

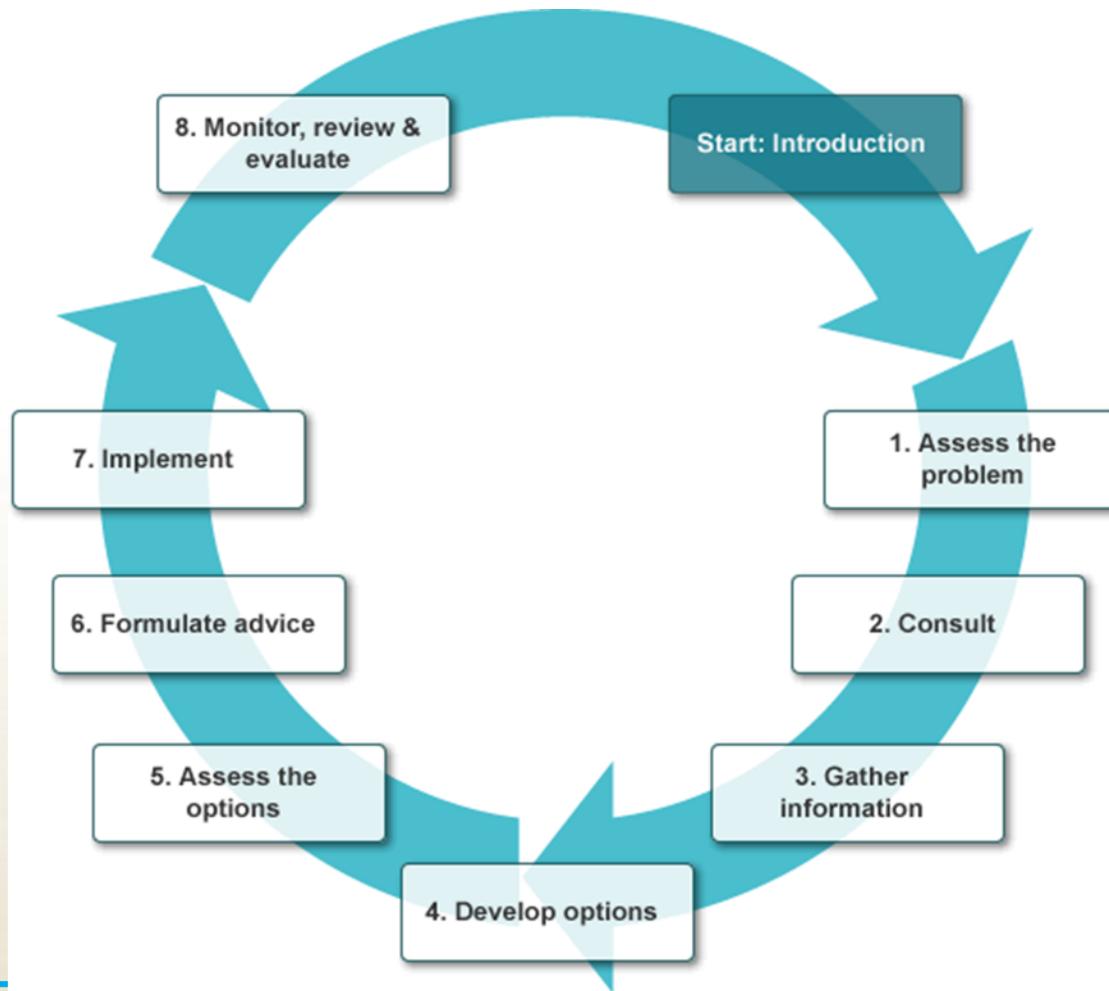
# **Preventing and Minimising Gambling Harm Moving Research Into Action**

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**Ministry of Health New Zealand**

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# The Policy Wheel



Research evidence is relevant at every step (steps 1 to 8)

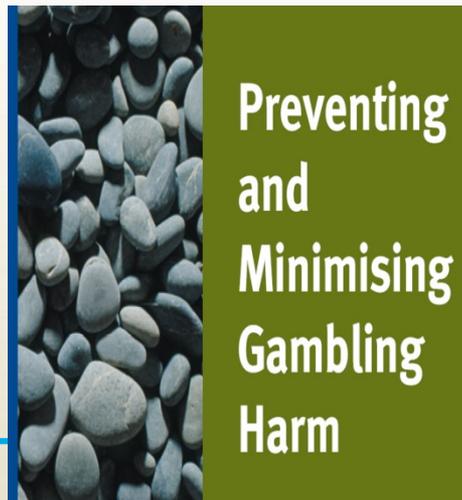
# The Gambling Act 2003

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The Ministry of Health became responsible for the funding and co-ordination of problem gambling treatment and prevention services from 1 July 2004

Recognises harm from gambling is a sizable issue, and section 317 sets out requirements for an **‘integrated problem gambling strategy focused on public health’**.

The **Preventing and Minimising Gambling Harm Strategy** 2010 to 2016. Currently approximately NZ\$18 million per year



# The Gambling Act 2003

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Section 317 states that **the strategy must include:**

- measures to **promote public health by preventing and minimising** harm from gambling
  - **services to treat and assist** problem gamblers and their families and whānau
  - **independent scientific research associated with gambling**, including (for example) longitudinal research on the social and economic impacts of gambling, particularly the impacts on different cultural groups
  - **evaluation.**
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## Research is evidence base for policy response

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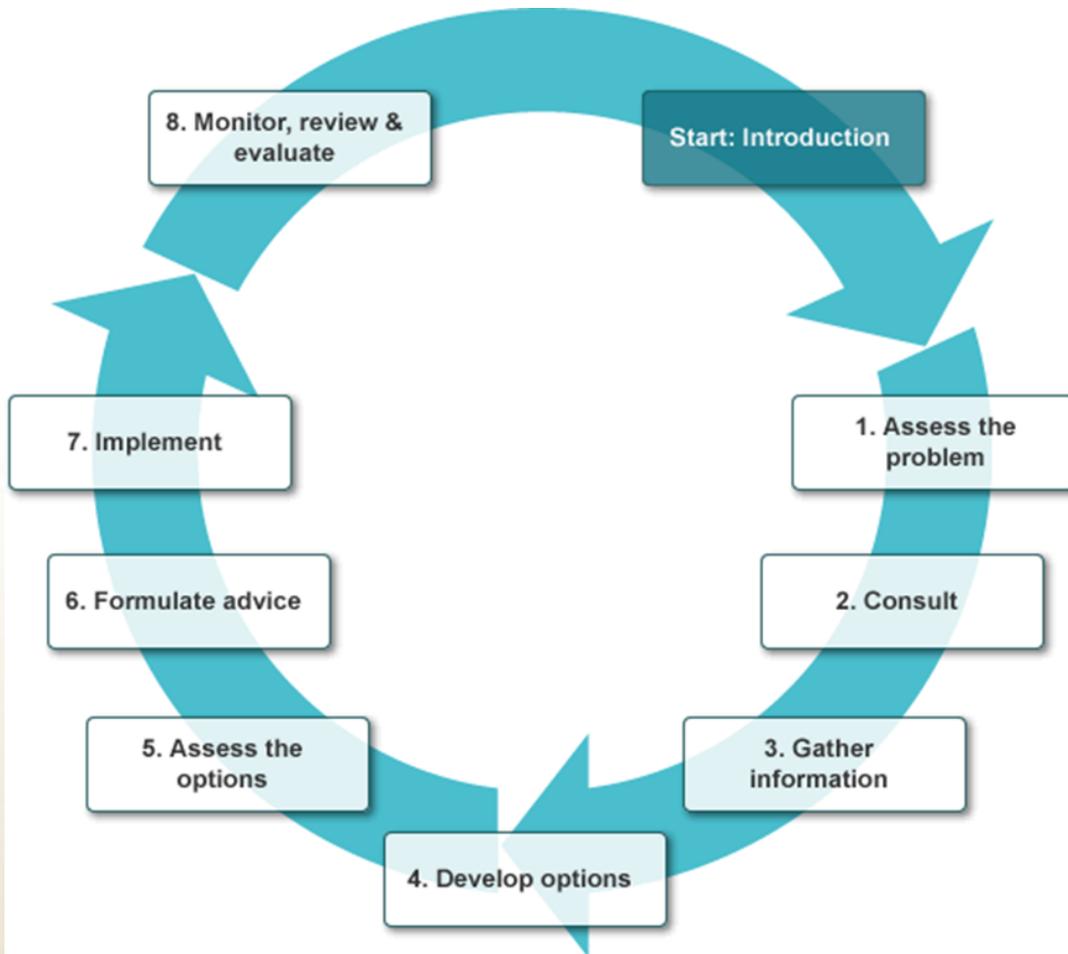
A **‘problem gambling levy’** set by regulation on the profits of the main gambling sectors is intended to reimburse the Crown the amount of that appropriation. This ensures that the strategy is broadly fiscally neutral over time. The Gambling Act supports a public health approach to addressing harm

In New Zealand a **Regulatory Impact Statement** (RIS) is required for any new regulations. The RIS sets out the scope of the issue (gambling related harm) and the **evidence to support** recommending the making of regulations.

The Gambling Act 2003 requires the PMGH Strategy and the Levy regulations to be renewed every three years, this means **the research and evaluation evidence also needs to be reviewed every three years**

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# Research Turns The Policy Wheel



Research moves to action as evidence to support

- Legislation
- Service procurement decisions including
  - Coverage
  - Service specifications
  - Problem solving
  - Emerging trends

# Evidence based practice - Examples

Research	Implementation response
<p><b>Longitudinal and Epidemiological studies</b> e.g. prevalence, participation, risk factors, multi-variate characteristics, comorbidity, knowledge attitudes and practices</p>	<p><b>Policy development</b> including</p> <ul style="list-style-type: none"><li>• Health Impact Assessment</li><li>• Health Equity Assessment</li><li>• Regulatory Impact Statements leading to Legislation</li><li>• Informs local territorial government licensing policies</li></ul> <p><b>Planning and funding decisions</b> regarding services</p> <ul style="list-style-type: none"><li>• Coverage, reach and mix (treatment and prevention),</li><li>• Ethnicity,</li><li>• Outcome (evaluation)</li></ul>

## Some examples cont...

Specific research projects :	Implementation response
Barriers to access	Informs service design Informs workforce training
Review of screening tools	Intervention Practitioner Handbook
Effect of marketing, advertising and sponsorship on gambling and problem gambling	Informs regulatory environment
A brief intervention national effectiveness trial	Evaluation and outcome evidence Informs service specifications
Youth 2012	Informs policy , regulatory enforcement, and service development
Effectiveness of PIDS & Pop up screens on gambling and problem gambling behaviours	Confirmed effectiveness , recommended improvements to messages. Informs regulatory enforcement and policy development

## More information

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[www.health.govt.nz/our-work/problem-gambling/research-and-evaluation](http://www.health.govt.nz/our-work/problem-gambling/research-and-evaluation)

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work/problem-  
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# Thank You

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