



The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa

150
years

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Ministry of Health | Manatū Hauora
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Tēnā koe Dr Sarfati,

Submission for the Strategy to Prevent and Minimise Gambling Harm

Thank you for the opportunity to provide a submission on the Draft Strategy to Prevent and Minimise Gambling Harm.

The Royal New Zealand College of General Practitioners (the College) is the largest medical college in New Zealand. Our membership of 6,238 specialist GPs and rural hospital doctors comprises 40 percent of New Zealand's specialist medical workforce. The Medical Council of New Zealand accredits the College to deliver vocational training to the specialist General Practitioner and Rural Hospital Doctor workforce. Our kaupapa aspires to improve equity by upholding principles of Te Tiriti o Waitangi and supporting members to be culturally safe and competent through our Training, CPD and Quality¹ programmes.

Our members provide care to their wider communities by undertaking 23 million patient contacts each year. Our workforce is the first point of contact for most health concerns, dealing with 90 percent of these concerns in 1077 practices across the motu.

Our submission

The College agrees gambling addiction is an issue that needs to be addressed for the financial and health benefits of the people it affects, including whānau. Because problem gambling is associated with other health risk factors such as drinking, smoking, and substance abuse the College supports the Strategy's aim of expanding funding for support services for affected people.ⁱ These comorbidities have been echoed in Australia with over half of problem gamblers experiencing substance use disorders, and higher rates of psychological disorders than the general populations.ⁱⁱ Indications show that increased public health funding correlates with reduced risk of problem gambling, especially for youth gambling.ⁱⁱⁱ

The reasons for gambling are varied, from a perceived opportunity to earn, social interaction, risk-seeking behaviour and entertainment.^{iv} Problem gambling is associated with the health and social determinants of low-income, and disproportionately affects Māori.^v Due to the different motivations to gamble, and the rapidly changing trends in online gambling, it is important to adapt and tailor clinical service provisions and preventative strategies to a person's individual needs.

Recommendations:

- **Cashless gambling machines**

Data shows that electronic gambling machines (EGMs) are commonly used among problem gamblers. A solution proposed in Australia was to introduce a cashless system, so that people must buy credits to use in machines. This has the advantage of being able to enforce daily, monthly or yearly spending limits to reduce financial loss.^{vi}

- **Māori Equity**

Māori are over-represented in the data on gambling harm and that this data needs to be evaluated and understood.^{vii} The Strategy should direct resources to target gambling support services to communities with a high Māori population, and work with them identify how to reduce access to gambling (particularly to EGMs) in these areas. The concentration of EGMs in these areas suggests these communities are targeted.

- **Data Collection**

Increased analysis of gambling trends, especially those related to rangatahi and online gambling, should be a priority. The draft Strategy already acknowledges the rapidly expanding online gambling market, but the data should also include examining possible correlations between addiction to video gaming and gambling.^{viii} Many video games either directly simulate EGMs and casino tables, but many others include gambling mechanics such as bright lights, noises and online currency for random rewards. Often these online currencies require real money being spent to acquire these rewards.

Conclusion

Monitoring and evaluation are an essential element to future success in preventing and minimising gambling harm. The College supports strategies in the current plan but recommend further examination of the social, cultural and financial factors that influence gambling, in the form of longitudinal studies would be beneficial and provide a more in-depth understanding of the issues affecting people with a gambling addiction.

If you require further clarification, please contact Maureen Gillon, Manager Policy, Advocacy, Insights – Maureen.Gillon@rnzcgp.org.nz.

Nāku noa, nā



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- ii Lorains FK, Cowlshaw S, Thomas SA., 2011, *Prevalence of co-morbid disorders in problem and pathological gambling: systematic review and meta-analysis of population surveys*. [Search PubMed](#) [Accessed 2.10.2024]
- iii Molinaro, S., Canale, N., Vieno, A., Lenzi, M., Siciliano, V., Gori, M. and Santinello, M., 2014, *Gambling among European adolescents*. *Addiction*, 109: 2089-2097. <https://doi.org/10.1111/add.12719>
- iv Johnson, R.H., Pitt, H., Randle, M. *et al.* *A scoping review of the individual, socio-cultural, environmental and commercial determinants of gambling for older adults: implications for public health research and harm prevention*. *BMC Public Health* **23**, 362 (2023). <https://doi.org/10.1186/s12889-022-14930-y> [Accessed 2.10.24]
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- vi Victorian Responsible Gambling Foundation, 2023, *The Ins and Outs of Cashless Gambling*, <https://responsiblegambling.vic.gov.au/about-us/news-and-media/the-ins-and-outs-of-cashless-gambling/> [Accessed 3.10.24]
- vii Problem Gambling Foundation, 2022, Māori Equity and Gambling Conference, <https://pgf.nz/blog/huia-tngata-ktahi-unite-the-people> [Accessed 3.10.24]
- viii Growing Up in Australia, 2022, *What is the Link Between Video Gaming and Gambling?*, <https://growingupinaustralia.gov.au/research-findings/snapshots/what-link-between-video-gaming-and-gambling>, [Accessed 3.10.24]