OUR STORY, OUR TIME, OUR FUTURE
2014 INTERNATIONAL INDIGENOUS PRE CONFERENCE ON HIV & AIDS
17–19 JULY 2014 · SYDNEY · AUSTRALIA

"Ki te mārama i te tangata me mārama hoki i tōna ao"

(if you wish to understand a
man, know the world in which he lives)

RAWIRI EVANS

JULY 18 2014 DARLING HARBOUR SYDNEY AUSTRALIA

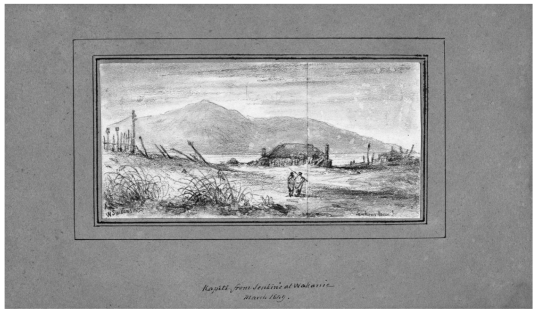
Acknowledgements

- To The home people of these lands.
- To our creator .
- To the organisers of this conference.
- Acknowledge the previous speakers of today as I am the final speaker.
- To all the peoples of the world that here today.

Te Rau Hinengaro 2006

- In 2006 the first mental health and addiction prevalence study in New Zealand, Te Rau Hinengaro, confirmed the link between Alcohol and other drugs, and mental health, and identified it as an issue for Māori.
- Lets take a step back in time when we are talking of impacts on indigenous people of these areas in health and wellbeing and New Zealand has a history not to dissimilar to other colonised nations .

New Zealand



Australia

References

- Figure 1 Jenkins accommodation house sketch by William Swainson in 1849. Source: Alexander Turnbull Library, Wellington, New Zealand
- The traffic that passed his door and the ideal position of the house on the south side of the Waikanae River, on the beach that is now known as State Highway One, meant he was never short of customers and users of his services and provisions, including alcohol and tobacco (Carkeek, 2004).
- Figure 2 Aboriginal life in the 1830s Natives of New South Wales as seen in the streets of Sydney– A Earle. Printed by C Hullmandel [1830].1 (Photo: Alexander Turnbull Library)

Mental illness

- Prior to contact with Pakeha, Maori lived in one of the few parts of the world that had never developed alcoholic beverages.
- The Inuit people of Canada, the Trukese of Micronesia and a number of Native American Indian tribes share with Maori the attribution of being indigenous peoples who did not develop alcoholic drinks.4 As the temperance campaigner the Reverend W.J. Williams put it in 1930, "The white man and the whisky bottle came to New Zealand together
- Those who were seen to be socially undesirable were sent to jails for safekeeping. These included deserters, convicts, delinquents, waifs and strays, prostitutes, debtors, drunkards and vagabonds as well as lunatics. Lunatics were sent to jail because they upset the peace.
- Mentally ill behaviour was seen as a law and order problem and was dealt with accordingly (Williams, 1987, p. 3).

Mental Health cont.

- As early as 1844 the first dedicated psychiatric facility known was in Wellington. Within ten years another, known as Sunnyside, was established in Christchurch, followed by another in Dunedin (Shearer, 1974). Prior to 1854 the care of mentally ill people was done through the prison system.
- Rolleston identified a number of historical Māori health issues. These included the *Treaty of Waitangi*, early twentieth century epidemics, the *Tohunga Suppression Act* and its reappeal, the work of Māui Pomare and Peter Buck, religious leaders (such as Te Whiti o Rongomai and Tohu Kakahi), and the establishment of the Waitangi Tribunal in 1975. His recommendations incorporated a plea for research to provide a more balanced view of events leading to the *Tohunga Suppression Act* (Rolleston, 1989). At the end of the 19th Century defined plans for Māori health were not progressing well

Models that impacted on Maori HIV

- Harm Reduction : The primary focus of harm reduction is on people who are already experiencing some harm due to their substance use. Interventions are geared to movement from more to less harm.
- Examples of proven harm reduction programmes are: server intervention programs which decrease public drunkenness; needle and syringe exchange programs which prevent the transmission of HIV among injection drug users; and, environmental controls on tobacco smoking which limit the exposure to second hand smoke (Centre for Addiction and Mental Health Collaborating Centre, 2009).

Harm Reduction

- Designed to reduce drug-related harm without requiring the cessation of drug use. Interventions may be targeted at the individual, the family, community or society (CMAJ January 23, 2001 164:173-174).
- Harm reduction: Reducing the risks of addictive behaviours. Addictive behaviours across the life span: Prevention, treatment, and policy issues. Marlatt, G. Alan; Apert, Susan F. Baer, John Samuel (Ed); Marlatt, G. Alan (Ed); McMahon, Robert Joseph (Ed), (1993).
- Addictive behaviours across the life span: Prevention, treatment, and policy issues, (pp. 243-273). Thousand Oaks, CA, US: Sage Publications, Inc, ix, 358 pp.

Future work in NZ

Given Te Rau Hinengaro was completed in 2006 it is time for another piece of research to include HIV prelevance and disparities that should include

- There is a necessity for Public Health programs to be driven by the needs of Māori communities in a respectful manner recognising inherent strengths of Māori.
- Data collection about Māori needs to ensure that it is more accurately represented.
- Community-based research must be based on appropriate community engagement and cultural considerations.

Understanding the lost people

- We know in NZ many of our own people due to a raft of reasons don't know who they are as a people let alone talk about HIV or risky behaviours.
- Many access treatment for other issues AOD , Mental Health , but identity is one area people don't talk about
- I often get asked how much Maori do you have in you often I reply "how much do you want"
- It took me till the age of 40 to find out who I am and where to stand as a Maori in my own country . How many people in your own communities are in the same walk, as many don't know who they are, and they have lost there culture, Language , vision and of course there mana.

Conclusion

- The need of research is a priority in NZ to support our development for indigenous Maori in our land around HIV close the disparities gap.
- The need to link with other nations as to see the similarities rather than the differences between us.
- We have to put the issue on the agenda which we do have the support of some of our political leaders but the country needs to be educated around this and brought forward with us.
- For us to understand the people we are working with is a key finding from my own research which supports this as a standard model of clinical practice which doesn't currently happen across all of the health sector

Conclusion cont.

- When the ethnicity data collection is the clinician's responsibility, mistakes in identification of Māori were made. An explanation for this may be; with many self-identified, Māori are 'Fair' in appearance. There is still Māori in society that prefers not to identify to clinicians for fear of discrimination (Jansen, P, Bacal K, Buetow, S, 2011)
- With New Zealand being classified as a low-prevalence country, the position of INA is that "One Māori living with HIV, is one too many."

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- Adamson S, Schroder RN (eds) (2010). New Zealand Addiction Treatment Research Monograph. Research Proceedings from the Cutting Edge Conference, September 2009.

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- David T Evans (2010). Wellington: Massey University. http://muir.massey.ac.nz/bitstream/handle/10179/2866/02_whole.pdf?sequence=
- Thesis is available on line

Final comment

- "More than any other time in history, mankind faces a crossroads. One path leads to despair and utter hopelessness. The other, to total extinction. Let us pray we have the wisdom to choose correctly."--Woody Allen