MINISTRY OF HEALTH
MANATŪ HAUORA

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Preventing and Minimising Gambling Harm

Three-year service plan and levy rates for 2013/14 to 2015/16

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Introduction

The Ministry of Health is responsible for developing and implementing the integrated problem gambling strategy focused on public health that is described in section 317 of the Gambling Act 2003. The Act states that the strategy must include:

- measures to promote public health by preventing and minimising the harm from gambling
- services to treat and assist problem gamblers and their families and whānau
- independent scientific research associated with gambling, including (for example) longitudinal research on the social and economic impacts of gambling, particularly the impacts of gambling on different cultural groups
- evaluation.

The concept of 'harm from gambling' is central to the strategy. In the Act, 'harm':

(a) means harm or distress of any kind arising from, or caused or exacerbated by, a person's gambling; and

(b) includes personal, social, or economic harm suffered –

  (i) by the person; or

  (ii) by the person's spouse, civil union partner, de facto partner, family, whānau, or wider community; or

  (iii) in the workplace; or

  (iv) by society at large.

It is also worth noting that a 'problem gambler' is defined in the Act simply as 'a person whose gambling causes harm or may cause harm'.

Funding to develop and implement the strategy is appropriated to the Ministry. The Act anticipates that the Crown will recover costs by way of a 'problem gambling levy' set by regulation at a different rate for each of the main gambling sectors.

The Act anticipates a new strategy and new levy rates being put in place at least every three years. It also specifies consultation requirements for the development of the strategy and levy rates. The Ministry and the Gambling Commission have met these consultation requirements, and Cabinet has approved the strategy and levy rates set out in this document.

The new strategy (the service plan) and levy rates will take effect on 1 July 2013.

1 Three-year service plan for 2013/14 to 2015/16

1.1 Links to the 2010/11 to 2015/16 strategic plan

1.1.1 The strategic plan as context

The service plan outlines the Ministry's intentions and budget for 2013/14 to 2015/16. It is the integrated problem gambling strategy for that three-year period. The Ministry developed this service plan within the context of the *Preventing and Minimising Gambling Harm: Six-year strategic plan 2010/11–2015/16* (the strategic plan) and a needs assessment. The service plan for 2013/14 to 2015/16 refines the service plan for 2010/11 to 2012/13.

1.1.2 Outline of the 2010/11 to 2015/16 strategic plan

The Ministry is committed to a long-term approach. That approach has not significantly changed from its first six-year strategic plan, published in 2005. The overall goal is:

> Government, gambling industry, communities and families/whānau working together to prevent the harm caused by problem gambling and to reduce health inequalities associated with problem gambling.

A number of key principles underpin the strategic plan and guided the development of the service plan for 2013/14 to 2015/16:

- to maintain a comprehensive range of public health services based on the Ottawa Charter and New Zealand models of health (such as Te Pae Mahutonga and Te Whare Tapa Whā)
- to fund services that target priority populations
- to ensure culturally accessible and responsive services
- to maintain a focus on improving Māori health gain
- to address health inequalities
- to strengthen communities
- to ensure services are sustainable
- to develop the workforce
- to apply an intersectoral approach
- to ensure links between public health and intervention services.

The Ministry considers realistic and measurable objectives to be important. The strategic plan identifies the following 11 objectives.

- Objective 1: There is a reduction in health inequalities related to problem gambling.
- Objective 2: Māori families are supported to achieve their maximum health and wellbeing through minimising the negative impacts of gambling.
- Objective 3: People participate in decision-making about local activities that prevent and minimise gambling harm in their communities.
- Objective 4: Healthy policy at the national, regional and local level prevents and minimises gambling harm.
- Objective 5: Government, the gambling industry, communities, families/whānau and individuals understand and acknowledge the range of harms from gambling that affect individuals, families/whānau and communities.
- Objective 6: A skilled workforce is developed to deliver effective services to prevent and minimise gambling harm.
- Objective 7: People have the life skills and the resilience to make healthy choices that prevent and minimise gambling harm.
- Objective 8: Gambling environments are designed to prevent and minimise gambling harm.
- Objective 9: Problem gambling services[1] effectively raise awareness about the range of harms from gambling that affect individuals, families/whānau and communities for people who are directly and indirectly affected.
- Objective 10: Accessible, responsive and effective interventions are developed and maintained.
- Objective 11: A programme of research and evaluation establishes an evidence base, which underpins all problem gambling activities.

The service plan outlines the services that the Ministry considers are needed to advance these objectives over the 2013/14 to 2015/16 period. More detail on the objectives, underlying principles and relevant outcome indicators is set out in the strategic plan.

A public health approach

The Act recognises the importance of prevention, and requires a public health focus.

The Ministry uses a continuum of harm model. This recognises that people experiencing harm from gambling are at different points on a continuum. People do not simply move along the continuum, but enter and exit at various points, and may re-enter at any point. While it is necessary to address the needs of those who have already developed a serious problem and who need specialist help, taking an early preventive approach can avoid considerable loss and trauma. More detail on this public health approach can be found in the strategic plan.

[1] 'Problem gambling services' for the purposes of this objective includes health services that treat problem gamblers, and excludes all primary health care services.

Population health

As part of its public health approach, the Ministry uses a population health framework to prevent and minimise gambling harm.

A population health framework addresses differences in health status (for example, the differences in health status between Māori and non-Māori and between Pacific and non-Pacific peoples). The goals of a population health framework are to maintain and improve the health status of the entire population, and to reduce avoidable differences in health status, or in the distribution of health determinants, within the population.

The causes of such differences are complex. Addressing them requires a strong evidence base and a strategic approach across sectors.

A population health framework is relevant to the prevention and minimisation of gambling harm because people living in high deprivation areas, Māori and Pacific peoples are more likely to experience such harm.

Whānau Ora

Realising Māori potential to help improve health outcomes is the goal of Whānau Ora. Whānau Ora involves facilitating positive and adaptive relationships within whānau, and recognising the interconnectedness of health, education, housing, justice, welfare and lifestyle as elements of whānau wellbeing.

The strategic plan complements a range of other Ministry strategic documents, including:

- *He Korowai Oranga: Māori Health Strategy*
- *Whakatātaka Tuarua: Māori Health Action Plan*
- *Te Puāwaiwhero: The Second Māori Mental Health and Addiction National Strategic Framework 2008–2015*
- *Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012-2017.*

The high-level aim of these approaches is to support Māori families to achieve their maximum health and wellbeing. Whānau Ora provides an overarching principle for recovery and maintaining wellness.

The Whānau Ora outcomes within *Te Puāwaiwhero* represent high-level commitments that should inform any analysis of progress towards gambling harm prevention and minimisation outcomes.

To show how the Ministry's activities and processes, and problem gambling sector practices, are meeting the objectives for Māori health, the Ministry has mapped the strategic plan against the pathways and objectives in *He Korowai Oranga*. More detail can be found in the strategic plan.

1.1.3 Review of the research agenda

In the course of preparing the strategic plan, the Ministry reviewed its research agenda for the 2010/11 to 2015/16 period. That review informed both the research programme for 2010/11 to 2012/13 (see section 1.2.2) and the research and evaluation programme in the three-year service plan for 2013/14 to 2015/16 (see section 1.6.3).

1.2 The 2010/11 to 2012/13 service period

1.2.1 Service changes

Significant achievements in service delivery over the 2010/11 to 2012/13 period included:

- the extraordinary efforts to ensure that service delivery was maintained in the aftermath of the catastrophic Christchurch earthquake on 22 February 2011
- trial of alternative contracting arrangements to enhance Māori and Pacific capacity and capability in areas of need (eg, a transitional partnering arrangement between an established mainstream provider and a developing Māori service, and a partnering arrangement between an established Māori service and a newly contracted Pacific provider)
- establishment of a new public health workforce development provider, Te Kākano (a partnership between two existing providers), to deliver on the Ministry's commitment to this area as a key activity in 2010/11 to 2012/13
- revision of the intervention service practice requirements handbook to clarify points of practice and the Ministry's intentions for gambling harm intervention services
- implementation of a revised data monitoring collection, collation and reporting system to simplify processes for intervention service providers while maintaining and improving data integrity
- involvement of the gambling industry in several initiatives, including the multi-venue exclusion project, some research projects and the outcomes framework leading up to the baseline progress report
- re-integration of the Gambling Helpline with Lifeline Aotearoa in April 2011, to reduce overheads and ensure better access to Lifeline Aotearoa's integrated support and back-up services.

1.2.2 Ongoing delivery

Service delivery during 2010/11 to 2012/13 is discussed below in terms of public health, intervention, accessibility for and responsiveness to Māori, and research.

Public health

The Kiwi Lives awareness-raising campaign, coordinated by what is now the Health Promotion Agency (HPA), is central to the Ministry's national public health activity. Phase three of the campaign, 'The coin toss', was launched in June 2011. It is aimed at empowering people who are at higher risk of developing gambling problems, and those in their lives who have the opportunity to intervene before gambling becomes harmful.

Public health service delivery continued to include a range of community-level activities across the country, including work with government agencies, church groups, educational institutions, marae and gambling venue operators.

Service providers continued to participate in reviews of gambling venue policies, providing a community perspective to the three-yearly consultation process undertaken by territorial authorities. This process has seen a number of authorities introduce either gaming machine caps or sinking-lid policies in their regions.

Intervention

National statistics for the 2011 and 2012 years indicate a levelling off in the number of people accessing intervention services, including brief interventions. Gambling Helpline statistics indicate that calls to the service have been declining for some years, and continued to decline during the 2010/11 to 2012/13 period.

Accessibility for and responsiveness to Māori

The number of Māori accessing intervention services has remained relatively high since 2008. Coverage was extended during the 2010/11 to 2012/13 period, and there are now 14 dedicated Māori providers. Dedicated Māori public health and intervention services are a key strand of the Ministry's commitment to improving Māori health outcomes.

Research

The research programme continued to be a focus for the Ministry over the 2010/11 to 2012/13 period. Work in this area involved:

- several projects that should be **completed** by 1 July 2013:
  - an analysis of the results of the gambling module in the 2009 iteration of the Pacific Island Families Study (mothers and children)
  - a study on the effect of venue characteristics on gambling and problem gambling
  - a study on the effect of marketing, advertising and sponsorship on gambling and problem gambling

  - a study on the impacts of gambling and problem gambling on Asian families and communities
  - a national effectiveness trial for an internationally validated brief intervention
  - a study on the delivery of problem gambling services to prisoners
- **commencement** of several national projects, including:
  - a national study of gambling participation and problem gambling prevalence, and a 12-month incidence study
  - inclusion of a substantive gambling module in the Youth 2012 survey
  - an analysis of the results of the gambling module in the 2012 Pacific Island Families Study (mothers, fathers and children)
  - an investigation into Māori input into decision-making on gambling
  - implementation of facilitation services and pathways for disorders that co-exist with gambling problems
  - inclusion of a three-year follow-up phase into the national effectiveness trial for an internationally validated brief intervention
  - an evaluation of both public health and intervention service delivery
- **continuation** of several projects:
  - a study on the impacts of gambling and problem gambling on Pacific families and communities
  - a study on community-level harm from gambling
  - a study on the impacts of gambling and problem gambling on Māori families and communities
  - a study on the effect of game characteristics, player information display systems and pop-ups on gambling and problem gambling
  - a study into the early identification of potential problem gamblers in the casino context
- **continuation** of the scholarship programme to encourage research in gambling and problem gambling.

1.3 Factors for consideration, 2013/14 to 2015/16

Some of the factors outlined below suggest a changing environment and some potential volatility in service demand over the 2013/14 to 2015/16 period. Even so, the Ministry is confident that, overall, funding for both public health and intervention services will be adequate to meet demand and to deliver a high-quality service consistent with the Gambling Act 2003 and with the Ministry's service standards and strategic requirements.

1.3.1 The drive for enhanced efficiency and effectiveness

These are uncertain economic times. As a result, all government agencies and the non-government organisations they fund are expected to strive to enhance their efficiency and effectiveness. The Ministry expects this factor to be a key driver throughout the 2013/14 to 2015/16 period. Data from the baseline and subsequent reports on progress against indicators in the outcomes framework for gambling harm will inform and guide efforts in this area.

1.3.2 Review of mental health and addictions

The strategic direction for the mental health and addictions sector has recently been reviewed, and *Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012-2017* was released in December 2012. The implications of that plan for the alignment between gambling harm services and the broader mental health sector will need to be considered during the 2013/14 to 2015/16 levy period.

1.3.3 Difficulty predicting gambling behaviour

Uncertain economic times make it more difficult to predict how gamblers will behave. The number of non-casino gaming machines (NCGMs) has been dropping since late 2003; spending on these machines tends to follow more general economic trends. Therefore, annual NCGM expenditure is likely to remain well below its 2003/04 peak for the whole of the service plan period.

Conversely, spending on gambling products that offer the chance of a 'life-changing' prize for a small outlay tends to rise in difficult economic times. The New Zealand Lotteries Commission periodically refines its product mix in order to generate higher sales. Changes to the rules for Powerball and Big Wednesday in 2007 and 2011 increased the probability of large jackpot prizes. Therefore, annual expenditure on New Zealand Lotteries Commission products is likely to be volatile (depending on the number of large jackpots), but above recent record levels, throughout the service plan period.

All of this suggests that the percentage of clients citing NCGMs as a primary problem gambling mode might continue to diminish. By contrast, the percentage citing Lotteries Commission products might at least continue at post-2008 levels.

1.3.4 The Gambling Helpline

The Gambling Helpline provides a free 24-hour, seven-day-a-week service, and is a first contact point for people in crisis because of their gambling. It provides a back-up for other gambling harm services that are not 24/7. It also ensures coverage in rural areas where there are no face-to-face services. A service of this nature is critical to the Ministry's service delivery model.

Even so, the Gambling Helpline's figures indicate that the number of calls it receives has been declining for some years.

The recent value for money (VFM) review of Ministry-funded services to prevent and minimise gambling harm noted that the average cost per call to the Helpline is much higher than any available comparator.

In 2011 the Helpline was re-integrated with Lifeline Aotearoa, to reduce overheads and to ensure better access to support and back-up services.

The Ministry intends to re-examine how gambling helpline services are contracted and managed within the framework of the other gambling harm services and the other non-gambling helpline services funded or part-funded by the Ministry. (See section 1.6.2 for further information.)

1.3.5 The outcomes reporting framework

The benchmark report on progress against the indicators in the outcomes framework for gambling harm should be publicly available in 2013. That report and subsequent progress reports will inform the Ministry's approach to its services to prevent and minimise gambling harm, including public health services, throughout the 2013/14 to 2015/16 period.

1.3.6 The Health Promotion Agency

On 1 July 2012 the HPA assumed the functions of the Alcohol Advisory Council of New Zealand (ALAC) and the Health Sponsorship Council. The objective of this change is to improve co-ordination, reduce fragmentation and ensure more effective and efficient delivery of services.

The implications of this change for the Ministry's 2013/14 to 2015/16 strategy to prevent and minimise gambling harm are unclear. A key foundation of the Ministry's population-focused public health approach is the Kiwi Lives awareness-raising campaign, which was coordinated by the Health Sponsorship Council. The Ministry intends that this campaign continue.

1.3.7 Potential impact of additional gambling facilities in the Auckland casino

Although the details of any agreement are still to be finalised, it is possible that the Auckland casino will be granted the right to operate additional machines and/or tables in return for SKYCITY building and operating the New Zealand International Convention Centre. This is likely to result in some additional gambling expenditure. At this stage it is unclear what the flow-on effect, if any, might be in terms of increased demand for gambling harm services.

1.3.8 Online gambling

A number of stakeholders have raised concerns about potential increases in online gambling. Proposals to increase internet speed and capacity, patterns of online gambling in overseas jurisdictions and increasing use of online payment methods all suggest that New Zealand might experience large increases in online gambling over the next few years.

On the other hand, most studies suggest that the vast majority of the limited number of current online gamblers in New Zealand restrict themselves to New Zealand Lotteries Commission and New Zealand Racing Board products.

Since October 2011, all intervention services funded by the Ministry have been asked to record overseas gambling as a problem gambling mode when appropriate.

The Ministry will continue to research and analyse developments in online gambling.

1.3.9 The Gambling (Gambling Harm Reduction) Amendment Bill

This Member's Bill, which addresses issues in the NCGM sector, is before Parliament's Commerce Committee. It is due to be reported back in 2013. Once again, any potential implications for the Ministry's 2013/14 to 2015/16 strategy to prevent and minimise gambling harm are unclear.

1.4 Service plan for 2013/14 to 2015/16

This service plan is the integrated problem gambling strategy (as described in section 317 of the Act) for 1 July 2013 to 30 June 2016. It sets out activities and funding in 2013/14 to 2015/16 for public health and intervention services, workforce development, research and evaluation. It is guided by the objectives outlined in the strategic plan.

The service plan takes into account information presented in the 2012 needs assessment and changes that have taken place in the gambling environment since the previous plan was developed. It also incorporates feedback received during the consultation process.

It maintains the emphasis in the strategic plan and in the service plan for 2010/11 to 2012/13 on a more outcomes- and results-based approach to funding services to prevent and minimise gambling harm, with a focus on achieving value for money alongside optimal service coverage. There will be further refinements as findings become available from the outcomes framework for monitoring progress against the Ministry's objectives.

The four core intervention components of the Ministry's comprehensive approach are brief intervention, full intervention, facilitation and follow-up services. The Ministry will continue to work to improve the delivery, performance monitoring and evidence for these four core intervention components, and to focus on innovative, targeted approaches to public health activity, accompanied by clear and comprehensive reporting.

Māori and Pacific people continue to be over-represented in statistics on gambling harm. Specific subgroups of Asian people also appear to be more at risk of harm (notably international students and recent migrants). Services tailored to these population groups will continue to be a focus in the 2013/14 to 2015/16 period. Service providers are expected to contribute to improvements in the principles of Whānau Ora, recognising the cultural values and beliefs that influence the effectiveness of services for Māori and other at-risk groups.

1.5 Funding

This section sets out the services and funding that the Ministry believes are required in the 2013/14 to 2015/16 period to achieve the outcomes set out in the strategic plan.

Part of the funding requirements for each service period is a reconciliation of actual and forecast expenditure for the previous funding period, as set out below.

An overview of forecast expenditure for 2013/14 to 2015/16 follows the reconciliation.

1.5.1 Reconciliation of actual and forecast expenditure, 2010/11 to 2012/13

Table 1 shows the Ministry's funding requirements as outlined in the 2010/11 to 2012/13 service plan.

The Ministry anticipates that, over the 2010/11 to 2012/13 period, it will spend $170,000 (GST exclusive) less than the amount allocated in the service plan for that period.

Table 1: Services funded (GST exclusive), 2010/11 to 2012/13 service plan

Services	2010/11 ($m)	2011/12 ($m)	2012/13 ($m)	Total ($m)
Public health services	6.758	7.091	6.965	20.814
Intervention services	8.413	8.549	8.564	25.526
Research and evaluation	2.499	2.224	1.423	6.146
Ministry operating costs	0.957	0.979	1.001	2.937
Total ($m)	**18.627**	**18.843**	**17.953**	**55.423**

1.5.2 Services forecast for 2013/14 to 2015/16

The Ministry has calculated its budget requirements for 2013/14 to 2015/16 based on the 2012 needs assessment and the Ministry's assessment of future service requirements.

Budgets for the four main service lines are shown in Table 2 (rounded to the nearest thousand dollars). Each area is discussed in more detail in section 1.6.

Table 2: Ministry of Health budget (GST exclusive), 2013/14 to 2015/16

Services	2013/14 ($m)	2014/15 ($m)	2015/16 ($m)	Total ($m)
Public health services	6.779	6.858	6.835	20.472
Intervention services	8.330	8.550	8.420	25.300
Research and evaluation	2.630	2.125	1.875	6.630
Ministry operating costs	0.957	0.979	1.001	2.937
Total ($m)	**18.696**	**18.512**	**18.131**	**55.339**

1.6 Existing and new services

As indicated in Tables 1 and 2 above, the Ministry's four expenditure areas in the area of problem gambling are:

- public health services
- intervention services
- research and evaluation
- Ministry operating costs.

1.6.1 Public health services

Internationally, the public health approach to preventing and minimising gambling harm is seen as a strength of New Zealand's integrated strategy.

The public health component of the Ministry's service plan includes:

- primary prevention
- public health workforce development and training
- a minimising gambling harm awareness and education programme
- national coordination[2]
- conference support
- audit.

[2] Note that while national coordination and conference support represent overall sector capacity, the nature of these services aligns with public health principles, and they have been budgeted to reflect this alignment.

The 2012 needs assessment found that people living in deprived areas were still at greater risk of harm from gambling than those in less deprived areas, and that Māori and Pacific people were still at greater risk than people of other ethnicities. It also found that most gambling harm is associated with gaming machine gambling, and that gaming machines are disproportionally located in higher deprivation communities, where Māori and Pacific people are over-represented. Accordingly, it is appropriate to focus on these people and communities.

Table 3: Public health budget (GST exclusive), by service area, 2013/14 to 2015/16

Service	2013/14 ($)	2014/15 ($)	2015/16 ($)
Primary prevention (public health action)	4,748,747	4,698,000	4,744,980
Workforce development	120,000	180,000	180,000
Awareness and education programme	1,680,000	1,680,000	1,680,000
National coordination	130,000	130,000	130,000
Conference support	100,000	20,000	100,000
Audit activities	–	150,000	–
Total ($)	**6,778,747**	**6,858,000**	**6,834,980**

Note: There is provision for dedicated Māori, Pacific and Asian services and activities.

Primary prevention

Primary prevention includes health promotion, increasing community action, raising community awareness about gambling and problem gambling, working with territorial authorities on gambling venue policies, and supporting the awareness and education programme at a local and regional level.

In line with its strategic funding principles, the Ministry will continue to fund dedicated Māori, Pacific and Asian public health services to provide appropriate and relevant services within these communities.

Five key service specifications contribute to the public health approach to gambling harm:

- **policy development and implementation:** engagement with government agencies, social organisations, private industry and businesses to reduce gambling harm
- **safe gambling environments:** ensuring that environments that provide gambling opportunities are actively minimising harm and that individuals are supported to recognise and seek support to minimise gambling harm
- **supportive communities:** ensuring that people live in communities that provide strong protective factors and support individuals and family resilience

- **aware communities:** ensuring that agencies, communities, families and individuals are aware of the range of harms arising from gambling
- **effective screening environments:** identifying individuals at risk of experiencing harm from gambling as early as possible, and ensuring they are made aware of where to access appropriate gambling harm intervention services.

The Ministry currently contracts 20 service providers to deliver primary prevention services for any combination of the public health service specifications. Based on current service delivery and the regular monitoring of service providers, the Ministry considers it advisable to broadly maintain its current arrangements with public health service providers for the time being. Minor amendments might be made where the 2012 needs assessment, modelling and achievement of service delivery targets suggest they are appropriate.

The market for gambling harm primary prevention service providers has not been tested for some years. The Ministry intends to do so, to test potential to enhance efficiency and effectiveness.

Public health workforce development and training

One of the 11 objectives outlined in the strategic plan is the development of a skilled workforce to deliver effective services to prevent and minimise gambling harm. Public health workforce development and training was a key activity area in the 2010/11 to 2012/13 service plan. The Ministry contracted Te Kākano to provide workforce development during that period.

The Ministry supports providers to deliver training aligned with *Te Uru Kahikatea: The Public Health Workforce Development Plan 2007–2016*, which provides a national strategic approach to public health workforce development. Even so, to date there has not been a clear definition of competency-based requirements, or suitable public health qualifications. The Ministry intends to remedy this.

The Ministry will look to raise competency-based training requirements, and to add specific reference to competency expectations to future contract service specifications. The Ministry intends to continue funding a dedicated workforce development and training coordination service. It also intends to provide dedicated workforce development funding within contracted full-time equivalent (FTE) public health service specifications, to allow service providers scope to offer advanced or targeted public health workforce development and training.

Gambling harm awareness and education programme

A key part of the Ministry's population-focused public health approach is the continuation of the Kiwi Lives awareness-raising campaign, coordinated by what is now the HPA. This campaign, which was launched in April 2007, includes a national media component, the development of resources to support public health and intervention strategies, and a continued focus on evaluation. It prompts New Zealanders to think and talk about the broad impacts of problem gambling on individuals, communities and families, and to be aware of actions they can take to prevent and minimise gambling harm.

Several results from New Zealand's 2010 Health and Lifestyles Survey indicate that the campaign is having some success. (For example, the proportion of people who were aware of advertising about gambling harm and solutions was significantly higher in 2010 than in 2006/07.)

Phase three of the campaign ('the coin toss') was launched in June 2011. It is aimed at empowering and enabling people who are at higher risk and those in their lives who have the opportunity to intervene before gambling becomes harmful.

The service plan includes an increase of $200,000 per year throughout the 2013/14 to 2015/16 period so that the HPA can broaden the campaign to include a component focusing on gambling venues.

National coordination and conference support

National coordination and conference support services improve both public health and intervention service capacity. They have been included as service areas under public health expenditure because they align with public health principles.

National coordination

The national coordination service is a central point for disseminating key messages and ensuring providers across the range of services deliver those messages consistently. The service also leads training and workforce development events for all services. For smaller providers, it facilitates networks and collegial support through hui, fono and other national events. Key outputs include the publication of a regular newsletter, and the coordination of provider workforce development forums.[3]

The market for national coordination services has not been tested for some years. The Ministry intends to do so. The service plan reflects this expectation in a reduced budget for these services over the 2013/14 to 2015/16 period.

[3] This includes a national provider forum and forums to engage with Māori, Asian and Pacific providers.

Conference support

Conference funding is the Ministry's contribution to a biennial international problem gambling conference held in New Zealand and an annual contribution to a national addiction and/or public health conference relevant to preventing and minimising gambling harm. The most recent biennial international conference was in 2012. As a result, in the 2013/14 to 2015/16 period the biennial conference will take place twice.

Holding an international conference in New Zealand reflects and promotes New Zealand's role as a world leader in preventing and minimising gambling harm. Such a conference enables practitioners, researchers, industry representatives and government officials from around the world to meet and exchange ideas specific to gambling harm. Those attending benefit from exposure to international speakers.

National addiction sector or wider public health conferences enable problem gambling practitioners to meet and exchange ideas with practitioners from other related sectors, and enable a wider network for the exchange of knowledge.

By contributing to and making use of existing workforce development opportunities, such as conferences, the Ministry is encouraging greater alignment across the broader mental health and addictions sector. This alignment is cost-effective, and extends the skills of alcohol and other drug and problem gambling practitioners. This extension of skills will allow for greater service flexibility, particularly in smaller towns and remote areas.

Table 4 shows funding for national and international conference support.

Table 4: Conference budget (GST exclusive), 2013/14 to 2015/16

Budget area	2013/14 ($)	2014/15 ($)	2015/16 ($)
National addictions sector and/or public health conference support	20,000	20,000	20,000
New Zealand-based international problem gambling conference support	80,000		80,000

Audit

The Ministry audits gambling harm services every three years. The audits focus on governance and financial management, cultural responsiveness, data management and service quality and delivery.

1.6.2 Intervention services

In relation to intervention services, the Ministry's approach to preventing and minimising gambling harm includes the following components:

- helplines and web-based services
- psychosocial intervention and support
- data collection and reporting
- workforce development and training
- audit.

Table 5: Intervention budget (GST exclusive), by service area, 2013/14 to 2015/16

Services	2013/14 ($)	2014/15 ($)	2015/16 ($)
Helpline services	1,100,000	1,100,000	1,100,000
Psychosocial intervention and support	7,035,000	7,035,000	7,105,350
Data collection and reporting	15,000	15,000	15,000
Workforce development	180,000	200,000	200,000
Audit	–	200,000	–
Total ($)	**8,330,000**	**8,550,000**	**8,420,350**

Note: There is provision for dedicated Māori, Pacific and Asian services.

Helpline and web-based services

The Gambling Helpline provides a free 24-hour, seven-day-a-week service that represents a front-line first contact point for people in crisis as a result of their own or someone else's gambling. It includes dedicated Māori, Pasifika and Youth Gambling Helplines, and gambling debt and budget programmes. The Problem Gambling Foundation of New Zealand provides an Asian gambling hotline.

Helpline services are an integral component of a number of aspects of the Ministry's service delivery model nationally, including:

- direct provision of information
- access to intervention services for people unable to receive them face-to-face
- referral to other gambling harm service providers
- web-based information on self-help, peer-to-peer support options and assessment guides.

Gambling Helpline statistics indicate that the number of new clients declined each calendar year from 2003 to 2012 (inclusive), except 2007 and 2010. There were 1874 new clients in 2012, down from 4569 in 2002. The number of repeat clients declined each year from 2005 to 2012 (inclusive). There were 4258 repeat clients in 2004, compared with 1363 in 2012.

The number of new clients in the last quarter of 2012 was lower than in any other quarter to that date, despite the installation early in the quarter of new technology to triage and transfer gambling-related calls received by other helplines within the Helpline's suite of services to Gambling Helpline counsellors.

In 2011 the value for money review concluded that the average cost per call to the Gambling Helpline was two to three times higher than the available comparators, although the review also referred to research indicating that the Helpline experienced very high call numbers relative to the country's population.

In April 2011 the Gambling Helpline was re-integrated with Lifeline Aotearoa to reduce overheads and to provide callers with better access to Lifeline's support and back-up services.

The Ministry intends retaining gambling helpline services as an integral component of its service delivery model. However, it expects to make savings, without compromising service to users, by reviewing the gambling helpline cost structures and by testing the market for helpline services. The service plan reflects this expectation in a reduced budget for helpline services, down from an average of just over $1.5 million a year in 2010/11 to 2012/13 to $1.1 million a year in 2013/14 to 2015/16.

Psychosocial intervention and support

Psychosocial intervention and support services include a range of interventions delivered to individuals or groups in a variety of settings (including prisons). The four core intervention areas are brief intervention, full intervention, facilitation and follow-up services.

People affected by a family or whānau member's gambling can access the same range of services available to gamblers themselves.

The Ministry remains committed to improving access to services for all people adversely affected by gambling. It recognises that identifying people experiencing gambling harm before they reach crisis is crucial to minimising the impact on individuals and families, and may lessen their need for more intensive interventions.

All services are expected to be culturally safe and culturally competent. Dedicated Māori, Pacific and Asian services will continue to ensure appropriate access and services for these population groups.

The Ministry's monitoring and reporting suggest there is adequate psychosocial intervention and support capacity within existing budgets and at current levels of demand. Once again, however, the Ministry intends to test the market to establish the potential to enhance efficiency and effectiveness.

Data collection and reporting

In the 2010/11 to 2012/13 period the Ministry implemented a revised data monitoring collection, collation and reporting system. This has simplified processes for intervention service providers, while maintaining data integrity.

In 2012 the Ministry took over the data collection process from a small company that had provided all software, hardware and operational processes to report on the monitoring data. Most of the costs associated with the data collection process will now be covered within the Ministry's operating budget. The small additional sum budgeted for data collection and reporting will cover any on-going involvement of the previously contracted company. The sum is around a quarter of the amount budgeted for the information system in 2010/11 to 2012/13.

Intervention workforce development and training

One of the 11 objectives outlined in the strategic plan is the development of a skilled workforce to deliver effective services to prevent and minimise gambling harm. As a result, training and workforce development will continue to be important components to support psychosocial intervention services.

The Ministry would like to establish competency-based training requirements, and to provide greater clarity regarding appropriate and suitable qualifications, by the time the six-year strategic plan is revisited in 2015/16. This will be informed by the Addiction Practitioners' Association Aotearoa-New Zealand's recently developed Addiction Intervention Competency Framework,[4] which outlines competency pathways for key groups, including counsellors working to minimise gambling harm.

The Ministry considers that a combination of funding for a dedicated national workforce development and training coordination service, and dedicated workforce development funding allocated within contracted FTE service specifications will provide the best outcomes.

A key focus for intervention workforce development over the 2010/11 to 2012/13 service period was to better align the gambling harm intervention workforce with other addiction services. There is a body of research to show that alcohol and other drug problems are often an issue for those experiencing harm from gambling.

The market for intervention workforce development and training services has not been tested for some time. The Ministry intends to do this in the 2013/14 to 2015/16 period.

Audit

The Ministry audits gambling harm services every three years. The audits focus on governance and financial management, cultural responsiveness, data management and service quality and delivery.

[4] See www.dapaanz.org.nz/site/files/pdf/addiction_competency_may_2011.pdf

1.6.3 Research and evaluation

The Gambling Act 2003 states that the integrated problem gambling strategy must include independent scientific research associated with gambling, including (for example) longitudinal research on the social and economic impacts of gambling, and particularly the impacts on different cultural groups. It must also include evaluation.

It is clear that the Act supports a research agenda that is broader than specific health interests. In recognition of this, the Ministry, as the agency responsible for developing and implementing the integrated problem gambling strategy, has considered the information needs of the Department of Internal Affairs and the wider gambling and problem gambling sector interests.

The research and evaluation component of the service plan, like the other components, reflects the Ministry's purchasing principles, including prioritisation of methodologies and approaches that ensure Māori involvement and participation in all research, and those that build Māori research capacity.

The Ministry's research priorities for 2013/14 to 2015/16

To develop its research programme for 2013/14 to 2015/16, the Ministry reviewed its research agenda for the six-year 2010/11 to 2015/16 period. This agenda was informed by a range of sources, including:

- the priorities and rationale from the 2004–2010 Problem Gambling Strategy
- the findings of previously commissioned research
- the 2009 needs assessment
- the International Think Tank on Gambling Research, Policy and Practice
- feedback from the Ministry's Gambling Research Reference Group
- feedback from the Problem Gambling Stakeholder Reference Group
- a process of alignment with Gambling Research Australia projects recently completed, under way or scheduled for the 2010 to 2016 period.

The agenda identifies a range of questions, the rationale for each category of investigation and links between categories, national and international evidence available to inform particular categories of investigation, and questions to be addressed by projects in 2010/11–2015/16.

The research and evaluation work programme

The specific projects the Ministry has identified for funding over the 2013/14 to 2015/16 period are those that it believes best address the Ministry's research and evaluation priorities and support the development of a whole-of-government approach for future planning. The priorities and projects identified by the Ministry for 2013/14 to 2015/16 are:

- to continue to increase the evidence relating to risk and resilience factors by expanding the incidence component of the National Gambling Study to include re-contact at years two and three (this would be a cost-effective increase to a significant national project)
- to extend the problem gambling sample in the existing National Gambling Study through venue-based intercept recruitment (like the increase in the incidence component, this would involve a modest budget increase for significant benefit)
- to further develop the evidence for effective intervention services by commencing a national trial to assess the clinical outcomes of funded intervention services at one and two years after treatment (ideally this project would compare client outcomes in the different treatment arms of the national effectiveness trial)
- to support the collection and analysis of longitudinal data to inform understanding of risk and resilience factors relating to problem gambling by funding review, analysis and reporting on the gambling questions in the Growing Up in New Zealand longitudinal study and continuing to fund the Pacific Island Families longitudinal study
- to continue to support and build gambling harm research capacity in New Zealand
- to continue the outcomes monitoring and reporting project to improve the evidence base for the development of the Ministry's 2016/17 to 2021/22 strategic plan, and to inform and support ongoing quality improvement in public health and intervention service delivery.

This programme requires an increase in the budget of just under $500,000 for 2013/14 to 2015/16 when compared with the previous three-year period ($6.630 million as opposed to $6.146 million).

In order to derive significant benefit from this modest budget increase, the Ministry proposes to take advantage of the rare opportunity to add modules onto large research projects (especially the National Gambling Study) that are already under way. This would require the budget to be phased so that more funding is available in the first two years of the 2013/14 to 2015/16 period than in the last year.

The Ministry had originally suggested that the budget taper off sharply over the three-year period. However, a leading gambling research institution made a submission to the Ministry's consultation document suggesting that new research projects should be funded consistently over the three-year period, in order to retain gambling research capacity.

On reflection, the Ministry agreed that the budget should taper off more gradually over the 2013/14 to 2015/16 period (see Table 6).

Table 6: Research and evaluation budget (GST exclusive), 2013/14 to 2015/16

Service area	2013/14 ($)	2014/15 ($)	2015/16 ($)	Total ($)
2013/14–2015/16 projects	2,129,751	1,750,000	1,600,000	5,479,751
Outcomes and evaluation	500,000	375,000	275,000	1,150,000
Total ($)	**2,629,751**	**2,125,000**	**1,875,000**	**6,629,751**

1.6.4 Ministry operating costs

Ministry operating costs (departmental expenditure) cover the contract management role; on-going policy and service development work; management of the research, monitoring and evaluation programme; and management of the Client Information Collection (CLIC) database.

The 2011 VFM review concluded that the Ministry's operating costs are reasonable.

The total Ministry operating budget is the same as the budget for 2010/11 to 2012/13. There are increases in years two and three of the three-year period, to fund development of the three-year service plan and the six-year strategic plan for the following periods.

Table 7: Ministry of Health operating budget (GST exclusive), 2013/14 to 2015/16

	2013/14 ($)	2014/15 ($)	2015/16 ($)
Total operating costs ($)	957,044	978,617	1,000,839

2 Levy rates for 2013/14 to 2015/16

2.1 Background

The Ministry is appropriated funding to cover the cost of the activities set out in its three-year service plan. The Gambling Act anticipates that the Crown will recover this sum through a levy, the 'problem gambling levy', set at different rates on the profits of gambling operators. The levy ensures that the integrated problem gambling strategy is broadly fiscally neutral over time.

The levy rates are set by regulation every three years, coinciding with the three-year period of the service plan.

From the time the levy was first set in 2004 it has applied to gambling operators in four gambling sectors:

- NCGM operators
- casinos
- the New Zealand Racing Board
- the New Zealand Lotteries Commission.

However, the Act also anticipates that these sectors might change from time to time.

Section 320 of the Act sets out a formula to calculate how much each gambling sector subject to the levy is expected to pay towards the total levy amount, and the levy rate necessary for each sector to raise its contribution. The formula uses a weighted combination of the money spent (lost) on gambling in a sector ('expenditure') and the number of help-seekers attributed to that sector ('presentations').

2.2 Proposal to split the NCGM sector into two

In 2009, the Gambling Commission suggested that NCGMs should be split into two sectors, club and non-club, if a continued trend in the relevant data justified it. However, the trend and the latest figures no longer support the proposal. In addition, the Inland Revenue Department (IRD) advised that it has no capacity over the 2013/14 to 2015/16 period to implement a split, unless the Government defers or removes other, higher priority initiatives. As a result of these factors, the decision was made not to split the NCGM sector.

The Gambling Commission suggested that the issue could be reconsidered in 2015. The Ministry will continue monitoring separate club and non-club expenditure and presentation figures in the meantime, as suggested by the Gambling Commission.

2.3 The levy formula

The problem gambling levy is intended to meet the approximate cost of the integrated problem gambling strategy.

The levy formula set out in section 320 of the Act helps calculate how much each gambling sector subject to the levy is expected to pay towards the total levy amount, and the levy rate necessary for each sector to raise its expected contribution. The Act states that the calculation 'must take into account the latest, most reliable, and most appropriate sources of information' from different agencies for different elements of the formula.

The levy formula is:

$$\text{Levy rate} = \frac{(((A \times W1) + (B \times W2)) \times C)}{D}$$

where:

***A** is the estimated current player expenditure in a sector, divided by the total estimated current player expenditure in all sectors subject to the levy*

***B** is the customer presentations to problem gambling services that can be attributed to gambling in a sector divided by total customer presentations to problem gambling services in which a sector that is subject to the levy can be identified*

***C** is the funding requirement for the period for which the levy is payable*

***D** is the forecast player expenditure in a sector for the period during which the levy is payable.*

***W1** and **W2** are weights, the sum of which is 1.*

The top line of the formula determines the dollar amount that each sector is expected to pay. When a sector's share of player expenditure (**A**) is substantially different from its share of presentations (**B**), **W1** and **W2** (the weighting between expenditure and presentations) is critical to the determination of the amount that sector will be expected to pay.

Once the top line of the formula has determined the *amount* that each sector is expected to pay, the bottom line, **D**, determines how much, per dollar of player expenditure, each sector must pay (each sector's *levy rate*). The higher the forecast player expenditure in a sector, the lower that sector's levy rate.

2.3.1 Current player expenditure

Current player expenditure (**A** in the formula) was supplied by the Inland Revenue Department, and is subject to tax confidentiality.

However, other data on player expenditure are available on the Department of Internal Affairs' website, www.dia.govt.nz. Typically, the most recent year's information on that website is a reasonably good guide to each sector's share of current player expenditure.

Table 8 below sets out expenditure in relevant sectors for the seven years from 2005/06 to 2011/12.

In actual dollars (ie, before adjusting for inflation), 2011/12 was a record year for three of the four sectors listed (casino gambling, Lotteries Commission products, TAB racing and sports betting), and in total for the four sectors. The record year for NCGMs in both actual dollars and real dollars (ie, after adjusting for inflation) was 2003/04. That year was also a record in real dollars for casino gambling and in total for the four sectors. In real dollars, 2008/09 was the record year for Lotteries Commission products, followed by 2011/12. The record year for the racing sector in real dollars was 1978/79 or earlier.

Table 8: Gambling expenditure in relevant sectors (actual $), 2005/06 to 2011/12

Gambling sector	2006 ($m)	2007 ($m)	2008 ($m)	2009 ($m)	2010 ($m)	2011 ($m)	2012 ($m)
NCGMs	906	950	938	889	849	856	854
Casinos	493	469	477	465	454	471	509
Lotteries Commission	321	331	346	404	347	404	419
TAB racing and sports bets	258	269	272	269	278	273	286
Total ($m)	**1,977**	**2,020**	**2,034**	**2,028**	**1,928**	**2,005**	**2,068**

Note: The 'Total' entry may differ from the sum of column entries because of rounding.

2.3.2 Presentations (people seeking help)

The Ministry generated figures on presentations (**B** in the formula) from data collected by intervention service providers. Presentation figures relate to all clients who received a full, facilitation or follow-up intervention session during 2011/12. Brief interventions are excluded, as are problem gambling modes in gambling sectors that are not subject to the levy.

It is worth noting that there were substantial changes in the number of presentations attributable to each relevant sector between 2010/11 (Table 9) and 2011/12 (Table 10). The number of people citing NCGMs as a primary problem gambling mode dropped substantially, while there were substantial increases in the numbers citing casinos and New Zealand Racing Board products. The number citing New Zealand Lotteries Commission products remained virtually unchanged (after a substantial increase from a low base in 2008/09).

The levy rate calculations are based on the 2011/12 data.

Table 9: Share of presentations (help-seeking) by gambling sector, 2010/11

	NCGMs	Casinos	New Zealand Racing Board	New Zealand Lotteries Commission
Sector share	0.68	0.18	0.08	0.06

Table 10: Share of presentations (help-seeking) by gambling sector, 2011/12

	NCGMs	Casinos	New Zealand Racing Board	New Zealand Lotteries Commission
Sector share	0.64	0.21	0.09	0.06

2.3.3 The levy funding requirement

As noted in Table 2, the Ministry's service plan requires a budget of $55.339 million for the 2013/14 to 2015/16 period. However, section 320 of the Act states that any under-recovery or over-recovery of levy in the previous period (2010/11 to 2012/13) must be taken into account when calculating **C** in the formula, the levy funding requirement for the new period (2013/14 to 2015/16).

Because the 2010/11 to 2012/13 levy period has not yet finished, forecasts are required.

The Department of Internal Affairs used IRD data to forecast a levy over-collection of $1.1462 million (GST exclusive) in 2010/11 to 2012/13. This figure must be subtracted from the levy funding requirement for 2013/14 to 2015/16.

The main reason why an over-collection is forecast is that NCGM spending is now expected to be higher than was anticipated when the 2010/11 to 2012/13 levy was being set.

The funding requirement for 2013/14 to 2015/16 must also take into account any Ministry of Health under-spend in the previous levy period, because it leads to over-collection. The Ministry forecast an under-spend of $170,000 (GST exclusive) for 2010/11 to 2012/13. This figure must also be subtracted from the levy funding requirement for 2013/14 to 2015/16.

Finally, the calculation must take account of any net over-strike or under-strike[5] as a result of variations from the out-turn to 30 June 2010 that was forecast when the levy for 2010/11 to 2012/13 was being set.

At that time, a net-over-strike of $69,506 was forecast for the period to 30 June 2010, and the amount to be collected in 2010/11 to 2012/13 was reduced by that amount. In fact, the Ministry's *Annual Report* indicates that levies collected in the two levy periods to 30 June 2010 totalled $100.335 million and Ministry expenditure totalled $100.290 million: an over-strike of $45,000. The variation from forecast was therefore $24,506, and this amount is added to the levy funding requirement for the 2013/14 to 2015/16 levy period.

The result is a forecast net levy over-collection of $1.292 million in the 2010/11 to 2012/13 period, and a net levy funding requirement (**C** in the formula) of $54.047 million for 2013/14 to 2015/16 (Table 11). This is around $1.3 million less than the net levy funding requirement for 2010/11 to 2012/13.

Table 11: Levy funding requirement (GST exclusive), 2013/14 to 2015/16

Funding requirement	$m (GST exclusive)
Service plan budgeted Ministry of Health spend in 2013/14	18.696
Service plan budgeted Ministry of Health spend in 2014/15	18.512
Service plan budgeted Ministry of Health spend in 2015/16	18.131
Subtotal ($m)	**55.339**
Minus forecast net levy over-collect from 2010/11 to 2012/13	(1.292)
Net levy funding requirement for 2013/14 to 2015/16 ($m)	**54.047**

2.3.4 The weighting

When a sector's share of player expenditure (**A** in the formula) is substantially different from its share of presentations (**B** in the formula), the weighting between expenditure and presentations (**W1** and **W2** in the formula) is critical to the determination of the amount that sector will be expected to pay.

The weighting was 10/90 (ie, 10% on expenditure and 90% on presentations – **W1** = 0.1; **W2** = 0.9) in all three levy periods to 30 June 2013. Cabinet has again agreed a weighting of 10/90 for the 2013/14 to 2015/16 period.

[5] An over-strike means that the amount to be recovered by the levy was over-estimated; an under-strike means that the amount was under-estimated.

It is important to note that different levy weighting options do not affect the total amount of the levy. (The net levy funding requirement, **C** in the formula, is determined as described in section 2.3.3 above. It largely depends on the amounted budgeted for the Ministry's service plan.) The weighting chosen only affects the share of the levy expected from each gambling sector.

2.3.5 Forecast player expenditure

The levy rate for each gambling sector to raise its expected contribution is set as a percentage of the forecast player expenditure in that sector over the three-year levy period. The higher the forecast player expenditure (**D**, the denominator in the formula), the lower the levy rate required for that sector to raise the contribution expected of that sector (as determined by the numerator, the top line of the formula).

The current economic climate made forecasting player expenditure for four years into the future particularly difficult. Expenditure forecasts in this document take into account the points discussed below.

Non-casino gaming machines

The number of NCGMs is still declining. There were 25,221 licensed NCGMs on 30 June 2003, the last complete quarter before the passing of the Gambling Act. That number had fallen to 20,739 by 30 June 2006. It declined further to 19,479 by 30 June 2009, and to 17,943 by 30 June 2012. There were 17,670 licensed NCGMs on 31 December 2012.

Electronic monitoring system data indicate that spending increased a little, to $856 million in 2010/11, after declining in each of the previous three years from a figure of $950 million in 2006/07. It then declined a little in 2011/12, to $854 million. It is forecast to sit at just under $849 million a year throughout the 2013/14 to 2015/16 period.

Casinos

Over the seven years up to and including 2011/12, casino spending fluctuated from around $450 million (in 2009/10) up to almost $510 million (in 2011/12). Overall casino spending reduced a little in the latter part of the 2010/11 year because the Christchurch casino was closed for several months following the earthquake on 22 February 2011. Modest growth in casino gambling expenditure is forecast throughout the period of the levy, from a base of just over $500 million.

In New Zealand, spending in the Auckland casino dominates all casino spending. The Government is currently considering a proposal from SKYCITY to allow additional machines and tables in that casino in return for SKYCITY building and operating the New Zealand International Convention Centre. Details of the proposed arrangement have not yet been finalised.

New Zealand Racing Board

Spending on New Zealand Racing Board products has been relatively flat for some years, but (like casino gambling) it has grown recently. Modest levels of growth are forecast for the whole of the 2013/14 to 2015/16 period.

New Zealand Lotteries Commission

Spending on New Zealand Lotteries Commission products has been relatively high, but volatile, since 2005/06. This volatility appears to relate to the number of large jackpots in a year.

Strong growth that subsequently diminishes is forecast for the 2013/14 to 2015/16 period. This reflects an expectation that the market for Lotteries Commission products over the period will grow initially, and then begin to mature.

Table 12 sets out forecast player expenditure for 2013/14 to 2015/16.

Table 12: Forecast player expenditure by gambling sector (GST inclusive), 2013/14 to 2015/16

Year	NCGMs	Casinos	New Zealand Racing Board	New Zealand Lotteries Commission
2013/14 ($m)	848.7	500.6	293.1	420.7
2014/15 ($m)	848.7	510.6	298.9	441.7
2015/16 ($m)	848.7	520.8	304.9	452.7

2.4 The levy rates

Table 13 sets out the amount expected from, and the levy rate for, each of the relevant gambling sectors under the 10/90 weighting approved by Cabinet. The levy rates are a percentage of player expenditure in each sector over the period 1 July 2013 to 30 June 2016 (inclusive).

Table 13: Levy rates with 10/90 weighting for the collection period beginning 1 July 2013 (GST exclusive)

	NCGMs	Casinos	New Zealand Racing Board	New Zealand Lotteries Commission
Sector levy rates (%)	1.31	0.74	0.60	0.30
Expected levy ($m)	33.35	11.34	5.38	3.95