RURU PARIRAU: MĀORI & ALCOHOL

The importance of destabilising negative stereotypes and the implications for policy and practice

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Abstract

A key challenge for the Health Promotion Agency (HPA) is to find innovative ways to address the disproportionate levels of alcohol-related harm that Māori experience.

Some negative images of Māori drinking, such as those in the movie adaptation of Alan Duff's *Once Were Warriors*, have become a self-fulfilling prophecy for far too many Māori. Consequently, the Alcohol Advisory Council of New Zealand (ALAC), now part of HPA, has been working on ways to destabilise these negative images.

This article explores the concept of stereotypes and how it can affect alcohol use by Māori. It also offers some practical ideas for what can be done to mitigate the impacts of negative stereotyping.

Keywords

stereotypes, Māori, alcohol, policy, social marketing, health promotion

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Introduction

Alcohol is the most commonly used recreational drug in Aotearoa New Zealand (Alcohol Advisory Council of New Zealand [ALAC] & Ministry of Health, 2001) with approximately 80% of New Zealanders reporting having a drink from time to time (Ministry of Health, 2013). While most New Zealand drinkers aged 16–64 years do not consume large amounts of alcohol on a typical drinking occasion, or do so less than once a month, national surveys consistently show that around 20%–25% consume large amounts of alcohol on a typical drinking occasion (Fryer, Jones, & Kalafatelis, 2011; Ministry of Health, 2009, 2013). This pattern of drinking carries with it the risk of injury, death, road trauma, crime and disorder, drowning, burns and alcohol poisoning.

Risky occasional drinking is the major factor contributing to New Zealand's high level of acute alcohol-related harm such as that just described. It is a practice most common among young people aged 18–24 years (Ministry of Health, 2008). The proportion of Māori and Pacific drinkers who engage in risky occasional drinking is also high (Ministry of Health, 2008, 2009, 2013), reflecting, in part, the youthfulness of the Māori and Pacific populations.

Efforts to reduce the availability and accessibility of alcohol and transform the overall social context within which New Zealanders drink are likely to have positive flow-on effects for addressing harm among these population groups. These efforts include the changes being introduced by the Sale and Supply of Alcohol Act (2012) such as parental consent being required to supply alcohol to a person less than 18 years, maximum trading hours unless specified by local councils, and restrictions on alcohol promotions and where alcohol can be sold. However, to ensure that the potential benefits of these measures reach these groups in an equitable and effective manner, other factors need to be taken into account.

There is a growing understanding of stigma, stereotypes and discrimination as major and persistent influences on public health outcomes (Amodio & Devine, 2005; Harris, Cormack, & Stanley, 2013; Hatzenbuehler, Phelan, & Link, 2013). This article discusses the role of stereotypes and their potential impact on alcohol use by Māori, drawing from insights of postcolonial theory and discourse perspectives. It challenges the way in which state sector agencies typically operate and proposes a number of "conscious practices" toward destabilising negative stereotypes that could be applied to state service policy and practice.

"Ruru parirau" in the title of this article means "shake your wings" and refers here to Māori shaking off the negative stereotypes that have been placed on them by society so that they may be free to reach their full potential.

Māori and alcohol

Koia te riri pokanoa, Ka kai ki te waipiro ka kai ki te whakamā ki te mau-ā-hara, Me whakarere atu ēna mahi kino e hika mā.

Hence this needless strife, which comes from the consumption of liquor from shame, from hatred. Therefore I say abandon these evil ways my friends. (Te Kooti Arikirangi Te Turuki, Rongowhakaata, 1887, as cited in Binney, 2012, p. 380)

Prior to colonisation, Māori appeared to be one of the few indigenous populations worldwide that did not produce alcohol, and when alcohol was introduced by the colonists most Māori avoided it. This general aversion continued into the mid-1800s (Hutt, 1999). The use of alcohol by Māori increased after this time, however. Some Māori were encouraged to run up large debts with their local publicans, which then could be settled with land (Cullen, 1984). Alcohol also became a means for dealing with the subsequent spiritual, social and economic hardship following the land wars (1860–1872)

(Banwell, 1991; Cullen, 1984). The early 20th century brought with it closer contact with European settlers as Māori were employed across the forestry and meat export industries, a trend that increased with the urbanisation of Māori from the 1940s. The combination of independent income, easier access to alcohol, and alienation from traditional support structures had a profound effect upon Māori drinking practices (Durie, 2001; Hutt, 1999).

There were many efforts on behalf of rangatira to regulate the use of alcohol among Māori across the early colonial period. In 1856, petitions and letters were presented to the House of Representatives by Ngāti Mahuta asking that drink be kept from them. In 1866 a petition from six Arawa chiefs asking that no licence be allowed on their land was received by the House of Representatives. In 1879 all South Island tribes petitioned Parliament for the total prohibition of alcohol in the southern provinces, and in Tūranganui ā Kiwa a central body of chiefs forbade the consumption of liquor and fined offenders (Hutt, 1999).

Efforts to minimise alcohol-related harm are also evident in the 21st century. Many marae, for example, are alcohol-free (Durie, 2001). Despite these efforts, Māori today suffer more negative effects from alcohol consumption than non-Māori (Connor, Broad, Jackson, Vander Hoom, & Rehm, 2005) due to a high proportion engaging in risky occasional drinking (Ministry of Health, 2013).

The power of stereotypes

The power of the stereotypes that buttress prejudice comes in part from a more neutral dynamic in the mind that makes stereotypes of all kinds self-confirming. (Gaertner & Dovidio as cited in Goleman, 1995, p. 157)

It is an inherent human habit to "type" things and people into broad categories that have characteristics in common. It enables us to draw upon prior experiences and knowledge in order to make sense of new situations (Dyer, 1977). Stereotypes, however, do more than position by commonalties; they reduce people to a few simplified and exaggerated features which are then understood to be inherent and natural (Hall, 1997). Stereotyping tends to occur where there are inequalities of power and is most often employed by the dominant group towards "others". Further, "people remember more readily instances that support the stereotype while tending to discount instances that challenge it" (Goleman, 1995, p. 157).

A generalised stereotype of Māori permeates New Zealand's socio-political landscape through news, art, literature, film-making, education, justice and politics (Bradley & Walters, 2011; Jackson, 1988; Matheson, 2007; Mita, 1993; Quince, 2007; Smith, 1999; Walker, 2002) and tends to be the predominant representation of Māori by mainstream media (Nairn et al., 2012). This stereotype depicts Māori as "trouble makers, lazy, unintelligent, dirty, aggressive, easygoing and friendly" (Holmes, Murachver, & Bayard, 2001, p. 1) or, more abstractly, as "bad, mad or sad" (Kiro as cited in "Media Stereotyping", 2010).

The structural effects of this stereotype are well documented. The overrepresentation of Māori in prison has been linked to biases in the criminal justice system and its agents (such as the police) (Jackson, 1988; Bradley & Walters, 2011; Workman, 2011) and there are a number of research reports to support this (Fergusson, Horwood, & Lynskey, 1993; Maxwell, Robertson, Kingi, Morris, & Cunningham, 2004). Preconceptions and prejudices also contribute to unequal education outcomes. Low teacher expectations of Māori students have been found to have negative impacts on Māori achievement (Rubie-Davies, Hattie, & Hamilton, 2003; Waiti & Hipkins, 2002; Scherer & Jackson, 2008; Wall, 1997). The experience of ethnic discrimination has also been shown to adversely affect a range of health and well-being outcomes for young Māori and

minority ethnic groups (Crengle, Robinson, Ameratunga, Clark, & Raphael, 2012; Human Rights Commission, 2011).

The effects of stereotypes on identity construction have also been long recognised (Carter, 1991; Corrigan, 2005; Goffman, 1963; Hatzenbuehler et al., 2013; Mead, 1934), and there is a significant body of research concerned with tensions that Māori experience in negotiating their self-images within a socio-historical context of cultural annexation and alienation (Borell, 2005; Hokowhitu, 2004; Houkamau, 2006; McIntosh, 2005; Walker, 1990). Stereotypes, as McBreen (2011, p. 7) argues, "lurk in the backs of our minds, and subtly (or not so subtly) influence how we feel in the world and how we understand our world". In some cases negative stereotypes perpetuated can be so powerful that they can influence and counter a Māori individual's own lived experience. This was the case for one of the authors of this article, who in her teenage years associated Māori with negative stereotypes such as violence, other criminal activity, and gangs. This was in spite of the fact that her own upbringing, within a Māori whānau, had been nurturing, positive, industrious, respectful and loving.

Why is this important for an agency concerned with reducing alcohol-related harm? There is evidence to suggest that stereotypical representations are affecting alcohol use by Māori. Popular portrayals of excessive alcohol use, often coupled with violence and domestic abuse, as seen in the film *Once Were Warriors* (Tamahori, 1994), have become something of a reference point for many Māori who are thinking about who they are as individuals (Robertson, Crowe, & Sellman, 2004). Research has also found that some young Māori are linking alcohol use to their cultural identity and what it means to be Māori (Robertson, 2009).

In light of this understanding, ALAC developed a "working hypothesis" to assist in reflecting upon past work practices and to inform future activities toward reducing alcohol-related harm among Māori. The working hypothesis is as follows:

1. Images of Māori as portrayed in the media and other forms of communication create a social perception of the Māori population or particular segments of the population.
2. This perception leads to assumptions that affect the way in which Māori are generally treated and/or the way in which some Māori see themselves.
3. This general treatment and self-perception reinforce the stereotype.
4. The stereotype then becomes the reality for many Māori.

This hypothesis reflects key ideas found in both sociology and psychology. R. K. Merton (1948/2010) describes a self-fulfilling prophecy as a process whereby fictional definitions (or predictions) of social phenomena evoke repeated new behaviours that solidify the original definition as *factual*. Similarly, "stereotype threat" illustrates how negative stereotypes are made salient through environmental cues which trigger physiological and psychological processes that lead, in turn, to reductions in performance (Burgess, Warren, Phelan, Davidio, & van Ryn, 2010). A challenge is to understand ways by which these processes can be destabilised.

Potential implications for policy and practice

Most understandings of the operation of stereotypes in health inequities recognise that prejudices are deeply embedded across multiple areas of social life and that there are many pathways through which their effects emerge (Amodio & Devine, 2005; Harris et al., 2013; Hatzenbuehler et al., 2013). Pro-diversity and anti-discriminatory social marketing campaigning is one such pathway (Amodio & Devine, 2005; Donovan & Vlais, 2006; Maio, Haddock, Watt, & Hewstone, 2009).

Bhabha (1994) argues that despite being a powerful strategy of colonial discourse, stereotyping is an *unstable* practice. That is, because stereotypes are hyper-real constructions, they must be continually *repeated* (and identified with) to have an effect. Similarly, for Foucault (1998), power can only operate as it does when it remains unchallenged and unconsciously accepted. This suggests that conscious efforts to destabilise the logic of the hypothesis described above can be made, which prompted ALAC, now part of the Health Promotion Agency (HPA), to explore a number of ways in which this could be achieved.

Communicating messages

Hokowhitu (2004) advocates "talking back" to negative representations of Māori through producing alternative images in literature and film, on television and in music, and to work to get these visible to a wide audience. Care needs to be taken, however, to ensure that such alternative images do not create limitations or facilitate negative outcomes (Donovan & Vlais, 2006; Sayama & Sayama, 2011). It has also been suggested that positive portrayals—if not credible to the communities to which they speak—run the risk of propagating the very negative images they seek to undermine (Awan, 2007).

Therefore, it is important to consider how best to communicate messages in a way that avoids reinforcing (by repeating) negative stereotypes of Māori drinking and highlights positive imagery, discourses and representations (for example, by emphasising collective values such as caring for friends and family) that are believable. ALAC's National Marketing Campaign, launched in April 2010 using the tagline "Ease up on the drink", can be seen as a good example of how to communicate messages in this way.

In developing the "Ease up on the drink" advertisements, ALAC was careful to ensure that negative stereotypes were avoided. Two of the advertisements focused on friendships, one in a work context and the other in a sporting context. The third advertisement focused on a relationship between husband and wife. Only the advertisement used in the sporting context included an actor who was identifiably brown. This actor played the role of the concerned friend who was helping out his mate who had a drinking problem.

The initial results of the campaign showed that there had been a 27% increase in alcohol-related calls to the Alcohol Drug Helpline since launching the campaign for April and May 2010 compared with the same period in the previous year. The number of Māori males calling more than doubled during this time (Alcohol Drug Helpline, 2010). In addition, ALAC's campaign monitor showed that, as of February 2012, 49% of people had reported taking action either for themselves or with others. Actions included stopping their friends or family drinking too much when they have them over, keeping them from harm if they did get drunk, thinking about their own drinking, or starting to drink less. Again, greater impacts on these types of behaviour change were reported among Māori (Research New Zealand, 2012).

Māori participating in audience testing for the "Ease up on the drink" advertisements revealed that they could relate to the scenarios in the advertisements and that this was made possible by the *absence* of stereotypical representations. That is, although Māori participants expected to see themselves reflected in a negative light, they did not, and they were subsequently more receptive to the message. This was partially evidenced by two comments made by participants during the advertisement audience testing phase of the husband and wife scenario:

> It was good. Middle-class Pākehā not pointing the finger at the brown people, and not the "Once Were Warriors" scenario. It works with this race anyway, instead of picking on other races, if you get what I mean.

> I would have thrown my eyes up if they were brown!

These results suggest that messages for Māori may be just as effective, if not more effective in some circumstances, when they are not patently targeted and are based on roles and interactions to which most people, regardless of ethnicity, could relate (such as being a mother or a husband). In other words, there may be some power in simply seeing yourself (within a particular role that most people can relate to) without seeing your ethnicity necessarily reflected, particularly when belonging to an ethnic group that is disproportionately represented in negative social statistics. Further, the challenge to one's drinking behaviour through interactions between husband and wife and between friends might just be the space where changes in behaviour can occur because it is in this interaction where core relationships that sustain identities can be negotiated.

In addition to the "Ease up on the drink" campaign ALAC developed a targeted resource for Māori ("Taihoa: Ease up on the drink") that leverages off the campaign and enables an easy kōrero to be had about alcohol. Taihoa has been promoted in many settings such as kura kaupapa, marae, whānau, performing arts events and other public events and functions. Taihoa has also been embraced by the broader community (not just Māori) as a catalyst to kōrero with whānau and friends about alcohol use in a non-threatening and non-judgemental way. In other words, Taihoa invites people to be *part* of the kōrero and not the *subject* of the kōrero. For example, the Taihoa resource prompted one family attending an under-10s rugby competition to have a conversation about what the message of Taihoa meant for their tamariki and to really consider the impacts that alcohol had on their lives (Health Promotion Agency, 2012). It is possible that this conversation would not have occurred without the Taihoa resource.

The Taihoa message also enables whānau and friends to address more easily the drinking behaviours of people close to them. For example, one of the authors was present at a function where the Taihoa message was used to prompt a friend who had consumed far too much alcohol. This was effective in getting the friend not only to be aware of their behaviour but to make the decision to stop. It also engaged others around them to support the Taihoa message and the intoxicated friend's decision to stop drinking.

The efficacy of using a universal and targeted communication approach for reaching Māori was also demonstrated in a study examining the effectiveness of four mass media campaigns on calls to the national tobacco-control Quitline by Māori. The study found that the mainstream campaign "Every cigarette is doing you damage" using "threat appeal" themes was slightly more effective in generating calls from Māori than the more Māori-orientated campaign "It's about whānau" (115 calls per 100 Target Audience Rating Points [TARPs] compared with 91 calls per 100 TARPs) (Wilson, Grigg, Graham, & Cameron, 2005). However, other data also revealed that the empowering messages underpinning "It's about whānau" were regarded favourably among a Māori audience. This led the study to conclude that health authorities should continue to explore the use of both "threat appeal"-style media campaigns and culturally appropriate campaigns (based on empowering messages) to support Quitline's use by indigenous peoples (Wilson et al., 2005).

These results raise some questions about when and how to use universal and targeted approaches in ways that are most effective for reaching Māori without reinforcing negative stereotypes. It appears that the universal approach used in the "Ease up on the drink" advertisements was effective and relevant for Māori without the stigmatisation (for example, drinking is a Māori problem) that can often attach through the use of more targeted approaches. However, the addition of a more targeted resource ("Taihoa: Ease up on the drink"), which leveraged off the generic campaign and helped to facilitate conversations about alcohol in a non-threatening way, also appeared to enhance the efficacy of the overall

approach without reinforcing negative stereotypes. In other words, rather than taking a universal *or* targeted approach to reaching Māori, it appears that *both* (leveraging off one another, in a non-stigmatised way) can be most effective for reaching diverse Māori. It would be useful to further explore the interaction between universal and targeted approaches and when and how best to use them to most effectively shift unhealthy behaviours among diverse Māori.

Contextualising rather than comparing

Acknowledging and comparing statistical differences might be useful for targeting resources and meeting Treaty of Waitangi obligations to serve the interests of Māori (Came & da Silva, 2012), but it can also create a negative perception (that is, that Māori are overrepresented in health and social deprivation figures, in criminal justice statistics and so on), which can lead to stigma and reinforce stereotypes (McBreen, 2011).

It is critical therefore to be clear about when, why and how comparative statistics would be used to communicate information and whether it is really necessary for getting the message across. HPA is also looking to contextualise rather than highlight comparisons when communicating drinking statistics and other information, wherever possible. Contextualising involves situating findings within social, cultural, economic and political conditions which provides the audience with a frame of reference for interpretation (Bond & Brough, 2007).

Promoting the positive

Another key strategy lies in supporting and promoting positive Māori leadership and identity.

Examples of Māori action and leadership to address alcohol-related harm, such as the early rangatira who warned of the impacts that alcohol would have on Māori people's lives, could be communicated more publicly. This could begin to balance the negative perceptions of Māori drinking. McIntosh (2005, p. 44) contends that Māori leaders, spokespersons, scholars and other recognised rangatira are vital allies in challenging stereotypes, in that "They are better positioned to assert an identity that is positive and empowering to Māori communities while also presenting and affirming a cultural and political agenda to a wider audience." Drawing upon existing cultural resources in this way has been found to be effective toward building a strengths-based approach in health promotion for indigenous peoples in other contexts (Brough, Bond, & Hunt, 2004).

The Auahi Kore strategy used empowering positive messages of Māori identity to reach Māori and this was seen to work well (Grigg, Waa, & Bradbrook, 2008). The strategy was based on feedback from Māori about their mistrust in government-driven anti-tobacco programmes, especially those that were seen to create negative stereotypes of Māori as smokers (Forsyte Research, 2000 as cited in Grigg et al., 2008). Young Māori attending ALAC's Youth Conference in 2008 also suggested that focusing on Māori culture and promoting what "being Māori" was really about would go some way to dispelling negative cultural stereotypes (Robertson, 2009).

The reasons that some marae and other organisations have committed to alcohol-free policies, and the processes used for developing them, could provide the content of a good news story that could also be used to counteract negative perceptions. Te Wānanga o Aotearoa is a case in point and could also be seen as an organisation that is destabilising negative Māori stereotypes, at a more general level, in at least three major ways:

- *Through the development and application of values-based policies*: These policies clearly set out the behaviours expected from students

attending the Wānanga (for example, no alcohol is allowed on the premises or at Wānanga events).

- *The interaction between Māori and non-Māori within that setting*: There are large numbers of non-Māori attending a Māori institution that adopts a primarily tikanga-based learning environment. As such, non-Māori will experience a range of positive interactions within a Māori environment and with other Māori students that can potentially counteract negative stereotypes communicated through means other than their personal experiences. Research has shown that positive intergroup contact is fundamental to reducing the use of stereotypes and other prejudices (Aberson & Haag, 2007; Fisher, 2011).

- *It addresses an important educational gap and need for many Māori, particularly adult learners*: Improving the educational status of Māori will inevitably lead to better outcomes overall, which is also likely to help destabilise negative stereotypes more generally.

It would be useful to explore and test the assumptions (above) and identify any lessons that can be learnt through the Wānanga experience that could also potentially be replicated at policy and practice levels.

Non-judgemental approaches

When we refuse to feed our need to rank each other, we are free to actually see each other. (Gangaji, n.d., para. 7)

Practices and programmes that use non-judgemental and de-stigmatised approaches that allow a person to arrive at their own conclusions (wherever possible) about what to do about their drinking can be effective. Two good

examples of this, which have produced promising initial results for Māori, are in the field of alcohol screening and brief intervention.

The first of these is a web-based alcohol screening and brief intervention tool that has been implemented in all New Zealand universities and targets students aged 17–24 years. This intervention is based on personalised and normative feedback. The normative data used compares drinking levels and risks based on gender and age. A randomised controlled trial of the tool has shown that it is effective in reducing unhealthy alcohol use, and was particularly effective among young Māori students (Kypri et al., 2013). While the reasons for its efficacy among Māori students are unknown, one possibility is the use of normative data, excluding ethnicity. This is because it is assumed that if ethnicity were included the normative and comparative feedback for Māori students would contain higher consumption averages than that of non-Māori students and would likely impact on the extent of the reduction rates for Māori.

The second example involves routinely screening for alcohol use and providing brief advice or referrals for those who need it, in primary health. This approach was trialled in one region in New Zealand and found that people who were drinking in harmful ways, and who would not normally seek help, were being identified and were receiving advice, or being referred for specialist treatment (Maynard & Paton, 2012). While fewer Māori than Pākehā were asked about their drinking (36% Māori compared with 46% Pākehā), Māori were more likely to receive a brief intervention (40% of those Māori who were above the recommended drinking guidelines received a brief intervention compared with 34% of Pākehā) (Newton & McMenamin, 2011). The success of this approach can be partly attributed to a reminder system that prompts the health professional to ask all patients about their drinking; then, if required, lead them through a brief intervention (Maynard & Paton, 2012) that typically involves outlining how the patients' alcohol use

compares to the recommended drinking guidelines, how their drinking is impacting on their health and what they could do to minimise this. As such, the routine nature of this approach and the context within which the advice is provided means that it is unlikely that patients will feel particularly targeted or judged when being asked or given advice about their alcohol use.

The results of these two approaches have given HPA some reason to believe that one way to avoid reinforcing negative stereotypes and to increase the effectiveness of mainstream programmes and practices is to ensure that they are de-stigmatised, normative and non-judgemental. It would be useful to undertake more in-depth research in this area and to further explore the efficacy of these practices.

Working with others

Working closely with others to assist with transforming negative stereotypes, or who may be inadvertently reinforcing a particular stereotype, is additionally important, simply because stereotypes do not exist in a socio-cultural void.

In a series of internal workshops on stereotypes, ALAC staff shared a number of stories of their own experiences of stereotyping. Several studies have shown that storytelling can initiate positive behaviour modifications by creating "parasocial" interactions between the storyteller and the listener, where the listener identifies themselves with the teller or sees themselves taking part in the story (Houston et al., 2011; Lewis, 2011).

A key result of the workshops was the proposal for an engagement model tentatively called TALES, namely:

- to *Think* about how stereotypes have affected you and those you care about;
- to *Anticipate* how your actions might perpetuate a stereotype or set of stereotypes;
- to *Listen* to others as they tell you their stories about stereotypes;

- to then *Engage* with others about how best to confront and destabilise a stereotype; and
- to *Shift* your thoughts and actions differently as a result.

It was imagined that the TALES model could provide an intermediary reflective step in the practices of all of ALAC/HPA's work and in ALAC/HPA's engagement with other agencies. It is also a model that could be applied to other agencies over time (when fully developed, tested and validated) and used as a conscious reminder and checking point for any negative stereotypes that may potentially affect the development of policies and practices.

Investing in relationships (particularly within communities) and respecting local knowledge are also needed to assist with transforming negative stereotypes and socially constructing more helpful and positive ones. ALAC/HPA has developed a number of key relationships with community-based groups over the years (such as the Aotearoa Māori Netball Oranga Healthy Lifestyles) that will likely help in this way.

Future directions

The potential implications for policy and practice (identified above) do raise some questions about the way in which HPA and other state sector agencies have traditionally operated. In particular:

- What does this mean for targeted approaches? For example, who are they reaching? When are they appropriate? When are they potentially reinforcing stereotypes? How can they best interact with more universal approaches to enhance overall effectiveness for diverse Māori?
- What are the implications for policy frameworks that are based on reducing disparities and inequalities? Are there other ways to address disparities and

inequalities without highlighting them so often?

- How does having specific Māori plans and policies fit with this thinking? Are there better ways of addressing the issues that the plans and policies are seeking to address that would also avoid any risk that the issues may be seen as a Māori problem only?

- If de-stigmatised, non-judgemental practices and programmes were adopted more generally, would there still be a need for culturally appropriate practices and programmes? Or do culturally appropriate practices and programmes provide the starting point for developing more people-centred state services?

Conclusion

Embedded within many international human rights instruments—including the United Nations Declaration of Human Rights and the Human Rights Act 1993—is the right to live free from ethnic discrimination (Crengle et al., 2012). While there are still some questions about the extent to which structural discrimination or systemic bias may be operating more broadly within the state sector, there is ample research to show that an ethnic discrepancy in socio-economic outcomes exists that cannot be explained by other factors.

Regardless of the extent of any ethnic discrepancy, it is contended that the mere existence of such a discrepancy should be of concern to government. Furthermore, the general approach to developing policies and the way that state services are provided may be inadvertently reinforcing negative stereotypes of Māori that may consequently have impacts on disparities in socio-economic and other outcomes.

This article has explored the concept of stereotypes, looking in particular at the practices that ALAC/HPA have implemented and are committed to continuing, with a view to being conscious of, and undermining, the negative perceptions of Māori and alcohol. It argues that these perceptions can affect drinking patterns among Māori and contribute, in turn, to the disproportionate levels of alcohol-related harm that Māori experience.

While the specific task for HPA is to identify points at which to intersect and destabilise the relationship between Māori and alcohol, the challenge is also for other practitioners to be conscious of stereotypes and how they may potentially influence *their* actions. Given government's ability to affect cultural discourse and institutional practice through its policies and practices, it is arguably also a government responsibility to be conscious of and work toward shifting any prejudices within these policies and practices (Durie, 2008). As Merton (1948/2010, p. 189) wrote: "The self-fulfilling prophecy, whereby fears are translated into reality, operates only in the absence of deliberate institutional controls."

A collaborative effort will also allow a more comprehensive documentation of the ways to intersect in those moments in which someone negotiates their identity as Māori, or (re)constructs their imagery of Māori.

Glossary

Auahi Kore	smoke-free
kōrero	conversation
kura kaupapa	school
marae	meeting places
Pākehā	New Zealander of European descent
rangatira	leaders
ruru parirau	shake your wings
Taihoa	hold up, wait
tamariki	children
tikanga	Māori custom
Tūranganui ā Kiwa	Gisborne
Wānanga o Aotearoa	a Māori-led tertiary education provider
whānau	family

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