

# **Mental Health and Wellbeing Commission submission on the Strategy to Prevent and Minimise Gambling Harm 2022/23 to 2024/25**

*Information about the organisation providing feedback*

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

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*This submission (tick one box only):*

- is made by an individual or individuals (not on behalf of an organisation nor in their professional capacity)*
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*Please indicate which sector(s) your submission represents (you may tick more than one box):*

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

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## A summary of our feedback

The Mental Health and Wellbeing Commission (the Commission) appreciates the opportunity to submit on the Draft Strategy to Prevent and Minimise Gambling Harm (the Strategy).

We welcome the changes to the previous Strategy to Prevent and Minimise Gambling Harm, and support the focus on equity and enhancing the public health approach. We would like to see some areas clarified or strengthened. Our overall advice is to listen carefully to the voices of people who have experienced gambling-related harm and incorporate their views into the work that flows from the strategy.

We acknowledge the Strategy includes plans to foster co-design and establish a consumer (lived experience) network to inform services. Feedback we received from people with lived experience of gambling harm and from priority populations is that the approach to reviewing the strategy needs to fundamentally change. The process should begin with an opportunity for people with lived experience of gambling harm to talk about what works and what doesn't. Solutions and services need to be co-designed and produced with direct input from people with lived experience, at every stage.

“The consultation is back-to-front. It's already set up and aligned to the existing programme and then they ask for submissions, but it's already decided.” – person with lived experience of gambling harm.

Key points of our submission are:

- Leadership by people with experience of gambling-related harm needs to be integrated across the system, with equitable workforce development, support, and remuneration.
- Key gaps in the strategy are support for affected others, engaging with gamblers before serious harm occurs, and the changing impact of offshore online gambling in the post-covid environment.
- Future reviews of the strategy should begin with a co-production approach in partnership with people who have experienced gambling-related harm, so that gamblers and affected others define the issues and what supports are needed.

## Consultation questions

### *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

We support the goal and objectives of the draft strategy but suggest some additions and changes as detailed below.

### **We support the draft Strategic Goal**

The Strategy aims 'To promote equity and wellbeing by preventing and reducing gambling-related harm'. We recognise and welcome this step towards improving the economic disparities and social problems that contribute to mental distress and have an impact upon wellbeing in our communities.

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

We generally agree that the gaps identified are important and services to address them should be provided. However, please note the following:

#### **Services for affected others, family and whānau need to be more accessible**

We have heard from people with lived experience of gambling harm that it is hard for family and whānau to get support unless a crisis has already begun:

“For every gambler up to eight other people are affected. More services to support affected others are needed. I’ve found talking to other women at foodbanks is one of the best places to get support.”

#### **Integrate linguistic and cultural knowledge across the system**

The Strategy should include a focus on employing workers with deep knowledge of the languages and cultures of priority populations at all levels and across all services that support the aims of the strategy. Cultural differences need to be considered at the beginning of service development and research projects. Devolving funding for specific work to community groups may help improve the effectiveness of such projects.

#### **We recommend the strategy explicitly address access needs**

One in four New Zealanders is disabled (Office for Disability Issues, 2021). The strategy should specifically address disabled or deaf people’s access needs to

ensure equity for disabled people, including those in priority populations, and people affected by others gambling. Services should be prepared for the need to access translation services, and support people to access them.

We note that the publication of the Strategy consultation document on the Ministry's website does not include versions in a range of accessible formats as recommended in the Accessibility Charter (Office for Disability Issues, 2020). This may limit the ability of disabled people to participate in the consultation.

### **Objective 2: Shift cultural and social norms**

We support this objective to shift cultural and social norms regarding gambling, to reduce harm. This is a particularly important objective, as are the four priority actions that sit under it; we encourage the development of a detailed plan, to commit actions to these priorities, once the Strategy is finalised.

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

We generally support this objective and make the following suggestions.

#### **People with lived experience should be in leadership roles**

The strategy includes developing the peer workforce but does not explicitly state that this workforce will include peers in leadership roles. The needs assessment indicates there have been problems with leadership and suggests that the gambling industry would support more involvement of people with lived experience.

People with lived experience have told us that there should be more support for existing providers to recognise the skills and knowledge of staff with lived experience. They also suggested that the Ministry should create a mentoring programme to develop lived experience leaders of the future.

#### **Strong leadership of the equity framework is required**

Strong leadership and clear communication of the equity framework will be needed so stakeholders understand its value and are willing to support it. The needs assessment highlights some negative perceptions from gambling industry stakeholders; for example, that the strategy represents a "*race-based harm minimisation strategy*<sup>1</sup>, and that:

“We are going to be asked to all be made accountable for stigmatising a particular group.” (Malatest International, 2021).

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

We strongly support this objective. We encourage the Ministry to involve people from these populations who have lived experience of gambling-related harm, in leadership roles.

<sup>1</sup> See page 52.

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

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

**We note the strategy acknowledges online gambling but recommend a broader focus that includes offshore online gambling**

The plan does not appear to address the potential for harm from app-based online gambling that is hosted overseas. Online and mobile-app games increasingly include gambling-like activities, offering game-related rewards in exchange for money or for watching advertising (which frequently advertises online gambling websites).<sup>2</sup> Online gambling of this kind is highly accessible to people with smart phones, and there is less opportunity for harm reduction interventions. Feedback from Asian communities indicates online gambling has become a serious problem during Covid-19 lockdowns, and our focus group told us Pacific communities are seeing young people becoming addicted to online gambling on their phones.

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

Yes

**We recommend support to remove identified barriers to access**

We note that the refreshed needs assessment identified that there has not been any change in enablers and barriers to help seeking; we would like to see the Strategy include support for people experiencing gambling harm to access services. The strategy discusses identifying and assessing barriers, and encouraging research and evaluation into reducing barriers, but does not commit to resourcing solutions. Commonly, low incomes or indebtedness act as barriers to access, particularly with travelling to and from support services. Provision could be made for people to travel so they can access gambling help services.

The Strategy also needs to consider people's differing ability to use online tools. Our lived experience focus group included this comment:

"Online services and tools are geared up for older people to use. But they don't know how to use it, or they can't afford the data charges. There are too many assumptions about knowledge and ability to use online supports. People switch off because they feel "This isn't meant for me, I can't use it."

The strategy and budget need to include a component to ensure services and information are accessible to disabled people. The Accessibility Charter provides useful guidance on how government services can make their services accessible (Office for Disability Issues, 2020).

<sup>2</sup> The mental health impact of spending on loot boxes is being researched internationally (Zendle and Cairns, 2019).

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

Yes

**We strongly support the commitments to enhance lived experience representation and input and broaden the peer support workforce**

We urge the Ministry to hear and value voices of people who have experienced gambling harm and what they consider to be essential. A focus group we held in October 2021 said the draft strategy did not have enough description of how the issues they have raised will be resolved. They strongly emphasised the importance of community connection and support for people in recovery. Their comments are included throughout this submission or provided in Appendix 1:

*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?

We generally agree with the content of the draft service plan and make the following additional comments.

**We support the use of public health approaches**

Understanding gambling harm as public health issue will help to shift perceptions that people always have choice whether to engage in gambling that is harmful. This approach respects the evidence that physiological and psychological effects intentionally built into gambling processes to maximise spending are a cause of community harm. A public health approach also acknowledges and responds to the harmful effects on the health of people who live with and depend upon people who have gambling problems.

**We recommend creating access to support through primary care**

We suggest you consider the suggestion from our lived experience focus group that Health Improvement Practitioners or Health Coaches could be an access point to seek help for gambling-related harm in primary care settings.

**We recommend developing lived experience leadership potential**

We welcome the provision for targeted scholarships to include people in priority populations and people with lived experience of gambling-related harm. In keeping with our comment that people with lived experience should be in leadership roles, the provisions for scholarships to attain NZQA qualifications should extend beyond Level 7.

We welcome the increased investment in workforce development in this area to support lived experience leadership.

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

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

*We would like to see specific funding commitments for kaupapa Māori, Pacific, and Asian services*

Table 5, in the consultation document, specifies funding for four service areas and includes a footnote that “All service areas include provision for dedicated Māori, Pacific and Asian services and activities.” There is no specification of the funding to be allocated to these priority populations. This information is essential for deciding whether the funding mix is appropriate.

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?*

We support the proposed new services, and offer the following suggestions

*We recommend lived experience leadership to support the de-stigmatisation initiative.*

We suggest particular emphasis be placed on leadership by people with experience of gambling-related harm across all areas of this strategy, not just in the Gambling Harm Lived Experience Advisory Group. The changes we have suggested to the strategy’s workforce development initiatives should support and enable that system-wide leadership.

*We recommend being more specific about commitments to supporting priority populations*

As noted above, there are no specified funding amounts for kaupapa Māori, Pacific, and Asian services. Being more specific about this funding, and about actions to support whole-person approaches would be valuable.

*Feedback on the value of the Gambling Helpline was mixed.*

Feedback from people with lived experience of harm from gambling was mixed. Some commented that recent changes integrating the service with other helplines had led to a decrease in reported satisfaction among their peers who called the Gambling Helpline. Most regarded the Gambling Helpline as less helpful than they had expected, and that telephone counselling was more helpful. Here is an example comment:

“I found the suicide-prevention phone service very helpful to stop feeling suicidal. They referred me to the Gambling Helpline. It was very formal and not engaging, I didn’t find it helpful. There was no sense of connection. I needed someone to meet with face to face. I think peer support should be

the first step, then counselling. The best help came about 5 months after I had already stopped by banning myself from venues. [Provider]’s phone counselling service really helped; my risk of relapse went down.” – person with gambling harm lived experience.

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?*

### Research should include offshore online gambling and the effect of loan sharks on indebtedness

We support assessing the relationship between gaming and gambling. This should include investigation of “loot boxes” available in exchange for payment or advertising in online gaming, and the prevalence and conversion rates of advertising for gambling websites in that context.

We suggest researching the effect of loan sharks on financial harm from problem gambling. The effects of loan sharks were of particular concern to members of our lived experience focus group. The high interest rates and worry about potential consequences of not paying amplify the urge to continue gambling and impact severely on mental health and potential suicidality.

Feedback from our lived experience focus group included comments about the culture of gambling venues.

“Most people at [casino named] have gambling problems and [casino] know it. How to reach them needs more focus. There are even loan sharks on site who will loan you \$1,000 to pay back double in a week’s time. Young international students who are there 10-12 hours or longer. The security staff have no answer when I ask, “how can you allow this?” - person with lived experience of gambling harm

### We suggest research into what support works for affected others

To make sure that services are family and whānau inclusive, it would be useful to know what works for people to safely support someone whose gambling is causing harm.

“It’s hard for family and whānau to get support unless a crisis has already begun. More services to support affected others are needed. I’ve found talking to other women at foodbanks is one of the best places to get support.” - person with lived experience of gambling harm

### Data needs to be disaggregated by disability

In the section entitled “How we will measure progress” the ‘equity lens’ needs to include disabled people to align with the government’s commitment to providing data that is disaggregated by disability. The Disability Data and Evidence Working

Group (DDEWG) are defining how data needs to be disaggregated, and how it should be collected, and made accessible. Seeking advice from DDEWG on how to approach this could reduce costs by futureproofing data collection.

*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

See our comments on offshore online gambling.

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

We have no alternative weightings to propose.

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.*

See our comments on the Levy in section 13.

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?*

It would be useful to see estimates of the expenditure against presentation data per sector disaggregated by priority populations. That would allow analysis of how priority populations are being affected and whether presentations are proportional to the amount being spent by that population.

*Anything else?*

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

### Workers and people providing advice are experiencing a loss of morale

People working in the sector in support provider roles and lived experience advisors feel they have not been involved in the changes occurring across the health and social services sector. This is causing a loss of morale. The gambling harm lived experience focus group's suggestion about co-designing solutions would provide a more inclusive process.

### Comment on the Levy

Although the levy formula itself is out of scope for this consultation, we offer the following questions for government to consider.

How can we achieve transformational change by only ever spending approximately the same amount on harm prevention? The description of the levy formula includes statement that:

“All other things being equal, the higher the forecast player expenditure for a sector, the lower that sector's levy rate will be.”

This statement can be interpreted as meaning that the more affected people are by the gambling expenditure in each sector, the less (proportionally) that sector pays into the levy scheme. This approach appears to assume that past expenditure is a valid basis for determining future expenditure.

The needs assessment reported a common perception among interviewed participants from all gambling stakeholder groups, and many workforce survey respondents that limited progress had been made on the previous strategy's aims.

We recommend reconsidering the approach to deciding how expenditure is determined. For example, the Ministry could reconsider the presence of “R” in the formula.

“R = the estimated under- or over-recovery of levy from a sector in the previous levy periods’

Putting aside the fairness argument regarding how adjustments to the levy should be distributed among sectors, it would be more effective for sustainability and long-term harm reduction to have a policy where any over-recovery is retained and under-recovery is added to the following cycle's levy structure. The fairness of the present system could still be applied to under-recovery in a particular sector.

## References

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## Appendix 1 – Additional comments from our lived experience focus group

- Funding grassroots support services is more effective at generating meaningful attitude change and providing real support for gamblers than expensive anti-stigma campaigns
- There's too little focus on the needs of gamblers. Supports for the psychological effects of gambling are not well described:

“You lose a massive part of who you are when you come into recovery. There needs to be more of a focus on the mana-enhancing part of it, to restore that sense of identity and empowerment.”

- The screening tools the counsellor used were really helpful because I felt they were getting a good understanding of me. Looking holistically at my needs really helped.
- Getting support for an hour at a time and then being left to manage alone is hard. Services need to work on holistic models and create space for healing conversations between affected others and the gambler, so they can reconnect with support networks and mana can be restored.
- Internalised self-stigma is an important problem that needs the support of others to resolve. Stigma and shame are a barrier to going to identified support services in person. Online options are helpful but face-to-face support is essential:

“When you're at the casino, you feel so empowered, like you're the most important person and nothing can stop you. That feeling disappears the moment you leave. People need support that understands the personality changes, isolation, absences from work, all these things that affect you.”

- Young Pacific people are using online gambling sites because it's less obvious than going to pubs. There doesn't seem to be much targeted support for younger people online.
- There should be a cybersecurity mandate to ban offshore gambling sites.