

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

2022/23 to 2024/25

Consultation document

Citation: Ministry of Health. 2021. *Strategy to Prevent and Minimise Gambling Harm 2022/23 to 2024/25: Consultation document*. Wellington: Ministry of Health.

Published in August 2021 by the Ministry of Health  
PO Box 5013, Wellington 6140, New Zealand

ISBN 978-1-99-100745-2 (online)  
HP 7813



This document is available at [health.govt.nz](https://health.govt.nz)



This work is licensed under the Creative Commons Attribution 4.0 International licence. In essence, you are free to: share ie, copy and redistribute the material in any medium or format; adapt ie, remix, transform and build upon the material. You must give appropriate credit, provide a link to the licence and indicate if changes were made.

# Consulting on the proposed *Strategy to Prevent and Minimise Gambling Harm 2022/23 to 2024/25*

This document seeks your comment on the proposed future direction and content of the Ministry of Health's (the Ministry's) *Strategy to Prevent and Minimise Gambling Harm 2022/23 to 2024/25* (the strategy).

This consultation document provides the full proposed strategy for public consultation. Included are draft proposals for:

- the strategic plan, including a proposed strategic framework that sets out the population outcome, strategic goal, outcomes, objectives and priority action areas for the strategy
- the service plan for the three years from 2022/23 to 2024/25
- the funding levels for the Ministry in relation to the gambling harm prevention and minimisation activities described in the strategy
- the problem gambling levy rates and weighting options per gambling sector for the next three years.

The proposed strategy is informed by a needs assessment, as required under the Gambling Act 2003 (the Act). The Ministry commissioned the 2021 gambling harm needs assessment, which included an independent review of gambling harm minimisation services and the sector generally.<sup>1</sup> This assessment is considered alongside an assessment of progress against the strategic objectives of the *Strategy to Prevent and Minimise Gambling Harm 2019/20 to 2022/23* (the current strategy).<sup>2</sup> It is the Ministry's intention that the future needs assessment, to be commissioned in 2023, will review the impact of the changes outlined in this proposed strategy, if these are adopted.

<sup>1</sup> Malatest International, Gambling Harm Needs Assessment 2021.

<sup>2</sup> Ministry of Health. 2019. *Strategy to Prevent and Minimise Gambling Harm 2019/20 to 2021/22*. Wellington: Ministry of Health. URL: [www.health.govt.nz/publication/strategy-prevent-and-minimise-gambling-harm-2019-20-2021-22](http://www.health.govt.nz/publication/strategy-prevent-and-minimise-gambling-harm-2019-20-2021-22).

This document meets the consultation requirements specified in the Act to develop an integrated problem gambling strategy to prevent and minimise gambling-related harm that comprises measures to promote public health, services to treat and assist people who experience gambling harm and their families and whānau, and independent scientific research and evaluation. More details about the consultation process and the needs assessment can be found on the Ministry's website <https://consult.health.govt.nz>.

We may revise the proposed strategy and levy rate as a result of feedback received from this public consultation process before submitting them to the New Zealand Gambling Commission for their consideration. The Gambling Commission consults with stakeholders and makes recommendations to responsible Ministers about the total amount of the levy and levy rates for each gambling sector before the Government finalises a strategy and levy for the next three years.

The new strategy and new problem gambling levy regulations will take effect on 1 July 2022.

## Have your say

Your feedback on the proposals contained in this consultation document is important. It will help shape the proposed *Strategy to Prevent and Minimise Gambling Harm for 2022/23 to 2024/25* and levy rates that we submit to Ministers and the Gambling Commission for their consideration. You can provide feedback by:

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

All submissions are due with the Ministry by **5pm Friday 8 October 2021**.

# Foreword

Most New Zealanders have gambled or know somebody who has. Harm from gambling remains a significant public health issue for our communities, and to individuals, families and whānau. Moreover, that harm is not evenly spread across our communities – Māori and Pacific peoples currently experience a burden of harm that is unfair and unacceptable.

The Gambling Act 2003 (the Act) recognises the need to address the risks and harms of gambling by setting out requirements for an 'integrated problem gambling strategy focused on public health' and specifying a regulatory regime for the gambling industry. The Ministry of Health (the Ministry) is responsible for developing and refreshing the Strategy to Prevent and Minimise Gambling Harm every three years, as well as for implementing it. We work alongside our colleagues in the Department of Internal Affairs (DIA) as the industry regulator.

The Act specifies consultation requirements for developing the strategy and setting industry levy rates to pay for it. Consistent with these requirements, the Ministry is now using a consultation process to seek views on our draft *Strategy to Prevent and Minimise Gambling Harm for 2022/2023 to 2024/2025* (the strategy) and draft levy rates.

After considering feedback and making any necessary revisions, the Ministry will submit its proposed strategy and levy rates to the New Zealand Gambling Commission (the Gambling Commission). The Gambling Commission will undertake an analysis, convene a consultation meeting and provide its own advice to the Minister of Health and the Minister of Internal Affairs. Cabinet will subsequently make decisions on the shape of the strategy and the levy. This draft strategy takes a public health approach to achieving pae ora – Healthy Futures promoting equity and wellbeing by preventing and reducing gambling-related harm. The strategy is based on the most up-to-date research and evidence, including engagement with gambling harm prevention and minimisation organisations, services and workers, and the gambling industry.

I encourage you to have your say to ensure we take an inclusive and comprehensive approach to preventing and minimising gambling harm for the three-year period from 1 July 2022 to 30 June 2025 and beyond.

Dr Ashley Bloomfield  
Te Tumu Whakarae mō te Hauora  
Director-General of Health  
Ministry of Health



# Contents

<b>Consulting on the proposed <i>Strategy to Prevent and Minimise Gambling Harm 2022/23 to 2024/25</i></b>	<b>iii</b>
Have your say	iv
<b>Foreword</b>	<b>v</b>
<b>Executive summary</b>	<b>xi</b>
Gambling harm needs assessment	xii
Proposed strategic plan	xii
Draft service plan	xiii
The problem gambling levy	xiv
The consultation process	xiv
<b>1 Introduction</b>	<b>1</b>
Other agencies' contribution to preventing and minimising gambling harm	2
The needs assessment for gambling harm, 2021	3
Evidence informing the draft strategy	4
Structure of this document	5
<b>2 The strategic plan</b>	<b>6</b>
Introduction	6
Focusing on public health	6
Positioning gambling harm as an equity issue	7
An updated strategic framework	8
Relationship to existing approaches to Te Tiriti o Waitangi in the health and disability system	10
Population outcome	11
Strategic goal	13
Principles	13
Outcomes	14
Objectives	14
Priority action areas	16
Key continuities	19
Priority populations	19
What needs to change	20
How we will measure progress	21
Questions for you to consider	22
<b>3 Draft service plan 2022/23 to 2024/25</b>	<b>23</b>

Purpose of the service plan	23
Overview of the service plan and budget	23
Indicative budget for 2022/23 to 2024/25	25
Public health services	27
Clinical intervention and support services	32
Research and evaluation	35
New services, innovation pilots and investments	37
Ministry of Health operating costs	41
Questions for you to consider	41
<b>4 Draft levy rates for 2022/23 to 2024/25</b>	<b>42</b>
Process for setting the levy rates	42
The levy formula	43
Options	51
Questions for you to consider	53
<b>Appendices</b>	<b>54</b>
Appendix 1: Aligning with other strategic documents	54
Appendix 2: Previous strategic framework	57
Appendix 3: Bringing our principles to life	58
Appendix 4: Key continuities	60
Appendix 5: Making a submission	61
<b>List of Figures</b>	
Figure 1: Continuum of gambling behaviour and responses	7
Figure 2: Draft strategic framework	18
Figure 3: Framework for organising the strategic objectives	57

## List of Tables

Table 1:	Service plan action areas	24
Table 2:	Budget to prevent and minimise gambling harm (GST exclusive), 2022/23 to 2024/25	25
Table 3:	Investment area actions	27
Table 4:	Public health budget (GST exclusive), by service area, 2022/23 to 2024/25	28
Table 5:	Intervention services budget (GST exclusive), by service area, 2022/23 to 2024/25	32
Table 6:	Research and evaluation budget (GST exclusive), 2022/23 to 2024/25	35
Table 7:	Budget for new services, innovation pilots and investments (GST exclusive), 2022/23 to 2024/25	37
Table 8:	Budget for Ministry operating costs (GST exclusive), 2022/23 to 2024/25	41
Table 9:	Gambling expenditure and proportions from the four main gambling sectors, 2009/10 to 2019/20	44
Table 10:	Presentations and proportions attributed to the four main gambling sectors, 2011/12 to 2020	46
Table 11:	Forecast expenditure by sector (GST-inclusive), 2022/23 to 2024/25	49
Table 12:	Estimated underpayment or overpayment of problem gambling levy, 2004/05 to 2021/22, by sector	50
Table 13:	Share of expenditure and presentations by sector, 2020	51
Table 14:	Estimated levy rates and payments (\$m) per sector, 5/95 weighting	51
Table 15:	Estimated levy rates and payments (\$m) per sector, 10/90 weighting	51
Table 16:	Estimated levy rates and payments (\$m) per sector, 20/80 weighting	52
Table 17:	Estimated levy rates and payments (\$m) per sector, 30/70 weighting	52
Table 18:	Expressing the principles through the strategic framework and service plan	58
Table 19:	Operating the principles in practice	59
Table 20:	Relationship of previous strategic objectives to new objectives	60



# Executive summary

The Gambling Act 2003 (the Act) requires the development and implementation of an 'integrated problem gambling strategy focused on public health' that must include: measures to promote public health; services to treat and assist problem gamblers and their families and whānau; independent scientific research; and evaluation. The Ministry of Health (the Ministry) is responsible for the Strategy to Prevent and Minimise Gambling Harm (the strategy). The Crown recovers the cost of developing and implementing the strategy via a problem gambling levy set by regulation at a different rate for each of the main gambling sectors.

The Ministry is seeking submissions on its draft strategy and the associated problem gambling levy for the three-year period 2022/23 to 2024/25.

This consultation document discusses the draft strategy and is made up of four main sections.

- Section 1: an introduction, which outlines the development of this draft strategy, including other agencies' efforts around preventing and minimising gambling harm, the gambling harm needs assessment 2021 and other evidence informing this draft strategy
- Section 2: the draft strategic plan
- Section 3: the draft three-year service plan for 2022/23 to 2024/25 – this sets out the Government's operational priorities to prevent and minimise gambling harm and the costs of those services for the three years from 1 July 2022 to 30 June 2025)
- Section 4: the draft levy rates for 2022/23 to 2024/25 for the four gambling industry sectors: non-casino gaming machine (NCGM) operators, casinos, TAB New Zealand (TAB NZ) and New Zealand Lotteries Commission (or Lotto New Zealand).

There are also six appendices.

- Appendix 1: how the draft strategy aligns with other key government strategic documents
- Appendix 2: a brief summary of the previous strategic framework
- Appendix 3: how the proposed principles of the draft strategy have been expressed in the strategic framework and service plan
- Appendix 4: how the four proposed objectives of the draft strategy relate to the 11 strategic objectives from past strategies
- Appendix 5: how to make a submission, including an attached feedback form
- Appendix 6: an overview of gambling harm from 2019/20 to 2020/21.

# Gambling harm needs assessment

In 2020, the Ministry commissioned a needs assessment to help inform the refreshed draft strategy. Based on a comprehensive review of the recent international and domestic research evidence on gambling harm prevention and minimisation, interviews with a cross section of stakeholders and a service provider survey, the needs assessment found that in New Zealand:

- most people gamble for leisure and recreation
- all forms of gambling remain widely accessible
- access to online gambling for money has increased
- gambling expenditure decreased during COVID-19 restrictions but returned to pre-COVID levels shortly after restrictions lifted
- Māori, Pacific peoples and young people / rangatahi continue to have the highest prevalence of harmful gambling
- risks of harmful gambling remain extensive
- the enablers and barriers to seeking help for gambling problems and harm have not significantly changed since the last needs assessment.<sup>3</sup>

The needs assessment also reviewed progress towards the strategic objectives set out in current strategy and recommended the Ministry enhance progress through a range of areas, including a stronger focus on equity, service integration, workforce development, health promotion and research. The needs assessment findings have informed our proposed strategic plan and draft service plan.

## Proposed strategic plan

We are looking for feedback on the draft strategic plan, including a revised strategic framework. This responds to the findings of the needs assessment and aligns to recently published key government strategic documents (as outlined in Appendix 1).

The strategic objectives contained in previous iterations of the strategy have been largely unchanged since 2010. The proposals outlined in the latest strategic framework align with the previous strategic objectives but have been designed to:

- position gambling harm prevention and minimisation explicitly as an equity issue
- clearly align with Whakamaua: Māori Health Action Plan 2020–2025 and Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan
- situate harm prevention and minimisation activities within the broader context of public health promotion and the regulation of gambling

<sup>3</sup> Malatest International, Gambling Harm Needs Assessment 2021.

- create a greater clarity of focus and a clearer line of sight from goals to actions
- respond to increased research and evidence and changes in the gambling harm prevention and minimisation environment.

This approach is intended to respond to the findings of the needs assessment that we should further hone our equity focus and better integrate gambling harm prevention and minimisation services with the broader mental health and addiction sector and services.

## Draft service plan

The needs assessment highlights areas where more progress needs to be made. A new three-year service plan has been developed based on the priorities in the proposed new strategic framework. The draft service plan outlines a package of investment costed at \$67.374 million over the three years (an increase of \$7.035 million on the current strategy budget). This includes the re-investment of a forecast \$5.602 million underspend from the current strategy period, which has resulted from historic underspends and delays in service delivery caused by COVID-19. This funding package will support the gambling harm prevention and minimisation sector to:

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

# The problem gambling levy

The Act sets out the process for developing and setting the levy rates needed to recover the cost of the strategy, including the formula used to determine each levy. The levy rates are set by regulation at least every three years. The next levy period is from 1 July 2022 to 30 June 2025 to match the next strategy. The statutory formula contains several elements, including:

- the estimated current player expenditure for each levy-paying sector
- the number of customer presentations to problem gambling services that can be attributed to gambling in each sector
- the funding requirement (that is, the costs of the Ministry's proposed services) for the period for which the levy is payable
- the forecast player expenditure in each sector for the period for which the levy is payable
- the estimated levy under- or over-recovery from each sector in the previous levy periods.

The Act requires the Ministry to apply an appropriate weighting between current player expenditure and problem gambling service presentations to help determine the share of the cost that each sector is required to pay in levy. A range of possible weighting options for the proposed levy rates for each sector (NCGM, casinos, TAB NZ and Lotto New Zealand) are discussed in this consultation document.

The proposed levy rates and expected levy payments would be higher than they are currently under all weighting options. This is primarily due to the proposal to increase funding for services for 2022/23–2024/25, and the amount of predicted over-recovery up to 30 June 2022 is much less than it was for the period to 30 June 2019. Details on these figures and the levy calculation are provided in section 4 of this document.

## The consultation process

The Act details a staged consultation process for the proposed strategy and levy rates. The Act requires the Ministry to submit a revised strategy and levy rate proposals to the Gambling Commission, after considering feedback received about this consultation document.

The Commission must hold a consultation meeting and provide its own advice about the proposed levy rates to the Ministers of Health and Internal Affairs. Cabinet will subsequently make final decisions on the shape of the strategy and the new levy rates early in 2022. The new rates will come into effect on 1 July 2022.

# 1 Introduction

About one in five New Zealanders aged 15 years or older (22 percent) are affected at some time in their lives by their own or others' gambling.<sup>4</sup>

Estimates suggest that in 2018 76,000 people aged 15 years or older are experiencing either moderate risk or high risk of harm from gambling and that a further 142,000 are estimated to be at low risk but would experience gambling-related harm during their lifetime. About 268,000 people over 15 years of age reported being affected by gambling harm in their wider family or household in the past 12 months.<sup>5</sup>

The Gambling Act 2003 (the Act) recognises that gambling harm is a significant issue and requires the development and implementation of an 'integrated problem gambling strategy focused on public health'. The Act specifies that this strategy must be informed by a needs assessment and include measures to promote public health, services to treat and assist people who experience gambling harm and their families and whānau, independent scientific research and evaluation.

The Ministry of Health (the Ministry) is responsible for developing the Strategy to Prevent and Minimise Gambling Harm (the strategy) and implementing services mandated by the strategy. The annual and three-year funding requirements to deliver the strategy are outlined in the draft service plan, alongside the proposed services and investments. These cost estimates are used to inform the development of the problem gambling levy on the gambling industry.

The Act requires the Ministry to publicly consult on these proposals. As such, we have developed this consultation document to invite you to give your feedback on the proposed strategy, which includes the draft strategic plan, draft service plan and proposed problem gambling levy rates for 2022/23 to 2024/25 for the four gambling industry sectors of non-casino gaming machine (NCGM) operators, casinos, TAB New Zealand (TAB NZ) and New Zealand Lotteries Commission (Lotto New Zealand).

<sup>4</sup> *New Zealanders' Participation in Gambling: Results from the 2016 Health and Lifestyles Survey meta-analysis.*

<sup>5</sup> Kupe: Gambling Harm HLS 2018 results – <https://kupe.hpa.org.nz/#!/gambling/gambling-harm>.

# Other agencies' contribution to preventing and minimising gambling harm

The Department of Internal Affairs (DIA) is the main gambling regulator and policy advisor to the Government on gambling regulatory issues. DIA administers the Act and its regulations. DIA's role includes key regulatory aspects of gambling harm prevention and minimisation. It undertakes a range of activities, including regulation (what industry can do – for example, DIA specifies the number of gambling venues allowed) and policy (how things are done – for example, DIA works with a range of stakeholders, including the gambling industry and gambling-harm service providers, to encourage and support venues to provide a 'culture of care' towards gamblers).

DIA also issues licences for gambling activities, ensures compliance with the legislation, works with the gambling sector to encourage best practice and publishes statistical and other information concerning gambling. It is also responsible for limiting the opportunities for crime and dishonesty associated with gambling and ensuring gambling proceeds benefit the community.

The Ministry receives funding through Vote Health to develop and implement the strategy. The Crown then recovers the cost of this appropriation through a 'problem gambling levy' paid by the main gambling operators.

Te Hīringa Hauora – Health Promotion Agency (Te Hīringa Hauora) does not have a statutory role in gambling prevention and harm minimisation under the Act, but its mandate is to promote health and wellbeing and encourage healthy lifestyles. Te Hīringa Hauora is funded under the current strategy to deliver an education and awareness work programme to prevent and minimise gambling harm. Te Hīringa Hauora work closely with the Ministry in this area, which is complementary to many other activities in both agencies.

The draft strategic framework, which is described in more detail in section 2 and shown in Figure 2 describes a set of complementary action areas, led by the Ministry of Health, DIA and Te Hīringa Hauora, according to each agency's core mandate. Work towards some of the priority action areas is delivered jointly. This collaborative and coordinated approach is essential to the effective prevention and minimisation of gambling harm.

# The needs assessment for gambling harm, 2021

In 2020, we commissioned Malatest International to undertake a needs assessment to inform the development of the strategy. Based on interviews with a cross section of key stakeholders, a service provider survey and literature review, the key findings can be summarised as follows.

- Most people gamble for leisure and recreation. All forms of gambling remain widely accessible, but access to online gambling for money has increased.
- Gambling expenditure decreased during COVID-19 lockdowns but returned to pre-COVID levels shortly after the lockdowns lifted. Although gambling participation has decreased for the general population, harmful gambling prevalence has not changed.
- Harmful gambling risks remain extensive, and harmful gambling is more prevalent among Māori, Pacific peoples and young people / rangatahi than among other groups. Harmful gambling continues to impact all aspects of wellbeing for individuals and their whānau. Evidence suggests that the costs, in terms of individual, family and community harms associated with gambling, outweigh the benefits, such as employment and availability of community funding.
- The enablers and barriers to help seeking have not changed significantly since the last needs assessment.

The 2021 needs assessment report also included an assessment of progress towards the strategic objectives of the current strategy. It found that progress had been limited, but the response to COVID-19 had delayed the implementation of the current strategy including commitments that would address several of the matters identified in the needs assessment. The needs assessment report made several recommendations including that we:

- position the strategy within an overarching equity framework, and address inequities for Māori and ethnic-specific service providers and workforces in mainstream services
- develop more proactive policies and strategies and respond to policy gaps
- ensure interventions and public health approaches are informed by all stakeholders, including those with lived experiences
- recognise the specialist skills required within gambling harm services and increase opportunities for workforce development and cultural safety (including acknowledging and involving gambling services in mental health and addiction services and responses)
- acknowledge the causes of harmful gambling are complex and require systems change across sectors, for example, addressing the social determinants of health and wellbeing requires a more holistic client focus and better integration of gambling harm services into primary care and social services

- ensure public health messaging in all resources are consistent, informative and align with the different cultural world views of individuals and affected others, including their wider family and whānau
- ensure evaluation of all pilot projects and services; service models measure service delivery in equitable and culturally responsive ways; and research findings are communicated to the entire gambling sector and made accessible in ways that resonate with affected communities.

More information about the Gambling Harm Needs Assessment 2021 can be found in Appendix 6: Overview of gambling harm from 2019/20 to 2021/22. The full report is available alongside this consultation document at: <https://consult.health.govt.nz>.

## Evidence informing the draft strategy

This draft strategy, including the proposed strategic framework and service plan, has been informed by available research and evidence, including the 2021 needs assessment and monitoring service data from gambling harm prevention and minimisation services.

A detailed overview of the evidence that has informed this draft strategy is provided in Appendix 6: Overview of gambling harm from 2019/20 to 2021/22. This outlines what we know about gambling practices and research in Aotearoa New Zealand, the nature of gambling harm and service delivery from 2019/20 to 2020/21.

Information on service user data and published gambling research and evaluation is available on the Ministry's Gambling webpage at: [www.health.govt.nz/our-work/mental-health-and-addiction/addiction/gambling](http://www.health.govt.nz/our-work/mental-health-and-addiction/addiction/gambling).

# Structure of this document

We are seeking your feedback on the proposals outlined in the following sections of this draft strategy.

- **Section 2:** draft strategic plan. This outlines a new strategic framework that is intended to drive progress towards pae ora – healthy futures. The outcomes and objectives in this section, as well as our principles and commitments to positioning gambling as an equity issue are intended to guide our work for the long-term. This section also includes information about how we will measure our progress.
- **Section 3:** draft three-year service plan for 2022/23 to 2024/25. The service plan is aligned to the strategic plan and sets out the Government's operational priorities to prevent and minimise gambling harm, and the costs of those services, for the three years from 1 July 2022 to 30 June 2025.
- **Section 4:** draft levy rates for 2022/23 to 2024/25. This section sets out the proposed levy rates for the three-year period corresponding to the term of the proposed service plan and describes how the levy rates were calculated.

# 2 The strategic plan

## Introduction

This draft strategy comprises a rolling six-year strategic framework, and a three-year service plan and levy rates, and is refreshed every three years. Together, the strategic framework and service plan set out our proposed approach and the range of activities we plan to undertake to minimise gambling harm in the period 2022/23 to 2024/25.

## Focusing on public health

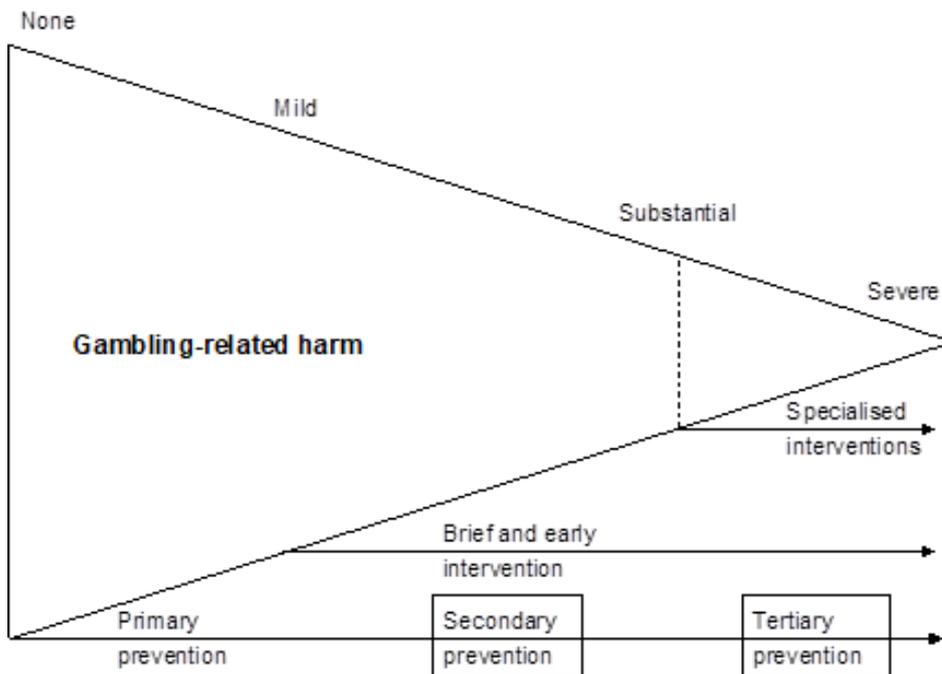
The Act sets out requirements for an 'integrated problem gambling strategy focused on public health'. Public health is about protecting against community health risks and threats, preventing illness, and promoting health across the whole population or population groups. Public health is distinguishable from other health areas in that it keeps people well and focuses on groups of people rather than individuals. Three core concepts integral to public health are:

- the inclusion of both promotion and prevention activities. In the context of gambling, this includes raising awareness of the signs of harmful gambling, encouraging at-risk people to check whether their gambling is under control before harm escalates in severity, and motivating those who are at risk to engage in self-help changes or get help early.
- the collective nature of the promotional and preventative activities
- the health of the whole population as the goal.

We use a continuum-of-harm approach to public health that aligns a spectrum of gambling behaviour with a harm reduction framework, as first developed by Korn and Shaffer (1999).<sup>6</sup> This approach recognises that people experience varying levels of harm from gambling and a continuum of approaches, from prevention to intensive clinical treatment, is required. Figure 1 shows the continuum of behaviours, risks and responses, from health promotion to harm reduction and intensive treatment.

<sup>6</sup> Korn DA, Shaffer HJ. 1999. Gambling and the health of the public: adopting a public health perspective. *Journal of Gambling Studies* 15: 289–365. DOI: doi.org/10.1023/A:1023005115932 (accessed 15 July 2021).

**Figure 1: Continuum of gambling behaviour and responses**



## Positioning gambling harm as an equity issue

The needs assessment has highlighted the importance of treating gambling harm prevention and minimisation as an equity issue. Any issue that predominantly affects one or some groups more than others is an equity issue. In the case of gambling harm, Māori and Pacific peoples are shouldering a burden of harm that greatly outweighs that being experienced by other groups.

These strongly patterned outcomes have a systemic cause: for example, we know that the most harmful form of gambling – non-casino gaming machines (NCGM) – are not distributed randomly across our communities but is concentrated in lower socioeconomic status and high deprivation areas, where Māori and Pacific peoples are more likely to live. We also know the services and supports that are in place to prevent and minimise gambling harm are underutilised, and one likely reason for this is that they are not considered acceptable and culturally appropriate by all potential service users.

Equity issues require tailoring services to address inequities, which may include targeted actions based on engaging with, listening to and partnering with the people who are most affected. In addition, issues where Māori are disadvantaged or harmed need to be considered carefully and implemented well, drawing on the strength of the special relationship that the Crown has with Māori under Te Tiriti o Waitangi (Te Tiriti).

### **Box 1: The Ministry of Health’s position on inequalities and inequity in health**

Our definition of equity is:

“In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.”

This definition of equity was signed off by the Director-General of Health, Dr Ashley Bloomfield, in March 2019.<sup>7</sup>

We usually refer to the differences in health experience that occur between population groups as ‘health inequalities’. A health inequality is an inequality that we can attribute to social, cultural and economic factors rather than biomedical ones.

Inequalities and inequity in health occur between groups because of a range of well-recognised socioeconomic, cultural and biological factors, the most common of which are sex, age, social deprivation, ethnicity and education.

Inequities are not random; they are typically due to structural factors present in society and the local community that cannot be explained by biomedical differences between population groups. This means their causes are often complex and multifaceted and are outside the scope of the health system to address on its own.

## **An updated strategic framework**

Set out below is a revised strategic framework to guide the strategy and service plan. When the current strategy (2019/20 to 2021/22) was published, we identified some changes had been made to better target reductions in health inequities and signalled that we would revisit the strategic framework, including the objectives, to ensure they remained fit for purpose.

The proposed updated framework is based on the needs assessment findings, an analysis of outcomes, and the most current research and of other evidence available, including emerging issues. It also takes account of the following significant changes in the strategic environment within which gambling, and gambling harm prevention and minimisation, is situated.

<sup>7</sup> See the Achieving equity webpage of the Ministry’s website at: [www.hauora.co.nz/new-action-plan-to-boost-maori-health-and-wellbeing/#:~:text=Whakamaua%3A%20Māori%20Health%20Action%20Plan%202020-2025%20is%20the,the%20Ministry’s%20new%20Te%20Tiriti%20o%20Waitangi%20Framework](http://www.hauora.co.nz/new-action-plan-to-boost-maori-health-and-wellbeing/#:~:text=Whakamaua%3A%20Māori%20Health%20Action%20Plan%202020-2025%20is%20the,the%20Ministry’s%20new%20Te%20Tiriti%20o%20Waitangi%20Framework)  
[www.health.govt.nz/about-ministry/what-we-do/work-programme-2019-20/achieving-equity](http://www.health.govt.nz/about-ministry/what-we-do/work-programme-2019-20/achieving-equity)

- The report of the Government Inquiry into Mental Health, *He Ara Oranga*<sup>8</sup> and the government's response to that report emphasised the need for strong communities, wellbeing promotion and prevention, and early intervention in the course of addiction and mental distress. The Government's initial response was through Budget 2019, which allocated \$1.9 billion to a cross-government mental wellbeing package. This package comprises a wide range of initiatives, including investment in mental health and addiction facilities and initiatives to address the social determinants of wellbeing.
- The Ministry publication *Whakamaua: Māori Health Action Plan 2020–2025* (*Whakamaua*)<sup>9</sup> sets out objectives for the health and disability sector to work towards over the five years to the end of 2025. These objectives are to accelerate and spread the delivery of kaupapa Māori and whānau-centred services; to shift cultural and social norms; to reduce health inequities and health loss for Māori and to strengthen system accountability settings.
- In 2020, DIA announced its strategic focus on gambling would be 'Delivering community wellbeing through reducing gambling-related harms'.<sup>10</sup> Work to achieve this purpose would be driven through five focus areas: being an effective Treaty partner; forming an enabled workforce; achieving regulatory excellence; being evidence based and informed; and demonstrating system leadership.

**The health system is being reformed.** Please note that we are basing our consultation around the current forms and functions of the Ministry of Health and Te Hīringa Hauora. Any structural decisions that are made through health system reforms that affect the content of this document will be addressed as quickly as possible as we work through the consultation and decision-making processes.

This draft strategy sets out a revised strategic framework and service plan that reflect our commitment to equity and to the public health approach to gambling harm prevention and minimisation. The changes to the framework and service plan aim to:

- position gambling harm prevention and minimisation explicitly as an equity issue, by creating a new set of objectives based on *Whakamaua*
- align with the principles set out in *Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan*
- situate harm prevention and minimisation activities within the broader context of public health promotion and the regulation of gambling

<sup>8</sup> Government Inquiry into Mental Health and Addiction. 2018. *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction*. Wellington: Government Inquiry into Mental Health and Addiction. URL: [www.mentalhealth.inquiry.govt.nz/assets/Summary-reports/He-Ara-Oranga.pdf](http://www.mentalhealth.inquiry.govt.nz/assets/Summary-reports/He-Ara-Oranga.pdf) (accessed 15 July 2021).

<sup>9</sup> Ministry of Health. 2020. *Whakamaua: Māori Health Action Plan 2020–2025*. Wellington: Ministry of Health.

<sup>10</sup> See the Gambling webpage on the Department of Internal Affairs website, at: [www.dia.govt.nz/Gambling](http://www.dia.govt.nz/Gambling)

- create a greater clarity of focus and a clearer line of sight from goals to actions
- respond to increased research and evidence and changes in the gambling harm prevention and minimisation environment
- demonstrate how the work of the three agencies – the Ministry, DIA, and Te Hīringa Hauora – complement each other.

## Relationship to existing approaches to Te Tiriti o Waitangi in the health and disability system

The proposed new strategic framework positions gambling harm explicitly as an equity issue.

*Whakamaua* describes the principles of Te Tiriti for the context of health services, drawing on *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry (Hauora)*<sup>11</sup> and we have referred to these principles to inform the strategic framework.

- ‘Tino rangatiratanga’ underpins the principles identified in Te Tiriti. It is often translated as ‘self-determination’ or ‘sovereignty’. It means that Māori are guaranteed self-determination and mana motuhake (the right to be Māori and to live on Māori terms in accordance with Māori philosophies, values and practices) in the design, delivery and monitoring of health and disability services.
- ‘Partnership’ is recognised as a relationship between the Crown and Māori, in which the two parties act with respect towards one another, work together and are flexible about different structures where organisations are not meeting the needs of one another. Partnership requires the Crown and Māori to work collaboratively in the governance, design, delivering and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the health and disability system for Māori.
- ‘Active protection’ requires the Crown to act, to the greatest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that the Crown, its agents and its partners in Te Tiriti are well informed on the extent and nature of both Māori health outcomes and efforts to achieve Māori health equity.
- ‘Options’ require the Crown to provide for and properly resource kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all

<sup>11</sup> Waitangi Tribunal. 2019. *Hauora: Report on stage one of the Health Services and Outcomes Kaupapa Inquiry*. Wai 2575: Waitangi Report 2019. Lower Hutt: Legislation Direct. URL: [https://forms.justice.govt.nz/search/Documents/WT/wt\\_DOC\\_152801817/Hauora%20W.pdf](https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_152801817/Hauora%20W.pdf) (accessed 15 July 2021).

health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.

- 'Equity' requires the Crown to commit to achieving equitable health outcomes for Māori. Equity recognises that different people with different levels of advantage require different approaches and resources to achieve equitable health outcomes.

The elements of the new strategic framework are described in more detail below.

## Population outcome

A population outcome is an outcome for the whole population, and it considers both population characteristics and system performance. The major implications of this are the outcome is people centred and being system-focused, it cannot be achieved by any one service, Government agency, or other actor alone.

The population outcome of this strategic framework is pae ora – healthy futures, which is drawn from *He Korowai Oranga: Māori Health Strategy* (He Korowai Oranga)<sup>12</sup> and *Whakamaua*. While the concept was developed originally as a vision for Māori wellbeing, taking pae ora as our goal for this strategy acknowledges that ensuring wellbeing for Māori provides a platform for all people in Aotearoa New Zealand to live with good health and wellbeing, including being free from gambling-related harm.

Pae ora conceptualises mental wellbeing broadly, considering the way people live, grow and develop as individuals and members of families, whānau, communities and their wider environments. It acknowledges the interrelated aspects of mental wellbeing and encourages us to think beyond narrow definitions of health and services. It also acknowledges the fundamental roles of individuals, whānau, iwi, hapū and communities and provides a way to think about collective action.

### Box 2: Pae ora

**Pae ora (healthy futures)** encourages everyone in the health and disability system, as contributors to Māori wellbeing, to work collaboratively, think beyond narrow definitions of health and provide high-quality and effective health services. Pae ora affirms holistic Māori approaches – strongly supporting Māori-

<sup>12</sup> See the webpage He Korowai Oranga on the Ministry's website at: [www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga](http://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga)

led solutions and Māori models of health and wellness. Pae ora recognises the desire of Māori to have control over their future health and wellbeing.

**Whānau ora (healthy families)** is a fundamental philosophy for creating strong, healthy and empowered whānau. A strong, healthy and empowered whānau can make the most significant difference to Māori health and wellbeing. Whānau empowerment will be shaped by access to quality information and advice, necessary resources, healthy living, a sense of agency and self-determination, and a conviction that the future can be created not simply endured.

**Mauri ora (healthy individuals)** seeks to shift the mauri (or life force) of a person from one that is languishing to one that is flourishing. A strong, flourishing mauri requires interventions, services and treatments that foster healthy lifestyles; increase knowledge and power; strengthen identity; encourage self-management and restore dignity. Mauri ora has a spiritual dimension that recognises culture as a determinant of good health.

**Wai ora (healthy environments)** acknowledges the importance of Māori connections to whenua (land) as part of the environments in which we live and belong – and the significant impact this has on the health and wellbeing of individuals, whānau, hapū, iwi and Māori communities. An environment that is compatible with good health reflects the need for Māori to have access to resources (that is, good housing, safe drinking water, clean air, healthy food) and to live in environments that support and sustain a strong flourishing mauri and a healthy and empowered whānau.

Pae ora informs the four long-term outcomes outlined in *Whakamaua*.

- Iwi, hapū, whānau and Māori communities can exercise their authority to improve their health and wellbeing.
- The health and disability system is fair and sustainable and delivers more equitable outcomes for Māori.
- The health and disability system addresses racism and discrimination in all their forms.
- Mātauranga Māori is included and protected throughout the health and disability system.

The short-term objectives in *Whakamaua*, which have informed the objectives contained in the proposed strategic framework, work towards these outcomes.

- Accelerate and spread the delivery of kaupapa Māori and services centred around the whānau.
- Shift cultural and social norms.
- Reduce health inequities and health loss for Māori.
- Strengthen system accountability setting.

# Strategic goal

The draft strategic goal proposed is 'To promote equity and wellbeing by preventing and reducing gambling-related harm'.

We have selected this goal for the following reasons.

- It supports the four *Whakamaua* outcomes, and thus pae ora, to be realised through adapting the *Whakamaua* objectives to suit the specific arena of prevention and minimisation of gambling harm.
- It prioritises equity and wellbeing, which are also core aspects of the public health approach.
- It is system wide and inclusive of the efforts of other agencies, such as DIA, Te Hiringa Hauora, local government, non-governmental organisations (NGOs), communities and other groups.
- It aligns with DIA's strategic direction (announced in 2020), that is, 'Delivering community wellbeing through reducing gambling-related harms'.

This draft strategic goal has been designed to encapsulate what the strategy, as a sector-specific guide for service delivery, can contribute to pae ora via the four short-term objectives in *Whakamaua*, as set out above. It therefore relates to things that the Ministry, in conjunction with others, particularly DIA and service providers, can achieve, in both the health and disability system and the gambling regulatory system more broadly.

# Principles

We have adopted the following principles, which are part of the mental wellbeing framework articulated in *Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan*:

- Upholding Te Tiriti
- Equity
- People and whānau at the centre
- Community focus
- Collaboration
- Innovation.<sup>13</sup>

These principles will be visible in everything we do: from the strategic framework itself to the service plan, our service commissioning and monitoring approaches, and in the way that we work with others. They will drive not only our activities, but the way we deliver our activities.

<sup>13</sup> *Kia Kaha* also includes the principle of human rights, largely in relation to compulsory treatment in the mental health system. We have excluded this principle in this draft strategy as it has limited relevance to gambling prevention and harm minimisation.

## Outcomes

Our new draft strategic framework has four new outcomes that are based on *Whakamaua*, with some adjustments to make them applicable to the broader population of Aotearoa New Zealand. These four outcomes are as follows.

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

## Objectives

We propose four objectives to shape our strategic approach and service plan. These objectives provide a framework that other groups or organisations, including other Government agencies, local government, community organisations and civil society might find useful. The four proposed objectives align with the eleven strategic objectives of the current strategy (see Appendix 4).

All four objectives have been designed to align and enable the five *Hauora* principles (tino rangatiratanga, partnership, equity, active protection, and options) to be implemented in the arena of the prevention and minimisation of gambling harm.

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

This objective acknowledges that one of the Ministry's key statutory roles is to provide services and supports that prevent and minimise gambling-related harm. It incorporates the public health concept that the needs and strengths of a population lie along a continuum or spectrum, and therefore support, including service responses, should as well.

The 2021 needs assessment supported the Ministry continuing to address gaps in the spectrum of services and supports that are currently provided, particularly in the areas of peer support and residential treatment and for specific groups, such as people who have relapsed and for families and whānau who are affected by gambling.

## Objective 2: Shift cultural and social norms

This reflects a key objective of *Whakamaua* that is directly relevant to gambling harm prevention and minimisation and reflects a core aspect of the public health approach: a focus on building healthy environments through a range of methods, including public policy, health promotion and direct engagement with people. This objective is also informed by research findings that gambling behaviour, help-seeking behaviour and the concept of harm are all informed by cultural and social norms, attitudes and beliefs.

The needs assessment found that there is a need to increase public awareness about the nature of harmful gambling and how to provide support for those with gambling problems, including de-stigmatisation. In this objective, the Ministry will be working closely with other agencies and interested parties.

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

This reflects a key objective of *Whakamaua*. All systems require leadership, especially complex systems, such as harm prevention and minimisation. Without leadership, any system tends to decay into disorganisation, leading to confusion, duplication and gaps, lost opportunities, increased risks and reduced benefits. The Ministry is responsible for the overall system that relates to health services to prevent and minimise gambling harm, which includes components covering strategy, policies, research, and services and workforce. This system itself is part of the broader mental health and addiction and wellbeing sectors.

The needs assessment found the Ministry could do more to develop and maintain mutually respectful partnerships and relationships, to consult and engage with gambling harm services, gambling operators, researchers and communities, and to develop stronger leadership in gambling harm prevention and reduction. This objective recognises the importance of strong system leadership to improve outcomes and complements DIA's focus on leadership of the gambling regulatory system.

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

Again, this objective is derived from *Whakamaua* and reinforces the commitment to address health inequities and risks of harm from gambling that research shows have and continue to disproportionately affect Māori and Pacific peoples for some time (compared with European/ Other New Zealanders. The 2018 HLS estimates indicated that Māori were four times more likely to be moderate-risk or problem gamblers than non-Māori and that Pacific peoples were 1.5 times more likely to be moderate-risk or problem gamblers than non-Pacific peoples.

Similarly, an analysis of research over several years' HLS, accounting for ethnicity, gender and socioeconomic deprivation, has found that compared with European/other New Zealanders, of those who gamble the Asian group's risk factor is 9.5 times higher. The 2021 needs assessment notes that internationally, the risk factors for developing harmful gambling include: being male, being young, belonging to a particular ethnic group, single marital status, low educational and/or occupational status and residence in urban areas.

## Priority action areas

The priority action areas have been designed to reflect the main actions that need to be taken to achieve the corresponding objective. These are drawn from the 2021 needs assessment, build on previous strategy consultations and are expected to be reviewed after six years.

The priority action areas reflect the contributions of DIA and Te Hīringa Hauora because their activities in the gambling arena influence the Ministry's ability to achieve our goals. The proposed priority action areas are as follows.

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

- Identify barriers to accessing gambling-harm minimisation services and supports (including identifying gaps) (Ministry of Health).
- Design and deliver quality gambling-harm minimisation services and supports (Ministry of Health).
- Develop a skilled, enabled culturally responsive workforce (Ministry of Health).

The actions in this area align to the *Hauora* principles of equity and options and enable the four *Whakamaua* outcomes, as well as *pae ora*, to be realised in the prevention and minimisation of gambling harm. Key strategy principles that will be activated include upholding Te Tiriti; equity; people and whānau at the centre; community focus; collaboration and innovation.

### Objective 2: Shift cultural and social norms

- Ensure that people have the information and support to make healthy choices about gambling for both themselves and others (Ministry of Health and Te Hīringa Hauora).
- Ensure equitable participation in community decision-making (Ministry of Health and DIA).
- Reduce the stigma attached to gambling harm that prevents people from accessing services and supports (Ministry of Health and Te Hīringa Hauora).

The actions in this area align to the *Hauora* principles of active protection, equity and partnership to be realised in the prevention and minimisation of gambling harm. Key strategy principles that will be activated are upholding Te Tiriti; equity; people and whānau at the centre and community focus.

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

- Support healthy policies at national, regional and local levels that prevent and minimise gambling harm (Ministry of Health and DIA).
- Identify improvements to the legislative and regulatory framework to reduce gambling-related harm (DIA).
- Ensure gambling operators are meeting their obligations to effectively prevent and minimise harm from gambling and support the improvement of harm minimisation practices (DIA).

The actions in this area align to the *Hauora* principles of tino rangatiratanga, active protection and equity, and enable them to be realised in the prevention and minimisation of gambling harm. Key strategy principles that will be activated are upholding Te Tiriti; equity; people and whānau at the centre; community focus; collaboration and innovation.

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

- Collaborate and co-design with iwi and other Māori organisations; Pacific and Asian communities; young people / rangatahi; and people with lived experience of gambling harm to prevent and minimise gambling harm (Ministry of Health).
- Accelerate and spread the development of kaupapa Māori and gambling-harm prevention and minimisation services centred around the whānau (Ministry of Health).
- Accelerate and spread the development of Pacific values-based gambling-harm prevention and minimisation services (Ministry of Health).

The actions in this area align to the *Hauora* principles of tino rangatiratanga, partnership, active protection, options and equity and enable them to be realised in the prevention and minimisation of gambling harm. Key strategy principles that will be activated are upholding Te Tiriti; equity; people and whānau at the centre; community focus; collaboration and innovation.

**Figure 2: Draft strategic framework**

Population outcome: pae ora – healthy futures				
Strategic goal: Promoting equity and wellbeing by preventing and reducing gambling-related harm				
Focus areas	Whakamaua outcomes			
	[Iwi, hapū, whānau and Māori] Communities can exercise their authority to improve their health and wellbeing	The health and disability and wider system is fair and sustainable and delivers more equitable outcomes	The health and disability and wider system addresses racism and discrimination in all its forms	The inclusion and protection of mātauranga Māori throughout the health and disability system
Create a full spectrum of services and supports	Design and deliver quality gambling-harm minimisation services and supports			
	Accelerate and spread the development of kaupapa Māori and gambling-harm prevention and minimisation services centred around the whānau			
	Accelerate and spread the development of Pacific values-based gambling-harm prevention and minimisation services			
Shift cultural and social norms	Reduce the stigma attached to gambling harm that prevents people from accessing services and supports			
	Ensure equitable participation in community decision-making			
	Develop a skilled, enabled and culturally responsive workforce			
Strengthen leadership and accountability to achieve equity	Support healthy policies at national, regional and local levels that prevent and minimise gambling harm			
	Identify improvements to the legislative and regulatory framework to reduce gambling-related harm	Ensure gambling operators are meeting their obligations to effectively prevent and minimise harm from gambling and support the improvement of harm minimisation practices		
Strengthen the health and health equity of Māori, Pacific peoples, Asian peoples and young people / rangatahi	Collaborate and co-design with iwi and other Māori organisations; Pacific and Asian communities; young people / rangatahi; and people with lived experience of gambling harm to prevent and minimise gambling harm			
	Ensure that people have the information and support to make healthy choices about gambling for both themselves and others			

	Ministry of Health
	Ministry of Health and Te Hīringa Hauora
	Ministry of Health and DIA
	DIA

## Key continuities

The draft strategic framework re-frames the previous one to respond to environmental changes and lessons learnt over recent years. It is closely related to the previous strategic framework because the prevention and minimisation of gambling-related harm is a long-term activity.

Like many areas of health promotion, prevention and early intervention, the activities in this space need long-term continuity to address the needs of new cohorts of people coming through, as well as people having different needs at different times in their lives.

All 11 strategic objectives from past strategies have been addressed under the four new draft objectives, as shown in **Appendix 4**.

Service and research contracts initiated under the current strategy will continue, but, as opportunities occur, these will be gradually aligned to the new strategic framework that will apply from 1 July 2022, for example, through the contract renewal or tender processes.

## Priority populations

Based on the research and evidence, as outlined in Appendix 6: Overview of gambling harm from 2019/20 to 2020/21, the priority populations for this strategy are Māori, Pacific peoples, Asian people and young people / rangatahi. The first three groups were priority populations for the previous strategy, and their risk has not reduced to a level that would suggest a population-neutral or universal approach be taken.

Young people / rangatahi<sup>14</sup> have been added because of growing research evidence shows that online gambling can increase their vulnerability to gambling harm. Adding this group aligns with the Child and Youth Wellbeing Strategy (CYWS). For example, supporting whānau to address gambling harm contributes to ensuring children and young people / rangatahi 'are loved, safe and nurtured' (CYWS outcome 1). Similarly, when gambling does not negatively impact on the material wellbeing of the whānau, children and young people / rangatahi are more likely to 'have what they need' (CYWS outcome 2), and when their own mental wellbeing is supported to address and prevent gambling harm, children and young people / rangatahi are 'happy and healthy' (CYWS outcome 3).

We note that there is significant crossover in these groups, for example, Māori and Pacific populations are youthful, more likely to have low incomes and disproportionately experience gambling harm. Disability is also associated with lower incomes.

<sup>14</sup> In this draft strategy, young people / rangatahi relates to people aged under 25 years, as set out in the Child and Youth Wellbeing Strategy (see the Child and Youth Wellbeing Strategy website at: <https://childyouthwellbeing.govt.nz/resources/child-and-youth-wellbeing-strategy>).

# What needs to change

The following changes are based on the principles, focus and action areas of the new strategic framework outlined above.

- A stronger focus on supporting priority populations (Māori, Pacific and Asian communities, young people / rangatahi), and people with lived experience of gambling harm to lead, collaborate and co-design gambling harm support and prevention requirements with the gambling harm prevention and minimisation sector, including service providers and workforce, researchers and communities.
- Greater use of evidence to target investment decisions to better address inequities.
- A clear focus on reducing the stigma attached to gambling and gambling harm, through health promotion campaigns informed through co-design with people from the priority populations and people with lived experience of gambling harm.
- Fostering opportunities for local co-design of services and supports, including applying learning from the new service and innovation pilots to prevent and minimise gambling harm.
- An increased focus on creating a skilled, culturally appropriate workforce, including supporting entry into the workforce for Māori, Pacific peoples, Asian peoples, young people / rangatahi and people with lived experience.
- People are better able to access appropriate information and support to make healthy choices about gambling for both themselves and others.
- Better sharing of information and evidence from research and evaluations to ensure more robust, evidence-based decisions about policy, commissioning and service delivery.

These shifts in focus, together with the principle 'put people and communities at the centre', will enable us to better address inequities for priority populations, for example:

- ensuring that all contracts reflect the new strategic framework and its principles
- greater use of collaboration and co-design, for example, when commissioning dedicated Māori, Pacific and Asian public health and clinical intervention services
- increasing services in te reo Māori, Pacific, and Asian languages, inviting Māori and Pacific tenders for Māori and Pacific services and supporting cultural awareness, competency and safety training for the gambling-harm workforce
- continuing to develop public health campaigns focused on priority populations, informed by co-design with these communities, funding public health services to engage with and be culturally responsive to Māori, Pacific, and Asian communities and taking a whānau ora approach wherever possible
- enhancing engagement with young people / rangatahi, for example, by adding representation to the Prevention and Minimisation of Gambling Harm Expert Advisory Group and Lived Experience Expert Advisory Group, and/or engaging with young people / rangatahi in wider forums
- making evidence-based service investment decisions to address inequities for priority populations, using new evidence from research and evaluation and

learnings from new service and innovation pilots to continually improve our approach to addressing inequities

- ensuring the development and testing of technological solutions to prevent and minimise gambling harm (via a technology innovation fund) includes a focus on addressing inequities, including cultural and responsiveness and accessibility
- encouraging ongoing research and evaluation into reducing inequities in gambling harm, reducing barriers to priority populations accessing gambling-harm minimisation services and collecting evidence for the efficacy of gambling-harm minimisation services for these priority population groups.

Please refer to the draft service plan for further information about proposed services.

Whether an individual experiences harm from their own or someone else's gambling and how this harm is experienced at a whānau and community level results from many factors. This includes the wider determinants of health and wellbeing, the design and planning of built environments and the nature of the gambling environment. The latter of these is largely determined by regulations under the Act.

## How we will measure progress

We will know if we have made a difference by listening to the feedback we receive, for example, from our communities, service providers and expert advisory and lived experience groups, and through analysing data and evidence, including research, evaluation and service data.

We will measure and report on progress by:

- publishing data, evidence and research, including clear accessible summaries of key findings. We currently publish research and evaluation reports, clinical service data, prevalence data, as well as information about services on the Gambling webpage of our website, at: [www.health.govt.nz/our-work/mental-health-and-addiction/addiction/gambling](http://www.health.govt.nz/our-work/mental-health-and-addiction/addiction/gambling)
- commissioning and publishing a needs assessment every three years. The next needs assessment, due to be commissioned in 2023, will consider the impact of the strategy including any of proposed changes outlined in this draft that are adopted.

We will also explore the development of a set of service- and system-level indicators for gambling harm. These indicators could include rates of harm and service access with an equity lens, for example, by population group and geographical location. We do not intend these to be regarded as indicators that measure population outcomes or the experiences of individuals. They will take account of work currently being done by the Ministry and Mental Health and Wellbeing Commission as well as the transformation of the health and disability system.

## Questions for you to consider

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

# 3 Draft service plan 2022/23 to 2024/25

## Purpose of the service plan

This draft service plan sets out the Ministry's service and investment priorities and budgets for the three years from 1 July 2022 to 30 June 2025. It builds on progress and lessons taken from the current service plan, the needs assessment and other available research (refer to Appendix 6 for more information).

Societal and cultural change of the kind required to achieve our strategic goal: 'promoting equity and wellbeing by preventing and reducing gambling-related harm', will take time to impact on our priority populations (Māori, Pacific peoples, Asian peoples and young people / rangatahi); as do changes to enablers such as service models and workforce mix, capacity and capability. However, we acknowledge the findings of the needs assessment that more progress needs to be made in this area, and this draft service plan includes proposed new investments to address identified gaps and priorities.

## Overview of the service plan and budget

This draft service plan outlines an investment package of \$67.374 million over three years, which is a proposed increase of \$7.035 million from the current levy period. The proposed costs include activities that were planned for the current levy period but were delayed due to impacts from COVID-19 restrictions and contributing to a forecast underspend of \$5.602 million approximately. This will be carried forward and spent in the 2022/23–2024/25 period.<sup>15</sup> Table 1 lists the service plan proposals and their relevant action area.

<sup>15</sup> The forecast underspend is a consequence of \$5 million underspend being transferred into the current levy period, with some delays in spending because of the response to COVID-19.

**Table 1: Service plan action areas**

Service plan proposal	Action areas
<p>Design and deliver quality gambling-harm minimisation services and supports</p> <p>Accelerate and spread the development of kaupapa Māori, gambling-harm prevention and minimisation services centred around the whānau and Pacific values-based gambling-harm prevention and minimisation services</p>	<ul style="list-style-type: none"> <li>• Delivering high-quality public health and clinical services with a strengthened focus on service delivery based on kaupapa Māori, Pacific and Asian world views</li> <li>• Enhancing lived experience representation and input</li> <li>• Ensuring funding is consistent across gambling-harm public health and intervention services to enable sustainability</li> </ul>
<p>Develop a skilled, enabled and culturally responsive workforce</p>	<ul style="list-style-type: none"> <li>• Expanding the peer support workforce</li> <li>• Investing in gambling-harm workforce development and cultural safety, including scholarships to support access to the workforce for Māori, Pacific peoples, Asian peoples, young people / rangatahi and people with lived experience of gambling harm</li> <li>• Funding the development of a pathway for the clinical gambling-harm workforce to attain New Zealand Qualifications Authority (NZQA) level 7 qualifications that include a gambling-harm element</li> </ul>
<p>Ensure that people have the information and support to make healthy choices about gambling for both themselves and others</p> <p>Reduce the stigma attached to gambling harm that prevents people from accessing services and supports</p>	<ul style="list-style-type: none"> <li>• Investing in an initiative to address the stigma associated with gambling harm</li> <li>• Continuing to invest in public health services and an education and awareness campaign</li> </ul>
<p>Collaborate and co-design with iwi and other Māori organisations; Pacific and Asian communities; young people / rangatahi; and people with lived experience of gambling harm to prevent and minimise gambling harm</p>	<ul style="list-style-type: none"> <li>• Enabling meaningful and genuine engagement and relationships between the Crown, iwi and ethnic-specific services</li> <li>• Continuing to invest in pilots to address inequities, with a focus on Māori, Pacific peoples and people within isolated rural communities</li> <li>• Undertaking Māori and Pacific tenders for Māori and Pacific public health and clinical intervention services (with services to begin on 1 July 2022). The Ministry will also tender for Asian public health and clinical intervention services and general services</li> </ul>
<p>Support healthy policies at national, regional and local levels that prevent and minimise gambling harm</p>	<ul style="list-style-type: none"> <li>• Developing strong gambling-harm sector leadership and stakeholder relationships by promoting collaboration within and across the gambling-harm sector, the gambling industry and government (this will include an international gambling conference and think tank, sector hui and communication of accessible research and evaluation findings)</li> <li>• Funding public health services to include policy development and implementation, working with local communities and agencies</li> </ul>

Service plan proposal	Action areas
Commission and use research and evidence	<ul style="list-style-type: none"> <li>Continuing the new service and innovation pilots and applying evaluation findings to expand our service mix to provide more accessible and equitable services and supports</li> <li>Funding a research and evaluation programme and ensuring the dissemination of accessible data and evidence</li> </ul>

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

The draft service plan outlines the services that the Ministry considers it will require for the 2022/23 to 2024/25 levy period to make further progress towards the strategy's objectives. The plan also sets out the estimated costs of providing the activities to prevent and minimise gambling harm.

These costs cover the four nominal budget areas, plus a line item for new services and innovation pilots:

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

Table 2 below shows the budgeted costs for 2022/23 to 2024/25.

**Table 2: Budget to prevent and minimise gambling harm (GST exclusive), 2022/23 to 2024/25**

Service area	2022/23 (\$m)	2023/24 (\$m)	2024/25 (\$m)	Total (\$m)
Public health services (harm prevention and minimisation)	7.168	7.490	7.482	22.140
Clinical intervention and support services (to treat and help problem gamblers and their families and whānau)	10.571	10.571	10.897	32.039
Research and evaluation	1.079	1.383	1.370	3.832
New services, innovation pilots and investments	2.477	2.257	1.691	6.426
Ministry operating costs	0.957	0.990	0.990	2.937
<b>Total (\$m)</b>	<b>22.252</b>	<b>22.691</b>	<b>22.430</b>	<b>67.374</b>

Note: The service areas are discussed in more detail later in this document.

## Rationale for additional investment

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

### New initiatives

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

- expanding the gambling-harm peer workforce in clinical and public health services
- providing scholarships to enable Māori, Pacific peoples, Asian peoples and people with lived experience of gambling harm (peers) to undertake addiction relevant tertiary studies to support them to enter the gambling-harm workforce
- providing funding to develop a pathway for the clinical gambling-harm workforce to attain New Zealand Qualifications Authority (NZQA) level 7 qualifications that include training in gambling harm.

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

This funding will enable full-time equivalent (FTE) rates to be aligned with other Ministry funded mental health and addiction clinical FTE rates. This will help address long-standing issues in recruitment and retention in the gambling-harm sector and enable the development of a sustainable and quality workforce.

### Learning from our past activities

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

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

The national Multi-Venue Exclusion (MVE) Administration Service and database were previously funded from the primary prevention (public health action) budget. This provides for surety of funding and an improved line of sight for this spend.

# Public health services

Internationally, Aotearoa New Zealand’s public health approach to preventing and minimising gambling harm is seen as a strength of our integrated strategy. Public health services are focused on enabling people to be healthy and improving the health of populations. These services cover health promotion; engaging with local community groups; including iwi; increasing community action; raising community awareness about gambling and gambling harm; working with territorial authorities on their gambling venue policies; and supporting the public health awareness and education programmes at a local and regional level.

This draft service plan proposes an overall budget increase for public health services of \$1.610 million (see Table 2), which we intend to direct to actions as shown in Table 3 below.

**Table 3: Investment area actions**

Investment area	Actions
Develop quality gambling harm minimisation services and supports	<ul style="list-style-type: none"> <li>Continuing investment in primary prevention (public health services) to empower people and communities to take control of their health and wellbeing to reduce gambling-related harm (as noted above, the FTE rates for workers in gambling public health services will be standardised).</li> <li>Enabling and embedding lived experience representation and input through the Gambling Harm Lived Experience Advisory Group.</li> </ul>
Develop a skilled, enabled and culturally responsive workforce	<ul style="list-style-type: none"> <li>Continuing investment in primary prevention (public health services) to empower people and communities to take control of their health and wellbeing to reduce gambling-related harm (includes standardising FTE rates for workers in gambling public health services).</li> <li>Enabling and embedding lived experience representation and input through the Gambling Harm Lived Experience Advisory Group.</li> </ul>
Ensure that people have the information and support to make healthy choices about gambling for both themselves and others	<ul style="list-style-type: none"> <li>Continuing to invest in a health promotion programme to raise awareness and educate people about the signs and risks of harmful gambling and how they can respond and seek help.</li> </ul>
Reduce the stigma attached to gambling harm that prevents people from accessing services and support	<ul style="list-style-type: none"> <li>Investing in a de-stigmatisation initiative focused on priority populations to reduce the stigma attached to gambling harm and encourage people to access services and supports.</li> </ul>
Support healthy policies at national, regional and local levels that prevent and minimise gambling harm	<ul style="list-style-type: none"> <li>Enabling collaboration and leadership across the gambling sector by continuing investment in the National Coordination Service and international gambling conference and think tank.</li> <li>Continuing to fund the MVE database and administration service to support people who have opted to avoid gambling venues.</li> <li>Enabling and embedding lived experience representation and input through the Gambling Harm Lived Experience Advisory Group.</li> </ul>

**Table 4: Public health budget (GST exclusive), by service area, 2022/23 to 2024/25**

Service area	2022/23 (\$m)	2023/24 (\$m)	2024/25 (\$m)	Total (\$m)
Primary prevention (public health services)	4.700	4.700	4.950	14.350
Workforce development (public health)	0.130	0.130	0.130	0.390
Awareness and education programme	1.680	1.680	1.680	5.040
De-stigmatisation initiative	0.218	0.330	0.152	0.700
National Coordination Service	0.130	0.130	0.130	0.390
Gambling Harm Lived Experience Advisory Group	0.130	0.130	0.130	0.390
MVE administration service and database	0.180	0.310	0.310	0.800
Conference support	0.000	0.080	0.000	0.080
<b>Total (\$m)</b>	<b>7.168</b>	<b>7.490</b>	<b>7.482</b>	<b>22.140</b>

Note: All service areas include provision for dedicated Māori, Pacific peoples and Asian peoples' services and activities.

The Ministry will tender for new service contracts to begin on 1 July 2022, aligning with the new levy period. The FTE rates for public health gambling harm services will be standardised across providers. We intend to review the geographical distribution of funding for public health services to more equitably prioritise funding towards areas experiencing higher levels of gambling harm and with higher Māori, Pacific and Asian populations.

We have included an additional \$0.250 million in the public health services budget for 2024/25 to enable us to make investment decisions informed by evaluation findings of pilots that will begin in the current levy period. We intend to commit funding in the 2021/22 financial year to pilot innovative service approaches to address inequities experienced by Māori, Pacific and rural/isolated communities. The pilot will include a public health component and will continue into the new levy period, with evaluation to inform future service design and delivery.

## Workforce development (public health)

The Ministry will continue to fund workforce development for the gambling-harm public health workforce. The proposed funding has been slightly reduced to align with spend under the current levy period.

The core competencies (including cultural competencies) for the Preventing and Minimising Gambling Harm (PMGH) Public Health Workforce are identified in the core competencies for the public health workforce.<sup>16</sup> These tools are available to enable the public health workforce to assess their competency levels as well as associated training and development needs.

<sup>16</sup> <https://www.hetaumata.co.nz/public-health/pou-toru-core-competencies>

We expect the public health workforce to demonstrate these core competencies throughout their work. This will include an emphasis on understanding different world views in cultural competence training, including working with Māori, Pacific and Asian communities.

## Awareness and education programme

The Ministry will continue to invest in a health promotion programme to raise awareness and educate people about the signs and risks of harmful gambling and how they can respond and seek help. We expect that this will build on work being delivered under the current strategy led by Te Hiringa Hauora (as outlined above).

Key priorities for the new levy period will include:

- improving awareness of gambling harm amongst Māori, Pacific peoples, Asian peoples and young people / rangatahi, including recognising the risks and signs of harmful gambling; enabling supportive conversations and challenging stigma; knowing how to seek help and making positive behaviour and lifestyle changes
- actively promoting the national Gambling Helpline and Asian Helpline; face-to-face services and the rebranded Safer Gambling Aotearoa (previously Choice Not Chance) national gambling campaign
- developing potential self-help digital tools to improve access to relevant information, help and online support
- improving gambling environments and host responsibilities through online training and gamble host resources, including translations into te reo Māori, Pacific, and Asian languages. Listening to people with lived experience of gambling harm will help identify barriers to service access and inform the design of better access to help-seeking services.

## De-stigmatisation initiative

The draft service plan proposes dedicated funding to develop and implement a national de-stigmatisation initiative focused on addressing the stigma and discrimination experienced by people who experience gambling harm in Aotearoa New Zealand. This will focus on priority populations.

Stigma relating to gambling harm has been identified as a barrier, including a cultural barrier, to people seeking help or accessing services and support. People with gambling problems may experience four types of stigma. These are:

- self-stigma (for example, feeling shame, low self-esteem or disappointed in themselves)
- community stigma (for example, blaming individuals for their gambling problem, negative stereotyping and social distancing)
- institutional stigma (for example, discriminatory behaviours)
- stigma by association (for example, for families and affected others seeking help).

The needs assessment highlights a need for messaging to promote themes that destigmatise and enhance mana. In addition to the main Safer Gambling Aotearoa campaign, the Ministry will commission the development of a national de-stigmatisation initiative to challenging negative stereotypes, convey positive images of people who have gambling problems, and encourage people to seek help from available services. This will include a key focus on priority population groups. The campaign will be co-designed in consultation with priority population groups and the gambling sector. It aims to build on and align with the strategic direction and public health messaging of the awareness and education programme, while enabling a specific focus on challenging the stigmas relating to gambling harm.

Additionally, the Ministry will continue to invest in culturally appropriate community engagement through the funding of culturally responsive public health services.

## National Coordination Service

The National Coordination Service (NCS) is a key support for services preventing and minimising gambling harm. It informs all service providers of significant developments, facilitates training opportunities, provides regular updates and administers the national Gambling Harm Lived Experience Advisory Group.

The Ministry acknowledges the needs assessment findings that all interviewed stakeholders felt there needed to be stronger partnerships and leadership through improved communication, consultation and engagement. The NCS will be one of the key mechanisms for enabling this.

## Gambling Harm Lived Experience Advisory Group

The Ministry will continue to fund the Gambling Harm Lived Experience Advisory Group (previously referred to as the 'consumer network'). Established during the current strategy, this group will continue to inform service design, research and evaluation, and the education and awareness campaign through engagement with the Ministry and other agencies.

The indicative costs (see Table 4) cover group travel, meeting, work activity and coordination costs. This proposal aligns with the Ministry's Mental Health and Addiction Directorate commitment to encourage lived experience participation and strengthen their networks, reach and influence.

## Multi-venue Exclusion Administration Service and database

Established in 2018, the National Multi-venue Exclusion (MVE) Administration Service (the MVE service) will continue to administer and coordinate the operation of the MVE process in Aotearoa New Zealand. MVE enables an individual to self-exclude from multiple gambling venues. The administration service is essential for the continued effectiveness of the MVE process. It maintains working relationships with MVE stakeholders (including Class 4 gambling societies and venues, the supplier of the gambling exclusion electronic database, gambling harm service providers and DIA).

Alongside the MVE service, the Ministry will continue to fund an electronic database to serve as a central repository for all venue exclusions. The database went live on 20 July 2020. As its key user, the MVE service will continue to work closely with the database supplier and maintain links with other users. Both services are contingent on each other's operations for the successful management of the MVE process in Aotearoa New Zealand.

## Conference support

The Ministry contributes part funding for a biennial international gambling conference held in Aotearoa New Zealand as well as an associated international think tank. The conference had been planned to take place in June 2020 but was postponed due to COVID-19. The next conference will be held in 2022, funded under the current levy period.

The Ministry intends to continue to contribute to the costs of hosting this biennial conference. The indicative budget includes \$80,000 for the Ministry's contribution towards the costs of the conference and think tank expected to take place in 2024.

Holding international conferences on gambling harm in Aotearoa New Zealand promotes the country as a world leader in preventing and minimising gambling harm. It also enables practitioners, researchers, industry representatives and government officials from around the world to meet and exchange ideas specific to gambling harm. The needs assessment highlighted the need for effective leadership and partnerships to improve the coordination of the gambling sector and strengthen internal communication and collaboration. Some participants in the conference recognised the think tank and conference as providing a forum and opportunity for shared and collective collaboration.

# Clinical intervention and support services

The indicative budget for these services is \$32.039 million for the 2022/23–2024/25 period, which is an increase of \$6.796 million on the budget for the current levy period. Indicative priority areas for 2022/23 to 2024/25 are to:

- deliver services that respond to the needs of different population groups; in particular, those groups where there is strong evidence of inequality and inequity in gambling harm
- increase the FTE rate for gambling harm clinical intervention and support services to align with other Ministry-funded mental health and addiction clinical FTE rates
- continue to explore innovative ways to provide treatment for the whole person through joined-up gambling, drug, alcohol and mental health services (within the constraints of the levy regulations), for example, service approaches based on whānau ora
- continue to invest in workforce development, including cultural competency
- continue to pilot and evaluate new service models to address inequities and gaps in current service provision, develop a peer workforce and support technological innovation to prevent and minimise gambling harm (further information is provided in the ‘New services, innovation pilots and investments’ section to follow)
- provide new investment to expand the peer workforce in clinical gambling services. (further information is provided in the ‘New services, innovation pilots and investments’ section to follow).

**Table 5: Intervention services budget (GST exclusive), by service area, 2022/23 to 2024/25**

Service area	2022/23 (\$m)	2023/24 (\$m)	2024/25 (\$m)	Total (\$m)
Clinical interventions and support	9.256	9.256	9.582	28.094
Helpline and web-based services	1.100	1.100	1.100	3.300
Data collection and reporting	0.015	0.015	0.015	0.045
Workforce development (clinical)	0.200	0.200	0.200	0.600
<b>Total (\$m)</b>	<b>10.571</b>	<b>10.571</b>	<b>10.897</b>	<b>32.039</b>

Note: All service areas include provision for dedicated Māori, Pacific and Asian services and activities.

## Clinical intervention and support

Clinical intervention and support services include a range of interventions delivered in a variety of settings (including prisons) to people who are experiencing gambling harm, including people who gamble and those affected by someone else's gambling.

The four core intervention areas are: brief intervention, full intervention (individual or group therapy), facilitation and follow-up services. 'Brief intervention' in this context refers to brief screening for problems, typically in a non-clinical environment. This should not be confused with brief clinical interventions, for example, by telephone.

We are committed to improving access to services for all people adversely affected by gambling. Services and activities designed to identify people who are experiencing harm are crucial in providing early prevention and intervention treatment. This approach enables us to work actively to minimise the impact harmful gambling has on individuals, their families and whānau, and affected others.

We fund general services and dedicated Māori, Pacific and Asian services. All services are open to anyone experiencing gambling harm. General services aim to minimise problem gambling-related harm for all members of the community and consider how to deliver appropriate services for Māori, Pacific peoples, Asian peoples and other priority population groups.

We acknowledge the needs assessment's findings that services need to be more equitable, culturally appropriate and culturally safe. We intend to re-tender for clinical intervention services later in 2021 for contracts to begin with the new levy period on 1 July 2022. This will include:

- an evidence-based investment to address inequities by allocating funding according to the data and evidence of geographic variation in levels of gambling harm and areas with higher Māori, Pacific and Asian populations
- undertaking Māori and Pacific tenders for Māori and Pacific services as well as tenders for general and Asian services.

We also intend to increase the FTE rate for gambling-harm intervention services to achieve parity with other Ministry-funded mental health and addiction services and address recruitment and retention issues.

We expect that clinical intervention services can be provided within prisons and youth justice facilities within Aotearoa New Zealand where possible and appropriate.

We are also working to develop and evaluate a range of new service and innovation pilots, initiated under the current service plan (2019/20 to 2021/22) which will enable us to consider subsequent investment decisions based on the findings of these new service and innovation pilots. The draft service plan includes funding to continue these pilots from 1 July 2022 and some support to expand and embed innovative approaches to services, with a slight increase in the 2024/25 clinical intervention and support budget.

## Helpline and web-based services

Helpline and web-based services provide:

- information
- access to intervention services for people who are unable to access face-to-face services
- referral to other gambling harm service providers
- information on self-help, peer-to-peer support options and assessment guides.

The Ministry funds two forms of telephone-based gambling harm support, the national Gambling Helpline and the Asian Helpline.

The Gambling Helpline provides a free 24/7 service and is a first contact point for people in crisis as a result of harmful gambling. It also provides a back-up for other services, such as when face to face services are not available outside of working hours. It also provides coverage in rural areas, where there are no face-to-face services. This is critical to the Ministry's service delivery model. Performance improvement is a priority for this service, and a wide range of actions are planned or underway, including:

- ensuring the Gambling Helpline includes specialist addictions counsellors and all Gambling Helpline counsellors have completed gambling practitioner training
- delivering better outcomes for Māori and Pacific, including building in te ao Māori and culturally appropriate service delivery, with bilingual and bicultural models of care using Māori and Pacific clinicians and specialists
- working with the gambling harm sector and providers to improve referral pathways to community-based services, with improved continuity of care
- improved data collection, expanding it to include, data on demographics, service user experience and service user outcomes.

The Asian Helpline is a service for the Asian community, provided by PGF Group of the Problem Gambling Foundation of New Zealand and funded out of clinical intervention and support services. The helpline provides free and confidential services for Asian people experiencing gambling harm, with counsellors offering support in multiple languages.

## Data collection and reporting

The Ministry largely carries out data collection and reporting internally. The small sum, specifically budgeted each year for collecting and reporting on data, allows for an external provider to address data collection issues that require institutional knowledge and to make small technical adjustments if required.

## Workforce development (clinical)

Over the past 12 years, the Ministry has invested in supporting non-qualified staff to become appropriately qualified clinicians. Our goal has always been to achieve a fully qualified clinical intervention workforce, providing counselling services for people who are experiencing gambling harm. A qualified and culturally competent clinical workforce is crucial in reducing the harm from gambling for gamblers, family and whānau and affected others. Qualified clinicians use best practice evidence-based tools to help alleviate and minimise the effects of harmful gambling and build skills to prevent relapses.

Our focus will now shift towards building a skilled, qualified and culturally competent workforce. We will be introducing incentives to encourage Māori, Pacific peoples, Asian peoples and people with experience of gambling harm to enrol and remain in a tertiary programme that results in a relevant qualification to work in this sector. We will also be incentivising the provider sector to support the programme.

## Research and evaluation

The Ministry will commission and deliver a research and evaluation programme targeting the strategic priority areas identified below. The indicative budget for research and evaluation is 3.832 million for the 2022/23–2024/25 period. This amount is \$2.797 million less than the current levy period as funds have been prioritised to gambling harm services and support. This budget takes account that, as described below, some of the research and evaluation proposals for this levy period will be carried over to be completed in the 2022/23–2024/25 period.

**Table 6: Research and evaluation budget (GST exclusive), 2022/23 to 2024/25**

Service area	2022/23 (\$m)	2023/24 (\$m)	2024/25 (\$m)	Total (\$m)
Research	0.629	0.958	0.950	2.537
Evaluation (including outcomes reporting)	0.450	0.425	0.420	1.295
<b>Total (\$m)</b>	<b>1.079</b>	<b>1.383</b>	<b>1.370</b>	<b>3.832</b>

## Strategic priority areas for 2022/23 to 2024/25

The proposed research and evaluation programme is designed to strengthen the evidence base that supports all our work to prevent and minimise gambling harm, for example by embedding evaluation into all pilots and services. These activities will be coordinated and timed to inform and support strategy activities.

The proposals below are informed by findings from the 2021 needs assessment; the strategic framework focus areas outlined above, a review of the Ministry's and wider government agencies' information needs. It also takes account of feedback from the gambling harm sector for research to better inform policy and operational decisions about prevent and minimise gambling harm.

The proposed strategic priority areas are:

- conducting population level surveys of prevalence data on gambling, analysing secondary data and creating a confidential unit record dataset
- having gambling components included in existing large-cohort longitudinal studies, such as the Pacific Islands Families Study and Growing Up in New Zealand, where appropriate
- studying patterns and impact of online gambling leading to developing gambling harm and prevention strategies
- assessing the relationship between gaming and gambling in relation to preventing and minimising gambling harm
- assessing barriers to equitable service access and outcomes, including for subgroups, for example, Asian communities, young people / rangatahi, new migrants and the disability community (including people with intellectual disabilities) that are more sensitive to barriers, and protective factors (for example, cultural, social, and mental wellbeing) to gambling harm
- preventing and reducing gambling relapses and treatment dropouts
- evaluating services and pilots, including case studies
- conducting a gambling harm needs assessment (to inform the next strategy).

The Ministry has been unable to commit all the research and evaluation funding allocated to this levy period, especially due to the impacts of COVID-19 restrictions. Consequently, some research and evaluation projects contracted during the current levy period will continue into the new levy period. These include:

- evaluations of services, interventions and pilots, including the new service and innovation pilots
- research into reducing inequities in gambling harm, including how to address barriers to Māori, Pacific peoples and Asian peoples using gambling-harm minimisation services and the evidence for effective gambling harm minimisation service design for these populations
- research into how to prevent and reduce gambling relapse.

The Ministry accepts that stakeholders want better information about how research will be used, that research and evaluation findings could be more accessible to the whole gambling sector and communicated in ways that resonate with different communities.

The Ministry commits to working more closely with the gambling sector to make research and evaluation findings more accessible, to collaborate on applying these learnings and to better communicate findings to all stakeholders and affected communities.

# New services, innovation pilots and investments

The Ministry is continuing to develop new service models to address areas of persistent harm and improve service effectiveness. Within the current levy period, we intend to fund a range of new pilot service models that address inequity-related public health and intervention services. While these will be commissioned in 2021/22, a portion of the forecast spend will fall within the new levy period. The draft service plan includes funding to continue to pilot and assess:

- new ways of providing public health and intervention services, with the aim of addressing inequities for those priority groups who experience the most gambling harm, including Māori, Pacific peoples and those living in isolated areas
- innovative uses of technology to manage or mitigate gambling harm
- peer workforce in gambling harm services
- a clinically robust model of care based on intensive treatment for people experiencing severe gambling harm.

The Ministry will meet the pilot evaluation costs from the research evaluation allocation.

In addition, the draft service plan includes new packages for investment to enable a skilled and culturally responsive workforce.

**Table 7: Budget for new services, innovation pilots and investments (GST exclusive), 2022/23 to 2024/25**

Service area	2022/23 (\$m)	2023/24 (\$m)	2024/25 (\$m)	Total (\$m)
Pilots to address inequity (public health and intervention services)	1.256	0.706	0	1.962
Technology-related innovation	0.500	0.500	0.500	1.500
Intensive support pilot	0.160	0.240	0.240	0.640
Peer workforce pilot and expansion	0.350	0.600	0.800	1.750
Developing an NZQA level 7 qualification covering gambling harm	0.060	0.060	0	0.120
Gambling harm scholarships	0.151	0.151	0.151	0.454
<b>Total (\$m)</b>	<b>2.477</b>	<b>2.257</b>	<b>1.691</b>	<b>6.426</b>

## Pilots to address inequity (public health and intervention services)

The Ministry committed to commissioning a range of pilots to address inequity under the 2019/20 to 2021/22 levy period. These pilots will enable the local co-design and delivery of new ways of providing public health and intervention services to address inequities for priority groups who experience the most gambling harm, including Māori, Pacific peoples and those living in isolated areas.

The draft service plan includes \$4.829 million of funding that is expected to be committed in 2021/22, from the current levy period, but spent over the first two years of the new levy period.

The needs assessment strongly recommends prioritising equity. We are committed to applying the lessons learnt from these pilots to enable local providers and communities to take innovative and culturally appropriate approaches to preventing and minimising gambling harm that work locally.

The pilot funding allocation is reduced to zero for 2024/25 as the pilots will have been completed and we will be waiting on evaluations and other evidence to inform any future investment decisions. There is a corresponding increase in the 2024/25 financial year of \$0.326 million to the clinical interventions and supports budget (Table 4) and \$0.250 million to the public health budget (Table 5).

## Technology-related innovation

The Ministry intends to commission a fund to support technology-related innovation under the 2019/20 to 2021/22 levy period. There is a strong consensus from both industry and service providers that the strategy should provide for greater use of technology to mitigate and manage gambling harm. We will use this fund to develop and/or test online support tools and other technological solutions to prevent and minimise gambling harm. We will evaluate all trials.

The draft service plan includes \$1 million of funding that is expected to be committed in the 2021/22 year, from the current levy period, but spent over the first two years of the new levy period. Additional funding of \$0.5 million is proposed for 2024/25 to further develop or roll out online or technological solutions that have been evaluated as being effective in preventing and minimising gambling harm and assessed as being a priority for ongoing investment.

## Intensive-support pilot

In the current levy period, the Ministry expects to commission a pilot to develop and test a clinically robust model of care based on intensive treatment for people experiencing severe gambling harm. Adding an intensive support option for clients with high needs is in line with a stepped-care model, where treatment intensity increases as a client's needs increase. We will engage with the gambling sector, including providers, in 2021/22 to develop and fund a pilot model of this care.

The draft service plan includes \$0.4 million of funding from the current levy period, which is likely to be committed for the pilot in 2021/22 but spent over the first two years of the new levy period. Additional funding of \$0.240 million is proposed for 2024/25 to enable us to develop and commission an ongoing intensive treatment package for people experiencing severe gambling harm, informed by the pilot evaluation.

The design of this pilot will be informed by a literature review of the provision and effectiveness of residential care for gambling harm treatment provided by ABACUS Counselling, Training and Supervision Ltd. The review shows that despite the limited evidence available, there is support for providing such a residential option, largely based upon expert opinion and experience. It suggests that the people most severely affected by their gambling are likely to have complex issues and needs and may benefit from attending a residential programme. This could prevent distractions and pressures in the community that may impact negatively on their treatment and recovery.

## Enabling a skilled and culturally responsive workforce

The needs assessment recommended more should be done to improving workforce capacity and capability. This included enabling and recognising the specialist skillsets required within gambling harm services, as well as the need for adequate cultural competence and cultural safety training across the health and disability sector. Health practitioners working in gambling harm need to understand the specific interventions available, the specific pathways to problematic gambling and the ways in which families, whānau and affected others can identify gambling issues in others. The needs assessment also recommended further support for, and expanding, the peer support workforce.

We propose to support the development of a skilled, enabled and culturally responsive gambling harm workforce by investing in:

- the expansion of the peer workforce
- scholarships to support Māori, Pacific peoples, Asian peoples and people with lived experience of gambling harm to undertake addiction relevant tertiary study, with the aim of entering the gambling harm workforce
- the development of a degree-level paper specific to gambling harm, which has been identified as a gap in current education and training provision.

## Peer workforce pilot and expansion

The Ministry is funding a peer workforce pilot under the current service plan 2019/20 to 2021/22. The pilot will be based in Auckland and run by a peer-led organisation. The pilot will run over two years, with Māori and Pacific peer roles the first being developed, working with clinical intervention and support services.

The design of this pilot has been informed by a literature review and consultation process that we commissioned in 2020 from Te Pou.<sup>17</sup> This included an expert advisory group, with people of lived experience and gambling harm and mental health and addiction service providers.

The pilot will continue into the new levy period, so the draft service plan includes \$0.262 million funding that will be committed in 2021/22 but spent during 2022/23.

We propose further investment to expand the peer workforce across both intervention and public health services. We will engage with the gambling sector and peer workforce organisations to develop further peer workforce roles based on the pilot evaluation findings.

## Developing a NZQA level 7 qualification covering gambling harm

The Ministry remains committed to supporting the public health and clinical intervention gambling harm workforce to achieve, or be on a pathway to achieving, the appropriate NZQA level 7 qualifications. The Ministry's expectation is that all intervention practitioners will be:

- registered as a health practitioner who is permitted to practise within a relevant scope of practice under the Health Practitioners Competence Assurance Act 2003, or
- registered or endorsed by the Drug and Alcohol Practitioners' Association Aotearoa-New Zealand (DAPAANZ) as having demonstrated the relevant specific competencies, or
- equivalently registered with another relevant professional organisation (for example, a counsellor registered with the New Zealand Association of Counsellors, Te Roopu Kaiwhiriwhiri o Aotearoa, NZAC).

We recognise that there are currently no level 7 gambling-harm-specific papers available to those wanting to enter the workforce, and we intend to address this gap. We will work with DAPAANZ, NZAC, education and training providers and the gambling sector to develop either a level 7 gambling-harm qualification and/or gambling-harm-specific content for existing level 7 addiction qualifications.

<sup>17</sup> Te Pou is a national workforce centre for mental health, addiction and disability. For more information, see the website for Te Pou at: [www.tepou.co.nz](http://www.tepou.co.nz).

## Gambling harm scholarships

Targeted scholarships will be developed to grow the capability and capacity of the gambling-harm workforce. The scholarships will be developed specifically to enable Māori, Pacific peoples, Asian peoples and people with lived experience of gambling harm (peers) to do addiction relevant tertiary study that will help them enter the gambling-harm workforce.

The scholarships will include funding to undertake an NZQA level 7 addiction qualification, alongside support for professional development and practicum placements with providers. Scholarship recipients will be expected to take a gambling-harm level 7 qualification/or component when this becomes available.

## Ministry of Health operating costs

Ministry operating costs (departmental expenditure) comprise contract management, policy and service development work, management of the research and evaluation programme, and management of the Client Information Collection (CLIC) database.

The draft service plan retains current funding levels for Ministry operating costs.

**Table 8: Budget for Ministry operating costs (GST exclusive), 2022/23 to 2024/25**

	2022/23 (\$m)	2023/24 (\$m)	2024/25 (\$m)	Total (\$m)
Total operating costs (\$m)	0.957	0.990	0.990	2.937

## Questions for you to consider

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

# 4 Draft levy rates for 2022/23 to 2024/25

Section 319(2) of the Gambling Act 2003 (the Act) states that the purpose of the levy is to 'recover the cost of developing, managing, and delivering the integrated problem gambling strategy'. The levy rates are set by regulation at least every three years. The next levy period is from 1 July 2022 to 30 June 2025 to match the next strategy.

Since the levy was first set in 2004, it has applied to gambling operators in four sectors: NCGM operators, casinos, TAB NZ and Lotto New Zealand.

## Process for setting the levy rates

The Act sets out the process for developing and setting the levy rates needed to recover the cost of the strategy (see sections 318–320 of the Act).

As part of this process, the Ministry is now consulting on its estimated annual funding requirements and four alternative sets of estimated levy rates for 1 July 2022 to 30 June 2025. The figures in the four alternative levy calculation options discussed below should be considered indicative at this stage. We will update them before the Gambling Commission's consultation meeting referred to below.

Following consultation, we will submit proposed levy rates to the Ministers of Health and Internal Affairs and to the Gambling Commission. The Gambling Commission may then obtain its own advice around the proposed levy rates and will convene a consultation meeting. It will subsequently make recommendations to the responsible Ministers. Cabinet will approve the strategy, including the Ministry's appropriation, and endorse the problem gambling levy regulations, which specifies the sectors that will pay the levy and the decided relevant levy rates.

# The levy formula

The formula listed in section 320 of the Act 'provides a mechanism for allocating among gambling operators, and collecting from them, the approximate cost' of the strategy.

The formula is:

$$\text{Levy rate for each sector} = \frac{\{(A \times W1) + (B \times W2)\} \times C}{D} \text{ plus or minus } R$$

where:

- A** = the estimated current player expenditure in a sector divided by the total estimated current player expenditure in all sectors that are subject to the levy
- B** = the number of customer presentations to problem gambling services that can be attributed to gambling in a sector divided by the total number of customer presentations to problem gambling services in which a sector that is subject to the levy can be identified
- C** = the funding requirement for the period for which the levy is payable
- D** = the forecast player expenditure in a sector for the period during which the levy is payable
- R** = the estimated under- or over-recovery of levy from a sector in the previous levy periods<sup>18</sup>
- W1** and **W2** are weights, the sum of which is 1.

The top line of the formula determines the dollar amount to be paid by each sector as its share of the total levy amount, taking into account any over- or under-recovery in previous levy periods.

The bottom line of the formula (**D**, forecast player expenditure in the sector) determines the levy rate that is necessary for a sector to pay its required contribution (the dollar amount) determined by the top line of the formula.

All other things being equal, the higher the forecast player expenditure for a sector, the lower that sector's levy rate will be. Player expenditure for each sector is defined in section 320(3) of the Act. For example, each levy rate is the amount per dollar of player expenditure a sector must pay. A rate of 0.85 means a sector must pay 0.85 cents for every dollar of player expenditure in the levy period to which the rate applies.

<sup>18</sup> **R** was added to the formula by section 107 of the Gambling Amendment Act 2015, which came into effect on 3 March 2015.

## Estimated current player expenditure (A)

The formula in the Act requires the levy rate calculation take into account the latest, most reliable and most appropriate sources of information. The Ministry will use 2020/21 data, if available, for the final strategy document and levy calculations, but these were not available at the time of preparing this draft strategy consultation document.

The DIA has estimated current player expenditure using a variety of sources of information, including its NCGM electronic monitoring system (EMS), gambling operators' annual and half-yearly reports and information from the Inland Revenue Department (IRD).<sup>19</sup> Other data on gambling expenditure is available on DIA's website ([www.dia.govt.nz](http://www.dia.govt.nz)).

Player expenditure by the four main gambling sectors for the eight years up to 2019/20 is shown in Table 9 below.

**Table 9: Gambling expenditure and proportions from the four main gambling sectors, 2009/10 to 2019/20**

Year	NCGMs		Casinos		TAB NZ		Lotto New Zealand		Total
	\$m	%	\$m	%	\$m	%	\$m	%	\$m
2009/10	849	44.4	440	23.0	278	14.5	347	18.1	1,914
2010/11	856	43.2	448	22.6	273	13.8	404	20.4	1,982
2011/12	854	41.9	483	23.7	283	13.9	419	20.5	2,038
2012/13	827	40.5	490	24.0	294	14.4	432	21.1	2,042
2013/14	806	39.0	486	23.5	310	15.0	463	22.4	2,065
2014/15	818	39.1	527	25.2	325	15.5	420	20.1	2,091
2015/16	843	38.2	586	26.5	342	15.5	437	19.8	2,209
2016/17	870	37.3	572	24.5	338	14.5	555	23.8	2,334
2017/18	895	37.6	578	24.3	350	14.7	561	23.5	2,383
2018/19	924	38.5	616	25.6	332	13.8	530	22.1	2,402
2019/20	802	35.6	504	22.4	315	14.0	631	28.4	2,252

Notes: All values are actual (not inflation adjusted), in NZ dollars, GST inclusive and rounded to the nearest million. The sum of the rows may differ from the total shown in the 'Total' column due to rounding.

Source: The DIA expenditure figures from its website: [www.dia.govt.nz/gambling-statistics-expenditure](http://www.dia.govt.nz/gambling-statistics-expenditure) (accessed 12 March 2021).

<sup>19</sup> The IRD provides gaming duty and problem gambling levy data to the DIA. The Tax Administration Act 1994 requires the IRD to use its best endeavours to protect the integrity of the tax system by (among other things) maintaining the confidentiality of the affairs of taxpayers.

## Presentations (B)

The formula in the Act requires the levy rate calculation to take into account the latest, most reliable and most appropriate sources of information from the Ministry on client presentations to problem gambling sources.

We generated the presentation figures used in the levy calculations in this consultation document from data collected by our psychosocial intervention service providers. The figures relate to all clients who received a full facilitation or follow-up intervention session during the 12 months from 1 January 2020 to 31 December 2020.

The figures exclude brief screening interventions and primary problem gambling modes (PPGM) in gambling sectors that are not subject to the levy (although these are recorded). Brief interventions essentially mean brief screenings carried out in non-clinical settings. They are excluded mainly because they are considered unrepresentative of a sector. This is because a sector's share of brief interventions will vary depending on the settings in which service providers decide to undertake them.

We will update the presentation figures before the Gambling Commission's consultation meeting, to the year ending 30 June 2021 and will include the updated figures in our proposals document for that meeting. Experience suggests there should be very little, if any, change to the levy rates in that updated data.

No changes have been made to the way in which we have recorded or weighted PPGMs since the last levy period. As previous consultation documents have discussed the meaning of PPGMs at length, we do not intend to repeat that detail in this document but can provide an in-depth description if required.

Table 10 below show the presentations attributed to each of the four levy-paying sectors each year from 2011/12 to 2020.

**Table 10: Presentations and proportions attributed to the four main gambling sectors, 2011/12 to 2020**

Year	NCGMs		Casinos		TAB NZ		Lotto New Zealand		Total
	n	%	n	%	n	%	n	%	n
2011/12	3,708	64	1,188	21	548	9	339	6	5,783
2012/13	3,721	59	1,403	22	568	9	652	10	6,344
2013/14	3,871	59	1,413	22	651	10	590	9	6,525
2014/15	3,674	57	1,449	22	729	11	624	10	6,476
2015/16	3,251	54	1,221	20	696	12	812	14	5,980
2016/17	3,060	54	1,240	22	593	10	820	14	5,713
2017/18	2,635	53	1,135	23	515	10	657	13	4,941
2018/19	2,403	55	942	22	489	11	514	12	4,348
2019/20	2,098	54	898	23	405	10	508	13	3,909
2020	2,163	55	889	23	385	10	488	12	3,925

Note: The sum of the rows may differ from the total shown in the 'Total' column due to rounding.

Source: Service user data, Ministry of Health and 2020 CLIC data. URL: [www.health.govt.nz/our-work/mental-health-and-addictions/problem-gambling/service-user-data/intervention-client-data](http://www.health.govt.nz/our-work/mental-health-and-addictions/problem-gambling/service-user-data/intervention-client-data) (accessed 18 June 2021).

There are two qualifications to bear in mind when considering the data presented in Table 10.

- From 1 October 2011, the Ministry required service providers to enter as PPGMs all forms of gambling that were causing a client 'significant harm' and to enter as secondary modes of problem gambling all forms of gambling that were causing a client 'harm' (up to a maximum of five in each case). Accordingly, the Ministry considers that its presentation figures from 2012/13 onwards are more reliable and appropriate than its earlier figures.
- The numbers for 2020 relate to the 12 months from 1 January 2020 to 31 December 2020 (the latest figures available at the time of drafting this consultation document), not the standard 1 July 2020 to 30 June 2021 year. This is because preparing this draft strategy document occurs before all the data can be collected and confirmed for the 30 June year.

Other points to note from this table are as follows.

- The *number* of NCGM presentations peaked in 2009/10, but the *share* of NCGM presentations peaked in 2004/05. Both figures have been declining unevenly since those respective dates. These patterns probably largely reflect the trend for reductions in both the number of NCGMs and NCGM venues and in the total NCGM sector expenditure as a proportion of the total gambling expenditure. Since 2015/16, the NCGMs' share has remained at 53–55 percent.
- The *number* of casino presentations has increased each year since 2004/05 until peaking in 2014/15 and has declined slightly since. However, the casino *share* of presentations has remained steady at around 22–23 percent since 2016/17.

- The *number* of TAB NZ presentations has risen each year since 2004/05 until peaking in 2014/15. The *share* of TAB NZ presentations has remained steady at about 10 percent since 2016/17.
- The *number* of Lotto New Zealand presentations has continued to increase since 2013/14 and peaked in 2016/17. The *share* of presentations also peaked in 2016/17 and has remained steady over the last few years. These patterns coincide with the increase in expenditure over this time.

## The funding requirement (C)

The funding requirement represented by **C** in the formula is the total cost of the strategy for 2022/23 to 2024/25, which the Ministry estimates as \$67.374 million.

The draft service plan described in **section 3** above sets out details about the \$67.374 million cost to provide and implement the strategy.

## Forecast player expenditure (D)

The amounts represented by **D** in the formula are sector-by-sector forecasts of the amounts that DIA expects gamblers to spend on the gambling products of the four levy-paying gambling sectors in the period 2022/23–2024/25. The higher the forecast expenditure, the lower the levy rate necessary for a sector to pay its required contribution (as determined by the top line of the formula).

As noted above, these forecasts by DIA took into account the latest, most reliable and most appropriate sources of information on player expenditure, including its NCGM EMS, gambling operators' annual and half-yearly reports and information from IRD. The reasoning behind the DIA forecast for each sector is set out below.

Future changes in gambling regulation could have an impact on the levy rates and levy amount collected. These forecasts assume the current regulatory settings will remain and there is no significant shift in gambling expenditure patterns, for example towards offshore online gambling. There may be changes in gambling expenditure as a result of future changes to the Act or regulations, for example many people are of the view there should be stronger regulatory control on NCGM. Should there be changes to the Act or regulations, this could have an impact on expenditure. However, it is not possible to forecast the likely impact of any changes until the nature of any legislative or policy changes has been made clear.

## Non-casino gaming machines

The number of NCGMs has declined from 25,221 in 2003 to 14,847 as of 30 June 2020 (there are 1,068 active venues).<sup>20</sup> NCGM expenditure also declined for several years but has seen yearly increases since 2013/14. For example, from a historical low of \$806 million in 2013/14, expenditure increased to \$818 million in 2014/15, \$843 million in 2015/16, \$870 million in 2016/17, \$895 million in 2017/18 and \$924 million in 2018/19. There was a noticeable decrease down to \$802 million in 2019/20, reflecting the impacts of COVID-19 restrictions as class 4 venues were closed during the COVID-19 lockdown.

DIA forecasts expenditure to continue with small annual increases over the next three years. Some variation in expenditure from year to year is expected, but the size of that variation cannot be forecast in advance.

## Casinos

Over the last three years, spending on casino gambling has fluctuated. Figures from the DIA show expenditure of \$578 million in 2017/18, \$616 million in 2018/19 and \$504 million in 2019/20. Casino expenditure is impacted by variations in international tourist numbers, including 'VIP' (high-stakes) gamblers. This has been most noticeable in the 2019/20 year given the restrictions due to COVID-19, which are ongoing at the time of preparing this document. DIA anticipates some growth in expenditure for 2020/21 to 2024/25, but its forecast is relatively conservative.

## TAB NZ

Spending on TAB NZ products was relatively flat for some years. However, it hit a high of \$350 million in 2017/18, with slight declines to \$332 million in 2018/19 and \$315 million in 2019/20. DIA anticipates modest expenditure growth in the next three-year period. Potential increases in expenditure brought about by technical innovations and product developments may be impacted by competition in the racing and sports betting market from offshore betting agencies.

## Lotto New Zealand

Spending growth on Lotto New Zealand products has been relatively high, but volatile, since 2005/06. This volatility appears to relate to the number of large jackpots in a year. Strong growth has continued over recent years: DIA noted player expenditure of \$555 million in 2016/17, \$561 million in 2017/18, \$530 million in 2018/19 and \$631 million in 2019/20. The significant increase in 2019/20 has been largely attributed to the growth in the number of people playing MyLotto online games during and after the first COVID-19 lockdown.

<sup>20</sup> Data taken from the Gaming machine profits (GMP dashboard) webpage on the website for Te Tari Taiwhenua, Department of Internal Affairs at: <https://www.dia.govt.nz/gambling-statistics-gmp-dashboard> (accessed 21 January 2021).

Lotto New Zealand is also working to diversify its portfolio by introducing new games, like online bingo,<sup>21</sup> to help mitigate fluctuations in spending on its lottery products.

DIA expenditure forecasts by year and sector are shown in Table 11. DIA forecasts that Lotto New Zealand will experience stronger expenditure growth but that the other three sectors will experience steadier expenditure growth over the same period.

**Table 11: Forecast expenditure by sector (GST-inclusive), 2022/23 to 2024/25**

Forecast expenditure	NCGMs	Casinos	TAB NZ	Lotto New Zealand
2022/23 (\$m)	1,044.40	618.74	359.98	748.02
2023/24 (\$m)	1,069.16	630.30	365.54	791.67
2024/25 (\$m)	1,098.43	641.87	371.11	837.86

Note: These forecasts are for the next levy period. They are based on best estimates at this time; but were made before the actuals for 2020/21 (expected in early 2022) were available. The further we forecast out, the less reliable that forecast can be. Therefore, we advise that while these 'out years' follow a general trend, they are not as reliable as a yearly forecast, for the next year ahead.

## Estimated levy under- or over-recovery, by sector (R)

Section 107 of the Gambling Amendment Act 2015 came into effect on 2 March 2015. It requires the calculation of each sector's levy rate to take into account any underpayment or overpayment from that sector in previous levy periods. This change ended the previous system, which had been deemed unfair, whereby all four gambling sectors were required to meet any net underpayment or overpayment of the levy amount across all sectors from the previous levy period.

In its 2019 report to the responsible Ministers, the Gambling Commission commented that R should be calculated by hindsight adjustment of earlier estimates of both C and D to produce (amend) the previously expected relative contribution from each sector to a corrected calculation of the actual cost of the strategy to the end of the previous levy period.<sup>22</sup> The Commission considered this approach to be consistent with the objective intent of the 2015 amendments to the Act and to provide a fairer allocation of any underpayment or overpayment, as adjustments to each sector would be made in the same proportions as received.

Accordingly, the Ministry has calculated R by calculating its projected total spending for the period 2004 to 2022 by:

- using the actual spending from the Ministry's annual reports from 2015/16 to 2019/20
- using estimated expenditure for 2020/21 and 2021/22
- adding these sums to the actual spending recorded for the levy period for each previous year between 2004/05 and 2014/2015.

<sup>21</sup> <https://www.gets.govt.nz/NZLC/ExternalTenderDetails.htm?id=23370625>

<sup>22</sup> This takes account of any underspend for the 'previous levy period'.

This totals to \$315.619 million, which becomes the target recovery amount from the four levy-paying gambling sectors. We estimate the levy payments received by IRD will total \$319.815 million by 30 June 2022. We calculated this by totalling actual payments from each sector made to IRD up to 30 June 2020, together with the estimates of sector payments up to 30 June 2022. We then calculated the amount of levy that each sector was expected to pay by:

- referring to the relevant Cabinet-approved strategy before the start of each levy period to identify each sector’s expected share of the levy requirement for each three-year period
- using those shares to calculate the amount each sector was expected to pay as its contribution to the Ministry’s spending in each levy period
- totalling these amounts across all levy periods to arrive at the amount each sector was expected to pay up to 30 June 2022.

R is the difference between the expected levy payments for each sector and the actual amount received in payments. Table 12 shows the values of R obtained. Overpayment amounts are deducted from (credited to) the next levy period amounts required from each sector, while any underpayments are added to those amounts.

**Table 12: Estimated underpayment or overpayment of problem gambling levy, 2004/05 to 2021/22, by sector**

Sector	\$m (GST exclusive)
NCGMs	-3.104
Casinos	0.057
TAB NZ	0.282
Lotto New Zealand	-1.431
Net difference (total)	-4.196

Note: A negative figure indicates an expected overpayment for the levy periods to 30 June 2022.

## The weightings (W1 and W2)

The Act requires the Ministry to apply a weighting between current player expenditure (**W1**) and presentations (**W2**) to help determine the cost (**C**) that each sector is required to pay in levy.

Table 13 shows the proportion of expenditure (**A**) and presentations (**B**) attributed to each levy-paying sector for the 12-month period from 1 January to 31 to December 2020 and each levy-paying sector’s proportion of expenditure for the 2019/20 financial year (to be updated when 2020/21 data become available).

**Table 13: Share of expenditure and presentations by sector, 2020**

NCGMs		Casinos		TAB NZ		Lotto New Zealand	
Expenditure	Presentations	Expenditure	Presentations	Expenditure	Presentations	Expenditure	Presentations
0.356	0.551	0.224	0.226	0.140	0.098	0.280	0.124

The top line of the levy formula determines the amount each sector shall pay. When a sector's proportion of expenditure is substantially different from its proportion of presentations (W1 and W2 respectively), the weighting between expenditure and presentations is critical to determine how much each sector will be required to pay.

## Options

### Levy calculations for each option

Tables 14–17 set out the implications for each of the four alternative levy weightings 5/95, 10/90, 20/80 and 30/70 respectively, based on an appropriation of \$67.374 million to the Ministry for problem gambling activities for 2022/23 to 2024/25. Each table shows the levy rate per sector and the expected amount of levy payments over the three-year period and compares these with each sector's levy payments for the current levy period. A positive figure indicates that the sector is expected to pay more in the next levy period, and a negative figure indicates that the sector is expected to pay less.

**Table 14: Estimated levy rates and payments (\$m) per sector, 5/95 weighting**

Collection period starts 1 July 2022 (all GST exclusive)	NCGMs	Casinos	TAB NZ	Lotto New Zealand
Sector levy rates (%)	1.04	0.81	0.64	0.31
Expected levy payment (\$m)	33.405	15.316	7.018	7.370
(\$m) Comparison with current levy payments (negative = less)	10.438	4.103	0.844	-0.536

**Table 15: Estimated levy rates and payments (\$m) per sector, 10/90 weighting**

Collection period starts 1 July 2022 (all GST exclusive)	NCGMs	Casinos	TAB NZ	Lotto New Zealand
Sector levy rates (%)	1.02	0.81	0.65	0.34
Expected levy payment (\$m)	32.762	15.316	7.128	8.084
(\$m) Comparison with current levy payments (negative = less)	9.795	4.103	0.954	0.178

**Table 16: Estimated levy rates and payments (\$m) per sector, 20/80 weighting**

<b>Collection period starts 1 July 2022 (all GST exclusive)</b>	<b>NCGMs</b>	<b>Casinos</b>	<b>TAB NZ</b>	<b>Lotto New Zealand</b>
Sector levy rates (%)	0.98	0.81	0.68	0.38
Expected levy payment (\$m)	31.478	15.316	7.457	9.035
(\$m) Comparison with current levy payments (negative = less)	8.511	4.103	1.283	1.129

**Table 17: Estimated levy rates and payments (\$m) per sector, 30/70 weighting**

<b>Collection period starts 1 July 2022 (all GST exclusive)</b>	<b>NCGMs</b>	<b>Casinos</b>	<b>TAB NZ</b>	<b>Lotto New Zealand</b>
Sector levy rates (%)	0.94	0.81	0.71	0.42
Expected levy payment (\$m)	30.193	15.316	7.786	9.986
(\$m) Comparison with current levy payments (negative = less)	7.226	4.103	1.612	2.080

## Comment on weighting options

Tables 14–17 show that, under each scenario:

- the higher the weighting on expenditure:
  - the higher the share of the levy to be paid by Lotto New Zealand because that sector’s proportion of gambling expenditure is much higher than its proportion of presentations
  - the higher the share to be paid by the TAB NZ
- the higher the weighting on presentations:
  - the higher the share to be paid by the NCGM sector (because 55 percent of presentations are attributed to that sector, but its proportion of expenditure is much lower)
  - the lower the share to be paid by Lotto New Zealand and the TAB NZ
- the share of the levy to be paid by casinos is not very sensitive to any weighting changes because that sector’s proportion of expenditure is relatively close to its proportion of presentations.

The proposed levy rates for each gambling sector, except Lotto New Zealand, would be higher under any weighting option for 2022/23 to 2024/25 than they are for the current levy period; based on levy payments received, forecast expenditure for the remaining three-year period to 30 June 2022 and the proposed budget appropriations. Sector payments would also increase compared with what they pay now, exception for Lotto New Zealand, under weighting option 5/95.

While overpayments are predicted for the levy periods to 30 June 2022, the overpayment amount is much smaller than it was at 30 June 2019. Because the

overpayments are lower and the Ministry's proposed appropriation is higher, the proposed levy rates and expected levy payments are higher.

The levy formula adjusts for these factors in generating levy rates for the next levy period.

## Questions for you to consider

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

# Appendices

## Appendix 1: Aligning with other strategic documents

This draft strategic plan aligns with and complements a range of other strategic documents, as discussed below.

### *Whakamaua: Māori Health Action Plan 2020–2025 (Whakamaua)*

*Whakamaua* sets out a pathway for the health and disability system to achieve pae ora – healthy futures for Māori. Its framework includes four objectives to: accelerate the spread of kaupapa Māori and services centred around whānau, shift social and cultural norms; strengthen system leadership; and reduce health inequities and health loss for Māori.

We have adopted the latter three as objectives in the draft strategic framework, expanding the ‘reduce health inequities and health loss for Māori’ objective to include Pacific peoples, Asian peoples and young people / rangatahi.

We have located the ‘accelerate the spread of kaupapa Māori and services centred around whānau’ objective as a priority action area under a new objective: ‘strengthen the health and health equity of Māori, Pacific peoples, Asian peoples and young people / rangatahi’.

### *Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan (Kia Kaha)*

*Kia Kaha* sets out a mental wellbeing framework that takes a public health approach and uses the continuum model to supporting alignment across all organisations, nationally and locally, that contribute to mental wellbeing. The framework includes a goal, principals and a set of objectives that have been drawn on to develop this draft strategy. In particular, our proposed draft strategic framework adopts the principles of *Kia Kaha*: Te Tiriti, equity, people and whānau at the centre, community focus, collaboration and innovation.

At the time of writing this draft strategy, a long-term pathway for mental wellbeing, which will have a 10-year strategic horizon, is under development. This pathway will also use the mental wellbeing framework.

## *Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025 (Ola Manuia)*

*Ola Manuia* is the key overarching document for improving health outcomes for Pacific peoples in Aotearoa. Developed in 2019/20, with input from Pacific communities, *Ola Manuia* is designed as a high-level guide for reflecting the needs and aspirations of the Pacific peoples of Aotearoa across the health and disability system. Focus area 6 of *Ola Manuia* is centred on mental wellbeing, including improving mental wellbeing for Pacific communities. One of the outcomes for this focus area is to 'strengthen initiatives to prevent and minimise harmful gambling in Pacific communities.

Pacific communities believe success will have been achieved for this focus area when Pacific peoples have:

- awareness of key mental health issues for Pacific communities
- knowledge and skills to improve mental wellbeing and resilience in Pacific youth and young adults
- knowledge of mental health and wellbeing support services
- reduced levels of psychological distress
- increased access to, and use of, primary and secondary mental health services
- decreased rates of attempted and achieved suicides in young people.

"Pacific people have equitable health outcomes" is one intended outcome of *Ola Manuia*. We have incorporated this outcome in the draft strategic framework. *Ola Manuia* explicitly recognises that strengthening initiatives to prevent and minimise harmful gambling in Pacific communities is a key part of achieving better wellbeing for Pacific people. It also has a strong focus on workforce development across the health and disability sector. This draft strategy includes service and workforce proposals that will help achieve these goals.

## *Pacific Aotearoa Lalanga Fou (Lalanga Fou)*

*Lalanga Fou* was developed in 2018 and was based on engagements that the Ministry for Pacific Peoples undertook with over 2,500 Pacific people across Aotearoa New Zealand. *Lalanga Fou* contains the needs and aspirations for Pacific peoples to ensure we can achieve the Pacific Aotearoa vision: 'we are confident in our endeavours; we are a thriving, resilient and prosperous Pacific Aotearoa'. From these engagements, four goals were developed, the third of which is 'Resilient and healthy Pacific Peoples'. The sub-goals that sit within this third goal are as follows.

- There is a stronger focus on improving preventative and integrated primary and behavioural health and social services for Pacific families and communities and less reliance on acute care.
- Pacific peoples' values and experiences lead the design and delivery of health and wellness services.

- Mental health and wellness are better supported, from both within and outside Pacific communities, with services specifically developed utilising Pacific cultural frameworks and contexts.
- Pacific children have a healthy start in life.

These sub-goals are reflected in our draft strategy.

## *Delivering community wellbeing through reducing gambling-related harms: Gambling Group Strategic Direction 2020–23*

DIA's new strategic direction pivots the regulator's focus toward reducing gambling-related harms. DIA is also taking a system leadership approach to regulating gambling in Aotearoa New Zealand by understanding the roles of interested parties, driving innovative approaches to addressing gambling harms and preparing for future challenges before they occur.

The strategic direction has committed DIA to five key focus areas: effective Treaty partner, enabled workforce, regulatory excellence, evidence-based and informed, and system leadership. These focus areas will guide DIA's approach to reducing gambling-related harms over the following two years.

## Health and disability system review

This draft strategy has been developed with the intention of aligning with the implementation of the Government's response to the health and disability system review, which takes the form of substantial reforms to the health and disability sector.

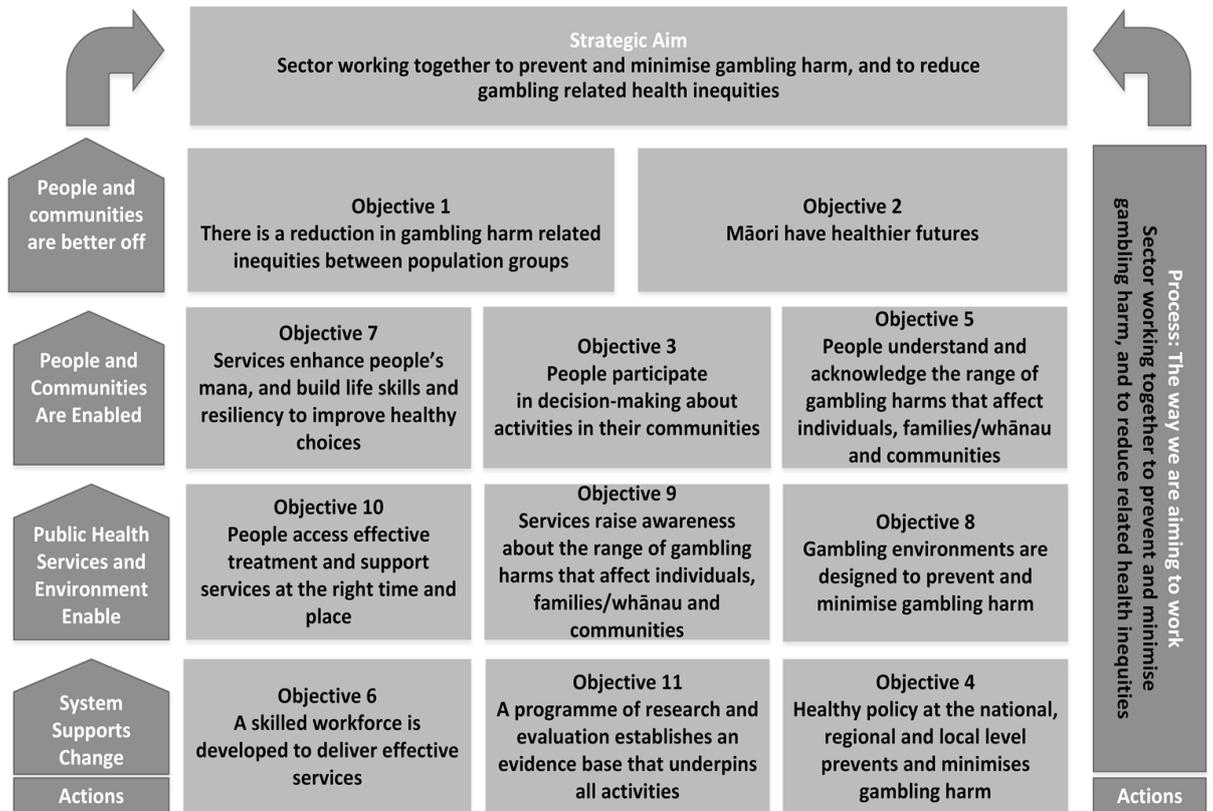
The strategic objectives of the strategy will not be affected by the health reforms as they promote the same objectives that the reforms have been designed to achieve.

The activities in this draft strategy that are agreed during the upcoming consultation period will be delivered over the forthcoming period and may be commissioned, funded and monitored by different entities at the end of the period rather than at the beginning.

# Appendix 2: Previous strategic framework

The strategic framework for 2019/20–2021/22 included 11 objectives and is organised as shown in Figure 3 below.

**Figure 3: Framework for organising the strategic objectives**



## Appendix 3: Bringing our principles to life

Table 18 below shows how the proposed principles of this draft strategy have been expressed in the draft strategic framework and service plan.

**Table 18: Expressing the principles through the strategic framework and service plan**

Principle	As expressed in the draft strategic framework and service plan
Te Tiriti o Waitangi	The strategic framework links to the principles of Te Tiriti via <i>Whakamaaua</i> . Actions are proposed that can be mapped to each of the principles, and these links are explained in more detail in the body of this draft strategy.
Equity	Both the strategic framework and the service plan focus strongly on equity, as recommended by the needs assessment.
People and whānau at the centre	The strategic framework puts gamblers, their families and whānau, and the gambling-harm prevention and minimisation workforce at the centre of several proposed objectives and approaches. The service plan proposes increased support for the peer workforce and for approaches to bring the voice of lived experience into everything we do under the strategy.
Community focus	Gambling-harm prevention and minimisation is supported not only by the strategy but also by DIA's regulatory approach, which mandates strong community involvement in decisions about the location of gambling venues and machines at the territorial authority level. Public health services commissioned under the strategy support communities to engage in this type of consultation. The majority of gambling-harm prevention and minimisation services are delivered by non-governmental organisations (NGOs) with strong community links and supporting these NGOs to be successful is essential.
Collaboration	In this strategy, we will look for opportunities to collaborate with other services and supports that work with the same communities or in the same location as gambling-harm prevention and harm minimisation services.
Innovation	The draft service plan continues the recent focus on innovation and expands it from a focus on technology to a focus on new ways of delivering service (that is, service modes such as online options) and new ways of commissioning services (that is, kōrero Māori commissioning approaches).

Table 19 below works through the practical implications for the Ministry and its service providers of operating the principles in all work undertaken under the strategy. These

behaviours will be incentivised by Ministry support and incorporated into Ministry contracts as opportunities arise.

**Table 19: Operating the principles in practice**

<b>Principle</b>	<b>Examples of upholding behaviours</b>
Upholding Te Tiriti o Waitangi	<ul style="list-style-type: none"> <li>• Ensuring mainstream services support mana motuhake (Māori self-determination)</li> <li>• Supporting and funding kaupapa Māori services to ensure they succeed</li> <li>• Ensuring all services and approaches actively protect Māori who are affected by gambling</li> <li>• Planning and taking opportunities to build partnerships with iwi and other Māori groups and organisations at every level (including strategic and service)</li> </ul>
Promoting equity	<ul style="list-style-type: none"> <li>• Understanding that an inequity is an inequality that we can attribute to social, cultural and economic factors, rather than biomedical ones, and that such inequities are not random</li> <li>• Being proactive in identifying and addressing differences that are inequities</li> <li>• Monitoring service delivery, funding and outcomes by population group</li> <li>• Taking steps to address unfair differences between groups in every area (that is, access, suitability/quality of service, outcomes)</li> </ul>
Putting people and whānau at the centre	<ul style="list-style-type: none"> <li>• Valuing, including and supporting the voices of lived experience</li> <li>• Making sure services are welcoming for people and their families and whānau</li> <li>• Building a sustainable peer workforce</li> <li>• Enhancing and supporting kaupapa Māori and Pacific services</li> <li>• Ensuring processes and requirements are people centred</li> </ul>
Taking a community focus	<ul style="list-style-type: none"> <li>• Maintaining and growing the capability of public health services to work with local communities and territorial land authorities</li> <li>• Working to better integrate gambling prevention and harm minimisation services with other social and health services that are serving the same communities</li> <li>• Understanding communities' attitudes to gambling</li> </ul>
Being collaborative	<ul style="list-style-type: none"> <li>• Building strong relationship across government, the harm minimisation sector and the gambling industry</li> <li>• Being willing to learn from others</li> </ul>
Being innovative	<ul style="list-style-type: none"> <li>• Being willing to try new initiatives and ways of doing things</li> <li>• Creating spaces where it is safe to fail</li> <li>• Using evidence and research to make change</li> </ul>

## Appendix 4: Key continuities

The new draft strategic framework re-frames and re-structures the previous framework, responding to environmental changes and lessons learnt over recent years. It is closely related to the previous strategic framework because the prevention and minimisation of gambling-related harm is a long-term activity. Like many areas of health promotion, prevention and early intervention, the activities in this space need to be continuous as there are always new cohorts of people coming through, as well as people having different needs at different times in their lives. All 11 strategic objectives of the current strategy can be addressed under the four new objectives.

**Table 20: Relationship of previous strategic objectives to new objectives**

<b>New objectives</b>	<b>Create a full spectrum of services and supports</b>	<b>Shift cultural and social norms</b>	<b>Strengthen system leadership and accountability</b>	<b>Strengthen the health and healthy equity of Māori, Pacific peoples, Asian peoples and young people / rangatahi</b>
Previous gambling harm strategic objectives	A skilled workforce is developed to deliver effective services to prevent and minimise gambling harm (6)	People participate in decision-making about activities in their communities that prevent and minimise gambling harm (3)	There is a reduction in gambling-harm inequities between population groups (particularly Māori, Pacific peoples and Asian peoples, as the populations that are most vulnerable to gambling harm) (1)	Māori have healthier futures, through the prevention and minimisation of gambling harm (2)
	Services enhance people’s mana and build life skills and resiliency to improve healthy choices that prevent and minimise gambling harm (7)	People understand and acknowledge the range of gambling harms that affect individuals, families, whānau and communities (5)		Healthy policy at the national, regional and local level prevents and minimises gambling harm (4)
	People access effective treatment and support services at the right time and place (10)	Gambling environments are designed to prevent and minimise gambling harm (8)		A programme of research and evaluation establishes an evidence base that underpins all activities to prevent and minimise gambling harm (11)
		Services raise awareness about the signs and range of gambling harms that affect individuals, families, whānau and communities, and how to respond (9)		

Service and research contracts initiated under the previous strategic framework and its objectives will continue but will be gradually shifted to the new framework as opportunities occur (for example, through contract renewal or tender processes).

# Appendix 5: Making a submission

## *Strategy to Prevent and Minimise Gambling Harm 2022/23 to 2024/25: Consultation document*

### Your feedback

The Ministry welcomes your thoughts and feedback on this draft strategy, which outlines the proposed strategic direction and services to prevent and minimise gambling harm, and the associated gambling levy rates, to apply from 1 July 2022 to 30 June 2025.

Your feedback is vital to help us develop the final strategy.

### How to provide feedback

You can provide feedback by:

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

### Publishing submissions

We may publish all submissions or a summary of submissions on the Ministry of Health's website, unless you ask us not to include details from your submission.

If you are submitting as an individual, we will automatically remove your personal details and any identifiable information. You can also choose to have your personal details withheld if your submission is requested under the Official Information Act 1982.

### Closing date for submissions

The Ministry of Health must receive your submission by 5pm Friday 8 October 2021.

Any submissions received after this due date may not be included in the analysis of submissions, even if they were posted earlier. You might prefer to email your submission to ensure that the Ministry receives it on time.

## Information about the person/organisation providing feedback

You are encouraged to fill in this section. The information you provide will help the Ministry analyse your feedback. However, your submission will still be accepted if you do not fill in this section.

This submission was completed by: (name) \_\_\_\_\_

Address: (street/box number) \_\_\_\_\_

(town/city) \_\_\_\_\_

Email: \_\_\_\_\_

Organisation (if applicable): \_\_\_\_\_

Position (if applicable): \_\_\_\_\_

This submission (tick one box only):

- is made by an individual or individuals (not on behalf of an organisation nor in their professional capacity)
- is made on behalf of a group or organisation(s).

Please indicate which sector(s) your submission represents (you may tick more than one box):

- |   |   |
|---|---|
| <input type="checkbox"/> Māori                          | <input type="checkbox"/> Family/whānau                |
| <input type="checkbox"/> Pacific peoples                | <input type="checkbox"/> Consumer                     |
| <input type="checkbox"/> Asian peoples                  | <input type="checkbox"/> Local government             |
| <input type="checkbox"/> Service provider               | <input type="checkbox"/> Central government           |
| <input type="checkbox"/> Gambling industry (levy payer) | <input type="checkbox"/> Researcher                   |
| <input type="checkbox"/> Children/Young people          | <input type="checkbox"/> Other (please specify) _____ |

## Summary of submissions

If you wish to be notified when a summary of submissions is available, please ensure your contact details are provided above and tick the box below.

- I wish to be informed when the summary of submissions is available.

## Privacy

We may publish all submissions, or a summary of submissions, on the Ministry's website. If you are submitting as an individual, we will automatically remove your personal details and any identifiable information.

If you do not want your submission published on the Ministry's website, please tick this box:

Do not publish this submission.

Your submission will be subject to requests made under the Official Information Act 1982. If you want your personal details removed from your submission, please tick this box:

Remove my personal details from Official Information Act responses.

If your submission contains commercially sensitive information, please tick this box:

This submission contains commercially sensitive information.

## Consultation questions

The following questions about the *Strategy to Prevent and Minimise Gambling Harm 2022/23 to 2024/25: Consultation document* (the draft strategy) are designed to help you prepare your feedback. However, you do not have to answer the questions if you prefer to structure your submission in some other way.

Please include or cite relevant supporting evidence in your submission if you can.

You are also welcomed to provide any other feedback on the draft strategy or more generally any ideas on preventing or minimising gambling harm in Aotearoa New Zealand (refer **question 13**).

## Strategic direction

The Gambling Act 2003 defines harm, the purpose of the strategy (to prevent and minimise gambling harm) and key components that a strategy must include. Neither these legislative provisions nor the content of the other strategic documents and frameworks with which the proposed strategy is expected to align are under consideration in this consultation.

In terms of the strategic direction, objectives and associated priority actions (**sections 1 and 2**):

1. Do you agree with the proposed strategic goal, objectives and priority action areas?

Yes     No. If not, please explain why.

2. Does the draft strategic plan adequately reflect changes in the gambling environment?

Yes     No. If not, what else should be included and why?

3. Do you have any comments to make on the priority populations, including how we will address inequities?

Yes

4. Do you have any comment to make on the key shifts?

Yes

## Service plan and funding

The Gambling Act 2003 requires the service plan and, by implication, the indicative budget appropriations to have a focus on public health. The legislation is not under consideration in this consultation.

In terms of the content of the service plan and indicative budgets (**section 3**):

5. Does the draft service plan adequately cover what it needs to cover, for example, does it include the right types of services and activities?

Yes     No. If not, what is not adequately covered and why?

6. Do you consider the proposed funding mix for services and supports appropriate?

Yes     No. If not, what changes should be made and why?

7. Do you agree with the proposed new services (including the de-stigmatisation initiative), innovations pilots and investments?

Yes  No. If not, what changes should be made and why?

8. Do you agree with the priorities for research and evaluation that have been outlined in the draft service plan?

Yes  No. If not, what changes should be made and why?

## Levy formula and levy rates

The levy formula is prescribed in legislation and is not under consideration in this consultation. The figures for variables A, B and R are derived from data held by the Ministry, the DIA and IRD and are a matter of record. Comment on variable C (the funding appropriation proposed for the strategy) is covered in the service plan and funding questions above.

In terms of the other components of the levy formula (**section 4**):

9. Are the player expenditure forecasts for each gambling sector (D) realistic?

Yes  No. If not, please explain why not

10. Are there realistic pairs of expenditure/presentation weightings (W1 and W2) other than those discussed in this consultation document?

Yes  No. If yes, please explain what and why

11. Which pair of weighting options for W1 and W2 do you prefer, if any, and why? Please keep in mind that the levy weighting options only affect the proportion of levy to be paid by each gambling sector and do not affect the total amount of the levy.

12. Do you have any comment on the estimated levy rates for each sector, keeping in mind that the levy formula itself is set out in legislation and is not under consideration in this consultation?

## Anything else?

13. Is there anything else you would like to tell us about the draft strategy or preventing and minimising gambling harm more generally?

Thank you for taking the time to provide feedback.