

10 October 2024

Manatū Hauora | Ministry of Health
133 Molesworth Street
Thorndon, Wellington 6011

By email to: gamblingharm@health.govt.nz

Tēnā koe

Re: Draft Strategy to Prevent and Minimise Gambling Harm 2025/26 to 2027/28.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide feedback on the Draft Strategy to Prevent and Minimise Gambling Harm 2025/26 to 2027/28.

The RANZCP is the principal organisation representing the medical specialty of psychiatry in Aotearoa New Zealand and Australia and is responsible for training, educating, and representing psychiatrists. The RANZCP has over 8400 members, including more than 5900 qualified psychiatrists and is guided on policy matters by a range of expert committees. This submission has been prepared in consultation with Tu Te Akaaka Roa, the New Zealand National Committee, and other Aotearoa New Zealand based Committees, including the Faculty of Addiction Psychiatry.

Tu Te Akaaka Roa is generally supportive of the strategic priorities. However, we suggest several changes to ensure the Act is implemented in an equitable way and with sufficient safeguards in place. Specifically, we recommend:

- Recognising gambling disorder as a mental illness and broaden treatment options,
- Strengthening public health measures,
- Regulating online gambling activities, and
- Allocate adequate resourcing to support strategic goals.

Our recommendations are in line with the RANZCP and Royal Australasian College of Physicians (RACP)'s shared Position Statement #45: Prevention and Treatment of Gambling-Related Harm, which outlines the impact of gambling-related harm on whānau whai ora and current approaches for the prevention, assessment, and treatment of harmful gambling behaviour.

Recognise gambling disorder as a mental illness and broaden treatment options

The most recent version of the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5), and the International Classification of Diseases 11th Revision (ICD-11) describe gambling disorder as a clinical condition under the broad category of substance and addictive disorders. [1, 2] Harmful gambling behaviour can arise from any level and type of gambling and research suggests a strong overlap with substance disorders in diagnostic criteria, comorbidities, shared genetic underpinnings, comparable neurobiological effects and treatment approach. [3]

We therefore recommend that the Strategy recognises gambling disorder as a mental illness which requires evidence-based interventions provided by specialist services in addition to relevant peer-led, and other psychosocial interventions. Treatment for harmful gambling behaviour is limited in Aotearoa New Zealand and we recommend investing in the development of multidisciplinary support services and clear referral pathways.

Strengthen public health measures

Tu Te Akaaka Roa recommends a stronger focus on public health measures to address harmful gambling behaviour at its root through population-wide education and regulation of gambling venues. Overseas examples suggest that reduced exposure to gambling opportunities and advertisements correlates with lower rates of gambling initiation and harm, particularly among young people [4] and we recommend the Strategy includes measures to regulate the advertisement of gambling products.

Tāngata Māori, rangatahi, individuals from a low-socioeconomic background and individuals who have been incarcerated are disproportionately affected by gambling-related harm, which further exacerbates existing socioeconomic and health inequalities. [5] Policy development, advocacy and awareness-raising activities must address social determinants of harmful gambling and focus on these priority populations. Additionally, we highlight that policy development and public health measures must be separated from the influences of the gambling industry.

Regulating online gambling

Online gambling is easily accessible, immersive, enables secretive behaviour, and is aggressively marketed, which has contributed to the rise in online gaming and associated gambling harm. [6, 7] Aotearoa New Zealand is lagging behind overseas jurisdictions in regard to online gambling regulations. For example, in Australia, it is illegal for offshore gambling services to offer real money gambling to individuals accessing the internet.

We recommend the introduction of legislation to regulate online gambling services, particularly overseas gambling activities which are currently not subject to levies. We acknowledge the difficulties of creating effective legislation to regulate online gambling but with fast-paced advances of online gambling activities, we must act before harm is caused.

Allocate adequate resourcing to support strategic goals

Tu Te Akaaka Roa supports the focus on growing and retaining the clinical (and peer) workforce a key priority of the strategy. However, we note this goal is not reflected in the allocated budget. As noted in the Ministry of Health's review documents, there is a strong association between gambling harm and substance use and increasing difficulty in accessing clinical support. We advocate that specific funding to be provided for sub-specialty training in addiction psychiatry to ensure that the demand for services can be met within the context of ongoing psychiatry workforce shortages. Additionally, we recommend allocating additional funding for research focused on reducing gambling harm in Aotearoa New Zealand, to ensure more effective evidence-based measures can be introduced in the future.

Thank you for the opportunity to provide feedback; we look forward to working with Manatū Hauora in the future. If you have any further questions regarding this letter, please contact the New Zealand National Office - Tu Te Akaaka Roa via nzoffice@ranzcp.org or on +64 (0)4 472 7247.

Ngā manaakitanga



Dr Hiran Thabrew
National Chair, Tu Te Akaaka Roa

1. Armstrong HL. International classification of diseases, eleventh revision (ICD-11). 2021.
2. Edition F. Diagnostic and statistical manual of mental disorders. Am Psychiatric Assoc. 2013;21(21):591-643.
3. Rash CJ, Weinstock J, Van Patten R. A review of gambling disorder and substance use disorders. Substance abuse and rehabilitation. 2016:3-13.
4. Torrance J, John B, Greville J, O'Hanrahan M, Davies N, Roderique-Davies G. Emergent gambling advertising; a rapid review of marketing content, delivery and structural features. BMC public health. 2021;21:1-13.
5. Bellringer M, Prah P, Iusitini L, Abbott M. Gambling Behaviours and Associated Risk Factors for 17 Year Old Pacific Youth. 2019.
6. King DL, Delfabbro PH. The convergence of gambling and monetised gaming activities. Current Opinion in Behavioral Sciences. 2020;31:32-6.
7. Lejoyeux M. Psychological and social impact of online gambling. Bulletin de L'academie Nationale de Medecine. 2012;196(1):27-34; discussion 5.