected matrix of support together with other health and social providers is therefore important.

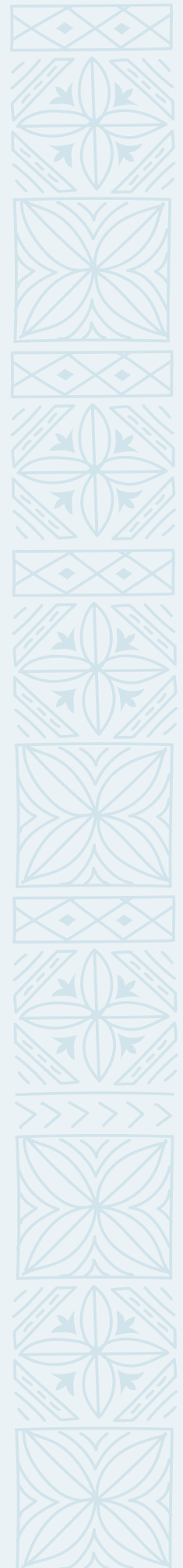
It is also important to acknowledge the historical and cultural contexts of Pasifika peoples during a time when they lived without alcohol and its related harm (ie, pre-colonisation, or when it was socially unaccepted or prohibited) when addressing alcohol harm. This may include exploring the impacts of generational trauma, migration and colonisation.

The six key themes that emerged from the community and sector discussions have provided the basis for the recommendations to inform the National Pasifika Strategy outlined earlier in this report. These are:

1. Understanding alcohol harm.
2. Harmful behaviours.
3. Alcohol use is often used to address other underlying issues.
4. Protective factors against alcohol harm.
5. Barriers to alcohol harm minimisation.
6. Unintended impacts from addressing alcohol harm.

Based on these themes, it is recommended that the strategy strongly considers addressing the following key areas to progress alcohol harm minimisation. These key areas are: initiatives should be values-based, respond to ethnic-specific and regional differences, increase education and awareness, be culturally safe, elevate the community voice for legislative and policy change for better alcohol outcomes, and promote community-led solutions.

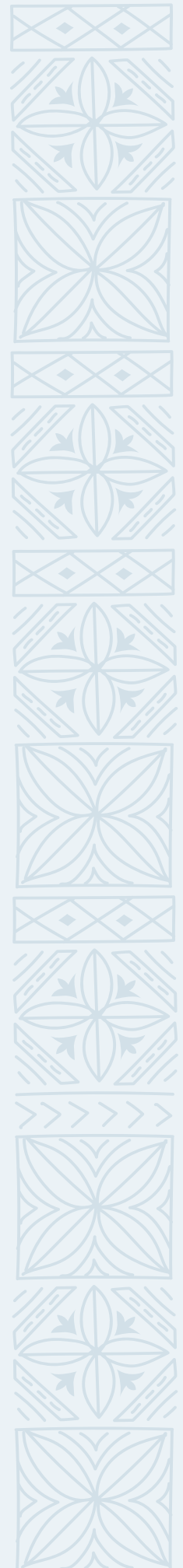
Any approach should establish strategic partnerships between Pasifika health providers and the AOD sector to tackle the problem collaboratively. These key areas underpin the importance of collectively combining efforts to focus on the unique and unmet needs of the Pasifika community.



4.2. RECOMMENDATIONS

As a way forward to inform the development of the National Pasifika Strategy on alcohol harm minimisation, and to influence and enable change towards better alcohol outcomes and an alcohol harm-free vision of society, the following key findings and implications of this engagement are recommended:

- 1) There is a need to build from Pasifika values in all national, regional and local alcohol harm minimisation activities.
- 2) There is a need to respond to ethnic-specific and regional differences when planning and developing solutions.
- 3) There is a need to increase education and awareness of alcohol and its harms, which is also about empowering communities through shared and better understanding.
- 4) Communities must be at the centre of the solution to the issues of alcohol harm. Therefore, they need to be involved in the planning, development and implementation of policy, strategy and interventions.
- 5) There is a need to build and strengthen strategic partnerships between the AOD, health and social sectors.
- 6) There is a need to improve investment and funding to resource the Pasifika AOD workforce, to strengthen the services required and needed by Pasifika peoples.



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Appendices

APPENDIX 1 - COMMUNITY PARTICIPANTS

Figure 2. Journey map of participants' lived experience

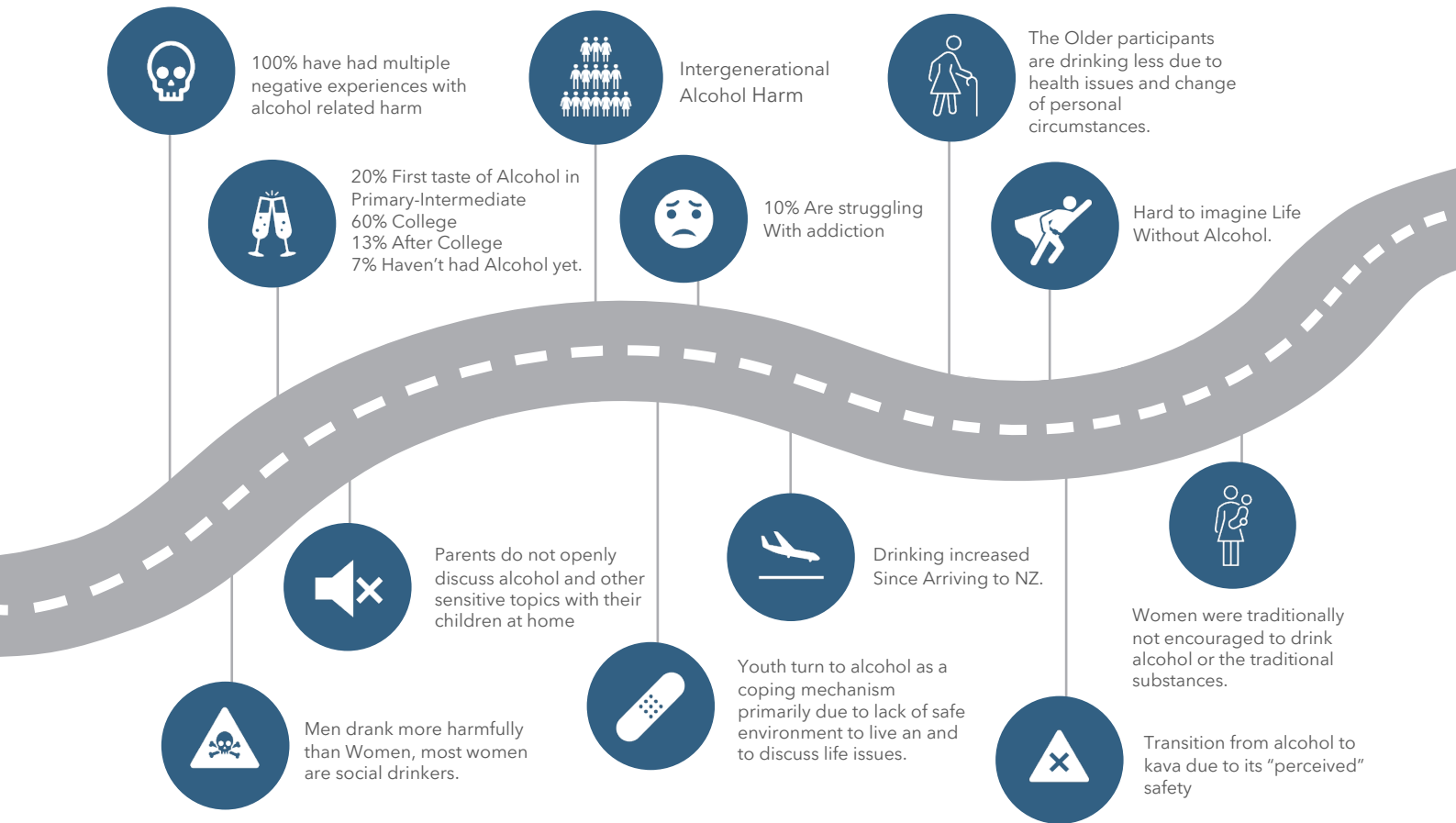


Figure 3. Environments in which Pasifika peoples experience alcohol

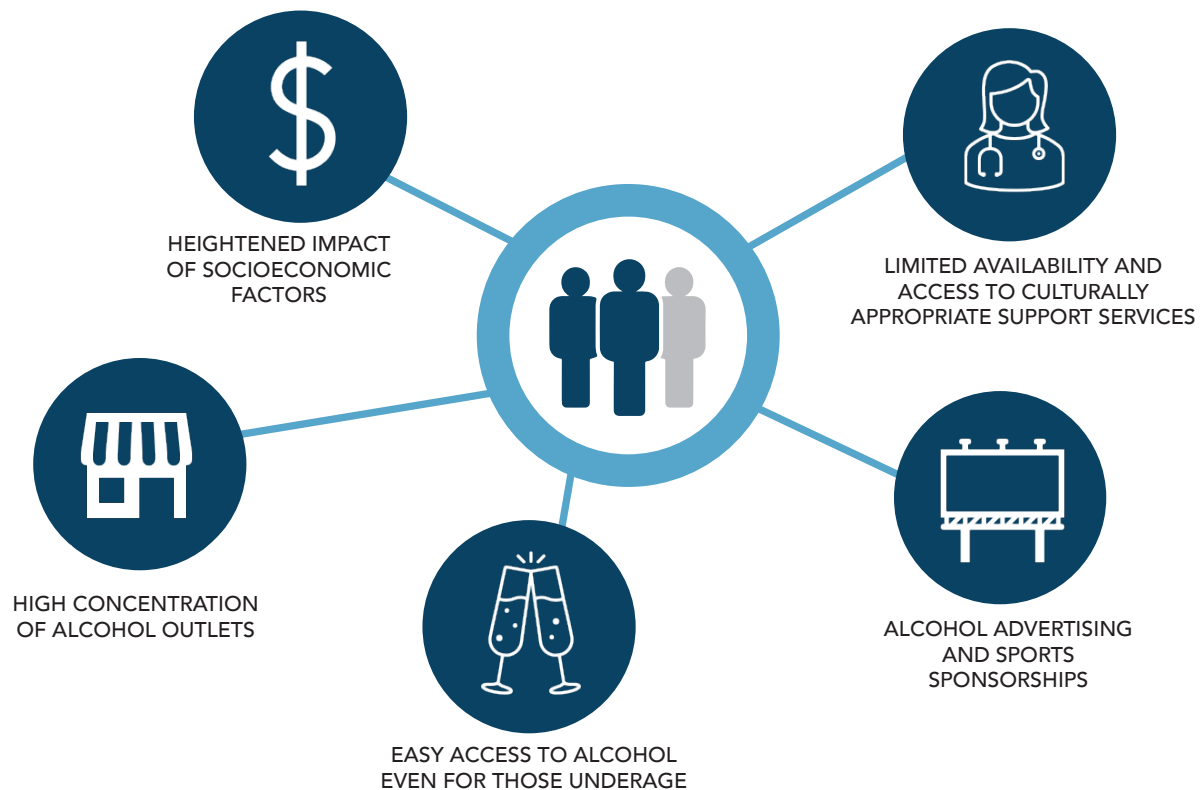
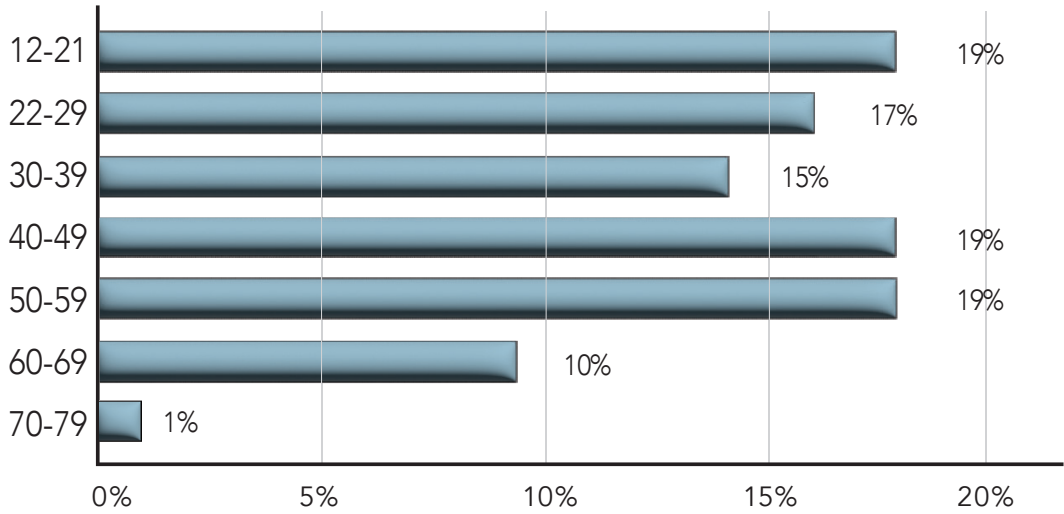


Figure 4. Community participants' demography

AGE



ETHNIC SPLIT

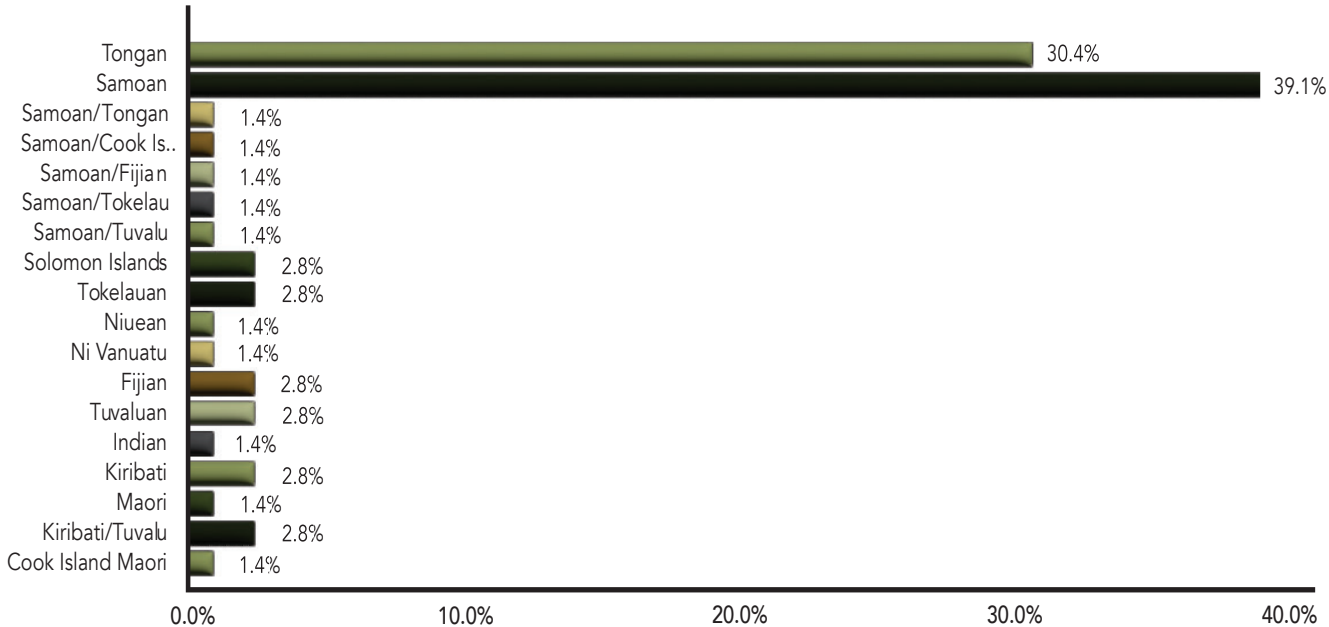
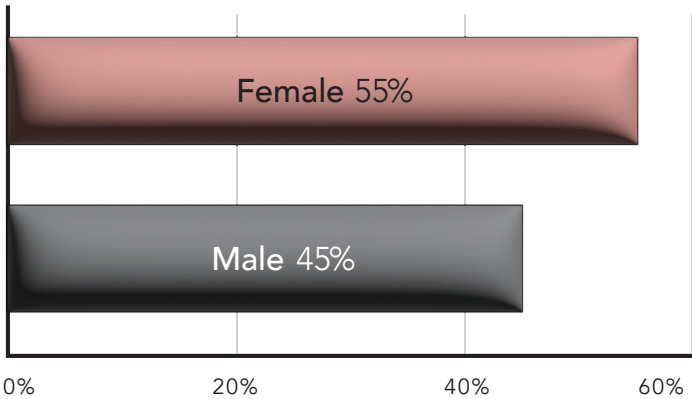
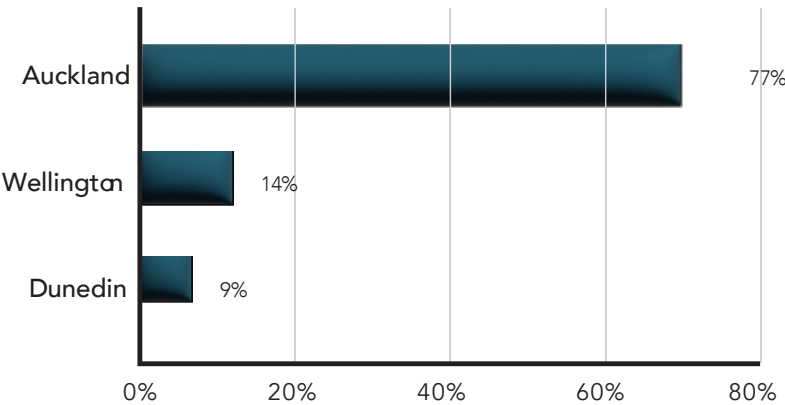


Figure 4. Continued

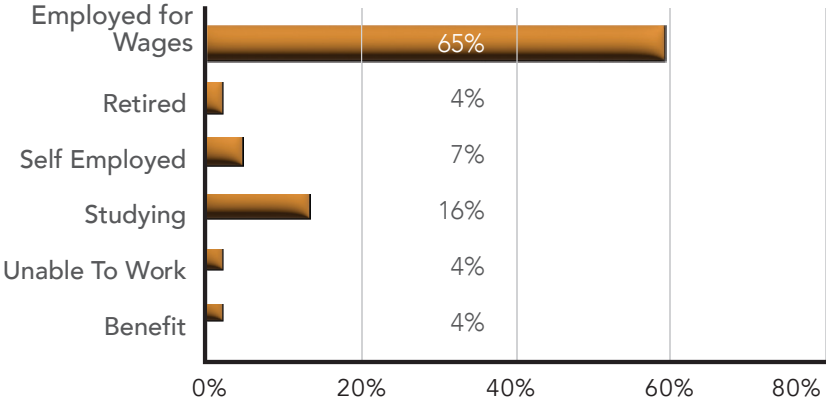
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PARTICIPATION LOCATION



SOURCE OF INCOME



APPENDIX 2 - SECTOR TALANOA

Table 1: Organisations that participated in the engagement

	Organisations
1	Mapu Maia
2	Le Va
3	Buttabean Motivation
4	Community Alcohol & Other Drugs Services (CADS): Tupu (Pacific)
5	Community Action on Youth and Drugs (CAYAD)
6	Communities Against Alcohol Harm
7	DRUA Network - Lived Experience
8	FONUVA OLA
9	Pacific Heartbeat Team
10	The Cause Collective
11	Toiti Te Wairoa
12	Vaka Tautua
13	Taeaomanino Trust Porirua
14	Mental Health, Addiction, and Intellectual Disability Service (MHAIDS)
15	Lupe Faalele Otago
16	Timaru Methodist Church
17	Pacific island Advisory Charitable Trust (PIACT)
18	Samoaan Advisory Group - Dunedin
19	Oamaru Pacific Island Trust
20	Pacific Trust Otago
21	Nova Trust
22	Ministry of Education - Christchurch
23	Pasifika Futures
24	Moana Va
25	Tangata Atumotu Trust
26	Te Mana Ora
27	Etu Pasifika
28	Community Police - Christchurch
29	Adventure Development Counselling (ADL) Otago
30	Pacific Health Trust (Porirua)
31	Le Nuu Trust Pukenga
32	Tagata Moana Trust - Fale Eke
33	Moana Tautua (Youth)
34	Takanga A Fohe-Pacific Health & Addiction Services (TUPU)
35	Otago Rugby
36	Moana Solomona (Community member)
37	Penelope Kiddie (Community member)
38	A.P.I.A
39	Waitakere DHB
40	DRIVE Consumer Direction Counties Manukau

