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Māori perspectives on alcohol: A narrative review

Authors

Tayla Darrah, Andrew Waa, Anja Mizdrak and Amanda C. Jones

About the authors

Tayla Darrah (Ngāti Maru, Ngāpuhi) is a *Tāura Whaiora* (Trainee Intern) at Te Kura Hauora o Ōtākou ki Pōneke (Otago Medical School, Wellington) in Aotearoa (New Zealand). Tayla is interested in pursuing a career in psychiatry, with a focus on Māori mental health.

Andrew Waa is a *Kaiako me Kairuruku Matua* (Senior Lecturer and Research Fellow) at Te Whare Wānanga o Otāgo (University of Otago) in Aotearoa (New Zealand). Andrew is an expert in public health, social sciences, evaluation, Māori health and tobacco control.

Anja Mizdrak, DPhil, is a *Kairuruku Matua* (Senior Research Fellow) at Te Whare Wānanga o Otāgo (University of Otago) in Aotearoa (New Zealand). Dr Mizdrak is a public health researcher specialising in quantitative modelling. Her work covers multiple themes including alcohol, transport, cancer screening and nutrition.

Amanda Jones, PhD, is a *Kairuruku Matua* (Senior Research Fellow) at Te Whare Wānanga o Otāgo (University of Otago) in Aotearoa (New Zealand). Dr Jones is an expert in population approaches to reducing chronic disease risks, and currently focuses her research on alcohol and nutrition.

Abstract

Māori experience disproportionate harm from alcohol in Aotearoa New Zealand. With the view toward informing potential alcohol interventions for Māori, this study synthesises studies on alcohol and alcohol-related harm. Using a Māori-centred approach, a narrative review of qualitative studies of Māori perspectives on alcohol was conducted. Journal databases, repositories and websites were searched for relevant studies published since 2000. A thematic analysis was conducted, and emergent themes were synthesised. Eight studies were identified for inclusion. In included studies, *whanaungatanga* (relationship or sense of family connection) was identified as a contributor to alcohol use. Other motivations were “fitting in”, escape from stress, and achieving “the buzz”. Among included literature, a strong cultural identity was a deterrent to alcohol overuse. Māori voiced a desire to be involved with local alcohol policy decisions. Although Māori are a high-priority group, there remains a substantial gap in research on Māori perspectives toward alcohol interventions, which is reflective of an underinvestment in any research exploring Māori perspectives on this topic. Future interventions for Māori may be more effective if these interventions focus on enhancing *whanaungatanga* without the presence of alcohol, consider the variable motivations for alcohol use, and utilise culturally appropriate methods to reduce harm from alcohol use.

Keywords

Māori, alcohol, Indigenous, alcohol, alcohol-related harm

In 2017, alcohol use was the sixth leading contributor to death and disability in Aotearoa New Zealand (Institute for Health Metrics and Evaluation, 2020). Māori consistently experience inequitable harms from alcohol. Hazardous alcohol use has been linked to the experience of racial discrimination in Aotearoa (Winter et al., 2019). Hazardous drinking patterns are more common among Māori than non-Māori, especially among Māori females compared to non-Māori females (Ministry of Health, 2020). Alcohol is a preventable risk factor for numerous injuries, chronic conditions and diseases (Wood et al., 2018) and causes adverse health outcomes for both alcohol users and nonusers (Connor & Casswell, 2012). In addition to the health impacts, there are broad social (e.g., crimes, family disruption) and economic (e.g., health care costs, justice system costs, lost income) harms that arise due to alcohol (Babor, 2010).

The pattern of alcohol-related harm among Māori in Aotearoa is understood to be intimately tied to colonisation. Alcohol was introduced at the point of first European contact, and early settlers noted that Māori at the time had a strong aversion to it (Hutt, 2003; Mancall et al., 2000). Early Māori utilised the term *waipiro* (stinking water) to describe alcohol (Hutt, 2003). Initially there was strong Māori agency geared to preventing alcohol from entering Māori communities (Hutt, 2003; Mancall et al., 2000). Despite initial resistance, alcohol use gradually became accepted by Māori. Alcohol was then utilised by settlers as a tool to facilitate the alienation of Māori from their land (McDowell, 2015). It was common practice for Pākehā settlers to coax Māori into a drunken state before persuading them to sell their land (McDowell, 2015). The colonial government recognised the detrimental impact alcohol had on Māori (Hutt, 2003; Mancall et al., 2000). A quote from the Secretary of State for War and the Colonies in 1840 reflects the settlers' inherently racist attitudes toward Māori, and further highlights that alcohol was recognised as means of disempowering Māori.

Between the Native, who is weakened by intoxicating liquors, and the European who has all the strength of superior Civilization and is free from its restraints, the unequal contest is generally of no long duration; the Natives decline, diminish and finally disappear. (Evison, 1995, p. 157)

Māori were soon aware of the detrimental impact that alcohol had on their communities (Hutt, 2003; Mancall et al., 2000). Māori leaders, such as Te Kooti, Te Whiti and Princess Te Puia Hērangi, were aware of the link between alcohol and land alienation, and fiercely contested the presence of alcohol within Māori communities (Hutt, 2003; King, 2008). Te Kooti's hatred for alcohol and the role it played in the loss of Māori lands was documented in Arthur Desmond's ballad titled "Te Kooti":

The Pakehas come with their rum and their gold,
And soon the broad lands of our fathers were sold,
but the voice of Te Kooti said:
"HOLD THE LAND! HOLD!!"
Exult for Te Kooti, yo-hoo! (Binney, 1995, p. 538)

From the 18th century, Māori undertook many efforts to regulate alcohol consumption in their communities, including petitioning the government, campaigning for governance of alcohol sales within their *rohe* (territory), and banning the presence of alcohol on certain *marae* (a communal and sacred meeting ground) and in Māori communities such as Maungapohatu (Hutt, 2003; Mancall et al., 2000; McDowell, 2015). However, during this time period, the state also prohibited the sale of alcohol to Māori (Hutt, 2003; McDowell, 2015). Laws such as this had the effect of undermining Māori self-determination and their ability to regulate alcohol within their own communities (McDowell, 2015). As a consequence, Māori were prevented from developing their own mechanisms to deal with alcohol and its consequences (P. Robertson et al., 2002).

In recent years, calls have been made for the New Zealand government to fulfill its obligations under Te Tiriti o Waitangi to address the harmful impacts of alcohol. Due to the introduction and propagation of alcohol use through colonisation (Hutt, 2003), Māori now experience disproportionate alcohol-related harms (Ministry of Health, 2020). The *Sale and Supply of Alcohol Act (2012)* aimed to reduce harm from alcohol, although it failed to include many of the most effective alcohol control measures that were recommended in an extensive Law Commission report. These included raising the price of alcohol, increasing the legal age to purchase alcohol to 20 years, and restricting alcohol advertising (New Zealand Law Commission, 2010). Part of a subsequent Waitangi Tribunal claim contends that the Act is failing to reduce the harm of alcohol in Māori communities (Waitangi Tribunal, 2019). The claim is currently being examined within the Tribunal's Health Services and Outcomes Kaupapa Inquiry (Wai 2575; Ministry of Justice, n.d.). Also under consideration for Wai 2575 are that the Crown has failed to: work in partnership with Māori communities; develop policies and services that target the causes of alcohol use; and recognise te ao Māori as part of service provision (Walker, 2019).

Past and present experience and responses of Māori to alcohol-related harm speak to the importance of alcohol control interventions that are created by Māori for Māori (Stewart, 1997). Imbued within these *kaupapa Māori* (Māori way) responses is the principle of *mana Māori*—Māori control, autonomy and self-determination. Developing a meaningful understanding of Māori perspectives and ideas in relation to alcohol is therefore vital for the development of effective interventions that reduce alcohol-related harm among Māori.

The present article reviewed the available qualitative literature to identify what is currently recorded in the literature about Māori perspectives toward alcohol, with the overarching aim of informing the development of future interventions that reduce the burden of alcohol-related harms among Māori. Qualitative literature was reviewed as the authors sought to explore the rich and in-depth experiences and understandings of Māori about alcohol. Two research questions were developed to focus the review: (1) What does the literature report about Māori perspectives toward alcohol and alcohol-related harms? (2) What does the literature report about the engagement of Māori communities with approaches or interventions to reduce alcohol-related harm?

Methods

A narrative literature review (Baumeister & Leary, 1997), framed within a Māori-centred approach, underpinned this study. This approach reflects the principles of upholding *mana Māori* and *Tino rangatiratanga* (self-determination or sovereignty) when carrying out research involving Māori (Bishop, 1999). Therefore, a Māori-centred approach ensured that the study gave voice to and highlighted Māori perspectives on alcohol (Durie, 1997). As such, the literature reviewed in this study was exclusively drawn from research capturing Māori voices and/or perspectives. The first author (TD; Ngāti Maru, Ngāpuhi) led the study by selecting the method, designing the study, analysing and interpreting the data, and drafting the manuscript. AW (Ngāti Hine) supported TD by providing expert guidance on Māori-centred research and strategic input into the manuscript, thereby ensuring the paper reflected Māori worldviews. ACJ and AM (both *tauiwi*, that is, non-Māori, of European ancestry) supported TD by offering guidance on approaches to literature review; ACJ also offered content knowledge on alcohol's use and harms, and the policy environment in Aotearoa. ACJ and AM contributed edits to the draft manuscript centred on readability rather than shaping the manuscript's content. All authors have read and approved the submitted version, with TD providing final approval. The appendix provides a glossary of translated Māori words relevant to this article.

Search strategy

Search terms and databases

An extensive search of multiple literature sources was undertaken. First, four journal databases were searched (Ovid Medline, Psycinfo, Scopus and Informat) using variations of the following search terms: (Māori* OR maaori*) AND (alcohol* OR waipiro*) AND (thought* OR idea* OR concern* OR underst* OR belie* OR view* OR experience* OR perspective* OR worry* OR opinion*). The searches yielded a total of 244 articles. Duplicate articles were removed. Second, using the terms (Māori* OR maaori*) AND (alcohol*OR waipiro*), a search of grey literature databases was conducted: NZ research repository (nzresearch.org.nz), Index New Zealand (natlib.govt.nz), ResearchHub (research-hub.auckland.ac.nz) and Trove Australia (trove.nla.gov.au). Third, to identify any additional literature, the website of the Massey University research group Whariki/SHORE (shoreandwhariki.ac.nz) was searched. This research group publishes a substantial volume of NZ-specific alcohol research. Lastly, the reference lists of key articles were examined to identify further relevant literature. The searches were conducted in January 2020.

Inclusion and exclusion criteria

Inclusion criteria were that: studies were an original research study (e.g., peer-reviewed article, doctoral thesis, academic report); included Māori as the primary study focus; published after 2000 (given the review's emphasis on contemporary alcohol use and interventions); and reported qualitative information relevant to at least one of the research questions. There were no restrictions on participant age, sex, or other specific characteristics (e.g., health status). If one or more articles reported the same research (e.g., an academic thesis with corresponding peer-reviewed journal articles), the peer-reviewed journal articles were preferentially included.

Data synthesis

To address the research questions, a thematic analysis was conducted on the studies' findings from a Māori-centred approach. Themes were grounded within a Te Ao Māori perspective, and results were only those that represented Māori perspectives. Emergent themes within and across studies were identified, grouped and synthesised (Durie, 1997).

Results

Journal database searches identified a total of 244 articles, of which six met the inclusion criteria. Searches of other sources identified one report and one thesis for inclusion, equating to a total of eight studies eligible for inclusion (Table 1). Only one study specifically documented Māori engagement with alcohol interventions (Kypri et al., 2019). The remaining studies examined Māori perspectives on alcohol or alcohol-related harm (Herbert et al., 2018a, 2018b; Hutton & Wright, 2015; Lyons et al., 2014; J. Robertson, 2009; Stuart, 2009). Two studies included participants who were not Māori (Hutton & Wright, 2015; J. Robertson, 2009). For these studies, the focus was on reported results that were attributed directly to Māori participants.

Māori perspectives on alcohol and alcohol-related harm

Three key themes emerged from the literature that were identified as central to Māori perspectives on alcohol and alcohol-related harm: *whanaungatanga* (relationship or sense of family connection), motivation for alcohol use, and culture.

Table 1. Characteristics of included studies

Study reference	Publication type	Participants	Data collection	Study topic
Herbert et al., 2017	Journal article	13 Māori adults (60+ years)	Face-to-face interviews	Social context of alcohol use among Māori in Aotearoa from the perspectives of older Māori
Herbert et al., 2018a	Journal article	19 Māori adults (60+ years)*	Kaupapa whānau interviews	Older Māori cultural narratives and discursive strategies regarding alcohol
Herbert et al., 2018b	Journal article	19 Māori adults (60+ years)*	Kaupapa whānau interviews	Importance of whanaungatanga and alcohol use for older Māori
Hutton & Wright, 2015	Journal article	11 Māori and Pacific women (18–30 years)	Drinking diary and face-to-face interviews	Young Māori and Pacific women's opinions on intoxication
Kypri et al., 2019	Journal article	7 groups of Māori service providers, iwi or hapū who made submissions on proposed local alcohol policy changes (ages not reported)	Face-to-face semistructured interviews	Experience of Māori communities in the development of local alcohol polices since 2012 law alcohol reforms
Lyons et al., 2014	Journal article	12 Māori males and females (18–25 years)	Ethnic specific focus groups	Young adult perspectives on drinking cultures in New Zealand
J. Robertson, 2008	Report	Unknown number of Māori, Pacific, and tauīwi (not Māori ethnicity) (14–24 years)	Ethnic specific focus groups	Youth perspective on alcohol-related harm in Aotearoa
Stuart 2009	Thesis	10 Māori women (age not reported)	Face-to-face interviews	Māori women's views on alcohol and pregnancy

*Same participants.

1. Whanaungatanga. Within the examined studies, the authors reported that Māori associated the use of alcohol with a desire for whanaungatanga (Herbert et al., 2018a; Hutton & Wright, 2015; Lyons et al., 2014). In te ao Māori, whanaungatanga describes the growth of new and old relationships through shared experience (Carlson et al., 2016). Whanaungatanga plays an essential role in Māori *hui* (meeting) and offers Māori a sense of belonging (Carlson et al., 2016). Some older Māori reported consuming alcohol because it was present in spaces that promoted whanaungatanga, such as in their homes or in the Returned Services Association (RSA; Herbert et al., 2018a). Māori considered the opportunity to socially engage and feel connected to one another as important. An older Māori participant described this connection: “Alcohol to me has a fairly large social aspect, it generates conversations, it generates sociability. It simply brings [people] together” (Herbert et al., 2018a, p. 203).

Herbert et al. (2018a) reported that when there was social interaction and positive bonding with others, alcohol use was perceived as innocuous; however, when alcohol was being used without whanaungatanga, it was seen as harmful. Stuart (2009) reported that Māori viewed being geographically distant from *whānau* (family) as a potential cause for Māori to seek a social environment. Often this environment was a place where alcohol is present. Some older Māori participants viewed alcohol use as a source of whanaungatanga and a potential strategy to combat loneliness, as demonstrated in this quote: “Loneliness is one [of] the key issues here with a lot of our kaumātua, when their partner has gone, their families have gone. It’s isolation, that’s when they seek that whakawhanaungatanga, it’s not the alcohol” (Herbert et al., 2018a, p. 204).

A common theme within the studies was that Māori generally felt comfortable being intoxicated around their whanau (Herbert et al., 2017; Herbert et al., 2018b; Hutton & Wright, 2015; Stuart, 2009). There was an emphasis on feeling safe and secure when consuming alcohol with whānau, particularly when navigating unfamiliar environments such as “the pub” (Herbert et al., 2017; Hutton & Wright, 2015). A number of Māori women strongly associated the decisions they made about alcohol with what was “normal” within their whānau (Stuart, 2009).

Study authors reported that young Māori viewed spending time drinking alcohol with friends as pleasurable (Hutton & Wright, 2015; Lyons et al., 2014). For young Māori women, being together and having a “girls’ night out” was of particular importance. This ties in with the importance of whanaungatanga for Māori. Young *wāhine* (female) Māori also noted that they were more likely to consume larger amounts of alcohol when they spent time with their Māori or Pacific Island friends (Hutton & Wright, 2015). A group of young Māori males emphasised that a regular “boys’ night” was the best way to drink alcohol (Lyons et al., 2014).

Overall, the findings from included studies suggest that some Māori see alcohol as a means of enhancing whanaungatanga. Alcohol was associated with spending time with whānau and friends. For older Māori, alcohol use was viewed as a way of establishing connection to help address feelings of loneliness. Participants considered alcohol use as harmful when it was consumed without whanaungatanga.

2. Motivation for alcohol use. *Fitting in.* Study authors reported that Māori participants were motivated to consume alcohol as a means of fitting in socially (Herbert et al., 2017; Stuart, 2009). Participants viewed alcohol use as being easily accessible and ubiquitous in Aotearoa New Zealand. Māori participants felt that alcohol use was viewed as being prevalent and acceptable across society; for example, it was somewhat expected that alcohol would be present in work and sporting contexts (Herbert et al., 2017; Stuart, 2009). Furthermore, many Māori believed that alcohol had become fundamental to a many social situations and it was therefore not unusual for

alcohol to be present at a variety of social events (Herbert et al., 2017; Hutton & Wright, 2015; Stuart, 2009). Thus, alcohol was considered to have an important function within society in Aotearoa.

In addition to the pressure to consume alcohol in diverse social situations, authors reported that some young Māori felt pressure to prove that they could consume large amounts of alcohol or “hold their drink” or “handle their alcohol” (Hutton & Wright, 2015; J. Robertson, 2009). Young Māori women noted feeling as though they needed to hold their drink to fit in with their peers. Based on the studies’ findings, the desire to fit in was a powerful factor that influenced heavy alcohol use among Māori youth.

The buzz. Another motivation for alcohol use that was commonly reported by the authors was the desire of young Māori to achieve a “buzz” (i.e., intoxication; Hutton & Wright, 2015; Lyons et al., 2014). The means of achieving this buzz required a pattern of alcohol use that involved consuming a large volume of alcohol relatively quickly. As one participant described: “I like to feel good... that good buzz. I drink fast to get to that point and I want to keep drinking to keep that feeling up” (Hutton & Wright, 2015, p. 108).

The young Māori participants were reported by authors as having a number of strategies to overcome economic barriers to achieving the desired buzz. Participants were attuned to alcohol percentages across alcoholic beverages. To make achieving a buzz more affordable, young Māori reported using beverages with a higher alcohol percentage (Hutton & Wright, 2015). Some young Māori reported intentionally adding spirits to their low percentage alcoholic drinks as a means of reaching their desired level of intoxication (Hutton & Wright, 2015). Another strategy was to buy a greater volume of cheaper alcoholic beverages rather than purchasing a premium-priced alcoholic beverage (Hutton & Wright, 2015). Other participants noted that preloading (i.e., consuming large quantities of alcohol before going out socially) and side-loading (consuming alcoholic beverages while travelling between venues) were strategies to avoid paying for alcoholic drinks in bars and clubs (Hutton & Wright, 2015).

Escape from stress. Stuart (2009) reported that some Māori used alcohol as a means of alleviating stress. Sources of stress for wāhine Māori included social deprivation, financial strain and isolation. As one wahine Māori participant described: “A lot of it’s to do with freedom, a lot of it’s to do with stress, it just alleviates the stress, it enhances the freedom, all that sort of thing, you know, for me anyway now, yeah” (Stuart, 2009, p. 100). In this context, alcohol was seen as a simple means of reducing stress.

3. Culture. Across multiple studies in this review the authors found that for Māori of all ages, culture and tradition were a strong deterrent to intoxication (Hutton & Wright, 2015; Lyons et al., 2014; J. Robertson, 2009; Stuart, 2009). The presence of elders was a major preventative factor against harmful alcohol use, and for young Māori participants it was the presence of “Nan” that they considered especially protective against excessive alcohol use (Hutton & Wright, 2015; Stuart, 2009). In the studies, some Māori described reasons for alcohol abstinence, such as expectations from their family, cultural norms, professional obligations and religious reasons (Lyons et al., 2014). Other Māori refrained from consuming alcohol because of fear that their behaviour would serve to reinforce negative racist stereotypes (Lyons et al., 2014). The authors of one study found Māori youth identified that their cultural identities were strongly intertwined with important history such as that of the Māori Battalion, their ancestors, Māori myths and legends, and the greater connection that Māori have back to *Hawaiki* (arrival of the Māori in Aotearoa; J. Robertson, 2009). These positive aspects of Māori culture can counteract the negative racist

stereotypes about Māori and alcohol among Western society and thus encourage youth to not engage in harmful alcohol use.

The authors of a number of studies highlighted that the significance of the environment where alcohol was consumed influenced participants' approaches to alcohol use. Specifically, some studies reported that when Māori were in an environment that promoted Māori culture, harmful alcohol use was far less likely to occur (Herbert et al., 2017; Herbert et al., 2018b; Hutton & Wright, 2015). Some older Māori participants reported being supportive of alcohol consumption on the marae because it was seen as a space in which *tikanga* (values, customs or practices) guided an environment for safe alcohol use (Herbert et al., 2017). Older Māori were also reported as recalling a certain type of experience consuming alcohol on marae that was different from other settings. These participants described some of their experiences drinking alcohol at the marae where they could enjoy each other's company in a familiar environment: "It was just slow drinking, having meals and laughing and playing the guitar and singing. But that used to last for days" (Herbert et al., 2017, p. 66).

Māori engagement with approaches to reduce alcohol-related harm

Kypri et al.'s (2019) study explored the experiences of *iwi* (tribe)- and *hapū* (subtribe)-based service providers who had made submissions on proposed changes to local alcohol policies within their communities. The study found that those based within these services had a high level of awareness of the call for submissions. The authors reported that people working in these services were typically motivated to engage in the submission process because they wanted to give their community a voice, especially when considering people in their community who had been harmed by alcohol. However, there was also an expectation that despite their submissions, the decisions on local alcohol policies would be disappointing for Māori. This was for reasons such as feeling disheartened by the alcohol industry influence and the lack of uptake of recommendations from Māori submissions into subsequent local alcohol policy. There was further disappointment with the manner in which local councils communicated with the community. It was noted that there is a need to bring Māori communities and local councils closer together by improving communication channels and having greater representation of Māori organisations on council. The study authors found that for future local alcohol policy changes, earlier engagement between the councils and Māori stakeholders would be beneficial to allow Māori to have input at the policy development stage (Kypri et al., 2019).

Discussion

This narrative review synthesised qualitative research in Aotearoa on Māori perspectives and understandings of alcohol and alcohol-related harms, including approaches or interventions to reduce alcohol-related harms. Across the seven included studies, three themes emerged that were central to Māori perspectives on alcohol: whanaungatanga, motivation for drinking, and culture. Alcohol was seen by some Māori as a way of enhancing the opportunity for whanaungatanga, particularly among whānau and friends. Motivations for alcohol use were fitting in, achieving the buzz and reducing stress. Culture was a strong deterrent from hazardous drinking for Māori. Only one study examined Māori perspectives on interventions. In this study the authors reported that Māori were interested in involvement with decisions on alcohol policy changes, and that local councils should alter their communication methods to better facilitate the involvement of Māori (Kypri et al., 2019).

These results provide novel insights into potential approaches that could yield effective interventions for reducing alcohol-related harm that are culturally responsive for Māori. The importance of whanaungatanga is essential when identifying potential strategies to reduce alcohol-related harm (Eggleton et al., 2018; Lyford & Cook, 2005; Slater et al., 2013). New interventions could focus on creating environments that enhance whanaungatanga and connection without the presence of alcohol, particularly for youth and older Māori, as has been previously recommended (Herbert et al., 2018a).

There are various motivations for drinking alcohol, and there is a need for interventions that target the underlying factors that contribute to these motivations. These factors include the normalisation of excessive alcohol use within society and the expectations to consume alcohol use within a wide variety of settings. The importance of fitting in and achieving the buzz suggests that approaches could also aim to alter the contexts that alcohol is present in. The desire to attain the buzz is important to consider when designing effective interventions for Māori youth. Attaining a high level of intoxication was a preconceived goal for youth, particularly when they were planning a night with their peer groups. A potential area to focus on is reducing the desire to achieve the buzz, rather than increasing the difficulty of achieving the buzz. This could be addressed by undertaking Māori-led approaches that promote spaces where alcohol is not present. Stress was described as a reason for consuming alcohol. Stress as a driver of alcohol use suggests that addressing broader social determinants such as poverty, lack of support from whānau, and feeling stigma surrounding “being on a benefit” may be needed, rather than considering alcohol use as being the primary issue. The social determinants of health are inherently linked to the experiences of colonisation. This suggests that a crucial step toward reducing alcohol-related harm among Māori is the development of an alcohol control strategy by Māori for Māori.

Across the studies, strong cultural identity was seen to contribute to less harmful alcohol use—this finding is vital for future interventions. Further research could explore more clearly the role of culture in reducing harmful alcohol consumption. The ongoing experience of colonisation shapes perspectives of alcohol in a way that is fundamentally different to those of non-Māori. This reiterates the importance of Māori involvement in the development of solutions for Māori. Research literature reported that Māori are keen to be involved with decisions regarding alcohol policies (Kypri et al., 2019). Safe alcohol use campaigns that prioritise Māori should be led by Māori, with Māori stakeholders and in partnership with Māori communities throughout the development, implementation and evaluation.

There is a paucity of literature on Māori perspectives on alcohol; however, the few published reviews (Ebbett & Clarke, 2009; Stewart, 1997) corroborate the findings of our review, namely around the importance of culture in addressing risks to health. The findings of the current review broadly reflect those found in a review of alcohol behaviour, mental health and Māori identification (Ebbett & Clarke, 2009) in which it was suggested that an insecure Māori identify may be linked to substance abuse and a strong cultural identity was correlated with improved health among Māori (Teng et al., 2019). However, quantitative research findings that stronger Māori cultural identity was associated with higher likelihood of binge drinking highlights the complex role of cultural identity in alcohol use (Herbert & Stephens, 2015). A second review discussed past efforts of Māori to create unique prevention initiatives to reduce alcohol-related harm within Māori communities, with the most important component being “Māori as providers” (Stewart, 1997). Other studies have shown that cultural factors and a strong cultural identity were key in the treatment of Māori with substance use issues (Huriwai et al., 2000), which would strongly suggest that these aspects would be important in the prevention of alcohol-related harm for Māori.

Key strengths of this review were the use of a Māori-centred perspective, and the review's extensive and in-depth search of both published and grey literature. Research publications that met the review's inclusion criteria were found. However, it is possible that there were other relevant studies that were not identified through our searches. Among the included studies, there was a lack of Māori participants aged from 30–60 years, particularly Māori males. However, the literature included in this review was all specific to Māori and relevant to the review's research questions.

The initial intention of this review was to examine literature concerning Māori perspectives on different alcohol interventions. However, the scarcity of literature in this area required broadening the focus beyond interventions to alcohol use and harms more generally. Even with this wider scope, only eight relevant articles were identified. The paucity of literature on this topic reflects an underinvestment in research exploring Māori perspectives of alcohol or alcohol-related harm and highlights a need to prioritise support for Māori researchers. Undoubtedly, there is a wealth of knowledge regarding this topic in the Māori community. However, Māori knowledge and understanding of alcohol use, alcohol harms and management of harmful alcohol use has not been articulated or captured fully in research to date. The lack of research on Māori views toward alcohol and strategies to reduce alcohol harms represents a substantial gap in the literature and has important implications. There is an urgent need for both the Crown and the New Zealand government to develop an improved understanding on: what can enhance the effectiveness of interventions to prevent alcohol-related harm; how Māori would like to see the New Zealand government fulfil the Crown's responsibilities under Te Tiriti o Waitangi; and what alcohol control action Māori would like to undertake themselves within their iwi, hapū and broader communities.

The development of specific interventions to address alcohol harms among Māori is warranted. Future interventions for alcohol-related harm require Māori leadership and input from the start. It is essential that the Crown take responsibility to both partner and communicate appropriately with Māori. The fraudulent propagation of alcohol by settlers has led to the disproportionate alcohol-related harm in the Māori community (Hutt, 2003; Ministry of Health, 2020). The Crown is legally obliged to prioritise the health of Māori, as outlined in Te Tiriti O Waitangi. As such, Māori have the right to be treated as equal partners in establishing alcohol controls in Aotearoa. Māori have the sovereignty to determine the best approaches to reduce alcohol-related harm among Māori.

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Appendix

Glossary (sourced from <https://maoridictionary.co.nz/>)

Aotearoa: One of the original Māori names for New Zealand

Hawaiki: Māori ancestral homeland

Hui: meeting or to meet

Kaumātua: respected elder

Kaupapa: topic or matter for discussion

Kaupapa whānau: focus group for research purposes

Māori: refers to the Indigenous peoples of New Zealand

Marae: traditional communal meeting place for Māori

Pākehā: refers to people of European or foreign ancestry

Rohe: boundary, region

Tauīwi: non-Māori, foreigner

Te reo Māori: The Māori language

Tikanga: values, customs or practices

Tino rangatiratanga: self-determination, sovereignty, autonomy or self-government

Tohunga: chosen expert, skilled person or healer

Wāhine: female or women

Waipiro: “Stink water”, Māori name for alcohol

Whakaaro: thought/ think

Whanaungatanga: relationship or sense of family connection