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Preventing and Minimising Gambling Harm Submissions
Mental Health and Addictions
Ministry of Health
PO Box 5013
WELLINGTON 6145

via email: gamblingharm@moh.govt.nz

Submission on the Strategy to Prevent and Minimise Gambling Harm 2019/20 to 2021/22

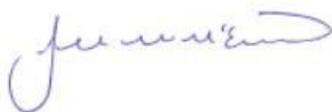
Thank you for the opportunity for Auckland Regional Public Health Service (ARPHS) to provide a submission on the Ministry of Health's "Strategy to Prevent and Minimise Gambling Harm 2019/20 to 2021/22: Discussion document".

The following submission represents the views of ARPHS and has been developed with contributions from Dr. David Schaaf (Manager Health Gain & Workforce, Pacific Health Development, Counties Manukau District Health Board) and Dr. Susanna Galea-Singer (Director, Specialist Mental Health and Addiction Services, Waitemata District Health Board and Honorary Senior Lecturer & Associate Director, Centre for Addictions Research, University of Auckland). Please refer to Appendix 1 for more information on ARPHS as an organisation.

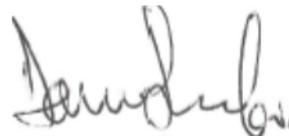
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Yours faithfully,



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1. Summary

1.1 The Auckland Regional Public Health Services (ARPHS) welcomes the opportunity to provide feedback on the “Strategy to Prevent and Minimise Gambling Harm 2019/20 to 2021/22: Consultation document”.

1.2 One of ARPHS strategic objectives sought through its Strategic Plan¹ is for the people of Tamaki-Makaurau to live in an environment which promotes health and wellbeing for all. Problem gambling is a public health concern² which has implications for the problem gambler’s health and wellbeing³ and that of their whanau and social networks.

1.3 Overall, ARPHS is supportive of the direction of the strategic framework and the priorities set out in the three-year Service Plan; specifically the strengthened focus on vulnerable, at-risk populations (such as Māori, Pacific and Asian communities) and the attempt to reduce gambling harm health inequities.

1.4 From ARPHS’ perspective, the main priority for this new Strategy and accompanying Service Plan should be achieving health equity, for instance in relation to the accessibility of health services.

1.5 The following questions have been included in this submission:

- *Consultation questions - Concentration of class 4 NCGMs in lower socioeconomic areas (section 1.9)*
 - A. Do you think operators of class 4 venues should be incentivised to move from lower socioeconomic areas to higher socioeconomic areas?
 - B. What barriers if any, do you think currently exist to moving class 4 gambling venues out of lower socioeconomic areas?
- *Consultation questions - Sections 1 and 2: strategic direction*
 1. Do you support the strategic direction outlined in the proposed strategy? If not, please explain why.
 2. Does the draft strategic plan adequately reflect changes in the gambling environment? If not, what else should be included and why?
- *Consultation questions – Section 3: Service plan and funding*
 9. Do you think the total indicative funding appropriation (\$55.339 million over three years) proposed in the draft service plan is appropriate? If not, please explain what amount that funding appropriation should be and why.
- *Anything else?*

¹ Auckland Regional Public Health Service 2018. Te ora o Tāmaki Makaurau: Strategic Plan 2017 – 2022.

² Editorial 2017. Problem gambling is a public health concern. *The Lancet* 390: 913

³ Browne M, Bellringer M, Greer N, Koandai-Matchett H, Rawat V, Langham E, Rockloff M, Palmer Du Preez K, Abbot M. 2017. Measuring the burden of gambling harm in New Zealand. Central Queensland University and Auckland University of Technology. Gambling & Addictions Research Centre.



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

1.6 It must be noted that the public health approach in the Strategy and Service Plan has been weakened by an overreliance on industry profits at both local and central government level. ARPHS therefore advocates for a shift towards other models of sustainable community funding that are not built on harm.

2. Consultation questions - Concentration of class 4 NCGMs in lower socioeconomic areas (section 1.9)

- A. Do you think operators of class 4 venues should be incentivised to move from lower socioeconomic areas to higher socioeconomic areas?
- B. What barriers if any, do you think currently exist to moving class 4 gambling venues out of lower socioeconomic areas?

2.1 ARPHS, from a public health perspective, does not support incentivising class 4 venue operators to move from “lower socioeconomic areas” to “higher socioeconomic areas” for the following reasons:

- The potential of this proposal to undermine Auckland Council’s ‘sinking lid’ gambling venue policy and Aucklanders’ aspirations to have fewer gaming machines;
- Incentivising operators does not align with a public health harm prevention and minimisation approach;
- The additional funding required for the provision of incentives;
- The potential for escalating costs to support uptake of incentives by operators.

The potential of this proposal to undermine Auckland Council’s ‘sinking lid’ gambling venue policy and Aucklanders’ aspirations to have fewer gaming machines

2.2 Auckland Council has a gambling venue policy in place that takes a “sinking lid” approach. This means that when an existing class 4 venue closes, Council will not give consent for another venue to be established. This arose from strong advocacy by Auckland communities. A recent review⁴ of the Auckland Council venue policies has found that since the policies adoption, there has been an 11 per cent reduction in the number of class 4 venues and gaming machines throughout Auckland, which shows a “sinking lid” approach is effective⁵.

2.3 ARPHS is supportive of the approach taken by Auckland Council and would like to see territorial authorities, and the communities they serve, being further empowered to make decisions in this space. This would require changes to the Gambling Act in order to reflect a true sinking lid policy approach to prevent people in “lower socioeconomic areas” from being specifically targeted by class 4 venue operators.

Incentivising operators does not align with a public health harm prevention and minimisation approach

⁴ Review of gambling venue policies – Findings report 2017. Auckland Council

⁵ Review of gambling venue policies – Findings report 2017. Auckland Council, page 18

- 2.4 Using incentives as a tool to deal with gambling harm as a population health risk does not align with a true public health approach to addressing this disease⁶. An analogy can be drawn between how as a society, we treat a disease like rheumatic fever, where all strategies, interventions and efforts are being put into minimising and eventually eradicating the disease. If all efforts are taken to prevent harm from gambling, then incentives would not be applied and the burden of the disease would not be put onto another community.
- 2.5 ARPHS therefore is of the view that incentivising class 4 venue operators compromises the main purpose of the Strategy and Service Plan, which is to prevent and minimise gambling harm.

The additional funding required for the provision of incentives

- 2.6 The consultation document identifies that the total amount of funding available for enacting the Strategy and the Service Plan is \$55.339 million for the period 2019/20 to 2021/22, plus an additional \$5 million from a historic underspend which has been specifically tagged for innovation in the service delivery space. The Ministry has been clear that there will be no increase in the appropriation that the sector is contributing.
- 2.7 It is unclear how the Ministry is intending to fund the incentivising of class 4 venue operators. ARPHS strongly feels that additional funding sources should be identified if the Ministry was to pursue the pathway of incentivising operators. The issue of gambling in New Zealand is growing due to population growth⁷ and an increase in online problem gamblers. If this area remains unregulated, additional funding will be required to both address the existing issue and the projected growth.

The potential for escalating costs to support uptake of incentives by operators

- 2.8 ARPHS questions the likely uptake from the industry of incentives. Research has clearly shown that the highest concentration of class 4 venues can be found in the country's most socioeconomically deprived areas⁸. Moving operators to a "higher socioeconomic area" is likely to mean a drop in activity and therefore a drop in profit for the gambling operator. In order for a relocation to be economically attractive, operators may require considerable funding.
- 2.9 Without an increase in available funding, this would require the Ministry to reprioritise current actions and activities. ARPHS would not be supportive of less funding being available

⁶ Diagnostic and Statistical Manual of Mental Disorders (DSM-5). American Psychiatric Association

⁷ Based on the Stats New Zealand projections as released in February 2017, Auckland's population growth for the period between 2018 and 2043 could be between 390,000 (low growth scenario) and 870,000 (high growth scenario) people

⁸ Sapere Research Group. 2018. Gambling Harm Reduction Needs Assessment. Wellington: Ministry of Health

for activities that prevent and minimise gambling harm as the Ministry has clearly indicated that the total amount of funding being available for the implementation of the Strategy will remain the same.

3. Consultation questions - Sections 1 and 2: strategic direction

1. Do you support the strategic direction outlined in the proposed strategy? If not, please explain why.

3.1 Overall, ARPHS is supportive of the direction of the strategic framework and priorities set out in the three-year Service Plan; specifically the strengthened focus on vulnerable, at-risk populations (such as Māori, Pacific and Asian communities) and the attempt to reduce gambling harm health inequities. More work is needed in this area to understand what the current barriers are to accessibility and provision of harm minimisation services. ARPHS supports the Ministry's intent to work with consumers of gambling harm services to obtain their views on how services should best be provided in a culturally appropriate way (e.g. Māori and Pacific communities need language and cultural specific services run by Māori and Pacific providers).

2. Does the draft strategic plan adequately reflect changes in the gambling environment? If not, what else should be included and why?

3.2 There is mention in the consultation document of the need to undertake and invest in research related to harm caused by online gambling activities. If action is not undertaken to start the process of regulating these online activities, there will likely be increased gambling harm in future. There is a need for more research in this area specifically around youth use of online gambling services and an increasing uptake of gaming and its links to gambling.

4. Consultation questions – Section 3: Service plan and funding

9. Do you think the total indicative funding appropriation (\$55.339 million over three years) proposed in the draft service plan is appropriate? If not, please explain what amount that funding appropriation should be and why.

4.1 With regards to the indicative funding appropriation, ARPHS strongly believes that the funding should reflect population growth. In the Auckland context,⁹ population growth will mean changes to the distribution of different ethnic groups and will therefore have implications for service requirements.

⁹ Based on the Stats New Zealand projections as released in February 2017, Auckland's population growth for the period between 2018 and 2043 could be between 390,000 (low growth scenario) and 870,000 (high growth scenario) people

5. Anything else?

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

5.1 An additional way of minimising gambling harm is to strengthen exclusion criteria when people have identified themselves as problem gamblers. At present they are only being excluded from their local venue which means that there are still opportunities for problem gamblers to gamble elsewhere. ARPHS recommends the exclusion form is strengthened to exclude problem gamblers across the whole of New Zealand for a period of two years, in which they would undergo mandatory counselling and treatment. The monitoring of these exclusions should also be strengthened.

6. Conclusion

6.1 Thank you for the opportunity to provide a submission to the Strategy to Prevent and Minimise Gambling Harm.

Appendix 1 - Auckland Regional Public Health Service

Auckland Regional Public Health Service (ARPHS) provides public health services for the three district health boards (DHBs) in the Auckland region (Counties Manukau Health and the Auckland and Waitemata District Health Boards).

ARPHS has a statutory obligation under the New Zealand Public Health and Disability Act 2000 to improve, promote and protect the health of people and communities in the Auckland region. The Medical Officer of Health has an enforcement and regulatory role under the Health Act 1956 and other legislative designations to protect the health of the community.

ARPHS' primary role is to improve population health. It actively seeks to influence any initiatives or proposals that may affect population health in the Auckland region to maximise their positive impact and minimise possible negative effects on population health.

The Auckland region faces a number of public health challenges through changing demographics, increasingly diverse communities, increasing incidence of lifestyle-related health conditions such as obesity and type 2 diabetes, infrastructure requirements, the balancing of transport needs, and the reconciliation of urban design and urban intensification issues.