

26 September 2018

Preventing and Minimising Gambling Harm Submissions
Mental Health and Addictions
Ministry of Health
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Who's
putting local
issues on
the national
agenda?

**We are.
LGNZ.**
Te Kāhui Kaunihera o Aotearoa.

Dear Sir/Madam

Strategy to Prevent and Minimise Gambling Harm 2019/20 to 2021/22

Thank you for the opportunity to comment on the draft strategy for the prevention and minimisation of gambling harm. Local authorities, which have specific responsibilities under the Gambling Act 2003 to develop Class 4 gaming policies, have a direct interest in the development of this strategy and its implementation.

The two objectives within the strategy which are most relevant to the statutory responsibilities allocated to councils are Object 3, which concerns community participation, and Strategy 4, which concerns the efficacy of national and local policy. The following feedback on the draft strategy is primarily concerned with those two objectives.

Objective 3

People participate in decision-making about activities in their communities that minimise gambling harm.

As the consultation paper explains, the local government gambling venue policy process (Sections 101 to 102 of the Gambling Act 2003) enables communities, through the special consultative process, to have input into a council's venue policies, including regular reviews of those policies. Our concern, however, is that in many circumstances the policies lack the teeth to meet community expectations; a problem with the scope of the powers delegated under the Gambling Act 2003.

The lack of powers to meet communities' aspirations, particularly with regard to reducing the number of machines in a location, ultimately discourages participation as the review process increasingly becomes a pointless ritual. The issue is directly relevant to the question asked in the consultation paper about the "what barriers, if any, do you think currently exist to moving Class 4 gambling venues out of lower socioeconomic areas?". At the moment the current law is a barrier as it makes no provision to reduce numbers (other than through a sinking lid policy) and makes no allowance for incentives to encourage gaming machine operators to change the number or location of their machines.

Objective 4

Healthy policy at the national, regional and local level prevents and minimises gambling harm.

The critical issue for councils when adopting a venue policy, and also reviewing a policy, is access to the information on at-risk populations and gambling harm, and the cost of accessing this information. Also a need to have this information that is up to date, not five or more years old, in particular, obtaining local data that allows comparison with the national context is either extremely difficult to find or is non-existent. Councils believe that such information is vital to the development of local venue policies.

Since the passage of the Gambling Act 2003, councils have borne their own costs in meeting the statutory obligations of the Act, including:

- Conducting social impact assessments on the impacts of problem gambling;
- Conducting wide-ranging Special Consultative Procedures;
- Administering elected representative working parties;
- Adopting Class 4 venue policies;
- Authorising the location of Class 4 venue policies; and
- Reviewing the Class 4 venue policies every three years.

The processes required to develop and adopt effective policies are directly related to the objectives of the draft strategy and there are a number of specific actions which could be undertaken as part of the strategy that should be included. These involve assistance in both "kind and cash".

Practical assistance

A hindrance to councils when reviewing their policies is access to good information. The next iteration of the minimising gambling harm strategy should include a commitment by both the Ministry of Health and the Department of Health to provide councils with the information they need to conduct an effective social impact assessment when reviewing the Class 4 venue policies.

Funding

The Ministry of Health recovers the cost of developing and implementing the Strategy to Prevent and Minimise Gambling Harm from the 'problem gambling levy', which is set by regulation and also used to fund programmes to reduce harm, such as those operated by the Problem Gambling Foundation. LGNZ has previously argued that some of the funds raised through the levy should be used to offset the costs incurred by councils when meeting their obligations under the Gambling Act 2003; the argument is just as relevant today.

Thank you again for the opportunity to provide feedback, and we are happy to answer any queries the Ministry may have.

Yours sincerely



Malcolm Alexander

Chief Executive

Local Government New Zealand