

October 2024

**To Ministry of Health**

Please find attached our submission on the Strategy to Prevent and Minimise Gambling Harm 2025/2026 to 2027/28

For any further inquiries, please contact:

Chris Ford

Policy Advisor – Southern and Central

[policy@dpa.org.nz](mailto:policy@dpa.org.nz)

**Introducing Disabled Persons Assembly NZ**

**We work on systemic change for the equity of disabled people**

Disabled Persons Assembly NZ (DPA) is a not-for-profit pan-impairment Disabled People’s Organisation run by and for disabled people.

**We recognise:**

* Māori as Tangata Whenua and [Te Tiriti o Waitangi](https://www.archives.govt.nz/discover-our-stories/the-treaty-of-waitangi) as the founding document of Aotearoa New Zealand;
* disabled people as experts on their own lives;
* the [Social Model of Disability](https://www.odi.govt.nz/guidance-and-resources/guidance-for-policy-makes/) as the guiding principle for interpreting disability and impairment;
* the [United Nations Convention on the Rights of Persons with Disabilities](https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html) as the basis for disabled people’s relationship with the State;
* the [New Zealand Disability Strategy](https://www.odi.govt.nz/nz-disability-strategy/) as Government agencies’ guide on disability issues; and
* the [Enabling Good Lives Principles](https://www.enablinggoodlives.co.nz/about-egl/egl-approach/principles/), [Whāia Te Ao Mārama: Māori Disability Action Plan](https://www.health.govt.nz/publication/whaia-te-ao-marama-2018-2022-maori-disability-action-plan), and [Faiva Ora: National Pasifika Disability Disability Plan](https://www.moh.govt.nz/notebook/nbbooks.nsf/0/5E544A3A23BEAECDCC2580FE007F7518/$file/faiva-ora-2016-2021-national-pasifika-disability-plan-feb17.pdf) as avenues to disabled people gaining greater choice and control over their lives and supports.

**We drive systemic change through:**

**Rangatiratanga / Leadership**: reflecting the collective voice of disabled people, locally, nationally and internationally.

**Pārongo me te tohutohu / Information and advice**: informing and advising on policies impacting on the lives of disabled people.

**Kōkiri / Advocacy**: supporting disabled people to have a voice, including a collective voice, in society.

**Aroturuki / Monitoring**: monitoring and giving feedback on existing laws, policies and practices about and relevant to disabled people.

## United Nations Convention on the Rights of Persons with Disabilities

DPA was influential in creating the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD),[[1]](#footnote-2) a foundational document for disabled people which New Zealand has signed and ratified, confirming that disabled people must have the same human rights as everyone else. All state bodies in New Zealand, including local and regional government, have a responsibility to uphold the principles and articles of this convention.

The following UNCRPD articles are particularly relevant to this submission:

* **Article 8 – Awareness raising**
* **Article 25 – Health and habilitation**
* **Article 28 – Adequate standard of living and social protection**

# The Submission

DPA welcomes this opportunity to feedback to the Ministry of Health on the Strategy to Prevent and Minimise Gambling Harm.

This issue is a pertinent one for the disability community. Disabled people are disproportionately low-income earners and live in poverty. Work and Income figures from 2018 showed that 54% of all beneficiaries receiving a benefit from the agency either had a disability or health condition.[[2]](#footnote-3) Disabled people in paid employment are also more likely to earn considerably less than non-disabled people with the average weekly income for disabled people in 2023 reported to be $1,018 and for non-disabled people $1,273, representing a difference of $255 per week.[[3]](#footnote-4)

These factors contribute to the increased risk that results in some disabled people gambling disproportionately high amounts of their income.

There has been limited research on the prevalence of gambling attitudes and behaviours amongst disabled and D/deaf people. However, the research that has been undertaken shows that disabled and D/deaf people are more likely to be problem gamblers than non-disabled people.

Australian[[4]](#footnote-5) and American[[5]](#footnote-6) studies also indicate that people with learning/intellectual disabilities, cognitive impairments and acquired brain injuries are at higher risk of becoming problem gamblers. This is due to factors such as problems with budgeting, spending, and impaired impulse control.

These factors along with the hope of securing additional money, which is particularly an appealing one for many disabled people given that many experience barriers to gaining and maintaining paid employment are all drivers of problem gambling.

Despite being at increased risk, there has been minimal recognition of the need for disabled people to be seen as an identified group which experiences inequitable outcomes and gambling harm.

The current Strategy to Prevent and Minimise Gambling Harm 2022/23 to 2024/25 does mention that disabled people feature highly within lower socioeconomic groups, but this appears to be the only specific mention of disability within that document.[[6]](#footnote-7)

Past strategies and this draft strategy do reference the fact that gambling addiction is a form of mental distress. People who live with mental distress are considered as disabled people under the United Nations Convention on the Rights of Persons with Disability (UNCRPD)[[7]](#footnote-8)

For these reasons, the Ministry should recognise disabled people as an identified population group who experience gambling harm.

In stating this, DPA recognises that disability is intersectional in that there are tāngata whaikaha disabled Māori, disabled Pacific people, disabled Asian people and disabled younger people who are at even higher risk of gambling harm.

|  |
| --- |
| **Recommendation 1:** that the Ministry of Health add disabled people as an identified population group who disproportionately experience gambling harm. |

This recommendation is central to the rest of this submission.

**Strategic Plan**

1. **Do you agree with the proposed strategic goal, outcomes, actions and system priorities?**

Yes, we do agree with the proposed strategic goal that New Zealanders quality of life and life expectancy are not affected by gambling harm.

We also agree with the strategic outcomes around providing:

* a full spectrum of services and support to prevent and minimise gambling harm – from prevention to early intervention to specialist support,
* establishing social and cultural norms that prevent and minimise harm from gambling,
* strong leadership and accountability in the gambling harm prevention system, with decision-making as close to communities as possible, and
* a systemic focus on those who are most at risk of harm from gambling.

However, in terms of the proposed actions, we reiterate our recommendation that disabled people are specifically added as a population group who are at high risk of experiencing gambling harm alongside Māori, Pacific peoples, Asian peoples, young people and people with lived experience of gambling harm.

|  |
| --- |
| **Recommendation 2:** that disabled people are specifically added as an identified population group at high risk of gambling harm in the actions. |

DPA also agrees with the proposed systemic priorities of:

* Increasing access to gambling harm support.
* Growing the gambling harm workforce.
* Strengthening the focus on prevention and early intervention around gambling harm.
* Improving the effectiveness of gambling harm support.

1. **Does the draft strategic plan adequately reflect changes in the gambling environment?**

Yes, it does.

The growth of offshore based online gambling sites is important to highlight.

Given the greater ease through which online gambling can now be accessed, there will be an increase in the harm being done to people with existing gambling addictions and it will also lead to an increase in the number of people presenting for the first time to gambling intervention services.

Our country’s poor economic climate will see more people resort to all types of gambling on a more frequent basis, thereby putting them at risk of harm as well.

Many disabled people and families/whānau have been particularly impacted by the government’s austerity measures, meaning that a small but growing number face the risk of becoming addicted to gambling for the first time too.

Given that disabled people experience barriers to accessing digital spaces, there is the possibility that our community will not be as exposed to the new online platforms as much as non-disabled people will be.

However, there is a greater risk that disabled people will access more traditional forms of gambling in the form of pokies, racing and lottery games.

1. **Do you have any comments to make on the work to support priority populations?**

DPA recommends that gambling harm services should tailor programmes and support to the needs of individuals who are undergoing treatment for addictions.

We appreciate that there will be standard treatment tools and programmes that are used with clients undergoing treatment for gambling harm.

However, when treating disabled people there will be a need to make programmes flexible around the needs of individuals through, for example, adopting methods that will work best with people with learning/intellectual disabilities, neurodiverse people and D/deaf people.

This may mean that D/deaf clients will need to have access to NZ Sign Language (NZSL) interpreters and people with learning/intellectual disabilities access to information in Easy Read formats.

Many disabled and D/deaf people engaging in harmful gambling will access both mainstream and culturally responsive gambling harm services, meaning that there will be a need for the support workforce to be appropriately trained in disability and D/deaf responsiveness and awareness as well.

Undertaking disability and D/deaf responsiveness education will increase the capacity and confidence of the support workforce to engage with and provide effective services to our disabled and D/deaf communities.

DPA also recommends that more disabled people are recruited to work in the gambling support workforce. This will enable disabled people accessing intervention services to have the option of working with another disabled person who has had lived experience of gambling harm.

Another strand is ensuring that information in accessible formats is provided to disabled and D/deaf communities on gambling harm through, for example, New Zealand Sign Language (NZSL), Braille, Easy Read, large print, audio and captioned video formats.

DPA recommends that the Ministry of Health, Department of Internal Affairs and other gambling stakeholders work collaboratively with disabled people and disability organisations to co-design policies and programmes around preventing gambling harm to disabled and D/deaf people.

|  |
| --- |
| **Recommendation 3:** that gambling harm services should tailor programmes and support to the diverse needs of individuals who are undergoing treatment for addictions. |

|  |
| --- |
| **Recommendation 4:** that gambling harm treatment services are responsive to the needs of disabled and D/deaf people. |

|  |
| --- |
| **Recommendation 5:** that disabled people are recruited and supported to work in the gambling harm intervention workforce. |

|  |
| --- |
| **Recommendation 6:** that the gambling harm support workforce is trained in disability awareness and responsiveness. |
| **Recommendation 7:** that information about gambling harm is available in accessible formats to disabled and D/deaf people. |
| **Recommendation 8:** that the Ministry of Health, Department of Internal Affairs and gambling sector stakeholders work collaboratively with disabled people and disability organisations to co-design policies and programmes around preventing gambling harm within the disabled and D/deaf communities. |

**Service Plan**

1. **Does the draft service plan adequately cover what it needs to cover, for example, does it include the right types of services and activities?**

Yes, it does.

Provided that disabled people are also identified as a group which is more at risk from gambling harm, then we believe that it does include the right types of services and activities.

DPA is pleased to see that a lived experience advisory group of gambling harm survivors is being set up. We recommend that disabled people who have experienced gambling harm be appointed to this group to ensure that a disability perspective can be fed into any advice given.

Disability and D/deaf perspectives on gambling harm should also inform the development of the gambling harm content which will go into the Level 7 qualification targeted at the gambling support workforce.

As noted above, gambling harm intervention services aimed at both mainstream and at-risk populations should be fully disability responsive and embed disability and D/deaf perspectives as well.

|  |
| --- |
| **Recommendation 9:** that disabled people with lived experience of gambling harm be appointed to the lived experience advisory group. |

|  |
| --- |
| **Recommendation 10:** that disability and D/deaf perspectives on gambling harm are embedded within all gambling support workforce training content. |

|  |
| --- |
| **Recommendation 11:** that disability and D/deaf perspectives are embedded within both mainstream and at-risk population intervention services. |

1. **Do you consider the proposed funding levels, mix of services and service supports appropriate?**

DPA is pleased to see the proposed 16% funding increase for frontline gambling harm services.

DPA has been increasingly concerned about cuts to not only frontline disability support services but also community-based health and social services under this current government.

We see that the Problem Gambling Levy provides a useful revenue stream for funding gambling harm intervention services, at a time when government is cutting funding to other parts of the community sector.

DPA is concerned about what appears to be a freeze in the operating costs provided to the Ministry of Health and Health New Zealand to cover their roles in developing and overseeing this strategy. We believe that both agencies should play a continuing role in these areas and not be subjected to any funding cuts/freezes.

|  |
| --- |
| **Recommendation 12:** that the proposed freeze on operating costs associated with government agencies administration of the prevention and minimisation of gambling strategy does not proceed. |

1. **Do you agree with the proposed new services and investments?**

Yes, we do agree with the new proposed services and investments.

We particularly welcome the proposal to develop a national system to allow individuals to block themselves from online/mobile gambling outlets.

1. **Do you agree with the priorities for research and evaluation that have been outlined in the draft service plan?**

Partially, in that while we agree with the proposals for research and evaluation to inform policies and improve service provision, we recommend that research on gambling harm and its impacts on disabled and D/deaf New Zealanders be added to the list.

Earlier in this submission, we pointed out the deficit in New Zealand-based research on gambling and disability. This gap needs to be addressed through funding independent research which will explore the issues for D/deaf and disabled gamblers within the New Zealand context and how this can be addressed through future strategies, policies and programmes.

This research should be led and informed by disabled people and people with lived experience of gambling harm.

|  |
| --- |
| **Recommendation 13:** that Ministry of Health/Health New Zealand commission research into the impact of gambling harm on disabled people with this to be led and informed by disabled people and people with experience of gambling harm. |

1. <https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd#Fulltext> [↑](#footnote-ref-2)
2. Kia Piki Ake Welfare Expert Advisory Group. (2019). Welfare system: statistics. Retrieved from <https://www.weag.govt.nz/background/welfare-system-statistics/> [↑](#footnote-ref-3)
3. <https://borgenproject.org/disability-and-poverty-in-new-zealand/> [↑](#footnote-ref-4)
4. <https://responsiblegambling.vic.gov.au/documents/995/VRGF_RR_AUG2021_IntellectualDisability_September2020.pdf> [↑](#footnote-ref-5)
5. <https://www.oregon.gov/oha/HSD/Problem-Gambling/Documents/Disabilities.pdf> [↑](#footnote-ref-6)
6. <https://www.beehive.govt.nz/sites/default/files/2022-06/Strategy-to-Prevent-and-Minimise-Gambling-Harm.PDF> [↑](#footnote-ref-7)
7. Article 1: Purpose. Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. <https://social.desa.un.org/issues/disability/crpd/article-1-purpose> [↑](#footnote-ref-8)