

Strategy to prevent and minimise gambling harm 2016/17 to 2018/19: Ministry of Health's response to issues raised in the submissions

From 31 July 2015 to 11 September 2015, the Ministry of Health consulted on its draft strategy to prevent and minimise gambling harm and problem gambling levy rates for 2016/17 to 2018/19 and 2015 needs assessment. The table below summarises key themes/issues raised in submissions on the consultation document and the Ministry's response to each issue. Note that while the Ministry has responded to the themes/issues raised in these submissions, there is also ongoing work under way on a review of the New Zealand Health Strategy.

THEME/ISSUE	MINISTRY RESPONSE	ACTION (WHERE APPLICABLE)
EFFICACY OF THE STRATEGY		
Some submitters supported the strategy, but suggested the primary objective should be to prevent and minimise gambling harm.	The overall goal of the strategy is to prevent and minimise gambling harm. Because the 11 objectives are steps towards that overall goal it isn't necessary to duplicate the overall goal as one of the objectives.	
One submitter questioned the efficacy of the strategy. Despite the spending of \$211 million and a radical restructuring of the non-casino gaming machine sector, problem gambling rates are unchanged.	While to date problem gambling rates are unchanged, rates of participation in multiple types of gambling and rates of frequent participation in continuous gambling (both of which are risk factors for problem gambling) have declined significantly. Further, in 2014/15 alone, Ministry-funded services helped more than 7,000 people who were experiencing gambling harm, and have helped more than 3,000 people in every year since 2004/05.	
PUBLIC HEALTH; POPULATION HEALTH; EQUITY; LITERACY		
<u>Overall comments:</u>		
There was considerable support for the public health approach; the population health framework; the focus on equity; the focus on health literacy; and dedicated Māori, Pacific and Asian services.	The Ministry acknowledges this support.	
One submitter said that the determinants of gambling-harm-related inequities should already be known, and urged the Ministry to start working immediately with Māori communities, Pacific peoples, and others disproportionately affected, to identify and implement new, different, and effective ways to reduce gambling harm.	The Ministry intends to follow an open process to develop, pilot, evaluate and implement the initiatives to reduce gambling-harm-related inequities that are discussed in the proposed strategic and service plans.	

<u>The continuum of harm:</u>	
One submission endorsed the specific recognition of relapse in the continuum of harm triangle. It suggested highlighting relapse more because it explains the high rate of re-presenting clients, the connection and trust it implies is a positive aspect of service delivery, and it is a service capacity challenge.	The Ministry agrees with these comments, but is comfortable with the discussion of relapse as it stands.
Another submitter considered that the continuum, on which the public health approach is based, is about individuals rather than populations or groups, and does not address social and physical environments.	The Ministry considers that public health strategies have the potential to be the most effective 'intervention' across the continuum of need and intervention. The discussion of the continuum has been modified a little to make it clearer that 'interventions' refers to interventions at the population or group level as well as with individuals, and to make it clear that public health interventions are likely to be the most effective.
<u>The public health approach:</u>	
One submitter said that the section on public health could state what prevalence is and how it can be lowered, and why prevention is of fundamental importance to overall population health.	The Ministry has made the suggested changes to section 1.4.
Several submissions said a public health approach should address the determinants of health, and involve organisations and groups beyond the health sector, particularly housing and employment groups.	The Ministry has redrafted section 1.4 to make it clearer that there is a focus on these social and other determinants of gambling harm. It is also worth noting that the Ministry's research projects explore these determinants and the facilitation service specification addresses them. However, the extent to which the strategy can address these broader determinants of gambling harm is a little constrained because the costs of the strategy are recovered from gambling operators and as a result it must focus on <i>gambling</i> harm.
Some submitters supported the Health Promotion Agency's (HPA) work and recommended ongoing campaigns and some expansion of its activities.	The Ministry acknowledges the support for the HPA's work expressed by some submitters.
By contrast, one submitter said there was little visible social marketing or other health promotion action, and that the HPA's work (such as its 'Choice Not Chance' campaign) is secondary prevention (where harm has already occurred).	Both the comments of other submitters and the independent research that the HPA commissions to evaluate its campaigns suggest that there is widespread awareness of the HPA's activities. The HPA's work programme includes activities focused on both primary and secondary prevention.
One submitter suggested exploring if collaborative work between the HPA and ethnic dedicated providers could develop and implement media campaigns that are smaller in scale but more targeted.	The Ministry has passed this suggestion on to the HPA for it to consider as it boosts its activities focused on Māori and Pacific peoples.

Some submitters who supported public health campaigns also added that the Ministry should evaluate and report on how effective earlier campaigns had been, including independent research on the extent to which they led to help-seeking.	The HPA commissions research to evaluate its campaigns and there are behavioural change indicators included in each iteration of its regular Health and Lifestyles Survey (HLS). Reports on the HPA's activities are published on its website.
One submitter considered that a public health approach is often hampered by the lack of an operational definition of harm.	The Gambling Act 2003 includes a definition of gambling harm that can readily be operationalised. Measuring the quantum of harm and changes in the quantum of harm is a more challenging issue.
Other recommended models:	
One service provider recommended that their model for working with Pacific individuals, families and communities be used in clinical and public health settings, because 'Ala Mou'i is too high level.	'Ala Mo'ui sets out a series of principles to which the proposed strategy is intended to align, as articulated in Table 13 of the Proposals Document. The Ministry supports a number of Pacific cultural models that are used across the health sector. Whichever model a service provider adopts, it should demonstrate the 'Ala Mo'ui principles in any engagement with Pacific peoples and in any public health and/or clinical services it delivers.
Another service provider preferred the Takarangi Framework for cultural competence rather than the DAPAANZ framework.	It is the responsibility of each service provider to demonstrate cultural competence and to meet the cultural needs of service users. The Ministry's aim is to ensure an independent review of cultural practice and competency.
Several submitters recommended that the Ministry support and fund a named training programme developed for culturally appropriate and responsive interventions with Māori and Pacific women.	The Ministry would consider any proposal for a trial and independent evaluation of this programme alongside other competing researcher-initiated proposals for funding.
One submitter endorsed the focus on financial literacy and mentioned work that had been piloted.	The Ministry notes that a financial literacy programme is among the 2016/17 to 2018/19 research projects.
Two submitters suggested there should be specific linkages with Whānau Ora.	The overall goal and objectives of the proposed strategy encourage linkages to Whānau Ora and Whānau Ora providers. There are references to Whānau Ora within <i>He Korowai Oranga</i> , to which the strategy is aligned.
Two submitters considered the reference to a Māori voice to be vague and/or difficult to measure and achieve and/or to suggest that there is a single Māori view. One of these submitters recommended a Māori Roopu Tautoko, effectively resourced and tasked with advising on the direction and vision of Māori Communities Living Free from Gambling Harm.	The Ministry intends to maintain a range of mechanisms for Māori to provide advice. Examples include the three-yearly consultation process to develop the strategy; direct input from the Ministry's dedicated Māori service providers; dedicated sessions at the annual service providers hui; and the involvement of Māori in research advisory groups. The wording in the relevant priority action for Objective 2 has been revised.
Another submitter suggested other strategic documents with which the strategy should link.	The examples included in the proposed strategic plan are not intended to be a complete list.

Priority populations:	
<p>Several submitters suggested other vulnerable groups to which the focus on equity should relate, including:</p> <ul style="list-style-type: none"> • A reference to ‘other populations that are the most vulnerable...’, because there are high risk groups other than Māori and Pacific and because the high risk groups might change over the nine-year period • segments of the Asian population • older people, because the population is aging and service provider are seeing older clients • young people/rangatahi • people with disabilities • overseas students. <p>By contrast, one submitter supported the proposed approach, but noted that there should still be a strong emphasis on those in the general category, and another submitter opposed the approach because it suggests other populations are not as important.</p>	<p>The Ministry intends to continue monitoring the impacts of gambling on a range of populations and population segments. It notes that service providers should already be responsive to the needs of all the groups listed.</p> <p>There is little evidence in New Zealand of a growing issue with at-risk gambling among either young people or older people. The Ministry notes that the Māori and Pacific populations are younger, and as a result a focus on these populations implies a focus on young people. It also notes that that some of its research and some of the interventions it is trialling are likely to resonate more with young people (for example, the smartphone application). It also notes the work programme relating to youth mental health more generally and that there is some overseas evidence that such programmes may be more effective than specialised youth gambling services. The Ministry acknowledges that the aging population suggests a need to monitor and be responsive to the needs of this population segment.</p> <p>The Ministry has made some changes to the draft strategic plan (particularly to the new gambling environment subsection) to address these submissions to some extent.</p>
Initiatives to address inequities:	
<p>Several submitters wanted more detail on these proposed initiatives, and one wanted six to nine identified in the nine-year period of the strategic plan.</p>	<p>The Ministry intends to follow an open process to develop, pilot, evaluate and implement the initiatives to reduce gambling-harm-related inequities.</p>
Evaluation:	
<p>One submitter stressed that there was a need to know whether interventions actually work. This submitter said that it was important that major service providers, including dedicated service providers, consistently apply evidence-based, best practice interventions provided by staff competent to deliver them, and that outcomes are independently assessed.</p>	<p>Much of the Ministry’s gambling harm research programme is focused on which interventions work, how well, when and how long for. For example, the Ministry has funded and published the results of the first phase of a randomised controlled trial evaluating the effectiveness of brief telephone interventions, and has funded a second phase. It has also funded an evaluation and clinical audit of its public health and clinical interventions, the report on which should be published shortly, and is currently funding a clinical trial of the effectiveness of its face-to-face interventions.</p>

ADDITIONAL INFORMATION THAT SHOULD BE INCLUDED IN THE DRAFT STRATEGY	
<u>Introductory overview of the gambling environment:</u>	
An introductory overview covering changes over time in participation, attitudes, harm, and the extent of service access would be useful. Include information on the small numbers participating in casino gambling and non-casino gaming machine gambling compared with the large expenditure in those sectors.	The Ministry agrees, and has included a brief overview in the Proposals Document in the form of a gambling environment subsection in the Background section.
<u>Harm to children as a result of adults' gambling behaviour:</u>	
The strategy should address the harm children may be exposed to as a result of a parent, caregiver or other adult's gambling behaviour. There should be a specific reference across all the eleven objectives to children as a population group to be considered.	The Ministry agrees that the Proposals Document should include information on harm to children, and has included a brief discussion of the issue in the 'age and gambling' harm segment in the new gambling environment subsection. It has also included a specific reference to this issue in Objective 1, but does not think a specific reference to the issue is necessary under each of the other ten objectives.
<u>A definition of the gambling sector:</u>	
It would be helpful to make it clear that the 'gambling sector' still covers the gambling industries.	A footnote to the overall goal of the strategy now specifies what the 'gambling sector' is in that context.
<u>Risks for Asian people and/or a practice model for Asian clients:</u>	
The Asian share of the total population is growing. There is a rapidly changing environment for Asian people especially in Auckland, where the majority of that population now lives. There is a need for data to support the claim that Asian people are more likely to experience gambling harm. There is evidence that gambling harm for Asian people mainly relates to casino table games and that they report the highest amounts lost in the four weeks before a first counselling. There is a need for a practice model for Asian clients to which the strategy can align.	<p>The Ministry has included information on gambling and gambling harm among Asian people in the new gambling environment subsection.</p> <p>Segments of the Asian population are already a priority in terms of reducing gambling-harm-related inequities, but this could be clarified. Parts of the Proposals Document have been re-drafted a little to make it clearer which segments of the Asian population are a priority and why.</p> <p>The Ministry already funds, and intends to continue funding, a dedicated Asian service.</p> <p>The Ministry is happy to work with the Asian service provider if that service provider wishes to develop a practice model for Asian clients.</p>
<u>Information for local government:</u>	
Council needs information on gambling and gambling harm when developing gambling venue policies.	The Ministry agrees. More detailed comments appear in the 'Research and Evaluation' section below.

GAMBLING ENVIRONMENTS	
One submitter said there should be a specific objective that targets the agent and environment better.	Objective 4 (in particular) targets the agent. Objective 8 (in particular) targets the environment.
Some submitters noted that 'gambling environments' extend beyond the boundaries of a gambling venue. They include influences such as the density and location of gambling venues, deprivation levels of the area, availability of healthier alternative entertainment options, and access to ATMs and fringe lenders.	<p>The Ministry agrees that the gambling environment extends beyond venues. It addresses online gambling in several sections of the Proposals Document.</p> <p>Addressing some of the influences referred to in these submissions would require legislative changes, and the Act (which is administered by DIA) was not under consideration in this consultation. However, as noted in Objective 4, the Ministry will continue to work collaboratively with DIA on policy development (including potential amendments to the Act) relating to gambling harm. Since the Ministry's consultation document was released, the Minister of Internal Affairs has announced a review of the non-casino gaming machine sector.</p> <p>The extent to which the strategy can address some of these broader environmental determinants is a little constrained because the costs of the strategy are recovered from gambling operators and as a result it must focus on <i>gambling</i> harm.</p>
Some submitters said that 'gambling environments' now extend to gambling online, and there is an urgent need for policies and guidelines to address this environment. One said it may be effective to bar New Zealanders from any overseas or local site that New Zealand has not approved as having appropriate harm minimisation measures, and that the inquiry into offshore betting fits into this potential response.	
Several submitters suggested there should be more formal and regular monitoring of gambling venue operators' compliance with their harm prevention and minimisation obligations, and that non-compliance should be penalised. One submitter questioned whether there is any robust evidence that the gambling industry has acknowledged the harm that gambling can cause to families, communities and New Zealand as a whole.	<p>The Ministry agrees with these submissions. The regulatory aspects of harm prevention and minimisation are the responsibility of DIA. As noted in Objective 8, the Ministry will encourage and support DIA in the effective use of its regulatory tools to prevent and minimise gambling harm, especially in situations in which operators or venues do not meet legal requirements.</p>
Several submitters suggested that the Ministry and the Department of Internal Affairs (DIA) should work together to ensure that gambling operators and gambling venue operators prevent harmful gambling, and that DIA should make more effective use of its regulatory tools.	

<p>Some submitters suggested there should be best practice guidelines, resource materials and relevant training for societies and venue operators, and one suggested standard harm minimisation policies. Some recommended that the HPA's funding and work be expanded to include the development of these materials and training. One submitter said that all types of venues should have minimum and consistent conditions before clients who have been excluded are permitted to re-enter. Another suggested said that it would be helpful if the gambling industries would share data and research on gambling behaviour.</p>	<p>In the current levy period, the Ministry has funded the HPA to undertake research to help inform a campaign on host responsibility in non-casino gaming machine venues, and to produce materials to support venue operators to fulfil that responsibility. The Ministry sees the HPA's work and DIA's regulatory activities as two complementary aspects of a public health approach to preventing and minimising the harm that is attributable to gambling in these venues.</p> <p>The Ministry encourages gambling operators to participate in research and to share relevant information that they generate.</p>
<p>One submitter said there is a need to understand and identify the needs of non-casino gaming machine venue operators to ensure they are capable of implementing gambling harm prevention strategies.</p>	<p>The Ministry sees the HPA activities that the Ministry has funded as a way of meeting the needs that non-casino gaming machine venue operators have expressed. The proposed strategy includes continued resourcing for the HPA to maintain a focus on gambling operators and venues.</p>
<p>Gambling operators also tended to favour more support for venue operators (saying they may not have the skills to deal with problem gamblers), and to support good practice guidelines and standards for training venue staff, to argue that venues are already heavily regulated and should not have additional costs imposed on them to the detriment of fundraising for community purposes, and to favour technological approaches such as facial recognition technology to the prevention and minimisation of harm.</p>	<p>The Ministry sees the HPA's work and DIA's regulatory activities as two complementary aspects of a public health approach to preventing and minimising the harm that is attributable to gambling in these venues.</p> <p>The Ministry would consider any proposal for a trial of facial recognition technology alongside other competing proposals for funding.</p>
<p>One submitter said that focusing on gambling venues, as proposed in the priorities, is secondary prevention rather than primary prevention, and that action needs to be based on a tested model of influences on healthy/unhealthy behaviours.</p>	<p>The Ministry considers that activities to prevent and minimise harm in gambling venues can be both primary and secondary prevention.</p>
<p>The same submitter said they would like to see DHB public health units and other regional/local organisations with expertise in assessing the health and safety of local environments included in a 'whole of government' approach.</p>	<p>The Ministry involves these organisations in the development of the strategy.</p>

COMMUNITY INVOLVEMENT IN DECISION-MAKING	
Several submissions noted that it was not clear how concerned communities can engage over gambling issues, and suggested that discussion of the effectiveness of gambling venue policies is effectively a moot point, because councils have limited influence through these policies. One council was concerned that gambling venue policies are not the only, or necessarily the most appropriate, tool to address gambling harm at a local level.	The Ministry acknowledges in section 1.1.2 of the Proposals Document that councils can stop the number of machines that may be operated in their districts from increasing, but cannot require either reductions in that number or relocations from deprived areas to less-deprived areas. However, gambling venue policies are only one of the mechanisms to address gambling harm at a local level, and the Ministry considers that these policies can be helpful.
Therefore, some recommended that the Ministry investigate other options, including legislative change, for increasing community input into decision-making.	As noted in Objective 4, the Ministry will continue to work collaboratively with DIA on policy development (including potential amendments to the Act).
Some submitters said that there should be transparent, accessible processes to ensure that communities are heard and empowered. One said much more can and should be done to support local communities, particularly in areas of significant deprivation, to counter the economic power and social influence of the gambling industry.	The Ministry notes that its service providers are funded to support this sort of activity.
Several submitters suggested the Ministry work with territorial authorities to make it easier for vulnerable communities to have a voice in decision making,	
Two submitters noted that councils and/or individual councillors can have conflict of interests when dealing with non-casino gaming machine operators.	Councils have the responsibility for regulating their procedures, including managing conflicts of interest.
Two non-casino gaming machine operators suggested that the Ministry and/or communities have no influence over grants and nor should they.	The Ministry considers that local discussion about the allocation of gambling profits can be an effective way of raising awareness about gambling harm.
By contrast, a service provider suggested that discussions about the allocation of gambling profits should be used to raise awareness about where the money comes from and the harm caused.	

<p>One submitter suggested resources that explain the importance of regulating gambling in New Zealand, and a dedicated DIA FTE to explain the regulatory process to communities.</p>	<p>The Proposals Document includes objectives that focus on raising awareness, and on communities participating in decision-making about local activities that prevent and minimise gambling harm. The Ministry's documents (including the new overview section in the Proposals Document) explain the nature, scope and impacts of gambling harm.</p>
<p>One submitter said the Ministry should put resources into raising awareness of the value of relocation policies as a harm minimisation tool.</p>	<p>The Ministry notes that its service providers are funded to engage in the development of gambling venue policies.</p>
<p>One submitter said there should be information on local government's engagement with Māori in gambling policy development.</p>	<p>The Ministry has funded an investigation of Māori input into decision-making on gambling and a study on the effectiveness of a sinking lid policy for Māori gamblers and whanau. Māori who have a specific concern could raise this issue with councils in their local areas.</p>
<p>One submitter said that a resource provided by the Ministry, DIA and the Health Board, supplemented by context from their local businesses and stakeholders, is helpful to council staff.</p>	<p>The Ministry acknowledges this endorsement.</p>
<p>By contrast, some submitters wanted the Ministry, DIA and/or local authorities develop an up-to-date and accurate resource to guide councils in developing and implementing gambling venue policies. One submitter referred to a significant error in a guide the Ministry had funded.</p>	<p>The Ministry is currently working to provide an up-to-date and accurate resource. The Ministry notes that it withdrew the resource that included the error, as soon as the error was brought to its attention.</p>
<p>THE 'WHOLE OF GOVERNMENT' APPROACH AND ENGAGEMENT WITH OTHER RELATED SECTORS</p>	
<p>There was considerable support both for the 'whole of government' approach, including work with local government organisations, and for engagement with other organisations in the broader health and social services sector particularly.</p>	<p>The Ministry acknowledges this support.</p>
<p>Several submitters suggested wider and more in-depth engagement including:</p>	<p>The Ministry agrees with most of the suggestions submitters put forward. It tries to engage other agencies, and requires its service providers to engage with other agencies and services. There are some striking examples of successful engagement. For example, many justice sector agencies now refer clients to providers of services to prevent and minimise gambling harm, and those services are now delivered in many prisons. However, achieving consistent, thorough engagement at a local and national level across all the suggested agencies and individuals is a formidable challenge. The Ministry will continue to pursue opportunities to improve cross-agency engagement to prevent and minimise gambling harm.</p>

Suggestions for engagement included:

- the inclusion of gambling within the education curriculum
- routine screening for gambling across the social service sector
- clear linkages with government priorities such as the Youth Mental Health Project; Vulnerable Children work stream; Drivers of Crime work programme; Family Violence programmes; Youth Forensic Services development; Suicide Prevention Action Plan; National Drug Policy; Smokefree initiatives; and Whānau Ora initiatives
- a national public health campaign, possibly modelled on “it’s not OK” – consistent with the Government’s desire to reduce the incidence of child abuse and neglect
- more engagement with groups and individuals working to address serious mental illness, in particular the risk of suicide
- clearly defined first points of contact and referral points in all communities (for example: Children’s Teams; Whānau Ora services; or a multi-disciplinary team like the Strengthening Families model
- trialling well-established models (for example, the collective impact approach), both locally and nationwide
- a more active approach across government and involving many sectors and agencies, including primary care, with direct incentives for brief training and to do screening, especially to address co-existing problems

There are linkages with many of the listed government priorities, and the Ministry will try to ensure that its research examines the strategy’s contribution to these priorities.

There is already a national public health campaign undertaken by the HPA.

The strategy discusses co-morbidities, and screening clients for suicidality is a component in the service specifications.

There are already first points of contact and referral points in all communities (the face-to-face services and/or the Helpline).

The Ministry is trialling and evaluating several approaches to the prevention and minimisation of gambling harm.

- national campaigns working with local initiatives (for example, local champions)
- a multi-sector approach increasing the prominence of information in rural areas with high proportions of Māori and deprivation
- the inclusion of DHB public health units
- relevant Ministers officially launching major research reports at media conferences and seminars that bring together key stakeholders
- alignment with the government's current focus on harnessing data analytics, in order to inform funding and intervention decisions
- explicit statements on the areas where links between public health and intervention services are expected
- the inclusion of strategic documents additional to those already listed and more specific alignment with all of them
- involvement of problem gambling service providers in the development of the strategy, and a simpler document so that it is easier for service providers and workers to understand
- a schedule for the strategy development, preferably at another time of the year
- changing the Ministry's contractual requirements so that they do not constrain activities which are being carried out in the true spirit of the Ottawa Charter
- much stronger controls on the availability, accessibility and density of gambling opportunities, particularly forms like jackpots, internet gambling and electronic gambling, and stringent controls on advertising.

The Minister has launched major research reports.

The Ministry funds a wide variety of research, evaluation and data analysis work that aligns with the focus on harnessing data analytics. It will continue to develop the problem gambling data to improve this alignment.

The list of strategic documents in the proposed strategic plan is not intended to be a complete list.

The last four iterations of the strategy have been developed every three years at the same time of year. This timetable is largely determined by the Act. Service providers could discuss and debate the strategy during the course of each three-year period so that they are ready to contribute when consulted.

The Ministry is bound by the State Sector Act 1988 to maintain political neutrality. The Ministry funds a range of public health services based on the Ottawa Charter and New Zealand models of health, provided that those services do not compromise that obligation. The proposed strategy notes that the Ministry intends to change its contracting model to reflect the state sector's move towards an outcomes agreement focus.

As noted in Objective 4, the Ministry will continue to work collaboratively with DIA on policy development (including potential amendments to the Act). There are opportunities to use existing tools (for example, the Advertising Standards Association's standards for gambling).

WORKFORCE DEVELOPMENT	
<p>There was considerable support for the Ministry's workforce development objective and proposed priorities. In particular, one submitter noted that they appreciated the time and resources put into the sector especially when compared with other addiction sectors. Another commended the Ministry-funded clinical workforce training development provider and the responsiveness of the CLIC analyst. Many submitters who supported the objective and priorities also suggested enhancements.</p>	<p>The Ministry acknowledges this support.</p>
<p>Several submitters advocated a roll-out of problem gambling training across health infrastructure services at all three levels (primary, secondary and tertiary), and/or across the public health, mental health and addiction workforces.</p>	<p>Alignment with other health and social services will continue to be a focus in the 2016/17 to 2018/19 period.</p>
<p>Several submitters advocated that the Ministry support, fund and/or expand other workforce development initiatives, including:</p> <ul style="list-style-type: none"> • a named training initiative that had been developed by and for Māori women and that was seen as effective for Pacific women • a competency based workforce development system implemented in their own organisation • an online Pacific peoples competency framework that another organisation had developed • a cultural competency framework that they said has been well tested in the Mental Health and Addiction sector. 	<p>The Ministry would consider any proposal for a trial and independent evaluation of this new training programme alongside other competing researcher-initiated proposals for funding.</p> <p>The Ministry funds two workforce development providers, one for public health services and one for clinical services.</p> <p>The principles which all service providers are expected to support are set out in Tables 12 and 13 of the Proposals Document. The Ministry supports a number of models that are used across the health sector. Whichever model a service provider adopts, it should demonstrate the relevant principles in any engagement with clients and in any public health and/or clinical services it delivers.</p>

<p>Several submitters referred to the cost of training, with some noting that the community workforce is not well paid. Initiatives that were suggested included:</p> <ul style="list-style-type: none"> • more scholarships for the workforce to complete qualifications and for professional development, covering most of the study costs, not just course costs • programmes to attract new graduates into the field and a mentoring service • development of other tertiary opportunities • a contingency fund to bring the workforce up to the required competencies and qualifications • a substantial increase in employment opportunities for skilled practitioners, and career pathways within the gambling sector. 	<p>The Ministry funds two workforce development providers and a limited number of scholarships. A workforce development funding component is also included within the rate paid for each contracted full-time equivalent position.</p>
<p>One submitter said that practitioners should still be able to choose which professional body to be a member of, and that this would respect the varied skills and backgrounds of the current workforce.</p>	<p>The strategy sets out the types of registration or endorsement the Ministry proposes. The Ministry has added 'a counsellor registered with the New Zealand Association of Counsellors' as an example of an acceptable 'equivalent registration'.</p>
<p>One submitter wanted an improvement in the quality of communication and coordination from the National Coordination Service, and more support from it for Māori, Pacific and Asian service providers (for example, an annual symposium for each grouping).</p>	<p>The Ministry considers it to be more cost-effective to arrange sessions for dedicated service providers in conjunction with the annual service provider forum.</p>
<p>One submitter said that workforce issues across the country are not adequately addressed, and asked what has worked well and at what cost.</p>	<p>The Ministry supports research and evaluation. Much of the Ministry's gambling harm research and evaluation programme is focused on which interventions work, how well, when and how long for.</p>
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LIFESKILLS AND RESILIENCE	
<p>Several submitters expressed support for this objective and the priority actions, but some of them also suggested enhancements, including:</p> <ul style="list-style-type: none"> • problem gambling awareness in the education curriculum • an immediate pilot, of free programmes to block gambling to mobile phones and larger computers, rather than just monitoring • the inclusion of specific plans for new and different action based on analysis of both the currently vulnerable population groups, and groups who may be affected over the nine years that the strategy is due to run • the consideration of environmental or population-level resiliency factors, not just individual resiliency factors. 	<p>The Ministry is investing in large-sample longitudinal studies (the Growing up in New Zealand Study and the Pacific Islands Families Study). These studies should provide information on risk and protective factors relating to gambling harm among children.</p> <p>The Ministry has already proposed a long list of research projects, some of which relate to the use of technology to prevent and minimise gambling harm.</p> <p>The Ministry intends to follow an open process to develop, pilot, evaluate and implement the initiatives to reduce gambling-harm-related inequities that are discussed in the proposed strategic and service plans.</p> <p>The Ministry has added population level resiliency factors to Objective 7 in the proposed strategy.</p>
<p>One submitter cited four studies and said there is a need to test which strategies are helpful for whom and when in New Zealand (for example, which are most effective for those attempting to reduce their gambling and which are effective for those attempting to maintain change), and said this would inform tailored minimal interventions and public health campaigns</p>	<p>The Ministry supports research and evaluation.</p>
<p>One submitter noted that skills and resiliency programmes may be more cost-effectively delivered as more generic health promotion programmes with multi-agency funding and engagement.</p>	<p>The Ministry notes this suggestion.</p>
<p>One submitter said that Objective 7 should be reworded because it is the responsibility of the gambling industry, not the community and vulnerable populations, to ensure that people do not develop harmful gambling behaviours.</p>	<p>The overall goal of the proposed strategy makes it clear that preventing and minimising gambling harm is a shared responsibility.</p>

ACCESSIBLE, RESPONSIVE AND EFFECTIVE INTERVENTIONS

Many submitters suggested more funding for a wide range of interventions, including:

- specialised affected family options
- routine screening by GPs (for example, by way of the CHAT screen)
- screening and interventions in PHOs, corrections facilities, and foodbanks
- a helpline with specialist trained counsellors to provide intensive interventions
- the development of service delivery technologies (for example, the use of email, Skype and text counselling services)
- promotion of the smartphone application on tribal websites
- the alignment of existing data collection methods with other data collection systems (e.g. NHI or PRIMHD)
- age appropriate services especially for older people and youth
- services for people, especially young people, with an addiction to computer gaming (which can lead harmful gambling)
- more Asian counselling services, with linguistically and culturally appropriate staff (for example, Cambodian and Burmese)
- gambler recovery peer support groups
- maintenance groups and life skill programmes for Asian prison inmates
- services to address problems resulting from the extra machines at SKYCITY Auckland

On the basis of its experience in the current and previous levy periods, the Ministry considers the current total amount of funding to be adequate. It will manage any new initiatives and the funding of any cost pressure adjustments within that overall budget.

The Ministry is researching service delivery technologies.

The Ministry supports data compatibility in principle. There is now a facility to record NHI numbers in CLIC.

<ul style="list-style-type: none"> the development of a robust multi-venue-exclusion process, with a national independent co-ordinator increased TV advertising. 	<p>A combined Ministry/DIA working group is currently reviewing the existing multi-venue exclusion scheme.</p>
<p>One submitter said that there was considerable room for improvement; service providers appear to allow therapists/counsellors to deliver what they deem appropriate; what is being provided and its effectiveness is largely unknown; and the number of clients receiving multiple face-to-face sessions who would have done as well or better with fewer sessions or with telephone or online assistance is also unknown. This submitter suggested it might be time to introduce a more formal stepped care model with a range of widely-accessible online resources, including evidence-based brief interventions and therapies. They also emphasised the need for evaluation of interventions.</p>	<p>The Ministry has funded and published the results of the first phase of a randomised controlled trial evaluating the effectiveness of brief telephone interventions, and has funded a second phase. It has also funded an evaluation and clinical audit of its public health and clinical interventions, the report on which should be published shortly, and is currently funding a clinical trial of the effectiveness of its face-to-face interventions. The Ministry will continue to fund appropriate research and evaluations, and use the results to inform the types of services that it funds.</p> <p>The strategy is sufficiently flexible to encompass a stepped care model.</p>
<p>One submitter said they had been trialling internet and smart technology counselling for some years, and that the Ministry is stifling rather than encouraging this innovation.</p>	<p>The Ministry will consider such services in the context of the inclusion of the helpline within the national telehealth service.</p>
<p>One submitter said they are looking for a superior service from the new helpline configuration (while appearing to see the helpline largely as a source of referrals). Another questioned why the budget for the helpline remains at \$1.1m per year after it is integrated into the national telehealth service.</p>	<p>The Ministry is currently working through the inclusion of the helpline within the national telehealth service.</p>
<p>Some submitters said that service capacity was not adequate in some areas, particularly areas with high proportions of Māori and some rural areas.</p>	<p>During the term of the proposed strategy, the Ministry will work to ensure that service capacity by region reflects the findings from the 2015 Needs Assessment.</p>

COMMENT ON THE SERVICE PLAN OVERALL	
There was considerable support for the service plan.	The Ministry acknowledges this support.
Some submitters agreed with the objectives but suggested that there needs to be stronger and clearer links between the objectives in the strategic plan and the service plan.	The Ministry is satisfied that the proposed service plan adequately reflects the proposed strategic plan.
There was considerable support for the move to outcome agreements. One submitter recommended early stage planning of evaluation, because such agreements may require a different evaluation method, particularly for public health services. Another submitter said the strategy should be revised to accommodate them. They also suggested that the process to develop them use 'alliancing' and adhere to principles of transparency and merit, and that these principles should be in the strategy and service plan. Another submitter also said they would welcome working with the Ministry in the development of outcomes directly related to their service delivery.	<p>The Ministry acknowledges the support for outcomes agreements.</p> <p>It will work with service providers to develop these agreements.</p>
One submitter said that there are opportunities to enhance efficiency and effectiveness including sector development of a clinical management system; shared workforce development initiatives; high trust agreements for services; the Ministry acting purely as a commissioning agent; more succinct six monthly reporting; and a computer-based exclusion system.	The Ministry must meet the existing accountabilities for the state sector. The proposed strategy offers some opportunities to address or make some progress towards these suggestions. One example is the proposal to move to an outcomes agreement contracting model.
One submitter said there needs to be a commitment to Health and Disability Standard 2.5 Consumer Participation Consumers are involved in the planning, implementation and evaluation at all levels of the service to ensure services are responsive to the needs of individuals' and Standard 2.6 Family/Whānau Participation.	Service providers are required to comply with Health and Disability Standards.

<p>A number of submitters suggested modifications to the text of the service plan, including:</p> <ul style="list-style-type: none"> • more specificity about how the Vulnerable Children Act 2014 will apply in practice • stating that the ongoing impact of the judicial review has been further resolved by extension of contracts to June 2017 • correcting a typographical error. 	<p>The Ministry has incorporated a requirement to adopt a child protection policy into all contracts for services to prevent and minimise gambling harm.</p> <p>The Ministry agrees with these two minor amendments, and has made appropriate changes to the wording in the proposed strategy.</p>
COMMENTS ON RESEARCH AND EVALUATION	
<p>There was considerable support both for the research and evaluation objective (Objective 11) and for the programme in the draft service plan. Aspects that received particularly positive comments included:</p> <ul style="list-style-type: none"> • research and evaluation to ensure policy and service development is evidence based • the focus on longitudinal and empirical research methods • the range of research and evaluation studies relating to, and the focus on reducing inequities for, Māori and Pacific peoples • the support for Māori research capacity. 	<p>The Ministry acknowledges this support.</p>
<p>Some submitters advocated more research relating to the populations and groups that are most vulnerable to gambling harm – Māori, Pacific peoples, those living in deprived areas, and some segments of the Asian population. Some also advocated more by-Māori for-Māori research and a scan of all Ministry research that has involved Māori to determine ways to effectively reduced inequities. One submitter noted that it was also important to continue funding other research because around a half of moderate-risk and problem gamblers are not Māori or Pacific people.</p>	<p>The Ministry's proposed research programme includes a wide variety of research and evaluation projects that are focused on the populations and groups that are most vulnerable to gambling harm.</p>

<p>Some submitters suggested that the research to date had been useful but now needed to focus more on enhancing clinical services. One submitter also said there was already strong evidence, including evidence from the international literature, for the effectiveness of interventions like multi-venue exclusions and for how to make such interventions as effective as possible.</p>	<p>Many of the Ministry's research and evaluation projects are focused on high quality evidence to enhance the effectiveness and cost-efficiency of the public health and clinical services it funds.</p>
<p>Some submitters expressed a desire to be involved in the review of outcome indicators. One service provider said the indicators should emphasise those that are measurable at a service provider level. Another wanted the Ministry to support (but not necessarily fund) research they were carrying out using data from the Outcome Rating Scale/Session Rating Scale (ORS/SRS) they'd introduced some time ago.</p>	<p>The Ministry intends to work with the outcomes advisory group and with stakeholders that have whole-of-government advisory roles to review the outcome indicators.</p>
<p>Many submitters suggested other research projects or priorities, including:</p> <ul style="list-style-type: none"> • the impact of venue relocations from high deprivation to lower deprivation areas • the unique opportunity to evaluate the social and economic impacts of an increase in gambling opportunities presented by the introduction of more machines and table games to SKYCITY Auckland • technology-based cost-effective harm prevention and minimisation initiatives (for example, GPS smartphone applications, facial recognition, predictive modelling, pre-commitment systems, and options for restricting access to gambling websites) • online gambling • interventions within gambling environments 	<p>The Ministry has already proposed a variety of high priority research and evaluation projects, many of which relate to these topic areas.</p>

- effective psychological and pharmacological interventions
- the identification of other (including emerging) high risk groups and initiatives to address them
- methamphetamine use and gambling
- crime and gambling
- the presentation of results in a way that helps councils meet the requirement for them to consider the social impact of gambling
- a comparison of participation and problem gambling prevalence with gaming machine use in non-casino and casino environments
- more linguistically appropriate research, especially for Asian people
- effective financial literacy information and strategies for young people
- the impact of sports betting
- the sustainability of public health programme outcomes
- gambling as a fundraising mechanism, including the impact of returning funds to the area in which the money is lost, the impact of allowing territorial authorities to create smaller areas for returns within their districts, and sustainable funding sources for community groups that are currently reliant on grants
- whether providers who offer some services that are the focus of some of the co-morbidities found in some problem gamblers more successful in treatment, and if so why
- the impact of the change to the recording of Primary Problem Gambling Modes in CLIC.

DIA publishes information on gaming machine venues, machine numbers and expenditure by district. The Ministry is funding some projects that are examining gambling harm at a community level and piloting work to address it. However, the cost of drawing samples that are large enough to report the results of national studies at a district level is often prohibitive. The Ministry is watching recent developments in small area statistical analysis methodology with a view to considering the value of its application to gambling harm at a territorial authority level.

The Ministry considers that there are many research and evaluation topics that are higher priority than the impact of the changes to CLIC.

<p>One casino submitted that, like research and development in other industries, their investment in technology and other innovative interventions should receive government support (that is, through Ministry funding), rather than being punished through the increase in presentations that results.</p>	<p>The Ministry encourages gambling operators to participate in research and to share relevant information that they generate. The Ministry would consider any proposal from a gambling operator for a trial and independent evaluation of an innovative intervention alongside other competing proposals for research funding.</p>
<p>Two submitters noted that the research programme needs a schedule of projects and release dates. Another suggested implementation guidelines to ensure research is useful and relevant to New Zealand.</p>	<p>The Ministry currently sets out the term of each research contract on its website. It will consider the possibility of moving to a system of setting out projected publication dates for research and evaluation reports.</p>
<p>COMMENTS ON FUNDING</p>	
<p><u>The total amount of funding:</u></p>	
<p>Some submitters (often service providers) considered that the total amount of funding is too low. Reasons included:</p> <ul style="list-style-type: none"> • gambling operators are making large profits • the large sums spent on marketing gambling • the rate of problems might have remained the same, but the number of people harmed has increased because of population growth, particularly in some vulnerable populations • there needs to be research to understand why gambling harm has plateaued and why inequities persist • there needs to be more funding to develop, initiate and maintain effective public health and other interventions to reduce this harm • there need to be more resources to address the determinants of health, especially for Māori, and Pacific and Asian people 	<p>On the basis of its experience in the current and previous levy periods, the Ministry considers the current total amount of funding to be adequate. It will manage any new initiatives and the funding of any cost pressure adjustments within that overall budget.</p>

<ul style="list-style-type: none"> • there needs to be a specific sum to improve the multi-venue exclusion system • there need to be specific initiatives to reduce the level of domestic violence • there needs to be a specific programme to reduce gambling-related-crime • an investment approach needs more funding • the service providers require cost pressure adjustments. 	
<p>One submitter said that the current formula is based on numbers of individual service users, which does not take into account the aspects of harm to families and society.</p>	<p>The formula includes help-seeking by both gamblers and family-affected others. Therefore, it does take into account harm to families and society.</p>
<p>Other submitters (often gambling operators) suggested the total amount of funding should be reduced, largely because of reductions in gambling participation, the number of non-casino gaming machines, and expenditure on these machines.</p>	<p>Neither the 2015 Needs Assessment, which was Part 4 of the consultation document, nor the number of presentations supports the submission that the total amount of funding is too high.</p>
<p>Some submitters thought there wasn't enough information in the consultation document for an evidence-based response.</p>	<p>The Ministry considers that the consultation document as a whole provided adequate information, and some submitters did provide evidence-based responses.</p>
<p><u>The amount each sector is required to pay:</u></p>	
<p>Clubs New Zealand and a service provider both submitted that there should be some way to acknowledge the measures clubs take, over and above the legal requirements, to reduce the harm associated with gaming machines in clubs.</p> <p>Two casino operators submitted that the levy doesn't account for casinos' substantial investment in host responsibility over and above the legal requirements.</p> <p>Several non-casino gaming machine operators submitted that they paid too much in levy given their efforts to reduce the harm, and the reduced number of presentations, associated with their machines.</p>	<p>The Ministry considers that a levy that is set as a percentage of gambler expenditure probably does adequately address any reduction in the harm that is attributable to gaming machines in clubs as a result of the measures clubs take.</p> <p>The Gambling Act 2003 requires the levy-paying sectors to reimburse the costs of the strategy.</p>

<p>The New Zealand Racing Board referred to the work it undertakes, over and above its levy contributions, to provide a safe and enjoyable environment. It also noted that it was required to meet the costs of presentations attributable to online betting with offshore operators.</p>	
<p>One submitter suggested that information on the severity or duration of gambling harm or the intervention used would make it clearer whether the amount required from each sector was adequate.</p>	<p>The current CLIC data system is flexible and responsive; it enables service providers to change the types of gambling to which harm is attributed from one treatment session to the next.</p>
<p><u>Shifting funding between budget lines or service areas:</u></p>	
<p>One submitter suggested shifting \$1 million from public health to interventions.</p>	<p>The Ministry is comfortable with the current splits in its indicative budgets.</p>
<p>By contrast, several submitters suggest a reduced focus on psychosocial interventions and/or more funding for community and primary prevention; the Health Promotion Agency's awareness-raising activities; community initiatives by service providers; activities to reduce persisting inequities for Māori, and for Pacific peoples; and funding for service provider who cover rural areas.</p>	
<p>Some submitters suggested a shift of funding from research into service delivery.</p>	
<p><u>Service areas that should not be funded:</u></p>	
<p>One submitter suggested that the National Coordination Service doesn't take into account local approaches and is of limited benefit, and that the Ministry could fulfil this function.</p>	<p>The Ministry does not currently intend taking on this role.</p>
<p>Another submitter suggested the amount of funding for conference support and sharing of best practice should be fixed at its current level so as not to compromise other essential funding streams.</p>	<p>The Ministry does not intend increasing the amount allocated for conference support.</p>

<u>Service areas not funded that should be:</u>	
There was a suggestion that consumer advisory roles should be funded, both at service delivery and coordination/Ministry level, to align with the approach in the addiction and mental health sector.	Service providers are required to comply with the Health and Disability Standards relating to consumers.
There was a suggestion that drug courts could be expanded to include gambling addiction.	The New Zealand drug court pilot is still being evaluated. While effective drug testing is used in the drug court pilot, there are currently no viable tests to establish whether an offender has gambled.
THE LEVY FORMULA	
<u>Sectors subject to the levy:</u>	
A few submitters agreed that there should not be a separate levy for club gaming machines or for New Zealand Racing Board gaming machines or both.	The Ministry appreciates the support received from some submitters on this point.
One submitter suggested a split levy for different types of casino gambling, so that if the level of harm from casino gaming machines was higher than other types of casino gambling, casinos with more machines would pay more than casinos with fewer machines.	The Ministry understands the proposal for a split levy for different types of casino gambling. However, it considers that the costs would outweigh any potential benefits. In any case, because so much casino revenue derives from gaming machines, the casinos with more machines already pay more in levy than the casinos with fewer machines.
<u>Presentations:</u>	
The October 2011 changes to the CLIC database muddied the picture of what harm is caused by each mode of gambling.	The Ministry considers the changes a significant improvement, and agrees with another submitter who said that the latest presentations data is the most reliable.
There should be research as a top priority into how the October 2011 changes affected the continuity, comparability and reliability of the data.	The Ministry does not agree that the change to CLIC merits research consideration, given the long list of other high-priority research and evaluation topics.
Practitioners should decide both what to record and how to record it.	Practitioners are currently required to record the modes of gambling that are causing harm (up to a maximum of five). The Ministry considers it preferable for that information to be captured in a standard form across all service providers, which is what CLIC requires, rather than each practitioner deciding what to record and how to record it.

<p>There should be amendments to Table 19 to specify the databases used to collect the data and to make it clear that the October 2011 changes had an impact on the club share of NCGM presentations.</p>	<p>The Ministry considers that the text already makes it clear what changes were made to the CLIC database and when. It considers it preferable to elaborate in the text on the likely impacts of those changes, and has re-drafted the relevant section to do this.</p>
<p>The Intervention Service Practice Requirements Handbook must be updated and simplified.</p>	<p>The Ministry currently has a project underway to update the Intervention Service Practice Requirements Handbook.</p>
<p><u>Weightings:</u></p>	
<p>The NCGM sector preferred the 30/70 weighting, as did two service providers and one academic institution.</p> <p>Two casino operators, the New Zealand Racing Board and the New Zealand Lotteries Commission supported the 10/90 weighting, as did one service provider.</p> <p>A DHB, a service provider and an individual preferred the 20/80 weighting that the Ministry had supported.</p>	<p>Submitters put forward clear reasons for their positions, and the Ministry considered all three of these pairs of weightings to be reasonable.</p> <p>The Ministry continues to support the 20/80 weighting, for the reason set out in the consultation document.</p>
<p><u>Under-recovery or over-recovery of levy:</u></p>	
<p>The Ministry underspend should be returned to each levy-paying sector at the rate it was originally collected from them (ie underspending should be attributed to the levy period in which it occurred).</p>	<p>The Ministry agrees, and has incorporated this change in the levy rate tables in the Proposals Document, leading to some changes in the proposed levy rates.</p>
<p>The Ministry should calculate R by inserting actual expenditure and presentations data in the levy calculation formula and then re-calculating the amount that each levy-paying sector should have been required to pay in each levy period. As it stands, the non-casino gaming machine sector is being asked to make up an under-recovery when it has actually paid too much.</p>	<p>The Ministry considers that its interpretation of the relevant provisions of the Act is correct.</p>
<p>The inclusion of R in the formula offends a basic requirement that laws should not be retrospective. It makes existing societies pay for societies that no longer exist.</p>	<p>The Ministry does not consider the provisions relating to R to be retrospective in legal terms.</p>

<p>The Ministry wants to recover money from the non-casino gaming machine sector that has already been distributed to the community.</p>	<p>The Ministry must comply with the Act. In any case, the impact of the proposed recovery from the non-casino gaming machine sector should be minimal, because the estimated total levy under-payment across this sector is \$1.308 million (GST exclusive), and this amount is to be recovered over the three-year period beginning on 1 July 2016, while the sector's revenue is currently over \$700 million (GST exclusive) a year.</p>
<p><u>The player expenditure forecasts:</u></p>	
<p>Expenditure forecasts for the non-casino gaming machine sector have been unrealistically high in the past and are still too high. Changes in the sector mean that expenditure is still going down.</p>	<p>The Department of Internal Affairs advises that non-casino gaming machine expenditure was slightly higher in 2014/15 than in 2013/14. It considers that further reductions in expenditure in this sector are less likely, and forecasts a period of relatively stable expenditure. The Ministry sees no compelling reason to doubt the DIA forecasts.</p>
<p>The evidence does not support the expenditure forecast for the New Zealand Racing Board, which predicts lower growth in racing and sports betting expenditure due to increased competition from offshore betting agencies.</p>	<p>The Department of Internal Affairs advises that there were specific reasons for the growth in spending on New Zealand Racing Board products from 2011/12 to 2013/14, and that the growth over those years may not be sustained. It has forecast spending on NZRB products that is nearer the long term average growth rate. The Ministry accepts these forecasts.</p>
<p><u>Suggested amendments to the formula:</u></p>	
<p>The current formula is not the most effective way of calculating the levy. It should be reassessed.</p>	<p>The formula is set out in the Act and was not under consideration in this consultation.</p> <p>The formula does not permit the approaches advocated by these submitters.</p>
<p>The calculation of R should only be applied to future under-recovery or over-recovery.</p>	
<p>'Other' presentations should be apportioned equally across the four levy-paying sectors.</p>	
<p>Interventions should be levied at 100% on presentations. Public health should be levied at 50% on expenditure and 50% on presentations.</p>	
<p>Gambling sectors that can differentiate the volume of gambling expenditure on their products from offshore-domiciled gamblers should be permitted to remove that volume from the levy calculation.</p>	