

TE WAIORA



Nelson Marlborough
Health

**Submission on Ministry of
Health's *Strategy to Prevent
and Minimise Gambling
Harm 2022/23 to 2024/25***

8 October 2021

For more information please contact:

Jane Murray

NMDHB Public Health Service

Email: jane.murray@nmdhb.govt.nz

Phone: (022) 102 9798

Introduction

1. Nelson Marlborough Health (Nelson Marlborough District Health Board) (NMH) is a key organisation involved in the health and wellbeing of the people within Te Tau Ihu. NMH appreciates the opportunity to comment from a public health perspective on the Ministry of Health's Strategy to Prevent and Minimise Gambling Harm 2022/23 to 2024/25.
2. NMH makes this submission in recognition of its responsibilities to improve, promote and protect the health of people and communities under the New Zealand Public Health and Disability Act 2000 and the Health Act 1956.

Specific comments

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

1. NMH supports the strategic direction outlined in the proposed strategy. NMH supports the integration of the directions from a) Government Inquiry into Mental Health, *He Ara Oranga*, b) *Whakamaua: Maori Health Action Plan*, c) *Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan* because this has given this Strategy a strong focus on equity.
2. NMH supports the 4 objectives and priority action areas:
 - a. Create a full spectrum of services and supports
 - b. Shift cultural and social norms
 - c. Strengthen leadership and accountability to achieve equity.
 - d. Strengthen the health and healthy equity of Māori, Pacific peoples, Asian, peoples, and young people
3. In relation to intervention services, the Sapare Gambling Harm Reduction Needs Assessment report¹ highlights that gambling venue staff have a unique opportunity to minimise gambling harm however it is a role that they are sometimes ill equipped to perform. NMH encourages Ministry of Health to add an additional action point that reviews the level of training for venue staff and to establish strong links with service providers that can support venues to ensure that gambling host responsibilities become embedded in the same way as alcohol host responsibilities are for licensees.
4. Priority Action Area 2: Shift cultural and social norms: *ensure equitable participation in communication decision making*: NMH advocates for additional research to be undertaken that looks at community grants model in relation to Non-Casino Gaming

¹ <https://www.health.govt.nz/system/files/documents/publications/gambling-harm-reduction-needs-assessment-aug18.pdf>

Machines (NCGM) gambling. Only 1.3% of New Zealanders regularly use NCGM machines, and 50% of the 15,476 machines (7,700) are in the most deprived communities (decile 8-10)². It is therefore reasonable to conclude that the majority of the money being paid out by Trusts and Societies to community groups is coming from the poorest New Zealanders. The current funding model is inequitable with the Boards of the Trusts and Societies being self-appointed and only accountable to themselves when deciding which groups receive the proceeds of NCGM losses. If NCGM losses were replaced with a government grants programme³, the following would be achieved:

- a. Community and sports funding would be secured so services can continue to be delivered where they are needed.
 - b. Losses from the most deprived communities would stop being diverted to national public programmes and national sports interests.
 - c. There would be transparency about who gets what money and what it is used for.
5. Anecdotally, in local council meetings, the reliance that charities have on this gambling funding is often cited as a key driver to retain gambling machines. It is important that additional research is investigating the options of a government grants programme that could meet the needs of local clubs and also minimise overall gambling harm.
6. Objective 3 (*Strengthen leadership and accountability to achieve equity*): This objective involves the MoH and Department of Internal Affairs (DIA) working closely together. NMH recommends that MoH strongly conveys our concerns outlined above and urges the DIA to consider effective changes to the gambling environment.

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

7. NMH supports the strategic direction of the plan especially in regards to
- a. greater use of collaboration and co-design, e.g., when commissioning dedicated Māori, Pacific and Asian public health and clinical intervention services
 - b. increasing services in different languages and supporting cultural awareness, competency and safety training for the gambling-harm workforce
 - c. continuing to develop public health campaigns focused on priority populations,

² Problem Gambling Foundations, Hapai Te Hauora, Salvation Army (2020) *Ending community sector dependence on Pokie funding: White Paper*. [White Paper Ending community sector dependence on pokie funding.pdf \(hapai.co.nz\)](https://hapai.co.nz/white-paper-ending-community-sector-dependence-on-pokie-funding.pdf)

³ Ibid.

8. One area where the Ministry of Health has not been responsive on is advocating for a national policy on the location and density of NCGMs. All Councils are required to revise their policies on a 3 yearly cycle and, in some instances, that will result in public consultation. Other times, policies are rolled over as was the case in Nelson recently. Consideration needs to be given to national management of NCGM so there is more national consistency and an overall decrease in NCGMs.

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

9. NMH agrees with the approach taken and recommends that further research is done into vulnerable at-risk populations in terms of understanding the causes of gambling harms in those communities and also what the barriers are for people to obtain help. This research needs to be combined with evaluation into what works with the vulnerable at-risk populations and how to improve and innovate services to meet needs. In addition, it is recommended that any funding for future research is not derived from the gambling industry so that academic integrity is not compromised.

Do you have any comment to make on the matters under "what needs to change"?

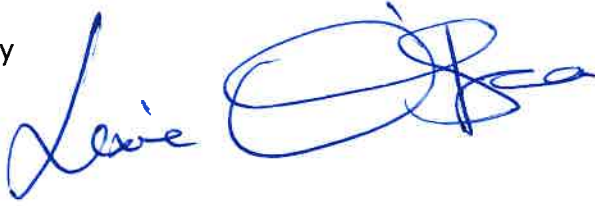
10. It has been well established that most of the gaming machines in New Zealand are in high deprivation areas and that increased availability and accessibility to gaming machines leads to an increase in problem gambling. NMH continues to advocate for sinking lid policies to be adopted because these policies seek to reduce access to gaming machines across all communities rather than only focusing on lower socioeconomic areas. Gentrification occurs throughout urban areas and people can easily travel across towns so restriction of gaming machines in lower socioeconomic areas may not have the desired outcomes. NMH recommends that the Ministry of Health work at a national level to advocate for a national sinking lid policy that include restrictions on club mergers and relocations.

11. NMH supports continued investment in a health promotion programme to raise awareness and educate people about harmful gambling. Further investment would lift the profile of health promotion messaging especially when targeted to a range of different audiences through different mediums.

Conclusion

12. NMH thanks Ministry of Health for the opportunity to comment on the Strategy to Prevent and Minimise Gambling Harm 2022/23 to 2024/25.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Lexie O'Shea', with a stylized flourish at the end.

Lexie O'Shea

Chief Executive

Lexie.oshea@nmdhb.govt.nz