Canterbury
District Health Board
Te Poari Hauora ō Waitaha

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

To:

Strategy to Prevent and Minimise Gambling Harm Consultation
Ministry of Health
PO Box 5013
Wellington 6140

Submitter:

Canterbury District Health Board

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Proposal:

The Ministry of Health (the Ministry) is responsible for developing an 'integrated problem gambling strategy focused on public health'. The Ministry is now seeking comment, through a consultation process, on its draft Strategy to Prevent and Minimise Gambling Harm for 2019/2020 to 2021/2022 and draft levy rates.

SUBMISSION ON STRATEGY TO PREVENT AND MINIMISE GAMBLING HARM, 2019/20 TO 2021/22

Details of submitter

1. Canterbury District Health Board (CDHB).

2. The Ministry of Health requires the submitter to reduce potential health risks by such means as submissions to ensure the public health significance of potential adverse effects are adequately considered during policy development.

Details of submission

3. We welcome the opportunity to comment on Strategy to Prevent and Minimise Gambling Harm 2019/20 to 2021/22. The future health of our populations is not just reliant on hospitals, but on a responsive environment where all sectors work collaboratively.

General Comments

4. While health care services are an important determinant of health, health and wellbeing is influenced by a wide range of factors beyond the health sector. These influences can be described as the conditions in which people are born, grow, live, work and age, and are impacted by environmental, social and behavioural factors. They are often referred to as the 'social determinants of health.[1]

5. Environmental, geographic, social, cultural, demographic, socio-economic, family and household factors increase the risk of problem gambling. Gambling is a whole of population public health problem.[2]

6. The CDHB notes the negative effects of problem gambling. Recent research about the burden of gambling harm in New Zealand identified six main areas of gambling harm: decreased health, emotional/psychological distress, financial harm, reduced performance at work or education, relationship disruption/conflict/breakdown, and criminal activity.[3] At a national level, the research found that gambling causes 2.5 times the amount of harm as a chronic condition like diabetes, and three times the

[1] Public Health Advisory Committee. 2004. *The Health of People and Communities. A Way Forward: Public Policy and the Economic Determinants of Health*. Public Health Advisory Committee: Wellington.
[2] Editorial. 2017. *Problem gambling is a public health concern.* The Lancet; 390(10098):913.
[3] Central Queensland University & Auckland University of Technology. 2017. *Measuring the burden of gambling harm in New Zealand*. Wellington, NZ:. Ministry of Health.

amount of harm from drug use disorders.[4] Family violence is also associated with problem gambling.[5]

7. For Māori families, gambling has harmful effects on cohesion, cultural identity, and financial stability. Research has identified that gambling machines in particular have an isolating effect on Māori from families and the community.[6]

8. Due to the high levels of harm caused by problem gambling, the CDHB fully supports a strategy that takes a long term approach to tackling the issue.

Specific comments

Strategy and Direction

9. The CDHB supports the overall direction of the strategy and the principles underpinning it.

10. We broadly support the objectives of the strategy, including those which commit to reduction in gambling-related inequities experienced by Māori and Pacific peoples. However, we wish to qualify our support for several of the objectives.

Objective 3: People participate in decision-making about activities in their communities.

- Health promotion encourages people to participate in decision-making about activities in their communities. We note, however, that some decisions are distributed inequitably. For example, wealthier areas have fewer class 4 gambling machines in their areas than poorer areas, meaning that people in poorer areas may be required to participate in decision-making simply to achieve equity with higher income areas. Because of this, we support Objective 3, but in conjunction with Objective 4 around healthy policy. Healthy policy 'makes the healthy choice the easy choice,' and can help facilitate equity in the number and type of decisions for communities.
- The CDHB also has some concerns about grant distribution being denoted as a part of this objective. New Zealand and international evidence have shown that gambling-funded grants function inequitably, effectively

[4] Central Queensland University & Auckland University of Technology (2017), *Ibid.*

[5] Auckland University of Technology (2017). *Problem gambling and family violence in help-seeking populations: Co-occurrence, impact and coping*. Wellington, NZ: Ministry of Health.

[6] Auckland University of Technology (2017), *Ibid.*

distributing money away from highly deprived communities, exacerbating inequities of income distribution and health. Moreover, a large part of this 'charitable' funding is taken from those with gambling problems. These are serious problems with the existing model, and they will not necessarily be solved with greater transparency or even greater participation in decision-making. More up-to-date research into the distribution of grant funding could assist with understanding the problem of inequitable grant distribution and make recommendations to address any problems identified by the research.

Objective 7: Services enhance people's mana and build life skills and resiliency to improve healthy choices.

- Such services are important to those experiencing harm from their gambling or from someone else's gambling. The CDHB questions whether there is an opportunity to extend a similar offering to those choosing to profit from gambling and to provide them with support to improve healthy choices. There may be a research opportunity to better understand the drivers of behaviour in an industry that, in their own words, aims to 'build a better mousetrap' and compel consumers to use their product 'to extinction'.

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

- The CDHB supports Ministry of Health efforts to address long-standing concerns about gambling machine density in high deprivation areas. We note the comment that, 'Gambling venues are one of the best environments in which to observe, identify and intervene in potentially harmful gambling,' and support the Department of Internal Affairs 'secret shopper' research as a means of monitoring host responsibility. We also see the 'secret shopper' research as an opportunity to enhance enforcement. In addition to monitoring for host responsibility measures, we would like to see more robust auditing/monitoring of venues' reliance on gambling so that the DIA can curb these non-compliant, unsustainable behaviours.
- The CDHB see other opportunities to address harmful design of gambling environments. One opportunity would be to address machine design. Gambling machines are engineered to be addictive, and there may be

elements of machine design that could be adjusted to reduce harm. For example, gambling machine sounds and the presence of alcohol at the location may be associated with problem gambling. Muting machines or banning consumption of alcohol in gambling areas—or conducting research into the efficacy of these interventions—could reduce the range of structural and environmental factors that enable problem gambling. Interventions associated with alcohol use are of particular interest, given the comorbidity between problem gambling and hazardous alcohol consumption.

Objective 10: People access effective treatment and support services at the right time and place.

- The CDHB support the commitment to dedicated Māori, Pacific and Asian services.
- We acknowledge the challenges reaching rural areas. We suggest exploring whether the CDHB's psychosocial wellbeing service provision model, in response to the Hurunui/Kaikoura earthquakes of 2016, could provide inspiration for a mobile, community-linked service.

Service plan and funding

11. Of the research and evaluation areas/items listed in the proposed strategy, the CDHB has identified several priorities:

    11.1. Develop a better understanding of gambling advertising exposure on a range of population groups and the effects of the advertising on those groups' propensity to gamble. This is of interest as it could inform strategies to reduce gambling harm by addressing commercial determinants of health.

    11.2. Explore how to effectively transfer what we learn about gambling harm in academic research to key stakeholders: the gambling sector, policy and operational decision-makers; groups that are receiving or likely to need harm-minimisation services and the general public. The CDHB supports collaborative approaches to health promotion and healthy public policy, which can include utilising research and relationships with researchers to develop and/or achieve common aims.

11.3. Continue the biennial national prevalence survey through the HPA's Health and Lifestyle Survey (HLS) of gambling participation and harm in New Zealand. This data provides valuable time-series insight into gambling participation and harm in New Zealand.

11.4. Place/promote the New Zealand experience of gambling participation, gambling harm and harm minimisation activities in an international context. Such research may prepare New Zealand to respond to emerging trends overseas that are likely to impact people in New Zealand, such as industry tactics in Australia that are normalising gambling in sports.

12. The CDHB is interested in research to 'investigate the effects of the range of territorial authority policies on gambling harm minimisation,' however, have some concerns about materials for local authorities produced to date. A 'Gambling Resource for Local Government' in 2014 set out criteria local governments could use to decide the best policy for their area. Applying these criteria, no sinking lid policies were recommended—thus, a Ministry of Health document tacitly argued for an increase in class 4 machines in New Zealand.
13. The CDHB do not prioritise research to 'Explore the social and economic trade-off between gambling participation and gambling harm.' This is in part due to the sensitive nature of such an undertaking. For example, studies have shown correlation between suicide risk and pathological gambling. It would be difficult to respectfully compare the outcomes of such risks with other 'trade-offs'.
14. The CDHB has suggested further research in the areas of gambling grant funding distribution, drivers of health-depleting behaviour in the gambling industry, and efficacy of structural and environmental interventions to reduce problem gambling (e.g. muting machines, banning alcohol consumption while gambling).
15. The CDHB has concerns about the indicative funding appropriation ($55.339 million over 3 years), given the context where an industry with competing interest is highly resourced by comparison. For example, the funding appropriation equates to about $18.4 million per year; this is exceeded by the amount LottoNZ has budgeted in 2019 just for its media advertising, media production and draw ($20.9 million).

Policy in relation to electronic gaming machines (NCGMs) and the levy formula

16. The CDHB do not believe operators of class 4 NGM venues should be incentivised to move from lower socioeconomic areas to higher socioeconomic areas. Given the potential for the introduction of new gambling machines to increase the numbers of people with gambling problems, relocation risks the introduction of harm into a new community. We would, however, be interested in an incentive for class 4 NCGM venues to cease their gambling operations in low-socioeconomic areas.

Conclusion

17. The CDHB will continue to look for relevant and appropriate opportunities to work collaboratively to support the implementation of the strategy through service delivery and our connection with the community.

18. Thank you for the opportunity to submit on Strategy to Prevent and Minimise Gambling Harm 2019/20 to 2021/22.

Person making the submission

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