



National Committee  
for Addiction Treatment

# Addiction Leadership Day

19 July 2023

# Te Aka Whai Ora

Address and updates

Lucinda Cassin and Damita Schuh



**National Committee  
for Addiction Treatment**

**Te Aka Whai Ora**  
Māori Health Authority

# Update from Te Aka Whai Ora Oranga Hinengaro

**Damita Schuh – Principal Clinical Advisor - Addiction**

# Overview

- Lived experience hui
- Suicide prevention hui
- Hāpaitia
- Tūā Pātia





# Workforce Development - General

- Ngā Manukura o Āpōpō
- Te Pitomata Grants
- Hauora Māori training fund
- Bursaries/scholarships
- Mahi-a-atua



# Workforce Development - Addiction

- Te Rau Ora
- Whare Tukutuku
- Oraka Ararau – Inaugural National Māori Alcohol and Other Drug Hui
- Ki te Ara Whakamua – Māori Community Action fund



# Psychosocial

- Aroā
- Te Kurahuna







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# Ngā mihi nui

**Te Aka Whai Ora**  
Māori Health Authority

# Te Whatu Ora

Addiction team update

Anna Tonks and Melissa Stevenson

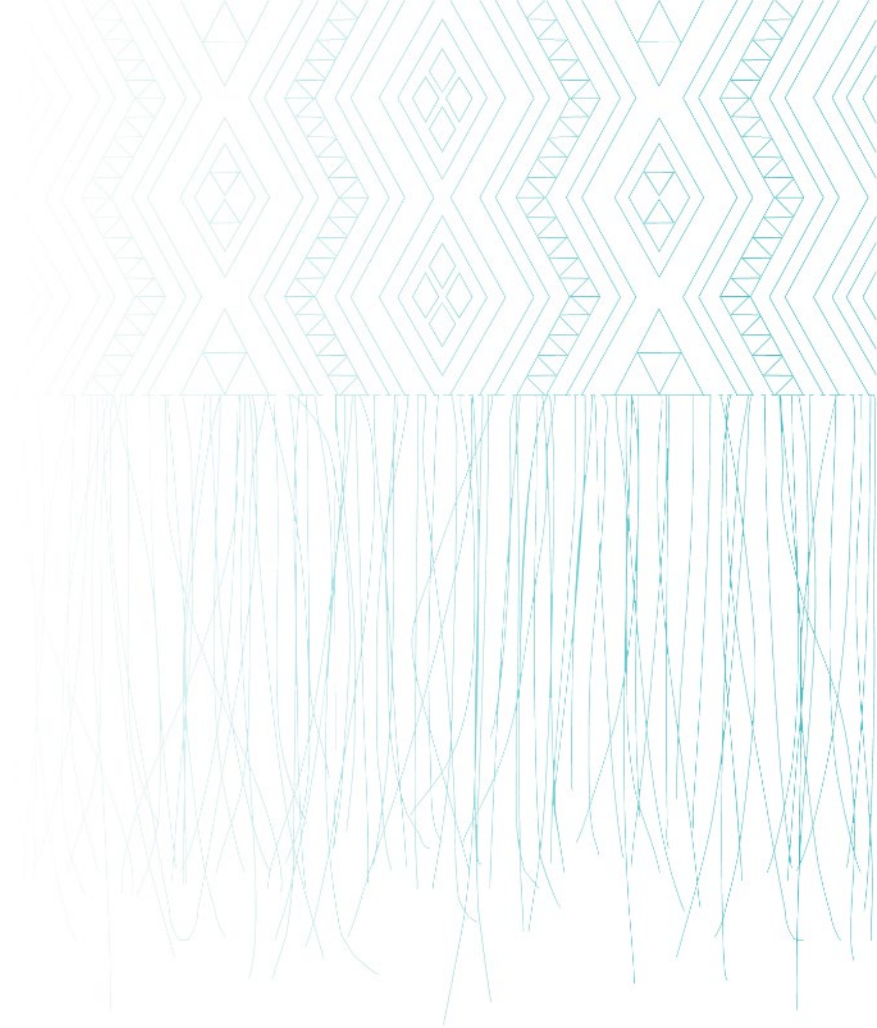


**National Committee**  
for Addiction Treatment

# Tēnā koutou katoa

## Covering today:

- AOD Service Framework
- Workforce
  - Workforce report
  - Current work
- Gambling Harm RFP





# AOD Service Framework

# The AOD Service Framework

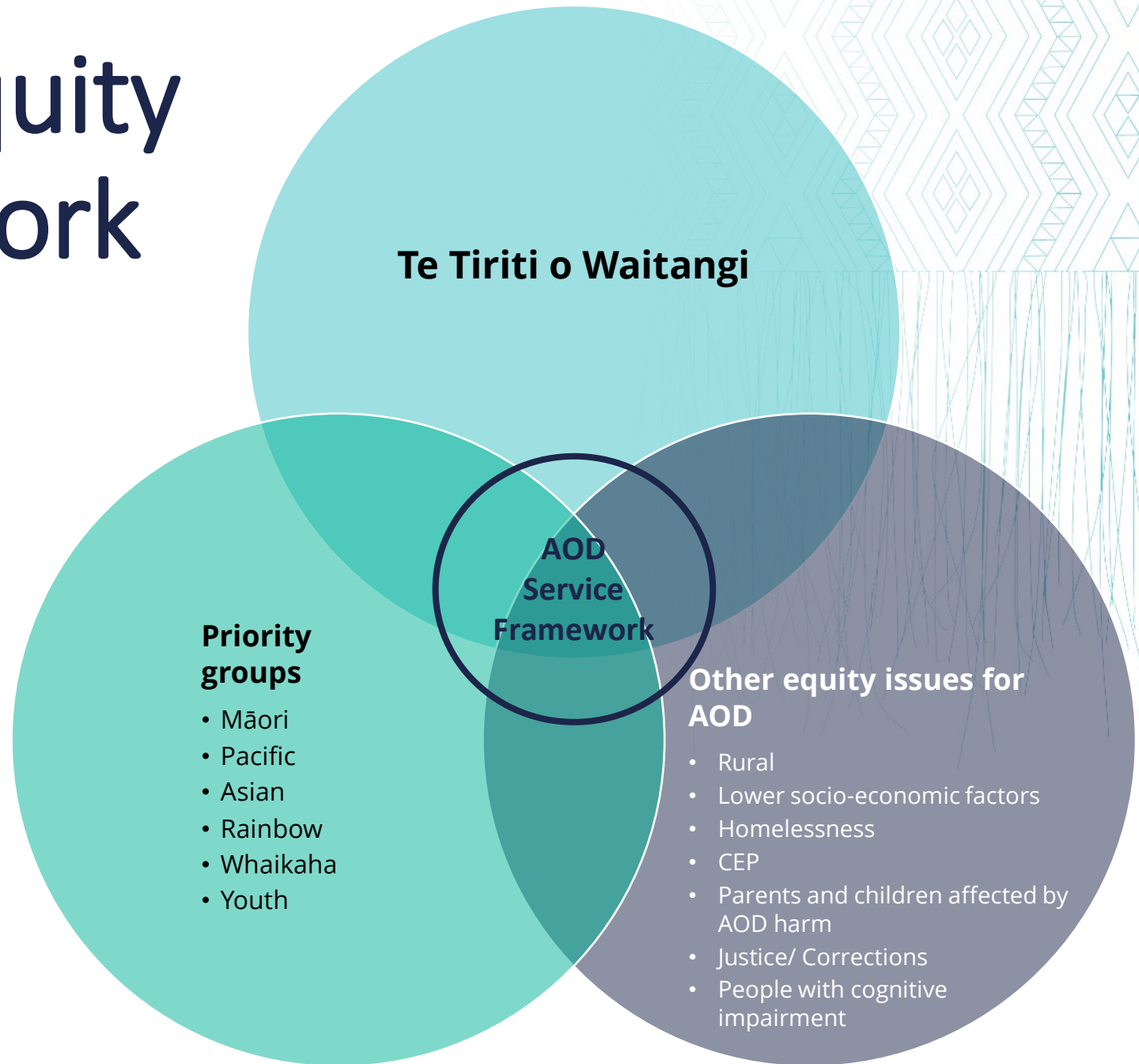
- A coordinated approach for improving outcomes
- Evidenced-informed, recovery oriented, culturally safe services, supports and surrounding system
- A commissioning framework, nationally, regionally and locally
- A stepped model of care outlining coordinated service delivery
- A focus on system enablers e.g. workforce, leadership
- An implementation plan



# Embedding equity in the framework

For AOD services, we are looking to ensure:

- Equity of access
- Equity of experience
- Equity of treatment
- Equity of outcomes



# Technical Advisory Group

**Dean Rangihuna** - Principal Advisor, Lived Experience Te Aka Whai Ora

**Terry Huriwai** - Principal Advisor, Addiction Ara Poutama

**Tangi Noomotu** - Manager Mental Health Quality and Practice, Ara Poutama

**Sam McBride** - Consultant psychiatrist (MHAIDS) and Director of Area Addiction Services, Capital, Coast & Hutt Valley, NAOTP Chair

**Kerri Butler** - Director, Take Notice

**Claire Aitken** - Director, Moana House and Te Taketake

**Ben Birks Ang** - Deputy Executive Director - Programmes, NZ Drug Foundation and Chair of dapaanz

**Pam Armstrong** - Ngāti Hine Health Trust and Ngā Manga Pūriri

**Sandy McLean** - Senior Manager, Planning and Funding, Te Whatu Ora – Waitaha Canterbury

**Chris Nolan** - Regional Commissioning Manager, Te Whatu Ora – Capital, Coast & Hutt Valley

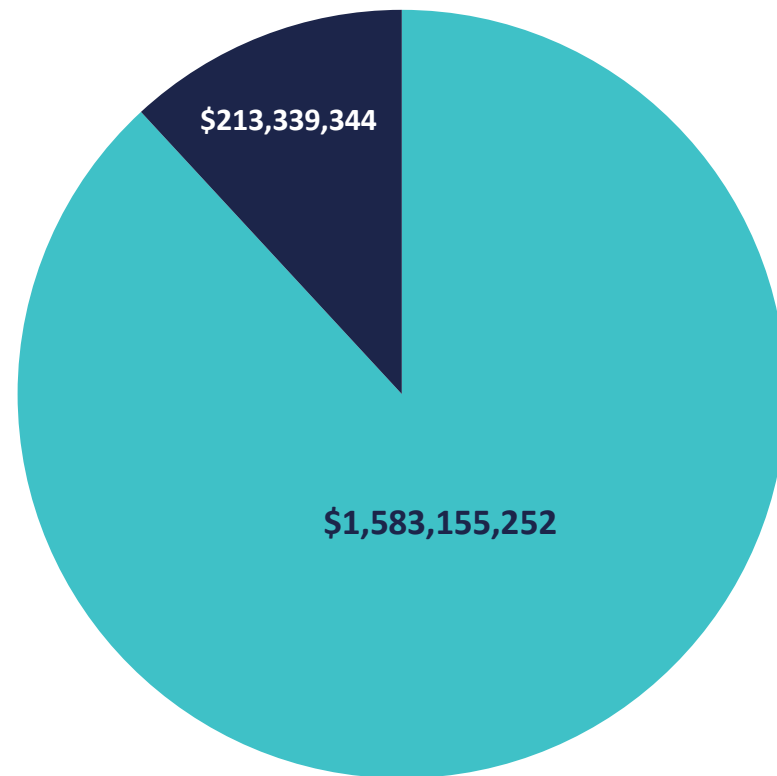
**Melissa Roberts** - Family Advisor/Clinical Supervisor, CADS Regional Services, Te Whatu Ora – Waitematā

# Continuum of services

	"Harm has not occurred yet" - prevention and early intervention				"Harm is occurring" - AOD intervention needed			"Mitigating further harms" - Maintenance / aftercare			
	Health promotion and universal prevention	Selective (at-risk)	Indicated (at risk)	Secondary prevention	Intervention - mild / moderate	Intervention - moderate / severe	Intervention - severe / complex	Maintenance / stabilisation	Continuing care	Reintegration	
					Dedicated AOD services						
	Primary / community services							Primary / community services			
National / regional							SACAT				
							Shorter stay residential and therapeutic communities				
							Medical withdrawal service				
							Cross-agency solutions for enduring addiction				
Multi-locality (district) / locality							Step-up accommodation	Step-down accommodation			
							Structured outpatient programmes				
							Consult liaison w/in hospital and community settings				
							Community-based residential withdrawal services				
							Community-based withdrawal services				
							Opioid substitution therapy				
							Medical support - including pharmacotherapy				
							Counselling and group work				
							Case coordination	Case management	Care coordination (including aftercare support)		
							Whānau-based support and services				
						Mutual aid options and community peer support					
						Employment, social, housing and health support					
						Impaired driving					
						Clinical assessment (incl. comprehensive)					
						Assertive outreach					
						Harm reduction - drug checking, needle exchange, overdose prevention etc					
	Screen and brief intervention										
	School-based services (mainstream and alternative education)										
Universal					Helplines, web-based self-help, information services						
					Education (community and schools), awareness raising and destigmatisation						
					Structural - laws, policy, taxation						

# National spend – 2021/22

Total National Mental Health Spend vs AOD Spend\* - 2021/22



\*Excludes spend on gambling harm

**AOD made up approximately 10% of the total national spend on mental health and AOD services in 2021/22**

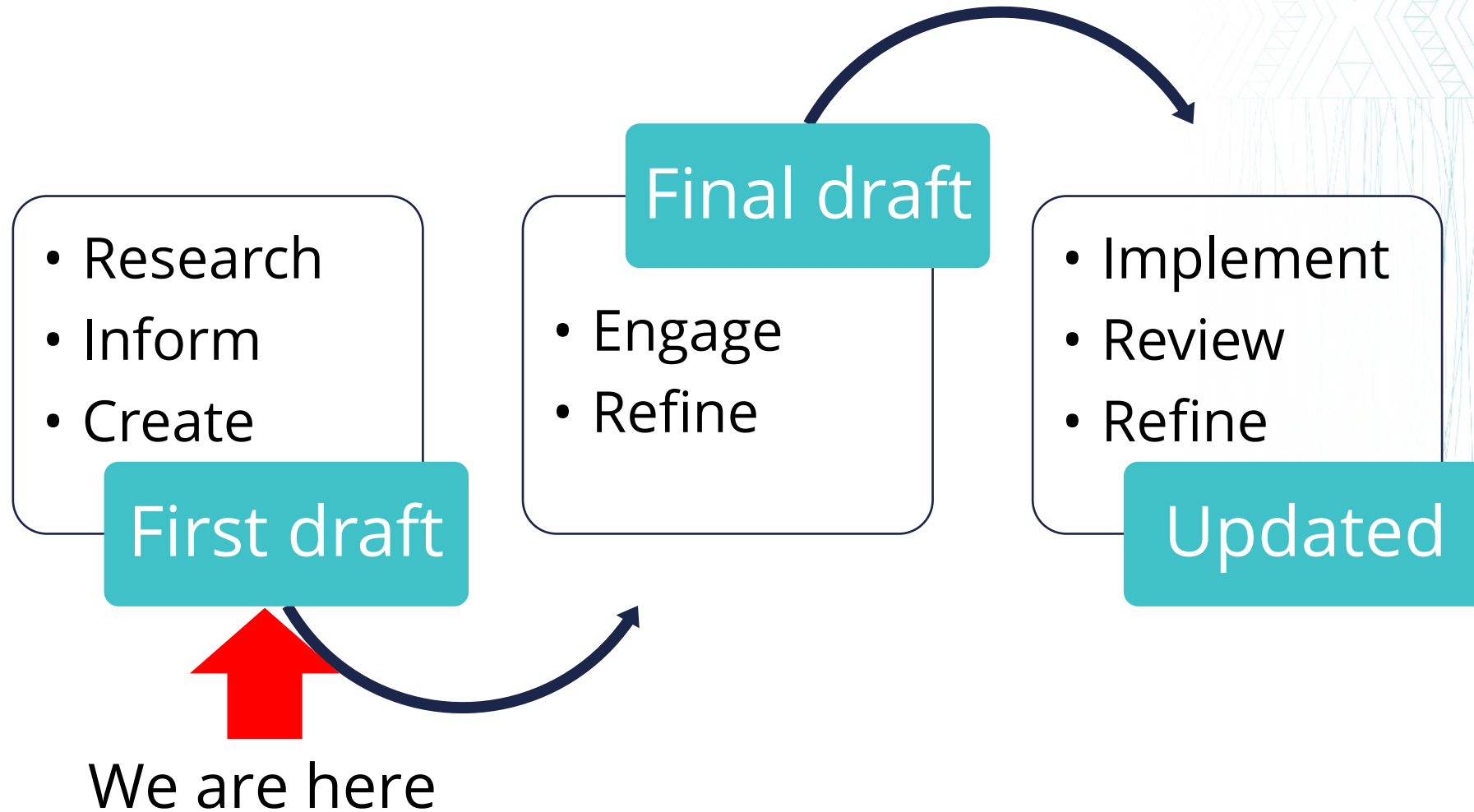
**The investment in AOD does not line up with the level of need.**

**Our focus is on doing what we can well, then looking for more resource and expanding**

\*Excludes spend on gambling harm services

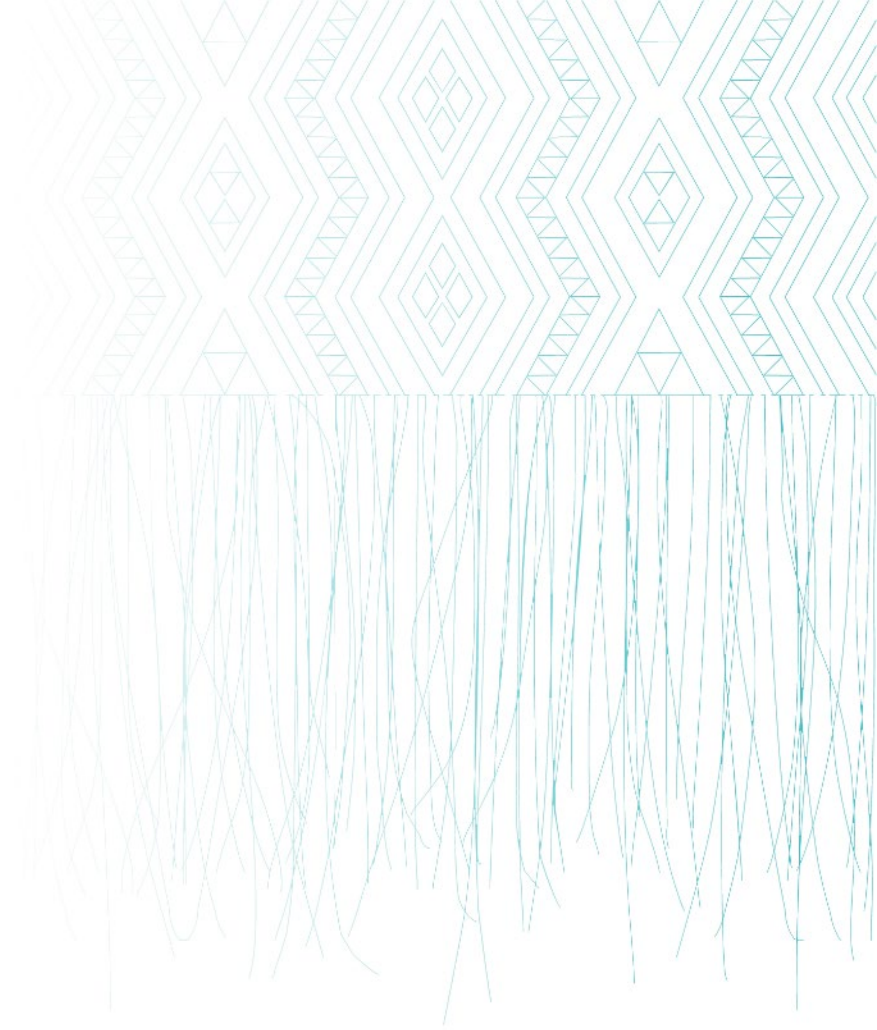


# Progress to date



# Framework principles

- Tāngata whaiora and whānau centred
- Culturally responsive and safe
- Harm reduction
- Recovery oriented
- Evidence-informed
- Stabilisation and improvement
- Quality, safety, and data
- Systemic care
- Interconnected care
- Intentionality



# Effective elements of service

- Culturally safe practice
- Governance – clinical, cultural and lived experience
- Tāngata whaiora engagement and retention in services
- Access pathways
- Treatment matching
- Active waitlist management
- Screening and assessment
- Ongoing treatment planning
- Measuring outcomes
- Coordinated care
- Post-treatment support
- Anti-stigma and discrimination

# Priorities 2023/24

- **Leadership** – from Te Whatu Ora and Te Aka Whai Ora; within the sector and within services
- **Workforce** at all levels – quick wins with the peer workforce and kaiāwhina; medium term with counsellors, nurses, GPs and allied health; longer term with Addiction Psychiatrists. Business as usual
- Addressing **equity of funding** in order to stabilise and enhance the current service framework

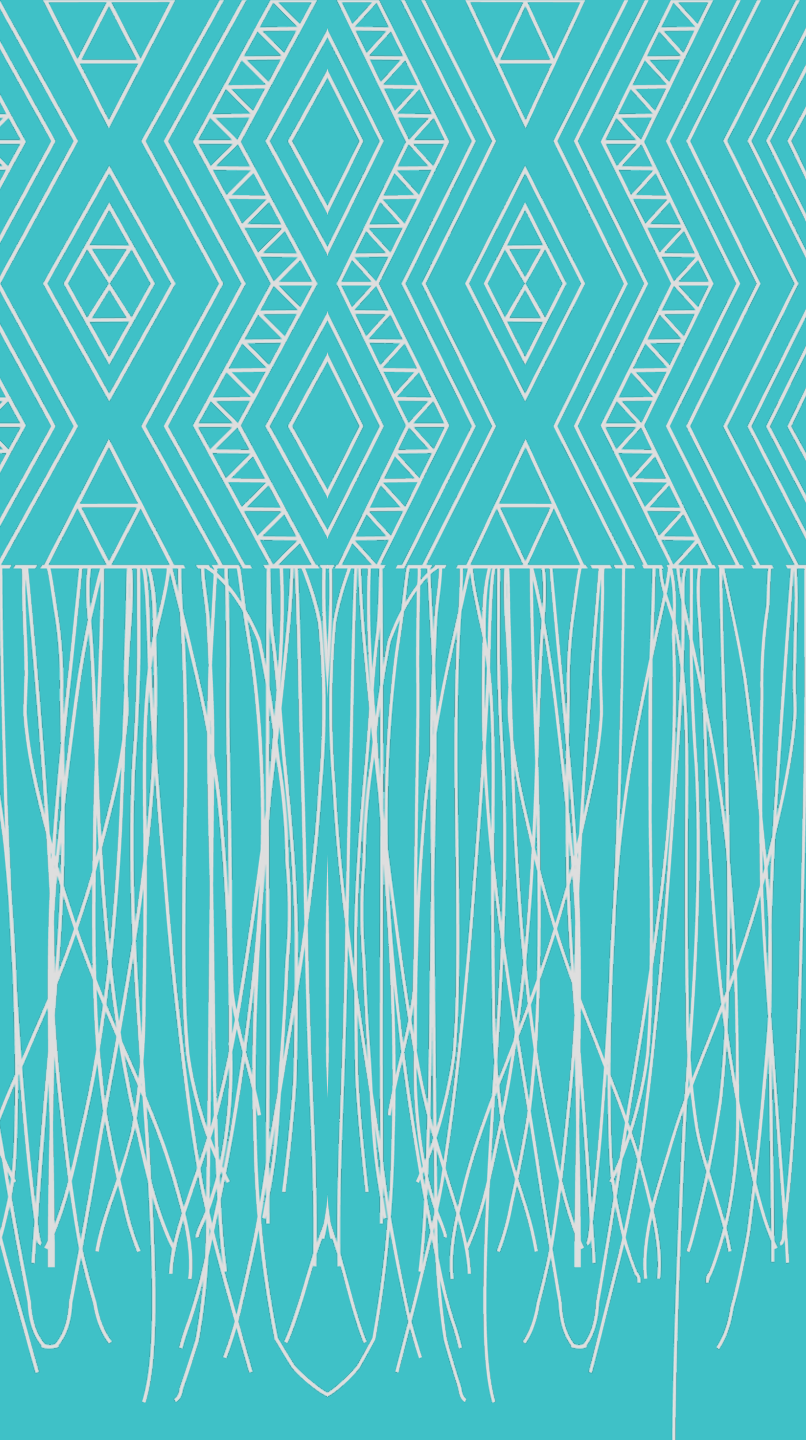


# Enablers

Key enablers for the framework are:

- Workforce
- Leadership
- Investment / commissioning priorities
- Information – including data, research and evidence
- Technology
- Policy
- Quality improvement and assurance





# Workforce and leadership

# Workforce Report

- Report on the features and challenges for the addiction treatment sector in Aotearoa New Zealand and the impact on the workforce
- Commissioned by Te Whatu Ora, produced by Atamira Platform

## **Summary of findings – current state**

- Present workforce system is not fit for purpose
- Workforce should be supported
- Those seeking treatment should not feel more stressed by the experience
- Impact on strong focus on primary care
- Progress towards growing the workforce size hampered by high vacancy rates and recruitment at replacement levels only

# Workforce Report

- Four approaches are proposed to meet these challenges:
  - Commissioning to be done with tāngata whaiora
  - Drive clinical service improvement by addressing staff capacity and capabilities
  - Boost community representation in the workforce, including those with lived experience
  - Improve workforce data and information

**These approaches will require leadership and coordination across the entire sector**



# Recommendations

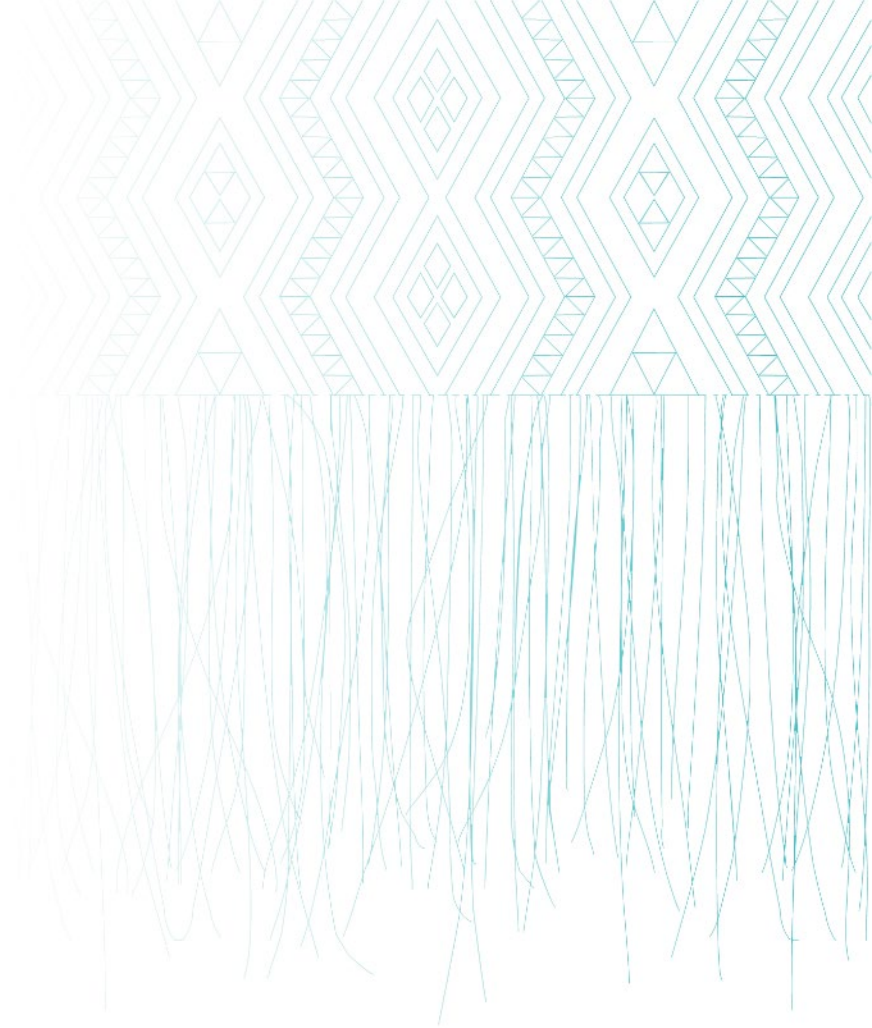
- Priorities for commissioning:
  - Support the existing workforce
  - Address how the Māori workforce in the addiction treatment sector can express their tino rangatiratanga and mana Motuhake
  - Address the pipeline of new entrants
  - Promote leadership and professionalism
  - Promote a workforce that looks like the communities that services work in

# Actions to date

- Establishing a National Clinical Network for Addiction
- Scoping regional AOD Collaboratives
- Working to align addictions in the Workforce Centre Plans
- Addiction representation in Health Workforce Taskforce's Steering Group
- Supporting the education review to get addiction medicine recognised as a specialty in NZ

# Health Workforce Plan

- Health Workforce 23/24 Plan focus on:
  - Growing pathways for Māori in health
  - Growing pathways for Pacific peoples in health
  - Driving local-led innovation in training
  - Bolstering priority workforce groups
  - Supporting and retaining our valued workforce
  - Growing our future leaders



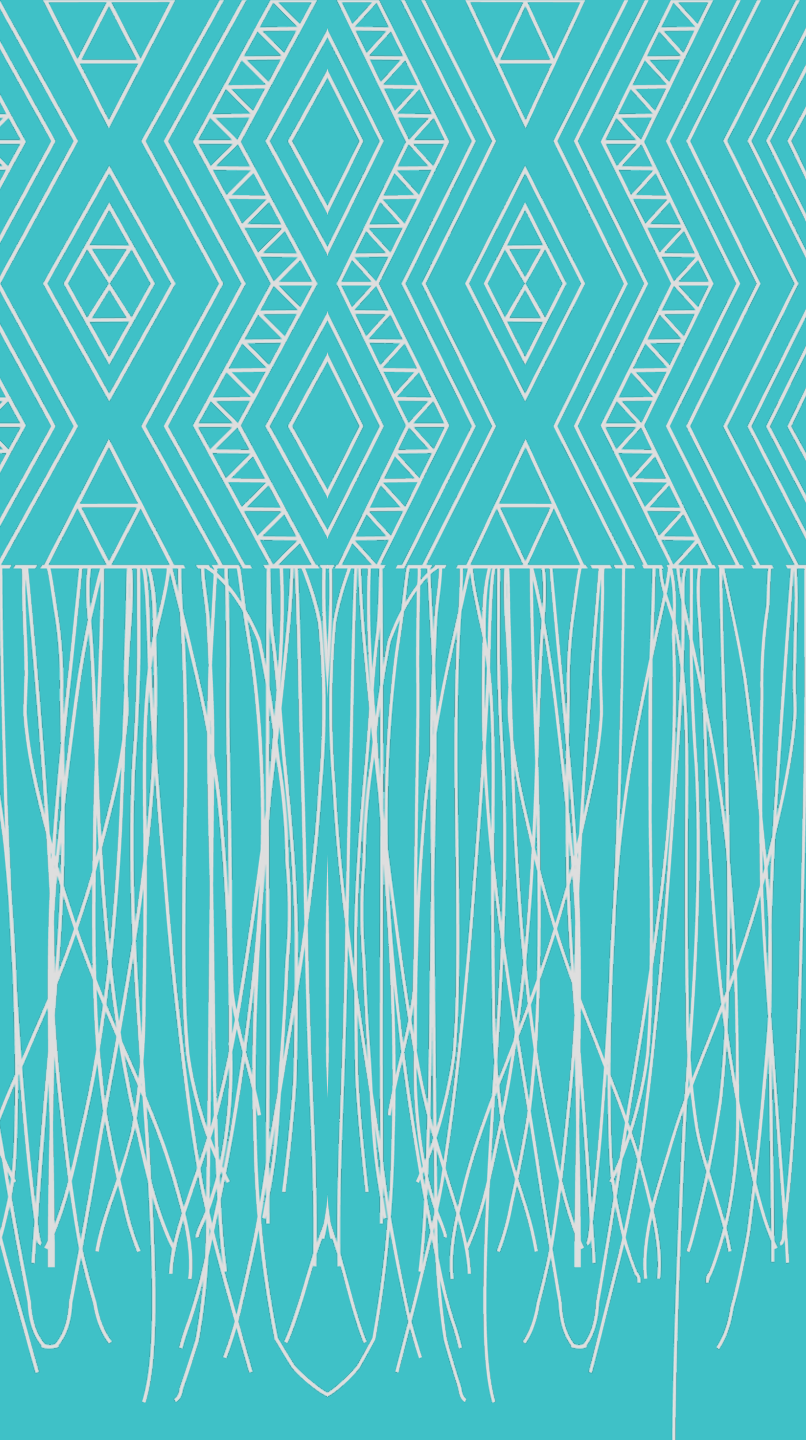


# Gambling Harm RFP



# Preventing and Minimising Gambling Harm Services RFP

Steps in RFP process	Date
RFP published	30 June 2023
Supplier briefing teleconference	6 July 2023 (10.30-11.30am)
Deadline for questions from suppliers	17 July 2023 at 5pm
<b>RFP closes</b>	<b>11 August 2023 (midday)</b>
Selected supplier presentations	Week starting 18 September 2023
Successful Respondents notified (indicative)	Week starting 29 September 2023
Expected contract start date (and price effective date) (indicative)	01 January 2024



Pātai?



National Committee  
for Addiction Treatment

**Morning tea**

# Youth AOD

Anne Crawford and Morgan Brooks



**National Committee  
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# Te Whatu Ora

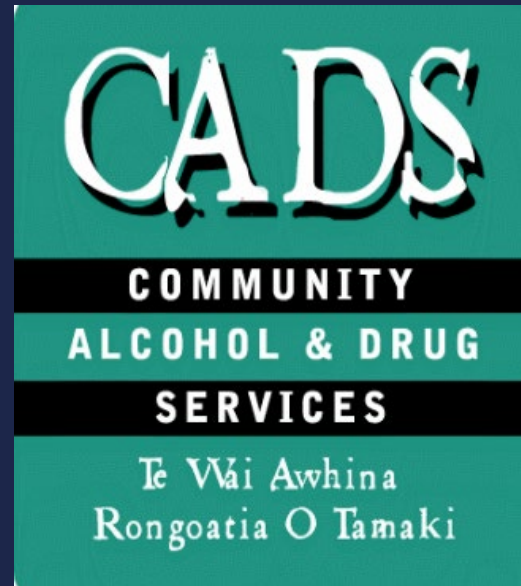
Health New Zealand

Waitematā



**Anne Crawford**

Manager



**Morgan Brooks**

Clinical Team Leader



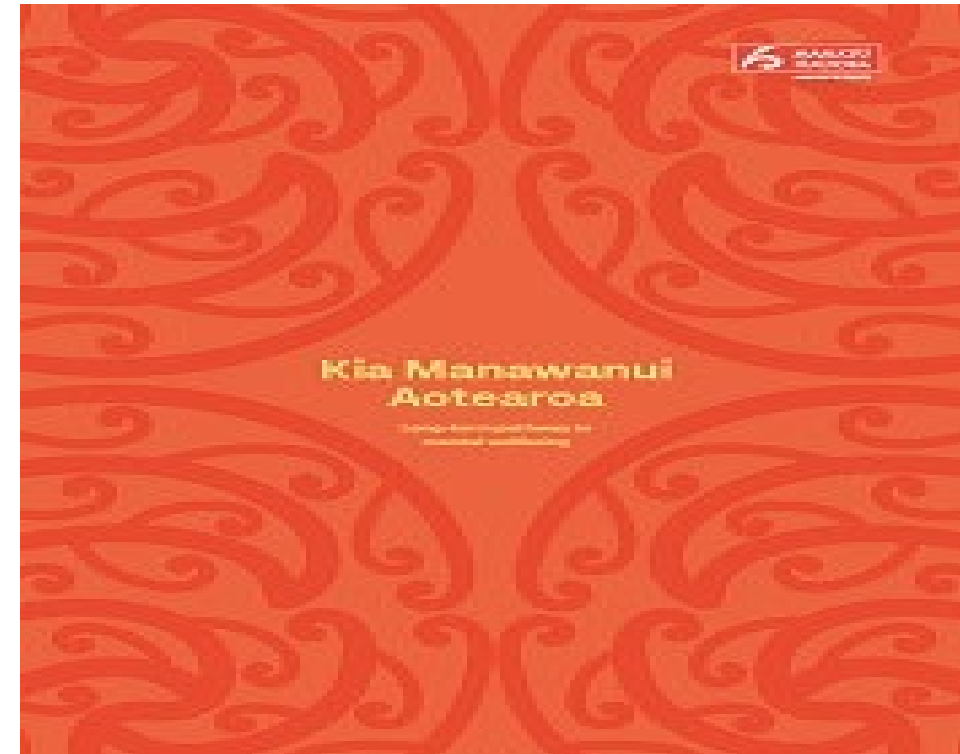


# Altered High Youth Service

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- Multi-disciplinary team providing mobile outreach across Tāmaki Makaurau region
- Rangatahi affected by their own or someone else's substance use
- Individual, group and family/whanau (SSFC) interventions
- Whānau/family/caregiver/matua support
- Provides consultation and liaison

# Where have we come from?



# Principles and approaches

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- Harm Reduction approach (which does not preclude abstinence)
- Tāngata whaiora/consumer involvement at all levels
- Youth culture and developmental focus
- Family/whānau/caregiver/matua involvement throughout treatment process



# Principles and approaches

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- CEP informed
- Equity focus (Māori, Pacific, Rainbow)
- Evidence based interventions
- Strengths based, rangatahi-led goal planning
- Cross sectoral collaborative approach

# Where are we now?

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- Reduction in experimental use and increased problems associated with substance use
- Impact of Covid-19 lockdowns
- Increased pressures on whānau (cost of living)
- Internet
- Vaping
- Increase in severity and frequency in co-existing mental health and AOD use
- Offending
- Increase referrals for whānau/significant others
- School refusal/truancy

# Where are we heading?

## Continue to:

- Actively deliver on Te Tiriti O Waitangi
- Work on achieving equitable access and outcomes for Māori
- Include rangatahi/whānau input to service design, planning and delivery
- Respond early and rapidly to rangatahi and whānau
- Support health and wellbeing promotion
- Be responsive to co-existing problems and neuro-diversity
- Connect with services to provide seamless support

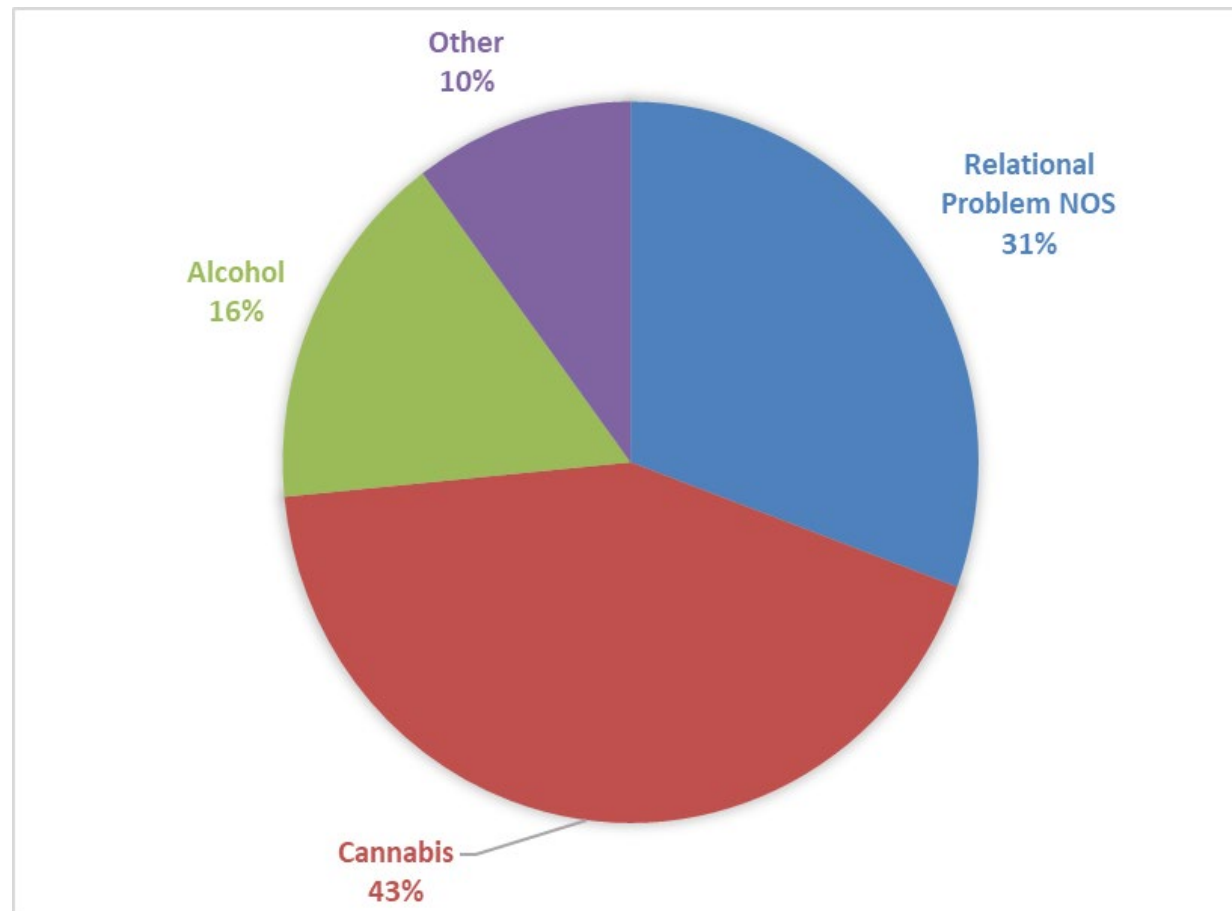


# Where are we heading?

- Projects and plans to achieve equitable access and outcomes for other (youth) populations
- Reaching rangatahi in more remote/rural parts of Tamaki region
- After-hours support
- Increase accessibility for all rangatahi
- Partnerships with hāpu and iwi

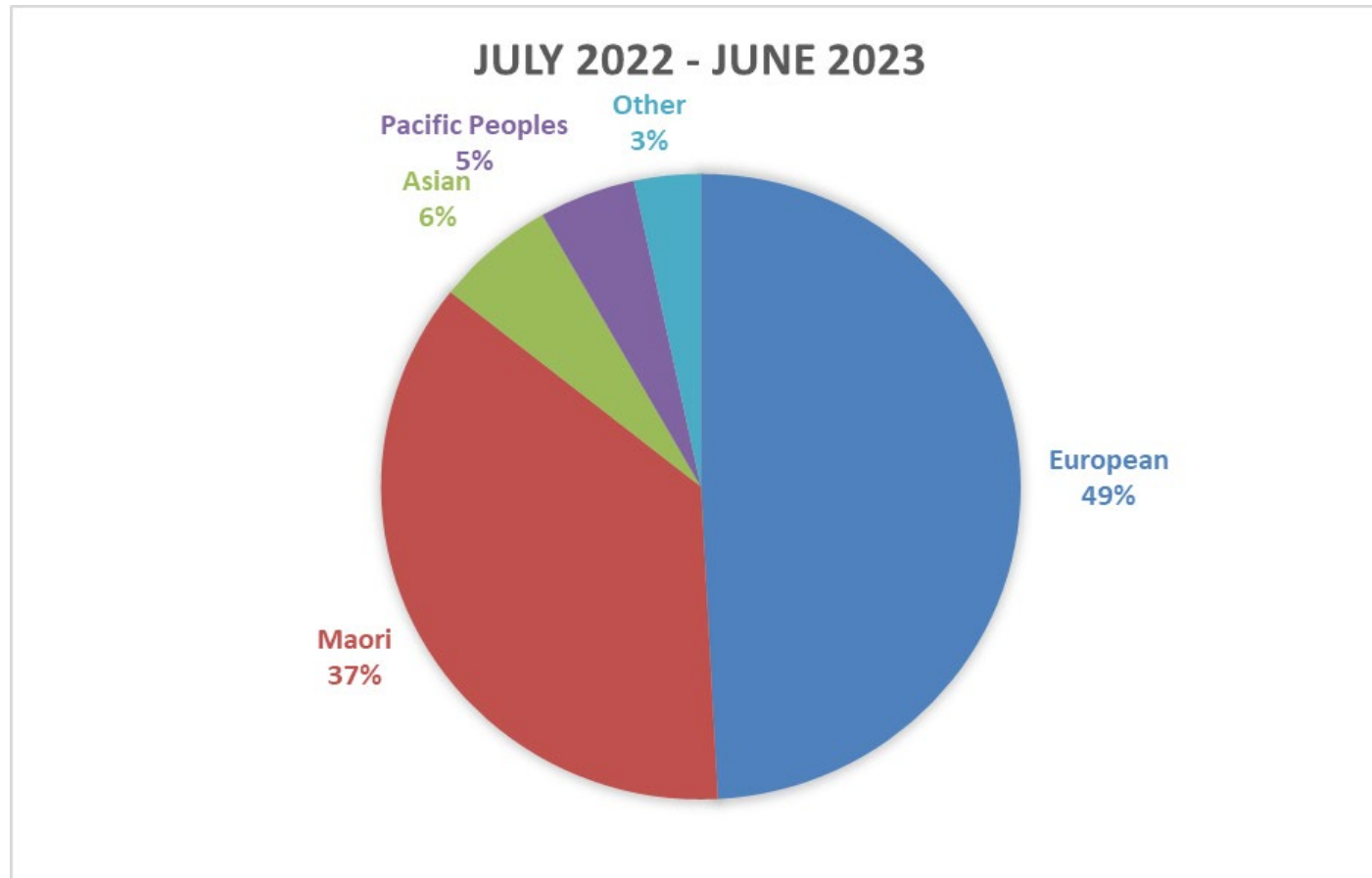


# Substance use/Diagnosis

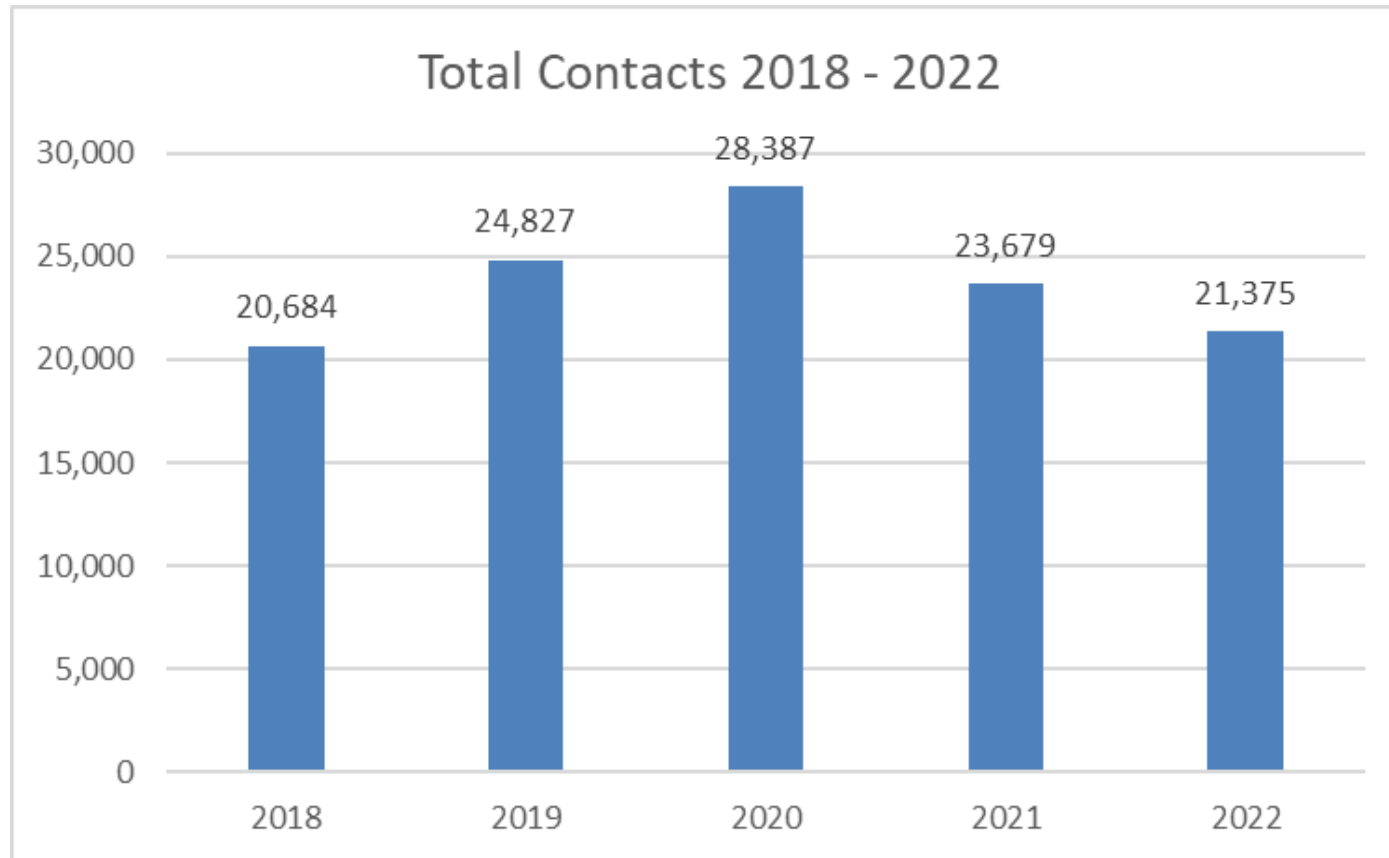




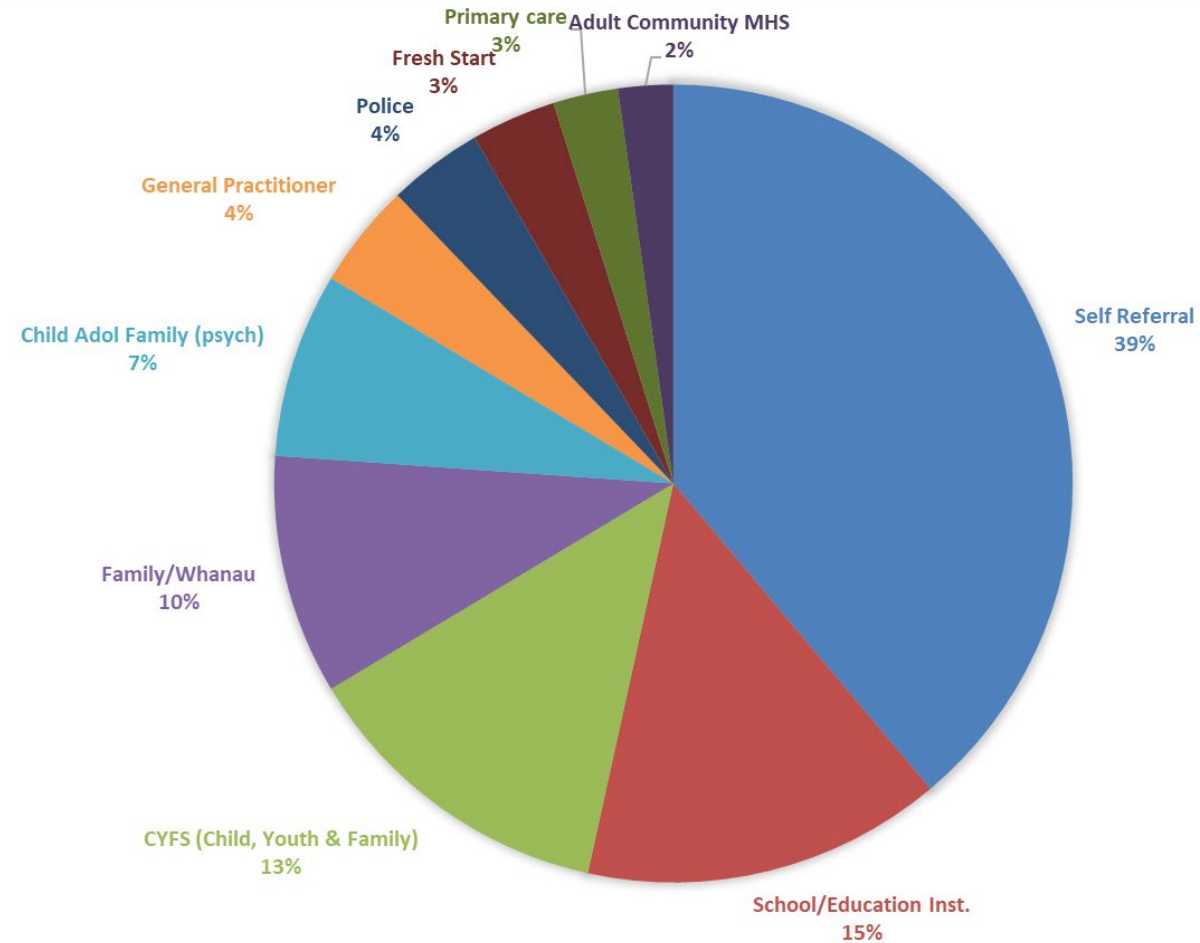
# Referrals by ethnicity



# Contact with rangatahi



# Referral source





# Referrals

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Referrals/enquiries

Phone/text: **027 462 4580**

**0800 845 1818** (ask for Youth)

**[www.alteredhigh.com](http://www.alteredhigh.com)**

Information/Referral Form/Initial Contact Form (for Rangatahi)

E-referrals are available for Primary Care via HealthPoint


# Youth AOD

Roxy Bretton



**National Committee  
for Addiction Treatment**





# Mirror HQ- Youth AOD Service

Whakaata Tohutohu- Mirror Services

Aroha ki te Tamariki Trust

Otepoti-Dunedin



# Mirror HQ

Established  
Youth Exemplar Service  
Prime Minister's Initiative

2014

Whakaata Tohu Tohu | Mirror HQ Youth Addiction Service provides alcohol and other drug services for young people aged between 12 and 25 years of age. As taiohi (young people) are often coping with a range of issues this team works from a co-existing problem enhanced approach. We have a diverse team of practitioners providing a range of evidence based and culturally responsive approaches to meet the diverse needs of the young people and whānau we work with.

## **This service is for young people who:**

- Have problematic to severe alcohol and/or other drug use / gaming / gambling / other addiction issues.
- have substance use and a suspected mental health issue/s or mental health diagnosis
- Would like to make changes in their lives.
- Require support with detox or need managed withdrawal
- Are affected by a family member who has alcohol and/or other drug use

Or are

- a parent of a young person with problematic alcohol and drug use

**The focus of this service is to help you:**

- Address alcohol and other drug related issues and reduce associated harm
- Improve wellbeing and mental health
- Take charge of your life
- Clarify difficult situations, find new solutions and build skills
- Improve your quality of life and increase confidence.

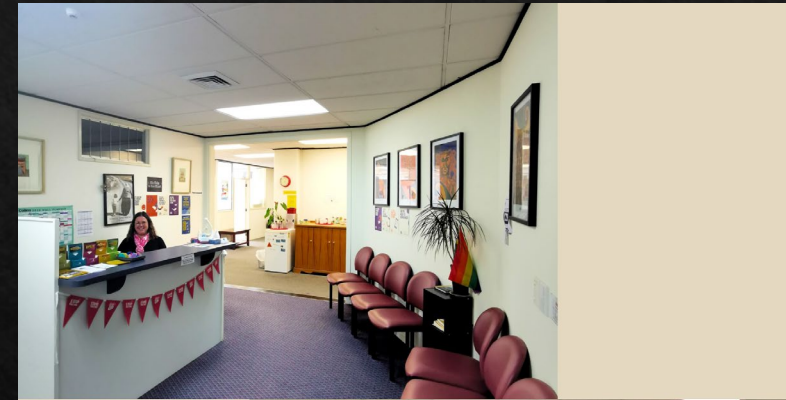
**We offer:**

- Hope for young people and their families and whanau
- Culturally affirming safe space for young people to explore identity and values.
- 1:1 support and counselling provided at onsite, home, school or in the community
- Comprehensive case management in partnership with young people
- Specialist psychiatric and psychological support
- Peer support
- School based interventions
- Family inclusive practice and whānau therapy.
- Educational and therapeutic groups
- Referral and support to other services as required
- Education and training to other professionals and organisations



# Mirror HQ

The Team....



# tūturu

is a uniquely Aotearoa approach that helps schools and health providers work together, so that students can learn, be well, and be prepared for a modern world.

**[Tūturu \(tuturu.org.nz\)](http://tuturu.org.nz)**

## What does Tūturu provide?

- Professional Learning Development for secondary school staff
- Evidence-based, best practice resources, training and support
- Curriculum resources for schools
- Work alongside schools on a Whole School Approach to Wellbeing
- In Otago: Working with multiple schools throughout the region, Whānau Hui, Whole School Approach Day, University of Otago training & lectures, and collaborating with other services to provide broader support for schools





# Supporting student-led action

Helping students promote wellbeing through learning-based activities

## Using Te Whare Tapa Whā

NAME: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

### 1. How are you going?

Reflect on the statements on this sheet. Choose the face that reflects how you currently feel about each statement and write down what this looks like in your life in the space provided.

	CHOOSE ONE					COMMENTS
	☹️	😐	🙂	😊	😄	
<b>TAHA TINANA   PHYSICAL WELLBEING</b> This includes: ▶ Eating well ▶ Doing regular physical activity ▶ Getting enough sleep ▶ Keeping healthy and well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>TAHA HINENGARO   MENTAL AND EMOTIONAL WELLBEING</b> This includes: ▶ Feeling confident ▶ Knowing how to communicate thoughts and feelings ▶ Managing stressful situations ▶ Feeling good about myself and others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>TAHA WHĀNAU   SOCIAL WELLBEING</b> This includes: ▶ Ability to care and share with others ▶ Feeling connected to whānau ▶ Having positive friends ▶ Being involved in positive activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>TAHA WAIRUA   SPIRITUAL WELLBEING</b> This includes: ▶ Feeling like I belong and am connected to things and people that matter to me ▶ Having goals and hope for the future ▶ Knowing who I am and what is important to me ▶ Values and beliefs that support wellbeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

#### Confidentiality

School staff work together with other support agencies to provide the best possible support.

Your parents are legally responsible for you and we will keep them informed as needed.

Together we will identify who is in your support network and how each will be involved.

We look out for safety. If we are concerned about your safety, or the safety of someone around you, we may need to talk to and involve other support people.

SUPPORT PLAN: USING TE WHARE TAPA WHĀ

ACTIVITY SHEET 1

Tūture Webinar: How schools can respond to youth vaping

Watch later Share

Starting soon

Watch on YouTube

Anxiety and young people #1: How to help

Watch later Share

Watch on YouTube

Thursday 3 November, 3.30–4.30pm

tuturu NZHEA

# The Marketing of: Energy drinks & vaping

Thinking critically about how marketing of energy drinks and vaping products affects the wellbeing of young people

Tūture 2020

## Alcohol and other drugs

Health Education activities to support and learning for Levels 4-8 in *The New Zealand Curriculum*

Jenny Robertson & Rachael Dixon  
New Zealand Health Education Association

Tūture Webinar: Understanding youth vaping...

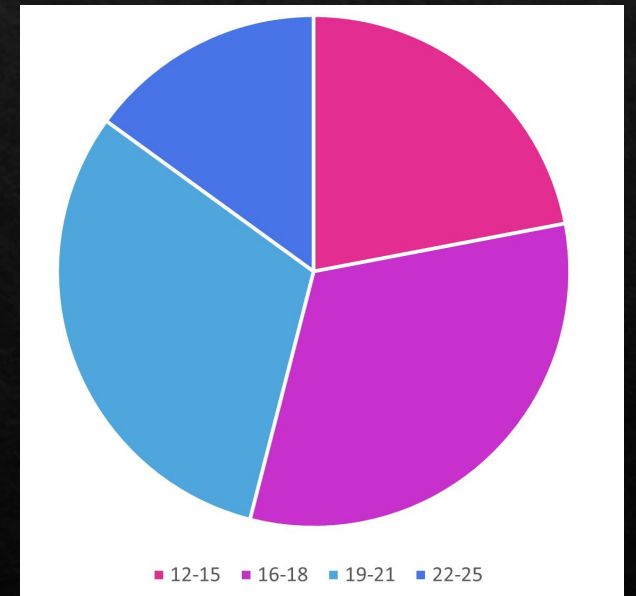
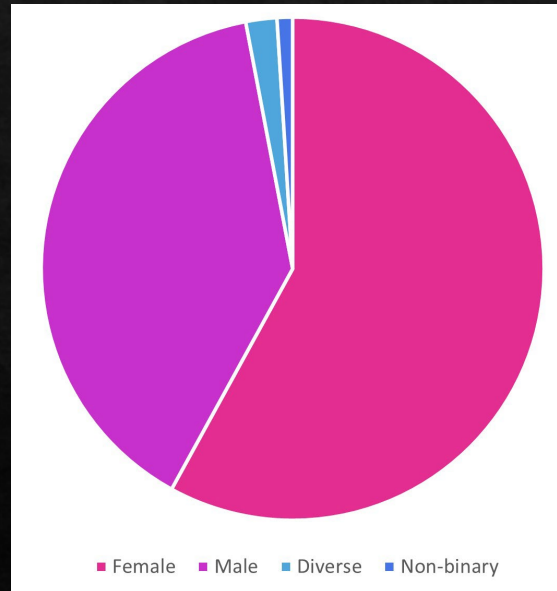
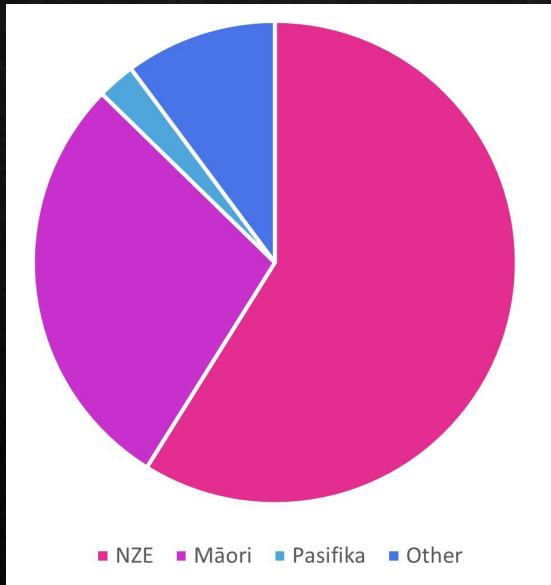
Watch later Share

Watch on YouTube

# Some interesting numbers.....

From the last 12 months

438 Clients seen

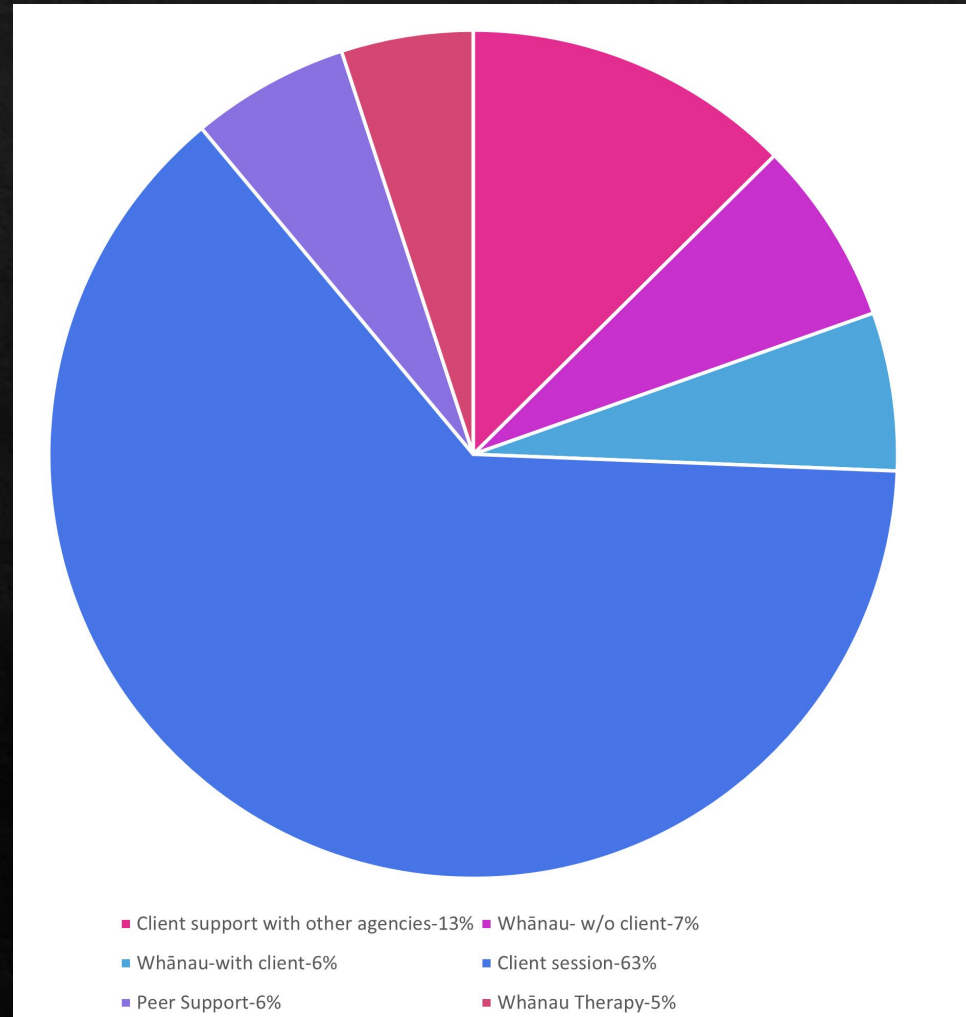




# Some interesting numbers.....

## From the last 12 months

3,761 Client sessions



## Some examples of what are we doing differently

### **Whānau inclusive and beyond – parent work and whānau therapy.**

- Whānau inclusive from the start with a Whānau choice process for 16 and under... and older Young people are encouraged to include whānau or support people.
- In consultation with the taiohi, relationships are built with parents who are then supported and scaffolded into the mahi. This might look like reviewing progress with the clinician together, Family therapy together with the Young person, or more often the parents own 1:1 support/therapy to build on their own internal resources, strengths and grow their secure base and ability to best connect with their children.
- We can work with parents and caregivers if Young persons not engaging.

### **Youth Peer Support**

- Two peer support workers with lived experience of Mental Health and addiction and accessing Services, who are wellbeing focused and have training in creating safe conversation spaces.
- Peer support being a 1:1 relationship between peer support worker and the Young person who is seen as a peer, or being facilitated in group setting. Peer support is based on engagement with creative ways of connecting and being together. Based both in office based settings and in the community.

### **Our Outcomes Measure – WHOQOL...**



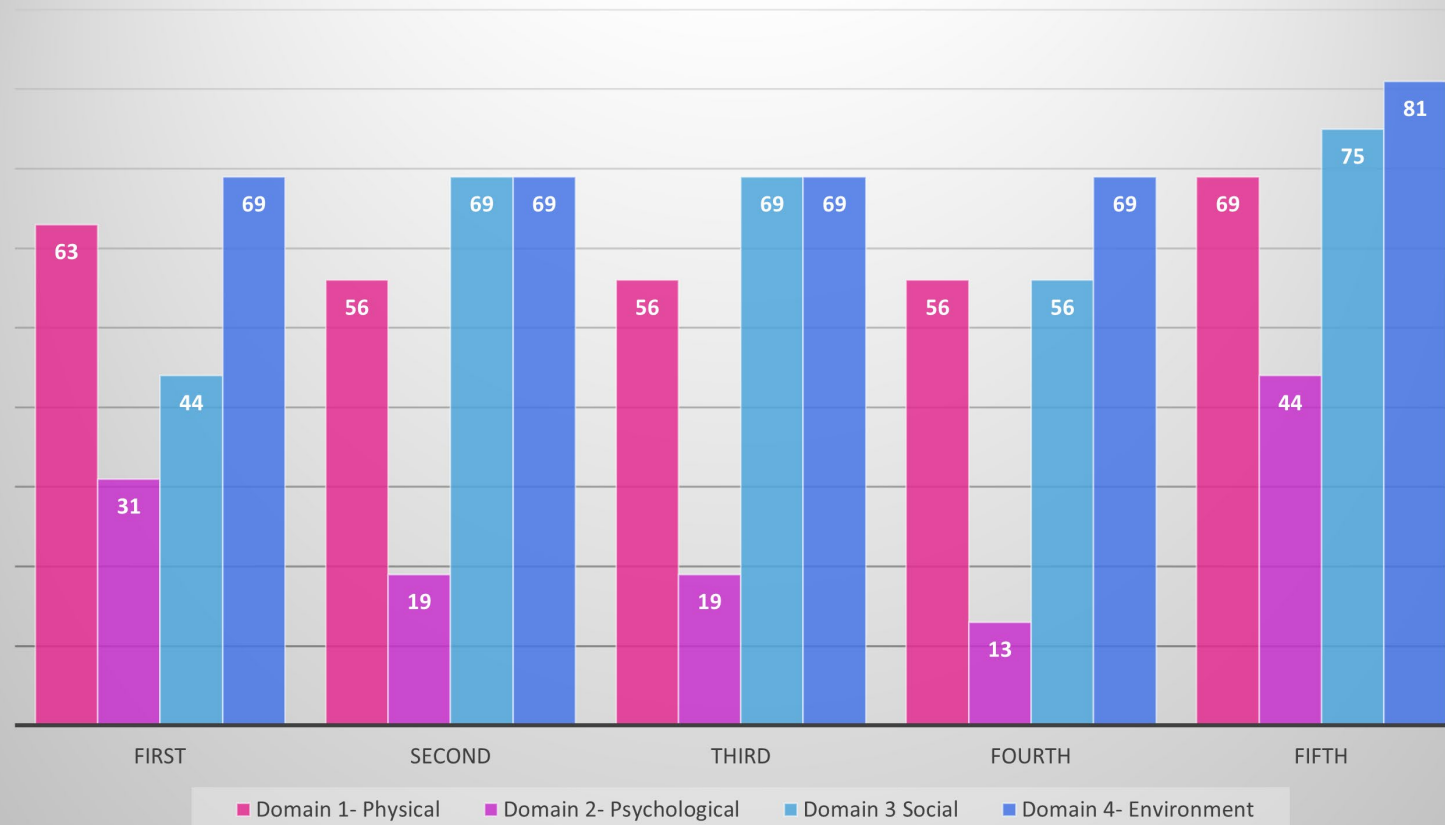


**WORLD HEALTH ORGANISATION  
QUALITY OF LIFE QUESTIONNAIRE  
ADAPTED FOR ADOLESCENTS  
FROM THE  
NZ-WHOQOL-BREF**

- > World Health Organisation Quality of life survey- modified in conjunction with AUT for use with adolescents
- > Implemented from 2018 at Mirror HQ at First face to face, mid way and at the conclusion of engagement.
- > A holistic outcome measure that provides amazing data while complimenting the values of Mirror HQ
- > 31 Questions- 4 domains measured- Physical, Psychological, Social and Environmental wellbeing
- > Korero with taiohi explains it is centered on taiohi's feelings at that time, and reflecting on the previous 2 weeks
- > Encourages curiosity and exploration in the session as to why the outcomes may have change

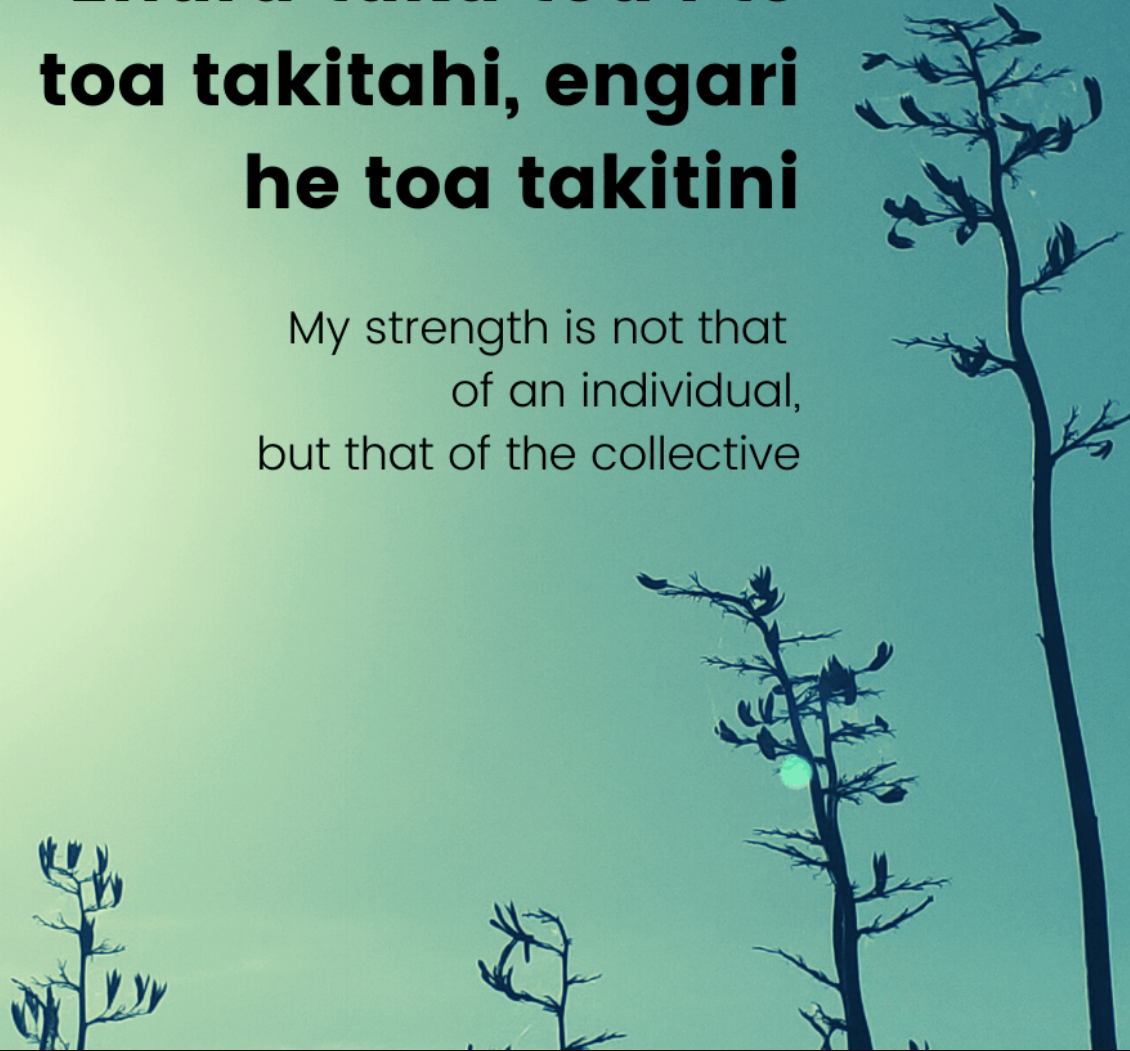


## Actual example of results



**" Ehara taku toa i te  
toa takitahi, engari  
he toa takitini**

My strength is not that  
of an individual,  
but that of the collective



# Gambling update

Bridgette Thornley, Pesio Ah Honi and  
Kelly Feng



**National Committee  
for Addiction Treatment**





# Reflections on Think Tank & Current Advances in Gambling Research



**Presentation to Addiction Leadership Day 19 Jul 2023**

Kelly Feng, Asian Family Services CEO [kelly.feng@asianfamilyservices.nz](mailto:kelly.feng@asianfamilyservices.nz)

Pesio Ah-honi, Mapu Maia CEO [pesio.ah-honi@mapumaia.nz](mailto:pesio.ah-honi@mapumaia.nz)

Bridgitte Thornley, PGF Services National Director [bridgitte.Thornley@pgf.nz](mailto:bridgitte.Thornley@pgf.nz)



# Gambling harm and suicide

- Gambling with Lives – Liz and Charles Ritchie
- Research on suicide
- Call for action – suicide strategy
- Stigmatization
  - Responsible gambling?
  - Harmful Products
  - Incentives and marketing



Every day someone takes their life in the UK **because of gambling**



# Gambling Harm and online influencers

## New online developments

- Twitch
- Role of Influencers
- Kick
- Crypto currency gambling

The screenshot shows a Twitch stream from the channel 'Slotsband'. The streamer is playing a slot machine game titled 'San Quentin xWays'. The game interface features a 5x3 grid of symbols including a man's face, a pink slot, a purple knife, and a 'WILD' symbol. A sign on the left says 'WIN UP TO 150 000 X' and '675 Ways'. The streamer's balance is shown as € 217.70. In the bottom left, there is a 'SLOTS BAND' logo and a list of games: '1. STACK'EM 1€' and '2. CRAZY CHICKEN 1€'. In the bottom right, there is a 'CHAP0 WHITE BRUTAL' logo. On the right side of the stream, there is a chat window for 'PUSSIT.COM' with a live video feed of the streamer. The chat shows a message from 'musta\_leski96' for €1.00 and another from 'sillizh'. Below the chat, there is a 'BONUS HUNT + RAFFLE' section with a 'START: 570€ GAMERS: 19' and a promotional code 'KODILLA SLOTSBAND8 SAAT 8% ALENNUSTA PUSSIT.COM VERKKOKAUPASTA'. The top right corner of the stream has a 'LIVE' indicator and a warning 'Intended for certain audiences'.



**PGF SERVICES**  
Counselling Advice Support

# Young people, children and advertising

- Child gambling as risky as adult gambling
- Est 60,000+ children in the UK are gambling
- 100,000+ Young people gambling
- Hidden advertising – content marketing
- Self regulation of Loot boxes on gaming products





## References and Resources

Gambling With Lives: <https://www.gamblingwithlives.org/>

Gambling disorder, increased mortality, suicidality and associated comorbidity: a longitudinal nationwide register study. Karlsson, Hakansson 2023 <https://pubmed.ncbi.nlm.nih.gov/30427214/>

Aotearoa Study on gambling harms: <https://www.health.govt.nz/publication/measuring-burden-gambling-harm-new-zealand>

Gambling live streams on Twitch: What are they and why do they matter?

<https://theconversation.com/gambling-live-streams-on-twitch-what-are-they-and-why-do-they-matter-167005>

Understanding adolescent gambling problems from a high-risk framework: Implications for prevention and treatment

[https://www.researchgate.net/publication/353467691\\_Understanding\\_adolescent\\_gambling\\_problems\\_from\\_a\\_high-risk\\_framework\\_Implications\\_for\\_prevention\\_and\\_treatment](https://www.researchgate.net/publication/353467691_Understanding_adolescent_gambling_problems_from_a_high-risk_framework_Implications_for_prevention_and_treatment)

How children are being targeted with hidden ads on social media

<https://theconversation.com/how-children-are-being-targeted-with-hidden-ads-on-social-media-170502>

Beneath the label: unsatisfactory compliance with ESRB, PEGI and IARC industry self-regulation requiring loot box presence warning labels by video game companies

<https://royalsocietypublishing.org/doi/10.1098/rsos.230270>

# Contact us:

**0800 664 262**

to speak to a duty counsellor  
8.30am – 5pm Monday-Friday

**referrals@pgf.nz**

for email support

**www.pgf.nz/referrals**

to make a referral

**#5819**

Text for help



**GambleAware** four commissioning objectives to be effective at helping to prevent gambling harms:

- **Increase awareness and understanding of gambling harms**
- **Increase access to services and reduce gambling harm inequalities**
- **Build capacity amongst healthcare professionals, social prescribers, debt advisers, faith leaders, community services and others, so they are better equipped to respond to gambling harms.**
- **Deliver effective leadership of the commissioning landscape to improve the coherence, accessibility, diversity and effectiveness of the National Gambling Support Network, formerly known as the 'National Gambling Treatment Service'.**

<https://www.begambleaware.org/for-professionals/strategic-plans>





## Clinical gambling research priorities: What research do clinicians want to inform their practice?

### Clinical research priorities

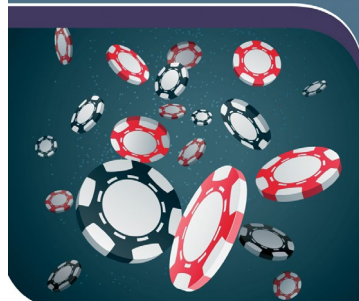
- |  |     |
|--|-----|
| 1. Explore the effectiveness of therapeutic approaches and behaviour change strategies | 55% |
| 2. Explore the effectiveness of treatments targeting specific populations              | 39% |
| 3. Identify the factors associated with treatment outcomes, adherence and dropout      | 23% |
| 4. Explore the effectiveness of different treatment modalities                         | 22% |
| 5. Understand relapse and recovery   | 16% |
| 6. Examine diagnostic, assessment, and treatment outcome measurement issues            | 14% |

### Research priorities related to broader contextual issues

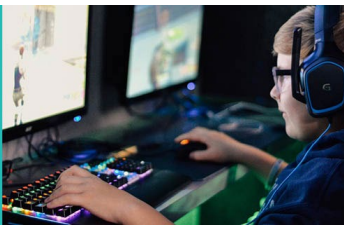
- |   |     |
|---|-----|
| 13. Identify the factors contributing to gambling harm                              | 37% |
| 14. Identify primary or secondary public health initiatives to reduce gambling harm | 19% |
| 15. Identify gambling harms and benefits  | 13% |
| 16. Identify policy initiatives to reduce gambling harm                             | 10% |

CONTEXT  
MATTERS

Australian gambling research priorities  
Summary findings from consultations conducted by  
the Australian Gambling Research Centre



## GAMBLING'S IMPACT ON YOUTH



### Youth gambling:

The need for public health perspective from Mc Gill University

#### Key messages

- Our youth are at risk
- Problem gambling impacts broader society
- Burden is socially invisible
- Public health goes beyond provision of treatment and addresses youth gambling from a population level
- Health promotion and prevention are effective and socially responsible measures

Results from a population based survey of gambling among young people and parents in 2021 from public health agency of Sweden

Gambling and problem gambling among elite academy football players in Sweden









# A wide range of topics.....

**Bristol Hub for GAMBLING HARMS RESEARCH**  
Towards a Conceptual Framework for the Prevention of Gambling-Related Harms  
Jamie Wheaton, Ben Ford, Sharon Collard, Agnes Nairn

**Introduction**  
The gambling industry has grown significantly in the UK since the Gambling Act 2005. This has led to a public health approach to gambling-related harms. This approach has led to a focus on the prevention of gambling-related harms through the use of public health approaches. This approach has led to a focus on the prevention of gambling-related harms through the use of public health approaches.

**Methods**  
This research was conducted through a series of focus groups and interviews. The data was analysed using thematic analysis. The findings are discussed in the context of public health approaches to gambling-related harms.

**Conclusions**  
The findings of this research suggest that a public health approach to gambling-related harms is needed. This approach should focus on the prevention of gambling-related harms through the use of public health approaches.

**Local Expenditure**



**Prevalence of loot boxes**

- Amongst the 100 highest-grossing iPhone games?
- 50% contained loot boxes in the UK in 2015.
- 77% contained loot boxes in the UK in mid-2021.
- As did 91% in China in mid-2020.



**The role of incidental and intentional emotional regulation in craving experience in gambling problems**

Imanol Muñia, Fran J. Rivera, Irati Zabalegui, Juan F. Navas, José López-Guerra, & José C. Perales



**Content marketing is about “developing stories that inform and entertain and compel customers to act – without actually telling them to”.**

- Aims at eliciting emotions and does not have a call to action.
- A distinguishing feature of social media content marketing is *shareability*.

**Exploring people's experience of gambling in prison**

- The aims of the research are:
  - To understand how gambling is conceptualised in prison by prisoners and staff.
  - To understand how gambling is experienced within the cultural context of a prison by prisoners and staff.
  - To understand the role of gambling in prison.
  - To understand the impact of gambling in prison on prisoners, staff and affected others and the support needed to address associated harm.
  - To assess how aware staff and prisoners are of the role gambling plays within prison culture and its impact on the rehabilitative environment.

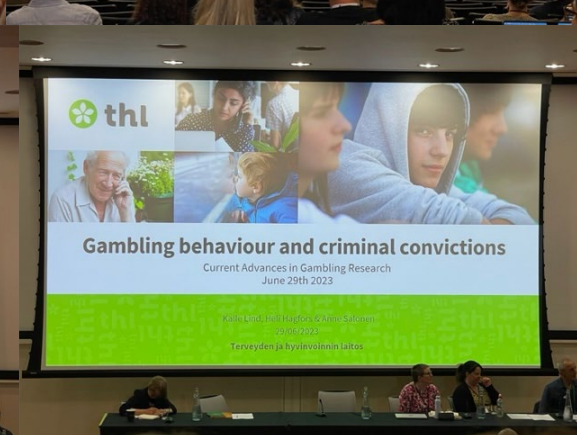
**Recommendations**

- Co-production research around culture with collaborative review
- Awareness and training
- Focusing on relationships
- Greater awareness of the issues
- Signposting for families
- A response
- Harm reduction
- Person-centred education
- Invest in Culture

**thl**

**Gambling behaviour and criminal convictions**  
Current Advances in Gambling Research  
June 29th 2023

Kalle Lintell, Jukka Lahti, Sanna Salonen  
29.06.2023  
Terveystieteiden tutkimuskeskus



**RESEARCH AIMS:**

- Investigate the prevalence of gambling and gambling-harms within LGBTQ+ communities
- Explore the relationships between gambling, QoL, mental health, and LGBTQ+ life stressors
- Obtain insight into lived experiences of gambling-related harms within LGBTQ+ communities

**Female gambling in an evolving landscape and UK treatment-seeking women's distinct presentation**

Dr Veneta Leonidski  
Consultant Clinical Psychologist  
National Problem Gambling Clinic

**Crime and gambling-related harms**

**Mental and physical health:** neglect, shame and stigma; double burden of addiction and crime; high prevalence of suicidal ideation and intent.

**Employment:** loss of job as a result of addiction and commission of crime then disclosure of offences to future employers.

**Finances:** large amounts; harm from gambling but additional burden of Proceeds of Crime Act hearings (POCA).

**Accommodation:** linked to financial harms/POCA; exacerbated by prison and relationship breakdown.

**Family:** relationship breakdown, unable to see children, impact on children, partners left to carry on and deal with issues such as POCA; very little support.

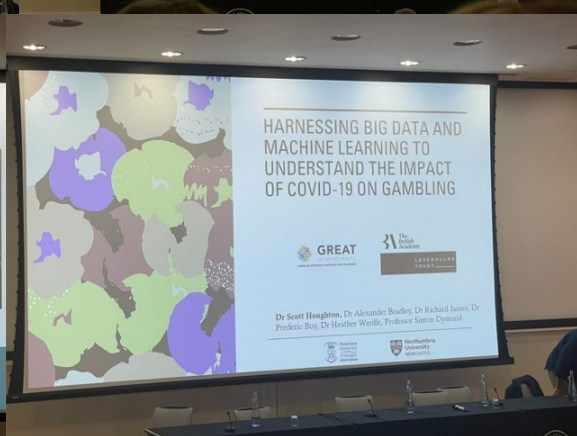
More than 75% of our research was judged to be internationally excellent or world-leading in the latest Research Excellence Framework

UNIVERSITY OF LINCOLN

**HARNESSING BIG DATA AND MACHINE LEARNING TO UNDERSTAND THE IMPACT OF COVID-19 ON GAMBLING**

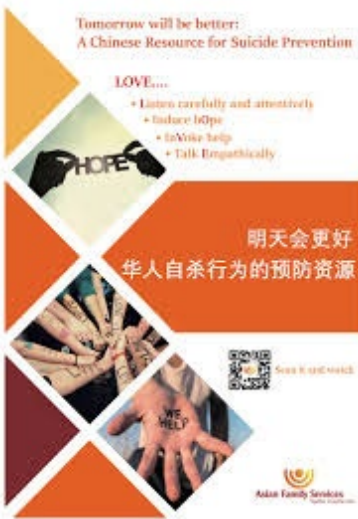
GREAT  
The National Learning Trust

Dr Scott Houghton, Dr Alexander Bradley, Dr Richard Jones, Dr Frederic Boy, Dr Heather Wardle, Professor Simon Dymov





# Resource and Information



[www.asianfamilyservices.nz](http://www.asianfamilyservices.nz)

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**Mapu Maia**  
Providing Help, Enriching Lives.

# Online Gambling – Pacific project



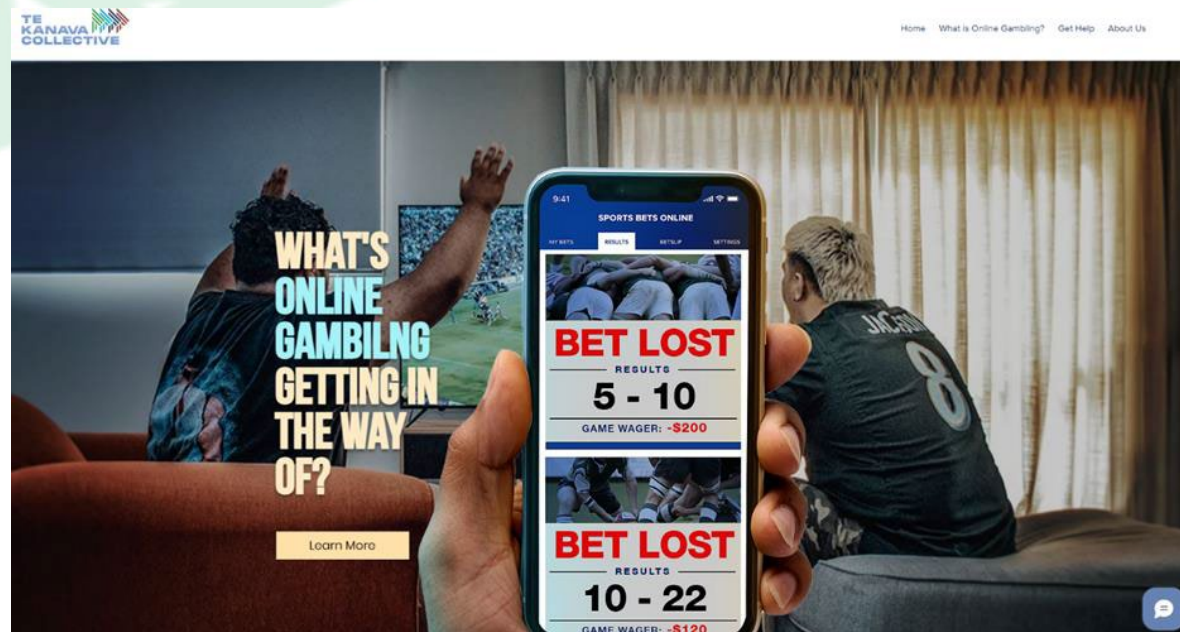


# Te Kanava Collective

Te Kanava Collective is a combined effort from 4 Pacific service to help reduce gambling harm in our Pacific communities. Led by Mapu Maia the Te Kanava online gambling project was developed in collaboration and partnership with

- Mapu Maia
- Southseas Healthcare
- Taeaomanino Trust
- Tupu - Pacific Services

Te Kanava is a native tree that flourishes in the forest of Togaleleva, Tokelau. The roots are well grounded and widely spread anchoring this mighty tree and ensuring a solid foundation. The durability of the timber can withstand the toughest elements, therefore the preferred wood for making traditional canoes, homes, and crafts. The branches of the Kanava tree is a safe haven for birds to nest, during stormy weather and a resting place during migration season.” (Lehi Tenise Atoni, Chairman of the Atafu Tokelau Community Group, Porirua).



## **A survey by the Te Kanava Collective shows online gambling a concern for Pacific communities.**

- The survey of 100 Pasifika online gamblers was conducted by the Te Kanava Collective Pacific gambling services
- Of the 100 Pasifika online gamblers surveyed in New Zealand showed approximately 50% of participants are worried about the online gambling of someone they know.
- Many described their online experiences as fun to start with, quickly followed by regret after overspending due to the fast nature of online betting.
- Te Kanava Collective survey results showed that for Pasifika women the most common modes of online gambling were Lotto via the MyLotto app and online pokies. For Pasifika men, MyLotto and online sports betting were the most common. Pasifika men were also more likely to be on multiple modes at one time.
- Mapu Maia has experienced an ongoing increase of people presenting with online gambling issues
- There is also concern about online gambling being seen as a solution to financial hardship as some survey participants indicated they gamble online as a means to survive. For example, one participant stated, “I can win some more money to pay my bills.”
- Te Kanava Collective is launched a website and pop-up ads on 6 April to increase awareness about online gambling harm and encourage Pasifika peoples to access free and confidential support from Te Kanava service providers.
- The National Health and Lifestyles Survey in 2020 showed that the percentage of Pasifika online gamblers over the age of 16 had nearly doubled since 2018.

# Contact us

Referrals:

Free and Confidential services in  
Auckland, Hawkes Bay, Wellington, Levin and Christchurch

Free phone: 0800 21 21 22

Email – [help@mapumaia.nz](mailto:help@mapumaia.nz)

Website – [www.mapumaia.nz](http://www.mapumaia.nz)



# Gambling harm strategy

Sonia Chen, Michael Woodside and  
Sean-Paul Kearns



**National Committee  
for Addiction Treatment**

# Preventing and Minimising Gambling Harm

Addiction Leadership Day, 19 July 2023

## Mental Health and Addiction Strategy and Policy

- Michael Woodside, Group Manager
- Sean-Paul Kearns, Senior Advisor
- Sonia Chen, Principal Research Advisor

# Roles & Responsibilities





MINISTRY OF HEALTH

- Develop the Problem Gambling Strategy every 3 years
- Monitor the delivery of the Strategy
- Lead the gambling harm research programme
- Lead the collection and analysis of clinical data
- Provide policy advice
- Manage distribution of funding
- Contribute to the Crown meeting its obligations under Te Tiriti o Waitangi



- Commission clinical and public health services
- Service evaluation
- Partner with the Ministry of Health on research
- Contribute to the Crown meeting its obligations under Te Tiriti o Waitangi



- Commission clinical and public health services
- Service evaluation
- Partner with the Ministry of Health on research
- Contribute to the Crown meeting its obligations under Te Tiriti o Waitangi



# Te Tari Taiwhenua Internal Affairs

## GAMBLING COMMISSION NEW ZEALAND

- Administer the Gambling Act 2003 & provide associated policy advice
- Monitors the gambling industry to ensure that the rules and regulations are followed in accordance with the Gambling Act
- Addresses gambling harm through the regulation and enforcement of the supply of gambling opportunities and the manner in which they are provided
- Kia Manawanui Aotearoa – Long-term pathway to mental wellbeing has a medium-term action to ‘review the Gambling Act 2003, with particular reference to preventing and minimising harm from online gambling and electronic gaming machines’
- Hears casino licensing applications and appeals on licensing and enforcement decisions made by the Secretary of Internal Affairs in relation to gaming machines and other non-casino gambling activities
- Consults with all affected groups on the proposed problem gambling levy rates, and makes recommendations to the Ministers of Internal Affairs and Health on the levy amounts

# Gambling Harm in New Zealand

# Gambling Act 2003

Defines gambling harm as:

- (a) harm or distress of any kind arising from, or caused or exacerbated by, a person's gambling; and**
- (b) includes personal, social, or economic harm suffered —**
  - (i) by the person; or**
  - (ii) by the person's spouse, civil union partner, de facto partner, family, whānau, or wider community; or**
  - (iii) in the workplace; or**
  - (iv) by society at large.**



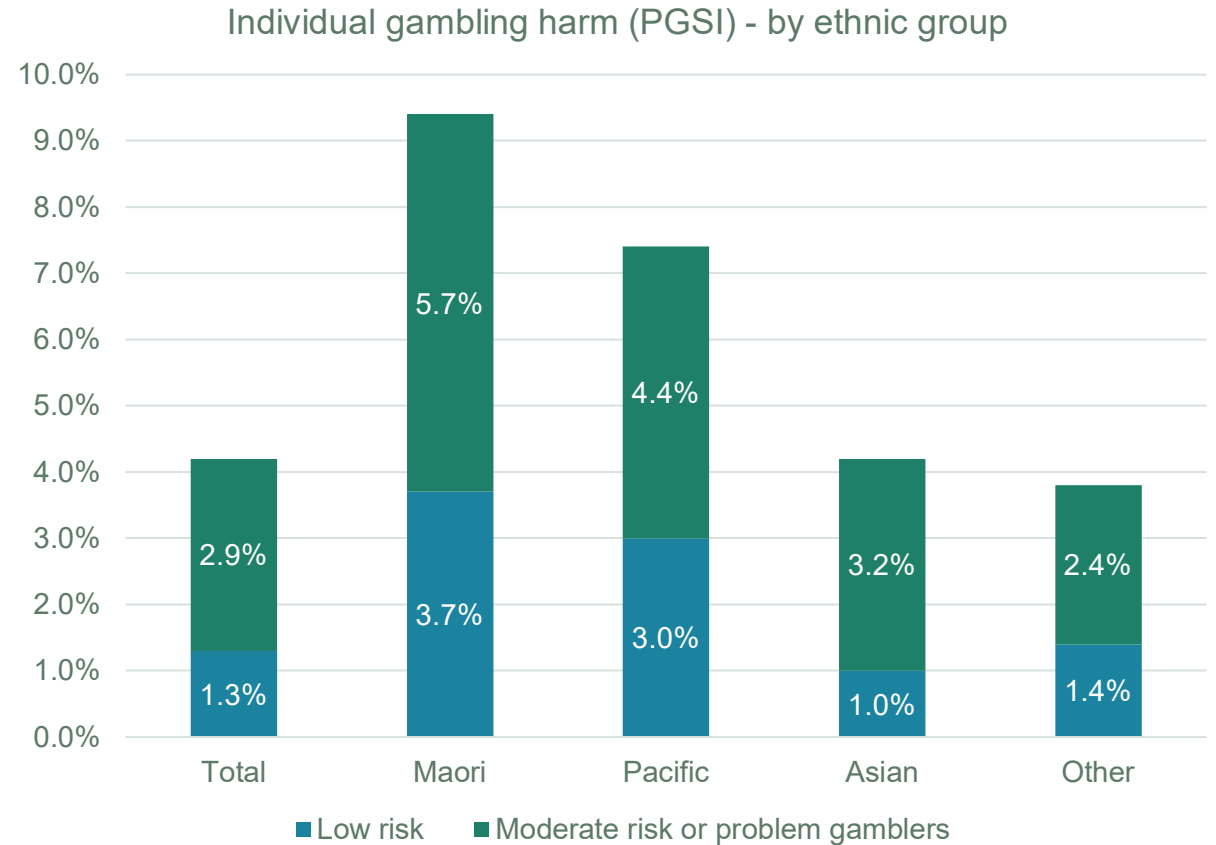
# How people experience gambling harm

**65,000 people (aged 16+) were at either moderate risk or high risk (problem gamblers) of harm from gambling**

**119,000 were at lower risk**

**183,000 adults reported second-hand gambling harm in their wider families or households**

**The most harmful form of gambling in New Zealand is pokies at pubs / clubs with 47.1% of weekly players experiencing harm.**



Health and Lifestyles Survey 2020 <https://kupe.hpa.org.nz/>

# The Strategy

# Strategy

- 1 July 2022 to 30 June 2025
- Strategic Framework
- Service Plan
- Problem Gambling Levy

Strategy to Prevent  
and Minimise  
Gambling Harm

2022/23 to 2024/25

# Strategic alignment

The Strategy aligns strongly with the goals, principles and objectives of:

- Te Tiriti o Waitangi
- Pae Ora (Healthy Futures) Act 2022
- Kia Manawanui Aotearoa – Long-term pathway to mental wellbeing
- Whakamaua: Māori Health Action Plan 2020–2025
- DIA Gambling Group Strategic Direction 2020-2023



# Key initiatives

- **De-stigmatisation initiative to encourage people to seek help**
- **New and expanded digital services and supports**
- **New public health approaches within education settings, to prevent and minimise gambling harm for young people/rangatahi**
- **Strengthen training pathways to enable more skilled and diverse workforce**
- **Research and evaluation**

# Research programme

Sonia Chen, Principal Research Advisor



MINISTRY OF HEALTH

- Develop the Problem Gambling Strategy every three years
- Monitor the delivery of the Strategy
- Lead the gambling harm research programme
- Lead the collection and analysis of clinical data
- Provide policy advice
- Manage distribution of funding
- Contribute to the Crown meeting its obligations under Te Tiriti o Waitangi

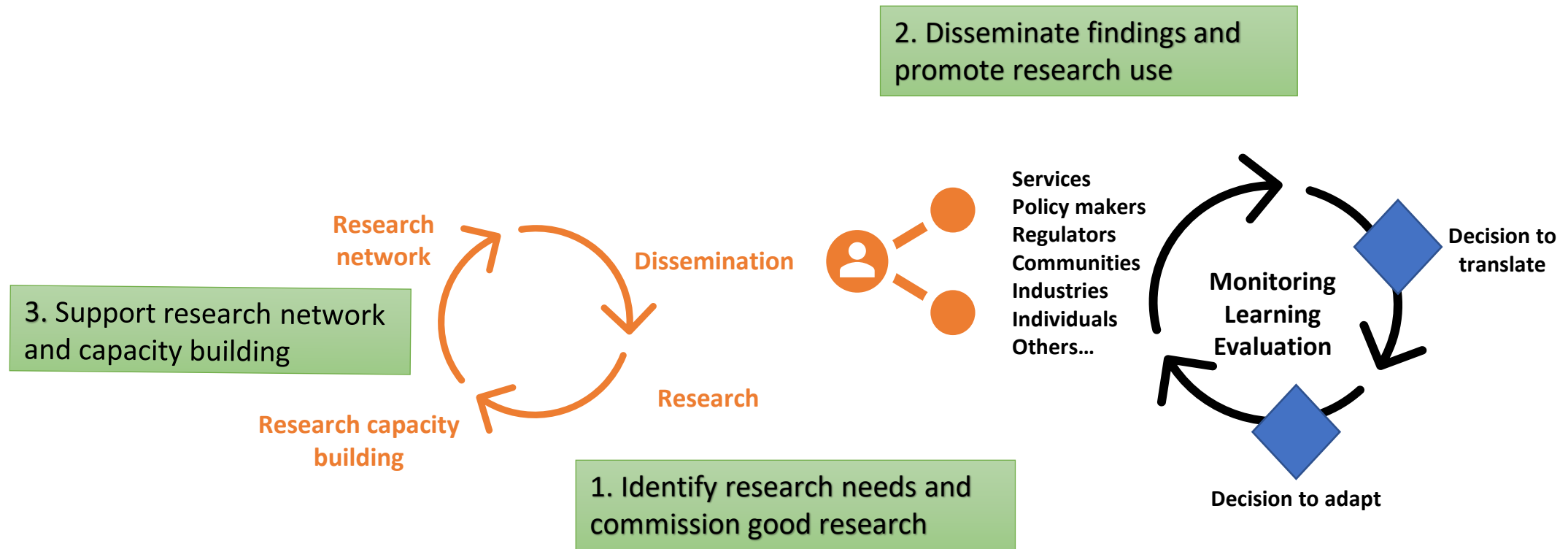


- Commission clinical and public health services
- Service evaluation
- Partner with the Ministry of Health on research
- Contribute to the Crown meeting its obligations under Te Tiriti o Waitangi



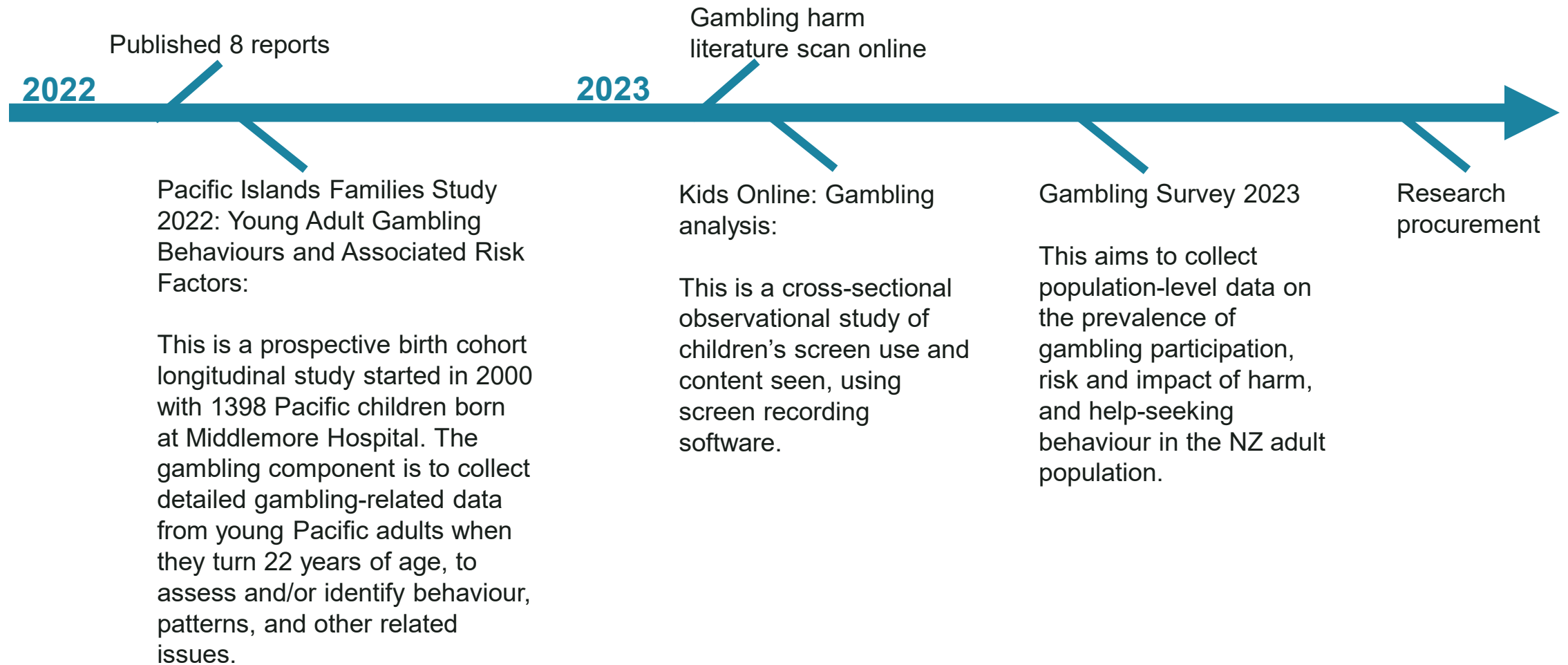
- Commission clinical and public health services
- Service evaluation
- Partner with the Ministry of Health on research
- Contribute to the Crown meeting its obligations under Te Tiriti o Waitangi

# Research functions





# Progress to date



# Future potential topics

- **Online gaming and gambling** – for example, product classification, transition from leisure to addiction, advertisement/marketing, streaming, etc. Who makes in-game betting / purchases?
- **Youth** – “what we know about the adults, we don’t know about the youth/children”
- **Culturally effective prevention, treatment, and support models**
- **Barriers to help seeking** – stigma, how to make help more “appealing”?
- **Relapses prevention and ongoing support**
- **Use of technology/AI as intervention and support**
- **Learning from people with lived experience**
- **Effect of public health campaign / slogans / venue signs** – often individual focused (example)
- **Gambling harm indicators**
- **Gambling and older people and women**
- **Comorbidity** – presentence of gambling problems in other health issues (follow-up study of gambling harm survey data? IDI?)
- Anything else?

# Evaluation of the ‘take time to think’ safer gambling message: a randomised, online experimental study

Philip W. S. Newall, Ty Hayes, Henrik Singmann, Leonardo Weiss-Cohen, Elliot A. Ludvig6 and Lukasz Walasek, 2023



... the results showed no credible effects across the four outcome measures when comparing either of the message conditions to the no-message control. Even the prominent display of the ‘take time to think’ message did not lead to credible beneficial effects on a range of contemporaneous gambling behaviours

# Public health framework for research





# Regulating gambling-like video game loot boxes: a public health framework comparing industry self-regulation, existing national legal approaches, and other potential approaches

Xiao, L., Henderson, L. L., Nielsen, R., & Newall, P. W. S. (2022, May 6)

... A broader public health perspective allows the loot box issue to be viewed more holistically: specifically, by comparing the pros and cons of different approaches and by balancing the interests of different groups of players ... and the commercial interests of video game companies.

Existing legal and self-regulatory responses to loot boxes (whose effectiveness should be subject to empirical assessment) must be viewed critically and not seen as ultimate 'solutions' that have successfully and effectively removed all potential harms from those countries. Consideration should be given as to which measure would be the most appropriate for different types of players (e.g., young children, as compared to adults) in different countries.

Many potential public health approaches to loot box regulation, such as expenditure limits or harm-reducing modifications to loot box design (e.g., fairer reward structures), deserve further attention.

# Questions?

- Michael Woodside - [Michael.Woodside@health.govt.nz](mailto:Michael.Woodside@health.govt.nz)
- Sean-Paul Kearns - [Sean-Paul.Kearns@health.govt.nz](mailto:Sean-Paul.Kearns@health.govt.nz)
- Sonia Chen – [Sonia.Chen@health.govt.nz](mailto:Sonia.Chen@health.govt.nz)
- [GamblingHarm@health.govt.nz](mailto:GamblingHarm@health.govt.nz)



**National Committee  
for Addiction Treatment**

**Lunch**

# ACLG update

Sheridan Pooley



**National Committee  
for Addiction Treatment**



# dapaanz update

Sam White



**National Committee  
for Addiction Treatment**



**dapaanz**  
fostering excellence in addiction practice

# Sam White

## Executive Director, dapaanz

sam@dapaanz.org.nz



**dapaanz**  
fostering excellence in addiction practice

Our year so far  
Annual Practicing Certificates

You had us  
at hello



**dapaanz**  
fostering excellence in addiction practice



**dapaanz**  
consultation

## Our year so far Peer workforce accreditation

- Our CPSLE membership (200+ members) overwhelmingly endorsed moving forward with peer accreditation status as a distinct member category at dapaanz
- We are currently consulting with interested peer workforce to talk about the details
  - Credentialling
  - Peer supervision
  - Support
- Finalising this calendar year





**dapaanz**  
fostering excellence in addiction practice

## Coming up in 2023 Peer workforce accreditation



- We want to support a pathway for this highly valued workforce with more formal recognition
- Working to align with national initiatives for other peer workforces e.g., mental health, disability, people who experience homelessness
- Consultation has begun with this workforce to explore membership types and accreditation for peer roles
- Acknowledges their unique contribution to the addiction sector.



# Our year so far

## Practice standards



- **Practice standards policy:** updated with focus on clear process and supporting committee and process for members and employers
- **Practice standards committee:** hui late June to review processes and to ensure rigor
- **Complaints policy** under review and will be communicated to membership soon including easy to understand procedures and flow charts
- **Number of complaints received in last 12 months: 13**
- Number investigated over past 12 months: seven  
(Six received that did not meet threshold)
- All except one related to an ethical/boundary breach
- Three complaints (half) related to a breach of **Pono 4.5 (maintaining trustworthy relationships)**



Tikanga  
Matatika

# Explore. Reflect. Grow.

A series to deepen your relationship  
with the dapaanz Code of Ethics



Tikanga  
Matatika

# Explore. Reflect. Grow.

A series to deepen your relationship  
with the dapaanz Code of Ethics



# Our year so far

## Tikanga Matatika education programme

Ngā tikanga matatika



Ethical practice

Haumarutanga ā-ahurea



Cultural safety

Matataputanga  
(raraunga)



Confidentiality  
(data)

Haepapa  
(hei āheitanga)



Responsibility  
(for competence)

Ngā whakawhanaungatanga  
takitahitanga ki ngā



Personal relationships  
with clients

He manaaki i a koe  
ake me ngā hoa mahi me te



Self and collegial  
care & responsibility



**dapaanz**  
fostering excellence in addiction practice





**dapaanz**  
fostering excellence in addiction practice



**dapaanz**  
CPD

### How you can earn CPD points

1. Work-based Professional Development
2. Formal Training and Education
3. Self-directed Learning
4. Professional Activity for the Sector(s)

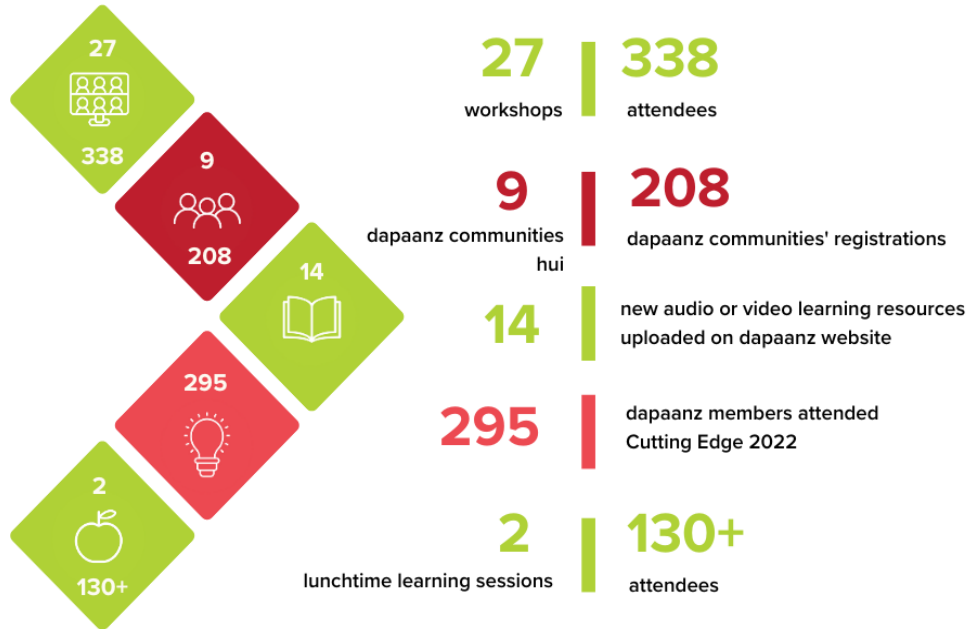
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- A robust CPD process
- New CPD options for members
- Updated website with new CPD log and other resources for members
- Ongoing development of CPD portfolio



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## Connecting and learning with dapaanz in FY23



### Workshops:

- Trauma and the brain with treatment modalities
- Cognitive behavioural therapy for justice clients
- Cognitive behavioural therapy for depression and anxiety
- Group work
- Becoming a new supervisor
- Pūrakau and motivational interviewing

### dapaanz Communities:

- Supervisors
- Private practitioners
- Practitioners supporting rangatahi
- Rainbow
- Pasifika supervisors + practitioners

### Lunchtime learning:

- Harm reduction approaches
- Family members impacted by the AOD use of family/whānau

# Addiction Competency Framework

Home > Membership > Addiction Competency Framework

## Coming up in 2023

### Addiction Intervention Competency Framework

- Sets out the values, attitudes, knowledge and skills of the workforce that provides specialist interventions to assist people to address gambling, tobacco, alcohol and/or other drug challenges.
- Underpins dapaanz registration and endorsement processes.
- Using our sector-leading approach to review and refresh our Code of Ethics – Tikanga Matatika – as a model, we anticipate this project will conclude by the end of FY24.



**dapaanz**  
fostering excellence in addiction practice

# Coming up in 2023 Member and sector research



## We're all ears!

Tell us what you think  
and inform our 2023/24  
work programme.

3/ 34"l i « | i -"r · -ŋi „

- 26% response rate, representative across all membership categories, ethnicities and regions with especially high proportional response rate from registered practitioners *and* supervisors (69% of responses cf. 56% of members) and Pasifika members (16.3% of responses cf. 8% of membership)
- 66% of respondents have been members for more than five years and 79% were 45 or older
- 44% worked for NGOs, 24% in private practice, 19% for Te Whatu Ora and 19% for kaupapa Māori providers

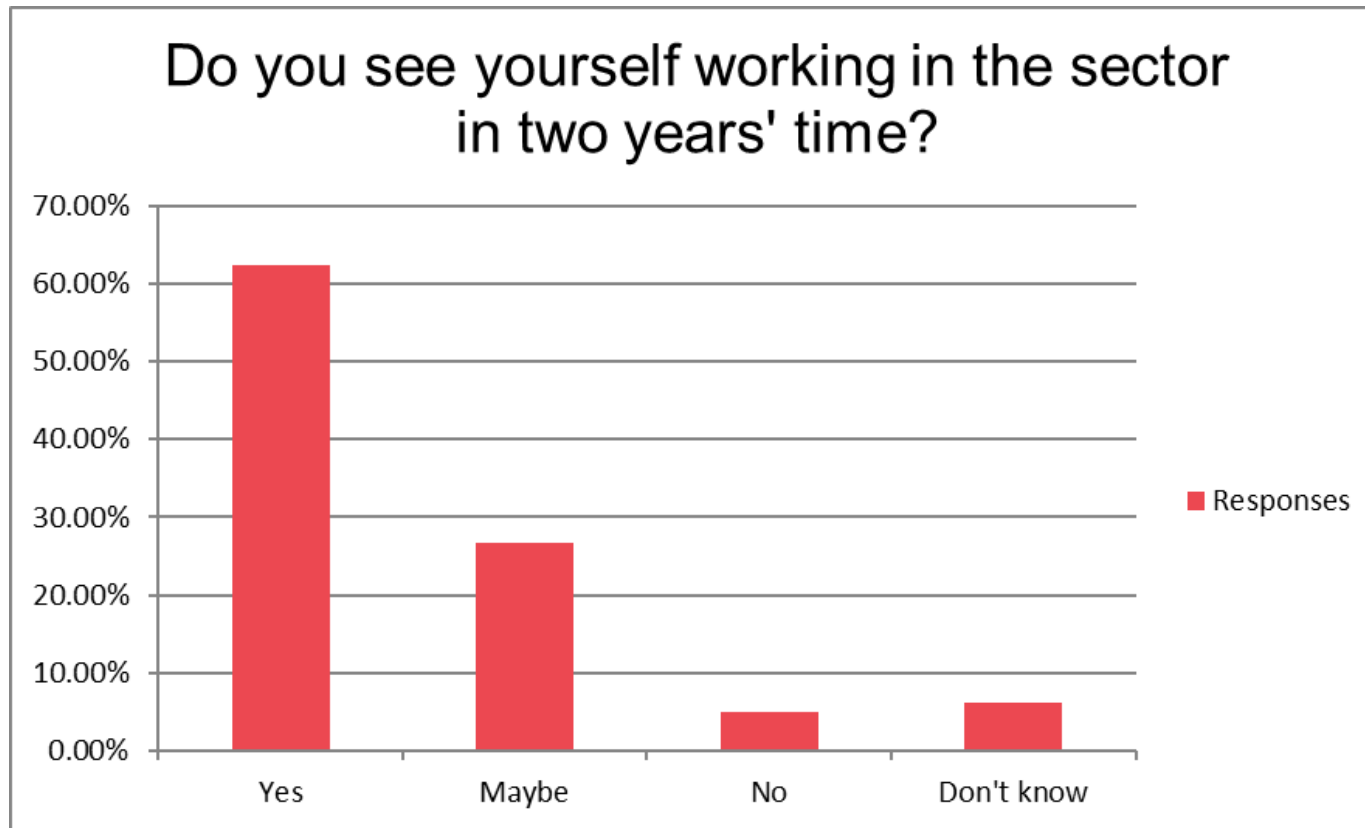


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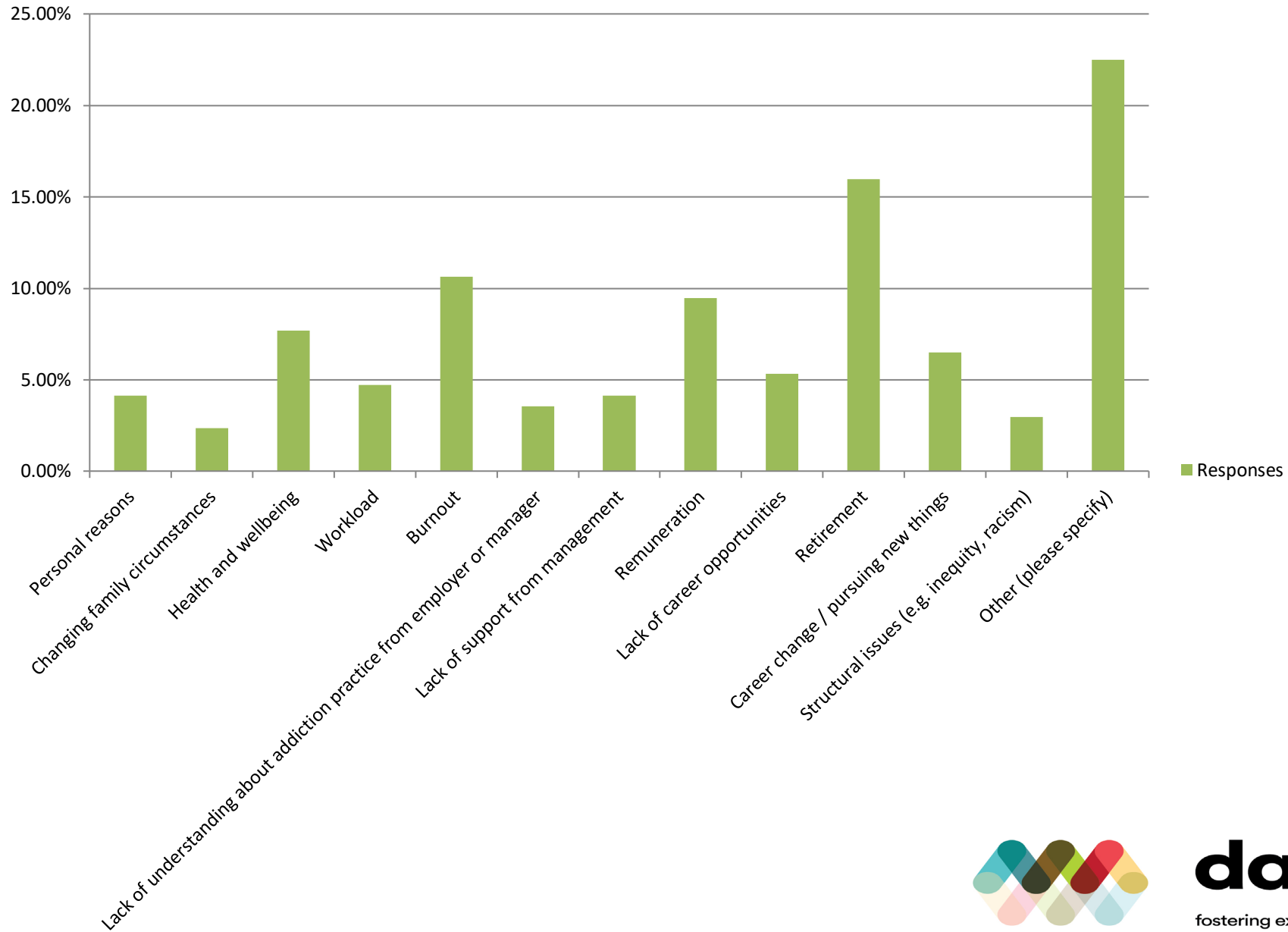


# Coming up in 2023

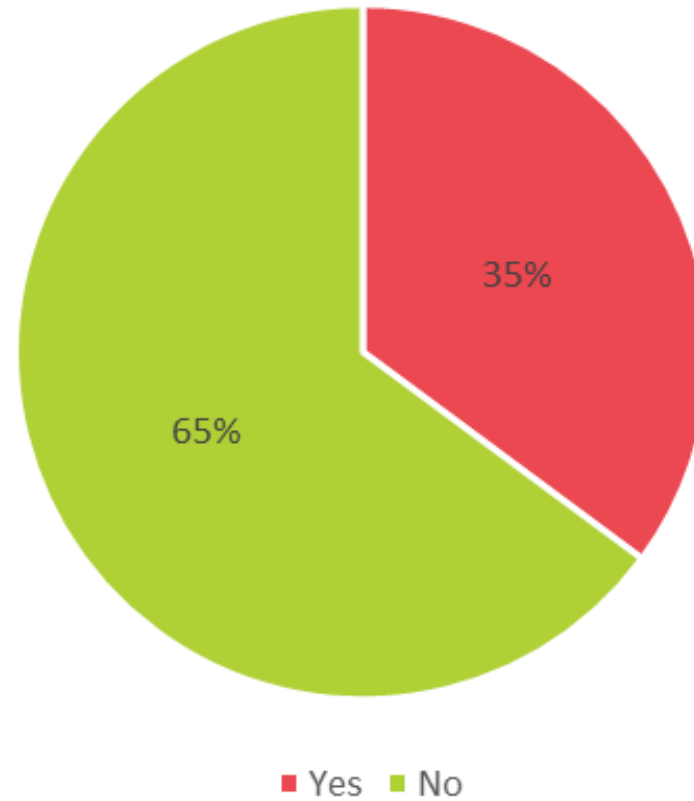
## Member and sector research



If your answer is maybe, no, or don't know, could you please indicate from the list below the single most important reason for this.



In the last 12 months, have you considered moving to Australia to work?



Coming up in 2023  
Tikanga Matatika Roundtable, 28 July



**dapaanz**  
fostering excellence in addiction practice



# Coming up in 2023

## Cutting Edge



[Home](#) [General](#)



# Cutting Edge

## Te toka tū moana

### hosted by dapaanz

### 22 - 23 November 2023

Claudlands, Kirikiriroa Hamilton



**dapaanz**  
fostering excellence in addiction practice

# Thank you!

Sam White  
Executive Director – dapaanz

[sam@dapaanz.org.nz](mailto:sam@dapaanz.org.nz)  
[www.dapaanz.org.nz](http://www.dapaanz.org.nz)



**dapaanz**  
fostering excellence in addiction practice

# Ara Poutama

Terry Huriwai



**National Committee  
for Addiction Treatment**



A photograph of a stream in a dense forest. The water flows over several large, moss-covered rocks, creating a small waterfall. The surrounding trees and foliage are vibrant green, and the overall scene is peaceful and natural.

**Transition  
to  
Transformation II**





# Direction of travel

---

- Needs Analysis
- He Ara Whakapiki Oranga
- Commissioning
- Outcomes

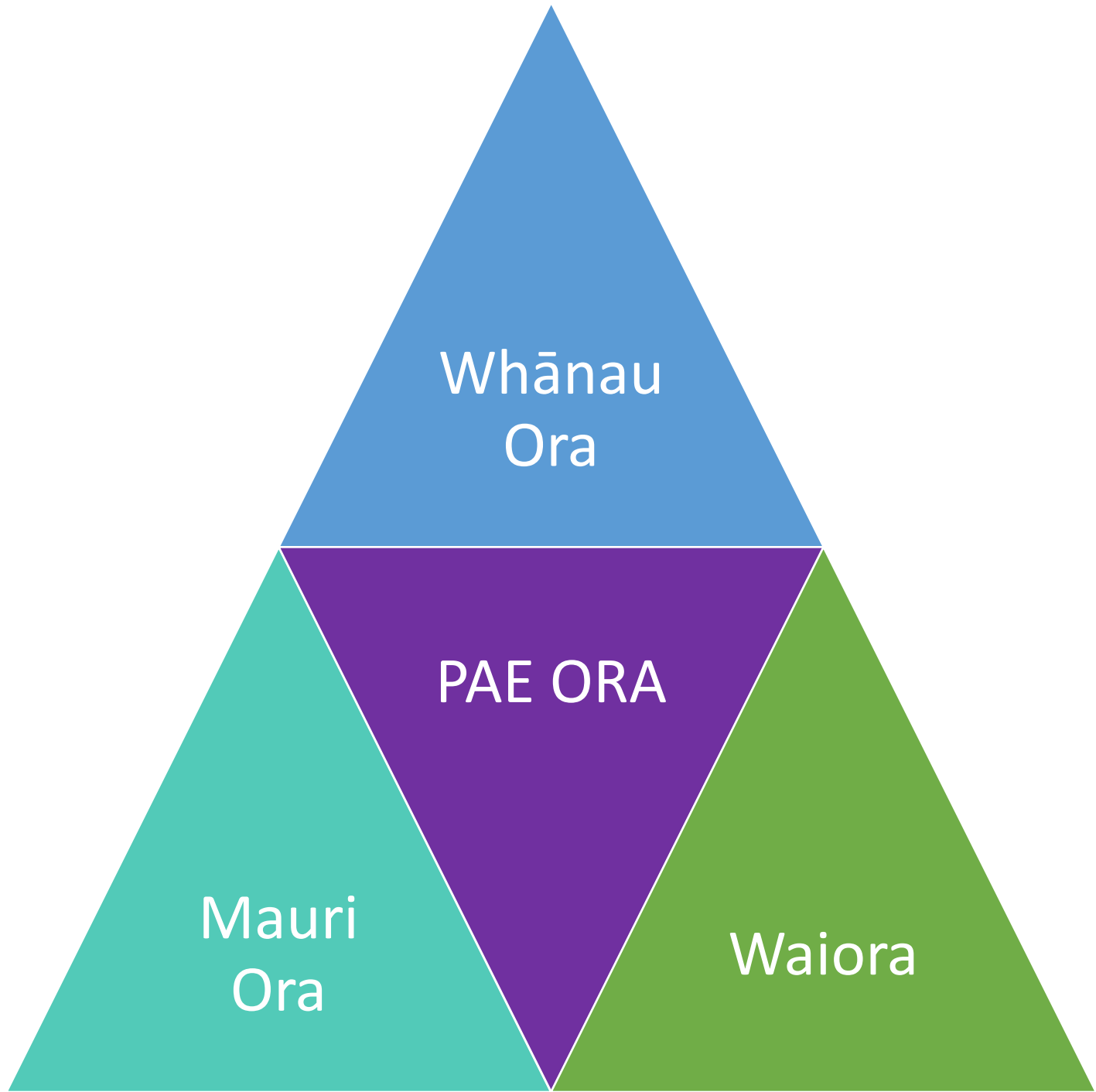


# Needs Analysis

- ▶ gaps
- ▶ changes
- ▶ what works where
- ▶ network

**Locality driven,  
'clinically' informed,  
system enabled**





Whānau  
Ora

PAE ORA

MAURI  
ORA

Waiora

# He Ara Whakapiki Oranga

- ▶ safety and stabilisation
- ▶ harm minimisation and maintenance
- ▶ oranga and recidivism
- ▶ continuing care transition

## **He Ara Whakapiki Oranga**

- ▶ reach and penetration
- ▶ access, choice and voice
- ▶ screening, assessment and then matching

**Interdependent,  
'clinically' informed,  
system enabled**



## Commissioning

- ▶ Over next two years most of the current contracts will expire
- ▶ Official notice of process forward by end of July
- ▶ New stand ups - evolution

**Benefits**

Measurable Improvement

**Outcomes**

Change because of an activity

**Outputs**

What you do

## Outcomes

- ▶ supporting provides
- ▶ recidivism and oranga
- ▶ new services



**Oranga is multi-faceted, needs an integrated and culturally capable workforce.**

**If embedded in Te Ao Māori and infused with mātauranga Māori it will require system and workforce with cultural capability.**





# Direction of travel

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- Needs Analysis
- He Ara Whakapiki Oranga
- Commissioning
- Outcomes



# Te Ara Oranga

Richard Dick



**National Committee  
for Addiction Treatment**



## Addiction Leadership Day



# Background Information

- **Te Ara Oranga Website (NDHB)**
- <https://community.northlanddhb.org.nz/NoP/>
- **Whariki; Te Ara Oranga He Aka Hui.**
- <https://vimeo.com/772211522/a24e1fbabb>
- **Te Ara Oranga Evaluation (Crow's Nest Research)**
- <https://community.northlanddhb.org.nz/NoP/the-evaluation-of-te-ara-oranga-2021-report/>
- **Te Ara Oranga Hui-a-Tinana. Fri 21<sup>st</sup> July, Whangarei SAB**
- **RSVP [Richard.Dick@salvationarmy.org.nz](mailto:Richard.Dick@salvationarmy.org.nz)**

## Police Action Sep 2017 – March 2023

• Referrals for Treatment	1298
• Whānau group support	70
• Reports of Concern	64
• Firearms seized	108
• People arrested	379
• Charges	2270
• Search Warrants	247
• Drug tests of persons on bail	452

## Health Action Sep 2017 – March 2023

• Treatment cases	4133
• ED screening	14369
• Users consented to a referral to treatment	158
• Referral for meth use support/treatment	96
• Agreed to a referral to address other substance use	54
• Referrals to Choice programme	1297
• Tangata Whaiora and their whānau	1367
• Referrals resulting in employment	169

# Profile of People

- Large percentage of Male Māori between 20 – 50 years
- People are typically associated with Gangs
- People are usually involved in criminal activity with court charges pending
- Women face more barriers to treatment and experience more emotional/psychological impacts
- 60% of people have mental health concerns
- Average time to referral is 7 – 10 years



## Amazing Outcomes (SBIRT in ED)

- Alcohol & Drug Practitioner successfully integrated in Emergency Department
- Rata Ora - Data collection & screening tool
- Identifies unmet need
- Data collected used to successfully challenge 2 x liquor licenses in Northland.
- Multiple alcohol related presenters to ED identified.

# Good News Stories (SBIRT)

- 64yo Male, multiple presentations, 17 were alcohol related, referred to treatment, nil presentations for 18 months
- 21yo Male, multiple presentations over an 18 month period, referred for treatment, disclosed meth use, stopped substance use returned to work nil presentations for 3 years
- 38yo Male multiple presentation resulting in IPU admissions, referred to meth line and community, one presentation since series of contacts with SBIRT practitioner
- 29yo Male, presented with abscesses, referred to treatment, family member referred for Family 5 step support resulting in successful Family Intervention

## Good News Stories (Treatment)

- 58yo Male referred to MATRIX by OST team, reports 1 lapse in 2 months
- 41yo Female arrested by Meth Harm reduction Team early in 2022, nil use since engaging in treatment
- 49yo Female engaged with Pou Whanau Connector 2018, now working as PWC
- 38yo Female spoken to by Meth Harm reduction Team in Police Cells and referred to treatment, recently working as Peer Support Worker

# Recent Activity

- Initial IPS pilot expansion into other regions with extra employment specialists
- RCCC to be piloted in Mid-North TAO
- TAO visits new meth service in Tai Rawhiti
- Recent presentation to Minister of Health
- Regional intervention options adapted to respond to Māori population base





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# **Closing remarks and evaluation**