

“What are the Samoan adult males’ thoughts and perspectives on factors that support responsible alcohol use and abstinence?”

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ABSTRACT

The aim of this study was to explore the thoughts and perspectives of Samoan adult males living in Auckland, on factors that support responsible alcohol use and abstinence. The ten participants were between the ages of 46 and 68 years and are former service users of CADS (Community Alcohol & Drugs Service) Tupu Service.

This was a qualitative study, where the Samoan adult males were interviewed using a semi-structured interview format, within the spirit of the ‘talanoa’ cultural framework. All of the ten participants’ interviews were recorded, transcribed, and then analysed systematically using the reflexive thematic analysis approach to obtain the main themes across all transcripts.

The first main research finding was the alcohol related harm to the participants; namely deterioration in their physical and mental health, family relationships and livelihood; as well as problems with the law and difficulties with the performance of their family, cultural and church responsibilities. This study also recognized protective factors that enabled the participants to drink responsibly as well as abstain from consuming alcohol like their Christian faith. The study also highlighted some of the issues of risk for relapse such as using alcohol as a way of relaxation after work and socialising with friends and families. The positive impact of CADS Tupu Service programmes on the participants is another major finding of the research. Finally, a discourse of the huge benefits of responsible alcohol use and abstinence is provided as a significant outcome of this research.

The study resulted in major recommendations especially around ways to improve the services of CADS Tupu and its staff as well as support from policy makers and the church. This is to ensure that the target population are better supported in their recovery from alcohol addiction. Further research is also recommended into the target population’s alcohol use in order to formulate more effective preventative and remedial measures.

DEDICATION

I'd like to dedicate this thesis first and foremost to my family.

To my parents, the late Dr Leilua Faalii Aloaina and Taulapapa Nona Wulf who have been my role models and inspiration in all that I do. Faafetai mo la lua tausiga aemaise o le aoaina o au ina ia ola filiga ma tauivi aua e le faigofie le olaga. To my late Aunty Vaelua Faatui Aloaina who helped raised and cared for me, I owe so much to you for the person I am today. Faafetai mo lau tausiga, e manatua pea au galuega lelei. Faafetai tele lava mo aoaga taua mo lou olaga aemaise o fautuaga taua ina ia filiga ma ia faamoemoe i le Atua i soo se mea.

To my wife, Iota Imo Aloaina and children, Esala, Maylani, Vaelua, Upulasi, Iluminado and grandson Aaron, my heartfelt gratitude for the love and support you have given me to complete this project. It is with your enduring love, company and prayers that makes life more meaningful and fulfilling.

I would also like to dedicate this work to my Takanga Fohe family especially to the CADS Tupu Service team. Thank you very much for your advice, support and encouragement which has enabled me to complete my studies.

Ia faamanuia tele le Atua ia te outou uma ma tau i lo outou agalelei i soo se ala.

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'I can do all things through Christ who strengthens me' (Philippians 4:13). 'Ou te mafaia mea uma lava ona o ia ua faamalosia mai ia te au.' (Filipi 4:13)

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Glossary

agaga	spirit
aiga	family
aiga potopoto	extended family
alaga'upu	Samoan proverb
alofa	love
ao o faalupega	Samoan cultural salutation for the clergy
faalavelave	Samoan cultural affairs eg funerals, weddings, etc
faalupega	Samoan village cultural salutation
fa'asamoa	Samoan culture
faasinomaga	Samoan person's place of belonging
fa'aaloalo	respect
faaleagaga	spirituality
Feagaiga	sacred covenant between brother and sister
Gagana Samoa	Samoan language
gao le fasi lava le mea e maua	will just get a smack
chiefly structure	fa'amatai
fefa'asoai/fesui	reciprocity or ceremonial gift giving and
exchanging	
ietoga	fine mat
le tali fa'aaloalo	not accepting respectful gesture
lotu	church
luau	Samoan food
malosiaga	strength
matai	person with a Samoan chiefly title
O le ala I le pule o le tautua	the way to authority is through service.
O le ioi mata o le tama lona tuafafine	sister is the pupil of her brother's eye
saogamea	contribution to Samoan fa'alavelave
tagata matutua	elderly people
talanoa ā ia 'iā ia'	conversing with one self

talanoa to'atasi'

conversing alone

talanoa faasamasamanoa

informal/casual talk

tali fa'alaoalo

accepting respectful gesture

taulasea

traditional healer

CHAPTER ONE

INTRODUCTION

The first chapter of this thesis is the introductory chapter. This will begin with the study context, describing the background and rationale for carrying out the intended research. The second part will focus on discussing the aims and objectives of the study. Finally, a positionality section at the end will describe my position and research role as an insider and outsider in this research study.

STUDY CONTEXT

This study takes place in Auckland, New Zealand, with Samoan men of 40 years and older, who are former CADS Tupu Service clients, exploring their thoughts and perspectives on factors that support responsible alcohol use and abstinence. Statistics regarding the alcohol consumption of Samoan adult males living in Auckland provide some context for the importance of this study.

The ten Samoan participants have not only completed their CADS Tupu Service programmes, but have also managed to overcome their hazardous use of alcohol. Available statistics showed that there is widespread harm on the Samoan adult males due to their problematic use of alcohol. I have also witnessed this harm in working with this population in my role as a CADS Tupu Service AOD (Alcohol & other Drugs) Clinician. The harm is mainly on their physical and mental health, family relationships, livelihood and relationship with the law. The study attempted to gather the thoughts of the participants on ways they have managed to control their hazardous alcohol use. This knowledge will be utilized to help services like CADS Tupu in achieving its primary goal of providing support that will help combat the problematic use of alcohol among Samoans and other Pacific Island populations.

According to the Pacific Alcohol and Drugs Consumption Survey (2003), the proportion of people of Pacific ethnicity who consume alcohol is less than the proportion of drinkers in the general New Zealand population. However, Pacific drinkers “consume larger annual volumes and typical occasion amounts of absolute alcohol than drinkers in the general New Zealand population” (p.1). Thus, Pacific people’s drinking style is evidently more harmful with more

Pacific people reporting violence and injury from other peoples' drinking, and a greater number of Pacific drinkers reporting difficulties from violence and serious arguments as a result of their own drinking compared with the general New Zealand population drinkers.

In 2000, Pacific drinkers' average quantity of alcohol consumed on a typical occasion was eight drinks (or 120 ml of absolute alcohol), while Pacific male drinkers consumed an average of nine drinks and Pacific female drinkers an average of six drinks on a typical occasion. In comparison, the general New Zealand population drinkers' average quantity of alcohol consumed on a typical occasion was four drinks (61 ml of absolute alcohol) in 2000; of whom male drinkers consumed an average of five drinks, and female drinkers an average of three and a half drinks.

Lima (2004) noted that alcohol consumption among Samoan men was described by Neich and Park (1988), as the 'all or nothing' drinking style. The ALAC (Alcohol Advisory Council) Ministry of Health (1997) also identified a similar pattern of drinking among other Pacific people where when they drink, the intention was to drink until the alcohol was finished or until a person is physically unable to consume any more alcohol. Huakau et al. (2005) asserted that Pacific peoples drink less often when compared to Europeans in New Zealand, however, they drink much more alcohol than Europeans on any given occasion and when total alcohol volume consumed are compared for a time period like a year for instance.

According to the New Zealand Ministry of Health Annual Update of Key Results 2021/22: New Zealand Health Survey, 18.8% of New Zealand adults had a hazardous drinking pattern in 2021/22. Asian adults had a lower rate of hazardous drinking at 6.0% which was significantly lower than Māori, Pacific and European/Other at 33.2%, 21.7% and 20.1% respectively. The rate of hazardous drinking has remained relatively stable since 2015/16 when the current time series began.

The 2003 Heart and Health Survey reported that Pacific people were engaged in ways of drinking that were detrimental to their physical and mental health compared with Europeans in New Zealand (cited in Sundborn et al. 2009). The 2003 Pacific Alcohol and Drugs Consumption Survey revealed that Pacific people drink on average 21 litres of pure alcohol per year, compared with 11 litres of alcohol per year for Europeans. The 2003 Pacific Alcohol and Drugs Consumption Survey was a national survey on Pacific peoples in New Zealand which involved Samoans, Tongans, Cook Islanders, Niueans, Fijians, and Tokelauans.

Nosa's (2005) doctoral thesis on alcohol use amongst Niuean men indicated that the Niuean way of drinking was to drink with the aim "to get drunk." ALAC's (1997g) study on the Niuean community found that Niueans would stop drinking due to feeling physical effects on their body. Gray and Nosa (2009) also documented their study on nine Niuean women between 18-45 years of age in Auckland which elaborated on Niuean women's aim of getting intoxicated as a reason for drinking alcohol. ALAC's (1997) study on the six Pacific communities found that common amongst all Pacific communities in New Zealand was that as an indicator of limits of alcohol use, those who drink would drink until they felt physical effects rather than according to the number of drinks consumed.

Young Pacific people consume more alcohol than older Pacific people according to research. The 2003 Pacific Alcohol and Drugs Consumption Survey showed that compared to older Pacific adults, younger Pacific people between 18-29 years of age had higher rates of; alcohol use in the previous 12 months, typical occasion quantity and also higher annual volume of alcohol consumption than all other age groups of Pacific people (Pacific Research and Development Services & Shore, 2004). The 2003 Pacific Drugs and Alcohol Consumption Survey found that there were also concerning rates of reported drinking amongst 13-17 years old Tongans.

The 2003 Diabetes Heart and Health Survey found that older Pacific adults within the ages of 35-74 years were less likely to drink alcohol than younger Pacific peoples (Sundborn et al. 2009). Amongst these older adults, abstaining from alcohol was common. Older Pacific or Pacific middle-aged adults were less likely to drink alcohol than New Zealand Europeans of the same age. Sundborn et al. (2009) reported that the higher abstinence rate of older adults from alcohol may be due to alcohol relatively recent introduction to the islands with its use being culturally and traditionally unaccepted by Pacific Island communities.

The Alcohol Advisory Council's study on six Pacific communities in New Zealand found that they all shared the common characteristic of a lack of awareness of both moderate drinking and of what it means to be a social drinker. With reference to the Niuean community in New Zealand, Niuean people sensed that a moderate drinker was defined by the number of times alcohol was consumed per month, disregarding the amount of alcohol consumed on a drinking occasion. ALAC (1997d) also documents Cook Islanders perceiving their excessive drinking as not problematic as they believe that as long as they are able to attend their work then their alcohol use is not an issue. This showed that Cook Islanders did not know when their excessive

drinking was problematic to their health and performance, and therefore unaware of how to drink moderately. ALAC (1997) documents that like the promotion of moderate eating, the promotion of moderate drinking would challenge Samoan people's values.

It is evidenced in the available literature that the Samoan adult male drinking style is problematic. This has resulted in significant harm to their physical and mental health, family relationships, livelihood and relationship with the law. These hazardous drinking patterns and related harm also applies to other Pacific Island adult male ethnicities like Niueans and Cook Islanders. Pacific Islanders with alcohol problems also face service issues from organisations like Te Whatu Ora - Community Alcohol and Drugs (CADS) where their needs for support were not properly addressed. This research is an attempt to identify ways Samoan (and other Pacific Island) adult males with alcohol problems can be better supported by using the knowledge gained from the experiences and thoughts of former service users who have been able to control their hazardous alcohol use.

RESEARCH AIMS

The aim of the study is to explore the thoughts and perspectives of Samoan adult males of at least 40 years old living in Auckland, who are former CADS Tupu Service clients on factors that contributed to responsible alcohol use and abstinence. The research question is: “*What are the Samoan adult males' thoughts and perspectives on factors that support responsible alcohol use and abstinence?*”

The key objectives of this study are:

- To identify the views and perspectives of the participants on the alcohol related harm resulting from their problematic alcohol use.
- To identify the views and perspectives of the participants on the protective factors that contributed to responsible alcohol use as well as being able to abstain from consuming alcohol.
- To identify the views and perspectives of the participants on the risk factors that result in a relapse into hazardous alcohol use.

- To examine views of the participants about the impact of the CADS Tupu Service programmes on their alcohol use challenges and;
- to explore the benefits of abstinence and responsible alcohol use.

Organisation of the Thesis:

This thesis has been divided into six chapters, as follows:

Chapter 1: Introduction provides the study context in terms of the rationale for carrying out this research and the significance of the research project. The study aims and objectives are also presented followed by the structure of the thesis; final part is the writer's positionality.

Chapter 2: Pacific population describes the Pacific population in New Zealand, and in turn gives a description of the Samoan population in New Zealand. It covers Pacific people's demographics and health status, and also describes some of the main population characteristics of the Samoan people.

Chapter 3: Literature Review examines the available literature on alcohol use among Samoans and other Pacific Island people. There is also an inclusion of literature of other ethnicities in order to show the position Pacific peoples' alcohol use has in a widespread context. This literature review will not only create a foundation of information on alcohol use in New Zealand but will provide information based on people in the Pacific islands. The literature search reveals the significance of the excessive drinking issue amongst Pacific people and also expose the gap in needed research on both Pacific peoples in New Zealand and Pacific people in Oceania.

Chapter 4: Methodology explains the theory and methods used for this research. This chapter explains the steps involved in attaining the results from the Samoan adult males' interviews. It elaborates on the theory used to plan, carry out and analyse the results. It also describes the use of qualitative research methods, interviews and the semi-structured interview format, as well as providing a description of the sample population. This chapter also considers the use of the 'Talanoa' process as part of the research methodology used in this study. It also accounts for some of the issues encountered while carrying out the fieldwork.

Chapter 5: Results presents the findings from interviews with the Samoan adult male participants. The findings are presented in the main themes accrued from the Samoan adult male interviews; regarding their views, attitudes and beliefs concerning their alcohol use. The themes from the interview transcripts were grouped into five main sections: alcohol related harm of the participants' problematic alcohol use, protective factors for maintaining abstinence and responsible alcohol use, risk factors for abstinence and responsible alcohol use, impact of CADS Tupu programmes on the participants' alcohol use and benefits of abstinence and responsible alcohol use.

Chapter 6: Discussion, Recommendation & Conclusion: discusses the findings of the study in relation to previous literature and how it fits within the overall scope of alcohol use amongst Pacific peoples in New Zealand. This chapter also elaborates on the strengths and limitations of the study. It also provides recommendations for improving the services of CADS Tupu with support from policy makers and the church. Areas for further research are identified to better serve the needs of the target population. A conclusion on the findings of this study is provided at the end of the chapter.

THE ROLE OF THE RESEARCHER

I believe it is essential that I acknowledge my unique positionality as I believe it has impacted upon all aspects and stages of the research process. This is because the positionality that researchers bring to their work as determined and shaped by their personal experiences largely influences what “researchers may bring to research encounters, their choice of processes, and their interpretation of outcomes” (Foote & Bartell, 2011, p.46). According to Holes (2020), self-reflection and a reflexive approach are both useful tools and invaluable measures for laying the groundwork for a continuous process that enables myself as the researcher to be able to recognise, formulate, review, and clearly explain my positionality. Therefore, as the lead researcher, I have an important role in the way this study was formulated and implemented as well as in its compilation and interpretation stages. This is largely due to my research role as an insider, being a Samoan adult male and a CADS Alcohol and Drugs Clinician, as well as my outsider role as a researcher and a Master's in Social Work student.

I am a Samoan male, born and raised in Samoa. I immigrated to New Zealand at 40 years of age with my wife and five children in 2009 and have always lived in Auckland where the research participants reside. I also have three ‘matai’ or chiefly titles from my parents ‘aiga’. This forms the basis of my cultural identity as a Samoan. I am also involved in the Samoan community in my role as a matai and a deacon in our Samoan Congregational Christian Church in East Tamaki, South Auckland. Simultaneously, I am a New Zealand citizen, now living in a Westernised, multicultural society. This I believe makes my identity unique. My identity as a Samoan was developed while growing up in Samoa and experiencing the fa’asamoa first hand with the different cultural roles of being a ‘taulealea’ and later on as a ‘matai’. It continues to strengthen today as I play my role as a ‘matai’ through my ‘tautua’ to our ‘aiga potopoto’ (extended family), church and work.

My cultural role is also recognised in my work as a CADS Tupu AODG Clinician and CADS Tupu Matua since 2019, providing cultural leadership especially with Samoan cultural matters. As a member of the New Zealand-Samoan community, as well as being the lead researcher, I have an active role as an ‘insider’ of the community (Health Research Council of New Zealand, 2014). Thus, I am deeply aware of the unique Samoan profile that I bring to this research which I intend to use in my capacity as an ‘insider’ through recognition and acknowledgment of the important lens that I bring to the collection and analysis of Samoan research data (Health Research Council of New Zealand, 2014).

I completed a Bachelor of Social Work (Biculturalism in Practice) in 2016 followed by a Postgraduate Certificate and then a Postgraduate Diploma in Health Science in 2020 and 2021 respectively. I started studying towards the Masters in Social Work in 2022. This educational background and professional experience has significantly informed my social stance on health issues concerning Pacific people, especially the Samoan people. Therefore, as a Pacific Island student and Public Health practitioner, my duty of care lies in ensuring services are representative and responsive to Pacific people needs. My interest in this research topic started from my own experience as an Alcohol Clinician, an experience which has opened my eyes to the great suffering of our Samoan adult males due to the hazardous consumption of alcohol.

I wanted to identify and promote ways that will enable Samoan adult males to consume alcohol in a responsible manner so as to minimise the impact of alcohol harm on their lives. Samoan adult males, like myself, have important roles in families, churches and the community like holding ‘matai’ titles and church leadership roles. Most are heads of households with wives

and children who depend on them for guidance and protection. Therefore, pursuit of research in this area is largely driven by the hopes of improving health service provision and outcomes for Pacific people as alcohol harm affects families and communities alike, not only the users. I also drink alcohol but in a responsible manner because I have experienced some of the harm of alcohol abuse especially in my younger days. This personal experience with alcohol has enabled me to have genuine feelings of empathy with the experiences of the research participants.

The identities that I as a researcher bring to this study are important in how and why this research study has taken place. I am a Samoan born adult male, a 'matai' and church leader, fairly privileged in regards to educational background and Samoan cultural experience. I also hold dual roles within CADS Tupu as an AOD Clinician and Cultural Matua. I believe these are important components of my positionality.

CHAPTER TWO

PACIFIC ISLAND PEOPLE IN NEW ZEALAND

INTRODUCTION

The history of Pacific migration to Aotearoa provides the background and rationale behind Pacific Island people leaving their families and peaceful island countries. Assimilation and acculturation of Pacific Island people into the New Zealand, Westernised culture is one of the major underlying factors behind the hazardous use of alcohol by Pacific Island people; as part of their attempt to adapt to the New Zealand way of life where alcohol use was accepted as the norm especially in social, work and sports environments. This chapter provides a description of the Pacific population, covering early migration to New Zealand as well as the issues of assimilation and acculturation, immigration policies, population demographics, culture and health status. It will also provide descriptions of the Samoan population in New Zealand in terms of its profile, culture, health status and Christian faith.

The main New Zealand immigration policies that have enabled Pacific Islanders to immigrate to New Zealand are also discussed. A review of Pacific Island socio/economic indicators showed that Pacific Islanders are socially and economically disadvantaged and marginalised in New Zealand and the hazardous use of alcohol is one of the contributing factors. A description of Pacific Island health status, through available literature, reveals that it is relatively low and hazardous alcohol use is a contributing factor to this low level of Pacific health. This is due to the harmful effects of alcohol abuse especially among the Pacific Island adult male population. The Samoan profile in New Zealand together with its culture, perceptions of health and Christian faith is briefly explained in order to provide a deeper understanding about a Samoan person's worldview especially that of an adult male with family, cultural, and church roles and responsibilities. For instance, most of the Samoan male participants said they work hard to support their families and meet their cultural and church financial obligations; drinking alcohol was a way of coping by giving them relaxation especially from the pain of physical work and the stress of everyday financial, family, cultural and church commitments.

Pacific Island migration to New Zealand

Pacific Island people occupy the island nations of the Pacific Ocean and are made up of different ethnic groups. They consist of Polynesian countries like Samoa and Tonga, Melanesian nations like Vanuatu and Fiji and Micronesian countries like Kiribati and Guam. There has been an observed increase in the Pacific Island population in New Zealand over time which is evident in the growth of the Pacific population since the past census to the latest available 2018 New Zealand Census. The 2001 New Zealand Census showed that approximately 232,000 persons of Pacific Island descent were living in New Zealand, comprising 6.5 per cent of the population. This compared with 265,974 or 6.9 percent of the total population in 2006. It rose further to 295, 941 persons and 381,642 persons in the 2013 and 2018 Censuses, accounting for 7.4 percent and 8.1 percent of the total population respectively. The median age of the Pacific population in 2018 was 23.4 years with 191,391 being males while females accounted for 190,254.

Pacific Island people were initially attracted and continued to be lured to immigrate to New Zealand from the islands because of their beliefs that it is the 'land of milk and honey' (Brown, 2010, p. 129). They saw New Zealand as a place of opportunities where the fruits of their labour would provide them access to money, better education and health opportunities as well as beautiful gifts and tasty food for instance. These ideas and perceptions resulted from stories told by family members and friends who travelled first to New Zealand about the benefits and gains that contrasted with the poverty back in the islands. In summary, moving to New Zealand was a decision made largely on the basis of getting a better life based on the stories about New Zealand as well as in observing the goods and money sent back to the islands by those who migrated to New Zealand first. Many families moved here for a better future and prospects not only for themselves and their children but also for material betterment of their families back home through remittances of cash and goods.

New Zealand, Australia and the United States were the main destinations and this migration in the nineteenth and twentieth centuries was characterised by huge remittances of goods and money back to the islands. These cash and goods remittances have benefitted not only individual families but also contributed to the national developments of countries like Tonga and Western Samoa (Appleyard & Stahl, 1995); as well as smaller island countries of Cook Islands, Niue, Tokelau, Kiribati and Tuvalu. Stahl & Appleyard (2007) noted that the New Zealand government's decision in the aftermath of the world wars to begin the process of

industrial development was due to the falling demand for agricultural labour and unsteady export commodity prices in world markets which took a toll on the national economy (Hawke, 1985). This is because the New Zealand economy at the time depended mainly on agricultural and dairy produce exports. Industrial expansion policy however needed more labour than was locally available. This is why the labour supply was sourced from overseas using various government immigration schemes.

At first, the demand for unskilled and semi-skilled labour was taken up mainly by Māori workers through the process of urbanisation or moving from the rural outskirts of the country to urban areas like Auckland. When this supply ran out, the government then resorted to hiring temporary and permanent labour immigrants from the South Pacific islands (Brosnan & Wilson, 1989). According to Spoonley (1990), the Cook Islanders and Fijians were among the first people to be recruited from the South Pacific initially by individual employers and companies. Once these Pacific immigrants arrived and became New Zealand legal residents, most began sponsoring their own family members to move to New Zealand as well. Other Pacific islanders from Samoa, Tonga, and Niue slowly moved to New Zealand as well (Farmer, 1985).

Pacific Island people were greatly disadvantaged by the declining New Zealand economy during the early 1970s; experiencing high unemployment and trade problems which therefore resulted in immigration restrictions as the Government tried to cut its costs (Krishnan et al., 1994). The dawn raids were introduced as a method of locating illegal immigrants and were usually undertaken during the early hours of the morning (2am-3am). They were random checks on the streets and homes, capturing whoever seemed Pacific and deporting them back to their island nations.

The Labour government that swept into power in 1984 introduced immigration policies that saw the gradual resurgence in the Pacific immigrant population in New Zealand (Larner & Bedford, 1990). An example was visa-free entries allowed to some Pacific Island countries (Larner & Bedford, 1990). These lenient immigration policies saw the unification of Pacific Island families and an upsurge in the adoption of children from the Pacific Islands. Furthermore, the immigration policy review of 1986 and the new Immigration Act 1997 resulted in more liberal policies on Pacific people's immigration status into New Zealand. These policies continued to fast track the inflow of Pacific Island immigrants into New Zealand (Burke, 1986) especially from Fiji, Tonga and Samoa (Macpherson, 1991).

The re-appraisal of the 1991 immigration policy in terms of its impact on the number of Pacific unskilled workers revealed that it was making it hard for Pacific people to be employed, as only those who had qualifications and capital were able to migrate into New Zealand. In contrast, Pacific peoples who did not meet these criteria found it hard to secure employment (Bedford, 1994). However, between 1990 and 2000, there was an overall increase in the Pacific population in New Zealand as the economy started to recover. Therefore, more island immigrants were able to move to New Zealand for permanent residence and temporary contract employment. Currently, the New Zealand Immigration is providing this access to Pacific islanders through its Concessional policies, Samoan Quota, Pacific Access category and more recently with the Recognised Seasonal Employer (RSE) Scheme for temporary contract employment in the horticulture and viticulture industries. (Salanoa, 2020).

Acculturation and Assimilation

According to Brown (2010), the Pacific peoples' adaption to new behaviours and trends in New Zealand included buying modern brands of goods like clothing and mobile phones as well as drinking alcohol and engaging in gambling activities like using pokies machines. The participants in Brown's (2010) study shared that these new behaviours were ways to cope with their adaptation to the so called 'individual experience' in New Zealand. For most Pacific islanders, migrating to New Zealand spelled the end of being in a communal existence in the extended family and village setting to be replaced with a more isolated and individualistic experience.

As a result, most Pacific Island people, especially adults who migrated more recently, feel alienated from their cultures and ways of life; also become lonely in their new environments as they are without their usual cultural and spiritual support networks (Szabó, et al., 2023). So, they have to learn how to adjust and cope with living an independent, isolated lifestyle in New Zealand. Pacific Island people shared how their new way of life has made them realise that what they perceive life in New Zealand would be and the reality they are now seeing are quite different. For instance, Pacific peoples on average have worse economic circumstances than the overall population, with the majority of Pacific peoples living in areas with the fewest economic resources (White, Salmond, Atkinson & Crampton, 2008).

According to Nosa et al. (2021), “acculturation (loss of some Pacific Island culture in the process of fitting in to or adopting New Zealand culture) is generally associated with increases in risky health behaviour, such as harmful alcohol use and smoking” (p. 91). Secondly, the immigrants who resettled in Western countries commonly suffered social and economic inequality, marginalisation and discrimination (Harris et al., 2011). These factors have all been shown to be important determinants of health, and may contribute to feelings of stress and powerlessness, which may in turn contribute to alcohol use. Malcolm et al. (2009) stated that health outcomes for Pacific peoples reliably reveal that they are among the lowest socio-economic groupings in Aotearoa and often fall victim to non-communicable diseases like obesity, high blood pressure and diabetes. The majority of Samoans, like other Pacific Island immigrants, mostly work in unskilled, low paying jobs due to lack of specialised training (Bedford. 1994).

Assimilation also affects the Samoan population in New Zealand. Assimilation is defined here as a process of change during which the “immigrant seeks to identify himself in various respects with members of the host group and becomes less distinguishable from them” (Johnson, 1963, p. 296). Eaton (1952) argued along similar lines that assimilation is a process of acculturation, in which an individual has changed so much as to become detached from the value system of his/her group as he/she prefers to live by the values and beliefs of the dominant culture.

In the case of Aotearoa, Thomas and Nikora (1992) argued Māori people were expected to change to fit in with Pakeha ways of doing things while Pakeha were not expected to change at all since it was the dominant culture. Many Māori people, however, resisted this notion based on their strong beliefs in Te Ao Māori which is the case to this day. According to Hendrikge (1995), Samoan church communities in New Zealand play a crucial role in the practice and maintenance of fa’asamoa which makes it difficult to assimilate Samoans into the Pakeha culture due to two cultures often having conflicting values. Nevertheless, Ioane (1987) noted that it’s impossible for Samoans to escape the dominant Pakeha material culture which leads to their acculturation in their material needs like saving money to buy (or rent) a house, vehicle, food and clothing among other needed goods; however, they still retain their Samoan cultural values like ‘va-fealoaloi’, ‘fa’aaloalo’ and ‘alofa’.

Pacific Island people social determinants

According to Pacific Proud (2016), socio-economic status is an important determinant of health. However, Pacific peoples are disproportionately represented in lower socio-economic areas, have lower incomes and higher levels of unemployment compared to other non-Māori New Zealanders. A greater proportion of Pacific children and young people live in overcrowded households. The lower socio-economic status of Pacific people is a grave concern and addressing the alcohol problem among the target population will contribute in solving the problem of inequity through improved health and livelihood for instance.

Pacific people have a holistic view of health, where healthy and strong families are the basis of individual and community well-being. Due to their low income, many Pacific families live in less affluent communities. The existence of factors associated with lower levels of well-being, such as widespread smoking, obesity, hazardous drinking, and non-casino gaming machines, is greater in these communities. Public transport options may also be more limited which reduces access to employment and education opportunities, community activities, and health care services (Auckland Regional Council, 2005).

Brown (2010) asserted that the lower socioeconomic position in New Zealand of Pacific people has resulted in their facing issues like low home ownership rates and poorer health status because of factors such as diet, lifestyle, exposure to risk factors and less frequent use of health services. This is aggravated by some “cultural elements like family size and dietary patterns” (2002, p. 26). Wright and Hornblow (2008) observed that 42% of Pacific peoples live in the most deprived areas of the country. The Pacific group is highly skewed, with 42% living in decile 10 areas which is the most deprived area. While there has been some improvement with Pacific people’s socioeconomic conditions in recent years, Pacific peoples remain worse off than other New Zealanders.

The 2013 Census found that the majority of Pacific adults work in the labour force, where in 2013, 75% of Pacific adults were reported to be working in labour jobs. Pacific men were more likely to be in labour jobs than Pacific women, where 71% and 59% respectively were employed in labour jobs. Pacific people have been shown to have twice the unemployment rate as that of the average population although the trend is declining. Overall, the labour market results for Pacific people are showing signs of recovery. More Pacific people entered the labour force over the past year to June 2021. Employment grew by 20,600 people over the year to

June 2021, with the highest growth in the Education & training, Agriculture, forestry, fishing & mining and Public admin & safety industries. (Ministry of Business, Innovation & Employment, 2022). For the year to June 2019, 106,400 Pacific people were employed in Auckland. Pacific people employed in Auckland make up 67.0% of all Pacific people in employment in New Zealand. Employment of Pacific people in Auckland has increased 6.0% in the last year and 25.5% in the last three years ending June 2016.

From June 2020 to June 2021, employment in seven out of eight occupation groups grew. The biggest increases in employment were in Service, Labourers and Plant workers. Pacific Peoples in Skilled occupations grew (by 0.7 percentage point to 46.2 %) over the past three years from June 2018, but still remain lower when compared to all workers (68.0 %). As at June 2021, there were about 78,500 Pacific people aged 15 to 24 years in the working-age population. Skilled occupations predominantly include managers, professionals, technicians and trades workers, and some service workers such as sports peoples and health care workers. The industries employing the most Pacific Peoples in June 2021 were manufacturing, utilities & construction, and health care & social assistance. From June 2020 to June 2021, employment grew in eight out of twelve industry groups. The strongest annual growth was in education & training, agriculture, forestry, fishing & mining, and Public admin & safety (Ministry of Business, Innovation & Employment, 2022).

Pacific people earn lower wages and salaries than the national average population (Tukuitonga, 2011). For Pacific people, the median weekly wage as of June 2021 is \$959, with women earning \$863 and men earning \$1,020. In June 2021, the median yearly income for Pacific people was \$24,300, lower than the overall Aotearoa New Zealand median income of \$31,800. However, employment rates were increasing, growing by 20,600 people over the year to June 2021. The Pacific Island labour force participation rate also increased to 66.2% in June 2021 from 64% in June 2020 (Ministry of Business, Innovation & Employment, 2022).

Homeownership among Pacific people in New Zealand is the lowest among the recorded ethnicities (21% own or partly own a home as of 2018, compared to 52% for Aotearoa New Zealand overall). (Ministry for Pacific Peoples, 2018). According to Tanielu (2019), Pacific New Zealanders are ten times more likely to be homeless than European New Zealanders. It was noted that at end 2013, there were 11,396 homeless Pacific people, which amounted to 29 percent of the total homeless count. In comparison, 32 percent (12,754 people) of those defined as homeless were Māori and 34 percent (13,498) were Europeans. The Pacific figures are even

more worrying given the Pacific population in New Zealand is significantly smaller than the European or Māori populations.

According to the New Zealand 2018 Census and Health 2021 General Social Survey, Pacific people were more likely than the total population to live in large urban areas such as Auckland, where housing is expensive both to rent and own. Over half of Pacific people lived in homes with at least one housing problem (for example, cold, mould, dampness) compared with 32 percent of the total population. Pacific people were less likely to be living in housing with all basic amenities, at 86 percent compared with 93 percent of the total population. Pacific people were less likely than the total population to rate their house and its location as very suitable. Pacific people are more likely to rent than the total population. Pacific people experience severe housing deprivation at a greater rate than the total population. The average homelessness prevalence rate for Pacific peoples was 578 people per 10,000 compared with 217 people per 10,000 people for the total population New Zealand according to the 2018 Census and Health 2021 General Social Survey.

Pacific Island People Health Status

According to Statistics New Zealand and Ministry of Pacific Island Affairs (2011), good health is fundamental for the well-being of individuals, families, communities, and New Zealand as a whole. However, life expectancy for Pacific peoples is about four years less than for the overall population. Pacific peoples' health is also worse than other New Zealanders', from childhood through to the later stages of life. Among drinkers in 2019/20, around 4 in 10 (38.4%) of Pacific past-year drinkers were classified as hazardous drinkers with an AUDIT (Alcohol Use Disorders Identification Test) score equalling or greater than 8. This prevalence was higher among Pacific men (48.6%) than women (28.2%). In 2019/20, Pacific adult drinkers were 1.38 times more likely to be hazardous drinkers than non-Pacific drinkers, after taking into account age and sex. In comparison, the prevalence of hazardous drinking among Māori drinkers was 43.4%, 26.0% among European drinkers and 8.4% among Asian drinkers (Ministry of Health 2021).

The adult Pacific population have an increased likelihood of being diagnosed with chronic diseases. There is a greater percentage of Pacific people with diabetes than the national New Zealand average (Tukuitonga, 2011). Also prevalent amongst the adult Pacific population are

strokes and ischemic heart disease. Pacific adults also had a mean BMI (Body Mass Index) much higher than other adults in New Zealand, adjusted for age. Tukuitonga (2011) also found that the overall incidence of cancers for other non-Pacific people is higher than amongst Pacific people, but Pacific people have higher rates of cancer mortality than other ethnicities. Smoking is found to be the leading contributor to lung cancer and breast cancer mortality rates amongst Pacific adults (Ministry of Health, 2008a). According to the New Zealand Health Survey 2021/2022, Pacific adult males have a higher prevalence rate for cigarette smoking than other males in New Zealand.

The younger Pacific people are also more likely to commit suicide than other young people in New Zealand. (Statistics New Zealand and Ministry of Pacific Island Affairs, 2011). The New Zealand Mental Health Survey found more Pacific adults experiencing mental health issues than the general New Zealand population, Pacific peoples are less likely to seek healthcare than the general New Zealand population (Tukuitonga, 2011). There is a low use of primary health care services among the Pacific population. This is especially so for diabetes and asthma cases. Pacific peoples also have an over-representation of hospitalisation discharge rates. Pacific peoples have also been found to have the worst rapport with their healthcare appointments to the general practitioner (Tukuitonga, 2011).

Young Pacific people are also more likely to have higher numbers of pregnancies and births than the general New Zealand population (MOH, 2005). Similarly, they experience higher youth cardiovascular diseases, mortality rates, prostate cancer rates, lung cancer rates and breast cancer rates, than the national New Zealand average (Tukuitonga, 2011). There is a much higher rate of infant mortality among the Pacific population than the national average

Pacific children are more likely to have infectious diseases and respiratory diseases than other children in New Zealand. Pacific children are also more likely to have higher hospitalisation rates for asthma than the New Zealand average. Pacific children are twice as likely to have meningococcal disease and five times as likely to have rheumatic fever (MOH, 2005).

In order to improve the health of Pacific peoples, the detrimental levels of health risk factors experienced by Pacific peoples must be addressed urgently (Statistics New Zealand and Ministry of Pacific Island Affairs, 2011). The future health and wellbeing of Pacific peoples is dependent on improving nutrition, reducing the proportion of the population who are overweight, reducing the pervasiveness of smoking, and changing the pattern of alcohol

consumption. Failure to improve the health status of children and young people will perpetuate the current state of Pacific health inequalities into the future (Statistics New Zealand and Ministry of Pacific Island Affairs, 2011).

Samoan People Profile in New Zealand

According to the New Zealand 2018 Census, the Samoan population was approximately 182,721 people with the median age at 22.8 years. This reflected a very youthful Samoan population. Of this total, there were 91,443 males and 91,275 females. The Samoan population has increased gradually over the years totalling 131,103 in 2006, 144,138 in 2013 and 182,721 in 2018. The Samoan population made up 49 percent of the total Pacific population (265,974) and 3 percent of the New Zealand population (3,860,163) in 2006. In 2013, it consisted of 49 percent of the Pacific population (295,941) and 4 percent of the New Zealand population (4,011,399). In 2018, the Samoan population comprised 48 percent of the Pacific population (381,642) and 4 percent of the New Zealand population (4,699,755).

The 2018 New Zealand Census showed that the number of New Zealand born Samoans has risen over the years while those born in Samoa has decreased. New Zealand born Samoans accounted for approximately 60 percent of the Samoan New Zealand population in 2006, increasing to 63 percent in 2013 and 67 percent in 2018. Those born in Samoa (and other Pacific Islands) comprised 39 percent in 2006, 36 percent in 2013 and 32 percent in 2018. The New Zealand 2018 Census showed that for the Samoan population of 15 years and over, approximately 51 percent were employed full time while 7 percent were unemployed. The largest profession was as labourers (19 percent) followed by professionals (14 percent), machinery operators and drivers (13 percent), community and personal service workers (12 percent), clerical and administrative workers (12 percent), sales workers (11 percent), technicians and trades workers (10 percent) and managers (9 percent).

Samoan culture (Fa'asamoa)

Samoan culture (Fa'asamoa) or the Samoan way as the term is generally used, refers to the traditional ways and customs of Samoans. The missionary linguist Pratt (1861) defined fa'asamoa as acting according to Samoan customs. Former Samoan Prime Minister, Tupua Tamasese, referred to fa'asamoa as “a body of custom and usage ... a mental attitude to God, to fellow men and to his surroundings. It is a distinctive lifestyle. It is not the physical make-up, the mood or passion of one man. It is a collection of spiritual and cultural values that motivates people. ... It is the heritage of people” (cited in Field 1991, p. 20).

Fa'asamoa can be described as the Samoan way of doing things. Principles and values are cultural concepts which guide the social behaviour and interactions of Samoan people. Le Tagaloa (1997) described the importance of understanding individuality and cultural identity in Samoan contexts. This is where understanding, acceptance and appreciation of the ‘other’ person begins. ‘Knowing one’s self’ and his/her surroundings and environment demonstrates the importance of having this knowledge for attaining wisdom and success. Therefore, fa'asamoa is dominated by the concepts of the extended family (aiga potopoto), chiefly structure (fa'amatai), and ceremonial gift giving and exchanging (fefafa'asoai/fesuaiga). These can be identified as foundational experiences of spirituality for Samoan people that, “pervades every aspect of life from birth to death and commerce to politics, providing a unique and authentic experience” (Twining-Ward, 2002, p.368).

Fa'aaloalo (respect) is the first fundamental principle of Samoan culture because it governs the way one learns to sit, walk, stand and speak. Samoans are expected to sit down when they are speaking to someone or being spoken to. As a rule, Samoans must sit down when eating. It is regarded as being ‘impolite’ to eat food while you are standing up or walking around. When walking in front of someone, one must remember to say “tulou” or “excuse me” (Sauni, 2011). The hierarchical nature of Samoan society dictates how and when to stand up, and when it is your turn to speak. Therefore, knowing one’s place, status and role within Samoan culture is important in building self-confidence and trusting relationships within different social contexts. Samoan children learn about having pride in their cultural identity in their early years and this belief in one’s sense of self and belonging is upheld throughout life.

Alofa (love) is the second main principle of Samoan culture because Samoans make reference to their faith and spiritual beliefs as Christians. Showing ‘alofa’ (love) is a principle associated

with God's love, and Christ's example of unconditional love when dealing with everyday situations. Alofa is therefore an essential principle in Samoan culture because Samoans believe that although one may be a good speaker, or give generously within one's family or church if the motives for doing so is not based on love, then everything one does is empty and worthless. Tautua (service) is another integral feature of a Samoan person's life and refers to the roles and responsibilities in traditional customs, which include the young serving the adults and their elders. The popular Samoan saying, "O le ala I le pule o le tautua" means that the way to authority is through service (Fa'aea & Enari, 2021). For untitled men (taulele'a), their responsibilities include serving food to the matai (chief) for instance, which result in the bestowment of a chiefly title on them in the future in return for this kindness and respect.

Fa'aleagaga (spirituality) is power (malosi'aga) for Samoan people because of its connections to their various roles of leadership in families, villages, work places and within government. According to Alipia et al., (2003), spirituality should be included in the development of young children in early childhood education. Fa'aleagaga is also power (malosi'aga) or 'mana' for Samoan people because of the connections to their Christian faith, traditional beliefs and spiritual ancestors.

Va (relational space) in the context of Samoa is referred to as the 'sacred relational space' that occurs between individuals or groups of people. The 'va' is central to the communications and connections that take place daily in the life of a Samoan person. Anae (2010) described va as sacred relationships between people that occur within the protocols and concepts of the 'va fealoai', 'va tapuia' and 'teu le va'. According to O'Meara (1990), the 'va fealoai' concept in Samoan culture is practised from childhood and continues until people are adults or old enough to have their own children. Therefore, in Samoan culture, learning acceptable social behaviour and learning to use appropriate language is necessary for establishing or re-establishing successful relationships within your family and extended families. In a Samoan child's early upbringing, learning the values of respect and obedience towards superiors is very important (Mara et.al.,1994). The va has been described by Tuagalu (2008, p. 109) as the "social and spiritual relations between people and that is how Samoans relate with one another and the world at large". However, according to Wendt (1996), meanings change as the relationships and contexts change and Samoans learn how to nurture, care and cherish the va relationships.

Gagana (Samoan language) communicates and gives meaning to all social and cultural relationships between groups or individuals, and this should not be ignored (Hunkin,

Tuiletufuga, 1996). To have knowledge of the Samoan language is a blessing because it affirms your cultural identity. Language is a useful tool in contextualising and consultation processes within Samoan contexts. Language is essential and fundamental for bridging understandings, translations of conversations and maintaining relationships within Samoan culture. Feagaiga (covenant) is a sacred and honourable principle within a Samoan aiga (family) context. The Samoan saying, “O le io i mata o le tama lona tuafafine”, translates as, a sister is the pupil of her brother’s eye and therefore needs to be protected.

According to Sauni (2011), a Samoan’s journey to succeed in New Zealand continues to be a struggle in a competitive, multicultural and capitalist society. Despite the difficulties, their resilience and persistence to maintain and sustain Samoan cultural values, beliefs, language and cultural identity have been instrumental in reaching their aspirations. Despite facing problems like alcohol misuse among adult Samoan males, Samoan people have become part of the professional, educated, middle-class as well as leaders within politics, education, sports, church, university, law, medicine and the arts. In all these fields, Samoans have greatly enriched New Zealand life due to their cultural values of hard work and committed service (tautua) (Taule’ale’ausumai, 2001).

Samoan Perceptions of Health

According to Kinloch (1985), Samoan people accept sickness as something that can be prevented or avoided but is inevitable, with physical and mental symptoms of a sick body reflecting not merely a physical breakdown but the sickness of the person’s spirit instead. This is often attributed to a supernatural force, which needs to be calmed through witchcraft. In this situation, Samoan people bear sickness in order to re-establish spiritual wholeness not just of the sick person but also of the whole social group who are responsible for caring after and curing the sick person (Kinloch 1985). A case in point is sickness attributed to possession by spirits, where the symptoms may be those of schizophrenia and alleviation requires a spirit healer.

Historically, health care in Samoa was the duty of members of the extended family and traditional healers (or taulasea). Over recent times, however, the health practices and beliefs of Samoans living both in Samoa and abroad, and the values supporting them, started to exist in conjunction with Western scientific medicine in providing remedies or cures for various illness

(Lima, 2004). Samoans are generally of the view that the good health they used to enjoy during the times before contact with Europeans was a result of them using the resources in their natural environment and of living a lifestyle which was natural to them, like eating fresh food from the land and sea and engaging in physical work in the plantations (Macpherson & Macpherson: 1990). They also believe that introduced beliefs, foods, and other practices like drinking alcohol and smoking cigarettes unsettled Samoans' balanced existence and patterns of health and illness. And as the Macphersons noted, "apart from specific illnesses, Europeans introduced other things which contributed to a more general deterioration in the health of the Samoans" (1990, p. 152).

One of the findings in a study by Hopoi and Nosa (2020) was that the Samoan Methodist church ministers (participants) agreed to a holistic view of health for a Samoan person or the importance of balance between the physical, mental and spiritual wellbeing of a person. Thus, they felt their role was not only to cater to the spiritual needs of their members and community but also to lead by example and spread the message on how their members could improve other areas of health like the importance of healthy eating, physical exercise and ways to reduce mental stress. All the ministers shared the same view of unhealthy cultural attitudes towards food. The Samoan culture sees food as reflecting the status of wealth or poverty, and until that perception of food is changed, the research participants believed that it will be challenging to change Samoans' approach to food and health in their families and homes.

They agreed that excessive consumption of unhealthy food is the main killer of the Samoan people. Samoans regard the collecting, producing and giving of food as an expression of love (alofa) and respect (fa'aaloalo) for the person or group receiving the food (Kinloch, 1985). Therefore, visitors must be fed well and are expected to eat heartily (Fitzgerald, 1980). McGarvey (1991) observed that significant adult obesity appears to begin earlier in life for those Pacific Island people most exposed to modernisation with fast food like KFC and McDonalds. Samoan children living in the United States for instance are fatter than those in a traditional Samoan environment and have greater rates of obesity compared with their Palagi peers, when using weight for height and BMI standards (McGarvey, 1991).

In the same study, all of the church ministers agreed that the culture or fa'asamoa was another major obstacle to good health. They spoke about their cultural perspective on fa'alavelave, which requires giving money to occasions such as funerals or church functions where people were seen to be giving beyond their means to the point it caused anxiety and stress. The

majority of ministers viewed the Bible as an authority on every aspect of a Christian's life, as it is seen as God's word and a way of communicating to His believers. The Bible is seen as a source of hope and something that challenges people to live healthy lives. It is therefore vital that church ministers collaborate with their communities' elders and chiefs to create change in unhealthy cultural attitudes and behaviour in order for health interventions to be successful.

Samoans and their Christian faith

According to Hopoi and Nosa (2020), Pacific people in New Zealand, where Samoans make up almost half of its total population, have strong ties to their Christian faith. More than three-quarters (78%) of Pacific people said they were Christians, compared to 47.7% of all New Zealanders, with only 16.5% of Pacific people stating they had no religion. The church has become the centre for many Pacific communities in New Zealand, providing a resemblance to life in the Pacific homeland. Churches have become a place where social connectedness, networks and relationships continue to foster. Churches have been of fundamental importance in providing education to Pacific people from as young as infancy. In the absence of the church, many Pacific people would be void of access to early childhood education for instance.

A Samoan person's spiritual life through his/her Christian faith is a vital element of his/her existence starting from birth. Faith in God is also nationally acknowledged with the Independent State of Samoa's Emblem stating that 'Samoa is founded on God.' According to Scroope (2017), Samoans traditionally had their own cultural and spiritual belief systems where family elders would perform most rituals. Missionaries introduced Christianity to Samoa in the early 19th century. Their profound impact on Samoa has become particularly evident in the religious landscape of contemporary society. Christianity was therefore much less of a cultural shock in Samoa than it proved to be in other parts of the Pacific. It called for no significant changes in the social or political structure. Certainly, it brought an entirely new doctrine; it introduced prohibitions, some of which were good and some that were unfortunately destined to pave the way for certain of the evils of civilisation, but in the final analysis it changed remarkably little that was fundamental in Samoan society.

Christianity took away comparatively few things that it did not immediately replace with something equally if not more satisfying. This was due in part to the able handling of the situation by the missionaries, but not least to the Samoan genius for stamping something fresh

with its own imprint (Grattan, 1947). According to the New Zealand Census 2018, about 11 percent of Samoans were recorded as having no religion affiliation in 2006. This figure increased to 14 percent and 20 percent respectively in 2013 and 2018 in that order. On the other hand, 85 percent of Samoans were registered as Christians in 2006. This figure declined to 82 percent and 73 percent respectively in 2013 and 2018 in that order.

Respect for age and properly constituted authority, the recognition of Samoan pastors, even though untitled, as matai, the status of matai as elders of the church and leaders of evening prayer in their own households, all ensured the successful adaptation of Christianity by Samoans. Another factor that helped was that the London Missionary Society, whose adherents have always far outnumbered those of any other denomination, quickly developed a system of control based on the old political organisation of villages, sub-districts and districts. Grattan (1947) wrote that these aspects contributed to a situation in which the new Christian values were made as quickly as possible to resemble the old Samoan spiritual beliefs.

Robson (2010) noted that Samoans were tolerant of other religions, and some historians note that this, together with several similarities between traditional and Christian beliefs and stories, made it easy for Christianity to be accepted in Samoa. Breward (2001) stated that “Samoan culture was a powerful entity and absorbed many features of Christianity, without itself being changed markedly” (p.115). Iofi (1980) wrote about his native Samoa that there was much from the old religion and other aspects of the fa’asamoa that was consistent or at least parallel with Christianity, and he pointed out that the fa’asamoa, despite some ramifications, has remained strong into the modern era. Both Christianity and the fa’asamoa acknowledge the relationship between the individual and the community. And although the community is more important in Samoan culture, Iofi “sees Christianity helping the fa’asamoa adjust to growing individualism” (1980, p. 93).

Chapter Summary

This chapter has provided a background context for the intended study. It has firstly presented a brief history of the early migration of Pacific Island people to New Zealand. This was followed by a short discussion of Pacific Island assimilation and acculturation into the New Zealand culture. The third part focused on some of the New Zealand immigration policies that enabled Pacific Island people to migrate on a permanent and temporary basis to New Zealand. A discussion of some of the Pacific Island socio/economic and health indicators followed. A

brief analysis on some of the main socio/economic factors of Samoa was also provided followed by a short appraisal of the Samoan culture (fa'asamoa). The final two discussions focused on Samoan perspectives on health and their Christian faith. Samoans hold a holistic view of health or the importance of balance between the physical, mental and spiritual wellbeing of a person. This Samoan holistic health perspective aligns with the importance of the Christian faith in the Samoan person's life which is the main protective factor against irresponsible alcohol use.

CHAPTER THREE

LITERATURE REVIEW

INTRODUCTION

There is currently scarce literature available on the alcohol use of Samoan and Pacific people in general, both in New Zealand and internationally. Despite the proven adverse impact of alcohol use on Samoan adult males' lives (as in other communities), there has been no comprehensive research study on this relationship to date, which is the catalyst for this research. The utilisation of available published sources, grey literature, media reports and website information provided a source of information about Samoan and Pacific peoples' alcohol use. A discussion of available research on non-Pacific people and other minority groups who have similar traits is also included in order to place the cohort's alcohol use into perspective with the rest of the world.

This chapter provides an overview of the available literature on the alcohol use of Pacific people, Samoans in the islands, New Zealand and internationally. Despite meagre studies conducted that relate to the research question in terms of the alcohol use of the Samoan adult male population, other studies exist on adult male drinking among the general Pacific population together with some indigenous and minority populations which will be analysed in an attempt to shed light on the research question.

The first part of the review is an overview of the methodology used for the literature search followed by an overall analysis of some of the main available literature about the alcohol use of the Pacific Island population in general. This will be followed by an overview of the alcohol use among Samoan people. The third part is a discussion of the cultural significance of the Samoan adult population. Fourthly is an overview of the impact of alcohol use on indigenous populations, focusing on New Zealand Māori, native Americans and Australian Aborigines whose cultures have been hugely decimated by colonisation.

The fifth part will be an analysis of some articles on the alcohol use of some minority groups, namely older male population in some developed countries as well as on a sexual minority group of LGBT (lesbian, gay, bisexual & transgender) in the United States. I will also discuss

in this part the similarities between Samoan immigrants' experiences and those of forced immigrants. I have chosen to discuss these indigenous and minority groups because they have common features with the target population such as experiencing acculturation, assimilation and racial discrimination that cause an increase in alcohol use. The second half of the review will be a discussion of the main supportive factors towards abstinence and responsible drinking. The final part of the review is the chapter summary.

Methodology

The type of literature review used is a scoping review because it is the ideal tool to “determine the scope or coverage of a body of literature on a given topic and give clear indication of the volume of literature and studies available as well as an overview (broad or detailed) of its focus” (Munn, Peters, Stern, Tufanaru, McArthur & Aromataris, 2018, p.2). The main objective of the literature review is to create a pool of information on the alcohol use of Samoan adult males in New Zealand and other countries as well as the experiences of other indigenous, immigrant and minority populations. The second major objective of the review is to reveal the significance of the excessive drinking issues amongst Samoans and other indigenous and minority populations. Thirdly, the literature review attempts to identify from available literature the factors that can contribute to responsible alcohol use among the target population, which is the main focus of the research. Finally, the review aims to expose the gap in needed research on Samoan adult male population in Samoa, New Zealand and other countries in terms of alcohol use.

The literature search used online search engines and the University of Auckland library database to extract literature on the topic of alcohol use of the Samoan adult male population in New Zealand, Samoa and in other countries of the world where literature is available. The main search engines used were Google, Google Scholar, Pubmed, Scopus, Medline and the University of Auckland Library Catalogue. Google Scholar, however, was the main source used as there was limited literature available on the topic. Most of the literature that was found using google search was also found in the other databases. Google scholar was useful in accessing brief summaries of alcohol use among Pacific islanders, Samoan and other ethnicities; in order to get an overall idea of the issue and as a starting point for the rest of the literature. The main key terms used on these engines were “Samoa” and “alcohol use”, “Samoa” and “alcohol

use”, “Samoa” and “drinking”, “Samoan” and “drinking alcohol”, “pacific islander” and “New Zealand” and “alcohol”, “drinking alcohol” and “Samoa”, “drinking in Samoa”, “drinking in the South Pacific”, “alcohol in Samoa”, “alcohol use in Pacific islands”, “alcohol use” and “indigenous populations”, “Māori” and “alcohol use”, “alcohol use” and “:minority groups”, “alcohol” and “LGBT community”, alcohol” and “forced migrants” and “alcohol” and “immigrant populations”.

From the meagre amount of literature found in the search, a small number were in the forms of thesis; four theses are used in this review. Most of the sources of literature used are research articles. Magazine articles, reports and media news have also been studied; however, they consist only of a small number of sources used. The process of snowballing was also utilised, resulting in a number of research articles identified from the references of other articles. Approximately 52 articles were found from the snowball effect. These articles were accessed from the references of other articles.

The literature found was then read and critically analysed to gather the main themes. The structure of the review was split into the main themes that were recurring across the literature. Sources which were published before the 1990s were also excluded; exceptions to this were cases where there was crucial information or if there was scarce information available. This exclusion was due to the need for attaining the most recent research. The sources used ranged in release/publication dates from 1990 to more recent times in 2020s. The literature selected was closely read and thoroughly analysed in order to identify the main themes related to the research question. The structure of the literature review is organised around the core themes related to the research question that recur or are emphasised in the selected literature.

The timeframe of articles within this literature review span across 71 years with the oldest article dated in 1952 and the most recent article dated in 2023. The types of articles included one newspaper article, two Holy Bible quotations, seven medical journal articles, four theses, eight literature reviews, 23 government or health organisation documents or reports, 32 journal articles as well as 63 small to larger scale research studies. The high number of research governmental or health organisation reports used in this review highlight the scarcity of not only Pacific-based studies but also reliable data, especially within Pacific countries and territories. A total of 140 references were deemed relevant and were utilised in this review of existing literature related to Samoan and other Pacific Island people, other ethnic and minority groups, and alcohol related literature.

Alcohol use among Pacific Islanders

Lima (2004) noted that alcohol consumption among Samoan men was described by Neich and Park (1988), as the 'all or nothing' drinking style. The ALAC-(Ministry of Health, 1997) also identified a similar pattern of drinking among other Pacific people where when they drink, the intention is to drink until the alcohol is finished or until a person can drink no more. There are no limits on the quantity of alcohol consumed. Thus, although drinking may not happen every day or even every week, when it happens, sessions can be very long (ALAC-MoH, 1997). Similarly, a pilot study which explored drinking behaviours and awareness of the effect of alcohol on health among some Samoan people in Auckland (Lima, 2000) found that many Samoan young men drink to 'get wasted'. The pilot study shows that there are both differences and similarities in the drinking behaviours of New-Zealand-born and Samoan-born male drinkers.

According to Jiang, et al. (2020), alcohol consumption is a leading risk factor for injury and non-communicable diseases in Pacific Islands (Herman et al., 2012; Hoy et al., 2014). In Nauru, Cook Islands, Kiribati, Tonga, Solomon Islands, Tokelau, Marshall Islands and American Samoa, 55–89% of current male drinkers, average six or more standard drinks per episode of alcohol consumption. Huakau et al. (2005) reported on the 2003 Pacific Drugs and Alcohol Consumption Survey that the proportion of Pacific drinkers is less than the proportion of drinkers in the general New Zealand population. Also, that 43 percent of Pacific people abstained from drinking alcohol (during the previous year) compared to 15 percent of the general New Zealand population.

However, Pacific drinkers consumed larger annual volumes of absolute alcohol and higher quantities of absolute alcohol (on a typical occasion) than the general New Zealand population drinkers. Nosa et al. (2021) reported that a similar trend was observed from the New Zealand Health Survey in that while Pacific adults were less likely than European adults to have consumed alcohol in the past year, those who did drink were significantly more likely to have been hazardous drinkers (36%) than European adults (25%). Another significant result was that among Pacific men who drink, 46% reported hazardous drinking compared to only 25% of Pacific women. This means Pacific Islanders in New Zealand are more likely to experience the adverse effects of alcohol hazardous use than the rest of the population.

Horyniak et al. (2016) conjectured that migrants who are highly engaged in the host culture (assimilation) may engage in substance use in order to adhere to mainstream customs and achieve recognition in their new communities. This may be a concern particularly in the context of resettlement in Western countries, where substance use, particularly alcohol consumption, is normalised as with New Zealand's drinking culture. However, Lemert's (1964) conclusion based on a survey of responses regarding drinking pathology amongst three Polynesian societies is that Polynesians drink alcohol not as an addictive behaviour but as part of their cultural practices in terms of strengthening social ties and relationships.

James (1999) found that the Tongan term of 'fe'ofa'ofani' which translates to helping one another out, in addition to generosity and warm-heartedness, will result in Tongans supplying more alcohol for their relatives. James (1999) explained that Tongans will share their money with others, in order for alcohol to be obtained, even if the price of alcohol is expensive. Nevertheless, James (1999) asserted that there is a demise of Tongan cultural values once alcohol use has reached an extent which is dangerous to the family and community. The value of 'ofa' (or love), in addition to generosity, diminishes when the individual is drunk and their drunkenness becomes burdensome to others and themselves.

For remedial action, Cagney and Alliston (2009) recommended that a "critical examination is needed of health system services, the accessibility of alcohol and alcohol and drug services for Pacific peoples from specific Pacific ethnicities, genders and generational perspectives (eg, New Zealand born versus Pacific born)" (p. 93).

Alcohol use among Samoans

Lemert (1964) articulated the idea that Samoans were slower than other countries in the world to adapt to alcohol use, due to their own cultural conservatism against the consumption of alcohol. He asserted that Samoan people placed high value on conformity, acceptance of group decisions, ceremonial compliance, and politeness in interpersonal interaction. These values reflect the ideals within the traditional "fa'asamoa", or traditional Samoan way of life. He also noted that there was a strong form of control on village social behaviours by the 'matai,' which was an important way of keeping order within the community. Lemert (1964) suggested that the combination of Samoans' strong sense of Christianity, the role of the 'matai' and the values

engrained into fa'asamoa were causative of Samoans' prolonged adoption of alcohol use, compared to other ethnicities.

In contemporary Samoa, however, adult alcohol consumption is highly prevalent and is occurring at far higher proportions among men compared to women (Lima, 2004). Lemert (1967) gave an earlier account of Samoans' alcohol use when he argued that; "Western Samoa most clearly exemplifies a Polynesian society in which the consequences of intoxication directly threaten or destroy cherished values which are central to fa'asamoa, the 'Samoan way'" (p. 59). Furthermore, he noted that the paramount chiefs and the Samoan Minister of Police were concerned that 'drinking' was the most serious problem they had in Samoa at the time. Lima (2004) also quoted Olo Elise Puni of Health Star Pacific Trust, Auckland, that alcohol serves the purposes of socialising and hospitality in Samoan society and yet has also caused serious economic, cultural, social and health problems for many individuals and Samoan families in the islands and immigrant communities due to its hazardous use.

According to the 2014 Demographic and Health Survey (DHS), 55.5% of men and 10.3% of women aged 25–49 years old have ever consumed alcohol (Samoa Bureau of Statistics, 2015). The same report noted that in combination with the increased NCD burdens from obesity, type 2 diabetes and hypertension in Samoa, these levels of alcohol consumption and associated problems among adults are alarming for population health. It can be implied from these findings that there is already a problem drinking culture especially among men in Samoa. This is in line with the accounts of many of my Samoan male clients that they started drinking in their teenage and early adult years in Samoa before migrating to New Zealand.

New Zealand, by comparison, where a huge population of Samoans reside, showed a similar pattern with the rates for hazardous drinking amongst both sexes having increased steadily since the 1996/1997 New Zealand Health Survey (MOH, 2008a). The problem is compounded with the concentration of liquor outlets in South Auckland where the majority of the Samoan population live. Cameron et al. (2012) noted that the West of Manukau City is more socially disadvantaged and has a greater density of liquor outlets compared to more affluent areas of Auckland.

These factors have all been shown to be important determinants of health, and contribute to feelings of stress and powerlessness, which in turn contribute to alcohol abuse. Malcolm et al. (2009) stated that health outcomes for Pacific peoples reliably reveal that they are among the

lowest socio-economic groupings in Aotearoa and normally fall victim to non-communicable diseases like obesity, high blood pressure and diabetes. The majority of Samoan adults, like other Pacific Island immigrants, mostly work in unskilled, low paying jobs in factories and as cleaners and caregivers for instance, due to a lack of specialised training and educational qualifications. Despite this generally low economic and social standing of the Samoan adult male population in New Zealand society, they are highly respected in the Samoan culture (fa'asamoa) and in Samoans' Christian faith and practices

Cultural significance of the Samoan Adult Male Population

A research study conducted in Samoa in 2010 by Jiang et al. (2010) revealed that in present day Samoa, adult alcohol consumption happens at far greater amounts among men compared to women (Lima, 2004; Samoa Bureau of Statistics, 2015; WHO, 2018a). Boon-Nanai et al. (2021) stated that Samoans address the old or adult people which is the research's cohort as "*tagata matutua*" and are seen as arbitrators between the universe, people and the land. Traditionally, old people carry useful knowledge and hold positions of political and economic power within the Samoan cultural community. Therefore, their status is highly revered. Tagata matutua have a vital role in maintaining harmony within the communities as well as preserving and passing on cultural traditions and values to the younger generations. They hold "matai" or chiefly titles recognising their cultural roles as leaders of families, communities and the country. For instance, the Samoan members of parliament consist of adult constitutional representatives with "matai" or chiefly titles.

Samoans as Christians also believe and practise Bible teachings as in the English Standard Version Bible, 2001, Exodus. 20:12 which reads, "Honor your father and your mother, so that you may live long in the land the LORD your God is giving you." As Christians, Samoans believe that honouring one's parents by respecting and taking care of them will result in long life and blessings as promised in the Bible.

Another major theme from the literature is the understanding that Samoan self is described as a relational being, not an independent being. This holistic view of health is now adopted by government policies in addressing AOD issues in New Zealand, (Jowett, et al., 2021) with the National Drug Policy recognising the need for a holistic view of AOD addiction that not only

considers the individual but also their family, environment, community and employment (Ministry of Health, 2015).

A Samoan person's existence is validated through relationships with other people and his/her place of belonging (faasinomaga or whakapapa). This is why Samoan human relationships and those to land and spirituality are sacred in faa-Samoa. The sacredness of these relationships is reflected in Samoan language and human behaviour. This is different from the modern western world emphasis on free-will, choices and independence. (Te Pou o te Whakaaro Nui, 2010). Thus, an understanding of the Samoan culture is a necessary tool for clinicians for effective engagement with the clients and treatment of their alcohol addiction.

Finally, the literature highlights a scientific understanding of adults or older people that is generic and why this research focus is timely. Older adults are more susceptible to the negative effects of alcohol (Adams & Jones, 1998; Squeglia et al., 2014) due mainly to the genetic alterations, the different health trials, and the extensive use of psychotropic and other prescription drugs that are usually associated with the elderly (Anderson et al., 2012; Galluzzo et al., 2012). For instance, older people have, in general, less body fluid and slower liver function, suggesting less alcohol amount tolerance (Anderson et al., 2012). Furthermore, older adults are more likely to suffer reduced balance, sight, and cognition, which can be exacerbated under the influence of alcohol (Adams& Jones, 1998; Hartikainen et al., 2007).

Indigenous Populations and Alcohol Use

Winter et al. (2019) reported that Māori were more likely than Europeans to experience discrimination and to drink hazardously. These findings extend earlier work on the relationship between Māori identification and alcohol use, implying that experiences of discrimination are associated with hazardous drinking among Māori. This was reflected in the 2002/03 New Zealand Health Survey (NZHS) which showed Māori experiencing the greatest incidence of racial discrimination (34%), followed by similar levels among Asian (28%) and Pacific groups (25%) (Harris et al. 2011). The findings highlight the pervasive nature of discrimination in Aotearoa and demonstrate that discrimination may play a role in the higher levels of hazardous drinking observed among indigenous populations, extending work conducted with African Americans in the United States (Harris et al. 2011). Having similar minority population status

in New Zealand with Māori, the Samoan adult male population do experience racial discrimination and this may likely a cause for hazardous drinking among many Samoan adult males.

In the Latin American country of Venezuela, a case study on its indigenous population by Seale et. al (2002) concluded that increasing contact with Western civilization resulted in year-round involvement in religious activities and access to large supplies of commercial alcohol and exposure to alcohol-misusing role models. “Increased heavy drinking and decreases in subsistence farming resulted in escalation of problems, including hunger, serious injury, family violence, divorce and legal problems” (p.603). These communities started to restore control and harmony again when they started banning the sale of alcohol in villages, together with sponsoring alcohol-free celebrations as well as increasing involvement in religious activities.

Similar challenges took place in Australia, where Cairney et al. (2007) reported that Aboriginal Australians experience significant health and social disruption associated with the abuse of alcohol. Compared with western societies, where alcohol consumption has an established social and cultural acceptability, its introduction among Aboriginal Australians is relatively recent and without proper protocols and rules to monitor and control its use. This has resulted in many unfavourable and negative social and health issues in the community. Again, these negative experiences also affected Samoans in their homeland and those residing abroad with the introduction of alcohol.

Minority Groups and Alcohol Use

Bryan et al. (2016) also depict this relationship between discrimination and alcohol misuse affecting sexual minority groups. More prominently, evidence was drawn that, particularly for men, daily experiences of discrimination were associated with high-risk drinking which is consistent with the minority stress hypothesis that some may drink to manage the constant pressure of exposure to ostracism and resentment. Bryan et al. (2016) said this finding may partially explain why the rates of high-risk drinking observed—one fifth of LGBT older adults—were substantially higher than have been observed in national studies of the general older adult population. For instance, a given individual may experience discrimination related to more than one stigmatised trait while a LGBT older adult has at least two attributes namely

older age and sexual minority status which are typical areas of discrimination. Intersectionality or the discussed relationship also exist in our Samoan LGBT older adults' minority communities in Samoa, Aotearoa and other countries.

Agic et al. (2016) also noted that immigrants who come to Canada before adulthood may be more likely to be influenced by the Canadian norms of alcohol use and at higher risk of problem drinking as adults. It is also possible that individuals who migrate at a younger age experience a higher level of acculturation stress which has been linked to higher risk of substance use. The results appear most consistent with acculturation theory in suggesting that drinking habits of new Canadians will change, over time, in the direction of the host (Canadian) culture. Agic et al. (2016) also suggested that “recent immigrants from heavier using cultures who already have well-developed patterns of alcohol use may be at particularly high risk of alcohol-related problems, since it may be possible that drinking to cope with post-migration stress may be much more likely in these groups than those from lighter drinking cultures” (p.203).

Supportive Factors to Abstinence and Responsible drinking

A. Influence of Spirituality/Higher Power and Church

Boon-Nanai et al. (2021) noted that the Fonofale model (Endemann, 1984) uses the concept of spirituality intentionally by including pre-Christian values, beliefs and practices as one of the four pillars of holistic well-being of a Samoan person. This is an enabling factor that is prominent in the literature namely the impact of spirituality in aiding recovery which is practised at CADS Tupu Service.

A quantitative study reported by Churakova et al. (2017) investigating the relationship between the frequency of alcohol consumption, spirituality, and coping with everyday life events in a cross-sectional, community-based sample of 320 adults in Ukraine, the country with one of the highest alcohol consumption levels in the world, depicted a similar trend. Findings suggest that specific coping behaviours, younger age, and lower spirituality are involved in higher frequency of alcohol consumption among Ukrainian adults. Lee et al. (2014, as cited in Churakova et al. 2017) also stated that “increased daily spiritual experiences score was associated with greater likelihood of abstinence in a residential treatment program for adolescents” (p.843).

Other studies examined the role spirituality plays in interventions, such as the 12-step programmes, and found that spiritual growth leads to reduced and responsible drinking (Tonigan et al. 2013 as cited in Churakova et al. 2017) and that better alcohol results for Alcoholics Anonymous members were somewhat facilitated by increased spirituality (Kelly et al. 2011 as cited in Churakova et al. 2017). Having a sense of higher spirituality appears to deliver ways of living life that may be less congruent with alcohol consumption, as rich spiritual life yields positive sensations, such as a sense of joy, comfort, safety, strength, and inner peace (Underwood 2006 as cited in Churakova et al., 2017), diminishing the need to find the same sensations in alcoholic beverages. Alternatively, people who maintain a strong connection with a higher spiritual power are more likely to participate in religious activities during times of the week when other people typically engage in alcohol use. Finally, the notion of there being a higher power has been successfully used as a source of strength in maintaining abstinence and dealing with life difficulties (Kelly et al. 2011 as cited in Churakova et al., 2017).

The Muslim faith reflects a similar relationship, as witnessed in the study by Al-omari et al. (2015) looking at the role of religion in the recovery from alcohol and substance abuse among Jordanian Muslim adults. Their study findings identified two overwhelming themes. Firstly, was that participants felt that religious organisations and mosques were resources for support. Secondly, participants suggested that spirituality (praying) was one way to address substance abuse.

The researchers further supported that Islam (like Christianity) forbids actions that hurt or jeopardise the body or soul, such as substance abuse or intoxication, which are considered as harmful to the body as well as to the social fabric of the community. The participants in this study highlighted four main benefits of religion as; a peace of mind, a new beginning, a protector, and that it encourages and increases motivation. Badr et al. (2014) shared similar sentiments in another study conducted in the USA among Muslim adolescents, where researchers testified that Islamic beliefs protected adolescents from abusing substances despite the number of years they had lived in the USA.

B. Influence of Culture

Samoa culture is unique with their 'matai' system known as fa'amatai. Anae et al. (2017) asserted that the fa'amatai is the chiefly system of Samoa, and is central to the organisation of Samoan society. It is the traditional indigenous form of governance in both American Samoa and the independent State of Samoa. Of central importance in the system are the matais, or holders of family chief titles. Fa'amatai is the key socio-political system of governance and way of life in Sāmoan culture. Inherent in the fa'amatai is the welfare and well-being of the extended family and the protection of family property, consisting most importantly of customary land.

The adult males are normally selected by the extended family to be the 'matai' in the family which comes with cultural obligations and responsibilities known collectively as 'tautua' or service for the wellbeing of the extended family, church and village. The constant demands of money, time and services are core obligations of a Samoan 'matai' or chief. Samoans believe that giving is central to maintaining fa'amatai in Samoa and overseas and if you don't give, then you won't get blessings from the family, church and village. This is what the common Samoan proverb, 'O le ala i le pule o le tautua' or authority and respect is earned through service means.

Rowan et al. (2014) stated that cultural interventions address wellness in a holistic sense, in contrast to Western biomedical approaches that focus on the absence of disease and imply mind-body separation in treating illness such as addictions. The key to understanding the benefit of culturally-focused treatment is recognising the meaning of indigenous wellness, which is understood as one of a harmonious relationship within the whole person, including mind, body, emotion, and spirit. (Rowan et al. 2014). Well-being and health emerge from a holistic worldview that emphasises balance among one's tradition, culture, language, and community. Szlemko et al. (2010) support this notion and suggested that for treatment to be effective it is important to consider the whole person rather than only their physical or mental health.

For instance, Currie et al. (2013) wrote that research suggests Aboriginal cultural participation may be protective against substance use problems in rural and remote Aboriginal communities. As Aboriginal peoples continue to urbanise rapidly around the globe, traditional Aboriginal beliefs and practices play a significant role in reducing or even preventing substance use

problems in cities. Traditional Aboriginal culture is a particularly important factor given it is more easily revised than other determinants like income and educational inequalities. It is also a component that can inspire and nurture self-importance among Aboriginal peoples, and which many may be inherently determined to bolster.

Masson et al. (2013), in their qualitative research, concluded that clients testified that getting services from culturally skilled substance abuse treatment staff, or staff who provided services in the client's indigenous language, was ideal. The clients alleged that being served by workers that were of the same cultural background aided the treatment process. Hence, clinicians that were aware of cultural nuances were regarded as more valuable than those that did not.

C. Become good fathers, family dynamics and obligations

According to Nosa et al. (2021), many participants in a qualitative study of Samoan and Cook Island fathers from the Pacific Islands Family Study, which explored broader influences on mental health and risky behaviour, including alcohol consumption, reported that they curbed their alcohol consumption as part of their efforts to be good fathers. The Samoan fathers also all reported making a conscious effort to educate their children about risky health behaviour such as alcohol use and smoking. A qualitative investigation into key cultural factors that support abstinence or responsible drinking amongst some Pacific youth living in New Zealand by Sauni et al. (2012), highlighted three prominent communities of influence namely family, peers and church where young people negotiated their decisions whether to drink alcohol, drink excessively or not at all.

According to Sathyamurthi (2022), people suffering from alcoholism and drug addiction, as well as their families and children, can and do achieve optimum levels of health and functioning, but it can take years rather than days, weeks, or months to achieve. Families are strengthened via increasing levels of genuine connection during the healing process, and they are better able to cope with life's obstacles. Family support for an alcoholic can also be provided through peer support or having supportive family and friends who provide positive influence and role modelling with their non-alcohol use lifestyles. On a more formal level, peer support refers to the practice of giving and receiving non-professional, nonclinical assistance from

individuals with similar conditions or circumstances to achieve long-term recovery from psychiatric, alcohol, and/or other drug-related problems (Tracy & Wallace, 2016).

Peer support workers, employed by services like CADS Tupu, are former clients who have recovered from their addiction and are using their experiences to support clients in overcoming their alcohol addiction. Tracy and Wallace (2016) also asserted that peer support groups do not replace the need for formal treatments or supervisory clinical guidance due to peers not having sufficient training to manage psychiatric conditions or high-risk situations. However, their support is invaluable and effective especially in building rapport and trust with the clients as they have been through the challenges that are facing the clients over their alcohol addiction. The relationship between a client and a peer support worker is also less formal and they spend more time together compared to the relationship between a client and an alcohol clinician.

D. CADS Specialised Treatment/Programmes

According to Nosa et al. (2021), “if youth remain consistently engaged with support services after their initial contact, there is a high probability of resolving their alcohol- and drug-abuse problems” (p.93). Motivational interviewing is one of the main talking therapies used in personal counselling as it is highly commendable internationally due to its effectiveness with clients suffering from substance addiction. It is a “directive, client-centred counselling style for eliciting behaviour change by helping clients to explore and resolve ambivalence” (Rollnick & Miller, 1995, p.326). Cognitive behavioural therapy is another popular psychotherapy where thoughts become the focus of change to produce preferred emotions and consequent actions. CBT is the most commonly used talking therapy in New Zealand and is used in publicly financed services, including mental health services for adult citizens within DHBs (Te Pou o te Whakaaro Nui, 2010).

Pasifika-based models are also widely used. Firstly, Talanoa is defined as a Pacific way of communicating, connecting and understanding about Pacific people and their experiences. Talanoa is common in Tonga, Fiji, Samoa and Niue and discussions are nonlinear, inclusive, fluid, all-embracing and a holistic approach to observing phenomena (Cammock et al., 2021). It is a model CADS Tupu Service use in both personal counselling and group sessions. Secondly, the Fonofale model (Pulotu, 2009) is about the holistic needs of people in terms of

the physical, mental, emotional, social and spiritual aspects. The Fonofale model of health has a lot it can teach about resilience and wellbeing. Springboard Trust (2020) highlighted that Pasifika models have been instrumental in helping older Pacific people in reconnecting with their identities and cultures.

Tracy and Wallace (2016) have stated that some of the most popular peer support groups held outside the formal treatment settings for addiction nationwide include the 12-step programs such as AA, Narcotics Anonymous, and Cocaine Anonymous. The Twelve-step is an intervention for drug abuse and addiction and can include dual recovery from substance abuse problems and co-occurring mental health disorders. The 12-step groups are the most referred adjunct support for professionally treated substance abuse patients internationally (Tracy & Wallace, 2016). Other studies have demonstrated the effectiveness of 12-step groups for the treatment of substance abuse following treatment. Prior research of 12-step groups has shown reductions in alcohol and drug use after participants attended the programmes.

The use of clinical measures through medically administered interventions of prescribed medication and detoxification regimes are for patients who are at the extreme end of the addiction spectrum. Many of the older population are physically dependent on alcohol due to prolonged use where they need to increase how much they take to get the same effect (tolerance). They also experience physical and psychological withdrawal symptoms if they stop drinking. “Abrupt cessation of alcohol exposure results in brain hyperexcitability, because receptors previously inhibited by alcohol are no longer inhibited...Severe manifestations include alcohol withdrawal seizures and delirium tremens” (Bayard et al., p.1444). Medical detoxification services are for people who have a physical dependence on alcohol and other drugs like opiates and benzodiazepines. They will require medical support to withdraw from or reduce their use or to stabilise on medications. Raistrick (2000) stated that detoxification must not happen in isolation but rather should occur alongside suitable psychosocial treatment like Cognitive Behavioural Therapy; or where mental illness is the main concern, then treatment for the mental illness shall be provided as well simultaneously.

There are also medications available for heavy alcohol users who want to quit such as Naltrexone which is the first-line treatment for alcohol dependent use or tried before other medications. It is most effective if the client can stop drinking before taking it, although it can still be taken while drinking. Volpicelli et al. (1992) stated that naltrexone helps reduce alcohol craving that alcohol-dependent people often feel; alcohol dependence is characterised by a loss

of control over drinking. Antonelli et al. (2018) wrote that Alcohol Use Disorders (AUD) are a leading cause of mortality and morbidity worldwide and at present disulfiram, naltrexone and acamprosate are approved for the treatment of AUD in the United States and Europe. Nalmefene is approved in Europe and sodium oxybate is approved in Italy and Austria only. The mechanism of action and metabolism of these drugs, as well as patients' clinical characteristics, can affect the safety of treatment. All approved medications are valid tools for the treatment of AUD in patients without advanced liver disease.

Chapter Summary

This review examined the data regarding the Samoan adult male population in Auckland, New Zealand and their alcohol use. The first part of the review provided an overall analysis of the search methodology used. The second part was a discussion of some of the main available literature about the alcohol use of the target population, namely Samoan adult males aged 40 years and over. However, because there are limited studies involving this cohort directly, other studies have been considered to get an overall perspective and some ideas about the research question due to similarities between the cohort and these population groups. The third part of this chapter provided a discussion of the experiences and impact of alcohol on the Pacific Island population in general. The fourth section focused on indigenous populations namely New Zealand Māori, native Americans and Australian Aborigines, whose cultures have been hugely decimated by colonisation.

A discussion of some studies on the adult male drinking among some minority populations followed, focusing on the older male population in some developed countries as well as on sexual minority groups of LGBT in the United States. A brief discussion of the similarities between Samoan immigrants' experiences and those of forced immigrants was also included. Again, these minority groups have been discussed because they have common features with the target population like experiences of acculturation and discrimination. The final part of the review focused on the supportive factors that result in abstinence and responsible drinking among the Samoan adult male population in South Auckland.

The literature review has shown a dire lack of literature on Samoan and other Pacific people and their alcohol use. Most of the evidence-based literature found on Pacific people's alcohol

use has been based on Pacific people living in New Zealand where more studies have been conducted than in the Islands. This review has also found that there is a concerning, negative impact of alcohol hazardous use on the faa-Samoa or Samoan culture as well as the cultures of other Pacific islands and indigenous cultures like NZ Māori, Venezuela and Australian Aborigines. Pacific peoples have close ties to their religion, their community, their peers, and to their cultural values and protocols. However, alcohol misuse is a real threat to Pacific cultural values like the faa-Samoa. For instance, the ‘faaaloalo’ or respect to the ‘matais’ or chiefs is no longer valued as much as it used to be when alcohol is consumed by Samoans in the homeland and abroad.

The negative impact of alcohol has also shown to be significantly detrimental to the physical and mental health of these indigenous populations as well as their social structures and livelihood. This review has established that there is substantial alcohol related harm amongst Pacific people who drink alcohol. This alcohol related harm seems to be similar in both across Oceania and in New Zealand; however insufficient studies and information may likely underestimate actual harm in Oceania. The literature also showed the hazardous style of drinking among Samoans and Pacific people in general where they drink excessive amounts of alcohol although on a fewer occasions compared to Europeans and other ethnicities.

The review showed that males drink more alcohol than females and more males are engaged in hazardous form of alcohol use. Nevertheless, more Pacific females are also now associated with these concerning drinking behaviours with the rise in their education standards, professional careers and earning power. This difference is prevalent across all ages and across all ethnic specific Pacific communities. Another significant difference identified by the literature is that alcohol use is more associated with younger people than other Pacific people. Pacific adults drink less alcohol than the younger Pacific youth as most adults are no longer as strong as they use to due to aging and the onset of health conditions like diabetes and high blood pressure. Racial discrimination is another trigger of alcohol abuse that is affecting immigrant populations like Pacific people residing in developed countries like New Zealand; other victims are indigenous populations like New Zealand Māori and Australian Aborigines as well as minority populations like the adult male LGBT community.

This review has also illustrated the strong influence of religion on Pacific people’s alcohol consumption especially for the youth and adult populations. Religious beliefs and also involvement in church activities is another determinant of abstinence and responsible drinking

among Pacific people according to research conducted in some Pacific countries like Samoa and Tonga. The issues of acculturation and assimilation are other major phenomenon that arose from the review which are the influence of Western cultures over indigenous cultures especially with commercialisation. This has seen western lifestyles, values and beliefs prevailing over indigenous cultures thereby making indigenous people susceptible to the lure of alcohol as a means of socialisation and relaxation instead of traditional pastime activities.

This is true not only in the islands but also in overseas countries where Pacific people reside. Acculturation is more influential in overseas countries as the environment differs significantly from the islands so there is a stronger pull to adapt to the lifestyle within the new environment. This is why Pacific people residing abroad especially in developed countries like New Zealand are found to be consuming more alcohol which is often associated with a sense of material success and prosperity in the 'land of milk and honey'. This chapter also illustrates the lack of policies to control drinking, particularly in Pacific Island countries like Samoa where there are no national health guidelines on alcohol use especially public health awareness programmes about alcohol related harm.

CHAPTER FOUR

METHODOLOGY

INTRODUCTION

This chapter will discuss the methods utilised in this research. It will consider and discuss the use of qualitative interviewing as the primary method of data collection. Interviews were used to obtain experiences and views of the ten Samoan adult male research participants on factors that contributed to the responsible use of alcohol for the majority of them as well as abstinence for a few of the participants. This chapter will also reflect on the use of Reflexive Thematic Analysis as the main method of analysing the research findings or the raw data collected from the interviews. A discussion of the ‘Talanoa’ cultural framework is also included as it was the cultural form of communication adapted in our engagements (or interviews) with the 10 Samoan adult male participants. The perceived issues in how the interviews were implemented, like the use of audio recording to record interviews and face to face interactions as the preferred way of engaging with the participants, is also reflected upon. The chapter will also include important details of the sample population, the interview strategy, interview procedure, data analysis as well as the ethics involved in the implementation of the research.

Research approach

The approach that was adapted in this research is based on a constructivist ontological position that believes “social phenomena and their meanings are continually being accomplished by social actors. It implies that social phenomena and categories are not only produced through social interaction but that they are in a constant state of revision” (Bryman, 2001, p. 16). My epistemological position follows on from this stance and is based upon the notion that an approach is needed that respects the differences between people and the matters of the natural sciences and therefore requires the social scientist to understand the subjective significance of social action.

The main focus of the study was the exploration of the thoughts and beliefs of 10 Samoan adult males who are former CADS Tupu service users based on their personal experiences about the

supportive factors that contributed to their being able to use alcohol responsibly and in some cases abstain from alcohol use altogether. Thus, my methodology focused on a constructionist and inductive qualitative framework that aimed to discover the hidden perceptions, thoughts and experiences of the cohort on the above-named issue(s).

I chose the qualitative approach of ‘Talanoa’ because of its cultural responsiveness and therefore its ability to respect the authentic voices and experiences of Samoan adult males about the research questions. The aim is to provide rich and meaningful data that could answer the research questions and concerns. Sauni and Aiolutepoa (2014) asserted that “it is here that the aims of Pacific research overlap with other indigenous research such as Kaupapa Māori (Smith, 2004) and the Philippine pakapa-kapa approach” (Pe-Pua, 2006, p.336). In these different cultural approaches, there is the common careful search of an enabling two-way dialogue between researchers and participants that respects the unique cultures of the participants.

Qualitative research

According to Pathak et al. (2013), qualitative research using the interview method aims to understand people’s beliefs, experiences, attitudes, behaviour, and interactions by recording and collecting their personal and subjective verbal accounts. They also noted that the use of qualitative research in intervention studies is becoming increasingly popular among different disciplines. Edwards and Holland (2013) supported this stance and argued that the interview is probably the most widely used method employed in qualitative research being a central resource for social science. Denzin and Lincoln (2011) suggested a similar position in that qualitative interviewing is a way of developing knowledge concerning an area only partially understood. It is also a way of creating meanings from the participants’ experiences and views.

A qualitative piece of research seeks to answer the research question mainly through the use of interviews as well as through methods like emails, feedback forms and surveys. Thus, my main objective was identifying participants’ personal experiences of their current and past life stories. According to Roulston (2010), it is essential that the interviewing process is effectively implemented or is of a high quality. This involves how researchers ask questions in practice. It also includes the ways studies are designed and conducted, and how interviewing as a method

fits the underlying theoretical and epistemological assumptions about the creation of knowledge from the research.

‘Talanoa’ Process

According to Tunufa'i (2016), ‘Talanoa’ embodies a means of oral communication for Tokelauan, Fijian, Tongan and Samoan people. According to these cultures, talanoa means ‘to talk’, ‘discuss’, ‘converse’, ‘tell stories’, and so on. Similarly, contemporary literature defines talanoa to mean “to have a conversation, to relate something, or...to 'talk story” (p.229). I decided that this is the most suitable approach in engaging with the participants through the use of semi-structured interviews so as to best answer the research questions.

Talanoa involves engaging with part of our population who are still largely involved and practising the Samoan culture despite living in Aotearoa. Tunufa'i (2016) also asserted that the key requirement for talanoa to occur is that there must be at least two participants present. This is because talanoa could also be used to refer to the mumblings of a person who appears to be talking to himself, an act that is indicative of losing the control of one’s mental capacity. Samoan people refer to this as ‘talanoa to’atasi’ (conversing alone) or ‘talanoa ā ia ‘iā ia’ (conversing with one self).

According to Stewart-Withers et al. (2017), ‘Talanoa’ is a traditional Pacific practice which is in essence about the art of connecting people through story telling or a process which “affords value to, for example, kinship, land, tradition/custom, relationships, ancestors, ceremony, cosmology, space, language, ethics, the chiefly system, systems of faith, and cultural protocols” (p.59). It also involves human behaviours like openness, tolerance, flexibility, humility, generosity, gifting, reciprocity, humour, empowerment, listening, sharing and forgiveness. In addition, it promotes emotions such as compassion, empathy, love, or concern among researchers and participants.

As an indigenous researcher, I strongly felt the need to use my own Samoan worldview in terms of cultural and spiritual beliefs to engage in research that is vital for the well-being of our people. Wilson et al. (2022) argued that the “silencing of Indigenous ways of knowing occurred due to what Smith (2012) refers to as the “positional superiority of Western knowledge. Western scientific conventions negated and ignored Indigenous knowledge and perspectives,

despite their longstanding existence before colonization” (p.62). Tualualelei et al. (2019) argued that like Kaupapa Māori research, Pasifika research represents a paradigm shift in promoting research that is more reliable, truthful, respectful and meaningful to different ethnicities of Pacific people and their communities, like the Samoan people living in Aotearoa. The application of Pasifika methodologies, like talanoa in research on Pacific people, are processes that are rooted in deep respect and a sense of care towards the participants from the manipulative and damaging research experiences that Smith (1999) and others have emphasised in much research on Indigenous peoples. Sauni and Aiolutepa (2014) asserted that as an Indigenous Pacific concept, talanoa speaks clearly to the phenomenon of talking and storying which were the ways Pasifika people shared and imparted knowledge before the arrival of the Europeans. My objective was to ensure that this design was not only culturally sensitive to Pacific situations, but also methodologically accurate and rigorous and served the needs of Samoan people.

Reflexive Thematic Analysis

Mattick et al. (2018) noted that one of the main ingredients of rigour is the alignment of the research question with methods of data collection and data analysis. Hence, I settled on Reflexive Thematic Analysis (Braun and Clarke, 2006) as the main method used to analyse the research data from a social constructionist position. In the Samoan cultural context, it is like weaving threads together to get a mat as the final product. Thematic analysis is generating a set of themes from a collection of qualitative data or the thoughts and perceptions of a group of people as gathered from the talanoa. Braun and Clarke (2006) stated that “thematic analysis is a useful method for examining the perspectives of different research participants, highlighting similarities and differences, and generating unanticipated insight” (p.2).

Braun and Clarke (2006) also reasoned that the main advantage of thematic analysis is its flexibility as it does not require the detailed theoretical and technological knowledge of other qualitative approaches. Thus, it offers a more accessible form of analysis, particularly for those early in their research career like myself. However, according to Holloway and Todres (2003), this flexibility can cause inconsistency and the absence of reliability when creating themes developed from the research data. Nevertheless, uniformity and unity can be encouraged by

using and clearly stating an epistemological position that can consistently decide the study's practical assertions. Another disadvantage of thematic analysis is the scarce availability of literature written about it in comparison to other methods.

Interviews

Rubin and Rubin (2005) asserted that qualitative interviewing comprises these activities which took place during the interview sessions with the 10 participants. Firstly, the researcher attempts to uncover the rationale behind the participants' actions and behaviours. This is done by giving the opportunity for the interviewee to explain their answers to the interview questions. Participants are also given enough time to provide examples and also describe their experiences in more depth. As the interviewer, I developed relevant questions beforehand based on my research aims and objectives. The main final task that I did was analysing the participants' answers and subsequently developed results. I also ensured that the process followed ethical standards like conducting interviews in a private and safe environment. Furthermore, I as the interviewer, had to interpret and understand the participants' responses in the participants' own terms and not mine. In essence, qualitative interviewing according to Rubin and Rubin (2005) refers to a "conversation in which a researcher gently guides a conversational partner in an extended discussion" (p. 4).

According to Seale et al. (2003), interviews are "social encounters where speakers collaborate in producing retrospective (and prospective) accounts or versions of their past (or future) actions, experiences, feelings and thoughts" (p. 16). Interviews were used in this research to gain a deep and thorough account of the Samoan adult male participants' views and experiences of their alcohol use. Wengraf (2001) stated that a semi-structured interview involves the pre-planning of the main concepts of discussion for the interview. It is a technique used to collect qualitative data by setting the interview outline and allowing the interviewee time and space to tell a story about a life experience. It also permits the interviewer to probe further questions with the interviewees' answers. Interviews in this research consisted of open-ended questions for deep and detailed conversation about the research topics.

Barriball and While (1994) suggested that semi-structured interviews are usually well-suited for interviews containing sensitive topics, where probing is used to create more response and

clarification of participants' answers. I organised the sequence of questions covered in the interview so sensitive questions were asked close to the end of each interview session. One of the main advantages of semi-structured interviews was ensuring consistency by asking pre-planned interview questions. However, the words I as interviewer used to phrase the questions sometimes differed when asking different individuals, yet the intended meaning of the questions were the same for all participants.

Ethical approval and considerations

The Auckland University Health Research and Human Participant Ethics Committee provided ethical approval for this research on 20 March 2023. A Participant Information Sheet and a Consent Form were distributed to each of the 10 Samoan male participants before the interview. According to Kalavite (2014), high-quality research involves regard or concerns of intersubjectivity, trustworthiness and ethics. Intersubjectivity is the exchange of knowledge between the researcher and participants that include the former's own experiences and information about the research process; together with participants' contribution.

Before this process, I was given permission by Te-Whatu Ora-Health New Zealand, CADS Tupu Service Operations and Team Managers to conduct the research with former CADS Tupu Service clients as well as using their facilities for interview meetings and other equipment like phones to contact the prospective participants. Permission was also sought from CADS Tupu Service Management for my colleagues to access the HCC (Health Care Community) system as well as to give their time to contact former Samoan adult male clients about joining the research study.

As the lead researcher, I established rapport, trust and upheld respectable relationships with the participants over reverence of the standards of exchange and bearing in mind ethical matters "because the conduct of the study depends exclusively on the relationships that the researcher builds with participants" (Marshall et al., 2006, p. 78). Marshall (2006) also stated that trustworthiness is when the research is believable, valid, trustworthy, dependable, confirmable and authentic in the eyes of all the stakeholders involved including University of Auckland, researchers and the participants. Finally, ethical considerations are equally important as

discussed under its main categories below “as the rights of the people are greater than the researcher’s need to know” (Bouma & Ling, 2004. p.192)

Informed consent

Grady (2018) argued that informed consent is ethically vital by respecting people’s rights to choose whether involvement in the research is consistent with their interests, including that of protection from exploitation and harm. The research participants have the right to be told about and to understand the facts, implications, and potential future consequences of participation in this research. Grady (2018) stated that informed consent is a way of protecting the rights and welfare of participants while they contribute to the advancement of knowledge. Adequate information was provided to the participants on the Participant Information Sheet and Consent Form relating to the purpose of the research, nature of participant involvement and what it will require. The intended use of the results, confidentiality, anonymity, and complaints procedure were clearly stated and also explained by the student researcher (and colleagues) in case a participant(s) had a question(s). Having this mutual understanding between the researcher and participants about their relationship did yield genuine commitment from both parties to the research.

Privacy/confidentiality/anonymity

Folkman (2000) stated that respect for privacy and confidentiality is at the core of the oversight of ethical research with human participants. Privacy and confidentiality originate from reverence for the sovereignty of persons, magnanimity, and the notion of faith. Privacy refers to a person's concern in controlling other people's access to information about him or herself while confidentiality denotes the ability to preserve personal information disclosed during a professional association with a researcher. Samoan people are closely related in their relationships through kinship and genealogy as well as through other community affiliations like church and sports. Most often, Samoans, especially adults, can identify another Samoan’s family and village through their surname.

Participants' information privacy and confidentiality was protected at all costs. For example, people may know who has been interviewed, and may be concerned about the identifiability of individuals in the content of the study. Coding was used to conceal participant identities by assigning a representative number or letter instead of people's names. The ways in which efforts were made to protect their privacy, including the confidentiality of information provided and their personal identity, were explained and discussed with participants. Any piece of collected data that a participant did not want to share was excluded. The storage, security, destruction and retention of data was also explained to participants.

Conflict of interest

Firstly, since I engaged with CADS Tupu Service users through access to Te Whatu Ora-Health New Zealand, Waitemata DHB (District Health Board) HCC system and clients, I sought and got prior approval from the Auckland University Research Ethics Committee to conduct the research. This approval was given by Te Whatu Ora-Health New Zealand, Waitemata DHB, and CADS Tupu Service Management by way of a documented correspondence stating the purpose of the project to get approval for accessing clients and their confidential data. Secondly, I used self-awareness and my counselling skills, which may have facilitated interviewees to speak more freely and openly and helped me to pick up subtle and inexplicit but critical information from the interviewees. However, I was mindful of differences between the role of an interviewer, and a counsellor. It was important to keep the talanoa (interviews) in line with the research questions as a researcher, rather than be drawn into the participants' emotional and psychological issues as a counsellor. Therefore, I clearly informed them of my role at the beginning of each interview, that our conversation was for collection of data through talanoa rather than counselling for their personal issues.

Social and cultural sensitivity

According to the Health Research Council (2021), all research teams/units/institutions/communities need to identify how their own beliefs and value systems may differ from those they wish to involve in their research. This required having clear processes and procedures in place that allowed for the inclusion of different cultural values and

beliefs within the research agenda. This provided other cultural groups and their viewpoints with the ability to influence the way in which the research problem is defined and thus the way the research is designed, conducted, analysed and disseminated. Such a process is more likely to lead to research that is responsive to the communities and/or populations involved which, in turn, should lead to better health gains for these communities and populations. As a Samoan, I ensured that the Samoan cultural protocols were followed throughout the duration of this research, especially during the face to face interactions and communication with the participants.

There are advantages in being a Samoan interviewer in terms of building rapport with interviewees, understanding their cultural background and ability to speak the participants' language fluently. Cultural aspects included respect and acknowledgement of the location where the interviews were conducted, the "aiga" and "faalupega" of participants, and honouring the experiences of participants. The interviewees felt at ease in the understanding that the interviewer understood the Samoan culture. Nevertheless, I was also aware of the differences among participants in terms of their cultural understanding and cultural positions and status like having a 'matai' title, church leadership role or an untitled man (taule'ale'a).

There were multiple layers of cultures within the group, especially those who lived in Samoa for much of their lives (Samoan culture) and those who had lived in New Zealand for much of their lives and have tended to be influenced by the New Zealand culture. I was also aware that some had non-Samoan partners which had an impact on their cultural affiliations. My general assumptions about Samoans could also have compromised collection of more accurate data and its interpretation, hence I did not let these personal prejudices influence my objective assessments of the participants' unique thoughts and stories about the research issues.

Risk of harm and emotional safety

The interviews could have brought up some unresolved, traumatic past or current personal issues and related emotions for the participants. Participants may have found it difficult to deal with them and may have needed help after they had talked about the issues in the research interviews. They may have needed to talk to someone who could offer some assistance. This is why advice was included in the Participant Information Sheet to talk to the researcher during

or after the interview sessions. Recommendations for self-care were also provided at the end of interview in these circumstances including the offer to have a prayer (lotu) during or after the session to help calm the person's spirit (agaga or wairua) which is normal Samoan cultural practice and also currently observed and practised by CADS Tupu Service.

Research Strategies

Recruiting Participants

The interview questions were developed from the research aims and objectives. Using the CADS HCC database to identify potential candidates, my colleagues (Samoan AODG Clinicians) at CADS Tupu Service contacted their former adult Samoan clients and enquired about their interest in becoming research participants. This is how I got the 10 participants that I interviewed. I used their phone contacts given by my colleagues after agreeing to participate, in order to contact them and arrange date, time and venue for interview meetings.

Participants

The criteria for participation in this study was being a Samoan male, 40 years of age and older and who were former service users of CADS Tupu. Auckland has the largest population of Samoan people in New Zealand hence the decision to have this research there. All the participants resided in South Auckland, mostly in Otara and Mangere.

The age group of the participants of 40 years and older was based on the consideration of their roles and responsibilities as leaders in Samoan families, as fathers as well as being Samoan matais which come with cultural responsibilities. There was a consideration that this age and older is when Samoan males normally take on leadership roles in the church like lay preachers and deacons.

Demographics

Demographic information was collected from each participant before the interview commenced. The participants wrote their demographic information on the first page of the interview schedules. The demographics acquired from the participants consisted of name, age, country of birth, occupation, marital status, number and age of children, years of New Zealand residence, family members in New Zealand, residential address and number of years in New Zealand. Other details collected were whether participants hold 'matai' titles and whether they are active and regular church members. Most of the interviews were completed at the CADS Tupu Service Office in Manukau because it was a more private venue compared to other options like a public library or the participants' homes.

Interview procedure

A digital voice recorder was operated to record the interviews with the Samoan adult male participants. Each recorded interview was transcribed onto Microsoft Word on my laptop later on. Each participant engaged in one interview each, lasting on average approximately 60 minutes. The duration of interviews ranged from approximately 30 to 120 minutes. A diary was kept on the daily thoughts and activities of the researcher throughout the study. Field notes were also made concerning the interview process. A \$50 food voucher was provided to each of the 10 Samoan male participants to acknowledge their participation. Refreshments were also supplied by the researcher during the interview process. Before the interview commenced, a discussion occurred between the interviewer and interviewee regarding information in the Participant Information Sheet and also the Consent Form. This discussion was to ensure that the participant was well informed of the study. The Consent Form was then signed by the participant.

Data Collection Methods/Procedures

The main research questions asked to each participant were all the same and prepared in advance with support and guidance of my research supervisors. The focus was on the exploration of participants' thoughts and perspectives. Kalavite (2014) noted there are two (2)

types of talanoa; the formal and informal. Formal uses semi-structured interviews while informal talanoa “equates to unstructured interviewing in the Western context” (p.169). Sauni et al. (2014) stated that the “term talanoa, whether shorthand for talanoa faasamasamanoa or talanoaga is more open, encouraging any kind of talk to happen between any persons or groups of persons, either or both in group and/or one-on-one settings...or where more open and unstructured conversations are encouraged” (p.335). This research uses the formal talanoa approach.

Participants were asked to personally narrate their own experiences and voice their own opinions. The interview format was based on talanoa using semi-structured interview formats as a guideline with focus on the predetermined topics. Each interview was recorded and transcribed. In order to gain a comprehensive view of their experiences, participants were given a choice of language: Samoan and/or English. All interviews in Samoan were translated and transcribed by writer. Each transcript was returned to the participants for checking before final data analysis and report writing.

Sampling/Recruitment

The sample size was 10 participants who were former CADS Tupu Service users. Purposive sampling was employed to assist with this representation by selecting participants that met the criteria as named above or experiences that relate to the research question so as to gain a deeper and meaningful understanding of the issues related to the research question (Campbell, et al., 2020). “In the logic of sampling based on a theoretical or purposive strategy, units are chosen not for their representativeness, but for their relevance to the research question, analytical framework, and explanation or account being developed in the research” (Schwandt, 2007, p. 270).

I selected the homogeneous purposive sampling technique as it aligns with the research question, which was attempting to examine a homogeneous sample in terms of the cohort’s common characteristics and traits around their culture, age, gender and experiences. Rai and Thapa (2015) stated that a homogeneous sample is frequently selected when the research question is particular to the attributes of a specific population group; in this case Samoan male adults of at least 40 years old living in South Auckland. Recruitment was through direct contact

between my fellow CADS Tupu Service Clinicians and the prospective participants in terms of getting their consent to participate in the research.

Data Analysis

All interview recordings were saved on a digital voice recorder. Afterwards, they were transcribed using Microsoft Word with each interview saved under each of the 10 participants allocated identification numbers. Each of the interview recordings was transcribed immediately on the same day they were recorded. This was firstly to ensure a convenient systematic process of analysis and secondly was to record the ‘talanoa’ or conversation and the intended meanings conveyed by participant and researcher were still fresh in my memory so as not to lose their significance if left for too long. I also referred to the notes I took down during the interview sessions as reminders of important points during the sessions.

The participants’ confidentiality required the participants’ names to be unknown whilst transcribing the interview recordings. Consequently, at the top of each of the participants’ transcript there was no trace of participants’ names. Instead of their names a systematic method was adopted to differentiate one participant from another. The letter ‘P’ with a number was placed at the top of each participant’s transcript (for example; P1, P2, P3) for easier identification. The Reflexive Thematic Analysis approach was used to analyse the main themes established from the interview transcripts or raw data. Reflexive Thematic Analysis is about the researcher’s reflective and thoughtful engagement with their data and the careful analysis of the data (Braun & Clarke 2020).

The criteria for a theme to be considered noteworthy is simply that the theme should present repeatedly within the data. However, what is common is not necessarily meaningful or important to the analysis. Meaningfulness can be interpreted, firstly on the part of the researcher, with regard to the need to identify themes that are relevant to answering the research questions, and secondly on the part of the participants in their revelations in terms of what is important or relevant to the issues being addressed (Braun & Clarke, 2020).

Braun and Clarke (2020) have proposed a six-phase process, which facilitated the analysis and helped myself in identifying and attending to the important aspects of the thematic analysis. The analysis was recursive and iterative where I had to move back and forth through the phases

as necessary (Braun & Clarke, 2020). The first phase is familiarisation with the data which required reading and re-reading of the entire dataset in order to become familiar with the data. This was necessary in order to identify appropriate information that were relevant to the research question(s).

The second phase was generating initial codes which are the fundamental building blocks of what will later become themes. The process of coding was undertaken to produce concise, shorthand descriptive or interpretive labels for pieces of information that were of relevance to the research question(s) (Byrne, 2022). The third phase was generating themes which started when all relevant data items have been coded. The focus shifted from the interpretation of individual data items within the dataset, to the interpretation of aggregated meaning and meaningfulness across the dataset. The coded data was reviewed and analysed as to how different codes may be combined according to shared meanings so that they may form themes or sub-themes.

The fourth phase involved conducting a recursive review of the salient themes in relation to the coded data items and the entire dataset (Braun & Clarke, 2020). At this phase, it was common to find that some candidate themes did not function well as meaningful interpretations of the data, or provided information that addressed the research question(s). The fifth phase was where I presented a detailed analysis of the thematic framework. Each individual theme was expressed in relation to both the dataset and the research question(s). The final phase was producing the report. The write-up was very much interwoven into the entire process of the analysis (Braun & Clarke 2020) requiring a recursive approach to report writing as codes and themes changed and evolved over the course of the analysis.

Chapter Summary

This chapter has examined in detail the methods utilised in this research. It has described the details of the sample participants in the study, along with the interview procedure and interview analysis. The chapter has also examined the ethical issues concerning the methods used in this research. It has also elaborated on the use of interviews, semi-structured format and open-ended questions with the Samoan adult male participants. The Reflexive Thematic Analysis was discussed as the main method of analysing the data or interview transcripts This chapter also described the importance of using the Talanoa process as a culturally appropriate method of qualitative interviewing in this research.

CHAPTER FIVE

RESULTS

INTRODUCTION

This chapter presents the findings of this research focusing on the participants' thoughts and perspectives about factors that enabled them to drink responsibly and to abstain from alcohol. A general brief description of the study sample will also be provided. It demonstrates understandings of participants' responses along with quotes from their interview transcripts. Thematic analysis was used to examine the Samoan male adults' responses and to depict the main themes emerging from the interview transcripts. The themes established from the interview transcripts consist of firstly the harm from hazardous alcohol use. The second and third themes are the protective and risk factors for responsible alcohol use as well as abstinence from alcohol as raised by the participants. The fourth theme is the impact of CADS Tupu Service programmes on the participants' journeys with alcohol use according to their testimonies. The final theme is the benefits identified by participants from abstinence and using alcohol responsibly.

Sample of Participants

Information was taken from the participants in order to provide some general information about the study sample population. This information is displayed in the table below, consisting of age, country of birth, occupation, residential area and whether participants are regular church attendees and if they hold 'matai' titles or not.

Table 1: Demographic Summary of Participants

PARTICIPANT	AGE (YEARS)	COUNTRY OF BIRTH	OCCUPATION	RESIDENTIAL AREA	CHURCH ATTENDANCE (REGULAR)	HOLD MATAI TITLE
P1	47	SAMOA	CARPENTRY	TAMAKI MAKAURAU	YES	YES
P2	47	SAMOA	CARPENTRY	TAMAKI MAKAURAU	YES	YES
P3	66	SAMOA	RETIRED	TAMAKI MAKAURAU	YES	YES
P4	49	NEW ZEALAND	COMMUNITY WORK	TAMAKI MAKAURAU	YES	NO
P5	68	NEW ZEALAND	COMMUNITY WORK	TAMAKI MAKAURAU	YES	YES
P6	51	NEW ZEALAND	MACHINE OPERATOR	TAMAKI MAKAURAU	YES	NO
P7	53	SAMOA	MACHINE OPERATOR	TAMAKI MAKAURAU	YES	YES
P8	46	SAMOA	MACHINE OPERATOR	TAMAKI MAKAURAU	NO	NO
P9	56	SAMOA	CARPENTRY	TAMAKI MAKAURAU	NO	NO
P10	51	SAMOA	STOREMAN	TAMAKI MAKAURAU	YES	YES
AVERAGE AGE	53.4					

Table 1 presents a demographic summary of the participants. The demographics included age, country of birth, occupation, residential area, whether participants are regular church attendees and if they hold ‘matai’ title or not. The average age was 53.4 years. All the participants reside in Tamaki Makaurau (Auckland). Seventy percent of the participants were born in Samoa with thirty percent New Zealand born. It was important to include the ‘country of birth’ for it may imply that cultural traditions are in effect if any differences exist between participants of different countries of birth.

Seven participants are employed in labour jobs like construction and warehousing, two worked in the community and one is retired. Eight of the participants were active Christian church goers with the other two not attending church although they were raised as Christians and still believe in God. Six of the participants hold ‘matai’ titles while four did not have ‘matai’ titles.

Alcohol related harm

This section explains key findings indicating the alcohol related harm that was experienced by the Samoan adult male participants while they were consuming alcohol in a harmful or problematic manner. According to their personal accounts, these painful experiences with the excessive use of alcohol were the main catalyst which made them decide to drink alcohol responsibly or to practise abstinence. The main harmful factors discussed are deteriorating health, breaking the law, drink driving, incarceration, family break-up and trauma, declining livelihood, cultural shame for family & village for ‘matai’ title as well as spiritual leadership role.

Deteriorating mental and physical health

Many of the participants shared that the excessive consumption of alcohol contributed to the deterioration of both their physical and mental health.

“I experienced forgetfulness or memory lapses whilst I was drinking excessively and also normally weak in my body especially when I have a hangover. I used to use the building lift to get up to the floor where I work because of sore knees” (P.2).

I have been drinking from 16 years old so I think my mind is not functioning properly and my body is weak. So, the root cause of all our family problems is alcohol” (P.7).

Consequences of breaking the law

All of the participants shared that the excessive consumption of alcohol contributed to all of them breaking the law, resulting in drink driving charges and incarceration.

“I have seven drink driving charges when Police found that I was driving under the influence. It eventually led to my being taken by Police to be incarcerated whilst my kids were young about 10 years old. They chased the Police car; they did not see me but I saw them running after the car. Upon arrival at the jail compound, the Police officer who took me was teary eyed and asked if I saw my kids running after the car and I said yes. That is where my thoughts changed that I will not drink again” (P.1).

“It was the drinking that led me to break the law. However, now I have completely lost interest in drinking again. Even my friends have been trying to make me to drink with them again. I just stopped because I have suffered so much due to alcohol use. Our family said I was lucky because although I have many drink driving charges, I have not been to jail. I was also caught driving while very drunk on the motorway. So if I had not appeared before court, I would not have made the decision to quit drinking” (P.2).

Family break-up and trauma

Many participants shared about the harmful consequences of problematic alcohol use in breaking up their families as well as trauma for themselves and their families.

“Because of my heavy alcohol use and related personal and relationship issues that resulted, I was in psychiatric unit couple of times and became sick, suicidal” (P.5).

“I’ve cut down. That’s why me and my wife split up cos of my alcohol. Cos I could not stop. So I now cut down and no longer go out. I now drink twice a month; always having a plan in place. Also my kids remind me. I could not see it but others saw it. It was not until we split up that I realize that I was drinking too much; and I miss so many things like when u drink it was all about me and having fun” (P.6).

Worsened livelihood

Some participants talked about excessive alcohol use adversely affecting their livelihood. For example, they were unable to buy things that they needed like buying a car and paying for fares to visit families in Samoa.

“I have been wanting to visit my wife and children in Samoa but I did not have any money to pay my airfares because a lot was going to buying alcohol. However, as soon as I quit drinking I was able to save money not only to buy a new car but also to pay for my airfares to Samoa” (P.2).

Another participant estimated spending about a hundred of thousands of dollars on drink driving fines over the years.

“So, most of my charges are drink driving related. I think my cars have been towed more than ten times and probably I have spent close to \$100 thousands on driving offences and fines. I regularly receive fine notices in my mailbox. Some are speeding tickets recorded by side road cameras when I was speeding to work in the morning after a drinking session the night before. I’m sure I’m another person who has paid so much money on driving tickets and fines” (P.8).

Shame

A few participants who have ‘matai’ titles shared that there was shame on their families when they were drinking in a disorderly manner. Drinking too much also resulted in not having enough money for meeting their obligations as a ‘matai’.

“When I’m not drinking, I normally lead our family evening devotions. But when my friends visit, then we don’t have any. In the Samoan culture, we learn as we grow up until we get old. But when we drink alcohol, we tarnish our ‘matai’ titles that belong to our families as well as our leadership roles in the church. This is because when we get drunk, we do silly actions like dancing inappropriately and swearing. My wife usually asked me in the morning after a drinking session the night before if I remember what I said and did but I normally would have forgotten because I was too drunk” (P.1).

“If I drink too much alcohol and do stupid things, then the reputation of my ‘matai’ title is ruined but if I drink responsibly then I am okay. Being a ‘matai’ is a lifetime responsibility. If a ‘matai’ is not able to carry out his or her responsibilities like contributing to family ‘faalavelave,’ then your family and parents name is tarnished in the eyes of the village and church. So, a ‘matai’

should always make sure that one has enough resources to fulfil his responsibilities” (P.3).

Protective factors for responsible alcohol use

This section will explain key findings indicating the protective factors that contributed to Samoan adult males’ ability to abstain from consuming alcohol or use it in a responsible and not harmful way. The main factors discussed are Christian faith, Samoan culture, sense of responsibility to self and the family in father’s role, traumatic family past experiences, changing the environment and refusing drinking friends, inspirational stories of people they engaged with and shame of appearing before court and incarceration.

Christian faith

All of the participants are of the Christian faith with eight being regular church goers while two do not attend church. All of them were raised in Christian homes and environments where their faith was established and strengthened throughout their lives as they continually faced life trials. All of them acknowledged praying to God’s Holy Spirit for strength, comfort and guidance. Most still attend church and to hear the word of God together with reading the Bible scriptures. These Christian values and practices were instilled in them from their Christian families as they grew up both in Samoa and in New Zealand.

“One of the main remedies of my being able to control alcohol use was going to church and reading the Bible which allowed the Holy Spirit to work in me in cutting alcohol. The Holy Spirit can change the heart of a person” (P.1).

“I thank God for helping me in my weakness because although I drink, I still pray to God to help me in my suffering due to alcohol. The problems I am facing are lessons to help my mind. Now, I pray and humble myself before God as I believe He will show me the way to go since I have a sinful nature. Since we are fighting against evil spirits, only God’s Spirit can give us strength which has enabled me to quit drinking alcohol” (P.2).

Samoan cultural obligations

The Samoan culture plays a significant role in the lives of the participants starting from their upbringing with seven of them born in Samoa and three in New Zealand. Six of the participants also hold 'matai' titles while four do not; one will have his title bestowed in Samoa at the end of the year. Nevertheless, all of them shared that they observed and experienced the fa'a-samoa growing up in their 'aiga' with their parents and elders.

'Matais' living overseas serve (tautua) more because they earn more money. That is why as a matai, I need to save money because of these obligations especially 'faalavelave'. I grew up in Samoa and it was not an easy life trying to earn money there. So much of my money will be wasted on alcohol if I continue to drink, thus affecting my ability to perform my obligations to the church and 'faa-matai'' (P.1).

"I became a 'matai' when I was forty years old. That is when I started thinking about cutting down on the alcohol. However, its mainly the invitations to celebrations like birthdays and weddings that have resulted in my drinking and then breaking the law with drink driving charge. But I believe that my 'matai' title has been tarnished because of my uncontrollable drinking. Being a 'matai' is a lifetime responsibility. The bad side is that if you don't contribute (saogamea) to 'faalavelave', your 'matai' and parents' name is tarnished. So, the main thing is to always have enough money to contribute to family 'faalavelave'" (P.3).

Church tithing obligations

Some participants shared that another reason for abstaining from alcohol and drinking responsibly was so they could meet their church tithing and other obligations

"I also give tithing to our church as is the practice in many churches because I believe its where you get God's blessings" (P.1).

"The two main factors that enabled me to quit alcohol were my sense of responsibility and my place in my family. Also, my conviction with my faith" (P.5).

Father's role and responsibilities in family

All the participants claimed that another major reason why they decided to abstain from alcohol or to drink responsibly was because of having a renewed sense of responsibility in their roles as fathers or the heads of families. This realisation came after drastic negative experiences with alcohol like incarceration for drink driving and drug dealing charges as well as serious car accidents whilst under the influence of alcohol. They felt remorseful about their past actions and wanted to become good fathers and to make up for the suffering and pain they inflicted on their families due to their unwise decisions related to their excessive use of alcohol.

“It is I as father that must have the vision for the success of the family which is why I have changed. That vision of the father also depends on the advice of the mother. No one will be strong forever like a mountain as we will all become weak at some stage in life especially when we are sick or incarcerated. And once we are really sorry for our mistakes and repent, then we will change” (P.1).

“For myself, I used to spend at least \$300 on alcohol in a drinking spree. I have wasted so much money. I thank God for his help in my weakness because even though I was drinking, I still prayed to God to help me because I was tired of being a slave to alcohol” (P.2).

Traumatic family experiences

Traumatic family past experiences for some of the participants with suicide, loss of life and serious car crashes left a significant mark in some of the men's memories. This triggered the motivation to stop drinking and hence to avoid going through these painful life events again.

“Mainly because of what happened in my family. With suicide and loss of family. I still used even when working as a peer support. When my daughter was pregnant with the son of a gang boss. And when I heard his story that he did not what his kids to live the life he was living and I saw my daughter's tummy I told my son in law that from now on, I will never drink again as I saw his tears. So, replacing and restoring my 'mana' and my family's 'mana'” (P.5).

“If this serious car accident did not happen, I would not have stopped drinking. I did not intend to stop drinking. My wife had been telling me to stop drinking. But when this accident happened, I told my wife and Mum that they will not see me drinking again. That was my promise to my family. I feel that stopping my drinking is a gift from God. I don’t want to do anything to hurt my wife, kids and Mum again” (P.9).

Changing the environment and refusing drinking friends

Some of the participants testified that removing themselves from the environments where they were drinking alcohol excessively with their friends to a new environment contributed to their being able to abstain from alcohol.

“I feel one of the main causes of my heavy drinking was because of my friends and the environment I was living in. We came together from Samoa and we stayed together in one building. If I did not move away from that environment, I think I would not have been able to quit drinking. Because, I always feel that I was disrespectful (tufanua) if I did not drink with them. My wife used to get angry but I could not refuse my friends. If I did not move away, maybe I would have died there” (P.1).

“It’s my drinking that resulted in my breaking the law. That is why I now hate touching it again. Even my friends they tried persuading me but I said no because I have suffered a lot because of it. Because we are fighting against evil spirits. But the Spirit of God gives us strength. So, it’s through my friends that the temptations come because they ask me to drink with them” (P.2).

Inspirational stories

Some participants believed that sharing inspirational stories and personal experiences may help encourage people who have alcohol problems, make positive changes in their lives. These are stories from people who have been able to overcome alcohol addiction by making hard but wise decisions for the benefit of themselves and their families.

“One way to overcome alcohol addiction is by creating mutual place where people can talanoa. For example, my backyard is where we make the ‘luau’ and talk and we eat and take some home while we talk and feel safe. For

Pasefika, its making people comfortable and talanoa. In Samoa, every village has an open meeting house where you can enter from anyside. You can also stand outside but still hear what is said inside; so being able to be who we are as Pacific people” (P.5).

“It was great that I quit drinking because there are useful experiences that I want to share with people about my journey with alcohol. Just like the apostle Paul whose testimony was meaningful because of his past experiences. I also share with my brothers whom we use to work together but it’s hard because they still think that is the right way to live. But they don’t know there is a better life than the one they are living. The Bible says that those who drink too much wine are not wise” (P.1).

Shameful and painful consequences

Some participants said they were able to abstain from alcohol largely as a result of the shame and pain of appearing before court and being incarcerated for alcohol and drugs related charges like drink driving and drug dealing. They were ashamed mostly because of hurting the people close to them especially their wives and children.

“I have seven drink driving charges when Police found that I was driving under the influence. It eventually led to my being taken by Police to be incarcerated whilst my kids were young about 10 years old. They chased the Police car; they did not see me but I saw them running after the car. Upon arrival at the jail compound, the Police officer who took me was teary eyed and asked if I saw my kids running after the car and I said yes. That is where my thoughts changed that I will not drink again” (P.1).

“I went in jail at 43 years and when I was released, I had a son and a choice whether to carry on or take ownership of the situation. I handed it over to God and I chose my kids and God first. I later found a room in NA&A meeting after also attending Tupu” (P.4).

Risk factors for excessive alcohol use

This section will explore some of the key findings that participants identified about the risk factors they experienced that can contribute to Samoan adult males' inability to maintain their abstinence and ability to consume alcohol in a responsible manner. The main risk factors discussed are alcohol as a way to relax and unwind after work, socialising with friends and families, Samoan cultural values of 'fa'aaloalo', New Zealand environment, drinking culture in Samoa, higher income and cheaper alcohol price in New Zealand, past experiences with alcohol and trauma, lack of knowledge about alcohol effects, unresolved relationship issues and New Zealand born Samoan identity crisis.

To relax and wind down after work

Most participants described that they consumed alcohol as a way to relax after work as well as to socialise and to have a good time following a hard day/week of work.

“The work at the slaughterhouse is really hard because of the cold and required heavy labour. Drinking alcohol was the way to get rid of the tiredness and soothe the aching body” (P.1).

“But me I drink to socialise and relax; but still problem is not knowing when to stop; off switching or just too much of a good time. Sometimes I go to a party and when that is finish, I look for another party” (P.6).

Socialising with friends and families

Many stated that they drank alcohol as a way to socialise with friends especially from work as well as families at family gatherings and special occasions. Many of the participants with drink driving charges were caught by Police in their checkpoints or had an accident on the road while they were driving to or from their friends and families' houses/residence; some were returning from functions. Many wanted to share stories and have fun or socialise and have a good time with friends and families.

“I started drinking on Fridays and Saturdays at 17 years old because of friends and I just wanted to fit in. I had a taste for it and just carried on. I learnt at early age of 18-19 that people didn't want to drink with people who

are angry. So, I just drink to relax and have fun at family functions. My main problem is not knowing when to stop and drink driving” (P.6).

“The main reason why I drank alcohol and drive was because I wanted to hang out with my friends and share stories and have fun. And that was when I was caught at the Police checkpoint. And that is why I have a bad Police record because of breaking the law. But God knows that those days are slowly gone. The last incident that happened was my fight with the wife because she was also drunk and our neighbour called the Police” (P.8).

Influence of Samoan cultural values of fa’aaloalo (respect)

Most of the participants who were born in Samoa were drinking heavily because of their Samoan cultural values especially of ‘fa’aaloalo’ or keeping respectful relationships with other people. ‘Tali le faa’aloalo’ means accepting another person’s invitation to consume a drink or food that they have prepared while ‘le-tali faa’aloalo’ means the opposite. One participant mentioned not wanting to be seen as a ‘tufanua’ a Samoan term for someone who is disrespectful and of no class.

“If I did not move away from the South, where I was working at the slaughterhouse and staying together with my drinking friends, I would be unable to stop drinking. Because I will seem like a disrespectful person (tufanua) if I did not drink with them” (P.1).

“The other main reason I drink is because of invitations from people, and I feel it is not respectful when you don’t drink but they know you drink. It is up to you though how much you drink whether it’s two or three drinks but the main thing is you are showing respect or ‘tali le faaaloalo’. That is what you call not returning their respect with respect (or le tali-faaaloalo). That is really concerning for me, when someone invites me but I don’t accept the invitation in the proper way by having a drink with them” (P.3).

New Zealand work environment

Participants described that the work environment in New Zealand also contributed to many of the participants drinking excessively due to the accessibility of alcohol in these places, with alcohol consumption being a popular way to unwind, relax and have fun.

“The second main reason for my excessive drinking in the past was because of friends we work and live together” (P.1).

“One of the main reasons for my high alcohol use was having many drinking friends. Because when my friends come to our house, then I was happy and want to show off to them resulting in drinking excessively. At present, I don’t have many friends. My neighbour is my main friend now and we normally drink Tongan kava. In my old job, we would go with my friends to our house almost every weekend and have a BBQ, play billiard and drink alcohol” (P.10).

New Zealand sports environment

Participants described that the sports environment in New Zealand also contributed to many of the participants drinking hazardously.

“When I do drink, I’m more of a binge drinking like I drink Fri-Sat. I also drink much due to sports. I slowed down cos of my kids” (P.6).

“I immigrated from Samoa at 16 years old. I started playing rugby and that is where I started drinking because most of the boys were drinking alcohol. I started enjoying it and then continued drinking especially on the weekends after a rugby match. But it was good in those days because it was only on the weekends that I was drinking. However, when I got married, me and the wife had our own couple issues. I think that is where problems arose because of excessive drinking resulting in problems with the law. However, my drinking was already strong when I got married” (P.7).

Drinking culture in Samoa

Many participants who immigrated from Samoa said their alcohol problem started when growing up in the homeland, mainly with home brew because it was cheap. This is because of a drinking culture that exists in Samoa, especially among men.

“My drinking was very strong which sometimes can last up to two days. It started in Samoa with homebrew, but I thank God because many people have died from alcohol but I am still alive because of his protection” (P.2).

“My heavy alcohol drinking started from Samoa because it’s the main way we socialise with my friends. We used to buy a bottle of heavy liquor on the weekends. This habit continued when I moved to New Zealand due to the difficulty and challenges of work. Drinking alcohol was a way to relieve the mind, providing fresh ideas and to relax after work” (P.9).

Higher income in NZ

Some participants said they drank alcohol because they earn higher incomes in New Zealand compared to when they were working in Samoa and felt they could afford to buy alcohol. Alcohol prices are also cheaper here compared to Samoa, so their consumption levels increased as well as drinking on a more regular basis compared to when they were in Samoa.

“My wife does not drink or smoke cigarettes it’s just me. That is why I continue to drink because I work hard and so I always have enough money to buy alcohol” (P.9).

“In Samoa, I hardly drink because my wage was low and could not afford to buy alcohol. So it was because of low income that I hardly drink in Samoa” (P.10).

Cheaper cost of alcohol in NZ

Some participants said they drank alcohol because alcohol prices are cheaper here compared to Samoa, so their consumption levels increase as well as drinking on a more regular basis compared to when they were in Samoa.

“When we have alcohol drinks at work, I normally drink about four beer or more then I went home and on the way buy a box of 18 beers from the liquor shop” (P.9).

But in New Zealand, I have a higher income and alcohol price is cheap” (P.10).

Past experiences with alcohol and trauma

Many participants shared favourable memories of alcohol as they grew up in their families which attracted them to drink. Others however experienced childhood trauma from physical abuse which caused them to drink alcohol to numb out the painful memories.

“The other thing is our fathers maybe they have stopped drinking later on but kids still remember how they were treated differently. Maybe treated better when fathers were drunk like “come here son” but when sober they only get a hiding or ‘gao le fasi lava le mea e maua’ or will just get a smack” (P.4).

“As I got older, I saw people energised and bubbly when they drink. So, I wanted part of this and at 14years old, I was into alcohol; also smoke tobacco. Over 50 years, I have been a professional musician playing in pubs and clubs and alcohol was there” (P.5).

One participant talked about the physical abuse that he received from his stepdad while growing up as a teenager. This resulted in his seeking comfort in the company of his friends where his alcohol drinking started.

“My mother’s sister and her husband adopted me while growing up in Samoa. My stepdad was very abusive towards me, often giving me hard physical beatings if I did something wrong. I think that is where I started drinking with my friends around the age of 16 years. My drinking started with homebrew and hard liquor...But if you are unable to control your mind, then it will result in suicide. You can’t solve any problems with alcohol. There was a time in Samoa when I tried to commit suicide after my stepdad beat me up; I came to New Zealand not long afterwards” (P.8).

Lack of knowledge about the impact of alcohol

Most of the participants lacked the knowledge about the addictive nature of alcohol and its effect on a person’s health, livelihood, family and the law. This resulted in all of the participants drinking in a problematic manner which saw them appearing before court for alcohol related charges. Most of them only gained that knowledge when they attended CADS Tupu Service programmes.

“I admire people who know how to drink responsibly. Like those who can drink about three or four then stop but for myself I don’t know when to stop. I spent around \$300 when I have a drinking session especially on the weekends. I have wasted so much money on alcohol. I thank God for looking

after me because although I was a heavy drinker, I never stopped praying to Him to save me as I was tired of being enslaved to alcohol” (P.2).

“We always argue with my wife because she often makes decisions without informing me and I feel this is wrong because we are a couple. And the problem gets worse because I am not a great communicator and my wife knows this. So, once I get drunk and something does not seem right to me, then that is where I will get angry. This has resulted in me damaging our new kitchen and a few flat screen TVs and the reason why Police are now involved” (P.7).

Unresolved relationship issues

Another participant talked about the risk of unresolved issues between himself and the wife as a cause and trigger for him to drink too much because he was not happy with his wife not respecting him.

“My wife advised me to attend Samoan culture evening courses and also the gym so I did attend but I feel we still have not solve our problem of making important family decisions together. I listened to her because I wanted peace between us so I attended all those other activities for one day but the other six days of the week I see my wife’s disrespectful behaviour towards me. So, I gave up trying. She said that whatever decision she makes, that is us but I don’t agree because if she makes a decision and end up hurting one of our children then there will be a bigger problem” (P.7).

New Zealand born Samoan identity crisis

A New Zealand born participant identified that identity crisis is another risk factor for drinking excessively, especially among New Zealand born Samoans who are not strongly connected to the ‘faa-Samoa’.

“What I have noticed in my work is that NZ born Samoans have issues with identity which is a big factor in having resilience in life. The stresses of the world get too much for our men and then they turn to alcohol and drug use; which then become normalized in our families, communities and within their own minds” (P.4).

CADS Tupu Service programmes

Understanding the effects of alcohol on the person

All participants expressed gratitude and appreciation for the CADS Tupu Service programmes mainly because they enabled them to learn about the effects of alcohol on the user. This knowledge allowed them to make wise choices especially in abstaining from alcohol and using it responsibly.

“Tupu programme has been useful to me because I did not have any understanding about the effects of alcohol on the person. I now understand many things about alcohol. It was also easier to understand because we use our own Samoan language. I really appreciate the advice you have given for us on ways to control alcohol use. It will be very useful for myself and my family” (P.3).

“I think it was awesome working 1:1 with one of Tupu AODG Clinicians. He was the first to show me the Fonofale model. That is what recovery does, it helped me to start plan ahead. I was able to plan ahead after my jail. This is what I want to do, to help people using my experience. I was very happy with Tupu. Their Pacific island style does work for our people. We own our own land and we have a massive culture” (P.4).

Strengthen understanding of Samoan cultural identity and cultural values

Some participants claimed that CADS Tupu Service programmes helped them in strengthening their understanding of their cultural identity as a Samoan and its cultural values.

“Coming to Higher ground; I had to identify with Māori culture as there was no Samoan culture. That is why I like Tupu. As I found Samoan culture had a big impact with Tupu sessions like having something to eat. I found out I wasn't Māori after 9months with Higher ground. Even I didn't know my culture” (P.4).

“I took my kids to church when they were young. Culturally, however, I am glad with our Faletalatala group because it kind of reinforced me to learn our samoan values especially relating to family and church. As samoan, if

something bad happen to you, it also reflects badly on your family and village. We forget our values especially when we drink and then we don't care. Afterwards we suffer as well as our family, work, kids, sports" (P.6).

Better life choices

Many participants testified that CADS Tupu Service programmes gave them knowledge that led them to make positive changes in their lives when they abstained from alcohol or use alcohol responsibly. This resulted in having their power or 'mana' back to live more fulfilling lives.

"Prior coming to tupu, I was in psychiatric unit couple of times and became sick, suicidal. My family are not afraid of me but what I could do to myself. In that sense, when I became a client, my family were also clients or I and my family and my family and me. Sometimes a few tears or many tears when I think about impact my choices had on my kids. Suppose out of powerless comes power. I feel scales coming off on me and my family. The energy is now trust. My hope is that I give permission to other men to live same life. Quite few cases where I talked with our Tupu clients. I'm reaching out to them and they reach out because we have the same experiences" (P.5).

"Faletalatala group also help me to make changes, and remind of family and culture; also to have some strategies; also hearing about people stories as it's not easy sharing their stories. It was a great help. A lot of what we talk about was common sense as some of the stuff we did was those of young kids" (P.6).

Suggestions for improvement

One participant had two suggestions for improvement of the Tupu Service. The first is more recognition be given to peer support workers or those with lived experiences with addiction to support Tupu clients or service users. Secondly he believed that harm reduction is not an effective solution to alcohol addiction because he reasoned it sends the wrong message especially to young people and therefore it is not safe.

"The search for workforce I think there is bias and stigma to it. Lived experience is like added value by bringing more peer support in addiction

space. Workers need to stop business focus and talk to people you need to talk to in order to get things done. Enable more working and connecting together. The system need to work in a way that connects us just like our Pacific Ocean. There is big talk about harm reduction but it is not safe and there is not enough voice from our pacific leaders to stop it. It is like the scripture saying about being lukewarm or sitting on the fence” (P.5).

Benefits of abstinence and responsible drinking

This section will provide a summary of the key findings with regards to the benefits the Samoan adult male participants reported now enjoying as a result of drinking responsibly and abstinence. These are the factors that they said are the reasons why they are motivated to continue on this path of responsible use and abstinence as they said they don't want to experience again the painful experiences they went through with problematic alcohol use. The main factors discussed are improved overall health, improved sense of self-satisfaction and confidence, improved livelihood, better family life and improved performance of cultural and spiritual roles.

Improved overall physical and mental health

Each of the participants expressed their gratitude for having improved physical and mental health after using alcohol responsibly as well as abstinence

“I experienced forgetfulness or memory lapses whilst I was drinking excessively and also normally weak in my body especially when I have a hangover. I used to use the building lift to get up to the floor where I work because of sore knees but I no longer use it now. My strength has now returned to the level it was as a young man. I am happy because I need my physical and mental strength in my work as a carpenter” (P.2).

“When I first attended my counselling sessions, it was really hard to forget what happened. I was feeling so hopeless and even thought of ending my life because I was not a good father. Not only that I may end up in jail, but I will be paying for the cost of my written off car, also I have not listened to my

family's advice all these years. But your staff advice like that I can get another car but only have one life gave peace to my mind. So your advice and the promises that I made to my family especially to my wife I think really healed me mentally. I found the courage to live on and be a better father” (P.9).

Improved sense of self-satisfaction and confidence in one's life

Some of the participants who have abstained from drinking alcohol shared a sense of satisfaction and pride in their lives for having been able to overcome alcohol addiction, a problem they struggled with for many years.

“We used to have fights with my wife in the past while I was drinking. It was great that I quit drinking because there are useful experiences that I want to share with people about my journey with alcohol. Just like the apostle Paul whose testimony was meaningful because of his past experiences. I also share with my brothers whom we use to work but it's hard because they still think that is the right way to live. But they don't know there is a better life than the one they are living. The Bible says that those who drink too much are not wise” (P.1).

“My grandson now is 11yrs old and I thank God as that is how long I have abstained from alcohol. I needed to start from me and I needed to forgive myself if I was to forgive others. Scriptures to me are goal posts to refocus. I needed to believe that If God forgive me who am I not to forgive myself. So replacing and restoring mana and my family's mana” (P.5).

Improved livelihood

Most participants claimed that their livelihood or the ability to meet family expenses improved as money was saved from buying alcohol. This started once they abstained and also cut down consumption by drinking alcohol responsibly or in a controlled manner.

“I always think about the time I was living and working in the past compared to now living here in Auckland. Now, I have enough money for family expenses. There is always money also for unexpected expenses like family 'faalavelave'. I am also spending enough time with my family. I also feel well mentally and physically” (P.1).

“When I quit drinking alcohol, I managed to save money to buy a new car and for a trip to Samoa to visit my wife and kids” (P.2).

“Saving money, spending time with kids because before I was always sleeping due to hangover. So, I just do chores, go for walks, or watch sports. Like now, I don’t miss it, like not drinking for a month it does it worry me. Everything is good, kids at school. Just have to deal with court issues which is all self- inflicted” (P.6).

Another participant said his livelihood improved as he was able to save money after replacing alcohol with kava as it was much cheaper.

“After replacing alcohol with kava, I am able to save money for useful family expenses as kava is much cheaper. The other benefit of kava is that I don’t get drunk like I get from drinking alcohol and I can still drive” (P.10)

Improved family life

Many participants shared that their family lives improved once they started abstaining from alcohol as well as cutting down their drinking. This was mainly reflected in having more time with family for instance.

“I still face temptations but I don’t want to suffer again by taking the wrong path. Because the result will be my family going hungry and hopeless. I gave my old car to my friend after the last accident. I have now changed because I want my family to prosper. Because if I don’t change, then my children will take the same path. And as a father, I will be respected in the family and village because of this change. My dream now is for my children to be successful as my hope is myself and family to have a prosperous future” (P.2).

“I stopped drinking because I have to respect my ‘matai’ title and to take my family with me. How can I be alone when I carry my ancestors’ knowledge in my-self. I may not speak my language but my language knows me. I may not know my customs but my customs know me. So, I can begin to trust my family and my family can trust me again” (P.5).

Improved performance of cultural and spiritual roles

Many participants shared that the performance of their cultural roles as a ‘matai’ and their spiritual roles as a father in the family and leadership roles in the church became more meaningful and fulfilling once they abstained and drink responsibly.

“I believe God’s love is unwavering for us because he has a plan for us in our families and the church. I am a Sunday School teacher to the young people because I believe they are the group that is most vulnerable to the devil’s temptations. I think many of them have died in accidents due to uncontrolled behaviour including immoral sexual activities. I believe our Samoan culture and Christian values can cure people from alcohol addiction if they practise them. I think that my responsibilities and obligations to my family as a ‘matai’ cannot be carried out effectively if I had continued drinking alcohol excessively. That is why I am happy I don’t drink anymore and now able to meet my cultural obligations” (P.1).

“Today, I am very close to God through prayer as I have humbled myself because I have faith that God will show me the way to do the right thing because I have a sinful nature. Because we are at war with evil spirits. It is God’s spirit that gives us strength. I believe my friends is where the temptations are coming from as they often ask me to drink with them as we used to. I believe the devil does not rest but goes about like a hungry lion to tempt us but when we fall he will laugh. So my main weapon now is prayer not only for my safety but also that of my family” (P.2).

Chapter Summary

The first general theme that was discovered after analysing the participants’ transcripts is the alcohol related harm experienced by the participants while they were consuming alcohol in a problematic manner. The primary harm from alcohol abuse according to all the participants was the deterioration in their mental and physical health especially in terms of their memory loss and a reduction in physical energy due to knee pain for instance. The second main harm is related to facing the consequences of breaking the law through drink driving charges for

example which resulted in one participant being incarcerated. The third main harm of problematic alcohol use was family break-up. For instance, one participant split up with his wife of many years due to his uncontrollable drinking which left him to look after their three girls. The decline in the livelihood of the family was another major harm experienced by the participants. For instance, one participant was unable to visit his wife and children in Samoa because he could not save money for airfares due to his drinking. However, he was able to eventually visit his family in Samoa after many years when he was able to save after he stopped drinking alcohol.

All of the participants said that they have been able to maintain abstinence from alcohol or consume it responsibly due to their faith in God and reliance on His Holy Spirit to continue strengthening them. Five of the participants declared that they were abstinent from alcohol while the other five were still drinking alcohol but in a responsible (and not harmful) manner. They also continued to receive strength and inspiration from reading the Bible and daily prayer which enabled them to resist the temptations of relapsing or going back to their old ways of consuming and abusing alcohol. The second protective factor that enabled them to maintain abstinence and the ability to drink responsibly is the fulfilment of their cultural roles and obligations as ‘matais’ as well as their leadership roles in their churches.

They believed that drinking alcohol excessively was financially expensive, therefore they would not be able to contribute to their family ‘faalavelave’ in occasions like funerals and weddings as well as to their village ‘monotaga’ in Samoa. They would also not be able to meet their monetary church obligations through tithing which is based on a Biblical principle for acquiring blessings from God. Many participants shared that their renewed sense of responsibility and place in the family as fathers with leadership responsibility and vision to lead the family to a prosperous future is another reason they have abstained or become responsible alcohol users. Some testified that they wanted to spend money on useful things for the family like buying a new vehicle. Others also shared that as fathers, they wanted to break the cycle of trauma and suicide that happened in their families in the past due to alcohol abuse. Incarceration, serious car accidents and attempted suicide due to not listening to advice are other factors that initiated a heart to change to show the family true remorse and not wanting to hurt the family again as a consequence of alcohol abuse.

Some participants shared that changing the environment they lived in and refusing drinking friends was a wise decision which enabled them to maintain abstinence and responsible alcohol

use. Another protective factor was learning from the inspirational, real life stories of peer support workers and counsellors who have had experiences with the fallout from problematic alcohol use. The final reason identified by participants as a factor which helped them to persevere with abstinence and responsible alcohol use is not wanting to re-live the shame of appearing before court and being incarcerated for alcohol and drugs related charges like drink driving and drug dealing. They were ashamed mostly because of the people close to them especially their wives and children as well as their other family members and friends, work colleagues, church members and neighbours.

All participants shared that they used alcohol as a way to relax and wind down after work. However, the inability to stop after a few drinks leading to problematic or excessive use is where they struggled. This was the main risk factor to their decisions to abstain or consume alcohol in a responsible manner. The influence of friends from work and families is the second main risk factor when they were not able to be assertive by refusing their friends and families asking them to drink especially at work, family functions and special occasions. The Samoan cultural protocol of 'faa'aloalo' or maintaining respectful relationships is another major risk factor with many believing they have to drink with friends and families to show 'faa'aloalo'. Not doing so will make them a 'tufanua' for instance when they don't accept the invitation to drink or 'le tali faa'aloalo'.

The New Zealand environment is another risk factor where drinking alcohol is normal in the work and social environments like rugby sports clubs. Most of the participants started drinking when growing up in Samoa due to a strong drinking culture in the islands starting with homebrew. Another risk factor is the higher income in New Zealand compared to Samoa together with the cheaper prices of alcohol. The final risk factor is past favourable experiences with alcohol as well as a traumatic past which push them towards drinking alcohol excessively again. The final risk factor according to some of the participants' account is the lack of knowledge about the impact of alcohol abuse on a person's health, family, livelihood and relationship with the law. For New Zealand born participants, the problem of identity crisis is another catalyst for their problematic alcohol use as alcohol becomes normalised in their minds as it is in their families and communities.

Participants were also asked about their thoughts and perspectives about the usefulness of CADS Tupu Service programmes on themselves and their individual journeys with alcohol use. The first main advantage of attending the Tupu programme was that it enabled them to gain

knowledge about the effects of alcohol on a person in a holistic way. The second strength of the programme especially for the New Zealand born Samoan participants was that it gave them greater understanding of their Samoan cultural identity and its values. The third advantage was that the knowledge they attained enabled them to make better choices regarding their alcohol use, thereby not only giving them back their 'mana' but also allow them to live more fulfilling lives. One participant made two suggestions for the improvement of Tupu Service which was firstly recruiting more peer support workers to the service. Secondly was not supporting the harm minimisation as popularly advocated by the New Zealand Drug Foundation.

Another theme that surfaced from the interview sessions with the participants was that of the benefits enjoyed by the participants as they abstained from alcohol or used it responsibly. The first benefit was the improvement in most of the participants overall physical and mental well-being. For instance, one participant said he was starting to be forgetful as well as experiencing painful knees but these conditions gradually went away when he stopped drinking as his mental and physical health improved. The second benefit was the improvement in many of the participants' sense of satisfaction and fulfilment in their changed lives. For instance, one participant shared that he used to have fights with his wife during his drinking days. He was happy to have quitted drinking because he now shares his experience with his friends and families going through similar issues to help them overcome alcohol addiction and therefore be free from its negative consequences.

The third benefit for many of the participants is the improvement of their livelihood as they were able to save money for family needs like food and shelter. For example, one participant said that he was able to save money spent on alcohol to buy a new car and also to pay for a trip to Samoa to visit his family. All of the participants claimed that quitting alcohol and drinking responsibly had resulted in an improvement in their family life. One participant said that since abstaining from drinking alcohol, he was then able to spend time with his wife and kids which he was not able to do before because he normally had hangovers in the morning. The final benefit of quitting alcohol and using it responsibly was the improvement in the performance of cultural and spiritual roles. For illustration, one participant shared that since quitting alcohol consumption, he was then able to perform his responsibilities as a 'matai' as well as taking on the role of a Sunday school teacher at their church.

The results from the research clearly showed that there was great harm and problems caused to the participants' lives when they were using alcohol hazardously. However, they managed to

eliminate the harm and problems from their lives when they decided to abstain from alcohol and drink responsibly due mainly to their faith in God and love for their families. CADS Tupu Service programmes also helped in changing their lives by providing them with the knowledge and tools needed to embark on and maintain these positive changes.

CHAPTER SIX

DISCUSSION, RECOMMENDATIONS & CONCLUSION

INTRODUCTION

This chapter will start by discussing the findings of this study. The main discoveries were summarised into alcohol related harm, protective and risk factors for responsible alcohol use and abstinence, impact of CADS Tupu programmes and benefits of abstinence and responsible alcohol use. This chapter will also discuss the strengths and the limitations of this research study. A set of recommendations will also be presented on ways to better support the Samoan and Pacific adult male populations in terms of minimising the harm of their alcohol use. Finally, a general analysis of specific areas for future research for a better understanding of the alcohol use of the target population is provided.

Alcohol related harm

According to all the participants' personal accounts, the painful experiences with the excessive use of alcohol was the main catalyst for their decision to drink alcohol responsibly as well as abstinence for a few of them. The main harm was the deterioration of their mental and physical health. For instance, one participant shared that he was experiencing memory lapses as well as a weak and painful body especially when having a hangover. Another shared that he was suicidal and admitted to a mental health service whilst using substances. All of the participants also shared that the excessive consumption of alcohol contributed to all of them breaking the law, resulting in drink driving charges and incarceration for example. All the participants decided to drink responsibly and abstain as they did not want to experience the pain again, as well as not putting their families and friends through trouble and heartache.

Many participants shared about the harmful consequences of problematic alcohol use in breaking up their families as well as causing trauma for themselves and their families. One participant shared that it was his uncontrollable alcohol use that caused the split between himself and the wife. In retrospect, he realised he was selfish and it took a long time for him to mentally recover from the breakup. Some participants talked about excessive alcohol use

adversely affecting their livelihood. For example, they were unable to buy things that they needed like transport and to pay for fares to visit families in Samoa. Another participant estimated spending about a hundred of thousands of dollars on drink driving fines over the years which he confessed was money wasted. Other participants with ‘matai’ titles shared about ruining the reputation of their ‘matai’ title and church leadership roles resulting in inability to successfully meet their cultural and church obligations.

Protective factors for responsible alcohol use

The decisions by the ten participants in this research to change the way they consumed alcohol to that of responsible use and abstinence from being problematic or hazardous was largely based on their faith in God. In these modern times, alcohol abuse is a significant problem facing the Samoan adult male population especially in places like South Auckland as many started drinking at a young age in the islands before migrating to New Zealand. Nevertheless, their firm and unwavering Christian faith is a key factor which has enabled the research participants to remain on this path of abstinence and responsible use over the years according to their own accounts and stories.

In a study by ALAC (1997), a Samoan male participant who had been drinking continuously as a younger man, including taking beer with him to work, stopped drinking “because it was not God’s will nor was it in the scriptures. I understood from there that alcohol was not good for the body” (ALAC Research Monograph Series: No 8, 1997, p.18). Their faith is strengthened mainly through prayer to God’s Holy Spirit, reading the Bible scriptures and listening to the word of God at church which inspired them to make positive changes in their lives. The notion of there being a higher power has been successfully used as a source of strength in maintaining abstinence and dealing with life difficulties (Kelly et al. 2011 as cited in Churakova et al. 2017). Some also stopped for health reasons or because they became more committed to the church.

According to most of the participants, their respect for their ‘matai’ titles and the Samoan cultural obligations as ‘matais’ towards ‘faalavelave’ or ‘saogamea’ was the second major catalyst for their responsible use and abstinence from alcohol. Their church obligations through tithing and other responsibilities also play a significant role in their lives which they shared

they would be unable to meet if they continued to drink hazardously. Six of the participants hold 'matai' titles while four do not; one will have his title bestowed in Samoa at the end of the year. Nevertheless, all of them shared that they observed and experienced the fa'asamoa growing up in their 'aiga' with their parents and elders and were keen to continue this legacy.

All the ten participants are fathers with children and they shared that their renewed sense of responsibility and their place in the family as a father was another important reason for their decision to abstain and to use alcohol responsibly. This resurgence in awareness of their fatherly roles arose after drastic negative experiences with alcohol like incarceration for drink driving and drug dealing charges, serious car accidents whilst under the influence and other alcohol-related charges. They felt remorseful about their past actions and wanted to become good fathers and to make up for the suffering and pain they inflicted on their families due to their unwise decisions related to their excessive use of alcohol. This aligns with the result of a research study by Nosa et al. (2021) where many participants reported that they limited their alcohol consumption as part of their efforts to be good fathers.

Traumatic events occurring in the family past of suicide, loss and serious accidents experienced by some of the participants left a significant mark in their memories, which triggered the motivation to abstain and drink responsibly and hence to avoid going through these painful life events again. This is mirrored in a study by Apodaca, Timothy, Schermer & Carol (2003) which found that most patients were motivated to change their drinking as an increased number of negative consequences of alcohol use before admission, anticipated willingness to change drinking habits. Some participants shared that their ability to refuse drinking friends and also being able to change the environment or the physical location they were living in largely contributed to their ability to abstain and drink responsibly. One of the participants testified that removing himself from the environment where he was drinking alcohol excessively with his friends to a new environment contributed to his being able to abstain from alcohol.

Sharing inspirational stories and personal experiences with people they engaged with was an important factor for some of the participants in terms of making positive changes in their lives by controlling their alcohol use. Manuopngai (2012), in her research with Tongan female youth's alcohol use, reported that most of the participants claimed that they learnt more from inspirational speakers' experiences. These are stories from people who have been able to overcome alcohol addiction by making hard but wise decisions for the benefit of themselves and their families.

For many of the participants, the shame and pain of appearing before court and incarceration also contributed to their decisions to abstain and use alcohol responsibly. Being incarcerated for alcohol and drugs related charges like drink driving was a major turning point in many of the participants' lives with regards to their alcohol use. They were ashamed mostly because of the people close to them especially their wives and children as well as others like their friends, people from their village in Samoa who know them, work colleagues, church members and neighbours would know about their drinking and consequences. They also experienced the pain of hurting their families and being separated from them when incarcerated and did not want to experience it again.

This pattern is reflected in a qualitative study exploring factors that support abstinence and responsible drinking behaviour among Pacific youth living in Auckland (Nosa et al. 2021) where most of the participants referred to their practices of *toka'i* (respect and honouring others) and the social shame that would be directed towards their parents if they were to drink and behave drunkenly. This was associated with feelings of guilt when they were not able to fulfil their obligation of taking their families (specifically their mothers) to church on Sunday due to drinking heavily the night before.

Risk factors for hazardous alcohol use

All the participants shared that the main reasons they drank alcohol were to relax, socialise and unwind after work which mainly involved physical labour. Most participants consumed alcohol after a hard day or week of work on the weekends. The report by the Alcohol Advisory Council of New Zealand (2009) showed that this practice is common in Samoa, where alcohol is commonly used as an incentive for labour, especially to entice young village men to help out on family plantations. Most participants claimed that their work was often physically gruesome and demanding and drinking alcohol was a way to get rid of the tiredness and gave their aching bodies and minds relief and relaxation. Another participant said he drank alcohol to give him an appetite for food. Most of them shared that the problem they had was not knowing when to stop and control their behaviours when under the influence, such as not getting behind the wheel.

Socialisation with friends and families was the other main reason for alcohol use for most of the participants at family gatherings and special occasions. Many of the participants with drink driving charges were caught by Police at their checkpoints or had an accident on the road while they were driving to or from their friends' and families' houses/residence; some were also returning from social functions. Many wanted to share stories and have fun or socialise and have a good time with friends and families. One shared that drinking alcohol made it easier for him to understand other people as well as for him to express his emotions. ALAC (1997a) explains that throughout the studies on alcohol use amongst Niueans, Tongans, Cook Islanders, Samoans and Fijians, these Pacific communities consumed alcohol at socials and nightclubs. Nosa (2005) also found that drinking occurred in Niuean cultural functions as well.

Another participant said his excessive drinking resulted from drinking with friends because he wanted to be seen as a good host by inviting them for a BBQ and playing billiards while drinking at his home on the weekends. Again, the common problem they all faced with socialisation with friends and families was not knowing when to stop, leading to breaking the law for instance by drink driving or male assault female (MAF) charges. The ALAC (1997) study reflected this trend, where Samoan participants in the study used alcohol to get together and socialise with their families and friends. Sometimes this was on special occasions and sometimes this was a regular event, such as meeting with friends or work colleagues each payday for a social drink.

Most of the participants that were born in Samoa were drinking heavily because of their Samoan cultural values especially of 'fa'aaloalo' or keeping respectful relationships with other people. 'Tali le faa'aloalo' means accepting another person's invitation to consume a drink or food that they have prepared while 'le-tali faa'aloalo' means the opposite and implies disrespect. Samu et al. (2009) likened the offer of beer as using 'toka'i'; a Tongan cultural value, which means to accept these offers. To not accept these offers made by others would mean to be disrespectful. Research has also found that amongst Pacific people in general, the value of generosity has been likened to being generous with alcohol (Aiolupotea, 1994; ALAC, 2003; Lima, 2000). Being generous was a sign of being a good host.

One participant echoed this when saying that was why he accepted someone's offer of alcohol because he did not want to be seen as a 'tufanua' or Samoan term for someone who is disrespectful and of no class. Another participant had to physically change where himself and family lived in order to get away from his friends who he continued to drink with because of

his 'faa'aloalo' towards them. Another participant was unable to not drink alcohol at invitations on special occasions due to his 'faa'aloalo' to the hosts who invited him in the first place. The drinking culture at work and sports environments in New Zealand is another major factor that caused many of the participants to drink excessively due to the accessibility of these places, with alcohol consumption being a popular way to unwind, relax and have fun.

Many participants said it was normal to drink with friends after work or after playing sports like golf and bowling especially on the weekends. One participant shared that it was playing rugby at the local club as a teenager that he started drinking alcohol since most of the boys were drinking. The ALAC (1997) study mirrored this trend where drinking was often associated with relaxation after playing sports like rugby, netball and golf. One of the participants in this study said that he would drink beer after playing bowling as it's impolite to leave straight after the game without staying to drink a glass or two, to socialise with fellow players.

Many participants who immigrated from Samoa said their alcohol problem started when growing up in the homeland. This is because of a drinking culture in Samoa especially among men. Alcohol consumption among Samoan men was described by Neich and Park (1988), as the 'all or nothing' drinking style. Participants reported that other influences, like cheaper cost of alcohol and higher income in New Zealand, also contributed to the escalation of their drinking problems. Many of the participants were already heavy drinkers when they immigrated from Samoa. One participant noted that in Samoa, the first item many Samoan males buy when they get money from the sale of their agricultural produce is alcohol; even drinking on Sundays is prevalent but not talked about.

Some participants said they drank more alcohol because they earned higher incomes in New Zealand compared to when they were working in Samoa and felt they could afford to buy more alcohol. Alcohol prices are also cheaper here compared to Samoa so their consumption levels increased as well as drinking on a more regular basis compared to when they were in Samoa. One participant attested to this, saying it was no problem for him to buy a box of beer after a few drinks at work which he continued to drink when he arrived home. Another participant said that he hardly drank in Samoa because his wage was low and he was unable to afford buying alcohol but he earned a higher income in New Zealand and was therefore able to buy alcohol and drink on a regular basis.

Many participants shared favourable memories of alcohol as they grew up in their families which attracted them to drink. Others however experienced childhood trauma from physical abuse which caused them to drink alcohol to numb out the painful memories. One participant said that although his Dad stopped drinking later in life, he still remembered how they were treated differently in a warmer and loving manner when Dad was drinking than when he was sober where he acted strict. Another participant shared that as he got older, he saw people energised and bubbly when they drank and so he was attracted to it. This led to him starting drinking at 14 years old, as well as smoking tobacco. He also later worked as a musician in a pub where there was alcohol. One participant talked about the physical abuse that he received from his step-dad while growing up as a teenager. This resulted in his seeking comfort in the company of his friends where his alcohol drinking started.

Most of the participants lacked the knowledge about the addictive nature of alcohol and its effect on a person's health, livelihood, family and the law. This resulted in all of the participants drinking in a problematic manner which saw them appearing before court for alcohol related charges. This applies to other Pacific communities with the ALAC (1997) study on the place of alcohol in the Niuean community showing that the Niuean community are not familiar with the definition of moderate drinking; as was the Cook Island community. Most of the Samoan study participants only gained that knowledge when they attended CADS Tupu Service programmes according to their verbal accounts. One of the participants shared that he admires people who can drink moderately as he is unable to do so and therefore ends up spending around \$300 or more on a drinking session. Another participant claimed that he can only communicate his concerns to his wife when he is drunk, which often escalates to fights and sometimes damage of valuable family items.

Another participant talked about the risk of unresolved issues between himself and the wife as a cause and trigger for him to drink too much, because he is not happy with his wife not respecting him after expressing to her for a long time his need for them to make important family decisions together. Finally, a New Zealand born participant identified that identity crisis is another risk factor for drinking excessively especially among New Zealand born Samoans who are not strongly connected to the 'fa'asamoa'. This leads to alcohol and drug use becoming normalized in their families, communities and within their own minds as way of dealing with the stresses of life. Jamshidi & Asgharnejad-Farid (2019) stated that based on the features of individuals with identity crisis, it can be determined that "due to problems in coping styles and

ability to solve problems and lack of a clear path to their lives, as well as lack of codified program to achieve goals in life among these individuals, tendency to drug abuse is not unexpected” (p.20).

CADS Tupu Service programmes

All participants expressed gratitude and appreciation for the CADS Tupu programmes mainly because it enabled them to learn about the effects of alcohol use on the person especially in terms of its impact on their health, family, livelihood and relationship to the law. This knowledge allowed them to make wise choices especially in abstaining from alcohol and using it responsibly. All the participants who had immigrated from Samoa, as well as a few New Zealand born, shared that the Samoan group programme named Faletalatala which most of them attended was very beneficial to their understanding because it was in the Samoan language. One of the main benefits was learning about ways to control their alcohol use. One on one counselling sessions were also very useful to the participants who engaged in it, as it allowed them to build closer relationships with the clinicians and plan ahead with their own life goals after jail for instance for some as they recovered from alcohol addiction.

Many participants testified that CADS Tupu programmes gave them knowledge that led them to make positive changes in their lives when they were able to abstain from alcohol or use alcohol responsibly. This resulted in having their power or ‘mana’ back to live more fulfilling lives. One participant said that his experience with addiction and consequent mental health problems and trauma on his family led him to create a positive life for himself and his family. He is now using his experience in his work to help other men facing addiction and are seeking support for recovery. Another advantage of the Samoan Faletalatala group was the sharing of participants’ experiences and stories which enabled them to learn not only from the facilitators on different topics presented, but also from each other. As a Samoan ‘alagaupu’ or proverb goes ‘O le tele o sulu e maua ai figota’ (many lights enable one to catch more seafood) or ‘O le tele o popo e sua ai le lolo’ (more oil can be produced from more copra). The participants also revealed that the topics presented in each group session were very useful, enabling them to make positive choices, like one participant who shared that he is now drinking kava instead of alcohol because he thinks the former is less harmful.

Another unique feature of the Faletalatala group, and to some extent the one on one sessions with Samoan clinicians, was helping participants in strengthening their understanding of their cultural identity and values as Samoans. This was especially true for New Zealand born participants and something that they said they did not get from other alcohol addiction programmes. This knowledge was useful for the participants not only in their choices but also in raising their children and how they related to other people.

Benefits of abstinence and responsible drinking

Many participants shared that abstaining and drinking responsibly had resulted in actually feeling healthier physically and mentally. For instance, one participant said that he was forgetful and had sore knees but these symptoms disappeared once he stopped drinking. Another participant shared that he was really depressed and suicidal after a serious car accident. However, the cultural, spiritual and clinical advice that was given by the Tupu AODG Clinician who engaged with him in one on one counselling lifted his spirit and gave back his hope, confidence and self-belief to continue on with life.

Some of the participants who had abstained from drinking alcohol shared a sense of self-fulfilment, satisfaction and pride in their lives for having been able to abstain from alcohol, a problem they had struggled with for many years. One participant who said he used to fight with his wife whilst drinking has stopped drinking and no longer fight with his wife. He had started sharing to his former drinking friends about the peaceful family life he now enjoys because he wants them to live happy lives. Another participant shared how he needed to believe that God had forgiven him so he can forgive himself. He now believed that his mana and that of his family had been restored since quitting alcohol. He is also proud whenever the family celebrate his grandson's birthday because that is how long he has been abstinent from alcohol.

Most participants claimed that their livelihood or the ability to meet family expenses improved as money was saved from buying alcohol. This started once they abstained and also cut down consumption by drinking alcohol responsibly or in a controlled manner. One participant shared that once he quit drinking alcohol, he had enough money to meet family expenses as well as cultural and church obligations. Another participant claimed that he was able to buy a new car

and pay for airfares to visit his family in Samoa once he stopped drinking. Being able to save money in the bank was another participant's testimony once he controlled his drinking.

Many participants shared that their family lives like spending quality time with their loved ones improved once they started abstaining and drink responsibly. This was mainly reflected in having more time with the wives and children as well as engaging in fewer arguments with their wives. Family life also improved as participants were able to make plans around their alcohol use, like having a sober driver when going out while intoxicated, or just not drinking or attending parties when invited. They reported that there was now more time to spend with their families for activities like shopping and outings as they no longer experienced hangovers which used to take up much of their time, especially in the mornings.

Many participants also shared that the performance of their cultural roles as a 'matai' and their spiritual roles as a father in the family and leadership roles in the church became effective once they were able to abstain and consume alcohol responsibly. The participants shared that the negative experiences they went through due to their uncontrollable alcohol use inspired them to rekindle their faith which allowed them to realize the importance of their cultural and spiritual obligations which contributed to their being successful fathers and leaders in their own families. They also managed to move forward by forgiving themselves for their past mistakes through prayer and humility.

Study Strengths

Firstly, as a Samoan researcher, this research is another 'Samoa for Samoa' because it is a research by myself as an adult Samoan male and also a 'matai' who understands the Samoan culture and has similar experiences with most of the participants. These include being of the same age group, an immigrant to New Zealand, family man, leadership role in church and also started drinking alcohol in Samoa. The focus of the research around the alcohol use of Samoan adult males is an issue that is the core function of my work as an Alcohol and Drugs Clinician and Cultural Matua with CADS Tupu. I work mainly with adult Samoan male service users that seek support at CADS Tupu Service. The similar traits that I share with the participants strengthened our relationship during the research process. According to Kennedy-Macfoy (2013) and Kleinma (1980), acknowledging the various identities of the researcher and

participants facilitate better understanding of each other, hence feeling more comfortable in each other's presence. As a result of accepting and expanding the array of possible identities to explore, I was able to acquire information that might not have been available.

The use of the Samoan language in our engagements with most of the participants was another strength because it facilitated rapport and a trusting relationship between myself and the participants. This is because Samoan was the main language for most participants. Therefore, the participants I believe felt comfortable to talk more freely and openly about the issues of the research. Also, a brief 'talanoa' before the interview about what the interview was about and our villages back in Samoa and also about the Consent Form made the participants feel more at ease when the interview started. Nevertheless, being aware of similarities between interviewer and interviewee could develop bias in that perhaps the participants may have given responses to the researcher which the researcher wants to hear rather than the participants' true thoughts and experiences.

Study Limitations

There may be an indication that participants may not have given the researcher the honest truth with their information. Alcohol use is still largely frowned upon amongst Samoans as well as other ethnic groups. This suggests that perhaps the Samoa adult males may have under reported for example the impact of their alcohol use on themselves and their families especially in often frowned upon incidents like partner assaults for instance. According to Room (2009), entering treatment for alcohol or drug problems is a potentially humiliating sign of failure in self-control. There is a high degree of marginalisation and stigmatisation among those who end up in treatment for alcohol or drug problems, even in well-developed welfare societies.

The other limitation is that some participants did not talk much, not because they did not want to share but it is just the way many Samoan men talk. According to Scroope (2019), Samoans tend to be very polite and modest when communicating to others. They have a tendency to try to be pleasing and will often tell you what they think you want to hear rather than directly tell you the truth. They will just answer the question briefly without elaborate explanations. I believe many adult Samoan males are 'men of few words'; however, what they say is normally what they really feel. It is mainly women who do the talking in Samoan families from what I

observed of men in my own family. I also found many participants did not answer the question directly and often get carried away talking about another issue. This is where I as the researcher used my understanding of the language to interpret and relate what they talked about in terms of the research questions.

I also felt there was still a sense of mistrust among some participants about the research purpose because of a fear about tarnishing their reputation as ‘matai’ and church leaders. I had to ask the participants about their ‘matai’ titles because they did not mention it. I feel this is due to their hesitancy to be associated with alcohol related charges due to the stigma attached to alcohol and breaking the law in the eyes of people. According to Scroope (2019), Samoans often try to avoid offending others or coming across as too harsh. This is why they tend to be vague and will go around a point when conversing unless it is with someone close whom they trust like wife or sibling. However, depending on the context, they can be deliberately direct when they want to.

Study Recommendations

Based on the findings from this research study, the recommendations that have resulted will be directed and classified under those for CADS Tupu clinicians, CADS Tupu programmes, policy makers and the church role. These recommendations will help provide the way forward for the Samoan and also Pasifika adult male population by minimising and in some cases eliminating the harmful effects of alcohol use on their lives as well as those of their families and communities. The main objective of these recommendations when carried out will ensure that the target population are able to enjoy the benefits of responsible alcohol use and abstinence.

CADS Tupu Clinicians and Staff

Although many of these recommendations are already practised by CADS Tupu Service Clinicians and staff in their work, the findings from this research show that these practices need to continue and be strengthened for the well-being of our Samoan and Pasifika population in general. This is because alcohol misuse does not only adversely affect the users but it also harms families and communities.

- Educate clients about safe drinking levels. For instance, 3 standard alcohol drinks for males a sitting and no more than 15 a week; with at least 2 alcohol-free days per week. Drinking above these levels is considered hazardous drinking.
- Educate clients on the facts and effects of hazardous alcohol use or the persistent consumption of alcohol above the safe levels as listed above. This includes the adverse effect on the human brain and liver, family relationships, livelihood and relationship with the law.
- Educate clients on the consequences of breaking the law such as there being different penalties imposed based on the number of drink driving charges. This will ensure clients fully understand the penalties for breaking the law under the influence of alcohol to sway them from committing offences like drink driving.
- Educate clients on the adverse effects of alcohol addiction and misuse on breaking down family bonds and relationships. This will help to encourage them to prioritise their families over their enjoyment of alcohol.
- Educate clients on the adverse effects of alcohol addiction and misuse on their careers and the family income/finances; disabling the family capability to meet necessary expenditure like children's education, rent and transport costs.
- Refer clients to appropriate and relevant specialised services according to their needs where CADS Tupu Service is unable to provide support. For instance, GP advice for mental and physical health conditions and professional counselling services for couple and relationship issues. These underlying issues are sometimes the main causes for people's hazardous alcohol use and need to be resolved in order for them to overcome their alcohol problems.
- Clinicians to translate all alcohol awareness materials like pamphlets and booklets from English into different Pasifika languages so they are easier for Pasifika people to understand, especially the adult population with limited understanding of English.

CADS Tupu Service Programmes

Although many of the recommended actions are already incorporated into CADS Tupu Service programmes, some of the areas that surfaced in the research findings need to be reinforced in order to provide a more effective specialised alcohol service for our Pasifika population.

- All the participants shared that the main reason they drank alcohol was for relaxation after work and socialisation with friends and families. Thus, the CADS Tupu programmes must include as one of the main topics other ways of relaxation and socialisation that does not include alcohol. For relaxation after work, activities like watching favourite TV programmes and movies as well as sauna and spa sessions are possible options.
- For socialisation purposes, activities like attending the gym and community swimming pool are where one is also able to meet other people and make new friends. There are also physical activities that do not cost money, like walking for instance.
- Continue teaching topics about the effects of alcohol on the person's health, family, livelihood and relationship with the law in counselling and group sessions. Staff to continue finding ways the delivery of these topics can be enhanced for easy but clear understanding so there is greater awareness about the harmful effects of alcohol especially long term
- Teach the essence of Samoan and other Pasifika cultures by clarifying cultural issues like client misunderstanding around 'fa'aaloalo' to ensure that the person's health and wellbeing is the primary consideration.
- Explore the advantages of Samoan culture and areas of improvement like prioritising family needs over excessive giving to 'fa'alavelave' as NZ society and life is different from our island countries where people have a lot of land to live and grow their own food. However, in NZ one has to pay everything with money.
- Explore the Samoan cultural and Christian teachings about a father's role and responsibilities and benefits of meeting them.
- The importance of fulfilling the cultural and spiritual responsibilities of the clients must also be discussed because it is important for their mental and emotional well-being. It also contributes to stable families and communities.
- The topics of self-care and budgeting skills are also valuable especially in terms of maintaining the client overall well-being and protecting the clients and their families' livelihood.
- Communication skills is another invaluable topic to be included in the CADS Tupu programmes as many participants shared only opening up to others including loved ones when intoxicated. Many Samoan males are men of few words and it is not common

for them to talk much even to their wives and children. However, they need to learn to express their feelings and thoughts to others when they are sober in a clear and polite manner so they are well understood by others and they don't get frustrated that they are not listened to or respected.

- The teaching of assertiveness and /boundary setting are other important topics that are also crucial in enabling clients to be confident in speaking up against unhelpful influences and knowing the boundaries of safe and responsible drinking to avoid the occurrence of alcohol abuse and drink driving incidences for example.
- The issue of identity crisis as a cause of problematic alcohol use as raised by another participant is a challenging one especially for Samoans born and raised in Aotearoa. This was alluded to by Jamshidi and Asgharnejad-Farid (2019) who stated that identity crisis is the failure of individuals to embrace the roles that society expects from them. This often leads to uncertainty, frustration and rebellious behaviours including drug experimentation and use especially among the youth. The first strategy to resolve identity crisis is having a preventative programme where cultural roles of Samoan youth and adults are taught in the curriculum not only of youth courses but also in addiction services group programmes like CADS Tupu Service Faletalatala group programme.
- Another preventative approach to combatting identity crisis is teaching our Samoan and Pasifika youth and adult populations especially those born in New Zealand about emotional intelligence. This is because it is known to help motivate people with identity crisis issues to be more aware of themselves and others and encourage them to behave in a more favourable manner, thereby reducing the potential risk of developing alcohol and drugs problems in the future (Coelho, 2012).
- Educate and make the clients aware about the benefits of abstaining from alcohol in terms of improvement in their physical and mental health so they are motivated to abstain or drink responsibly.
- Educate and make clients aware of the benefits of abstinence and responsible drinking in terms of improved self-satisfaction and confidence in one's life, improved livelihood and family life as well as the performance of cultural and spiritual roles and responsibilities.

- Teach Pasifika holistic models like Fonofale and Fonua Ola to clients to provide understanding about the values and principles that give them strength as individuals and as members of families and other community groups.
- Encourage spirituality as one of their strengths and practice it during programmes with prayer and hymn singing before and after individual and group sessions. Also discuss other major Christian issues like tithing so there is no confusion about its true meaning and principles.
- The Alcohol clinicians must also coach clients dealing with past trauma to use functional ways for dealing with these emotional wounds instead of drinking alcohol. This include referring them to personal and relationship counselling or talking with a community, cultural or spiritual leader about unresolved relationship issues for instance.
- Inspirational speakers must also be invited to the group sessions as they will inspire positive change among clients especially from those who have overcome the same challenges that the clients are facing,
- Refer clients to professional counselling to help cope with any past trauma, shame and painful experiences
- Support clients in formulating relapse prevention plans or a personalized tool for recovery. This helps clients understand themselves, their triggers, and their support system. The plan help clients navigate challenges and harness their inner strengths by including alternative activities that they enjoy for relaxation like sleeping, exercising and watching movies.
- Educate clients that they can still socialise with friends and families without abusing alcohol by being assertive and following their relapse prevention plans.
- Making clients aware about the influence of the New Zealand work and sports environments on their tendency to drink alcohol and the need to stick to their preferred goals whether to drink responsibly or abstain.
- Educate clients about basic budgeting skills so they can see the importance of saving some money for future financial security and the benefit of owning their own home instead of paying rent for instance.

Policy Makers (eg, local Government bodies, Te Whatu Ora)

The Government through local Government bodies and ministries like Te Whatu Ora can spearhead the needed changes as recommended below. This is mainly through the provision of funding and the enactment of legislation that will enable these changes to occur to help overcome the problems caused by alcohol misuse on our Samoan and Pasifika communities.

- The participants' thoughts and perspectives showed the need to create a supportive environment for the treatment of Samoan adult males with alcohol problems, ensuring that their unique cultural and spiritual needs are also recognised alongside their health and social aspirations. This include establishing more Pasifika Community Alcohol Services like CADS Tupu around the country to cater specifically for the needs of Pasifika people
- Establishment of a Pasifika Detox and Pasifika Residential Rehabilitation Service to cater for the needs of Pasifika clients. These services to be administered and operated by Pasifika health professionals who can communicate in different Pasifika languages so they can better serve the needs of the Pasifika population especially those who have difficulty understanding the English language.
- Specialised alcohol treatment services need staff with understanding of Pacific Island cultural protocols and values and more importantly the fluency in communicating in the various Pacific Island languages. This is useful in communicating especially with the adult population with limited understanding of the English language.
- The waiting time policy needs to be improved to ensure that the Pasifika clients get the most appropriate support from CADS services immediately with minimal delay as there have been concerns raised about Pasifika clients waiting longer for support compared to Pakeha clients.
- Alcohol Clinicians must not only have the necessary entry qualifications to be employed in their roles but also continue to have on-going training in the field. This is to ensure that they possess the necessary knowledge and skills to become effective alcohol counsellors with the appropriate knowledge to impart to the service users. This is important as many participants said that both the trusting relationships with the clinicians and the knowledge obtained from the programmes, both individual and group sessions, helped them to understand the negative impact of alcohol abuse on their lives and therefore inspire them to drink responsibly while others abstain completely.

- Policy makers must introduce legislation that restricts the acquisition of liquor licenses or permits for businesses in South Auckland that want to sell liquor as the place already has the highest concentration of liquor outlets in New Zealand. This is not healthy especially for the Pasifika island population whose majority live here due to the very high accessibility of alcohol.

Church Role

The church communities in New Zealand play a similar role to that of a Samoan person's village in the islands with church leaders highly esteemed and respected as God's representatives or mouthpiece on earth.

- Because of the important role of the church in Samoans and other Pacific Islanders lives, church leaders need to create more awareness of the drinking problem in culturally appropriate ways, targeting the Samoan youth and adult populations of various Samoan church denominations in Auckland. Awareness of alcohol problems should be disseminated not only at youth functions but also among the adults.
- There needs to be more talk about the issue so that there is more awareness about the harm of alcohol. The churches need to continue collaborating with New Zealand Health, Community Alcohol and drugs services and other stakeholders on ways to tackle and prevent alcohol related problems in our communities.
- The church leaders to collaborate (talanoa) with Samoan cultural leaders (matais) of their congregation about alcohol abuse so that the leaders can lead by example in their own families by not using alcohol in a hazardous manner.
- Educational strategies at the church to target the family as a whole. The family is such an important element in the lives of Samoan people, thus the whole family needs to be educated concerning the effects that alcohol has on one's health. Samoan leaders of the church to be trained regarding alcohol related issues, so that there is support available for alcohol consumers of the church. Networks and links from the church to appropriate drug and addiction services need also to be made so that it is ready for Samoan people to use.
- Resources to be provided and distributed to members of the church so that they are aware about available support, instead of hearing of help through word of mouth. These

resources could take the form of pamphlets, booklets, posters and fact sheets, consisting of information related to responsible drinking, alcohol effects on people's lives, and health services available to support those who are experiencing problems with their alcohol use.

- The churches to request these resources to be translated in Samoan and other Pasifika languages if they are in English so it is easier for people to understand the content especially the adult population with limited understanding of the English language.

Future Research

There is still a wide scope for additional research regarding Samoan adult males' alcohol use. This refers to a need for participation in a large-scale study involving a larger Samoan adult male population size. This could be either qualitative or quantitative research on Samoan adult males living in Auckland on their experiences with alcohol use especially in terms of the harm as well as protective and risk factors. This is to achieve a better understanding of the causes behind the concerning level of problematic alcohol use among the target population and possible preventative measures.

There also needs to be research carried out amongst adult males in Samoa based on their alcohol use, in terms of their behaviours while consuming alcohol and also investigating the amount of alcohol consumed. There is some indication from the participants' responses of the misbehaviour and increased use of concentrated alcohol use amongst adult males in Samoa. Studies are needed to be carried out to confirm these assumptions. Ideally a study needs to be developed to compare and contrast the consumption of alcohol between adult males in Samoa and Samoan adult males in New Zealand. This additional research could potentially help improve or recommend strategies that need to be implemented in order for adult males to be better educated on alcohol use, and also provide support for possible problems.

A scientific or clinical study is also highly recommended on the use of 'kava' or 'ava' drink to find out if it is safe for consumption, and if so, how much is too much. This is because one of the participants claimed that he has now replaced alcohol with 'ava' because it is harmless in that one can still drink and drive for instance. This is a view that is widely shared in my conversations with not only Samoans but also other Pacific islands service users at CADS Tupu

Service. However, clear guidelines must be established based on scientific evidence as with other alcoholic beverages like beer. For instance, how much is a safe level of consumption at different age groups and between genders.

Similar to the focus of this research study, there also needs to be more research on a larger scale about the Samoan adult men and the reasons for their abstinence from alcohol consumption as well as drinking responsibly. There is reason to believe that there is a low percentage of Samoan men who consume alcohol. In finding out reasons for abstinence and responsible drinking, these findings can be used as guidelines and support materials to be used by CADS and other health services to support Pacific people that need support with alcohol problems.

More research is also needed to be carried out on Samoan adult female alcohol use, as there is no qualitative research yet to be focused on this part of the Samoan population and their alcohol use challenges. This research can also aim to identify Samoan females' alcohol use behaviours as one of many possible options. The findings from this research will contribute to knowledge surrounding alcohol use amongst the Samoan adult female population and ways to better support their needs.

CONCLUSION

The findings from this research show that there is serious harm from problematic alcohol use as well as related protective and risk factors with reaching this stage for a Samoan adult male. There are also huge benefits that a Samoan adult male attains not only from abstinence and responsible drinking but also from attending CADS Tupu programmes when support is needed. Nevertheless, there is still great room for improvement not only in the addiction services for the target population but also further research needed to identify gaps in existing services for Pasifika clients. An awareness by policy makers, community leaders and the public of these important factors and taking remedial action will not only help decrease the number of people from the study population that use alcohol problematically, but it will also help those suffering from the negative consequences of problematic alcohol use in acquiring the appropriate and effective support for their recovery.

APPENDICES

Appendix A – Participant Information Sheet (Samoan adult males)

Appendix B – Participant Consent Form (Samoan adult males)

Appendix C – Participant Information Sheet (Service Manager)

Appendix D – Participant Consent Form (Service Manager)

Appendix E – Information Sheet Tupu CADS Manager

Appendix F – Interview Schedule



**EDUCATION AND
SOCIAL WORK**

Participant Information Sheet

(This form will be stored for a period of six years)

TE KURA TAUWHIRO TANGATA
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Services and Social Work

Epsom Campus

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Waipapa Taumata Rau | The
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Private Bag 92019

Auckland 1142

New Zealand

Samoan adult males' thoughts/perspectives on factors that support responsible alcohol use.

You are receiving this information sheet as a participant for this research study. You are invited to read this information sheet and consider if you wish to be involved in this research project involving some CADS Tupu Samoan staff and yourself as a former service user about your experiences with alcohol use.

Researchers

The research is a collaboration between Te Whatu Ora-New Zealand Health, CADS Tupu and the University of Auckland, and is being conducted by Dr Barbara Staniforth & Dr Vili Nosa (University of Auckland) and Arona Aloaina (Te Whatu Ora-New Zealand Health, CADS Tupu and the University of Auckland). The researchers are registered social workers with experience of working in mental health services at Te Whatu Ora- New Zealand Health. Additionally, Arona currently works as an Alcohol, Other Drugs and Gambling Clinician (AODG) for CADS Tupu, and is keen in improving the services they provide.

What is the purpose of the study?

This research project aims to identify the factors that help support people to drink responsibly rather than hazardously. The purpose of this study is to gain feedback from those who were former CADS Tupu service users and are Samoan adult males of at least 40 years of age. The results from the research will contribute to the growing literature on how to manage hazardous alcohol use by identifying ways it can be remedied and to achieve responsible alcohol use. It is also hoped that results from this study may be able to contribute to improving the work of addiction services like CADS as well as other services or fields of practice.

What the study involves

The study involves one individual interview with researcher and student, Arona Aloaina. The interview will likely take about 60 minutes, and another 30 minutes if participants wish to review their transcript from the interview. The interview can be held at a CADS Tupu

counselling room, your home or another venue like a public library private room. Online via Zoom meetings at a time convenient to you can also be arranged if you are not available in person. The interview will occur at a date and time of your choosing. The interview can be conducted in Samoan if the participant wishes and they may have their aiga/support person present at the interview. However, the aiga/support person's comments will not be included as part of the data for this study.

Potential benefits and risks

The interview will provide a chance for you to reflect on your experience with alcohol use and the service you received from CADS Tupu. You will be asked about your thoughts and perspectives on factors that contributed to your being able to overcome hazardous alcohol use thereby enabling you to control your alcohol use. You will also be given the opportunity to provide feedback that may improve the work of CADS Tupu in terms of supporting people who are using alcohol hazardously.

To avoid conflict of interest, the 10 final participants in this study will not include any of the student researcher's former clients. This is to ensure that the clients can speak freely about their experiences without fear or compromise. While every effort will be made to protect your privacy in any publications arising from the research, there is small chance that someone may recognize you as a participant, due to the small pool of potential participants.

We do not believe that there will be any risks to individuals taking part in this research.

However, you

should not feel obliged to answer any questions you feel uncomfortable about. If you experience any

discomfort feeling during or after the interview, please discuss with Arona Aloaina or other CADS Tupu colleagues. If you would like to discuss any concerns arising from the interview, you are welcome to contact the researchers or any of the contacts at the bottom of this form.

A koha of \$50 shopping voucher will be given to each participant after their interview session.

Your rights

Participation is completely voluntary. Participants are free to withdraw from the study at any time and may withdraw their data up until two months after their interview, without having to provide a reason. The interviews will be transcribed by Arona Aloaina. You will be given the opportunity to review your transcript from the interview and to make any changes you would like. If we do not hear from you after two weeks from having sent you the transcript, we will assume that you are happy for it to be used in its original form.

The interviews will mostly be audio recorded and or recorded on Zoom if the interview is done online. These audio and Zoom interview recordings will be securely stored on the password-protected computer of Dr Barbara Staniforth and on a secure server through the University of Auckland for ten years, and your consent form will be securely stored in a locked filing cabinet in the office of Dr Barbara Staniforth for six years. After those times, the

recordings, consent forms and transcripts will be destroyed in compliance with the University of Auckland's secure destruction of research data procedures.

What happens after the study?

The data from the interviews will be analyzed, and findings are likely to be published in journal articles, conference presentations or used for teaching purposes. The findings may also be used to develop guidelines for CADS and other interested services. CADS Tupu will receive a summary of the findings, and you may also request a copy of the findings by indicating your interest on the consent form.

Contact details

If you have any questions, concerns or complaints about the study at any stage, you can contact any of the researchers directly. **If you are interested in participating in the study, please indicate to your former clinician and provide him/her with your current contact for Arona Aloaina to contact you.** Arona will provide you with further information and a consent form which you can then sign and return to him either in person at the interview, or via email.

Dr Barbara Staniforth:

b.staniforth@auckland.ac.nz

Phone 649623 8899 Ext.48349

Dr. Vili Nosa

b.nosa@auckland.ac.nz

Phone: 6493737599 Ext.86906

Associate Professor Allen Bartley

a.bartley@auckland.ac.nz

Academic HOD School of Counselling, Human Services and Social Work

Phone: 6493737599 Ext.48140

Arona Aloaina:

aalo819@auckland.co.nz

Phone (Burner Cell Phone Number to be provided)

If you have any questions or complaints about the study, you may contact the Auckland and Waitemata District Health Boards Māori Research Committee or Māori Research Advisor by phoning 09 486 8920 ext 3204.

For concerns of an ethical nature, you can contact the Chair of the Auckland Health Research Ethics Committee at ahrec@auckland.ac.nz or at 373 7599 ext 83711, or at Auckland Health Research Ethics Committee, The University of Auckland, Private Bag 92019, Auckland 1142.

Approved by the Auckland Health Research Ethics Committee for three years on
Reference number



**EDUCATION AND
SOCIAL WORK**
SCHOOL OF COUNSELLING,
HUMAN SERVICES AND SOCIAL WORK

Participant Consent Form

(This form will be stored for a period of six years)

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Project title: Samoan adult males' thoughts/perspectives on factors that support responsible alcohol use.

Researchers: Dr Barbara Staniforth (University of Auckland), Associate Professor Vili Nosa (University of Auckland) & Arona Aloaina (Student Researcher)

I have read the Participant Information Sheet and I have understood the nature of the research and why I have been selected. I have had the opportunity to ask questions and have had them answered to my satisfaction, and I understand that I may ask further questions at any time.

- I agree to take part in this research under the conditions set out in the information sheet.
- I understand that the interview will likely take about 60 minutes of my time and a further 30 minutes may be required should I choose to review my transcript.
- I understand that the information from this interview will be used for the purpose of completing this Master of Social Work project, and possibly for future conference presentations, articles in academic journals or teaching purposes.
- I understand that participation is voluntary and that I can withdraw from participating or decline to answer questions at any time. I am able to withdraw my information from the project up to two months after my interview.
- I agree to be audio recorded.
- I understand that as a participant, I can ask to stop the recording at any time.

- I understand that the audio recording and the transcript from my interview will be kept securely on Dr Staniforth's password protected computer, on a secure University or Auckland server and in her locked office (Consent Forms)
- I understand that all attempts will be made to ensure participant confidentiality and to write about the research in ways that do not identify individual participants. However, due to the small number of participants, there is a possibility that someone may recognise a participant in reports arising from the research project.
- I understand that data will be kept for six years and then destroyed as per University of Auckland protocols.

This form will be held for a period of six years.

I wish to receive the summary of findings: Yes / No

If yes, please provide contact details for summary of information:

Declaration by participant:

Name:

Signature:

Date:

Approved by the Auckland Health Research Ethics Committee for three years on

Reference number



CADS Tupu Team Manager Participant Information Sheet

(This form will be stored for a period of six years)

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Samoan adult males' thoughts/perspectives on factors that support responsible alcohol use.

You are receiving this information sheet as you are the Team Manager for CADS Tupu; whose former service users and AODG Clinicians will be the main participants in this research study. You are invited to read this information sheet and consider if you wish to be involved in a research project involving some of your Samoan AODG Clinicians and former service users about their experiences with alcohol use.

Researchers

The research is a collaboration between Te Whatu Ora-New Zealand Health, CADS Tupu and the University of Auckland, and is conducted by Dr Barbara Staniforth & Dr Vili Nosa (University of Auckland) and Arona Aloaina (Te Whatu Ora-New Zealand Health, CADS Tupu and the University of Auckland). The researchers are registered social workers with experience of working in mental health and addiction services. Additionally, Arona currently works as an AODG Clinician for CADS Tupu, and is keen in improving the services they provide.

What is the purpose of the study?

This research project aims to identify the factors that help support people to drink responsibly rather than hazardously. The purpose of this study is to gain feedback from those who were former CADS Tupu service users and are Samoan adult males of at least 40 years of age. The results from the research will contribute to the growing literature on how to manage hazardous alcohol use by identifying ways it can be remedied and to achieve responsible alcohol use. It is also hoped that results from this study may be able to contribute to

improving the work of addiction services like CADS Tupu as well as other services or fields of practice.

What the study involves

The study involves one individual interview with researcher and student, Arona Aloaina, Interview sessions will likely take about 60 minutes, and another 30 minutes if the participant wishes to review his transcript from the interview. The interview can take place at a mutually agreed venue like a CADS Tupu counselling room, the participant's home or another venue like Public library private room. Online via Zoom meetings at a time convenient to the participant can be arranged if participant is unavailable in person. The interview will occur at a time of the participant's choosing.

Firstly, your approval and consent is required in allowing your Samoan AODG Clinicians to access the HCC database to obtain contact details of possible candidates for interview (or Samoan males of at least 40 years old). This will entail them to use their time in contacting former Samoan service users for their interest in participation in the study. Thirdly, your approval is needed in allowing the CADS Tupu counselling rooms to be booked and utilized for interview sessions with the participants where needed. Finally, your assurance is required that the participant or staff decision to participate in the study or not will in no way affect their relationship (or employment) with Te Whatu Ora Health New Zealand.

Potential benefits and risks

The interview will provide a chance for the participant to reflect on his experience with alcohol use and the service he received from CADS.Tupu. Participants will be asked about their thoughts and perspectives on factors that contributed to their being able to overcome hazardous alcohol use thereby enabling them to control their alcohol use. Participants will also have the opportunity to provide feedback that may improve the work of CADS Tupu in terms of supporting people who are using alcohol hazardously.

To avoid conflict of interest, the 10 final participants in this study will not include any of the student researcher's former clients. This is to ensure that the clients can speak freely about their experiences without fear or compromise. While every effort is made to protect participant privacy in any publications arising from the research, there is small chance that someone may recognize a participant, due to the small pool of potential participants.

We do not believe that there will be any risks to individuals taking part in this research. However, participants should not feel obliged to answer any questions they may feel uncomfortable in answering. If a participant experiences any discomfort following the interview, they can discuss it with myself or other CADS Tupu colleagues. If they would like to discuss any concerns arising from the interview, they are welcome to contact the researchers or any of the contacts at the bottom of this form. Finally, they can be referred to professional counselling if there is a need arising out of the interviews for this study.

Participant rights

Participation is completely voluntary. Participants are free to withdraw from the study at any time and may withdraw their data up until two months after their interview, without having to provide a reason. The interview recordings will be transcribed by Arona Aloaina who will sign a confidentiality agreement with each participant. Participants will have the opportunity to review their transcript from the interview and to make any changes they would like. If there is no participant feedback after two weeks from having sent them the transcript, then it is assumed that they are happy for it to be used in its original form. To avoid conflict of interest, the student researcher, Arona Aloaina, will not have any of his former clients as a participant in the study.

The interviews will mostly be audio recorded and recorded on Zoom if the need arises. These audio and Zoom interview recordings will be securely stored on the password-protected computer of Dr Barbara Staniforth and on a secure server through the University of Auckland for ten years, and your consent form will be securely stored in a locked filing cabinet in the office of Dr Barbara Staniforth for six years. After those times, the recordings, consent forms and transcripts will be confidentially destroyed in compliance with the University of Auckland's secure destruction of research data procedures.

What happens after the study?

The data from the interviews would be analyzed and findings are likely to be published in journal articles, conference presentations or used for teaching purposes. The findings would also be used as guidelines for CADS and other interested services. CADS Tupu will receive a summary of the findings, and you also can request a copy of the findings by indicating your interest on the consent form.

Contact details

If you have any questions, concerns or complaints about the study at any stage, you can contact either of the researchers directly.

Dr Barbara Staniforth:

b.staniforth@auckland.ac.nz

Phone 64 9 623 8899 ext 48349

Dr. Vili Nosa

b.nosa@auckland.ac.nz

Phone

Arona Aloaina:

aalo819@auckland.co.nz

Work Phone 021975913

University of Auckland
Academic HOD

(to be confirmed)

Information for Participants

[If you would like emotional support, you can contact the Employee Assistance Program \(EAP\) by calling 0800 327 669 anytime.](#)

If you have any questions or complaints about the study, you may contact the Auckland and Waitemata District Health Boards Māori Research Committee or Māori Research Advisor by phoning 09 486 8920 ext 3204.

A koha of \$50 shopping voucher will be given to each participant after their interview sessions.

For concerns of an ethical nature, you can contact the Chair of the Auckland Health Research Ethics Committee at ahrec@auckland.ac.nz or at 373 7599 ext 83711, or at Auckland Health Research Ethics Committee, The University of Auckland, Private Bag 92019, Auckland 1142.

Approved by the Auckland Health Research Ethics Committee for three years on
Reference number



CADS Tupu Team Manager

Consent letter

(This form will be stored for a period of six years)

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Project title: Samoan adult males' thoughts/perspectives on factors that support responsible alcohol use.

Researchers: Dr Barbara Staniforth (University of Auckland), Dr Vili Nosa (University of Auckland) and Arona Aloaina (Waitemata District Health Board and University of Auckland)

I have read and I understand the information sheet for the research on 'Samoan adult males' thoughts/perspectives on factors that support responsible alcohol use.' I consent to CADS Tupu AODG Clinicians and former CADS Tupu Service users who are being invited to take part in this research project.

- I consent for CADS Tupu AODG Clinicians to take part in this research study during their work hours.
- I consent to the research being undertaken in WDHB work spaces and equipment like interview rooms and computers if needed.
- I consent for CADS Tupu AODG Clinicians to access the HCC database to retrieve former Samoan adult males service users' contact numbers to explore their interest in participating in the research
- I consent for the former service users interested in participating in the study to be contacted by Arona Aloaina to set up dates and times for interviews
- I have been given the opportunity to discuss this study with the researcher and CADS Tupu AODG Clinician, Arona Aloaina.
- I am satisfied with the information I have been given.
- I understand that participation by the AODG Clinicians and former service users is entirely voluntary, and they can withdraw from the research at any time without giving a reason.
- I give my assurance that a staff member's decision to participate or not participate will in no way affect their employment at CADS Tupu, Te Whatu Ora-New Zealand Health.

- I understand that any reports arising from the research will include nonidentifying information about the staff and WDHB, although it is possible that the staff and/or WDHB may be recognised.
- I understand that information obtained will be stored securely by the researchers for a period of 10 years after which time it will be destroyed or erased.

I wish to receive the summary of findings: Yes / No

If yes, please provide contact details for summary of information:

Declaration by CADS Tupu Team Manager:

I hereby consent to AODG Clinicians and former service users of CADS Tupu being invited to take part in this research project.

Name:

Organization:

Signature:

Date:

Approved by the Auckland Health Research Ethics Committee for three years on
xxxxReference number xxxxx



**EDUCATION AND
SOCIAL WORK**
SCHOOL OF COUNSELLING,
HUMAN SERVICES AND SOCIAL WORK

Information Sheet for Tupu CADS Manager

(This form will be stored for a period of six years)

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Samoan adult males' thoughts/perspectives on factors that support responsible alcohol use.

We are seeking your permission to allow Tupu CADS AODG Clinicians to access the HCC data base to obtain contact details for previous Samoan adult male clients of 40 years and older. The clients will then be contacted by the AODG Clinicians who worked with them whilst they were clients of CADS Tupu to see if they are interested in participating in the study. Your approval is also sought for the interview rooms at CADS Tupu services to be used when needed. Finally, please give your assurance that participants or staff's decision to participate or not participate will in no way impact upon the relationships (or employment) with Te Whatu Ora Waitematā CADS Tupu services.

Researchers

The research is a collaboration between Te Whatu Ora- Health New Zealand (WDHB) and the University of Auckland and will be conducted by Dr Barbara Staniforth and Dr Vili Nosa (University of Auckland). The Student and Researcher is Arona Aloaina (University of Auckland & Te Whatu Ora-Health New Zealand)). The researchers are registered social workers with experience of working in mental health services.

What is the purpose of the study?

This research project aims to identify the thoughts and perspectives of Samoan adult males about factors that support responsible alcohol use. The purpose of this study is to find out new knowledge from the participants' subjective experiences with alcohol use that can help in supporting people who may be struggling with alcohol hazardous or problematic use. The knowledge gained can also contribute to the growing literature on how to support people with

problematic alcohol use especially among adult Samoan males and other male populations. It is also hoped that results from this study may be able to contribute to the work of CADS Tupu and other services or fields of practice.

What would be involved?

We would like to invite former CADS Tupu Samoan adult male service users to participate in an interview with Arona Aloaina. The interview would likely take about 60 minutes, and will involve questions about their experiences with alcohol and factors that enabled them to control alcohol use.

The interviews will be audio recorded. They can be held at times convenient for the participants. Interviews can be conducted at CADS Tupu interview/counselling rooms and any other venue that is preferred by service user/participant. Online session using Zoom is also an option if face to face engagement is not possible. We are asking that interviews can occur within staff work time. The 10 participants will be recruited via phone contact by AODG Clinicians in seeking their interest and then will be contacted by Arona Aloaina to set date and time for interviews and to sign Consent Form. Dr Staniforth and Dr Vili Nosa will support and guide Arona Aloaina in conducting the interviews and data analysis.

What about confidentiality?

Transcripts from the interviews will be confidential to Dr Staniforth, and participants will not be named in any publications. Despite all efforts to maintain privacy, due to the small pool of potential participants, there is a slight chance that a participant may be identified in a publication by a reader.

We plan to name Te Whatu Ora-New Zealand Health (WDHB) and University of Auckland as the site of the research in publications. This is due to the involvement of CADS Tupu AODG Clinicians and former clients and Dr Staniforth and Dr Nosa of the University of Auckland.

Copies of interview transcripts, signed consent forms and audio recordings will be stored securely in Dr Staniforth's office at the University of Auckland, on her password protected computer and on a secure University of Auckland server for a period of 10 years after which time they will be destroyed.

What if the discussion makes participants upset?

The focus of the research is to reflect on what has helped former Tupu clients overcome hazardous alcohol use based on their own lived experiences. The questions are unlikely to cause distress. However, if a participant is upset as a result of the interview, they will be encouraged to speak with their AODG Clinician, Arona Aloaina or to contact EAP services. This information will be clearly noted in the Participant Information Sheet given to each study participant.

Contact details

If you have any questions, concerns or complaints about the study at any stage, you can contact the researchers directly.

Dr Barbara Staniforth:

b.staniforth@auckland.ac.nz

Phone 64 9 623 8899 ext 48349

[Arona](#)

Phone 021 349 071

If you want to talk to someone who isn't involved with the study, you can contact an independent health and disability advocate on:

Phone: 0800 555 050
Fax: 0800 2 SUPPORT (0800 2787 7678)
Email: advocacy@advocacy.org.nz
Website: <https://www.advocacy.org.nz/>

If you require Māori cultural support, talk to your whānau in the first instance. Alternatively, you may contact the administrator for He Kamaka Waiora (Māori Health Team) by telephoning 09 486 8324 ext 2324.

If you have any questions or complaints about the study, you may contact the Auckland and Waitematā District Health Boards Māori Research Committee or Māori Research Advisor by phoning 09 486 8920 ext 3204.

For concerns of an ethical nature, you can contact the Chair of the Auckland Health Research Ethics Committee at ahrec@auckland.ac.nz or at 373 7599 ext 83711, or at Auckland Health Research Ethics Committee, The University of Auckland, Private Bag 92019, Auckland 1142.

If you agree to this study being undertaken, please sign the attached consent form and return to the researcher.

Approved by the Auckland Health Research Ethics Committee for three years on
Reference number

Appendix F

Interview Schedule

1. Why and when did you start drinking alcohol?
2. What are the benefits to you of drinking alcohol?
3. What factors do you believe Samoan adult male drink too much alcohol?
4. What are the bad things you have experienced from drinking too much alcohol?
5. What do you believe are some factors that can support people who are drinking too much alcohol and are facing problems for example with their health, the law and in their families?
6. Do you think that our Samoan culture and Christian values help can help a person with alcohol problems and how?
7. Can you please talk about factors that help you change your mind by changing the way you drink alcohol?
8. From your personal journey and life experience what do believe helped you overcome the excessive use of alcohol?
9. Do you think your Samoan culture and Christian values has help you in your journey in overcoming addiction and if so how?
10. What do you believe are practical strategies to enable adult Samoans males in overcoming alcohol addiction so they can live a happy life?
11. In terms of harm from excessive alcohol use, what practical changes are you making to avoid further harm?
12. What do you think about the support you received from Tupu Service as a former service user in overcoming alcohol misuse and addiction?
13. Do you think there is something that we can do in order to improve our services to people who come to us for support with alcohol problems?
14. As a former Tupu service user, what advice can you give to someone who is having problems because of their excessive alcohol use?

15. What do you think our organisation and other Pacific Island services can do to help people with alcohol problems?

16. From your experience, what are some of positives of cutting down your alcohol use or abstaining from alcohol use?

17. Do you think knowledge shall be promoted to our people about the harm of alcohol through greater public health promotions and awareness programmes in order to reduce the hazardous use of alcohol?

18. How would you rate your satisfaction with the changes you have made with your use of alcohol?

19. Is there anything else you want to talk about or want to know more about regarding this research study or the use of alcohol?

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