

Submissions on the Strategy Consultation Document

A summary of key themes and the Ministry of Health's response

December 2021

Theme	Response
<p>Three out of five submissions indicated that the submitter supported the general direction of the strategy, with some qualifications, such as seeking controls of online gambling or more information about how the strategy will implemented. There were divergent views on the specific priorities and preferred direction of change, based primarily on differing industry and health service perspectives.</p> <p>Support for the general direction was strongest from health and service providers, local government and individual submissions. Those representing the non-casino gaming machine (NCGM) sector opposed or offered qualified support for proposed additional spending provided it would make the strategy more effective. Some submitters felt bolder changes were needed to make a real impact on reducing gambling harm.</p> <p>There was broad support for the focus on addressing equity, strengthening support for priority populations (including rangatahi) and improving the diversity of services to address equity and gambling harm. Submitters supported the concept of placing people at the centre and using lived experience and co-design to engage with groups most affected, as well as the new investments to address stigma and strengthen the workforce.</p>	<p>Where appropriate, the Ministry has updated the strategy to:</p> <ul style="list-style-type: none">• clarify or add supporting detail in the strategic and service plans; for example, to better align with pae ora – healthy futures, <i>Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing</i>,¹ and the broader health and disability system reforms• emphasise the importance of prevention as well as harm minimisation• refine areas of new or additional investment in response to the constructive feedback received, to achieve health equity and wellbeing outcomes• affirm the values of lived experience, engagement, collaboration, co-design and peer support, and prioritise co-design with Māori, priority populations and affected communities to identify appropriate services and support/activities that are age- and culturally appropriate, more accessible and more responsive. <p>Although the strategy proposes some key changes, these are balanced against the need to maintain long-term continuity in health education, prevention and early intervention activities required to meet the needs of future cohorts, as well as the need to accommodate people's different needs at different times in their lives.</p>

¹ Ministry of Health. 2021. *Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing*. Wellington: Ministry of Health.

Theme	Response
<p>Many submissions endorsed the focus to address equity and health inequalities for priority populations, areas of persistent gambling harm and relapse, particularly where defined by measures of social deprivation.</p> <p>Submissions supported the aim to develop more age- and culturally appropriate services and models of care for Māori, Pacific, Asian and rangatahi population groups. Submissions noted that more work is required to ensure that general services that address gambling harm are equipped to offer culturally safe and appropriate services, as priority populations often access these services.</p> <p>Many submitters recommended these efforts be driven through engagement with relevant priority populations and lived experience voices, in a co-design, co-commissioning or partnership model.</p> <p>Some submissions questioned how the Ministry would implement this aim.</p>	<p>The Ministry has, where necessary amended text within the strategy to:</p> <ul style="list-style-type: none"> clarify the implications of an equity focus, including expectations for engagement with Māori, Pacific, Asian, rangatahi and lived-experience communities in co-designing and piloting services ensure all services and supports will be more culturally safe, relevant, age-appropriate and accessible to Māori, priority populations and all other New Zealanders when they are needed strengthen service responsiveness through providers engaging and collaborating with iwi and other Māori organisations, Pacific and Asian communities, rangatahi/young people and people with lived experience of gambling harm. <p>The Ministry will develop action plans for each priority population to show how these expectations will be addressed as strategy activities are implemented.</p> <p>The impact of the health sector transformations, including the roles of the Māori Health Authority and local iwi-Māori partnership boards, will be determined after the enabling legislation is finalised in 2022, and incorporated into our forward programme as the strategy is implemented.</p>
<p>Many submissions supported the strategic objectives to create a full spectrum of services, including a culturally safe workforce, to strengthen health equity and services through collaboration and co-design with iwi; Māori, Pacific and Asian communities; and rangatahi. Achieving this would help ensure service models and/support are age- and culturally appropriate (for example, by addressing stigma or shame, providing language support or developing culture-specific delivery models).</p>	<p>As indicated above, the Ministry will support the development of new services and supports, including culture-specific models of care, to promote equity and address cultural, language and age barriers. The Ministry will evaluate these new models of working to inform its decisions about ongoing services and supports, which will be incorporated into the relevant clinical or public health service area.</p> <p>As noted below, we propose to invest in developing and expanding digital services.</p>

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<p>There were divergent, sector-specific views on levels of funding, particularly in terms of the merits of proposed additional investments.</p> <p>Submissions from NCGMs and some other industry submissions did not support further investment, arguing that the strategy had been ineffective in reducing harm and required bold change, not 'more of the same'. Some submissions argued that the Ministry should reduce funding and cut back services, as presentations to services were declining. Some NCGM submissions expressed qualified support for additional spending, calling for the introduction of measures to make services accountable and assess their impact in reducing gambling harm.</p> <p>Submissions from other sectors either supported the proposed funding and investment priorities or argued that much more funding would be required to effect real change or to compensate for increased operating costs.</p>	<p>The Ministry has:</p> <ul style="list-style-type: none"> • reviewed the additional investment proposals and provided updated information and costs for the proposed increase (compared with the current strategy) • updated the gambling industry data and levy rates section to include updates of the data on presentations and spending and calculations of over- or under-collection of the levy • updated information on the gambling environment, gambling expenditure and behaviour patterns, gambling harms and gambling impacts • proposed additional investment in public health and digital services and support. <p>The Ministry proposes to increase total spending to \$76.410 million over the next levy period, which includes a transfer of a \$6.251 million forecast underspend from the current appropriation to 30 June 2022.</p>
<p>Submissions from all sectors urged the Ministry to adopt a more holistic approach to funding and commissioning services, to recognise that gambling harm is often associated with underlying mental health and addiction issues and the broader determinants of mental wellbeing.</p> <p>This was couched in various terms, including calls for more holistic services, for better integration, to remove silos or to provide more effective services and service models.</p>	<p>The Ministry will consider how a more holistic approach can be supported. The Ministry recognises there are synergies in providing comprehensive prevention and wrap around services and support for the whole person, and that persons affected by gambling harm often have co-existing issues. The intensive support new service model to be commissioned in the current strategy period provides an opportunity to test how a more holistic wrap-around funding model might work to address more severe gambling harm.</p> <p>The causes of harmful gambling are complex and require system change across sectors, for example, integration of gambling harm services into primary care and social services. The Ministry is open to commissioning new services and facilitating support where it is related to gambling harm. There may be more scope to support holistic services and supports when the new systems and services framework, being developed, is implemented, provided these are consistent with addressing gambling harm as defined under the Act.</p>

Theme	Response
<p>Submitters' opinions and preferences concerning the options for weighting expenditure and presentations varied by sector. Generally speaking, each gambling sector supported the option that would minimise their levy payment. Relatively few service providers commented supporting a preferred levy weighting.</p> <p>Most NCGM submissions, and some service providers, supported maintaining the 30% expenditure weighting. A few suggested it should be increased to 50% or 100%.</p> <p>One third of submissions (mostly from the sector termed 'Gambling industry (Other)', excluding NCGMs, and a few service providers), supported reducing the expenditure weighting to 10% or 20%. Service providers' reasoning was that this would mean NCGM providers would pay a bigger share of the levy in proportion to the share of gambling harms attributed to them.</p>	<p>The Ministry has retained the current weighting options but updated that section with the latest available costing information.</p> <p>In 2018, we recommended a preference for the 30/70 weighting, but we have not yet concluded whether we will make a similar recommendation this time.</p> <p>We will share this feedback with Ministers to inform their decisions about the levy.</p>
<p>Many submissions welcomed the addition of rangatahi/young people as a priority population, and called for a strong focus on prevention and education. Several submissions emphasised that this should be targeted and agile, to be relevant and appropriate for different groups.</p> <p>Feedback from rangatahi attending the dedicated hui called for co-design with rangatahi, a focus on education settings and the inclusion of international students at risk of gambling harm.</p>	<p>The Ministry has refined the strategic priority action areas and service plan, with the aim that 'people have the information and support to make healthy choices about gambling for themselves and others'. Based on advice received from rangatahi and youth sector agencies and given this is a new workstream within the education and awareness area, we propose to develop a youth-focused public health approach to preventing and minimising gambling harm for rangatahi, to be implemented in schools, 'with youth for youth'. This will provide resources that identify problematic gambling behaviours and gambling harm, define gambling and gambling harm, and tell people how they can support others or to seek help for themselves.</p> <p>We propose to work with rangatahi and youth agencies to develop and promote this resource.</p>
<p>There was general support for the new service innovation activities (pilots); particularly those aiming to address inequity. However, some NCGM submitters felt there should be more information about how the money spent would make services fit for purpose, and submissions from service providers were concerned that the innovation pilots did not seem to be adequately resourced.</p>	<p>The Ministry proposes to include funding to complete and evaluate these pilots, which will have begun in the current levy period, and to apply learnings from these into public health and clinical services and supports.</p>

Theme	Response
<p>Submitters expressed mixed views on the service plan. Generally, there was support for most components, and particularly activities to address health inequities, including the prioritisation of rangatahi; the additional investments to develop the gambling harm and peer workforce; the initiative to develop culturally appropriate and intensive support models of care; and the focuses on improving access and choice, addressing stigma, strengthening the voice of lived experience, providing peer support and continuing to explore technological and service innovations.</p> <p>Some NCGM submitters called for an overhaul of services, ensuring more accessible face-to-face counselling, after-hours and weekend support, an allowance for time necessary to travel to clients and longer-term, holistic support.</p>	<p>The proposed service plan provides for a range of services that we expect to make available to people who need help and support to address harms from gambling.</p>
<p>Some NCGM submissions called for support for leadership training (in regard to venue host responsibility), as well as a New Zealand Qualifications Authority qualification that included a harm minimisation component.</p>	<p>A range of training materials is already publicly available; Te Hiringa Hauora (Health Promotion Agency) developed these in partnership with the Department of Internal Affairs and the Ministry of Health, with the support and input of gaming societies (see https://gamblehost.org.nz).</p> <p>The Gambling Act 2003 and the Gambling (Harm Prevention and Minimisation) Regulations 2004 require that a holder of a class 4 venue licence or casino operator's licence must provide problem gambling awareness training. We would be supportive of a more consistent and standardised approach to harm minimisation training.</p> <p>There is an opportunity to consider these issues through the DIA's ongoing work to minimise harm from electronic gaming machines, including the review the Gambling Act 2003 in <i>Kia Manawanui</i>.²</p> <p>The Ministry also will continue to provide advice on preventing and minimising gambling harm, and work with DIA and other agencies who lead work in these related areas.</p>

² One action specified in *Kia Manawanui* is to 'Review the Gambling Act 2003, with particular reference to preventing and minimising harm from online gambling and electronic gaming machines': Ministry of Health. 2021. *Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing*. Wellington: Ministry of Health.

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<p>Submitters made mixed comments about public health services. There was broad agreement on the importance of health promotion, prevention and early intervention. However, submissions from service providers and priority populations expressed concerns that a one-size-fits all approach to health promotion did not meet the needs of priority populations. These submissions stressed the importance of engaging with specific population groups to design and develop appropriate services that provide language support where required. Some submissions from Asian people with lived experience and young people identified that international students and new migrants are vulnerable to gambling harm.</p>	<p>As noted below, the Ministry proposes to increase resources to:</p> <ul style="list-style-type: none"> • ensure that, in designing health promotion activities, Te Hiringa Hauora and other providers are able to collaborate with people with lived experience and priority populations • initiate a work programme to develop digital services and supports to improve access to and choice of health promotion and early intervention services.
<p>Many submissions, including some from each priority population, strongly endorsed the need for health education providers to address stigma as a priority. Submissions confirmed that stigma associated with harmful gambling creates barriers to seeking help, and to wanting to work within the gambling harm workforce.</p> <p>Submissions from each priority population, and people with lived experience, strongly supported the aim for them to engage in co-design and lead development of this work, but there was some criticism that the current one-size-fits-all approach to public health campaigns and advice that this would not work to address stigma, which has many cultural nuances. Submitters proposed the campaign be co-designed and community led, to develop nuanced, age- and culturally appropriate messages and modes of delivery relevant to priority population groups.</p>	<p>The Ministry has strengthened the strategy's de-stigmatisation initiative with additional funding, in recognition of the importance of engaging effectively with the diversity of affected groups and communities.</p> <p>The Ministry proposes to work closely with Te Hiringa Hauora to ensure this work is developed and co-designed with affected communities and rangatahi, to meet their expectations for more agile and targeted messaging, design and delivery that is relevant and appropriate to specific communities.</p>
<p>Some submissions from providers and priority populations (Pacific and Asian communities, in particular) expressed concern that the Gambling Helpline in its current form was not effective and difficult to access and did not always offer the right types of access and support (in terms of culture and language). Some called for the Asian helpline to be available 24/7.</p>	<p>The Ministry is working with Whakarongorau Aotearoa (formerly Homecare Medical) to address these concerns.</p>

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<p>Some submissions from services, providers, NCGMs and priority populations called for greater use of online/digital services and supports and emerging technologies to address gambling harm and improve access to and choice of information, services and support.</p> <p>Some submissions supported the multi-venue exclusion programme and identified e-tools as an opportunity to future proof and expand online services and support.</p> <p>Some submissions from rangatahi identified opportunities to use media such as text, chat and purpose-specific applications to provide targeted information and improve access and choice. Some submitters with lived experience wanted it to be easier to set automatic limits on card spending. Some NCGM submissions called for further investment in the multi-venue exclusion programme and facial recognition.</p>	<p>The Ministry recognises that e-tools and technology provide opportunities to improve service access and choice and to prevent or manage exposure to gambling harm.</p> <p>The Ministry proposes to increase investment in expanding and developing digital services and supports to address gambling harm. Submissions indicated there are opportunities for collaboration and innovation between affected stakeholders.</p> <p>The multi-venue exclusion programme is now positioned within the public health section of the service plan.</p> <p>The Ministry will not be funding industry hardware (since this would involve paying for assets in a non-health environment). Under the Gambling Act, it is the duty of the venue to identify and exclude problem gamblers. There is an opportunity to consider these issues through the Department of Internal Affairs' ongoing work to minimise harm from electronic gaming machines, and through the review of the Gambling Act 2003 specified in <i>Kia Manawanui</i>.</p>
<p>Submissions were divided in terms of opinions on the proposed reduction in research and evaluation funding. While industry submissions tended to support the reduction, submissions from other sectors expressed concern that the reduced funding would not be sufficient to meet the research priorities and develop an evidence base to inform future commitments, particularly given an identified need to engage more action-oriented research. Submissions from service providers noted that all research with priority populations should include those groups not only as participants, but also as co-leaders (or co-designers), to ensure the inclusion of cultural factors that may affect the research.</p> <p>There was cross-sector interest in more research into online gambling, including gaming with gambling elements, and research and evaluation of intervention methods, support for affected others and NCGM venues/multi-venue exclusion, to identify what works best and the drivers of persistent/relapse harmful gambling behaviour.</p>	<p>The Ministry has revised the research and evaluation allocation and associated priorities, to:</p> <ul style="list-style-type: none"> • strengthen the focus on researching young people gambling and online gambling • encourage action research and evaluation methods with affected communities • provide for evaluation of new services, including support for rangatahi, the de-stigmatisation initiative and new service models. <p>We expect there will be more action-oriented research and evaluation as new services are developed, and that researchers and evaluators will engage more collaboratively with people with lived experience and affected communities and populations. This would inform research and evaluation design by identifying cultural and other barriers and investigate how to appropriately address them, as well as enable more effective engagement with and reporting back to communities that are the subject of the research or evaluation. This action-oriented methodology requires additional resources but will improve research and evaluation outcomes.</p>

Theme	Response
<p>Most NCGM submissions proposed several performance targets in response to concerns about the efficacy of strategy spending and what they see as a lack of accountability or information to assess the impact of the strategy or services provided.</p> <p>Some submissions from NCGMs, and local government called for better sharing of and access to available research, information and service data, and to make information available in easier to understand formats.</p>	<p>The proposals document includes a section on how we will monitor progress and develop long-term indicators that will align with indicators across the mental health and addiction sector being developed by the Mental Health and Wellbeing Commission.</p> <p>We intend to consult with interested stakeholders as we develop these indicators.</p> <p>Research and service data is published on the Ministry website and updated regularly. In addition, the Department of Internal Affairs provides detailed information about the gambling industry on its website.</p>
<p>Many submissions, mostly from service and health providers, supported the proposed investment to strengthen and diversify the gambling harm workforce through support for priority populations and peer support training, training in cultural safety, scholarships and aligning the clinical fulltime-equivalent (FTE) rate with that used for the mental health and addiction workforce.</p> <p>Some submissions challenged the proposed level 7 qualification, arguing it would be a barrier to obtaining qualifications, and there should be more accessible alternative pathways, including for young people. Others suggested developing standardised gambling harm content within all addiction training, to support a range of clinical and non-clinical roles.</p> <p>NCGM submissions did not support the FTE alignment investment, arguing there was no evidence the current spending on clinical services was cost-effective.</p>	<p>The Ministry proposes a package of investment to strengthen training pathways to develop a skilled and diverse workforce, and has amended proposals to clarify that:</p> <ul style="list-style-type: none"> • we will support including gambling harm content in level 7 qualifications (and others as appropriate) to ensure they support gambling harm clinical workforce staff • we recognise that currently relevant qualifications available to those wanting to enter the workforce do not include a focus on preventing and minimising gambling harm, and we intend to address this gap with investment in the clinical and non-clinical workforce, including scholarships for peer roles and lower-level qualifications • the proposed scholarships and peer support training will encourage a more diverse workforce, targeting priority populations and people with lived experience. <p>The Ministry policy is to support pay parity across all mental health and addiction services and consistent FTE rates for providers. Our proposed investment will address disparity in clinical rates between gambling harm and addiction services, which is our key approach to support recruitment and retention. We consider that the proposals to address stigma, and to support and develop the gambling harm workforce more broadly, as described above, will help to make the gambling harm workforce more attractive.</p>

Theme	Response
<p>A broad range of submissions expressed concerns about the ubiquity of online gambling and games that include gambling elements, and the unregulated nature of access to overseas gambling websites.</p> <p>This area remains a significant threat of harm, particularly for young people and for Māori, Pacific and Asian communities, and submissions noted this had been exacerbated during COVID-19 related restrictions.</p> <p>Submissions also expressed concern that the unregulated nature of online gambling offshore meant this mode of gambling was not contributing its fair share of levy payments for harm caused to people in New Zealand.</p>	<p>The Strategy identifies that anyone affected by harm from any form of gambling, including online gambling, is eligible to access help and support services, and that research into the harmful effects of online gambling will remain a priority research area.</p> <p>In terms of controls on online gambling, the proposed strategic framework recognises the different agencies who have key roles to address gambling harm, noting that the gambling regulatory framework is governed by a different process led by the Department of Internal Affairs. For example, the role of the Department of Internal Affairs contributes to strategic objective 3, to strengthen leadership and accountability to achieve equity, which includes the priority action to identify improvements to the legislative and regulatory framework to reduce gambling-related harm. We note the whole of government action plan <i>Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing</i> commits to a review of the Gambling Act 2003, with particular reference to preventing and minimising harm from online gambling and electronic gaming machines.</p>
<p>Submissions mostly from NCGMs, services and people with lived experience also sought changes to the broader gambling policy, legislative or regulatory frameworks. This was expressed through calls to reduce class 4 venues and machine numbers, to strengthen local authority roles, to strengthen host responsibility training and accountability, to further limit advertising and sponsorship and to set tighter controls (for example, age limits to prevent underage access). Some called for new community funding models, and suggested that gambling harm controls should be strengthened to align with those imposed on the sale of alcohol.</p>	<p>The Ministry recognises these concerns, but notes that, like online gambling controls (discussed above), they are best addressed at a systems response level, as provided in the strategic framework, not through the service plan, which provides for public health and clinical services, research and evaluation.</p> <p>As these concerns mostly relate to the gambling regulatory framework itself, they require a different process, which the Department of Internal Affairs leads. As noted above, there is an opportunity to consider several of these issues through the Department of Internal Affairs' ongoing work to minimise harm from electronic gaming machines, and through the review of the Gambling Act 2003 specified in <i>Kia Manawanui</i>.</p> <p>The Ministry also will continue to provide advice on preventing and minimising gambling harm, and work with the Department of Internal Affairs and other agencies who work in this area, particularly to ensure that people have the information and support to make healthy choices about gambling for themselves and others.</p>
<p>Submissions representing priority populations, health and service providers called for more effective health promotion and prevention services, and face-to-face support for vulnerable groups/priority populations.</p>	<p>The Ministry has amended the service plan to prioritise greater use of lived experience input to inform the development and delivery of services and supports, and to trial more effective ways of reaching and supporting priority groups. We will also consider findings from the peer support pilot support and apply any lessons learnt as we develop and expand the peer workforce.</p>

Theme	Response
<p>Many submissions highlighted the role and value of lived experience; for example, in providing culturally appropriate peer support and informing the co-design of clinical and public health services including kaupapa Māori services and services informed by Pacific and Asian worldviews.</p> <p>Submissions from the Asian hui recommended support to establish community-based peer support for people affected by gambling harm and addiction issues.</p>	<p>The Ministry has established the Lived Experience Advisory Group to participate in the co-design process developing the future direction, development, implementation and evaluation of the gambling harm work programme.</p> <p>The Ministry has also commissioned a peer-led organisation to lead the development of an Auckland-based peer workforce for services and support to address gambling harm. The peer workforce model will be informed by a co-design process. The pilot will initially focus on Māori and Pacific peers with lived experience of gambling harm and experience of accessing gambling harm services. An external process and outcome evaluation will run parallel to the pilot. The pilot and evaluation will inform the future development of peer roles across the wider sector.</p> <p>The level of resources advised in the consultation document are appropriate for the next levy period. As noted above, we are also proposing scholarships to support people with lived experience to enter the gambling harm workforce.</p>



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