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Tēnā koe,

Atamira | Platform Trust (Platform) welcomes the opportunity to comment on the Ministry of Health's (MOH) Strategy to Prevent and Minimise Gambling Harm 2022/23 to 2024/25 (the strategy). Platform has consulted with members in preparation of this submission as many of our member organisations provide gambling harm services and will be impacted by the strategy.

Platform is a peak body representing 68 MHA NGO and community sector organisations that provide support to people whose lives are directly impacted by mental health and addiction, their whānau and the communities where they live. MHA NGO and community organisations include Māori and Pasifika providers, plus people with lived experience and whānau. Platform also represents a wider network of MHA NGOs, (approximately 132) who are not necessarily members but share the same aspiration of a MHA system and sector that is driven by the need for better and more equitable outcomes for all.

Platform understands that our member organisations; The Salvation Army, Problem Gambling Foundation, Asian Family Services, Mapu Maia, and Odyssey are submitting on the Draft Strategy to Prevent and Minimise Gambling Harm (2022/23 to 2024/25). We would like to express our support for their submissions.

This submission is supported by the Mental Health Foundation of New Zealand.

Introduction

As part of this submission Platform has consulted with our member organisations who provide gambling harm services. The overwhelming feedback from the sector has been related to the areas outside of the draft strategy. During the consultation NGO and community sector organisations have taken the opportunity to tell us what they believe are the factors impacting gambling harm. Whilst Platform endorses a large amount of what it is in the consultation document, if gambling harm is to be prevented, strategic changes and a cross-government strategy need to be implemented. At this point in time a series of three-year strategies is too slow and not nimble enough to respond to the changes within the gambling sector. For prevention to occur the regulation and legislation needs to be adjusted to bring in greater restrictions, and a better funding model.

Gambling Act 2003

The legislation used to determine key aspects of the strategy and services that prevent gambling harm are outdated.

Online Gambling Harm

The Department of Internal Affairs has indicated that the regulations for online gambling will change, and may be opened to providers outside of Lotto NZ and the TAB. This change, in conjunction with a three-year strategy to prevent gambling harm, do not account for the current and growing need for services supporting tangata whaiora experiencing gambling harm. Many people in New Zealand are experiencing gambling harm through onshore (Lotto NZ/TAB) and offshore gambling sites. This form of gambling is more accessible and the harm from it is difficult to treat. In a modern society, access to online gambling is available anywhere, anytime. This issue has only been exacerbated by COVID-19 and the subsequent lockdowns.

Whilst generic gambling harm services are helpful for those seeking help from online gambling, specialist services and programs need to be funded and created that are targeted specifically at harm created online. With the current levy formula, only onshore online gambling provides funds for gambling harm prevention services. Until the levy is adjusted, or funding exclusively for online gambling harm is created, harm will continue to grow.

Gambling Levy

The gambling levy is an outdated way to measure the harm created by different forms of gambling. As outlined in the strategy, one of the key areas that needs to be addressed in New Zealand is the stigma that surrounds seeking help and support to reduce the harm from gambling. Measuring harm based on the number of people using services, ignores the harm that is done to people who do not seek treatment because of the stigma.



This current gambling levy formula, miscalculates and underestimates the amount of harm done. This contributes to the lack of funding and capability within the sector to reduce harm created by gambling. A portion of the money allocated to the strategy is for public health campaigns to reduce stigma. This is a necessary step but is taking from the small pool of money that is meant to be allocated to those presenting at gambling harm services and means a reduction in support for people needing support. For the strategy to be adequate at preventing gambling harm, the Levy needs to be adjusted to money taken from communities for gambling is returned to those communities to support harm reduction.

Equity and Te Tiriti o Waitangi

Class 4 gambling areas are not evenly distributed across New Zealand. New Zealand's highest deprivation areas hold 50% of pokies. Class 4 gambling areas do not have the largest player base, but account for 35% of all gambling losses. In 2020, Gaming machine profits were \$810 Million and of this 0.78% went to the gambling harm levy. 40% of this money went to communities, but these are largely outside of where the money was taken, and don't assist with the harm caused. For more details on this, please see the Problem Gambling Foundation's white paper¹.

As stated, Class 4 gambling areas are predominantly located in the highest deprivation areas in New Zealand. The strategy's strategic goal is "to promote equity and wellbeing by preventing and reducing gambling harm". The number and location of Class 4 gambling areas will continue to be a barrier for Māori and Pasifika communities where they are commonplace. For prevention to occur, the Gambling Act 2003 needs to be adjusted to allow for greater restrictions on where and the number of Class 4 gambling areas.

General Cost Pressure Uplift

Organisations need yearly general cost pressure uplifts worked into their contracts to maintain good quality services and meet growing demand. Organisations holding gambling harm contracts have come to expect minimal increase to contract funding, once every three years when a new strategy begins. As it stands, the cost of delivering a gambling harm service is higher in the third year of a draft strategy than in the first.

This is partly due to the way contracts are funded. Funding on a per FTE rate ignores the operating cost of a service. The organisation is forced to pay their staff a lower rate than what they can get elsewhere to ensure that the organisation is sustainable. This leads to high staff turnover, and organisations having to limit the services being offered.

Funding across the board needs to increase, and a funding model implemented that allows for organisation growth in response to demand and sustainability.

¹ Problem Gambling Foundation, Hāpai Te Hauoria, Oasis, (2020). Ending community sector dependence on pokie funding – White Paper



Pay Parity

Platform supports the adjustment to bring clinical staff working in the gambling harm sector up to the same rate as those working in other addiction clinical roles. This aims to address the issue of staff retention rates. This is an important first step but ignores the pay parity issue.

Registered mental health professionals employed by DHBs are paid significantly more, compared to the same roles employed by NGOs and community organisations. As explained above this is partly the way contracts are funded, not considering the cost of running a service outside of labour costs. This is an issue across the entire mental health and addiction sector but is particularly felt by those organisations working in gambling harm. With a specialist skillset, the workforce is small and workforce development is insufficient to meet need. Staff working for NGO and community sector organisations will leave or choose to work for a DHB, as they can afford to pay their clinicians more.

As stated above, funding needs to increase across the board to have a skilled workforce that meets the needs of the gambling harm prevention sector.

Submission Questions

Do you agree with the Proposed strategic goal, objectives, and priority action areas?

Platform endorses the strategy's proposed strategic goal, objectives, and priority areas.

Does the draft strategic plan reflect changes in the gambling environment?

As outlined in the Gambling Act 2003 section, the strategy doesn't reflect the increased needs from the online gambling sector, nor is it nimble enough to adjust the change in need over a three-year period. Online gambling harm is likely to grow over the strategy's period, and resources will have to be taken from other parts of the gambling harm sector.

The Gambling harm sector is underfunded across the board and needs more funding to adjust to the growing need.

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

Platform endorses the continued focus on equity for the Māori and Pasifika populations. As outlined in the strategy, these communities experience the most gambling harm in New Zealand. Platform recommends the use of NGO and Community sector to help address the inequities facing Māori and Pasifika. Here you



will find capable and culturally specific organisations already embedded within these communities, ready to help tangata whaiora with gambling harm.

Platform would like to raise concern over the lack of mention of Ola Manuia: Pacific Health and Wellbeing Action Plan 2025². Throughout the consultation document the strategy suggests that equitable outcomes for Pasifika people is a key outcome, but the Ministry of Health's own strategic document for Pasifika Wellbeing is not mentioned. Given the importance of the document and the outcome for the Pasifika health equity, the Action Plan should inform the strategy.

Platform endorses the addition of rangatahi and Asian communities into the strategy's priority populations. However, the use of the term Asian is problematic in a gambling harm strategy. The MOH risks not being granular enough and treating people who are Asian as a single group.

Do you have any comment to make on the under what needs to change?

As part of Platform's consultation process, we consulted with Asian Family Services, who are New Zealand's only specialist Asian mental health and addiction provider. They have outlined clear themes between different Asian culture's choice of gambling sector and their reasons for gambling.

For example, people of East Asian descent are more likely to be Casino gamblers, have expendable income and feel isolated and lonely. At Casinos, East Asian people find others from their own cultures, who speak a common language. The Casino becomes a community and a place for socialising. People of South Asian descent tend to have less expendable income and see gambling as a form of making quick money. For more details on these themes, please see Asian Family Service's submission. These distinctions are important to determine service type need and effective public health messaging.

Platform recommends that the strategy be more specific around the strategy for preventing harm in the Asian community.

Does the draft service plan adequately cover what it needs to cover, for example, does it include the right types of services and activities?

Platform endorses the changes to grow a stronger gambling harm prevention workforce. These include the expansion of the peer support workforce in the gambling harm sector, the development of the level 7 qualification in gambling harm prevention, and the creation of scholarships to enable culturally appropriate workforces to support priority areas and populations. These changes are necessary to adapt to the need of tangata whaiora experiencing gambling harm.

² Ministry of Health. 2020. Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. Wellington: Ministry of Health.



As stated above, Platform endorses the MOH's commitment to addressing the difference in clinical staff rate between different addiction sectors.

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

Platform supports the MOH recognition that digital services are required in the gambling harm sector and supports the pilot program. However, this is going to be too slow. The demand for digital services is here now. With COVID continuing into next year and beyond, digital services are already required and waiting for a three-year pilot program is too slow. The demand is already here, and we already know those most likely to be affected by gambling harm (e.g., 20-30 year old males).

Platform recommends the Asian helpline from Asian family services be expanded to a 24/7 service. As explained above, a lot of gambling from the Asian community happens either at casinos or online. Currently, the helpline is funded to run between 9am-8pm, Monday to Friday. This means that the helpline is not running during times that problem gambling is likely to occur.

Platform recommends a similar service be resourced for a Pasifika helpline. There has been some concern raised by Pasifika people using the Gambling Helpline that the service is inconsistent and is not culturally appropriate. A Pasifika gambling harm service could be resourced to run a Pasifika helpline to account for this need.

Platform recommends the contracting of services for programs focused on support for Whānau with a family member suffering from gambling harm. There are many organisations located in the NGO and community sector well placed to be able to provide these services. These could be specialist whānau services or current gambling harm providers.

Do you agree with the proposed new services including destigmatisation initiative, innovations pilots and investments?

Platform agrees with the proposed new services. Platform especially supports the pilot for an intensive support program looking at the effectiveness of a residential program. At present there are no contracted residential beds for people where their addiction does not include alcohol and/or other drugs.

Platform recommends an alternative to a single residential treatment provider. Community organisations could be allowed to hold a flexi-fund, to allow access to the most appropriate service. This would stop tangata whaiora being referred on from service to service when their gambling harm increases. Continuation of care is important in a person's recovery.

Do you agree with the priorities for research and evaluation that have been outlined in the draft service plan?



Platform supports the priorities for research and evaluation.

**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 the levy to be paid by each gambling sector and do not affect the total amount of the levy?**

Platform would again like to emphasise that the levy is no longer fit-for-purpose. Given that this strategy will be finalised before changes can be made to the Gambling Act 2003, Platform would recommend the 5/95 weighting. This is based on evidence suggesting the NCGM sector causes the most harm, to the most vulnerable communities. It therefore makes sense that the NCGM sector should contribute the most to the Levy.

END

For further contact about this submission

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