

# **Preventing and Minimising Gambling Harm**

**Three-year service plan 2007–2010**

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# Background

## The Gambling Act 2003

The Gambling Act 2003 (The Act) shifted the responsibility for funding and co-ordinating problem gambling services from the Problem Gambling Committee to the Ministry of Health (the Ministry). The Ministry funds problem gambling services through a Vote Health appropriation, and the Crown then recovers these costs through a levy on gambling operators. The Act also introduced a public health approach for addressing gambling-related harm.

## A strategic plan for preventing and minimising gambling harm

The Ministry assumed responsibility for funding and co-ordinating problem gambling services in July 2004. The Gambling Act 2003 charged the Ministry with developing and implementing an integrated problem gambling strategy that includes:

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

To meet these requirements the Ministry developed *Preventing and Minimising Gambling Harm: Strategic plan 2004–2010* (Ministry of Health 2005a). This six-year strategic plan outlines how the Ministry will address the continuum of gambling harm and identifies seven objectives:

1. promote healthy public policies in relation to gambling harm
2. encourage supportive environments to minimise gambling harm
3. enhance the capacity of communities to define and address gambling harm
4. maintain and develop accessible, responsive and effective interventions
5. assist the development of people's life skills and resilience in relation to preventing or minimising gambling harm
6. enhance workforce capacity
7. develop a programme of research and evaluation.

## Process for developing the service plan and calculating the problem gambling levy

As part of implementing the problem gambling strategic plan, the Ministry is required to estimate annual funding requirements for a three-year period and estimate, using the formula set out in the Act, rates for each gambling sector liable to pay the problem gambling levy. The Act sets out the process the Ministry must use.

The Ministry is also required to undertake a needs assessment and outline the funding required to implement the strategic plan, including proposing a problem gambling levy calculation. The Ministry must consult and then submit proposals to the Ministers of Internal Affairs and Health, and to the Gambling Commission. The Gambling Commission is then required to undertake its own consultation and make recommendations to the Ministers of Internal Affairs and Health. Cabinet makes a final decision on the funding appropriated to the Ministry and recommends to the Governor-General the levy amount and the rates it considers appropriate.

## Previous funding plan

For the first three-year period of the strategic plan the Ministry produced a plan outlining problem gambling services and funding: *Preventing and Minimising Gambling Harm: Three-year funding plan 2004–2007* (Ministry of Health 2005b). A major focus of this plan was the transition of services from the Problem Gambling Committee to the Ministry while ensuring that services to problem gamblers and their families were not disrupted.

Following the transition in 2004, the realignment of existing services to funding and strategic frameworks within the Ministry became a priority. Work in 2005/06 and 2006/07 focused on developing existing and new services and developing the workforce to ensure its sustainability.

Funding was phased, increasing each year from 2004/05 to 2006/07, to allow for the sustained development of services. The funding plan continued to improve accessibility to intervention services and the development of public health services nationally.

## Progress to date

The Ministry has made significant progress towards meeting the goals of the 2004–2007 funding plan to prevent and minimise gambling harm.

### Public health

Several projects have commenced or been completed in the area of public health, including a behaviour change indicator survey, a stocktake of existing resources, development of a social marketing programme, and a national co-ordination service. Some of these services and activities are interrelated and contribute to an overarching public health approach that the Ministry plans to further develop over the term of the new service plan.

The Ministry provided introductory public health training for all problem gambling providers. The Ministry also funded the development and delivery of a problem gambling public health training package.

### Intervention services

A number of problem gambling intervention services have had their capacity strengthened to increase their accessibility and scope. Funding benchmarks have been applied across all providers to ensure equity of funding. Assistance was offered to all providers to realign their organisations and services to comply with standard Ministry funding principles and guidelines.

Gaps in service coverage were identified and as a result eight new problem gambling services have been developed and are now available. This has improved the nationwide coverage of services and has resulted in providers from the alcohol and other drugs field extending their expertise to problem gambling.

A wider intervention treatment model is being developed. A workforce development forum was held in November 2005 and feedback was gathered on the proposed model. A workforce needs analysis has been undertaken in conjunction with the development of the model.

Ongoing training and support are available to new practitioners as they enter the problem gambling sector.

## Research

A research programme has been developed to support the implementation of the Ministry's strategic plan. A central feature is a monitoring programme that will parallel programmes in areas such as tobacco and nutrition.

Several priority research projects have concluded or are under way, including:

- an updated geographical analysis of problem gambling in New Zealand
- an analysis of the 2002/03 New Zealand Health Survey
- the inclusion of gambling modules in Youth 07 and the Pacific Island Families Study
- barriers to help-seeking
- effectiveness of problem gambling interventions
- effective public health approaches
- the social and economic impacts of gambling
- the impact of gambling on Māori communities
- crime and gambling.

Much of this research will be completed at the end of the 2006/07 year.

## Changes in the gambling environment 2004–2006

Gambling expenditure decreased slightly from 2003/04 to 2004/05 (0.6 percent non-inflation adjusted). Expenditure then decreased by 2 percent from 2004/05 to 2005/06. However, this decrease was not consistent across the different gambling sectors, with some sectors' expenditure decreasing while others increased.

Service access data (or presentations – the number of people seeking help from specialist problem gambling services funded by the Ministry) have been and continue to be an important component of gambling monitoring in New Zealand. They provide some insight into the sharp end of gambling-related harm, the mode of gambling associated with that harm, and the help-seeking behaviour of problem gamblers and significant others.

A 15.8 percent decrease in total presentations to problem gambling treatment services occurred in 2005 – the first time presentations had decreased. Prior to this, problem gambling presentations had increased every year since 1997. However, the total in 2005 was still significantly higher than in 2002, prior to the two peak years.

The Ministry has attributed at least some of the decrease in expenditure and service access to the combined impacts of:

- the Gambling Act 2003 and its associated regulations to control the growth of gambling and prevent and minimise gambling harm (including the requirements on gambling venues to develop harm minimisation policies and the training of venue staff associated with this)
- the Smokefree Environments Amendment Act 2003, which saw venues become smoke-free in December 2004.

It remains to be seen, however, whether the decreases are the start of a new trend, a transient period of consumer and industry adaptation, or simply an outlier in the established increasing trend.

It is generally accepted that only 10–15 percent of New Zealand problem gamblers seek help from problem gambling services and that help-seeking remains largely crisis driven.

## **Potential drivers of change, 2007–2010**

It is anticipated that a number of projects will increase demand for problem gambling services. The mass communication component of the social marketing programme, starting in 2007, may increase help-seeking behaviour in the short-term. The long-term goal of social marketing, however, is to prevent gambling harm and therefore to reduce demand for services.

Two screening training projects will also be completed in 2007. Their purpose is to train general practitioners and social service workers (such as budget advisors) to identify people who may have a gambling-related problem or be at risk of gambling-related harm. Wider Ministry projects relating to engaging with the primary health care sector will provide further opportunities for raising awareness of problem gambling in this setting.

Research is under way on the barriers to help-seeking and the accessibility of services. It is anticipated that the knowledge gained through this project will result in more accessible services, enabling a greater number of people experiencing harm from gambling to access a range of services. The project will be completed in 2007 and will inform service provision during the period of this service plan.

## **Needs assessment**

The 2006 needs assessment, provided within the draft consultation document, highlights several groups that disproportionately experience harm from gambling: Māori and Pacific peoples, and populations in areas of high deprivation. Service access data also suggests that some Asian communities are at elevated risk of experiencing gambling-related harm.

## **Groups that disproportionately experience harm**

National surveys confirm that, relative to the general population, Māori and Pacific peoples are at increased risk of problem gambling. They are also over-represented in deprived areas in which gambling opportunities are much more likely to be located. Data collected from clients accessing problem gambling services supports these empirical findings, although in the context of prevalence data, Pacific peoples are under-represented among those seeking help. Given the high exposure to gambling in high-deprivation communities, there is concern about the impact of gambling on these communities, and Māori and Pacific peoples (who are over-represented in them) specifically.

## **Areas of high deprivation**

Areas of high deprivation in which gambling exposure is high continue to require attention in terms of service delivery, health promotion, and research to develop a better understanding of the links between socioeconomic deprivation, gambling exposure and accessibility, and harmful gambling.

## **Service coverage**

Problem gambling services meet current demand and provide good geographic coverage of New Zealand. However, some areas and towns have been identified as having no easily accessible face-to-face intervention services along with heightened risk factors, and some large geographic and high population areas have limited coverage.

## **Feedback from the consultation process**

The Ministry consultation document was released in August 2006. The submissions showed a diverse range of opinion about the service plan and levy calculations.

- Some submitters commented that the plan contains inadequate funding to meet current and future service demand. Others felt the service plan lacked a strong business case to support the proposed plan and its funding allocation, particularly given declining presentations to services and gambling opportunities.
- Several submitters commented that the plan had too much focus on treatment and not enough on prevention.
- Several submitters requested a greater focus on at-risk groups, especially Māori, Pacific and Asian, in relation to culturally appropriate prevention initiatives, service needs and research.
- Several submitters identified a need for more audit and evaluation to assess the effectiveness of service provision.
- There was general support for public health initiatives, and specifically for the social marketing programme. However, there was a perception that more funding is needed for the social marketing programme to achieve the desired outcomes.
- There was general support for workforce development, but funding for this purpose was perceived as inadequate. There were also requests for more access to workforce development opportunities via levy funding for non-governmental organisations (NGOs) and gambling industry staff.

- While some submitters requested more funding for research, others thought that the funding allocation was too great. There were also some concerns about whether the proposed research projects will result in outcomes that minimise problem gambling harm.
- Submitters had divided opinion on whether the preferred levy weighting should be 10:90 or 20:80 (see appendix).

## **Three-year service plan 2007–2010**

This service plan continues to progress the high-level goals outlined in the strategic plan. It sets out the funding for primary (public health), secondary and tertiary prevention (intervention) services, including research, evaluation and workforce development, for the period from 1 July 2007 to 30 June 2010. The plan builds on the previous three-year funding plan and takes into account information presented in the needs assessment, changes that have taken place in the gambling environment since the previous plan was developed, and feedback received in the public consultation process.

A range of information and considerations have informed the broad development of this service plan and will continue to inform funding decisions.

It is important to ensure that services are available and accessible for those that require them wherever they may be in the country. This will require further consideration of the types and mix of models for service delivery. Models to consider include further development of problem gambling-specific services, further provision of mobile services, and developing greater alignment with other services such as alcohol and drug services, primary health organisations and public health providers.

The area of brief and early intervention has been developing in the alcohol and drug treatment field and provides learning opportunities for problem gambling intervention. It is an approach that requires support to develop fully.

The area of problem gambling and addressing gambling-related harm is still relatively new to public health, and the best types and mix of programmes will be developed and refined over the course of this service plan.

# Goals for Services

Implementation of the strategic plan over the next three years will require a range of new and existing services. The goals remain the same, but the activities within these goals vary. Much of the groundwork has been laid in the past three years, particularly in public health, on which to build a sustainable social marketing approach. Capacity has been allowed for in intervention services to respond to the potential demand this increase in public health activity may create.

The Ministry of Health will continue to fund a variety of problem gambling services and activities, which can be divided into three categories:

- primary prevention – public health programmes and activities
- secondary and tertiary prevention – intervention services for individuals and families and whānau
- research, evaluation and monitoring projects that support problem gambling prevention activity across the continuum of harm.

Public health approaches aim to strengthen communities and individuals to prevent the development of problem gambling by raising public awareness about the risks of gambling, and by providing information to enable communities and individuals to make informed choices about gambling. Community development and community action are two approaches that help to mobilise and empower communities to reduce the harmful impacts of gambling, particularly for at-risk populations. A comprehensive social marketing programme will be further enhanced and implemented over the next three years.

Intervention services aim to minimise the effects of problem gambling by providing appropriate support and psychosocial interventions for the individuals and families and whānau affected by gambling harm.

Research, evaluation and monitoring projects will support problem gambling prevention activity across the continuum of harm, using an epidemiological model.

# Funding

## Principles

The following principles have guided funding processes for problem gambling primary prevention (public health) and secondary and tertiary prevention services:

- maintain a comprehensive range of public health services based on the Ottawa Charter
- fund services that target priority populations
- strengthen communities
- address health inequalities
- build the knowledge base
- develop the workforce
- apply an intersectoral approach
- ensure links between public health and intervention/addiction services.

## Allocation summary

Following is a summary of the funds allocated for the range of activities and interventions identified in the strategic plan (see Tables 1–5).

This document has been prepared in accordance with the Cabinet Office guidelines on GST status, as GST exclusive, and in accordance with the Public Finance Amendment Act 2004 requirement that appropriations be exclusive of GST. However, it should be noted that the costs to industry will be inclusive of GST, so the full cost including GST is 12.5 percent higher than shown in the tables below. It also should be noted that the figures in the previous plan were GST inclusive.

Note that Table 1 shows the funding outlined in the funding plan for 2004–2007. However, over this period the Ministry of Health was able to maintain adequate service delivery without spending the total amount allocated in the funding plan. It is currently anticipated that the Ministry will spend \$1.45 million (GST exclusive) less than the amount allocated in the funding plan.

**Table 1: Problem gambling services: Ministry of Health funding plan, 2004–2007 (GST exclusive)**

Services	2004/05 (\$)	2005/06 (\$)	2006/07 (\$)
Public health services	3,142,222	4,482,667	5,715,556
Intervention services	8,546,667	10,871,111	11,137,778
Research contracts	391,111	858,667	1,214,222
Public health operating	357,333	357,333	357,333
Mental health operating	340,444	340,444	340,444
<b>Total</b>	<b>12,777,777</b>	<b>16,910,222</b>	<b>18,765,333</b>
Recoup*	430,222	430,222	430,222
<b>Total levy monies</b>	<b>13,207,999</b>	<b>17,340,444</b>	<b>19,195,555</b>
PGC** post 1 July 2004	1,040,000		
PGC roll-over 'top up'	200,000		
<b>Total spend</b>	<b>14,447,999</b>	<b>17,340,444</b>	<b>19,195,555</b>

\* The full costs of the transition during the passage of the Gambling Act 2003 incurred during the period 2001/02–2003/04 were recouped through the problem gambling levy and spread evenly over 2004/05–2006/07.

\*\* Problem Gambling Committee

**Table 2: Problem gambling services: Ministry of Health spend 2007–2010 (GST exclusive)**

Services	2007/08 (\$)	2008/09 (\$)	2009/10 (\$)
Public health services	5,653,000	5,810,000	6,270,000
Intervention services	9,436,000	9,709,000	9,840,000
Research contracts	2,200,000	2,200,000	1,400,000
Public health operating	475,000	489,000	504,000
Audit (public health operating)		200,000*	
Mental health operating	475,000	489,000	504,000
Audit (mental health operating)		200,000*	
<b>Total</b>	<b>18,239,000</b>	<b>19,097,000</b>	<b>18,518,000</b>

\* Audit funding has been moved from the services budget to the operating budget (for both public health and mental health). The change of audit costs to being an operating (departmental expenditure, or DE) item rather than services (non-departmental expenditure, or NDE) is the result of a review of the types of NDE expenditure against the definitions provided by the Office of the Auditor General. The Ministry decided following the review that the audit costs are more suitably classified as DE expenditure.

**Table 3: Public health expenditure on problem gambling, by service area, 2007–2010 (GST exclusive)**

Service area	2007/08 (\$)	2008/09 (\$)	2009/10 (\$)
1. Primary prevention (public health action)	3,575,000	3,682,000	3,792,000
2. Workforce development	120,000	120,000	120,000
3. Social marketing campaign	1,373,000	1,415,000	1,457,000
4. Behaviour change indicators survey	-	-	450,000
5. Resources	178,000	178,000	178,000
6. National co-ordination services	230,000	237,000	244,000
7. Conference support	27,000	28,000	29,000
8. Evaluation	150,000	150,000	-
<b>Total services budget</b>	<b>5,653,000</b>	<b>5,810,000</b>	<b>6,270,000</b>
<b>Total operational budget (including audit)</b>	<b>475,000</b>	<b>689,000</b>	<b>504,000</b>
<b>Total</b>	<b>6,128,000</b>	<b>6,499,000</b>	<b>6,774,000</b>

Note: All the service areas above include provision for dedicated Māori, Pacific and Asian services and activities.

**Table 4: Intervention services expenditure on problem gambling, by service area, 2007–2010 (GST exclusive)**

Service area	2007/08 (\$)	2008/09 (\$)	2009/10 (\$)
1. Helpline services	1,465,000	1,509,000	1,554,000
2. Psychosocial interventions and support	7,484,000	7,709,000	7,940,000
3. Problem gambling information system	137,000	141,000	146,000
4. Workforce development	200,000	200,000	200,000
5. Evaluation	150,000	150,000	-
<b>Total services budget</b>	<b>9,436,000</b>	<b>9,709,000</b>	<b>9,840,000</b>
<b>Total operational budget (including audit)</b>	<b>475,000</b>	<b>689,000</b>	<b>504,000</b>
<b>Total</b>	<b>9,911,000</b>	<b>10,398,000</b>	<b>10,344,000</b>

Note: All the service areas above include provision for dedicated Māori, Pacific and Asian services.

**Table 5: Funding problem gambling research, 2007–2010 (GST exclusive)**

Service area	2007/08 (\$)	2008/09 (\$)	2009/10 (\$)
1. Ongoing research programme	1,200,000	1,200,000	1,200,000
2. Gaming survey	800,000	800,000	-
3. Clinical trial	200,000	200,000	200,000
<b>Total</b>	<b>2,200,000</b>	<b>2,200,000</b>	<b>1,400,000</b>

## Existing and new services

### Public health services

It is now widely accepted that the factors that have the greatest effect on people's health and wellbeing lie outside and beyond the control of the health sector (Public Health Advisory Committee 2005). Environmental, social and personal factors determine whether individuals experience harm from gambling. These factors take into account the availability and accessibility of gambling opportunities, the way gambling is marketed and socioeconomic deprivation.

Environmental, social and personal factors need to be addressed comprehensively if a reduction in gambling harm is to be achieved. Public health activities aim to prevent gambling problems arising and to protect populations from gambling-related harm by promoting community and individual resilience.

A focus of the previous funding plan was to reorient existing services to the new Ministry environment. A significant amount of groundwork has also been completed during the term of the previous funding plan towards an ongoing social marketing approach and commencement of a national co-ordination service. A solid foundation has been set on which to build a public health approach. The Ministry has commissioned research to further the development of this approach, and the results will be used to inform the funding of services from 2007/08.

The specific funding and service areas within public health for 2007–2010 are outlined below.

**Table 6: Public health services budget (GST exclusive)**

2007/08	2008/09	2009/10
\$5,653,000	\$5,810,000	\$6,270,000

### Service priorities

#### Primary prevention services

Primary prevention services include health promotion, increasing community action, raising community awareness about gambling and problem gambling, working with territorial authorities on gambling venue policies, and supporting the social marketing programme. Training and workforce development initiatives are provided to support primary prevention services.

Primary prevention funding is aggregated to allow more flexibility in the planning and funding of public health activity and to better reflect need – particularly regional need. As the needs of population groups change, services will be reoriented or relocated to match their needs.

Problem gambling public health services for Māori, Asian and Pacific communities have been developed. These services include the promotion of public health messages to raise awareness of problem gambling issues in these communities. Funding will continue to be available for Māori, Pacific and Asian public health services to provide services in their respective communities.

**Table 7: Primary prevention services budget (GST exclusive)**

2007/08	2008/09	2009/10
\$3,575,000	\$3,682,000	\$3,792,000

## **Workforce development**

Public health services that focus on problem gambling are relatively new. Robust public health programmes require a skilled workforce that evolves as population needs change. During 2004–2007 the Ministry provided introductory public health training for all problem gambling providers. The Ministry also funded the development and delivery of a problem gambling public health training package.

Recruitment, retention and skill development within the public health service workforce will continue to be supported by the delivery of a problem gambling public health training package. Specific training to maximise the impact of the social marketing programme (for example, media training) will also be provided according to need.

The Ministry has an ongoing commitment to the development of the public health workforce. This includes a range of resources and initiatives currently being developed across the public health sector.

**Table 8: Workforce development budget (GST exclusive)**

2007/08	2008/09	2009/10
\$120,000	\$120,000	\$120,000

## **Social marketing programme**

A key public health approach is to promote and support public awareness and debate on gambling issues. Social marketing programmes aim to raise public awareness about, and change behaviours relating to, gambling-related harm and problem gambling.

The Ministry is planning a social marketing programme, which aims to:

- encourage New Zealanders to make healthy lifestyle choices in relation to gambling
- promote discussion about the effects of gambling in the community
- reduce the incidence of problem gambling among the general population, with a specific emphasis on at-risk populations.

The Health Sponsorship Council undertook formative research in 2005/06 and has developed an initial social marketing approach expected to run over three stages. In 2006/07 the focus of the programme is on implementing stage one – the mass media campaign launch. Stage two will seek to implement a range of targeted behaviour change strategies to influence behaviour and environmental changes among key audiences. This stage is expected to last at least three to five years.

Providers of local public health promotion activities will use the key messages developed for the social marketing programme to support their work in the community. Developing culturally appropriate messages for target populations will be an integral part of the campaign's development. The social marketing approach is long-term, with strategic out-years through until 2010.

The social marketing programme and the behaviour change indicators survey (see below) are closely linked. The behaviour change indicators survey forms the baseline for evaluating the impact of the social marketing and overall public health programmes in communities.

**Table 9: Social marketing programme budget (GST exclusive)**

2007/08	2008/09	2009/10
\$1,373,000	\$1,415,000	\$1,457,000

### **Behaviour change indicators surveys**

It is important that public health programmes are properly evaluated. While attributing any particular behavioural changes to a specific strategy may be beyond the scope of the methodology, measuring behaviour change in communities is a key component of planning for future public health services.

The initial behaviour change indicator survey will be conducted in 2006/07 to provide a baseline from which to measure behavioural change. It is proposed that this survey be repeated in 2009/10 to evaluate the impact of the social marketing programme approach over three years. Tracking surveys will also be undertaken to examine the effects of media advertising.

The key focus of this work will be measuring changes in community awareness and understanding of gambling as potentially harmful, and changes in problem gambling behaviours. This will include undertaking periodic tracking of the behaviour change indicators throughout the social marketing media programme, including surveys of priority populations.

**Table 10: Behaviour change indicators survey budget (GST exclusive)**

2007/08	2008/09	2009/10
–	–	\$450,000

## Resources

In 2004/05–2006/07 the Ministry purchased resource assessment and development services to support the sector’s new orientation toward public health strategies.

Resources will:

- be designed, pre-tested and developed to use consistent key messages that link with and support the social marketing programme at a national, regional and local level
- provide information for the general public and community organisations to raise family, whānau and community awareness about gambling harms, and to encourage help-seeking and positive responses
- support the public health initiatives of problem gambling providers.

Resource development and dissemination is an ongoing process. Resources will be regularly reviewed and updated to ensure they remain relevant and appropriate.

**Table 11: Resources budget (GST exclusive)**

2007/08	2008/09	2009/10
\$178,000	\$178,000	\$178,000

## National co-ordination

The national co-ordination service is a central point for disseminating key messages and ensuring providers across the range of services deliver these messages consistently. The key objectives of the national co-ordination service are to:

- improve communication, co-ordination and collaboration among agencies involved in preventing and minimising gambling-related harm
- encourage informed public debate and support for initiatives to prevent and minimise gambling harm.

The national co-ordination service provider will maintain effective working relationships with public health resource services and social marketing providers. The national co-ordination service will arrange national and regional meetings for problem gambling public health and intervention service providers.

**Table 12: National co-ordination budget (GST exclusive)**

2007/08	2008/09	2009/10
\$230,000	\$237,000	\$244,000

## Conference support

Problem gambling is still a relatively new area for public health (primary prevention) and intervention (secondary and tertiary prevention) services, both within New Zealand and globally. New Zealand has hosted an international problem gambling conference on several occasions in the last few years. It is important that there are opportunities for practitioners and researchers to meet and exchange ideas. This will increase the knowledge base and inform future planning and funding.

This funding represents the Ministry's contribution towards hosting an international conference in New Zealand.

**Table 13: Conference support budget (GST exclusive)**

2007/08	2008/09	2009/10
\$27,000	\$28,000	\$29,000

## Evaluation

The evaluation of the public health services that aim to prevent and minimise gambling harm will add to the body of knowledge about effective public health approaches. Evaluation results will be incorporated into ongoing workforce and service development initiatives.

**Table 14: Budget for the evaluation of public health services (GST exclusive)**

2007/08	2008/09	2009/10
\$150,000	\$150,000	–

## Intervention services (secondary and tertiary prevention)

The Ministry, over the term of the 2004–2007 funding plan, has achieved good service coverage with a range of problem gambling service types. Brief and early intervention services have increased, and screening for problem gambling has been developed in primary health care and allied health and social service settings.

The focus of the 2004–2007 period has been on reorienting intervention services to align with the strategic plan and, more specifically, to the service specifications for problem gambling intervention services and mental health sector standards.

The specific funding and service areas within intervention services for 2007–2010 are outlined below.

**Table 15: Intervention services (secondary and tertiary prevention) budget (GST exclusive)**

2007/08	2008/09	2009/10
\$9,436,000	\$9,709,000	\$9,840,000

## Service priorities

### Helpline and web-based services

Helpline services provide a first contact point for people experiencing gambling-related harm, either directly or as a result of a family/whānau member's or significant other's gambling. The services also provide after care for those who require ongoing motivational support.

Helpline services will continue to provide direct information and access by phone and other telecommunication/electronic means for screening, brief intervention, referral and follow-up services. The services will include dedicated services for Māori and Pacific and Asian peoples, and other population groups, such as youth, who present with significant need.

The scope of helpline services will continue to include websites providing self-help information, peer-to-peer support options and assessment guides. Service users accessing help via web-based intervention have increased significantly over the past years. This mode of help is attracting a new service-user group who choose the internet as their preferred mode of help-seeking.

A gambling debt helpline also provides clients with debt management and budgetary advice.

**Table 16: Helpline and web-based services budget (GST exclusive)**

2007/08	2008/09	2009/10
\$1,465,000	\$1,509,000	\$1,554,000

### Psychosocial interventions and support

Current problem gambling psychosocial intervention and support services are accessed, and referred to, around the country. The services include a range of interventions delivered to individuals or groups in a variety of settings.

The first three years have focused on expanding early identification and brief interventions and developing screening in social service and primary health care settings. Brief and early interventions provide an important overlap between primary prevention activities and intervention services. The early identification of an individual's gambling problems may lessen their need for more intensive interventions.

A brief intervention is a cost-effective way of tackling addiction-related problems. It is time limited, promotes self-efficacy and self-help, and utilises preventive strategies to promote reductions in problem gambling. It can also facilitate referral to more intensive services.

Early intervention is a strategy to provide a service specifically for people early in the course of developing a gambling problem. The primary goal is to increase the motivation for behaviour change. It aims to shorten the course of intervention and decrease the severity of related problems, thereby minimising the potential harm. The scope and delivery of services will continue the increased focus on screening and brief and early interventions.

Specialist services include assessment, a range of interventions, active case management, referrals, after care, and consultation and liaison. All services are expected to be culturally safe and culturally competent. Family and whānau members can access the same range of services that are available to those directly experiencing gambling harm due to their own gambling.

Dedicated problem gambling intervention services will continue to be provided for Māori, Pacific and Asian service users and their families/whānau and significant others.

**Table 17: Psychosocial interventions and support budget (GST exclusive)**

2007/08	2008/09	2009/10
\$7,484,000	\$7,709,000	\$7,940,000

**Problem gambling information system**

The Ministry has maintained and refined the data and information system that collects problem gambling intervention service-user data. The information system enables the Ministry to monitor the performance of all contracted providers delivering intervention services to problem gamblers and their family/whānau. The data is published annually as national statistics on problem gambling, which provide a snapshot of the demographics of problem gambling service users in a particular calendar year.

The services will include maintaining and enhancing the unique problem gambling information system to support policy advice, service development, research and evaluation, and information advice for the sector. The system will be integrated with the Ministry’s Mental Health Information National Collection (MHINC) during this three-year period. This will enable greater capacity for service development across all mental health and addiction services, including District Health Boards and NGOs.

**Table 18: Problem gambling information system budget (GST exclusive)**

2007/08	2008/09	2009/10
\$137,000	\$141,000	\$146,000

**Workforce development and training**

Training and development of the problem gambling workforce will continue to be important ways to support all intervention services. The sector has a small and dedicated workforce, so opportunities to recruit, retain and develop the workforce will be an important priority.

Work will continue over the term of this service plan to align problem gambling workforce development initiatives with other mental health and addiction workforce initiatives. This will provide efficiencies in terms of training and development opportunities.

Workforce development projects will continue to be evaluated and revised to improve our understanding of barriers to accessing services and to enhance an integrated approach to identifying the risk factors associated with problem gambling.

**Table 19: Workforce development and training budget (GST exclusive)**

2007/08	2008/09	2009/10
\$200,000	\$200,000	\$200,000

## Evaluation

The evaluation of existing intervention services is vital to add to the body of knowledge about effective approaches. Evaluation results will be incorporated into ongoing workforce and service development initiatives. The efficacy of current services will be evaluated through analysis of outcome indicators collected. Outcome indicators identified in other research projects may be introduced to improve the evaluation of service efficacy.

**Table 20: Budget for the evaluation of intervention services (GST exclusive)**

2007/08	2008/09	2009/10
\$150,000	\$150,000	

## Research projects: joint public health and mental health

The Ministry has developed a problem gambling research programme in line with the strategic plan. This programme is being implemented, and has identified ongoing research and monitoring priorities, as well as key projects, for the 2007–2010 period.

### Ongoing research

To ensure a balanced programme of research, the Ministry has adapted an epidemiological framework for gambling research suggested by the Australian Productivity Commission (1999). In this simplified framework there are five broad themes of research, each with an associated range of subcategories. It should be stressed that these themes are not mutually exclusive, and a number of studies will necessarily overlap two or more themes. The five themes, and an indicative list of subcategories, are as follows:

- help services:
  - help-seeking and accessibility
  - treatment development and effectiveness
  - effective public health programmes
- gambler characteristics and behaviour:
  - at-risk populations; understanding the impacts, risks and factors that influence resilience
  - transitions between problematic and non-problematic gambling
  - relationships between crime and gambling
  - culture and gambling
  - comorbidities

- industry behaviour:
  - distribution and accessibility of gambling opportunities and links with gambling behaviour
  - venue characteristics and links with gambling behaviour
  - game characteristics and links with gambling behaviour
  - advertising and links with gambling behaviour and attitudes
- government behaviour:
  - effectiveness of regulatory interventions
- miscellaneous:
  - screening tools for problem gambling
  - researcher- and provider-initiated projects
  - support for emerging gambling researchers
  - a gender analysis of the prevalence and impact of problem gambling.

## Key projects

Key projects have been identified in addition to the ongoing research programme.

- *Replication of the 1999 New Zealand Gaming Survey*: the Ministry has identified a need for a detailed, nationally representative gambling-specific study, and so will fund a substantial replication of the 1999 New Zealand Gaming Survey. Partial funding of other general health surveys will provide excellent information on gambling and its relationship with wider health. However, they cannot provide the depth of gambling-specific information that the studies completed in 1991 and 1999 provided.
- *Clinical trial*: internationally, there is limited evidence for the effectiveness of clinical interventions for problem gambling. Initial evaluations of the effectiveness of some treatments are under way, but there remains a need for a clinical trial. Funding will be included for such a trial, which may be limited to New Zealand or part of an international group of effectiveness trials.

**Table 21: Research projects budget (GST exclusive)**

Service area	2007/08 (\$)	2008/09 (\$)	2009/10 (\$)
Ongoing research programme	1,200,000	1,200,000	1,200,000
Gaming survey	800,000	800,000	–
Clinical trial	200,000	200,000	200,000
<b>Total</b>	<b>2,200,000</b>	<b>2,200,000</b>	<b>1,400,000</b>

## Ministry of Health operating costs (public health and mental health)

Ministry operating costs (departmental expenditure) include the contract management role, ongoing policy and service development work, and the monitoring of services. In the 2007–2010 period operating costs include an increased focus on data analysis and aligning the problem gambling information system with Ministry databases, more resourcing for contract management and monitoring, a review of the strategic plan (which will need to occur in this period as the plan expires in 2010), and work to support greater alignment of services to other health areas.

Audit funding has been moved from the services budgets to the operating budgets (for both public health and mental health). The change of audit costs to an operating (departmental expenditure or DE) item rather than services (non-departmental expenditure or NDE) is the result of a review of the types of NDE expenditure against the definitions provided by the Office of the Auditor General. The Ministry decided following a review that the audit costs are more suitably classified as DE expenditure.

**Table 22: Operating costs budget (GST exclusive)**

	2007/08 (\$)	2008/09 (\$)	2009/10 (\$)
Public health operating	475,000	489,000	504,000
Audit (public health operating)		200,000	
Mental health operating	475,000	489,000	504,000
Audit (mental health operating)		200,000	

# Appendix: Problem Gambling Levy Calculations

## Background

Problem gambling services co-ordinated by the Ministry of Health are funded from an appropriation from the Crown. The purpose of the problem gambling levy is to reimburse the Crown for the costs of that appropriation. The formula for calculating the levy rates is contained in the Gambling Act 2003 (section 320). The Act states that the purpose of the levy is to ‘recover the cost of developing, managing, and delivering the integrated problem gambling strategy’ (section 319(2)).

The levy is currently paid by the following gambling operators:

- the New Zealand Racing Board
- the Lotteries Commission
- casino operators
- non-casino gaming machine operators.

## Weightings

The levy is calculated using the formula in the Gambling Act 2003 (section 320), which provides a mechanism for allocating the costs of problem gambling harm among gambling operators, and collecting from them the approximate cost of an integrated problem gambling strategy.

The weighting in the levy formula determines the relative amount that each sector will pay. For the 2007–2010 period the weighting is 90 percent on ‘presentations’ (the proportion of people who present to problem gambling intervention services that can be attributed to each gambling sector) and 10 percent on ‘expenditure’ (the amount of money lost on gambling attributable to each gambling sector).

## Under-recovery in the previous levy period

The Gambling Act 2003 (section 320) states that in calculating the levy, the proposed funding requirement for the period for which the levy is payable must take into account any under-recovery or over-recovery of levy in the previous period.

In the 2004/05–2006/07 funding period there will be an estimated net under-recovery of \$9.045 million (GST exclusive). This figure is made up from an estimated under-recovery of \$10.495 million (GST exclusive), minus \$1.450 million (GST exclusive) that the Ministry will not now spend in the 2004–2007 levy period and that the Crown will not need to recover. The net amount of \$9.045 million (GST exclusive) is included in Table A1.

**Table A1: Problem gambling funding requirement (taking into account net under-recovery in the previous levy period) (GST exclusive)**

<b>Problem gambling funding requirement</b>	<b>\$ million</b>
Service Plan 2007/08	18.239
Service Plan 2008/09	19.097
Service Plan 2009/10	18.518
Total Service Plan	55.854
Under-recovery from prior period	9.045
<b>Total</b>	<b>64.899</b>

Note: the figures above are GST exclusive. The total figure to be collected from the sector, including GST, will be \$73.011 million.

**Table A2: Problem gambling levy rates (36 months): 10/90 weighting (GST exclusive)**

<b>Collection period starts 1 July 2007</b>	<b>Non-casino gaming machines</b>	<b>Casinos</b>	<b>New Zealand Racing Board</b>	<b>Lotteries Commission</b>
Sector levy rates (%)	1.70	0.72	0.55	0.20

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