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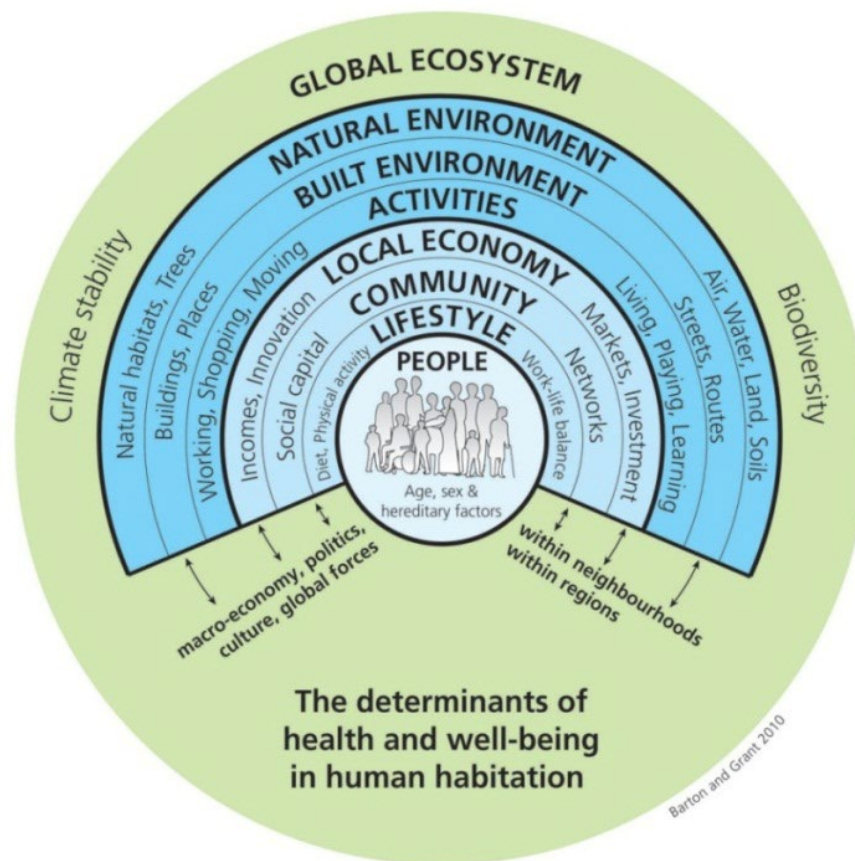
Tēnā koutou,

Submission on Renewal of Licence for the Dunedin Casino

1. Thank you for the opportunity to submit on the Renewal of Licence for the Dunedin Casino. This submission has been compiled by the National Public Health Service (NPHS) Te Waipounamu Region, Health New Zealand - Te Whatu Ora. NPHS recognises its responsibilities to improve, promote, and protect the health of people and communities of Aotearoa New Zealand under the Health Act 1956[1] and the Pae Ora Act 2022[2].
2. This submission sets out matters of interest and concern to NPHS Te Waipounamu.

General Comments

3. We welcome the opportunity to comment on the Renewal of Licence for the Dunedin Casino.
4. While healthcare services are an important determinant of health, health and wellbeing are also influenced by a wide range of factors beyond the health sector. These factors can be described as the conditions in which people are born, grow, live, work, and age, and are impacted by environmental, social, and behavioural factors. They are often referred to as the 'social determinants of health' [3].
5. The diagram on the next page shows how the various influences on health are complex and interlinked [4]. Initiatives to improve health outcomes and overall quality of life must involve organisations and groups beyond the health sector if they are to have a reasonable impact [5].
6. NPHS is neutral regarding the renewal of the permit for the Dunedin Casino, as long as public health and harm minimisation efforts are considered conditional to the renewal.



Specific Comments

Problem Gambling as a Public Health Issue

7. It is important to remember that the future health of our population is not solely reliant on Health New Zealand's hospitals and medical clinics, but on a responsive environment where different sectors can come together and work collaboratively to ensure effective preventive and protective provisions for the health of the population in Dunedin.
8. From a Health Promotion perspective, an effective and robust way to maximize people's wellbeing is to take the social determinants of health into account as early as possible during policy development [5][6][7]. Around 50% of the global variation in health status is attributable to social and environmental context and gambling is unlikely to be different as a contributing factor [8].
9. Problem gambling is a well-recognized neglected public health issue that has extensive consequences for the health and wellbeing of communities [8][9]. World-renowned researchers contributing to *The Lancet Public Health* stated that problem gambling was an urgent, neglected, understudied, and worsening public health predicament [10].

10. In 2003, New Zealand passed the Gambling Act, officially recognising gambling as a public health issue. The act emphasizes that strategies regarding problem gambling must include harm minimization and prevention, public health promotion, and treatment services for problem gamblers and their families[11].
11. The New Zealand 2003 Gambling Act defines '*Gambling Harm*' as 'any kind of harm or distress arising from, or caused or exacerbated by, a person's gambling'. This definition includes financial harm, emotional or psychological harm, decrements to health, cultural harm, reduced performance at work or study, and criminal activity[11]. The definition also emphasizes the multiple social scales at which '*Gambling Harm*' can take place, enumerating four levels at which harm may occur:
 - a) person
 - b) spouse, partner, whanau, and/or wider community
 - c) in the workplace
 - d) in society at largeThis definition is also used in public health literature [12].
12. For every problem gambler, an estimated 5 to 10 people are adversely affected by the harms mentioned above [8].
13. For Māori whānau, gambling has further harmful effects on social cohesion, cultural identity, and financial stability [13]. As stated by the *Strategy to Prevent and Minimise Gambling Harm* by the Ministry of Health, it is noted that Māori and Pacific peoples are more likely to be affected by gambling harm than any other group. They are also more likely to have other risk factors for gambling harm, such as low incomes [14] [15].
14. Worldwide, it is estimated that up to 5.8% of adult populations experience serious problem gambling. Although the health, economic, social, and personal harms of gambling are most severe among problem gamblers, they are extended across the risk spectrum [16].
15. Up to 94% of individuals with gambling issues also experience at least one other mental health or addiction disorder, commonly including alcohol and nicotine dependence, depression, anxiety, and obsessive-compulsive disorder [16].

Harm Minimization Efforts

16. NPHS supports PGF Services and their work and wishes to emphasize the importance of harm minimization efforts.
17. Ensuring honest and meaningful collaboration between Dunedin Casino, PGF, Health Services, and other key stakeholders during liaison meetings is key for the well-being of Dunedin's patrons, family and wider community [17].
18. Dunedin Casino staff are uniquely located to focus on at-risk gamblers more than any other agency [17].
19. We encourage the Dunedin Casino to provide employees with training on screening and brief interventions to control gambling and related harm. We also encourage training that will empower employees to intervene in a safe way [17]. The Gambling Venue Employee Training and Host Responsibility Programme helps employees acknowledge their role in responsible gambling techniques and improve their ability to identify gambling problems. Employees transmitting warning messages are more specific and empathic than machines. Employees can also prompt reflection about clients' gambling behaviour. Employees should have easy access to resources available to facilitate interventions with gamblers.
20. We encourage the casino to strengthen its host responsibility programme further by introducing mandatory carded play.
21. There is a positive correlation between increased drinking and more serious problem gambling. Alcohol is also associated with lower self-control and more impulsive behaviors. We, therefore, encourage staff to monitor closely patrons' alcohol consumption [16]
22. Studies have shown that self-exclusion programmes bring considerable benefits to gamblers such as a reduction of negative experiences (i.e. depressive symptoms), and improvements in quality of life, psychosocial functioning, family relations, work performance, and self-confidence. Self-exclusion programmes should be promoted and provide clear information about the programme and easy access to the client. Early problem gambling detection by venue staff and active steps to identify and remove self-excluded persons by operators are encouraged. As stated above, the training is of high importance. It is also suggested that the self-exclusion programme is of a minimum of 6 months [17][18].

Conclusion

23. Given the public health evidence shows that gambling causes harm and that Dunedin Casino have a track record of good performance NPHS is neutral toward this application for licence renewal.

24. NPHS will wish to be heard in support of this submission.

25. In summary:

- Gambling is an urgent, neglected, understudied, and worsening public health predicament.
- Further harmful effects are highlighted on vulnerable populations such as Māori and Pacific People.
- Although the prevalence of problem gamblers is considered low, the intensity of harm and the number of people directly affected by problem gamblers are significant.
- We encourage the Dunedin Casino to continue meaningful and transparent liaison meetings with PGF, Health Service providers, and other key stakeholders.
- We encourage the casino to provide staff with extensive training in regards of problem gambling and give them easy access to harm-minimizing tools.
- We encourage the casino to strengthen its host responsibility programme further by introducing mandatory carded play.
- Close monitoring of alcohol consumption is endorsed.
- It is strongly recommended that Dunedin Casino promotes self-exclusion programs.

26. Thank you for the opportunity to submit on the renewal of licence for Dunedin Casino.

Ngā mihi,



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References

1. Health Act 1956.
2. Pae Ora Healthy Futures Act 2022.
3. New Zealand. Public Health Advisory Committee. A way forward : public policy and the economic determinants of health. Published online 2004:67. Accessed May 23, 2024. <https://search.worldcat.org/title/156325485>
4. Barton H, Grant M, Grant M. A health map for the local human habitat. *J R Soc Promot Health*. 2006;126(6):252-253. doi:10.1177/1466424006070466
5. McGinnis JM, Williams-Russo P, Knickman JR, Knickman JR. The case for more active policy attention to health promotion. *Health Aff (Millwood)*. 2002;21(2):78-93. doi:10.1377/hlthaff.21.2.78
6. Marmot M. Social determinants of health inequalities. *The Lancet*. 2005;365(9464):1099-1104. doi:10.1016/S0140-6736(05)71146-6
7. Health in Action The Challenge. Published online 2006. doi:10.1371/journal.pmed.0030106.g001
8. Wardle H, Reith G, Langham E, Rogers RD. Gambling and public health: We need policy action to prevent harm. *The BMJ*. 2019;365. doi:10.1136/bmj.l1807
9. Johnson RH, Pitt H, Randle M, Thomas SL. 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*. 2023;23(1). doi:10.1186/s12889-022-14930-y
10. The Lancet. Problem gambling is a public health concern. *The Lancet*. 2017;390(10098):913. doi:10.1016/S0140-6736(17)32333-4
11. *Gambling Act 2003*.; 2003.
12. Langham E, Thorne H, Browne M, Donaldson P, Rose J, Rockloff M. Understanding gambling related harm: A proposed definition, conceptual framework, and taxonomy of harms. *BMC Public Health*. 2016;16(1). doi:10.1186/s12889-016-2747-0
13. Rūnanga Kirikiriroa T. *THE IMPACTS OF GAMBLING FOR MĀORI FAMILIES AND COMMUNITIES: A STRENGTHS-BASED APPROACH TO ACHIEVING WHĀNAU ORA*.
14. Browne M, Bellringer M, Greer N, et al. *Measuring the Burden of Gambling Harm in New Zealand Acknowledgements*.; 2017.
15. *Strategy to Prevent and Minimise Gambling Harm 2022/23 to 2024/25*.; 2022.
16. Price A, Hilbrecht M, Billi R. Charting a path towards a public health approach for gambling harm prevention. doi:10.1007/s10389-020-01437-2/Published
17. Velasco V, Scattola P, Gavazzeni L, Marchesi L, Nita IE, Giudici G. Prevention and harm reduction interventions for adult gambling at the local level: An umbrella review of empirical evidence. *Int J Environ Res Public Health*. 2021;18(18). doi:10.3390/ijerph18189484
18. Harris A, Griffiths MD. A Critical Review of the Harm-Minimisation Tools Available for Electronic Gambling. *J Gambli Stud*. 2017;33(1):187-221. doi:10.1007/s10899-016-9624-8