

# **Draft Strategy to Prevent and Minimise Gambling Harm**

2022/23 to 2024/25

Consultation Document Overview

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# Have your say

This is an overview of the full discussion document for the draft strategy to prevent and minimise gambling harm. The full discussion document can be found on the **Ministry of Health website**.

Every three years, the Ministry of Health sets out a proposed strategy to prevent and minimise the harm to people, whānau and communities caused by gambling. This is your opportunity to have your say about the draft strategic plan (what we will achieve), the draft service plan (how we will achieve it) and the draft funding levels and levy rates (how we will fund our activities).

## Make a submission

Your feedback on the proposals contained in this consultation document is important. It will help us shape the draft strategy, services and levy rates proposals that the Ministry will submit to Ministers and the Gambling Commission for consideration. You can provide feedback by:

- making an online submission at <https://consult.health.govt.nz>
- filling out the form at the end of the consultation document and emailing it to [gamblingharm@moh.govt.nz](mailto:gamblingharm@moh.govt.nz)
- filling out the form and sending a hard copy to:  
Strategy to Prevent and Minimise Gambling Harm Consultation  
Ministry of Health  
PO Box 5013  
Wellington 6140
- attending a discussion and consultation meeting (meeting details are available on the **Ministry of Health** website).

You can complete all the consultation questions, some of the questions, or submit your views in your own words. All submissions are due with the Ministry by **5 pm Friday 8 October 2021**.

**The health system is being reformed.** The Ministry is working with the team reforming New Zealand's health system. Any decisions made through the reform process will be reflected through the development of the updated Strategy to Prevent and Minimise Gambling Harm.

# Timeline



## More information

This overview offers a high-level summary of the topics and questions covered in the consultation document. More information, including the full consultation document, is available on **the Ministry's website**.



# Introduction

## Why do we want to hear from you?

Most New Zealanders have gambled or know somebody who has gambled. Harm from gambling is a significant public health issue within our communities, and to individuals, families and whānau. Harm is not evenly spread across our communities; Māori and Pacific people experience more harm from gambling.

The Gambling Act 2003 states that the Ministry of Health must develop and implement an integrated problem gambling strategy focused on public health every three years that includes services to address gambling harm and a levy to recover the costs of those services from the gambling sector. This strategy sets out the areas of focus for the next three years, and the draft service plan published alongside it details what activities we need to do in each area. These activities are funded through levies (payments) from the gambling industry.

We need to hear from the people, families and whānau, communities, gambling providers and organisations involved in reducing gambling harm, so that we can ensure our approach is inclusive and comprehensive. We are keen to receive feedback on:

- the draft strategic plan
- the draft service plan
- the proposed levy rates.

## What we know right now

To start drafting the next three-year strategy, the Ministry commissioned an independent 'needs assessment' to determine the progress we have made against the current strategy, and define where our focus should be for the next three years. The assessment combined a review of recent international and domestic research with a survey and interviews with a cross-section of people involved in gambling prevention and harm minimisation. You can find more information about the results of the needs assessment in the **consultation document**.

The assessment and other research showed us that:

- most people gamble for leisure and recreation
- all forms of gambling are widely available in New Zealand
- online gambling for money has increased
- Māori, Pacific, Asian and young people/rangatahi are at greatest risk, or continue to experience the greatest levels of gambling harm
- there are still widespread risks of gambling harm
- not much has changed to make it easier for people looking for help with problem gambling.

## What we need to do

Our approach for preventing and minimising gambling harm over the next three years needs to:

- link in with the public health approach of achieving pae ora – healthy futures, and with **Whakamaua: Māori Health Action Plan 2020–2025** and **Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan**
- include a stronger focus on equity, encouraging and promoting Māori solutions, organisations and workforce
- ensure services are connected, linked to primary care and social services, and informed by people with lived experience (people and families and whānau who have been directly impacted by gambling harm)
- increase opportunities for people working in services to reduce gambling harm, improve cultural safety and encourage more people into the workforce
- ensure our messages are consistent, relevant and aligned with the focus on equity
- ensure that we evaluate and measure all our projects and services, and share successful approaches across the gambling sector (with a clear link between goals and actions).



## Who is involved?

The Ministry of Health works closely with the Department of Internal Affairs and Te Hīringa Hauora (the Health Promotion Agency) in development of the draft strategy. The key responsibilities of these key agencies are as follows.

- The Ministry of Health is responsible for creating and delivering the strategy to prevent and minimise gambling harm.
- The Department of Internal Affairs is the main regulator (responsible for saying what gambling operators must or should do) and policy advisor (responsible for advising what can be done, like encouraging venues to provide a culture of care towards gamblers).
- Te Hīringa Hauora promotes health and wellbeing and encourages healthy lifestyles by undertaking education and awareness activities to prevent and minimise gambling harm.

# Have your say on the proposed strategic plan

When reading through this section, please keep in mind these key questions.

## Questions for you

1. Do you agree with the proposed strategic goal, objective and action areas?
2. Does the draft strategic plan adequately reflect changes in the gambling environment?
3. Do you have any comments to make on the priority populations, including how we will address inequities?
4. Do you have any comment to make on the matters covered under 'what we need to change'?

## Focusing on public health

The Gambling Act requires an integrated problem gambling strategy focused on public health. Public health is about protecting and promoting health across the whole population or specific population groups.

This means that the strategy needs to provide activities that help everyone – from raising broad awareness of the signs of harmful gambling to offering specialised intensive support for people experiencing severe harm from gambling.

# Gambling harm as an equity issue

In Aotearoa, people experience differences in health outcomes that are not only avoidable but unfair and unjust. The concept of equity recognises that, to achieve equitable health outcomes, we need to take different approaches and use different resources to cater to different people with different levels of advantage.

Māori and Pacific peoples experience gambling harm at much higher rates than other groups. There are many potential causes of this; for example:

- the most harmful forms of gambling, including non-casino gaming machines (pokies), are concentrated in areas with higher populations of Māori and Pacific peoples
- services and supports to prevent and minimise gambling harm are not used by everyone who needs support. Research suggests that Māori and Pacific peoples experience barriers to access including views that services or supports are not relevant, suitable or available.

To achieve equity, we need to tailor services to address inequities, which may include taking targeted action based on engaging with, listening to and partnering with the people most affected. We need to carefully consider the ways in which Māori are disadvantaged or harmed, and respond to them effectively, drawing on the strength of the relationship that the Crown has with Māori under Te Tiriti o Waitangi.

## Equity principles

To align this strategy with our commitment to equity, we have linked the outcomes and objectives from Whakamaua: Māori Health Action Plan 2020–2025 to each priority action area.

*Tino rangatiratanga: Self-determination / Partnership / Protection / Options / Equity*

The principles set out in Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan also apply to the draft strategy.

*Te Tiriti o Waitangi / Equity / People at the centre / Community focus / Collaboration / Innovation*

# Strategic goal and outcomes

Our proposed strategic goal is to:

**Promote equity and wellbeing by preventing and reducing gambling-related harm.**

We are working towards four outcomes under this strategic goal.

- [Iwi, hapū, whānau and Māori] Communities can exercise their authority to improve their health and wellbeing.
- The health and disability system and wider system to prevent and minimise gambling harm is fair and sustainable and delivers more equitable outcomes for all.
- The health and disability system and wider system to prevent and minimise gambling harm addresses racism and discrimination in all their forms.
- The inclusion and protection of mātauranga Māori throughout the health and disability system.

## Objectives and priority action areas

We have proposed four high-level objectives that we can use to shape our approach to minimising gambling harm over the next three years. Each objective is supported by a few key priority action areas, helping us break our strategy down into more manageable and measurable tasks.

The objectives are as follows.

### Objective 1: Create a full spectrum of services and supports

We need to make sure there is information and support available for everyone, no matter what their needs are. There should be a seamless approach, from the provision of broad information to the availability of targeted services.

| Next steps (priority action areas)   | Responsibility     |
|--|--------------------|
| Identify barriers to accessing gambling harm minimisation services and supports (including identifying gaps) | Ministry of Health |
| Design and deliver quality gambling harm minimisation services and supports                                  | Ministry of Health |
| Develop a skilled and enabled workforce  | Ministry of Health |

## Objective 2: Shift cultural and social norms

We need to increase public awareness of the nature of harmful gambling and knowledge of how to provide support for those who need it, including by making it acceptable for people experiencing gambling harm to reach out for assistance without shame or embarrassment (de-stigmatisation).

| Next steps (priority action areas)   | Responsible (who is leading this)                     |
|--|---|
| Make sure people have the information and support to make healthy choices about gambling for themselves and others | Ministry of Health and Te Hiringa Hauora              |
| Make sure there is fair and equitable participation in community decision-making                                   | Ministry of Health and Department of Internal Affairs |
| Reduce the stigma attached to gambling harm that prevents people accessing services and supports                   | Ministry of Health and Te Hiringa Hauora              |

## Objective 3: Strengthen leadership and accountability to achieve equity

Government agencies need to lead the way in committing to equity, by developing and maintaining strong stakeholder relationships and looking for ways to achieve equity through policy and regulation changes.

| Next steps (priority action areas)  | Responsibility  |
|---|---|
| Support healthy policy, at national, regional and local levels, that prevents and minimises gambling harm   | Ministry of Health and Department of Internal Affairs |
| Improve the legislative and regulatory framework to reduce gambling harm  | Department of Internal Affairs                        |
| Make sure gambling operators meet their obligations to effectively prevent and minimise harm from gambling and support the improvement of harm minimisation practices | Department of Internal Affairs                        |

## Objective 4: Strengthen the health and health equity of Māori, Pacific peoples, Asian peoples and young people/rangatahi

These groups are at a greater risk of experiencing gambling harm; they will benefit from tailored services to address inequities, which may include targeted action based on engaging with, listening to and partnering with the people most affected.

| Next steps (priority action areas)  | Responsibility     |
|---|--------------------|
| Work with iwi and other Māori organisations, Pacific communities, Asian communities, young people/rangatahi and people with lived experience of gambling harm to prevent and minimise gambling harm | Ministry of Health |
| Speed up and spread the development of kaupapa Māori and whānau-centred gambling harm prevention and minimisation services  | Ministry of Health |
| Speed up and spread the development of Pacific values-centred harm prevention and minimisation services   | Ministry of Health |

## Building on the previous strategy

We have updated the new strategy to include the changes we have made and lessons we have learnt over the last three years, but we have built it on the foundations of the previous strategies, because preventing and minimising gambling harm is a long-term activity that requires continuity in terms of services and support. You can have a look at the previous strategy **on our website**.

## Priority populations

Based on our research and evidence, we have determined that the priority populations for this strategy are Māori, Pacific people, Asian people, and young people/rangatahi. These are the groups who are most at risk or experiencing the greatest levels of gambling harm. We will target our actions to ensure we engage with, listen to and partner with these groups in particular.

# What we need to change

If our work is going to be driven by the principles, focus areas and action areas of the new strategy, we will need to ensure:

- a stronger focus on supporting people from the priority populations to lead and design gambling harm prevention requirements, in collaboration
- greater use of evidence to help us target investments to address inequities
- a clear focus on reducing the stigma attached to gambling and gambling harm, through health promotion campaigns designed with people from priority populations
- development of opportunities for local co-design of services and supports, involving sharing and expanding on successes and innovations
- an increased focus on creating a skilled, culturally appropriate workforce, including by supporting more people with lived experience and Māori, Pacific, Asian and young people/rangatahi to join the workforce
- sharing of information and evidence to make sure our decisions are sound, and that people have the appropriate information and support to make healthy choices about gambling.

# How we will measure progress

We will know if we have made a difference by:

- listening to what our communities, our service providers and our expert and lived experience advisory groups tell us
- analysing research, evaluations and service data.

We will measure and report on progress by:

- publishing data, evidence and research, including accessible, clear summaries of key findings (current research and evaluation reports can be found on **the Ministry website**)
- commissioning and publishing a needs assessment every three years and reviewing the impact of the changes adopted in the new strategy
- potentially developing a set of service- and system-level indicators for gambling harm.

# Questions for you

1. Do you agree with the proposed strategic goal, objective and action areas?
2. Does the draft strategic plan adequately reflect changes in the gambling environment?
3. Do you have any comments to make on the priority populations including how we will address inequities?
4. Do you have any comment to make on the matters covered under 'what we need to change'?



# Draft Service Plan 2022/23 to 2024/25

When reading through this section, please keep in mind these key questions.

## Questions for you

1. Does the draft service plan adequately cover what it needs to cover, for example, does it include the right types of services and activities?
2. Do you consider the proposed funding mix for services and supports appropriate?
3. Do you agree with the proposed new services (including the de-stigmatisation initiative), innovations pilots and investments?
4. Do you agree with the priorities for research and evaluation that have been outlined?

## Purpose of the service plan

The draft strategy sets out what we want to achieve, and the draft service plan details priorities and budgets for our work towards the objectives in the strategy over the next three years. The following overview includes a summary of the activities to be funded and associated costings; more information is available in the **full consultation document**.

## Draft service plan and budget

We have developed a new three-year service plan based on the proposed new strategy. The draft service plan outlines a package of investment costed at \$67.374 million over the three years: an increase of \$7.035 million on the current strategy budget. This includes the re-investment of a forecast \$5.602 million underspend from the current strategy period, due to delays in service delivery relating to the response to COVID-19.

This funding package will support those providing services and supports to prevent and minimise gambling harm to:

- deliver high-quality public health and clinical services with a strengthened focus on service delivery based on kaupapa Māori, Pacific and Asian world views
- enable meaningful and genuine engagement between the Crown, iwi and ethnic-specific services
- challenge stigma attached to gambling harm, which prevents people from accessing services and supports
- develop strong gambling harm sector leadership and stakeholder relationships by promoting collaboration within and across the gambling harm sector, the gambling industry and government
- enhance lived experience representation and input and broaden the peer support workforce
- invest in gambling harm workforce development and cultural safety, including through scholarships to support access to the workforce for Māori, Pacific and Asian people and people with lived experience of gambling harm
- continue the new service and innovation pilots and apply evaluation findings to expand our service mix, including by providing more accessible and equitable services and supports
- ensure that funding is consistent across gambling harm public health and intervention services to enhance sustainability.

## Indicative budget for 2022/23 to 2024/25

The draft service plan outlines the services that the Ministry considers it will require for the 2022/23 to 2024/25 levy period to pursue the objectives in the strategy. It also sets out the estimated costs of these. These costs cover five nominal budget areas:

- public health services
- intervention services
- research and evaluation
- new services, innovation pilots and investments
- Ministry operating costs.

# Why do we need additional investment?

The Strategy provides for a \$7.035 million increase in three-year funding compared with the current levy period in order to increase investment to address inequities in gambling harm and address stigma. The drivers of these additional costs are discussed below.

## New initiatives

This service plan contains proposals for a national de-stigmatisation campaign and an investment package to enable a skilled, qualified and culturally responsive workforce, including:

- an expansion of the gambling harm peer workforce in clinical and public health services
- scholarships to enable Māori, Pacific and Asian people and people with lived experience of gambling harm to undertake relevant tertiary study to support them to enter the gambling harm workforce
- funding to develop a pathway for the clinical gambling harm workforce to attain New Zealand Qualifications Authority level seven qualifications that include gambling harm.

## Increasing the full-time equivalent (FTE) rate for gambling harm clinical intervention services

This funding will align FTE rates for these services with other Ministry-funded mental health and addiction clinical FTE rates. This will help to address long-standing issues in recruitment and retention in the gambling harm sector and to enable a sustainable and quality workforce.

## Learning from our past activities

The Ministry will continue to pilot and enable innovative solutions, services and technologies to address areas of systemic, persistent gambling harm and to address inequities. It is important we apply the learning from these innovations, so the draft service plan includes additional funding to apply pilot evaluation findings to continue or expand promising approaches. This includes ongoing funding to roll out technology-based innovation to prevent and minimise gambling harm.

## Dedicated funding for the Multi-venue Exclusion (MVE) Administration Service and database

Previously funded from the primary prevention (public health action) budget. This provides for surety of funding and an improved line of sight for this spend.

# The problem gambling levy

When reading through this section, please keep in mind these key questions.

## Questions for you

1. Are the player expenditure forecasts for each gambling sector (D) realistic?
2. Are there realistic pairs of expenditure/presentation weightings (W1 and W2) other than those discussed in this consultation document?
3. Which pair of weighting options for W1 and W2 do you prefer, if any, and why? Please keep in mind that the levy weighting options only affect the proportion of levy to be paid by each gambling sector, and do not affect the total amount of the levy.
4. Do you have any comment on the estimated levy rates for each sector, keeping in mind that the levy formula itself is set out in legislation and is not under consideration in this consultation?

## The problem gambling levy

The funding for all activities to prevent and minimise gambling harm comes from the problem gambling levy – a payment made by the four main gambling sectors (non-casino gaming machine operators, casinos, TAB New Zealand and Lotto New Zealand).

The rates for this levy are set by a formula (defined in section 320 of the Gambling Act 2003) that calculates how much each sector will need to pay. The formula takes into account how much players lost in each sector and how many people access services, and calculates a levy rate for each of the four sectors. The levy is reviewed every three years, along with the development of the new strategy. The next levy period is from 1 July 2022 to 30 June 2025.

You can find more information about the formula, the levy calculations and options for different weightings (how much a sector should pay) **in the consultation document**. The key change for the new proposed levy is that the proposed levy rates and expected levy payments would be higher than they are currently under all weighting options.