

Submissions on the Strategy Consultation Document

A summary of key themes and the Ministry of Health and Health New Zealand response

December 2024

Theme	Response
<p>While many submissions supported the general direction of the draft strategy, several qualified support by proposing specific services while others sought more information about how the strategy would be implemented. There were divergent views on service priorities and preferred direction of change, based primarily on differing industry and health/service sector perspectives.</p> <p>Support for the draft strategy was strongest from health and service providers and representative agencies, people with lived experience of gambling harm and individuals. Those representing the non-casino gaming machine (NCGM) sector strongly opposed any additional spending, or qualified any support, provided it was targeted at making the strategy more effective. NCGM sector submitters felt bolder changes were needed to make a real impact on reducing gambling harm.</p> <p>There was broad support for the mental health priorities applied to gambling harm, strengthening access and early intervention and support for groups in need (priority populations). There was also strong support to improving access to a range of services and early interventions to</p>	<p>The Ministry has updated the strategy to:</p> <ul style="list-style-type: none"> clarify or add supporting detail in the strategic and service plans; for example, to better align with population strategies under the Pae Ora – Healthy Futures Act. emphasise the importance of prevention as well as harm minimisation and provide further detail of the public health approach and coordination with other agencies. refine areas of new or additional investment in response to the feedback received, to achieve better health outcomes. affirm the values of lived experience, engagement, collaboration, and peer support, and prioritise services being developed/delivered in collaboration with priority populations and affected communities, to provide appropriate services and support/activities that improve access and respond to need in terms of age and culture were relevant. <p>While the strategy signals key changes in some areas, change must be balanced against the need to maintain long-term continuity in health, education, prevention and early intervention activities required to meet the needs of future cohorts, as well as to accommodate people’s unique needs at various times in their lives.</p>

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<p>address harms from gambling and to strengthen the capacity and capability of the gambling harm workforce.</p> <p>Most submitters supported investing in the gambling harm workforce, so it is clinical and lived experience led, and maintaining investments to address stigma and support multi-venue exclusions.</p>	
<p>Some submissions, notably from the NCGM sector, called for a fresh approach and expressed concern there had not been a major strategic review or development of performance measures as proposed by the Gambling Commission in their 2019 and 2022 reports on the levy. Some non-industry submissions also called for a strategic review.</p>	<p>The proposed strategy includes an evaluation to look at the long-term impact of the strategy over the past twenty years (refer service Priority 4 (Improving effectiveness of services and supports)). The text has been updated to clarify this evaluation take account of the Gambling Commission’s previous comments about the scope of a strategic review, and to ensure it commences by early 2026 so that findings can feed into the 2027/28 strategy refresh cycle.</p>
<p>A cross section of submissions, mostly from the gambling industry, commented on the lack of high quality, consistent data and called for better data collection, performance measures and targets to enable better monitoring of and reporting on the priorities and actions outlined in the strategy.</p>	<p>The proposed strategy has been mended to provide additional funding to improve data collection and develop a modern client data management system. We also propose new additional funding to develop a monitoring framework with performance targets, impact and outcome measures specific to gambling harm, timed so these can be incorporated into the 2028 strategy cycle, monitoring and commissioning.</p> <p>This work will align with the Mental Health and Addiction Priorities as they relate to gambling harm and be informed by findings from the above strategic review and the outcomes framework Health NZ is developing for the public health and intervention services it provides to prevent and minimise gambling harm.</p>
<p>Some submissions commented that other vulnerable groups should be identified such as older people, people with disabilities and those in rural or isolated areas.</p>	<p>Data about prevalence of gambling harm amongst some vulnerable populations such as people with disabilities and older people is limited. Opportunities to research gambling harm prevalence amongst priority populations and at-risk communities are a priority under the draft strategy.</p> <p>As noted above, the strategy proposes investing in data management to improve administrative data collection which should enable access to better quality information about these groups as the system is updated.</p>

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<p>Submissions offered diverse sector specific views on the level of funding proposed.</p> <p>Most industry submissions, notably from the NCGM sector, did not support the \$11.595m increase until a review of the strategy could demonstrate where the strategy has had a positive impact and been effective.</p> <p>Some submissions argued that the Ministry should reduce funding and cut back services, as presentations to services were declining.</p> <p>Conversely non-industry submissions either supported the level of funding or recommended additional funding to address “service gaps.”</p> <p>Some health and treatment service sectors considered that far greater funding would be required to effect real change or to compensate for increased operating costs.</p>	<p>The Ministry has:</p> <ul style="list-style-type: none"> • reviewed the proposals and updated information and costings where appropriate. • updated the technical data required to calculate the problem gambling levy rates and amounts to be paid by each sector, including sector shares and over or under collection of the levy from the most recent complete data available. • updated to the most recent information on the gambling environment, gambling expenditure and behaviour patterns, gambling harms and gambling impacts • proposed additional investments to address gaps in service coverage, reinstate workforce scholarships, enable facial recognition technology to interface with the venue exclusion system, strengthen data collection, develop a gambling harm monitoring framework and update the practitioner guidelines. <p>The Ministry proposes to increase total spending to \$91.805 million over the next three year levy period, which includes a transfer of \$5.260 million forecast cumulative underspend from the current appropriation to 30 June 2025.</p> <p>The current funding model is not up for review as that would require legislative change. The overall levels of service proposed are in line with the government’s mental health and addiction priorities and the statutory requirements in the Gambling Act 2003 and considered necessary to meet established models of care, incorporating both public health and clinical treatment services.</p>
<p>Most submissions expressed concerns about the impact of online gambling particularly when compared with in person gambling. Some submissions recommended more specific treatment and public health services should be developed to address the risks and likely harms arising from online gambling, which many submissions noted was growing in availability and popularity.</p>	<p>Gambling harm treatment and support services are available to everyone, regardless of the type of gambling they engage in – including unregulated online gambling.</p> <p>The public health section has been updated to note that officials will work together to mitigate a potential increase in gambling harm due to expanding online gambling opportunities. The Ministry, Health NZ and Department of Internal Affairs (DIA) will work together to develop, implement and monitor the</p>

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	<p>online gambling regulations, with a particular focus on the harm minimisation standards. Similarly, officials will work together to promote public health messaging to raise awareness about the risks of online gambling and how to access services and support.</p>
<p>Many submissions also noted online gambling operators based overseas were not paying their share of the levy and wanted greater clarity about how the new regime would be implemented in 2026, and what restrictions on gambling and advertising would be put in place.</p> <p>NCGM sector submissions sought greater clarity about implementing the regulation of online offshore casinos in 2026 and its impact on levy setting. There were concerns that the changes anticipated in 2026 created several unknowns that would impact on expenditure forecasts and hence their levy obligations. NCGM sector submissions called for a section 322 review of the levy due to the significant impact of introducing a new levy paying sector.</p>	<p>The Government announced in March 2024 that it will regulate and levy online offshore casino providers so that all levied sectors will pay their fair share of the costs of the strategy. The Government is in the process of taking decisions on how to implement the legislation and the associated policy work is being led by DIA. This will include considering any transitional provisions and consequential changes that may be required once the implementation details are clear. This may lead to a levy review during the next Strategy period, but it is too early to tell at this stage.</p> <p>Some information about the online casino gambling regulatory design has been proactively released¹ including that all licensed online casino gambling operators will be required to pay the Problem Gambling Levy.</p> <p>Any questions about the regulation of online casinos are for DIA to respond to.</p>
<p>Many submissions expressed concerns about advertising either by current gambling providers through a range of media, or by the proposed new license holders for online casinos, arguing advertising should either be banned or further restricted.</p>	<p>Domestic gambling operators must adhere to the principles and rules set out in the Advertising Standards Authority (ASA) Code, designed to ensure that gambling advertising is conducted in a manner that focuses on social responsibility, protection of minors, harm prevention and truthful presentation. Anyone can complain about any gambling advertisement to the ASA.</p> <p>There will be restrictions on online casino advertising. Details about what will be permitted and restricted are being worked through as part of the detailed design for Cabinet to consider.</p> <p>As noted above, the public health section in the Strategy has been updated to provide more detail about Health NZ and Ministry roles working with agencies</p>

¹ [https://www.dia.govt.nz/diawebsite.nsf/Files/Proactive-releases-2024/\\$file/Cabinet-Material-on-design-of-the-online-casino-gambling.pdf](https://www.dia.govt.nz/diawebsite.nsf/Files/Proactive-releases-2024/$file/Cabinet-Material-on-design-of-the-online-casino-gambling.pdf)

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	such as DIA and local authorities as appropriate to identify and address potential harms from gambling, including gambling online, advertising and videogames.
<p>There was general support for the use of technology to improve access to services and help identify and address gambling harms and for the use of the Multi Venue Exclusion (MVE) to support self-exclusion.</p>	<p>Health NZ and the Ministry recognise that e-tools and technology provide opportunities to improve service access and to prevent or manage exposure to gambling harm, and that there are opportunities for collaboration and innovation amongst affected stakeholders. Such technology and tools are integral to many of the services and activities described throughout the service plan.</p>
<p>NCGM sector and related industry submissions sought reinstatement of the “technology fund”, support for facial recognition technology (FRT) and its integration into the MVE database.</p> <p>NCGM sector submissions generally supported MVE but expressed concern MVE is currently underused and costly and should be adapted to support facial recognition and the proposed online exclusion system.</p>	<p>As per the above, technology is widely used in the services described in the Strategy.</p> <p>Health NZ intends to undertake the necessary work to enable use of FRT by NCGM venue operators to enable FRT vendors to connect with, and use the data contained within, CONCERN (the exclusion database). However, Health NZ will not purchase facial recognition technology (hardware, software, or licences) for NCGM venue operators, or other operators as this is already self-funded and used in other gambling environments.</p>
<p>There was broad but sometimes qualified support for the strategic direction and alignment with mental health and addiction (MHA) priorities adapted to gambling harm.</p> <p>Some submissions called for greater alignment with other strategies or interconnectedness at an operational level between gambling and other mental health, addiction, and social service provision (see holistic services below).</p>	<p>We have amended the Strategy to clarify that it aligns where appropriate with the population strategies in the Pae Ora (Healthy Futures) Act 2022.</p> <p>Similarly, the current and proposed strategy also supports cultural and holistic models of care (see below). While levy funding may contribute to the cost of holistic or integrated services, the levy component funded should only be sufficient to address the costs of gambling harm.</p>
<p>Several submissions supported services focusing on the needs of priority populations and calls for greater support for families, whānau and communities and for tamariki and rangatahi.</p> <p>Similarly service and health providers wanted more to be done to provide more culturally appropriate services, particularly for Māori, Pacific, and</p>	<p>The Strategy has been updated to clarify that the Strategy and service commissioning process supports services that address those with the greatest needs. The strategic framework diagram in the Strategy clearly identifies priority populations of Māori, Pacific, Asian, and young people. Similarly, the Strategy continues to recognise the importance of cultural competence, and this is being</p>

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<p>young people, including te ao Māori services, to meet the needs of priority populations and vulnerable groups.</p>	<p>addressed both as part of workforce development and training, and as a requirement of providers when commissioning services.</p> <p>The service commissioning process supports funding appropriate te ao Māori and other population service models that are known to be effective in delivering services. For example, the 2023 service commissioning process funded a range of Hauora Māori, Asian and Pasifika service providers. This process supports service models that are culturally appropriate and developed with affected communities to deliver services that are effective in meeting their needs.</p>
<p>There was cross-sector support for a NZQA harm-reduction qualification, though some suggested a level four qualification might be more appropriate than the proposed level seven qualification. People with lived experience also stressed the importance of intervention training for venue staff to identify gambling harm and respond effectively.</p> <p>Some industry submissions suggested funding the Hospitality New Zealand host responsibility training programme.</p>	<p>Health NZ advise that a Level 7 qualification specific to gambling harm is considered most appropriate qualification for services. The strategy also provides support funding for training, scholarships, and internships to build up the gambling harm workforce capacity and capability.</p> <p>Hospitality New Zealand’s training programme applies to NCGM operators in commercial venues and is more appropriately funded by persons responsible for those venues.</p>
<p>Submissions from people with lived experience, health and service providers felt that the wider healthcare workforce needed a greater awareness of gambling harm and training about gambling harm reduction. Similarly, healthcare practitioners needed a better understanding of the connection between mental health conditions / distress from gambling harm to other health conditions</p>	<p>The draft strategy included new funding to develop the peer workforce, enable clinical services to promote themselves to the public, and towards increasing the volume of referrals from the health sector. Health NZ’s Primary Care initiative will bolster awareness, and action, amongst primary care workforces. HNZ will also use its internal channels to raise health professionals’ awareness of gambling harm.</p> <p>In response to submissions, new funding has been allocated to update health practitioner guidelines.</p>
<p>There were divergent views on the proposed mix of services with many commenting on the need to improve access and service gaps particularly in rural and isolated areas.</p> <p>Non-industry submissions want a wider range of services but tended to support the proposed mix of services.</p>	<p>The proposed service plan provides for a range of services that will be made available to people who need help and support to address harms from gambling.</p> <p>The clinical intervention package has been boosted in response to submissions to increase funding to address known gaps in service coverage in three or four regions, as part of improving access to rural and isolated areas.</p>

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<p>Most NCGM sector submitters and some service providers called for an overhaul of services, to provide more accessible face-to-face counselling, after-hours and weekend support, and longer-term, holistic support and improved access in rural and isolated areas.</p>	<p>The strategy also provides for ongoing investment in digital support (video and online) services to improve access to specialist services in rural and isolated areas. It is not feasible to offer face-to-face services in all remote and rural areas, therefore digital solutions are being further developed for this purpose, and telehealth will remain available.</p> <p>Current services offer satellite clinics in certain areas, and various online tools are being developed by three national providers and will launch in 2025. The national helpline is also available 24/7.</p>
<p>A range of submissions urged for a more holistic approach to services and better alignment with other MHA services at the operational level to provide greater continuity of care, and to recognise that gambling harm is often associated with underlying mental health and addiction issues and the broader determinants of mental wellbeing.</p> <p>This was couched in various terms, including calls for more holistic services, for better integration, to remove silos or to provide more effective services and service models.</p>	<p>The Ministry and Health NZ recognise the causes of harmful gambling are complex and change may require system change across sectors, for example, integration of gambling harm services into primary care and social services. There are opportunities to commission services and facilitate support activities, provided these are consistent with addressing gambling harm as defined under the Gambling Act 2003.</p> <p>For example, \$1.369 million has been allocated to fund “intensive support” services that were tested in the previous levy period for people with severe problem gambling. We know there are synergies in providing comprehensive prevention and wrap around services and support for the whole person, recognising that people affected by gambling harm often have co-existing issues.</p>
<p>Some submissions felt there should be more public-health focused initiatives and questioned why some priorities had not been pitched more widely</p> <p>Some submissions argued the strategy should prioritise prevention over treatment.</p>	<p>Public health initiatives by definition are focused more broadly at a population or community level, in order to reach a wide range of people. The strategy funds a range of public health initiatives, as can be seen by reference to the service plan tables in the right hand column of Appendix 5, that identifies the “public health” and other components. About one third of the proposed funding is allocated to public health initiatives.</p> <p>As noted above the Public Health section of the strategy has been revised to explain the range and type of activities and agencies typically involved in this work.</p>

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<p>Submissions from people with lived experience, health and service providers called for gambling harm reduction programmes to reach wider whānau and communities affected by gambling harm beyond the directly impacted individual(s), including services to support young people (those under 14 years of age).</p>	<p>The strategy funds wider public health programmes to raise community awareness of gambling harms, early intervention and clinical services and how to access them. While some campaigns target specific communities, all campaigns are intended to reach a wider audience beyond those directly affected by gambling harm given the public health approach referenced above.</p> <p>There are no age restrictions for accessing clinical intervention (counselling) services.</p>
<p>Several submissions supported the proposal to continue to address stigma from gambling and encouraging people to reach out for help, reinforcing the importance of prevention and early intervention.</p>	<p>The Strategy has been amended to strengthen this relationship and the importance of public health, focusing on prevention and early intervention and increasing (improved) access to support (which contributes to the first and third strategic priorities).</p>
<p>Several submitters highlighted the role and value of lived experience: for example, in providing culturally appropriate effective peer support and informing the design of clinical and public health services, research and evaluation.</p>	<p>The Ministry and Health NZ are committed to supporting lived experience participation including the standing Lived Experience Advisory Group. We recognise the lived experience perspective improves the quality and effectiveness of policies and services.</p> <p>The strategy includes provisions to support people with lived experience including an additional \$1.779 million to support the peer workforce. Those with lived experience may also be eligible for scholarships or internships to help obtain a gambling harm qualification if they wish.</p>
<p>There was general support for the research and evaluation proposals, but some submissions called for research design to be more collaborative and take culture into account. There were also calls for research to have a longer-term focus and for results to be more accessible.</p> <p>Many submissions questioned why research funding had reduced and argued there should be more invested to building up our research capacity and longer-term strategies to identify what was working and to strengthen our intervention approach.</p>	<p>The Ministry commissions research proposals to enable an understanding of the New Zealand context to inform policy and strategy development and ensure a culturally appropriate research design.</p> <p>The proposed Strategy includes a research framework developed to support future research planning beyond the 3-year levy cycle (in line with the Gambling Commission’s 2022 report), noting that a comprehensive research programme is being delivered as part of the current strategy. The proposed research priorities will deliver a mixture of projects with longer term focus (such as prevalence surveys and better knowledge dissemination) and shorter-term focus responding</p>

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	to emerging knowledge needs and gaps (such as online gambling) ² . Funding reflects the planned priorities and associated resource requirements.
Several submissions also called for stronger regulation of video games that contain gambling like elements, arguing that these games are addictive and conditioning young people to gambling behaviour.	Video games are not considered to be “gambling” under the Gambling Act 2003 and therefore are not in scope. Concerns about video games can be directed to the Classification Office. However, through our public health role Health NZ and Ministry officials will continue to work with DIA and the Classification Office to raise awareness of harm from gambling-like elements in games., to inform any potential further work in this area.
Several submissions mostly from NCGMs, health sector, service providers and people with lived experience sought changes to the broader gambling policy, legislative or regulatory frameworks . This was expressed through calls to update the definition of gambling, reduce class 4 venues and machine numbers, strengthen host responsibility training and accountability, further restrict advertising and set tighter controls (for example, to limit ATM withdrawals in venues or use cashless systems to restrict gambling opportunities). Some called for complex new funding models.	These concerns are consistent from recent Strategy consultation phases, but like online gambling are best addressed at a system level, as provided in the strategic framework and where appropriate supported by a public health response. As noted above the updated public health section in the Strategy details Health NZ and the Ministry’s roles to work with agencies such as DIA and local authorities to identify and address potential harms from gambling. As these concerns mostly relate to or require changing the gambling regulatory framework itself, they fall within the responsibilities of the DIA. We have referred these to DIA to help their consideration of opportunities to improve the framework.
About half of the submissions commented on the options for weighting expenditure (w1) and presentations (w2) . Most submission in this area were from the gambling industry with each sector supporting an option that would minimise their levy payment. Relatively few service providers commented or indicated a preferred levy weighting, and this preference was spread across the four options.	For transparency, the Ministry has included the 50/50 weighting option proposed by the NCGM sector submissions in the updated Strategy. Further discussion of weighting options is provided in the revised proposals document. The Ministry have not yet concluded whether to recommend retaining the current 30/70 weighting option or opting for an alternative. The Ministry has also updated the levy costings section with the latest complete data available.

² <https://www.health.govt.nz/statistics-research/research/gambling-harm-research-and-evaluation/current-research-projects>

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<p>Five submissions supported the current 30/70 option. Eight submissions from health and service sectors, Lotto NZ, TABNZ and casinos, preferred to reduce the weighting on expenditure to either 20% (two casinos), 10% or 5%. Increasing the presentations weighting would mean NCGM providers paying a larger share of the levy, in line with the share of gambling harm attributed to them.</p> <p>NCGM sector submissions rejected the options presented and proposed a 50/50 weighting, reducing the weighting on presentations from 70% to 50%, reasoning this was a fairer balance accounting for all the various causes of harm.</p>	<p>We will share this feedback with relevant Ministers to inform their decisions about the levy in due course.</p>



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