



Strategy to Prevent and Minimise Gambling Harm 2025/26 to 2027/28

Plain English Summary

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Have your say

This is an overview of the full consultation document for the draft strategy to prevent and minimise gambling harm. The full document, along with supporting documents, can be found on the **Strategy to Prevent and Minimise Gambling Harm Consultation page on the Ministry of Health website**.

Every three years, the Ministry of Health (the Ministry) 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 the consultation document is important. It will help us shape the proposed strategy, services and levy rates 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 in the form at the end of the consultation document and emailing it to gamblingharm@health.govt.nz
- attending a consultation meeting (meeting details will be made available at <https://consult.health.govt.nz>)
- emailing your thoughts to gamblingharm@health.govt.nz.

You can answer all or some of the consultation questions or submit your views in your own words. **The consultation closes at 5pm on 6 October 2024.**

Next steps

After the consultation has finished, we will analyse the feedback. Then we will update the draft strategy and levy rates and share these with the Gambling Commission.

The Gambling Commission will then conduct its own consultation on the strategy and levy rates and make recommendations to the Minister for Mental Health and the Minister of Internal Affairs on both the strategy and the proposed levy rates.

After being confirmed by Cabinet, the new strategy and levy rates will take effect from 1 July 2025.

Introduction

Why 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. The harm is not evenly spread across our communities: Māori, Pacific peoples, Asian people and young people experience or are at risk of more harm from gambling.

The Gambling Act 2003 states that, every three years, the Ministry must develop and implement an integrated problem-gambling strategy focused on public health. The strategy must include services to address gambling harm and a levy (payment) 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 the strategy details what activities we need to undertake in each area. These activities are funded through levies paid by 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 make sure our approach is inclusive and comprehensive.

We want to receive feedback on:

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

What we know right now

The Ministry commissioned an independent 'needs assessment' to show the progress we have made against the current strategy and to consider what we should focus on 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 read the full needs assessment on the **Strategy to Prevent and Minimise Gambling Harm Consultation webpage**.

The assessment showed the following points.

- Gambling activity has remained relatively constant in New Zealand, with most adults gambling at some stage in their lives.
- While there has been a reduction in the number of electronic gaming machines (pokies), pokies are more common in high-deprivation areas. The amount of money spent on pokies has continued to increase.

- Online gambling options continue to grow. The current levy funding does not cover overseas providers.
- Those who work to minimise gambling harm are under pressure and have found the health reforms challenging. They are looking for stronger government leadership and coordination and more sustainability.
- The gambling harm workforce (both clinical and peer) needs to grow and be supported.

Have your say on the proposed strategic plan

When reading through this section, we would like you to think about the following questions.

Questions for you

- Do you agree with the proposed strategic goal, outcomes, actions and system priorities?
- Does the draft strategic plan adequately reflect changes in the gambling environment?
- Do you have any comments to make on the work being done to support priority populations?

Strategic priorities

Note: The strategic priorities are adapted from the priorities for mental health and addiction so are not part of the consultation.

To address changes to the gambling environment and respond to gambling harm, we must:

- increase access to gambling harm support
- grow the gambling harm workforce
- strengthen the focus on the prevention of and early intervention in gambling harm
- improve the effectiveness of gambling harm support.

These priorities align with the priorities of the Minister for Mental Health and underpin the proposed three-year strategic plan.

Strategic goal and outcomes

Our proposed strategic goal is:

New Zealanders' quality of life and life expectancy are not affected by gambling harm.

The outcomes we seek are as follows.

- There is a spectrum of services and supports to prevent and minimise gambling harm – from prevention to early intervention to specialist support.

- Social and cultural norms prevent and minimise harm from gambling.
- Strong leadership and accountability of the gambling harm prevention system supports decision-making as close to communities as possible.
- The system focuses on those who are most at risk of harm from gambling.

The strategy focuses on supporting population groups that experience or are at greatest risk of gambling harm, in particular Māori, Pacific, Asian and young people.

Priority action areas

Each outcome is supported by a key priority action area, helping us break down our strategy into more manageable and measurable tasks.

Actions to increase access to gambling harm support

- Barriers to accessing services and supports are identified and addressed systematically.
- Māori, Pacific peoples, Asian people, young people and people with lived experience are actively involved in harm prevention and minimisation efforts.
- There are kaupapa Māori, Pacific, Asian and youth-centric services and supports available to those who want them.
- Quality, accessible and effective services are designed and delivered.
- Gambling operators are supported to prevent and minimise harm.

Action to grow the gambling harm workforce

- There is a skilled gambling harm prevention and minimisation workforce that includes lived experience and clinical expertise.

Actions to strengthen the focus on the prevention and early intervention of gambling harm

- People have the information and support to make healthy choices about gambling.
- Stigma about gambling harm is addressed.
- There are policies at national, regional and local levels that prevent and minimise gambling harm.

Actions to improve the effectiveness of gambling harm support

- People are supported to participate in decisions about gambling in their communities.
- The legislative and regulatory framework for preventing and minimising harm from gambling is strong and effective.
- Technology, research and evidence inform policy and service design and delivery.

Have your say on the draft service plan for 2025/26 to 2027/28

When reading through this section, we would like you to think about the following questions.

Questions for you

- Does the draft service plan adequately cover what it needs to cover, for example, does it include the right types of services and activities?
- Do you think the proposed funding levels, mix of services and service supports are appropriate?
- Do you agree with the proposed new services and investments?
- Do you agree with the priorities for research and evaluation that have been outlined in the draft service plan?

Purpose of the service plan

The draft service plan details proposals and budgets for our work towards the strategy's outcomes for the next three years.

This overview includes a summary of the activities to be funded and associated costings. More information is available in the full consultation document and appendices on the **Strategy to Prevent and Minimise Gambling Harm Consultation webpage**.

Draft service plan

A new three-year service plan aims to expand provision of clinical and public health approaches to gambling harm minimisation and prevention, as well as develop a prioritised research programme.

The plan includes proposals to:

- **increase access** by expanding clinical service provision, both in terms of the type of service/population served (for example, more high-intensity support) and location (filling some areas that do not currently have face-to-face services)
- **grow the workforce** by supporting new entrants to the workforce and retaining existing workers (for both the peer and clinical workforces)

- **prevent harm and intervene early** by delivering a range of community-focused health promotion activities to prevent gambling harm
- **improve effectiveness** by commissioning a suite of research and evaluation projects, including evaluation of all clinical services and an impact evaluation of the strategy itself.

Indicative budget for 2025/26 to 2027/28

The package of investment has been costed at \$87.718 million over the three years, an increase of \$11.595 million on the last budget.

The increase includes a proposed transfer of \$3.412 million that was not spent in the last strategy, so only \$8.183 million is new funding.

About half of this is for new services and interventions (such as service promotion, workforce development and an online gambling exclusion system), and half will be used to cover the increase in service costs and the number of people needing help.

Summary of service plan and budget

Priority	2025/ 26	2026/ 27	2027/ 28	Total (\$ million)	Summary of service plan commitments
Increase access to gambling harm support	11.258	12.023	12.588	35.868	<ul style="list-style-type: none"> Invest in ongoing delivery and improvement of clinical intervention services, including filling regional gaps. Services offerings include dedicated hauora Māori intervention services, as well as services based on Pacific and Asian world views and expertise and expansion of the intensive support coordination service.
Grow the gambling harm workforce	1.154	1.504	1.499	4.156	<ul style="list-style-type: none"> Expand the peer workforce to improve access to a broad spectrum of effective services. This investment will further embed lived experience into gambling harm service provision and planning. Develop gambling-harm content for a New Zealand Qualifications Authority level 7 qualification. Invest in clinical internships to help students complete practicum requirements to become fully registered addiction practitioners. Provide ongoing professional development for the existing workforce.
Strengthen the focus on the prevention of and early intervention in gambling harm	10.082	10.049	10.556	30.687	<ul style="list-style-type: none"> Invest in refreshed national public health promotion and destigmatisation initiatives, alongside new local/regional public health services to empower communities, build awareness and resilience and address stigma and barriers to help seeking. This work will be informed by lived experience. Subject to the new online gambling regulations, scope and develop a national system to allow individuals to block themselves from accessing regulated online/mobile gambling outlets. Continue to develop a public health approach in schools to address and prevent gambling harm amongst young people / rangatahi. Invest in service promotion and support in primary health care services. Enhance efforts to support self-exclusion.
Improve the effectiveness of gambling harm support	3.789	3.654	2.604	10.047	<ul style="list-style-type: none"> Continue investing in a lived-experience advisory group. Develop and roll out a modern client data management system. This will help services with day-to-day client information management activities, continuous quality improvement and reporting. It will also enable and enhance contract monitoring. This will reduce the amount of effort and resources required for data processing, thus allowing more resources to be put towards front-line service delivery. Invest in research and evaluation to inform policies and service improvement. Ensure research and evaluation is informed by affected communities, service providers and those with lived experience. This will include an impact assessment of the Strategy itself, as well as of all services commissioned under it.
Agency costs	2.181	2.475	2.302	6.958	
Total	28.464	29.705	29.549	87.718	

Note: Budget sums may not total due to rounding.

Have your say on the problem gambling levy

When reading through this section, we would like you to think about the following questions.

Questions for you

- Are the player expenditure forecasts for each gambling sector realistic?
- Are there realistic pairs of expenditure/presentation weightings other than those discussed in this consultation document?
- Which pair of weighting options 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.)
- 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 machines, 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 (expenditure) and how many people access services (presentations) and calculates a levy rate for each of the four sectors.

The levy is reviewed every three years, when we develop the new strategy. The next levy period is from 1 July 2025 to 30 June 2028. Four levy weightings (how much each of the four sectors should pay) have been considered (5/95, 10/90, 20/80 and 30/70). The proposed levy rates for each gambling sector, except TAB, would be higher under any weighting option for 2025/26 to 2027/28 than they are currently. Non-casino gaming machines would pay the greatest share of the levy under any of the options.

You can find more information about the formula, the levy calculations and options for different weightings in the full consultation document on the **Strategy to Prevent and Minimise Gambling Harm Consultation page on the Ministry of Health website**.