

Discussion Document: Review of Class 4 Gambling

Submission to the Department of Internal Affairs

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Contact

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About the New Zealand Nurses Organisation

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 47,000 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.*

EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on your discussion document on the Review of Class 4 gambling.
2. NZNO has consulted its members and staff in the preparation of this submission, in particular members of the Mental Health Nurses Section and the College of Primary Health Care Nurses, and professional nursing, research and policy advisers.
3. NZNO welcomes the decline in class 4 gambling ie gaming machines (pokies), though we consider the term decline is misleading in the long term context of gambling, and since the introduction of these machines.
4. More money is still spent on gaming machines than any other form of gambling in Aotearoa, and despite a drop from peak levels, expenditure still persists at about twice that spent on lotteries, casinos and the New Zealand Racing Board (TAB) as it has done since soon after they were introduced (Figure 1, Discussion Document: *Gambling expenditure 1980-2015 Inflation adjusted*, p4).
5. We are similarly sceptical of gambling being framed in the context of long-term sustainability of funding to communities. It is our view that it is inappropriate for community programmes to be funded through an activity that risks creating addiction disorders that are

disproportionately borne by disadvantaged groups in disadvantaged communities.

6. We are particularly concerned about children's exposure to gambling advertising in connection with sport, though perhaps this is not surprising in view of the fact that we have a Minister for Racing but not a Minister for Children.
7. NZNO supports the rights of communities to influence the number and location of local gambling venues, and recommends a regulatory environment which empowers communities and improves equity. We suggest that an independent health impact assessment (HIA) should be a requirement for any proposed changes to class 4 gambling in any location.
8. We recommend limiting access to gaming machines and restricting advertising to reduce gambling harm in Aotearoa New Zealand. We also recommend stringent controls on online gambling.
9. NZNO also notes the need for increased access to early intervention for problem gambling and online addictions which indicate a need for:
 - strengthening the addiction workforce ie more opportunities for training, education, recruitment and retention;
 - increasing research on online addictions; and
 - developing guidance documents to support people, parents and young persons in the safe management of online activities.

DISCUSSION

10. Nurses are the largest group of health professionals in Aotearoa and work across all health settings throughout the country. Nurses are aware of gambling harm through their work with children and families, in schools, and in addiction services.
11. NZNO supports a primary health care approach to optimising health, wellness and equity ie preventing harm and taking action on the social determinants of health. This precludes any consideration of gambling being part of the funding equation for community organisations since it is implicated in some social/health harms and disproportionately affects poor, disadvantaged and vulnerable groups.
12. Gambling is an addiction disorder (DSM5). The National Gambling Study Final Report ("the Study") found up to 0.7% of the population comprise 'problem gamblers' and up to 1.8% are 'moderate risk' gamblers (2015, p87). It is likely that the number of people /whānau affected by problem and at risk gambling is considerably more,

indicating that gambling is a problem affecting several tens of thousands of New Zealanders.

13. Moreover, the Study also found evidence that more people were starting to gamble and the risk profile was increasing.

“Given that the 2013 problem gambling and moderate-risk gambling prevalence rates were 0.5% and 1.4% respectively, it is evident that over half of the problem gamblers in that year were new problem gamblers and that over three-quarters of moderate-risk gamblers were people who had moved into these categories during the past 12 months.” (New Zealand National Gambling Study, 2015, p 88)

14. Gambling is associated with a number of co-morbidities. Problem and moderate risk gamblers have higher rates of hazardous drinking/ drug use, psychological distress and self-reported poor health.
15. Pacific people are approximately seven times more likely than European to develop moderate-risk or problem gambling and Māori and Asian people are three to four times more likely to do so.
16. Given that Māori and Pacific people figure poorly in other health and social statistics, this is acutely concerning and indicates that gambling exacerbates inequity.
17. According to the Study, limiting access to gaming machines and seriously reducing advertising are the most likely interventions to reduce gambling in Aotearoa New Zealand and we recommend amending the regulations in accordance with this evidence.
18. Living in close proximity to a gambling venue presents the strongest risk of relapse for someone with problem gambling. Like all other venues/outlets associated with high risk health choices such as drinking alcohol and fast food, gambling outlets are much more prevalent in poorer areas, with high ratios of young, transient, migrant and refugees residents, who are less likely to be in a position to challenge vested commercial interests.
19. Nurses have repeatedly seen the difficulties that poor communities (eg Newtown, Wellington; Cannon’s Creek, Porirua) have faced in trying to limit the number and location of alcohol outlets where the risk of harm is well known. The process for challenging local outlets for gambling opportunities is less evident, and likely to be more difficult for vulnerable communities.
20. Regulations must address such equity issues eg by using policy tools, such an equity and empowerment lens, to reduce structural discrimination (Human Rights Commission, 2012) and ensure that vulnerable communities are not disadvantaged.

21. In this context we note that the Ministry of Health has developed excellent HIA tools to assist community and local government decision-making with regard to regulating gambling opportunities.
22. Gambling harm has a less visible profile than alcohol and tobacco harm, yet expert nurses say that gambling addiction is increasing, and that health messages about the risks and indicators of harm from gambling need to increase.
23. It is not helpful to have health messages compete with conflicting messages, especially ones as egregious as 'pokies' being good for communities because of the funding they provide for local organisations, when the reality is that they cause more money to be taken from communities than is put back.
24. We do not believe current legislation is fit for purpose since it has failed to protect vulnerable New Zealanders, including children.
25. While there are age restrictions on using and accessing gaming machines, we believe that children and young people are being introduced to and 'groomed' for gambling well before that age. In particular, we are very concerned about the highly visible connection between sport and gambling advertising, and with media presenters constantly *prompting* consumers to bet.
26. This is clearly incompatible with health messages and puts children in particularly at risk. ('Children ask your parents first' is hardly controlled advertising.)
27. Advertising gambling on programmes and at times not restricted to adults contravenes both Article 3 of the United Nations Convention on the Rights of the Child ("the Convention") and the Advertising Standards Authority's Code for Advertising to Children since clearly "the best interests of the child" are not a primary consideration.
28. Regulations for Class 4 gambling must be extended to prevent this insidious preparation for gambling.

Online gambling

29. Online gaming has potential additional health risks in that the person has 24 hour access, does not need to even walk out of the house, and could become socially isolated. It is disconnected from the actual gambling purchase.
30. While it is and will be difficult to limit when international gaming is so readily available, we suggest the government and DIA show leadership in this area by implementing what restrictions are feasible, ensuring strong consistent health warnings, and increasing funding for research and promoting health messages about gambling.

31. We take this opportunity to note the adverse mental and physical health impacts of a range of online addictions which include but are not specific to gambling and for which there is very little guidance or whānau support available.
32. Addictions to online gaming, pornography, and shopping are increasingly common and are of particular concern for young and vulnerable people who have fewer resources to combat the sophisticated targeting being used to introduce and groom harmful and antisocial behaviours. Risks include long periods of physical activity, sleep deprivation, unsocial hours which interfere with work, study, family life, and study, inadequate sunlight (vitamin D deficiency), financial insecurity and increased susceptibility to cyberbullying and anxiety disorders.
33. Treatment such as counselling and even medication are sometime available for the individual, but this is a widespread social problem which requires more inclusive community/family/whānau/education-centred approach.
34. We recommend increasing research on online addictions, including gambling, and developing guidance documents and services to support people, parents and young persons in the safe management of online activities.
35. We note that access to addiction services is limited by staffing and resource shortages. The draft Mental Health and Addiction Workforce Action Plan 2016-2020 released earlier this year made no commitment to resourcing any action.
36. If the DIA is serious about “not increasing harm or driving a growth in gambling” then attention to the addiction workforce must from part of this Review.

CONCLUSION

37. NZNO does not see the (small) decline in revenue from Class 4 gambling as a legitimate concern for community organisations or for government, particularly when funding for addiction and other core public health and social services necessary to address gambling harm is inadequate.
38. Gambling harm disproportionately affects vulnerable and disadvantaged people and communities and thus exacerbates inequity.
39. NZNO **recommends:**

- limiting access to gaming machines and restricting advertising to reduce gambling harm in Aotearoa New Zealand;
- strengthening health promotion messages on gambling risk;
- increasing access to early intervention for problem gambling;
- reducing structural discrimination and disproportionate harm for vulnerable communities from gambling, by empowering communities and ensuring that distribution of gambling opportunities is equitably managed (ie apply an equity and empowerment lens to regulation);
- requiring an independent health impact assessment (HIA) for new or changed gambling locations and/or numbers of gambling machines;
- very stringent controls on online gambling;
- strengthening the addiction workforce ie more opportunities for training, education, recruitment and retention;
- increasing research on online addictions; and
- developing guidance documents to support people, parents and young persons in the safe management of online activities.

40. Problem gambling ie gambling addiction is a health issue, and one with which nurses have experience and expertise. NZNO would be happy to discuss any aspect of this submission.

Nāku noa, nā



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