

FEATURES: MAORI HEALTH REVIEW SERIES

COVID-19 and the disproportionate harms of gambling, alcohol and the obesogenic environment in Māori

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Welcome to the third New Zealand Medical Student Journal (NZMSJ) Māori Health Review. We prepared this review in the wake of the second coronavirus disease 2019 (COVID-19) outbreak in Aotearoa, New Zealand. We reflect on the impact of the Level 4 lockdown from 25 March to 27 April 2020 on three public health issues which have historically disproportionately affected Māori compared with non-Māori; gambling, harmful alcohol use, and the obesogenic environment.

During the Level 4 lockdown, the pandemic pressed pause on three of the most addictive things in our society but it also showed how we treat them as absolute essentials as a nation. Alcohol was classified as an essential service, fast food dominated the news coverage as Alert Level 4 was lifted and people queued for hours outside fast food restaurants, and the community sector ground to a halt due to the loss of revenue from pokies. The pervasiveness of addictive products illustrates the extraordinary challenges that public health advocates have faced to reduce harm in these areas, exacerbated by opposition from vested interests such as industry lobby groups and multinational companies.

We reflect on lessons from the national response to the threat of the global pandemic. We then propose some pro-equity interventions and advocate to reframe our unprecedented collective action to eliminate COVID-19 to support Māori to achieve the same access to health and wellbeing as the rest of the population in the future.

Gambling-related harm

When Alert Level 4 was announced, all electronic gaming machines (EGMs or “pokies”) were suddenly unavailable for use for the first time since they were legalised in 1988.¹ This was disastrous for the community sector, as a significant source of funding vanished overnight. But the obverse to this was the removal of a source of harm for people affected by harmful gambling, and their families.

Expenditure on EGMs comprises a significant proportion of the money spent by New Zealanders on gambling, with \$924 million New Zealand dollar (NZD) spent on pokies out of a total \$2,402 million NZD in the 2018/19 financial year.² While EGMs are associated with approximately 39% of overall gambling spending,² their use causes more harm proportionally than any other form of legal gambling.^{3,4} A Ministry of Health study found that playing EGMs was associated with a range of health and social harms including participation in illegal activities, poor mental and physical health, and poor quality social relationships.⁵ There is also a higher association with gambling addiction, with 30–60% of losses to EGMs estimated to come from problem gamblers.⁵ The literature describes the insidious combination of technology and behavioural science employed by the gambling industry to generate harmful addiction among users.⁶ This includes design and marketing strategies to induce people who gamble to overspend,⁶ and there is evidence that reward pathways in the brain are altered in

response to gambling on EGMs.⁷

There is a gradient of harm from the use of EGMs which aligns with socioeconomic status (SES), with lower SES correlated with increased harm.⁸ Pokies are more densely concentrated in low socioeconomic regions; this aligns with the evidence showing that proximity to EGM venues is a risk factor for problem gambling.⁸ Māori are more likely to be affected by gambling-related harm than non-Māori due to increased exposure in communities where Māori are more likely to live, and the correlation with other factors which predispose to harmful gambling such as poverty, other addictions, and job insecurity.⁹ The Alert Level 4 lockdown was a snapshot of what our communities could look like without pokies.

This brings us to the question of what should we do post-COVID regarding the disproportionate harm from problem gambling experienced by Māori and those living in low socioeconomic areas. One proposed approach is to ensure equity in the distribution of funds from pokies. This does not eliminate the harms from problem gambling, but it would ensure the profits are not being unfairly distributed.

The Problem Gambling Foundation Group, Hāpai Te Hauora, and The Salvation Army produced a white paper – an in-depth expert report – in response to the reduction in gambling due to the Alert Level 4 lockdown. The paper proposes a post-COVID-19 approach which would build upon the health benefits of reduced harmful gambling, but offer a practical way for community groups to maintain their activities in light of the loss of income from the EGM revenue stream.¹⁰ Titled *Ending community sector dependence on pokie funding* the report by these three public health organisations suggests that as an interim solution, the government should directly fund community and sports grant recipients for six months while the sector is reviewed. The authors estimate \$120 million NZD would maintain community groups and sports organisations activities for six months, and thereafter a government grant scheme could replace EGM revenue. Currently there is a disproportionate contribution from the poorest communities and from Māori and Pacific whānau to the EGM income, but it is not necessarily distributed back into those same communities.⁸ A government grant scheme is seen by the authors of this white paper as an opportunity to ensure more equitable distribution of funding.¹⁰

There has been an enormous demand for government assistance, with gross domestic product (GDP) predicted to remain below pre-COVID-19 levels until 2022, and job losses across tourism, hospitality, and other industries accruing by the day.¹¹ Community groups such as grassroots sports clubs which have traditionally relied on revenue derived from pokies will have to compete with many other interests. In May the government announced a relief package for the sport sector of \$265 million NZD.¹² This will bridge the gap temporarily but does not address the ethical challenge of ensuring fairness for whānau who lose money to EGMs without seeing a proportionate return in benefits directly to their community. One potential solution

offered by the authors of the white paper is to ring fence funding which comes from particular communities so that it is returned to funding applicants in those communities.¹⁰ The argument is that, if the general population is unable to extricate ourselves from our addiction to gambling funding, we can at least ensure the harms are mitigated by ensuring the revenue derived from gambling returns to the communities most affected by gambling-related harm.

Harmful use of alcohol

Alcohol was classified as an essential service during the Alert Level 4 lockdown and was available to the public at supermarkets and through online retailers.¹³ Despite concerns from health professionals and researchers that harmful use of alcohol could increase during the restrictive Level 4 lockdown conditions,¹⁴ the government determined it would potentially cause more harm to not allow alcohol sales for people already struggling with addiction issues, there were also concerns raised about people leaving the safety of their “bubbles” to seek alcohol in areas far from their homes if alcohol supplies were limited to fewer retailers.¹⁵ In 2017/18, 79% of adults in New Zealand consumed alcohol, with one in four drinking hazardously in a way that could harm themselves or others.¹⁶

The classification of alcohol as an essential service could be seen to reflect both the high rates of alcohol dependence in New Zealand and the perception of the political impossibility of restricting alcohol availability, influenced by the strong culture of alcohol use in mainstream society. The government response to the Law Commission's 2010 report¹⁷ into the regulatory framework for the sale and supply of liquor demonstrates the intransigence of political leaders with respect to alcohol law reform.¹⁸ Few recommendations were implemented, and those with the most potential to positively influence alcohol harm were ignored completely such as minimum pricing and regulating advertising and sponsorship. Instead, local alcohol policies (LAPs) were introduced – ostensibly a mechanism for communities to have a say in the availability of alcohol in their community, but in reality a failed experiment which has seen the industry, highly resourced and supported by lawyers, fight community groups to continue to sell liquor against their wishes.^{19,20}

It remains to be seen what the impact of the Alert Level 4 lockdown has had on rates of harmful drinking and the associated harms. Early indicators from New Zealand suggest that overall consumption has only increased slightly, but data from the United Kingdom point to increased use amongst problem drinkers, whereas people who have low risk drinking behaviour have decreased their use somewhat.^{21,22}

Historically, alcohol has been linked with death due to injury,²³ and with greater restrictions on freedom of movement during Alert Level 4 it is possible that fewer injuries have occurred. Casualties from road traffic crashes practically disappeared overnight and the closure of licensed premises reduced opportunities for physical violence and resulting injury in these environments. However, anecdotal reports suggest that domestic violence increased, with some regions reporting higher domestic violence call-outs for police.²⁴ Alcohol is a carcinogen²⁵ and if there has been an increase in alcohol use during the Alert Level 4 lockdown, there is the potential that this will affect cancer-related deaths in the future, especially if increased rates of drinking are sustained post-lockdown among people who already drink hazardously. Additionally, the mental health issues associated with harmful alcohol use may have been increased or exacerbated by the emotional strain and economic consequences of lockdown, including the anticipated rise in unemployment and increase in dependence on government assistance, not only among those already relying on benefits but for individuals and families who have not previously needed to access government support.

When we consider how this might impact Māori, we have a large evidence base which describes how Māori are currently affected by alcohol-related harm. Māori are more likely than non-Māori to be affected by harmful alcohol use,²⁶ with inequities in the health system compounding morbidity and mortality relating to alcohol use.²⁷ The

evidence shows that Māori are diagnosed later, are more likely to have advanced forms of cancer, receive less timely and poorer quality care, and die younger than non-Māori.²⁷ Māori women are 2.36–3.59 times more likely to suffer intimate partner abuse than non-Māori,²⁸ with Māori women more likely to report being injured due to someone else's drinking than non-Māori.²⁹ Māori women comprise 63% of the prison population, making our wāhine the most incarcerated indigenous women in the world.³⁰ Forty-eight percent of Māori prisoners are affected by drug and alcohol addiction issues, and Māori are less likely than non-Māori to receive timely and relevant alcohol rehabilitation services.³¹

A kaumatua and Māori warden from South Auckland, David Ratū, took a claim to the Waitangi Tribunal in 2017 alleging that the existing legislation does not sufficiently protect Māori, and that our communities are disproportionately populated with alcohol outlets in close proximity to venues like marae, kōhanga reo, and kura kaupapa.³² The application is due to be considered in 2020, with the Tribunal assessing the Ratū's recommendation that the legislation governing the sale and supply of liquor be amended to ensure Māori representation on local authorities so that there is effective oversight by Māori for alcohol licence applications. This would also allow for Māori representation to be mandated when consideration of issues such as regulation of advertising and marketing of alcohol products is occurring. Te Tiriti should have ensured these protections for Māori were in place from the inception of the laws regulating the sale and supply of alcohol,³³ which forms part of Ratū's argument that the existing system is flawed and a breach of Te Tiriti.³²

Reduced access to unhealthy food

The first images on the television news as the Alert Level 4 lockdown was eased down to Alert Level 3 were of individuals and families queueing at fast food retailers, with some retailers hiring extra staff for traffic control purposes as roads were clogged with people desperate to have their first junk food fix in six weeks.^{34–36} This continued for several days, with some journalists effectively providing free advertising for multinational fast food giants like McDonald's and KFC through their coverage.

During the Level 4 lockdown, hospitality businesses were forced to close, and smaller food retailers such as fresh fruit grocers and butchers spent time in economic limbo while the government wrestled with the decision to classify them as essential services.³⁵ The businesses who had existing online retail services fared better than those who had never needed to consider online channels to access their customers. This concentrated food security for the nation in the hands of the large supermarket chains, the co-operative Foodstuffs and Australian-owned Woolworths Group New Zealand (formerly Progressive Enterprises).

The loss of access to cheap, unhealthy food and the dominance of the two large supermarket chains in controlling the provision of food to the entire country cast issues of food insecurity into the spotlight. Māori are more likely than non-Māori to experience food insecurity, partly explained by socioeconomic factors and through suffering a disproportionate burden of non-communicable disease compared to non-Māori.³⁷ Those who live with insecure work and in low SES communities are more sensitive to pricing decisions made by food retailers.^{37,38} The pattern of retail pricing decisions made by supermarket chains has been shown to respond to these market forces by offering food with poor nutritional value such as potato chips at a much lower price point than healthy food.³⁹ Māori are more likely than non-Māori to live in deprived communities, and to experience financial insecurity, therefore we are more likely to be presented with cheap and unhealthy food options by the food retailers which dominate the Fast-Moving Consumer Goods (FMCG) market in New Zealand.³⁸

Similarly, we see fast food retailers concentrated in low SES communities with 13.7 times the number of fast food outlets per 10 000 people in the most deprived areas compared to the least deprived areas.⁴⁰ Some of these retailers are unashamed of their contribution

to the poor health of their customers, citing market forces as a reasonable motivator for establishing their restaurants in the poorest areas most affected by diseases linked with obesity, and the availability of “healthy” options on their menus as sufficient action to discharge their social responsibility.⁴¹

Māori suffer disproportionately from diseases related to obesity.²⁷ Before COVID-19 we had a convergence of structural factors which ensured that this became entrenched, as outlined above. There is no lack of evidence⁴⁰ describing these factors and their relationship to the greater burden of disease experienced by Māori, but there has been a lack of political will to address them. A tax on sugary drinks has been recommended by the New Zealand Dental Association (NZDA), and the World Health Organisation (WHO).^{42,43} When the pricing considerations of supermarket operators are understood, it is possible to appreciate that the only way to change their behaviour is to make it less profitable for them to loss-lead on unhealthy food items. It would similarly be straightforward to fix the saturation of low SES communities with fast food retailers, by limiting the numbers of outlets available per head of population, limiting advertising and marketing of unhealthy food to children, and strengthen resources for promoting healthy diets. Employing these levers would disrupt the market imperative of retailers to position themselves preferentially in poor communities and provide poor quality food.⁴⁰

Finally, interventions to decrease the harms from unhealthy food environments must be approached in a culturally appropriate way. Research into indigenous food security and food sovereignty issues affirms the inextricable link between indigenous food security and the health of the environment.⁴⁴ Initiatives like māra kai or traditional Māori food gardens have been evaluated and shown to contribute to community wellbeing through the provision of healthy food as well as establishing relationships among community members and encouraging social cohesion.⁴⁵ The experience of Alert Level 4 lockdown affirmed two of the perversely dominant structures in the food environment, and should stimulate thinking about how things could be different as we rebuild our economy and communities.

Conclusion

As current medical students we will begin our medical careers in the wake of the impact of COVID-19 on New Zealand society. We hope that our success in limiting the harm from the virus will be sustained throughout the coming months, but our efforts must now turn towards supporting New Zealanders to live well and be healthy during a challenging economic period which will present a variety of physical, mental, and emotional health problems.

In this issue we have explored the extraordinary circumstances of the Alert Level 4 lockdown and its impact on three major contributors to poor health in our Māori communities – alcohol, pokies, and fast food. We suggest some changes which could capitalise on the extraordinary experience of being locked down as a country, and which could aid us in emerging from COVID-19 stronger and healthier than we went in. This includes a fairer system of distribution of the funds from pokies revenue, courageous action in response to alcohol-related harm, and assertion of indigenous food sovereignty as a solution to the obesity epidemic.

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Conflict of interest:

Emma is the Communications Lead for Hāpai Te Hauora, a Māori public health organisation which receives government contracts related to gambling harm prevention and alcohol harm prevention, and she is a named researcher on an HRC-funded project looking at the Māori experience of alcohol-related harm in fetal alcohol spectrum disorder (FASD). This Kaupapa Māori project will interview whānau Māori about their experience of seeking and/or receiving a FASD diagnosis. Nadine Houia-Ashwell has no conflicts to declare. This article has gone through a double-blinded peer review process applied to all articles submitted to the NZMSJ, and has been accepted after achieving the standards required for publication.

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