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Tēnā koe Gambling Policy Team,

Thank you for the opportunity to submit on the Reducing Pokies Harm Consultation.

Who are we?

Atamira | Platform Trust (Platform) is a peak body organisation representing the mental health and addiction (MH&A) non-governmental organisations (NGOs) and community sector. We represent 82 MH&A NGO and community organisations that provide support to tāngata whaiora (people seeking wellness) including Māori and Pasifika providers, and whānau and peer-led services. Platform has sought input from our members who provide services and advocacy within the gambling harm sector as part of our submission.

In addition to our members, Platform represents a wider network of MH&A NGOs who share the same aspiration of an MH&A system and sector that is driven by the need for better and more equitable outcomes for all. Collectively across 2020/21, MH&A NGO and community providers have supported over 80,000 tāngata whaiora¹, approximately 42% of all people accessing specialist support for their mental health or addiction in Aotearoa (1).

Our submission on the Reducing Pokies Harm Consultation is structured to address the three key focus areas in the Department of Internal Affairs (DIA) Discussion Document², as follows:

- Part 1: Reducing harm in venues (identifying and responding to signs of harmful gambling, and better staff training)
- Part 2: Reducing harm from pokie machines (changes to machine features that could make them safer)
- Part 3: Reducing harm through stronger compliance (penalties and enforcement)

¹Data from Programme for the Integration of Mental Health Data (PRIMHD) data set, sourced 27/03/22.

² [https://www.dia.govt.nz/diawebsite.nsf/Files/Gambling-Reducing-Pokies-Harm/\\$file/Reducing-Pokies-Harm-Public-Discussion-Document-1.pdf](https://www.dia.govt.nz/diawebsite.nsf/Files/Gambling-Reducing-Pokies-Harm/$file/Reducing-Pokies-Harm-Public-Discussion-Document-1.pdf)

Introduction

We are grateful that the DIA is open to strengthening the Gambling (Harm Prevention and Minimisation) Regulations 2004 (the Regulations). However, strengthening the Regulations will not be enough to stop the damage caused to the community by gambling-related harm.

Gambling-related harm in New Zealand is enormous. Over 2020 to 2021, gamblers in New Zealand lost \$987 million from gaming machines outside of casinos (2). The results from the 2018 Health and Lifestyles Survey (3) showed that in the previous 12 months, one out of ten adults aged 15 years and older had played pokies at a pub or club. This survey also outlined that of those adults who gambled, pokie players were more than twice as likely to be at risk of some degree of gambling-related harm.

We note that the narrow focus of the consultation is disappointing. Addressing the Gambling Act 2003 and wider systemic issues, including social determinants of health, is paramount to ensuring an equitable approach to supporting tāngata and whānau who are affected by gambling-related harm. This would ensure a true public health policy approach to reducing damage from gambling.

All gambling legislation needs to be reformed to bring it in line with the well-established research findings, showing poor health and wellbeing outcomes of tāngata who experience harm from gambling. Further to this, more investment is needed into awareness and advocacy of gambling-related harm, and a shift to more sustainable and transformative funding and commissioning models for service providers working in the field of gambling harm.

Furthermore, the existing community funding system is widely acknowledged to be inequitable, with significant proportions of money coming from deprived communities and from tāngata experiencing gambling harm (4). We support a reduction in the concentration of pokies in line with recent research both overseas and in New Zealand, that suggests a tighter control on the number of venues available within communities (5).

The final key point is that addressing any legislation needs to involve a thorough co-design process with tāngata who have lived experience of gambling-related harm. This is fundamental to truly understanding the issues and support system needed. We strongly advise that the voices of tāngata who have experienced gambling-related harm are at the core of any changes made to the Regulations, and to any further consultation processes.

Te Tiriti o Waitangi and Equity

Underpinning the review of the Regulations is a commitment to achieving equitable health and wellbeing outcomes for Māori.

It is vital to note as above that Class 4 gambling areas are not evenly distributed across New Zealand, and are disproportionately located in the most deprived areas (4). To ensure a truly equitable approach given the knowledge of population risk factors, would be to allow for greater restrictions surrounding where Class 4 gambling areas are located, and how many are allowed. This is not within the scope of the consultation and as mentioned earlier, is disappointing considering the obligations to te Tiriti o Waitangi and ensuring the removal of inequities for Māori who experience gambling-related harm.

We strongly encourage any future consultations to examine this to ensure a truly equitable approach. The onus of responsibility needs to shift from individual blame to a higher-level system approach, of which the government have a significant role to play in ensuring equitable outcomes for Māori.

Part 1: Reducing harm in venues (identifying and responding to signs of harmful gambling, and better staff training)

We believe that effective host responsibility that is standardised and detailed and follows an evidence base is critical to reducing gambling-related harm within Class 4 venues. We suggest the following:

What changes are necessary to identify and stop harmful gambling in pubs and clubs?

- Regulated and standardised gambling harm minimisation training should be established. All staff who supervise gambling should be required to complete this training.
- Class 4 venue staff should be required to do regular sweeps of the gaming area and talk to patrons who have been gambling at least every two hours, to ensure patrons are not displaying signs of gambling harm. Venue staff should also encourage patrons to take a break at two-hour periods.
- Class 4 venues should be required to record a specified range of harm-related events and brochures and postures.

- A robust review of the design of Class 4 venues gambling areas should be undertaken (e.g., lighting, not having clocks), and any changes should be considered regarding how gambling harm could be prevented or minimised. Research has shown that the spatial context in which pokie machines operate encourages patrons towards problematic gambling (6).
- Regular auditing and inspection should be mandated at Class 4 venues. This is to ensure that host responsibility standards are being met. This may include increased ‘mystery shopper’ visits, particularly to venues of high risk such as those located in high deprivation areas, or venues with high gaming machine profits.

How could self-exclusion be used more effectively as a tool to prevent harmful gambling?

- We support self-exclusion as research has shown it to be an effective tool to reducing gambling harm (7). However, we have concerns around the consistency of this legal requirement being upheld by venues. We suggest this cannot be effective in addressing gambling harm when it relies on inspection and observation across 14,743 machines in 1050 venues (8). We suggest this as a vital area to strengthen, and one that needs significant investment.
- See further suggestions in Part 2 below around requiring Class 4 Trusts and Societies to provide facial recognition technology on all pokie machines to identify self-excluded gamblers.

What further tools do staff need to help them identify harmful gambling? How could training of staff be improved?

- Gambling host responsibility should more closely resemble alcohol host responsibility.
- Regulated and standardised gambling harm minimisation training should be provided to venue staff by external providers, such as Te Hiringa Hauora/Health Promotion Agency or equivalent organisations, focused on an evidence-based, public health approach. However, we remain concerned that this would still put the onus, responsibility, and therefore blame, on individual staff as opposed to a systemic approach to reducing harm. Proper harm minimisation training would require ongoing significant resource and inspection as opposed to a one-off training requirement.

Part 2: Reducing harm from pokie machines (changes to machine features that could make them safer)

Increased regulation of gamification features on pokie machines has huge potential to help prevent and minimise gambling harm, as shown through recent research informing the evidence base for reducing harm from gambling (9–11).

Could changes to the features of a pokie machine help reduce harmful gambling?

- The changes that we support are as follows:
 1. Pokie machines should be required to have a maximum number of games that could be played in an hour.
 2. Regularly interrupting continuous playing by displaying information such as the return to player ratio of games, volatility of games, and harm minimisation messaging.
 3. Mandatory pre-commitment technology (messaging) on all pokie machines, so that players can set the amount of money or time they intend to spend prior to gambling.
 4. Multi-row bets should be prevented or limited.
 5. Maximum stake of \$2.50 is reduced.
 6. Requiring Class 4 Trusts and Societies (who own the pokie machines) to provide facial recognition technology on all pokie machines to identify excluded gamblers.
 7. Rethinking and reviewing gamification features on pokies, such as the loss disguised as a win feature, which is shown to be reinforcing and rewarding for patrons (12).

What changes could be made to prevent harm from jackpots?

- Reviewing the maximum jackpot size.
- Reviewing or prohibiting messaging and signage around jackpot levels.

Part 3: Reducing harm through stronger compliance (penalties and enforcement)

The gambling regulations as they stand cannot be effective in addressing gambling harm when they rely on physical inspection and observation across 14,743 machines in 1050 venues (8). Significantly more resource needs to be invested in stronger compliance to regulations for both

Class 4 venues and Class 4 Trusts and Societies. The resource is not available, and this makes enforcement weak. In addition, penalties for non-compliance are inadequate. There is no deterrent to venues when there are light penalties and poor enforcement.

We believe that regular inspections of all Class 4 venues should be undertaken and paid for by the government. There is a significant grey area of responsibility between the DIA and the Gambling Commission, in respect to who upholds and takes responsibility for the Class 4 regulations. This needs to be urgently addressed. This lack of clarity is demonstrated by the fact that neither the DIA or the Gambling Commission have taken responsibility for undertaking enforcement action, as shown by a recent covert filming exercise undertaken by Newshub (13).

Therefore, we cannot answer the questions as provided in the DIA discussion document. We suggest the following:

- A review is undertaken that clearly outlines which organisation holds the responsibility for monitoring, ensuring compliance, and enforcement of penalties.
- Stronger infringement fees are required to ensure harm minimisation regulations are observed. While existing penalties cannot be increased in this review, the suggested infringement fees for each of the existing and potential new requirement options are inadequate.
- We suggest that infringement fees are increased to those of breaches to the Sale and Supply of Alcohol Act 2012, as these have been effective in enforcing regulations around alcohol.

Conclusion

Thank you for the opportunity to comment on this consultation. If you have any questions, please contact Abigail Freeland, Policy Analyst, at abigail@platform.org.nz.

Ngā mihi,

Memo Musa
Chief Executive



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