

4. DRAFT NATIONAL PLAN FOR MINIMISING GAMBLING HARM

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The purpose of this report is to advise the Council of the Draft National Plan for Minimising Gambling Harm, October 2002 by the Ministry of Health. The main points of the plan will be summarised with comments on issues the Council could submit on in November 2002. A copy of the draft plan has been separately circulated to Councillors.

BACKGROUND

In recent years, gambling related harm¹ has emerged worldwide as a social and health issue. In New Zealand, there has been a significant increase in gaming machines; for over an eight-year period from June 1994 to September 2002 the number of licensed non-casino gaming machines has increased almost three-fold, from 7,770 in June 1994 to 23,002 as at 30 September 2002. These machines now operate at 2,102 (mainly pub and clubs) sites around the country².

In any given year between 85 per cent and 90 per cent of the adult population (aged 15 years and over) participate at least once in one or more forms of gambling³, with some 41% of those aged 18 years and over participated in gaming at least weekly⁴.

In addition, the latest gambling statistics highlight that gaming expenditure⁵ in 2001 was \$1459 million, a figure which has increased significantly from \$614 million in 1994⁶.

Within New Zealand, certain groups have higher problem gambling prevalence rates. Maori, Asian and Pacific peoples are over-represented in access to treatment data. Youth as a population group are also becoming more visible in problem gambling studies⁷.

CONTEXT

Following a Gaming Review administered by the Department of Internal Affairs in 2002, the Responsible Gambling Bill was introduced to Parliament. The draft plan at hand has arisen from this Bill which repeals the Gaming and Lotteries Act 1977 and the Casino Control Act 1990. The Bill recognises that personal, social and economic harm arises from, or is caused or exacerbated by, gambling, and that this harm may extend from the gambler to their family, the wider community, workplace, and society at large.

The Department of Internal Affairs and the Ministry of Health have a joint role in preventing and minimising the harm caused by gambling: the Department of Internal Affairs will implement regulatory measures and the Ministry of Health will be responsible for problem gambling services. The Ministry of Health will also take over the role for gambling services from the existing body, the Problem Gambling Committee, once the Bill has been passed.

CURRENT POLICY

The Council does not have any adopted policy on gambling but its views were expressed through its submissions on the Responsible Gaming Bill to some degree and the initial discussion document. The submissions included support for issues such as, restrictions on the availability of certain types of gaming, limitations on the number of machines, restrictions on non-casino gambling sites from using the title 'casino' and the use of gaming profits to fund community benefits. In addition, the Council considered that New Zealand owned or based internet gambling websites or other forms of interactive electronic gambling should be prohibited.

It is also recognised that the Council has a strong interest in issues concerning gambling as an advocate for the people of Christchurch, as a recipient of gaming profits, and a funder of community initiatives.

¹ Refers to harm or distress of any kind arising from, or exacerbated by, a person's gambling, includes personal, social and economic harm suffered by the person; or the person's spouse, partner, family, whanau, or wider community; or the workplace; or by society at large.

² Department of Internal Affairs, Gambling Statistics, June 2001.

³ Department of Internal Affairs, Five-yearly Surveys, 2002.

⁴ Department of Internal Affairs, The National Gambling Prevalence Survey, 1999.

⁵ Refers to the amount spent on gaming and is the same as the total amount lost by players. It is also the same thing as the gross profit of gaming operators from which they must pay all their expenses, including taxes.

⁶ Department of Internal Affairs, 2000.

⁷ Ministry of Health, A Draft National Plan for Minimising Gambling Harm, October 2002.

DESCRIPTION OF THE PROPOSAL

The plan is divided into three parts, Part 1: A Draft National Plan for Minimising Gambling Harm, Part 2: Draft Public Health Problem Gambling Service Specifications and Part 3: Draft Service Specifications for Problem Gambling Intervention Services.

1. The goal of the draft plan is to prevent and minimise the harm caused by gambling and problem gambling.

There are six broad principles that underlie the draft plan. They include:

- the need for research programme evaluation, service monitoring to inform and guide all approaches
- recognition and implementation of the Treaty of Waitangi
- development of effective, efficient and accessible services to address the need across the population
- encouraging collaborative approaches across relevant sectors, and strengthening and empowering communities
- reducing health inequalities
- ensuring a skilled and knowledgeable workforce to implement the plan

There are four aims derived from the goal and linked to the overarching Treaty aims, which include:

- to prevent, gambling-related problems and the risk of gambling
- to protect, New Zealanders from gambling-related harm and the right of Maori to participate in policy, service development and delivery
- to promote, increased knowledge, responsible choices and community participation
- to build the capacity of Maori communities to manage health promotion, primary prevention and other intervention services

The plan also includes seven main objectives with key actions that have aspects developed specifically for Maori.

2. The public health gambling service specifications will identify the key activities and services to be funded by the Ministry of Health for public health problem gambling services, and is a new entry to the Public Services Health Handbook. The handbook itself is under revision and the problem gambling service specifications will be consulted on in late 2002.
3. A range of service descriptions for problem gambling intervention services have been developed, they range from brief and early interventions through to residential services. The service specification are: help line and information services for problem gambling, short course and residential interventions for problem gambling, brief and early intervention problem gambling services, and Kaumatua services-consultation and liaison.

The service types are divided into separate components including dedicated Maori and dedicated Pacific intervention services. Providers may then use a mix of service types or work collaboratively with other local, regional or national providers.

ISSUES FOR CONSIDERATION

In consideration of the main points highlighted from the draft plan, there are several issues of consideration the Council could submit on in November 2002.

It is suggested that the Council **support** a Draft National Plan for Minimising Gambling Harm, in particular:

- the goal
- broad principles
- aims
- main objectives
- the public health approach

Further issues of consideration that the Council could submit on in November 2002 include the following suggestions:

1. Identify underlying social problems within the community that either contribute or relate to gambling problems and result in gambling harm.

The Council has recognised that personal, social and economic harm arises from, or is caused or exacerbated by, gambling. Gambling may also contribute to other social problems, and information on issues such as, alcoholism, depression, anxiety, child neglect and suicide, would be useful to the Council for developing its Gaming Policy.

2. Take into account Maori tikanga when in consultation process with Maori.

Although Maori and the Treaty of Waitangi and have been specifically provided for in the draft plan, issues of Maori tikanga, in relation to Maori customs and beliefs in particular, should be taken into account through out the draft planning process and the implementation of the final plan.

3. Involvement of local organisations and grass-root groups in the draft plan.

It is recognised that local organisations or grass-root groups may have the local knowledge of the impact of gambling or gambling harm within their local communities. This is important when targeting those individuals or groups who are affected by gambling harm.

4. Target youth gamblers as an individual group due to the increase in prevalence of youth gambling.

International studies have suggested that in North America, an estimated four to eight per cent of adolescents have a serious gambling problem, and that another 10 to 15 per cent are at risk. These figures may be replicated all over the world, because of the explosion of new casinos worldwide, coupled with the proliferation of video poker and Internet gambling⁸. This is important for the Council due to its policy regarding advocacy on youth issues.

Staff

Recommendation: That a submission covering the above matters be prepared for the approval of the Chair and Deputy Chair to forward to the Ministry of Health by the due date of Friday 29 November 2002.

Chair's

Recommendation: That the above recommendation be adopted.

⁸ Derevensky, J, 'Gambling with their Lives', McGill Reporter, Volume 33, Number 14, April 2001.