Exploring the Experiences of Pacific Peoples Within Twelve Step Programmes

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Abstract

Background: Pacific peoples present with disproportionately higher rates of substance use disorder than the general population, however, are less likely to access mental health and addictions services for support. Despite recent investments into the mental health and addictions sector, uptake of support for Pacific peoples experiencing addictions remains low. The call from Pacific peoples heard throughout the *He Ara Oranga Inquiry into Mental Health and Addictions* (2018) has been for the adoption of 'Pacific ways'; promoting Pacific models of health and focusing on healthy relationships, use of Pacific languages and feelings of connectedness. This study aims to explore the experiences of Pacific peoples within Twelve Step Programmes, to ascertain the beneficial and non-beneficial aspects from a Pacific perspective. The findings from this research are intended to inform the development of meaningful interventions for Pacific peoples seeking addictions support.

Method: This research project conducted face to face talanoa style interviews with six Pacific peoples who have attended a Twelve Step Programme within the past two years. Interviews were semi-structured and underpinned by the Health Research Council of New Zealand (2014) Pacific Health Research Guidelines. A qualitative research approach was applied using Charmaz's Constructivist Grounded Theory (2006) methodology alongside Braun and Clarke's (2006) thematic analysis.

Results: Three main themes emerged from the data, which were categorized into a set of subthemes within each primary theme. The first primary theme centred around Pacific peoples lacking knowledge of Twelve Step Programmes. The second theme detailed aspects of Twelve Step Programmes that resonated with Pacific peoples, such as; hospitality and welcoming, spirituality, talanoa, fellowship and connectedness, and volition. The third primary theme explored aspects of Twelve Step Programmes that were non-beneficial for Pacific peoples, which centred around Pacific people being the ethnic minority in Twelve Step Programmes; the need for a Pacific subgroup, and the need for separate spaces for men and women.

Conclusion: The recommendations from this research project have been made with the view to enhance and further develop on addictions supports available for Pacific peoples. This research may be of benefit to the alcohol and drug sector; frontline addictions services, mental health and addictions workforce development bodies, Pacific health organisations and policy makers.

Contents

Table of Figures

Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university of other institution of higher learning.

Name: Laura Tongalea-Nolan

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Chapter 1 – Introduction

The mental health and wellbeing of peoples in Aotearoa New Zealand has received considerable interest over the past decade. The New Zealand Government has acknowledged a 'crisis' in the mental health and addictions space, resulting in a 2018 inquiry into services within the mental health and addictions sector. One of the key findings from this inquiry highlighted the system's inadequacies for Pacific peoples' health and wellbeing and requires a transformative approach. This is due to Pacific peoples experiencing higher rates of substance use disorder and gambling related harm than the general population and being less likely to access mental health and addiction services for treatment and support. The current behaviour change supports available to Pacific peoples are far and few in between, and retention in treatment is lower than the general population, with further Pacific designed/led research required (Matenga-Ikihele, McCool, et al., 2021).

Reducing disparities and increasing equitable outcomes for Pacific peoples has been a priority in key government recommendation action plans, such as the Workforce Stocktake (Te Pou o te Whaakaro Nui & Le Va, 2016), Ala Mo'ui: Pathways to Pacific Health and Wellbeing (Ministry of Health, 2014) and Ola Manuia Pacific Wellness Action Plan (Ministry of Health, 2020). Shared across these reports is the acknowledgement of gaps that exist within both the mental health and addictions workforces, and the way in which these gaps continue to contribute towards low service access, engagement and retention for Pacific peoples.

My career in the mental health and addictions sector began 13 years ago. In that time I have practised as a Drug and Alcohol Practitioner, within primary and secondary mental health settings; as well as Community, Residential and Forensic addiction services. I have delivered individual, group and family interventions to those experiencing mental health and addiction challenges, and supported individuals at all stages of the continuum to change to their substance use.

During the first half of this research project, my career journey had led me to the role of Pasifika Clinical Practice Lead for Odyssey - a residential alcohol and drug treatment provider which supports peoples and their families to live the lives they want; free from alcohol, drug and other addiction challenges. The key functions of my role were to lead the development of culturally relevant clinical interventions for Pacific clients of the service, support workforce development through the provision of internal professional supervision, and deliver cultural competency training for staff working both directly and indirectly with Pacific peoples and their communities. Midway through this research project I took up a Project Manager position at Le Va, a Pacific mental health and addiction workforce development organisation. In this role, I oversee the Pasifika Access and Choice contract – which acts

to expand Pacific peoples' access to, and choice of primary mental health and addictions services. My roles at Odyssey and Le Va have allowed me to support the development of pathways for care, conducive for Pacific peoples and their communities.

As a first generation, New Zealand born Niuean (Avatele village), I have an understanding of the challenges that come with living within the Pacific diaspora in Aotearoa New Zealand. I understand the many ways Pacific peoples relate to their homelands, traditions and their respective Pacific worldviews within a contemporary Aotearoa New Zealand context. My mother was born in Niue as the youngest of 11 and migrated to New Zealand with her parents and siblings in the late 1960s, when she was five years old. Of her siblings, she was the only one to attain a School Certificate within the New Zealand education system and to go on and complete tertiary level study - graduating as a Registered Nurse in 1998, practicing as a Psychiatric Nurse for some twenty years. My siblings and I consider ourselves fortunate to have had a mother whom, growing up, has consistently modelled to us how to navigate the complex, inequitable and ever-changing systems in Aotearoa New Zealand. We credit our mother for the lifestyle and the privileges that we experience today and understand this narrative may not be shared by all Pacific peoples, for a number of reasons outside of their control. As such, throughout my career, I have been committed to serving our Pacific communities and improving alcohol and drug service delivery to enhance the experiences of Pacific peoples within mental health and addictions services and beyond.

While this research project has a focus on exploring the experiences of Pacific peoples within addictions services, the approach for undertaking this research is that of a longer-term vision for the health and wellbeing of Pacific peoples in Aotearoa New Zealand. I hope the outcomes of this research will significantly contribute towards the three outcomes identified in the Ola Manuia Pacific Health and Wellbeing Action Plan (2020-2025):

- Pacific peoples lead independent and resilient lives;
- Pacific peoples live longer in good health;
- Pacific peoples have equitable health outcomes.

In relating the outcomes of Ola Manuia to this research project, Pacific engagement has been designed to take an inclusive approach, encouraging Pacific peoples to contribute their inherent knowledge and wisdom around what works well for *their* recovery, in a way that respects and acknowledges a Pacific worldview of "good health". As someone who identifies as Niuean, I envision that taking a Pacific approach to this research will assist with enhancing participant engagement, ensuring cultural relevance and the prioritisation of the cultural safety for those participating in the study. As a result

of this research, any subsequent findings that lead to the development of tangible service improvement and development will be another step towards the design of addictions service delivery that is "Pasifika-led"; with hopes to be the development of an enduring engagement with Pacific consumers, their families and communities, beyond the scope of this research project.

This research sets out to align with the results of a recent literature review and narrative synthesis examining the characteristics of behaviour change interventions among Pacific peoples, with key recommendations being:

- Culturally specific interventions be designed for better uptake and retention of Pacific peoples in treatment;
- that in the absence of cultural interventions, western behavioural change approaches be framed with Pacific values;
- The process of talanoa be utilised to navigate the spaces between traditional non-Pacific interventions and the tailoring of cultural approaches to fit into various Pacific contexts.

A holistic approach to Pacific wellbeing was also emphasised as crucial when supporting behavioural change amongst Pacific peoples and their communities (Matenga-Ikihele, et al., 2021).

1.1 Background

The Aotearoa New Zealand health sector is made up of several layers of organisations, services, professions, and disciplines, all of which play an integral role in the delivery of healthcare to an ever-growing, diverse population. We live in a country where today's health service consumers are presenting with increasingly complex needs, which require carefully co-ordinated approaches to treatment and care. Historically, general outcomes for Pacific peoples have been poorer than those of the general population, due to gross health and social inequalities and poor social determinants of health across the board (Marriott & Sim, 2015). Two reports completed by the Ministry of Social Development (MSD) (2003a, 2004b), identified a direct correlation between poverty and poor health outcomes, with Pacific peoples being twice as likely to live in poverty than Pākehā. It comes as no surprise that Pacific peoples are disproportionately represented in alcohol and drug abuse, given the impact that social, economic and education difficulties have on the uptake of and continued use of substances (Galea & Vlahov, 2002).

As it stands the addictions workforce is multi-disciplinary and is made up of alcohol and drug practitioners, doctors, nurses, social workers, psychologists, psychiatrists, as well as an increasing number of consumer support workers from an array of different backgrounds. The inherent demands of working with peoples presenting with alcohol and drug (hereby referred to as AOD) use is

compounded by increasingly complex presentations and reduced funding and resources, making the addictions profession a challenging career choice (Roche, me ētahi atu, 2018). At present there is an inadequate number of Pacific identifying practitioners who are able to effectively engage and support Pacific peoples through addictions treatment which is considered a significant factor contributing to low engagement and retention rates (Matenga-Ikihele, et al., 2021).

1.2 History

Traditionally, AOD addiction was viewed as a moral issue; a sign of bad character and weakness. Those experiencing addictions were viewed as fundamentally flawed people, who did bad things as driven by their poor values. This historical 'Moral Model' of addictions treatment emerged as a result of major religious beliefs; and subsequent treatment options were limited to religious intervention and punishment through the criminal justice system (Matua Raki, 2012). This model placed punitive approaches over rehabilitative treatment and the underlying notion was that free will to use was present throughout (Wilbanks, 1989). This model of treatment slowly became extinct once it grew apparent that the model did not sufficiently capture the psychological or physiological causes of alcohol and drug addiction, and as doctors and physicians started to be recognised as more knowledgeable than some of the religious bodies previously responsible for enforcing treatment (Wilbanks, 1989). Whilst this traditional model is no longer used or endorsed within the AOD profession, our society continues to project moralistic discrimination and prejudice onto those experiencing addictions. This in turn acts as a barrier for AOD users to access appropriate supports and has further compounded the low rates of Pacific peoples engaging with professional services. Most Pacific peoples do not present voluntarily to AOD services, but are referred for treatment through the Corrections system, with approximately 50% of crime being committed by offenders under the influence of substances (Department of Corrections, 2016). As such, alcohol and drug addiction is now recognised as a complex area that requires collaboration of all sectors as it is typically those who come from marginalised, deprived groups such as Māori and Pacific peoples, that are overrepresented in the AOD consumer statistics (Matua Raki, 2012).

One of the earliest influences on the AOD workforce culture in Aotearoa New Zealand was the Twelve Step Alcoholics Anonymous (AA) movement during the later end of the 1940s, which promoted total abstinence within a peer group setting. The abstinence-based treatment philosophy was dominant during the 1940s onward, with treatment typically involving medical detoxification, hospitalisation and strong focus on AA Twelve Step Programmes, where sobriety was promoted through sharing of personal recovery journeys, strength and hope (Alcoholics Anonymous NZ, 2017). Under the Total

Abstinence model, addictions treatment had a very medicalised approach; with the focus being on breaking physical dependence and treating acute withdrawal symptoms, rather than addressing the psychological aspects of addictions. According to biomedical theories the individual suffers from an incurable disease of the brain, with substance abuse being the presenting symptom; therefore, treatment should act to suppress urges to use substances (Wilbanks, 1989).

The Twelve Steps as they appear in the programme are outlined below (Alcoholics Anonymous World Services, 1989):

1. *We admitted that we were powerless over our addiction, that our lives had become unmanageable.*
2. *We came to believe that a Power greater than ourselves could restore us to sanity.*
3. *We made a decision to turn our will and our lives over to the care of God as we understood Him.*
4. *We made a searching and fearless moral inventory of ourselves.*
5. *We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.*
6. *We were entirely ready to have God remove all these defects of character.*
7. *We humbly asked Him to remove our shortcomings.*
8. *We made a list of all persons we had harmed, and became willing to make amends to them all.*
9. *We made direct amends to such peoples wherever possible, except when to do so would injure them or others.*
10. *We continued to take personal inventory and when we were wrong promptly admitted it.*
11. *We sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.*
12. *Having had a spiritual awakening as a result of these steps, we tried to carry this message to addicts, and to practice these principles in all our affairs.*

In the context of Twelve Step Programmes, individuals acknowledged that they were powerless over their experiences of addictions and surrendered their will to a ‘higher power’ and were encouraged to seek counselling or therapy through an AOD professional, to continue working on maintaining total abstinence. Whilst this approach was necessary in order to treat physical complications that came with addictions, ongoing recovery was stalled by focussing more on the ‘disease’ and through obscuring of critical structural contributors such as poverty, adverse life experiences, social disengagement and trauma (Tester, Moriarty, & Stubbe, 2015). Critics argue that the total abstinence approach places onus onto the treating professional to remove the cause of the problems, with

responsibility and autonomy taken away from the consumer, thus disempowering them and leaving them to feel like a 'victim' (Tester, Moriarty, & Stubbe, 2015). Furthermore, it could be argued that through this process, responsibility is removed from wider community, institutions and government. Thus, appropriate responsiveness and scaffolding from a societal level does not occur through Total Abstinence philosophy alone.

The shift from Total Abstinence to Harm Reduction had a monumental influence on the addictions treatment landscape, prompted as a response to the New Zealand 'Aids Epidemic' in the 1980s (Matua Raki, 2012). The Harm Reduction philosophy acts in two ways. The first is to minimise harm to the individual that may be caused through intoxication, such as impairment leading to injury, contraction of HIV, or overdose, as well as minimising long term harms such as cognitive impairment, chronic health complications, relationship difficulties and inability to obtain or maintain employment (Inter-Agency Committee on Drugs, 2015). The second objective of the Harm Reduction philosophy is to minimise the harms of alcohol and drugs on families, communities and the wider society. An example of this was the introduction of Needle and Syringe Exchange Programmes following the passing of the Misuse of Drugs Amendment Act (1987). Injecting drug users were able to purchase packets of sterile needles in an attempt to reduce the number of individuals contracting HIV (Thornton, 1991). Other harm reduction strategies may involve changing the method of administering a substance; changing how substances are accessed (for example joining an Opioid Substitution Treatment programme); or cutting down on the amount that is being used (Matua Raki, 2012).

In theory, the Harm Reduction model is the opposite of the Total Abstinence approach, whereby drugs and alcohol are recognised as inevitable parts of society, and users are engaged in treatment that focuses on reduced or controlled use. This model acknowledges that alcohol and drug use sits on a continuum (no use through to dependence) and it is understood that individuals can move backwards and forwards along this continuum regularly throughout their lifetime. Interventions range from provision of public health initiatives, such as evidence-based information and awareness raising; to brief intervention and harm reduction strategies delivered by general health professionals; through to pharmacological assistance and abstinence focussed interventions provided by specialist addiction services (National Committee for Addiction Treatment , 2016) (NCAT). Matua Raki, the National Addiction Workforce Development organisation, states that the Harm Reduction approach puts the individual at the very centre of care and focuses on client engagement and retention through setting realistic, achievable goals that the individual is willing to work on no matter what their level of substance use might be. Individuals are actively involved in their treatment through use of therapeutic

models such as Motivational Interviewing, Strengths Based Therapy and Cognitive Behavioural Therapies and are encouraged to take the lead in their recovery journey (Todd, 2010).

According to a briefing released by the National Committee for Addiction Treatment (NCAT) in 2016, the current addictions treatment framework will not be able to withstand the demands and complex needs of consumers seeking alcohol and drug treatment (National Committee for Addiction Treatment , 2016). This is partly due to the growing awareness of, and significant increase in, consumers presenting with co-existing problems (CEP) to services which are not very well CEP equipped. NCAT report that 70% of those who present to an AOD service have co-existing mental health problems where there is often unmet need. A vast majority of these individuals tend not to present to AOD or mental health services, but through other agencies across other sectors. Substance use and mental health problems have a range of different interactions and generally lead to negative outcomes such as increased suicidality, higher risk of offending and higher risk of mental health challenges (Todd, 2010). Subsequently, there has been a big push from the government towards the AOD profession becoming CEP competent, with national, regional and local training initiatives and online CEP e-modules endorsed by the Ministry of Health. In addition to this there have been several publications and frameworks released to guide services towards becoming CEP savvy, such as Fraser Todd's *Te Ariari o te Oranga: The Assessment and Management of Peoples with Co-Existing Problems and Substance Abuse* (Todd, 2010) and the Ministry of Health's *Service Delivery for Peoples with Co-existing Mental Health and Addiction Problems – Integrated Solutions* (Ministry of Health, 2010). Benefits of moving towards a CEP focus will include "…better, sooner and more convenient treatment for tangata whaiora with CEP, wherever they present, with reduced costs to families and whānau, communities and the health system." (Matua Raki, 2009). Despite this, there continues to be some resistance from both the AOD and the Mental Health workforce, particularly around 'silo thinking' (Matua Raki, 2009). It is evident in Todd's *Te Ariari o te Oranga* (2010) that judgements of moralistic deficit are still obstructing progress for consumers seeking AOD treatment. These unenthusiastic attitudes are likely to be consistent and enduring barriers for integrated service developments and it is the consumer who will be at a disadvantage. Whilst there has been a huge shift from total abstinence based to a harm reduction approach, "no single treatment is universally effective for treating addiction" (National Committee for Addiction Treatment, 2016) and there must be a range of treatment options available, from a diverse AOD workforce, given the complex nature of addictions.

1.3 Twelve Step Programmes

Twelve Step Programmes consist of a fellowship of individuals who meet together voluntarily, to share their experiences, strength and hope with each other to address their shared experience that is

addiction (Kaskutas, et al., 2009). Twelve Step Programmes operate worldwide in over 180 countries and are based on a disease model of addictions (Levine, 1978). They are described as non-clinical, community based mutual support groups which seek to increase abstinence from alcohol and other problematic behaviours, through use of Twelve steps and principles intended to guide the individual through recovery from a life they no longer consider manageable (Kelly, et al., 2020).

Twelve Step Programmes were born from the development of Alcoholics Anonymous, a mutual support group founded by two American men in 1935, who were committed to supporting others to achieve abstinence from alcohol and thus improve their quality and meaning of life (Miller & Plants, 2014). The original Twelve Step programme and its philosophies have been adopted by several kindred fellowships such as Narcotics Anonymous, Al-Anon (for affected family and friends) and Gamblers Anonymous, with equally high success rates globally (Miller & Plants, 2014). There has been extensive research into the effectiveness of Twelve Step Programmes, with studies showing that individuals who attended Twelve Step Programmes weekly, had higher rates of abstinence from alcohol and other drugs than those who did not attend Twelve Step Programmes at all (Montgomery, et al., 1995). Whilst evidence shows varying results on the effectiveness of Twelve Step Programmes for those meeting diagnostic criteria for substance dependence, higher rates of abstinence were seen to be longer at Twelve months for frequent Twelve Step Programme attendees than for infrequent/non-attendant clients (Gossop, et al., 2007). Furthermore, growing evidence indicates that integrated Twelve Step involvement combined with alcohol and drug treatment has yielded higher rates of abstinence post treatment than those who participated in Twelve Step programmes or alcohol and drug treatment exclusively (Fiorentine & Hillhouse, 2000).

One criticism of Twelve Step Programmes is that they are more often suitable for a certain demographic, that being, white males. However, one study examining the efficacy of Twelve Step Programmes for women and other ethnic groups, has shown integrating Twelve Step Programmes with clinical interventions to be highly effective in increasing length of sobriety (Fiorentine & Hillhouse, 2000) as well as continued engagement with after care supports - which are known to support longer term abstinence rates (Emrick, 1987). Clinical interventions may include medical detoxification, withdrawal management plans, opioid substitution programmes, or use of medications such as Naltrexone to manage alcohol use disorders (Todd F. C., 2010).

The few studies evaluating the effectiveness of mutual support groups for Indigenous peoples have indicated a real lack of empirical knowledge on outcomes and acceptability of Twelve Step Programmes within Indigenous groups (Dale, et al., 2019). One study into the development of

Indigenous Substance Misuse Services in Australia highlighted the need for better understanding of the relationship between sociocultural and theoretical views and traditional Indigenous understandings of disease and spirituality. This study showed Indigenous Australians strongly supported the disease model of addictions, and as such, the Twelve Step philosophy was considered a suitable treatment approach in addressing alcoholism within Indigenous Australian communities. (Alati, et al., 2000).

While there is minimal research available regarding effectiveness of addictions treatments for Pacific peoples, the limited research that has been undertaken in this area shows that much of the knowledge about substance use for Pacific peoples tends to be alcohol use focussed (Huakau, et al., 2005) and highlight low rates of engagement with services (Ministry of Health, 2008). Pacific peoples are less likely to engage with treatment services, therefore are more likely to have an adverse experience in attempting to give up substances, given the difficulty associated with managing acute withdrawal symptoms without support (Southwick, et al., 2012). Little is known about the effectiveness of treatment interventions in facilitating recovery from addictions for Pacific peoples (Newcombe, 2019), with ongoing study into this required (Newcombe, et al., 2016). What is known, however, is that talking therapies such as talanoa have been identified as best practice for Pacific mental health and addictions services (Te Pou o te Whakaaro Nui, 2010).

The call from Pacific peoples heard throughout the 2018 Government Inquiry into Mental Health and Addictions process, has been for the adoption of 'Pacific ways' - described as incorporating a holistic approach to wellbeing; use of Pacific languages, promotion of connectedness, and healthy relationships (Paterson, me ētahi atu, 2018). In addition the importance of spirituality has been identified as crucial when working with Pacific peoples in supporting recovery from mental health challenges and addictions (Te Pou o te Whakaaro Nui, 2010). Twelve Step Programmes promote both talanoa, simply put, an open dialogue in a collectively shared space, and the role of spirituality in one's journey to wellness.

Active collaboration between Pacific service users, clinicians and other health professionals to craft Pacific recovery models, as seen through the development of the Tongan Popao Model (Fotu & Tafa, 2009), is an example of how Pacific peoples experiencing addictions can be supported to independently charter their own recovery journeys and take ownership of their healing in a culturally centred way. Taking an inclusive "by Pacific, for Pacific" approach to mental health and addictions services was also one of the recommendations that came out of a 2014 study exploring Tongan

understandings of mental illness and is viewed as crucial to designing culturally relavant and meaningful supports for Pacific peoples (Vaka, 2014).

This research project will seek to explore the experiences of Pacific peoples within Twelve Step Programmes, and to discover the beneficial and non-beneficial aspects of Twelve Step Programmes from Pacific perspectives.

Chapter 2 – Methodology and Method

This chapter describes the methodology used to carry out and guide this practice project. First, the research aims and objectives are discussed. Next, the theoretical framework that guided data collection is explained. Following this sampling, recruitment and data collection methods are described; lastly, the data analysis process is presented.

2.1 Objectives and Research Questions

The aim of this study was to understand the subjective experiences of Pacific peoples within Twelve Step Programmes, and the factors that may be meaningful and effective for Pacific peoples in their recovery from substance and/or behavioural addictions. It is intended that the results of this study will act to inform and influence the development of meaningful interventions for Pacific peoples engaged with addictions services. The key objectives of this study were to identify beneficial and non-beneficial aspects of Twelve Step Programmes. The three research questions within this study were:

a) What are the overall experiences of Pacific peoples in Twelve Step Programmes?
b) What are the beneficial aspects of Twelve Step Programmes for Pacific peoples?
c) What are the non-beneficial aspects of Twelve Step Programmes for Pacific peoples?

2.2 Research Design

In order to explore the unique experiences of the participants in this research project, an exploratory qualitative research approach has been applied. Qualitative research methods focus on exploring unique perspectives and interpretations of experiences, and allow for richer, more diverse, multiple realities, shared by participants (Cresswell, 2016). This study uses Charmaz's constructivist grounded theory (CGT) paradigm (Charmaz, 2006). By assuming a CGT methodology, theory has been developed using a collaborative process of enquiry and exploration of participants' experiences of Twelve Step Programmes.

A defining feature of CGT is characterized by the inductive process used to develop theory or hypothesis, as opposed to the deductive research approaches that aim to test existing theories through comparative sampling and analysis (Tie, 2019). This paradigm is underpinned by a constructivist epistemology, where it is argued that individuals create their own knowledge of reality through existing core beliefs, life events, and activities they are involved in (Utanir, 2012). A relativist ontological position is assumed, with the understanding of truth and/or reality being relative to cultural, social and theoretical contexts (Mills, 2006).

Unlike other traditional scientific methods of research, where hypothesis is developed and proposed before data collection, the CGT approach seeks to understand social phenomena and construct theories through the experiences of the participants, using iterative data collection and analysis (Charmaz, 2006). Theory is developed through emerging data, and in contrast to traditional Grounded Theory approaches, the researcher is not a neutral observer but rather a co-participant in the study.

With a paucity of data and information around Pacific peoples and addictions treatment, it has been fitting to adopt a CGT approach given the absence of existing theory offering explanation for the outcomes of Pacific peoples in recovery from addictions. Benefits of using a CGT approach in this study have enabled findings that accurately represent real world settings. Further, use of culturally relevant approaches and methods of data collection have bolstered the co-construction of theory and partnership in this research project, enhancing rigour throughout the course of conducting this study. These culturally appropriate methods will be discussed further in the chapter.

2.3 Researcher Positionality

Reflexivity is an important part of qualitative research, as one's sense of identity directly influences research design, methodology and data interpretation (Marsters, 2017). As a New Zealand born Niuean, I have taken a theoretical point of view and am considered both an 'insider' and an 'outsider'. Although I may share in, and understand the same Pacific ways of 'knowing, being and doing', I do not necessarily understand the sub-cultures of the participants; specifically, their experiences of alcohol and drug abuse, and their shared experiences as members of Twelve Step Programmes. By recognising researcher positionality from the beginning of the study, it limits bias from the researcher's own opinions and values that may unintentionally skew the results of the study.

2.4 Participants and Recruitment

Given the short timeframe (16 months) in which this research project has been completed; in discussion with the research supervisors, and following recommendations from the PGR1 reviewer, it was agreed that six participants would be recruited to the study. Participants were recruited through various AOD recovery groups within the community. The study was advertised through use of flyers (see Appendix 2), disseminated within the researcher's professional networks, sector noticeboards and by the researcher's academic supervisors. A number of these contacts also shared these among their networks, and via social media websites such as Facebook, Instagram and Twitter, which broadened the reach of the research advertising.

An information sheet (see Appendix 3) was sent out to each potential participant electronically, prior to any face to face meeting. Each person was given time and opportunity to clarify any areas of uncertainty, before confirming participation and scheduling in convenient times and locations to meet. At the time of the meetings, the study details were explained again before commencement of the interviews and a participant consent form (see Appendix 4) was discussed thoroughly and signed before commencing the talanoa interviews. All participants agreed to the talanoa interviews being recorded, and informed that they would be given a copy of the interview transcript once this was completed.

In the interest of inclusivity and equal representation, the researcher endeavoured to include as much of a cross-section of age, gender, sexual orientation, and Pacific ethnic representation as possible. The following inclusion criteria applied to the study:

- Individuals must self-identify as a Pacific person
- Individuals must have attended at least one Twelve Step Programme in the 24 months preceding the study
- Individuals must be over the age of 18 years

Exclusion criteria was any person who did not fit into the above.

2.5 Method

Talanoa is a qualitative research approach that seeks to explore the meaning of experiences for participants using Pacific principles of engagement such as use of open dialogue, removal of rigid structures and power dynamics that exist between researcher/subject, flexibility to negotiate viewpoints, and the discussion of multi-layered complex topics in a safe, respectful and non-judgmental forum (Vaioleti, 2006). Talanoa is a concept familiar to most Pacific nations and means to talk, or have conversation, a transliteral meaning is to ‘talk about nothing’ (Te Pou o te Whakaaro Nui, 2010). Despite this literal translation, it is widely used to cover anything from general through to more meaningful and focused conversations (Newcombe, 2019).

A talanoa framework has been used as the research method for this study, as it has allowed for the sharing of Pacific narratives in a way that is culturally sensitive to meaningful engagement between researcher and participants (Vaioleti, 2006), and is complementary to the analytical process of CGT. Given the sensitivity of the subject matter, individual talanoa sessions were considered a suitable method for data collection. The talanoa-style approach allowed for the establishment of a safe, non-

judgemental forum for participants to take part in, as well as the flexibility to sensitively explore emerging concepts as they occurred, which is parallel to the CGT theoretical approach.
Data gathered from Pacific participants through the talanoa framework is often richer and more detailed than that collected using westernized narrative research approaches (Te Pou o te Whakaaro Nui, 2010) as there exists a sense of ownership and shared responsibility between the Pacific researcher and their Pacific participants, characterized by traditional Pacific values of reciprocity, integrity and service (Vaka, et al, 2016). There is also an inherent understanding by both parties that any information provided and collected within the scope of the research project should serve in the best interest of Pacific peoples and look to improve quality of living for Pacific groups (Vaioleti, 2006). Ensuring the wellbeing of the participants and their wider communities was of central importance in why and how this research process was conducted, and participants were reminded throughout the study that their sharing of experiences would contribute directly to the recommendations made from this research.

This study has combined both CGT and a talanoa framework, as has been utilised within other Pacific studies conducted in the mental health (Puna, 2013) and public health (Marsters, 2017) arenas. As was indicated by Marsters (2017), in his study of Pacific Young Males and Positive Mental Wellbeing; it has been crucial to acknowledge that as a younger Pacific woman, the researcher's positionality has had the potential to influence the dynamic of the study in a number of ways relative to the diverse demographics of the research participants.

In many Pacific cultures, it may be considered inappropriate to ask certain questions of older persons, therefore careful consideration was given to the evolving interview schedule to ensure that the talanoa process was culturally safe and appropriate for all parties. The first research participant interviewed was an older Pacific woman who held significant mana within her community. The researcher was cognisant of the age and hierarchical dynamic between she and the participant, and subsequently emphasised the talanoa principles of respect, gratitude and hospitality. This was demonstrated in a number of simple ways prior to and during the talanoa. Hospitality was demonstrated by receiving the participant outside the interview location, and ensuring food and beverage were available to the participant before the talanoa commenced. The researcher demonstrated respect and recognition of the participant's status through inviting her to lead the talanoa process from the outset, and asking if she would like to open the shared talanoa space with spoken word or prayer. Finally, with all interviews, as per the Pacific Health Research Guidelines (Health Research Council of New Zealand, 2014) the talanoa process was based on the mutual sharing of knowledge between researcher and participants, rather than the extraction of it by one

party; recognising the significance of the participant's contributions to the study. This was also demonstrated by provision of fakaalofa [koha] to each participant following interviews, which will be discussed in the data collection section of this chapter.

2.6 Data Collection

Each of the participants' narratives were sourced through semi-structured interviews utilizing the aforementioned talanoa style method of engagement. Prior to commencing the study, practice interviews were undertaken with primary supervisor to support the researcher with interview flow and delivery, and with a Pacific colleague to ensure the questions were culturally appropriate.

Participant interviews took place at various locations across Auckland, at a location that suited the participant. These locations included AUT campuses, public cafes, libraries, and participant places of work. Due to the ongoing impact of COVID-19, two of the talanoa interviews were conducted online, by request of the participants. At the beginning of each participant interview, the researcher outlined the study and discussed the participant information sheet and consent form provided to participants. Before proceeding to the interview schedule of questions (see Appendix 5) , participants were encouraged to ask any questions related to the study and were informed that they could voluntarily withdraw from the talanoa without any consequence.

Interviews were digitally recorded with participant permission, uploaded and stored onto a password protected computer. Each interview lasted one hour, to allow time for the researcher to understand participant perspectives, definitions and constructs of reality (de Chesnay, 2017). All interviews were conducted in English due to the cross-section of distinct Pacific cultures and the absence of an interpreter, with all participants being able to speak English fluently. Refreshments were made available throughout the interviews and a $30 The Warehouse fakaalofa [koha] was given to each participant in recognition of their valuable time, knowledge and expertise, as per good Pacific research practice (Health Research Council of New Zealand, 2014).

Following each interview, the researcher spent time reflecting on all themes, observations and personal sentiments that arose during the interviews, keeping these reflections in a journal and referring back to them throughout the research process to inform ongoing methods of data collection and to assist with reflections on researcher positionality throughout the study. Further, discussions with both topic experts and academic supervisors supported the ongoing development of the interview questions and subsequent areas for further exploration. For example, initial questions such as "What were some of the beneficial and non-beneficial aspects of Twelve Step Programmes for Pacific peoples" led to the addition of "Do you think gender has influenced your

experience of Twelve Step Programmes for Pacific peoples" after initial data showed that for Pacific women, their experiences of the programme were not so positive due to being a double minority in the rooms (both in terms of ethnicity, and gender).

2.7 Data Analysis

A theoretical sampling approach was utilized to develop and expand on concepts derived from the initial data through an evolving set of interview questions, commenced from the first participant interview onward. The initial interview guide developed prior to the interviews was designed to be flexible enough to evolve throughout the talanoa process, as per the grounded theory methodology. The original set of interview questions was developed as a result of the gaps identified in the literature review, with the view to obtain data that might fill these knowledge gaps and lead to tangible recommendations for the sector.

Interview recordings were transcribed verbatim by the researcher with repeated reading of the transcripts to familiarise herself with emergent themes. As per the CGT approach, preliminary data analysis was commenced throughout the shared talanoa, with notes being taken following each interview and consideration given to areas that could be expanded on during subsequent interviews. This memo writing is a key part of CGT as it prompts the researcher to begin analysis and coding early in the research process. Following each interview, field notes were documented with observations and reflections on each participant's interview, the talanoa process, and other general observations, similar to that of Puna in her study into defining Pacific wellbeing for New Zealand-born Cook Island youth (2013).

An inductive thematic approach to analysis has been taken (Braun & Clark, 2006). Thematic analysis is a commonly used qualitative method used to identify patterns produced in data generated by peoples, events and situations (Floersch, et al., 2010). It is a useful technique for achieving a more in depth understanding of peoples' experiences, perspectives and behaviour. Thematic analysis has been chosen in this study due to its alignment with the CGT approach; whereby the generation of themes throughout data collection have supported the evolution of questions during the talanoa interviews. Other advantages of using thematic analysis in this study have included the flexibility to adjust direction throughout the research process (as is also consistent with the CGT approach), and the ability to generate codes from data without preconceptions, giving a true picture of the underlying concepts and the subjective meanings behind these concepts (Guest, et al., 2012). One of the limitations of thematic analysis is the possibility for the researcher to get lost in the data and the risk of losing focus

of certain themes and codes. Given the small sample group of this study (six interviews), however, this has not been an issue due to data sets being manageable in size.

It is important thematic analysis is conducted in a precise, consistent and methodical manner in order to yield accurate and meaningful results from what can be quite complex qualitative data (Nowell, et al., 2017). The stages of thematic analysis allow for a systematic, traceable and exhaustive map of data analysis. These stages are described below:

- Familiarisation
- Coding
- Searching for themes
- Reviewing themes
- Defining themes
- Write up

The thematic analysis process has been conducted in this study as follows:

2.7a Familiarisation

As previously mentioned, familiarisation of the data occurred through repeated reading of the interview transcript, as well as throughout the transcribing process. Reflective notes kept following each interview were also read through to support early forming of impressions.

2.7b Coding

Initial coding was generated systematically through line-by-line open coding, using colour-coded highlights corresponding to various codes, and placed into a separate table for the researcher to sight with more ease. This was undertaken electronically in a separate document for the researcher to refer to throughout the coding process.

2.7c Searching for Themes

Codes were collated and grouped together into potential primary themes and subthemes based on similarities and data that was relevant to each theme.

2.7d Reviewing Themes

Themes were repeatedly reviewed and refined through a process of constant comparison across each transcript and discussed with the academic supervisors until common subthemes could be amalgamated and categorised into a set of primary themes.

2.7e Defining Themes

The researcher repeatedly reviewed each theme and the overall story told through the analysis, generating clear names and definitions for each theme. The defining process saw the emergence of independent primary themes and thus the evolution of talanoa interview questionnaire to further explore certain focus areas.

2.7f Writing Up

The write up for this research was developed based on the selection and analysis of major themes. This included sharing of compelling extracts from the data, and overall relevance of the findings to the overall experiences of Pacific Peoples in Twelve Step Programmes and the existing literature around this.

2.8 Ethical Approval

This study incorporated a Pacific research design and was framed by Pacific values. As such, participants were recognised as partners in the research, with an inherent understanding by both parties that any information provided and collected within the scope of the research serve in the best interest of Pacific peoples and look to improve quality of living for Pacific groups. Protection of participants was upheld by framing this study with Pacific values and ethical considerations, ensuring key cultural practices and protocols are maintained in line with the Pacific Health Research Committee (Health Research Council of New Zealand, 2014). The cultural values that underpin the talanoa process have served to protect the dignity and the integrity of the participants sharing in the talanoa space. These values include respect, holism, beneficence, reciprocity and protection, and have been applied throughout the study from start to finish.

Protection of the participants was of paramount importance during this study. The researcher had no prior relationship with any of the participants, therefore there was no pre-existing power dynamic, risk of coercion or collusion that may have harmed the participants. At the beginning of the study the researcher was unable to recruit any current clients of the Odyssey service due to her senior role within the organisation, and the impact this may have had on participant ability to share openly and honestly. This subsequently led to recruitment that was external to the Odyssey service.

Every effort was made to ensure the protection of the participants' confidentiality and anonymity. All personal information collected from participants remained confidential to the researcher, including the identity of potential participants and their decision to take part (or not). Participants' privacy was protected as all information supplied to the researchers was anonymised and potentially identifying information was not reported. No identifiable details have been used in the final report

or any subsequent academic documents, and pseudonyms have been used to protect participant identity. Further protective measures were put in place throughout the COVID-19 pandemic to ensure the safety of both the researcher and participants, such as using masks, practicing social distancing, making hand sanitiser available and conducting some of the talanoa interviews online rather than in person. Rapid antigen tests were completed by the researcher prior to any face-to-face contact with participants during the Omicron outbreak to ensure any risk of possible exposure and infection of participants was low.

Ethics approval was granted by the Auckland University of Technology Ethics Committee (AUTEC) on the 15th July 2021 (Appendix 1).

Chapter 3 – Findings

This chapter presents the findings that have emerged from the talanoa-styled interviews. These findings have been categorised into key themes and concepts, a summary of which is outlined below. Also presented, is a participant demographic table, detailing ethnicity and whether they were past or present attendees of Twelve Step Programmes.

3.1 The Participants

The first participant talanoa interview took place on the 10th August 2021. The final talanoa interview took place on the 3rd March 2022.

Participant demographics are detailed in Table 1. There was a total of six participants, three female and three males. The Pacific ethnic makeup of participants included two Cook Islands Māori, two Samoan, one Fijian, and one Niuean/Tongan. Half of the six participants were still attending Twelve Step Meetings regularly.

3.2 Participant Demographics

Participant	Gender	Ethnicity	Twelve Step Programme Membership
Amanda	Female	Cook Island Māori	Past
Jane	Female	Samoan	Current
Isabel	Female	Samoan	Past
Anae	Male	Niuean/Tongan	Past
Nicholas	Male	Fijian	Current
Daniel	Male	Cook Island Māori	Current

Table 1

3.3 Themes

Three main themes emerged from the data, which were categorized into a set of subthemes within each primary theme. The first primary theme centred around Pacific peoples lacking knowledge of Twelve Step Programmes. The second theme detailed aspects of Twelve Step Programmes that resonated with Pacific peoples, such as hospitality and welcoming, spirituality, talanoa, fellowship and connectedness, and volition. The third primary theme explored aspects of Twelve Step Programmes that were non-beneficial for Pacific peoples, which centred around Pacific people being the ethnic minority in Twelve Step Programmes, as well as the need for a Pacific subgroup, and the need for separate spaces for men and women.

These are depicted below in Figure 1:

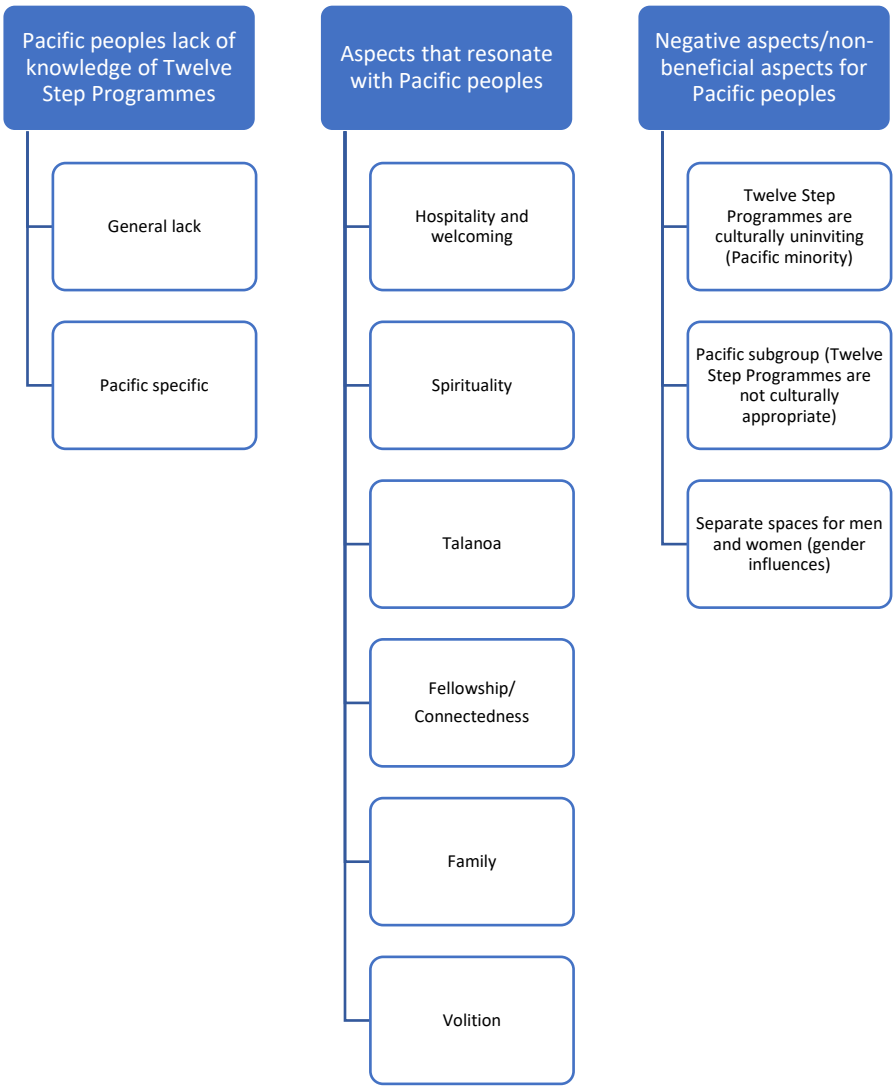

Figure 1

3.3a Theme 1: Lack of Understanding of the Twelve Step Programme

This primary theme is divided into two subthemes, one being general lack of knowledge held by newcomers to the programme, and then Pacific specific lack of knowledge that impacts on Pacific peoples' ability to participate in Twelve Step Programmes meaningfully.

General Lack of Understanding

All six of the participants shared that they had little to no understanding of what Twelve Step Programmes entailed, or what benefit they might receive from Twelve Step Programmes, prior to attending their first meeting. This lack of understanding was generalised in nature and unrelated to Pacific cultural expectations. All six participants also described their first meeting as "foreign" and reported feeling out of place. The general view amongst all participants was that the initial meetings were difficult to comprehend, this being due to a number of shared reasons. Participants said that the Twelve Step Programme jargon and sayings were hard to understand and hindered their ability to orient themselves to the programme, and to actively apply the Twelve Steps. Statements were shared describing this:

> *"I found it quite hard to take on all these clique-y sayings. They had all these funny sayings like, one too many, thousand never enough. I just couldn't grab all these different sayings, you know." (Anae)*

> *"So you know there were so many conflicting messages coming at me. A lot of the messages I didn't get quite correct so I learned quite late on that when I'm going to meetings, I'm actually going first and foremost for myself.'' (Amanda)*

Another factor that made the meetings difficult to comprehend was a misunderstanding about the purpose of the Twelve Step Meetings and the types of things that could be shared there. Further, Jane said that even the addictions service that recommended that she attend Twelve Step Meetings had a limited understanding of what the meetings would involve, and why they might be beneficial for her. All of the participants said that they would have benefitted from a resource, or an explanation about what Twelve Step Programmes are, ideally from somebody they trusted, prior to attending their first meeting.

> *"I think if somebody were to come and tell me what this is like, and what to expect, I think that would help. I suppose if you had somebody who was… who had a trusting relationship, who would even guide them to a meeting, a couple of meetings… I think that would work well in the sense that they'd find support rather than being thrown into the deep end." (Nicholas)*

Pacific-Specific Lack of Understanding

The following subtheme explored the lack of understanding had by participants in the context of Pacific worldviews, values and belief systems. One of the main concepts that emerged strongly from the data was that addictions is not so well understood or recognised within Pacific families, nor is the concept of seeking help through formal services. Half of the participants said that Pacific peoples would be more inclined to turn to their families or to their faith for help and for healing. This was expressed through statements such as:

> *"I think the biggest barrier for them joining Twelve Step Programmes is that they're seen as the Palagi [Pākehā] method of treating addiction. Whereas in our circles, if you have a problem you go to your family and they'll help you. Do you know what I mean?" (Isabel)*

> *"…that whole thing of in Samoan culture the family unit and protecting face you know, wouldn't be open to that kind of external intervention and I think there would also be either the concept of 'we should be able to fix this as a family' or like 'God should be able to fix this'. Like, go to church more, not go to AA or go to treatment." (Jane)*

The notion of having a loved one attend a formal addictions service or support group was not recognised as part of the "Pacific way" of dealing with mental health and addictions related challenges and was often a final option. These sentiments were expressed through the following statements:

> "*The reason I ended up in a meeting was through a series of events, of ten years that it just became very apparent that I had a problem, that I needed help. I didn't know what to do, and my partner wanted me to go to rehab but I guess we just had no idea and we didn't understand that there was public rehab centres available. And we didn't have the money at the time to pay for a private one" (Jane)*

> *"We don't send our own to rehab. We don't send them to Twelve Step Programmes. So I think that that is just a massive barrier, there should be more education on what a Twelve Step Programme is exactly, and getting islanders to make it for islanders, do you know what I mean?" (Isabel)*

> *"I think for Pacific peoples, certainly Samoan peoples, the concept of an alcoholic or a drug addict is a new one, relatively speaking. So I think there's not so much awareness or acceptance of that as an illness or even as a thing." (Jane)*

The notion that addiction was shameful and a reflection of one's character defect was also present throughout interviews and fed into the lack of Twelve Step Programme comprehension and knowledge held by Pacific peoples.

3.3b Theme 2: Aspects that Resonate with Pacific Peoples

Several common Pacific values and principles were identified by the participants throughout the interviews. These have been categorised into hospitality and welcoming, spirituality, talanoa, fellowship and connectedness, family, and volition, and are explained in further detail below.

Hospitality and Welcoming

All six of the participants identified hospitality and welcoming as important in their introduction to, and ongoing sense of belonging within Twelve Step Programmes. These values of hospitality and welcoming were seen as especially crucial in enhancing the experience of the newcomer within the fellowship, with statements made such as:

> *"…the newcomer is the most important person. So they try and make them feel comfortable…" (Nicholas)*

> *"They've got to be really inviting, and that's what they say. They've got to get out there and be welcoming. Not get into these clique-y voices and talk with all their mates, go and talk more with the newcomer. That's where they try and (move) the direction is to try and talk to the newcomer and tell them 'man you're doing well, keep coming back.' Some of them been going like a rollercoaster, in and out like a yo-yo for a long time. But your seat's always there." (Anae)*

> *"I guess the welcoming aspect, that when you do identify that you are early in recovery, that peoples do come to you, and they do welcome you and the women will offer you their phone numbers." (Amanda)*

Participants shared, that food and refreshments are always available at every meeting, and there is strong a focus on supporting one another to continue returning to the meetings. The sharing of food and drink is a universal Pacific gesture of hospitality and respect. This encouragement and reinforcement appears to play a significant role in the feelings of acceptance and belonging within the fellowship, and has been viewed as particularly meaningful amongst the male participants. Nicholas describes the benefit of extending these Pacific values also to other newcomers:

> "*I think to myself, is hospitality and making them feel welcome would come in. And hopefully they take that concept, and it's reciprocal…" (Nicholas)*

Spirituality

Spirituality and faith are known to bring Pacific peoples a sense of connection and togetherness. They are considered to be one of the cornerstones of Pacific values and cultures and have contributed to the strength and resilience of Pacific peoples and their families over the generations. While responses from the participants varied (in terms of personal experience concerning the role of spirituality in their recovery journey) there was a unanimous agreement by all participants that the aspect of spirituality in the Twelve Step Programmes would be appealing to many Pacific peoples.

The Twelve Step Programme is based in traditional Christian beliefs which may resonate with some Pacific peoples who identify as Christian. It was also felt the process of prayer used to open and close each Twelve Step Meeting was familiar to Pacific peoples. Participants from other denominations felt that the spirituality component to Twelve Step Programmes supported their overall ability to engage with the steps, and with the fellowship, expressed through sentiments such as:

> *"I did their Twelve Step Programme and that was the longest I ever managed to stay clean. I was clean for a year and two days. I honestly feel that the only reason why I was more successful with the LDS [Latter-day Saints] Twelve Steps was one, because I didn't have to explain my faith to anyone, because like I love Jesus as much as the next islander but I'm not praying to a white guy in the sky you know. And I didn't have to explain that to anyone because they already knew me, they already knew my testimony." (Isabel)*

> *"I think for a lot of Pacific peoples, they are raised in the church, and so a lot of those principles and the traditions and the steps are based in Christianity. Obviously that's our colonialised culture but that would probably bring familiarity and comfort to a lot of Pacific peoples." (Jane)*

Initially, all of the participants viewed the programme's strong reference to God as a deterrent to engaging meaningfully with the programme.

> *"So then when I first went to that first meeting, and that God word is there front and centre, that put me off straight away. And that's the reaction of a lot of peoples that I've come across - that that God word put them off straight away because they've had bad experience with church." (Amanda)*

However, once they understood that God was just one interpretation of what may be understood as a person's Higher Power, this became a key part of their recovery journey.

> *"…but then hearing that God just means Higher Power, and that can mean anything you want to make it. And you know, someone had their door handle, as their Higher Power, because it opened the way to new opportunities. So that really made me feel so much better." (Amanda)*

Reference was made by each participant to the different spiritual belief systems that supported them through the Twelve Step Programme, and all participants felt that this played a big role in their journey.

> *That took me on a journey to 'what does my Higher Power look like?' and at one stage my higher power looked like all the matriarchs in my family all standing behind me with their hands on my shoulder, all being there to support me. Then I rediscovered my love of nature, and that higher power connection that is there. So yeah it took me on a real journey and it definitely was a major, if not the most important thing in my recovery, was to be connected to my higher power. So I do thank Twelve Step Programmes for that, absolutely." (Amanda)*

> *"The language is familiar and the key to recovery in a lot of peoples' opinions, is the concept of a Higher Power and so you can say that was God or that was Ocean or whatever, I sometimes hear peoples talking about Tangaroa [Māori God of the sea], so that would be familiar." (Jane)*

The flexibility to be guided by any chosen Higher Power appears to be a saving grace for Twelve Step Programmes, with half of the participants stating that they felt more included and empowered when aligning the Twelve Steps to their own personal belief system, and furthermore, that doing this any differently would have felt disingenuous.

Talanoa

Despite the complexity and nuances that exist within the process of talanoa, the concept of talanoa and its place in Twelve Step Programmes was recognised by all participants. Specific aspects of talanoa were felt to be particularly meaningful and beneficial to their experience in the fellowship. This included listening and feeling heard without judgement, the open sharing of journeys and experiences, and the perspective that was gained through viewing things from another's point of view. In addition, all participants stated that sharing was strongly encouraged by the fellowship, and was an important part of working the steps, so long as there was comprehension of what was discussed.

> *"…they've got this concept where, you know when peoples go into the meetings. A lot of peoples are just parking themselves in the seat. They call them 'sitting on the fence'. They're actually just coming to the meeting and sitting on the fence and look at what's going on, instead of going in, getting a support person and coming along and trying to do the steps. Because I think it's, how well you are, how well you can comprehend or even want to comprehend." (Anae)*

For some participants, the talanoa process that exists in Twelve Step Programmes allowed them to develop the confidence and the freedom to share about what may be considered *tapu* (taboo) topics in family, church and community. This sentiment was shared by two male participants who noted that the sharing did not come easily at first:

> *"In the AA [Alcoholics Anonymous] I had a very big problem with speaking in front of other peoples, I could do it when no one was around. But the AA, the DTP [Drug Treatment Programme], the Odyssey and the Saili Matagi [Pacific anti-violence rehabilitation programme], they virtually got me to open to be able to talk to peoples. Get up and speak in front of peoples. It's like... educating all over again. But in the education of life. If you need something you can't sit back... you've got to let them know and speak up but do it in the more respectful way. Don't do it like demanding. Respect other peoples." (Nicholas)*

> *"…you're asked to share some of this explicit stuff. As a Pacific Island male, the stuff that you talk about was once upon a time taboo. We didn't speak outside the family, you didn't have the opportunity to speak about some of the stuff that was going on for you and so I suppose it becomes really foreign for some of them. Foreign in the sense that, they want me to share about something, but some of that can become overwhelming." (Daniel)*

Despite this, both Nicholas and Daniel felt that learning how to speak about their experiences, and sharing these with others through a process of talanoa was cathartic, and contributed to their overall sense of belonging in the fellowships.

> "*… it's a good place to be heard. You get to express what's going on for you and it's a good place to listen… and then you kind of put your stuff into perspective and then you're like… oops." (Daniel)*

> *"Twelve Step is talanoa. If you don't feel like you want to share they don't force you to share. They let you decide and it's… if you want to share, they will listen to you. They also tell you, yes I've done that, when it comes to somebody else. When you finish your talanoa, somebody else will go… they'll turn around and say "like you, I went through that similar situation." (Nicholas)*

Fellowship and Connectedness

The atmosphere within the Twelve Step Programme is based on a culture of support, and hope that recovery is possible. One key component of the Twelve Step Programmes that sets it apart from traditional addictions treatment and interventions is the strength of fellowship and connectedness amongst members of the programme.

Participants shared that the traditions and guidelines within the Twelve Step Programme were intended to help them feel that they are not alone, and that they have peoples who would support them. This particular aspect of the programme appears to have resonated very strongly with all of the participants, particularly the males in the study. Regardless of socio-economic background, class or ethnicity, it was felt that there was validation in hearing stories similar to one's own. It appears that this has in turn led to a strong sense of acceptance and belonging – often for the first time in the participants' lives.

> *"I've attended a lot of other meetings in different parts of Auckland, but I feel that's my place and where I need to be. Today I'm a lot better, I'm comfortable in those rooms now" (Daniel)*

Five of the participants said that the relationships formed within the programme were very important and made the Twelve Step Programme feel more meaningful. The only participant who did not share this sentiment felt that being a minority in the fellowship made it difficult to establish any kind of trusting relationships at all. For the majority, however, the relationships formed within the Twelve Step Programmes were said to go beyond the Twelve Step fellowship, expressed in statements such as:

> "*…even though I don't go to the meetings religiously like I used to, I still hang out with heaps of peoples in the meetings. I've got friends that are bigger than that. When you've been 15 years and you haven't picked up [used substances], you've got something going for you. I'm going fishing with a whole lot of them in April. I've got supports and friends I met them and I've got them now you know, more meaningful relationships" (Anae)*

> *"I think also, well from my home group there's a good brotherhood there. There's a sense of family, whanau, a sense of comradery. There is that sense there, they're wanting to support. I know afterwards you can get support individually from your sponsors and all that. Also there's fellowship talanoa afterwards you know, I think that's really important." (Daniel)*

> *"It's called a fellowship for a reason, because it's not just about the meetings… it's the community it builds and when I got sober, a lot of my friends that I grew up with didn't want to know me anymore. I had broken those relationships through years and years of unacceptable behaviour because of my addiction. So all of my close friends became peoples in the fellowship and that unconditional acceptance was something I had never experienced before and in my experience." (Amanda)*

Three of the participants said that they would often go for a meal or a hot drink after the Twelve Step Meetings, and that this time together outside of the meeting rooms strengthened their relationships and built a social circle of others who were in recovery from alcohol and drugs.

Joining a men's group within the Twelve Step fellowship was helpful for all of the male participants, with each sharing that they felt more accepted, and free to speak openly to issues they may not have felt comfortable discussing in the mixed meetings. This is discussed in the 'Non-beneficial aspects of Twelve Step Programmes' section of this chapter.

Family

The concept of family and the role that family may play within Twelve Step Programmes featured in various ways across participant interviews. Five participants shared that they considered family to be a key motivating factor in ongoing attendance in Twelve Step Programmes. Only one participant did not recognise family as a motivator to engage with the programme.

Over half of the participants reported improved family relationships as a result of involvement in Twelve Step Programmes, with family encouragement to continue attending the programmes viewed as meaningful and important to participant recovery journeys.

> *"When she would run into me, she would say to me 'What step are you on?' 'cause you know she would ring me up and I'd say 'I'm doing the steps now' and she would say 'what step are you on?' and I'd 'oh you know, it's whatever' but when she would see me she would say 'whatever you're doing, keep doing those steps!.' So if there's any inspiration there, what she*

> *was saying and the transformation that was going on with me, she was saying 'do the steps! Keep doing them!'. She just thought wow…" (Anae)*

Another concept that emerged from the interviews, was the likening of the fellowship to '*aiga* (Sāmoan - family). Most of the participants viewed this collective approach to dealing with addictions as more beneficial than dealing with addictions as an individual, which was consistent with their general worldview as Pacific peoples. Two of the participants shared that their Higher Power was a family member, and that this brought a different meaning to the way in which they worked the steps.

> *"…for my God in the beginning I used my Nana. Because she was the, she's just really different. She was someone who had high respect in our family, she could say to do something and peoples would do. She was a real fob [fresh off the boat] man. She just had this way." (Anae)*

The notion that family is an important aspect within one's recovery emerged organically during the initial talanoa interviews, however became more apparent once the interview schedule evolved to include a question relating specifically to family. It was generally agreed across all participants, that family participation in the programmes would be beneficial, and that this would support family understanding of addictions, recovery and the programme principles.

> *"I still think to get the full lesson of it the family should be there to hear how just because, for me it was, I drank, they always said it was my fault. But I can look at my own family now and say 'what you said to me, you were doing it as well'. So to me, I think they should get the family in, you know and listen to and don't say anything. Listen to others' stories and listen to say, like if my family was there. I'd want them to listen to other stories, then I'll share mine, then just look at them and say 'see it's not only me." (Nicholas)*

> *"Family can come along, support peoples can come along. Say for example for our group, it's just men who come along. That doesn't mean that other groups are not similar. If they're mixed together, there are family members that come along. They sit there and say oh I'm just here to support…" (Daniel)*

Two of the participants believed that a person's fellowship should be made up of family, as this would do more to support sustainable behaviour change made by the person outside of the meetings. Attending Twelve Step Programmes without family was seen as counterproductive, as this made them feel demonised and ashamed.

> *"…the reason a lot of our Twelve Step Programmes don't work is because you're going by yourself. You're not taking your Mum and your husband and your kids, who are like all a part of your addiction you know. You all need to do therapy and you all need to get educated to help you, the one person. You need your village there. Even though my Mum will never be willing to get help, she would benefit from being in a space where I was getting help. 'Cause you know she's just there learning off exposure. I mean she wouldn't have to participate, or engage or anything. But just having her there do you know what I mean?" (Isabel)*

> *"…because addiction in my family, it's not something that just one person struggles with. We're all addicted to something. Alcohol, weed, meth… what else do we have in my family? One of my cousins came back from America addicted to heroin. It's just so much addiction and I really feel like if we had done a Twelve Step Programme together it would have been a lot more successful, 'cause you know you've got your family there." (Isabel)*

Volition

Volition is defined as the act of making a choice or decision, and this theme was identified across all participant interviews as an appealing aspect of Twelve Step Programmes. Participants shared their understandings that the programme is intended to be worked at the participant's own pace, which in turn alleviated some of the pressure and expectation they felt. Three of the participants shared how formal addiction services were often too rigid and prescriptive, and not aligned to their level of readiness. Being able to attend the Twelve Step Programmes and having the choice to share or not to share was considered helpful for all the participants, particularly during the early stages of their experience.

> *"Yeah, don't just go 'oh you should go and do that.' Tell them how others experienced it, or get the ones who done it to come and explain to them, you know in the talanoa. That way they'll feel more comfortable, and its coming from somebody who has actually done its side. Not just a text book. Even for AA and NA [Narcotics Anonymous] meetings, they'll be the ones to give guiding advice. Not to advise them and get them to do it, just a guide to let them, to propose to them, to have a think about it." (Nicholas)*

> *"Yeah generally it's looked at, if you're a member that's been around you don't pass. If you're asked to share, you share. You know whether that be a shitty share, or you know… but if you don't want to share that's all good, just come." (Daniel)*

Participants appreciated not being directed into doing things they were not ready to do but rather, invited, to hear the experiences of others in the fellowship, and taking what was helpful and leaving out what was not. This element of the Twelve Step Programmes resonated with four of the participants who viewed this as a gentle way of orienting themselves to the programme and the beginnings of their recovery journeys. One participant felt that this aspect of Twelve Step Programmes resonated strongly with the approach taken in another Pacific rehabilitation programme that he completed in prison.

> *"…they didn't force you to do anything. They more or less got you to decide. They sort of only guided you. Just gave you advice to think about. But it was up to you to make that choice, whether you wanted to carry it through. Because everyone inside there is sharing what they grew up with, their learning and the facilitators, it's from their experience as well. But their experience is more or less like 'this is what I done, maybe it might work for you? And if not, try and adapt it to work for you." (Nicholas)*

3.3c Theme 3: Non-Beneficial Aspects for Pacific Peoples

As well as identifying and detailing aspects of the programme that resonated with them, participants discussed elements of the programme that were not so helpful. These ranged from feeling less equal to others within the composition of the fellowship; the Eurocentric focus of the Twelve Step Programmes and the way that gender influenced the dynamic of the fellowship from Pacific perspectives.

Twelve Step Programmes are Culturally Uninviting

An observation made by all participants in this study was that Pacific peoples are a minority in the programmes. Twelve Step Programmes tend to be dominated by Europeans and this was generally seen as a deterrent to meaningful participation in the programmes due to the feeling of being less equal within the fellowship.

Aspects that made the programmes culturally uninviting seemed to feature mainly around the group composition, that being, predominantly white, and the way this influenced participant involvement. Further to this, all three female participants felt the negative impact of being a double minority (female identifying and Pacific identifying) within Twelve Step Programmes was challenging to navigate. The concept that non-Pacific peoples can be hard to relate to in the programme was shared by all participants. It was said that more Pacific peoples in the Twelve Step Programmes would create a more comfortable environment to share in, and that being a minority was daunting. It was said by

four of the participants that as the minority ethnic group in the rooms they felt inauthentic and unable to be themselves.

> *"Because you go into those groups already feeling ma [embarrassed], and then when you walk in and can see that it's only palagi's or one or two Asians and you feel like 'oh great now I'm like the stereotype' that they think we all are. Alkies, like druggies" (Isabel]*

> "*The very first meeting I went to was literally all men, and they were all white. It's something I share about quite a lot, in the rooms, you know that first experience. Because at first I was just like 'oh my God; and they were all older than me. Not necessarily super old, a lot of them were but you know at the time I was only 27, you know in my little YoPro outfit and yeah I was just like (grimaces)" [Jane]*

In the later participant interviews, there were disclosures around past experiences with Western systems that made participants feel an initial mistrust. These sentiments seemed to come from participants who had spent time incarcerated and who had experiences of institutionalisation.

> *"Māori and Polynesian, they've got these trust elements with them. Their systems that have been built around them, and now we're asking them to you know, this system's all good. Come into this system. But their experiences of systems already is that man, we don't trust you. Might say something in this room that's meant to be confidential and you go around here and tell my Mum or my Dad or you tell the government and then something will happen to them. There's a lot of trust stuff, when you break it down." (Daniel)*

Some of the interactions with others in the programme were considered culturally inappropriate and were seen as having the potential to cause problems in Pacific families. Again, this centred around gender. These sentiments were expressed mostly by women, and through statements such as:

> *"I felt like there was an expectation that 'we're all part of the same whānau' kind of thing, and that men would come up and just hug you. And it's like 'No. No you don't.' But there was this expectation that you would just, this is just part of being in this group is that we all hug each other – 'we're huggers.' And not feeling like you could say no, or like you're going to be singled out 'what's wrong with you?' kind of thing. So yeah that was very uncomfortable." (Amanda)*

> *"The only other guy who was a stoner in the group, I couldn't connect with him because I'm a married woman and I don't think it's appropriate for me to connect with men like that…*

> *because my husband will beat you up, and your partner will probably want to beat me up if we're texting each other when we're about to relapse "hey I really need to talk to you, I need some support." My husband would flip his fucking switch if I called another man at 2am to say "hey I need your help, I need your support, can you come and support me? Because I feel like I'm going to smoke" you know? Little things like that, that I don't think they think about because they're not… us." (Isabel)*

There is a Need for a Pacific Subgroup

All participants suggested that there was a need for a Pacific subgroup in the Twelve Step Programme. Expected benefits to this included increased appeal to Pacific newcomers, stronger synergies with other Pacific peoples in the group, increased relatability of the steps in the programme and better understanding of the unique nuances that can affect one's recovery journey, that non-Pacific peoples simply would not understand. These aspects were expressed through statements such as:

> *"…because they don't understand the cultural context of why that's happening. And so then you end up wasting your whole one hour session explaining the cultural significance of… the background. You know the cultural background and layers of everything." (Isabel)*

> "*Well as a Pacific Islander I'm always attracted to Pacific Island stuff. I always align myself with it, whatever that may be. Whether that may be a tapa cloth or something in front of me, or something that is… that's just bred into, that's my worldview. If there was something like that, then of course if I knew about it… Pasifika for Pasifika, I think that has a lot of weight behind it and then you get your own peoples to support, peoples who are already established in these things. Peoples like myself, I will always support my own peoples going to the meetings." (Daniel)*

All of the participants said that having a Pacific subgroup would allow for meetings to be run in Pacific ways, characterized by Pacific cultural processes. The participants said that framing Twelve Step Programmes with Pacific values and practices would make Twelve Step Programmes more palatable for Pacific peoples.

> "*Just integrate the culture of Pacific Peoples… of all the cultures just don't put it from the English version side of it. Add in the culture. That's where I found from doing the Saili Matagi [Pacific anti-violence programme based in prison], I could bring that in and kind of change the Twelve Steps from the hardcore version of it and adapt it to the cultural side and that made it*

> *easier for me to get used to it. That's all it is, look at it from a cultural side. They'll make it a point to actually go because it's cultural."(Nicholas)*

Reference was made across all of the interviews, to Māori subgroups that currently run within the Twelve Step Programmes. These were viewed positively by the Pacific participants of the study. Reference was also made to Twelve Step meetings that run out of areas with a higher demographic of Māori and Pacific, with participants describing these fellowships as "having more brown faces", suggesting that this was an appealing space for Māori and Pacific peoples.

> *"Also, I have to say, a big thing for me, like I live in South Auckland now and my home groups are in South Auckland so like, we're not the minority. We're the majority at the meetings. My home group would be predominantly… Māori actually. Peoples, one in particular, will share in Te Reo. So I think that's been a big thing for me as well, to be in the South Auckland fellowship. Whereas, the Auckland is more Pākehā dominant." (Jane)*

While it was agreed that there was a need for a Pacific subgroup, there were mixed opinions on how this would look, and what some of the limitations of this might be. For some of the participants, they shared that there may be initial worries about whether they are "Pacific enough" to attend. For others, they felt that regardless of what cultural processes or practices were implemented within a subgroup, that it would be dependent on the fellowship itself to give meaning to the cultural components of what would still very much be a Eurocentric programme.

> *"I have attended quite a lot of meetings in Sāmoa, so there is a fellowship in Sāmoa… But what I've noticed, is that even though the steps are in Sāmoan, and some of the literature and stuff has been translated into Sāmoan, that predominantly, the core of the fellowship there are either generally immigrants from America, for example, so white peoples living in Sāmoa, or they are Sāmoans who were born in Sāmoa but have spent extended periods of time living in Western countries. So it doesn't seem to hold a… the fellowship doesn't seem to resonate with Sāmoan peoples who were born and bred in Sāmoa and who have lived in Sāmoa." (Jane)*

The Need for Separate Spaces for Men and Women

As previously mentioned in the subtheme above, due to the cultural implications that exist around gender and the interaction of men and women being considered *tapu* in some Pacific contexts, participants suggested that there was a need for separate spaces for men and women within the Twelve Step Programmes. For women, it was felt that the male presence strongly influenced the

dynamic and narratives shared within the fellowship. Additionally, the notion of feeling intimidated and uncomfortable in a space dominated by European men was shared frequently throughout the interviews. The female participants stated that their interactions with the men were not always pleasant, and agreed that there was a real need for more women's groups, which, although existed in certain Twelve Step Programme fellowships, was not always an option in some areas due to the smaller number of women attending the meetings.

Two of the female participants described seeking out women of colour as sponsors as this felt more culturally safe for them, however this was difficult to do due to there being so few of them in the programmes. The intersectionality that existed as women of colour attending a male dominated Twelve Step Programme, featured strongly in the interviews and it appeared, the general satisfaction of female participants, was lower than that of the male participants. Nevertheless, it was clear that having a female sponsor was helpful for the female participants of this study.

> *"To be honest when I first got sober it was really important for me that my sponsor be a woman of colour (it's women for women, men for men) because I did definitely feel like a minority within the rooms. And yeah, that still is important for me but I haven't always managed for that to be the case because we are still such a minority." (Jane)*

> *"I had one Māori sponsor, she was my second sponsor, when I was still in Hamilton and that was an interesting experience. The reason I chose her was that she actually stood up in a meeting and she told all the men off (laughs). I really admire assertive, strong women, so I was like 'I want you to be my sponsor' (laughs)." (Amanda)*

Equally, for men it was important that they could attend a men's group as this enhanced their sense of acceptance and belonging. All of the male participants shared that they attended men's groups and found these to be safe spaces for them.

> *"As time went past, things got easier, I aligned myself with certain parts of NA. So I attended a men's meeting, strictly men. It's my home group. I've attended a lot of other meetings in different parts of Auckland, but I feel that's my place and where I need to be." (Daniel)*

Some felt that through attending a men's group, they could share openly and honestly without disrespecting or offending women in the fellowship.

*"…if I think about Polynesian women and their experience, we're talking about the generation that has been brought up in New Zealand. When I think about a Polynesian woman I think about a curly haired, from the island, 18 year old, but that's probably not the reality today. There's a different 18 year old, island girl out there, NZ born, born and raised in NZ**,** afakasi [half Pacific, half European]. Someone like that coming into the rooms will probably find it challenging with the older generation type that's in there." (Daniel)*

"Yeah, cause I think it's always been male dominated and it's always looking at the male's thing you know. Having the upper hand and you know... when you actually listen to the female side of it, it's no different. Just that I'd say it would be harder for the women than it is for the men… it affects the female side a lot more than the male. They go through more than what the male does." (Nicholas)

3.4 Chapter Summary

This chapter has summarised key findings of the study, with themes being categorised into three main groups: Pacific Peoples' lack knowledge of Twelve Step Programmes; aspects that resonate with Pacific Peoples', and non-beneficial aspects of Twelve Step Programmes for Pacific Peoples'.

Within each of these groups, key subthemes have been explored in further detail to provide a clear picture of emerging theories around overall Pacific experiences, as well as specific aspects of Twelve Step Programmes that were meaningful, and not so meaningful.

Chapter 4 – Discussion

This chapter discusses the findings of this study in relation to the research objectives and existing literature, then outlines the limitations of the study and provides recommendations for effective approaches when supporting Pacific peoples seeking help for their addictions(s).

4.1 Exploring the Experiences of Pacific Peoples in Twelve Step Programmes

The aim of this study was to hear about the subjective experiences of Pacific peoples who had participated in Twelve Step Programmes for their alcohol or drug addictions. The overall purpose of the research was to identify aspects of the Twelve Step Programmes that were relevant and meaningful for Pacific peoples so that these aspects may be incorporated into addiction interventions designed specifically for Pacific peoples, and so that Twelve Step Programmes may be assertively promoted to Pacific peoples as part of the menu of options when seeking alcohol and drug treatment.

The participants of the study shared aspects of Twelve Step Programmes that were both beneficial and non-beneficial to them as Pacific peoples. The positives of the study included the feeling of belonging and acceptance, the role that spirituality plays within one's recovery journey, and concept of talanoa that occurs within the meetings. Non-beneficial aspects of the programme appeared to be centred around the fact that Pacific peoples, felt, and are a minority group within Twelve Step Programmes, that family do not play a direct role in the programme, and the lack of understanding around what Twelve Step Programmes are.

4.2 Research Question 1: What are the Overall Experiences of Pacific Peoples in Twelve Step Programmes?

Pacific peoples are a minority in Twelve Step Programmes, which was evident in the small number of participants who responded to and met criteria for the study invitation, as well as explicit sharing from the participants around the ethnic make-up of the Twelve Step fellowships. Despite this, the experiences of the participants seemed to centre on the general feeling of belonging, acceptance and the meaningful relationships developed within the fellowship. It is noted, that the importance placed on the sense of belonging derived from membership to a Twelve Step fellowship is consistent with findings from the 2008 Pacific Alcohol and Drug (AOD) workforce stocktake (Annandale, et al., 2008, p 8) which states that school and church-based interventions are preferred by Pacific peoples due to the importance placed on community, faith and collectiveness.

Within the same report (Annandale, et al., 2008, p 39) there is reference to the spatial dispersal of Pacific peoples, which is pertinent when understanding the implications of being a minority group

within Twelve Step Programmes; particularly when understanding that Pacific peoples are more likely to maintain their distinct beliefs and practices in settings where these are considered normative. A spatially concentrated population tends to create an atmosphere where core cultural values and practises are consistently and routinely exhibited and become the normal way of doing and being. In this context, it could be argued that Twelve Step Programmes may only be effective for Pacific peoples who live in parts of Aotearoa New Zealand with larger Pacific populations, such as Auckland and Wellington. Simply put, in order for Twelve Step Programmes to be more culturally inviting, there need to be more Pacific peoples attending and making up the critical mass that enables the normalising of Pacific practices in recovery.

Another clear theme that has emerged from this study is that Twelve Step Programmes are found to be more appealing than formal addictions services, due to the level of autonomy within the programmes and the absence of a treating professional. This theme emerged very early, and very clearly from the data, with all participants expressing that there was great value in being able to work the programme at their own pace, with support from others in the fellowship. Reference was made throughout the interviews to the prescriptive nature of formal services at times feeling too rigid and unsuitable for Pacific peoples. Further, it was felt that there was a lot of tokenism and stereotypes about Pacific peoples in mainstream services which made relating to the treating professionals difficult. The notion of autonomy within Twelve Step Programmes stood out as important for the participants despite initially struggling to understand technical aspects of the programme. It could be argued that the approach taken with Twelve Step Programmes aligns with the approaches seen within Prochaska and DiClemente's Transtheoretical Model (Stages of Change) (1983), whereby the focus is on the individual's readiness to change and their decision making around change. The Transtheoretical Model supports the resolution of ambivalence often seen in peoples deciding to make changes to their substance use through intentional interventions applied at the various stages of change (Prochaska & DiClemente, 1983). The autonomy and freedom to work the programme at their own pace appears to be a feature that appealed to the study participants, who were not directed to do certain actions or activities, but rather encouraged to make sense of their behaviours and identify problems and reasons to make change themselves. Further research into ongoing levels of motivation for Pacific peoples who have engaged with Twelve Step Programmes concurrently with formal treatment services would be useful, particularly when considering current evidence which shows greater periods of abstinence for the overall populations of individuals engaged with Twelve Step Programmes and alcohol and drug treatment.

Of the participants, only two attended Twelve Step Programmes voluntarily, the rest were directed to attend Twelve Step Programmes under duress by Corrections, or as part of other mandated intervention plans. Interestingly, experiences of the Twelve Step Programme appear to have been more meaningful for those participants who have a history of incarceration or institutionalisation. It appears that they have responded better to the overall structure of the programme than those who had not experienced such structure and organisation in previous treatment or recovery journeys. This suggests that mutual support groups with an internal structure (such as Twelve Step Programmes) would be effective in settings where there is consistency, predictability and routine, such as schools, inpatient, intensive outpatient, residential or custodial settings.

One of the participants who had completed Saili Matagi, a Pacific rehabilitation programme in prison, likened some of the Saili Matagi approaches to those he experienced within Twelve Step Programmes. Saili Matagi is a 17-week medium intensity rehabilitative programme delivered within the Pacific unit of a correctional facility in the Auckland region. It was developed with the mantra 'by Pacific, for Pacific', utilising Pacific principles and sacred knowledge systems to support Pacific men in an environment that is conducive to Pacific cultures (King & Bourke, 2017). Aspects identified in Saili Matagi that were also evident in the Twelve Step Programmes included talanoa, the underlying concept that volition to make one's own choices was of great importance, strong group connectedness, and personal accountability. These will be explored further in the next section of this chapter; however, as the only participant to have completed an entirely Pacific rehabilitative programme, this comparison to their Twelve Step Programme experience was considered relevant to the research question of "What are some of the beneficial aspects of Twelve Step Programmes for Pacific Peoples?" which is discussed next.

4.3 Research Question 2: What are Some of the Beneficial Aspects of Twelve Step Programmes for Pacific Peoples?

Participants mentioned several aspects of Twelve Step Programmes that they considered to be highly beneficial aspects of the programme and relevant to Pacific peoples. These have been categorised into the following: hospitality and welcoming, spirituality, talanoa, fellowship and connectedness, family and volition. These will be discussed in more detail to better understand the way that these aspects may be incorporated into future Pacific addictions supports.

4.3a Hospitality and Welcoming

"Fofola e fala kae alea e kainga – roll out the mat for kin to dialogue."

(Tongan proverb)

One of the most commonly shared values in Pacific cultures is the importance and respect for relational space, otherwise known as the *'va'***.** Traditionally, it has been believed by many Pacific cultures that people are connected to everything around them. The 'va' refers to "the space between" (Wendt, 1996). When understood in the context of relationships between peoples, *'va'* refers to the way we talk to, act and treat one another. As such, the way individuals engage with others can either nurture the *'va'***,** or trample on the 'va'. One of the many ways that Pacific peoples nurture the 'va' is through the act of hospitality and welcoming (Te Pou o te Whakaaro Nui, 2010). These two Pacific values were identified by all participants in the study as being a key feature of Twelve Step Programmes, and were recognised as meaningful not only upon first attending Twelve Step Programmes, but in extending these Pacific values to other newcomers who joined the fellowship after them.

Hospitality is an important part of Pacific communities, and the provision of food and refreshments was viewed as meaningful and referenced by all participants as a key part of the welcoming process. This sharing in refreshments extended beyond the meetings with members of the fellowship often attending what was referred to by participants as 'the meeting after the meeting'. This was described as the sharing of a meal or a hot drink somewhere after a Twelve Step Meeting, where strengthening of relationships was able to occur. For some, this concept of hospitality and welcoming appears to have founded the basis for strong and enduring relationships with others in recovery. These relationships have been described as hugely important to participants, especially those who had lost relationships due to their problematic behaviours during active addiction.

4.3b Spirituality

Spirituality is a widely held value across the Pacific, and as one of the cornerstone values of Pacific cultures. Spirituality is often a source of great strength, meaning and comfort. It is a key domain of most Pacific models of health (Ataera-Minster & Trowland, 2018) and exists alongside physical, emotional and familial aspects of Pacific wellbeing. Traditionally Pacific cultures have commonly viewed spirituality as characterised by religious beliefs, mainly Christianity, following the introduction of religion to the Pacific Islands by missionaries during the early 1800s (Suaalii-Sauni, et al., 2009). Recent Pacific generations, however, have seen a move away from this traditional

religious belief system and are more embracing of alternative spiritual beliefs and practices which include indigenous spirituality and cosmological concepts (Te Pou o te Whakaaro Nui, 2009).

The role of spirituality within Twelve Step Programmes seemed to vary between participants, however, it was agreed that the distinct reference to God was an initial deterrent due to the connotations the word God created and the apparent expectation that, in order to successfully work the programme, one must be a 'believer'. Once it became apparent, however, that participants could interpret their Higher Power as a universal spirit, in a way that felt relative and meaningful to them, this changed their experience for the better. For some, Twelve Step Programmes were the catalyst for reconnecting with their overall spirituality, which was identified as a significant part of their recovery journeys. Studies have shown that spirituality and faith is viewed as a fundamental aspect of mental health and addictions treatment for Pacific peoples, with both religious and indigenous spiritual beliefs being an implicit part of overall individual and familial wellbeing (Suaalii-Sauni, et al., 2009). The emergence of this theme within the study supports the mantra that Pacific interventions for peoples experiencing mental health and addictions must include the acknowledgement of spirituality whether recognised as a positive or a negative aspect of one's wellbeing.

Further research would be useful to explore spirituality as both a risk factor and a protective factor for Pacific peoples experiencing addictions related difficulties.

4.3c Talanoa

As one of the only evidence informed therapeutic approaches for working with Pacific peoples experiencing mental health and addictions challenges (Te Pou o te Whakaaro Nui, 2010), it was affirming to hear that concepts of talanoa were also recognised in Twelve Step Programmes. An important aspect of the talanoa process is the establishment of the figurative 'va' for parties to enter into and feel safe to share within. The concept of respecting this relational space is seen in the processes utilised within Twelve Step Programmes, especially those used to open the meetings, but also in the structure of the steps, and the closing of the meetings with the Serenity prayer. By discussing the steps in depth using talanoa, participants have been able to apply the principles within their own lives, gain insight into their strengths and weaknesses, and most importantly develop strength and hope for recovery.

Granted there were different interpretations of talanoa amongst participants, but the open sharing that occurred within the mutually shared space was clearly recognised as 'talanoa' by all. The common understanding of talanoa appeared to be open communication underpinned by principles of trust, respect, validation and acceptance. Various other aspects of talanoa have also resonated

with participants within the Twelve Step Programmes, such as the face-to-face method of communicating, the discussion of things in a round-about way (rather than directly and intrusively), and the use of metaphors when describing sensitive matters.

Another key aspect of talanoa that is recognised within Twelve Step Programmes is the way the person sharing is able to determine what is brought forward for discussion, and what is not. There are no super-imposed directions given by others in the fellowship; participants are not shamed or corrected during their sharing, and they are given the space and the freedom to share from the heart.

4.3d Fellowship and Connectedness

Discrimination and prejudice surrounding mental distress and addictions is high among Pacific peoples, and is recognised as one of the barriers to Pacific peoples engaging with formal services for support (Ataera-Minster & Trowland, 2018). Traditionally, it has been believed by some Pacific groups that the cause of mental health and addictions challenges was due to the breach of tapu (sacred bonds of spirituality), or the committing of sin that one was subsequently being punished for. To this day, many Pacific families feel a great deal of shame around needing to reach out for professional support and feel this is a reflection of their inability to heal their loved one with their own love, faith and care. (Te Pou o te Whakaaro Nui, 2010). Results from the 2015-2018 Mental Health Monitor and 2018 Health and Lifestyles Survey (Flett, et al., 2020) shows that Pacific peoples themselves tend to also look upon others experiencing mental distress less positively, perpetuating the stigmatic attitudes within their own communities (Flett, et al., 2020). Often, the discrimination experienced by those dealing with addictions compounds problematic aspects of their behaviours and further isolates peoples from their support networks. With social exclusion being strongly associated with experiencing mental distress (Ataera-Minster & Trowland, 2018), it is not uncommon for peoples with addictions to rupture or completely lose important relationships with their support networks, often through chaotic and dysfunctional behaviours.

On the flipside, once in recovery, peoples often start to associate with others who are also in addictions recovery. As part of formal maintenance and relapse prevention planning, individuals are encouraged to align themselves with pro-social peers, or in other words, peoples who share the same commitment to living a life free from alcohol and/or drug use (Todd, 2010).

Possibly one of the most meaningful concepts that emerged from this study, was the feeling of belonging and acceptance, discovered within Twelve Step fellowships. While this varied slightly between the male and female participants, the notion of being accepted unconditionally by members of their fellowship, was a motivating factor for continued attendance and application of

the steps within the programme. As part of the holistic view of health and wellbeing taken by Pacific peoples, connectedness and relationships with others plays an important role in overall wellbeing (Ataera-Minster & Trowland, 2018). It could be argued that this connectedness has contributed to the ongoing sobriety and abstinence for all participants of the study due to the increase in protective factors surrounding risk of relapse. Through belonging to a group of like-minded peoples in recovery from addictions, participants have been less exposed to some of the social and environmental triggers often experienced by peoples who have relapsed.

The relationship shared between sponsor and sponsee was also recognised as a significant connection established within the programme, with guidance provided by sponsors viewed as helpful in orienting meaningfully to the programme. Sponsors were recognised as mentors and role models for participants and looked at as proof that the programme worked - sparking hope that recovery was possible. For the women in the study, their relationship with their sponsor was considered to be more meaningful than the general relationships and feelings of belonging within the fellowship. This could be due to the fellowship being male dominated, and women feeling more comfortable confiding in an individual sponsor of their choice. The female participants of this study described seeking out other women of colour as sponsors, however reported that this was difficult at times due to women of colour being even more of a minority within the programmes. When ethnic matching was possible, the sponsor/sponsee relationship was seen as a powerful and enabling aspect of their recovery. Best (2010), describes social relationships that are supportive of a person's recovery efforts as an important part of a person's overall recovery capital (internal and external resources to initiate and maintain recovery from severe addictions. In the Recovery Capital model, social capital is seen as crucial to increasing the success of any recovery journey from addictions (Best & Laudet, 2010). In this context, it is clear from this study that the Pacific participants felt an increase in their own social recovery capital that was derived from belonging to the Twelve Step Programme fellowship.

4.3e Family

There is much literature published that highlights the benefits of including family in the treatment and recovery journey of Pacific peoples (Te Pou o te Whakaaro Nui, 2010). For many peoples, ʻaiga, kaiga, magafaoa, tangata, kopu or famili (family) is central to their way of living. Family is believed to be the foundation for most Pacific families and communities. This commonly extends beyond the nuclear family and includes family constituted by kinship, title, marriage or partnership. Ninety four per cent of the Pacific respondents in the New Zealand Mental Health Monitor & Health and Lifestyles Survey (Flett J. , Lucas, Kingstone, & Stevenson, 2020) stated that they could rely on their

family for support. This is consistent with results of the same survey showing that 51% of Pacific respondents would seek help from family before seeing a doctor or other professional (Ataera-Minster & Trowland, 2018). Again, further research would be beneficial to explore the way in which family can be both a protective factor, and/or a risk factor, for Pacific peoples experiencing addictions. In the context of this study, family have been viewed as mostly a positive support network and safety net for participants to draw on when needed, however they also featured as a perpetuating factor for some of the participants to continue using substances.

Whilst there is a paucity of information around the effectiveness of including family in addictions treatment for Pacific peoples, what is known is that alcohol and drug use has significant bio-psycho-social consequences for Pacific families and communities (Newcombe, 2019), thus calling for research into ways that Pacific families can be supported to manage the impact of addictions.

Family involvement within the Twelve Step Programme is not actively encouraged, although participants are free to bring a support person to 'open' Twelve Step meetings. There is a separate support group for family of those affected by addictions, utilising the Twelve Step model, called Al-Anon. There is limited information around the involvement of Pacific peoples in these forums.

It was felt by participants of this study that family involvement would enhance their experience of the programmes, as well as their overall recovery journey. The validation, support and understanding that might come with family being involved in the programme, was viewed as powerful and meaningful. Even if family members were using substances themselves, it would be beneficial for them to be exposed to the meetings and to perhaps develop their own motivation to make changes.

4.3f Volition

As discussed previously in this chapter, the concept of having the volition to choose how and when to participate in the programmes was appealing for participants. While it might be argued that this volition led to difficulty interpreting and understanding the programme adequately, the act of being able to decide whether to share in meetings, and in what order to work the programme steps was recognised as beneficial to the overall experiences of the participants. This meant that despite the programme holding a firm structure and process, the participants were able to tailor it to work in a way that was meaningful for them. Such flexibility may not be so available in formal treatment services, with traditional treatment approaches often assuming the treatment journey is linear, rather than dynamic and ever-changing (Todd, 2010).

Even the philosophy around membership to the Twelve Step Programme, "*the only requirement for membership is the desire to stop using"* (Alcoholics Anonymous World Services, 1989), is supportive of a person showing up as they are without judgement or pressure to "do" or "be" a certain way. The concept of volition and the gentler approach taken by the fellowship as a whole; whereby nobody is pressured to do anything they are not ready to but are instead treated with kindness, welcoming and acceptance, appears to have alleviated some of the shame, stigma and embarrassment felt by members of the fellowship.

Principles of Miller and Rollnick's Motivational Interviewing are recognised in this context, particularly the "spirit" of motivational interviewing; taking a collaborative approach rather than a confrontational approach, using evocation rather than education, and honouring a person's autonomy rather than enforcing an authority over them (William & Rollnick, 2013).

4.4 Research Question 3: What are Some of the Non-Beneficial Aspects of Twelve Step Programmes?

All of the participants in this study deemed Twelve Step Programmes as culturally uninviting, therefore not culturally appropriate for Pacific peoples. There do, however, appear to be some tangible changes that can be made to create a more culturally appropriate experience for Pacific peoples. As the ethnic minority in the Twelve Step Programmes, it is anticipated that by creating a more culturally inviting space, more Pacific peoples may be interested in attending thus increasing the Pacific presence and becoming more of a viable option for Pacific peoples seeking addictions support.

4.4a Twelve Step Programmes are culturally uninviting

The sharing from the participants of this study has reflected that Twelve Step Programmes are culturally uninviting and may contribute towards the low numbers of Pacific peoples in the fellowship. Retention in addictions treatment is an issue across the board when looking at New Zealand alcohol and drug services, with up to 50% of adults dropping out of formal treatment within their first month and up to 80% of adults disengaging with treatment within the first three months (Schroder, et al., 2007). Factors influencing a person's retention in addictions supports are described as fixed personality characteristics, dynamic client characteristics and intervention related variables (Schroder, et al., 2007).

For Pacific peoples, financial, cultural and language barriers are recognised as contributors to the lack of access and engagement with health services, with increasing cultural competence of services being recognised as one significant way of improving outcomes for Pacific peoples (Paterson, et al.,

2018). The implications of being a minority in the Twelve Step Programmes meant that initially the programme felt culturally uninviting and difficult to comprehend. It is unclear how many Pacific peoples attend their first Twelve Step meeting and then choose not to return due to this, however the small representation of Pacific peoples who continue to regularly attend Twelve Step Programmes may suggest that much like other formal addictions services, first impressions of the meetings may not have been positive due to feeling "othered" culturally.

Participants felt that the absence of Pacific resources, language and motifs within the Twelve Step Programmes made the environment feel Eurocentric and unfamiliar. Some of the language used in the steps and the readings were also described as difficult to understand at times. Culturally, the interaction between men and women was viewed as a point of contention with respect to how the participants have experienced the programmes. The combining of men and women into the same fellowship without any clear mechanism for the way in which they relate was seen as culturally unsafe. Further, the strong male presence within the Twelve Step Programmes was felt to influence the type of sharing that both Pacific men and women were able to do. Efforts to navigate this tension included men joining weekly men's subgroups, and women finding sponsors who were women of colour with whom they felt they could share with safely and appropriately.

Also recognised as important was the need for a Pacific subgroup within the Twelve Step Programme. Participants described different subgroups for different populations within the wider fellowship, such as the rainbow community, Asian communities and Māori. Creating specific meetings for groups who have distinct and nuanced needs, allows for a more curated experience, and for the provision of safe spaces for cultural and emotional security, particularly from historically marginalised groups. A Pacific subgroup within Twelve Step Programmes would allow for Pacific participants to apply Pacific practices, protocols and meanings to the steps and traditions, and create self-governed spaces within what is a Eurocentric programme. It would give them a space to show up authentically as themselves, with the freedom to openly talanoa on matters concerning racism, prejudice and discrimination. Having a space solely for Pacific peoples will provide opportunity for Pacific peoples to make sense of their challenges using a Pacific worldview, and allow for the identification of Pacific solutions for challenges that perpetuate addictions for Pacific peoples.

Finally, one of the very clear concepts that came through in this study was the need for Pacific peoples to be better informed on what Twelve Step Programmes entail; how they might be helpful and what to expect during initial meetings. This information would help participants get the most out of Twelve Step Programmes and set them up for a more positive experience. Support and

guidance prior to their introduction to Twelve Step Programmes would be best provided by other Pacific peoples who have attended Twelve Step Programmes and achieved abstinence, however all participants agreed that the Pacific alcohol and drug workforce might also play a role in providing this information to Pacific consumers.

4.5 Limitations

Research on effective addictions treatment for Pacific peoples is largely underdeveloped. This dearth of information on Pacific addictions makes it difficult to get an accurate portrayal of the situation at hand, therefore impedes the conceptualisation of suitable resolutions. Typically, qualitative studies involve interviewing participants until data saturation is reached, however it has been difficult to achieve this given such a small-scale exploratory study. Consequently, it has been difficult to demonstrate the effectiveness of Twelve Step Programmes as an addictions treatment support for Pacific peoples. Further, recruitment was limited to those in the Auckland region therefore the results of this study cannot be generalised to represent all Pacific peoples in Aotearoa. Further research with a greater sample size would be helpful in achieving a broader view of the experiences of Pacific peoples in addictions treatment. Only people who were willing to engage in talanoa about their Twelve Step Programme experiences participated in this study, and subsequently other viewpoints from Pacific peoples have been missed.

The participants of this study were of an older Pacific generation; therefore, this research does not capture any data specific to a younger Pacific demographic. While further research is required to verify the findings from this exploratory study, these recommendations are a guiding starting point to improve addictions services or Twelve Step Programmes for Pacific peoples in Aotearoa.

4.6 Recommendations

The following recommendations have emerged following the results of this study. They are intended to provide useful information on how to support the delivery and provision of support for Pacific Peoples experiencing addictions. They are developed by Pacific, for Pacific, as a result of co-constructed theory between the researcher and participants on what works for Pacific peoples seeking support for their addictions. These recommendations are for the Alcohol and Drug workforce, the addictions Lived Experience workforce and Twelve Step Programme fellowships.

- To create informative resources on Twelve Step Programmes, tailored to suit Pacific audiences. This will provide a baseline understanding of what Twelve Step Programmes are, and what to expect, prior to a person's first meeting. These should be made available in hardcopy and online.

- To translate the existing Twelve Step Programme resources into Pacific languages and make these available in hardcopy and online.
- To include information on Twelve Step Programmes within pre-treatment groups delivered across addictions services.
- To establish a Pacific subgroup within Twelve Step Programmes, led by Pacific members of the fellowship.
- To promote Twelve Step Programmes as a viable option for **Pacific men** in residential treatment services, intensive outpatient programmes, or who are serving sentences in correctional facilities that have a Drug Treatment Unit.
- For further research into the effectiveness of Pacific addictions interventions for Pacific men in correctional facilities.
- For further research into the effectiveness of 1:1 peer support for Pacific women in addictions treatment.
- For existing Pacific addictions services to develop group interventions for Pacific peoples that incorporate talanoa, motivational interviewing approaches and Pacific health models.
- For existing addictions services to create Pacific support groups for families of individuals experiencing addictions issues, utilising talanoa, psycho-education and holistic Pacific health models.
- To create more funded Pacific peer support roles within addictions services, with the view to support Pacific peoples experiencing addictions issues using Pacific principles of engagement and action.
- For further research to into the effectiveness of Pacific peoples with lived experience of addictions in peer support roles, supporting other Pacific peoples in their recovery journeys.

4.7 Conclusion

In summary, this study provided an overview of the experiences of Pacific Peoples in Twelve Step Programmes. This was achieved through individual talanoa interviews with six self-identifying Pacific peoples who are currently engaged with, or have previously been through Twelve Step Programmes. They shared their overall experiences within Twelve Step Programmes, and the beneficial and non-beneficial aspects of Twelve Step Programmes from their Pacific perspectives.

The findings from this study highlighted the implications that come with Pacific peoples being the ethnic minority in Twelve Step Programmes. It also highlights the lack of understanding of Twelve Step Programmes, the need for separate spaces for men and women, and the need for a Pacific subgroup for Pacific peoples to apply their cultural beliefs and practices intentionally, within their recovery.

Recommendations, which are informed by a combination of existing literature and the results of this study, provide suggestions for improving the experiences of Pacific peoples within Twelve Step Programmes, and, to develop specific Pacific addictions interventions that do not yet exist.

This research has relevance for the Alcohol and Drug profession, frontline addictions services, mental health and addictions workforce development bodies, Pacific health organisations, policy makers and most importantly, our precious Pacific communities. It is hoped that this research will serve to enhance understanding of issues facing Pacific peoples when seeking support for their addictions, and be the basis upon which effective, evidence-based addictions interventions for Pacific may be developed.

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Appendices

1. Ethics Approval

2. Research Advertisement

3. Participant Information Sheet

4. Consent Form

5. Interview Schedule

Appendix 1 – Ethics Approval

15 July 2021

Maria Bellringer
Faculty of Health and Environmental Sciences

Dear Maria

Re Ethics Application: **21/111 Use of Abstinence Based Twelve Step Programmes: Exploring the experiences of Pacific consumers in an addiction service**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC).

Your ethics application has been approved for three years until 14 July 2024.

Standard Conditions of Approval

1. The research is to be undertaken in accordance with the Auckland University of Technology Code of Conduct for Research and as approved by AUTEC in this application.
2. A progress report is due annually on the anniversary of the approval date, using the EA2 form.
3. A final report is due at the expiration of the approval period, or, upon completion of project, using the EA3 form.
4. Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form.
5. Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.
6. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEC Secretariat as a matter of priority.
7. It is your responsibility to ensure that the spelling and grammar of documents being provided to participants or external organisations is of a high standard and that all the dates on the documents are updated.

AUTEC grants ethical approval only. You are responsible for obtaining management approval for access for your research from any institution or organisation at which your research is being conducted and you need to meet all ethical, legal, public health, and locality obligations or requirements for the jurisdictions in which the research is being undertaken.

Please quote the application number and title on all future correspondence related to this project.

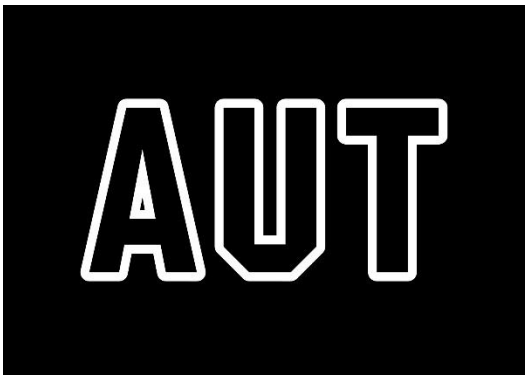
For any enquiries please contact ethics@aut.ac.nz. The forms mentioned above are available online through http://www.aut.ac.nz/research/researchethics

(This is a computer-generated letter for which no signature is required)

The AUTEC Secretariat
Auckland University of Technology Ethics Committee

Cc: ltongalea@gmail.com

Appendix 2 – Research Advertisement



Fakaalofa lahi atu, Talofa lava, Malo e lelei, Nisa bula vinaka, Kia Orana, warm Pacific greetings!

Have you attended a Twelve Step Programme?

I am conducting research to hear about the experiences of Pacific people in 12 Step Programmes and would really like to hear from you if you can answer yes to the following:

- ✓ **Do you self-identify as Pacific?**
- ✓ **Are you 18 years or older?**
- ✓ **Have you attended a Twelve Step Meeting in the past two years?**

If this is you, I will be holding one on one talanoa style chats at a mutually agreed public location, to discover the beneficial and non-beneficial aspects of Twelve Step Programmes from a Pacific perspective. You can reach me on the contact details below:

Laura Tongalea-Nolan

027 336 6390

Appendix 3 – Participant Information Sheet

Date Information Sheet Produced:

13 July 2021

Project Title

Use of Abstinence Based Twelve Step Programmes: Exploring the experiences of Pasifika Consumers

An Invitation

Fakaalofa lahi atu, my name is Laura Tongalea-Nolan. I am a New Zealand born Pacific person who identifies as Niuean. I work at Le Va and have experience with supporting people to attend open Twelve Step Programmes and have an understanding of how the programmes run.

I am inviting you to participate in my Master of Health Practice research by sharing your experiences of Twelve Step Programmes from a Pacific perspective. Participating in this research is completely voluntary and you can withdraw at any time. You will be kept anonymous within the research (i.e. no identifying information about you will be disclosed such as your name) and you will not be asked to disclose any details shared within any Twelve Step Meetings you have attended. Choosing to participate in this study will not impact present or future attendance at Twelve Step Programmes in any way.

What is the purpose of this research?

The call from Pacific peoples heard throughout the 2018 Mental Health Inquiry process, has been for the adoption of 'Pacific ways' - described as incorporating a holistic approach to wellbeing; use of Pacific languages, promotion of connectedness, and healthy relationships. In addition to this, the importance of spirituality has been identified as crucial when working with Pacific peoples in supporting recovery from mental health issues and addiction. Twelve Step Programmes promote both talanoa, that is, open dialogue in a collectively shared space, and the role of spirituality in one's journey to wellness. This research project will seek to explore the experiences of Pacific peoples within Twelve Step Programmes, to discover the beneficial and non-beneficial aspects from a Pacific perspective.

The findings of this research may also be used for academic publications and presentations.

How was I identified and why am I being invited to participate in this research?

You have contacted me in response to a flyer to participate in research to understand the beneficial and non-beneficial aspects of Twelve Step Programmes from a Pacific perspective. You are being invited to participate in the research because you identify as a Pacific adult (over 18 years old) and you have attended at least one 12-Step meeting in the past two years.

How do I agree to participate in this research?

If you would like to participate in this research, please contact me directly on the information provided at the bottom of this form. You will need to complete a consent form which I will provide you with.

Your participation in this research is voluntary (it is your choice) and whether or not you choose to participate will neither advantage nor disadvantage you. You are able to withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

What will happen in this research?

Using a talanoa style approach we will talk about your experiences as a Pacific person within Twelve Step Programmes. I will be asking about the appropriateness of the programmes from a Pacific perspective. I will not ask you to share any information of a private or confidential nature. Although I will have some questions prepared, the talanoa will allow you to influence the direction of the interview and be involved in the research collaboratively with me. The talanoa will last approximately one hour. With your permission, I would like to record the interviews to ensure I accurately capture all the information you share with me. You are in no way obliged to participate and may withdraw at any time without question.

Interviews will be held in a private room at AUT North Campus, AUT South Campus, or in the Fale Pasifika office at the University of Auckland. If you cannot access one of these locations, an interview will be arranged in a mutually agreed public location that has meeting rooms available for public use, such as a library.

What are the discomforts and risks?

Your participation will be treated with the utmost respect as per our Pacific values of nurturing relationships, respect and reciprocity. If, however, at any time you do feel uncomfortable or embarrassed, you can ask to skip a question or move on to a different part of the interview. If you choose to stop the interview, I will do so without any consequences to you and all the data from your interview will be destroyed. You can also decide to stop your participation in the research when you receive a written copy of the interview for checking, again without any consequences and all the data will be destroyed.

How will these discomforts and risks be alleviated?

As mentioned above, if you begin to feel uncomfortable during any point of the interview, you have the right to stop the interview and your data will be destroyed. If you find that you are becoming distressed or uncomfortable at the end of the interview or when you check the written copy of the interview, I will support you to manage this by checking in with your support network, or support you to engage with an alternative therapeutic support of your choice.

AUT Health Counselling and Wellbeing is able to offer three free sessions of confidential counselling support for adult participants in an AUT research project. These sessions are only available for issues that have arisen directly as a result of participation in the research and are not for other general counselling needs. To access these services, you will need to:

- drop into the AUT centres at WB219 or AS104 or phone 921 9992 City Campus or 921 9998 North Shore campus to make an appointment. Appointments for South Campus can be made by calling 921 9992.
- let the receptionist know that you are a research participant, and provide the title of my research and my name and contact details as given in this Information Sheet.

You can find out more information about AUT counsellors and counselling on http://www.aut.ac.nz/being-a-student/current-postgraduates/your-health-and-wellbeing/counselling.

What are the benefits?

This research project will supplement existing research into Pacific addictions treatment, with the view to inform recommendations for best practice guidelines for Pacific peoples' addiction treatment as well as create new knowledge in the sector. The research findings will be shared with mental health and addictions organisations in Aotearoa New Zealand. While future changes to addictions programmes may not directly benefit you, we hope that this research will lead to Pacific people benefitting from more culturally appropriate programmes in the future.

As the researcher, I will gain a Master of Health Practice (Mental Health & Addictions) qualification through completion of this study.

The wider community could also benefit as the findings from this research may also be presented at fono, hui or conferences and written up in academic publications.

How will my privacy be protected?

No information which could personally identify you will be used in any reports of this project or shared with anyone outside the researchers.

What are the costs of participating in this research?

The cost of your participation in this study will be approximately one hour of your time for the talanoa style interview. Afterwards, I will send you a written copy of the interview so you can check it is accurate. This will also take some of your time and will depend on how long our talanoa lasted.

What opportunity do I have to consider this invitation?

Once you have received this participant information sheet, you will have two weeks to get in contact with me if you would like to participate in this research.

Will I receive feedback on the results of this research?

You will have the opportunity to review all of your data shared within your interview to ensure accuracy, before final academic transcripts and reports are completed. You will also be offered a 1-2 page copy of the results of this research once finished if you wish to see this.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, *Dr Maria Bellringer: maria.bellringer@aut.ac.nz ph: 09 921 9666 ext 7232.*

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, *ethics@aut.ac.nz*, 09 921 9999 ext 6038.

Whom do I contact for further information about this research?

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details:

Laura Tongalea-Nolan

027 336 6390

Project Supervisor Contact Details:

Dr Maria Bellringer

maria.bellringer@aut.ac.nz

09 921 9666 ext 7232

Approved by the Auckland University of Technology Ethics Committee on *15 July 2021*, AUTEC Reference number *21/111*.

Appendix 4 – Consent Form

Consent Form

Project title: ***Use of Abstinence Based Twelve Step Programmes: Exploring the experiences of Pasifika Consumers***

Project Supervisor: ***Dr Maria Bellringer***

Researcher: ***Laura Tongalea-Nolan***

- ○ I have read and understood the information provided about this research project in the Information Sheet dated 13 July 2021.
- ○ I have had an opportunity to ask questions and to have them answered.
- ○ I understand that notes will be taken during the talanoa style interviews and that they will also be audio-taped and transcribed.
- ○ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- ○ I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- ○ I agree to take part in this research.
- ○ I wish to receive a summary of the research findings (please tick one): Yes○ No○

Participant's signature: .....

Participant's name: .....

Participant's Contact Details (if appropriate):

……..

……..

……..

……..

Date:

Approved by the Auckland University of Technology Ethics Committee on 15 July 2021 AUTEC Reference number 21/111

Note: The Participant should retain a copy of this form.

Appendix 5 – Interview Schedule

1) You are currently engaged with a Twelve Step Programme, what are your overall thoughts about it? (Prompt: Do the Twelve Step Meetings meet your needs as a Pacific person? If so, what were the aspects that met your needs?)

2) What do you think are the useful or beneficial aspects of Twelve Step Programmes? (Prompt: Were these aspects culturally relevant? What do you make of the spiritual aspect of Twelve Step Programmes?)

3) What aspects do you think are less useful of could be changed? (Prompt: What would make the programme better for our Pacific culture? Could there be more Pacific practices included in the Twelve Step Programmes? Did you feel there was enough of a talanoa process?)

4) Do you see a role for family within the Twelve Step Programmes? (Prompt: What might it look like for Pacific families to be involved in the programmes? Can family involvement in the programme improve Pacific peoples' experiences?)

5) Do you think gender might influence the way Pacific peoples might experience Twelve Step Programmes? (Prompt: How might men and women experience the programmes differently? Do you think your experience has been influenced by your gender?)