

A close-up photograph of a hand holding a smooth, grey stone. The background is a soft, out-of-focus light blue and white.

**STRATEGY TO PREVENT AND
MINIMISE GAMBLING HARM
2016/17 – 2018/19**

Submissions Analysis for the Ministry of Health

16 October 2015



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EXECUTIVE SUMMARY

This report summarises submissions made to the Ministry of Health (the Ministry) on its consultation document, *Strategy to Prevent and Minimise Gambling Harm 2016/17 to 2018/19*. The Ministry contracted Allen + Clarke Policy and Regulatory Specialists Limited (*Allen + Clarke*) to complete a submissions analysis of all the comments received through the written submission process.

Submissions received

Forty-seven submissions were received on the Ministry's consultation document. Forty-two of these submissions were received from organisations such as health sector agencies, service providers, industry groups (including those representing Non-Casino Gaming Machine (NCGM) operators, NCGM Clubs, casino operators, the New Zealand Racing Board (NZRB) and the New Zealand Lotteries Commission) and local government organisations. Five submissions were received from individuals, one of which is a financial advisor to families/whānau.

Overall, the comments received from submitters were extremely diverse, and largely focused on the detail of the levy weighting, the sectors subject to the levy, the draft three year plan and related policy commentary.

Methodology

All submissions were reviewed, coded to a standard coding framework and entered into a Microsoft Access database. From this, specific reports by both theme and submitter category were drawn and used to inform this report. The Ministry has been provided with a copy of this database. Notes from ten consultation meetings were prepared by the Ministry and *Allen + Clarke* and were considered during the development of this report.

Summary of key themes

Each of the 47 submissions received on the consultation document contained individual and relevant comments. Some submissions focused on providing feedback to what was set out in the consultation document, while others provided new ideas and recommendations as to how to improve the draft document. Key themes that came out of submissions are summarised below.

Comments on the draft Strategic Plan

- The objectives within the draft Strategic Plan were a focal point for some submitters, who provided comments as either high-level feedback on the objectives, or more in-depth advice and suggestions for the objectives and the priority actions that sit beneath them.
- A predominant theme in discussion of the objectives was the inequities in society and how this related to gambling harm. Many discussed the high prevalence of Māori and Pacific peoples in problem gambling statistics. Therefore, Objectives 1 and 2 were largely supported, with submissions considering it was an issue that should be urgently addressed.
- Other submissions highlighted priority groups in need of targeting and identified cross-sectoral alignment as the primary way to achieve this.
- Collaboration was identified as a key theme throughout submissions. This included collaboration between the Ministry and the Department of Internal Affairs; the Ministry

and local government organisations; the Ministry and other sectors of the mental health and addiction workforce; and more collaboration with industry.

- Gambling environments and host responsibility received a strong response, with many considering that the Ministry needed to increase their efforts in engaging with hosts and venue staff to enforce rules and regulations around identifying and interacting with potential problem gamblers. Industry submitters also thought that increased support from the Ministry would enable them to better take on this critical role.
- Online gambling and new, increased risks due to new gambling opportunities through this were also raised frequently throughout submissions.
- The need for research and evaluation to establish an evidence base for all interventions and activities taken as part of the Strategy was strongly supported.
- The need for increased funding to realise the objectives and their priorities for action was also raised.

Comments on the draft Service Plan

- The draft Service Plan was predominantly supported by those submitters who indicated for or against the Plan, as well as many opinions and recommendations as to how the service lines could be further improved to better utilise the funding available. Many submitters thought that funding needed to be increased throughout the draft Service Plan, in order to achieve what the Plan sets out, as well as to cover inflation and a rise in presentations.
- Many comments on the draft Service Plan focused on support for the increased targeting of upskilling workforce. Submitters commended this goal of the Ministry. Some submitters also recommended increasing the workforce. The increased focus on research and evaluation to underpin all interventions was strongly supported across submissions.
- More in-depth suggestions for targeting host responsibility and environment were given, as well as a wide range of extra services and work streams that were not currently funded that submitters thought should be.

Comments on the proposed levy

- Twenty submitters identified a preferred weighting:
 - 11 submitters preferred the 30/70 weighting
 - Five submitters preferred the 10/90 weighting, and
 - Four submitters preferred the 20/80 weighting.
- Each industry organisation expressed a preference for a weighting that limited the amount that its gambling sector would be required to pay (i.e., NCGM operators supported the 30/70 weighting; casino operators, the New Zealand Racing Board and New Zealand Lotteries Commission supported a 10/90 weighting).
- Service providers were split on which option they preferred with support presented for three of the four main options discussed by the Ministry.
- No alternative weightings were proposed.

- A small amount of commentary was received on possible additional sectors that could be subject to the levy given that nine percent of presentations are from sectors other than those subject to the levy. No advice on what additional modes could be captured was provided however.
- A small number of comments were provided on the problem gambling formula (including commentary on the impact of perceived positive or negative changes to the collection of presentations and expenditure data) and on the levy over/under-collect.

Comments on the impact of gambling harm

- Sixteen submitters commented on the Needs Assessment, with the majority noting that further information is crucial. Examples of areas where further data or information could be included were:
 - More information on vulnerable populations including Māori, Pacific and Asian populations
 - Improving data presentation to ensure an accurate portrayal of the impact of demographic change and population growth in New Zealand (including using forecast data rather than relying on historical data)
 - A focus on the socio-economic factors that contribute to or create risks for problem gambling behaviours
 - More data on online gambling (both in New Zealand and offshore), and
 - Improve the presentation of data relating to the number of NCGMs and harm.
- The remaining submitters either indicated that the Needs Assessment contained adequate information or did not provide further detail in their response.

Other comments

- Thirty submitters commented on a range of issues that were not directly related to, but which have overall relevance, to the gambling space. These included:
 - The legislative framework (including the Gambling Act 2003, the New Zealand Convention Centre Act 2013 and the Vulnerable Children Regulations 2015)
 - The use of evaluation-informed analysis to develop the next iterations of the draft Strategic Plan, draft Service Plan and the proposed levy
 - Judicial review
 - Evidence provided in support of specific submissions, and
 - Other miscellaneous issues including a small number of editorial comments.

1. INTRODUCTION

Cabinet has allocated the Ministry of Health (the Ministry) the responsibility under the Gambling Act 2003 for developing an integrated problem gambling strategy focused on public health at least every three years and for implementing it. The Crown recovers the cost of developing and implementing the strategy by way of a ‘problem gambling levy’, set by regulation at a different rate for each of the main gambling sectors. The strategy must include: measures to promote public health by preventing and minimising the harm from gambling; services to treat and assist problem gamblers and their families and whānau; independent scientific gambling research and evaluation. On 31 July 2015, the Ministry released a consultation document *Strategy to Prevent and Minimise Gambling Harm 2016/17 - 2018/19* (the Strategy). This document sought feedback on the:

1. draft nine-year Strategic Plan for 2016/17 to 2024/25
2. draft three-year Service Plan for 2016/17 to 2018/19
3. draft levy rates for 2016/17 to 2018/19, and
4. Gambling Harm Needs Assessment 2015.

The Ministry indicated in the consultation document that, starting in 2016/17, each strategy would consist of a rolling nine-year strategic plan and a three-year service plan.

The consultation document included ten questions to guide submitters’ feedback in relation to these areas. *Allen + Clarke* was contracted by the Ministry to analyse the written submissions and provide all feedback in a finalised report.

1.1. Purpose of this report

This report presents a summary of views submitted on the Ministry’s draft Strategy by both thematic area and category of submitter. Evidence provided by submitters is also described where relevant. The individual submissions have been provided to the Ministry in a Microsoft Access database.

This report will be used by the Ministry to inform the development of the final proposals included in the Strategy. After considering the feedback in this report and making any necessary revisions, the Ministry will submit its proposed *Strategy* and levy rates to the Gambling Commission. The Gambling Commission will undertake an analysis, convene a consultation meeting and provide its own advice to the Associate Minister of Health and the Minister of Internal Affairs. Cabinet will subsequently make decisions on the shape of the *Strategy* and the levy rates for the next three-year period.

1.2. Methodology

All submissions were supplied to *Allen + Clarke* in electronic format. Submitters were asked to identify the type of organisation or individual from a standard set of possible options. This categorisation was supplemented by a Ministry assessment where the type of submitter was not clear or not provided, or the submitter nominated multiple types.

Once received, submissions were coded to a standard coding framework and entered into a purpose-built Microsoft Access database. From this, specific reports by both theme and individual submitter were drawn, cleaned and used to inform this report. Submitters are typically not identified in this report, except by name in Appendix A and by category of

submitter in the body of the report; however, in a few cases, identifying an organisation was unavoidable.

The Ministry also held ten public consultation meetings in Auckland, Hamilton, Wellington, Christchurch and Dunedin. Around 100 people attended these meetings in total. A summary of the key points made at these meetings was prepared by the Ministry and *Allen + Clarke* and considered in the analysis informing this report, but meeting information was not included in the database.

1.3. Summary of submitters

This section summarises the submitters who commented on the draft consultation document *Strategy to Prevent and Minimise Gambling Harm 2016/17 - 2018/19* (the Strategy).

Number and type of submitters

A total of 47 submissions were received: 42 submissions were received from organisations and five submissions were received from individuals¹. The **primary** type of organisation and the number of submitters in each category are described in Table 1 (below).

Table 1: Main categories of submitter

<u>Primary type of organisation</u>	Number of submissions received
Service provider (including NGOs) ²	13 submitters
Industry/gambling operator ³	12 submitters
Professional association ⁴	Five submitters
District Health Board (DHB) ⁵	Four submitters
Local government organisation	Four submitters
Academic institution ⁶	Three submitters
Independent trainer/researcher	One submitter

As well as the ability to self-identify from a range of different categories (as above), submitters were able to identify a specific ethnic group. Fourteen organisations and individuals identified

¹ Three people working for services to prevent and minimise gambling harm, one financial advisor to families/whānau, and a lawyer.

² Providers of services to prevent and minimise gambling harm, a training provider that also provided such services, three collectives of service providers (one of which was a collective of health, social, justice and community service providers), and a whānau ora commissioning agency.

³ Two casino operators, seven NCGM operators (including charitable trusts and foundations), one NCGM Club submitter, the New Zealand Lotteries Commission and the New Zealand Racing Board.

⁴ Four health associations and one social work association.

⁵ One of which specifically referred to input from a local provider of services to prevent and minimise gambling harm.

⁶ Two academic institutions also identified as education/training providers.

themselves as representing the interests of specific cultural and ethnic populations. These are described in Table 2 (below).

Table 2: Secondary categories by ethnicity

Ethnic group	Number of submissions identifying with ethnic group
Māori	12 submitters
Pacific	Five submitters
Asian	Three submitters

1.4. General comments on submissions received

Overall, the comments received from submitters were diverse, focusing on a range of topics. In most cases the submitters discussed those areas that they had a specific interest in and did not respond to the other questions posed by the Ministry. Most submissions were unique; however, two NCGM operators and one NCGM Club submitter used similar text, but with personalised introductions. In one case, one local government organisation endorsed the Hawke’s Bay District Health Board’s submission: this is reflected in the report’s discussion sections.

The consultation document offered submitters the opportunity to provide opinions, facts and commentary on the Ministry’s approach to preventing and minimising gambling harm over the next three years. The draft Strategic Plan provides high level objectives and priorities, while the draft Service Plan provides more detail as to how the Ministry will implement the Strategic Plan. Due to the nature of the themes set out in the draft Strategic Plan and the draft Service Plan, many comments were inter-related, with submitters commenting on aspects of both the Strategic Plan and the Service Plan in their responses. This meant that general indications of support (or otherwise) may have been alluded to in questions, without specifically answering in this way. As such, commentary presented by submitters that crosses multiple sections, for example discussing information that should be in the Needs Assessment in order to enhance an intervention disagreed with, may be discussed in both the Needs Assessment and draft Service Plan sections of this report. In addition, to ensure that comments are reflected to their best advantage, the analysis discusses submitters’ points under the categories that best align to what they have indirectly recommended, which may be different to how the submitter categorised it in their submission; however, all original meaning has been retained.

1.5. How to navigate this report

This report contains six parts:

1. Part 1 outlines the purpose and structure of the report, identifies the methodology used in the submissions analysis and provides an overview of submitters and their submissions.
2. Part 2 describes the submissions received on the draft Strategic Plan, including commentary about each of the individual objectives.

3. Part 3 describes the submissions received on the draft three-year Service Plan, including the proposed funding allocation and the five key areas of initiatives or programmes planned for 2016/17 to 2018/19: public health services, intervention services, workforce development activities, research and evaluation priorities and comments around general funding.
4. Part 4 summarises submitters' comments on the problem gambling levy rates, including the levy weightings and the method for working out levy rates.
5. Part 5 outlines submissions received on the Needs Assessment.
6. Part 6 describes the other issues raised by submitters, including editorial issues and issues that fall outside of the scope of the consultation.

Lastly, Appendix A names the individuals and each organisation who contributed to the consultation process by way of written submission, unless a specific request was made to withhold names of individual submitters. Appendix B provides a list of the ten questions outlined in the consultation document.

2. THE DRAFT STRATEGIC PLAN

Part 2 of this report outlines the commentary received from submitters on the proposed draft Strategic Plan. It covers:

- the direction and overall content of the draft Strategic Plan
- comments about whether the draft Strategic Plan adequately addresses the strategic context for the draft Service Plan, and
- submitters' views on the draft objectives and the priority actions, as well as any gaps perceived.

2.1. General comments on the draft Strategic Plan

Stakeholders were asked a range of questions regarding the draft Strategic Plan, including whether or not they supported the document; if it adequately addressed the strategic context for the draft Service Plan; and how they thought about the objectives and priority actions set out in the draft Strategic Plan.

Almost all of the submissions received made some form of comment on the draft Strategic Plan, largely relating to the 11 objectives and the associated priorities for action. Limited indications of support (or otherwise) for the draft Strategic Plan overall were provided:

- 16 submitters (three academic institutions, three DHBs – one of whose submissions was endorsed by a local government organisation, two professional associations, one local government organisation, three NCGM operators, the New Zealand Racing Board, one service provider, the New Zealand Lotteries Commission) stated that they supported or predominantly supported the draft Strategic Plan.
- Two submitters (one Māori service provider, one NCGM operator) seemed to oppose the draft Strategic Plan, with the NCGM operator questioning the efficacy of the strategy and the service provider stating that the draft Strategic Plan was insufficient for the longer-term period proposed (while also agreeing or partly agreeing with most of the objectives).

The remaining submitters did not specify whether they supported or opposed the draft Strategic Plan overall, or were unclear, but gave high level feedback on the overall direction and objectives, or commented on other sections of the consultation document.

2.1.1. Support for the draft Strategic Plan

Sixteen submitters expressed support for the creation of a strategic plan to prevent and minimise gambling-related harm with an accompanying framework to guide the work plan and collaboration. Support came from all categories of submitter.

Specific positives about the draft Strategic Plan raised by submitters included that:

- The draft Strategic Plan has a clear reporting framework and transparent process (one NCGM operator) and is focused on “*service delivery, and provides a strong roadmap for continued implementation of high quality and innovative services for problem gamblers and for general awareness and education*” (one individual): this is seen to be extremely

important in an environment where gambling is becoming increasingly normalised in New Zealand society (one professional association)

- The draft Strategic Plan is comprehensive, thoughtful and well-informed (one academic institution)
- The layout, drafting and direction of the draft Strategic Plan are good (one DHB whose submission was also endorsed by one local government organisation), and
- One academic institution stated that the draft Strategic Plan and the draft Service Plan were clearly and logically presented and directly addressed the objectives and requirements of legislation through relevant research.

One DHB committed to support the implementation of the strategy and work collaboratively with the Ministry where needed, through service delivery and their connection with the community.

Confidence in the capability of the Ministry to respond to the challenge of problem gambling in a changing environment was expressed by an individual. Other submissions that supported the Strategy indicated this also. One academic institution commended the draft Strategy, yet advised flexibility within the Strategy's new increased time frame, given that a lot can change in nine years. Specific challenges were highlighted, including research identifying new high risk groups or trends that could require action.

The approach the Ministry has taken in the draft Strategic Plan to focus on a smaller set of outcome indicators and the fact that the objectives can be directly evaluated alongside outcomes was also supported by both an academic institution and a casino operator.

The remaining submitters did not comment on the draft Strategic Plan overall, yet most referenced it in some way in their feedback. Of these submissions, general support was indicated for the direction of the Plan; however, many considered that the draft Strategic Plan and its objectives did not go far enough to addressing the harm caused by problem gambling and that additions would be required in order to fully develop the strategic context required for the draft Service Plan. The feedback and comments from these submitters are discussed in more detail in the other sections of this report (as relevant).

2.1.2. Concerns about the draft Strategic Plan

Concerns about aspects of the draft Strategic Plan predominantly related to specific sections within the document that submitters considered to be lacking in depth or focus and questions as to how the objectives were developed in line with the Needs Assessment, rather than criticism of the overall Plan. These included concerns about how gambling environments would be effectively identified and targeted, the integration of cultural aspects across all the objectives⁷ and the lack of information on the term and scope of 'innovation'. These comments are included in the relevant sections of this report.

Only one NCGM operator questioned the value of the strategy as a whole, stating that despite substantial investment, problem gambling rates remain unchanged:

"The results give pause to question the efficacy of the strategy employed by the Ministry and question why actual results are not measured instead of inputs and why the next 9 years represent any hope of improvement over the previous 12. It is for the Ministry to undertake testing the efficacy of its

⁷ This is discussed further under Objectives 1 and 2.

strategy and this should be done by external audit...it is worth commenting that the lack of measurable outcomes, as opposed to outputs, perhaps hampers more progressive strategies'.

One service provider and one professional association expressed concern about the lack of information on when the three-yearly consultation on the strategy would occur. The professional association wanted a schedule of dates for the release of 'the three-year action plans'.

2.1.3. Public health approach

Two submitters (one DHB, one professional association) cited models of public health that emphasise the socioeconomic, cultural and environmental determinants of health. The DHB said that the:

"most effective way to maximise people's wellbeing is to take these factors into account as early as possible during decision making and strategy development".

The professional association commented that the public health approach in the consultation document is based on a continuum which is about individuals rather than populations or groups: it does not address social and physical environments. It said:

"we believe that action needs to be based on a tested model of influences on healthy/healthy behaviours".

2.1.4. Priority populations and behaviours

Twenty-one submitters (largely service providers) were concerned that the draft Strategic Plan did not adequately address specific priority populations (with several noting a range of different population groups). Comments made or groups requiring additional focus included:

- Strong enough targeting of at risk Maori, especially in smaller, more rural areas (discussed further below under objectives)
- Closer alignment between this strategy and other addiction services (discussed further below), specifically referencing the association between gambling and serious mental illness (referenced by 11 submitters)
- Young people/rangitahi (included by nine submitters)
- Children (who may experience direct or indirect harm as a consequence of a parent, caregiver or other adult engaged in problem gambling) (nine submitters), and
- People aged over 60 years (mentioned by six submitters specifically).

One professional association recommended that the final Strategy include specific plans for new and different actions based on current vulnerable population groups, demographic changes, as well as groups who may emerge as being affected over the nine-year period of the Strategy.

Another professional association raised concerns about certain behaviours or gambling modes. For example, the risk of online gambling and the potential for the development of risky or problematic gambling behaviours, particularly in young people. This was reiterated by three service providers and one professional association.

2.1.5. Strengthening the link of the draft Strategic Plan to other agencies and services

A predominant theme in submissions was the alignment between the draft Strategic Plan and other strategic documents and sector initiatives. One local government organisation noted that it was particularly pleasing to see the alignment of problem gambling services with other health and social services. Many submitters indicated approval for how the Strategy had been aligned with other areas, specifically, four submitters noted approval for the alignment with He Korowai Oranga (two service providers, a professional association, the New Zealand Racing Board) and three for 'Ala Mo'ui (a service provider, a professional association, the New Zealand Racing Board).

Seven submitters considered that further detail on these relationships would provide for better alignment within the draft Service Plan. These submitters provided examples of other strategic frameworks and documents that could be aligned with the *Strategy to Prevent and Minimise Gambling Harm*, including:

- The New Zealand Health Strategy (two DHB submitters)
- The New Zealand Suicide Prevention Strategy (one service provider, one professional association)
- Te Urukahikatea; Like Minds Like Mine; Te Puawaiwhero; Te Tahuhu; Te Whakauruora; Waka Hourua (suggested by a service provider, who was also one of the two submitters that suggested the New Zealand Suicide Prevention Strategy)
- New Zealand National Drug Policy 2015-2020 (which is also focused on preventing and minimising harm, as explained by two professional associations), and
- Government priorities such as the reduction of abuse and neglect of children and improved outcomes for vulnerable people (one professional association).

One academic institution suggested that a stronger link with other health and addiction plans could be actioned through setting priorities and indicators for increased collaboration across government and other sectors, enabling the development of policy and actions to address common underlying determinants of gambling harm.

As referenced above (in section 2.1.4), 11 submitters (two service providers, one academic institution, three DHBs – one of whose submissions was also endorsed by a local government organisation, one NCGM operator, three professional associations) stated that they would like to see greater attention in the *Strategy* to addressing how those who experience problem gambling and who also experience other mental health issues would be identified, treated and monitored, with one service provider stating that it considered the gap between gambling harm practitioners and the wider workforce to be wider than necessary. It recommended that the Strategy should broaden to include specific monitoring of alignment, with one professional association offering to work with the Ministry to develop a programme to minimise gambling harm in this priority group.

One service provider, in discussing alignment with other services, suggested that the Ministry “*encourages a culture and environment for its sectors that all providers can connect with*” and would welcome the support of the Ministry in the work they are currently undertaking to do this.

Another service provider reiterated that aligning cross-sector objectives would enable a streamlined approach to achieving them.

2.2. The strategic context of the Service Plan

Stakeholders were asked whether the draft Strategic Plan adequately addresses the strategic context for the draft Service Plan (i.e., [Question 1](#)).

Sixteen submitters responded directly to this question:

- Nine submitters (five service providers, one DHB, one individual, one local government organisation, one professional association) did not consider that the draft Strategic Plan adequately addresses the context for the draft Service Plan, due to:
 - the need for more effective targeting of gambling environments (one service provider)
 - lack of specification about alignment with other strategic documents (one DHB)
 - lack of specification as to how cultural aspects will be included across all objectives (one service provider)
 - need for a public health model to factor in social and physical environments, and
 - need for clear, measurable targets and actions (one professional association).
- Seven submitters (two DHBs – one of whose submissions was endorsed by a local government organisation, two service providers, an individual, one academic institution) considered that the draft Strategic Plan adequately addressed the strategic context for the draft Service Plan, with one DHB (endorsed by a local government organisation) noting that it considered the Strategy to provide clear priority areas for the draft Service Plan to focus on and enabling multiple sectors to engage in the issue of problem gambling.

Furthermore, one local government organisation considered that the Needs Assessment better addressed the context for the draft Service Plan and suggested that the draft Strategic Plan could include a summary of findings from the Needs Assessment at a high level, for example in a 'setting the scene' paragraph.

2.3. The draft objectives and priorities for action

The draft Strategic Plan is based on an outcomes framework consisting of 11 objectives. Stakeholders were asked if, of the 11 suggested objectives and accompanying priority actions, there were any that they particularly agreed or disagreed with and why. They were also asked whether there are other objectives that would be preferable or other priority actions that would more effectively or more efficiently prevent and minimise gambling harm (i.e., [Question 2](#)).

Almost all submitters referred to the draft objectives in their submissions, either through general statements, or more in-depth comments. Those who specifically responded to the question on their agreement with the objectives and accompanying priority actions each supported different priority areas and held different views. These comments are discussed in more detail in the below sections relating to each objective.

Overall, ten submitters (two academic institutions, three DHBs, the New Zealand Racing Board, two service providers, one professional association, one NCGM operator) agreed with all of the

objectives that the Ministry set out in the draft Strategic Plan (often with suggested enhancements). No submitters stated that they disagreed with all of the objectives (although individual objectives that raised issue are discussed below under their relevant section).

Comments on the objectives ranged widely and included suggestions to:

- focus the targeting of the objective to other priority groups that have not been mentioned in the strategy
- allocate extra resources for the priorities for action, as well as include further priorities, and
- in some cases, large changes to the objective and how the Ministry was planning to achieve the objective were recommended.

The following sections describe each objective and the commentary associated with it, including any commentary on the associated priority actions.

2.3.1. Overarching comments about Māori and Pacific people

A range of generally positive comments regarding the specific focus on Māori and Pacific people within the Strategy were provided, although submitters also questioned how the focus would be incorporated throughout all the objectives. Specifically, while eight submitters stated that they were impressed with the focus on Māori and Pacific people in Objectives 1 and 2, three service providers also questioned how cultural aspects would be integrated across all the objectives, as this was not shown in the draft Strategic Plan, four other submissions considered that this should not only be a focus in Objective 1 and 2 (one service provider, one local government organisation, one DHB whose submission was also endorsed by a local government organisation). One suggested that the *Strategy* could use the Takarangi Competency Framework for cultural competency instead of the DAPAANZ framework.

In contrast to the aforementioned submitters' views, there were those who wanted more balance within the draft Strategy, to also focus on those in the other population groups as well (this was highlighted above at 2.1.3), with one academic institution noting:

‘The consultation document has given substantial emphasis to the disproportionate prevalence of gambling harm among Māori and Pacific people; however, a strong emphasis still needs to be given to those in the “general” category’... half of the problem gambling population comprise European and other ethnicities’.

This is also discussed further under Objective 1 (see section 2.3.2).

2.3.2. Objective 1

Objective 1: There is a reduction in gambling-harm-related inequities (particularly in the gambling-harm-related inequities experienced by Māori and Pacific peoples, as the populations that are most vulnerable to gambling harm)

Most of the commentary received on Objective 1 was positive. Of those who specifically responded to the Ministry's agree/disagree framework:

- 20 submitters agreed with Objective 1, and
- Six submitters indicated that they disagreed with this Objective, not due to the underlying principle behind the objective, but due to the fact that it did not strongly enough address the issue at hand and, in some cases, did not target all those who should be a priority.

In the 2011/12 New Zealand Health Survey, Māori and Pacific peoples were estimated to be approximately three times more likely than Europeans to be categorised as moderate risk problem gamblers. Seven submitters (three service providers, one DHB whose submission was also endorsed by a local government organisation, one professional association, one local government organisation) considered that risk based on ethnicity is an ongoing and relevant issue and therefore indicated support for Objective 1. Other feedback provided on this Objective also referenced the need to tackle inequities:

'It is good to see emphasis on gaining greater understanding of the factors that contribute to inequities and undertake (and evaluate) initiatives to address them. The points under diversity are well made'. [one academic institution]

One service provider stated that it is essential to work in partnership with local communities, in particular Māori communities, to identify what could work.

Another service provider, while supporting the Objective overall, criticised the focus of Objective 1 being on the *continued* provision of dedicated Māori, Pacific and Asian services, when given the static statistics on problem gamblers in these cohorts, a bolder approach to increase the investment in such services should be taken. One submission went further than this, suggesting that Objective 1 should be a reduction by at least 30 percent in overall gambling harm (as measured by a range of parameters). The service provider stated that this would give the strategy a clear targeted outcome.

Two explicit wording changes were also proposed by submitters:

1. After "Māori and Pacific peoples", include "and other populations that are the most vulnerable..." (one academic institution), and
2. The use of the phrase gambling harm is preferred to gambling harm inequities (one local government organisation).

Extending the focus of Objective 1

Five submitters (three service providers, one DHB, one local government organisation) stated that they could not support Objective 1 entirely because, while it was acknowledged that Māori and Pacific peoples are at high risk and should be priorities, they considered that there are additional high risk groups that require focused attention, if the overall incidence and prevalence of harm are to be reduced.

Groups that should have more visibility in Objective 1, according to submissions relating to this Objective and the overall draft Strategy, include:

1. young people (11 submitters)
2. people aged over 60 years (i.e., demographic change needs to be taken into account to ensure adequate strategic context) (six submitters)
3. subgroups of the New Zealand Asian community (five submitters)
4. people with disabilities or addiction problems (three submitters), and
5. socio-economic, cultural and geographical diversity, as well as ethnic diversity (two submitters).

2.3.3. Objective 2

Objective 2: Māori have healthier futures, through the prevention and minimisation of gambling harm

Twenty-six submitters expressed agreement or disagreement with Objective 2, as well as including further recommendations for how to strengthen the Objective and the priority actions beneath it. Of those who specifically responded to the Ministry's agree/disagree framework:

- 24 submitters agreed with Objective 2
- One of those who agreed with Objective 2 (an NCGM operator appeared to agree with the Objective but said that it was "*disappointing*" that the factors contributing to gambling-harm-related inequities for Māori had not already been identified and that, rather than further research, the Ministry should be actively assisting at risk groups and it also described the statement about supporting a Māori voice as "*vague*", and
- Two service providers indicated that they disagreed, but both appeared to be disagreeing because the objective and/or the priority actions did not go far enough with one also reiterating the statement of the NCGM operator about supporting a Māori voice as "*vague and uninspiring*".

A large amount of the feedback from submitters linked Objectives 1 and 2 together, as submitters thought that there was a strong relationship between the two. Some of the responses to Objective 1 also indicated support for Objective 2 indirectly.

Commentary in support of Objective 2

Objective 2 was seen to be particularly relevant for the upcoming strategy, with four submitters (one academic institution, one service provider, a financial advisor to families/whānau, one professional association) stating that the priority actions under this Objective should be urgently addressed and funding expanded to avoid any acceptance or normalisation of the over-representation of problem gambling among Māori.

As discussed above under Objective 1, some submissions expressed concern that Objective 1 and 2 excluded other cohorts. One professional association, while agreeing with the Objective overall, was concerned that Māori youth were not identified as a specific sub-group and that this needed urgent attention within the draft Strategy. Specific mention was also made of the harm that gambling can cause to Māori women and the increase in targeting towards Māori women through gambling advertising and accessibility (one service provider, one independent trainer/researcher, one financial advisor to families/whānau).

Extending the focus of Objective 2

Five service providers and one individual considered that Whānau Ora was an ideal means for confronting problem gambling, promoting recognition that problem gambling affects family, children and friends as well as the person affected by gambling. One of these service providers was concerned that it could not see specific mention of Whānau Ora collectives or linkages with them within Objective 2 or the associated priority actions, and considered this could be a priority for action.

Six submitters asked that the Ministry consider, under the priority actions for Objective 2, adopting a more concerted 'by Māori for Māori' approach, from the development of service objectives through to evaluation and research and to consider a national dedicated Māori leadership service, or to ensure that such leadership comes from within the Ministry, with such an approach being informed by He Korowai Oranga.

2.3.4. Objective 3

Objective 3: People participate in decision-making about local activities that prevent and minimise gambling harm in their communities

Of those who specifically responded to the Ministry's agree/disagree framework:

- 15 submitters agreed with Objective 3, and
- Four submitters indicated that they disagreed.

The 19 submitters who provided direct feedback regarding Objective 3 were all in agreement that public participation in decision-making is important and that this was an important objective, enabling community empowerment and health promotion principles; however, submitters primarily noted the difficulties associated with implementing Objective 3. One local government organisation and one service provider queried how the Ministry would achieve this Objective and hoped that the Ministry would focus on implementing the priorities for action across all communities, not solely the most vulnerable.

Other concerns focused on whether local communities were provided enough information to be able to provide feedback and participate, with one service provider stating that:

"encouraging communities to have a voice is difficult when they don't know when or how to participate".

While it was hoped that the Ministry would work to simplify the process for communities to have a voice in decision making, a submitter raised the point that the reality was that there were limited opportunities for this to happen.

One service provider noted that territorial local authorities only consult with their local communities if they are proposing to change their NCGM/TAB policies and that this should be addressed in the Strategy document. One academic institution and one professional association reiterated this concern stating that legislation does not require territorial authorities to consult when reviewing their gambling venue policies (only if they propose to change them), meaning it is unlikely for this to be an opportunity for communities to address their councils (as stated in Objective 3), but that the Ministry could provide information to the authorities to assist with gambling venue policy reviews.

One NCGM operator found this Objective to lack substance and meaning, thinking that communities should not have influence over Class 4 gaming society grant allocations and another considered that the Ministry should not involve itself in the allocation of gambling profits.

'While [we] share community concerns about funding being distributed in a responsive and responsible manner there is no ability for the regulator to respond to community concerns about where funds are being allocated... if the Ministry involves itself in the allocation of gambling profits it is operating well outside its scope'.

Changes proposed for Objective 3

Submitters suggested a range of possible clarifications and changes to address the concerns outlined above. Suggestions included:

- The priorities for action require clarification as to the Ministry's expectations for participation in council policy, organisational policy and workplace gambling policy (one academic institution)
- The Ministry should de-emphasise gambling venue policy reviews as the principal way to give effect to community aspirations regarding gambling, as the Gambling Act 2003 and the Racing Act 2002 [sic] constrain the scope and effect of these and it should instead investigate other options for increasing community input into decision making (one local government organisation)
- The community benefits greatly from the allocation of gambling funds; however, there is a missed opportunity to inform people about where the money comes from and the harm created by problem gambling (one service provider)
- The Ministry should work alongside territorial authorities to enhance community participation in decision-making, rather than separately (one local government organisation)
- The development of appropriate resources to explain the importance of regulating gambling, as well as a dedicated Department of Internal Affairs employee to explain the process of regulation to communities (one service provider), and
- One DHB whose submission was endorsed by a local government organisation supported capacity building in the area, recommending that a sentence could be added into the actions to support collaboration with local government on capacity building. It was further suggested that the Ministry aim to increase opportunities for community action.

2.3.5. Objective 4

Objective 4: Healthy policy at the national, regional and local level prevents and minimises gambling harm

The commentary received on Objective 4 was similar to Objective 3 (i.e., that, while the idea was positive, submitters did not find it realisable or realistic). Of those who specifically responded to the Ministry's agree/disagree framework:

- 15 submitters agreed with Objective 4
- Five submitters indicated that they disagreed with Objective 4, and

- One submitter agreed to parts of Objective 4.

The 21 submissions that referenced Objective 4 focused on collaboration, and the underlying priorities for action. Local government organisations particularly identified Objective 4 as significant and a current priority, with the importance of a joined up strategy to target problem gambling acknowledged.

While it had a lot of support, and was considered to be necessary and important, some submitters considered that it is not effectively actioned or attainable. One local government organisation expressed a major concern about a tool the Ministry had made available to councils and another minor concern about sources of data. Another thought that Objective 4 would be more achievable if they were better informed about the initiatives that were being undertaken in their community.

One service provider expressed a wish to participate in developing health policy but considered that the political neutrality clause in the Ministry's contracts could be used to "*constrain activities which are being carried out in the true spirit of the Ottawa Charter*". Another service provider commented that the "whole of government" statement offers little direction or understanding of how policy actors and agencies can increase their commitment to preventing and minimising harm, and one individual identified the need for stronger inter-agency and non-Government cooperation.

Changes proposed for Objective 4

One NCGM operator questioned the term 'healthy policy', and considered that Objective 3 and 4 should be combined and re-worded so that they refer to communities being more aware of gambling issues and actively engaging with local and central government on ways to prevent harm. Submitters also provided suggestions on the priorities for Objective 4, in order to make them more (in their view) realisable:

Collaboration

- Two submitters suggested a collective impact approach model could be used to implement the whole of government approach, as it is already well-established and this is urgently needed (one service provider, one professional association)
- Templates and/or good practice policies and resources would be helpful and would assist TLAs in having a more aligned approach, and enable more work to be conducted with local councils to work through issues that arise at a community level (one local government organisation, one professional association, one service provider)
- The inclusion of DHB public health units in assessing the health and safety of local environments, and in any whole of government approach suggested in the final Strategy (one professional association), and
- National campaigns must work in collaboration with local initiatives to improve outcomes (one DHB).

Information

- One DHB suggested that an extra objective be developed which supports local research to see what is happening at a community level, and recognises areas of need (not one size fits all), and

- Provision of information appears to be insufficient to address this objective and its underlying priorities, and a more active approach to realise a cross government result may be required.

Review

- As the legislation states only that councils must “have regard to the social impact of gambling within the territorial authority district” when adopting a gambling venue policy, and does not state that the prevention and minimisation of gambling harm should be a consideration, gambling venue policies may not be the only, or necessarily the most appropriate, tool for addressing gambling harm at a local level. Non-regulatory policies might potentially prove more effective (one local government organisation).

Crossover between Objective 3 and Objective 4

Feedback on Objective 4 was often tied into, or referenced, in feedback on Objective 3. As discussed in Objective 3, one local government organisation expressed concern that achievement hinges on the activities of territorial local authorities. Within the current legislative framework, it considered that the Ministry overestimates what a territorial local authority can achieve, and some objectives imply a level of influence these authorities do not have. In spite of this, the local government organisation sees Objective 4 as an opportunity for territorial local authorities and the Ministry to each contribute to the other’s work on a formal or ad hoc basis to achieve this Objective (eg, by notifying their networks of the other’s current consultation programmes).

2.3.6. Objective 5

Objective 5: Government, the gambling sector, communities, families/whānau and individuals understand and acknowledge the range of gambling harms that affect individuals, families/whānau and communities

Of those who specifically responded to the Ministry’s agree/disagree framework:

- 17 submitters agreed with Objective 5
- One submitter indicated that they disagreed with Objective 5, and
- One submitter agreed with parts of Objective 5.

Many submissions regarding the themes in Objective 5 thought that it tied in with the issue of operator responsibility within Objective 8: their comments are discussed under that Objective.

One service provider and one academic institution indicated that Objective 5 does not go far enough and that it might be timely for the Ministry, working with the Department of Internal Affairs, to do more than support gambling operators and gambling venues. One said it might be timely for evidence-informed measures to be provided and for compliance and outcomes to be continually assessed. One service provider considered that the Objective needed to focus more on advocacy for the development of life skills for the populations that it refers to.

While the majority of submissions tended to support Objective 5 and the priorities beneath it, two submitters thought that it lacked depth of information or explanation as to how it was to be achieved (similar to feedback on Objectives 3 and 4). Further information was also requested on:

- How the data collection activity would impact on future legislation and regulations relating to gambling (one professional association)

- How the objective would be operationalised, including the measures that would be put in place to monitor the impacts of gambling, who would be monitored, and to whom the information will be reported (one professional association), and
- How it would interact with other agencies and sectors (one service provider).

A professional association commented that the relative lack of visible social marketing or other health promotion action would hinder the Objective truly having an impact. The association also indicated it would be interested to see robust evidence that the gambling industry has acknowledged the harms that gambling can cause to families, communities and New Zealand as a whole.

2.3.7. Objective 6

Objective 6: A skilled workforce is developed to deliver effective services to prevent and minimise gambling harm.

Objective 6 received positive responses, with many submitters indicating it to be one of the most important objectives within the draft Strategic Plan. Of those who specifically responded to the Ministry's agree/disagree framework:

- 22 submitters agreed with Objective 6, and
- Two submitters (both service providers) indicated that they disagreed with Objective 6, due to the issue of increased costs, and a lack of resources dedicated to the implementation of this Objective.

Many more submitters also commented on Objective 6 indirectly, in discussing the workforce development sections in the draft Service Plan (refer to page 44).

Throughout all submitter types, this objective was seen to be pertinent, and was especially important to service providers. Specifically, one service provider indicated that it was positive to see that the focus remains on ensuring the workforce is skilled, and that a plan exists to develop the workforce and ensure that the problem gambling sector maintains a high calibre of people. Registration of practitioners was also supported by another service provider.

Changes proposed for Objective 6

The priorities were seen as appropriate by many who responded to this Objective; however, it was thought that this Objective would require further funding (refer to the Service Plan: Workforce funding). Eleven submitters provided suggestions on changes to the priorities for Objective 6, most of which focused on training for providers, including:

- By-Māori for-Māori service provider training programmes (two service providers, one financial advisor to families/whānau, one independent trainer/researcher)
- Increase the amount of full, appropriate scholarships available to assist the workforce and enable the aim of higher qualifications and professional development to be met (one service provider)
- The development of more tertiary opportunities (one service provider)
- A roll out of problem gambling training across public health, mental health and addiction workforce (one DHB whose submission was also endorsed by a local government organisation)

- Any initiative to require workers to acquire qualifications must ensure that the workers and NGOs do not have to carry the costs of study (one professional association)
- More skilled employment opportunities also need to be available (one professional association)
- The application of existing competency frameworks to the whole sector (two service providers), and
- Practitioners still have a choice of which professional body they want to be a member of (one service provider).

One service provider proposed the need for a greater focus on workforce planning regarding the aging current workforce and European population as a whole, the younger Māori and Pacific populations and ensuring their needs are met with an appropriate workforce.

2.3.8. Objective 7

Objective 7: People have the life skills and the resilience to make healthy choices that prevent and minimise gambling harm.

Objective 7 was not referenced throughout submissions as often as the other objectives in the draft Strategic Plan; however, some submitters indirectly indicated support for this Objective. Of those who specifically responded to the Ministry's agree/disagree framework:

- 16 submitters agreed with Objective 7, and
- Two submitters indicated that they disagreed, more because they wanted changes to the objective or the priority actions rather than because of any fundamental disagreement.

Objective 7 seemed to resonate strongly with those submitters who directly provided comment on it, with a casino operator stating that it was pleased to see an increased effort to improve the life skills and resilience of people, enabling them to make better choices. One local government organisation commented and provided data on the types of gambling that were most likely to cause problems (refer to section on Needs Assessment for more information).

One academic institution suggested that skills and resiliency programmes may be more cost effectively delivered as a more generic health promotion programme with multi-agency funding and engagement. Another academic institution and one service provider were positive at the aspect of self-help and self-change within the priorities for Objective 7, and the academic institution provided evidence that suggests that when a gambling problem develops, the first thing people do is try to change it themselves through different strategies and actions, so it is promising to see the Ministry aiming to enable this.

Two service providers requested more detail on this section, specifically the definition of vulnerable in relation to this Objective. One NCGM operator agreed that public health campaigns are important and requested information on what campaigns have already been implemented and whether or not they were successful. One professional association noted that more than just continuing existing action was required.

Changes proposed for Objective 7

One professional association specifically suggested that Objective 7 is reviewed and reworded, as they consider that the way it is worded currently appears as if the responsibility for problem gambling resides with the community and vulnerable populations, rather than hosts.

One local government organisation recommended that environmental or population-level resilience factors be considered, not only individual, and a service provider considered that the Objective should contain more reference to the advocacy of the development of life skills (which they also mentioned in regards to Objective 5).

2.3.9. Objective 8

Objective 8: Gambling environments are designed to prevent and minimise gambling harm

Objective 8 was a persistent theme among submissions, with service providers, local governments and industry submitters all holding very strong views on this Objective. Of those who specifically responded to the Ministry's agree/disagree framework:

- 20 submitters agreed with Objective 8, but most recommended enhancements, and
- Seven submitters explicitly disagreed with Objective 8, or discussed negative aspects of the Objective in their submissions.

It was indicated that this was one of the most important objectives by service providers and industry submitters alike, but that it did not go far enough to address the needs of the changing gambling environment, with all 27 responses regarding environment as a leading factor in problem gambling, and most also referring to operator responsibility. Service providers and professional associations considered that harsher penalties needed to be in place for hosts, so that appropriate harm minimisation strategies could be implemented through this front-line approach.

The principle of designing gambling environments to proactively prevent and minimise harm was supported overall and nearly all 47 submitters indicated that it would be positive to see specific objectives and priority actions that target this area; however, one professional association stated that it considered that focusing on gambling venues was secondary prevention, rather than primary prevention.

While the Department of Internal Affairs is the key regulator of New Zealand gambling environments, including online environments, submitters thought that the Ministry and the Strategy has a large part to play in this, due to the impact on public health that problem gambling has. Two submitters specifically referred to the Ministry supporting the Department of Internal Affairs to make effective rather than judicious use of the regulatory tools available to it.

Three service providers and one individual noted the findings of the Department of Internal Affairs mystery shopper investigation, which showed that environmental monitoring was not being implemented as intended, and reiterated the need for resources and training for venue staff. Industry submitters also held the view that environment and hosts held a key role in harm minimisation policies.

A key service area mentioned by nine submitters is that host responsibility obligations should be more strongly enforced. Industry submitters also saw host responsibility as important, but maintained that responsible hosts should be identified and funded, and trained according to standards. While front-line staff are key to providing host responsibility, they are ill equipped to do so. One DHB submission suggested there is a need for universally accepted standards of practice in host responsibility, and an industry submitter thought this would be more achievable with increased collaboration with the industry.

Two industry submitters acknowledged that the Gambling Amendment Bill puts much more onus on operators and staff to identify and interact with people who may potentially be gambling in a harmful way, and that their venue was a critical environment in which to identify actual or potential harmful gambling; however, the Class 4 gambling environment is already heavily regulated, and enabling all of this was considered to be more complicated than it may appear, and reference materials and training would be needed to meet these legal obligations.

Despite this, other industry submitters stated that they were committed to working with other organisations to prevent and minimise the harm caused from gambling, and one casino operator expanded on this by providing international feedback on their Host Responsibility Programme.

Three submissions said that operators do not consider that they have enough skills to deal with problem gamblers, and they therefore definitively support any increase in action to support these operators, and train them according to standards. Another industry submission agreed that the introduction of standard harm minimisation policies for societies and venue operators, supported by best practice guidelines, resource materials and relevant training will increase the confidence and capability of venue staff to be proactive in supporting people exhibiting signs of gambling harm (this was also reiterated in two other submissions), as well as enabling staff in venues to be more able to monitor gamblers. Work being done by the Health Promotion Agency to produce a resource kit to assist gambling venue staff to interact/intervene appropriately with gamblers was mentioned in one submission.

Two service providers also suggested targeting the conditions for excluded problem gamblers, such as minimum and consistent re-entry conditions, and more opportunity for them to find out about services available.

A changing gambling environment

Eight submitters (four service providers, one NCGM operator, one academic institution, one DHB, one professional association) commented on the changing gambling environment and the impact that this will have on the priority actions and aim of Objective 8. High-potency continuous forms of gambling such as increasing jackpots, internet gambling and electronic gaming machines pose particular challenges to gambling minimisation strategies by increasing consumption and problem gambling, as well as rapidly growing new means of accessing gambling, and the Strategy will therefore need to address the availability and accessibility of gambling opportunities in New Zealand, when it will be increasingly difficult to manage the gambling environment.

The gambling environments targeted in previous strategies are not the only ones now, and there is a growing need to target internet gambling and the growth in mobile gambling, as well as a rise of novel gambling products and technology. These have led the environments that people gamble in to expand and change. Many comments throughout submissions alluded to this issue. Two submitters stated that Objective 8 should acknowledge that “gambling environments” extend beyond the boundaries of a gambling venue, taking into account influences such as the density and location of gambling venues, the deprivation levels of the area, and the availability of healthier alternative entertainment options. One noted:

“Additional to seeking to increase widespread understanding of the range of gambling harms, consideration might be given to adding increased understanding of factors that give rise to these harms. Gambling availability and participation are aspects of this, along with a variety of other environmental and ‘host’ factors. Unless there is greater understanding of these various factors, and their relative importance, policy and practice may fail to adequately address major drivers of harm.”

Three submitters also raised that using a public health model to address this could factor in social and physical environments, such as the marketing of gambling and the role of local authorities.

While a number of submitters discussed changes to gambling environments as a result of changes in technology, others (including service providers, NCGM operators, and academic institutions) discussed the use of technology to prevent and minimise gambling harm. More on the issue and suggestions of environmental factors is raised under Research and Evaluation in the Service Plan.

2.3.10. Objective 9

Objective 9: Services to prevent and minimise gambling harm effectively raise awareness about the range of gambling harms that affect individuals, families/whānau and communities

Objective 9 received 15 direct responses. Of those who specifically responded to the Ministry's agree/disagree framework:

- 14 submitters agreed with the Objective (six service providers, three DHBs, two academic institutions, two NCGM operators, one professional association), with one submitter saying it was clear and easy to understand, and
- One submitter disagreed with the Objective, stating that specified aspects need more funding, not reactive monitoring.

Three overarching themes came through in feedback from submitters regarding this Objective: the need for a more focused and proactive approach to the Objective and associated priorities; the need for increased funding to enable the Objective and priority actions; and the need for more information and practical solutions as to how the Objective will be realised in rural and at risk communities.

A more focused and proactive approach is needed

Of the 14 submissions that specifically agreed with Objective 9, some were concerned at the current lack of focus on this objective, and would like to see the priority actions under Objective 9 more definitive and pressing, with one service provider explicitly saying that a more proactive approach was needed. Two service providers suggested more targeting to priority populations.

One submitter said that the Strategy speaks of a systems development that allows organisations to access information about gambling harm. This submitter considered systems development to allow organisations to access information about gambling harm was a good initiative, but there is still a strong need to be more proactive than this, and this could potentially be a priority for action, i.e., supporting the development of systems and processes to collect data on gambling behaviour. One of the main reasons for this is that the data around problem gambling is so surprising to people who are not closely involved in the harm minimisation services.

One submitter said that it was a shame that people could see the funding being used, yet not understand where the funding was coming from. Acknowledging that this funding was part of the revenue earned from those who gamble would be an interesting perspective to those in the community.

Another submitter saw Objective 9 as an opportunity for potential collaboration between public health and intervention teams. For example, public health staff could include the promotion of

Facilitation Services when engaging with other health stakeholders. Another submitter also thought that practitioners across the social service sector should be encouraged to include screening for gambling as a routine part of psycho-social screening. This would enhance knowledge of gambling services when interacting with stakeholders of similar sectors.

Increased funding is needed

Most ideas that submitters put forward in regards to feedback on funding and extra services for this Objective have been incorporated in feedback on the draft Service Plan (refer to section 3.3.6); however, one submitter specifically stated that in order to make an impact with this Objective, more funding was needed. One service provider considered that health literacy was undermined due to inaccurate funding, so it was not possible to raise the level of awareness needed without additional funding. Furthermore, a professional association thought there was a lack of visible social marketing and health promotion, and another said that consideration should be given for campaign development to target at risk populations, as well as the general population.

Submitters want further explanation as to how the objective links with local communities

Six submissions (four service providers, one academic institution, one DHB) considered that this Objective needed to be prioritised, focusing on creating awareness particularly for those in rural areas who have less access to services. A local government organisation also stated that the prominence of problem gambling information and where to get help in their community was very low. It considered more of a focus should be placed on publicity materials in communities (also recommended in Objective 5), and informing people of what constitutes problem gambling and where help is available.

A further recommendation to enhance this Objective was that there should be clearly defined first points of contact referral points in all communities to facilitate easy access to both prevention of gambling and provision of treatment to those whose gambling is causing harm.

It was also questioned whether there would be evaluation of this Objective.

2.3.11. Objective 10

Objective 10: Accessible, responsive and effective interventions are developed and maintained

Objective 10 interlinks with many points in both the draft Strategic Plan and the draft Service Plan, meaning many submissions included comment relevant to Objective 10 when discussing other objectives, especially in feedback on Objectives 1 and 2. The commentary received on Objective 10 was positive; of those who specifically responded to the Ministry's agree/disagree framework:

- 13 submitters agreed with Objective 10 (albeit that one said there was considerable room for improvement), and
- Three submitters indicated that they disagreed, with one saying it cannot provide support when it is impossible to specify what interventions are actually delivered, or conclude how effective they are within varying areas currently, and another saying that existing data collection systems do not currently align with data collection systems in the wider sector.

The New Zealand Racing Board was supportive of this objective, recognising that addressing such a complex issue requires a wide number of stakeholders accepting responsibility. It was

also supported by an NCGM operator, which said that it would like to see better support for regions that are home to a large proportion of Māori and more funding directed towards practical programmes like the work done by the Health Promotion Agency. One other submission said accessibility and relationships are a key priority.

One service provider and one academic institution were particularly concerned as to how Objective 10 would link into the underutilisation or lack of interventions and assistance available in smaller, more rural areas for problem gamblers and their families, both face-to-face and online, especially as small areas may often require a greater level of resourcing. Another two submitters thought that accessibility issues should be addressed in the targets and associated funding for service delivery.

Suggestions to enhance the priority actions included:

- Increased funding and a more proactive response
- Prevention as a more effective treatment
- Increased workforce for these areas (which is discussed further under the Service Plan below), as well as the monitoring and evaluation of this workforce
- The development of technology in service delivery to enhance access to services e.g. use of email, Skype and text counselling services
- Increased funding for Māori and other population groups that suffer high levels of harm, and
- As indicated in other responses, environments where with access to problem gamblers and their families require additional funding for screening and available interventions.

Another issue that was raised by three submitters was the stigma that can be associated with seeking help for gambling. In small rural communities often the only service available to assist is Community Mental Health Teams which further stigmatises gamblers. They suggested alternative points for referral, in order to reduce this barrier, such as Children's Teams or Whānau Ora Services, or in the absence of these, a multi-disciplinary team established to be the primary referral point.

2.3.12. Objective 11

Objective 11: A programme of research and evaluation establishes an evidence base that underpins all activities to prevent and minimise gambling harm

The commentary received on Objective 11 was largely related to how important this Objective was in effectively responding to the harm caused by gambling. Of those who specifically responded to the Ministry's agree/disagree framework:

- 21 submitters agreed with Objective 11, with one submitter stating that this objective was an area of particular importance, as the outcome meant that major service providers would consistently apply evidence-based, best practice interventions, and this would be provided by staff competent to deliver them, and
- One submitter (a service provider) disagreed with Objective 11, saying that while the research to date has been useful, more research needs to focus on enhancing clinical services.

Support for a research and evaluation programme to ensure that policy and service development is evidence based was very strongly indicated by six submitters, with many more discussing the importance of research generally. Many different opinions and priorities were proposed. Two submitters agreed with the Ministry's priority to invest in ongoing research and evaluation, including focusing on longitudinal and empirical research methods, for example.

Submitters suggested some form of additional research requirements for the Strategy, which is discussed in detail under the Service Plan: Research and Evaluation.

Other statements made on the priorities for action under Objective 11 included:

- The capped funding needs to be directed specifically to where outcomes are proven, and therefore measurable outcome indicators are critical
- One submitter recommended a change to the scope of the objective, and a priority for action, to working to identify other high risk groups that could be emerging, and initiatives to address them
- This is in addition to the current priority to focus on research to reduce the harm to Māori and Pacific peoples, which was identified by two service providers as very important given that they remain the most at-risk groups for developing problem gambling, despite recent public health and harm minimisation measures:

"If inequities are to be reduced, interventions provided to high risk populations need to be at least as effective as interventions provided more widely. Assertions of appropriateness is not an alternative to knowing whether or not interventions actually work. The commitment to ensuring that all services are of high quality and are effective is commendable."

- Furthermore, it was recommended that the list of priorities for action under Objective 11 include evaluation of public health services (similar to that listed for intervention services in Objective 10), for example, "continue to develop and refine audit and evaluation criteria and standards to assess public health services' delivery of outcomes"; this would ensure ongoing effectiveness in the planning, implementation and monitoring of public health service outcomes when evaluation findings are used to inform decision making, and
- Existing data collection methods do not currently align with other data collection systems, making information sharing difficult. More should be done to explore better sharing of client information for appropriate interventions and improved client outcomes.

2.4. Other objectives and priority actions raised by submitters

In addition to providing feedback on the draft Objectives and associated priority actions, stakeholders were also asked to identify any gaps or other objectives or priority actions that could be considered. In submitter responses to the 11 Objectives outlined above, new or additional considerations were also identified. These are discussed under each relevant Objective in section 2.3 (above) of this report. Some of the major themes that emerged were:

- More responsibility and accountability for gambling operators and the Ministry in gambling environments
- More of a focus on publicity material and knowledge in the community about gambling harm and where to seek help

- Investment in more technologically advanced initiatives/interventions to help reduce gambling-related harm
- Focusing on using research to identify new target groups, problem areas, and solutions
- Creating an objective that supports local research as well as more work with local council to work around issues that arise at a community level, and
- Explicitly creating an objective that identifies reducing the incidence and prevalence of problem gambling and wider gambling-related harm.

3. THE DRAFT SERVICE PLAN

Part 3 of this report outlines the commentary received from submitters on the proposed draft Service Plan. It covers:

- satisfaction with the direction and overall content of the draft Service Plan, and
- the proposed funding allocation and activities, and opinions for the key service areas of:
 - public health services
 - intervention services
 - workforce development, and
 - research and evaluation priorities.

All but one submitter provided some form of comment on the draft Service Plan, whether specifically responding to the Ministry's consultation questions, addressing issues within the draft Service Plan or indicating areas that required further consideration.

3.1. Support and general comments for the draft Service Plan

Of those who indicated a level of support for the draft Service Plan, the majority of submitters supported or predominantly supported the draft Service Plan:

- 11 submitters supported or predominantly supported the draft Service Plan, and
- Two submitters (one DHB, one service provider) seemed to consider that the draft Service Plan required substantial modification, largely because it has not made it clear how it will address the issues that are discussed in the Strategy.

No alternative service areas were suggested by submitters (i.e., the service lines discussed were public health, intervention services, research and evaluation, and the Ministry's operating costs).

3.1.1. Support or predominantly support the draft Service Plan

Eleven submitters supported or predominantly supported the draft Service Plan (although most also suggested enhancements), with many more indicating support though specific comments on service lines (as discussed below). Few reasons were provided for this general support, although one academic institution commended the Ministry for a comprehensive and detailed plan. One DHB (whose submission was endorsed by a local government organisation) noted:

"The Service Plan supports the strategy and we continue to support the emphasis on outcomes based and results based approach to funding and contracting services to prevent gambling harm."

In addition to stating support for the draft Service Plan, submitters proposed further amendments to enhance the plan, and these are discussed under the four service lines below.

3.1.2. Oppose or predominantly oppose

One service provider considered that the draft Service Plan required substantial modification, stating that strategies and funding to support them are required, in addition to the objectives and funding estimates (as this submitter set out in comments on the draft Strategic Plan).

One DHB also considered that there is little connectedness between the draft Service Plan and the draft Strategic Plan, as it is not clear how the draft Service Plan will address the key strategic objectives. It suggested that a one page summary of the Strategic Plan be prepared to align with

a one page summary of the Service Plan. It also said that the Service Plan lacks explicit intervention strategies that should be identified to target issues from the Needs Assessment.

3.2. Total funding allocation

The draft Service Plan proposes the following indicative budget for 2016/17 – 2018/19:

Service	2016/17 (\$m)	2017/18 (\$m)	2018/19 (\$m)	Total (\$m)
Public health services	6.770	6.850	6.770	20.390
Intervention services	8.461	8.461	8.461	25.383
Research and evaluation	2.209	2.210	2.210	6.629
Ministry operating costs	0.957	0.990	0.990	2.937
Total (\$m)	18.397	18.511	18.431	55.339

Stakeholders were asked about the total funding of the Strategy, and how it was divided between the service areas. They were asked whether the total amount of funding was appropriate, and whether the draft Service Plan would more effectively or more efficiently prevent and minimise gambling harm if some funding were shifted from one budget line to another or from one service area to another (i.e., Question 3 and Question 5).

Twenty-one submitters discussed the overall funding allocation suggested in the Ministry’s consultation document (not always as a direct response to either of the two questions above). There were more submitters who did not agree than those who did:

- 11 submitters across the submitter categories either specifically stated that the total amount of funding proposed was not appropriate or made it clear that they disagreed
- Six submitters (three DHBs – one of whose submissions was also endorsed by a local government organisation, two service providers) agreed with the funding proposals, and
- Four submitters (one local government organisation, one DHB, one service provider, a professional organisation) commented but did not indicate agreement or opposition.

While not specifying whether or not they supported the total funding allocation, the local government organisation pointed out the irony when comparing the amount spent on harm prevention and minimisation with the amount that the industry spend on advertising of their services. The service provider said its scope of work was far too large to ever be contained by the funding. The DHB and the professional association both indicated that they did not have enough information to make an informed comment (although the professional association also indicated that the amount of resource dedicated to reducing persistent inequities for Māori and Pacific peoples’ needs to be increased significantly, by a reallocation of resources).

That said, a range of comments about specific aspects of the funding or services covered under the draft Service Plan that submitters either agreed or disagreed with were presented. These are further discussed below under each relevant service section.

3.2.1. Disagreement with the total funding allocation

Eleven submitters from across the submitter categories either specifically stated that the total amount of funding proposed was not appropriate or made it clear that they disagreed. Further indications regarding funding were given in response to the draft Strategic Plan, and have been included in the sections above.

The rationale for disagreement with the total funding allocation ranged between submissions. Common themes included: concerns about the scope of services to be delivered, funding to take into account the changing environment of the up-coming years, the lack of CPI adjustment, and the continuation of funding interventions that are not effective. Particular comments included:

- An individual submitter among the 11 submitters who disagreed said that the levy seemed too low given the profit being made by each levy-paying gambling sector
- Two service providers queried why the budget had not increased, when providers are facing increases in costs associated with interventions and assistance, with one also suggesting that a contingency fund be established to ensure any sudden changes and accessibility issues be catered for, specifically for workforce capability
- One academic institution noted that although *rates* of problem gambling and other harm have plateaued, overall population growth means that the *number* of people affected by gambling has increased: it recommended more funding for research into the reasons for persistent inequities and to develop and implement public health and other interventions to reduce this harm
- Similarly, one service provider recommended an investment approach with more investment into a range of areas, most of them related to addressing persistent inequities, and another recommended more funding for services for Asian people, while others recommended more resourcing to address cultural differences in the determinants of health, and
- One large service provider recommended that funding models be refined to ensure that there is capacity to provide services, and noted that there were no sums specifically set aside for the multi-venue exclusion system or to address the relationship between gambling and domestic violence and crime.

In contrast to this, another three submissions considered that there was too much funding allocated for the Strategy and Service Plan with one casino operator noting that per capita funding remains high compared to other jurisdictions. Two NCGM operators questioned why the appropriation had not decreased to reflect the static number of problem gamblers or declining rates of problem gambling in recent years, and one of these also referred to declining rates of gambling participation, declining numbers of NCGMs and declining NCGM expenditure. The other commented that NCGM problem gambling appears to be an area that can be treated and addressed in a relatively short period of time, and cited a study and statistics in support of this point. Given this fact and the fact that community money from NCGMs must be spent conservatively, it recommended that regard should be given to an overall budgetary reduction in the order of 10-20 percent.

Expanding the reach of gambling services

One professional association thought that the restriction of funding of gambling services to users of casino gambling machines, Club gambling machines and Pub gambling machines was unfair, reducing opportunities for early intervention and intervention for people accessing online gambling and gaming from home computers. They considered that the funding should be used for other forms of gambling to enhance the minimisation of harm from gambling.

3.2.2. Funding allocation by budget line or service

Submitters were asked whether funding allocation to each budget line or service was appropriate, and whether there were service areas that should not be funded that had been mentioned, or if there were service areas not discussed that should be funded. Alternative suggestions to funding allocations, and proposals for extra resources, were incorporated throughout responses to the Ministry's questions in the Consultation Document. Therefore, feedback to this question was found throughout submissions. Responses have been incorporated below, under specific service lines. Overall, this question was commonly discussed, with submitters from all types of groups responding, considering some form of change was needed to funding allocations: either an additional area that is not currently funded (the most common request), or increased investment in an area that is already being funded, or noting that suggested areas should not be funded.

3.2.3. Alternative funding proposals

Fourteen submitters (six service providers, two DHBs – one of whose submissions was endorsed by a local government organisation, two NCGM operators, one individual, a financial advisor to families/whanau, one professional association) considered that there were other service areas that should be funded. Many of these related to new technological advances, and changing landscapes that called for more advanced technology to address the issue of problem gambling. Suggestions included:

- A Māori service provider commented that the link between gambling and lower health outcomes is clearly concerning and warrants increased investment in addressing the causes, expressing disappointment that the funding for the Health Promotion Association will be maintained at current levels for Māori and Pacific peoples
- Additional funding of GP practices to identify problem gamblers through routine screening, increased TV advertising, and specialised affected family options (research suggests 7-17 family and other affected by each problem gambler) all require additional funding rather than reactive monitoring
- It was suggested that increased funding is required for all intervention services particularly for the establishment of a comprehensive stepped care model as well as for services which are innovative and which might incur establishment or piloting costs
- Cost Pressure adjustment was requested across both primary prevention and psychosocial interventions over the three year period, because of quality compliance costs, increasing salary costs particularly related to higher qualification and competence requirements, increased training and supervision needs with the growing complexity of the client group and co-existing problems, and rising indirect costs such as property and technology costs
- A moderate increase in research and evaluation funding, to undertake research to understand why gambling harm has plateaued and inequities persist, and develop, initiate, and maintain more effective public health and other interventions to reduce this harm, and
- Increased funding to acknowledge an increase in new Asian migrants and to find out more about this group, particularly in the areas of Asian research, counselling services, corrections work and staff.

3.2.4. Areas that should not be funded

Three submitters said that there were areas that should not be funded, all referring to the public health line. One individual considered that the national coordination service failed to take into account local approaches, and therefore had limited benefit. The individual suggested that funding could be reduced from this and used more effectively elsewhere, with the Ministry fulfilling this function. A DHB (whose submission was also endorsed by a local government organisation) supported the funding of the conference, but recommended that the budget for this remain fixed so that it would not compromise other essential funding streams.

3.2.5. Should there be any reallocation of funding between budget lines?

Stakeholders were asked if funding needed to shift between budget lines. While most submitters did not respond to this question, of those that provided feedback on this:

- Seven submitters (three service providers, one DHB, one professional association, one NCGM operator, one individual) considered that funding should be shifted between budget lines, although only five proposed amendments (as discussed below)
- Three submitters (two service providers, one academic institution) answered that funding should not be shifted between budget lines. All seemed to favour additional funding overall:
 - The academic institution said *“increased funding is required for all intervention services particularly for the establishment of a comprehensive stepped care model”*.
 - One service provider said their scope of work *“is far too huge to ever be contained by the funding”*, and
 - The other noted that sufficient funding should be provided for each of the proposed and additional strategies suggested, rather than reallocating existing funds, and
- Three submitters (two DHBs, one of whose submissions was also endorsed by a local government organisation) considered that not enough information was provided in order to be able to answer the question of whether funding should be moved between budget lines.

Suggestions for the movement focused on moving funds, for example into the interventions service line from either the research and evaluation service line or from public health services into intervention services. An NCGM operator also considered that funding should be directed towards practical programmes (such as resources to train venue staff to interact and intervene appropriately with gamblers), rather than being used for research on *“topics which offer marginal benefits to problem gamblers”*. One service provider considered that the current allocations of clinical and public health services could be reviewed but provided no further detail. Two submitters disagreed with funding being directed away from early prevention activities and health promotion and towards psychosocial interventions and support, when the former could provide greater benefits. One DHB said that the total amount of funding was appropriate, but with increasing numbers of Pacific people accessing intervention services:

“we would like to see increased investment in workforce development and the implementation of ongoing training to meet these needs”.

It also supported closer alignment with other addiction services, and supported the Ministry’s suggestion that the existing funding be maintained while exploring the potential for innovation within that budget *“with clinicians, people with lived experience and their families being included in the development of services”*.

Only one submitter proposed a value (\$1 million from public health to intervention services).

Stakeholders were asked if the draft Service Plan adequately addresses public health and intervention services, workforce development, research and evaluation and, if not, what issues were not adequately covered. They were also asked to identify whether there are any service areas that should not be funded (and vice versa) (i.e., [Question 4](#) and [Question 6](#)).

3.3. Public health services

Public health services include primary prevention services (including policy, safe gambling environments, supportive and aware communities, and effective screening environments), workforce development for public health staff, awareness and education programmes, national coordination and conference support and audit activities.

Comments on the public health approach set out in the draft Strategic Plan have already been discussed earlier. In addition to these comments, 18 submitters mentioned the public health services component of the draft Service Plan in their submissions. The majority were supportive of the public health services but highlighted where they considered improvements could be made or some services were missing or redundant. Three submitters requested further information on the potential innovations in public health services.

3.3.1. General support for the suggested public health services

Five submitters (one NCGM operator, one casino, one academic institution, one service provider, one professional association) expressly agreed with the public health services suggestions.

Three submitters (one academic institution, one service provider, one professional association) highlighted that they were positive about the direction of the suggested public health services, and the utilisation of a population health framework.

3.3.2. Annual conference and conference support

Two submitters (one academic institution, one casino) discussed the proposed annual conference, and expressed positive feedback on the funding and place of the conference. The academic institution declared their interest in the conference support. After this it then stated it was:

“pleased to see the proposed support sustained at the previous level of \$80,000 in 2017/18”.

The casino operator highlighted its support for the role of a conference and intends to be represented at, and make any suitable contribution, to the conference in February 2016.

3.3.3. Primary prevention services

Eleven submitters (five service providers, two DHBs – one of whose submissions was also endorsed by a local government organisation, one NCGM operator, one academic institution, one

professional association) commented on primary prevention services within the draft Service Plan, with two submissions focusing on the need to increase the resources for these services.

An NCGM operator recommended that, while high quality support services should be readily available for the small number of acute problem gamblers, greater focus should be put on the much larger number of people who have low or moderate gambling risk. The submitter highlighted that a focus on this much larger group is likely to have a greater public benefit and focuses resources on early prevention.

An academic institution considered that Objective 8 and Objective 9, in particular, offer areas for potential collaborative work between public health and intervention teams. They called for explicit statements on areas where links between public health and intervention services are expected, this would ensure planned collaboration between intervention and public health teams. The submitter considered this has the potential to ensure output efficiency, and such clarification would ensure its inclusion in evaluation standards and criteria.

Submitters also suggested that the methods for delivering primary prevention services outlined in the Service Plan may not be the most effective or applicable for the desired target groups (as discussed in more detail under Objectives 1 and 2). In a similar view, two submitters (a service provider and a professional association) expressed the need for increased support to particular communities under the draft Service Plan. The service provider wanted:

“more provision for Māori specific services, particularly Whānau centred services”.

The professional association wanted:

“more funding towards reducing inequalities and increasing the amount of resource for community and primary prevention”.

3.3.4. Safe gambling environments

One individual considered that more work was needed on safe gambling environments to enable gambling harm prevention. This reiterates the strong opinions expressed by this submitter and others in regards to Objective 8 in the draft Strategic Plan (refer to Objective 8, above, for more detail). This submitter was supportive of the suggestions set out in the draft Service Plan and thought that it identified environments as important in reducing gambling harm outcomes, but thought that active investigation into the compliance of the sector has been minimal, and that gambling environments should be regulated in the way that alcohol shops and licensed premises are.

Nine submitters thought that a more collaborative approach between the Ministry and Department of Internal Affairs was needed, in order to fully tackle the environmental factors addressed in the draft Service Plan and to develop a stronger set of measures to promote safe gambling environments. One submitter also noted that *“given the failure of the industry to self-regulate, any such initiatives should not be lead [sic] from within the industry”*, noting that the Ministry need to apply a stronger approach to this taking place.

The submitter conceded that these regulations are the primary responsibility of another department, but they considered the implications for health are considerable and will not see a sufficient reduction in gambling harm without a collaborative approach.

3.3.5. Supportive and aware communities

Eleven submitters made reference to how the draft Service Plan addressed the issue of community engagement and support. While many submitters focused on the higher level objectives and priorities of the Strategic Plan, five submitters (three service providers, one DHB

whose submission was also endorsed by a local government organisation) did not agree with the Ministry's outlined approach to public health services, with one service provider saying that the Ministry should target more communities with different cultures and languages, and with more culturally and linguistically appropriate staff, to gain access to those who may have a gambling problem, but are not part of main stream society.

3.3.6. Awareness raising

As discussed under Objective 10, submissions indicated that greater awareness of gambling harm was needed to demonstrate the costs and harms caused by problem gambling. Eight submitters discussed this with specific reference to the service line of the draft Service Plan, indicating support for gambling-focused awareness raising campaigns, particularly in relation to allocating extra resources to this service line. Specific comments in relation to community awareness included the following:

- A service provider thought that the 'Choice not Chance' advertising increases help seeking, and that the initiative should be adequately funded. It hypothesised that the low levels of help-seeking may be linked to the lack of awareness of risk, and suggested that television and online advertising may be particularly important in supporting problem gamblers, and their families.
- Additionally, another service provider and an academic institution considered that a greater proportion of funding should be directed to *"awareness raising carried out by the HPA"*, and recommended *"ongoing HPA media campaigns targeting the general population"* with this academic institution also recommending independent research on the effectiveness of these media campaigns and suggested that it might be possible to develop media campaigns that are smaller in scale but more targeted.
- One service provider considered that the case for inclusion of problem gambling awareness in the education curriculum should be reconsidered.
- A NCGM operator considered that the work being done *"by the Health Promotion Agency be expanded to include easily understood best practice guidelines and training material for venue operators"* and that it would be appropriate to *"apportion a larger amount to the HPA to enable them to develop this very practical resource"*.
- Another NCGM operator thought that *"resources should be put into raising awareness within communities and local government of the value of relocation policies as a harm minimisation tool"* and wanted the Ministry to report to stakeholders on the outcomes achieved with previous public health campaigns.
- Two professional associations also made reference to how awareness was being raised within communities:
 - One professional association cited a *"lack of visible social marketing or other health promotion action"* and thought that *"HPA's work 'Choice Not Chance' appears to be focused on secondary prevention rather than working to prevent harm"* while
 - The other professional association considered that there needed to be a two track public health gambling campaign developed, one for the general population and one targeted at risk populations.
- A Māori service provider expressed disappointment that the Health Promotion Agency funding for Māori and Pacific peoples was not being increased.

3.3.7. National coordination

Two submitters (one individual, one service provider) considered that current national coordination services are not having sufficient impact on gambling harm minimisation, with one individual stating that national coordination services fail to take into account local approaches, and therefore have limited benefit. The individual thought that the Ministry could fulfil this function, and better direct the funding.

The service provider considered that there were improvements possible in the national coordination service line, namely to:

“see more support for Māori, Pacific and Asian national Co-ordination, eg an annual symposium for each grouping of providers”.

The submitter also would like to see an improvement in the quality of communication and coordination from the national coordination services, though did not define what would achieve this.

3.4. Intervention services

Intervention services include the Gambling Helpline and web-based services, psychosocial interventions and support, data collection and reporting, workforce development for intervention staff and audit activities.

Twenty submitters (mostly those involved in providing clinical services or representatives of those who do) commented on intervention services. Several made comments in relation to intervention services that were similar to comments they made in relation to public health services.

Two submitters (one DHB whose submission was also endorsed by a local government organisation) did not think that the draft Service Plan addressed interventions sufficiently, and requested further information on the potential innovation within psychosocial interventions and support. With the exception of the Gambling Helpline, most did not comment on the interventions listed. Instead submitters provided further options for intervention services they considered should be available. These are provided below under the relevant heading.

3.4.1. The Gambling Helpline

Five submitters (two service providers, one academic institution, one professional association, one NCGM operator) commented on the Gambling Helpline. The professional association, while supporting all the suggested services, paid particular attention to the Gambling Helpline, praising its 24/7 availability as a core component in reducing inequities in health outcomes.

Two submitters focused on suggestions for improving the reach of and services provided by the Gambling Helpline, particularly to take advantage of developments in communications technology. For example, one academic institution suggested a comprehensive overhaul of the way interventions are delivered using the Gambling Helpline and the internet.

Changes proposed included:

- Making amendments to funding (which remains at the same level as it was in the past three years), including using any funding efficiencies created by the national integrated telehealth service to fund expanded Gambling Helpline services provided, and

- Expand the services provided to provide substantial online support/services and longer-term telephone therapies and follow-up, and relapse prevention, including a more formal stepped care model, where a range of online resources are widely accessible, including evidence-based brief interventions and therapies (including combined motivational interviewing, workbook, telephone booster treatment, etc.).

Further, one service provider also proposed expanding the Gambling Helpline by providing for specialist trained counsellors able to deliver intensive interventions, and a dedicated affected family line to assist families who may otherwise consider such services as gambler-focused.

One service provider said it expected a superior service from the new Helpline configuration. One NCGM operator supported the Helpline being integrated into a single integrated national helpline, but also asked why the budget remained at \$1.1 million a year.

3.4.2. Proposed additions to the suggested activities in the draft Service Plan

Eight submitters commented on the potential enhancements that could be made to the intervention services suggested in the draft Service Plan. These included improved services for vulnerable populations and consideration of the interconnectedness between services. One service provider noted that adequate funding is required for the delivery of these services.

One submission also stated that at least two or three initiatives should be identified and trialled within each three year period *“the phrase ‘one or more’ fosters speculation that the intent may not be honoured”*.

3.4.3. Improved services for vulnerable populations

Intervention services for vulnerable populations (including Māori, Pacific and young people) was a necessity raised throughout comments on the draft Strategic Plan, the funding allocation, and the draft Service Plan. Four submitters (one DHB whose submission was also endorsed by a local government organisation, one independent trainer/researcher, one financial advisor to families/whānau) noted that there needs to be a focus on initiatives that build protective factors, life skills and resilience for those affected by harmful gambling including rangitahi and Māori women (including the Nga Pou Wahine Intervention programme).

One Māori service provider referred to the intervention service data and recommended more provision for Māori specific services, especially whānau centred services, and *one* Asian service provider said that more Asian counselling services are needed.

Another service provider highlighted the need for appropriate funding to service providers who cover rural areas that are often more disadvantaged than other areas. One NCGM operator commented that there should be more funding for counsellors in the Invercargill area because there is often a waiting list.

One professional association was critical of the current interventions, stating that the:

“current situation should not be in any way accepted or normalised”.

The main critique was that *“it is not appropriate to propose to ‘maintain’ or ‘continue’ strategies that have been manifestly unsuccessful”*.

It urged the Ministry to work with Māori, Pacific peoples, and communities/populations disproportionately affected by gambling harms to identify and implement new, different and effective ways to reduce gambling harms. The submitter proposed that work be undertaken in partnership with communities to determine why current approaches have not been effective,

and then develop a clear action plan (with an evaluation plan and regular monitoring) so that progress can be reported on more often and actions adjusted as needed.

3.4.4. Improved connectedness between services

The need for services to provide for greater wrap-around support/interconnectedness was raised by three submitters. That the draft Service Plan does not contain specific initiatives to reduce the level of domestic violence through reducing gambling harm, acknowledge the relationship between serious mental health issues and gambling, or to address the relationship between criminality and gambling was a concern for one service provider, and a professional organisation recommended that funding must also be joined up to services provided to older people in a way that creates clear pathways for service access.

3.4.5. Innovation and online services

Eight submitters discussed the potential to deliver intervention services online, with some suggesting that the more conventional psycho-social interventions could be delivered online also, so as to expand their reach. One academic institution mentioned:

“there is increasing evidence in favour of the efficacy of online self-help interventions across all addictive behaviours including gambling”.

The submitter then discussed evidence in support of their claim including:

- The positive impacts of self-directed interventions on numerous addictions
- What is typically involved in a self-directed intervention
- People who used self-directed interventions preferred web based support
- Self-directed interventions may increase the percentage of people with gambling problems accessing support/treatment
- The lack of self-directed interventions in New Zealand, and
- Highlighting a trial underway in Australia.

Other service providers considered that more services online could enable better targeting of issues stemming from online/mobile gambling, in particular. Examples of innovative services that could be included:

- Internet and smart technology counselling supported by an Australian organisation including acceptance of these type of sessions into CLIC, without there being a face-to-face session, and
- Gambling blockers for smart devices which provide interventions that are responsive to changes in the gambling environment and which combat the growth in gambling options available online and via smart phones.

Issues associated with implementation of proposed innovative initiatives were recognised as well, with one service provider acknowledging the cost for some technology-based initiatives being relatively high, though they could be effective. One NCGM operator suggested that options for restricting access to online gambling websites, particularly for problem gamblers be explored. Similarly, the New Zealand Racing Board suggested that predictive modelling of account customer betting behaviour might assist in the early identification of potential problem gamblers.

The Ministry's role in supporting innovative interventions and service was also discussed by one service provider. It noted that the Ministry has a role of encouraging an innovative environment but that:

“this will require the Ministry to change its current approach of being prescriptive and micro managing providers” and “create a culture that encourages rather than stifles innovation.”

Concurrent with this issue was the service provider's view that the Ministry should outline the process that it will use to explore such initiatives.

3.4.6. Update the Intervention Service Practice Requirements Handbook

One service provider proposed that the Intervention Service Practice Requirements Handbook (which has been awaiting revision since 2010) be updated and simplified.

3.4.7. Implement a model of stepped care

Offering a range of services that cater to different individual needs was seen as a key component of successful intervention services. One academic institution considered that there are considerable inefficiencies in the current model. It suggested the importance of providing treatment and intervention services in a stepped framework. For example, referral could be to online resources (including longer-term online treatment), face-to-face counselling or specialist mental health or other services. Under this model, primary care and other service provider clients could also be encouraged to contact the national helpline and/or engage with online resources. Longer term face-to-face therapy, for the most part, would be better provided for people who have not done well with telephone, online and brief interventions and want additional help. People with a strong preference for face-to-face or dedicated cultural interventions would continue to have access as well and, ideally, these services would be able to assist people with complex, multiple addictions and mental health problems. Face-to-face services would be staffed by experienced mental health professionals with generic expertise as well as competence in the treatment of problem gambling, other addictions and related problems. The submitter recommended that all services be required to consistently use evidence-based interventions in a cost-effective manner. The submitter proposed one possible model of care involving the following components:

- Initial engagement and assessment, referral to online, telephone or other services
- A short series of face-to-face therapy (if required and initiated) followed by evaluation, and
- Relapse prevention and follow-up (especially as the National Gambling Study has found that most people who develop problem gambling are, in fact, people who had problems in the past and are relapsing).

3.5. Workforce

Workforce is a service line for both public health and intervention services.

Workforce was included in 20 submissions, with more indirectly referring to aspects of this service line. Comments responded primarily to Objective 6, funding allocations, and the

intervention section of the draft Service Plan (all referenced above). In addition, comments about workforce often related to both the intervention workforce as well as the public health workforce.

In total, 20 submitters commented on the proposals regarding workforce in the draft Service Plan. This included service providers, professional associations, academic institutions, NCGM operators, a financial advisor to families/whanau, an independent trainer/researcher, local government organisations, individuals, DHBs, and the New Zealand Racing Board.

Not all submitters specifically stated either agreement or disagreement for this section of the draft Service Plan; however, of those who did:

- Six submitters (two service providers, two professional associations, one independent trainer/researcher, one NCGM operator) agreed with the workforce section of the draft Service, and provided recommendations for the improvement of the section
- Four submitters (two service providers, one DHB, one professional association) stated that they did not agree with the suggested workforce service plan, as set out in the draft
- Three submitters (two service providers, one professional association) provided feedback on the workforce service plan, but did not provide a clear opinion of whether they supported or disagreed with the draft plan, and
- One DHB stated that the background and issues have not been adequately covered in the consultation document but provided no further comment.

Of the 20 submitters who mentioned workforce capacity (some of whom did not signal support or otherwise), eight also provided supporting information such as background material, data to support their recommendations and statistics (refer to research and evaluation for more information on the data attached to submissions).

As discussed in submissions on Objective 6 (see page 24), and on funding allocation (see page 34) some submissions indicated that a focus on the workforce in the sector was a strongly supported endeavour, but did not go far enough to address the inadequacies in the current workforce.

The dominant themes in the feedback on this section were:

- Cultural awareness and competency
- Upskilling the workforce, and
- Funding.

3.5.1. Cultural awareness and competency

Ensuring cultural awareness and competency among the workforce was an issue raised by seven submitters.

These comments were reasonably general in nature, including three submitters (two service providers, an independent trainer/researcher) who commented that a more coordinated training system, focusing on culturally appropriate training, could be beneficial to targeting at risk populations. More specific detail was also provided:

- The Ministry was commended on the increased focus on culturally sensitive, Māori targeted workforce intervention
- One service provider and one professional association highlighted the need for more Asian counselling services, with more linguistically and culturally appropriate staff needed to meet increasing demand, and

- Four submitters suggested that the Ministry engage with an independent trainer/researcher who has undertaken much work in the area of culturally focused workforce interventions, to support Māori provider workforce development.

3.5.2. Upskilling the workforce

Targets within the draft Service Plan for increased skills in the gambling workforce were strongly supported (as discussed above), with one professional association considering that a well-resourced workforce was a necessity in order to effectively respond to the increased number and complexity in presentations happening. One service provider and one professional association questioned the reality of upskilling the workforce with the allocated funding available within the Strategy, with the professional association stating that a low-paid workforce such as this cannot be expected to fund further qualifications. Another service provider commented that recruitment processes being at the discretion of service providers paved the way for “*workforce inequity, poor pay parity and increased potential for an unregulated and unqualified workforce*”.

Specific comments and recommendations on training opportunities and qualifications within the workforce included:

- More work needs to be done to build awareness of addiction medicine, and consideration of how government agencies could work alongside medical colleges to progress the issue within the sector
- There is a need to attract new graduates and provide a mentoring service around them, as well as creating more roles for skilled practitioners
- The development and implementation of competencies and qualifications for the problem gambling workforce may require the development of other tertiary opportunities. In addition, the cost of study, time out from treatment obligations and supervision standards required of professional monitoring organisations all will add considerable costs to workforce development: upskilling adds extra costs to an underpaid workforce. Therefore, the workforce themselves should not have to carry the costs of this upskilling
- A service provider suggested that developing key roles such as a national MVE coordinator could be beneficial to harm minimisation, and
- Another service provider wanted more specific professional development opportunities for the Public Health workforce and mentioned there are limited career pathways within the gambling sector and this needs to be addressed along with the limited choice careers as well as suggesting the development of a gambling peer support workforce, this could be seen as enhancing effectiveness and cost efficiencies.

As well as introducing further funding and priorities to address the workforce capacity, four submitters were concerned about the lack of monitoring of quality of training and recommended active monitoring and evaluation alongside any implementation. Specific recommendations included:

- There should be an agreed standard developed and all service staff be registered to ensure quality service delivery and professionalisation of the workforce
- One submitter suggested that clinicians should attend Clinical Supervision as a pre-requisite to their ongoing registration, the same could be accorded to Cultural Supervision

- One service provider recommended the requirement for registration (or similar) of public health staff, which would also have the added function of enabling mentoring and leadership, and
- A DHB wanted increased investment in workforce development and ongoing training to meet changing needs of those suffering problem gambling.

3.5.3. Funding

Workforce development and the constraint of funding was a dominant response for the questions regarding funding allocation, most focusing on the need for increased funding (as discussed under the workforce service line) especially in regards to service provider workforce capability; however, one NCGM operator also referred to the training of venue staff, specifically noting that more support should be provided to enable venue staff to perform their critical role, and fulfil legal obligations.

One service provider recommended the inclusion of a contingency fund, which would enable the Ministry to re-evaluate the scope of work under the service line for the workforce, and then cover the potential costs. This would ensure that further upskilling was possible. It considered that extra staff may be required to allow for such study and qualifications as is established under the draft Service Plan. Also, one professional association stated that:

“Greater priority should be placed on this competency, especially in terms of funding, as minimising gambling harm can only be achieved by ensuring that there is a well-resourced workforce.”

3.6. Research and evaluation

The draft *Strategy* sets out a proposed research and evaluation programme focused on:

- *an expansion of the 2012 National Gambling Study to include an in-depth qualitative phase and a seven-year follow-up focused on risk and resilience factors relating to gambling harm*
- *a national survey of gambling participation (including specific analyses relating to online gambling) and the prevalence of gambling harm, in 2017*
- *the collection and analysis of longitudinal data to inform understanding of risk and resilience factors relating to gambling harm for Pacific peoples, through the Pacific Island Families longitudinal study*
- *a further iteration of the gambling component in the Health and Lifestyles Survey, administered by the HPA*
- *a national trial of an internet/smart-technology-based system for preventing and minimising gambling harm*
- *research into a national programme for budgeting and financial literacy for Māori and Pacific problem gamblers*
- *two further researcher-initiated funding rounds that prioritise innovative, value-for-money research projects to prevent and minimise gambling harm*
- *a national research project that addresses why Māori and Pacific peoples experience enduring inequities related to gambling harm and that provides evidence on effective ways to reduce these inequities*
- *support for Māori and Pacific gambling harm research capacity, and*
- *continuation of an outcomes monitoring and reporting project to further develop the evidence base for future strategic planning and ongoing quality improvement in public health and intervention service delivery.*

Twenty-nine submitters (including eight service providers, three professional associations, three academic institutions, three NCGM operators, a financial advisor to families/whanau, one independent trainer/researcher, one casino operator, three local government organisations, two individuals, three DHBs, and the New Zealand Racing Board) specifically commented on the research and evaluation proposals either in comments on the draft Service Plan or in other parts of their submissions. Comments identified:

- components of the suggested research programme that were supported (including discussion on Māori and Pacific research)
- specific areas of research additional to those proposed in the consultation paper, and
- funding considerations for the research line item.

3.6.1. Support for suggested research priorities

Nine submitters specifically commented on the suggested research priorities, generally offering comments of support. One local government organisation specifically expressed support for the research and evaluation activities suggested by the Ministry in its consultation document but made no further comment.

Four submitters (two DHBs, one independent trainer/researcher, one financial advisor to families/whānau) commented on the proposed national programme for budgeting and financial literacy for Māori and Pacific problem gamblers. These submitters generally supported the inclusion of financial literacy in the research budget, with one DHB specifically supporting more investment in developing knowledge about effective financial literacy information and strategies for young people about the risk of harm from problem gambling. The other DHB recommended that financial literacy be considered in one of the pilots with Māori, as well as saying that the use of local champions as community education is vital and increases awareness.

The independent trainer/researcher also commented that there should be more by Māori for Māori research. Commentary received from three other submitters (one individual, one academic institution, one service provider) on the suggested research programme also focused strongly on the proposed programme as it relates to Māori and Pacific stakeholders. This commentary was largely positive (eg, one Māori service provider expressed that they were impressed with the range of research and evaluation studies relating to Māori and problem gambling), but was tempered with the following caveats:

- A recommendation that there be more research and a higher weighting towards harm minimisation for Māori and Pacific peoples (one individual)
- A query about how Māori and Pacific-focused research would be used to inform public promotion and community strategies (one service provider), and
- While it is important to focus research on Māori and Pacific gamblers (who comprise about half of the gambling population), it is important to ensure that research continues to be funded which examines the population as a whole (one academic institution).

One DHB supported the ongoing evaluation of gambling harm-related activities, so as to ensure that resources were being used effectively and appropriately. Similarly one service provider agreed strongly that research and evaluation of interventions to establish evidence-based activities is a laudable goal.

3.6.2. Areas of required research additional to those proposed in the consultation paper

Eleven submitters proposed a range of alternative or additional research projects to those suggested in the consultation paper. Comments focused on research into harm reduction initiatives or treatment interventions, online gambling as well as a range of other specific research interventions or proposals.

One academic institution noted the need for an explicitly defined programme for evaluation of intervention and public health services that is separate from other specific research projects. While it did not identify specific inclusions in an evaluation programme, it noted that it should include sustainability of public health programme outcomes including those relating to:

“... sustained outcomes from previously implemented programmes (e.g. ongoing outcomes or long-term outcomes resulting from awareness programmes), community ownership and takeover (e.g. community-led projects becoming independent of Ministry funding), programmes being replicated or diffused (in other unintended sites), maintenance of organisational practices developed as a result of previous public health activities (Scheirer & Dearing, 2011) and ongoing re-use of previously developed public health resources.”

Research into harm reduction technologies

The importance of supporting research into technology-based harm reduction measures was discussed by one casino operator which commented that it was necessary for new harm minimisation technology to be cost effective and to have minimal impact on casual and recreational gamblers who are not at risk of harm. It noted that:

“New Zealand is ... full of innovative start-up companies who with the assistance of technology based research funding may be able to develop exciting new harm minimisation tools at a fraction of the cost of harm minimisation initiatives such as player information displays”.

Research into technology-based interventions and intervention delivered within gambling environments was also supported by one DHB whose submission was endorsed by a local government organisation.

One NCGM operator cautioned that, while it supported the use of technology to help minimise gambling harm, it considered it to be premature to mandate specific approaches. As research continues to become available, and technologies continue to improve and change, a regulation-making power would be more useful than prescribing specific harm reduction measures.

Following on from this, four specific harm reduction technologies were examined by submitters: facial recognition, multi venue exclusion (MVE), pre-commitment and player tracking technologies and online/telephone-based access to treatment/care.

Facial recognition technology

Six submitters (two NCGM operators, two academic institutions, one casino operator, one service provider) supported funding research into new technologies to prevent and reduce gambling harm, particularly funding for research into facial recognition technology as a way for gambling machine operators to identify problem gamblers, and exclude them from gambling venues. One NCGM operator submitter explained that:

“few (if any) Class 4 venues can afford to pay for dedicated monitoring of gaming areas and monitoring can be challenging when a venue is busy. We support the use of facial recognition technology (FRT) to address this issue”.

One service provider was interested in the research and development of a *“smartphone application for preventing and minimising gambling harm which we recommend as being appropriate to promote on tribal websites”.*

One submitter pointed to promising initial results from a Hamilton trial of facial recognition technology, but noted that regulatory support would be needed for the widespread implementation of the initiative.

Multi-venue exclusion orders

Five submitters commented on funding research to support evaluation of MVE initiatives. These comments included three submitters who noted that there has not been a specific sum allocated to this research and that MVE initiatives are effective. Two industry submitters (one casino operator, one NCGM operator) also commented in favour of MVE initiatives, specifically focusing on the technology aspects (i.e., the development of GPS smartphone applications to aid the development and implementation of MVE orders).

Pre-commitment and player tracking technology

Pre-commitment schemes were raised by two NCGM operators, the New Zealand Racing Board and one service provider. Overall, there was general support for further research into pre-commitment initiatives. As noted by one service provider, the introduction of a pre-commitment system would need to be preceded by research to determine the characteristics of an effective pre-commitment system in the New Zealand context. One NCGM operator supported research into pre-commitment and player tracking technology, stating that it considered:

“that regulations would allow a more robust and flexible response to changing technology. Currently there is no requirement for gaming machine operators in New Zealand to use pre-commitment, player tracking, or other devices designed to minimise gambling-related harm. In addition, no specific research on pre-commitment or player tracking for class 4 gambling has yet been undertaken in New Zealand.”

As noted above however, this NCGM operator also cautioned against a narrow focus on pre-commitment rather than research into a wide range of potentially cost-effective new technologically based initiatives.

The other NCGM operator referred to overseas evidence on pre-commitment schemes that they had examined, which highlighted the flaws associated with pre-commitment cards and potential workarounds that enable problem gamblers to continue playing. It then expressed concerns about the cost of implementing a pre-commitment scheme, highlighting that costs outweigh the benefits.

The New Zealand Racing Board recommended that research be undertaken around predictive modelling of customer account behaviour so that it could better identify potential problem gamblers. It noted that a collaborative approach to identify, research and track behaviours and characteristics of problem gamblers in betting is required to ensure that relevant findings are able to be integrated into harm minimisation programmes.

Online/telephone-based access to treatment/care

Two academic institutions recommended that online and telephone gambling be considered in future research into gambling harm-reduction technologies with one specifically supporting research into internet interventions for problem gamblers.

They commented that:

“The Ministry is to be congratulated for investigating new ways of offering low intensity interventions that people can use with or without professional treatment. Compared with face-to-face counselling, internet interventions provide gamblers with an opportunity to self-manage their gambling in a setting that can be anonymous, private, convenient and immediate.”

Effectiveness and efficacy of treatment interventions

Four submitters (two academic institutions, two service providers) recommended research and/or evaluation be undertaken around the efficacy of different interventions as there is limited evidence available on positive impacts that specific psychological or pharmacological interventions may have. One academic institution noted that there is a substantial gap around

how interventions are delivered, the effectiveness of interventions, and the use of multiple interventions by problem gamblers.

Developing such an evidence base would support identification of the efficacy of various treatment options (one service provider). Research into one specific group of interventions based on self-change was suggested by one academic institution, which noted that a rigorous evidence base is required before such strategies can be promoted nationally.

It also noted that:

“To inform the development of New Zealand health promotion campaigns and self-change resources, research is urgently needed to understand what strategies are effective when (eg, what is [sic] self-help strategies are most effective for those attempting to reduce their gambling and what is effective for those attempting to maintain change). This research would inform tailored brief and minimal interventions as well as public health campaigns.”

One service provider suggested that the research programme should be more focused on enhancing clinical interventions. The New Zealand Lotteries Commission agreed that all interventions need to be driven by high quality and consistent data, and said that this aligns to Government’s focus on harnessing data to develop evidence-based public policy (these comments might relate more to the intervention service data than to research per se). Another service provider suggested that research be done into the services that respond to co-morbidities found in some problem gamblers, and the impact they have on the treatment of problem gambling.

Online gambling

Six submitters (two service providers, one NCGM operator, one individual, the New Zealand Racing Board, one independent trainer/researcher) commented on research and evaluation into online gambling, and possibility of introducing regulations in this space. Online gambling is an issue raised by many submitters, with many considering that the Ministry should be doing more to address this growing problem, and further research should be undertaken to focus on the issues surrounding the increase in online gambling. While the Ministry has referred to a possible growth in online gambling, research on this topic is currently inconclusive. Nine submitters (two academic institutions, one individual, New Zealand Racing Board, one industry NCGM, three service providers, one professional association) proposed that online gambling is further researched. Topics proposed included:

- Three submitters (one NCGM operator, one service provider, the New Zealand Racing Board) commented that unlike New Zealand lotteries, the New Zealand Racing Board and Sky City’s free-play website, gambling on overseas sites are not subject to New Zealand gambling laws, and the effects and extent of it are relatively unknown
- One individual discussed a recent Department of Internal Affairs and New Zealand Racing Board review of online gambling in New Zealand and noted that key gambling help providers, consumers, and the Ministry were not involved, and should be included in future research, and
- One NCGM operator and one service provider suggested that an environmental scan be taken to assess possible regulatory approaches to review policies and practices used in other countries to manage offshore, online gambling.

Other specific research or evaluation proposals

Ten submitters identified a range of other specific proposals included supporting research to:

- further explore the impact of venue relocations from higher to lower deprivation areas (one academic institution, one service provider)
- evaluate the impact of increased gaming machines and table games at the Auckland casino (the New Zealand Racing Board, one academic institution)
- consider the impact of changes to Primary Mode of Problem Gambling recording data, noting that the CLIC system has to be re-visited, counsellors should be used to determine not only what to record but how to record it, and that research into how much the change of recording has affected the continuity, comparability and reliability of the data should be prioritised (one service provider)
- explore how the gambling industry has adequately acknowledged the harms of gambling to families, communities, and wider society (one professional association)
- explore the link between criminality and gambling and drug use and gambling (one service provider)
- explore the social impact of sports betting on problem gambling (one service provider)
- further develop research on gambling and young people, including research and development of preventative strategies (one service provider)
- completion of an environmental scan on the Ministry's research involving Māori and gambling and evidence provided on effective actions that have been taken to reduce the inequities that are identified (one independent trainer/researcher), and
- conduct linguistically and culturally appropriate research around the prevalence and effects of Asian gambling in New Zealand (one service provider).

While not a specific research proposal, one professional association commented that it would also like Māori and Pacific-led research prioritised.

Finally, two submitters (one DHB, one local government organisation) commented that they would like research to be undertaken which would contribute to the activities and decision-making of local bodies and communities (including via the presentation of results in a way that is valuable to territorial local authorities and local research).

Specific potential research opportunities identified by the local government organisation included:

- An evaluation of the impact of an 80 percent return of community grants to the territorial authority area in which the money was lost
- An analysis of the potential impact of allowing territorial authorities to create smaller areas for returns within their jurisdiction as a means to understand ways to minimise gambling harm at a community level
- Further investigation of sustainable funding sources for community groups that are currently reliant on grants from incorporated societies, and
- A comparison of gambling participation and problem gambling prevalence with EGM use in non-casino and casino environments.

3.6.3. Research methods and principles

Nine submitters commented on research methods, including about the importance of kāupapa approaches and the commissioning of research on a regular basis.

Two submitters (one independent trainer/researcher, one professional association) commented on the use of Māori-led research. A Māori independent trainer/researcher commented that she would like Māori researchers to conduct kāupapa Māori research into how cultural context can provide different ways of understanding gambling and its effects, which was reiterated by two other submitters. The submitter noted that research conducted by mainstream organisations has not been beneficial or useful as it is built on a different set of cultural assumptions.

Three submitters (two service providers, one financial advisor to families/whānau) expressed support for Dr Laurie Morrison, and highlighted how their work is enhanced by her work.

Four submitters (one DHB, one professional association, one service provider, one local government organisation) commented on the scheduling and reporting of research and evaluation.

Three submitters (one professional association, one service provider, one local government organisation) noted that the research programme needs to have a schedule for projects and release dates. The professional association recommended that a *“research program needs to have a schedule for projects and release dates, renewed three yearly”*. Implementation guidelines to ensure research is useful and relevant to New Zealand audiences would also support better underpinning of research to all gambling activities undertaken by service providers and community members.

One casino operator also said that technology-based and other innovative interventions that receive funding from the Ministry of Health should include those developed by casinos in partnership with research institutions, noting that government supports private sector research and development in other industries, whereas it ultimately costs the casino sector more because of the resulting increase in presentations.

3.6.4. Funding for researcher-initiated projects

One submitter (an academic institution) commented that it would like an increase in the funding available for researcher-initiated projects specifically, recommending that the:

“funding level for each round similar to that for the single researcher initiated round in the prior three year period, to allow for a number of projects of varying complexity and intensity to be funded on each occasion.”

It noted that Table 17 (in the Ministry’s consultation document) requires a breakdown for “outcome reporting” and “service evaluation”. Two other submissions thought that the research from the Ministry could be more helpful if a release timeline was available, as well as implementation guidelines to ensure that the research is useful.

3.7. Ministry of Health operating costs

No comment relating to the Ministry of Health operating costs was made in submissions.

4. THE PROBLEM GAMBLING LEVY CALCULATION AND DRAFT LEVY RATES

Part 4 of this report outlines the commentary received from submitters on the levy calculation and the draft levy rates. It covers:

- Submissions relating to the sources of presentations data
- Submitters' preferred weightings for expenditure and presentations
- Submissions relating to the calculation of under-recovery and over-recovery of levy
- Submissions relating to player expenditure forecasts
- Whether submitters agree with the draft levy rates, and
- Other comments around the levy calculation and the proposed levy rates.

4.1. The levy formula

The purpose of the levy is *"to recover the cost of developing, managing, and delivering the integrated problem gambling strategy"* [section 319(2) Gambling Act 2003]. Section 320 of the Act sets out the formula used to calculate the levy rate for each sector. It uses weighted percentages of current player expenditure (losses) in each sector and presentations to problem gambling services (numbers of people seeking help) that are attributable to each sector. The Ministry indicated a preference for a weighting of 20 percent on expenditure and 80 percent on presentations (20/80) for the 2016/17 to 2018/19 levy period. Other options presented included 5/95, 10/90 and 30/70. Stakeholders were asked whether there were other realistic pairs of weightings that could be considered and which pair, if any, they supported ([Question 7](#)). The formula also uses forecasts of player expenditure in each gambling sector, and stakeholders were asked whether these forecasts were realistic ([Question 8](#)).

4.1.1. Presentations

While there was no specific question in the Ministry's consultation document on this aspect of the levy formula, five submitters (two service providers, one NCGM Club submitter, one individual, the New Zealand Lotteries Commission) discussed the presentation data sources.

The NCGM Club submitter and the individual were concerned that the simplification of the Ministry's data collection database in 2011 had an impact on the club share of presentations and recommended that data pre- and post-October 2011 be included in a table to make this impact clear. The NCGM Club submitter also recommended that the table be amended to state which database was used in each year.

One service provider noted that the change to the database had muddied the picture of what harm is caused by each mode of gambling, and recommended both that counsellors be used to determine what to record and how to record it, and that there be research as a top priority into how the change had affected the continuity, comparability and reliability of the data.

By contrast, the other service provider considered that the presentation data collected over the last two levy periods had been much more reliable and robust and that the 2014/15 percentages were the sorts of figures that should have been captured by service providers since 2004. (This service provider also considered that there should be an adjustment to the way the 'other' presentations are apportioned across the levy-paying sectors.)

The New Zealand Lotteries Commission noted that the Ministry considers the presentation figures from 2012/13 onwards to be more reliable than the previous figures. It also noted that

as its products are the most common form of gambling, there is an increase in number of presentations attributed to them when more modes are recorded as 'primary'. It considered that the incidence of problem gambling in relation to its products remained steady *within* each collection methodology, and commented that there was:

"no evidence of a fundamental shift in the behaviour of problem and at-risk gamblers in relation to lottery products".

Its final comment was that this data is not the only measure of harm but it is the most reliable data that the Ministry has.

4.1.2. The pairs of weightings

Twenty-two submitters commented on the weighting of expenditure and presentations in the levy formula, one of them - a local government organisation - by endorsing the submission from a DHB. Twenty of them (including the 12 industry submitters) identified a preferred weighting:

- 11 submitters preferred the 30/70 weighting
- Five submitters preferred the 10/90 weighting, and
- Four submitters preferred the 20/80 weighting (i.e., the Ministry' preference).

No submitters expressed a preference for the 5/95 weighting.

All industry submitters commented on this question; however, their views on which weighting was preferred was split based on the area of gambling they are involved in (i.e., the seven NCGM operators and one NCGM Clubs submitter preferred the 30/70 weighting while two casino operators and the New Zealand Racing Board and the New Zealand Lotteries Commission preferred the 10/90 weighting).

The 30/70 weighting

Eleven submitters (seven NCGM operators, two service providers, one NCGM Clubs submitter, one academic institution) preferred the 30/70 weighting and provided a range of comments to support their position. Reasons for supporting a lower weighting on presentations focused on a range of perceived difficulties associated with attributing gambling harm to specific sectors, the impact on help-seeking behaviour, changes to the gambling environment, the fact that the levy is not spent entirely on interventions, and consistency with the Gambling Act's definition of harm.

Difficulties associated with attributing harm to specific sectors

Seven submitters (five NCGM operators, one academic institution, one NCGM Club submitter) suggested that the 30/70 weighting is appropriate as it recognises that there are challenges associated with attributing harm to gambling sectors, and that presentations may not be a fair proxy for total harm caused by an industry. One NCGM operator (quoting from the Ministry's 2015 consultation document) stated that:

"Presentations represent only a small subset of gambling harm, and that subset tends to be at the acute end of the continuum. Those who seek help are only a small proportion of those who experience harm. There can be no assurance that gambling sectors are associated with harm across the continuum of harm in precisely the same proportions as they are associated with presentations to intervention services."

Two NCGM operators commented that a higher weighting on presentations places a greater burden on the NCGM sector as lower levels of gambling harm that do not result in presentations are often associated with other forms of gambling such as lotteries products.

Three NCGM operators, one academic institution and one NCGM Club submitter noted that a higher weighting on presentations does not account for gamblers with moderate or low risk.

One NCGM operator commented that a lower weighting on presentations would help address the fact that nine percent of presentations are from modes of gambling not covered by the levy. Another NCGM operator made a somewhat similar comment that a heavy weighting on presentations meant that NCGMs bore an inequitable share of the costs of interventions for gamblers from the 'other' category.

Impact of help-seeking behaviour on presentation data

Six NCGM operators and one NCGM Club submitter commented that a higher weighting on presentations may have an adverse effect on reducing gambling-related harm, as gaming machine societies are disincentivised from encouraging help-seeking behaviour in customers. They explained that it is a legal responsibility to train venue staff in harm minimisation and to provide information and advice to customers if they identify signs of a gambling problem. One commented further that active avoidance of creating (real or perceived) barriers to help-seeking behaviour aligns with Objective 8 of the draft Strategic Plan.

Five NCGM operators, one academic institution and one NCGM Club submitter noted that help-seeking behaviours (identified through increases in presentations) do not necessarily mean that a gambling mode is becoming more harmful. These changes could reflect a change of societal attitudes toward counselling services and seeking help, general economic decline, increased awareness of services, and the promotion of services.

Provides for a more accurate reflection of changes to the gambling environment

Five NCGM operators and one NCGM Clubs submitter commented that a weighting focused more on expenditure (rather than presentations) is appropriate given a changing gambling environment (including decreases in NCGM expenditure and harm, an increase in other gambling products and associated harm, the implementation of sinking lid policies by territorial authorities, new legal obligations, harm minimisation policies and an increased focus on host responsibility). Further to this, two of these submitters commented that the formula unfairly allocates costs to the NCGM sector, and this takes money away from community funding, and at least one other referred to the fact that community money must be spent conservatively. One NCGM operator from outside this group commented that a 30/70 weighting supports their work in returning maximum net proceeds to the community.

Acknowledges that the levy is not spent only on interventions

A 30/70 weighting acknowledges that not all levy payments are spent on interventions, but that they also fund research and evaluation and public health measures (four NCGM operators, one NCGM Club submitter).

Consistency with the Gambling Act's definition of harm

Four NCGM operators and one NCGM Club submitter noted that the weighting is consistent with the definition of harm in the Gambling Act 2003. Focusing on pathological gamblers is inconsistent with the broader definition of harm, and does little to encourage early intervention and prevent escalation (three NCGM operators, one academic institution, one NCGM Club submitter). This also ignores the fact that many problem gamblers have other pre-existing addictions and disorders.

The 10/90 weighting

Four other industry submitters (including two casino operators) and one service provider favoured a 10/90 weighting. Reasons for preferring this approach included that the stronger focus on presentations more fairly apportions costs based on modes that contribute to greater harm and better reflects harm reduction activities and contributors to gambling-related harm.

Apportions costs fairly based on gambling activities that are contributing to harm

All five submitters considered that the 10/90 weighting more fairly apportions costs to those gambling activities that cause harm rather than where the money is spent and where, it is considered, gambling activities result in less harm. Submitters commented that the contributors to gambling harm should pay. All of these submitters highlighted that NCGMs contribute the greatest amount to gambling harm, and that this should be accommodated in the higher weighting toward presentations.

One casino operator stated that:

"Each sector has a responsibility for funding the problem gambling strategy and its broad components and...apportioning the costs of the levy should be linked directly to the harm associated with each sector's gambling products."

The New Zealand Racing Board also commented that a higher weighting on expenditure unfairly penalises the New Zealand Racing Board and the Lotteries Commission, both of which are responsible for less than half the share of presentations attributed to NCGMs.

Better reflects and supports harm reduction activities

Three submitters (two casino operators, New Zealand Racing Board) commented that the 10/90 weighting better reflects the harm reduction activities of responsible operators who try to identify and help problem gamblers and it does not disincentivise this practice (or impact adversely on help-seeking behaviours). They noted that a higher weighting toward presentations reflects the goal of reducing harm from gambling, rather than addressing the amount spent by gamblers. One casino operator highlighted that the development and implementation of host responsibility programmes and tools is not accounted for in the levy, and that the efficacy of these programmes results in higher presentations.

While those who supported the 30/70 weighting suggested that a higher weighting on presentations could create incentives against actively encouraging help-seeking behaviour, the New Zealand Racing Board (which preferred a 10/90 weighting) explained that a higher weighting on presentations provides an incentive for operators to develop effective measures for gambling harm prevention and minimisation.

Accurately reflect contributors to gambling-related harm

In contrast to comments made in relation to the 30/70 weighting, submitters supporting the 10/90 weighting indicated that presentations are a relatively accurate reflection of harm. One casino operator stated:

"Since presentations are the best available longitudinal quantitative proxy for harm, attributing a 90% weighting to presentations is the only plausible way of ensuring a balanced and appropriate apportioning of the costs".

Other issues specific to the New Zealand Racing Board or New Zealand Lotteries products

A small number of other very specific single submitter comments were made in support of the 10/90 weighting. The New Zealand Racing Board expressed its view that some of its customers are not New Zealand residents (and do not therefore access any of the services in New Zealand), and that the only way this can currently be accommodated in the levy calculation is through a lower weighting on expenditure. This submitter was also concerned that lowering the weighting on presentations would exacerbate the disparities in over and under-recovery, which it said showed that it had significantly overpaid in contrast to NCGMs and casinos.

The New Zealand Lotteries Commission noted that the data on the number of people seeking help did not indicate that there had been a fundamental shift in the gambling behaviour of at-risk and problem gamblers and the basis of apportionment of the levy should therefore remain unchanged. It was also concerned that if the weighting on expenditure was increased, distribution of profit to the community would be limited:

“All of Lotto New Zealand’s profit is transferred to the New Zealand Lottery Grants Board for onward distribution to the community. If the weighting of the current levy was to change there would be a direct impact on the distributions to the community.”

The 20/80 weighting (the Ministry’s preferred approach)

Four submitters (one DHB whose submission was also endorsed by a local government organisation, one service provider, one individual) preferred the 20/80 weighting. The DHB explained that the 20/80 split provided a good balance between addressing gambling harm (rather than the amount spent by gamblers), and ensuring that the weighting of presentations is not so high that it acts as an incentive against host responsibility, both of which were concerns raised by those in support of either the 30/70 weighting or the 10/90 weighting. The service provider only commented that it agreed with the Ministry’s reasons for preferring a 20/80 weighting. The individual submitter commented that it was difficult to understand the weighting approach, but that the Ministry’s proposed weighting seemed more logical.

Alternative weightings

Limited commentary on possible alternative weightings was provided: only seven submitters commented on Question 7 (*Are there realistic pairs of weightings other than those discussed in this consultation document?*), generally noting that there are no alternative weightings or providing no further detail about a preference or view. For example, five submitters (two service providers, one academic institution, one DHB, one individual) responded that there were no other realistic pairs of weighting. The individual commented that the weighting formula was difficult to understand but that the Ministry’s approach seemed logical.

One DHB whose submission was endorsed by a local government organisation also commented that this was a difficult exercise, and supported the 20/80 weighting, without directly stating whether they thought there were other realistic pairs of weightings.

One of the service providers and the academic institution also supported the 30/70 weighting: their discussion is included in *section 4.1.1*. Further, one service provider stated a preference toward the 30/70 weighting; however, it indicated in the content of its submission that if it had not been constrained by the “*somewhat antiquated*” formula, its preferred approach would have produced a split of 40/60. This was based on its calculations of which 2016/17 to 2018/19 budget items it considered should be attributed to presentations and which should be attributed to expenditure.

4.1.3. Under-recovery and over-recovery of levy

While there was also no specific question on this aspect of the formula, six submitters (a service provider, four NCGM operators and the NCGM Club submitter) commented on it. All considered that the approach the Ministry had used to calculate the levy under-recovery or over-recovery for each gambling sector unfairly penalised NCGM operators.

The service provider considered that actual presentation data for the previous levy periods should be used in the calculation, and that any Ministry underspend should be attributed to the levy period in which it occurred.

The NCGM Club submitter and two NCGM operators recommended that both the historical actual revenue data and historical actual presentation data should be used in the calculation. Another NCGM operator noted that previous forecasts of NCGM expenditure had been too high, and that as a result the under-recovery now being sought had already been distributed to the community. It considered that the current format of the formula was not the most effective way of calculating the levy. The fourth NCGM operator had concerns about what it saw as the “*legally unsound*” retrospectivity of the recovery, which it considered effectively required existing operators to make up under-payments by societies that had ceased operating. It recommended that the calculation be applied only to future under-payments or over-payments.

4.1.4. Player expenditure forecasts

Nine submitters (two NCGM operators, two service providers, an individual, an academic institution, two DHBs – one of whose submissions was endorsed by a local government organisation) commented on whether the player expenditure forecasts were realistic.

The individual, both DHBs and both service providers said they considered the forecasts realistic, but only the two DHBs made any further comment. The DHB whose submission was also endorsed by a local government organisation said that the forecasts were realistic but there might be changes in expenditure when the Gambling Amendment Bill (No.3) was passed. The other DHB commented that the forecasts appeared realistic “*given the volatility of some environments and forecasted change and development in others*”.

The academic institution and both NCGM operators considered the expenditure forecasts unrealistic. The academic institution agreed with the forecasts for NCGMs, casinos and the New Zealand Lotteries Commission, but did not agree that growth for the New Zealand Racing Board would be lower because of competition from offshore betting agencies. Both NCGM operators considered the expenditure forecasts for their sector were too high, with one commenting that:

“it is a declining sector and continues to be so”.

It is also worth noting that concern about historical forecasts of NCGM expenditure that were too high formed an element of several submissions on the under-recovery and over-recovery of levy.

4.2. The levy rates

Stakeholders were asked whether they have any comment to make on the estimated levy rates for each of the levy-paying gambling sectors ([Question 9](#)).

4.2.1. Overall levy rates

Five submitters (one individual, one service provider, one NCGM operator, one local government organisation, one DHB) commented on the levy rates overall.

The individual commented that the estimated levy rates are too low for all levy paying gambling sectors given the profits they make. The view that the levy rates are too low also seemed to be supported by the local government organisation. It drew attention to the amounts budgeted for the prevention and minimisation of gambling harm in comparison to the amounts spent on advertising by the gambling industry.

The service provider noted that it would be in a better position to answer the question if information on modes of problem gambling identified the severity or duration of the harm or the intervention used.

The NCGM operator suggested that there should be an overall budget reduction of 10 to 20 percent.

The DHB commented that the levy rates appropriately reflect the level of harm associated with the type of gambling.

4.2.2. Levy rates for specific sectors

Fourteen submitters commented on the gambling levy in relation to specific gambling sectors. Most of the commentary received focused on the NCGM sector.

NCGM rates

Twelve submitters (five NCGM operators, two DHBs – one of whose submissions was also endorsed by a local government organisation, two service providers, one local government organisation, one NCGM Club submitter) discussed the estimated levy rates suggested for the NCGM sector. Six of these submitters considered the levy rates for NCGMs to be too high.

Three submitters (one NCGM Club submitter, one DHB, one service provider) discussed the levels of gambling harms associated with club NCGMs. The NCGM Club submitter expressed its continuing frustration at what it saw as the ongoing lack of levy rate recognition for the work over and above the legal requirements that it undertook to minimise the harm from the gambling in its member venues, and the lack of recognition for the good that its members did in the community. The service provider commented that the levy does not accurately reflect that club NCGMs are associated with less harm than pub NCGMs and considered that this should be acknowledged in the formula by providing for a reduced levy for club-based NCGMs. The DHB commented that the club share of levies had been increasing (with the exception of 2010/11) since the Ministry had been collecting separate data, but went on to comment that the levy rates appropriately reflected the level of harm associated with the type of gambling.

One NCGM operator noted that there have been positive harm minimisation changes in the NCGM sector over the last three years, and commented that these should be recognised in a reduced levy for the sector. This submitter plus two other NCGM operators also noted changes to the NCGM sector, which will have an impact. They noted that the NCGM sector is shrinking, with a decline in numbers of machines, participation in NCGM gambling and revenue. They were concerned that the sector is facing significant financial pressure because of these changes, as well as changes to legal requirements and policies. The levy should be adjusted to reflect this changing NCGM environment. These arguments were also presented in support of their preference for a 30/70 weighting.

One of these NCGM operators detailed its concerns about increased obligations for NCGM operators and venues. It highlighted the range of obligations that they now have to contend with (including increased harm minimisation obligations; staged increases in the minimum return to authorised purposes over a five year period; a requirement to replace all non-downloadable jackpots by 1 December 2015, a cost burden to the sector in the order of \$12 million to \$25 million; one-off hardware/software costs to adapt gaming machines to accept new bank notes, increasing licensing fees, etc.). The NCGM operator was concerned as to the impact these changes would have on the financial viability of gaming machine societies, contending that these changes would likely decrease the number of societies and/or NCGMs in operation. It then requested that these considerations be taken into account when calculating the levy using forecast player expenditure.

Three NCGM operators commented on the levy calculation, and how this was unfairly inflating the estimated levy rates for the NCGM sector.

Casino rates

One casino explained that its principal consideration was to ensure that levy expenditure, the draft Service Plan, and funding are effective and that an accurate and equitable levy weighting is applied. It commented that the levy does not reflect casino's host responsibility initiatives and noted that the levy should be linked directly to the harm associated with each sector's gambling practices.

One local government organisation recommended that the Ministry investigate a split levy for different types of casino gambling, so that if the level of harm from casino gaming machines was higher, casinos with more machines would pay more than casinos with fewer machines.

New Zealand Lotteries Commission rates

The New Zealand Lotteries Commission considered that it contributes its proportionate share of the levy.

4.2.3. Other comments on the levy

The New Zealand Racing Board expressed a concern that overseas customers for gambling providers can lead to sectors overpaying the levy, as overseas customers, especially those gambling online, will not access the services funded by the levy. It suggested that:

“gambling sectors that are able to differentiate the volume of gambling from offshore domiciled gamblers be permitted to remove that volume from the problem gambling levy calculation”.

A professional association recommended that levy funding be available for intervention for people accessing online gambling and gaming from home computers. Two service providers also made similar points relating to computer gaming

A small number of submitters noted that, as a significant proportion of presentations are derived from other sectors not subject to the levy, there should be a mechanism by which they are captured. One service provider commented that other presentations are not included in the levy formula and these costs are unfairly distributed across the four levy paying sectors. It proposed that a fifth levy category should be developed covering 'other presentations', and that the cost of intervention for these other presentations should be evenly distributed across the four sectors in the meantime.

One NCGM operator commented that the lower weighting on presentations in the 30/70 weighting shows recognition of the impact of gambling from other non-levied forms of gambling. It noted that approximately nine percent of presentations for gambling-related issues are from modes of gambling not covered by the levy. It argued that those paying levies are subsidising harm caused by these other modes and it is appropriate therefore that presentations should have a lower weighting than either the 20/80 or the 10/90 weighting.

Eight submitters (two service providers, one casino, one individual, one NCGM Club submitter, the New Zealand Racing Board, the New Zealand Lotteries Commission, one professional association) provided a range of comments on the levy formula.

One NCGM operator commented that it understood that the Gambling Levy Formula is not under consideration.

4.3. Sectors subject to the levy

From the time the gambling levy was first set in 2004 it has applied to gambling operators in four sectors: NCGM operators, casinos, the New Zealand Racing Board and its products, and the New Zealand Lotteries Commission and its products. The Ministry did not propose any change to the set of four gambling sectors from which the levy is collected.

Five submitters (two service providers, one DHB whose submission was also endorsed by a local government organisation, one local government organisation) commented on the Ministry's proposal not to change the set of four gambling sectors from which the levy is collected. The DHB endorsed the Ministry's proposal not to make club NCGMs a separate sector, commenting that presentations attributed to all NCGMs are significantly higher than other levy-paying sectors and the higher rate was therefore appropriate for the whole sector. One service provider said it did not support either club NCGMs or the New Zealand Racing Board being a separate sector. The other agreed with the Ministry that making New Zealand Racing Board gaming machines a separate sector would add an extra administrative burden to the work of clinicians.

The local government organisation recommended that the Ministry investigate a split levy for different types of casino gambling, so that if the level of harm from casino gaming machines was higher, casinos with more machines would pay more than casinos with fewer machines.

While it did not repeat its 2012 request for club NCGMs to be a separate sector, the NCGM Club submitter expressed its continuing frustration at what it saw as the ongoing lack of levy rate recognition for the work over and above the legal requirements that it undertook to minimise the harm from the gambling in its member venues, and the lack of recognition for the good that its members did in the community.

5. THE IMPACT OF GAMBLING HARM

As part of the three-yearly planning process, the Gambling Act 2003 requires the Ministry to undertake and consult on the Needs Assessment used to inform the content of the draft three-year Service Plan. In 2015, the Ministry contracted out the preparation of a report to update the Needs Assessment for the 2016/17 to 2018/19 period to *Allen + Clarke*. The consultation document contained an overview of the key themes identified by *Allen + Clarke's* report including:

- The gambling environment (eg, gambling participation, number and location of EGMs, online gambling and gambling expenditure)
- Harm and the risk of harm from gambling (eg, prevalence of at-risk gambling, numbers experiencing harm from gambling, ethnicity and harm, gender and harm, harm by area of New Zealand), and
- Helpline and intervention service demand (including the Gambling Helpline and intervention service data).

Part 5 of this report outlines submissions received on whether stakeholders considered that other information is crucial in the Needs Assessment, and other comments received that relate to the Needs Assessment's themes.

5.1. Information required for the Needs Assessment

Stakeholders were asked whether other information is crucial for the Needs Assessment ([Question 10](#)).

Sixteen submitters commented on Question 10 or made comments that seemed to be a response to Question 10:

- 12 submitters either explicitly said that other information was crucial for the Needs Assessment and provided examples of possible additional material, or gave examples of other relevant information, of a kind that would normally appear in the needs assessment
- Three submitters made comments that suggested they considered that the Needs Assessment is adequate, and
- One submitter did not indicate or were unclear as to whether they thought further information was needed.

5.1.1. Further information needed

While overall, there was limited commentary about the Needs Assessment, 12 submitters (three service providers, two local government organisations, two individuals, two DHBS, one academic institution, one professional association) suggested that other information was crucial for the Needs Assessment, or queried the presentation of certain data. Possible additions included further data on specific population groups, more data on specific modes of gambling, and data on the effectiveness of interventions like MVE initiatives.

Additional data required on population groups

Seven submitters (three professional associations, two individuals, one local government organisation, one service provider) identified that there was a need for additional data on specific population groups, including specific ethnicities and other vulnerable populations.

One individual considered that the Needs Assessment needed more research and an increased weighting towards harm minimisation for Māori and Pacific people, highlighting that these two groups present as most at-risk from gambling harm.

Another individual was concerned about the lack of data in regard to the Asian population. He highlighted data regarding Asian gambling including that:

“the amount of money that Asian problem gamblers lost four weeks prior to their first gambling counselling session was disproportionately higher than the loss from three other ethnic groups in New Zealand”. This data is consistent with “international research findings that due to the stigma associated with problem gambling in Asian communities, Asian problem gamblers delay seeking help so that the negative impacts of problem gambling continuously exacerbate and devastate”.

This application of demographic data to determining interventions was raised by two professional associations and one service provider. Both noted that demographic change in the New Zealand population needs to be taken into account (including increases in numbers of older Māori and Pacific people and increases in immigration). The service provider specifically also projected this forward, noting that the evidence used for some aspects of the Needs Assessment dates back to 2012: a lot of demographic and social information for the years 2016 to 2019 could be very different. It proposed that it may be better to start from a position of predictions about the movement in demographic indicators rather than the history of them.

The importance of risk factors on vulnerability to harm from gambling was noted by one local government organisation, which mentioned a recent research report showing that the majority of the socio-demographic risk factors associated with problem gambling are inter-related, and highlighted examples of these risk factors (i.e., Māori and Pacific Island ethnicity, young age, low income, lack of formal qualifications, large household, etc.). The need to focus on risk factors was also highlighted by one professional association, which wanted further detailed analysis about vulnerable populations to be undertaken (eg, by age, gender, location, etc.). It suggested that such data should inform the development of interventions that address these needs.

Additional data on modes of gambling including online gambling (on/off shore)

Six submitters (two service providers, one DHB, one local government organisation, one professional association, the New Zealand Racing Board) highlighted the need for additional data on specific modes of gambling such as online gambling behaviour.

One service provider wanted to look at whether the capture of data on online gambling behaviour is adequate. It wishes to use this data to explore the availability of funding for treatment, awareness training and other strategies for addressing the emerging development of online gambling, online gambling and other screen-time based activities. A DHB also recommended that further research be undertaken with a view to get a more detailed understanding of online gambling (and that this be presented in the Needs Assessment).

On a related, but different tack, the New Zealand Racing Board talked about the rise of online/digital betting, mentioning that this rise is consistent with international experience. It considered that the issue is significant and growing, and it was critical for the regulatory regime to keep up with changes in technology and customer preferences. The Board is supportive of the

Minister for Racing, establishing a working group to consider the effects of offshore online betting providers on the local racing and sport industry. It requested the Ministry monitor the progress of the working group and carefully consider the final report with a view to developing strategies to assess and manage offshore online gambling.

Two professional associations noted from the Needs Assessment that the amount spent on casino and NCGM activities is substantial while the number participating in these activities is small:

“That in 2014, \$1.3 billion of expenditure was generated through casinos and non-casino gambling machines (NCGM) – the two most profitable sectors of the industry. This revenue was generated by a relatively small percentage of the population 7.3% reported participating in gaming at a casino, and 13.5% reported playing a NCGM” (one professional association).

They considered these facts significant, even though the expenditure does not distinguish between revenue generated by New Zealand residents and visitors to New Zealand. One considered this showed that a minority of New Zealanders are contributing to gambling revenue and that within this minority there will be people for whom their gambling is causing harm to themselves and their family/ whānau. The other said this information should be included in the introduction to the Strategy as it provides context and accurately identifies the size of gambling revenue within the New Zealand economy.

Finally, one local government organisation stressed that it was important “to understand and identify the needs of the NCGM venue operators in order to ensure they are capable of implementing gambling harm prevention strategies”. The submitter considered that this information was important to ensuring that service levels are set correctly and are on point.

Additional data on interventions

A service provider was also interested in MVE programmes, specifically how little data is being collected at a national level, and considered that a national coordinator position would allow for data collection and greater consistency across the country, though noting this needed a degree of independence.

Presentation of data in the Needs Assessment

Five submitters considered the presentation of data in the Needs Assessment could be improved to better convey the information contained in it.

An academic institution mentioned decreasing participation and expenditure and that gambling harm *rates* have levelled out but also pointed out that given population growth, the actual *number* of people adversely affected by gambling has increased. The submitter was concerned that people often refer to falling rates which is misleading.

A local government organisation was concerned about the presentation of information regarding Class 4 gambling, specifically that “the strategic context provides limited information about the distinct attributes of class 4 machines and the trends related to these machines in New Zealand”. More specifically, it noted how the document frequently refers to a majority of people who gamble without experiencing harm and a “significant minority” who experience harm, the submitter noted that while “*this is technically accurate, it belies the differences in harm caused by some forms of gambling*”. The submitter then quoted data from the Department of Internal Affairs illustrating class 4 gambling to be the most harmful, but it does not consider that the

document and diagrams depict this. The submitter noted that the document describes some of the class 4 machine expenditure trends but seems to observe key variables of machine numbers and expenditure without proposing a relationship between the two.

It then mentioned that trends:

“show class 4 machine expenditure has decreased with the declining number of machines this has considerable implications for policy but is not acknowledged”.

Another service provider raised a number concerns about the currency of evidence presented in the Needs Assessment, this covered a substantial portion of their free text submission. Key points included that the Needs Assessment includes a number of statements that appear to be based on little or no evidence (such as the success of referrals to service providers that are integrated).

One DHB made three recommendations for the Needs Assessment, including that it continue to take a public health approach to inform people about the effects of higher levels of exposure to gambling products on people living in more deprived areas.

5.1.2. No further information needed

Three submitters (two DHBs, one service provider) identified that no more information was required for the Needs Assessment. For one DHB as long as the Needs Assessment involved a wide range of stakeholders and sources of information, it was adequate. The other DHB acknowledged the work undertaken to carry out the Needs Assessment which informed the strategy. The service provider noted that the Needs Assessment provides a good range of information and agreed *“with the key ongoing issues raised particularly in terms of Māori and the disproportionate levels of harm”*.

5.1.3. Not stated

One service provider commented on the information in the Needs Assessment or on research more generally but did not state whether additional information was needed. It simply made reference to the information in the Needs Assessment about non-casino gambling post-earthquake within Canterbury, noting that spending increased after the earthquake despite the numbers of functioning EGMs and venues dropping substantially.

6. OTHER ISSUES RAISED BY SUBMITTERS

Part 6 of this report outlines issues raised by submitters that did not directly relate to the draft Strategic Plan, the draft Service Plan, the levy or the Needs Assessment; however, they are pertinent to the policy or legislative settings for preventing and minimising gambling harm.

Thirty submitters provided other general comments. Specific areas covered included:

- Legislation (including the Gambling Act 2003 and the New Zealand Convention Centre Act)
- Processes used to develop the levy, the draft Strategic Plan, and the draft Service Plan
- Judicial review
- Evidence
- Editorial comments, and
- The Ministry's proposed outcomes-based contracting model.

In addition to specific comments, 24 submitters also included commentary regarding their organisation including background information, participation in activities to reduce gambling harm, views on gambling harm or statistical evidence identifying the harms associated with gambling or risk factors. One issue specific to four submitters was concerns about the changes in gambling behaviour and attitudes that arise when new technologies and gambling platforms are introduced, particularly in relation to online gambling. One academic institution suggested that the online environment and the use of new technologies created an environment which posed particular risks to young people. A professional association suggested that there are growing levels of addiction to gaming on home computers, and that problem gambling could easily occur in this environment as it was perceived as a "game" rather than a harmful activity. This submitter also suggested that online gambling may lead to gambling in other settings. More detail about this information is included in the Microsoft Access database supporting this report but is not repeated in this section.

6.1. Legislation

Submitters commented on the Gambling Act 2003, the New Zealand Convention Centre Act 2013 and the Vulnerable Children Regulations 2015.

6.1.1. The Gambling Act 2003

Two submitters (one local government organisation, one service provider) commented on recent or proposed amendments to the Gambling Act 2003.

The local government organisation was concerned about the increase to the licensing periods (in particular the increase from 18 months to three years, highlighting that any reduction in compliance checks associated with licensing would slow the positive impacts of gambling venue policies).

The service provider was concerned about how the Ministry viewed the key focus of the Act. It stressed where it thought the focus should be (i.e., *the key focuses of the Gambling Act 2003 should be, as per section 3(b) of the Act, to prevent and minimise the harm caused by gambling*).

6.1.2. New Zealand Convention Centre Act 2013

Four submitters (two service providers, one NCGM operator, one local government organisation) commented on the New Zealand Convention Centre Act 2013. Three submitters (one service provider, one NCGM operator, one local government organisation) mentioned the increase in number of EGMs allowed under the Act with all noting different concerns:

- The service provider focused on the potential for increased EGMs and associated increases in harm as well as the need to ensure that extra support services for customers be provided.
- The local government organisation considered that the number of new EGMs would more than offset the decrease achieved under the Council's sinking lid policy.
- The industry submitter was waiting to see what impact new EGMs would have on expenditure at other venues and expressed concern that if the expenditure at their venues decreased this would decrease the funding pool for monies distributed to the community.

The other service provider made a brief statement only expressing concern about what it considered to be explicit support to Sky City.

6.1.3. The Vulnerable Children Regulations 2015

One service provider talked about the new Vulnerable Children Regulations 2015. The submitter was concerned that the draft Strategic Plan and the draft Service Plan should provide further information on how the Act will apply in practice.

6.2. Use of evaluation-informed analysis to develop the next iterations of the draft Strategic Plan, draft Service Plan and the proposed levy

One casino operator and one service provider commented on the process of the levy calculation and creation of the draft Strategic Plan and Service Plan. The casino operator was concerned that the development of new plans and the levy were not based on an assessment or critical analysis of previous service plans. The service provider raised concerns about the process to develop and consult on the draft Strategic Plan, including concerns about the level of consultation and collaboration (i.e., it was expecting greater involvement in the development of an initial draft Strategic Plan), the timing of the exercise in terms of a perceived clash with preparations for Gamble Free Day/Month, and the level of complexity in the consultation document. An NCGM operator stated that they do not support the Ministry advocating what is and what might not be a harmful gambling environment, as they did not consider there to be definitive research to support this objective.

6.3. Judicial review

One service provider mentioned the ongoing impact of the judicial review stating that concerns about service delivery have been resolved by the extension of contracts to June 2017.

6.4. Evidence

Eleven submitters provided additional evidence in their submissions including:

- Bibliography of references used to compile the submission (three professional associations, two academic institutions, one DHB, one service provider)

- An OIA request response (one individual, one NCGM Club submitter), and
- Research studies (one academic institution).

In addition to this, two submitters (an independent trainer/researcher, one service provider with which that person is associated) mentioned numerous studies and statistics around problem gambling and the impact on Māori specifically Māori women, but noted that there was very little information about “*the sociocultural influences and motivations associated with their gambling journeys*”. The researcher highlighted that there were very few interventions targeted at Māori women. The submitter mentioned a pilot study and the success this had achieving in alignment with Ministry objectives to highlight their view.

6.5. Editorial comments

A range of small, editorial issues were identified by a submitter, including typographical errors (i.e., one typographical error “*in the penultimate line of page 33 which states February 2016 instead of February 2018*”).

A small number of comments were received on the overall structure and presentation of the document. Generally, these comments presented possible alternative ways of presenting information or noted that certain sections require more simplified presentation. For example:

- A request that the consultation paper provide an overview on changes in gambling participation, attitudes and harm over time (one academic institution)
- A request for more information about the public health approach (given that this underpins the draft Strategy and draft Service Plan including information about prevalence and how it can be affected by incidence and duration of problems, the impact of effective treatments, and the importance of prevention, etc. (one academic institution), and
- The document was overly wordy and complex (one service provider).

6.6. Outcomes-based contracting

Five submitters provided comments relating to a range of other miscellaneous issues, mostly relating to the Ministry of Health’s service agreements (and, in particular, the proposed shift towards outcomes-based contracting).

Two submitters (one academic institution, one service provider) talked about outcomes-focused agreements. The academic institution highlighted the “*notable change from the previous model which focused on input, activities, output and outcomes*”. The submitter went on to cover background information relating to outcomes-focused agreement.

The service provider applauded the commitment to changing the procurement services on an outcome agreement basis as this will provide more efficient and effective services. The submitter went on to cover what they considered moving to outcomes-focused agreements would achieve and some processes needed in adopting them. This included a description of the characteristics of a process that would lead to the creation of good outcome focused agreements.

One service provider was concerned about the need to be able to deliver services without fear of being challenged over political neutrality and requested that the Ministry provide guidance on political neutrality.

One service provider mentioned that addiction to gaming (that is, computer games) was not included in Ministry contracts. The submitter then highlighted the similarities between gaming and gambling, including similarities in the language and devices used. The submitter went on to cite one study that found a relationship between video gaming and gambling in young people and another that suggested the deficient reward system shown by frequent online gambling helped to explain the addiction-like behaviour observed in excessive gamers.

APPENDIX A – LIST OF SUBMITTERS

Abacus Counselling Training and Supervision Limited
Addiction Advice and Assessment Services Limited
Aotearoa New Zealand Association of Social Workers
Auckland Council
Auckland University of Technology – Department of Psychology
Auckland University of Technology – Gambling and Addictions Research Centre
Canterbury District Health Board
Central Regional Joint Agency Meeting (JAM)
CERT Gaming Trust
Christchurch Casinos Limited
Christchurch City Council (staff submission)
Clubs New Zealand Incorporated
Donghwan (Gus) Lim
Dragon Community Trust Limited and Bluesky Community Trust Limited
George Darroch
Hāpai Te Hauora Tapui Limited
Hauraki District Council
Hawkes Bay District Health Board
ILT Foundation
Jarrod True
Lion Foundation
Morrison Consultants Limited
New Zealand Community Trust
New Zealand Lotteries Commission (trading as Lotto New Zealand)
New Zealand Nurses Organisation
New Zealand Racing Board
Nga Ngaru Rautahi o Aotearoa
Northland District Health Board (with input from Nga Manga Puriri)
Problem Gambling Foundation of New Zealand
Problem Gambling Foundation of New Zealand (Asian Family Services)
Pub Charity Limited
Public Health Association of New Zealand
Royal Australasian College of Physicians

Royal Australian and New Zealand College of Psychiatrists
Runa Morrison-Huitema (Te Roopu Tohu Putea o Te Whānau)
Salvation Army National Gambling Service
SHORE and Whakari Research Centre
SKYCITY Entertainment Group
Southern District Health Board
Southern Trust
Te Arawa Collective
Te Kahui Hauora Trust
Te Pūtahitanga o te Waipounamu
Te Rangihaeata Oranga Trust, Hawkes Bay Gambling Service
Tracy Wright-Tawha
Wairoa District Council
Woodlands Centre Charitable Trust

APPENDIX B – CONSULTATION QUESTIONS

1. Does the draft Strategic Plan adequately address the strategic context for the draft Service Plan? If not, what issues or areas are not adequately covered?
2. Are there any objectives or priority actions that you particularly agree with or disagree with, and if so why? Are there other objectives that you think would be preferable or other priority actions that you think would more effectively or more efficiently prevent and minimise gambling harm, and if so why?
3. Is the total amount of funding suggested in the draft Service Plan appropriate? If not, why not?
4. Does the draft Service Plan adequately address public health and intervention services, workforce development, research and evaluation? If not, what issues or areas do you think are not adequately covered?
5. Do you think that the Service Plan would more effectively or more efficiently prevent and minimise gambling harm if some funding were shifted from one budget line to another or from one service area to another? If so, why?
6. Are there service areas that you think should not be funded, or service areas that are not funded that you think should be funded? If so, why?
7. Are there realistic pairs of weightings (W1 and W2) other than those discussed in this consultation document? Which pair, if any, do you support?
8. Are the player expenditure forecasts for each gambling sector (D) realistic? If not, why not?
9. Do you have any comment on the estimated levy rates for each levy-paying gambling sector (bearing in mind that the formula itself is set out in legislation and is not under consideration in this consultation)?
10. What other information, if any, do you think is crucial for the Needs Assessment?

