

Strategy to Prevent & Minimise Gambling Harm

Ministry of Health Consultation



New Zealand Council Of
Christian Social Services

Contact Name:	Nikki Hurst
Email Address:	eo@nzccss.org.nz
Phone Number:	
Organisation Name:	New Zealand Council of Christian Social Services (NZCCSS)
Organisation description:	<p>The New Zealand Council of Christian Social Services (NZCCSS) welcomes the opportunity to provide feedback on XXXXX.</p> <p>NZCCSS has six foundation members; the Anglican Care Network, Baptist Churches of New Zealand, Catholic Social Services, Presbyterian Support and the Methodist and Salvation Army Churches.</p> <p>Through this membership, NZCCSS represents over 250 organisations providing a range of social support services across Aotearoa. We believe in working to achieve a just and compassionate society for all, through our commitment to our faith and Te Tiriti o Waitangi. Further details on NZCCSS can be found on our website www.nzccss.org.nz.</p>

Tirohanga Whānui | Overview

The impact of gambling harm on our poorest communities continues to concern NZCCSS. Our member services are confronted with the direct and indirect consequences of problem gambling on daily basis.

We note revisions to the strategy have been informed by the 2021 Gambling Harm Needs Assessment Report (GHNAR), and current research, alongside a change in the context in which gambling and gambling harm occurs.

The results of the latest GHNAR, commissioned by MoH, strongly indicates we as a society are not doing enough to support those most at risk of harmful gambling. It is not accidental that:

- “Māori, Pacific peoples and young/rangatahi continue to have the highest prevalence of harmful gambling.
- Access to online gambling for money has increased”.
(2021, Needs Assessment Report)

Taunakitanga | Recommendations

In general, NZCCSS supports the strategy, with suggested amendments / comments for consideration as outlined below.

O maatau whakaaro mo te Rautaki | Our thoughts on the Strategy

Strategic goal

NZCCSS supports the rewording of the strategic goal “*to promote the prevention and reduction of gambling-related harm in a way that promotes equity and wellbeing*”. This change provides clarity about what is intended to be achieved within the scope of the strategy underpinned by a public health and equity approach.

Recommendation: Include a structural inequality lens

Structural inequity is the key driver of this health issue. Addressing poverty and exclusion in our poorest communities must sit alongside the public health measures proposed in this strategy.

NZCCSS supports the proposal to strengthen the equity focus of the strategy, and would request the inclusion of a broader poverty and inequality lens alongside the strategy’s focus on health inequities.

Commitment to equity and public health approach gambling harm prevention and minimisation

NZCCSS supports the alignment of related reports as identified below to support a commitment to equity and a public health approach to gambling harm prevention and minimisation:

- position gambling harm prevention and minimisation explicitly as an equity issue, by creating a new set of objectives based on *Whakamaua*
- align with the principles set out in *Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan*
- situate harm prevention and minimisation activities within the broader context of public health promotion and the regulation of gambling.

Principles

NZCCSS supports the principles drawn from the mental wellbeing framework ‘*Kia Kaha, Kia Māia, Kia Ora Aotearoa*’. We would like to amend principle 3 ‘*People and whānau at the centre*’ to read ‘*People, whānau and those with lived experience at the centre*’. The inclusion of people who have experienced gambling harm and made positive change need to be at the centre of service design, and service delivery.

Objectives

Objective 1: Create full spectrum of services and supports: It is critical that the design and delivery of services addresses the gaps identified in the GHNAR (Māori, Pacific and Asian peoples and youth/), and meet the needs of these diverse groups.

As part of the service design process, consideration is needed of the changing ways that people communicate today, particularly since Covid-19 restrictions such as webchat, texting, email, video streaming. The introduction of a broader range of methods to deliver services may also help address barriers to accessing services.

An appropriate level of funding to support building this capability would need to be required.

Objective 2: Shift cultural and social norms: NZCCSS supports a move away from personalising gambling harm to a focus on community and equity issues .

Any campaign to increase public awareness needs to focus on the drivers of harm and the impact of gambling across individuals, families and whānau, communities and society as a whole.

Consultation on any campaign should include a range of stakeholders including social services, specialist and mainstream services, mental health and addiction services and people with lived experience.

Objective 3: Strengthen leadership and accountability to achieve equity: NZCCSS supports strong leadership and accountability to achieve the outcomes intended.

NZCCSS is aware that the Gambling Act 2003 requires reviewing to address significant changes to the context in which gambling and gambling harm occurs over the past eighteen years, including the introduction of online gambling which is not included in the Act.

Objective 4: Strengthen the health and health equity of Māori, Pacific & Asian peoples and youth:

NZCCSS strongly supports objective 4 and its focus on collaboration and co-design with Māori organisations and Iwi; Pacifica communities, and Asian communities; young people/rangatahi; and people with lived experience.

The provision of adequate resources to support capability in mainstream service in relation to these specific groupings would need to be included in the service plan budget. Provision for development kaupapa Māori capability in is required under Te Tiriti, so should be prioritised.

In addition, the continued enhancement of mainstream services must continue.

He tohu ano hei whakatairanga | Further points to raise

Concentration of non-casino gambling machines in economically deprived communities

NZCCSS supports calls for the commissioning of research into the concentration of gambling machines and other gambling products in socio-economically deprived communities.

We know that due to structural inequality, Māori and Pacific people are more likely to reside.

This data is crucial to inform the ministry's evidence-based decision-making and resource allocation.

We note a drop in research funding in this strategy and strongly urge the Ministry to reconsider this. Without good research and evidence all of our work is so much harder.

Overview of the service plan and budget

We know that those most at risk of poverty and exclusion are also most at risk of gambling harm.

It is therefore disappointing to read that an increase of only \$7 million to cover new services covered in the framework (and evaluation of new pilots delayed due to Covid-19) is budgeted.

NZCCSS strongly argues that this investment is insufficient to effect real change across the gambling sector.

More investment is needed to achieve the outcomes set out in the revised framework if we as a society are serious about an equity and a public health approach to gambling harm prevention and minimisation.