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The Royal Australasian College of Physicians' submission to the Ministry of Health

Strategy to Prevent and Minimise Gambling Harm 2022/23 to 2024/25

Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback on the The College welcomes the opportunity to comment on the Ministry of Health's Strategy to Prevent and Minimise Gambling Harm 2022/23 to 2024/25. We acknowledge that an integrated problem gambling strategy that includes public health programmes to prevent and minimise harms, as mandated by the New Zealand Gambling Act 2003, places Aotearoa New Zealand amongst international jurisdictions progressively leading the prevention and reduction of gambling harm[1].

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our members, to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

We wish to comment specifically on the proposed strategic goal, objectives, and priority action areas.

Q1. Do you agree with the proposed strategic goal, objectives and priority action areas?

Strategic goal

The College welcomes the public health approach reflected in the draft strategic goal "to promote equity and wellbeing by preventing and reducing gambling harm". This goal recognises the need for a broad approach to gambling-related harms that addresses the social, commercial and political determinants of gambling and the need to work towards achieving health equity.

We strongly support the intent to guide action to reduce population-level gambling harms, with the aspirations of people, whānau and communities to enjoy lives, spaces and places free from the negative outcomes associated with gambling addiction and gambling harm. We note, however, that one size does not fit all: population-level interventions may not be designed to centre the specific contexts and needs of different communities within a rights-based framework. Priority actions must be designed, resourced and implemented in partnership with communities, and enable tino rangatiratanga and mana motuhake – self-determination and autonomy over health and wellbeing.

This strategic goal and systemic focus aligns to the themes of our College's campaign for health equity, #MakeItTheNorm – particularly in making communities and neighbourhoods environments that are promoting and supporting of health, rather than harming.

[1] Price A, Hilbrecht M, Billi R. Charting a public health approach for gambling harm prevention. J of Pub Health. 2021;29(6):37-53. Available from https://link.springer.com/article/10.1007/s10389-020-01437-2. Accessed 29 September 2021.

Make It The Norm

The conditions in which we are born, grow, live, work, and play have a profound impact on our health and wellbeing, and that of our whānau and communities. The RACP sees action on the social determinants of health – which have a pronounced association with gambling harm – as foundational to addressing inequities in health outcomes in Aotearoa NZ. Our College calls for health equity to be the norm for all, through healthy housing, good work and whānau wellbeing[2].

Objectives

The RACP supports the four objectives that frame gambling explicitly as an equity issue. The objectives acknowledge that gambling harm occurs on a spectrum; that gambling behaviours have complex financial, social, political and cultural determinants; and that there are actions at every level in the system – including in legislation – that can support authentic and transformative change.

We note all four objectives have been designed to align and enable the five Te Tiriti o Waitangi principles (tino rangatiratanga, partnership, equity, active protection, and options, as derived from the Wai 2575 *Hauora* report). Building on these principles as a basis for the objectives will make it possible to determine the extent to which the Strategy honours commitments to Māori under Te Tiriti o Waitangi[3]. Application of these principles provides a useful starting point to identify objectives that better respond to the needs and aspirations of whanau and communities disproportionately impacted by gambling harm[4].

In the reporting on the 2021/22 strategy's implementation and evaluation, and in the next iteration of the strategy, it would be valuable to include evidence of how the Te Tiriti principles have informed and influenced outcomes.

Objective 1: Create a full spectrum of services and supports

When gambling behaviours are increasingly harmful, affecting an individual's health and wellbeing and that of their whānau, behaviours can be interpreted though an addiction lens. Understanding gambling harm through an addiction approach encourages greater connection to the drivers, risk factors and health outcomes, as well as treatment options.

The objective of services and supports is laudable, yet it will require workforce levels beyond the capacity of the current system. It is clear from trends and reporting on the mental health and addiction workforce that there are significant constraints, particularly in the psychologist workforce,

[2] Royal Australasian College of Physicians. Make It The Norm. [Internet] Sydney: Royal Australasian College of Physicians; 2020. Available from https://www.racp.edu.au/advocacy/make-it-the-norm. Accessed 1 October 2021.
[3] Waitangi Tribunal. Hauora: Report on stage one of the health services and outcomes inquiry. Wellington: Waitangi Tribunal; 2019. Available from https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_152801817/Hauora%20W.pdf Accessed 1 October 2021.
[4] Thimasarn-Anwar T, Squire H, Trowland H, Martin G.New Zelanders participation in gambling: Results from the 2016 health and lifestyles survey. Wellington: Health Promotion Agency Research and Evaluation Unit; 2018. Available from https://www.hpa.org.nz/research-library/research-publications/new-zealanders-participation-in-gambling-results-from-the-2016-health-and-lifestyles-survey. Available from Accessed 1 October 2021.

where demand is outstripping supply[5]. Further, like many groups within the health sector, the mental health and addiction workforce is ageing. In 2015, there were 22 mental health nurses under 25 years working in the community, compared to 453 in the 50-54 age range[6].

We also ask that the Strategy emphasise the role of the broad range of hospital and community services involved in addressing gambling ham. This includes Psychiatrists, Addiction Medicine Specialists, Psychologists, Counsellors and General Practitioners, as well as the multidisciplinary non-clinical workforce. Non-clinical community workers, including peer support workers, youth workers and cultural advisors are essential to meet the needs of people living with gambling addiction. They are highly skilled in walking alongside people through recovery, support people as they navigate the health system, operating in a culturally safe way.

The document refers to a "culturally responsive workforce". The RACP recommends this reference is updated to a "culturally safe workforce". This is consistent with the Medical Council of New Zealand's framing and definition, and ensures the practitioner is working to address their own biases, assumptions and privilege, rather than continuing to position patients and their whānau as the exotic other[7].

Objective 2: Shift cultural and social norms

It is fundamental to acknowledge that gambling practices were introduced through colonisation and were not present in Te Ao Māori prior to the arrival of Europeans[8]. Gambling and its various forms have proliferated through the nineteenth and twentieth centuries, as sports betting, casinos and lotteries were socialised as mainstream entertainment.

This history is important to consider in relation to social and cultural norms around gambling, particularly as Aotearoa New Zealand has one of the highest per capita expenditures on gambling in the developed world[8]. In 2018, New Zealanders spent $2.4 billion on gambling activities, with the majority ($895m) spent at non-casino electronic gaming machines (EGMs)[9].

Information and support to make healthy choices about gambling should be widely available, barrier-free and accessible in many languages. It is difficult to make the healthy choice when it is not the easy choice. There is evidence that where EGMs are easily accessible within communities, there is a greater prevalence of problem gambling behaviours, and a greater risk of harm[10].

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[5] Cardwell H. Shortage of psychologists leaving patients on waitlist for 9 to 12 months. [Internet]. RNZ 8 September 2021. Available from https://www.rnz.co.nz/news/political/451062/shortage-of-psychologists-leaving-patients-on-waitlist-for-9-to-12-months. Accessed 1 October 2021.

[6] Logan, S. Addressing mental health nursing workforce shortages. [Internet] Kai Tiaki: Nursing New Zealand. 2018;24:17-19. Available at https://www.proquest.com/openview/1ad848a92688e70db6dc518495aa8519/1?pq-origsite=gscholar&cbl=856343. Accessed 4 October 2021.

[7] Te Kaunihera Rata o Aotearoa Medical Council of New Zealand. Statement on cultural safety. [Internet] October 2019. Wellington: Te Kaunihera Rata o Aotearoa Medical Council of New Zealand. Available from: https://www.mcnz.org.nz/our-standards/current-standards/cultural-safety Accessed 4 October 2021.

[8] Adams P. The history of gambling in New Zealand. J Gambling Issues. [Internet]. 2004;12. Available from: https://jgi.camh.net/jgi/index.php/jgi/article/view/3669. Accessed 1 October 2021.

[9] Davidson I. Kiwis spent equivalent of $648 each on gambling last year, with the biggest share going to pokies. [Internet]. NZ Herald. 28 Feb 2019. Available from https://www.nzherald.co.nz/nz/kiwis-spent-equivalent-of-648-each-on-gambling-last-year-with-the-biggest-share-going-to-pokies/K5EK2C7OYR5J55MZAAKWDKHUCA/. Accessed 1 October 2021.

[10] Tu, D., & Puthipiroj, P. New Zealanders' participation in gambling: Results from the 2014 health and lifestyles survey. Wellington: Health Promotion Agency Research and Evaluation Unit; 2017. Available from:

Objective 3: Strengthen leadership and accountability to improve equity

There are growing calls, including from the Problem Gambling Foundation and Hāpai Te Hauora, to address the funding of community projects and groups from the proceeds of gambling. 50 per cent of Aotearoa New Zealand's 15,476 EGMs are located in communities with the highest deprivation, meaning that much of the funding distributed to community groups is from a small minority of people[11]. Many clubs and societies rely solely on Trusts and Societies Grants to meet operational funding, resulting in the social acceptance of under-resourced communities funding the recreational pursuits of wealthier populations.

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

The RACP welcomes reference to lived experience in this Objective. The quality and strength of solutions supporting the Strategy's continued implementation will build on the ability of the Ministry of Health and its partners to listen and learn from the diverse experiences of people who have lived with gambling addiction or been impacted by gambling harm as a whānau member.

Regarding Asian communities (both migrant and established), the RACP notes that a "one size fits all" approach will fail to adequately account for the particular nuances, determinants and drivers of gambling behaviour, particularly when considering sub-populations within the broader community. People separated from family, isolated through language barriers, undertaking shift work, and living in Aotearoa New Zealand as as international students are at increased risk of harmful gambling and its health, wellbeing, social and financial impacts[12].

The strategy is largely silent on gaming and gambling contexts and environments. In clubs, pubs and bars, EGMs may be hidden or walled off from other patrons, a design which is at once protective (as it prevents the machines being a subtle advertisement for gambling), but also increases stigma for users. The Health Promotion Agency's survey on health risk behaviours around the 2020 lockdown showed decreases in gambling compared to pre-lockdown, yet an increase in some online gambling sites, including MyLotto, Instant Kiwi and the TAB, which have significant advertising reach[13].

There are emerging associations detailed in the literature between video gaming and gambling behaviours, whereby products and functions common to gambling (wagers, betting, randomised rewards in exchange for real-world money) are integrated into video game play. Some studies have found this form of convergence blurs the boundaries between different forms of online media and entertainment, and call for further research into the cognitive, behavioural and addiction outcomes

https://www.hpa.org.nz/research-library/research-publications/new-zealanders-participation-in-gambling-0 Accessed 4 October 2021.

[11] New Zealand Problem Gambling Foundation Group, Hāpai Te Hauora, and Oasis (The Salvation Army). Ending community sector dependence on pokie funding: white paper. [Internet] 2020. Available from: https://www.pgf.nz/downloads/assets/11959/1/ending_community_sector_dependence_on_pokie_funding_20200717.pdf Accessed on 4 October 2021.

[12] Asian Family Services. Gambling harm awareness week 2020. [Internet]. 26 August 2020. Available from https://www.asianfamilyservices.nz/events/blogs/gambling-harm-awareness-week-2020/. Accessed 8 October 2021.

[13] Health Promotion Agency Te Hiringa Hauora. Impact of Covid-19: Topline results Wave 2. [Internet] Wellington: Health Promotion Agency. Available from https://www.hpa.org.nz/research-library/research-publications/the-impact-of-lockdown-on-health-risk-behaviours. Accessed 5 October 2021.

for gamers and gamblers alike, and the intersection between these two user groups[14] [15]. This growing research will be important to understand how young people and rangatahi are interacting with and experiencing gambling analogs in online spaces, including video and mobile games.

The RACP supports an intersectional approach in determining actions under this Objective. The Strategy does not mention women – despite research findings from the Te Hiringa Hauora Health Promotion Agency that EGMs, for example, are used equally by males and females, and females were slightly less likely to identify early signs of gambling harm compared to male respondents[4].

Priority Action Areas

The College supports the identified priority action areas, and the commitment to enabling the Hauora principles of tino rangatiratanga, partnership, active protection, options and equity to be realised in the prevention and minimisation of gambling harm.

We also recommend the Strategy's framing elaborates on where we are (current state) and where we want to be (future state) in terms of gambling harm in Aotearoa New Zealand, including meaningful measures of progress. For example, the colour chart on page 18 does not incorporate work that has already been done, limiting our ability to see what progress has been made in the timeline of gambling interventions past and present.

The activities of the Department of Internal Affairs (DIA) and Te Hiringa Hauora – Health Promotion Agency in the gambling arena currently influence the Ministry's ability to achieve its goals and the nature of priority areas. However, the commercial gambling industry is rapidly developing and providing challenges that may require a broader, innovative approach.

Recommendations to augment the Priority Action Areas

Reducing and minimising gambling related harm requires a multi-sector, interdisciplinary response, including from civil society and the private sector. We ask that the Strategy includes :

1. Greater action to address the co-occurrence of gambling behaviour and use of alcohol and other drugs
2. cross-agency collaboration aimed at protecting people from online gambling
3. reduction of the density of EGMs in the communities most affected by gambling harm
4. benefits and rewards of gambling are minimised in advertising and promotion
5. broader oversight of communities at risk from gambling harm and accurate targeting of proceeds and
6. sustainable funding opportunities are introduced to reduce the reliance on EGM revenue.

[14] Nicklin LL, Spicer SG, Close J, Parke J, Smith O et al. "It's the attraction that draws you in": A qualitative investigation of reasons and facilitators for videogame loot box engagement in UK gamers. [Internet] J Clin Med 2021; 10(10):2103. Available from https://pubmed.ncbi.nlm.nih.gov/34068271/. Accessed 6 October 2021.
[15] Yokomitsu K, Irie T, Shinkawa H, Tanaka M. Characteristics of gamers who purchase loot boxes: a systematic literature review. [Internet]. Curr Addict Rep. 2021; Jul 8:1-3. Available from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8264989/. Accessed 6 October 2021.

1. Greater action to address the co-occurrence of gambling behaviour and use of alcohol and other drugs

As our submission has acknowledged, gambling does not occur in a vacuum, and public health interventions are rarely successful without accounting for the complex interactions and spectrum of interventions necessary at every level, from the macro (societal, cultural, legislative and regulatory) to the meso and micro (community and neighbourhood, person and whānau).

There are numerous references in the literature of the co-occurrence of gambling and the use of alcohol and other drugs, examining behaviour and consumption patterns, as well as the cognitive impact of alcohol impairment on decision-making and risk-taking behaviours[16] [17].

However, there is little in the Strategy that acknowledges the intersections of gambling and alcohol and other drugs: in fact, alcohol is mentioned only twice in the Strategy. One of these references is in relation to clinical intervention and support and acknowledges the need for person-centred and holistic models of care, drawing on Whānau Ora and Māori models of health and wellbeing.

The need for interventions to understand the nexus of addiction, mental health conditions, and substance use and how the social determinants of health are contributing drivers of these health outcomes must be foundational in service design. Further, interventions that uphold and centre Te Ao Māori support culturally safe and affirming models that resonate with whānau, emotional and spiritual needs – beyond the individual[18]. The RACP strongly recommends that public health promotion strategies to address gambling harm also foreground a Whānau Ora approach, and centring Māori models of health, such as Te Whare Tapa Wha, and the Meihana Model, which ensure consistency at a principles level, while enabling treatments to be targeted to meet specifics of individual treatment, management and contextual needs.

At a legislative and regulatory level, we note the specific carve-outs for casinos under the Gambling Act, which enable alcohol provision without restriction (other than proof of age) in the context of a legal casino operation[19]. The RACP will continue to advocate for alcohol law reform, particularly where there are strong public health co-benefits across different sectors like gambling[2].

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[16] Barnes GM, Welte JW, Tidwell MCO, Hoffman JH. Gambling and substance use: co-occurrence among adults in a recent general population study in the United States. [Internet]. Int Gambl Stud 2015;15(1):55-71. Available from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4405260/. Accessed 8 October 2021.

[17] Harries MD, Redden SA, Leppink EW, Chamberlain SR, Grant JE. Sub-clinical alcohol consumption and gambling disorder. [Internet] J Gambl Stud. 2017; 33(2):473-86. Available from https://pubmed.ncbi.nlm.nih.gov/27826730/. Accessed 8 October 2021.

[18] Morrison L, Boulton A. Reversing the harmful effects of gambling in Indigenous families: the development of the Tu Toa Tu Maia intervention. [Internet]. J Indig Wellbeing. 2013;2:255-68. Available from https://www.researchgate.net/profile/Amohia-Boulton/publication/262567498_Reversing_the_Harmful_Effects_of_Gambling_in_Indigenous_Families_The_Development_of_the_Tu_Toa_Tu_Maia_Intervention/links/02e7e53826c8f65762000000/Reversing-the-Harmful-Effects-of-Gambling-in-Indigenous-Families-The-Development-of-the-Tu-Toa-Tu-Maia-Intervention.pdf. Accessed 8 October 2021.

[19] Gambling Act 2003, s173.

2. Cross-agency collaboration to enable consumer protections from online and in person gambling

Gambling via overseas websites has surged in Aotearoa New Zealand in recent years and spiked during lockdowns of the coronavirus pandemic.

We note that Table 9 in the draft Strategy (p44) does not include gambling spending from overseas online, making it difficult to ascertain the true expenditure associated with gambling.

Overseas operators are exempt from New Zealand regulation and are only subject to the regulations of the country they are based in. Currently, the only restriction is that these operators are not allowed to advertise in Aotearoa New Zealand. Despite calls for stringent regulation of online gambling preventing harm from online gambling on overseas websites requires innovative solutions[20]. For example, KiwiBank has collaborated with the Problem Gambling Foundation and launched a new feature allowing customers to block merchant codes for popular overseas gambling websites[21]. Collaboration and innovation between the public and private sectors to reduce the potential for harmful gambling behaviours should be encouraged in the Strategy.

3. Commitment to reducing the density of Electronic Gaming Machines (EGMs) in the communities most affected by gambling-related harm

We note the draft strategy acknowledges the disproportionate burden of gambling harm experienced by Māori and Pasifika is largely attributable to the density of EGMs in overburdened and under-resourced communities. Despite this, the priority action areas do not focus explicitly on measures to address this issue. Evidence shows that proximity to EGM venues is a risk factor for problem gambling and research shows their use causes more harm proportionally than any other form of legal gambling [22] [23].

The College recommends that the Strategy specifies measures to address the problem of increased exposure to EGMs in communities most affected by gambling-related harm. Action on this issue is crucial to achieve equitable outcomes. Māori are more likely to be affected by gambling-related harm than non-Māori due to increased exposure, and the correlation with other factors such as poverty, living with addictions, and job insecurity[24].

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[20] Tanielu R. Just a click away: Online gambling in Aotearoa. Wellington: The Salvation Army Social Policy and Parliamentary Unit; 2021. p1-7. Available from sppu_onlinegamblingreport_april2021.pdf (salvationarmy.org.nz) Accessed 1 October 2021. The DIA noted that in an 18-month period, New Zealanders spent about $380 million on offshore online gambling sites, visiting approximately 3000 overseas gambling sites.

[21] Kiwibank. Kiwibank introduces gambling block option. 13 April 2021. Available from https://www.kiwibank.co.nz/about-us/news-and-updates/media-releases/2021-04-13-kiwibank-introduces-gambling-block-option/. Accessed 30 September 2021

[22] Ward AD, McIvor JT, Bracewell P. The geographic distribution of gaming machine proceeds in New Zealand. Kōtuitui: New Zealand Journal of Social Sciences Online. [Internet]. 2020;15(1):54-74. Available from: Accessed 4 October 2021.

[23] Binde P. What are the most harmful forms of gambling? Analyzing problem gambling prevalence surveys. [Internet] Göteborg, Sweden: Center for Public Sector Research (CEFOS); 2011. Available from https://core.ac.uk/reader/16330330. Accessed 4 October 2021.

[24] Tse S, Dyall L, Clarke D, Abbott MW, Townsend S, Kingi P. Why people gamble: A qualitative study of four New Zealand ethnic groups. [Internet] Int J Ment Health Addiction. 2012;10:849-861. Available from: 10.1007/s11469-012-9380-7.pdf Accessed 1 October 2021.

Many of the actions described in the strategy document, including education, participation and reducing stigma tend to emphasise action at the individual level, rather than working at the structures and systems level to reduce risk.

Changing social and cultural norms around gambling require bold policy change. Enacting these changes at the national level, such as a national sinking lid policy, removes the risk of regional and local variation and inconsistency, and reduces the onus on local community groups to organise and advocate to oppose new Class Four Gaming Machine licenses.

4. Asserting benefits from gambling

Asserting benefits, including that supporting 'good' causes outweigh potential harms from gambling, is a common legitimisation tactic of commercial gambling[25]. Similarly, one of the more socially tolerated claims from the industry is the "good" a person's gambling money does for the local community, in funding charitable and not-for-profit organisations. This has been emphasised in advertising and marketing for Lotto, which has the broadest reach of all types of gambling[26].

The College strongly recommends limitations on the advertising and marketing of gambling products that promulgate messaging around the 'good' of gambling activity and its direct funding of community initiatives and activities.

5. Broader oversight of communities at risk from gambling harm and accurate targeting of proceeds

Asian communities in Aotearoa NZ face a disproportionate risk of gambling harm, and are about nine and half times more likely to experience harmful gambling that other ethnic groups[12]. Understanding the drivers and the health outcomes – especially in relation to mental distress, feelings of shame and intergenerational financial strain are important. Effective interventions and recovery for people experiencing harm requires the skills and expertise of Asian health workers to ensure trust is critical.

The Strategy must recognise the need for greater transparency and improved governance at a national level to ensure gambling proceeds benefit the communities most exposed to the risk of gambling harm. Improved oversight would ensure the Trusts responsible for reinvesting a proportion of proceeds back into the community do so in a way that accurately targets funding towards the areas most affected by harms.

There is potential for agencies to work together and use national data on the socio-spatial distribution of EGMs to ensure accurate distribution of the proceeds though the Trusts and Societies model. Recent research on the geographic distribution of EGM proceeds in Aotearoa New Zealand

[25] Francis, L. Gambling's community contributions: does the community benefit? [Internet] Addiction Research & Theory. 2020;28(5):365-378. Available from https://www.tandfonline.com/doi/abs/10.1080/16066359.2019.1663834?journalCode=iart20 Accessed 4 October 2021.
[26] Lotteries Commission. Community funding. [Internet]. Available from https://mylotto.co.nz/community-funding. Accessed 6 October 2021

suggests this kind of analysis provides opportunities for accurately targeting funding[22]. In the Auckland Territorial Authority, gaming machine proceeds were found to be highest in South Auckland due to the high concentration of venues and high spend at the venues[22]. Despite a higher than average spend, it is difficult to determine the level of funding that is being directed back into the community relative to how much has been extracted through EGMs.

6. Introduction of sustainable funding opportunities for communities to reduce community sector dependence on EGM revenue

The College recommends that the Strategy include a pathway to introducing sustainable funding opportunities, to reduce reliance of community organisations on grants from Trusts and Societies.

We see significant scope to review the distribution of gaming machine proceeds to directly support the aspirations of the communities that are currently providing a disproportionate and inequitable percentage of funding to Trusts and Societies.

Funds from EGMs are distributed to a variety of not-for-profits, charities and community organisations across the country, as well as arts, cultural events and sports clubs. The source of this funding poses an ethical dilemma for many volunteer organisations, who may have no alternative except to seek funding from the proceeds of gambling. Further, many operate at a national level and have minimal or indirect links to communities where harm from gambling is more prevalent. Some beneficiaries of EGM proceeds are essential services and in 2019 included the NZ Flying Doctor Trust and the Canterbury West Coast Rescue Helicopter Trust. There is a greater role for government to play in funding these life-saving services.

Conclusion

The RACP thanks the Ministry of Health for the opportunity to provide feedback on this consultation. To discuss this submission further, please contact the NZ Policy and Advocacy Unit at policy@racp.org.nz.

Nāku noa, nā

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