



Manawaroa: Steadfast hope for whānau facing methamphetamine use

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Abstract

Manawaroa: Steadfast Hope for Whānau is among the first kaupapa Māori research projects in Aotearoa (New Zealand) to examine how methamphetamine (meth) use affects whānau (family). This article, the first publication from the project, describes the meth context in Aotearoa and centres a foundational premise: that whānau are essential to collective wellbeing, recovery and intergenerational transformation.

This kaupapa Māori one-year study, was funded by the Health Research Council, and employed pūrākau, traditional storytelling, as the method to explore the experiences of 22 participants, involving whānau members and alcohol and drug practitioners across Te Tai Tokerau (Northland region), Tāmaki Makaurau (Auckland region) and Te Moana o Toi (Bay of Plenty). Their accounts

provide important insights into what it means for whānau to live through methamphetamine-related harm while continuing to protect relationships, seek support and hold fast to the possibility of recovery. The article reveals why whānau often feel that they are carrying the burden alone and considers what becomes possible when lived experience, tikanga Māori (cultural customs and protocols) and clinical practice are brought into closer relationship. In doing so, it argues that prevention and recovery must move beyond an individual focus and recognise whānau as central to healing and intergenerational transformation.

Keywords: methamphetamine, whānau, support, health, well-being

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Methamphetamine in Aotearoa

Methamphetamine, also known as meth or P, is a major global public health concern. Over the past decade, production and trafficking have expanded rapidly, and amphetamine-type stimulants now account for almost half of all synthetic drug seizures worldwide (UNODC, 2025). Multiple international supply routes have increased availability and reduced prices. Within this global market, Aotearoa New Zealand has become a highly profitable destination because meth commands prices substantially above those in many other countries (Wilkins et al., 2025). These conditions have contributed to high rates of use and sustained pressure on communities.

While amphetamines have a history in Aotearoa as prescribed medicines, meth has also been used internationally to increase alertness and endurance particularly in military settings (Collins, 2023; Whiria Te Muka et al., 2023). In the 1990s, the domestic illicit market expanded as pseudoephedrine and ephedrine from cold and sinus medicines were diverted into underground manufacture where clandestine meth labs popped up in various settings (Howell et al., 2017). Over-the-counter access to these precursors was restricted in 2011, although in 2024 reclassified from prescription only to restricted (pharmacist-only) allowing the public to purchase these medicines from a pharmacist without a prescription (Ministry of Health, 2024). Though local meth labs are still being located (NZ Police, 2026), supply had become increasingly transnational, reducing the importance of domestic manufacture and embedding Aotearoa within international meth trafficking networks.

Escalating meth use and social harm

After nearly three decades of manufacture, distribution and use in Aotearoa, meth-related harm shows no sign of abating. Border seizures increased sharply in 2025, while wastewater data indicated that national consumption had doubled during 2024 (RNZ, 2025; Trigger, 2025; New Zealand Government, 2025). The New Zealand Illicit Drug Harm Index 2023 estimated annual meth-related personal harm at \$451.26 million and community harm at \$413.65 million, producing a combined social cost of \$864.9

million (National Drug Intelligence Bureau, 2024). These estimates are conservative because harms that do not result in hospitalisation or contact with formal systems may not be recorded.

Meth-related harm extends well beyond the person using the drug. It is associated with family violence, disrupted relationships, financial hardship, illness and sustained periods of crisis for whānau (Gordon & de Jong, 2018; NZ Police, 2021; Whiria Te Muka, 2023; Yeoman, 2023). Grandparents raising grandchildren have described parental drug use, including meth use, as a major reason their grandchildren entered their care (Gordon, 2016, 2018). With Gordon's study, grandparents highlighted their experiences of stress, poor health and difficulty accessing welfare entitlements for children they were caring for. Relatedly, rising consumption also places pressure on treatment, health and social services that are already constrained, particularly in rural areas where specialist addiction support is limited (Mane, 2025).

Impact of meth on Māori communities

Māori are reported to use methamphetamine at substantially higher rates than non-Māori, and many rural communities also experience high levels of use and limited access to services (Bax, 2021; de Graaf, 2025; Wikaire & Doherty, 2023; Yasbek et al., 2022). Furthermore, meth-related crises can become intergenerational, compounding deprivation, unemployment and existing pressure on whānau and community networks. Our study similarly identifies intergenerational use as an increasing reality for some whānau.

Significantly, these patterns must be understood within the wider context of settler colonisation. Research links colonisation, intergenerational trauma and the fragmentation of Indigenous communities with increased vulnerability to substance use (Ellison-Loschmann et al., 2024; Fuatai, 2019; Pihama et al., 2017, 2022; Spillane et al., 2023). For Māori, the continuing losses of land, resources, collective authority and cultural knowledge have weakened protective structures and contributed to conditions for addiction. Addressing meth-related harm therefore requires more than an individual treatment response; it requires approaches that restore collective strength, identity, connection and purpose.

Research and policy gaps

Despite the scale and duration of the issue, research in Aotearoa has largely focused on people who use meth and on clinical research questions, including neurological effects, pregnancy and child development, and treatment options (Coutts, 2022; Hodge et al., 2025; Newcombe et al., 2025; Wouldes et al., 2014). Far fewer studies utilise a kaupapa Māori or community-led approach, or examine the cumulative effects on whānau cohesion, health and wellbeing (Bax, 2021; Crossin et al., 2022; Wikaire & Doherty, 2023). In turn, whānau have often had little practical information or sustained support and have been left to manage complex harms in isolation (Snelgar, 2026; Yeoman, 2023).

Policy has also prioritised supply reduction through policing and border control (Crossin, 2025). Although these measures respond to an increasingly sophisticated transnational market, they have not stemmed availability or adequately addressed demand and community harm. The Government's Methamphetamine Action Plan, announced in November 2025, combines enforcement and border measures with a national awareness campaign, additional addiction services and support for community-led responses (New Zealand Government, 2025). Its effectiveness will depend on whether these commitments produce sustained, accessible and culturally grounded support for whānau and the communities most affected.

Manawaroa: Steadfast Hope for Whānau

The Manawaroa (resilience) research project was developed in response to the limited practical information and sustained support available to whānau living with or in close contact with whānau who use methamphetamine. Although research on methamphetamine has increased, comparatively little attention has been paid to its everyday effects on whānau relationships, health and wellbeing, or to how whānau navigate prolonged periods of uncertainty and crisis. The study therefore aimed to understand how meth use affects whānau, how whānau sustain and protect one another, and what forms of culturally grounded and clinically informed support may strengthen recovery.

A further concern informing the study was the limited integration of cultural and clinical approaches within meth services. Integrated care is intended to bring services and sectors together

around the needs of individuals and whānau. In practice, however, cultural and clinical models may be offered separately, leaving uncertainty about how they can be combined in a coherent approach. As one alcohol and drug practitioner explained during the research:

For the clinical side of things, I would say there's probably not too much in terms of cohesion between the two approaches—cultural and clinical. You get services that are either heavily clinical or heavily kaupapa Māori, but not much in terms of how to achieve both together. I don't think there are too many resources in terms of how to achieve a collaborative approach between those two approaches.

This concern was especially relevant because tikanga and marae-based wānanga are increasingly used as culturally grounded spaces for connection, learning and recovery. Existing work also provides examples of collaborative cultural and clinical practice (Niania, Bush & Epston, 2017; Kopua, Kopua & Cherrington, 2025). However, further research is needed to clarify the principles, processes and service conditions through which these approaches can be brought together in ways that are accessible and useful to whānau. Manawaroa was positioned within this broader area of inquiry.

The Manawaroa study was a 12-month Explorer Grant project funded by the Health Research Council conducted from July 2025 to July 2026. This kaupapa Māori study was undertaken in partnership with three Māori health providers in three regions experiencing high levels of methamphetamine use, Te Hiku Hauora (Northland), Te Hā Oranga (Auckland) and Te Puna Ora o Mataatua (Whakatane). By centring whānau experiences, the project was designed to extend research beyond an individualised and predominantly clinical focus on meth use and to identify questions for the development of more whānau-centred support.

Kaupapa Māori methodology

The research was grounded in kaupapa Māori methodology (Nepe, 1991; Smith, G. H., 1997; Pihama, Cram & Walker 2002, Pihama et al., 2004; Mane, 2009; Smith, L. T., 1999). This approach placed whānau knowledge, Māori values, relationships and collective wellbeing at the centre of the inquiry. It also shaped how the research partnerships were formed, how participants were engaged and how their accounts were interpreted.

The co-investigators, Dr Jo Mane and Prof Jenny Lee-Morgan, also brought lived experience of raising mokopuna affected by parental methamphetamine use. This experience informed a relational and ethically attentive approach to the study and reinforced the importance of recognising whānau as knowledge holders. It also required ongoing reflexivity about the researchers' relationships to the topic, participants and interpretations developed through the research.

The study employed pūrākau as both methodology and method (Lee, 2009). Pūrākau provided a culturally located way of eliciting, organising and interpreting participants' accounts as connected narratives rather than as isolated responses. This narrative approach also enabled attention to experiences, meanings and relationships within the wider social and cultural context of Aotearoa.

Participants, data collection and analysis

Twenty-two participants were interviewed across the three regions of Tai Tokerau (Northern region), Tamaki Makaurau (Auckland region) and Te Moana o Toi (Bay of Plenty region). Participants fell into two groups: alcohol and other drug practitioners; and whānau affected by methamphetamine use. The interviews invited participants to describe the effects of methamphetamine use on whānau, the ways whānau responded and sustained one another, their experiences of support and services, and the circumstances that shaped recovery.

Participants' accounts were analysed for recurring patterns across the three study regions. The analysis attended to shared and differing experiences while retaining the relational and narrative context of each account. This process provided the basis for a brief overview of some of the key themes, that follow.

Key Findings

The scoping study generated two interconnected strands of findings. The first concerned the effects of meth use on whānau living with, or in close contact with, one or more whānau members who used meth. The second concerned kaupapa Māori, recovery-focused practices that participants considered effective. Across both strands, participants shared deeply personal and

often traumatic experiences, while also demonstrating resilience, courage and fortitude.

Little information & support for meth-impacted whānau

The first theme was the need for accessible information, preventative education, and clear pathways to services. Nearly all whānau participants reported receiving little or no support for themselves, despite often managing crisis situations related to a whānau member's meth use. The whānau participants included parents, grandparents, partners, adult children, siblings, aunties, nieces and cousins of people who were either in recovery or actively using meth. While some support was available for people who use meth, participants were often unaware of services for whānau or uncertain about whom to approach. Recent investment in meth harm-reduction initiatives such as Te Puārangi and Te Kāhui Mārohirohi o Ngāpuhi in Tai Tokerau, may begin to address this gap; however, participants who had struggled for many years described a longstanding sense of being left to cope alone.

A participant who managed health services in a rural community, and who had whānau members in recovery and active use, described the isolation that families experienced:

I guess the struggle was that all the families that had users in their family were just trying to do things on their own ... in my whole experience and others, we didn't know what to do. We'd go and ask for information, but at home, it felt like that's your business. They don't want to get involved. Also, as whānau, if you don't know, you don't know and well, I didn't know and as a Hauora (Health) person, I thought that was quite bad.

This account highlights both the uncertainty whānau faced and the barriers created when services treated meth use as a private family matter. Participants suggested practical resources, such as pamphlets, booklets and local service directories, should be available through general practices, health centres, social services and walk-in spaces. Making resources available online is a further possibility though digital-only information may not suit people with limited access to devices, internet or Wi-Fi.

Although the study focused on the wellbeing of whānau living with or close to someone who used meth, participants often prioritised concern for the health of the person using. Several had lost whānau members with co-occurring health

conditions, including one participant who concurred that the deaths of her husband and two daughters were contributed to through their use of methamphetamine. These accounts underscored the need for clearer information about the long-term health effects of methamphetamine use.

Highlighted in this study is the importance that public health messages explain risks such as toxicity, heart disease, mental illness, psychosis and early dementia in language that is direct, credible and grounded in lived realities. A mother of five who had experienced four years of addiction described the need for “real, raw kōrero”:

Our rangatahi need real, raw kōrero to help them so that they know—if they're going that way, this is what's going to happen. You're going to get lied to. You're going to get manipulated. You're going to get used and abused, there's domestic violence, there's guns, there's thieving—it's the truth!

Community & preventative education

Participants also emphasised the need for education about how meth use begins and how it affects whānau and communities. One younger participant, whose older sister had moved in and out of active use for more than 20 years, explained:

I don't think there's enough education around meth use, how horrible it is, around how much it affects communities, families. I don't think there's enough education on how it's spread ... probably 99% of the time somebody they knew and trusted offered it to them. So there needs to be more education around how that is the case that friends and family can be the ones who spread it the most.

Suggested education strategies included information tents at local pop-up events, health expos and Rongoā (traditional healing) Days:

Having someone or a pop-up tent around meth kōrero, that would kind of give our kids and our community some sort of understanding. (Mother of five tamariki, seven years in recovery)

Participants wanted these initiatives to provide local contacts for addiction services and support for meth-impacted whānau. Health education in schools was also advocated as a preventative approach:

The Ministry of Health and schools just need to be blunt about it and be really clear that you are ***** up your life if you decide to take this; there just needs to be a clear understanding that meth can ruin

your life. (Younger sibling of a person who used methamphetamine)

Mistrust of services & prolonged crisis

It is important to note that participants stressed that information alone was not sufficient. Some whānau distrusted services because of previous experiences of judgement, punitive responses or delayed intervention. Many described living in survival mode and being uncertain about what support would make a meaningful difference. One participant, who sought custody of her baby sister at the age of 19 because of her father's and his partner's methamphetamine use, recalled:

I felt like a lot of the agencies that turned up were full of shit. I was thinking, where were you all? I was raising flags, and now you're saying that, you know, the whānau? In my eyes, yeah, they were all shit.

For whānau still living through active use, sustained efforts to obtain help often resulted in exhaustion and feelings of hopelessness. A grandmother raising mokopuna (grandchildren) described repeatedly seeking assistance:

I've just been pounding them [services] for like, over a year—it's been like five years or ten years. She's got nowhere to go; she'll end up either getting institutionalised, dead or in prison, I don't know. (Grandmother raising mokopuna)

Intergenerational impacts on whānau

Whānau participants described a volatile continuum of harms associated with whānau meth use, including anxiety, depression, constant worry, trauma, isolation, exhaustion, fear, theft, stigma, confusion, shame and financial stress. Some reported physical, psychological, and financial abuse. A grandmother raising several mokopuna described what it was like before her daughter became secure in recovery:

She was always stealing, stealing, stealing, and being incredibly abusive, verbally abusive, threatening and hideous. (Grandmother raising mokopuna)

For several participants, these experiences have extended across decades and generations. One participant traced meth use from her aunt's generation to her own nieces and nephews:

I have 60-something cousins; there are only five of us who have never touched methamphetamine. (Whānau participant)

Participants also described meth as contributing to death, misadventure, violence and repeated threats of self-harm within their whānau. For

some, crisis had become a recurring part of everyday life:

Do you know how many members of my family tell me that they want to kill themselves on a weekly? I get messages on Messenger: 'I'm done with life, I'm going to kill myself.' It's on a weekly. (Whānau participant)

Cultural support & whānau-centered recovery

The second strand of findings concerned effective recovery practice. Nearly half of the participants in the study identified wānanga, particularly whānau-focused, tikanga-based and marae-based wānanga, as contributing to recovery. One AOD clinical manager, seven years into recovery, described the complementary roles of cultural identity and clinical support:

We run wānanga, tikanga wānanga and mau rākau wānanga (traditional weaponry and combat). We're starting small, but for me tikanga Māori, because it's our identity, there's so much healing in it. Tikanga Māori is at least half the solution and the other half is the stuff you're trying to create, like the counselling, trying to make it normal to ask for help, giving people tools, strategies—all that stuff is the other half. (AOD clinical manager)

Several participants emphasised that wānanga should involve the wider whānau, rather than focus only on the person in recovery:

It was dealing with the whole whānau so that everyone was getting healing, not just the addicted person. There was a space where my tamariki could come and talk as well, and share their story, and I was there hearing it. It's pretty powerful. (Mother working as peer support, seven years in recovery)

These wānanga incorporated practices such as karakia (prayer), waiata (singing), kapa haka (group performance), waka ama (outrigger canoes), waka taua (traditional war canoe), mau rākau, whakawhiti kōrero and whanaungatanga (connections and relationships). Participants commonly linked recovery with connection to te ao Māori (the Māori world), te taiao (the environment) and their recovery whānau. Two practitioners also described whakawātea (cleansing), wairuatanga (spirituality), meditation and breathwork as integral to their healing approaches. Together, these accounts suggest that effective recovery practice is relational and holistic: it strengthens cultural identity, involves the wider whānau, and brings cultural and clinical forms of support into closer alignment. How these elements can be developed into coherent

and accessible models of integrated practice remains an important area for further research.

It is important to note that most of the practitioners were themselves in long-term recovery (for at least six years) and worked in peer support, counselling, or clinical management. Their accounts conveyed hope while emphasising the credibility of support grounded in lived experience. One clinical manager reflected:

I came here broken and just followed those who led the road in front of me, and I just couldn't believe that you give up one thing to get everything ... but probably also I wouldn't listen to someone sitting there who hasn't been there. (AOD clinical manager)

Such accounts positioned recovery as possible and highlighted lived experience as a critical source of trust, guidance and hope for both people seeking recovery and their whānau (Jowett et al, 2021).

Conclusion

Manawaroa created space for meth-impacted whānau and practitioners to share experiences that are usually unseen but nevertheless hold hope. Research participants described the value of having their struggles recognised and, for some, the act of sharing was itself healing. Their accounts also reveal the depth and intergenerational nature of meth-related harm: prolonged crisis, fragmented relationships where fear and exhaustion were intensified by limited information, inconsistent support and mistrust of services. Raising awareness and making practical information widely available are therefore essential, but information alone will not meet the needs of whānau living through active use and recovery.

The central message of this study is that whānau must be recognised, supported and resourced as an integral part of prevention and recovery. Participants called for responses that are accessible, sustained and culturally grounded, and that combine clinical knowledge with tikanga, wānanga, connection to te ao Māori and te taiao, and the practical wisdom of lived experience. Such approaches shift the focus from treating meth use solely as an individual problem towards strengthening the relationships and collective conditions that make healing possible.

This requires whānau and community-led solutions in which people with lived experience help shape services, prevention initiatives and recovery pathways. Recovery-led practice can build trust, restore hope and connect cultural and clinical forms of support in ways that respond to the realities of whānau. Further articles from Manawaroa will develop these findings in greater depth. Together, they reinforce the project's guiding insight: enduring change will depend on placing whānau at the centre of responses to meth harm and investing in their capacity to lead intergenerational healing and transformation.

Glossary

Aotearoa	Long white cloud (New Zealand)
Hauora	Health, wellbeing
Karakia	Ritual incantation, prayer
Kapa haka	Traditional Māori group performance
Kaupapa Māori	Māori-led initiatives grounded in Māori worldviews
Manawaroa	Long heart; resilience
Marae	Traditional Māori meeting place
Mau rākau	Traditional Māori weaponry and combat
Mokopuna	Grandchildren
Pūrākau	Storytelling, Narratives
Rangatahi	Youth, young people
Rongoā	Traditional healing
Tamariki	Children
Te Ao Māori	The Māori world
Te Taiao	The natural environment
Tikanga	Māori cultural customs and protocols
Waiata	Song; to sing
Wairuatanga	Spirituality
Waka ama	Outrigger canoe
Waka taua	Traditional Māori war canoe
Wānanga	Collective learning space
Whaiora	Seeking health or wellbeing
Whakawātea	Clearing, cleansing
Whakawhiti kōrero	Dialogue, exchange of ideas
Whānau	Family
Whanaungatanga	Relationships, connectedness

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