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Preventing and Minimising Gambling Harm

Strategic Plan
2004–2010

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Foreword

As early as the mid-1990s, New Zealand started to see huge changes in its gambling environment. As was occurring internationally, gambling of all forms was evolving in New Zealand at a remarkable rate. Inevitably, gambling harm began to emerge as a significant social and health issue.



The Gambling Act 2003 includes considerable provisions to control, regulate and monitor gambling and provides a legal framework to control the growth of gambling and prevent and minimise the harm caused by gambling. It also allows, for the first time, the public to have a say, through local government, on gambling in their communities.

The harmful effects of gambling on individuals, families and communities can be devastating, and the social and economic costs can be huge – which is why we have chosen to take a comprehensive public health approach to addressing gambling harm.

This six-year strategic plan, *Preventing and Minimising Gambling Harm*, provides a broad framework for addressing problem gambling across the continuum of harm, and builds on the excellent work of the Problem Gambling Committee. Its goal is to assist government, communities and families/whānau to work together to prevent gambling harm and to reduce gambling-related inequalities, especially for those groups most at risk.

I would like to thank the many individuals and organisations who contributed to the development of this strategy, either by making a submission on the draft strategic plan, attending a consultation meeting, or by providing comment on specific issues.

We cannot afford to be hit and miss about our approach to problem gambling, so the input of a variety of different sectors is vital in addressing the issue successfully. We need to work collaboratively across communities, organisations – including service providers and the gambling industry – and different levels of government. And most importantly, we need to ensure our approach to gambling and initiatives to address problem gambling reflects the needs and realities of all New Zealanders. I think we are well on the way.

A handwritten signature in blue ink, appearing to read 'Damien O'Connor'.

Hon Damien O'Connor
Associate Minister of Health

Contents

Foreword.....	iii
1. Introduction	1
Background.....	1
Problem Gambling Committee.....	5
Prevention, promotion and harm minimisation	6
Consultation.....	8
2. The proposed approach	11
Goal	11
Principles	12
3. Objectives and priorities for action.....	16
Objective 1: Promote healthy public policies in relation to gambling harm.....	16
Objective 2: Encourage supportive environments to minimise gambling harm	17
Objective 3: Enhance the capacity of communities to define and address gambling harm.....	18
Objective 4: Maintain and develop accessible, responsive and effective interventions.....	18
Objective 5: Assist the development of people’s life skills and resilience in relation to preventing or minimising gambling harm	19
Objective 6: Enhance workforce capacity.....	20
Objective 7: Develop a programme of research and evaluation	21
Glossary of key terms.....	22
References	24



1. Introduction

This *Strategic Plan for Preventing and Minimising Gambling Harm: 2004–2010* (the strategic plan) provides a high-level framework to guide the development and implementation of an integrated approach to prevent and minimise gambling-related harm. Implementation of the six-year strategy will highlight funding priorities that cover the transition from the Problem Gambling Committee (PGC) to the Ministry of Health and will outline initial responsibilities. Research and evaluation, contract monitoring, and ongoing dialogue with service providers, government agencies, local authorities, the gambling industry and the wider community will provide a comprehensive information and knowledge base which will contribute to a longer-term strategy to prevent and minimise the harm caused by gambling.

The Gambling Act 2003 acknowledges that a whole-of-government approach is required to prevent and minimise gambling harm. Addressing the effects of gambling harm will require government agencies to work collaboratively, both across government and the wider sector, to contribute to a comprehensive approach involving primary, secondary and tertiary prevention activities. Over time, and as knowledge of gambling behaviour, problem gambling and broader gambling-related issues in New Zealand increases, each agency will have its own discrete responsibilities as part of a whole-of-government approach. This strategic plan defines the Ministry of Health's responsibilities and directions within such an approach.

Background

The gambling environment

The gambling environment has been evolving rapidly worldwide. In particular, there has been a significant growth in electronically delivered forms of gambling, such as internet gambling and video gaming machines. New Zealand has not been immune to these global developments, and the last decade has seen the introduction and rapid expansion of gaming machines, the introduction of casinos, sports betting and phone and Internet betting. The decade was characterised by a growth in gambling opportunities and player expenditure.

Gambling expenditure (losses) in New Zealand in 2002/03 was \$1.871 billion (an increase of 12 percent on the previous year), with expenditure on non-casino gaming machines

rising from an estimated \$597 million in the 2000/01 fiscal year to an estimated \$941 million in 2002/03. Gamblers' losses for the 2003/04 year increased to \$2.039 billion (Department of Internal Affairs 2003, 2004).

Geographic mapping and analysis of the availability of gambling opportunities and problem gambling services in New Zealand show distinct patterns, particularly in relation to where non-casino gaming machines are located (Wheeler 2003). In particular, it highlights their accessibility for populations in the most socioeconomically deprived areas (that is, areas of 8–10 in the 2001 New Zealand Deprivation Index (NZDep 2001)). The maps paint a picture of availability of, and accessibility to, gambling opportunities for at-risk populations. Such populations have been identified in literature on addictive behaviours as potentially at higher risk of experiencing the effects of a range of social and health problems, including gambling-related harm. In addition, it is thought that a significant number of New Zealanders are betting offshore, via the internet. The 1999 National Prevalence Study found that while household expenditure on gambling increases with household income, low-income groups spend proportionately more of their household income on gambling (Abbott and Volberg 2000).

Another significant issue in New Zealand is the community purposes funding derived from the profits of gambling. The non-casino gaming machine sector in particular provides a substantial amount of funding through community purposes funding, and many organisations rely on this funding source for their sustainability.

Prevalence

Data from the 1999 National Prevalence Survey suggest that at the time of the survey, 0.8 percent of the adult population were problem gamblers and an additional 0.5 percent were pathological gamblers (Abbott and Volberg 2000). For various methodological reasons the survey's authors consider these estimates 'conservative' or possibly 'highly conservative'.

Some population groups have higher problem gambling prevalence rates than others. The 1999 survey reported high rates of problem gambling for Māori and Pacific respondents, and further analysis in 2004 (Abbott et al 2004) reported that males and people of non-European ethnicity manifested a worse prognosis. This finding is reflected in practice, with Māori and Pacific peoples being over-represented in access-to-treatment data. Anecdotally, it is reported that there is an increasing problem among some Asian populations and service access data from the 2002 Problem Gambling Committee (PGC) indicates there is an increase in the number of Asian clients accessing problem gambling intervention services. There is some evidence, including industry reports, suggesting problem gambling amongst Asian peoples is an issue in particular environments.

Demand

Each year the total pool of people who access problem gambling services has continued to increase. The number of new clients seeking help from PGC-funded services in 2002

increased by 21 percent from the previous year. In the year to 30 June 2004, the Gambling Helpline received 21,000 calls and 5,044 people accessed face-to-face counselling (74 percent of whom were new clients) from PGC-funded services, an increase of 28 percent over the previous year for total clients and a 31 percent increase for new clients. A total of 32,367 people in the New Zealand population have accessed PGC-funded assessment and/or intervention services regarding a gambling problem over the past six years.

Over 78 percent of those who first received personal counselling help in 2003/04 sought help as a consequence of their gambling on gaming machines in 'pubs and clubs'. This increased from 76.2 percent the previous year, and reflects an increasing trend over the past seven years. Although there was a small decrease in the number of non-casino gaming machines nationally in the year to June 2004, increasing presentations to services generally corresponds with a steady increase in non-casino gaming machines in New Zealand. While there are many variables that may influence this trend, overseas studies have also identified a potential correlation between the number of non-casino gaming machines and the rate of presentation at problem gambling services.

At the time this strategic plan was first drafted, the group of Māori seeking help for problem gambling over the five years 1997–2002 had shown the largest increase. The PGC 2002 data show Māori making up over 25 percent of PGC new problem-gambling service clients (Paton-Simpson et al 2003). At 30 June 2004, it was reported that Māori gambling problems are at a rate six times greater than for New Zealand European, with Māori making up 30 percent of new callers to the Gambling Helpline and 33.3 percent of new face-to-face counselling clients (PGC 2004).

To June 2004, over 8 percent of new gambler callers to the Gambling Helpline were Pacific people, and 8.8 percent of new PGC-funded problem gambling treatment services were for this group. Asian gambler callers to the Helpline constituted 5.5 percent of total calls, and Asian peoples made up 3.5 percent of new clients to PGC-funded problem gambling treatment services.

By 2002, the number of female gamblers accessing problem-gambling services had more than quadrupled from 1997 (an increase of 309.7 percent). It should be noted, however, that this percentage was off a low base, and by 2002 females made up a little less than half of new clients. The trend has continued as the total numbers of clients increase – females accounted for 29.9 percent of 825 new gambler clients in 1997/98, and 47.4 percent of 2,435 clients in 2003/04 (PGPA 2004).

It is clear, however, that these statistics probably underrepresent the problem. An increasing number of people are being identified with gambling problems, but are not presenting at specialist problem gambling treatment services. There are anecdotal reports and increasing clinical data suggesting that the number of people with a gambling problem and a co-existing substance misuse problem or a mental health disorder is increasing. There are also significant numbers of people in social service and criminal justice settings being identified as having a gambling problem who, for a variety of reasons, have been less likely to access dedicated problem gambling services.

Population trends

Today Māori are significant participants in gambling activities, and are involved in the gambling industry as players, operators and recipients of the proceeds of gambling as well as consumers and providers of problem gambling services. Increasingly, more Māori are experiencing a range of gambling-related harms.

This strategic plan suggests mechanisms for Māori participation in gambling service development and delivery. While the overall goals to minimise gambling harm and risk are as relevant to Māori as non-Māori, the specific strategies to realise these goals may be different. Gambling opportunity and community capacity may also be different for different groups.

New Zealand's ethnic demography has changed significantly over the past decade. In particular, the Asian population in New Zealand increased dramatically over the 1990s, and is now slightly larger than the Pacific ethnic group. According to the 2001 Census, Pacific peoples in New Zealand numbered almost 231,801, making up 6.5 percent of the total population. Both Asian and Pacific peoples are increasingly affected by gambling harm, and service planning and provision need to change continually to reflect such changing demographics.

Gambling Act 2003

Following the 2001 Gaming Review, which was administered by the Department of Internal Affairs, the Responsible Gambling Bill was introduced to Parliament. The Gambling Act 2003 repeals the Gaming and Lotteries Act 1977 and Casino Control Act 1990 and amends the Racing Act 2003. The key purposes of the Gambling Act 2003 are to:

- control the growth of gambling
- prevent and minimise the harm caused by gambling, including problem gambling
- authorise some gambling and prohibit the rest
- facilitate responsible gambling
- ensure the integrity and fairness of games
- limit opportunities for crime or dishonesty associated with gambling
- ensure that money from gambling benefits the community
- facilitate community involvement in decisions about the provision of gambling.

Under the Gambling Act, territorial local authorities must develop a policy on class 4 venues, having regard to the social impact of gambling within the territorial authority district. The policy must specify whether or not class 4 venues may be established in the territorial authority district and, if so, where they may be located. They may also specify restrictions on the maximum number of electronic gaming machines that may be operated at a class 4 venue. This policy must be reviewed every three years.

The Department of Internal Affairs continues its roles as the primary regulator of the gambling sector and the key policy advisor to Government on gambling regulatory issues. It administers the legislation, licenses gambling activities (except for casino gambling), ensures compliance with the legislation and provides public information and education.

The Gambling Act 2003 sets out a new role for the Ministry of Health in policy, programme development, and funding of services to prevent and minimise gambling harm, including advising Government on associated issues. The Ministry of Health and the Department of Internal Affairs will work closely on issues of gambling and problem gambling, with both agencies having key roles to play in minimising problem gambling harm and risk.

The Gambling Commission was established in March 2004 under the Act and is an independent statutory decision-making body. The Commission provides advice to the Minister of Internal Affairs, acts as a licensing authority in relation to casinos and is an appeal authority against a range of decisions relating to licensing and enforcement for non-casino gambling. The Commission will also make recommendations to the Ministers of Health and Internal Affairs on the total annual amount of the problem gambling levy and the levy rate for each gambling sector for the relevant three-year periods.

Information on the Gambling Act 2003 can be found on the Department of Internal Affairs website at: www.dia.govt.nz.

Problem Gambling Committee

The Problem Gambling Committee (PGC) is a private charitable trust that was originally established (under a different name) in 1996. It subsequently applied for, and obtained, Government recognition. It is made up of equal numbers of industry and service provider representatives. The PGC has been responsible for funding and co-ordinating services for problem gamblers and their families over the past eight years.

To date, the PGC has focused on funding interventions to meet the needs of individuals and their families, such as counselling and helpline services. It has also funded some research and recently it has funded a small number of public health programmes. Several Māori-led services have been established around the country, as have Asian and Pacific services.

The transfer of responsibility for problem gambling services from the PGC to the Ministry of Health took place on 1 July 2004. Over the transition period, and particularly for the first part of the first year, the Ministry continued to work closely with the PGC to ensure a smooth transition of services and initiatives. The PGC, and its funding arm the Problem Gambling Purchasing Agency (PGPA), worked with the Ministry of Health to most effectively utilise the remaining PGC funds as at 30 June 2004, investing predominantly in research to support the development of public health action and clinical interventions. The PGC wound up as a trust in early 2005.

Prevention, promotion and harm minimisation

Primary prevention (public health) activities aim to integrate health promotion strategies with health protection approaches, to reduce the risks of, and minimise gambling harm by enhancing community and individual capacity – thereby helping to prevent problems from developing.

Secondary prevention activities limit harm in the early stages of problem development, through identifying gambling problems and intervening at an early stage of problem development. Tertiary prevention activities treat the long-term effects of problem gambling. The overall objective of these activities is to prevent gambling harm, and to address and reduce harm when it does occur.

The term ‘prevention’ is used in this document to encompass measures that protect and promote the healthy development of community members, prevent or delay the onset of gambling harm and minimise the risks and harms associated with problem gambling. A strong community focus that includes harm minimisation and health promotion approaches is key to minimising gambling-related harm, leading to healthier individuals and communities.

Prevention, promotion and harm minimisation include:

- supply reduction strategies to limit, where appropriate, the availability of gambling
- demand reduction strategies to limit the development of gambling harm and
- problem limitation strategies to reduce gambling-related harm.

When gambling harm disproportionately affects certain populations, appropriate activities will be tailored within these domains to address the relevant risk or protective factors. This strategic plan promotes approaches that can be utilised at different levels of the prevention continuum in a variety of settings and for a range of populations.

The six key approaches of the Ottawa Charter have also guided the development of this strategy to prevent and minimise gambling harm. They are:

- build healthy public policy
- create supportive environments
- strengthen community action
- develop personal skills
- reorient services and programmes and
- monitor, research and evaluate.

Supply reduction strategies

The Department of Internal Affairs has a key role in addressing problem gambling, particularly through the regulation and enforcement of the supply of gambling opportunities, and the practice of gambling operators. It administers the Gambling Act,

one key objective of which is to control the growth of gambling. The Department takes a lead role in developing harm minimisation regulations, with input from the Ministry of Health and other government agencies.

Public health activities and services funded by the Ministry of Health also have a role in supply-side interventions through increasing community awareness of risk, working with gambling providers and mobilising communities to have an informed voice that is heard through their territorial local authorities.

Demand reduction strategies

The Ministry of Health's responsibilities will include a range of demand reduction strategies. Public health approaches will aim to reduce the demand for gambling in communities by raising public awareness about the risks of gambling and providing information for communities to make more informed choices about gambling. Community readiness, community development and community action approaches are critical components in reducing the demand for gambling opportunities, particularly gambling opportunities that are identified as potentially harmful. These approaches contribute to strengthening a community's capacity to care for itself and its members' ability to make healthier choices about their lifestyles. A health promotion approach is integral to demand reduction strategies.

Problem limitation strategies

Problem limitation strategies span the continuum of prevention, from universal or population approaches to individual approaches for those personally affected by gambling harm.

A range of intervention services for problem gamblers and their families exist and will be developed further. These services include psychosocial interventions for problem gamblers and their families (including assessments, short course interventions and specialist services), a telephone helpline, and brief and early interventions in primary care settings.

Strategic framework for the health and disability sector

The *New Zealand Health Strategy* (Minister of Health 2000) and the *New Zealand Disability Strategy* (Minister for Disability Issues 2001) together set the overarching guide for planning, developing and funding health and disability services in New Zealand.

Several more detailed strategies for services, health issues and population groups exist or are being developed, including the *Primary Health Care Strategy* (Minister of Health 2001), *He Korowai Oranga: The Māori Health Strategy* (Minister of Health and Associate Minister of Health 2002) and the *Pacific Health and Disability Action Plan* (Minister of Health 2002). These strategies provide detailed guidance for the health and disability sector, particularly for district health boards (which are directly responsible for addressing the health needs of their local communities), about how to achieve the goals of the health and disability strategies.

He Korowai Oranga is underpinned by a commitment to the principles of the Treaty of Waitangi and sets the direction for Māori health development, including the objectives and principles of this strategic plan.

Figure 1 shows the framework for the implementation of the Government's health and disability goals.

Figure 1: Implementing the Government's health and disability goals



Consultation

The Gambling Act 2003 required the Ministry of Health to consult widely in the course of developing an integrated strategy. The Ministry met this requirement by consulting on the draft document *Preventing and Minimising Gambling Harm* (Ministry of Health 2004).

Consultation document

The consultation document *Preventing and Minimising Gambling Harm* included: the draft Strategic Plan 2004–2010, the Problem Gambling Needs Assessment, the proposed Three-Year Funding Plan, and the proposed Problem Gambling Levy Rates – all of which have underpinned the Ministry's approach to problem gambling work.

Specifically, the Ministry was allocated responsibility to complete and consult on:

1. an integrated problem gambling strategy that included:
 - measures to promote public health by preventing and minimising harm from gambling
 - services to treat and assist problem gamblers and their families/whānau
 - measures to enhance and develop workforce capacity to address gambling harm
 - independent scientific research on the social and economic impacts of gambling
 - evaluation.

2. a needs assessment to show what problem gambling services and programmes are needed and where they should be located
3. a proposed three-year funding plan indicating the total amount required to implement the problem gambling strategic plan
4. proposed problem gambling levy rates for each gambling sector liable to pay the levy.

Summary of submissions

The Ministry of Health, as a result of its consultation on the draft consultation document, received 54 written submissions, which came from a variety of sources including: problem gambling service providers; industry representatives; addiction services; Māori-, Pacific- and Asian-specific service providers and community groups; social service providers, including churches; district health boards; government agencies; and local government organisations.

The Ministry also facilitated eight consultation meetings around the country, attended by 90 people. One of the meetings was specifically for representatives of the gambling industry and one was for representatives of government agencies.

Overall there was a high level of support for the Ministry's approach, including the comprehensive public health approach. Divergent perspectives were received from service providers and industry representatives, particularly around the extent of problem gambling, the funding needed and the approach that should be taken.

Many submissions requested an involvement in ongoing dialogue around process and planning. Accountability and monitoring were signalled as a major priority by industry and providers, with expectations that the Ministry of Health would maintain strong lines of accountability.

Many of those who gave feedback on the strategy and funding plan wanted specific action from the Ministry on host responsibility policy.

The majority of comments, queries and feedback were on components of the strategic plan and the funding plan. It should be noted, however, that a number of submissions contained comments or queries at a level of detail that related to implementation of the strategic plan, or directly to contracts or services. There was also a large number of comments on issues that fell within the jurisdiction of the Department of Internal Affairs, and these were passed on to the appropriate teams within DIA.

Gambling Commission consultation

The Gambling Act states that once the Ministry of Health has consulted on the integrated strategy (including a strategic plan, a needs assessment, a funding plan and proposed problem gambling levy rates), the Gambling Commission will consult on the strategic plan and proposed levy rates, and make recommendations on the final rates to the Ministers of Health and Internal Affairs. The Gambling Commission presented their report to the Ministers in June 2004.

To inform its process the Commission requested the summary of submissions document and copies of all submissions be released, and the Ministry prepared a paper for the Commission that outlined the rationale and processes used in reaching the funding proposed in its funding plan.

The majority of the Commission's recommendations and observations pertain to the Three-year Funding Plan, and are outlined in that document.

The *Summary of Submissions* document (Ministry of Health 2004a), which summarises the issues raised during consultation on the strategy, and the full report of the Gambling Commission are both available on the Ministry of Health's problem gambling webpage (www.moh.govt.nz/problemgambling).



2. The proposed approach

This strategic plan outlines the way in which the Ministry of Health will address the continuum of gambling harm. It includes primary prevention and population approaches, through to more selected intervention services for individuals, their families and significant others. The strategy acknowledges that research is a critical component of any strategic approach, because it provides an evidence base from which to inform workforce and provider development, as well as policy, funding and service development at national and regional levels.

The strategic plan provides a high level framework for preventing gambling harm. A needs assessment has been undertaken to inform a funding plan that helps to translate this high-level document into actions at local, regional and national levels. The needs assessment which informed this strategy is contained in the original consultation document, available on the Ministry's problem gambling webpage www.moh.govt.nz/problemgambling. Aspects of the needs assessment, including the problem gambling geography, will be updated during the three-year funding period.

In this section the principles on which the strategic plan is based are presented and discussed.

Goal

The goal of the strategic plan is to assist Government, communities and families/whānau to work together to prevent the harm caused by problem gambling and to reduce health inequalities associated with harmful gambling.

Principles

Ten principles underpin the strategic plan.

1. Whole-of-government approach

Problem gambling is complex; its prevention and minimisation require a multi-faceted approach. No single discipline, organisation or individual is solely responsible for preventing problem gambling. A range of people, communities, government and non-government organisations and industry should be actively encouraged to participate in problem gambling prevention initiatives and should be empowered to act as part of a community-wide prevention network.

The social, cultural and economic effects of gambling and problem gambling are widespread. Accordingly, a whole-of-government approach will involve collaboration between those agencies with a positive role to play in primary, secondary and tertiary prevention across multiple domains.

Mobilising different levels of government to create a co-ordinated and comprehensive prevention strategy requires significant organisational and administrative effort, involving the wider gambling and problem gambling sectors. The Ministry of Health and the Department of Internal Affairs, in particular, will be utilising existing mechanisms to achieve co-ordination at a government interagency level.

2. Cultural relevance

The design and delivery of prevention and harm minimisation programmes must be able to meet the needs of people from diverse ethnocultural backgrounds, including subpopulations such as youth, older people, refugees and migrant communities.

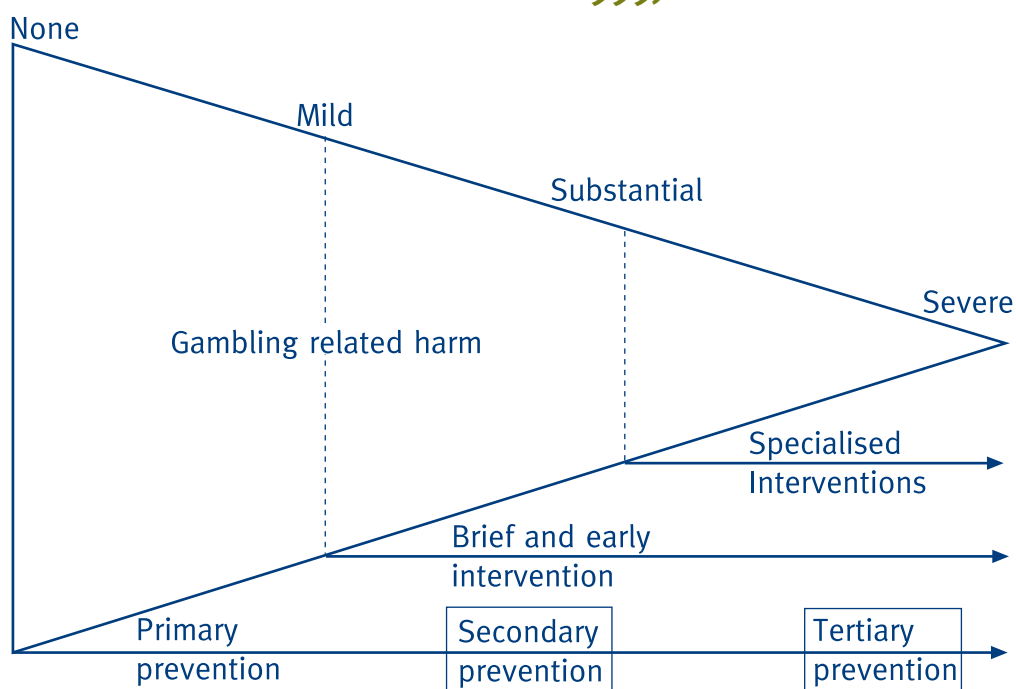
3. Reducing health inequalities

Reducing inequalities in health is a key objective of the New Zealand Health Strategy. Health inequalities are associated with socioeconomic disadvantage, so the strategic plan will have a particular focus on gambling harm that affects those who are socioeconomically disadvantaged. Significant health inequalities exist among different groups in New Zealand, which can be seen in the distribution of the problem-gambling burden, where particular population groups are experiencing higher rates of harm than others in the population. Initiatives to prevent and minimise gambling harm will work to reduce these inequalities.

4. Continuum of harm and intervention

The Ministry plans to fund problem gambling services that cover the continuum of harm across the population. Figure 2 illustrates the possible spectrum of responses to gambling-related harm; the more severe the effects or harm, the more intensive or specialised the intervention needed. The availability of a range of intervention approaches that are appropriate at different points along this continuum is critical.

Figure 2: Gambling harm continuum of need and intervention (adapted from Korn and Shaffer 1999)



The area within the triangle represents the general population. The area at the apex represents that section of the population experiencing substantial gambling harm. It is important to note that movement along this continuum is not just one way and that at various points people exit and no longer require assistance from problem gambling intervention services.

5. Long-term approach

Initiatives to prevent and minimise problem gambling harm will require both long-term investment and long-term evaluation before any clear trends can be determined. They will also require a systematic and co-ordinated approach to ensure effective and efficient use of resources.

6. Population health approach

The New Zealand Health Strategy sets the platform for the Government's actions on health. It signals a shift towards a population health framework that better recognises the importance of prevention and the determinants of health. A population health framework is a way of examining the differences in health status among and within populations. It is a useful framework for strengthening intersectoral arrangements and examining trends. In a New Zealand context this is particularly important in terms of meeting the health needs of at-risk groups.

Achieving Health for All People – Whakatutuki te ora hāuora mō ngā tāngata katoa (Ministry of Health 2003) is the public health sector's response to the strategic challenge of a population health framework to support the implementation of the New Zealand Health Strategy. As a framework for public health action it outlines the role the public health sector can play in pursuit of improved health for all people and identifies five objectives.

1. Strengthen public health leadership at all levels and across all sectors.
2. Encourage effective public health through public health services and action across the whole of the health sector.
3. Build healthy communities and healthy environments.
4. Make better use of research and evaluation in developing public health policy and practice.
5. Achieve measurable progress on public health outcomes.

7. Primary prevention: public health services and strategies

Public health services and strategies seek to reduce risks and prevent gambling problems arising. Primary prevention interventions and programmes can contribute to strengthening a community's capacity and readiness to advocate for healthy social, physical, spiritual and cultural environments. Activities include:

- promoting healthy public policy
- developing personal skills and promoting responsible gambling behaviour
- increasing individual and community awareness and action
- creating supportive environments
- strengthening strategic alliances, skills and knowledge
- monitoring, research and evaluation and
- reorienting services and programmes.

This strategic plan promotes a comprehensive public health approach that integrates a mix of interventions and services delivered at national, regional and local levels. These activities will involve collaboration between communities, gambling operators, problem gambling service providers, social services, territorial authorities and other agencies.

Examples of public health initiatives for other issues include Smokefree, responsible drinking (and driving) campaigns, and the Like Minds, Like Mine campaign to reduce stigma and discrimination against people with experience of mental illness.

8. Secondary and tertiary prevention: intervention services

Problem gambling will not be managed with a single approach, but with a variety of different interventions and approaches directed at different populations. The aim of intervention services is to support those affected by a range of gambling problems to identify and manage those problems, thus limiting gambling-related harm to themselves and others.

Many interventions for problem gambling are similar to those used with other addictive behaviours and usually include:

- screening and early intervention approaches in primary health care and social service settings
- assessment
- short-course interventions for people with mild to moderate problems
- psycho-therapeutic interventions for people with moderate to severe problems
- aftercare and follow-up.

The Problem Gambling Committee has purchased a range of intervention services for individuals and others affected by gambling, including a national telephone helpline and a network of counselling services. The Ministry of Health proposes to extend the availability of early and brief intervention opportunities and access to a range of interventions, and to maintain and develop data collection systems.

9. Evidence-based approach

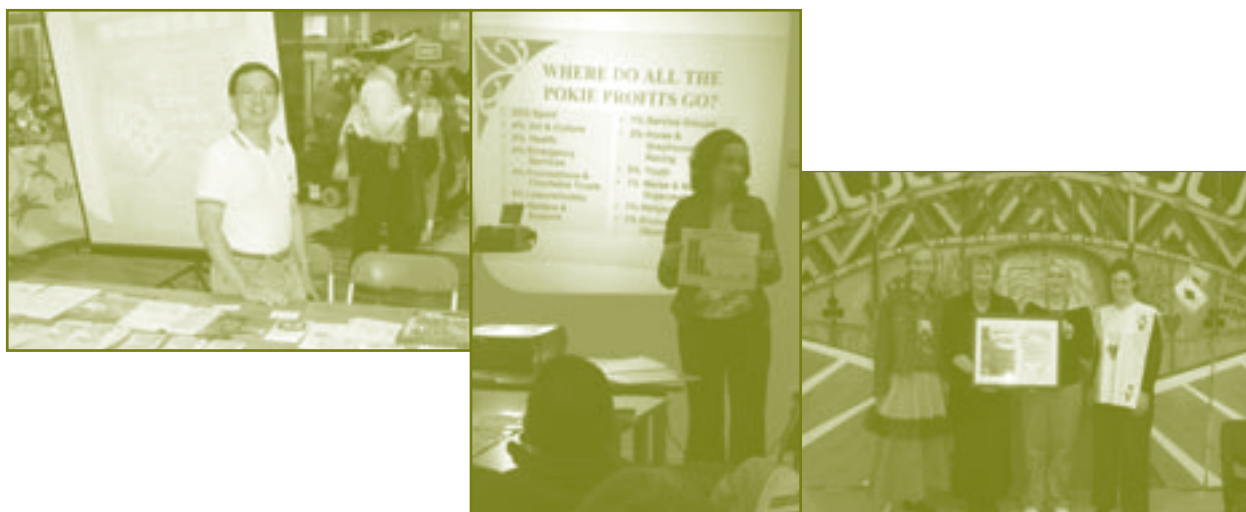
The Ministry of Health will build on existing research to guide policy, funding and problem gambling service development. Although there is much to be learnt from overseas research on interventions in addictive behaviours and other health issues, there is a paucity of current research relating to the incidence of gambling harm within New Zealand populations and further research is required on the prevalence of gambling harm specifically and the effectiveness of interventions.

Given the effect of gambling on at-risk communities, research will be a priority. Ongoing service monitoring and programme evaluation will form critical aspects of an evidence base, and ensure efficiency and transparency around funding and service provision.

10. Workforce development

Problem gambling is an emerging health issue and investment in workforce development will be required to ensure effective approaches from primary through to tertiary intervention. The Ministry intends to address workforce development from a broad perspective, including identifying agencies and organisations that may be in a position to play a valuable role.

As the public health approach continues to develop, there will need to be workforce initiatives to ensure providers have the capacity and capability to work with people and communities to minimise gambling harm. The transition from the Problem Gambling Committee to the Ministry of Health requires some realignment of services to Ministry service specifications and an examination of new opportunities, such as those provided by Primary Health Organisations (PHOs) and the wider mental health and addiction treatment sectors. The Ministry is committed to supporting the transition by promoting workforce initiatives to support and develop services, particularly for at-risk groups and in areas where there are service gaps. This includes maximising opportunities for treatment service providers and existing public health providers to build on and develop skills.



3. Objectives and priorities for action

The objectives of this strategic plan are to:

1. promote healthy public policies in relation to gambling harm
2. encourage supportive environments to minimise gambling harm
3. enhance the capacity of communities to define and address gambling harm
4. maintain and develop accessible, responsive and effective interventions
5. assist the development of people's life skills and resilience in relation to preventing or minimising gambling harm
6. enhance workforce capacity
7. develop a programme of research and evaluation.

Objective 1: Promote healthy public policies in relation to gambling harm

A public health model seeks to influence the direction of policy at many levels, for example territorial local authorities, community agencies, the workplace and gambling providers. This model will promote the adoption of policies and initiatives to minimise gambling harm across a range of sectors.

The Department of Internal Affairs is responsible for regulating and monitoring gambling activity, and is the key partner of the Ministry of Health in addressing problem gambling. The two agencies will work together to establish regulatory measures for a range of supply-, demand- and harm-reduction initiatives. Relationships will continue to be developed with those government agencies with a positive role to play in addressing problem gambling in New Zealand. By developing strong partnerships throughout government, the issue of problem gambling can be addressed at a variety of levels, and in diverse environments.

Actions

- Work with current stakeholders to develop public policy frameworks to address gambling-related harm.
- Provide advice on gambling policies in related areas such as social services, education, youth, economic development and consumer protection.
- Investigate and develop policy links with related health areas such as alcohol and other drugs, reducing inequalities and promoting mental health.
- Develop and maintain mechanisms for involvement of at risk groups in developing, implementing and monitoring gambling-related policy and activities.

Objective 2: Encourage supportive environments to minimise gambling harm

Gambling opportunities are widespread, readily accessible and increasingly visible in public places and places frequented by families. Gambling via the Internet and over the telephone has brought new opportunities for gambling into the home and work environments. Ideally, such environments should support individuals to make healthy choices with their time, money and relationships. However, rapid changes have seen an increase in gambling opportunities outstrip individuals' and communities' abilities to prepare for such changes in familiar environments.

Regulations introduced as a result of the Gambling Act 2003 require gambling operators and venues to have policies in place that will prevent and minimise gambling harm. Gambling operators, particularly class 4 venues and casinos, have a critical role to play in preventing and minimising harm, and as first points of intervention. The Ministry of Health and Department of Internal Affairs will work together to support operators and venues to develop policies that are effective and appropriate. Relationships with the gambling industry, problem gambling service providers, local authorities and the wider community are key to achieving this objective.

Actions

- Promote environments and gambling settings that minimise gambling harm or the risk of gambling harm.
- Support providers of gambling opportunities to encourage the public to adopt responsible gambling practices.
- Develop guidelines to support host responsibility for the New Zealand gambling industry that will assist gambling providers to be responsible hosts and provide advice to gambling operators on the implementation and evaluation of host responsibility programmes.
- Promote protective factors and resiliency of communities.
- Support the development of programmes to raise awareness of gambling issues in at-risk communities.
- Work with the gambling industry, problem gambling service providers and other relevant groups in a constructive and collaborative manner.

Objective 3:

Enhance the capacity of communities to define and address gambling harm

Community health promotion programmes are crucial for informing the public and to develop community capacity to take action on gambling harm. As gambling harm is an emerging health and social issue, communities are at different stages of readiness to address it. Some communities have begun developing frameworks for local action on gambling issues and developing processes for more comprehensive community input into decision-making at a local level. Other communities are at different stages of awareness and readiness for change.

Community readiness, development and action will be important agents for minimising harm in these communities. A four-step approach to developing community health promotion programmes is to:

1. assess community readiness for addressing gambling issues
2. increase the level of community awareness around gambling harm
3. increase the level of community development and/or community capacity to take action on gambling harm
4. increase the level of community action.

Actions

- Continue to develop and implement community readiness frameworks.
- Continue to develop and implement community-based health promotion programmes.
- Develop a set of community indicators that assess, monitor and evaluate the impact of new gambling opportunities.
- Strengthen networks among agencies whose functions have links with minimising gambling harm.
- Work with Māori communities to develop community-based health promotion programmes focused on gambling issues.
- Work with Pacific and Asian communities to develop community-based health promotion programmes focused on gambling issues.

Objective 4:

Maintain and develop accessible, responsive and effective interventions

For people with gambling problems and their family/whānau, a range of brief and early and psychosocial intervention services are needed. The interventions for problem gambling are similar to those used with other addictive behaviours, including screening and early intervention approaches, assessment, short-course interventions for people with mild to moderate problems and more specialist interventions for people with moderate to severe problems.

The Ministry's Problem Gambling Needs Assessment noted that two-thirds of male inmates and three-quarters of female inmates participated in gambling activities at least once a week before imprisonment. This suggests a potential subpopulation that might benefit from a range of primary prevention activities and active linkages with community-based intervention services.

Dedicated Māori problem gambling intervention services provide a range of accessible and effective options that are responsive to the needs of whānau, hapū and iwi and promote access and retention in treatment.

Dedicated Pacific and Asian services similarly recognise that culture can be a vehicle for seeking and maintaining wellness. These services offer a holistically oriented framework for understanding people in their particular ethnic, social, cultural, spiritual, physical and economic contexts.

Actions

- Implement a range of responsive secondary and tertiary prevention services.
- Identify and validate appropriate problem gambling screening tools for use in the primary care sector as well as the specialist problem gambling treatment sector.
- Work with Primary Health Organisations and other primary care providers to implement standardised gambling screening and brief interventions.
- Work with the Department of Corrections to determine levels of need within criminal justice settings, the most effective interventions and treatment pathways, and policy to guide primary prevention, intervention services and evaluation.
- Develop culturally responsive problem gambling intervention services for Māori, Pacific and Asian peoples and young people.
- Develop a knowledge base around effective interventions.
- Develop outcome measurement tools for evaluation.

Objective 5: Assist the development of people's life skills and resilience in relation to preventing or minimising gambling harm

This objective seeks to modify some of the risk factors that may predispose a person to experiencing gambling harm, and to strengthen some of the protective factors that may enable a person to be most resilient to gambling harm. The actions seek to enable people to gain the knowledge and skills to meet life's challenges. Relevant life skills specific to gambling generally include skills to deal with: leisure time; budgeting; decision-making; financial pressure; and relationship difficulties. Some of these factors are of particular importance for recent migrants.

Developments in health practice have also highlighted the importance of strengthening cultural identity as an essential component of enhancing resiliency.

The actions below are specific to gambling.

Actions

- Identify geographic areas and populations in need and equip them with appropriate skill development.
- Develop and implement relevant life skills programmes, such as coping with financial gains or losses, budgeting and using credit.
- Develop and implement programmes that provide information on the odds of winning and losing, gambling behaviour and how to respond to risky gambling situations, and the health and social risks associated with gambling.
- Provide opportunities and resources for at-risk communities to develop and implement culturally relevant campaigns that raise awareness and provide information on the health and social risks associated with gambling.
- Support the development of activities in communities that build resilience to problem gambling, including strengthening cultural identity.

Objective 6: Enhance workforce capacity

Workforce development will be key to reorienting health, social and related services to assist them to address gambling harm. Collaboration among non-government organisations and health and social services already providing problem gambling services will be integral, as will planning at a central government agency level.

Problem gambling is a new area of specialisation for many in the public health workforce, so it will require training in gambling-specific issues. There may also be some reorientation required in areas where public health approaches have been integrated into intervention services. Community readiness assessment training will be an important aspect of this. For existing problem gambling providers, training around expanding their skill sets to include a public health approach may be required, to assist with the delivery of an integrated approach to problem gambling.

There is the opportunity in primary care settings to provide an integrated package of service provision and to intervene at an earlier stage in the harm continuum, with screening and assessment for people with gambling problems and advice about healthier lifestyles. This will require workforce development in primary health care settings on screening and brief and early intervention.

Actions

- Promote opportunities to strengthen skills in, and knowledge of, a range of health and social services to prevent and minimise gambling harm, including development of a competent intervention workforce.
- Reorient existing problem gambling and public health services to meet new service specifications and sector standards.

- Work with primary health care and other community service providers to increase the use of screening, brief assessment, and brief and early intervention as part of core business.
- Work with Māori service providers to establish the most effective ways to introduce gambling harm-minimisation strategies.
- Identify and develop Pacific and Asian provider and workforce capacities to address gambling harm.

Objective 7:

Develop a programme of research and evaluation

There is limited current data available about the prevalence, incidence and causes of gambling-related harm. There is also little evidence about the outcomes and efficacy of interventions. In order to make sound planning and funding decisions, there is a need to continually build a stronger evidence base on how to prevent and address gambling harm.

A research and evaluation agenda will be developed to support ongoing policy and service development. This will include a range of research, evaluation and monitoring projects, including: routine data collection and analysis; longitudinal information-gathering systems; programme evaluations; social, economic and cultural impact studies of gambling behaviour, gambling growth and developments in gambling products; population surveys; population needs assessments, including the problem gambling geography project and analyses of service utilisation. The development of research methodologies, evaluation techniques and performance indicators for service providers will form an important aspect of this plan.

Designing research in conjunction with population groups experiencing significant harm from gambling will be explicit in the research agenda. Research and evaluation are necessary when considering health outcomes, and there is a need for rigorous research on all aspects of gambling-related harm and behaviour in high-risk groups.

Actions

- Carry out population surveys to measure incidence and prevalence of problem gambling.
- Maintain and enhance monitoring and surveillance systems, information systems and databases.
- Carry out research to investigate risk and protective factors, and the etiology of and pathways to (or out of) problem gambling – including examining the effects of existing and potential gambling products on gamblers.
- Evaluate the effectiveness of current programmes and interventions to prevent and minimise gambling harm, including the impact of gambling policies and regulations.
- Develop Māori, Pacific and Asian peoples' capacity for greater involvement in research and evaluation.
- Research the social, economic and cultural impacts of gambling behaviour, including problem gambling.
- Investigate the conditions and mechanisms that initiate and support spontaneous or self-directed recovery from gambling problems.

Glossary of key terms

Class 4 licensed gambling (including Non-Casino Gaming Machines)	Any activity that involves the use of a gaming machine outside a casino is class 4 gambling. The Secretary for Internal Affairs is able to declare that any gaming activity that has a high degree of risk is a class 4 gambling activity (whether or not it involves the use of a gaming machine) – for example, if gambling has a high turnover and/or a high risk of players developing gambling problems.
Community action	Community action is focused on health and other outcomes related to particular health topics (eg, alcohol, gambling or injury), and involves working in and with a community to achieve specific health outcomes.
Community development	The process of organising and/or supporting community groups in identifying their health issues, planning and acting upon their strategies for social action/social change and gaining increased self-reliance and decision-making power.
Community readiness	Community readiness is the extent to which a community is adequately prepared to implement a gambling harm prevention programme. For a programme to be implemented effectively, a community must have the support and commitment of its members.
Cultural resilience	Resilience has been defined as a creative response to adversity and as an innate human characteristic that enables individuals to overcome negative situations in their lives. Cultural resilience proposes the use of traditional approaches to mitigate influences that impact negatively on a culturally distinct population.
(Gambling) harm	The Gambling Act 2003 defines harm as ‘harm or distress of any kind arising from, or exacerbated by, a person’s gambling; and includes personal, social, or economic harm suffered by the person; or the person’s spouse/partner, family/whānau, or wider community; or in the workplace; or by society at large’.
Harm-minimisation approach	An approach that works to reduce the adverse health, social and economic consequences of gambling for the community and the individual. Education, awareness-raising, host responsibility and intervention services play key roles in a harm-minimisation approach.
Health promotion	The process of enabling people to increase control over and improve their health. It involves the population as a whole in the context of their everyday lives, rather than focusing on people at risk for specific diseases, and is directed toward action on the determinants or causes of health.

Integrated approach to problem gambling	This integrated approach addresses the continuum of need and encompasses those public health measures designed to prevent gambling harm, alongside intervention services designed to minimise the harm experienced by people with gambling problems.
Primary prevention	Activities that promote healthy communities and aim to reduce the risks of gambling harm through enhancing community capacity and resilience.
Problem gambling	Patterns of gambling behaviour that compromise, disrupt or damage health, personal, family or vocational pursuits. In its most extreme form it is often described as pathological gambling.

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