



TE WHARE WĀNANGA O
AWANUIĀRANGI

“THE LONG JOURNEY
TO THE GLASS PIPE”
VIA AN INDIGENOUS LENS

TUTARANGI HOHEPA NGARIMU
2020

*A thesis submitted in partial fulfilment of the requirements for the degree of
Master of Māori Studies at Te Whare Wānanga o Awanuiārangī*

Copyright.

This thesis is the property of the author. You have permission to read and reference this thesis for the purposes of research and private study. This is provided you comply with the provisions of the Copyright Act 1994 NZ.

Please do not reproduce this thesis without the permission of the author.

Copyright 2020, asserted by Tutarangi Hohepa Ngarimu in Whakatāne, NZ.

Declaration

To the best of my knowledge and belief this thesis contains no material previously published by any other person except where due acknowledgment has been made.

This thesis contains no material that I have submitted towards the award of any other degree or diploma in any other university or other institution.

This thesis represents research I have undertaken. The findings and opinions in my thesis are mine and they are not necessarily those of Te Whare Wānanga o Awanuiārangi.

This thesis has been stored at Te Whare Wānanga o Awanuiārangi. It is therefore available for future students and researchers to read and reference.

Tutarangi Hohepa Ngarimu

Signature: Tuta Ngarimu.

Date: 18th December 2020

Glossary

Hapū	sub-tribe
Hara	offence
Iwi	tribe
Kanohi	face
Karanga	call
Kaua	do not
Kaumatua	elder
Kawa	protocol
Kitea	seen
Kōrero	talk
Kūpapa	traitor
Kura	school
Mana	pride
Mamae	hurt
Mana Motuhake	separate identity
Manaakitanga	support
Mokopuna	grand children
Ngāti Maniapoto	people of Maniapoto
Pūrākau	story
Rangatahi	youth
Raupatu	confiscation of land
Ruha	ragged, old

Takahia	trample
Tikanga	culture
Tamariki	children
Tino rangatiratanga	sovereignty
Tūpato	careful
Turangawaewae	identity belonging to
Utu	recompense
Waiata	song
Whakarongo	listen
Whānau	family
Whaikōrero	talk, speech

Terminology

Data sources on Methamphetamine and amphetamine use a variety of terms. These terms include:

Amphetamines. This describes a broad category that includes amphetamine, Methamphetamine, dexamphetamine and amphetamine analogues. Some amphetamines are used for therapeutic purposes such as treating attention deficit-hyperactivity disorder (ADHD).

Methamphetamine (also known as methylamphetamine) means a derivative of amphetamine that is commonly found in three forms: speed, base, crystalline. It is structurally different, more potent, and longer lasting than amphetamine.

Meth/amphetamine refers to Methamphetamine and amphetamine and is a term often used in survey reports.

Amphetamine type stimulants (ATS) cover a large range of substances, which include amphetamine, Methamphetamine, and phenethylamines (e.g., ecstasy).

High Intensity Drug Trafficking Area (HIDTA)

Substance Abuse and Mental Health Services (SAMHSA)

United Nations Permanent Forum for Indigenous Issues (UNPFFII)

Department of Health (DOH) Historical Trauma & Unresolved Grief (HTUG)

Child Youth & Family Services (CYFS)

The Best Practice Advocacy Centre. (bpacnz)

Health Equity Assessment Tool (HEAT)

Inter-Agency Committee on Drugs (IACD)

Acknowledgements

I dedicate this Thesis to my Tamariki & Mokopuna who have been the driving force behind this journey.

Also

All the participants who believed in the mahi and contributed their life's journeys.

To Hine Moeke-Murray who re-opened the world of education for me.

Professor Rawiri Waretini Karena and Professor Paul Kayes for your guidance.

Hone Te Riri, Alice McPhee, Reuben Collier, Verbena Harawira.

My Whanaunga Mike Timu for his ongoing tautoko through this journey

And finally, I Mihi to my BIG Sister

Maria Edwards

For always being there

Abstract

“E tipu e rea, Ko tō ringa ki nga rākau a te pākehā, Hei ora mō te tinana, Ko tō ngākau ki ngā taonga a ō tipuna Māori, Hei tikitiki mō tō māhuna”

“Grow and branch forth tender youth, take on and use the tools of the pakeha, For the sustenance of your wellbeing, your heart to the treasures of your ancestors, to wear as an adornment/plume for your head”.

Kia Ora

Ko Hikurangi Te Maunga

Ko Waiapu Te Awa

Te Aitanga A Mate taku Hapū

Ko Ngati Porou taku iwi

Ko Tutarangi Hohepa Ngarimu taku ingoa

Methamphetamine has had a major impact worldwide, it has no preference effecting both wealthy and poor, no racial divide, male and female, old and young. My focus in this study is the damaging effects reeked on Indigenous communities, namely Māori, Hawai‘i, Aboriginal and First Nations, also to capture through a chronological historical timeline similar themes that may arise through that journey.

The hope is, that the findings and research data collected in this study, would serve as evidence to answer both thesis questions and to make recommendations that would help Indigenous peoples strategically work together in unison, to build strong initiatives to overcome and move forward as the Kaitiaki of our own destiny.

Contents

Copyright	2
Declaration	3
Glossary	4
Terminology	6
Acknowledgements	7
Abstract	8
List of Figures	14
CHAPTER ONE	15
INTRODUCTION	15
1. Chapter Introduction	15
1.1 Background to the Study	16
1.2 Who is involved?	18
1.3 Aim and Research Questions	20
1.4 Interview Questions	21
1.5 Participants	22
1.6 Ethical issues	23
1.7 Significance	23
1.8 Overview of Methods	24
1.8.1 Research Questions	24
1.8.2 Interview Questions	24
1.8.3 Chronological Historical Timeline Research Model	25
1.8.4 Video interviews	25
1.8.5 Email Surveys	25
1.8.6 Case study	26
1.9 Thesis Questions	26
1.9.1 Research question one	26
1.9.2 Research question two	26
1.10 Overview of Thesis	26
1.10.1 Chapter One (1) Introduction,	26
1.10.2 Chapter Two (2) Methamphetamine	27
1.10.3 Chapter three (3) Literature Review	27
1.10.4 Chapter four (4) Research and Methodologies	27
1.10.5 Chapter five (5) Chronological Historical Timeline	28

1.10.6 Chapter Six (6) Findings and Discussions	28
1.10.7 Chapter Seven (7) Recommendations & Conclusions	28
1.11 Chapter Summary	28
CHAPTER TWO	29
METHAMPHETAMINE.....	29
2. Chapter Introduction	29
2.1 What is Methamphetamine?.....	29
2.2 How do people use Methamphetamine?	30
Methamphetamine is consumed by;	30
2.3 Methamphetamine a brief history.	31
2.4 How does Methamphetamine affect the brain?.....	34
2.5 Dopamine Pathways.....	35
2.6 Short-Term Effects.....	36
2.7 Long-Term Effects.....	37
2.8 How is Methamphetamine made or manufactured?.....	38
2.9 Examples of toxic chemicals.....	40
2.10 What are other health effects of Methamphetamine?	40
2.11 Are their health effects from exposure to second-hand Methamphetamine smoke?	41
2.12 Can a person overdose on Methamphetamine?.....	41
2.13 How can a Methamphetamine overdose be treated?.....	41
2.14 Is Methamphetamine addictive?	42
2.15 Indigenous Methamphetamine Abuse Statistics	44
2.15.1 Australia (Aboriginal and Torres Straight Islanders)	44
2.15.2 Hawai'i (Indigenous Hawai'ians)	46
2.15.3 First Nations (Turtle Island Indigenous Indians)	50
2.15.4 New Zealand (Māori).....	51
2.15.5 Key practice points:	52
2.16 Chapter summary	53
CHAPTER THREE	54
LITERATURE REVIEW	54
3. Chapter Introduction	54
3.1 Key literature topics	55
3.1.1 Professor Maria Yellow Horse Brave Heart	55
3.1.2. Sir Mason Durie	60
3.1.3 Moana Jackson.....	65

3.1.4. Methy Business	69
3.1.5. Professor Linda Tuhiwai Smith	72
3.1.6. Dom Felice Vaggioli	74
3.2. Doctrine of Discovery	76
3.3 Chapter summary	79
CHAPTER FOUR.....	81
RESEARCH AND METHODOLOGY	81
4.0 Chapter Introduction	81
4.1 Methodology	82
4.1.1 Kanohi ki te kanohi	83
4.1.2 Focus Group.....	84
4.1.3 Interview Questions	85
4.1.4 Phenomenology.....	87
4.1.5 E-mail Interviews.....	87
4.1.6 Information Sources.....	88
4.1.7 Historical.....	90
4.2 Chapter Summary	91
CHAPTER FIVE	92
CHRONOLOGICAL HISTORICAL TIMELINE.....	92
5.0 Chapter Introduction	92
5.1 Chronological Historical Timeline.....	92
5.1.1 Baseline	93
5.1.2. Arrival of Colonisers (refer to Chronological Historical Timeline Graph)	94
5.1.2.1 Australia (Aboriginal & Torres Straights Peoples)	95
5.1.2.2 NZ (Māori).....	95
5.1.2.3 Canada (First Nations Indians)	96
5.1.2.4 Hawai‘i (Hawaii an).....	96
5.1.3 Atrocities & Massacres (refer to Chronological Historical Timeline Graph).....	96
5.1.3.1 Australia (Aboriginal & Torres Straight Islanders)	96
5.1.3.2 Myall Creek Massacre	96
5.1.3.3 New Zealand (Māori).....	97
5.1.3.4 Canada (First Nations Indians)	98
5.1.3.5 Hawai‘i (Hawaiians)	98
5.1.4 Christianity (refer to Chronological Historical Timeline Graph).....	100
5.1.4.1 Australia (Aboriginal & Torres Straight Islanders)	100

5.1.4.2 New Zealand (Māori).....	100
5.1.4.3 Canada (First Nations Indians)	100
5.1.4.4 Hawai‘i (Hawaiians)	101
5.1.5 Land Theft (refer to Chronological Historical Timeline Graph).....	102
5.1.5.1 Australia (Aboriginal & Torres Straight Islanders)	102
5.1.5.2 New Zealanders (Māori)	102
5.1.5.3 Canada (First Nations Indians)	102
5.1.5.4 Hawai‘i (Hawaiians)	102
5.1.6 Language (refer to Chronological Historical Timeline Graph).....	103
5.1.6.1 Australia (Aboriginal & Torres Straight Islanders)	103
5.1.6.2 New Zealand (Māori).....	103
5.1.6.3 Canada (First Nations Indians)	104
5.1.6.4 Hawai‘i an (Hawaiians)	104
5.1.7 Indigenous Children Taken (refer to Chronological Historical Timeline Graph).....	104
5.1.7.1 Australia (Aboriginal & Torres Straight Islanders)	104
5.1.7.2 New Zealand (Māori).....	105
5.1.7.3 Canada (First Nations Indians)	105
5.1.7.4 Hawai’ian (Hawaiians)	105
5.1.8 Indigenous Suicide and Addiction Rates (refer to Chronological Historical Timeline Graph))	106
5.1.8.1 Australia (Aboriginal & Torres Straight Islanders)	106
5.1.8.2 New Zealand (Māori)	106
5.1.8.3 Canada (First Nations Indians)	107
5.1.8.4 Hawai’ian (Hawaiian).....	108
5.9 Chapter Summary	108
CHAPTER SIX	110
RESULTS AND DISCUSSION	110
6.0. Chapter Introduction	110
6.1. Structure	111
6.1.1 Step 1: Developing a Paperwork Management System	111
6.1.2. Step 2: Selecting a Topic	112
6.1.3 Step 3: Methodologies	112
6.1.4 Step 4: Historical context.....	112
6.1.5 Step 5: Results and Discussions.....	112
6.1.6 Step 6: Recommendations.....	112

6.2 Interview results and discussion	112
6.3 Summary of Responses	118
Interviews (Individual)	118
6.4 Focus group results and discussion	124
6.5 Summary of Focus Group Responses	126
6.6 Chapter Summary	131
CHAPTER SEVEN	132
CONCLUSIONS AND RECOMMENDATIONS	132
7.0 Chapter Introduction	132
7.1 Key findings	132
7.1.1 Research question one:	132
7.1.2 Research question two	133
Interview Questions.	134
Question 1	134
Question 2	135
Question 3	135
Question 4	135
Question 5	136
Question 6	136
Question 7	136
Question 8	136
7.2 Recommendations	137
Recommendation 1	137
Recommendation 2	140
References	142
PHRASES AND WORDING	148

List of Figures

Figure 1 Crystal meth - common methods of use (Foundation for a Drug free world, 2006-2021).....	30
Figure 2 Drug pipe with Lighter (Fronseca)	33
Figure 3 Image of person smoking meth (Photos).....	34
Figure 4 A diagram of the brain demonstrating dopamine, as a major chemical messenger in the reward pathway. (Perry, 2015).....	35
Figure 5 Recovery of Brain Dopamine Transporters in Chronic Methamphetamine Users. (Perry, 2015).....	36
Figure 6 Effects of meth. (Positive Choices)	37
Figure 7 Pharmacy sales	39
Figure 9 Meth Mouth Photo by Julie Gillis DDS	40
Figure 10 Hospitalisations for meth, cocaine and opioids at one hospital Chart: Eleni Gill/Civil Beat Source: Hawaii State Dept. of Health Get the data Created with Datawrapper.....	49
Figure 11 A staged photo of a young man hunched over, used to illustrate the use of seclusion rooms or mental health issues. The prevalence of mental illness and addiction is nearly 1 in 3 for Māori. Photo: RNZ	52
Figure 12 T. Ngarimu Sir Mason Durie 20.....	62
Figure 13 Whare tapawha model. Mason Durie (1994).....	62
Figure 14 Moana Jackson	67
Figure 15 Symbol of the United Nations	68
Figure 16 Photo of NZ P Pull rūpū	70
Figure 17 NZ P Pull logo.....	71
Figure 18 Participant A - Interview responses.....	113
Figure 19 Participant B - Interview responses	114
Figure 20 Participant C - Interview responses	115
Figure 21 Participant D - Interview responses.....	115
Figure 22 Participant E - Participant responses	116
Figure 23 Participant F - Interview responses	118

CHAPTER ONE

INTRODUCTION

Ma te ngakau aroha

koe e arahi

(Let a loving heart guide your decisions)

1. Chapter Introduction

This chapter will introduce the question for this thesis; it also touches on my personal journey that contributes to my worldview.

To be clear, the focus of this thesis is to find the actual perceived drivers and common themes, which may have had an influence on full addiction of Methamphetamine not the addiction itself.

There needed to be a baseline or starting point where this research could start. For this purpose, I have selected Colonisation and have selected four ethnic groups, Aboriginal (Australia) First Nations (Canada) Hawai‘i an (Hawai‘i) and Māori (Aotearoa). It is my contention that they share similar effects of colonisation.

I will introduce the “Doctrine of discovery” and give some insight into the world of the Colonisers. Their sense of entitlement, motivating them to find and conquer land & enslave the native peoples of foreign lands and or in most cases annihilate.

In this chapter, I will introduce the four Indigenous peoples who were to “bear the brunt” of the papal bull orders, included will be a chronological historical timeline from the end of the 1100s right through to 2020. Common themes will be highlighted which will eventually serve as evidence to answer the thesis question.

Methamphetamine is introduced into this chapter providing statistics both locally and internationally. Methamphetamine has inflicted serious damage across all sectors and communities worldwide. The research described in this thesis focuses on perceived contributing factors that led to full addiction in indigenous communities, namely Māori but also touches briefly on other indigenous communities namely Aboriginal, First Nations and Hawai‘i an.

As the focus is on the similarities that Indigenous peoples have endured, there needs to be a look at significant times in history that caused trauma, in this thesis we will unpack the impacts of colonisation on each indigenous group. Intergenerational harm will be explored as a possible outcome of colonisation that possibly contributed to behaviours that led to negative outcomes, including addictions.

In this chapter we need to look at possible patterns that have acuminated to the current outcomes most indigenous communities are struggling with at present, namely addictions specifically to Methamphetamine.

This is my personal view and in no way points the finger or chastisers any person or race, its simply my own personal observations alongside research, that will be shared throughout this thesis that focuses on the crossroads of thinking and decision making that led me onto this path of understanding, that i now share with you the public in a hope it will be of use.

1.1 Background to the Study

My first introduction to substances i.e. tobacco, marijuana, pills, alcohol, Methamphetamine later became a big part of my earlier life and outcomes that always accompanied them were mainly negative. I will present a wide scope of my surrounding environment with its challenges & shifts of understanding to give substance to my findings.

I started experimenting with alcohol and tobacco at the age of 12 with so many others my age. We used to try to mimic the actions our aunties and uncles displayed when they were drinking and smoking. It looked like fun and we all wanted to be like them grown up.

I can always remember the big parties at my nans home up Ruatoria (East Coast of NZ) and the whānau get together every Christmas we had in Whareponga and the trips we did when

Dad played rugby. We started sneaking alcohol after the parties when we woke up early and whatever cigarettes were lying about.

From the age of 12 to 15 the main aim and goals in life were to be able to start behaving like our elders in our lives, whose lives seemed to be work and party. Every whānau event ended with celebrations that included alcohol. There were always large amounts of alcohol & other whānau members arriving all hours of the day and night with more. These celebrations usually go all night and sometimes to the next day.

It was funny to see our elders the next day who had been up drinking all-night drinking. They were heroes who could handle their alcohol. I really think this sets the benchmark for many of us. We all strived to stay up drinking all night like they did.

These early childhood experiences were not uncommon amongst our whānau as growing up in the neighbourhood of Kaiti in Gisborne I remember staying at mates' homes and seeing the same behaviour with the same reactions from my childhood mates.

Alcohol & tobacco were the most prevalent substances during my early teen years. At that time, the word addiction was never mentioned or used. I have no recollection of those words. It was something adults did on the weekend after a hard day's work or it was what whānau did when there were happy occasions to celebrate.

Poverty, domestic violence, unemployment, suicide, addictions, homelessness, child abuse – these terms did not have the same worrying use or understanding, or the statistics were not discussed when I was in my early teens. In this thesis, I will be looking at the changes I think helped drive up the shocking statistics most indigenous communities are fighting.

I have had personal experience with Methamphetamine that has consumed over twenty years of my personal life. I went from being a dealer to a user, and then onto the road to recovery. I have seen and experienced the devastating effects that Methamphetamine abuse has inflicted on our community and whānau from a personal level having contributed to that devastation myself.

The impacts of Methamphetamine are widely known and there is no shortage of data to support this. On reflection I remember my first encounter with Methamphetamine nearly fifteen years ago and I recount the space (physically and mentally) I was in at that time and look for possible reasons that led me to my first experience with Methamphetamine. I have

since asked myself questions around that decision. How can I unpack that journey towards that decision to enable a clear picture to emerge?

1.2 Who is involved?

The participants in this research will be people who are current users of Methamphetamine and those currently on their personal journey to recovery. They have my utmost respect. Just the mention of the word Methamphetamine always conjures up the tragedies of its effects within our community, sadly in some instances resulting in death. (Fredrickson, Gisbson, & K, 2019). Looking back on my own journey I tried to block those times out and move on, so I understand the apprehensions that come with this subject when whānau are asked to share their story.

I acknowledge the courageous people who agreed to participate in this study, always the hope for many, that their experiences may help or even deter those who may “Light that first pipe” or take that first step to experimenting with drugs. These whānau are either current users or in a lifetime of recovery for their addiction to Methamphetamine.

My interview focus will be talking with Māori who Whakapapa to Tairāwhiti, who are willing to share their stories about previous or current addiction to Methamphetamine.

The initial thinking was to interview other indigenous ethnicities, First Nation (Canada), Aboriginal (Australia) Hawai’ian (Hawai’i) using "Kanohi ki te kanohi" but Covid 4 lockdown has affected this, as i had arranged travel to meet whānau from those indigenous groups, as a result most of the participants are Māori primarily residing in Tairāwhiti.

I will be researching the four indigenous groups via a Chronological Historical Timeline graph, that uses a timespan from the late 1100s to 2020, as this research is relevant.

Most of the research and engagement with whānau will be in Gisborne. Gisborne is a rural city in NZ with a population of over 44,000 people. The Tairāwhiti rohe had a total population of 55,580 in 2015, of which 28,432 identified as Māori. Over half the population in Tairāwhiti are of Māori decent. (Te Kawanatanga o Aotearoa, 2017)

Māori account for 51 percent of the total population in Tairāwhiti. This compares with about 16 percent nationally. Māori account for 63 percent of the population in Wairoa and 49 percent in Gisborne.

Population Tairāwhiti Iwi (Tribes)

Te Aitanga-a-Māhaki 2,643

Rongowhakaata 1,902

Ngāi Tāmanuhiri 756

Te Aitanga-a-Hauiti Data not available

Ngāti Porou 12,600 Te Whānau-a-Kai Data not available

Ngāriki Kaiputahi Data not available

Ngāti Kahungunu ki te Wairoa 3,309

Ngāti Rongomaiwahine 936

Ngāti Pahauwera 474

Ngāti Rakaipaaka 315

Source: Census 2013, Statistics NZ

In recent years Tairāwhiti alongside Te Taitokerau has been named as the highest area within NZ for Methamphetamine abuse with both areas having a high Māori population. Although the statistics are nearly six years old it does not account for Māori of other Iwi/hapū who are currently living in Tairāwhiti. (Nash,S; Jones,S;, 2020)

I will also look at case studies specifically referring to Methy Business, a community response journal that tackles the slippery slopes of Methamphetamine issues faced by those struggling with addiction. (New Zealand 'P'Pull, nd)

In the past 10 years, 62,173 people have been convicted nationally of drug offences. The majority (61%) of convictions are what we would define as low-level drug convictions. This includes charges for personal use, possession, and use or possession of a drug utensil.

In 2017, 3,833 people were convicted of low-level drug offences. People under 30 years made up nearly half of those convicted (46%). 80% of those convicted were men. Māori made up 41%. (NZ Drug Foundation, 2019)

Māori are being imprisoned for low-level drug convictions, more than 50%. The number of people being imprisoned for low-level offences is increasing, from 510 in 2013 to 870 in 2017 (a 77% increase). It is worrying that Māori make up 51% of this increase in this group for 2017.

With the recently released results for the Cannabis referendum 2020, my personal view the statistics presented will not see any positive outcomes or changes for Māori a missed opportunity. In a democratic society indigenous peoples are often unfairly represented as they are a minority in Aotearoa.

1.3 Aim and Research Questions

The overall aim of the study simply is to identify the possible common themes that led onto the actual addiction stage for the four (4) indigenous groups identified, utilising a number of research methods to draw out evidence that will support my theory.

As a result of this interest, the following two (2) research questions will form the basis for the thesis:

1. *What are the similarities between each indigenous group, when looking at the pre-addiction stage?*
2. *Can colonisation be the single driver that led to addictions, in this study Methamphetamine addiction.*

When looking at addictions there are centuries of research and data available to support any theory. The research frameworks used are Kaupapa Māori, mixed methodologies.

Graham Smith, who has written extensively about Kaupapa Māori initiatives, summarizes these by saying that Kaupapa Māori research:

- is related to 'being Māori'.
- is connected to Māori philosophy and principles.

- takes for granted the validity and legitimacy of Māori, the importance of Māori language and culture; and
- is concerned with 'the struggle for autonomy over our own cultural wellbeing'.

Within the struggles for Māori seeking self-determination Smith locates Kaupapa Māori research within the wider project of those Māori struggles, and draws from this project a set of elements which, he argues, can be found in all the different projects associated with Kaupapa Māori.

Qualitative research is used to uncover trends, thoughts and opinions allowing you to dive deeper into the issue/s.

1.4 Interview Questions

I have selected the interview questions through my own life experiences and through having open dialogue with people who have had experiences. The set of questions covers a very broad view, and the hope is to formulate a clear picture in determining the pre-addiction stages to Methamphetamine addiction across indigenous communities.

Interview Questions.

1. Do you understand your whakapapa? Please elaborate.
2. What/who influenced you in your teen years?
3. Have you a criminal record if yes at what age did your first offence occurred?
4. Were /are there any of your immediate whānau who have struggled with addictions, if yes please circle Grand-mother Grandfather Mother Father Sister Brother
5. How did Methamphetamine become your main choice of drug?
6. At what age did you start experimenting with alcohol or drugs?
7. Did you at any time seek help because of your Methamphetamine use?
(please circle) yes no

8. Have you experienced depression, please circle if yes

once only more than twice once a week daily

An interview encourages expressions from the interviewees point of view. Cohen, Manion and Morrison explain “the interview is not simply concerned with collecting data about life (Cohen, 2007), it is part of life itself, its human embeddedness is inescapable” So, the process of getting information is to listen, and allow them time to tell their own stories. Nevertheless, gentle prompts from the researcher will be used so that significant key points are identified.

1.5 Participants

I have interviewed six (6) whānau who all whakapapa back to Tairāwhiti area and are all willing voluntary participants. I have selected them because they have struggled with Methamphetamine in their personal lives and most have managed to navigate themselves into the space of recovery, some just recently with one (1) still struggling with the addiction, those in the recovery stage will state that, it’s an ongoing struggle.

The Mana & integrity is my utmost priority in protecting all whānau /participants and their identities will not be made public or any of the korero they have entrusted towards this study. They will only be viewed by my supervisor Professor Paul Kayes and will remain strictly confidential.

In addition, i will seek permission from the participants to reproduce their korero and will respect their rights at any time to withdraw from the research. The participants will each be given (if requested) a copy of the research findings and data before it is made public. The research will be owned by all participants who participated in the research of this study.

When looking at both researcher and participant safety guidelines, as stated previously participants may withdraw from this research if they feel that the process of sharing their stories or answers to questions may cause themselves and their whānau distress.

The criteria for the participants selected are specifically targeted at areas that would contribute towards the theory of this thesis. Therefore, they

1. Must have Māori Whakapapa that links them to Tairāwhiti Iwi
2. Must have been a user of Methamphetamine

3. Must be 20 years of age or older

The intended participants include both female and males of Māori decent I will also explain to the participants the possible benefits that may arise because of their input for their Iwi, Hapū and Whānau . Each participant will be given pre-interview a consent form.

1.6 Ethical issues

Ethics in research are morals or a rule distinguishing between what is right and what is wrong, according to the values and beliefs of the person carrying out the research. Therefore, my main priority is to ensure that whānau involved and informed of the research process from the beginning, so that I am held accountable as a Kaitiaki or protector of the korero received from participants, and to ensure that its proper usage is clearly articulated.

There are also ethical considerations that have been examined by the Ethics committee at Te Whare Wānanga O Awanuiārangi and has sanctioned the ethics proposal submitted. It has been considered as a medium risk proposal because of the nature of study being undertaken.

I have agreed to undertake the research as set out in the code of ethics set down by Te Whare Wānanga O Awanuiārangi. All personal information will be collected directly from participants. All participants have been notified of the access they have to their transcripts to read over and make corrections if needed.

As the researcher there maybe potential emotional and psychologically challenges that I may struggle with, however I have to cultural whakaruruhau (cultural advisers) Tuta Haereroa and Hone Teriri who are both experts in Tikanga Māori, they also have a supervision role alongside Professor Paul Kayes.

They will assist if i have any questions or cultural concerns or any other issues that may arise as a researcher in this space. All confidential information will be locked away in my personal filing cabinet and only accessible by me.

1.7 Significance

This study is significant as the findings can be used to understand or make changes within the prevention/intervention stages of Methamphetamine addiction as Māori & coming from an

Indigenous Māori worldview. It examines similar experiences other indigenous peoples had and the various effects through inter-generational trauma that could be attributed to a whole raft of trauma related issues and outcomes including addictions within all Indigenous peoples.

It studies the introduction of Colonisation alongside Christianity and how this was driven by orders such as the doctrine of discovery that are the seeds of intergenerational trauma suffered by those, at the wrong end of the long sword of colonisation. .

noun: colonisation

- *the action or process of settling among and establishing control over the indigenous people of an area.*

Colonisation is the baseline that will be used to find the evidence to Research Question one (1), this is the commonality within most indigenous peoples that gives a historical timeline of significant times that have changed and shaped outcomes for each, in this study identifying possible drivers that led to outcome of this thesis, namely addiction to Methamphetamine.

1.8 Overview of Methods

1.8.1 Research Questions:

This study uses a mixture of methods to answer research questions. This is because of several challenges that come with this study location being the main issue. The main research method is “Kānohi ki te Kānohi” as this method is more appealing to Māori and other indigenous groups as there is a certain amount of “Mana” or “respect” when talking face to face. This method creates a space where a personal relationship is formed which affects the quality of the responses.

1.8.2 Interview Questions:

Qualitative model has been used, comprising an eight (8) question survey that has been answered through “individual interviews” or in a “focus group” setting “. The stories and responses that come from the questions are in line with Kaupapa Māori research methods as storytelling, waiata, haka, whakapapa are age old ways that Māori have managed to retain their identity.

1.8.3 Chronological Historical Timeline Research Model:

A quantitative method used to highlight common themes over the period from the late 1100s through to the present day 2020 to answer the first research question. This model looks at both the history of the discipline you are interested in and understanding the cultural, political, and social era of the text you are studying depends on reading and knowing history.

History's major activity is to gather evidence regarding the past, evaluate that evidence within the temporal scope of the period under study, with this study the time frame is 1100-2020, and then assess how that evidence contributes to our understanding of that period, but the relevance for this study are the similarities.

Historical research relies on a wide variety of sources, primary and secondary and oral traditions.

Primary Sources:

- *Eyewitness accounts of events*
- *Oral or written testimony*
- *Found in public records or legal documents, minutes of meetings, newspapers, diaries, letters, artifacts such as posters, billboards, photographs, drawings, papers*

1.8.4 Video interviews:

video is a visual media; hence, video question delivers a lot of information in a short period, which otherwise is not possible with the textual question. Surveys with video can grab the attention of the respondents very easily and hold it for a longer time as compared to textual questions.

1.8.5 Email Surveys:

Email Surveys are defined as one of the most efficient data collection methods used to collect quantitative data via email. Email surveys are based on a simple concept: you can embed hyperlinks in an email's HTML code. This way you can send a survey in an email, and the hyperlinks are the responses.

1.8.6 Case study:

Case study research can mean single and multiple case studies, can include quantitative evidence, relies on multiple sources of evidence, and benefits from the prior development of theoretical propositions.

1.9 Thesis Questions

1.9.1 Research question one:

-What are the similarities or common themes between each indigenous group, when looking at the pre-addiction stage?

1.9.2 Research question two:

-Can colonisation be the single driver that led to Methamphetamine addiction?

A mixed method approach using Kāwhiri ki te kōwhiri and phone calls, interviews, email, and video conferencing will be utilised to present the interview questions to participants, findings from these questions will be used to support research question two.

1.10 Overview of Thesis

To achieve the outcomes in this thesis, the scope and order of the presentation is as follows:

1.10.1 Chapter One (1) Introduction,

Chapter One (1) introduces the research topic Methamphetamine and its devastating effects across all sectors and communities worldwide, namely indigenous peoples. and provided some background to the Māori population make up of Tairāwhiti and it names the different Hapū (subtribes) who reside there. In this chapter I will give the background and reasoning behind this thesis and why I have chosen this kaupapa as my topic.

There will be a focus on various reports and statistics that give an overall view of NZ's drug issues. It is intended to track how NZ is dealing with alcohol and other drugs and show a starting point against which, we can assess the impact of any policy changes.

It touches briefly on statistical data and how indigenous Māori feature in the results. The research described in this thesis focuses on perceived contributing factors that led to full addiction in indigenous communities, namely Māori, Aboriginal, First Nations and Hawai'i an, to find similar patterns. Looks at the seeds of colonisation and introduces a historical research timeline, it also looks at the ethical issues that may arise in the study.

1.10.2 Chapter Two (2) Methamphetamine

Chapter two (2) is dedicated to Methamphetamine the writer has inserted this chapter to give research and information around most aspects of Methamphetamine including the chemical makeup and its damaging effects. There must be some understanding of the drug by the reader, to get a better insight into the theory of this study.

1.10.3 Chapter three (3) Literature Review

Is a review of the literature on the topic of Methamphetamine and Colonisation that explores writings from renowned Indigenous scholars. Introduces literature from "Community groups" who have formed strong support networks nationally that utilise their personal experiences to help others. It also looks at other well renown Māori scholars and their experiences and findings.

The Historical Trauma Theory will be explored from research by renown First Nations Lakota, Maria Yellow Horse Brave Heart. In this chapter the historical journey for each of the four (4) Indigenous groups will be laid out in a chronological timeline, which is the method to take out the common themes that would go towards answering the thesis questions.

1.10.4 Chapter four (4) Research and Methodologies

Discusses the research frameworks and methodologies on which my research is based. Predominantly Kaupapa Māori mixed methods are utilised. The chapter also describes the methods I have used to seek answers to my research questions, ie.

- Interviews, Kanohi ki te kanohi (face to face) interviews
- Historical research

- Video Interview
- Email
- Phone interview
- Case study

1.10.5 Chapter five (5) Chronological Historical Timeline

A quantitative approach is used to gather the common themes identified; a graph has been designed (Chronological Historical Timeline) to track the different themes.

Considerable focus has been given towards this as the findings will be evidence in answering research questions one (1).

1.10.6 Chapter Six (6) Findings and Discussions

This chapter presents the results and discuss them. It looks at the interviews and the responses, the historical findings, Focus group discussions. This chapter will also look at the thesis questions.

1.10.7 Chapter Seven (7) Recommendations & Conclusions

The final chapter will give an overview of all research findings a provide answers to the two (2) Research Questions. Then concludes the thesis with recommendations.

1.11 Chapter Summary

Chapter One introduced my research topic Methamphetamine and its devastating effects across all sectors and communities worldwide, namely indigenous peoples. and provided some background to the Māori population make up of Tairāwhiti and it names the different Hapū (subtribes) who reside there. In this chapter give the background and reasoning behind this thesis and why I have chosen this kaupapa as my topic.

Chapter two (2) is dedicated to Methamphetamine the writer has inserted this chapter to give research and information around most aspects of Methamphetamine including the chemical makeup and its damaging effects. There must be some understanding of the drug by the reader, to get a better insight into the theory of this study.

CHAPTER TWO

METHAMPHETAMINE

Ki te kahore he whakakitenga ka ngaro te iwi

(Without foresight of vision the people will be lost)

2. Chapter Introduction

In this chapter statistics both locally and internationally will be given. Methamphetamine has inflicted serious damage across all sectors and communities worldwide. The research presented in this thesis focuses on perceived contributing factors that led to full addiction in indigenous communities, namely Māori but also touches briefly on other indigenous communities including Aboriginal, First Nations and Hawai‘i alongside Māori.

2.1 What is Methamphetamine?

According to (New Zealand 'P'Pull, nd), Methamphetamine is a powerful, highly addictive stimulant that affects the central nervous system. Crystal Methamphetamine is a form of a drug that looks like glass fragments or shiny, bluish-white rocks. It is chemically like

amphetamine, a drug used to treat attention-deficit hyperactivity disorder (ADHD) and narcolepsy, a sleep disorder.

Other common names for Methamphetamine include “P”, blue, crystal, ice, meth, shabu, shabs, Tina, glass, and speed.

2.2 How do people use Methamphetamine?

Methamphetamine is consumed by

1. Smoking
2. Swallowing (pill)
3. Snorting
4. Injecting the powder that has been dissolved in water/alcohol



FIGURE 1 CRYSTAL METH - COMMON METHODS OF USE (FOUNDATION FOR A DRUG FREE WORLD, 2006-2021)

2.3 Methamphetamine a brief history.

History of Methamphetamine (Frese & McClure, n.d.)

Methamphetamine has existed as a drug since the late 1800s. Below is a brief historical timetable for meth.

1887 – German scientist first makes amphetamine.

1919 – A more potent methamphetamine (when compared to amphetamine, more of methamphetamine gets into the brain, making methamphetamine more potent) is synthesized in Japan and used to treat asthma, schizophrenia, depression, Parkinson's disease, alcoholism, and narcolepsy.

1940s-1950s – During WWII, American, British, and German soldiers use meth to fight fatigue and depression; Japanese Kamikaze pilots use meth as well; truck drivers use it during long drives; students use it to stay awake; and women try it for weight control and to meet the demands of being a wife, mother and employee. Organized-crime syndicate Yakuza, in Japan, takes advantage of meth surplus after the war and begins distribution of meth.

1960s – Lack of public attention allows meth abuse to grow. Outlaw biker gangs become “cookers” of meth as it becomes a part of the drug culture. The term ‘crank’ is used because bikers would hide the drug in the crank case of their motorcycles. As IV meth use spreads through the ‘speed freak’ subculture, violent and erratic behaviour is seen among abusers and prompts medical authorities to more closely regulate its use.

1970s – Problems with use/abuse lead to federal legislation that restricts legal production, leading to an increase in illegal production. Most of the labs were in western and southwestern states because the chemicals used in meth production are easily obtained from Mexico. Labs were frequently in rural areas to avoid detection of the noxious fumes emitted during production.

1980s – A purer and smokable form of meth appears in Hawaii.

1990s – New recipes make meth easier to make and more potent. Meth use begins to move to Midwestern states. Lawmakers take an increased interest in stopping the spread of meth manufacture and use.

2000-2004 – Rural labs increase, and Oklahoma is the first state to limit access to raw materials.

2005 – The Combat Methamphetamine Epidemic Act sets limits on the sale of certain meth ingredients and requires that purchases be recorded. Products are placed behind the counter and purchaser must show identification.

2007 – The Methamphetamine Remediation Research Act directs the EPA to establish voluntary guidelines for clean-up of former meth labs.

2008 – A 4-day Summit was held by the Substance Abuse and Mental Health Services Administration (SAMHSA) to focus on the unique needs of 3 critically affected populations: justice-involved populations; lesbian, gay, bisexual and transgender individuals; and women.

2011-2012 – News coverage may focus on prescription drug abuse, but first-time meth user numbers are rising; meth labs are re-emerging, and meth seized at the Mexican border is at a 5-year high.

2012-2016 – Seizure data, law enforcement reporting, and localised treatment information all indicate meth trafficking and abuse continues to increase throughout the nation. Liquid meth trafficking is a challenge for law enforcement because of its ease of concealment. The abuse of prescription opioids such as methadone, hydrocodone, oxycodone, and fentanyl increase significantly.

Carfentanil used to tranquilize large mammals such as elk and elephants is illegally distributed for human use. The use of the illegal opioid heroin gains popularity as prescription drugs are more carefully regulated and become more expensive.

2017 - Epidemic levels 4 -6% (Foundation for a Drug free world, 2006-2021)



Kamikaze pilots were given Methamphetamine before their suicide missions

Because the "high" from the drug both starts and fades quickly, people often take repeated doses in a "binge and crash" pattern. In some cases, people take Methamphetamine in a form of binging known as a "run," giving up food and sleep while continuing to take the drug every few hours for up to several days.



FIGURE 2 DRUG PIPE WITH LIGHTER (FRONSECA)



FIGURE 3 IMAGE OF PERSON SMOKING METH (PHOTOS)

2.4 How does Methamphetamine affect the brain?

Methamphetamine increases the amount of natural chemical dopamine in the brain. Dopamine is involved in body movement, motivation, and reinforcement of rewarding behaviours. The drug's ability to rapidly release high levels of dopamine in reward areas of the brain strongly reinforces drug-taking behaviour, making the user want to repeat the experience.

According to (New Zealand 'P'Pull, nd)Methamphetamine is a chemical that makes the brain release 10x the normal amount of dopamine which is the brains pleasure hormone (your happy feelings). The feelings of adrenaline and/or euphoria kick in and feel so good. It kind of starts of like you can do so much when on it, to not being able to do anything without it.

2.5 Dopamine Pathways

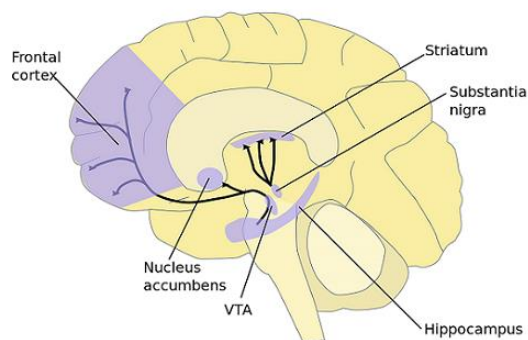


FIGURE 4 A DIAGRAM OF THE BRAIN DEMONSTRATING DOPAMINE, AS A MAJOR CHEMICAL MESSENGER IN THE REWARD PATHWAY. (PERRY, 2015)

In the brain, dopamine plays an important role in both movement and the reinforcement of rewarding behaviours. As a major chemical messenger in the reward pathway, dopamine is manufactured in nerve cell bodies located within a group of neurons called the ventral tegmental area and is released in the nucleus accumbens, which is a key brain region for learning to repeat pleasurable activities, as well as in the prefrontal cortex, which is responsible for higher cognitive functions like decision-making and self-control.

Dopamine's regulation of motor functions is linked to a separate pathway: Cell bodies in the substantia nigra manufacture and release dopamine into the striatum, which is involved in executing and inhibiting movements and reward-seeking behaviour.

In addition, continued Methamphetamine use causes changes in the brain's dopamine system that are associated with reduced coordination and impaired verbal learning. In the studies of people who used Methamphetamine over the long term, severe changes also affected areas of the brain involved with emotion and memory. This may explain many of the emotional and cognitive problems seen in those who use Methamphetamine.

Although some of these brain changes may reverse after being off the drug for a year or more, other changes may not recover even after a long period of time. A recent study even suggests that people who once used Methamphetamine have an increased the risk of

developing Parkinson's disease (O'Carroll, 2013), a disorder of the nerves that affects movement.

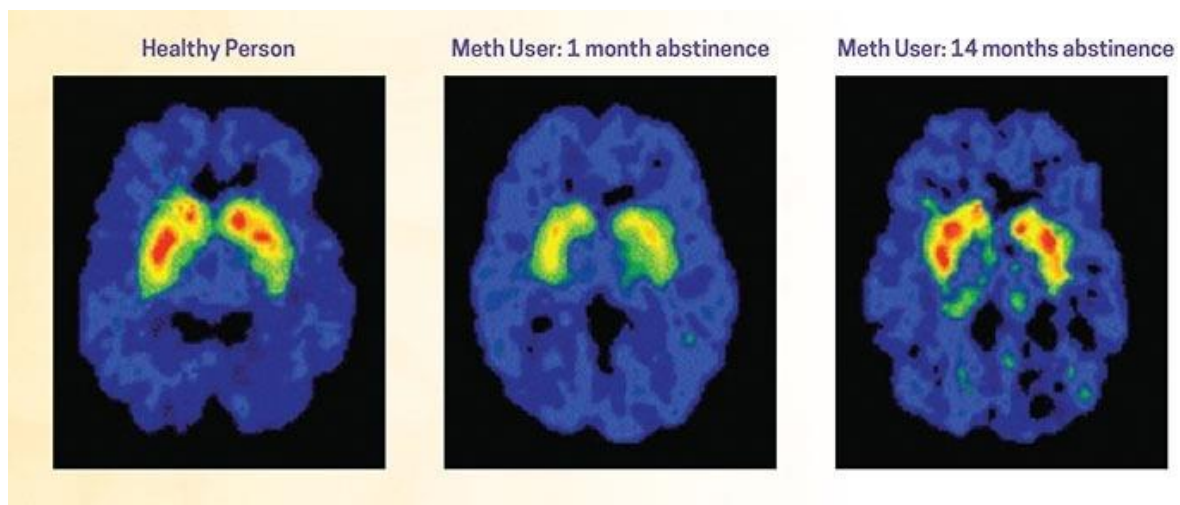


FIGURE 5 RECOVERY OF BRAIN DOPAMINE TRANSPORTERS IN CHRONIC METHAMPHETAMINE USERS. (PERRY, 2015)

Methamphetamine misuse greatly reduces the binding of dopamine-to-dopamine transporters (highlighted in red and green) in the striatum, a brain area important in memory and movement. With prolonged abstinence, dopamine transporters in this area can be restored.

2.6 Short-Term Effects

There are many short-term effects that are caused by Methamphetamine use. Although many people do not think that they are at risk, they are poorly mistaken. There are several ways that a person is affected. Here are a couple of ways that a person is effects on a short-term basis:

1. *Cardiovascular Effects* – When using meth, chest pain and hypertension can result in cardiovascular collapse and death. Accelerated heartbeat, elevated blood pressure, and permanent damage to the blood vessels in a person brain can also occur.
2. *Psychological Effects* – Symptoms resembling schizophrenia can be caused. These are characterized by anger, paranoia, panic, hallucinations, repetitive behaviour patterns, and formication (delusions of bugs or parasites under the skin). You can also experience homicidal or suicidal thoughts.

3. *Other Physical Effects* – Dizziness, tooth grinding, dry or itchy skin, acne, numbness, pupil dilation, sores, sweating, impaired speech, loss of appetite, and respiratory disorders.

Since Methamphetamine is a drug that affects a person's central nervous system, even in small amounts it can produce a euphoric sensation, increased alertness, and increased activity. Taking even small amounts of Methamphetamine can result in many of the same health effects as those of other stimulants, such as cocaine or amphetamines.

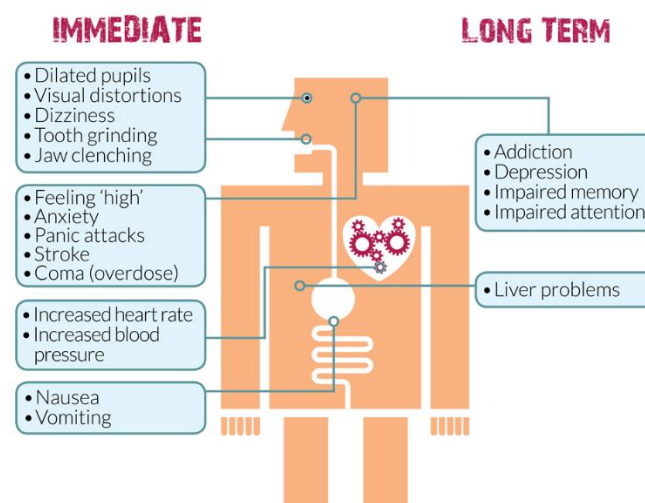


FIGURE 6 EFFECTS OF METH. (POSITIVE CHOICES)

2.7 Long-Term Effects

Long-term Methamphetamine abuse has many negative consequences, including addiction. Addiction is a chronic, relapsing disease, characterized by compulsive drug seeking and use and accompanied by functional and molecular changes in the brain.

People who inject Methamphetamine are at increased risk of contracting infectious diseases such as HIV and hepatitis B and C. These diseases are transmitted through contact with blood or other bodily fluids that can remain on drug equipment. Methamphetamine use can also alter judgment and decision-making leading to risky behaviours, such as unprotected sex, which also increases risk for infection.

Methamphetamine use may worsen the progression of HIV/AIDS and its consequences. Studies indicate that HIV causes more injury to nerve cells and more cognitive problems in people who use Methamphetamine than it does in people who have HIV and do not use the drug. Cognitive problems are those involved with thinking, understanding, learning, and remembering.

Long-term Methamphetamine use has many other negative consequences, including:

- Dental problems
- Long term dependence (addiction)
- Heart, kidney, and lung problems
- Malnutrition and exhaustion
- Depression
- If injected there is an increased risk of infections like Hepatitis C and HIV
- Paranoia (feeling extremely suspicious and frightened)
- Psychosis
- Stroke

2.8 How is Methamphetamine made or manufactured?

Currently, most Methamphetamine is produced by transactional criminal organisations. This Methamphetamine is highly pure, potent, and low in price. The drug could be easily made in small clandestine laboratories, with relatively inexpensive over-the-counter ingredients such as pseudoephedrine, a common ingredient in cold medications, until crackdowns on the sales of these ingredients nationally, NZ managed to curb this kind of production. The law requires pharmacies and other retail stores to keep a purchase record of products containing pseudoephedrine and take steps to limit sales.

Manufacturers have managed to find other ways to obtain the ingredients needed.

Methamphetamine production also involves several other very dangerous chemicals. Toxic effects from these chemicals can remain in the environment long after the lab has been shut down, causing a wide range of health problems for people living in the area. These chemicals can also result in deadly lab explosions and house fires.

Making Methamphetamine is a multi-step cook process, that is now readily available online. The key ingredient is ephedrine or its cousin, pseudoephedrine. Both are chemicals found in over-the-counter cold, cough and allergy medicines.



FIGURE 7 PHARMACY SALES

Additional chemicals are used to isolate the ephedrine or pseudoephedrine, cook it into meth, and process it into a form for consumption. These chemicals can be cheap, everyday household items like ammonia, lye, and red phosphorus scraped from matchbook covers. Start to finish, the cook process takes about 48 hours and can be hazardous because at one or more stages, the solution needs to be heated, producing toxic fumes and the chance of explosion.



FIGURE 9 METH LAB APPARATUS (METH LAB APPARATUS, 2019)

2.9 Examples of toxic chemicals

1. acetone
2. lithium batteries
3. iodine
4. rubbing alcohol
5. drain cleaners containing sulfuric acid or muriatic acid ether (engine starter)
6. paint thinner
7. kerosene

These products are only a small portion of the dangerous chemicals that go in to making meth.

2.10 What are other health effects of Methamphetamine?



FIGURE 8 METH MOUTH PHOTO BY JULIE GILLIS DDS

1. extreme weight loss
2. addiction
3. severe dental problems ("meth mouth")
4. intense itching, leading to skin sores from scratching
5. anxiety
6. changes in brain structure and function

7. confusion
8. memory loss
9. sleeping problems
10. violent behaviour
11. paranoia—extreme and unreasonable distrust of others
12. hallucinations—sensations and images that seem real though they are not
13. Meth Mouth

2.11 Are their health effects from exposure to second-hand Methamphetamine smoke?

Researchers do not yet know whether people breathing in second-hand Methamphetamine smoke can get high or have other health effects. What they do know is that people can test positive for Methamphetamine after exposure to second-hand smoke, more research is needed in this area.

2.12 Can a person overdose on Methamphetamine?

Yes, a person can overdose on Methamphetamine. An overdose occurs when the person uses too much of a drug and has a toxic reaction that results in serious, harmful symptoms or death.

In 2018, about 15 percent of all drug overdose deaths involved Methamphetamine, and 50 percent of those deaths also involved an opioid, with half of those cases related to the synthetic opioid fentanyl. It is important to note that cheap, dangerous synthetic opioids are sometimes added to street Methamphetamine without the user knowing

2.13 How can a Methamphetamine overdose be treated?

Because Methamphetamine overdose often leads to a stroke, heart attack, or organ problems, first responders and emergency room doctors try to treat the overdose by treating these conditions, with the intent of

1. restoring blood flow to the affected part of the brain (stroke)

2. restoring blood flows to the heart (heart attack)
3. treating organ problems.

2.14 Is Methamphetamine addictive?

Yes, Methamphetamine is highly addictive. When people stop taking it, withdrawal symptoms can include:

1. anxiety
2. fatigue
3. severe depression
4. psychosis
5. intense drug cravings
6. How is Methamphetamine addiction treated?

While research is underway, there are currently no government-approved medications to treat Methamphetamine addiction here in New Zealand. The good news is that Methamphetamine misuse can be prevented and addiction to the drug can be treated with behavioural therapies. The most effective treatments for Methamphetamine addiction so far are behavioural therapies, such as:

1. cognitive-behavioural therapy, which helps patients recognize, avoid, and cope with situations likely to trigger drug use.
2. motivational incentives, which use vouchers or small cash rewards to encourage patients to remain drug-free (practiced overseas)
3. Indigenous solutions (Māori Purakau models)

Research also continues toward the development of medicines and other new treatments for Methamphetamine use, including vaccines, and non-invasive stimulation of the brain using magnetic fields. People can and do recover from Methamphetamine addiction if they have ready access to effective treatments that address the multitude of medical and personal problems resulting from long-term use.

According to the (NZ Drug Foundation, 2019) drug use can cause social, health and economic harms to individuals, families, and communities. This includes harm caused by tobacco and

alcohol. Preventing and reducing drug-related harm is the challenge the NZ Drug Foundation has taken on.

NZ Drug Foundation has been at the forefront of major alcohol and other drug policy debates for almost 30 years, advocating for policies and practices based on the best evidence available. Who recognise drugs, legal and illegal, are a part of everyday life experience, so they are safety focused and take a harm reduction approach in all work undertaken?

The Drug Foundation is a registered charitable entity under the Charities Act 2005 (No. CC27025). Its work is supported by government funding, corporate and private grants, and donations, and by its members.

In their statement of strategic directions 2018-22, they outline four outcomes they are working toward.

Outcome 1: Schools keep young people engaged in education.

Outcome 2: Drug laws have been changed to treat drug use as a health issue. Unsuccessfully ran a campaign that would have legalised the use of Marijuana in NZ.

Outcome 3: Prevention, harm reduction and treatment interventions are fully resourced and are made more responsive to community need.

Outcome 4: Innovative solutions to reducing drug harm are developed that support communities to respond to new challenges.

The NZ Drug Foundation also state that the above outcomes have a very broad scope on addictions and offer challenging and helpful resources, that can be accessed free. “Being Safer” is a section that offers insight into ways of coping, they state, people use alcohol and other drugs for many reasons - it can be a way to cope, to self-medicate, or just to be social and have fun.

Whatever the reason, there is always a risk of harm. Being knowledgeable and mindful about where things could go wrong can help you to be safer.

According to the State of the Nation 2018 report (Foundation for a Drug free world, 2006-2021) more people are being imprisoned for low-level drug convictions— more than 50% of them are Māori. The number of people being imprisoned for low-level offences is increasing, from 510 in 2013 to 870 in 2017 (a 71% rise). In 2017, 51% of this group are Māori which is a worrying statistic.

Māori received 42% of all drug convictions and 42% of low-level convictions in 2016, despite making up only 15% of the population. It is clear Māori are unduly harmed by our drug laws.

2.15 Indigenous Methamphetamine Abuse Statistics

As the thesis topic is Methamphetamine and perceived drivers that effect Indigenous Peoples there needs to be research for each of the four (4) Indigenous Peoples this study has targeted, that would give in-depth backgrounds towards identifying Methamphetamine issues.

2.15.1 Australia (Aboriginal and Torres Strait Islanders)

According to several sources, there has been an increase in illicit drug offenses in Australia that started around 2010. Methamphetamine has become more available to drug users in Australia, and the country may have one of the highest rates of meth abuse in the entire world.

In a recent article Australia has one of the world's highest rates of Methamphetamine usage. The Australian crime commission said in March that as many as 1.3m Australians had tried ice or speed, with nearly 400,000 using in the last 12 months. This would confirm Australia as one of the highest rates of meth abuse across the world.

Young adults appear to be the highest risk group. Men (8.2 percent) are more likely to use Methamphetamine than women (5.9 percent).

As this study is looking at Indigenous research here are key facts according to the Review of Methamphetamine use among Aboriginal and Torres Strait Islander people.

1. *Methamphetamine is widely available and accessible in Australia.*
2. *In the 2016 National Drug Strategy Household Survey, Methamphetamine was reported to be Australia's number one drug of concern.*

3. *While rates of Methamphetamine use in Australia have been stable, the purity of Methamphetamine used has increased, consequently.*
4. *Increasing the harm associated with Methamphetamine use. The use of Methamphetamine affects not only the individual who uses the drug, but also families and communities.*
5. *Use of, and harms associated with Methamphetamine are more prevalent among Aboriginal and Torres Strait Islanders than non-Indigenous people, with historical factors (colonisation and disempowerment) and social factors (housing, education, and employment) being major influences.*
6. *Families and communities have an important role in providing support for people who use Methamphetamine and there is a need for resources and support for families and communities.*
7. *Little evidence is available on effective approaches to prevent Methamphetamine use among Aboriginal and Torres Strait Islander people. However, there is some evidence available that diversionary activities and social marketing may be effective in preventing substance use among Aboriginal and Torres Strait Islander people. Research is currently underway to test effective responses.*
8. *Cognitive behavioural therapy and contingency management have been found to be effective in short-term Methamphetamine use reductions in mainstream populations and have been found to be appropriate for use with Aboriginal and Torres Strait Islander peoples.*
9. *Brief intervention and motivational interviewing have been shown to produce reductions in Methamphetamine use as well as changes in client's intention to use in mainstream samples. Among Aboriginal and Torres Strait Islander peoples, brief intervention and motivational interviewing have produced improvements in substance use and mental health outcomes in one study. More research is currently underway to further test the effectiveness of brief intervention and motivational interviewing amongst Aboriginal and Torres Strait Islander peoples who are using Methamphetamines.*
10. *Supporting health workers and family members who are supporting people using Methamphetamines is essential. The Family Well Being Program is a response that has been found to be relevant for those supporting someone using*

Methamphetamines. Further work is underway to develop programs for family members who are supporting loved ones who are using Methamphetamines.

11. Important elements of appropriate responses to Methamphetamine use among Aboriginal and Torres Strait Islander communities are a strength based and holistic approach that is culturally appropriate and contains localised resources and services.

2.15.2 Hawai‘i (Indigenous Hawai‘ians)

Methamphetamine first came to Hawai‘i in the 1980s, where its form was broken down into a smokable substance.

Judge Edward Kubo says the calls took a while to trickle in. It was not until 2003 that he started hearing from people in Miami, Atlanta, even New York. They were all calling with the same question, “What is this crystal Methamphetamine thing?”. Kubo now runs a drug court. But at the time he was the U.S. attorney in Hawai‘i. He says the state was the starting point for what became an epidemic across the country.

“We’re not proud of it,” he said. “But crystal Methamphetamine is our gift to the nation. It started here.” Kubo says crystal meth in Hawai‘i goes back to the 1980s. The drug first reached Hawai‘i’s shores through the Asian market before it took off on the mainland.

“And at that time meth was called the poor man’s cocaine. It was cheaper and yet you could get the same high,” Kubo explained. “And it exploded here. Meth became the worst thing that we ever saw.”

Edward H. Kubo, Jr. became a First Circuit Court judge on March 11, 2010. Judge Kubo served as the U.S. Attorney for the District of Hawai‘i from 2001 to October 2009, and prior to that was Assistant U. S. Attorney for 11 years.

“We’ve been the pioneer of Methamphetamine abuse before the mainland,” said Gary Yabuta, a veteran cop who was the Chief of Maui Police for five years. He’s now the Executive Director of the Hawai‘i High Intensity Drug Trafficking Area, a federal law enforcement group funded through the White House.

“We pretty much initiated the use of crystal Methamphetamine which is a smokable form. Before that, to get high on Methamphetamine you had to use the liquid form and inject it with

a hypodermic needle. Asian chemists were able to figure out a way to make it into a crystal form, a solid form to be smoked, and it became more popular,” said Yabuta.

“That’s why Hawai‘i, by virtue of its distance to Asia, was probably the first state in the United States to experience Methamphetamine, or ice, as a drug of choice.”

Gary Yabuta is the Executive Director of the Hawai‘i High Intensity Drug Trafficking Area (HIDTA), a grant funded program under the Office of the National Drug Control Policy. Prior to his appointment as the Executive Director of Hawai‘i (HIDTA), he was Chief of Police for the Maui Police Department, who has since retired.

Things got so bad that 12 years ago, Congress held hearings on the topic.

A House subcommittee called the sessions “The Poisoning of Paradise: Crystal Methamphetamine in Hawai‘i.” At the time Hawai‘i was No.1 per capita for crystal meth use in the country.

Here is the opening address by Mark E. Souder (chairman of the subcommittee) over 16 years ago.

MONDAY, AUGUST 2, 2004

HOUSE REPRESENTATIVES,

SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY AND HUMAN RESOURCES,

COMMITTEE ON GOVERNMENT REFORM,

Kailua-Kona, HI.

The subcommittee met, pursuant to notice, at 9 :20 a. m., at Kealakehe Intermediate School, 74 – 5062 Onipaa Street, Kailua Kona, HI, Hon. Mark E. Souder (chairman of the subcommittee)

presiding.

Present: Representatives Souder and Case.

Staff present: Nicholas P. Coleman, professional staff member/counsel; David Thomasson, congressional fellow; and Alena Guagenti, legislative assistant.

Mr. SOUDER. Come to order. Good morning and thank you all for coming. This hearing continues our subcommittee's work on the problem of Methamphetamine abuse — a problem that is ravaging the State of Hawai‘i and the entire Nation. I would like to thank Congressman Ed Case for inviting us here to the Big Island, and for his support for a bipartisan approach to confronting the meth epi demic.

In 2003, Congressman Case testified before our subcommittee about the meth problem in Hawai‘i, and since then we have frequently discussed ways to help communities like this one to reduce drug abuse.

Methamphetamine is one of the most powerful and dangerous drugs available. A recent study of the effects of Methamphetamine abuse using MRI scans of addicts revealed what one expert called a forest fire of brain damage. Addicts' brains lose 11 percent of the tissue in the limbic region, controlling mood and emotion, and 8 percent of the hippocampus region, responsible for forming new memories, comparable to the brain deficits created by Alzheimer's disease. Here in Hawai‘i the form of meth called crystal or ice is increasing in popularity. It is highly pure and extremely addictive.

Sadly, meth is also one of the easiest drugs to make. It can be cooked using common household or agricultural chemicals and simple cold medicines, following recipes that are easily available on the Internet.

The meth here in Hawai‘i and other States comes from two major sources of supply. First, meth comes from the so-called superlabs in California and northern Mexico. By the end of the 1990 's these superlabs produced over 70 percent of the Nation 's supply of meth.

“Over the long haul of 20 years or so, you become used to it,” said Drug Court Judge Edward Kubo. He says the impact of Methamphetamine for decades has created community fatigue. “Not that you’ll ever accept it, but I think our community is just so numb already,” he said. “There’s a feeling of helplessness.”

In the year 2018 statistics show, sadly the number of fatal drug poisonings involving meth has nearly quadrupled in Hawai'i . The confirmed total was 147 for 2018, but the actual number is undoubtedly higher because meth can play an undetected role in heart disease.

The risk

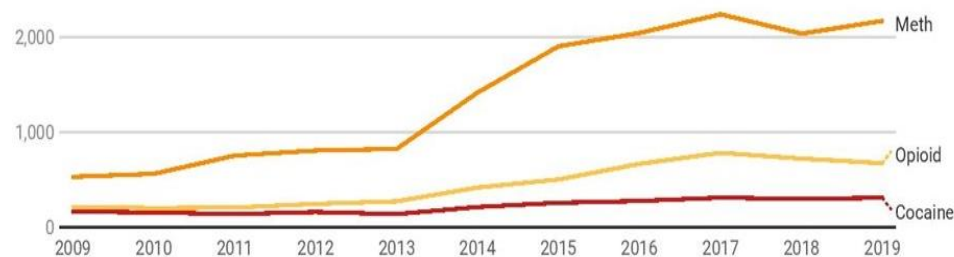
The increase in meth-related deaths may be evidence of just how devastating the drug's long-term use can be. Nearly 70% of the confirmed meth-related deaths in recent years involved men in their 40s, 50s and 60s, although the confirmed statistics given here are beneficial the writer was not able to source the ethnicities for the age groups.

Methamphetamine -related hospitalisations at Queen's Medical Center Punchbowl and West Oahu campuses rose from 532 to more than 2,100 over the past decade. The Queen's Medical Center West Oahu campus opened in 2014 and represents about one-fifth of all discharges in 2019.

Queen's Medical Center On 'Losing End' Of Battle With Meth - Honolulu Civil Beat

Annual Hospitalizations for Methamphetamines, Cocaine & Opioids at Queen's Health Systems

Methamphetamine-related hospitalizations at Queen's Medical Center Punchbowl and West Oahu campuses rose from 532 to more than 2,100 over the past decade. The Queen's Medical Center West Oahu campus opened in 2014 and represents about one-fifth of all discharges in 2019.



Inpatient/observation discharges between FY09 - FY19, includes any coded primary/secondary diagnosis related to meth, cocaine or opioids
Chart: Carlie Procell/Civil Beat • Source: The Queen's Medical Center - Punchbowl/West • Get the data • Created with Datawrapper

FIGURE 9 HOSPITALISATIONS FOR METH, COCAINE AND OPIOIDS AT ONE HOSPITAL CHART:
ELENI GILL/CIVIL BEAT SOURCE: HAWAII STATE DEPT. OF HEALTH GET THE DATA CREATED WITH DATAWRAPPER

Methamphetamines a powerful, highly addictive stimulant that affects the central nervous system. As of 2017, Hawai'i ranked No.1 in the nation for the percentage of drug-related treatment admissions related to Methamphetamine, according to the national Substance Abuse and Mental Health Services Administration. The increase in hospitalizations seen at Queen's echoes a larger trend: nationally, amphetamine-related hospitalizations rose a whopping 245% from 2008 to 2015, according to the Journal of the American Medical Association.

According to the Journal of the American Medical Association, hospitalisations for Methamphetamine far outnumber those for other drugs, such as opioids, which rose by 46% during the same period. From what he is seen at the busy emergency department; Cheng doesn't believe the increase in hospitalizations is due to an increase in the number of meth users in Hawai'i . Rather, he believes it could be the effects of many years of use. Dr. Daniel Cheng who is the medical director of Queen's Care Coalition.

It is more common for him to see patients in the 40-70 age range who have used Methamphetamine long-term, and now he believes the effects of chronic use are taking a toll on their hearts and bodies.

2.15.3 First Nations (Turtle Island Indigenous Indians)

It was reported in a Toronto Sun column from August 20, 2006, by Christina Blizzard that Crystal meth is manufactured in homes on the reserves and is rapidly becoming a headache for community workers. It seems that the Methamphetamine abuses in the Indigenous communities have started in the early 80s, which would as well as other dangers through long term use create more people with heart conditions.

In 2005 at an Aboriginal Health conference, it was also reported that "Crystal Meth wreaks havoc on reserve". Crystal meth use in the Fort Macleod area has become higher, per capita, than in Harlem, a Mount Sinai neurologist told a Blood Tribe conference.

In 2017, Seven Canadian indigenous tribes have declared a state of emergency due to a worsening drug crisis, namely Methamphetamine. Manitoba's Dakota Ojibway Tribal Council says addiction to opioids, crack and Methamphetamine is causing crime, suicide, and

health problems. Again, these statistics will be marked in the Chronological Historical Timeline.

The problem is so bad they say 60% of babies are put on morphine after birth because of their mother's addiction. Chiefs from seven First Nations are asking for the government's help to set up a treatment centre.

"When I see our grandmothers, who are on prescription drugs, handing them out, it is purveyed right through our communities now, from our grandmothers and grandfathers down," Chief Kenneth Chalmers, Dakota Ojibway Tribal Council chairperson, said during a press conference. "We get the violence with the alcohol, but this is a different thing — it is becoming ultra-violence."

2.15.4 New Zealand (Māori)

Māori have highest rate of mental illness and addiction. New research into mental health and addiction services has found Māori have the highest prevalence of mental illness and addiction of any group here in NZ.



FIGURE 10 A STAGED PHOTO OF A YOUNG MAN HUNCHED OVER, USED TO ILLUSTRATE THE USE OF SECLUSION ROOMS OR MENTAL HEALTH ISSUES. THE PREVALENCE OF MENTAL ILLNESS AND ADDICTION IS NEARLY 1 IN 3 FOR MĀORI. PHOTO: RNZ

The Monitoring and Advocacy Report tracked the progress made on the quality of services over a five-year period to June 2018. The prevalence of mental illness and addiction is nearly 1 in 3 for Māori and 1 in 4 for Pacific people, compared to 1 in 5 for the total population.

Forty one percent of adults who experienced seclusion within inpatient services in 2017 were also Māori, an increase from 36 percent in 2013.

No DHBs met the 95 percent target of people having a transition plan upon discharge from an inpatient unit in 2017 and only 77 percent of Māori reported that their transition plan was reviewed regularly.

As in the statistics for First Nation Indian for methamphetamine users, it does not account for some who have fallen under heart conditions statistics. Heart complications in Māori also show an increase, when compared with non-Māori New Zealanders, are:

More than twice as likely to die from cardiovascular disease, and 1.5 times as likely to be hospitalised for cardiovascular disease.

Twice as likely to die from ischaemic heart disease, and 1.3 times as likely to be hospitalised for ischaemic heart disease. The disparity is even greater for females; Māori females are almost twice as likely to be hospitalised for ischaemic heart disease as non-Māori females.¹

1.5 times more likely to die from stroke, and 1.5 times more likely to be hospitalised for stroke. The disparity is greater for females; stroke hospitalisation among Māori females is more than twice as high as that among non-Māori females. (Heart Research Institution NZ, 2021)

2.15.5 Key practice points:

1. *Health professionals need to be proactive when the opportunity arises in identifying people who have problems with Methamphetamine use, as they may have little contact with health services and are unlikely to reveal their drug use without being asked,*

2. *Methamphetamine use is most prevalent among people aged in their 30s and under, and is more common in males compared with females and in Māori compared to people of other ethnicities,*
3. *People who use Methamphetamine are at risk of dependency, psychosis, and other mental and physical health complications, as well as financial, family, relationship, and legal problems,*
4. *Counselling and support from a health professional, friends and family is currently the best approach for helping people to stop using Methamphetamine (when available),*
5. *Evidence does not support the use of any currently available pharmacological treatments to help patients quit or prevent relapses,*
6. *There are a variety of self-help resources and support programmes available that patients can be directed to.*

In the most recent times, it was estimated that approximately 34,000 people aged 16–64 years had used an amphetamine in the past year (1.1% of the population). The highest rates of use were in males (1.7% vs. 0.6% in females), people aged from 25–34 years (2.4%) and people of Māori ethnicity; after adjusting for age and sex differences between populations, Māori were 3.4 times more likely to have used amphetamines in the past year than non-Māori.

Medicinal forms of Methamphetamine are not abused as often as illicitly produced forms of Methamphetamine (P, crystal meth, crack, ice, etc). Continued efforts to crack down on the illicit production of Methamphetamine aim to limit its availability and its abuse worldwide.

Meth Action plan was introduced 2003 here in New Zealand (Ministerial Action Group on Drugs, 2003) with a specific mandate to reduce demand, controlling supply, lifting problems which in my opinion did nothing or achieved its goals statistics will actually show methamphetamine has flooded our communities not decreased.

2.16 Chapter summary

In this chapter the key focus is the actual drug, Methamphetamine and it gives a very broad overview of most relevant aspects for this study, including a historical timeline, its chemical makeup, manufacturing, statistics and harm its causing. Methamphetamine is the primary

synthetic drug of abuse. In some areas, like parts of Europe (Czech Republic), Australia, Asia, and the United States, Methamphetamine is a significant drug of abuse. Although this study is focused on Indigenous peoples suffering Methamphetamine abuse, this drug has no ethnic boundaries spreading destruction worldwide.

The next chapter is the literature review that looks at the literature that contributed towards this study and explores writings from renowned Indigenous scholars. Introduces literature from “Community groups” who have formed strong support networks nationally that utilise their personal experiences to help others.

CHAPTER THREE

LITERATURE REVIEW

"Those who take power unjustly defend it with injustice" (Jackson S. , 1989)

3. Chapter Introduction

The previous chapter was dedicated to Methamphetamine the writer had inserted this chapter to give the reader information and relevant research explaining most aspects of Methamphetamine including the chemical makeup and its damaging effects. There must be some understanding of the drug by the reader, to get a better insight into the theory of this study.

In this chapter, the literature review is a review of the literature that contributed towards this study and explores writings from renowned Indigenous scholars. Introduces literature from “Community groups” who have formed strong support networks nationally that utilise their personal experiences to help others.

It also looks at other well renowned Māori scholars and their experiences and findings. The Historical Trauma Theory will be explored from research by renowned First Nations Lakota,

In this chapter the historical journey for each of the four (4) Indigenous groups will be laid out in a chronological timeline, which is the method to take out the common themes that would go towards answering the thesis questions.

The literature review for this research uses mediums such as internet source, library, books, journals. Participants' narratives will be fundamental to the literature review, in providing strong evidence that comes from an inside view of their lived experiences.

We will look at ideologies from different Indigenous scholars & researchers, specifically who have contributed material towards better understanding their peoples' struggles under colonisation.

3.1 Key literature topics

As this study focuses on Indigenous peoples around the world, namely Māori, First Nations Indian, Aboriginal & Hawai'i and literature pertinent to all four of those indigenous peoples will be reviewed.

3.1.1 Professor Maria Yellow Horse Brave Heart

Maria Yellow Horse Brave Heart is a Native American social worker, associate professor, and mental health expert. She is best known for developing a model of historical trauma for the Lakota people, which would eventually be expanded to encompass indigenous populations the world over.



<https://vivo.health.unm.edu/display/n57908>

In 2000, Brave Heart published the article, "Wakiksuyapi: Carrying the Historical Trauma of the Lakota." Using the historical trauma research conducted in survivors of the Holocaust, Brave Heart would identify a comparable cluster of events correlated with massive group trauma across generations, including the 1890 Wounded Knee Massacre and the forced removal of children to federal boarding schools, again this historical event would contribute towards the Chronological Historical Timeline.

She conceptualised the current form of historical trauma in the 1980s to comprehend what she observed as many Native Americans being unable to fulfil "the American Dream". Her most significant findings came in a cluster of six symptoms:

1. 1st Contact: life shock, genocide, no time for grief, a Colonisation Period in which the introduction of disease and alcohol occurred, and traumatic events such as Wounded Knee Massacre. This will be linked to the Chronological historical timeline.
2. Economic competition: which resulted in loss from spiritual and tangible dimensions.
3. The occurrence of Invasion/War Period, which involved extermination and refugee symptoms.
4. A Subjugation/Reservation Period where confinement and translocation occur, a relationship of forced dependency on oppressor is formed, and a lack of security occurs.
5. Boarding School Period: in which the family system is destroyed, beatings, rape, and prohibition of Native language and religion ensue. The lasting effect being ill-preparation for parenting, identity confusion. Again, more relevant information that will be correlated to the Chronological historical timeline.

6. Forced Relocation and Termination Period: transfer to urban areas, prohibition of religious freedom, racism and being viewed as second class; loss of governmental system and community.

The first symptom of undiagnosed trauma is again another relevant diagnosis that also occurs in all four (4) of the Indigenous peoples in this study. And you will also find amongst Māori Hau Ora practices the art of “finding the source of the mamae” is a powerful step towards recovery.

She also proposed a three-pronged intervention mode: education, sharing the effects of trauma and grief resolution through collective mourning and healing. This intervention tool in a safe environment can be lifesaving for all participants, especially when in a recovery from the addiction stage.

Since 1976, Brave Heart has worked directly in the field to gather information on the impact of historical trauma within the indigenous communities. These groups include the Lakota in South Dakota, multiple tribes in New Mexico, and populations of indigenous and Latinos in Denver, New Mexico and New York, her impressive background aligns with the purpose of this thesis, in terms of Indigenous comparisons.

Dr. Brave Heart is also responsible for hosting and presenting over 175 presentations on subjects related to historical trauma as well as training numerous tribes across the United States and First Nations populations in the country of Canada.

In 1992, Brave Heart established the Takini Network, a Native non-profit organization dedicated to healing the wounds inflicted on Native Americans through the experiences of intergenerational trauma, located in Rapid City, South Dakota. In NZ Māori have also been rediscovering ways and designing models of care that identifies intergenerational trauma and its relevancy in recovery.

Maria Yellow Horse Brave Heart is known for developing a model of historical trauma, historical unresolved grief theory and interventions in indigenous peoples. Brave Heart earned her Master of Science from Columbia University School of Social Work in 1976, which shows obvious comparisons that this study is interested in.

Historical Trauma and Unresolved Grief: Implications for Indigenous Healing and Research

Maria Yellow Horse Brave Heart, PhD
Associate Professor of Psychiatry/Director,
Native American & Disparities Research
Center for Rural & Community Behavioral Health
mbraveheart@salud.unm.edu

© Maria Yellow Horse Brave Heart, PhD

need source

Brave Heart has an extensive background in social work returning to school in 1990 after working in the field of social work, and in 1995, she earned her doctorate in clinical social work from the Smith College School for Social Work. The dissertation was entitled, “The Return to the Sacred Path: Healing from Historical Trauma and Historical Unresolved Grief Among the Lakota.”

Dr. Brave Heart was a tenured faculty member at the University of Denver Graduate School of Social Work and Coordinator of the Native People’s Curriculum Project, which operated in the Denver and the Four Corners region and covered the Navajo and Ute reservations.

Dr. Brave Heart also served as a clinical intervention research team member at the Hispanic Treatment Program, located at the New York State Psychiatric Institute/Columbia University Medical School. The Hispanic Treatment Program for Anxiety Disorders are some of the most common psychiatric difficulties.

Frequently, many people suffer from an anxiety disorder without being diagnosed or without receiving medical treatment, this sits in all indigenous groups, with the drivers being racism and poverty. The racism sits and has been since colonisation with current and past governments via policy and legislation.

Health services here in NZ, and you will also see most other indigenous communities are grossly underfunded and over worked. As a result, the lives of these individuals are harmed. They offer new and established treatments at the Hispanic Treatment Program of the New York State Psychiatric Institute, a clinic dedicated to the evaluation, research, and treatment of these difficulties. People who are suffering from anxiety may have the following symptoms:

Panic Disorder

- *A panic attack is an episode of intense anxiety or terror that suddenly appears without warning, lasting a few seconds or minutes*
 - *With fear that one will die, go crazy, or lose control during these moments of terror*
 - *Accompanied by physical symptoms such as: shortness of breath, palpitations, chest pain, dizziness, tremors, or sweating*
 - *Feeling depressed, sad, and hopeless* • *Loss of interest in things that once gave one pleasure*
 - *Restlessness and nervous tension* • *Feeling tired and without energy* • *Insomnia or other problems with sleep*
 - *Change in appetite or weight*
 - *Forgetfulness and difficulty concentrating*
 - *The persistent and excessive fear of situations in which something painful can happen to the person while others are watching*
 - *Excessive shyness*
 - *Wishing to avoid public speaking altogether*
 - *Avoidance of social situations or of eating, drinking, or writing in front of others*
- ## Posttraumatic Stress
- *The individual has suffered a trauma and feels that (s)he has not been able to recover*
 - *Has undergone a traumatic experience, such as being mugged, physical or sexual abuse, fire, explosion, or accident.*
 - *After the event, the person has nightmares.*

The unresolved grief intervention model developed by Brave Heart was considered an outstanding model, one which won a special minority Center for Mental Health Services grant award for Lakota Regional Community Action Grant Historical Trauma in 2001. Dr. Brave Heart was also responsible for the incorporation of techniques designed to intervene and enhance reservation parenting through several successful grants.

She was also known for the coordination and directing of several Models for Indigenous Survivors of Historical Trauma, this work is relevant as it will be used to identify similar themes, between the four (4) indigenous groups of this study.

A Multicultural Dialogue Among Allies Conferences between 2001-2004 and served as both members and hosts of conferences for the International Society for Traumatic Stress Studies. Dr. Brave Heart was also on the Board of Directors for the Council on Social Work Education and acted as an adviser/consultant to the National Indian Country Child Trauma Center.

Brave Heart currently serves as a research associate Professor at the University of New Mexico Department of Psychiatry. She also serves as Director of Native American, Disparities Research and Community Behavioural Health. Maria has areas of interest which include indigenous collective trauma, grief and loss, historical trauma, healing intervention and mental health in indigenous populations, and substance use disorders and co-occurring mental health disorders in indigenous populations.

3.1.2. Sir Mason Durie

Sir Mason Durie KNZM FRSNZ FRANZCP (*born 4 December 1938*) is a well renowned Māori professor of Māori Studies and research academic at Massey University. He is known for his contributions to Māori health. He has tribal affiliations with the Rangitane, Ngāti Kauwhata and Ngāti Raukawa of NZ.

Durie grew up in Feilding and attended Te Aute College, Hawke's Bay, a renowned college where future Māori leaders were bred. Te Aute College is a school in the Hawke's Bay region of NZ. It opened in 1854 with twelve pupils under Samuel Williams, an Anglican missionary, and nephew and son-in-law of Bishop William Williams. It has a strong Māori character.

Sir Mason graduated from the University of Otago with a Bachelor of Medicine and Bachelor of Surgery in 1963. He has a Postgraduate Diploma in Psychiatry from McGill University, Canada, and was Director of Psychiatry at Palmerston North Hospital before his appointment to the Royal Commission on Social Policy from 1986-88.

For over 40 years, he has been at the forefront of a transformational approach to Māori health and has played major roles in building the Māori health workforce. His efforts have been recognised by the Royal Australian and NZ College of Psychiatrists, the Public Health Association of NZ, the Māori Medical Practitioners Association, the Thoracic Society of Australia and NZ, and the Polynesian Society.

A well-recognised and respected Māori scholar, Sir Mason Durie has written several books detailing Māori outcomes, including *Mauri Ora. The dynamics of Māori Health*, which is about the forces that effect Māori health and give shape to Māori lives.

It tracks the advancement of Māori health in a world which is often indifferent to the attainment of good health and seldom ready value culture and identity as foundations for health. Sir Mason Durie presents a comprehensive clinical review of suicide, depression, alcohol, and drug misuse, but there is also a thorough exploration of the origins of Māori poor health and strategies for improving health.

This is vital when looking at the effects of ongoing inter-generational trauma which I have pointed out in my thesis question. Sir Mason Durie is also the author of a well-known and utilised model of care “Te Whare Tapa Wha” that sits all over NZ policy.



FIGURE 11 T. NGARIMU SIR MASON DURIE 20

“Te Whare Tapa Wha” model has become the cornerstone of most Māori health services as well as most government departments. The concept is straightforward looking, at the structure of a whare (house) and its crucial components to keep the occupants safe.



FIGURE 12 WHARE TAPAWHA MODEL. MASON DURIE (1994).

Sir Mason Durie describes the whare tapawha model he developed.

With its strong foundations and four equal sides, the symbol of the wharenuī illustrates the four dimensions of Māori well-being. Should one of the four dimensions be missing or in some way damaged, a person, or a collective may become ‘unbalanced’ and subsequently unwell.

For many Māori modern health services lack recognition of Taha wairua (the spiritual dimension). In a traditional Māori approach, the inclusion of the wairua, the role of the whānau (family) and the balance of the Hinengaro (mind) are as important as the physical manifestations of illness.

Taha tinana (physical health)

The capacity for physical growth and development. Good physical health is required for optimal development. Our physical ‘being’ supports our essence and shelters us from the external environment. For Māori, the physical dimension is just one aspect of health and well-being and cannot be separated from the aspect of mind, spirit, and family.

Taha wairua (spiritual health)

The capacity for faith and wider communication. Health is related to unseen and unspoken energies. The spiritual essence of a person is their life force. This determines us as individuals and as a collective, who and what we are, where we have come from and where we are going. A traditional Māori analysis of physical manifestations of illness will focus on the wairua or spirit, to determine whether damage here could be a contributing factor.

Taha whānau (family health)

The capacity to belong, to care and to share where individuals are part of wider social systems. Whānau provides us with the strength to be who we are. This is the link to our ancestors, our ties with the past, the present and the future. Understanding the importance of whānau and how whānau (family) can contribute to illness and assist in curing illness is fundamental to understanding Māori health issues.

Taha hinengaro (mental health)

The capacity to communicate, to think and to feel mind and body are inseparable.

Thoughts, feelings, and emotions are integral components of the body and soul. This is about how we see ourselves in this universe, our interaction with that which is uniquely Māori and the perception that others have of us.

Durie's writings in *Mauri Ora* also outlines the relevance of culture, identity, and socio-economic factors to health, this book draws on many years of experience to bring fresh perspectives on Māori health, and especially mental health.

Not only is there a comprehensive clinical review of suicide, depression, and alcohol and drug misuse, but there is also a thorough exploration of the origins of poor health and strategies for improving health. This is vital when looking at the effects of ongoing inter-generational trauma and in the bigger picture of this thesis, highlights the similarities between the four (4) indigenous groups.

Here are other well-known publications of Sir Mason Durie.

- *Durie, Mason (1998). Te Mana, Te Kawanatanga The Politics of Māori Self-Determination.* In this book, *Te Mana, Te Kawanatanga*, Sir Mason Durie explores a wide range of issues affecting Māori, many of which have been extremely controversial. The principal focus of the book is the relations between Māori and the Crown, considered in the light of legislation, court cases, tribunal hearings, hui, and direct negotiations. This is relevant to this study, specifically to the Chronological Historical Timeline.
- *Durie, Mason (1998). Whaiora, Māori Health Development (4th ed.).* The *Mana* this book has amongst both peers and public is that the influence of this book in Aotearoa NZ can be found inside the title page, which reveals that it was reprinted four times over the four years between the first edition of 1994 and this revised edition
- *Durie, Mason (2001). Mauri Ora, The Dynamics of Māori Health.* This book outlines the relevance of culture, identity, and socioeconomic factors to health. Sir Mason Durie draws on many years of experience to bring fresh perspectives on Māori health, and especially mental health, since the publication of this book there has been growth

within Māori understanding that has arisen from Durie's writings. *Oxford University Press. ISBN 978-0-19-558418-9.*

- *Durie, Mason (2003). Nga Kahui Pou, Launching Māori Futures.* In this authoritative collection of his keynote addresses, Professor Mason Durie discusses Māori initiatives in health, education and Treaty of Waitangi settlements; he considers the shape of a fair national constitution; and he builds on Māori potential and aspirations to develop a vision for Māori futures, which all aligns to the thesis questions.
- *Durie, Mason (2005). Nga Tai Matatu: Tides of Māori Endurance. Nga Tai Matatu:* This Tides of Māori Endurance describes and analyses the position of the Māori people and Māori interests at the start of the third millennium. It also recognises the journeys from the past and makes projections into the future.

3.1.3 Moana Jackson

Moana Jackson is a NZ Māori lawyer specialising in Treaty of Waitangi claims and constitutional issues for Te Ao Māori. Jackson is of Ngati Kahungunu and Ngati Porou descent, which are Māori tribes here in NZ. He is Director of Nga Kaiwhakamarama I Nga Ture (the the Māori legal service) which he co-founded in 1987.

Jackson is the son of All Black Everad Jackson and the brother of another well renown Māori activist fighter for Māori issues, Syd Jackson.

He graduated in Law and criminology at Victoria University of Wellington, and after a short period in practice took up the teaching of Māori language. He then undertook further study in the United States before returning to NZ to conduct research for the then Justice Department report on the Māori and the criminal justice system, when he published his report in 1988.

He has also worked extensively overseas on international indigenous issues, particularly the drafting of the United Nations Declaration on the Rights of Indigenous Peoples.

It establishes a universal framework of minimum standards for the survival, dignity, and well-being of the indigenous peoples of the world and it elaborates on existing human rights standards and fundamental freedoms as they apply to the specific situation of indigenous peoples.

He was a judge on the International Tribunal of Indigenous Rights in Hawai'i in 1993 and again in Canada in 1995, this is crucial for the comparisons for this study, as this role focuses on Hawai'i an and First Nations Peoples. He was also counsel for the Bougainville Interim Government during the Bougainville peace process.

Jackson was a vocal critic of the government's foreshore and seabed legislation in 2004, again the similarities of colonisation this is another common theme; will be referenced

The NZ foreshore and seabed controversy are a debate in the politics of NZ. It concerns the ownership of the country's foreshore and seabed, with many Māori groups claiming that Māori have a rightful claim to title. These claims are based on historical possessions and the Treaty of Waitangi. On 18 November 2004, the NZ Parliament passed a law which deems the title to be held by the Crown. This law, the foreshore and seabed Act 2004, was enacted on 24 November 2004. Some sections of the Act came into force on 17 January 2005. It was repealed and replaced by the Marine and Coastal Area (Takutai Moana) Act 201.

He was also a vocal critic of the October 2007 police 'terror' raids. He resigned as patron of the Police Recruit Wing 244 due to his opposition to how the raids were conducted saying,

"I do not buy that this was a racially-neutral act"

He is also quoted as saying

"Those who take power unjustly defend it with injustice"

He previous lectured in the Ahunga Tīkanga / Māori Laws and Philosophy degree programme at Te Wānanga o Raukawa. His contributions to Criminal Justice have been impressive. Moana Jackson famously said that Māori people should have the opportunity for an alternative justice system in his ground-breaking work published in 1988. He said that the Māori experience must be seen on Māori terms, not forced onto preconceived notions of Pākehā (European) methodologies.



FIGURE 13 MOANA JACKSON

Jackson criticised the Eurocentric approach to crime and its tendency to be an offender-based methodology, where the offender is viewed as separate from the culture and society, he grows up in. Jackson highlighted the importance of showing positive portrayals of Māori in the media, as the negative portrayal of Māori may damage their self-worth, recently the STUFF Media network apologised to Māoridom; quote *NZ media giant Stuff has issued a public apology for its portrayal of Māori it says has ranged from blinkered to racist, from its first editions until now.*

Like other Indigenous Scholars mentioned in this thesis, Moana Jackson explains the effects of intergenerational trauma (Jackson M. , 2017) will reference in final draft In many cases, the intergenerational trauma caused by such actions led to an internalisation of the brutality being experienced, until the previously unknown phenomena of domestic violence and child abuse began to tear at the bonds of whakapapa.

Jackson also states, within colonised countries, groups of people who remain colonised are engaged variously in decolonisation processes. Decolonisation is both an individual and collective process of revealing and actively analysing the historic and contemporary impact of colonisation, monoculturalism and institutional racism combined with political movement towards the recognition of sovereignty.

This progression of dismantling colonisation can be peaceful, through violent revolt or a mixed approach. Throughout the twentieth century there has been a global decolonisation movement led by indigenous peoples that has resulted in multiple peoples regaining self-governance and assorted measures of independence from colonial powers. This struggle has resulted in people being harassed, prosecuted, and killed in their attempts to achieve social, cultural, political and economic transformation (Tutu, 1994).

The United Nations Charter (1945) within both article seventy-three and seventy-four, outline a principle of respect for the self-determination of all people, which continues to guide the United Nations' commitment to decolonisation. In 1960, the United Nations adopted the Declaration on the Granting of Independence to Colonial Countries and Peoples (United Nations, 1960) will be referenced in final draft and subsequently in 1962 established a Special Committee on Decolonisation to facilitate self-government. Furthermore in 1990 and again in 2001 the General Assembly declared international decades to eradicate colonisation.



FIGURE 14 SYMBOL OF THE UNITED NATIONS

Māori activist, S. Jackson (Jackson S. , 1989) who is brother to Moana Jackson, upholds that your mind has been enslaved. It then involves people being made aware of the behaviour of successive governments...to further entrench Pākehā political power and closing the door to any power for us.

...when our people have done all those things and looked at the situation we are faced with, they will then understand that we are completely capable of taking this country back and running it in a way that is based on our traditional beliefs. Jackson.

If we as a Indigenous peoples have managed to research our stories and the injustices committed against us and now have a really good understanding on what's happened to create who we are today, can we now say we've evolved into the mode of Decolonisation? I think there is enough evidence published and reviewed here that pretty much supports this view. It also leads on from the thesis subject, that talks specifically about the colonising of peoples in the current direction and journeys taken by all Indigenous peoples.

(Jackson M. , 1987) He Whaipaanga Hou (A New Perspective), is also a well-known report prepared by Jackson, and remains the most comprehensive, large scale study of the relationship between Māori, the criminal justice system, and its key agencies. These reports' findings are very relevant to this study when looking at the similar struggles between all four (4) Indigenous peoples this study focuses on.

3.1.4. Methy Business

On the cold face throughout the 4 indigenous groups, there are networks and community groups, that have been setup to support whānau who are struggling with addictions, specifically Methamphetamine addictions. One such group here in Aotearoa is "NZ P. Pull", who offer a combination of practical advice from grassroots people's experiences.

It is also a support network for whānau who have family struggling with Methamphetamine issues. These support groups are run by a network of volunteers who dedicate their time and experience each week. Named "Walk In" support groups, they operate across NZ, which are like both A.A & N.A support groups.

(A.A) Alcoholics Anonymous is a fellowship of men and women who share their experience strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. Alcoholics Anonymous can help people of any age from teens to elderly and from all backgrounds and ethnic groups.

A.A. works through members telling their stories of what we used to be like, what happened and what we are like now, and often centres around attendance at A.A. meetings. The A.A. programme, known as The Twelve Steps, provides a framework for self-examination and a road to recovery, free of alcohol.

(N.A.) Narcotics Anonymous is a worldwide organisation of recovering addicts. N.A members are men and women from all walks of life and ethnicities for whom drugs had become a major issue, who meet regularly to help each other stay clean, and recover from the effects of addiction in their lives.

Support groups and alcohol dependency recovery organisations can be an essential part of the journey. These groups can help people in recovery avoid relapses, deal with the challenges of getting sober, and provide support to family members and friends.

According to “NZ P Pull” Methamphetamine is a powerful, highly addictive stimulant that affects the central nervous system. Crystal Methamphetamine is a form of drug that looks like glass fragments or shiny, bluish-white rocks. It is chemically like amphetamine, a drug used to treat attention-deficit hyperactivity disorder (ADHD) and narcolepsy, a sleep disorder.



FIGURE 15 PHOTO OF NZ P PULL RŌPŪ

Other common names for Methamphetamine include

- crack
- Blue
- crystal
- ice
- meth
- speed.

A reminder to the reader, the focus of this thesis are the actual drivers to addiction and not the addiction to Methamphetamine.

Liz Makalio of NZ “P” Pull, states NZ” P” Pull like other support groups was born out of a gap & pure frustration of not being able to get any real help for her community that were struggling in the addiction to Methamphetamine. And like other groups banded together with likeminded people and set about looking at ways to offer real support for their community.



FIGURE 16 NZ P PULL LOGO

The group comprises of predominately, those who have lived experiences with Methamphetamine and who are now on a volunteer basis, commit their time and experiences to helping others who struggle with Methamphetamine addiction.

The group has a social media following via face book, which is utilised as a tool to connect with communities, with their reach covering most areas of New Zealand. They have designed their own resources and are freely available to the public. They recently published an

Information booklet (New Zealand 'P'Pull, nd), it is an easy-to-read resource that will educate you and raise awareness on the impact of Methamphetamine. The booklet is for both whānau and those thinking about making the change. Here are the vision aims and goals for this movement that you will find in there Facebook page.

OUR VISION is to empower individuals, families, and communities across Aotearoa to better understand the 'P' pull.

OUR AIM: Is to provide education to families and/or those who use meth.

OUR GOAL: Is to educate and to help raise awareness to communities who are prepared to the lead the way themselves.

This page is monitored by our movement leaders, there is no room for negativity, it is not about colours!! it is about helping each other out by sharing what we know about meth and its pull! Please respect our kaupapa.

PEOPLE VS PPULL!!

3.1.5. Professor Linda Tuhiwai Smith

Decolonising Methodologies (second edition) by well-known Māori researcher and author Linda Tuhiwai Smith, explains, this book explores the intersection of two powerful worlds, the world of indigenous peoples and the world of research. Her second edition has been well reviewed.

Jo-ann Archibald, University of British Columbia, states “In this revised edition, Smith shows us how to “get the story right and tell the story well” in thoughtful, though-provoking and inspiring ways. Indigenous research demands no less.

Michelle Fine, City University New York, states the text of broad intellectual reach and political depth, Decolonising Methodologies transformed the fields of educational research and critical epistemology. Smith’s brilliant analysis has survived over time. At once a radical manifesto and sweet delicate text that can carry new (and old) researchers forward to a vision of social research as it must be.

Smith also shares *One of the strategies that indigenous peoples have employed effectively to bind people together politically asks that people imagine a future, that they rise above present-day situations which are generally depressing, dream a new dream and set a new vision.*

The confidence of knowing that we have survived and can only go forward provides some impetus to a process of envisioning. In the terms of this study her beliefs I would say would sit well in the domain of all Indigenous peoples.

Research is linked in all disciplines and that research adds to, is generated from, creates, or broadens our theoretical understanding. And indigenous people have been oppressed by theory.

Smith shares her views on colonisation/decolonisation, *I think it is important that we should all know the barriers, the struggles, the achievements, and triumphs of our tipuna in coping with colonisation. It is important to know why we are in the predicament we are in and to know that there is a back story which is full of history that we were not taught in schools. Full of histories of our people as iwi, hapū and as whānau.*

I think a significant part of decolonisation is knowing our story and rediscovering ourselves. Not just saying we are proud people because we can do kapa haka and perform but knowing fundamentally that we are proud and accomplished people who navigated the Pacific, who designed technologies, who created great systems and who valued knowledge. And that is where we come from.

Those are the platforms that take us forward. And our people need to know that. Not in an arrogant way. But knowing it deeply so that we can say: “This is what gives me a place here. This means I can achieve.”

Here are some of her published and co-published books and journals,

- Decolonizing methodologies: Research and indigenous peoples. Decolonising Methodologies was one of the greatest contributions towards instilling pride and dignity in indigenous peoples all over the world.

- On tricky ground, Researching the native in the age of uncertainty. Indigenist research also includes a critique of the “rules of practice” regarding research, the way research projects are funded, and the development of strategies that address community concerns about the assumptions, ethics, purposes, procedures, and outcomes of research.

3.1.6. Dom Felice Vaggioli

Storia della Nuova Zelanda, (History of NZ and its Inhabitants), first published 1896, its author Dom Felice Vaggioli, an Italian monk, one of the first Benedictine priests to be sent to NZ, arrived in 1887 settling first in Gisborne, then moving between Auckland and Coromandel. The writer had heard about this book but could not source a copy as the publisher had stopped printing. After a few months of looking was able to find a copy.

His views give some background detail into Māori colonisation and various historical timeline occurrences relevant to Māori.

Dom Felice was anti-Protestant and much of his views supported this controversial Italian Monk. This book gives the reader a good understanding of the political landscapes here in NZ in the settler years.

The monk was well known for his attacks on English settlers and their treatment of Māori calls out the double standards that seem to be the foundation of the British empire. Here is an example of his thoughts a scaling report, Dom Felice states.

Would be discreet to draw a veil over civilised Britons abominable behaviour in NZ, stripping Māori of their land, but this would be a betrayal of truth and events. The Anglo-Saxon race claims to be the supreme exemplar of civilisation and makes out that it is full of compassion for suffering humanity throughout the world. It constantly rails against barbarity, real or imagined, of other peoples and nations. In practice in its own domain it is no better than them. It is not concerned with the good of humanity, but its own advantage.

In protesting about wrongs done by others, it seeks to conceal its own. Noble Irelands children have been forced to scatter throughout the world. Australia's Aborigines have been practically exterminated. NZ Māori, denied justices, have been despicably robbed. They and

so many other people's subject to England confirm through their bloody history what we have described.

It is laudable to plead on behalf of suffering humanity, but the British are hypocrites because they do not practice compassion as rulers. They have no right to speak of inhumanity when they treat their own subjects and fellow men unjustly. They have no right to advise others and turn a deaf ear to just demands for fairness and justice.

The focus of the Dom Felice published journals is the second book, as there are many references in his writings that will contribute into the question of this thesis, particularly around the Chronological Historical Timeline common themes.

The book has a controversial background, with direct orders from the Vatican to destroy copies at the beginning of the century, as its trenchant criticism of colonialism embarrassed the British government, as a result of the Vatican orders to destroy them, there weren't many copies left. It is not until you read the book that the obvious reason arises.

Vaggioli was intrigued with NZ and gathered information about it, including firsthand accounts, which will be relevant and important to this study, the signing of the Treaty of Waitangi, of the Taranaki and Waikato Wars. He gives a chronological breakdown of a strong proud race of people, Māori and how the wheels of colonisation slowly wore them down acre by acre.



The Dom Felice highlights in his own words, the disgusting by the protestant and British agents. He gives a recount of one such deed committed by brothers Gibbon Wakefield and Colonel William Wakefield, who swindled local Māori in what is now known as Wellington, of 10,000 000 acres for a pittance.

These dealings between colonisers and the indigenous people were a common practice and again will look in more depth in the findings chapter.

3.2. Doctrine of Discovery

To understand exactly what The Doctrine of Discovery is and the meaning of colonisation, there needs to be comprehensive research given to best understand its origins, which includes all doctrines, policies and practices based on advocating superiority of peoples or individuals based on national origin or racial, religious, ethnic or cultural differences.

Various journals, reports, books were researched

The Doctrine to Discovery played a major role in the colonising of land and people specifically Indigenous peoples. It was used by European monarchies, beginning in the mid-

fifteenth century, as a means of legitimizing the colonization of lands outside of Europe. It was issued in 1493, the year after Christopher Columbus arrived on the shores of what is now known as North America.

The Doctrine of Discovery continues to wreak havoc on Indigenous Peoples throughout the world. or also known as the driving document behind Colonisation and links directly back in history to the churches who then perpetrated its mission, specifically the Catholic Church.

This is the mindset that is the doctrine of discovery, that is strategic and precise in its pick of words:

- Certain knowledge (absolute certainty of the correctness and virtuousness of worldview, assumptions, values, and beliefs)
- Resident power to force one's will upon the other even in the face of opposition
- Authority sense, claim, and the recognition of legal or moral right to use of power to achieve the desired ends (enforce one's will)
- Moral obligation and responsibility (not just right and privilege but Christian duty, a call greater than self-interests, call to serve Christendom/kingdom of God) Key components of this "Discovery" mindset:
- Certitude of values, beliefs, and actions as virtuous and authorised (e.g. exceptionalism, manifest destiny)
- Supremacy in the right to define (set boundaries), give, grant, claim, control, and rule in the service of one's self-interests
- Personage and Interests favoured by nature and God as preeminent, rendering the coloniser a "Lord" who, as the fully Human One, rules by natural right, answers to none, DOMINUS—master or owner, dominator
- Delimitation of Humanity. Only those who descend from Greco-Roman civilisation are fully human (civilised: culture falsely understood as innate given in the blood, not socially constructed). The uncivilised are not fully human (defined by Christian standards)

- Moral obligation and legitimacy to enforce one's beliefs, values, and ways of knowing upon the Other for the Other's benefit. Must obey by call of baptism (nationalism, the Flag); duty to follow divine Order.

The Doctrine of Discovery provided a framework for Christian explorers, this is the real intent of this document, in the name of their sovereign, to lay claim to territories uninhabited by Christians. If the lands were vacant, then they could be defined as “discovered” and sovereignty claimed.

Clearly this means the right to seize all indigenous lands as uninhabited, also means if there are people on the lands who are not Christian, then they will be targeted and forcibly evicted from their domains. The presiding theory of the time was that Indigenous Peoples because they were non-Christians, were not human and therefore the land was empty or terra nullius.

The Permanent Forum noted that, while such doctrines of domination and “conquest”, including terra nullis and the Regalian doctrine, were promoted as authority for land acquisition, they also encouraged despicable assumptions: that indigenous peoples were “savages”, “barbarians”, “inferior and uncivilised,” among other constructs the colonisers used to subjugate, dominate and exploit the lands, territories and resources of native peoples.

The United Nations Permanent Forum on Indigenous Issues (UNPFII) is an advisory body to the Economic and Social Council. The Forum was established in 2000 with the mandate to deal with indigenous issues related to economic and social development, culture, the environment, education, health, and human rights.

The terra nullis is a Latin term meaning “*land belonging to no one*”. British colonisation and subsequent Australian land laws were established on the claim that Australia was terra nullius, justifying acquisition by British occupation without treaty or payment.

The Regalian doctrine of property ownership is a legal principle that holds that all the natural wealth – agricultural, forest, timber and mineral lands of the Public Domain and all other natural resources - belong to the State. Examples include fish in the ocean, wild animals, and plants in the wild forests. This is relevant for Māori, when contesting the ownership of water.

More insight into the Doctrine of discovery, its aims helped establish a spiritual, political, and legal justification for colonisation and the seizure of land not inhabited by Christians.

Elements of the Doctrine of discovery can be found in a series of papal bulls, or decrees, beginning in the 1100s, which included sanctions, enforcements, authorisations, expulsions, admonishments, excommunications, denunciations, and expressions of territorial sovereignty for Christian monarchs supported by the catholic church.

The papal bull that targets indigenous tangata whenua issued by Pope alexander VI the “Inter Caetera” in the year 1493 to justify Christian European explorers claims on land and waterways they allegedly discovered, and to promote Christian domination and superiority, that’s been applied in Africa, Asia, Australia, NZ and the Americas, with devastating effects.

In 1493 the Papal decree aimed to ratify or justify Christian white explorers claims on land and waterways they allegedly discovered and promote Christian values ie domination and superiority had been applied to New Zealand and others not so fortunate. The action of “planting a flag” in the soil and then reports his discovery to the European rulers and then returns to occupy the land is now his, even if there were the original owners there (tangata whenua) first.

If the original inhabitants tried to claim the lands as theirs, they were challenged and portrayed as “inadequate” according to European standards. This ideology came in handy and put to good use against any who challenged, it also supported the dehumanisation of those (Tangata whenua) living on the land and their dispossession, murder and forced assimilation. The Doctrine of discovery fuelled white supremacy insofar as white European settlers claimed they were the instruments of divine design and possessed cultural superiority. More focus on the doctrine will be in the Literature Review Chapter.

3.3 Chapter summary

This chapter looked in-depth at various Indigenous scholars and presented their research and methodologies to further provide evidence for the theory and thesis questions, which is to find similar themes using a historical approach for each Indigenous group. In this Chapter, the literature review is a review of the literature on the topic of Methamphetamine and explored writings from renowned Indigenous scholars. Introduces literature from

“Community groups” who have formed strong support networks nationally that utilise their personal experiences to help others.

The Historical Trauma Theory was explored from research by renown First Nations Lakota, Maria Yellow Horse Brave Heart. In that chapter the historical journey for each of the four (4) Indigenous groups was laid out in a chronological timeline, which is the method to take out the common themes that would go towards answering the thesis questions.

The literature review for this research used mediums such as internet source, library, books, journals. Participants narratives will be fundamental to the literature review, in providing strong evidence that comes from an inside view of their lived experiences.

We looked at ideologies from different Indigenous scholars & researchers, specifically who have contributed material towards better understanding their peoples struggles under colonisation.

The next chapter firstly provides some background discussion around the idea of indigenous and Māori as researchers. It then describes the methodologies that reflect a Bi-cultural positioning of the research through the inclusion of Māori and Non-Māori methodologies, mixed methodologies. Methods have been selected according to their compatibility with these methodologies.

CHAPTER FOUR

RESEARCH AND METHODOLOGY

Whāia te iti kahurangi ki te tūohu koe me he maunga teitei

(Seek the treasure you value most dearly: if you bow your head, let it be to a lofty mountain)

4.0 Chapter Introduction

The previous chapter, the literature review is a review of the literature on the topic of Methamphetamine, colonisation and explored writings from renowned Indigenous scholars. Introduced literature from “Community groups” who have formed strong support networks nationally that utilise their personal experiences to help others. The Historical Trauma Theory was explored from research by renown First Nations Lakota, Maria Yellow Horse Brave Heart. In that chapter the historical journey for each of the four (4) Indigenous groups was laid out in a chronological timeline, which is the method to take out the common themes that would go towards answering the thesis questions.

The literature review for this research used mediums such as internet sources, libraries, books, journals. Participants' narratives will be fundamental to the literature review, in providing strong evidence that comes from an inside view of their lived experiences.

This chapter firstly provides some background discussion around the idea of indigenous and Māori as researchers, it then describes the methodologies that reflect a Bi-cultural positioning of the research through the inclusion of Māori and Non-Māori methodologies, mixed methodologies. Methods have been selected according to their compatibility with these methodologies.

It discussed the research frameworks and methodologies on which my research is based. Predominantly Kaupapa Māori mixed methods are utilised. This chapter also describes the methods I have used to seek answers to my research questions.

4.1 Methodology

Kaupapa Māori epistemology has influenced this research project from the formation of the topic to the analysis, and the giving back to the Indigenous communities. Kaupapa Māori is a 'home grown' form of critical theory that focuses on emancipation

It refers to a framework or methodology for thinking about and undertaking research by Māori, with Māori, for the benefit of Māori. It is a way of understanding and explaining how we know what we know, and it affirms the right of Māori to be Māori

The methodology and methods for this thesis arose from my own personal worldviews together within Tikanga Māori, which formed my approach. From this position I explored how these theoretical positions could inform my approach. The qualitative approach I found to be the most appropriate for this research.

A qualitative approach encompasses interviews, “Kanohi ki te kanohi” (face to face discussions) and processes of a hui (meeting). Furthermore, a qualitative approach includes interviews that allow the participants to share their lived experiences.

This section describes the methods I will use in the research. Each research question links to the research method used to answer the research question.

A qualitative approach will provide an opportunity to explore the understanding of meaning behind human lived experiences, known as phenomenology, and focusing on how participants fit into the category of this report.

The allegorical of tradition does seek to interpret an understanding of experiences, through the perspectives of people who have lived them.

The qualitative methodology consists of individual interviews and a focus group session, by exploring their stories and information, asking open ended questions, to allow a freedom of flow and easiness of expression. In completion of data gathering, a thematic approach will be appropriate to identify patterned meaning to answer the research question being addressed.

Kaupapa Māori theory is based on a few key principles. Graham Hingangaroa Smith (1990) initially identified six principles or elements of Kaupapa Māori within the context of educational intervention (Kura Kaupapa Māori) and research.

Kaupapa Māori research offers a framework for Māori to engage in 'culturally safe' research. Kaupapa Māori research explicitly aims for transformative outcomes and encourages Māori to remain as Māori through all phases of the research process. Māori Research Methods and Processes, an exploration.

Irwin (1994) discusses the research processes implemented in the first phase of her doctoral research into Māori education. Her theorising, she states, begins from te ao Māori and extends to te ao Pākehā. 'A significant feature of the design is that kaupapa Māori forms the epistemological base of the study,' she says. 'The development of the research design and process have also been informed by kaupapa Māori.' This relates to the choices she made in designing the research project and explains the motivations for these.

By taking a position that challenges norms and assumptions, kaupapa Māori research involves a concept of the possibility and desirability of change, as the results from the thesis interviews will show. The research should aim to make a positive difference (Smith, 1990)

The aims and objectives of this study is to explore the area of addiction to Methamphetamine namely the pre-stage or what were the perceived drivers that led to the addiction, so a set of findings could emerge that would help deter people from the addiction, therefore the use, usefulness and ownership of the research are of paramount importance.

4.1.1 Kanohi ki te kanohi

Te Taka Keegan, nō Te Whare Wānanga o Waikato gives this explanation for Kanohi ki te kanohi.

Kanohi ki te kanohi, meaning face to face. It implies that if correct contact must be made then people should meet face to face, one on one, so that no misunderstandings, misconstruing, misinterpretations, misapprehensions, misconstructions can occur.

It implies that by taking the time and energy to arrange and travel to meet somebody you are showing the respect and homage that this person is worthy of your efforts. Within Māori this

is the preferred model to engage for the various reasons as Keegan refers to and is the preferred model of the writer.

The term *kanohi ki te kanohi* in te reo Māori translated means face to face; the social meaning of the phrase emphasizes physical presence and even a sense of commitment, to whānau, to a place, to a kaupapa.

Kanohi ki te kanohi or face-to-face communication is a facet of human behaviour. It is a key principal of being and doing as Māori. It allows one to not only see who or what one is communicating with, but also to hear, feel, and smell the relationship.

4.1.2 Focus Group

Focus group discussion is frequently used as a qualitative approach to gain an in-depth understanding of social issues. A focus group is a form of qualitative research. Focus groups have long been used in marketing, urban planning, and other social sciences. A focus group involves the gathering of a group of people who are asked about their attitudes toward a concept, product, or idea.

The method aims to obtain data from a purposely selected group of individuals rather than from a statistically representative sample of a broader population.

For Māori, qualitative methods have enabled us to 'give voice' and provided an opportunity to explain phenomenon from our own perspective. It allows for a Māori perspective to be heard, and allows for more equal empowerment of the participant, which in Māori Tikanga is giving “respect” to the person and to give him the Mana to share korero.

The writer is also a part of a community Movement setup to support whānau who are struggling in the space of Methamphetamine, NZ P Pull is a national support group with various ways it offers support to the general public here in NZ. They also have setup support groups, called “Walk Ins” which are like Alcohol Anonymous (AA) or Narcotics Anonymous (NA) across the North Island.

A focus group is qualitative research model because it asks participants for open-ended responses conveying thoughts or feelings, the “Walk In” support nights (New Zealand 'P'Pull, nd)provide this space, a safe space where stories can be shared.

The writer facilitates three (3) “Walk In” support groups in Tairāwhiti that open weekly. It is during these sessions the writer has had good opportunities to speak and put forward to the group, suggestions, or ideas of which a general discussion with feedback from whānau attending.

NZ P Pull is a grassroots community movement, who continue to look for options on how best they can serve their members. Until recently they have relied on the goodwill of community members with lived experiences to volunteer their time, to ensure systems of support were best utilised.

The best description as a grassroots movement is one which uses the people in each district, region, or community as the basis for a political or economic movement. Grassroots movements and organisations use collective action from the local level to affect change at the local, regional, national, or international level, which exactly how NZ P Pull operates.

The interaction with NZ P Pull, has been a fantastic chance to gauge whānau who attend, either in a support role or actual whānau reaching out for support. The concept of “Kānohi ki te kānohi”, is a very valuable tool in this setting, reasons have been addressed previously in this study.

4.1.3 Interview Questions

This research type is qualitative research. Interviews or questionnaires to derive numerical-based statistics or percentages, as the interview carried out with participants in this study rely on this method to produce the data necessary for the selected outcomes.

There are four models of interview data collection that are commonly used.

1. Face-to-face surveys (kānohi ki te kānohi)
2. Telephone surveys (follow up call to participants after self-administered paper/pencil/computer surveys have been completed)
3. Self-administered paper and pencil surveys
4. Self-administered email surveys (typically online)

While interviews vary widely in how they are conducted and used, there are several components that are common across all surveys. Many of these common features have been

studied in extensive detail by survey methodologists, psychologists, statisticians, and in many other fields of research.

The two (2) research questions for this study utilise both quantitative and qualitative research models, which will produce the findings for this study.

Research question one – What are the similarities between each indigenous group, when looking at the pre- addiction stage?

One of the weaknesses of the interview is that the results from the interviews specifically the paper/email and phone interviews I felt did not provide a more honest connection with the writer. I have mitigated against this by the follow up phone calls to all participants to get more understanding around there answers.

Research question two - Can colonisation be the single driver that led to addictions, in this thesis Methamphetamine addiction.

A questionnaire is the method chosen to answer the second research question, which will be given to both individual participants and focus group setting.

Interview Questions

1. Do you understand your whakapapa? please elaborate.
2. What/who influenced you in your teen years?
3. Have you a criminal record if yes at what age did your first offence occur
4. Were/are there any of your immediate whānau who have struggled with
addictions, if yes please circle Grand-mother Grand-father Mother
Father Sister Brother
5. How did Methamphetamine become your main choice of drug?
6. At what age did you start experimenting with alcohol or drugs?

7. Did you at any time seek help because of your Methamphetamine use?

(please circle) yes no

8. Have you experienced depression, please circle if yes

once only more than twice once a week daily

There will be more focus on the questions and their responses in the results and discussions Chapter.

4.1.4 Phenomenology

The general purpose of the phenomenological study, and its significance, is to understand and describe a specific phenomenon in- depth and reach at the essence of participants' lived experience of the phenomenon. As a research method, phenomenology is uniquely positioned to help give a broad understanding of the writers lived experiences and the participants in the survey. Its main aim is to learn from the experiences of others.

Phenomenology is a type of qualitative research in that its focus is in answering the 'what is it' question rather than questions of frequency or magnitude such as 'how much' and 'how many', it focuses on the study of an individual's lived experiences within the world.

Again, the writer finds a connection with this model as lived experiences through focus group discussions or “Kano hi ki te kano hi” interviews, are the main contributor to this study.

4.1.5 E-mail Interviews

There are numerous benefits of email Interviews, for both the interviewee and the person doing the interviewing. One of the reasons why this was selected was the location of participants that would be engaged, easing issues because of travel restrictions. The participant does not need to come in for an interview, which is ideal for this study.

In addition to saving time and money, email interviews can provide something that off-the-cuff interviews cannot. They can provide thoughtful answers to well written questions. When someone comes in for an interview, unless your questions are of the same old boring job

interview variety, the interviewee may not have his or her answers prepared, so email interviews give them that opportunity to answer in their own time.

Some participants especially, when sharing very personal information do not like the “Kano hi ki te kano hi” type interview. That means that the answers that you are going to get do not really reflect the person that you are interviewing. Allowing them to think about their answer and write it in an email can give you more insight into that person's abilities and personality.

Doing an interview over email can be a great way to get to know a participant; The first thing that needs to happen to do an email interview is make sure that the person is willing. They will be told how many questions there are in the interview.

I have contacted the participants before the actual interview was sent. I have purposely selected the participants, knowing them personally and their lifestyle and background, which are relevant to the study. I explained how I was going to use the interview information and describing how you came across up with the idea of interviewing him in the first place may put them at ease and help them to be more comfortable with your interview.

The writer also discussed in detail the type of questions and topics would be covered. In addition, the number of questions and a timeframe were given, and how quickly their responses needed to be back in the writer’s inbox. Courtesy Email is also crucial, as a way of acknowledging and respecting there “Koha” they have given.

The bottom line is that while email interviews have their advantages, not everyone is convinced. There are some people that prefer “Kano hi ki te kano hi”, face-to-face interviews and don't even trust email interviews because they can't be sure that the person they're interviewing is the one answering the questions, but there is no such concern with this study as effort has been put into making sure all participants beforehand had all concerns addressed.

4.1.6 Information Sources

Secondary sources, primary sources and material evidence such as that derived from archaeology may all be drawn on, evaluating their relative authority, and combining their

testimony appropriately in order to construct an accurate and reliable picture of past events and environments.

In the philosophy of history, the question of the nature, and the possibility of a sound historical method is raised within the sub-field of epistemology. The study of historical methods and of different ways of writing history is known as historiography.

Historical research relies on a wide variety of sources, primary and secondary and oral traditions.

Primary sources:

Eyewitness accounts of events

Oral or written testimony

Found in public records or legal documents, minutes of meetings, newspapers, diaries, letters, artifacts such as posters, billboards, photographs, drawings, papers

Located in university archives or special collections, or local historical society collections, public archives or privately owned collections.

Secondary Sources

Are scholarly interpretations and critiques of the historical period of interest that is studied. In the study of modern history, the difference between primary and secondary sources are usually clear. In ancient and medieval history this distinction is not so clear.

Second-hand accounts of events.

Oral or written

Found in textbooks, encyclopaedias, journal articles, newspapers, biographies, media such as film or tape recordings, a lot of the research has come.

Secondary sources are the main contributor to this study, relying on research that can be found in textbooks etc.

Oral Tradition:

Oral testimonies and personal narratives

Oral tradition, or oral lore, is a form of human communication wherein knowledge, art, ideas, and cultural material is received, preserved, and transmitted orally from one generation to another. The transmission is through speech or song and may include folktales, ballads, chants, prose, or verses.

Indigenous people have used this method of preserving knowledge and making it possible to pass knowledge across generations without writing. They help people make sense of the world and are used to teaching children and adults about important aspects of their culture. There is a rich tradition throughout Māoridom for oral storytelling, that traces Whakapapa back to the beginning of time. Māori storytelling has a range of different forms:

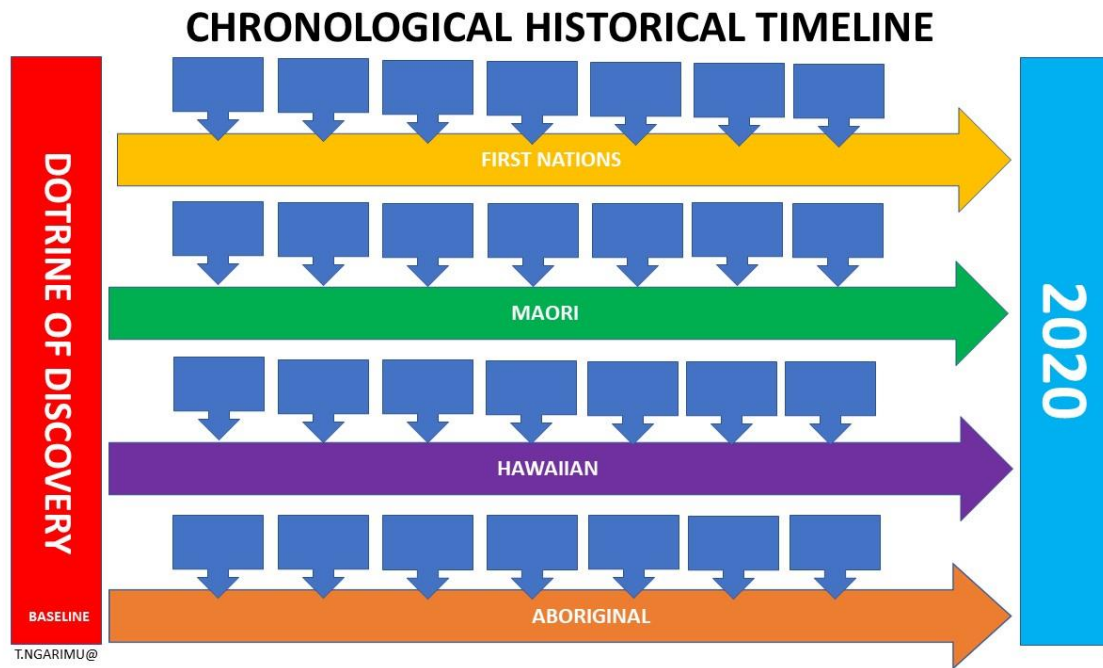
- Waiata
- Haka
- Karakia ‘
- Whaikōrero

4.1.7 Historical

Historical method is the collection of techniques and guidelines that historians use to research and write histories of the past. Secondary sources, primary sources and material evidence such as that derived from archaeology may all be drawn on, evaluating their relative authority, and combining their testimony appropriately in order to construct an accurate and reliable picture of past events and environments.

In the philosophy of history, the question of nature, and the possibility of a sound historical method is raised within the sub-field of epistemology. The study of historical method and of different ways of writing history is known as historiography.

Historical model used in this study also has a timeline, as explained previously tracks and highlights similar themes.



Chapter 5 has been dedicated to the workings of the Chronological Historical Timeline.

4.2 Chapter Summary

In summing up chapter four (4), the writer has given an overview of the different methodologies and frames works that are used in this study to find the research findings to support the theories that writer has. There has been coverage on how the use of surveys and focus group discussions are beneficial especially when working with Māori participants. The mixed methodologies approach has been explained in detail and how this contributes towards the study outcomes.

Chapter five (5) presents the Chronological Historical Timeline graph, which tracks through history the common themes identified.

CHAPTER FIVE

CHRONOLOGICAL HISTORICAL TIMELINE

He kai kei aku ringa

There is food at the end of my hands

5.0 Chapter Introduction

The previous chapter looked at the research and methodologies that best suited this study. There has been coverage on how the use of surveys and focus group discussions are beneficial especially when working with Māori participants. The mixed methodologies approach has been explained in detail and how this contributes towards the study outcomes.

Chapter five (5) presents the Chronological Historical Timeline graph, which tracks through history the common themes identified and its relevance when answering the thesis questions.

5.1 Chronological Historical Timeline

The Chronological Historical Timeline is understanding both the history of the discipline you are interested in and understanding the cultural, political, and social era of the text you are studying depends on reading and knowing history.

History's major activity is to gather evidence regarding the past, evaluate that evidence within the temporal scope of the period under study, and then assess how that evidence contributes to our understanding of that period, in this study the similarities between the

Indigenous groups will be identified. This is also helpful when building the historical timeline of events.

Historical method is the collection of techniques and guidelines that historians use to re-search and write histories of the past, the writer will be in chronological order tracing specific times and episodes that had major impacts on the Indigenous peoples in this study.

A Chronological Historical Timeline Graph will track the common historical events spanning the year 1100ad to 2020, this graph will find common themes.

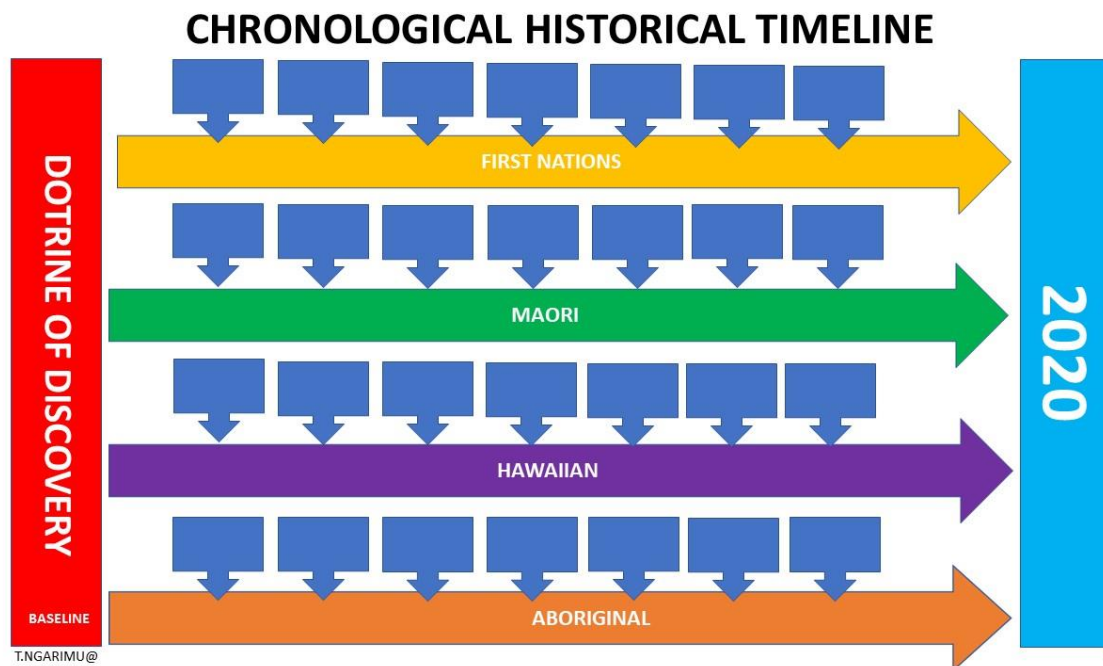
The common themes that have been identified in the Chronological Historical Timelines are.

1. Arrival of Colonisers
2. Atrocities & Massacres
3. Christianity
4. Land Theft
5. Language
6. Indigenous Children Taken
7. Indigenous Suicide and Addiction Rates

These seven (7) common themes have been identified, in the Chronological Historical Timeline the writer has researched all themes and gives a brief analysis of the findings. This would give more emphasis to the commonality of each theme amongst the four (4) Indigenous peoples in this study.

5.1.1 Baseline

The writer has designed a graph, Chronological Historical Timeline to give a broad understanding of the research that has taken place and exactly where that research sits in this study. The baseline is the red box (refer to graph) and of course it represents the Doctrine of discovery, with the date 1493 AD, this is the year the timeline begins.



The time span of the historical timeline is approximately 500 years, starting in the year 1493ad to 2020. To begin the historical research for this study the focus is the actual first writings of the Doctrine of discovery that the writer has used as a baseline to start the research.

From that the four (4) arrows that represent each of the four (4) Indigenous groups of this study. In the small blue boxes are the events pointing in the direction of the year 2020 in the blue box, of course this is the end of the timeline in this table. (please refer to the graph)

Research for each of the similarities is provided in this breakdown.

5.1.2. Arrival of Colonisers (refer to Chronological Historical Timeline Graph)

To get depth into the theory of colonisation being the single driver that lead to the negative outcomes all Indigenous peoples are experiencing its appropriate the focus must start with “When” the colonisers arrived.

5.1.2.1 Australia (Aboriginal & Torres Straights Peoples)

A few days after arrival at Botany Bay the fleet moved to the more suitable Port Jackson where a settlement was established at Sydney Cove on 26 January 1788. This date later became Australia's national day, Australia Day. The colony was formally proclaimed by Governor Phillip on 7 February 1788 at Sydney.

5.1.2.2 NZ (Māori)

This timeline of Cook's visits taken from the British library (The voyages of Captain James Cook)

1. 7 October 1769: The coast of NZ was sighted. Part of the west coast had been briefly visited by Abel Tasman in 1642 but the land was otherwise unknown in Europe. It had been settled by the Māori people sometime before 1300. The Māori name is Aotearoa.
2. 9 October 1769: The first landing at Tūranganui-a-kiwa, which Cook later called Poverty Bay. Shots were fired, resulting in the death of Māori Rangatira Te Maro, and others.
3. 10 October 1769: First meeting between British and Māori. Two further violent incidents take place during which Te Rākau and several other men were killed by British musket fire.
4. 11 October 1769: Meeting aboard ship between the British and Māori who approach in canoes. Goods are exchanged.
5. 15 October 1769: Taiato was kidnapped and taken aboard a canoe. The canoe was fired upon and Taiato escaped and returned to the Endeavour.
6. 23 October 1769: The Endeavour anchored at Uawa, which Cook called Tolaga Bay. During the stay the artists made drawings of artefacts and places, including the arched rock.
7. 16 January 1770: The Endeavour anchored at Ship Cove, Queen Charlotte Sound, which would become Cook's main base in NZ.
8. 10 March 1770: The Endeavour passed the southern tip of the South Island, disproving the theory, common in Europe, that NZ was part of the Great Southern Continent.

5.1.2.3 Canada (First Nations Indians)

Jacques Cartier (Allaire, 2020), navigator (born between 7 June and 23 December 1491 in Saint-Malo, France; died 1 September 1557 in Saint-Malo, France). From 1534 to 1542, Cartier led three maritime expeditions to the interior of the Gulf of the St. Lawrence River.

During these expeditions, he explored, but more importantly accurately mapped for the first time the interior of the river, from the Gulf to Montreal (see also History of Cartography in Canada). For this navigational prowess, Cartier is still considered by many as the founder of “Canada.”

At the time, however, this term described only the region immediately surrounding Quebec. Cartier’s upstream navigation of the St. Lawrence River in the 16th century ultimately led to France occupying this part of North America. Source

5.1.2.4 Hawai‘i (Hawaii an)

In January 1778 Cook. J and his crew became the first Europeans to visit Hawaii (which they called the Sandwich Islands).

5.1.3 Atrocities & Massacres (refer to Chronological Historical Timeline Graph)

5.1.3.1 Australia (Aboriginal & Torres Strait Islanders)

A story rarely told in Australia, is that of the massacres of Aboriginal and Torres Strait Islander people, that occurred in the aftermath of colonisation. There are countless oral histories, and a growing body of documented evidence, that are testament to the violence and terror enacted upon Aboriginal and Torres Strait Islander people across the country.

Henry Reynolds, an historian, has described settler-Indigenous violence as “one of the most persistent features of Australian life for 140 years” post colonisation. This violence was not only perpetrated by settlers, but by governments and colonial forces.

5.1.3.2 Myall Creek Massacre

By the mid-1830s conflict had greatly reduced the population of the Wirrayaraay people, a tribal clan of the Gamilaraay nation. Seeking sanctuary, a group of Wirrayaraay people decided to camp on Henry Dangar’s property at Myall Creek station near present-day

Bingara, in May 1838. A mutually beneficial arrangement evolved whereby the Wirrayaraay people had temporary reprieve from violence while their men assisted various stockmen with their work on nearby stations. (The National Museum of Australia, 2020)

While the Wirrayaraay people were camped on Dangar's property, the station hands, and particularly the assigned convict stockman Charles Kilmeister, enjoyed friendly relations with them. The stockmen and the Wirrayaraay people spent time together in the evenings dancing and singing by the campfire. Some of the names that the stockmen gave the Wirrayaraay people have survived in the court depositions: Old Joey, King Sandy, Sandy, Martha, Charley, Heppita, Tommy, and Daddy.

Just before sunset on 10 June 1838, while the Wirrayaraay people were preparing for their evening meal, a group of convicts, former convicts and one settler arrived at the station fully armed. The group tied up the frightened Wirrayaraay people and led them away from their campsite. Two women and a young girl were set aside, while another young girl was given to Yintiyantin, an Aboriginal stockman whose country was further south and who worked on the Myall Creek station. Two boys escaped by jumping into the creek.

George Anderson, hut keeper at Myall Creek station, later described the terror of the Wirrayaraay people as they were led away and slaughtered. Afterwards, their bodies were piled up and burned. The remains of at least 28 corpses were later observed at the site, but the final death toll has never been confirmed.

5.1.3.3 New Zealand (Māori)

While there were many massacres that have been recorded by European authors/newspaper sources, the Rangiaowhia Massacres were just as brutal, (Kerr, 2020), At daybreak on Sunday 21 February 1864 Colonel Marmaduke Nixon led an attack on the undefended settlement of Rangiaowhia. The inhabitants took refuge in the two churches and their whare. The thatch of one whare was set alight.

An unarmed elderly man came out with a white blanket raised above his head. He was killed by a hail of bullets.

Two more Māori attempting to escape from the fire met the same fate. Twelve Māori were killed, including women, children, and the elderly. Five members of the British force died.

5.1.3.4 Canada (First Nations Indians)

Throughout 1890, the U.S. government worried about the increasing influence at Pine Ridge of the Ghost Dance spiritual movement, which taught that Indians had been defeated and confined to reservations because they had angered the gods by abandoning their traditional customs. (History.com Editors, 2009)

Many Sioux believed that if they practiced the Ghost Dance and rejected the ways of the white man, the gods would create the world anew and destroy all non-believers, including non-Indians. On December 15, 1890, reservation police tried to arrest Sitting Bull, the famous Sioux chief, who they mistakenly believed was a Ghost Dancer, and killed him in the process, increasing the tensions at Pine Ridge.

On December 29, the U.S. Army's 7th cavalry surrounded a band of Ghost Dancers under the Sioux Chief Big Foot near Wounded Knee Creek and demanded they surrender their weapons. As that was happening, a fight broke out between an Indian and a U.S. soldier and a shot was fired, although it is unclear from which side.

A brutal massacre followed, in which it is estimated almost 150 Indians were killed (some historians put this number at twice as high), nearly half of them women and children. The cavalry lost 25 men.

The conflict at Wounded Knee was originally referred to as a battle, but it was a tragic and avoidable massacre. Surrounded by heavily armed troops, it is unlikely that Big Foot's band would have intentionally started a fight.

Some historians speculate that the soldiers of the 7th Cavalry were deliberately taking revenge for the regiment's defeat at Little Bighorn in 1876. Whatever the motives, the massacre ended the Ghost Dance movement and was the last major confrontation in America's deadly war against the Plains Indians.

5.1.3.5 Hawai'i (Hawaiians)

Brief Historical Timeline (Pignataro, 2016)

1736? – Kamehameha born

1778 – Royal Navy Capt. James Cook first lands in Kealahou Bay on the Big Island

1779 – Capt. Cook killed

January 1790 – The brig *Eleanora*, commanded by American Capt. Simon Metcalfe, arrives on Maui

February 1790 – Olowalu Massacre takes place

March 1790 – The brig *Fair American*, commanded by Metcalfe's son Thomas, is captured by Hawaiians in Kona. Hawaiians kill everyone aboard save Isaac Davis, who is spared by Kamehameha in exchange for him providing military assistance; Eleanora boatswain John Young is similarly captured in Kealahou Bay, and given same deal as Davis.

Later 1790 – With the assistance of captured cannons and Davis and Young, Kamehameha routes Maui warriors at the Battle of Kepaniwai (Iao Valley); Kamehameha conquers Maui

1795 – Kamehameha conquers Oahu

1796 – Kamehameha aborts invasion of Kauai

1819 – Kamehameha dies

Olowalu Massacre.

In 1790 an incident that came to be called the Olowalu Massacre occurred off Honua'ula, Maui. Captain Simon Metcalfe anchored his trading ship the Eleanora offshore, probably at Makena Bay, to barter for necessary provisions. A chief stole one of Metcalfe's small boats and killed a watchman. Angered, Metcalfe sailed off toward Olowalu to barter for hogs while Chieftess Kalola, knowing the explosive nature of the situation, declared a three-day kapu on all canoes approaching the Eleanora.

When the kapu was lifted and Kalola's husband Kaopuiki returned only the stolen boat's keel and the watchman's stripped thighbones, an enraged Metcalfe encouraged trading canoes to approach the Eleanora and then opened fire with the ship's guns. Over 100 Hawaiians were killed in the incident with over 100 others wounded. Hawaiians referred to the slaughter as Kalolopahu, or spilled brains.

5.1.4 Christianity (refer to Chronological Historical Timeline Graph)

5.1.4.1 Australia (Aboriginal & Torres Strait Islanders)

Christianity was introduced to Australia by the first British settlers in the late 18th century. The Church of England (also known as the Anglican Church) began operating immediately and held a religious monopoly over the country. Eventually, other Christian denominations emerged, particularly the Catholic Church. British and Irish immigrants and religious clergy played a major role in developing churches, schools, and orphanages around the country in the early twentieth century. Source (The Cultural Atlas, 2021) The permanent presence of Christianity in Australia began with the arrival of the First Fleet of British convict ships at Sydney in 1788. ... Johnson's successor, the Reverend Samuel Marsden (1765–1838), had magisterial duties and so was equated with the authorities by the convicts.

5.1.4.2 New Zealand (Māori)

It was not until June 1814 that Hall and Thomas Kendall finally arrived in the Bay of Islands as the first missionary mechanics. Marsden arrived on 22 December at Rangihoua, Ruatara's home, where, on Christmas Day, he gave the first Christian service in New Zealand.

The theme of Marsden's first sermon on Christmas Day 1814 largely fell on deaf ears. Māori were clearly in a position of strength, so there seemed little reason for them to heed the new message.

Some aspects of the Old Testament might have been seen as incorporating Māori values such as *utu*, but, as historian Gavin McLean noted, while men such as Ruatara and Hongi Hika 'listened politely and let children attend the stations' schools', they 'rejected the low-church mechanic missionaries' gloomy emphasis on an angry God' looking to damn their souls to eternal fires.

Furthermore, conversion to Christianity was a blow to the *mana* of a chief – and to convert the people, the chiefs had to be won over. (NZ History)

5.1.4.3 Canada (First Nations Indians)

In 1534, Jacques Cartier planted a cross on the shores of the St. Lawrence River, claiming the New World for the King of France. This act foreshadowed the coming of Christianity. In 1610, a European priest baptized Henri Membertou, a Mi'kmaq Grand Chief. This baptism

began a program of conversion that eventually involved Roman Catholic and Protestant missionaries and affected the whole Aboriginal population of Canada.

Christian missionaries began their work in the 1600s. By the 1800s, colonial governments, followed by the federal government, were working with the churches to establish residential schools and Indian day schools. The Indian Act forbade some Aboriginal religious practices.

Conversion touched every aspect of life. Missionaries encouraged hunters and fishermen to adopt agriculture, and make their lives conform to European ways. Source

5.1.4.4 Hawai'i (Hawaiians)

On March 30, 1820 Hawaii would witness the dawn of Christianity and the most influential religious group in Hawaii. After 164 days of traveling through the United States and sailing through the Pacific Ocean in the Thaddeus, fourteen missionaries (seven mission couples) would arrive in Hawaii, landing at Kawaihae and Kailua-Kona, Big Island. The American Board of Commissioners for Foreign Missions funded these missionaries, who were Presbyterians, Congregationalists, and Dutch Reformists from New England.

Summary: Was there any guidance from the Bible that the explorers and settlers could have used in their colonisation? None directly, as the social phenomenon of colonisation was unknown during biblical times.

The Bible celebrates leaders like Abraham, Joshua, and David who settled or conquered new territory. The settlement of Canaan by the Israelites was particularly infused with a God-given prerogative to remove the pre-existent nations and any trace of their religion, as in Joshua 23:5,

“The Lord your God will push them back before you and drive them out of your sight; and you shall possess their land, as the Lord your God promised you.”

European colonisers often appropriated this posture, as with the Papal Bull orders helped justify their intentions.

5.1.5 Land Theft (refer to Chronological Historical Timeline Graph)

5.1.5.1 Australia (Aboriginal & Torres Strait Islanders)

Aboriginal land was taken over by British colonists on the premise that the land belonged to no-one ('terra nullius'). The history of Aboriginal dispossession is central to understanding contemporary Aboriginal and non-Aboriginal relations. Source

5.1.5.2 New Zealanders (Māori)

On the eve of the British invasion of Waikato in July 1863, the government ordered all Māori living in the Manukau district and on the Waikato frontier north of the Mangatāwhiri stream to take an oath of allegiance to the Queen and give up their weapons. Those who refused were warned that they would 'forfeit the right to the possession of their lands guaranteed to them by the Treaty of Waitangi'.

Under the New Zealand Settlements Act, Waikato lost almost all their land and Ngāti Hauā about a third of theirs. But kūpapa (pro-government or neutral) Māori also lost land as the yardstick rapidly changed from guilt to convenience. Ngāti Maniapoto territory still under Kīngitanga control was untouched. In the long term, Taranaki Māori suffered most from confiscation in terms of land occupied. Source <https://nzhistory.govt.nz/british-forces-invade-the-waikato>

5.1.5.3 Canada (First Nations Indians)

First nation Indian land confiscations

In 1794 times were tense in Upper Canada and a major reason was the unrest of Native tribes in the Northwest Territory because of the encroachment of Americans on Aboriginal lands. From George Washington's time onward, Americans used every opportunity to thrust the Native tribes westward in their relentless urge to acquire ever more land. Native peoples were pressed unrelentingly to abandon their homes and heritage in the face of the insatiable search for land in the west. Source <http://www.uppercanadahistory.ca/fn/fn2.html>

5.1.5.4 Hawai'i (Hawaiians)

1820 Redistribution of land that divided it into three classifications: Crown, Government, and Konohiki land. After further policy and system changes, foreigners and Hawaiians could buy "fee simple land." However, there were strict rules for obtaining land. Native Hawaiians and foreigners were required to prove (through land surveys) that their land was being cultivated

to earn a living. Most Native Hawaiians did not have the money to pay for surveys or to keep up with the requirements of owning land. The result? Due to missed filing deadlines and their inability to pay taxes, Native Hawaiians ended up with only 1% of the total land available.

5.1.6 Language (refer to Chronological Historical Timeline Graph)

5.1.6.1 Australia (Aboriginal & Torres Strait Islanders)

Researchers who were reviving the Kaurna language of South Australia's Adelaide plains had to get creative. They created 'muka karndo' (lightning brain) for 'computer', 'waratyatti' (voice sending thing) for 'telephone' and 'turraityatti' (picture sending thing) for 'television'.

More than 150 Aboriginal languages have been destroyed by colonisation and only 18 languages remain intact to this day, but scores of languages thought effectively lost are being restored if researchers can find 500 to 2,500 words.

Without intervention, Indigenous language knowledge will cease to exist in Australia in the next 10 to 30 years. Tom Calma, Aboriginal and Torres Strait Islander Social Justice Commissioner in 2010.

There are great rewards in reviving and preserving an Aboriginal language, as Kaurna elder Stephen Gadlarbardi Goldsmith explains: "People ask me can you speak your language? Can you throw a boomerang? And I always felt it caused a lot of anxiety and frustrations, but now that I can speak, beginning to speak my language I have learned a couple of cultural activities as well.

So, when I'm asked today, I have a different attitude - it's not that frustration and anger, it's a pride, that yes, I can speak a bit of my language, and yes, I can do this, I can light a fire with fire sticks, I can do this. Source: Aboriginal language preservation & revival - Creative Spirits.

5.1.6.2 New Zealand (Māori)

From its inception, the first founded NZ Government has continually passed legislation and policy that has been detrimental to the Māori language and furthered the Government's agenda of cultural assimilation and language domination, this alone is a powerful colonisers tool that was utilised throughout Indigenous peoples worldwide.

The mechanism of the Government's agenda of assimilation and language domination was the State education system. This was, therefore, the primary cause of Māori language loss most likely with Indigenous languages.

Although there are some instances where leaders from different Indigenous peoples have encouraged their people to prioritise the English language and ways, this is still a colonisers tool that encourages assimilation.

5.1.6.3 Canada (First Nations Indians)

Canada's assimilation policies were institutionalised through the 1876 Indian Act and the Indian Residential School System (IRSS). Indigenous children were kidnapped from their families by government authorities and sent to Residential Schools which were great distances away from their homes.

The Indian Act was created to assimilate Indigenous peoples into mainstream society and contained policies intended to terminate the cultural (Languages), social, economic, and political distinctiveness of Indigenous peoples.

5.1.6.4 Hawai'i an (Hawaiians)

After the takeover of the monarchy, the provisional government banned Hawai'ian medium education in 1896 and discouraged speaking the language at home. Eighty-nine years later, in 1985, only 32 island children under the age of 18 – including the keiki on the island of Ni'ihau – spoke the language.

5.1.7 Indigenous Children Taken (refer to Chronological Historical Timeline Graph)

5.1.7.1 Australia (Aboriginal & Torres Straight Islanders)

Stolen Generation. In the early 20th century under the assimilation policy, white Australians thought Aboriginal people would die out. In three generations, they thought, Aboriginal genes would have been 'bred out' when Aboriginal people had children with white people.

"It was a presumption for many years that we girls would grow up and marry nice white boys," says Aboriginal woman Barbara Cummings, a member of the Stolen Generations.

"We would have nice fairer children who, if they were girls, would marry white boys again and eventually the colour would die out. That was the original plan - the whole removal policy was based on the women because the women could breed."

Define 'Stolen Generations', the term "Stolen Generations" is used for Aboriginal people forcefully taken away (stolen) from their families between the 1890s and 1970s, many to never to see their parents, siblings, or relatives again.

Because the period covers many decades we speak of "generations" (plural) rather than "generation". Source: A guide to Australia's Stolen Generations - Creative Spirits.

5.1.7.2 New Zealand (Māori)

We know more than 100,000 children and vulnerable adults were put into care for over forty years. The first homes opened in the fifties and by the seventies, almost half of all the kids in state care were Māori. This act of placing vulnerable children into residential care was brought into practice by previous governments who had indigenous populations, as a part of their assimilations policies that were rolled out to disconnect.

In 1978 89% of admissions to Hokianga were Māori and Pasifika. In 1985, Māori boys made up 78% of all youngsters held in six Social Welfare homes across Auckland. Boys sought the protection of gang affiliations while in care, many of those lost boys tell us the gangs themselves began in boys' homes. (Scoop, 2017)

5.1.7.3 Canada (First Nations Indians)

The Sixties Scoop. Refers to a practice that occurred in Canada of taking, or "scooping up," Indigenous children from their families and communities for placement in foster homes or adoption. Despite the reference to one decade, the Sixties Scoop began in the late 1950s and persisted into the 1980s. It is estimated that a total of 20,000 aboriginal children were taken from their families and fostered or adopted out to primarily white middle-class families as part of the Sixties Scoop

5.1.7.4 Hawai'ian (Hawaiians)

For years, the percentage of Native Hawaiians in the state's foster care system (founded in 2011) has significantly topped the percentage of Hawaiians in the overall population of children state-wide.

Those with Hawaiian blood make up half the roughly 2,300 children who have been removed from their families because of abuse and neglect concerns and currently are in foster care. Yet Hawaiians comprise only a third of the state-wide population of minors.

Little research has been published on the reasons behind the long history of overrepresentation among Hawaiians in the foster system. Maybe there's reasoning behind the will of the Government to seriously look at this very concerning trend. As this is a common Colonisers tool used in assimilation practices.

The studies mentioned the typical factors, such as drug use, child abuse and economic hardship, that contribute to youth getting into trouble. But for Hawaiians two additional reasons were cited: political disenfranchisement and the erosion of strong family authority after colonisation.

5.1.8 Indigenous Suicide and Addiction Rates (refer to Chronological Historical Timeline Graph))

5.1.8.1 Australia (Aboriginal & Torres Straight Islanders)

Suicide:

was unknown to Aboriginal people prior to Colonisation invasion. Appalling living conditions and past traumas have led to a suicide rate that by far exceeds that of non-Aboriginal people.

Addictions:

Crystal methamphetamine use is approximately 2-4 times higher among Aboriginal than non-Aboriginal people. Users tend to be younger than non-Aboriginal people which has important implications for prevention and treatment.

5.1.8.2 New Zealand (Māori)

Suicide:

In 2015 the overall rate for Māori was 17.8 suicides per 100,000, compared with 9.6 for non-Māori. The high rate of suicide among Māori is a recent phenomenon. Until the 1950s it was about half the general rate. Then the numbers increased, and since 1996 the Māori suicide rate has been higher than the non-Māori rate. (Phillips, 2011)

There are no known statistics or stories passed down from Iwi Māori re Pre-Colonial Suicides by Māori. The writer assumes Iwi Māori had very little “if at all” Suicides within their Whanau.

Addictions:

According to Cook.M, (Cook.M, Te Ara, 2013) before Europeans arrived, Māori were one of the few societies in the world that did not use intoxicants. There was no local equivalent of tobacco, alcohol or recreational drugs. After Europeans introduced tobacco to New Zealand, it was quickly taken up by Māori. In the 2000s the Māori smoking rate was still more than twice that of non-Māori. Early reactions to alcohol were less positive – Māori dubbed it waipiro (stinking water) or wai kaha (strong water), and communities attempted to control access to liquor. wai kaha (strong water), and communities attempted to control access to liquor.

5.1.8.3 Canada (First Nations Indians)

Suicide:

Dying to please you: Indigenous Suicide in Contemporary

This book was compiled by Indigenous First Nation writers Roland D. Chrisjohn, Ph. D. and Shaunessy M. McKay with Andrea O. Smith, M. Sc., ABD

Young Aboriginal men are “unable to find meaning in their lives,” “feel abandoned by their culture,” “ease their pain and frustration” with drugs and alcohol and end up worsening “their mental state.”

The immediate disruption suicide causes in Aboriginal communities should be treated by “qualified individuals,” while long-term solutions must “break the cycle of abuse, denial, and despair.”

Addictions:

Programs directed at heading off “crisis situations,” preventing “substance abuse and neglect of children,” and improving “recreational activities” are necessary, and school-based interventions teaching “confidence, self-worth, and coping skills” are indicated.

Again, with the Indigenous First Nations Peoples/tribes the scourge of Suicide seems to be a post-colonisation issue, that is a common theme with the three (3) other Indigenous peoples in this study.

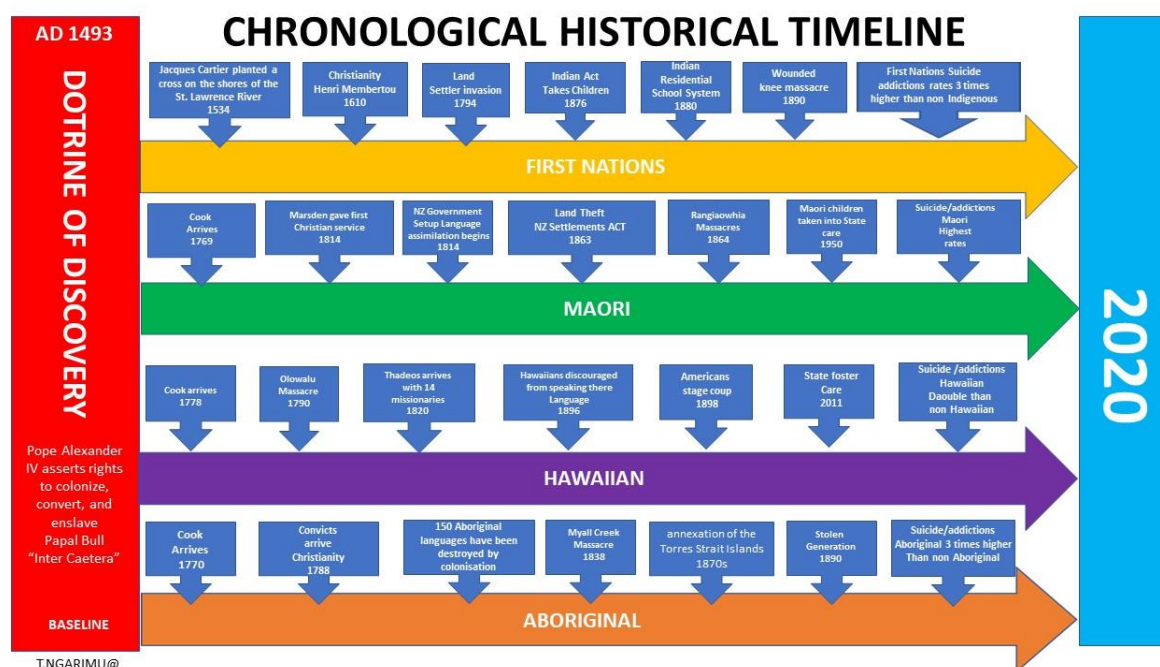
5.1.8.4 Hawai'ian (Hawaiian)

Suicide:

Hawaii, I have found has a different Rates of Suicidal ideation, Krishnamurti states, Suicide among young people in Hawaii have been high over the past decade, peaking in 2009 at nearly double the U.S. average for this age demographic.

Addictions:

Statistics gathered from the DOH (Department of Health) Alcohol and Drug Abuse Division (ADAD) show that Native Hawaiians make up approximately 38% of clients served statewide in FY 2006, which is a significant percentage of clients in need of COD services.



5.9 Chapter Summary

Chapter five (5) presents the Chronological Historical Timeline graph, that tracks through history the common themes identified and its relevance when answering the thesis questions. The Chronological Historical Timeline is understanding both the history of the discipline you are interested in and understanding the cultural, political, and social era of the text you are studying depends on reading and knowing history.

In answering question two (2) of this study the graph (CHT) has found the similarities that all four Indigenous peoples carry. It clearly displays in chronological sequence complete domination that can be directly linked to the doctrine of discovery.

Chapter Six (6) is the crucial part of this study as it will bring together all the results from the survey questions and focus group discussions. It also gave a summary on all four (4) of the Indigenous groups this study has been following. The writer will highlight all the findings of which an in-depth Qualitative data analysis will be undertaken, that will produce the findings for this study.

CHAPTER SIX

RESULTS AND DISCUSSION

Nāku te rourou nau te rourou ka ora ai te iwi

(With your basket and my basket, the people will live)

6.0. Chapter Introduction

In the previous Chapter, the Chronological Historical Timeline is presented, that tracks through history the common themes identified and its relevance when answering the thesis questions. The Chronological Historical Timeline is understanding both the history of the discipline you are interested in and understanding the cultural, political, and social era of the text you are studying depends on reading and knowing history.

Chapter six (6) is the crucial part of this study as it will bring together all the results from the interview questions and focus group discussions. It will also give a summary on all four (4) of the Indigenous groups this study has been following. The writer will highlight all the findings of which an in-depth Qualitative data analysis will be undertaken, that will produce the findings for this study.

A popular and helpful categorisation model that will be used, is to separate qualitative methods into five groups:

1. ethnography,
2. narrative,
3. phenomenological,
4. grounded theory,

5. and case study.

This chapter will bring together the various methodology models to flesh out the targeted outcomes sought by the writer. As previously said in recent chapters these are the methods used in the research.

1. Kanohi ki te Kanohi: all research participants interviewed are of Māori decent this way of engaging would better suit.

2. Whānau interviews/focus groups: These interviews were taken from the various support group nights that (New Zealand 'P'Pull, nd) facilitate here in Gisborne.

3. E-mail interviews: The email interview is one of the shifts that we are seeing in the way that information is gathered by media agencies and other organisations. Often, celebrities, job candidates, scholarship applicants and many more types of people are interviewed by email rather than having a face-to-face interview.

4. Phenomenology: Phenomenology is a form of qualitative research that focuses on the study of an individual's lived experiences within the world. Although it is a powerful approach for inquiry.

6.1. Structure

The writer has looked for a structure where this model can sit and how it will use a system that has stages to achieve the outcome, this system has three (3) steps. With each step and explanation will be given to guide the reader through the system.

6.1.1 Step 1: Developing a Paperwork Management System

Organisation is a key factor in successful research, as it will overwhelm if no system has been set. The writer has managed to create a system where he is able to navigate through research collected for the study.

6.1.2. Step 2: Selecting a Topic

The topic has been selected and careful planning has gone into researching and setting up a research plan and brainstorming ideas.

6.1.3 Step 3: Methodologies

Both qualitative and quantitative research has been applied as well as mixed method methodologies as discussed in previous chapters.

6.1.4 Step 4: Historical context

In order to build historical context for this research topic a wide variety of research has been completed, several books that look at history for all four (4) Indigenous groups and a wide range of journals, videos, including creating a graph (Chronological Historical Timeline) that captures all themes targeted.

6.1.5 Step 5: Results and Discussions

Summarising the various results from graphs and interviews. In finishing the thesis, we will then look at the two research questions and apply answers.

6.1.6 Step 6: Recommendations

A set of recommendations will be presented.

6.2 Interview results and discussion

While this study has its limitations, in that only six people were interviewed, the rich, in-depth narratives provide intimate details of their personal journeys, that the participants had to navigate. The questions have been designed and selected to give possible links to the historical events that have been highlighted in the Chronological Historical Timeline.

FIGURE 17 PARTICIPANT A - INTERVIEW RESPONSES

	Participant A (email interview)	Responses
Q1	Do you understand your whakapapa? please elaborate.	Yes, not until recent times until I choose recovery and to heal a lot of the past. I believe pieces of my whakapapa have come to me along my recovery journey and strengthened the way, eg. I learnt about my last name “Koia” shortened from Koiaurterangi (Ngati Porou decent) meaning “She or he descends from the heavens” this ancestral truth helped me and inspired me to stay clean, as it was the connection to my Tipuna.
Q2	What/who influenced you in your teen years?	My aunty when I got kicked out because my mum couldn’t handle my behaviour, my aunty took me in, her rules were to get an education, she believed in me, loved me and always spoke life into me as a young adolescent.
Q3	Have you a criminal record if yes at what age did your first offence occur	Yes, at the age of 14 for shoplifting and theft.
Q4	Were/are there any of your immediate whānau who have struggled with addictions, if yes please circle Grand-mother Grand-father Mother Father Sister Brother	No answer
Q5	How did Methamphetamine become your main choice of drug?	I was introduced to me at 14 by a family member, and at 15 I tried it with my friends and became more addicted as I stepped into this new world of meth and users. I kept using it heavily until I was 19 years old.

Q6	At what age did you start experimenting with alcohol or drugs?	14 years old.
Q7	Did you at any time seek help because of your Methamphetamine use? (please circle) yes no	No-until I was released from prison at 20 years old and started my own recovery.
Q8	Have you experienced depression, please circle if yes? once only more than twice once a week daily	No answer.

FIGURE 18 PARTICIPANT B - INTERVIEW RESPONSES

	Participant B (kanohi ki te kanohi)	Responses
Q1	Do you understand your whakapapa? please elaborate.	No not really.
Q2	What/who influenced you in your teen years?	Kids at school.
Q3	Have you a criminal record if yes at what age did your first offence occur	Yes, I was 13.
Q4	Were/are there any of your immediate whānau who have struggled with addictions, if yes please circle Grand-mother Grand-father Mother Father Sister Brother	Yes, Sister Brother.
Q5	How did Methamphetamine become your main choice of drug?	Used to go to work, longer hours.
Q6	At what age did you start experimenting with alcohol or drugs?	13 years old.
Q7	Did you at any time seek help because of your Methamphetamine use?(please circle) yes no	Yes.

Q8	Have you experienced depression, please circle if yes once only more than twice once a week daily	Yes daily.
----	--	------------

FIGURE 19 PARTICIPANT C - INTERVIEW RESPONSES

	Participant C (email interview)	Responses
Q1	Do you understand your whakapapa? please elaborate.	Have some understanding but interested in finding out more about my whakapapa.
Q2	What/who influenced you in your teen years?	Grandmother and Aunty.
Q3	Have you a criminal record if yes at what age did your first offence occur	Yes, just recently.
Q4	Were/are there any of your immediate whānau who have struggled with addictions, if yes please circle Grand-mother Grand-father Mother Father Sister Brother	Yes, my immediate whanau all have struggled and some still are with different addictions.
Q5	How did Methamphetamine become your main choice of drug?	Everyone I associated with was smoking meth I became addicted through friends.
Q6	At what age did you start experimenting with alcohol or drugs?	12
Q7	Did you at any time seek help because of your Methamphetamine use? (please circle) yes no	No
Q8	Have you experienced depression, please circle if yes? once only more than twice once a week daily	Yes daily

FIGURE 20 PARTICIPANT D - INTERVIEW RESPONSES

	Participant D (phone interview)	Responses
Q1	Do you understand your whakapapa? please elaborate.	No, I was adopted at birth and never tried to find my blood relatives.
Q2	What/who influenced you in your teen years?	Mates I grew up with, not family.
Q3	Have you a criminal record if yes at what age did your first offence occur	Yes 12.
Q4	Were/are there any of your immediate whānau who have struggled with addictions, if yes please circle Grand-mother Grand-father Mother Father Sister Brother	Yes, Father x2 sisters and 1 brother of my adopted family.
Q5	How did Methamphetamine become your main choice of drug?	Watching my older siblings.
Q6	At what age did you start experimenting with alcohol or drugs?	12, alcohol was always around, and parties started experimenting with cannabis 13 years then 16 tried meth and spent over 15 years addicted to it.
Q7	Did you at any time seek help because of your Methamphetamine use?(please circle) yes no	No.
Q8	Have you experienced depression, please circle if yes once only more than twice once a week daily	Yes daily.

FIGURE 21 PARTICIPANT E - PARTICIPANT RESPONSES

	Participant E (Kanohi kit e kanohi)	Responses
--	--	------------------

Q1	Do you understand your whakapapa? please elaborate.	Only who my Mum and siblings are do not know who my father is or his whanau.
Q2	What/who influenced you in your teen years?	Cousins and uncles.
Q3	Have you a criminal record if yes at what age did your first offence occur	Yes 13 years of age.
Q4	Were/are there any of your immediate whānau who have struggled with addictions, if yes please circle Grand-mother Grand-father Mother Father Sister Brother	Yes, my Mother drank heavily all my life my older sister to become an alcoholic.
Q5	How did Methamphetamine become your main choice of drug?	My best friend introduced me who was 15.
Q6	At what age did you start experimenting with alcohol or drugs?	12, alcohol was always a part of my growing up so we started by drinking behind mums back and then 15 I started experimenting with crack about 2 years later I smoked crack daily and it totally consumed my life and alienated me from my family and most of my friends.
Q7	Did you at any time seek help because of your Methamphetamine use? (please circle) yes no	Yes, managed to get into Higher ground but did not really like the way they ran things felt like an alien because there was not many Māori there.
Q8	Have you experienced depression, please circle if yes?	Daily

	once only more than twice once a week daily	
--	---	--

Figure 22 Participant F - Interview responses

	Participant F (Kanohi ki te kanohi)	Responses
Q1	Do you understand your whakapapa? please elaborate.	Yes, I learnt in my teens what me pepeha is.
Q2	What/who influenced you in your teen years?	My uncle.
Q3	Have you a criminal record if yes at what age did your first offence occur	Yes 15.
Q4	Were/are there any of your immediate whānau who have struggled with addictions, if yes please circle Grand-mother Grand-father Mother Father Sister Brother	Yes, Father sisters brother both grandparents and cousins.
Q5	How did Methamphetamine become your main choice of drug?	Watching my parents, grandparents, and other relations.
Q6	At what age did you start experimenting with alcohol or drugs?	About 11/12 years with smoking then tasting alcohol.
Q7	Did you at any time seek help because of your Methamphetamine use? (please circle) yes no	Yes.
Q8	Have you experienced depression, please circle if yes once only more than twice once a week daily	Yes Daily.

6.3 Summary of Responses

Interviews (Individual)

Question 1 : *Do you understand your whakapapa? please elaborate.*

Most of the participants had no knowledge of their whakapapa, with one reason being adoption. There is certainly interest expressed by a couple to find more information on their roots and who they are. Another tool used by colonisers was assimilation, the purpose was to break the bonds that indigenous peoples held this included the loss of language, the loss of spiritual beliefs and the breaking down of community including family structures. Policies were designed to support and drive these attacks on indigenous communities including the removal of children, in most instances were for ever lost in the system.

The removal of children is a deliberate act to breed out the traits of indigenouness in a people and sadly the effects of those policies are very relevant in today's issues.

It is refreshing to see that a couple of the respondents are interested in finding their roots and who they are, as reconnecting can have a very positive effect.

Question 2: What/who influenced you in your teen years?

There is an even number of participants who named their immediate whanau and friends as the "Influencers" in their lives. Is this an indication that shows the elders had similar influences? can we narrow this down to just Māori? Most adolescents regardless of ethnicity do name immediate family/whanau as their main influencers. Evidence suggests that Māori do have the most negative influencers than non-Māori.

There is a resurgence of Māori creating positive role models as I believe having Māori in those positive role model positions can create more positive outcomes.

Again, assistance from government can help grow the pool of positive influencers alongside Iwi and Hapu.

Question 3: Have you a criminal record if yes, at what age did your first offence occur?

One (1) participant gave no response to this question, as that part of his life even though its nearly twenty (20) years ago, still struggles with a traumatic experience from that stage in his life. The common age is twelve (12) to fifteen (15). The pre-teen ages for similar statistics are a commonality across all ethnicities. In a report on Rangatahi Māori offending, Māori comprise around 64% of all youth charged in 2017, with more youth in court than all other ethnicities (1,197 Māori compared to 426 European, 174 Pacific Peoples, 30 Other and 57 of Unknown ethnicity). While the number of youths in all the other ethnic groups has continued

to decrease the number of Māori youth in 2017 remains similar to the number in 2014. The number of Māori youth did decrease in 2017 from 1,266 in 2016 (6%), making some recovery from an 8% increase in 2016. The number of European youth decreased 2% in 2017 to 426 youth, while the number of Pacific youth fell by the largest proportion (17%). (Ministry of Justice, 2017).

Referring back to chapter 3, if we are to support what Braveheart states about historical trauma and intergenerational grief then here's a clear example as Māori offending statistics show Māori are the only ethnicity, in New Zealand, who's outcomes are not declining.

On the opening of the new Rangatahi Court in Christchurch The Chief Justice, Dame Sian Elias, in her address, raised three valid main points about the current youth justice climate in Aotearoa New Zealand. First, young people always have got into trouble, and will always do so. But now more than ever, we know about the connections between offending and neuro-disability, alienation from whānau, school and community, substance abuse, and young people who have been victims themselves of abuse and neglect, again strong signals of intergenerational trauma.

This knowledge must be seized upon. Second, most young people grow out of their offending behaviour – they are at a transitional phase in their development. However, some young people are irreparably damaged by their circumstances and by the system. In this respect, it is vital that we in the youth justice system “get it right” when we respond to these young people. Third, it is through socialisation, inclusion, and connection, not punishment, that young people learn to obtain respect for others by respecting themselves. As a community, we are all invested in growing healthy, respectful, and supported young people.

The Chief Justice also reflected that the Rangatahi Courts acknowledge a certain kind of alienation for young Māori – alienation caused by inter-generational processes of urbanisation, the loss of tribal connections and the loss of te reo Māori. In this respect, the Rangatahi Court is about fostering a sense of belonging and an attempt to bring rangatahi “home”. (Rangatahi Maori and Youth Justice Oranga Rangatahi, 2018)

Elias acknowledges the connection with reconnection because of intergenerational alienation, or trauma for young Māori, again exposing the intergeneration connection with today's outcomes for Māori.

Rangatahi Māori aged 14–16 years are over-represented in all aspects of the youth justice system. While one in four young people in this age group is Māori (25%), nearly six out of every ten 14–16-year-olds apprehended for alleged offending are Māori (58%), and six out of every ten young people who appear in the Youth Court are Māori (61%) (Youth Court of New Zealand, 2015). The over-representation of rangatahi Māori within this system increases the further they move along a youth justice pathway (Modernising Child, Youth and Family Expert Panel, 2016) (Henwood, 2006). This section of the report highlights the journey of rangatahi in the youth justice system: what the system is and what statistics say about the representation of rangatahi Māori.

Question 4 : Were/are there any of your immediate whānau who have struggled with addictions, if yes please circle Grand-mother Grand-father Mother Father Sister Brother

All responses have replied with similar answers, with all struggling with some form of addiction, from siblings to parents and grandparents. Throughout the research carried out in this study this seems to be another concerning trend in Indigenous peoples.

Is addiction really a biological disease? addiction is a chronic disorder with biological, psychological, social, and environmental factors influencing its development and maintenance. About half the risk for addiction is genetic.

1. Adjective

Someone who is addicted to a harmful drug cannot stop taking it.

Many of the women are addicted to heroin and cocaine. After about three months, I was no longer addicted to nicotine.

2. Adjective

If you say that someone is addicted to something, you mean that they like it very much and want to spend as much time doing it as possible.

I went through about four years of being addicted to computer games.

She had become addicted to golf. (www.collinsdictionary.com, 2021)

As mentioned in chapter 5, Te Rau Hinengaro (NZ Mental Health Survey 2006) revealed that substance misuse disorders are experienced by over one (1) quarter (27%) of Māori in their lifetime, second only to anxiety disorders. New research into mental health and addiction

services has found Māori have the highest prevalence of mental illness and addiction of any group, in Aotearoa. The Monitoring and Advocacy Report (Health and Disability Commissioner, 2020) tracked the progress made on the quality of services over a five-year period to June 2018.

The prevalence of mental illness and addiction is nearly 1 in 3 for Māori and 1 in 4 for Pacific people, compared to 1 in 5 for the total population.

Again, more statistics and data that show in my view intergenerational related trauma that the current systems are not focusing on. Brave Hearts well researched findings on undiagnosed intergenerational trauma with her people, is very relevant in finding a way forward for all indigenous peoples. Addressing past trauma is very much a way forward or the big push from within Māori today to resolve trauma including undiagnosed trauma.

Question 5 : How did Methamphetamine become your main choice of drug?

Whanau are a contributing factor with this question, and different pressures like peer & work. What is peer pressure? There are six forms of Peer pressure.

- Spoken Peer Pressure. Spoken peer pressure is when a teenager asks, suggests, persuades, or otherwise directs another to engage in a specific behaviour.
- Unspoken Peer Pressure.
- Direct Peer Pressure.
- Indirect Peer Pressure.
- Negative Peer Pressure.
- Positive Peer Pressure.

When it comes to peer pressure, Māori parents (along with parents from Asian communities) are also consistently more likely to experience extreme levels of concern around behaviours relating to drinking, drugs, sex, gang activity and theft, as statistics will show a high percentage of adolescents will be affected by those behaviours.

Question 6 : At what age did you start experimenting with alcohol or drugs? Each year in New Zealand, a large proportion of adolescents are likely to experiment with alcohol, cannabis, or other drugs. For some this will be an isolated incident, but for many, this experimentation may be the beginning of a much more serious problem.

Alcohol consumption among New Zealand adolescents is high by international standards. It is estimated that 90% of New Zealand adolescents will have tried alcohol before age 14 years. Excessive use of alcohol is also common, with a major study reporting that one-third of secondary school students admitted to binge drinking (more than five drinks in four hours) in the past four weeks. Drinking is also particularly problematic among Māori adolescents. (Substance misuse in adolescents: alcohol, cannabis & other drugs, 2012)

Pre-teen ages, eleven (11) to fourteen (14) is the common age across most ethnicities it is when you breakdown the figures there are different outcomes.

- Short term
- Long term

effects for each., with Māori the statistics show more Māori adolescents are likely to sit in the long-term category. Again, can we look back at intergenerational trauma and the effects, that have now genetically been passed through to the next generation? i strongly propose there is enough evidence to support this theory.

Australian teenagers today are less likely to use drugs than used to be the case. In fact, the baby boomer's generation may be far more likely to have used drugs than their kids and their friends. In 2016, 22 percent of Australian teenagers said they had tried an illegal drug, compared to 37 percent of teens in 2001. (Reach Out Australia, 2021) Although these are encouraging there is no breakdown in ethnicity.

*Question 7 ; Did you at any time seek help because of your Methamphetamine use?
(please circle) yes no*

Half did not reach out for any help, with one (1) participant finding her own means of recovery. The remainder did not trust the processes or were fearful of being “judged” as there are many barriers that can influence those thinking of reaching out for help.

- Police
- CYFs/Oranga Tamariki
- Employment
- Long waiting lists for residential care.
- One participant spoke of difficulty accessing services.

- Participants described a system under stress characterised by long delays, overworked staff, inadequate environments, a lack of clear information and gatekeeping rules that served as barriers.
- People must fight and beg their way into services and wait far too long. In the meantime, everything gets worse and permanent damage is done. Most people find it incredibly hard to reach out for help. So why are we forced to prove that we are worthy.
- Birks Ang of NZ Drug Foundation says, in New Zealand, it is estimated there are about 40,000 regular or semi-regular meth users, but because it has such a stigma it is hard to get a good gauge on numbers. And that stigma contributes to the fact users will wait between five and 10 years to admit they have a problem and seek help.

Question 8 : Have you experienced depression, please circle if yes once only more than twice once a week daily

The majority have experienced depression daily at some time in their lives. Mounting Māori research evidence supports the notion that a secure cultural identity derived from cultural and social connection is key for better Māori mental wellbeing. Te Oranga Hinengaro (2018) findings confirm that Māori culture is important to Māori and proficiency in te reo Māori especially, has a strong relationship with this connection. Those who feel strongly connected to their culture are more likely to speak te reo Māori, be connected to their tūrangawaewae, practice manaakitanga, and know their pepeha. Those with greater knowledge of their pepeha are also significantly less likely to report feeling isolated, supporting the idea that cultural connectedness is a pathway for social inclusion for Māori. The findings in the report may also confirm reconnection from disconnection for Māori is a valid step forward, again Brave Hearts work on undiagnosed intergeneration trauma on healing the present is a great model of healing.

6.4 Focus group results and discussion

To gather the relevant research the methodologies have been a mixture of qualitative and quantitative research.

Focus group interviews are another relevant qualitative method used to gather firsthand feedback from a group of participants will lived experience with the struggles of

Methamphetamine addictions. As explained in the literature review chapter, the community support group NZ P Pull run support groups for whanau who are struggling with Methamphetamine.

The groups have facilitators who support and work with all who attend, as well as organising the programs and venues, which are situated around the north island. There are three (3) “Walk Ins” in the Tairāwhiti area. Most open there doors weekly to support whanau.

A group was selected to be interviewed and take part in a focus group session, at one of the “Walk In”, support nights here in Gisborne. Nine (9) agreed to participate, seven (7) being female and two (2) males. Ages from mid-thirties to mid-fifties, all participants are of Māori decent.

The same set of interview questions used with the individual participant; interviews has been utilised with the focus group. Also, all the nine (9) participants were offered the same ethical support as the individual interview participants together with signing the relevant consent form.

	Focus Group Interview	Responses
Q1	Do you understand your whakapapa? Please elaborate.	<ul style="list-style-type: none"> • Five (5) had a good understanding. • Three (3) had no idea. But want to find out more. • One (1) Had no interest.
Q2	What/who influenced you in your teen years?	<ul style="list-style-type: none"> • All named whanau as their main influence.
Q3	Have you a criminal record if yes at what age did your first offence occur	<ul style="list-style-type: none"> • Five (5) age 14 • Two (3) age 13 • One (1) age 12
Q4	Were/are there any of your immediate whānau who have struggled with addictions, if yes please circle	<ul style="list-style-type: none"> • Grandparents Three (3) • Parents (3)

	Grand-mother Grand-father Mother Father Sister Brother	<ul style="list-style-type: none"> Siblings Five (5)
Q5	How did Methamphetamine become your main choice of drug?	<ul style="list-style-type: none"> Peer pressure seven (7) Depression One (1) Work pressure One (1)
Q6	At what age did you start experimenting with alcohol or drugs?	<ul style="list-style-type: none"> 11 years old. Seven (7) 12 years old. One (1) 13 years old. One (1)
Q7	Did you at any time seek help because of your Methamphetamine use? (please circle) yes no	<ul style="list-style-type: none"> Yes. All nine (9)
Q8	Have you experienced depression, please circle if yes once only more than twice once a week daily	All nine (9) participants replied YES, struggled daily. .

6.5 Summary of Focus Group Responses

Question 1 : *Do you understand your whakapapa? Please elaborate.*

Five (5) of the participants are very familiar with their whakapapa, three (3) are grandparents with young mokopuna, and expressed their concerns for wellbeing of their mokopuna. All have stated there mokopuna played a big part in them addressing their addictions.

Three (3) have had no connection with their Blood relatives so there was no encouragement for them to find out who they are or where they come from. But since they have all been on the recovery journey finding out who they are has been a crucial component of their recovery.

The last participant who was brought up in a single parent whanau, without knowing who his father is has had no interest in finding out his whakapapa. Totally cut off from his whakapapa also raised in a single parent environment could play a major part in why there has been no attempt to find out who his family are. There could possibly be several contributing factors that have led to the lack of will, to pursue his roots including a selfcare mechanism to protect against the hurt of having no father figure in his life.

On the bigger scale I point back to chapter five (5) that looks at disconnection or child assimilation policies that forcibly removed children from parents to quote “take the Indian out of the Indian”. The effects of those actions were to completely disconnect so that would breed out whakapapa and beliefs from each child.

Question 2 : What/who influenced you in your teen years?

All participants were influenced by whanau in there early years, they also cannot remember any positive influences or role models. Again, as in the individual participants responses does this show the elders had similar influences.

The responses from both groups do not differ much for this question, the lack of positive influencers in adolescent years is typical of Māori teen years.

My personal influences I have mentioned in Chapter one (1) lead me on a pathway of gang life that included imprisonment and many other bad outcomes.

Personally, it felt like that influence kept me in a space for over thirty (30) years, it felt like that influence attracted other similar influences that fuelled so much of my life. It was not until later in life that I started seeing other influences that went totally against my beliefs carried over years.

Those influences were to change the direction for me, I can also say that once I trusted these new influences they attracted and created more positive opportunities.

How do we solve this imbalance of negative influences? A step in the right direction is to create more positive influences and role models early in life.

Question 3 : Have you a criminal record if yes at what age did your first offence occur

As in the individual responses the common age is twelve (12) to fifteen (15). The pre-teen ages for similar statistics are a commonality across all ethnicities. In a report on Rangatahi Māori offending all participants have had contact with the Law in their pre-teen years the youngest at the age of twelve (12).

As all respondents have similar backgrounds it's expected to have similar outcomes, but the two (2) interviews were done in different environments ie individual/group I was keen to see if that would affect the responses, the responses have been pretty similar.

Question 4 : Were/are there any of your immediate whānau who have struggled with addictions, if yes please circle Grand-mother Grand-father Mother Father Sister Brother

Addictions has been experienced by 100% of the immediate whanau. Throughout this report the statistical evidence has showed the disparities that exist in all four (4) Indigenous peoples and the non-Indigenous in their communities. Again, I ask the question, why are Indigenous peoples experiencing higher levels of deprivation then others? In my opinion colonisation and its tools of assimilation are at the root of all negative outcomes experienced, as shown in the Chronological Historical timeline, Chapter five (5).

Question 5 : How did Methamphetamine become your main choice of drug?

The majority selected peer pressures also work pressures that contributed to the change of substance.

Question 6 : At what age did you start experimenting with alcohol or drugs?

The majority were aged eleven (11) because of the home environments they lived in, they recall the parties especially the ones the turned violent. Although the violence sometimes witnessed by most was upsetting, it still did not influence them with later decisions around experiencing alcohol of drugs.

According to a study by Columbia University, underage drinkers account for 11.4% of all the alcohol consumed in the U.S. The average age teen boys first try alcohol is age eleven (11), for teen girls it is thirteen (13). Nearly 10 million young people, ages twelve (12) to twenty (20), reported that they have consumed alcohol in the past 30 days.

As an indigenous people, Māori, and most other indigenous peoples, have a unique relationship with alcohol or waipiro because it was introduced to Aotearoa during colonisation. Below, we briefly discuss how alcohol came to exist in the country and the legal actions taken to control its use in contact and exchange between Māori and Pākehā.

Longstanding issues over heavy consumption, alcohol addiction, alcohol dependence and alcohol related harm can reasonably be linked back to the colonising process, alcohol is seen by some as a “Colonisers tool”.

That unique relationship has managed to embed itself deeply in indigenous cultures worldwide, with its adolescents mimicking elder behaviour. Although in the last few years there has been more education and understanding around why Māori youth drink and are

more likely to increase their consumption over time, there also needs to be more resources committed by government invested in Māori communities to find their way forward.

Brave Heart in chapter three (3) touches on historical trauma, intergenerational grief and healing, this I think is pivotal and most Māori Iwi and hapu are designing their own models of care that take into account, past undiagnosed trauma, government need to commit more resourcing towards this drive by Māori.

Question 7 : Did you at any time seek help because of your Methamphetamine use? (please circle) yes no

All nine (9) participants reached out, reminder the participants of the focus group are all in recovery. The difference with the individual responses and the focus group responses are the later have taken steps to seek help and it's interesting to see they have all approached Kaupapa Māori services for help in their recovery, as they found it more familiar than mainstream support.

Kaupapa Māori services look at far more than just drug and alcohol problems. They take a holistic approach to the recovery process. Like most services, they will offer one-to-one counselling, group work and so on. However, there are a few key elements that set Kaupapa Māori services apart.

There are numerous Kaupapa Māori drug treatment services available in New Zealand. These videos are just some of the examples of what you may expect to find. Some are residential services, others are outpatient, and some are a mix of both. So, what are they all about?

Many of these services will utilise, in one way or another, a model of care similar to Te Whare Tapa Wha, as shown in Chapter three (3). This model uses the analogy of a whare, looking at the four walls as the key elements of hauora:

- Taha Tinana (physical health)
- Taha Wairua (spiritual health)
- Taha Whānau (family health)
- Taha Hinengaro (mental/emotional health)

Te Whare Tapa Whā suggests that if one wall of the whare is affected negatively, then all four walls are affected. Therefore, many Kaupapa Māori services strongly focus on these four elements of health and recovery from drug addiction. Whānau plays a major role in the treatment provided by these services.

This could mean working alongside whānau to help all members – not just the person with drug problems. This may also mean working with people to help them cope with the environment they are returning to.

Whānau support can be vitally important, however this support is not always available. That is why knowing how to face whānau in times of change can make a drastic difference to someone's recovery. (Drug Help, 2019)

Reflecting back to one of the participants in the interview, being cut off from his parental father is one example of working with whānau who are in similar positions.

Question 8 : Have you experienced depression, please circle if yes once only more than twice once a week daily

As with the responses for all the individual participants, the response for the focus group has similar responses, with all experiencing depression on a daily at some part of their lives. Most of the individual participants experienced depression daily at some time in their lives. Māori research evidence supports the notion that a secure cultural identity derived from cultural and social connection is key for better Māori mental wellbeing. Te Oranga Hinengaro (Te Oranga Hinengaro, 2018) findings confirm that Māori culture is important to Māori and proficiency in te reo Māori especially, has a strong relationship with this connection. Those who feel strongly connected to their culture are more likely to speak te reo Māori, be connected to their tūrangawaewae, practice manaakitanga, and know their pepeha. Those with greater knowledge of their pepeha are also significantly less likely to report feeling isolated, supporting the idea that cultural connectedness is a pathway for social inclusion for Māori. The findings in the report may also confirm reconnection from disconnection for Māori is a valid step forward, again Brave Hearts work on undiagnosed intergenerational trauma on healing the present is a great model of healing.

6.6 Chapter Summary

Chapter six (6) is the crucial part of this study as it will bring together all the results from the interview questions and focus group discussions. It will also give a summary on all four (4) of the Indigenous groups this study has been following. Chapter seven (7) focuses on the two (2) research questions and the interview questions.

CHAPTER SEVEN

CONCLUSIONS AND RECOMMENDATIONS

He kai kei aku ringa (There is food at the end of my hands)

7.0 Chapter Introduction

The purpose of this research was to find the answers to the two (2) research questions of this thesis. The information for this report was gathered using a qualitative research methodology of semi-structured interviews with six participants who are all of Māori descent, and whakapapa back to Te Tairāwhiti.

This was then discussed in relation to current literature. The small number of participants (six) is identified as one limitation of this research, with the result that research findings cannot fully represent the perspectives of all Indigenous peoples whom this study is built around.

Despite this limitation, the overall impression between the participant's views and the literature build upon available research. This was one of the aims of this research. This chapter represents the conclusions and recommendations obtained from the analysis in the previous chapter.

7.1 Key findings

7.1.1 Research question one:

-What are the similarities or common themes between each indigenous group, when looking at the pre-addiction stage?

The question is to find similarities that can be then seen to create possible drivers to the actual addictions, it suggests that through the similarities there has been trauma or traumatic incidents that have then gone onto the intergeneration trauma stage. Braveheart. M talks about undiagnosed intergenerational trauma, and has a table with six (6) symptoms:

This document gave the bearer “supreme authority”, this phrase is the root of the word “white supremacist” or “white supremacy”.

When looking into the journeys ahead for most Indigenous peoples, who have been struggling with intergenerational trauma and the writer’s assertion that the original trauma needs to be identified as, colonisation, driven by the “doctrine of discovery” needs to be the starting place for all Indigenous healing.

So, in answering thesis question one (1) enough evidential research has been applied to be able to answer the question. The usual process when two (2) parties have disputes is that both parties submit evidence to support their stance, this seems to be a one-sided argument as historical records show only the colonisers accounts have been used to make policy and decisions.

Most of the evidence put forward has been damning evidence, but coloniser governments and regimes have used the doctrine of discovery as their default position without offering any new evidence to justify their rights.

Summary for Question 1

-What are the similarities or common themes between each indigenous group, when looking at the pre-addiction stage?

Seven (7) common themes have been identified alongside research that supports the theory put forward by the writer, that enough factual evidence, has been supplied to prove colonisation is a driver that contributes to, in my mind negative outcomes that lead up to “the pre-addiction stages of Methamphetamine addiction.

7.1.2 Research question two:

-Can colonisation be the single driver that led to Methamphetamine addiction?

A qualitative research method accessing “Kanohi ki te kanohi, email interviews, phone interviews and focus group interviews” has been utilised to find the responses from participants. This is also seen as mixed methodology that produce the findings from these questions, that will be used to answer research question two.

Interview Questions.

A set of interview questions have been formulated, that are influenced by the writer's own life experiences and through having open dialogue with people who have had experiences. The set of questions covers a very broad view, and the hope is to formulate a clear picture in determining the pre-addiction stages to Methamphetamine addiction across indigenous communities.

1. Do you understand your whakapapa? Please elaborate.
2. What/who influenced you in your teen years?
3. Have you a criminal record if yes at what age did your first offence occurred?
4. Wh

e /are there any of your immediate whānau who have struggled with

addictions, if yes please circle Grand-mother Grandfather Mother

Father Sister Brother

5. How did Methamphetamine become your main choice of drug?
6. At what age did you start experimenting with alcohol or drugs?
7. Did you at any time seek help because of your Methamphetamine use?
(please circle) yes no

8. Have you experienced depression, please circle if yes

once only more than twice once a week daily

Breakdown of research questions to draw out the significance

Question 1 *Do you understand your whakapapa? Please elaborate.*

In terms of the effects of colonisation and the assimilation policies, this question is to gauge the real effects that are present in today's world. Assimilation attempts to compel minority groups to assimilation have occurred frequently throughout Indigenous history. The forced assimilation of indigenous peoples was particularly common in the European colonial

empires of the 18th, 19th, and 20th centuries, and its roots can be again traced back to the Papal orders and doctrine of discovery touched on briefly in Chapter three (3).

In North and South America, Australia, Africa, Asia and New Zealand, colonial policies toward indigenous peoples frequently compelled their religious conversion, the removal of children from their families, the division of community property into saleable, individually owned parcels of land, the undermining of local economies and gender roles by shifting responsibility for farming or other forms of production from women to men, and the elimination of access to indigenous foodstuffs.

Forced assimilation is rarely successful, and it generally has enduring negative consequences for the recipient culture. A very powerful colonisers tool.

The participants responses for this question exposes a disconnection from there whakapapa which has a direct connection with colonisation and its assimilation policies.

Question 2 *What/who influenced you in your teen years?*

This question is chosen to get a picture of “if any”, of possible leadership and where the leadership came from. If the influencer is whanau or not, answers this question. Most participants have named immediate whanau as their main influence, which possibly could inherit the influencers “worldviews” that may have effects of intergeneration trauma.

Question 3 *Have you a criminal record if yes at what age did your first offence occurred?*

The writer hopes to establish with this question if imprisonment is normalised in the participants whanau. The responses show the majority have criminal convictions and all committed in the early pre-teen years. Imprisonment has been normalised in Māori whanau and communities possibly in most Indigenous communities worldwide.

Question 4 *Were /are there any of your immediate whānau who have struggled with*

addictions, if yes please circle Grand-mother Grandfather Mother

Father Sister Brother

All responses have replied with similar answers, with all struggling with some form of addiction, from siblings to parents and grandparents. Throughout the research carried out in

this study this seems to be another concerning but understandable trend in Indigenous peoples.

Reminder that all the participants in this study are in recovery from Methamphetamine addictions or still currently living in addiction to Methamphetamine, so this question has two (2) tiers that look at links to intergenerational trauma and do the effects of intergenerational trauma in some way “normalise” negative behaviours, in this study Methamphetamine addiction. The writer believes because of these findings that the struggles experienced by whanau are directly related to intergenerational trauma.

Question 5 *How did Methamphetamine become your main choice of drug?*

As with the findings for question four (4) the responses from this question further enforce trauma passed on and normalising behaviours.

Question 6 *At what age did you start experimenting with alcohol or drugs?*

Similar responses from all participants pre-teen experimenting suggesting that availability of substances is easy to access. The environments in the pre-teen years for participants have been created, it can be stated, as “unintentional” considering the lifestyles of whanau with possible trauma resulting in possible normalisation.

Question 7 *Did you at any time seek help because of your Methamphetamine use?*

Most respondents in recovery did reach out for support, some of the individual participants chose not to. There were different reasons for not accessing help the main fear being judgement alongside fears of police, CYFS.

Question 8 *Have you experienced depression, please circle if yes*

once only more than twice once a week daily

Summary for Question 2

Finally, this question tries to establish if depression or the roots of the depression experienced by the participants is a result of intergenerational trauma. There are four (4) choices all of the participants have experienced depression on a daily basis, which the writer refers to Braveheart who conceptualised intergeneration trauma in 1980s where she’s designed a model that has a set of symptoms which she uses to confirm unresolved trauma. Using this

model alongside the participant answers, their responses align with the symptoms of the model.

7.2 Recommendations

The following recommendations have been identified from the findings of this research report:

Recommendation 1

As this study looks at the similarities between four (4) indigenous peoples, the main theme for all groups is the introduction of colonisation via the “Doctrine of Discovery”, the recommendation must focus on this.

To be able to formulate a response that would carry all four (4) groups forward the correct forum must be approached, in this case,

I recommend that an International Indigenous working party be established, whose membership shall be made up of Indigenous peoples from the four (4) groups.

The focus of the International Indigenous Working Party would be, on behalf of the Indigenous peoples it represents,

1. to challenge the validity of the Doctrine of Discovery and its Papal Orders,
2. to seek compensation, in a world court setting such as,

International Court of Justice

Human Rights Tribunal

International Criminal Court

DRAFT Working party terms of reference

Terms of Reference sets out the working arrangements for a network and can list vital information about the network, such as its purpose, chair and membership, meeting schedule, level of administrative support, and dispute resolution processes.

1. Role/Purpose

The DRAFT role of the International Indigenous Working Party will provide strategic direction and leadership to ensure (statement about vision/key objective of network)

The International Indigenous Working Party sets out to achieve (what outcomes).

2. Term

This Terms of Reference is effective from (date to be set) and continues until the (date to be set) will be ongoing until terminated by agreement between the parties.

3. Membership

The International Indigenous Working Party will comprise of:

- Indigenous Peoples who have been colonised

4. Roles and Responsibilities

To be discussed with the International Indigenous Working Party some examples may include:

The advisory group is accountable for:

- fostering collaboration
- removing obstacles to the Network's successful delivery, adoption, and use
- always maintaining the focus of the Network on the agreed scope, outcomes, and benefits
- monitoring and managing the factors outside the Network's control that are critical to its success.

The membership of the advisory group will commit to:

- attending all scheduled Network Group/Advisory Group meetings
- wholeheartedly championing the network within and outside of work areas
- sharing all communications and information across all Network/Advisory Group members
- making timely decisions and acting to not hold up the project
- notifying members of the Network Group/Advisory Group, as soon as practical, if any matter arises which may be deemed to affect the development of the network

- attending all meetings and if necessary, nominate a proxy.

Members of the advisory group will expect:

- that each member will be provided with complete, accurate and meaningful information in a timely manner
- to be given reasonable time to make key decisions
- to be alerted to potential risks and issues that could impact the project, as they arise
- open and honest discussions, without resort to any misleading assertions
- ongoing ‘health checks’ to verify the overall status and ‘health’ of the network.

5. Meetings

All meetings will be chaired by International Indigenous Working Party

A meeting quorum will be (to be decided) members of the advisory group

Decisions made by consensus (i.e., members are satisfied with the decision even though it may not be their first choice). If not possible, advisory group chair makes final decision meeting agendas minutes will be provided by (Insert name and organisation), this includes.:

- preparing agendas and supporting papers
- preparing meeting notes and information.

Meetings will be held (how often) for (specify time) at (specify location).

If required subgroup meetings will be arranged outside of these times at a time convenient to subgroup members.

6. Amendment, Modification or Variation

This Terms of Reference may be amended, varied, or modified in writing after consultation and

agreement by Network Group/Advisory Group members.

Most participants emphasized the importance of whānau. In this light, I recommend that it would be beneficial to source and research viable strategies and forums that emphasize family-based approaches to targeted at-risk families.

3. Considering that this research project focused on the cultural approach, it may also be beneficial to conduct a viability research for other justice jurisdictions, (still working on this)

These reflections have inspired me to continue on researching Māori injustices, as I have been privileged to read the works of indigenous justice writers such as Sir Mason Durie, Moana Jackson and Maria Yellow Horse Brave Heart who all advocate Indigenous approaches to justice.

I hope that this research has enlightened others to the potential of cultural approaches in Decolonisation when talking about the healing process and understanding the “back stories” that would enable our journey forward, as Indigenous Cultures.

Recommendation 2

Education needs to acknowledge and give a balanced view on the relationship between Māori and Pakeha. An overwhelming majority of interview participants responses were influenced while at the most vulnerable pre-teens ages. There needs to be a collaborative approach from both Iwi/Hapu Māori and government.

Recently a push to ensure New Zealand history is taught in the country's schools in a coherent manner has paid off, with the prime minister Jacinda Ardern announcing changes to the curriculum, 2020.

Jacinda Ardern said all schools and kura would be expected, by 2022, to teach the country's history. Curriculum changes being made would reset a national framework so that all learners and ākonga were aware of key aspects of New Zealand history and how they had influenced and shaped the nation, Ardern said. (www.stuff.co.nz, 2020)

This is a step in the right direction that will for Māori create opportunities to heal past trauma, that has been purposely deleted from history taught in NZ Schools.

Recommendation 2

The recommendation needs to consider the speed in which major issues such as methamphetamine addictions can be supported.

That a working party be setup that has a mandate to.

1. Look at past and present grievances, that have profound effects on Māori including addictions and make recommendations to government.
2. That this working party also work alongside government to look at the input into the education curriculum.

References

- AIHW. (2017, September 28). National Drug Strategy Household Survey 2016: detailed findings. *Australian Institute of health and Welfare*. Australia: Australian Government.
- Allaire, B. (2020). Jacques Cartier. *Canadian Encyclopedia*. Retrieved from <https://www.thecanadianencyclopedia.ca/en/article/jacques-cartier>
- American Counselling Association. (nd). Vicarious Trauma. *Fact Sheet #9 10/11*. <https://www.counseling.org/docs/trauma-disaster/fact-sheet-9---vicarious-trauma.pdf>, America: ACA.
- Avendano, E. (2019, November 12). Meth Deaths Soar in Hawaii Even As Opioids Grab Public Attention. *Honolulu Civil Beat*. Hawaii, USA: <https://www.civilbeat.org/2019/11/meth-deaths-soar-in-hawaii-even-as-opioids-grab-public-attention/>.
- Avendano, E. (2019, November 12). Queens Medical Center on 'Losing End' Of battle with Meth. *Honolulu Civil Beat*. Hawaii, USA: <https://www.civilbeat.org/2019/11/queens-medical-center-at-losing-end-of-battle-with-meth/>.
- BBC News. (2017, September 07). Canada First nations declare drugs state of emergency. *NEWS Us and Canada*. Us and Canada: https://www.bbc.com/news/world-us-canada-41192817?ocid=socialflow_facebook&ns_mchannel=social&ns_campaign=bbcnews&ns_source=facebook.
- Bpac nz Team. (nd). Addressing methamphetamine use in primary care. *Better Medicine*. Dunedin, New Zealand: <https://bpac.org.nz/2018/meth.aspx>.
- Cambridge . (nd). Exploitation. *Dictionary*. Cambridge, <https://dictionary.cambridge.org/dictionary/english/exploitation>: Cambridge Dictionary.
- Cambridge. (nd). Inferior. *Dictionary*. <https://dictionary.cambridge.org/dictionary/english/inferior>: Cambridge.
- Cambridge. (nd). Subjugate. *Dictionary*. <https://dictionary.cambridge.org/dictionary/english/inferior>: Cambridge.
- Cambridge. (nd). Supremacy. *Cambridge Dictionary*. Cambridge, England.
- CARFMS - ORTT. (2014). Forced Relocation. *Canadian Association for Refugee and Forced Migration Studies*. <http://rfmsot.apps01.yorku.ca/glossary-of-terms/forced-relocation/>, Canada: YORK University.
- Cohen, M. M. (2007). *Research methods in education Sixth Edition*. London and New York: Routledge Taylor and Francis Group.
- Collins. (nd). Diversionary. *Dictionary*. Glasgow: Harper collins.
- Cook.M. (2013). Māori smoking, alcohol and drugs – tūpeka, waipiro me te tarukino - Māori use of drugs. *Te Ara - the Encyclopedia of New Zealand*. Retrieved from

<http://www.TeAra.govt.nz/en/Māori-smoking-alcohol-and-drugs-tupeka-waipiro-me-te-tarukino/page-3>

- Cook, M. (2013, September 5). *Te Ara*. Retrieved from <https://teara.govt.nz/>: <https://teara.govt.nz/en/Māori-smoking-alcohol-and-drugs-tupeka-waipiro-me-te-tarukino#:~:text=Story%3A%20M%C4%81ori%20smoking%2C%20alcohol%20and,t%C5%ABp%20eka%2C%20waipiro%20me%20te%20tarukino&text=Early%20reactions%20to%20alcohol%20were,to%20control%20acc>
- Creative Commons. (nd). Methy Business. *New Zealand 'P'Pull Information Booklet*. New Zealand: Wesley Community Action.
- Davidson, H. (2020,). in the news; Methamphetamine deaths in Australia have jumped significantly. *National Drug and Alcohol Research Center- Medicine*. Sydney, Australia: UNSW Medicine.
- Dow, C., & Gardiner-Garden, D. J. (1998, April 6). Indigenous Affairs in Australia, New Zealand, Canada, United States of America, Norway and Sweden. *Aph.gov.au*. Australia: https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/Publications_Archive/Background_Papers/bp9798/98Bp15.
- Edwards, N. (2011, June 17). Nuclear Colonialism and the Social construction of Landscape in Alaska. *Environmental Justice* 4(2). <https://www.liebertpub.com/doi/10.1089/env.2010.0023>.
- Ellison, J. M. (2017, May 24). Alzheimer's and Parkinson's Disease: Similarities and Differences. *Research- HOPE, Bright focus foundation*. Massachusetts, United States of America: <https://www.brightfocus.org/alzheimers-disease/article/alzheimers-and-parkinsons-disease-similarities-and-differences>.
- Foundation for a Drug free world. (2006-2021). History of Methamphetamine. *The Truth about crystal Meth and Methamphetamine*. Los Angeles, United States: Foundation for a Drug Free world International.
- Fredrickson, A., Gibson, A., & K, L. (2019). "Devil's Lure Took All I Had": Moral Panic and the Discursive Construction of Crystal Methamphetamine in Australian News Media. *Sage Journals*, 1.
- Frese, P. A., & McClure, E. (n.d.). *History of Methamphetamine: Implications of the Dental Team*. Retrieved from Dentalcare.com: <https://www.dentalcare.com/en-us/professional-education/ce-courses/ce332/history-of-methamphetamine>
- Fronseca, A. B. (n.d.). Drug Pipe use with lighter. *Silhouette*. Gettysimages.co.nz, Handford, CA, USA.
- He Ara Oranga. (2018). *He Ara Oranga Report of the Government Inquiry into mental health and addiction*. Retrieved from file:///C:/Users/tutan/Dropbox/My%20PC%20(DESKTOP-26DP3R8)/Desktop/He-Ara-Oranga-full-report.pdf
- Health and Disability Commissioner. (2018, February). New Zealand's mental health and addiction services. *The monitoring and advocacy report of the Mental Health Commissioner*. Auckland, New Zealand: Wwww. HDC.org.nz.
- Health and Disability Commissioner. (2020). *Health and Disability Commissioner*. Retrieved from www.hdc.org.nz: <https://www.hdc.org.nz/news-resources/search-resources/mental-health/monitoring-and-advocacy-report-of-the-mental-health-commissioner-2020/>

- Heart Research Institution NZ. (2021). Heart Disease in the Māori Community. *Heart Research Institution NZ*. Retrieved from <https://www.hri.org.nz/health/learn/cardiovascular-disease/heart-disease-in-the-m%C4%81ori-community>
- Hedegaard, H., Bastian, B., Trinidad, J., & M, S. (2001-2016, National Vital statistics Reports; Vol 67 no 0). Drugs most frequently involved in drug overdose deaths: . Hyattsville, United States : National center for Health Statistics.2018.
- Henwood, G. C. (2006). *Rangatahi Māori and Youth Justice, Oranga Rangatahi*. Retrieved from <https://iwichairs.Māori.nz/wp-content/uploads/2018/02/RESEARCH-Rangatahi-Māori-and-Youth-Justice-Oranga-Rangatahi.pdf>
- History.com Editors. (2009). U.S. Army massacres Sioux Indians at Wounded Knee. *HISTORY*. Retrieved from <https://www.history.com/this-day-in-history/u-s-army-massacres-indians-at-wounded-knee>
- <https://www.dentalcare.com/>. (2020). History of Methamphetamine. *Dental Care. Com* , 1.
- Jackson, M. (1987). *He Whaipanga Hou* . Wellington: DEPARTMENT OF JUSTICE POLICY AND RESEARCH DIVISION.
- Jackson, M. (2017, Apr 29). Colonisation and the suffering of children. *E-Tangata*(20), 1. Retrieved from <https://e-tangata.co.nz/comment-and-analysis/moana-jackson-colonisation-and-the-suffering-of-children/>
- Jackson, S. (1989). Decolonising Aotearoa. *Race Gender Class*. 42-57.
- Judiciary State of Hawai'i. (2020). Edward H. Kubo Jr. *Hawai'i State Judiciary*. Hawai'i, USA: https://www.courts.state.hi.us/courts/circuit/judges/judge_edward_h_kubo.
- Justice.govt.nz. (2020, December 12). Referendums 2020 Public Information Programme. <https://www.justice.govt.nz/justice-sector-policy/referendums-2020-public-information-programme>, New Zealand: New Zealand Government.
- Karena, D. W. (2016, October 1). Māori Experiences of Historical Intergenerational Trauma. <https://www.slideshare.net/Rawiri/mori-experiences-of-historical-intergenerational-trauma>. New Zealand: slideshare.
- Kerr, B. (2020). The Intersection: The story of a massacre. *The Spinoff*. Retrieved from <https://thespinoff.co.nz/art/12-10-2020/the-intersection-the-story-of-a-massacre/>
- King, B. (2018, November 21). Methamphetamine has been Severely Overlooked in the U.S. drug crisis, study suggests. *Philly Voice*. Philadelphia, Pennsylvania, USA: <https://www.phillyvoice.com/methamphetamine-related-hospitalizations-drug-crisis-epidemic/>.
- Korff, J. (2020, March 10). How was Aboriginal land ownership lost to invaders. *Creative Spirits*. <https://www.creativespirits.info/aboriginalculture/land/how-was-aboriginal-land-ownership-lost-to-invaders>, Australia: Creative Spirits.
- Marcler, K. (2019, January). At the Heart of the Matter. *State of the Nation 2018*. www.drugfoundation.org.nz.

- Melges, F., & DeMaso, D. (1980, Jan). Grief resolution therapy: reliving: revising, and revisiting. . *Am J Psychother* 34(1):51-61. <https://pubmed.ncbi.nlm.nih.gov/7369431/>: PMID.
- Merriam-Webster. (2020, November). Preemption. *Dictionary*. merriam-webster, inc.
- Meth Lab Apparatus. (2019, October 08). *The Science Of Breaking Bad: Would you know if meth was cooked inside your house?* <https://www.scimex.org/newsfeed/the-science-of-breaking-bad-would-you-know-if-meth-was-cooked-inside-your-house>.
- Methcon Drug Education. (2018, May 1). *The 'Meth Babies' have grown up*. Te Tai Tokerau, New Zealand: New Zealand Herald.
- Miller, R. J. (2019). The Doctrine of Discovery: The International Law of Colonisation. *The Indigenous Peoples' Journal of Law, Culture & Resistance*. <https://escholarship.org/uc/item/3cj6w4j>.
- Ministerial Action Group on Drugs. (2003, May 22). *beehive.govt.nz*. Retrieved from <https://www.beehive.govt.nz/sites/default/files/Methamphetamine%20Action%20Plan.pdf>
- Ministry of Justice. (2017). *Youth prosecution statistics data highlights*. Ministry of justice. Retrieved from <https://www.justice.govt.nz/assets/Documents/Publications/youth-prosecution-statistics-data-highlights-2017.pdf>
- Moger, L. (2019, October 30). Abuse inquiry; Māori babies deemed 'bad' babies and adopted to white families, tribunal hears. . *The Press*. Wellington, New Zealand: Stuff.co.nz.
- Nash,S; Jones,S;. (2020, July 25). *Fighting Meth harm in the regions*. Retrieved from [Beehive.govt.nz](https://www.beehive.govt.nz/release/fighting-meth-harm-regions)
The official website of the New Zealand Government:
<https://www.beehive.govt.nz/release/fighting-meth-harm-regions>
- New Zealand 'P'Pull. (nd). Methy Business. *New Zealand 'P' Pull Information Booklet*. New Zealand: Wesley Community Action.
- New Zelaand Māori Centre of Research Excellence. (2020). *Nga Pae o Te maramatanga*. Retrieved from [Maramatanga.co.nz](http://www.maramatanga.co.nz/person/distinguished-professor-graham-hingangaroa-smith): <http://www.maramatanga.co.nz/person/distinguished-professor-graham-hingangaroa-smith>
- NIH. (nd). Advancing Addiction Science. *Methamphetamine*. <https://www.drugabuse.gov/drug-topics/methamphetamine>, United States of America: USA.gov.
- NZ Drug Foundation. (2019). *State of the Nation 2018*. Auckland: Nz Drug Foundation.
- NZ Drug Foundation. (nd). E mahi an ki te Whakhoru aotearoa in ga he a taru kino. *We take the lead in Aotearoa New Zealand educating, advising and standing up for health approaches to alcohol and other drugs*. <https://www.drugfoundation.org.nz/about-us/>: Te Tuapapa Tarukino o Aotearoa.
- NZ History. (n.d.). Missionaries Establishing the Church Missionary Society. *NZ History*. Retrieved from <https://nzhistory.govt.nz/culture/missionaries/marsden-and-cms#:~:text=It%20was%20not%20until%20June,Christian%20service%20in%20New%20Zealand> and.
- O'Carroll, A. D. (2013). Kanohi ki te kanohi - a thing of the past? - An examination of Māori use of social networking sites and the implications for Māori culture and society. *A thesis submitted for the degree of Dr of Philosophy at Massey University*. Massey : Massey University .

- Perry, S. (2015, 10 22). Dopamine and movement. *Brainsfact.org*.
<https://www.brainfacts.org/sitecore/content/home/brainfacts2/thinking-sensing-and-behaving/movement/2015/dopamine-and-movement>.
- Phillips, J. (2011, May 05). Suicide rates. *The Encyclopaedia of New Zealand*.
<https://teara.govt.nz/en/suicide/page-2>: Ministry of Culture and Heritage.
- Photos, A. (n.d.). *Criminal Drug Addict in Underground Tunnel*. Gettysimages.com, USA.
- Pignataro, A. (2016). 'Hawaii's Wounded Knee' – Remembering the Olowalu Massacre. *Maui time.com*. Retrieved from <https://mauitime.com/culture/history/hawaiis-wounded-knee-remembering-the-olowalu-massacre/>
- Positive Choices. (n.d.). Methamphetamine (ice) impact fact sheet. *Drug and Alcohol information*, p. 1.
- (2018). *Rangatahi Māori and Youth Justice Oranga Rangatahi*.
- Roberts, C. R. (1985, November). Transforming Leadership: A Process of Collective Action. *Human Relations* 38(11): 1023-1046.
https://www.researchgate.net/publication/248150557_Transforming_Leadership_A_Process_of_Collective_Action: Researchgate GmbH.
- Ruth, A. M. (2013). Kanohi ki te kanohi - Face to face: frameworks from tikanga Māori meet viewpoints improvisations, shocking the theatrical encounter into alive-li-ness. *Te Herenga Waka*. <http://hdl.handle.net/10063/2996>, Wellington, New Zealand: Victoria UNI.
- Scoop. (2017, March 2). Māori Children in Statecare. *scoop*. Retrieved from <https://www.scoop.co.nz/stories/PO1703/S00024/aotearoa-lost-generation-Māori-children-in-state-care.htm>
- Scott, W. H. (1987). Demythologizing the Papal Bull "Inter Caetera". *JSTOR* 35(3) 3rd Qtr. Pp 348-356 9pages. New York, USA, <https://www.jstor.org/stable/42633027?seq=1>: JSTOR.
- Shackelly, Darlene;. (2015). Remember your spirit. *Crystal Meth Reference Guide*. Pg 15, Toronto, Canada: Native Courtworker and Counselling Assc. of British Columbia.
- Sharpe, A. (2013, December 02). Power Tool; Mind FULL vs. Mindful. *Coach Portfolios*.
<https://coachcampus.com/coach-portfolios/power-tools/allison-sharpe-mind-full-vs-mindful/>, Australia: Coachcampus.com.
- Smith College. (2015). Dr. Maria Yellow Horse Brave Heart Speaks on Historical Trauma. *School for Social work*. <https://ssw.smith.edu/about/news-events/dr-maria-yellow-horse-brave-heart-returns-smith-give-rapoport-lecture>, Massachusetts, USA: SMITH.EDU.
- Smith, G. (1990). Principle of Kaupapa Māori. *Rangahau*. Auckland, NZ: AUT.
- Snijder, M., & Kershaw, S. (2019, July 10). Review of Methamphetamine use among Aboriginal and Torres Strait Islander People. *Australian Indigenous health Bulletin* 19(3). Sydney,
<http://healthbulletin.org.au/articles/review-of-methamphetamine/>: Te Matilda Center for Research in Mental health and Substance Use.
- Solomon, M. (2016, May 26). Hawaii's Ice Epidemic: How Did We Get Here? *HOMA O Kalani*. Hawaii, United States of America: Hawai'i Public Radio.

- Takata, K. K. (nd). Gary Yabuta. *Law Enforcement Officer Independent Review Board*. Hawaii, USA: <https://ag.hawaii.gov/cjd/law-enforcement-officer-independent-review-board/gary-yabuta/>.
- Te Kawanatanga o Aotearoa. (2017). *Te Puni Kokiri: Ikaroa - Rawwhiti Regional Profile 2017*. Retrieved from Te Puni Kokiri - Ministry of Māori Development: <https://www.tpk.govt.nz/en/a-matou-mohiotanga/demographics/te-puni-kokiri-ikaroarawhiti-regional-profile-2017>
- Te Kete Ipurangi. (nd). Prof. Graham Smith. *He Kakano, Te Awe o nga Toroa*. New Zealand: <https://hekakano.tki.org.nz/About-us/Our-team/Prof.-Graham-Smith>.
- Te Puni Kokiri. (nd). Te Puni Korkiri: Ikaroa-Rawhiti Regional Profile 2017. *O Matou Mohiotanga*. New Zealand: Te Kawantatanga o Aotearoa.
- Te Whare Wananga o Awanuiarangi. (2020). Nga Uara, Our Values. Whakatane, New Zealand: <https://www.wananga.ac.nz/about/nga-uara/>.
- The Cultural Atlas. (2021). Australian Culture. *The Cultural Atlas*. Retrieved from <https://culturalatlas.sbs.com.au/australian-culture/australian-culture-religion>
- The Editors of Encyclopaedia Britannica. (1998, July 20). Dominus. *Britannica*. Chicago, USA: corporate. britannica.
- The National Museum of Australia. (2020). Myall Creek massacre. *The National Museum of Australia*. Retrieved from <https://www.nma.gov.au/defining-moments/resources/myall-creek-massacre>
- The Royal Austalian College of General Practictioners. (nd). What is interpersonal abuse and violence? *White Book*. Australia: RACGP.
- The voyages of Captain James Cook. (n.d.). *British Library newsletter*. Retrieved from <https://www.bl.uk/the-voyages-of-captain-james-cook/timeline#>
- Tlfta.law - criminal lawyer. (2019, March 26). What is Regalian Doctrine. *The Law Firm of Talampas and Associates*. <https://www.facebook.com/tlfta.law/posts/what-is-regalian-doctrinethe-regalian-doctrine-is-to-the-effect-that-all-lands-o/317573878956510/>: Facebook.
- United Nations. (nd). International Court of Justice. *Model United nations*. <https://www.un.org/en/model-united-nations/international-court-justice>.
- University of Missouri. (2020). Provider-Patient Relationship. *Cener for health Ethics*. <https://medicine.missouri.edu/centers-institutes-labs/health-ethics/faq/provider-patient-relationship#:~:text=In%20a%20healthcare%20context%20%E2%80%9Cpaternalism,in%20the%20patient's%20best%20interests.,> Missouri, USA: MU School of Medicine.
- Vertava Health Editorial Team. (nd). Long-Term Effects From Methamphetamine Abuse. *Vertava health*. Dublin, Ohio, United States of America: Vertavahealth.com.
- Waatea News. (2019, January 16). WaateaNews. *Māori more likely to face prison after drug conviction*, p. 1.
- waatearnews.com. (2019, January 16). Māori more likely to face prison after drug conviction. *Waatea news.com*. UMA Broadcasting LTD.

Waretini-Karena, D. R. (2018). *Intergenerational Trauma*. Auckland: NPM Media.

Winkelman, T. N., Admon, L. K., Jennings, L. M., Shippee, N. D., Richardson, C. R., & Bart, G. M. (2018, October 19). Evaluation of Amphetamine- Related Hospitalizations and Associated Clinical Outcomes and Costs in the United States. *JAMA Network Open*.
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2707432>, USA: America Medical Assc.

www.collinsdictionary.com. (2021). Retrieved from
<https://www.collinsdictionary.com/dictionary/english/addicted>

www.stuff.co.nz. (2020). Retrieved from
<https://www.stuff.co.nz/national/education/115712569/new-zealand-history-to-be-taught-in-schools-by-2022-says-pm-jacinda-ardern>

PHRASES AND WORDING

During this study, certain phrases and words stood out, that the writer thought needed to be presented, as their relevance and meanings in some cases explained the pure evilness and intent, but also the beauty of “hope” and “forgiveness”

WORD/PHRASE	MEANING/INTERPRETATION/DEFINITIONS
Soul Wound	Traumatic events inflict “a wounding on the soul.” This phenomenon is referred to as the “soul wound.” ... Duran notes that the past genocide of American Indians represents the sort of historical violence that results in intergenerational trauma
Bad Babies	Dr Alison Green was 10 days old when she was taken from her mother in 1958. Like other Māori babies at that time, she was labelled a "bad" baby and adopted to a white, immigrant family, she said.
Forrest Fire of Brain Damage	The first high-resolution M.R.I. study of Methamphetamine addicts shows "a forest fire of brain damage," said Dr. Paul Thompson, an expert on brain mapping at the University of California, Los Angeles. "We expected some brain changes but didn't expect so much tissue to be destroyed."

Certitude of Values	Certitude is the firm assent to a truth, based on motives which exclude prudent ... fundamental values in our seats of learning, which Dr. Mortimer. Adler stressed
Life Shock	An extreme and sudden sensation of shock, surprise, or fear. Often used after the verbs "get" or "give."
Lighting Brain	Aboriginal word for computer
Voice sending thing	Aboriginal word for telephone
Not fully Human	A term used in the doctrine of discovery to extinguish Indigenous ownership of their lands not Christian, therefore “not fully human”.
Killing the Indian in the child	Apart of the assimilation policies of the First Nation Indians meaning through colonial education this would phase out all knowledge of their Indian heritage and customs.
Ghost Dance	The Ghost Dance was associated with Wovoka's prophecy of an end to white expansion while preaching goals of clean living, an honest life, and cross-cultural cooperation by Indians. Practice of the Ghost Dance movement was believed to have contributed to Lakota resistance to assimilation under the Dawes Act.
Problems of aspiration	Lack of aspirations or goal setting
Interpersonal abuse	Interpersonal abuse and violence include intimate partner abuse, adult survivors of child abuse, sexual assault, child abuse, bullying and elder abuse.
Paternalism	The policy or practice on the part of people in authority of restricting the freedom and responsibilities of those subordinate to or otherwise dependent on them in their supposed interest.
Mind Full or Mindful	Mind FULL is messy, sad, overwhelming, unproductive, not good. ... Mind FULL is future focused whereas being mindful is 'now' focused. Mind FULL adds two items to your to-do list for each one you check off. Mindfulness lets you enjoy one moment, task or event at a time.

Supremacy	A situation in which one person, group, or thing has more power or influence than any other.
Dominus	Dominus is the Latin word for master or owner. ... Dominus, the French equivalent being "seigneur", was the Latin title of the feudal, superior, and mesne, lords, and an ecclesiastical and academical title.
Pre-Emption	<p>1a: the right of purchasing before others <i>especially</i> one given by the government to the actual settler upon a tract of public land</p> <p>b: the purchase of something under this right</p> <p>2: a prior seizure or appropriation: a taking possession before others</p> <p>3a: a doctrine in law according to which federal law supersedes state law when federal law conflicts with a state law. Even without an express provision for <i>pre-emption</i>, we have found that state law must yield to a congressional Act in at least two circumstances. — called also <i>federal pre-emption</i></p> <p>b: a doctrine in law according to which the legislation of a superior government (such as a state government) supersedes that of an inferior government (such as a municipal government) in conflicts of law.</p>
Nuclear Colonialism	Nuclear colonialism describes. the way that colonial super-powers appropriated native. lands and displaced native people through various nuclear activities including testing, development, mining, and military training.
Grief Resolution	Grief-resolution therapy is indicated for the treatment of unresolved grief reactions that have persisted beyond one

	year after the loss. The method employs present-time, guided imagery whereby the patient removes obstacles to grieving through reliving, revising and revisiting events of the loss.
Transformational Approach	Transformational leadership is defined as a leadership approach that causes change in individuals and social systems. In its ideal form, it creates valuable and positive change in the followers with the end goal of developing followers into leaders.
Exploitation	Exploitation is the act of selfishly taking advantage of someone or a group of people to profit from them or otherwise benefit oneself. Exploitation is a noun form of the verb exploit, which commonly means to take advantage in such a way. The adjective form is exploitative, as in exploitative practices.
Vicarious Trauma	Vicarious trauma is the emotional residue of exposure that counsellors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured.
Actual Occupancy	Actual occupancy and current possession. To fully establish a “first discovery” claim and turn it into a complete title, a European country had to physically occupy and possess newly found lands (even though Indigenous peoples were already living there)
Forced Relocation	Movement of large numbers of people under threat, planned and organized by governmental authorities, armed forces and/or militias, who sometimes provide transportation to the population being expelled and displaced.
Methy Mouth	A condition that chronic Methamphetamine users have.
Forced Sterilisation	Forced sterilisation. Native American women were forcibly sterilised and Australian Aboriginal women presumably as well.
Terra Nullis	Pope Alexander VI issues a papal bull or decree, “Inter Caetera,” in which he authorizes Spain and Portugal to

	colonize the Americas and its Native peoples as subjects. The decree asserts the rights of Spain and Portugal to colonize, convert, and enslave
Inferior	If one person is regarded as inferior to another, they are regarded as less important because they have less status or ability.
Subjugate	bring under domination or control, especially by conquest. The invaders had soon subjugated most of the population"
The Regalian Doctrine	The Regalian doctrine is to the effect that all lands of the public domain belong to the State, and that the State is the source of any asserted right to ownership in land and charged with the conservation of such patrimony. Under this doctrine, all lands not otherwise appearing to be clearly within private ownership are presumed to belong to the State. A positive act of the executive branch is needed to declassify a forest land into alienable or disposable land for agriculture or other purposes.
Diversionsary Activities	A diversionary activity is one intended to attract people's attention away from something which you do not want them to think about, know about, or deal with.
Police Terror Raids	Police closed off a small Māori community with armed and special forces terrorising its community, arresting many and charged with various forms of terrorism, which were all later rejected in a court of Law, also known as the Tūhoe Terror Raids.
Community Fatigue	An Indigenous Indian Leader made this statement after years of fighting Methamphetamine in his community.