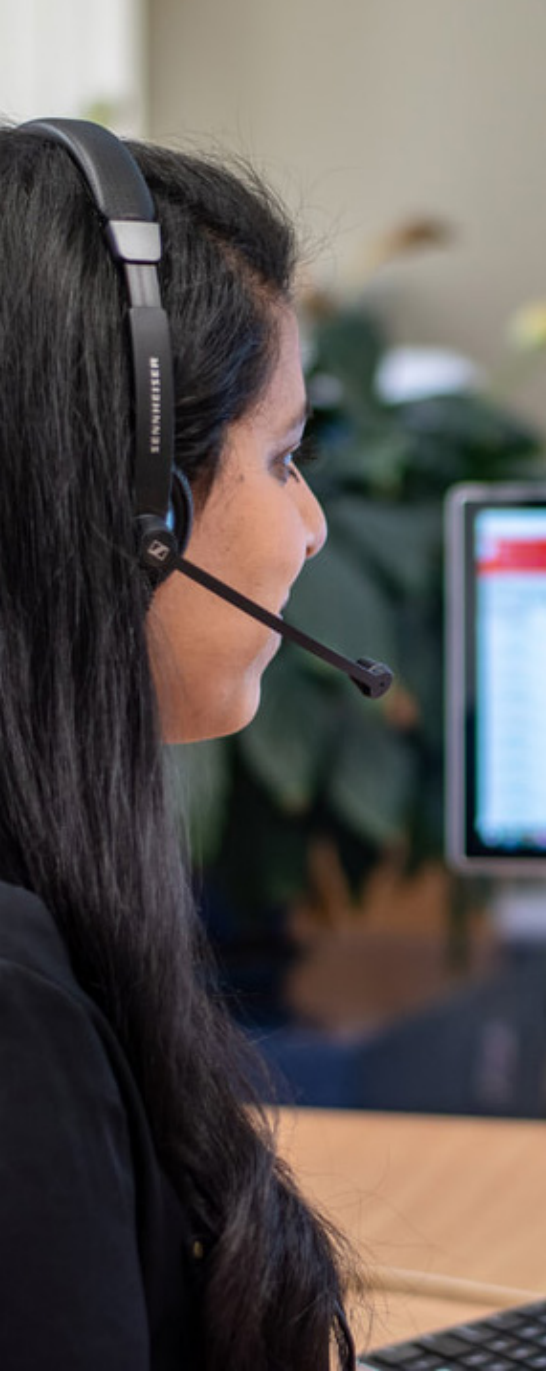


Feedback on Ministry of Health's Draft Strategy to Prevent and Minimise Gambling Harm

2025/26 to 2027/28

PGF GROUP
Healthy and resilient communities in a just society

Executive Summary

PGF Group thanks the Ministry of Health Manatū Hauora for the opportunity to comment on the draft Strategy to Prevent and Minimise Gambling Harm 2025/26 to 2027/28. The Gambling Act 2003 is grounded in a public health framework, recognising gambling harm as a significant social issue in Aotearoa New Zealand with the prevention and minimisation of the health, social and economic harms associated with gambling, at its core. The purpose of the Strategy is to address the risks and harms of gambling in Aotearoa through an integrated approach that is focused on public health. Overall, the draft consultation document is well-constructed and addresses many key areas. We appreciate recognition of the rapidly changing gambling environment and the impact this has on gambling harm services. We appreciate and support the alignment of mental health priorities with the Strategy, focusing on access, workforce, prevention and early intervention, and effectiveness.

We would, however like to address the gaps and opportunities for improvement that would strengthen the Strategy in the following areas:

Strategic Direction, Outcomes and Associated Actions

1. **Te Tiriti o Waitangi:** Include a clear statement regarding the role of Te Tiriti of Waitangi in the Strategy and provide context regarding the strategic framework guiding the health and disability sector.
2. **Review of Strategy:** Undertake a comprehensive review of the Strategy, as recommended by the Gambling Commission, with a view to aligning future funding, implementing an outcomes framework to drive investment and strengthening engagement, collaboration and cooperation across the wider gambling harm sector.
3. **Ministry Funding Requirements:** Increase the overall budget for the Strategy from $87.72m to $93.32M (3.38% of total annual expenditure on gambling activities) to address service gaps as outlined in our response to the Service Plan. This increase is relative to the increase in total annual expenditure on gambling activities.
4. **Regulatory framework:** Include clear strategic outcomes regarding a strengthened regulatory framework to drive gambling harm prevention and minimisation.
5. **Infrastructure:** Invest in systems and capability to ensure the sustainability of gambling harm providers.
6. **Community level investment:** Prioritise investment to ensure decision making and actions are as close to communities and priority populations as possible.
7. **Adequately resource services for priority populations:** Review the Service Plan to ensure culturally and linguistically appropriate services are adequately resourced.
8. **Online gambling:** Include online gambling in the Strategy with a clear strategic approach to address the likely increase in harm.

Service Plan

9. **Population health measures:** Allocate funding to advance public policy initiatives which restrict access, availability and advertising of gambling products.
10. **Service coverage and access:** Address face-to-face service gaps and after-hours access along with solutions for support services that recognise the unique needs of youth, LGBTQIA+, people with disabilities and older people. Innovate solutions to address gaming gambling convergence and legacy harms.
11. **Gambling gaming convergence:** Recognise

gaming as a gateway mode to harmful gambling and allocate funding to develop and pilot prevention and early intervention initiatives to prevent youth gamers from experiencing gambling harm.

12. **Online gambling service delivery:** Address changes in the regulatory environment for online gambling by allocating funding for tailored online gambling harm prevention initiatives.
13. **Health promotion:** Develop a 10-year health promotion strategy including a review of the role of Te Whatu Ora's health promotion team and align the Service Plan accordingly. Enhance the resourcing of community and priority population initiatives.
14. **Service promotion:** Resource the establishment of a Steering Group to guide the ongoing development and implementation of a national service promotion action plan that is aligned with an overarching national health promotion strategy. Increase the funding allocated to providers for service promotion.
15. **Gambling Helpline:** Evaluate the efficacy and outcomes of the Gambling Helpline and investigate alternative models at initial point of contact.
16. **Workforce development:** Directly fund service providers for workforce development. Provide adequate funding for public health workforce development, wage uplifts and cost-of-living pressures. Adequately resource service providers to host both clinical and peer support interns. Allocate adequate funding to ensure the sustainable delivery of the International Gambling Conference.
17. **Multi-venue Exclusions (MVE):** Allocate additional funding to evaluate the MVE Co-ordination programme and identify and remove barriers to implementing MVEs.
18. **Gambling harm intervention services data set:** Identify the impact of current gaps in service user data and develop an interim solution.
19. **Research:** Ensure research procurement values longer-term programmes of collaborative research, develops research capability within gambling harm providers and recompenses service providers for the support they provide to research projects.

Levy Formula and Rates

20. **Levy:** Adopt the 30/70 weighting for the levy. Describe approach to addressing an online casino gambling levy. Account for a likely increase in expenditure forecasts for TAB NZ.

About PGF Group

The Problem Gambling Foundation of New Zealand trades as PGF Group, a Charitable Trust that operates nationally to provide gambling harm minimisation and prevention services. We have been delivering clinical and public health services within Aotearoa New Zealand for over 24 years. Our services are delivered under contract to Te Whatu Ora Health NZ and funded from the gambling levy.

We deliver clinical interventions and treatment as well as a range of public health services. We have a skilled and diverse workforce who are qualified in clinical work and health promotion. A key part of our public health work is advocating for the development of public policy that contributes to the prevention and minimisation of gambling-related harms.

We recognise Te Tiriti o Waitangi as the foundational document of Aotearoa New Zealand. We integrate its promises into our organisational strategy, policy, and practices. We ensure alignment with the mana and integrity of Te Tiriti o Waitangi.

Our vision is a socially just nation where all people flourish.

Kia tū ai a Aotearoa hei whenua ngaruru mō te katoa.

Our **mission** is we enhance the mana of all people by preventing and minimising gambling-related harm.

Kia pakari ai te mana o tēnā , o tēnā kia tāharahara te ngau o te wara petipeti.

FEEDBACK ON STRATEGIC DIRECTION, OUTCOMES AND ASSOCIATED ACTIONS

Concerns	Recommendations
1. Te Tiriti of Waitangi: ground the strategy and service plan in Te Tiriti o Waitangi.	
• The draft Strategy lacks acknowledgement of Te Tiriti o Waitangi, placing it at odds with the broad strategic frameworks that underpin the health and disability sector in Aotearoa, New Zealand. This includes, for example: – The New Zealand Health Strategy 2023 – Pae Tū: Hauora Māori Strategy 2023 – Provisional Health of Disabled People Strategy 2023 • This oversight fails to uphold the Crown's obligations to protect Māori health and wellbeing and does not sufficiently address the significant and disproportionate gambling harm inequities impacting Māori.	• Include a clear statement regarding the role of Te Tiriti of Waitangi in the Strategy and provide context regarding the strategic framework guiding the health and disability sector. • Clearly reflect the Articles of Te Tiriti o Waitangi in strategic goals, outcomes, actions, system priorities and the Service Plan.
2. Strategic Review: undertake a comprehensive review of the problem gambling strategy with a view to aligning future funding and implementing an outcomes framework to drive investment.	
• The Gambling Commission's report on the 2022-25 levy[1] recommended a shift away from a historically determined budget envelope to funding that appropriately reflects the future analytical and operational requirements of an integrated strategy. They advised a major strategic review of the Ministry of Health's 'problem gambling strategy' was required to enable this alignment. • This review has not been undertaken and we believe the draft strategy and service plan lacks a clear analysis of both current and future service requirements. As a result, we believe there	• Undertake a comprehensive strategy review that looks beyond the 3-year levy cycle in order to inform future decision making about what makes a real difference in reducing gambling harm in New Zealand.

[1] Hansen, L (Chief Gambling Commissioner). Report on the Proposed Problem Gambling Levy: 2022-2025.

are many areas of unmet need within the strategy (set out in the tables below) and an inadequate recognition of the globalisation and digitalisation of gambling and the resultant increase in exposure to gambling products, particularly for young people. This is particularly evident in the draft's failure to provide a strategic framework and action plan for addressing the existing and rapidly growing harm associated with online casino gambling. • We recommend a major strategic review is undertaken early in the strategy period with a view to aligning the strategy with the Government's regulatory programme for online casino gambling. This review must include the development of a outcomes framework that ensures an integrated approach with individual investments driving common goals and impact. • The Needs Assessment clearly identifies that improvement in communication and coordination is required across government agencies and across the gambling harm sector. Stronger relationships need to be developed and maintained, particularly in light of the impact on the sector from the recent procurement process. This is vital to ensure the system is well functioning, yet the Strategy does not address how this will be achieved. This must include how the system will genuinely commit to the integration of lived experience into all aspects of gambling sector development, delivery and regulatory approaches to the prevention and minimisation of gambling harm. • Our feedback on the Service Plan also prioritises actions required to support improved communication, coordination and collaboration within the broader gambling harm sector.	• Include a clear outcomes framework and priorities that strengthen engagement, collaboration and cooperation across the wider gambling harm sector. • Adopt the recommendations as outlined in our response to the Service Plan.

3. Ministry Funding Requirement: increase the overall budget for the Strategy to reflect the increase in total annual expenditure on gambling activities and fund additional investment requirements.	
• In the absence of the strategic review advised by the Commission, we believe the Ministry Funding Requirement set out in the Strategy is insufficient and is not aligned with sustainable analytical and operational requirements. To meet immediate service gaps and unmet need we recommend an increase to the funding envelope based on relative increases in the total annual expenditure on gambling activities. • The *Gambling Harm Prevention and Minimisation Strategy 2022/23 to 2024/25* allocates $76.123m. This equates to **3.38%** of the 2019/20 total annual expenditure on gambling activities ($2,252m). • The draft Strategy (2025/26 to 2027/28) proposes a budget of $87.72m. This equates to **3.18%** of the 2022/23 total annual expenditure on gambling activities ($2,761m). • The increase in the draft Strategy funding is **15.2%** when compared to the current Strategy. This is significantly less than the **22.6%** increase in total annual expenditure on gambling activities (2019/20 $2,252m compared to 20222/23 $2,761m). • Additional funding is required to address existing service gaps and respond to the increasingly complex gambling environment that reflects the globalisation and digitalisation of the gambling industry. • Recent research has shown that engagement in online gambling has the largest effect size for the risk of gambling products[2]. While many universal public health measures apply in the	• Increase the Ministry Funding Requirement from $87.72m to **$93.32M** (3.38% of total annual expenditure on gambling activities) to reflect the relative increase in total annual expenditure on gambling activities and to address the resultant increase in harm. • Utilise this additional funding to address the Service Plan gaps identified below.

[2] Allami, Y., Hodgins, D., Young, M., Brunelle, N., Currie, S., Dufour, M., Nadeau, L. et al. A meta-analysis of problem gambling risk factors in the general adult population. Addiction. 2021; 116(11):2968-77.

online environment, additional selective measures are required to prevent and address digital gambling harm[3]. • Further, additional targeted measures are required to identify and address the enduring challenges people experiencing gambling harm encounter seeking help.	
4. Regulatory framework: reflect the importance of the regulatory environment in strategic priorities and set out actions to promote evidence-based regulatory measures and enhanced collaboration across Central Government.	
• We agree that support is required from prevention to early intervention, to specialist support, as gambling harm occurs on a continuum and service provision needs to reflect that. • Public health approaches recognise that prevention of gambling harm is most effective if it is as upstream as possible.[4] We stress the importance of including priorities that emphasise a robust regulatory environment and believe this is lacking in the draft strategy. For New Zealanders to have quality of life and life expectancy not affected by gambling harm, more needs to be done to ensure our communities are not saturated with harmful gambling products and opportunities to gamble. • The importance of the gambling environment must not be understated as this is where the harm occurs[5]. Collaborative efforts between Manatū Hauora Ministry of Health, Te Whatu Ora Health NZ and Te Tari Taiwhenua Internal Affairs (DIA), are imperative to ensure that the	• Include clear strategic outcomes regarding a regulatory framework to support gambling harm prevention and minimisation. • Set out actions that promote evidence-based regulatory measures. • Enhance collaboration between Central Government agencies involved in gambling harm prevention and minimisation to ensure the objectives of the Strategy are met.

[3] Marionneau, V., Ruohio, H., Karlsson, N. Gambling harm prevention and harm reduction in online environments: a call for action. Harm Reduction Journal. 2023; 20: 92.
[4] Livingstone, C., Rintou, A. Moving on from responsible gambling: a new discourse is needed to prevent and minimise harm from gambling. Public Health. 2020; 184: 107-112.
[5] Abbott, M., Binde,P., Clark, L., Hodgins, D., Johnson, M., Manitowabi, D., Quilty, L., Spangberg, J., Volberg, R., Walker, D., Williams, R. (2018). Conceptual Framework of Harmful Gambling: an international collaboration, Third Edition. GREO, Guelph, Ontario, Canada.

gambling environment's regulatory framework supports rather than undermines the purpose of this Strategy, and future strategies, to prevent and minimise gambling harm. • We recognise that monitoring gambling operators and regulating the gambling environment is outside the scope of the Ministry of Health but more extensive collaboration, communication and mutual commitment to harm prevention between the Ministry and the DIA is required to achieve the outcomes in this strategy. It would also be of benefit to extend this engagement and collaboration to other stakeholders including gambling operators, researchers and communities.	
5. Infrastructure – invest in systems and capability to ensure the sustainability of gambling harm providers.	
• The draft strategy makes no provision for the long-term sustainability of the 18 gambling harm service providers who are typically small, not for profit organisations. These services need to be well equipped with appropriate infrastructure to enable them to support long-term programmes and impact. Currently, organisations have limited ability to ensure they can readily adapt to technological advancements, ensure robust data collection and reporting and operate systems that maximise frontline delivery of services.	• Include a strategic priority to build a sustainable network of service providers who are responsive to the ever-changing context of gambling harm. • Allocate funding to support infrastructure development within service providers.
6. Investment at a Community Level - realign investment to ensure decision making and action is as close to communities and priority populations as possible.	
• We commend the recognition given to the complexity of the broader mental health and addiction system and the need for strong leadership and accountability in the gambling harm sector. We agree that more needs to be done in this area to ensure better coordination across government to improve outcomes.	• Review the Service Plan to ensure resourcing at a community and service provider level reflects the strategic

• We note that Outcome 3 states decision-making should be as close to communities and priority populations as possible. We firmly agree with the need for closer engagement with community leaders and networks to ensure that any decisions made have local relevance and buy-in at a community level. • We believe that the Service Plan needs to better reflect this aspiration with additional funding allocated to community and service provider public health initiatives. As it stands, we believe there is a misalignment between this strategic outcome and the Service Plan which retains significant resource, funding and decision making at a central level with inadequate resourcing at a community and priority population level.	intention to support decision making at a community level.
7. Priority Populations: strengthen service plan to reflect the need for culturally appropriate services for priority populations.	
• We are very supportive of the intention in Outcome 4 to address the disproportionate gambling harm experienced by Māori, Pacific peoples, Asian peoples and young people. We agree that these population groups should remain a priority. • We believe gambling environments and prevention efforts need to be further strengthened to adequately address the inequities these groups face. For example, if more was done to address the gambling environment in high deprivation communities where Māori and Pacific peoples often reside, there would be less impact on these population groups that continue to be disproportionately affected by gambling harm. • We are concerned that detail on how goals for priority populations will be achieved is lacking in the Strategy. A focus on priority populations has been diluted and a focus on equitable	• Review the Service Plan to ensure adequate resourcing of culturally and linguistically appropriate services.

and culturally appropriate services and support models are no longer embedded throughout priorities and action plans. • This may create additional barriers to service access, impede aspirations to break down stigma and perpetuate profound inequities for Māori, Pacific, Asian and young people experiencing gambling harm.	
8. Online Gambling	
• The growth of online gambling, including online casinos and sports betting, has the potential to cause an increase in harm[6] and service providers need to be equipped and funded to meet the potential demand. While the draft Strategy acknowledges the Government's proposed licensing system for up to 15 online casinos and regulatory approach, it is unclear whether this Strategy is seeking to address what is acknowledged as a growing area of harm. • The Strategy must explicitly state whether online gambling is included in the Service Plan. If it is intended to address online gambling, then additional actions need to be specified, including the development of online gambling harm prevention initiatives and intervention services that meet Tāngata Whaiora in the online environment. • The Strategy has a focus on prevention and early intervention so more needs to be done to outline the actions that will be taken to prevent and minimise harm from online gambling. There is a lack of detail in the draft Strategy around how these rapidly changing gambling	• Include online gambling in the Strategy with a clear strategic approach to address the likely increase in harm including prevention initiatives and intervention services that are appropriate for meeting the needs of Tāngata Whaiora in the online environment.

[6] Dash, M., Howard, E. The impact of online gambling on mental health in New Zealand: A comparative study. International Journal of Scientific Research and Management. 2024; 12(6): 2321-3418.

environments will be addressed and the future implications for services who are required to adapt to these changes.	

FEEDBACK ON THE SERVICE PLAN

Concerns	Recommendations
1. Population-level measures: allocate funding to advance public policy initiatives which restrict access, availability and advertising of gambling products.	
• The Strategy and Service Plan lack a focus on population-level measures that are necessary to realise the Strategy's goal of ensuring the quality and life expectancy of New Zealanders are not affected by gambling harm. • The Strategy needs to better reflect the importance of locating public health considerations within the gambling regulatory regime and set out the actions required to do so. • There is a strong evidence-base to guide the inclusion of appropriate population-level measures in the Strategy which restrict access, availability and advertising of gambling products[7]. • We would like to see the Service Plan modified to reflect the focus in Outcome 2 "...on building healthy environments through a range of methods including public policy...".	• Allocate funding to advance evidence-based public policy initiatives designed to: – Restrict advertising and promotion of gambling products – Restrict the availability of electronic gambling machines (pokies) – Enhance harm minimisation regulations particularly in the online environment.
2. Service coverage and access: address face-to-face and after hours service gaps. Develop solutions for youth, LGBTQIA, people with disabilities and older people. Innovate solutions to address gaming gambling convergence and legacy harms.	
Geographical Coverage • The Service Plan lacks detailed analysis of service coverage across the different priority population providers and only identifies geographical gaps in Nelson/Tasman and Northland.	• Allocate additional funding to adequately assess and evaluate service coverage across all gambling harm service

[7] Regan, M., Smolar, M., Burton, R., Clarke, Z., Sharpe, S., Henn, C. Policies and interventions to reduce harmful gambling: an international Delphi consensus and implementation rating study. The Lancet Public Health. 2022; 7(8): E705-717.

	providers and address potential face-to-face service gaps in for example, Palmerston North, Invercargill, Tauranga and Whakatane.
After Hours Services • Reducing barriers to accessing gambling harm intervention services is a priority and an ongoing challenge. In New Zealand, as internationally[8], a small proportion of people who are suffering from gambling harm seek formal help. This is for a range of reasons, but for New Zealanders, we believe it is related to stigma as well as reasons common to all health services, such as accessibility and knowing about what services can offer. • Increasing access to gambling harm services will require multiple approaches to be taken and persisted with, for example, focuses on destigmatisation, digital tools, access to gambling harm support in primary health care services and gambling harm support service promotion. • The plan does not recognise additional barriers to service access that are evident in low rates of help seeking (around 16% of those experiencing moderate to significant harm[9]) and high rates of unattended scheduled appointments (between 14% and 16% of sessions at PGF Services for example are cancelled, rescheduled or not attended by Tāngata Whaiora).	• Allocate funding to extend service providers' hours of face-to-face operations to better align with the preferences and needs of Tāngata Whaiora who report challenges attending services during business hours. • Allocate funding to service providers to staff their phones at peak after hours times when data shows Tāngata Whaiora are in crisis and attempt to contact the service.

[8] Around 10% of Australian problem gamblers seek treatment (Delfabbro P. 2008. A report prepared for the Independent Gambling Authority of South Australia. *Australasian Gambling Review*).
[9] Ministry of Health. Strategy to prevent and minimise gambling harm 2019/20 to 2021/22. Wellington: Ministry of Health; 2019

• This includes lack of recognition of the need for increased access to out-of-hours clinical services which the Needs Assessment recognises as a sector requirement. • PGF Services for example receive 6% of calls from help seekers on Saturdays and Sundays and approximately 18% of all calls outside of business hours. • In 2024 only around 40% of after-hours' callers left a message that enabled a follow-up to be attempted. Despite making multiple attempts to follow up with those who do leave messages, we experience limited success reconnecting with callers we are unable to support at the initial point of contact.	
Support Services for Young People • The service plan does not recognise the unique support requirements of young people experiencing gambling harm. • The Needs Assessment utilises outdated data from the 2020 HLS to describe a maintenance of youth gambling participation rates and decrease in problem gambling incidence. • This data does not reflect the significant increase in the intervening period, in online casino gambling and sports betting, modes of gambling with a significant impact for young people. Anecdotally, PGF Services receives feedback from the community reflecting a growing concern about young people, particularly males, from sports betting.	• Allocate funding to develop clinical support services tailored to meet the needs of young people. This needs to include online and in person services and self-help resources.
LGBTQIA+ and People with Disabilities • The service plan does not recognise the significant harms and unique service requirements of LGBTQIA+ and people with disabilities who experience the intersectionality of gambling harm.	• Allocate funding to develop and pilot information, self-help resources and services tailored to meet the needs of

• The Ministry does not collect or report on gender identity, sexual orientation, or disability data in relation to gambling harm. While there is a dearth of local research and data, international evidence suggests trans, and gender diverse people experience higher and compounding levels of gambling harm compared to cisgender people and general health service barriers.[10] • There is no provision for identifying and addressing access barriers for these communities or for providing services that recognise the compounding harm they experience. • The disability community is a vastly underserved community, with unique stigma and access issues. With the rise of online gambling which has the potential to reach every home, the gambling harm sector needs to build its knowledge and practice to ensure it can respond appropriately and effectively to the needs of people with disabilities. • We recommend specific research to explore the gambling harms these people are experiencing and co-designed services to ensure best practice is established correctly for marketing, outreach, and service delivery.	LGBTQIA+ services. This includes developing relationships and referral pathways with existing LGBTQIA+ service providers and communities and building capability across the sector to deliver services that meet the needs of LGBTQIA+ communities. • Review MOH's dataset to include gender identity and sexual orientation. • Allocate funding to undertake research on the gambling harms individuals and communities with disabilities are experiencing and co-design services to ensure best practice is established for marketing, outreach, and service delivery.
Support for Older People • While there is a dearth of local research, Australian data suggests loneliness, the need for social interaction, incentives and online access are triggering increases in gambling harm amongst older people. Research conducted in 2020 suggests an increased vulnerability for	• Allocate funding to develop and pilot programmes to raise awareness of gambling harm among older people and enhance screening for gambling harm

[10] Bailey, L., Zeeman, L., Sawyer, A., Sherriff, N. 2023. LGBTQ+ People and Gambling Harm: A scoping review. University of Brighton: GambleAware.

older Australian adults experiencing gambling harm[11]. In 2023 people 60 years and over comprised 12% of Tāngata Whaiora supported by PGF Services. • An overview by GREO[12] suggests older adults are less likely to seek treatment for problem gambling. They suggest this may be due to lack of awareness of gambling as a problem and greater stigma toward mental illness or addictions. • Targeted education and screening programmes are required to increase older people's awareness of gambling harm and access to services.	when older people present for health services, in particular mental health concerns.
Gambling Gaming Convergence • The service plan is silent on gambling-gaming convergence despite the recognition in the Needs Assessment that: – most participants sought an urgent response to the fast-growing prevalence of online gambling and gaming and gambling participation, and – there is evidence that points to a link between online gaming and future gambling harm. • Game developers continue to use gambling industry tactics to encourage further play and simulated gambling, such as loot boxes are increasingly part of common, popular games. A study from April 2019 found that 71% of the most played PC games contained loot boxes.[13] • PGF Services is currently supporting three young people who are experiencing moderate to significant harm who have identified online gaming as a gateway to their gambling. This has	• Recognise gaming as a gateway mode to harmful gambling and include measures to prevent young gamers from experiencing gambling harm. Allocate funding to develop and pilot prevention and early intervention initiatives to prevent youth gamers from experiencing gambling harm.

[11] Thomas, S, Pitt, H, Randle, M, Balandin, S, Cowlishaw, S, McCarthy, S, Bestman, A & Daube, M 2020, Factors that shape the gambling attitudes and behaviours of older adults in Victoria, Victorian Responsible Gambling Foundation, Melbourne.
[12] Tanner, J. Gambling and Older Adults: What do we Know? (2017). GREO, Guelph, Ontario, Canada.
[13] Zendle, David & Meyer, Rachel & Ballou, Nick. (2020). The prevalence of loot boxes in mobile and desktop games. Addiction. 115. 10.1111/add.14973.

required an adaptation of existing intervention models to meet the needs of these clients and research and evaluation is required to ensure interventions are informed by evidence-based best practice.	
Legacy Harms • The Service Plan does not recognise or make provision for investment in long-term legacy harms of gambling that are clearly spelled out in the Needs Assessment as an area of concern. • There is a growing recognition that gambling harm can extend past the period where people are actively gambling at harmful levels[14]. And that these enduring harms can affect individuals' gambling as well as their family, friends and communities. • 2022 research determined the lingering effects of gambling harm can have a half-life of around 4 years, with financial harms lasting longer with a half-life of 5 years.[15] • The New Zealand-based research concluded that services need to be resourced to provide continued support for clients beyond recovery from a gambling problem to help them cope with and address the ongoing experience of legacy harms"[16].	• Allocate funding to develop and pilot self-help, individual and group resources, and services to address the long-term consequences of gambling harm.

[14] Rockloff, M., Armstrong, T., Hing, N., Browne, M., Russell, A., Bellringer , M., Palmer du Preez, K. Lowe, G. Legacy gambling harms: what happens once the gambling stops? Current Addiction Reports. 2022; 9: 392-399.
[15] Rockloff, M., Bellringer, M., Lowe, G., Armstrong, T., Browne, M., Palmer du Preez, K., Russell, A., Hing, N., Greer, N. Life course and legacy gambling harms in New Zealand. New Zealand, New Zealand Ministry of Health; 2022.
[16] Ibid.

3. Online gambling: clearly address the intended changes to the regulatory environment and recognise the need for tailored responses within the current Service Plan.	
Online gambling services • Services need to be effectively equipped to meet the needs of the increase in online gambling harm. Ministry of Health data shows one in ten clients seen between July 2022 and June 2023 cite offshore online gambling as their primary mode. This is likely to further increase with the introduction of the online casino licensing system which will see up to 15 online casinos operating in Aotearoa New Zealand. There is little mention of the implications of this in the Strategy. • The new online casino gambling regulations are set to become effective in 2026 which is during the implementation of this new Strategy. The new licensing system for online casinos will see levy contributions from these operators. This is vital to counter the increase in advertising that will inevitably follow the introduction of licensed online casinos here.	• Address the need for tailored interventions and preventative measures to address growing online gambling harms. • Allocate funding for the development and piloting of targeted interventions for those experiencing gambling harm in the online environment. This includes the development of digital self-help tools. • Allocate funding for a comprehensive "always on" online advertising campaign promoting digital self-help tools, and counselling support services.
Online Gambling Exclusion • The draft Strategy allocates funding to "exploring operational solutions or options to help users self-exclude from online sites." While we agree with the need for this online gambling self-exclusion system, the funding allocation for exploring solutions is significant. It warrants further discussion on where the funding for the development of an online gambling self-	• Further discussion needs to take place to address where the funding for an online gambling exclusion system will be sourced.

exclusion system should sit given the imminent changes to regulation around online casino gambling.	
4. **Health promotion: develop a national health promotion strategy and action plan. Review the role of Te Whatu Ora's health promotion team and align the service plan accordingly. Enhance the resourcing of community and priority population initiatives.**	
Overarching National Health Promotion Strategy • There is currently no overarching long-term strategy, theory of change or action plan to guide investment in health promotion initiatives. There is no evaluation framework to assess the impact of the health promotion programme and guide ongoing investment. • This has resulted in short-term, piece-meal investment in one-off initiatives and under investment in health promotion capability across the sector. • It has also resulted in a lack of connection between the central health promotion team and gambling harm service providers. • There are no mechanisms for connecting the individual initiatives of service providers, communities and priority populations to disseminate knowledge, scale local initiatives and leverage local investment.	• Resource the development of an overarching 10-year health promotion strategy that guides investment in both national and local initiatives. • Develop a steering group to guide the development and implementation of a national strategy and action plans. The steering group should comprise representatives from the Hauora Māori, Pacific, Asian and General population service providers alongside lived experience experts.
Roles and responsibilities of Te Whatu Ora in health promotion • We believe it would be beneficial to review the roles, responsibilities and scope of work of Te Whatu Ora's health promotion team to ensure a clear focus on the provision of strategy, evidence and frameworks.	• Provide a clear definition of the role of the central health promotion service to emphasise the central provision of strategic oversight, programme

• Te Whatu Ora's role in health promotion needs to be reframed to ensure they are operating at a strategic, advisory level with a focus on commissioning and supporting impactful initiatives at a community and service level with close proximity to priority populations. Their role should include joining up and leveraging initiatives to maximise national impact. The focus should also include surfacing and dissemination a strong evidence-base and robust evaluation of public health initiatives. • Te Whatu Ora's health promotion team is small, comprising approximately 3FTE who have a range of responsibilities outside of gambling harm. We believe a tightened scope, clearly defined responsibilities and greater devolution of funding at a community level would enable the service to provide the strategic oversight necessary to progress public health priorities.	evaluation and the development of a strong evidence base.
Community Activation • There is currently an imbalance between resourcing of national health promotion activities and investment in community and priority populations initiatives. • While the Service Plan describes an intention to strengthen community actions to address gambling harm, there is a notable absence of detail regarding the funding that will be available and community initiatives that will be resourced. • Historically, funding made available for community actions has been for short-term with inadequate notice and a lack of linkage to strategic outcomes. • Funding allocations need to be transparent, with clear objectives and evaluation frameworks. Adequate timeframes for effective planning need to be built into the	• Provide a breakdown of cost allocations against Priority Three of the Service Plan which currently includes an aggregated allocation of $7.56m. • Revisit the investment and transparency of funding to ensure community actions are appropriately funded. • Allocate a transparent budget for community actions.

commissioning of community actions. Funding should be longer-term with a focus on scalable initiatives linked to clear logic models and impact evaluations.	• Resource the development of guidelines for allocating funding to community actions, including funding objectives, selection criteria, funding cycle etc. • Resource the development of an evaluation framework for measuring the impact of community actions.
Gamble Host Resources • The funding and resourcing of host responsibility resources to support harm minimisation training and tools for in-venue use should not be included in the Strategy. • Section 313 of the Gambling Act 2003 sets out the requirement that gambling operators take responsibility for harm minimisation measures including training of venue staff (313(h), setting minimum training standards (313(ha)) and "providing for any other matters related to harm prevention or minimisation that are contemplated by, or necessary for giving full effect to, this Act and its due administration" (313(j). This is a requirement of their license to operate. • The Act also states that 'the purpose of the levy is to recover the cost of developing, managing, and delivering the integrated problem gambling strategy' (319(2)) which sets out the provision of public health and clinical gambling harm services, and workforce supports.	• Remove funding and resourcing within the Service Plan for development of Gamble Host materials.

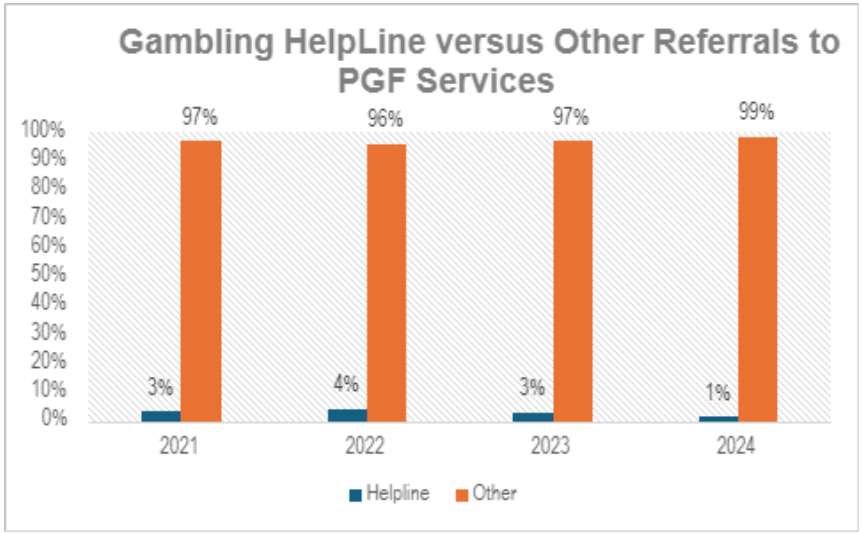
• We believe it is an incorrect use of the levy and puts unnecessary pressure on our small gambling harm sector to require our workers to provide the development of gambling minimisation host responsibility material on behalf of the operators or societies.	
New digital tools • We support the strategic intent to invest in digital tools. However, we believe this investment needs to be targeted to filling gaps in existing services and that responsibility for developing tools should lie with those with current relevant expertise. • Te Whatu Ora is funding PGF Services to enhance the online Gambling Harm Test which was developed in collaboration with AUT, Deakin University, Salvation Army and PGF Services. • The test is being refined from a user interface point of view and will be developed to include access to evidence-based, clinically informed self-help tools. • We believe the proposal for the central health promotion service to continue to develop an alternative screening tool is inappropriate. • Similarly, we believe responsibility for the development of digital tools related to financial capability should lie with the building financial capability sector who comprise approximately 700 financial mentors working in 180 financial mentoring services. These government funded services offer a range of online tool kits and resources for example MoneyTalks and Sorted. • The Service Plan also mentions the intention to develop digital tools for promoting harm minimisation messages, help-seeking and blocking access to sites. Further information is	• Remove provision in the Service Plan for the ongoing development of the Safer Gambling Test. Replace with provision for the central health promotion service to promote access to the revised Gambling Harm Test when it is available. • Remove provision in the Service Plan for the development of digital tools for financial literacy. Reinvest funding allocated in development of financial capability expertise within service provider's clinical workforce. • Include additional information regarding the rationale and plans for developing digital tools to promote harm minimisation messages, help-seeking and site-blocking.

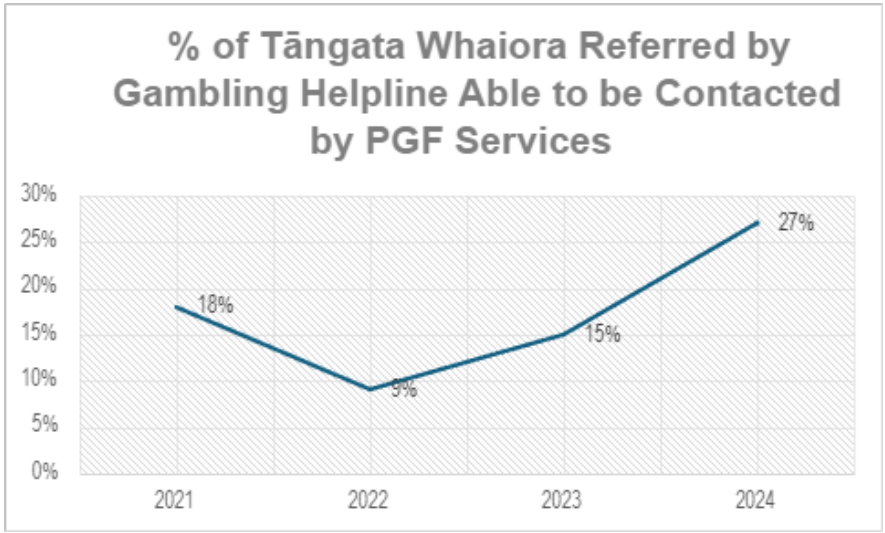
required to understand the need for digital tools of this nature and the role they would play alongside existing online information and support in these areas.	
Territorial Local Authority (TLA) policy reviews • Extensive knowledge and expertise for supporting TLA policy reviews lies within public health service provider organisations. • PGF Services has been working with councils and other gambling harm service providers to facilitate advocacy work at TLA gambling policy reviews for over 20 years. More recently, this has included providing Te Whatu Ora's health promotion service with data and information to support submission writing and presentations at council hearings. • PGF Services contribute to between 34 to 50 policy reviews each year, from pre-consultation advice and information to policy analysts, through to presenting at council hearings. We are in a unique position to pair service users' experiences of gambling harm with extensive knowledge of the policy and regulatory environment as well as evidence-based best practice. • Council policy analysts are often not equipped with the data and information required to inform their policy advice to council, so we support them to source what is required. Over many years, we have developed good working relationships with policy analysts who frequently come to our service as a first point of call. • We believe it is inappropriate and unnecessary for the central agency health promotion service to support these local reviews which operate at a community level.	• Remove the provision for Te Whatu Ora's health promotion service to support TLA policy reviews. • Reallocate funding to gambling harm public health providers who support public health service teams, TLAs and community groups to participate in policy reviews.

5. Service promotion: create a national action that aligns national and local service promotion. Increase the funding allocation to ensure the efficacy of local service promotion.	
National service promotion and messaging • The gambling harm sector and the Needs Assessment express concerns about the efficacy of the Gambling Helpline in meeting the needs of gambling harm help seekers. • PGF Services' data over time suggests the Gambling Helpline generates very few referrals into services (1% of PGF Services referrals YTD in 2024). It also suggests it is very difficult to contact help seekers who are referred from the Helpline (PGF Services was unable to make contact with 27% of referrals from the Gambling Helpline YTD in 2024). • Despite these concerns, the Service Plan expresses an intention to continue to promote the Gambling Helpline as the primary point of contact for help seekers. • Greater input from service providers is required to enable the aspirations set out in the Service Plan "for the promotion of help-seeking messages, the 0800 number and support services at a national level to complement localised service promotion". • Without service provider input and oversight of messaging and effective engagement with help seekers, it is unlikely that the investment at local and national levels will work together to effectively increase service access.	• Resource the establishment of a steering group to guide the ongoing development and implementation of a national service promotion action plan that is aligned with an overarching national health promotion strategy. • This steering group should comprise representatives from Hauora Māori, Pacific, Asian and General Population Gambling Harm Providers, alongside Lived Experience. • Undertake a review of the role of the Gambling Helpline in a national health promotion action plan.
Local service promotion • We are supportive of the intention to directly fund service providers to undertake targeted service promotions.	• Increase the funding allocated to service promotion to between $2.18 and $3.74 million.

• The allocation of $720k over three years ($240k per year or 2.3% of clinical interventions revenue) is inadequate. Across an estimated 18 clinical providers, this equates to $13k per provider if allocated evenly. • This level of funding is unlikely to make a tangible impact to service access and early intervention given the cost of marketing, advertising and promotional activities. • Literature suggests small business in New Zealand allocate between 7-12% of their revenue on marketing. Against the $31.199m allocated to Clinical Interventions, you would thus expect a service promotion budget of between $2.18 and $3.74m.	• Develop mechanisms for linking local service promotion to national initiatives and leveraging investment across the sector.
6. National Gambling Helpline: evaluate the efficacy and outcomes of the National Gambling Helpline and investigate alternative models at initial point of contact.	
National Gambling Helpline • The service plan maintains current levels of investment in the existing National Gambling Helpline. • It is widely recognised that help-seeking by those experiencing gambling harm is low and individuals often access support at a crisis point. • The current Helpline provides one-off brief interventions through its generalist addiction team. • The Plan's proposal to maintain the status quo does not reflect the feedback documented in the Needs Assessment regarding the need for specialist gambling harm support at first point of contact as expressed by both service users and service providers.	• Allocate funding to evaluate the efficacy and outcomes of the National Gambling Helpline. • Allocate funding to investigate alternative models at initial point of care that effectively: – Alleviate help seekers' immediate concerns – Provide specialist gambling harm support at first contact

• Our experience and data over time suggests that referral rates from the helpline into PGF Services is very low and that the Helpline has not established a consistent or effective pathway for Tāngata Whaiora to access ongoing support. In 2024 YTD, referrals from the Gambling Helpline comprise 1% of PGF Services overall referrals. This has reduced from the previous year where 4% of referrals originated from the Gambling Helpline. • Our data also suggests that follow up of clients referred by the Helpline and through other avenues that do not involve initial direct contact with a specialist gambling harm practitioner or peer support worker are challenging and often unsuccessful. In 2024 YTD, despite making a minimum of three attempts, PGF Services were unable to contact 27% of Tāngata Whaiora referred to our services through the Gambling Helpline.	– Provide access to peer support at first contact – Build trust and engagement with service providers and actively support help seekers to access ongoing support and self-help resources.





7. Workforce development: directly fund service providers for workforce development. Provide adequate funding for public health workforce development, wage uplifts and cost-of-living pressures. Adequately resource service providers to host both clinical and peer support interns. Allocate adequate funding to ensure the sustainable delivery of the International Gambling Conference.	
Workforce development funding for providers • We are supportive of the increased allocation of funding for clinical and public health workforce development. • With a priority population funding model in place there are multiple models of care in place across the sector involving significant cultural nuance. • It is critical that service providers who are funded under this Strategy have direct access to this funding to ensure they can create and access training and development opportunities that reflect the unique needs of their workforce and their service users and build sustainable capability. • Gambling harm is a specialist knowledge area within mental health and addiction services and requires tailored training and workforce development solutions. It is important that the 18 gambling harm providers funded under this Strategy provide the subject matter expertise and frontline knowledge required to progress and implement effective development solutions. • A long-term view of investment in workforce development is required to ensure sustainable funding is available to build learning eco systems and embed workforce development within organisations. This is not possible with ad hoc, one-off funding allocations. • It is critical that mechanisms are in place to enable the cross-pollination of ideas, capability and skill development across the Māori, Pacific, Asian and general population providers.	• Allocate workforce development funding for clinical and public health directly to gambling harm service providers. • Provide sustainable funding to service providers across the life of the Strategy. • Allocate funding to regularly bring the sector together to share knowledge, undertake collaborations and build strong networks. Responsibility for convening these platforms should lie with an organising committee comprising representatives from across gambling harm providers.

Workforce development funding for public health • We believe the proposed budget for workforce development for public health is a significant under investment and is lower than the funding allocated to clinical services. • While 2.1% ($753.2k) of clinical intervention funding has been allocated to workforce development only 1.4% of public health funding ($424k) has been allocated for workforce development. • We believe this is an under investment and does not align with the Strategy's focus on preventative actions.	• Increase the allocation for public health workforce development from $424k (1.4% of budget) to $644k (2.1% of budget).
Wage and cost-of-living uplifts for primary prevention services • The Service Plan rationale notes that $545k has been allocated over three years to assist with wage uplifts and in response to cost-of-living pressures for primary prevention services. • This narrative is inconsistent with the proposed funding column in the table which indicates primary prevention is being increased by $1.764m ($15.863m compared with $14.10m in 22/23-24/25). • If the increase for wage and cost pressure is $545k (3.9% uplift) over three years it is inadequate. It is significantly less than the 7.7% provision for wage and cost-of-living pressures for clinical services. • This discrepancy and underfunding perpetuates inequities between public health and clinical workforces within service provider organisations and will not assist with workforce retention which is the stated intention of the increased provision.	• Clarify the allocation for wage uplifts and cost-of-living pressures for primary prevention services. • Clarify any other initiatives that are planned with the $1.764 uplift for primary prevention services. • Adequately and equitably fund wage and cost-of-living uplifts for primary prevention services.

Clinical internships • We are supportive of the proposal to fund internships to enable the completion of clinical projects. This funding needs to recognise the time and resources required within service provider organisations to effectively host an intern. This includes for example tailoring onboarding systems for students, providing computer and IT support, supervising clinical practice etc.	• Allocate funding to service providers to incentivise and enable them to host interns effectively.
Expanded Peer Support Workforce • We are supportive of the Service Plan's investment in additional peer support. • Our experience integrating peer support into PGF Service's model of care has highlighted many benefits for Tāngata Whaiora including greater engagement and retention with services. • We are supportive of the additional FTE being located within Asian, Pacific and Hauora Māori services to address inequities within priority populations. • We are also supportive of allocating FTE to the general population service provider (PGF Services) for peer support FTE with a youth focus. With the growth in online gambling and sports betting we are anticipating additional growth in younger people requiring support and believe peer support will be an important component of successful service delivery to younger Tāngata Whaiora. • We note that while funding has been allocated to clinical internships there is no such funding for peer support internships. Many support workers face significant obstacles to undertaking	• Allocate additional peer support FTE to priority population providers – Asian, Pacific and Hauora Māori providers. • Allocate additional peer support FTE to PGF Services to meet the needs of young service users. • Allocate funding for peer support internships with appropriate funding for service providers to incentivise and enable them to host interns effectively. • Adequately and equitably fund wage and cost-o- living uplifts for peer support services.

relevant training and we believe internships would be a constructive way to expose those with lived experience to peer support roles and support them into these roles.	
Conference support • The funding allocated for conference support is inadequate. It is intended to cover both the Think Tank and the International Gambling Conference and needs to cover conference organisation, merchandise, scholarships etc. • Over the past two years additional funding has been required to cover the costs associated with lived experience and other scholarships awarded to ensure equitable participation in the conference. • For many years AUT and PGF Services have organised the conference in partnership with other provider organisations including Mapu Maia and AFS. Their time and resources are not funded as part of the allocated contribution. • We estimate that organising the events involves up to 500 hours of voluntary time provided by AUT and PGF Services staff. This unfunded input places significant burden on the organisations and detracts from other funded work. • Both PGF Services and AFS have confirmed that this arrangement is both unreasonable and unsustainable and they will not be able to support future events without funding.	• Increase the allocation for conference support from $180k to $250k, including provision for funding of organising providers.

8. Multi-venue Exclusions: allocate additional funding to evaluate the MVE Co-ordination programme and identify and remove barriers to implementing MVEs.	
Enhanced promotion of MVEs • We are supportive of the proposal to provide additional funding to boost MVE co-ordination capacity within Hauora Māori services. • MVE data from earlier in 2024 suggests for example a relatively low number of MVEs in the Northern Region (102/609 – 17%). We are concerned at this low number given the concentration of pokie machines (3195) and venues (218) in Auckland City, with 48% of these in the medium-high or very high areas of deprivation. • We believe additional measures are required to understand barriers to access and efficacy, to evaluate the existing co-ordination service and to actively promote MVEs as a self-help tool.	• Allocate funding to undertake evaluation of current MVE Co-ordination function. • Allocate funding to investigate barriers to accessing and effectively implementing MVEs. • Allocate funding to effectively promote MVEs as a self-help tool.
9. Gambling Harm Intervention Service Data Set: identify the impact of current gaps in service user data and develop an interim solution.	
Data management solution • We acknowledge the need for a new data management solution to replace the outdated CLIC and are supportive of allocating funding to develop a new system. • We are concerned that there is no acknowledgement of the disruption this is currently causing for new service providers who are unable to submit data to CLIC because it is incompatible with their operating systems.	• Highlight the immediate risk of gaps in the national data set and identify the implication of these gaps. • Allocate funding and resources to implement an immediate solution to collect data from those organisations who cannot upload data to CLIC.

• An immediate solution is required to ensure a complete picture of service user data is being collected across the sector. This will ensure there are no gaps in the 30-year dataset that has been maintained by the sector and the Ministry.	
10. Research: ensure research procurement values longer-term programmes of collaborative research, develops research capability within gambling harm providers and recompenses service providers for the support they provide to research projects.	
• While we are disappointed to note a 15% reduction in the research investment, we are supportive of the stated research priorities and the criteria for valuing research proposals. • We note that historical procurement of gambling research has seen limited investment in research undertaken by gambling harm service providers. Research has tended to be allocated to academic institutions who rely on unfunded service providers to access data, provide access to service users and provide sense-making. We believe there is significant benefit in investing in the development of research capability within gambling harm service providers to enable them to effectively contribute to research priorities, ensure active dissemination of research findings and grow the body of research-informed practice. • We also note that historical procurement has often involved investment in one-off research projects rather than longer-term programmes of research that enable researchers to collaborate and build on earlier findings as they work towards explicit research goals. We believe a longer-term approach to procurement that encourages collaborative programmes of research would be beneficial.	• Maintain the current investment in research to address research gaps identified above. • Add additional bullet points to the list of criteria for research proposals that value: – The development of research capability within gambling harm service providers. – Longer-term, collaborative research programmes. • Allocate funding to ensure service provider participation in research is recompensed.

FEEDBACK ON THE LEVY FORMULA AND RATES

Concerns	Recommendations
Online gambling: address online casino gambling in the levy discussion and review the projected player expenditure forecasts for TAB NZ.	
• While the Act determines the process for developing and setting levy rates to recover the cost of the Strategy, the current approach to setting the levy is no longer fit for purpose. It does not reflect changes in the gambling landscape and the context in which the levy is being collected. • The regulation and licensing system for online casino operators will come into effect during the levy period in April 2026. The draft levy does not adequately address the impact of these changes. We are seeing increasing numbers of people presenting to services for support with online gambling on overseas sites and we expect this to continue to grow. The Gambling Commission noted the extent to which presentations are attributable to non-levied sectors in its *Report on the Proposed Problem Gambling Levy: 2022-2025*. Offshore online gambling must be taken into consideration in recognition of the harm caused by this mode of gambling and the long-term impact this could have on service providers. We support the introduction of a separate levy to offshore online gambling operators to mitigate the risk of levies for the four existing sectors decreasing despite levels of harm remaining the same. • Also of concern is the potential increase in expenditure on TAB sports betting which has not been considered in this Strategy. It is entirely feasible that within this Strategy period there will be an increase in expenditure and harm from this mode of gambling. The TAB has introduced a new sports betting app (Betcha) specifically targeted at 18- to 29-year-olds and	• Note the exclusion of online casino gambling in levy calculations. • Describe the plans or process for addressing an online casino gambling levy. • Review the projected player expenditure forecasts for TAB NZ, considering the impact of increased marketing and the launch of new online products.

has adopted aggressive marketing tactics across all its brands. The TAB's partnership with global gambling operator Entain has resulted in an increase in marketing activity and the development of more gambling opportunities. This is only likely to increase as TAB continues to grow its market share. Entain describes the partnership as "a unique opportunity in a regulated market with growth potential."	
Expenditure/presentation weightings: adopt the 30/70 weighting option	
• We consider the 30/70 weightings to be the favourable option. Other weightings discussed in the consultation document do not recognise important considerations including the public health approach required by the legislation, the higher burden of gambling harm attributed to non-casino gaming machines (NCGMs) and the unrepresentative nature of presentations to gambling harm services.	• Adopt the 30/70 weighting option.

PGF Group has engaged with our internal experts and a broad range of external stakeholders representing both the gambling harm sector and other population groups.

We support the submission and recommendations made by Asian Family Services with regard to Asian communities living in Aotearoa New Zealand.