Indigenous research and studies

First author	Year	Study type	Country	Comment	NZ	Setting	Participants/ Studies	Drug type	Population	Intervention	Funding (research)	Broader context	Outcomes/findings	Link
First Nations Health Authority	2025	Review - grey	Canada (BC); CANZUS	Scoping of Indigenous Harm Reduction practices developed from lit review + interviews	N	Diverse	56	Diverse	Diverse literature; service providers and people with lived and/or living experience of substance use	Diverse	Health Canada	Developed in context of overdose crisis	Needs/priorities for IPWUD	
Native Youth Sexual Health Network	2014	Framework/Model	Canada	Four Fire Model - shifts the focus away from the traditional Four Pillars model to critically analyse the reduction of colonial harm	N	-	-	-	-	-	-	Additional sexual health context	-	LINK
McLachlan	2024	Framework/Model	NZ	Discusses Tawhiti (Pae Tata, Pae Tawhiti) - outlines NZ Indigenous, trauma-infromed approach to harm reduction (principles and practices); designed for brief/early intervention	Y	-	-	-	-	-	-	KPM framework; uses extended Te Whare Tapa Whā model and understanding of of intergenerational trauma	Critical components of Indigenous (KPM) HR; Whakapapa, huanui oranga, mauri ora - whānau ora - wai ora, ngā take pū o te tangata	LINK
McLachlan	2015	Review - narrative; Framework/Model	NZ; Global	Review of international and Aotearoaliterature in regard to key considerations for Ma¯ori parents withSUDs who present to an Alcohol and Drug specialist for assessmentand treatment.	Y	-	-	-	Parents with SUD	-	-	*Whānau wellbeing* ; self managing, living healthy lifestyles, participating fully in society, confidently participating in te ao Māori, economically secure and involved in wealth creation, cohesive, resilient, and nutruing. *Whānau ora philosophy/practice;* Whānau as a collective entity, endorses a group capacity for self-determination, intergenerational dynamics, Māori cultural foundation, positive roles for Whānau within society, application across a wide range of social and economic sectors	Need for set of skills and understandings; realities of lifestyles centered in low socioeconomic communities and co-occurring issues that contribute to poor health outcomes, working in a Whānau-centered approach with Whānau as a collective entity, based on Māori foundations; understanding intergenerational dynamics; and endorsing a group capacity for self-determination. Advocating for leadership within these communities, working with families, and providing culture support are viewed as seminal.	LINK
Kapuaahiwalani-Fitzsimmons	2014	Qualitative - interviews; thesis	NZ	Explored perspectives of Māori rangatahi, who had previously accessed a kaupapa Māori youth residential AOD treatment service about critical success factors in treatment	Y	Residential AOD - Youth	10	Diverse	Youth	Residential AOD	-	KPM service, KPM framework	Multifaceted, holistic and culturally-informed programming critical - Māori health concepts and tikanga Māori in lived practice (applied), increasing sense of belonging, youth involvement/co-design and implementation	LINK
Paki	2010	Evaluation - thesis	NZ	Evaluation of abstinence-based AOD treatment centre for adolescents (Rongoa Ātea)	Y	Residential AOD - Youth	-	-	Youth; service staff	Residential AOD	-	KPM service, KPM framework	Need for safe and supportive staff/client relationships, goal setting, the need to have fun, and whānau inclusion. More resourcing of detox and aftercare essential	LINK
Waigth	2012	Evaluation - grey	NZ	Experiences of Māori program (Whānau Group) at Higher Ground (AOD Treatment Programme, Rehab Trust)	Y	Residential	12	Diverse (meth, alcohol, cannabis)	Residents	Residential AOD; 12 step, therapeutic community	-	KPM framework	Māori symbolism and processes useful for rehabilitation, improved identity, collective effort; need for more time to learn and less repetitiveness	LINK

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Hodge	2025	Development	NZ	Explains the development of Rongoā Māori approach to psilocybin mushroom use (psychedelic-assisted therapy; PAT) for problematic meth use	Y	Marae	-	-	-	PAT; rongoā	HRC	KPM development of novel treatment modality	In development - combination approach with KPM framework/principles, Rongoā Māori conceptualisation of health, informed by biomedical science	LINK
McCarty (NB - this is referenced but not discussed in the report)	2024	Evaluation - grey	NZ	Evaluation of community-based meth harm reduction interventions in Hawke's Bay (outcomes noted as "highlights") - 5 NGOs; Oranga Mana Ake, Te Pihinga Ake, Te Whaiora Ara Tapu, He Ringa Whānau Ora, and Toi Hua Rewa	Y	Hawke's Bay services	Varied	Meth	MUD and service kaimahi	Diverse	Mixed	Each service offered diverse interventions and support, different models used	Broad highlights dependent on intervention program e.g. Uptake of further study or employment, cessation of dependence, greater whānau connection, physical health, youth mentoring, increased connection to te reo and te ao Māori. Areas for improvement include ensuring sustainability, broadening focus (funding and targets), strengthening relationships with funders (incl cross agency support) and reporting/eval processes, maintain local solutions, fund section 27 reports, establish iwi/community-led acute care	LINK
Brausch	2023	Report	NZ	This report outlines the importance of language use for AOD outcomes and stigma/harm reduction	Y	-	-	-	-	-	-	-	-	LINK
Opai	2020	Glossary	NZ	A Māori language glossary for use in the mental health, addiction, and disability sectors. Provides kupu Māori for key terms that are utilised and referred to within the sector	Y	-	-	-	-	-	-	-	-	LINK
Zolopa	2025	Review - scoping	CANZUS	Practices and possibilites; emphasis on community involvement, pragmatism and holisitic care across HR/Indigenous practice; cultural appropriateness a concern for other community members, opportunities to integrate HR with Indigenous healing	N	-	28	-	CANZUS indigenous communities	Diverse	NIH; Author Scholarships	"scoping review of primary studies regarding drug use harm reduction approaches among Indigenous communities ...included studies that (1) reported on harm reduction principles or strategies; and (2) either reported disaggregated results for Indigenous participants or were based on a sample in which at least half of the participants identified as Indigenous."	"Indigenous people who use drugs generally reported favourable attitudes towards harm reduction initiatives; other community members and healthcare providers were more hesitant. A variety of harm reduction strategies were discussed, most commonly needle-syringe programs (n = 8, 29 %). Barriers included the availability and acceptability of harm reduction services. Community members expressed concerns regarding cultural appropriateness, but also offered possibilities for improved integration of harm reduction into Indigenous traditions and practices."	LINK

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Henderson	2023	Review - realist	Global (did not use Māori as search term)	Compassion critical at individual but also structural level. Client self-determination important at structural and individual level, holistic effort and outcomes important	N	-	27	Opioids	Opioid dependent indigenous peoples	Diverse	CIHR; Health Canada	Realist review aiming to inform best practice for opioid use programmes in indigenous communities	Compassion important at individual but also structural level. Client self-determination important at structural and individual level, holistic effort and based in these leads to improvement in diverse non-drug outcomes	LINK
Richer	2023	Review - systematic	Canada; USA	Not super evaluative - "11 of the interventions integrated cultural practices into the interventions, which included drum circles, sweat lodges, ceremony and developing traditional skills"	N	NA substance use interventions	18	Diverse	Indigenous North Americans	Diverse	-	Culturally adapted drug treatment or harm reduction approaches included	Lacking outside of SW USA, and in urban settings. Minimal evaluation. Few substance specific interventions. 15 adhered to the principles of CBPR, meaning Indigenous communities acted as equal partners in the research	LINK
Tracy	2023	Review - narrative	Australia	Focuses on treatments to help an Aboriginal or Torres Strait Islander person reduce or stop AOD use - more of an overview	N	Diverse	-	Diverse	Aboriginal and/or Torres Strait Islanders	Diverse	-	-	Principles of AOD treatment for Indigenous Australians; trust building and friendly engagement, incorporation of social and emotional wellbeing, incorporation of culture/spirituality, inclusion of Indigenous staff. Minimal outcome evaluations	LINK
Heath	2022	Review - scoping	Australia	"Empirical and grey literature relating to Indigenous Australian peoples' lived experiences of accessing and undergoing AOD treatment"	N	-	27	-	Aboriginal and/or Torres Strait Islanders	Diverse	-	-	Integration of tailored culture and hoslitic, strength-based approaches that prioritise self-determination are important for Indigenous Australians	LINK
Krakouer	2022	Review - systematic	Australia	Only three out of nine studies yielded a statistically significant reduction in substance use. Acceptable components included cultural safety, First Nations AOD workers, inclusion of family and kin, outreach and group support.	N	Community-based models of AOD support	17	-	Aboriginal and/or Torres Strait Islanders	-	First Peoples' Health and Wellbeing	-	Seventeen studies were included. Nine studies evaluated the program's impact on substance use and 10 studies assessed program acceptability (two studies evaluated both). Only three out of nine studies yielded a statistically significant reduction in substance use. Acceptable components included cultural safety, First Nations AOD workers, inclusion of family and kin, outreach and group support. Areas for improvement included greater focus on holistic wrap-around psychosocial support, increased local community participation and engagement, funding and breaking down silos.	LINK

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Levine	2021	Evaluation - workshops	Canada	"Not Just Naloxone" - 3-day train-the-trainer worksop to build community capacity. Involves; Overdose Public Health Emergency and Prohibition, Decolonizing Addiction, Indigenous Harm Reduction, Take Home Naloxone/Overdose Response, "Taking Care of Each Other"Indigenous Harm Reduction Video Series	N	Workshops in British Colombia	37 (from 6 workshops)	-	First Nations harm reduction or community health staff	"Not Just Naloxone" Workshops	-	In wake of public health emergency due to rise in illicit drug overdose deaths	Core strengths of the training included an Indigenized approach and the opportunity to build networks of support. Respondents reported increased knowledge and confidence presenting about harm reduction and feeling more prepared to respond to overdoses. Areas for improvement included maintaining up-to-date training materials and navigating emotional triggers for participants. Trainees went on to train over 2,400 community members in naloxone and Indigenous harm reduction, and reported that communities' awareness and attitudes around harm reduction began to change.	LINK
Cheetu	2025	Report - mapping services (grey)	Canada	General scan of services for racialised communities	N	-	10 services (6 indigenous)	-	-	Diverse service provision	-	-	Outlines service provsions. Cultural competency; Common themes across services included trauma-informed and strengths-based care, anti-racism practices, and the affirmation of cultural identity. Some integrated traditional practices directly into HR programming, while others combined cultural elements with western care models.	LINK
Hewlett	2023	Framework/Model	Australia	Development of an Aus FASD Indigenous Framework - "Aboriginal wisdom (strengths-based, healing-informed approaches grounded in holistic and integrated support) and Western wisdom (biomedicine and therapeutic models) in relation to FASD. From a place of still awareness (Dadirri), both forms of wisdom were drawn upon to create Australia's first FASD Indigenous Framework, a new practice in the assessment and diagnosis of FASD, which offers immense benefit to equity, justice, support and healing for Aboriginal families with a lived experience of FASD."	N	-	-	Alcohol	-	-	-	-	Based on literature review, collaborative group yarns and two-way yarns, a conceptual model was developed that highlights the shifts need in thinking, being and doing of non-Aboriginal clinicians and Aboriginal peoples.	LINK

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Marsh	2016	Qualitative - interviews/focus groups	Canada	The Indigenous Healing and Seeking Safety (IHSS) group (conducted as sharing circles) were offered twice a week over 13 weeks. Data was collected via semi-structured interviews as well as an end-of-treatment focus group.	N	-	17	Diverse	Aboriginal people with intergenerational trauma (IGT) symptoms and SUD	Seeking Safety with Indigenous traditional healthing practices	-	"Seeking Safety" is a treatment for PTSD. This study evaluates a Two-Eyed Seeing approach; a blending of indigenous and Western methods/knowledge. Incorporated sweat lodge ceremonies, smudging, drumming, sharing circles, sacred bundle, traditional healers, elder teachings	Indigenous methods stengthened participant experience; increased understanding and facilitated healing through the sharing circles,; increased understanding of link between IGT and SUD, and colonisation and how to apply this knowledge for healing. Ultimatlely, sharing circles and the presence of Elders and Aboriginal helpers increased the benefits of the blended approach.	LINK
Marsh	2016b	Mixed methods	Canada	A Two-Eyed seeing approach was taken, blending the Seeking Safety model, involving the teaching of coping skills to help heal trauma and/or SUD - this was combined with Indigenous healing practices across 13 weeks.	N	Outpatient	24	Various	Aboriginal people with intergenerational trauma (IGT) symptoms and SUD	Indigenous Healing and Seeking Safety	-	Aboriginal Canadians with experience of Intergenerational trauma and substance use problems	"A total of 17 participants completed the study. All demonstrated improvement in the trauma symptoms, as measured by the TSC-40, with a mean decrease of 23.9 (SD=6.4, p=0.001) points, representing a 55% improvement from baseline. Furthermore, all six TSC-40 subscales demonstrated a significant decrease (anxiety, depression, sexual abuse trauma index, sleep disturbance, dissociation and sexual problems). Historical grief was significantly reduced and historical loss showed a trend on reduction. Substance use did not change significantly as measured by the ASI-Lite alcohol composite score and drug composite score, but one third of the sample did not report substance use at baseline and thus these variables were underpowered."	LINK
Zuk	2024	Qualitaive interviews	Canada	"In response to the opioid use challenges exacerbated from the COVID-19 pandemic, Fort Albany First Nation (FAFN), a remote Cree First Nation community situated in subarctic Ontario, Canada, implemented a buprenorphine-naloxone program. The newly initiated program was collaboratively developed by First Nations' nurses and community leaders, driven by the community's strengths, resilience, and forward-thinking approach"	N	Fort Albany First Nation (Subartic Ontario)	20 community members who helped lead pandemic response	Opioids	Fort Albany Community	Buprenorphine-naloxone program	Canadian Institute of Health Research	In wake of public health emergency due to rise in illicit drug overdose deaths, and situated in subartic First Nations dominated area where opioid-related inequity is felt	"The study highlights the successes of the buprenorphine-naloxone program, which was developed in response to the needs arising from the pandemic, specifically addressing community members suffering from opioid addiction ... Holistic care, including mental health services and fostering community relations, is important. By centering conversations on community strengths and advocating for culturally sensitive mental health strategies that nurture well-being, resilience, and empowerment, these findings can be adapted and expanded to support other Indigenous communities contending with opioid addiction."	LINK

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Nelson	2024	Single arm pilot	USA	Piloted online Harm Reduction Talking Circles for Indigenous North Americans with AUD across 8 weeks. Essentially showed that these can be done, and are well received	N	Outpatient	51	Alcohol	American Indian/Alaska Native adults	virtual Harm Reduction Talking Circles	-	This research came out of the need to distance during the COVID-19 pandemic.	Participants attended an average of 2.1 (SD = 2.02) virtual HaRTC sessions, with 64% of participants attending at least one. On a scale from 1 to 10, participants rated the virtual HaRTC as highly acceptable (M = 9.3, SD = 1.9), effective (M = 8.4, SD = 2.9), culturally aligned (M = 9.2, SD = 1.5), helpful (M = 8.8, SD = 1.9), and conducted in a good way (M = 9.8, SD = 0.5). Although the single-arm study design precludes causal inferences, participants evinced statistically significant decreases in days of alcohol use and alcohol-related harm over the three timepoints. Additionally, both sense of spirituality, which is a factor of cultural connectedness, and health-related quality of life increased over time as a function of the number of HaRTC sessions attended.	LINK
Dale	2021a	Multi-methods (yarn, Western qual)	Australia	A yarn that sought to; "develop initial evidence of: (i) attributes of Aboriginal SMART Recovery facilitators and group members; (ii) characteristics of Aboriginal-led SMART Recovery groups; (iii) perceived acceptability and helpfulness of SMART Recovery; and (iv) areas for potential improvement."	N	Panel	21	Various	Aboriginal SMART facilitators & group members	SMART Recovery	-	"SMART Recovery is a free, empirically-based mutual support group program that imparts tools and techniques derived from motivational interviewing and cognitive behavioural therapy techniques to encourage 'self-empowered behaviour change'. The program's core tools are: 'change plan', 'cost benefit analysis', 'goal setting', 'problem solving', 'role play', 'thoughts, feelings, and actions' and 'urge log'."	"Aboriginal-led SMART Recovery groups were culturally customised to suit local contexts. Program tools 'goal setting' and 'problem solving' were viewed as the most helpful. Suggested ways SMART Recovery could enhance its cultural utility included: integration of Aboriginal perspectives into facilitator training; creation of Aboriginal-specific program and marketing materials; and greater community engagement and networking. Participants proposed an Aboriginal-specific SMART Recovery program"	LINK
Dale	2021b	Delpi-Yarn	Australia	"conducted to: (1) Obtain expert opinion regarding the cultural utility of an Indigenous SMART Recovery handbook; (2) Gain consensus on areas within the SMART Recovery programme that require cultural modification and; (3) Seek advice on how modifications could be implemented in future programme design and delivery." This and prior work related to the realisation of YarnSMART - the Aboriginal SMART Recovery program	N	Panel	11	Various	Indigenous Australian health and wellbeing experts	SMART Recovery	Researcher-specific funding	"SMART Recovery is a free, empirically-based mutual support group program that imparts tools and techniques derived from motivational interviewing and cognitive behavioural therapy techniques to encourage 'self-empowered behaviour change'. The program's core tools are: 'change plan', 'cost benefit analysis', 'goal setting', 'problem solving', 'role play', 'thoughts, feelings, and actions' and 'urge log'."	"The panel reached consensus on five key programme modifications (composition of a separate facilitator and group member handbook; culturally appropriate language, terminology, and literacy level; culturally meaningful programme activities; supplementary storytelling resources; and customisation for diverse community contexts). The panel also developed a series of practical implementation strategies to guide SMART Recovery through a modification process."	LINK

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Dickerson	2012	Focus Group	USA	Focus groups were conducted to assist in the development of the DARTNA protocol.	N	-	18 (3 groups)	Various	American Indian/Alaska Native adults with SUD, substance use treatment providers, and community advisory board	Drum-Assisted Recovery Therapy for Native Americans (DARTNA)	NIH/NCCAM and NIDA	"Drumming has been utilized among American Indian/Alaska Native (AI/AN) tribes for centuries to promote healing and self-expression."	"Four overarching conceptual themes emerged across the focus groups: (1) benefits of drumming, (2) importance of a culture-based focus, (3) addressing gender roles in drumming activities, and (4) providing a foundation of common AI/AN traditions."	LINK
Dickerson	2014	Pre-test, focus group	USA	"1) an initial pretest of DARTNA provided to 10 AI/AN patients with histories of substance use disorders, and 2) three subsequent focus groups conducted among AI/AN DARTNA pretest participants, substance abuse treatment providers, and the DARTNA Community Advisory Board. These research activities were conducted to finalize the DARTNA treatment manual"	N	Outpatient	10 in pretest, 15 across 3 focus groups	Various	American Indian/Alaska Native adults with SUD history, substance use treatment providers, and community advisory board	Drum-Assisted Recovery Therapy for Native Americans (DARTNA)	NIH/NCCAM	This follows 2012, looking to develop and finalise protocol for DARTNA	"Results suggest that DARTNA may be beneficial for AI/ANs with substance use problems"	LINK
Dickerson	2021	RCT (Feasibility)	USA	"The DARTNA protocol is an adaptable program available as either a 6-, 12-, or 24-session program. In the current study, we initially chose the 12-session format based on promising findings observed at 12 weeks in the DARTNA pilot study and recommendations from the DARTNA CAB to shorten the number of sessions from 24 provided in our pretest. Thus, participants initially received twelve 3-hour sessions for a total of 36 h. The first 60 min of each session focuses on education covering AI/AN drumming, the Medicine Wheel, 12-step philosophy, and the 12-steps and Medicine Wheel program. The next 90 min focus on AI/AN drumming. The last 30 min comprise a Talking Circle. DARTNA serves as an introduction or review of AI/AN traditional concepts of wellness. Participants receive drums and have the opportunity to make	N	Outpatient	63	Various	American Indian/Alaska Native adults seeking alcohol use treatment within an urban area in southern California	Drum-Assisted Recovery Therapy for Native Americans (DARTNA)	NIH/NCCAM	Follows 2014 pretest	"At end of treatment, DARTNA participants reported significantly lower cognitive impairment and lower counts of physical ailments. Given that this was a feasibility trial, we also used Cohen's d = 0.20 or odds ratio = 2 or 0.5 to determine clinical significance. At end of treatment, we found promising benefits for DARTNA participants related to better physical health, fewer drinks per day, and lower odds of marijuana use in the past 30 days compared to the control group. Using these criteria, at 3-month follow-up, DARTNA participants reported less adoption of 12-step principles, less cognitive impairment, and lower anxiety with relationships. However, DARTNA participants reported more drinks per day and more cigarettes compared to the control group. "	LINK
Gone	2015	Pilot	USA	"collaborative, community-based development of an alternative indigenous intervention that was implemented as a form of SUDs treatment in its own right and on its own terms"	N	Land-based	4	Various	Blackfeet males with SUD	Blackfeet Indian Culture Camp	-	"A trial implementation of a seasonal cultural immersion camp based on traditional Pikuni Blackfeet Indian cultural practices"	"the pilot offering of the culture camp primarily served as a demonstration of “proof of concept” for this alternative indigenous intervention." Was well received by participants, and "staff" (members of Crazy Dogs, Blackfeet traditionalists)	LINK

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Carswell	2023	Evaluation	NZ	Evaulation of He Waka Tapu AOD programs (among others in report)	Y	Outpatient/Inpatient	-	Various	People with substance-related problems	AOD programming (e.g. Mauri Ora Experience)	He Waka Tapu	Ōtautahi-based Kaupapa Māori service	"Whaiora who attended AOD programmes gave examples of how He Waka Tapu had supported them to address their addictions, the knowledge and confidence they had gained and the positive outcomes resulting from this. Key themes included supporting whaiora to stay alive and provide the knowledge, tools and aroha to begin their journey of recovery. To reconnect with Te Ao Māori gave them strength, confidence and knowledge."	LINK
Walton	2021	Evaluation	NZ	The Te Ara Oranga report (based on the initiative rolled out in Te Tai Tokerau) contains a process evaluation, outcomes evaluation, cost/benefit analysis, and recommendations.	Y	Outpatient	-	Methamphetamine	People who use meth in Te Tai Tokerau	Te Ara Oranga	Ministry of Health	"Te Ara Oranga is seen as a blend of initiatives, building on Police and Public Health programmes, and adapting the Matrix Model, used elsewhere"	" The evaluation is technically sophisticated and uses leading-edge data analytics to demonstrate a 34% reduction in post-referral crime harm"... "relying significantly on the NZ Drug Harm index the cost-accounting CBA develops a comparison to referrals that operate without Te Ara Oranga. The calculations suggest a return of between $3.04–$7.14 for each dollar invested into the programme"	LINK
Kopua	2019	Case studies	NZ	Situated within Indigenous psychology (not drug specific)	Y	-	-	-	-	Mahi a Atua	None	-	Presents "two case histories where an intervention based on an indigenous Māori approach to negotiating emotional conflicts and dealing with mental health problems was used. This approach, called Mahi a Atua, was developed by two of the authors over a number of years. We conclude that indigenous approaches to mental health offer not just an adjunct to, but a real alternative to, the interventions of Western psychiatry"	LINK
Newcombe	2025	Study protocol	NZ	Mixed-methods (24-month prospective longitudinal cohort study + 12-month longitudinal qualitative study)	Y	AOD providers - outpatient, residential treatment, home detox vs. non-treatment community	n=320 (240 Treatment Group, 80 Non-treatment Group; 50% Māori) for the cohort; n=30 (50% Māori) Treatment Group participants for the qualitative substudy	MA/MUD	People accessing or eligible for MUD treatment in three NZ regions. Equity-oriented design with 50% Māori target	N/A (propsective of observational study)	HRC	Legal (mainstream AOD treatment)	Primary: self-reported methamphetamine use (days used in past month) at 12 months. Secondary: psychiatric comorbidity, polydrug use, change in MUD diagnosis, criminal involvement, healthcare utilisation, expectations & experiences of treatment. Qualitative: lived experiences and expectations of treatment over time. **Will** provide the first NZ-specific evidence on relative effectiveness of current MUD treatment approaches in the Aotearoa context, including factors predicting better and more equitable outcomes. Important forthcoming NZ evidence base; protocol publication signals robust design with embedded Māori governance and PWLLE involvement	

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Pegler	2025	Mixed-methods: structured survey + yarn-based qualitative interviews	Australia	Aboriginal-led structured surveys + yarns with PWID about healthcare experiences; demonstrates intersecting stigma, racism, and disconnection from culture as barriers to HR/healthcare access	N	Three NSPs (two regional, one major-city) operating not-for-profit primary NSPs alongside other HR, counselling and support services	94 (survey); 14 (yarns; 64% male)	Diverse (PWID)	Aboriginal and/or Torres Strait Islander PWID (≥18, injected in past 12 months)	Research into NSP-clients' healthcare experiences	Sexual Health Ministerial Advisory Committee (SHMAC) Research Fund	Aboriginal-led research partnerships with Queensland Aboriginal and Islander Health Council (QAIHC). active role in design, fieldwork + processes + cultural governance. Aligned with the CONSIDER statement (CONSolIDated critERia for Strengthening the Reporting of Health Research Involving Indigenous Peoples). Intersectionality theory + structural-stigma frame; cultural safety as service-design objective.	Themes: social circumstances + mental health make help-seeking complex; stigma + racism diminish access and care quality; injecting drug use is associated with disconnection from culture and community. "Privileging the expertise and voices of those with lived/living experience is essential for the creation of culturally safe, inclusive, and destigmatising healthcare services"	LINK
Sivak	2023	Mixed-methods: cross-sectional survey + focus groups + interviews	Australia	Inventory of types and intersections of stressors and stigma for Aboriginal & Torres Strait Islander people who use methamphetamine; intersectional-stigma frame	N	10 sites nationally; focus groups in community settings considered safe by participants	734 survey (n=433, 59% Aboriginal &/or Torres Strait Islander); 147 in 19 focus groups + 7 interviews	Methamphetamine	Aboriginal & Torres Strait Islander people who use methamphetamine; community/family members; service providers	Analysis of psychosocial stress and intersectional stigma	Part of NIMAC (Novel Interventions to address Methamphetamine use in Aboriginal & Torres Strait Islander Communities) programme	Intersectional-stigma theory applied to a population with rates of methamphetamine use ~2.2× higher than non-Indigenous (3.3% vs 1.3% past-12-months, AIHW 2016); colonial legacies (surveillance, child removal, IGT) as foundational stressors	Aboriginal & Torres Strait Islander participants experienced higher rates of psychosocial stressors than non-Indigenous: diminished access to healthcare (33%), racism (34%), grief/sorrow (39%), worry for family (46%), child welfare experiences (46%). Qualitative data show cumulative impact of historical, political, social stressors on already-stigmatised population. Stigma reduction proposed as intervention target	LINK
ThirdStory (Whare Tukutuku / NZDF)	2024	Case study / project narrative: 'Discovery research' into whānau-centred addiction workforce	NZ	Research surfacing patterns in whānau-centred ("pou whānau") addiction support practice across Aotearoa; aim is to embed practices by Māori for Māori, integrating Māori cultural processes in reducing AOD harms	Y	Community / whānau-based (pou whānau working within and outside the system)	Not stated - interviews with whānau pou tho	Diverse AOD	Pou whānau (whānau acting as supporters, advocates, mentors to other whānau) some operating within the system or adapting it, some working outside it	Whānau-centred workforce development approach (Te Rau Ora + NZ Drug Foundation partnership) supporting integrated prevention model	Te Rau Ora + NZDF partnership; ThirdStory	Traditional latticework artform of Te Ao Māori, used here as metaphor for surfacing patterns across stories; centres mātauranga Māori and Mason Durie framings of whānau-led practice; positions whānau-centric practice as organic, unregulated, distinct from traditional workforce-development models	Patterns identified across pou whānau practice: ways of making themselves available; helping whānau reconnect to who they are; bringing lived experience as a form of support; bringing whole selves as shapers/influencers/advocates; creating safe, secure, comforting spaces. Whare Tukutuku frames its role as "running interference"; protecting whānau-centric practice from being stifled by conflation with regulated workforce development models	LINK
Whare Tukutuku	2026	Workforce report (part of a series)	NZ	Annual report amplifying voices of Māori AOD workforce during significant political, funding and sector change; real-time documentation of how funding cuts and political landscape shifts are felt across the workforce	Y	Māori AOD workforce nationally — kaupapa Māori services, NGOs, government-funded providers	n=140 survey respondents; 5 interviews with kaimahi	Non-drug specific (AOD workforce)	Māori AOD kaimahi	N/A (workforce report)	Te Rau Ora / Whare Tukutuku	Part of a series: lived experience voices aligned with Whakangungu Rākau Māori AOD Workforce Action Plan 2024-2029 and Te Hau Mārire Addiction Workforce Strategic Framework. Sits within Te Rau Ora's national Māori workforce-development mandate	Three key findings flagged: political and funding instability affecting workforce capability and sustainability; recruitment and retention remain ongoing challenges; cultural loading continues to disproportionately impact Māori practitioners.	LINK