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Why is wearing glasses useful in New Zealand?

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[1] The Gambling Act 2003 was passed in New Zealand during the course of the international conference “Gambling through a Public Health Lens,”held in Auckland, September 2003. Within the legislation is defined the formula required to be considered by gambling industries to provide funding for gambling-related services, and it was defined in policy that the Ministry of Health would become responsible for purchasing services to reduce gambling-related harm. The Ministry of Health took over this responsibility on 1 July 2004.

Introduction

One of the consequences of aging is that often you need to get a pair of glasses to see as your eyes begin to deteriorate. Alternatively, often you need a new set of glasses which are bifocal so that you can see the world both “close up” and in the “distance.”New Zealand or Aotearoa is now a country beginning to age and is now showing signs of maturity as it comes to terms with its history and legal obligations which exist between Māori and the Crown.

It is now 164 years since the signing of Te Tiriti o Waitangi (the Treaty of Waitangi) which is New Zealand's founding constitutional document. It establishes an

ongoing social contract between Māori, the indigenous population, and all citizens of New Zealand, often defined as the Crown. An elected democratic government exists in New Zealand only on the basis of Te Tiriti o Waitangi (Durie, 1998).

Wearing bifocals in New Zealand is useful as it can help to understand the people of the land and the dialogue which occurs between different peoples within the country. Wearing bifocals can also help identify contentious policy issues, avoid areas where agreement cannot be reached and facilitate the development of strategies and interventions to reduce harm at either an individual or collective level.

In having available, and wearing, bifocals, it is then easy to put on an additional or new set of glasses so views of different groups in the community, especially newly-settled migrants, can be appreciated. Having available different sets of glasses to see and to understand the world can speed up progress on understanding complex issues, and can improve communication within and across different populations and stakeholder groups, such as gambling providers.

This paper has been prepared to support the development of a public health approach to addressing gambling-related harm in New Zealand. It supports the theme of the first International Conference *Gambling through a Public Health Lens* held in Auckland, September 2003, that through a changing lens, like a kaleidoscope, an issue can be looked at through many different prisms and from each prism unusual patterns can be seen and trends recognised.[1]

The lens of this paper is to provide a Māori view on gambling to support the development and implementation of a public health approach that is appropriate for Māori. This also may contribute to improving gambling-related harm for all New Zealanders in Aotearoa. By focusing on the development of whanau (family networks), hapu (tribal communities), and iwi (tribal groups), Māori may also be able to offer support to other ethnic communities nationally and internationally of the importance of maintaining and strengthening their cultural foundations.

By sharing information across different countries we may also be able to see common themes emerge to understand the possible reasons why gambling is now increasingly being promoted as a normalised activity and a fundamental part of different governments' and communities' policies for economic and social development.

The costs and benefits of the promotion of gambling, however, have not been adequately defined and need to be defined from different perspectives or lens.

Research and community involvement must be an integral part of any public health approach to reduce gambling-related harm.

This paper will focus on the following themes:

- Te Tiriti o Waitangi as a framework for a public health approach to reducing gambling-related harm in New Zealand
- Māori historical experience of gambling
- Gambling part of the experience of colonisation
- Gambling an emerging health issue for Māori
- Need for Māori participation in gambling policy
- Māori risk of problem gambling
- Māori expenditure on gambling
- Gambling and impact on children
- Location of gambling machines
- Gambling and community involvement
- Gambling a community health benefit.
- Need for a comprehensive Māori public health strategy

Te Tiriti o Waitangi: Framework for the development of a public health approach to address gambling and problem gambling in New Zealand

New Zealand's history of recognition of the Te Tiriti o Waitangi has been chequered, at times; it has been recognised in law, and other times considered by the justice system as null and void (Durie, 1998). The High Court of New Zealand from the 1ate 1980s has been important in recognising Te Tiriti o Waitangi in legal matters, and this has led Māori to pursue recognition of their treaty rights in many different areas of public policy, and to have these rights included in legislation (Durie, 1998). Until recently, consideration has not been given to the relationship which exists between gambling and Te Tiriti o Waitangi and the implications for gambling policy, licensing, and regulation of gambling and allocation of financial benefits which flow from gamblers' losses (Dyall & Morrison, 2002).

New settlers however, arrive and settle in New Zealand within a historical and social context and, despite debate by different political parties of the place and legal status of Te Tiriti o Waitangi, there is recognition that Māori occupy a unique status. Depending upon the occasion and place, they are either tangata whenua (people of the land) or mana whenua (local guardians of land and traditional customs). There is also recognition that Māori are now entitled to seek compensation for past and current breaches of lack of recognition of Te Tiriti o Waitangi by registering a claim to be heard through the Waitangi Tribunal.

Māori also perceive that Te Tiriti o Waitangi is an ongoing social contract and there are ongoing rights and obligations to be met by both Māori and the Crown.

Because of the unique status of Māori, there is a view by some interest groups in the community that Māori now have rights over and above other citizens, and that this creates inequities rather than the development of an equalitarian society where government policies and resources are structured and allocated on the basis of need or for the benefit of all New Zealanders.

Reframing and challenging the position of Māori in New Zealand society is now being carefully crafted by different political parties to compete and attract new voters who are dissatisfied with their current position within New Zealand society. Changes in policy enhance the position of new immigrants, especially Asian and Pacific peoples who have come to New Zealand for a better life and may be unaware of the foundation of New Zealand as a nation.

Within this environment there is considerable discussion that Māori aspirations for tino rangatiratanga or self-determination should now be limited. For it is not in the interests of all New Zealanders for Māori to have policies in place with the potential to redress the effects of colonisation and change the power dynamics which currently exist in New Zealand society.

Recognition of Te Tiriti o Waitangi, however, gives Māori the right to sit alongside the Crown to determine the role, place, and size that gambling should play in New Zealand society and, if legalised gambling is accepted, who should benefit and, therefore, the share of income which Māori should receive—similar to the allocation of fishing quotas in Aotearoa.

Taking this approach, Māori may not necessarily need to own casinos like some First Nations peoples in America or Canada, or hold gambling machine licences or even buy Lotto tickets. Instead, Māori could receive a proportion of income directly from private casinos, share the revenue that government receives from gambling, or even own a quota of the gambling machine licences that could be used or leased out to generate revenues, similar to the current arrangements for fishing quotas. There are now over 28,000 machines operating in New Zealand for four million people.

With the introduction of new forms of gambling or games of chance that are increasingly being introduced in New Zealand, there should be recognition of Te Tiriti o Waitangi and rights and obligations accorded to Māori. As tangata whenua, Māori should be involved in all levels of policy-making and should benefit financially.

New mobile phones with e-mail, electronic games, pictures, and the Internet are now being used to recruit new gamblers, to normalise gambling and to create a new generation of problem gamblers. Māori youth are approximately six times more at risk for problem gambling than non-Māori. As a young population, they are

now being socialised to become the next generation of problem gamblers, just as our current generation has been socialised into weekly playing of gambling machines, track betting, and buying Lotto (Dyall & Hand, 2003).

The Ministry of Health, representing the interests of the Crown and the government of the day, has recognised that Te Tiriti o Waitangi should be the foundation for the development of gambling policies and interventions in New Zealand and that Māori have the right to be Māori in Aotearoa (Ministry of Health, 2000).

A public health approach in New Zealand to reduce gambling-related harm therefore must recognise the Te Tiriti o Waitangi and the cultural values and beliefs of Māori. A historical and cultural frame also allows for other ethnic groups' values and beliefs to be considered.

Māori historical experience of gambling

Māori are a unique indigenous population in that prior to European contact they had no history of smoking tobacco, drinking alcohol, or gambling (Reid & Pouwhare, 1992; Grant, 1994; Hutt, 1999). Tauiwi (new settlers) introduced all three social hazards to Māori and the unruly behaviour of new settlers was considered by some tribal leaders as a symptom of a population that had lost its values, its social structure, and social order.

The unruliness of Pakeha is often given as one of the reasons why a number of chiefs signed Te Tiriti o Waitangi. They sought to achieve some degree of protection, from England and in particular Queen Victoria, and to assist Pakeha to develop their own social structures based upon their culture and so to have a place in New Zealand.

Many new immigrants from Asia and the Indian subcontinent are now in the process of establishing themselves in New Zealand. Like Māori, they have their own cultural values and beliefs that have provided protection and have supported their wellbeing. However, in living in New Zealand they are now being asked to adapt and to leave behind their own traditional cultures, values, norms, and behaviour practices and to participate in a new society where gambling is legalised, is available 24 hours per day, and where there are minimal sanctions in place to provide protection for people from gambling—especially for those who are vulnerable, isolated, have limited family support, and who are struggling financially or socially.

Gambling can and does provide a means of escape from everyday life and provides for many people a sense of hope to achieve their dreams. Experiences of loss of culture, change in social norms, breakdown of families, loss of social or economic status, and a dream of a new future are often the reasons why some

people move across from being a social and recreational gambler to developing problems with gambling which can affect their wellbeing and others' (Blaszczynski, McConaghy, & Frankova, 1990; Dyall, 2002).

A public health approach to reducing problem gambling must therefore take into account the reasons why people gamble and the factors that can increase individuals' and groups' risk of problem gambling.

Gambling; part of the experience of colonisation

Ethnicity is a key indicator of likely risk for problem gambling in New Zealand. Māori and Pacific populations in New Zealand now have high rates of problem gambling and, with the exception of some Native American groups, appear to be among the highest reported internationally (Abbott, 2001).

The promotion and normalisation of gambling in New Zealand has been and is part of the ongoing colonisation process. Pakeha and dominant groups have used and continue to use gambling in New Zealand to redistribute wealth and to obtain funding to build essential community, sport, and cultural services. The stock exchange is also part of the legalised framework for gambling in New Zealand.

Māori are good at following others' behaviour and have modelled non-Māori (Pakeha) to use gambling to: build marae (traditional Māori meetinghouse), support tangihanga (funeral rituals), and operate many community activities. They see gambling as a means of achieving economic wealth through owning gambling machines or being involved in the ownership of a casino (Dyall & Morrison, 2002).

This approach has also been supported by successive governments which actively encouraged Māori to apply for Lottery Grants Board funding to support essential Māori services and to provide funding for marae or associated developments (Department of Internal Affairs, 2001a).

This policy is relatively recent; a decade ago Māori could secure funding through Vote: Māori Affairs for marae developments and even for help with community services (Gardiner & Parata, 1997).

Māori dependence on gambling at an individual and at a collective level is now government-engineered. Consideration of the exploitative effects of gambling and problem gambling on different population groups must be an integral part of any public health strategy to reduce gambling-related harm.

Any public health strategy to reduce gambling-related harm must build and strengthen different population groups' cultures, for it has been found for Māori that a secure cultural identity and a strong cultural infrastructure such as marae, te reo (Māori language) and wairua (spirituality) are important health protectors for

wellbeing (Durie, 2001).

Gambling: An emerging health issue for Māori

In 1997, the first Māori national gambling Hui (meeting) was held in Auckland to provide information to tangata whenua on the changing pattern of gambling in New Zealand and its effects on Māori, as made visible by the number of Māori beginning to seek help with problems with gambling (Compulsive Gambling Society of New Zealand Inc., 1997). The Compulsive Gambling Society (now called the Problem Gambling Foundation) sponsored this Hui from funding provided by the Committee on the Management of Problem Gambling (now called the Problem Gambling Committee). All funding in New Zealand to address gambling-related harm comes from the gambling industries, not from the crown.

At this Hui, gambling and problem gambling were identified by those present, excluding the Ministry of Health, as a new health issue that warranted serious consideration and placement on the public health agenda; even though many Māori had grown up within a whanau in which gambling was a normal recreational activity (Dyall & Morrison, 2002).

Through processes of normalisation and socialisation many Māori have learned that gambling—by way of buying a Golden Kiwi or a Lotto ticket, a wager on a horse, buying a bingo card at housie or by playing cards—provides a means to achieve your dream and to achieve a better future.

Gambling, in the past and now, gives many Māori a sense of hope (Grant, 1994). In doing so, however, many Māori have put their lives on hold and rely upon “luck” to determine their personal or whanau destiny, rather than exerting their own tino rangatiratanga or authority to achieve their own goals and aspirations.

The marketing of gambling to achieve your dreams has been a common advertising strategy used in New Zealand, especially by the New Zealand Lotteries Commission, a government agency, and by local casinos, to promote their gambling products, to increase sales and to produce an overall increase in their share of gambling losses. It has been admitted as part of the review of gaming in New Zealand that the New Zealand Lotteries Commission has purposely targeted its advertising to recruit and retain Māori and Pacific gamblers (Department of Internal Affairs, 2001a). This despite the fact that many Māori and Pacific whanau have lower incomes than other groups in the community and government policy is meant to be framed at reducing, not increasing, social and economic inequities (Te Puni Kokiri, 2000; Abbott & Volberg, 2000; Cabinet Policy Committee, 2001).

Recognition of the profile of who buys different gambling products, and of the demographic distribution and ethnic makeup of different parts of New Zealand, has

led to the decision by the New Zealand Lotteries Commission to relocate its head office from Wellington to Auckland to be closer to its Lotto clients (i.e., Māori and Pacific patrons) in an effort to compete with other gambling providers for a sustained and, where possible, increasing market share of gambling revenue (Cabinet Policy Committee, 2001).

When Lotto was first established it was marketed to become part of New Zealanders' non-discretionary income, and therefore it was and is marketed to occupy a similar status as such essential items as food or rent (Bale, 1992). This is also made visible in where Lotto outlets are situated, in that they are often placed in the front entrance of supermarkets.

The impact of gambling advertising and marketing strategies, especially Lotto, on different population groups must be considered to be part of any public health approach to reduce gambling-related harm.

Need for Māori participation in gambling policy

In New Zealand, it is government policy for the gambling sector—which represents different gambling industries, such as the New Zealand Lotteries Commission, gambling machine operators and the Totalisator Agency Board (TAB)—to identify the degree of harm their particular industry creates in relation to problem gambling and the amount of funding each industry individually and collectively will to pay to address the effects of problem gambling.

These amounts paid out are also influenced by gambling treatment services, which provide information on the profile of people seeking help with problems with gambling and the mode of gambling which creates the most harm for them (Department of Internal Affairs, 2001a). This cosy arrangement between gambling industries and gambling treatment providers has excluded Māori participation as tangata whenua in the decision-making process.

Māori and Te Tiriti o Waitangi perspectives must be part of any future framing of problem gambling in New Zealand and a public health response to reduce gambling—related harm, irrespective of which agency or body has responsibility to determine funding and purchasing of gambling treatment and related services.

Māori risk of problem gambling

Māori now have two to three times the risk of problem gambling than do non-Māori. This has been confirmed through two studies conducted in New Zealand—one in 1991 and the other in 1999—to determine the current and lifetime prevalence of problem gambling in New Zealand by using an amended South Oaks Gambling Screen (Abbott & Volberg 1992; Abbott & Volberg 2000). These studies are important; the first was conducted before the introduction of casinos and

widespread gambling machines and prior to the review of gambling legislation in New Zealand.

Both studies used a similar methodology and questionnaires. Because in 1991 the population was surveyed by way of landline telephone, however, it is considered that the 1991 prevalence figures are more appropriate for Māori (Smith & Barnfield, 2001). In this study it was estimated that the Māori lifetime prevalence for problem and pathological gambling was 16 percent, compared to 7 percent for the total New Zealand population; the current prevalence for the total population was 3.3 percent.

Research suggests that each problem gambler affects the lives of at least five people, usually family members and significant others. This population is larger than those who are assessed as having a problem (Productivity Commission Report, 1999). Considering the 1991 Māori lifetime prevalence and general current prevalence figures and applying them to the 2001 Māori adult census population (299,000), it is estimated that just over 47,000 Māori would have had problems with gambling sometime in their lifetime, and just under 9,000 Māori would have had gambling problems in the past six months. Māori with gambling problems sometime in their life would have affected the lives of at least 239,000 people, and at least 45,000 people are affected on a current basis.

Including the problem gamblers, the overall population affected by Māori problem gambling is approximately 287,000 on a lifetime basis and 54,000 on a daily basis; this equates to one in ten Māori. Problem gambling in the community is certainly a public health issue for Māori and for those who live lives closely associated with tangata whenua (Dyall & Hand, 2003).

Research has also been undertaken in prisons, and it has been found that in New Zealand at least one in three in prison is likely to have had problems with gambling sometime in their life that have contributed to their imprisonment (Abbott, McKenna, & Giles, 2000). For women prisoners, predominately Māori, current prevalence of problem gambling is higher than for males, and approximately one in three female prisoners are in jail related to current gambling problems (Abbott & McKenna, 2000b). Despite government policies and interventions developed in order to try and reduce Māori imprisonment, at least one in two in prison self-identify as Māori.

This population is also likely to have other health problems, especially mental health and drug and alcohol addictions. The health needs of this population should be considered and included in any Māori health strategy. It is estimated that if there are 6,000 people in prison, at least 3,000 will be Māori; of that population at least 1,000 will have had or have problems with gambling, and they would have affected the lives of at least 5,000 other people.

Gambling is also rife in prison and so, although you may enter prison without a problem, you could leave with one. Māori imprisonment and government policies related to gambling are interrelated. Evidence from these studies show clearly the impact of gambling on an indigenous population of significant size and provides a warning for other indigenous populations of the risks associated with gambling.

A public health approach must recognise those populations at risk of gambling-related harm, especially indigenous populations, and ensure that appropriate policy, health, and related services are in place and funded.

Māori expenditures on gambling

Māori as gamblers at present provide considerable revenue to the government, even though tangata whenua have on average half the incomes of non-Māori and many are dependent upon government income support. In 2000, a study on New Zealanders' participation and attitudes on gambling was undertaken by the Department of Internal Affairs. From this study it was found that 87 percent of New Zealanders interviewed had gambled at least once in the past year. In contrast, Māori participation was 91 percent and, on average, Māori reported spending $534 a year on gambling, in comparison to non-Māori (excluding Pacific peoples) who spent $446 annually (Department of Internal Affairs, 2001b).

For Māori this figure equates to approximately $10 a week. This is more than Māori households report spending on education ($7.30), and is equivalent to 3.5 percent of Māori males' ($15,000) and 5.2 percent of Māori females' ($10,000) average incomes in the 2001 census (Te Puni Kokiri, 2000). Money spent on gambling by Māori and by other low income groups is regressive, as they are likely to pay a greater share of their household income on gambling than other households (Korn, 2000).

Further, if money is spent on playing gambling machines or buying Lotto, gamblers are contributing to the government's income and are providing a greater share of tax revenue in proportion to their personal income. Gambling is a means of both exploitation and redistribution of income and wealth.

Māori presenting for help with problems with gambling report that the month prior to seeking help they were spending over $1115 on gambling (Paton Simpson, Gruys, & Hannifin, 2004). In relation to Māori incomes this level of funding is substantial. It is likely that funding for gambling has come from borrowing or stealing from whanau members, petty crime, not buying kai (food) for the whanau, or by taking out new mortgages or credit cards to keep gambling. Loan sharks are now increasingly visible in Māori and Pacific communities where gambling machines and other forms of gambling are concentrated (Ministry of Health, 2003).

To reduce gambling-related harm in New Zealand a public health approach must focus on the relationship between gambling and taxation and where gambling venues are sited.

Gambling and impact on children

Gambling now impacts considerably upon children in New Zealand, and one in three children live in households where incomes are below the relative poverty line. Many children in these households are Māori (Child Poverty Action Group Inc., 2001). Increasingly in Auckland there are concerns of growing crime, especially in South Auckland, but no one has linked household burglary with increased access to gambling and, in particular, to gambling machines (Rankine & Haigh, 2003).

A public health approach must focus on those who are affected by gambling and problem gambling. The effects of gambling on children and young people and their needs must be a high priority in a public health approach to reduce gambling-related harm.

Location of gambling machines

Gambling machines are not equitably distributed in all communities in New Zealand. They are strategically placed where there are: high levels of gambling; an acceptance that gambling is a normalised activity; concentrations of Māori, Pacific, and Asian populations; and where there is limited community and political resistance to the growth of gambling (Ministry of Health, 2003).

Problem gambling fragments the strength of whanau and communities as it increases the risk of crime, household debt, impacts on relationships, and health problems— both physical and mental.

The impact of gambling and problem gambling must be seen through a wide public health lens and must involve a broad range of public, private and community stakeholders, including diverse ethnic communities.

Gambling and community involvement

The Labour government proposal for communities to have a say in where new gambling machine venues will be allowed is laudable. However, how do communities really have a say to mobilise and, if appropriate, to veto new gambling sites when no community funding has been provided by the government for “David” to take on “Goliath,” or for the “tuna to take on the taniwha”? (For Māori, the taniwha is a fierce legendary reptile.) The responsibility to clean up the mess from gambling has been conveniently transferred from the government to local governments under proposals for responsible gambling and in local councils' new role of being accountable for the social, economic, and cultural environments in

which people live.

Local governments will need to be careful in their new role, as they may be encouraged to become involved in the distribution of local funding which comes from gambling. Therefore, like the government they will become dependent upon this revenue to support local activities, rather than seeking funding from local rates to support essential social services. Local governments should demand that funding be made available by the government, possibly through freeing up site payments for gambling machines, to fund community action regarding gambling.

A public health approach in New Zealand to reduce gambling-related harm should support local governments' involvement, and ensure that communities have long-term funding available to support community action and involvement in gambling matters.

Gambling: A community health benefit

All forms of gambling with the exception of casinos are now promoted in New Zealand as a positive community health benefit, even though research is only now being funded to identify the positive and negative impacts gambling may have on communities and on distinct populations, such as Māori (Department of Internal Affairs, 2001a).

Such research should have been completed before major gambling developments were supported and local government legislation was passed enabling communities and Māori to have a greater say in shaping the social and economic environment people live in. Elected local governments can, with Māori participation, now have a major say in whether laws should be developed and enacted in relation to gambling to protect the public's health and safety, or to safeguard against activities that are a nuisance.

These powers have not yet been seriously considered by local governments in relation to gambling. However, there is no reason why such new powers cannot be used to address this issue, when some councils have considered them in relation to determining where prostitutes should be able to operate their business, controlling boy racers (car racing) and dogs, and limiting where alcohol may be drunk in public places.

A public health approach to reducing gambling-related harm must support new areas of research and enable local councils to use their new statutory role and authority.

Need for a comprehensive Māori public health strategy

A public health approach to addressing gambling and problem gambling is

important for Māori as it offers a number of new opportunities. They include opportunities to see gambling and problem gambling in New Zealand as a public health issue; for tangata whenua to be a key stakeholder with the Crown in determining the role, size, and place legalised gambling should occupy in New Zealand society; and for Māori to be involved in all aspects of planning, delivering, and monitoring of any public health strategy to reduce gambling-related harm.

Drawing upon the government's health strategy for Māori in He Korowai Oranga, which focuses on the development of whanau (family networks), hapu (tribal communities), and iwi (tribal groups), there is a need now:

- to raise Māori awareness of the risks associated with gambling
- to provide government funding for essential Māori services
- to include the Treaty of Waitangi in new gambling legislation
- to have a specific Māori public health strategy developed that has clear goals, objectives, and targets to be achieved, so that the risk of Māori problem gambling is reduced at least to the same level of risk of problem gambling as with Pakeha within two to three years (Ministry of Health, 2002; Ministry of Health, 2004).

To achieve the above, Māori health providers across all health, disability, social service, and justice sectors will need to be resourced to develop and deliver public health interventions in gambling, and for education and workforce development. A Māori research agenda will also need to be funded so that Māori are empowered and able to participate alongside the Crown, local government, and health care and other agencies in major decisions.

A Māori comprehensive public health strategy must be developed by Māori with key stakeholders as a fundamental part of a strategy to reduce gambling-related harm in New Zealand.

Conclusion

New Zealand's future, if we look closely at the proposals in the Responsible Gambling Bill—now called the Gambling Bill—is dependent upon a nation of gamblers. Gambling is now a fundamental part of the government's tax revenue strategy. Problem gamblers now provide considerable income to the state, directly and indirectly, as a result of their gambling. Without income from gambling, the government would have to consider other options for taxation, such as increasing personal income tax, placing a tax on the sale of property or shares, imposing death duties, and so forth. Further, without gambling, the government would be unable to invest now to help offset the costs later for an aging New Zealand population, predominately Pakeha (Ajwani, Blakely, Robson, Tobias, & Bonne,

2003).

These decisions are now being taken at the expense of Māori, even though it is known that tangata whenua die on average ten years earlier than non-Māori and could benefit from positive investment, such as access to tertiary free education, quality housing, and investment in Māori and tribal businesses.

The New Zealand government has all of the signs and symptoms of being a problem gambler. A public health approach to addressing gambling-related harm places the government in the spotlight, highlights areas of conflict of interest, raises the visibility of Treaty of Waitangi rights and obligations, challenges relationships and stakeholder interests, and requires new policies and interventions be put in place.

In conclusion, this conference is important in shaping a public health approach in New Zealand to reduce gambling-related harm. The Māori experience of gambling in New Zealand provides a real warning of the risks and costs of gambling for indigenous populations. It also provides an opportunity to remind the government, both nationally and local councils, that in accordance with Te Tiriti o Waitangi, Māori have a right to have a say in all aspects of gambling policy in New Zealand and to financial benefits.

Real evidence is mounting of the need to support Māori development and for Māori to consider legal action for breaches of Treaty of Waitangi obligations in relation to gambling as part of a public health response to reduce gambling-related harm in New Zealand.

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