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Ministry of Health
By email: gamblingharm@moh.govt.nz

Tēnā koe

Re: Strategy to Prevent and Minimise Gambling Harm 2016/17 to 2018/19

The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment briefly on the above consultation document. NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand and represents over 46,000 nurses, midwives, students, kaimahi hauora and health workers. We have consulted members and staff, including members of our Colleges and Sections and of Te Rūnanga o Aotearoa, and professional nursing, policy and research advisers.

Although there was a lot of interest in the consultation document and relief that gambling addiction is still seen as a significant health and social problem, the number of government, select committee and health sector consultations that we are facing precludes our capacity to respond as comprehensively as we would like. However, both formal and informal feedback indicated that the three areas of most concern with regard to gambling are:

- the lack of trained staff and timely access to addiction services;
- the impact of gambling on children; and
- the regulatory environment, including state sponsored gambling and online gambling.

NZNO strongly supports all the elements of the Strategic Plan as outlined in Part 1 which admirably encapsulates an informed and integrated public health approach to minimising gambling harm and enhancing health equity and health literacy. We are less certain that the laudable outcomes are achievable given increasing socio economic disparities, and particularly housing, employment and income insecurity. Without the government's commitment to addressing the determinants of health i.e. to set, uphold and improve minimum standards for safety, affordability and security in housing, energy, employment, and prioritise public health regulation of alcohol, food, advertising etc., the impact of the Strategy will be minimal.

Poverty and gambling are inextricably linked. Those with high debt and struggling to afford daily living costs inevitably draw those living in poverty to take risks in the hope of some solution to financial misery (Salvation Army, 2006). The areas with the highest number of

food banks are also the areas with the highest number of pokie machines (Wynd 2005). Many communities don't want access to pokie machines in their areas because they see first hand the financial, and physical and psychological health damage they create (Ihaka, 2007). The rationale that gambling benefits communities and particularly those with the greatest need is specious: gambling profits often do not go back to the areas that it came from (Gambling Watch, 2006), and gambling harm is disproportionate in poor areas.

As with alcohol outlets, the ability for communities, (especially the poor ones which are disproportionately targeted) to control their local environment is extremely limited in practice. The process is time-consuming, often bureaucratic and opaque. The strategy must identify transparent, accessible processes to ensure that the community voice is heard and that communities are empowered. It must also enhance equity by ensuring that the maximum density is not, as it currently is, disproportionately high in poorer communities.

Addictive gambling, like other harmful human behaviours, is preventable and able to be treated. Anecdotally Mental Health Nurses and Primary Health Care nurses, including Plunket nurses have noted for several years that gambling addiction is an increasingly pervasive and serious problem, for which there are few services available providing timely, quality treatment. The impact on children is of particular concern because of the lifelong physical and psychological consequences of poverty and insecurity that are often the consequence of gambling. In this context we note the extreme paucity of child mental health services and mental health clinicians, and also draw your attention to the poor physical health associated with mental and addiction health issues (Te Pou, 2014). Both point to the need to ensure that clinical assessment and oversight by a regulated health practitioner, of all people undergoing treatment for addiction.

Prevention requires much stronger controls on the density of outlets, and particularly stringent controls on advertising. The increase in online and sports gambling is not surprising to nurses, but the increase in state sponsored gambling, particularly on sports fixtures, is. Constant media prompting on sports shows to bet on outcomes, particularly without timely reference to precautions and/or warnings, is disappointing. We believe the strategy should encompass stronger broadcasting standards on gambling. With the increase in online gambling we would also recommend that urgency needs to be given to developing a phone app to block the ability for those recognised as problem gamblers to have access to online gambling sites.

We applaud the progress that has been made in workforce development (Objective 6), particularly with the DAPAANZ Addiction Intervention Competency Framework, which is an excellent model for assuring cultural competence, and encompasses Te Whare Tapa Whā. However, a substantial increase in employment opportunities for skilled practitioners is needed to drive workforce development and ensure access to effective services to prevent and minimise gambling harm.

We trust the above is useful and would be delighted to be of any further assistance.

Nākū noa, nā



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References

- Gambling Watch. (2006). Gambling's problems outweigh the good: Gambling Watch. Retrieved September 2015 from <http://www.gamblingwatch.org.nz/news2.asp?pageID=2145821547&RefID=2141732925>.
- Ihaka, J. (2007). Anti-pokie submissions flood Manukau City. New Zealand Herald, Wednesday, August 1, 2007.
- Te Pou, (2014) Equally Well consensus Position paper. Retrieved September 2015 from <http://www.tepou.co.nz/resources/equally-well-consensus-position-paper/546>
- The Salvation Army. (2006). Every day New Zealanders lose more than \$5 million on gambling: Salvation Army. Retrieved September 2015 from http://www.salvationarmy.org.nz/SITE_Default/news/2006_07-09/20060831MR-gambling.asp.
- Wynd, D. (2005). Hard to Swallow: foodbank use in New Zealand. Auckland: Child Poverty Action Group.

NEW ZEALAND NURSES ORGANISATION (NZNO)

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 46,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces Te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is *Freed to care, Proud to nurse*.