Socio-Economic Impacts of Gambling

Developing a methodology for assessing the socio-economic impacts of gambling in New Zealand

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<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CACI</td>
<td>Computer Assisted Cell Phone Interview</td>
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<tr>
<td>CADS</td>
<td>Community Alcohol and Drug Services</td>
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<td>CATI</td>
<td>Computer Assisted Telephone Interview</td>
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<td>CBA</td>
<td>Cost benefit analysis</td>
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<td>CPGI</td>
<td>Canadian Problem Gambling Index</td>
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<td>DIA</td>
<td>Department of Internal Affairs</td>
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<tr>
<td>DSM-III</td>
<td>Diagnostic and Statistical Manual of Mental Disorders, Third Edition</td>
</tr>
<tr>
<td>DSM-IV</td>
<td>Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition</td>
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<tr>
<td>EGM</td>
<td>Electronic gaming machine (“pokies”)</td>
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<td>ELSI</td>
<td>Economic Living Standards Index</td>
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<tr>
<td>NODS</td>
<td>National Opinion Research Centre DSM Screen for Gambling Problems</td>
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<td>PGF</td>
<td>The Problem Gambling Foundation</td>
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<tr>
<td>RDD</td>
<td>Random digit dial</td>
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<tr>
<td>RSA</td>
<td>Royal New Zealand Returned Services Association</td>
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<tr>
<td>SOGS</td>
<td>South Oaks Gambling Screen</td>
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<tr>
<td>SOGS-3M</td>
<td>South Oaks Gambling Screen (adapted to measure behaviour in the three months prior to assessment)</td>
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<td>TAB</td>
<td>Totallisator Agency Board</td>
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<td>The Act (or “the new Act”)</td>
<td>The Gambling Act 2003</td>
</tr>
<tr>
<td>TLA</td>
<td>Territorial Local Authority</td>
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<td>WINZ</td>
<td>Work and Income New Zealand</td>
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Executive summary

The aim of this project was to develop a methodology for measuring the socio-economic impacts of gambling in New Zealand. Funding was provided as part of the Problem Gambling Research Initiative (a collaboration between the Problem Gambling Committee and the Health Research Council of New Zealand).

The project components were:

- A review of the available literature about methodologies and approaches used for measuring the social and economic impacts of gambling, including economists’ cost benefit analysis (CBA);
- Data collection with various stakeholders from the gambling industry, people who participated in gambling, and those affected by the gambling of others to provide insights into the nature and range of gambling impacts within New Zealand;
- Development and piloting of a quantitative data collection instrument to assess the social and economic impacts of gambling in New Zealand.

Gambling in New Zealand: background picture from the literature review

- The history of gambling in New Zealand is of a process of expanding opportunities and participation, coupled with an associated expansion of gambling expenditure and problems.
- Opportunities for gambling include casinos, Lotteries Commission products, racing and sports betting, electronic gambling machines (EGMs), housie and similar licensed games and access to internet gambling located overseas. The major expansion of opportunities to gamble has been in EGMs in licensed commercial premises.
- General population surveys have shown an increase in proportions of New Zealanders participating at least once in seven or more types of gambling in 1985 compared with 2000. However, the proportions who had not participated in any gambling activities have remained fairly stable since 1985.
- There was a decrease in the proportion of regular continuous gamblers (e.g. sports betting, EGMs) from 1991 to 1999.
- Expenditure on gambling has risen around 9% per annum 1988 – 2000. Expenditure in casinos and on EGMs has risen exponentially.
- Previous research in New Zealand has described a range of negative impacts associated with high levels of gambling. These included negative impacts in relation to people’s financial situation, their health and wellbeing, study and work performance, and levels of criminal offending. There has also been evidence of gambling resulting in physical and emotional abuse within families, divorce and separation, wider family health problems, and loss of housing.
The legislative environment for gambling has shifted from a focus on promoting the benefits of gambling, such as entertainment and employment to the management of problems associated with gambling. The Gambling Act 2003 takes a public health approach and aims to: control the growth of gambling; and prevent and minimise the harm caused by gambling. The Ministry of Health has published a Strategic Plan on Preventing and Minimising Gambling Harm, 2004 – 2010, which outlines primary prevention and population approaches, as well as more selected intervention services for individuals and their families and significant others (Ministry of Health, 2005).

Key informant study

A key informant study was undertaken to inform the development of a methodology for assessing the socio-economic impacts of gambling in New Zealand. Eighteen interviews were conducted with informants from the gambling industry, community groups whose clients are affected by gambling, people who work in gambling policy, treatment providers, and Territorial Local Authority (TLA) gambling impact assessment reports were also reviewed. A range of impacts from gambling were identified. It is important to note that many of the impacts identified from this data were similar to that which was collected from interviews with gamblers and ‘affected others’ (see below).

Gamblers’ and their family/whanau’s financial situation was identified as being impacted on by gambling behaviour. Financial impacts were noted to be greater for those from lower socio-economic groups because relatively more of their money is spent on gambling instead of other necessities. Items of cultural importance, such as taonga and fine mats, were stated to be accepted by pawn shops. Loss of transport when vehicles were sold to finance gambling impacted on many aspects of life including work and access to healthy food.

Health and wellbeing impacts were wide-reaching for gamblers and their family/whanau and included weight loss, stress, low self-esteem, depression, personality disorders, hypertension, insomnia, anxiety attacks, aggression, irrational thoughts, emotional numbness, heart problems, migraines, peptic ulcers, suicidal thoughts and suicide attempts. Loss of trust and strains and breakdowns in relationships were also noted.

Gambling related crime was viewed as being related to socio-economic status, with those on higher incomes more likely to commit fraud or other white collar crimes compared with those on lower incomes who were more likely to use burglary, drug dealing or prostitution to fund their gambling.

Pacific and Maori communities were seen as having higher rates of gambling problems compared with other groups. Gambling was described as normalised in some of these communities. Community obligations in some Pacific cultures, such as contribution to fa’alavelave or donations to the church, could not be met by gamblers and their families, causing embarrassment. The social isolation of some Asian migrants was noted as a cause of problem gambling. Community contributions by women, such as coaching netball teams, were identified as being impacted on by increasing levels of women gambling.
Different modes of gambling were noted to cause different impacts or levels of impacts on participants. EGMs were identified as having the highest negative impact, while Lotteries Commission products were considered relatively harmless.

At a wider level, gambling was seen to be a drain on welfare, social and health services and the justice system. Spending on gambling was considered to have some small negative impact on spending at other businesses. Few employment benefits were seen to arise from EGMs in non-casino environments.

Entertainment was identified as a benefit from gambling, together with the funding that was distributed to community groups from gambling profits. However, the level of benefit from distribution of funds was questioned by a number of interviewees. Less money was seen to go back to communities than went out of communities and, in some cases, particular types of community groups were more likely to get funding than others.

**Qualitative study of gamblers and affected others**

Focus groups and individual interviews were conducted with heavy or problem gamblers, low levels gamblers and affected others. A mix of males and females, and older and younger gamblers were interviewed. The sample included Maori, Pakeha, Tongan, Chinese, and Korean individuals. Similar impacts from gambling were identified as found in the key informant study, although interviews directly with gamblers and others affected by gamblers provided further detail and depth to this understanding.

Financial costs were repeatedly cited as an impact of gambling by interviewees, with gamblers spending a significant proportion or all of their income on gambling. This meant that there was little if any money for other commitments, such as utility bills, rent, mortgage repayments, and business related obligations. Consequently interviewees had been evicted from homes, had cars repossessed, power and telephone supplies disconnected and accrued debt. Borrowing had occurred from friends, family/whanau members and lending institutions. Losing employment because of gambling also negatively impacted people’s financial position.

A major consequence of gambling was a drop in living standards for gamblers and their family/whanau. There was less money to spend on the basics, such as food, clothing and school fees. Interviewees had sold their furniture and stopped buying food. Relationship breakdowns were mentioned due to conflict about gambling, further resulting in reduced standards of living. Cheaper accommodation was often sought.

Gambling impacted on the employment situation of most gamblers interviewed. Long gambling sessions through the night affected concentration the following day at work. Gambling during lunch-breaks often stretched into the work time or people’s start times and attendance at work suffered. Stress and worry about gambling and gambling related problems affected performance. Stealing from employers was also a problem raised by some.
• Physical health problems cited by gamblers included increased or passive smoking, consuming more alcohol (although some did not drink alcohol while gambling), not eating properly, and being generally run down and tired. A range of mental health and emotional wellbeing issues were experienced by both gamblers and affected others. For gamblers, this included a sense of guilt about gambling and the lies they told about what they did with their time, and their money, or how much they had lost. Stress was experienced by both gamblers and others around them, resulting in sleepless nights, decreased appetites, and increased rates of smoking and drinking. Reduced self-esteem, loss of dignity, mood swings, depressions, suicidal thoughts and suicide attempts were also mentioned by interviewees.

• Gambling had a major impact on interviewees’ relationships with friends, partners, parents, children and siblings. Some gamblers withdrew from their networks, while others did not have the time to spend with family or participate in social events because they were gambling. Gambling often created conflicts in relationships. The point at which hidden gambling behaviour was found out about proved devastating in many relationships.

• Leisure time was negatively impacted by gambling. This was because gamblers spent most of their time gambling, they didn’t have the money to participate in leisure activities, or they had no other interests apart from gambling.

• A number of interviewees stated that they had stolen money from friends, family and employers, while others had committed burglaries.

• The qualitative study found that many of the impacts of gambling were the same across different ethnic groups. However, some impacts were specific to ethnic groups. Maori noted that gambling conflicted with Maori values of whanau, it compromised care-giving, it contributed to a loss of mana, and the emotional effects of gambling affected an individual’s wairua and identity. Pakeha interviewees mostly mentioned being ostracised by family members. Interviewees of Tongan descent stated that their financial problems had led them to pawn traditional Tongan crafts and left them unable to meet community obligations. Some Chinese students had used their study funds to finance their gambling, meaning that they had to return to Mainland China. Korean interviewees spoke of the sense of shame they felt when their children found out about their gambling. They were also concerned about the resultant stigma for the Korean community due to the gambling problems of some community members.

• Interviewees considered the benefits of gambling for individuals, families, communities and nationally. Most perceived the benefits of gambling to be negated by its harms. The main benefits were seen as entertainment, social interaction, and respite from day-to-day living. Tongan and Maori interviewees, in particular, described how gambling events provided fundraising opportunities for local communities.

• EGMs were considered to be the most harmful form of gambling, with their prevalence in a wide range of locales being a key factor. Casinos were also spoken of as being responsible for many gambling related problems.

• Results from each stage of the qualitative component of the research were, to a great extent, confirmatory. These studies are also largely consistent with the existing literature.
Analysing the costs and benefits of gambling

- CBA is a methodology that can be used to analyse the costs and benefits of gambling. It requires assigning a monetary value to all identified costs and benefits. Comparison is made between the monetary outcome of the factual (generally the current situation) and the counter-factual (the situation that could exist, e.g. lower levels of gambling, no gambling).

- CBA requires adequate data to allow quantification of the difference between the factual and counter-factual situation. This data is lacking both internationally and in New Zealand, particularly at the household level.

- A number of other limitations to the CBA process have been identified. These include the difficulty of aggregating values relating to tangible costs and benefits, such as goods and services, with those relating to intangible costs and benefits, such as the emotional wellbeing of children, and the potential for aggregation to obscure the implications of the re-distribution of wealth, for example not considering the transfer of money from lower socio-economic families with children to casino shareholders.

- The collection of data for an analysis of costs and benefits is, however, useful for a greater in-depth understanding of the area even if not resulting in a full CBA analysis.

- There is very little research on the society-wide costs and benefits of gambling in New Zealand. Relevant data in New Zealand for the application of monetary values to gambling costs and benefits is listed in Appendix 2. Research has identified a number of impacts from gambling including costs associated with the provision of health and counselling services for gamblers and the social costs of criminal offending. However, the quantification of the full range of impacts, particularly at the household level, is lacking.

- A 1999 Australian study attempted to quantify the overall impact of gambling (Productivity Commission, 1999) by deducting the estimated costs of gambling from the net consumer benefits including tax transfers. Personal, financial, legal and employment effects of gambling were conservatively quantified using a range of values based on compensation payment schedules in New South Wales and Queensland used for emotional harm. The high level of uncertainty in the estimates led to ranges from a net loss of AUS$1.2 billion to a net benefit of AUS$4.3 billion for the year 1997-1998.

- The major study exploring the costs and benefits of gambling conducted in the United States restricted itself to only directly measurable economic costs (National Gambling Impact Study Commission, 1999). In addition to not quantifying many of the problems associated with gambling, the study also did not assess the impacts of problem gambling for those who did not meet the established cut-off levels for problem or pathological gambling. It was estimated that the total annual costs of problem and pathological gambling were approximately US$5 billion per year.

- Much gambling research has focused on identifying problem gambling and its costs in order to estimate the costs from this behaviour, particularly in relation to
the provision of gambling related services such as in health and counselling. A number of limitations have been noted with the screening tests developed to measure prevalence, including: their level of accuracy with misclassification errors possible particularly in non-clinical settings; the assumptions made about gambling problems in the screening questionnaires; and the appropriateness of the screening questions for people from a range of social classes and ethnic groups.

The pilot survey

- The knowledge developed in the literature review, key informant interviews, and qualitative study of gamblers and affected others informed the development of the objectives for a survey instrument to measure the social and economic impacts of gambling in New Zealand.

- The key needs for the measurement of the social and economic costs of gambling were:
  - The research literature reviewed indicates that the lack of quantified data on the full range of impacts from gambling at the household level represents a significant lack in New Zealand, as elsewhere.
  
  - If a full CBA analysis is undertaken the collection of comparable data from gamblers, different levels of participation in gambling and from non gamblers will enable quantification of counterfactual and factual.
  
  - Such data collection, if in a longitudinal research context, also allows the exploration of some of the causal relationships between participation in gambling and various impacts.
  
  - Data collection from representative samples allows for the calculation of population level costs (aggregating representative household level data) and also calculation of costs and benefits at a regional level.
  
  - The range of impacts measured needs to take into account the areas of likely major costs, including the full range of emotional distress.
  
  - The impacts measured need to include issues relevant to specific sub groups of the population including ethnic groups, younger and older, and men and women.
  
  - The measures need to be obtained for the full spectrum of gambling participation rather than rely on collection of data from changeable groupings of problem or pathological gamblers.
  
  - Measures of participation in gambling need to assess the use of the full range of modes and locations of gambling, in a way that allows incorporation of new opportunities as they arise and provides an overall measure of intensity of gambling behaviour.
  
  - Impacts from gambling need to be related to different modes and venues.
- The measures of impact for those other than the gambler need to be included.

- Analysis can include exploration of the relationships between a range of impacts including social and economic.

- The survey questions were designed to: measure the prevalence and intensity of people’s participation in different gambling modes during the last 12 months; measure the range and extent of the social and economic impacts of gambling on respondents who participated in gambling during the last 12 months; measure the number of fairly heavy gamblers respondents had in their lives during the last 12 months; measure the impacts the gambling behaviour of those fairly heavy gamblers had on the respondent’s life during the last 12 months.

- The pilot of the survey instrument included an internal pre-piloting of the questionnaire and piloting the questionnaire with actual respondents. Three samples of respondents were collected: a general population telephone sample of 200 respondents from the Manukau area; a sample of 94 people contacted face to face while entering, exiting or in the immediate vicinity of gambling venues in the Auckland region; and a telephone sample of 14 people who were receiving treatment nationally for gambling. All respondents were aged 18 years or over.

- The CATI system worked well to collect these data and recruitment via contacting respondents near to gambling venues is also a useful and feasible approach. The interview developed and piloted in this project worked well.

- This report provides selected analysis of the survey results to illustrate the kind of data and potential analyses on the information obtained in the pilot survey.

- The prevalence of gambling in the general population sample was approximately 65%. The most common modes of gambling among the general population were Lotto, Instant Kiwi, gambling at a casino (playing EGMs at a casino), gambling at a members club, and gambling at bars and pubs. The prevalence of gambling in the general population sample when Lotteries Commission games were excluded was approximately 36%.

- The survey was designed to allow calculation of an overall volume of participation in gambling. For each mode of gambling the volume measure was calculated by multiplying time spent gambling on a typical occasion by frequency of gambling on that mode/venue. By summing across all modes an annual volume measure of gambling was obtained.

- Using the Manukau general population sample and venue population sample of people that participated in gambling (excluding Lotteries Commission games), gamblers were grouped by volume into three groups. These groups were: low level gamblers (those who gamble less than 15 minutes per week); mid level gamblers (those who gamble 15 minutes to three hours per week); and high level gamblers (those who gamble 3 hours a week or more). These three groups accounted for 22.0%; 11.5% and 2.0% of the Manukau sample respectively.

- Respondents were asked to rate themselves on a number of domains of life (from poor through to very good) including physical health, mental wellbeing, financial situation, housing or accommodation, relationships with friends or whanau, care
of children, care of elderly or dependents in their care, feelings about oneself, study or employment related training, and performance at work in or unpaid work. Respondents were also asked if their gambling had had any impact on these domains of life (impacts range from very negative impact to very positive). More specific problems were also asked about for each domain of life.

- All respondents were asked if they had any gamblers in their lives in the last 12 months and, if so, how many gamblers were in their lives and what their relationship was to them, for example sibling. For respondents with other gamblers in their lives, they were asked to rate (from very negative to very positive) the impact that other peoples’ gambling had had on the domains of life.

- The short form of the Economic Living Standards Index (ELSI) developed by the Ministry of Social Development was used in the pilot survey to assess respondents’ material standard of living.

- The results of the pilot survey gave informative data on participation in gambling and results were in line with expected findings. The calculation of a gambling volume score (based on frequency of different types/locations of gambling and the time spent gambling) discriminated within the sample in terms of reported impacts of gambling. The questions also provided data on the impact of others gambling on the respondent.

- The results of the pilot study suggest that this approach to measurement of gambling participation and impacts of gambling will provide useful additional information for the analysis of the costs and benefits from gambling.
Outline of Project

This project was funded as part of the Problem Gambling Research Initiative, a collaboration between the Problem Gambling Committee and the Health Research Council of New Zealand.

The aim of the project was to develop a sound methodology for measuring the social and economic costs and benefits of gambling. The methodology was developed with reference to previous work in the field and from new data. The research included the piloting of a population survey methodology in a community that reflected New Zealand’s ethnic diversity and which had access to a variety of different gambling activities.

The project components were:

- A review of the available literature about methodologies and approaches used for measuring the social and economic impacts of gambling, including economists’ CBA;
- Data collection with various stakeholders from the gambling industry, people who participated in gambling, and those affected by the gambling of others to provide insights into the nature and range of gambling impacts within New Zealand; and
- Development and piloting of a quantitative data collection instrument to assess the social and economic impacts of gambling in New Zealand.

It is anticipated that the results of this project will be used as the basis for a much larger study, or series of studies, on the social and economic impact of gambling in New Zealand.

The format of this report is as follows:

- Gambling in New Zealand – This section provides background information about the gambling situation in New Zealand, including gambling opportunities, participation levels, impact of gambling on different groups and current policy.
- Key informant study – Findings from the qualitative interviews with key stakeholders from the gambling industry are detailed in this section.
- Qualitative study of gamblers and affected others – This section reports on the findings of the interviews conducted with gamblers and people affected by the behaviour of gamblers.
- Measuring the social and economic cost of gambling – A description of CBA is provided together with a brief review of the different approaches to measuring the social and economic costs of gambling that have been used in New Zealand, Australia and the United States. The key requirements for the measurement of social and economic costs of gambling are also provided.
- The pilot survey – The development and piloting of the survey instrument to assess the social and economic impacts of gambling are covered in the final section. A selection of findings from the pilot survey is also provided.
Gambling in New Zealand: background picture from the literature review

This section describes some of the history of gambling opportunities in this country, considers the level of participation in and spending on gambling, and examines the extent that problem gambling services are utilised. Legislation relating to gambling and future trends in gambling policy are also reviewed.

Gambling opportunities in New Zealand

The history of gambling in New Zealand can be seen as a process of expanding opportunities and participation coupled with an associated expansion of gambling expenditure and problems. From 1979 to 1990, the total gambling expenditure of the New Zealand population increased from $102 million to $482 million, spread over the activities of the racing industry and the New Zealand Lotteries Commission. The introduction of EGMs in 1988 saw this expenditure grow to $614 million by 1994. From 1994, when casino gambling was first introduced in New Zealand, expenditure continued to increase to a total of $1,666 million by 2002 (Department of Internal Affairs, 2003). Other forms of licensed gambling, such as housie and raffles, which are more difficult to collect figures on, have an estimated turnover of $65 million. More recent figures show that the total expenditure in casinos and on EGMs has increased further, taking the total to an estimated $2,039 million in 2004 (Department of Internal Affairs, 2004).

There is a range of gambling opportunities presently available in New Zealand:

- Six casinos that operate out of Auckland, Hamilton, Christchurch, Queenstown (2) and Dunedin and offer 15 types of table games, alongside EGMs and video poker.
- Lotteries Commission products are Lotto and associated games, Daily Keno and Instant Kiwi offered through an estimated 900 terminals in 600 retail outlets.
- Racing and sports betting is offered through almost 500 Totalisator Agency Board (TAB) outlets.
- EGMs were restricted to premises with a liquor license from 1988. The number of machines operated by clubs has remained constant at about 5,000 machines since 1999. EGMs grew in number by around 30% between 2001 and 2003, largely in commercial premises. Numbers dropped for the first time in 2004 following the passing of the Gambling Act 2003. There were 21,846 non-casino gaming machines as at 30 June.
- In 2002, 725 licenses were issued for societies to run lotteries; 670 licenses were issued for housie sessions; over 100 licenses were issued for miscellaneous gambling activities such as euchre and simulated racing nights; and 30 licenses were issued for prize competitions such as “calcuttas”.
- There are an estimated 700-800 internet gambling websites. New Zealand laws prohibit domestically located gambling websites, apart from the TAB sports betting site which started in 1997, and the Lotteries Commission’s site. Gamblers
may gamble on overseas-based sites through their home computer and/or by phone through accounts established with overseas betting agencies (Balestra 2000).

Gambling participation

The percentage of people aged over 15 taking part in at least one gambling activity in a given year has remained stable at around 85-90% over the previous 15 years, the proportion participating at least once in seven or more activities has risen from 1% in 1985 to 10% in 2000 (Abbott, 2001a).

The main findings of the National Prevalence Survey of 1999 were that:

- Forty-one percent of those aged 18 and over participated in gaming at least weekly.
- Over one-third of the adult population played Lotto on a weekly basis.
- Very few adults participated regularly (at least weekly) in any single form of gaming other than Lotto.
- A little over one-quarter of the regular players (11% of the adult population) participated regularly in continuous forms of gambling (and some of these also participated regularly in non-continuous forms of gambling).
- The remaining regular players (just over 30% of the adult population) participated regularly only in non-continuous forms.
- The percentage of regular continuous gamblers decreased from 18% of the adult population in the 1991 survey to 11% in 1999, while regular non-continuous gamblers remained steady at about 30%.

Surveys conducted by the Department of Internal Affairs (DIA) on people’s participation in and attitudes to gambling (2000, 1995, 1990, and 1985) have shown similar results to the National Prevalence Surveys. Results from the most recent survey carried out for DIA (2005) are not yet published.

Other research on gambling in New Zealand includes the 2002/2003 Ministry of Health New Zealand Health Survey, which contained a number of questions relating to prevalence of gambling, impacts of gambling on gamblers and others, whether people consider they have a problem with gambling, and whether they have contacted gambling problem helplines. These results have not yet been published.

Lower Socio-economic Group

Gambling participation among lower socio-economic groups appears high. A survey of Auckland and Christchurch food bank clients found that one in three was affected by problem gambling (Hutson and Sullivan 2004). A survey of Auckland general practitioner clients found that 43% of those identified as problem gamblers were Community Service Card holders, compared with 29% of non-problem gamblers and those not affected by another person’s gambling (Sullivan and Penfold 2003). Again,
this trend is also mirrored overseas (for example, Korn 2001; Marshall and Baker 2001).

Younger People
The prevalence of gambling among young people has also been considered. A recent survey of 2,005 high school students in Northland and the Auckland region found that more than 60% had gambled in the previous year, most commonly on Lotteries Commission products, bets with friends and card games (Rossen 2004). A significant proportion had gambled illegally – 10% on EGMs, and 5.5% in a casino. At least 20,000 underage people have been excluded from SkyCity Casino every year since it opened.

Pacific Peoples
In 2003 data was collected from a national sample of 1103 Pacific people aged 13-65 years living in New Zealand in a survey which included information about gambling (Pacific Research & Development Services & SHORE/Whariki, 2004). The results showed that 39% of Pacific men and 38% of Pacific women reported that they had gambled. Of the men who gambled, the gambling activities mostly undertaken were Lotto, EGMs and horses. Women’s gambling activities were mostly Lotto, housie, the casino and EGMs.

The proportion of people gambling increased with age so that the 55-65 age group had the highest proportion of gamblers. Compared to the Pacific sample, on average: Cook Islands Maori aged 13-29 gambled more and in particular Cook Islands Maori women aged 13-29 gambled more. Tongan respondents reported less gambling activities. In particular, less Tongan women reported gambling.

Gambling expenditure
The expansion of both gambling opportunities and gambling participation has also seen a yearly increase in gambling expenditure, of around 9% per annum from 1988 to 2000. Where gambling expenditure on racing and sports remained steady through this period, as did expenditure on Lotteries Commission products after 1990, expenditure in casinos and on non-casino EGMs has risen exponentially. The totals for the year 2000 were:

- Non-casino EGMs - $450 million;
- Casinos (table games and EGMs) - $343 million;
- Lotteries Commission products - $277 million; and
- Racing and sports betting - $227 million.

The National Prevalence survey (Abbott and Volberg, 2000; 2001) conducted in 1999 found that gender, age, ethnicity, educational qualification and household income were indicative of gambling expenditure. Men typically spent $53 per month compared with women, who spent $30. People aged 45-54 were the highest-spending of the age groups, at $58 per month. Of the ethnic groups, Pacific Island people ($62
per month) and Maori ($49 per month) emerged as the highest spending. Europeans and Asians were next at $40 and $38 per month respectively. In the analysis by qualifications held, people with degrees or higher qualifications (at $27 typical expenditure per month) were the lowest spenders. Those with vocational/trade qualifications (at $47 per month) or no qualifications at all ($46 per month) were the highest spenders. Finally, expenditure by household income group was stable across the "middle" income groups, varying only between $37 and $40 per month. People with household income above $70,000 typically spent an average of $67 per month. People with household income of $20,000 or less typically spent an average of $30 per month. The 1999 National Prevalence Survey found that, although household spending on gambling increases with income, poorer groups spend a greater proportion of their income on gambling (Abbott and Volberg 2000).

**Use of gambling services**

The number of people presenting themselves to gambling support services for the first time increased from 2,487 in 1997 to 6,730 in 2003 (Paton-Simpson et al 2004, 8). Of the 2003 figure, approximately 70% sought help about their own gambling, the remaining seeking help about the gambling of family/whanau (Paton-Simpson et al 2004, 12). This indicates the impact of gambling problems extends to those around the gambler.

Continuous gambling forms and those involving an element of skill are more strongly linked to gambling problems. Almost nine out of 10 gamblers attending treatment services say their problem is with EGMs. (Approximately 80% of these people stated the problem lay with EGMs outside casinos and 8% on casino EGMs). Race betting is the primary gambling mode for approximately 4% of service clients, casino table games for approximately 3%, sports betting for approximately 1%, and Lotteries Commission products for less than 1% (Paton-Simpson et al 2004, 12).

In 1997, 108 Maori approached gambling counselling services (17.3% of all clients). The number had multiplied by more than six to 662 in 2003, and steadily increased to 31.3% of total clients (Paton-Simpson et al 2004). The significant rise in problem gambling among Maori is recognised as a major Maori public health issue (Dyall and Morrison 2002; Dyall and Hand 2003).

The proportion of people approaching gambling services who are Pacific has remained relatively stable at between 5% and 8%, but the number quadrupled from 31 in 1997 to 137 in 2003 (Paton-Simpson et al 2004, 14).

The number of women using face to face gambling counselling services has increased almost five-fold since 1997 (Paton-Simpson et al 2004, 13), and is now roughly equal to the level of men. This may indicate a greater willingness to seek help for gambling problems among women than among men. However, a recent survey of general practitioner patients in Auckland, Rotorua and Taranaki identified equal proportions of males and females as problem gamblers (Sullivan, in press).
A total of 2,642 people contacted the Gambling Helpline in 1997, rising to 6,410 in 2002. Between 70% and 80% of callers have sought help for problems related to the use of non-casino EGMs, in line with the associated expansion of the availability of these machines over the same period. Twenty-six percent of callers have been Maori, 6% from Pacific, and 4% Asian (although the latter group rises to 7% when the specialist Asian Problem Gambling Helpline figures are factored in). This compares with nationwide population proportions of 11%, 5% and 6% respectively. The numbers of females contacting Gambling Helpline has quadrupled over the time period, to the point where there are almost as many females as males using the service. Between 20% and 30% of callers are seeking help for family/whanau members. Further, people seeking help had lost an average of $2,112 in the weeks prior to seeking treatment.

An increase in calls to the Gambling Helpline by gamblers under 25 years led to the establishment in September 2004 of *In ya face*, the first specialist gambling helpline for young people, with an associated website. The helpline operates one day a week, and is staffed by young people. PGF’s school-based education programme *When is it not a game?* was developed in 2003 and is being used in schools, youth groups and alternative education organisations in four areas of New Zealand (Docherty et al 2004).

The SHORE literature review and consultation carried out for the Ministry of Social Development (Centre for Social and Health Outcomes Research and Evaluation, 2002) found that the relationships between addictions, including that of gambling, with socio-economic factors are not always unidirectional or linear and may be different in different cultures. Furthermore, the magnitude of these relationships can fluctuate through the life-cycle, and can be affected by age, gender, socio-economic and ethnic status differences. The living standards of the family or household of the gambler are often significantly affected as well.

**Impact of gambling on different groups in New Zealand**

Different groups in New Zealand communities are more likely to be impacted by gambling than others: poorer communities are more likely to be impacted by gambling; disparities exist between ethnic populations; and there are also indications that prevalence levels in gambling by woman and children are increasing. A number of studies have been conducted that consider the nature of the social and economic impacts of gambling experienced by these particular groups.

**Gambling and Maori**

In the case of Maori, Dyall and Morrison (2002) highlight that, as with alcohol and tobacco, the regulatory and legislative regimes that govern gambling activity in New Zealand have never included requirements to actively protect or promote the interests of Maori or ensure the participation of Maori in the process of policy development. This is despite previous research suggesting that Maori are more at risk of problem gambling than Pakeha. Where the lifetime prevalence of problem gambling in the general population is estimated to be 2.9%, for Maori this rises to 7.1%, a figure they
suggest to be conservative. Maori had no history of gambling before colonisation (Turia 2003; Abbott and Volberg 1999).

Dyall and Hand (2003) undertook a qualitative survey of participants who worked with Maori whanau and suggested that gambling eroded social capital, Maori cultural and family values, and took time and money from families. These findings are supported in the Social Impacts of Gambling in Manukau City report (Rankine and Haigh, 2003), where it is suggested that theft and misappropriation of goods to pay for gambling, the suffering of children and loss of “mana” are common. It is noted however that there may be some benefits to accrue from some gambling activities, for example the use of card games and housie to raise funds for community groups. Gambling has also offered opportunities for recreation, social support, and the transfer of values and tribal stories among women.

**Gambling and Pacific peoples**

Rankine and Haigh (2003) are also informative on the impact of gambling on Pacific peoples. They note that several respondents in their research had mentioned relationship breakdown and divorce, the emotional and material distress of children left home-alone, the loss of electricity due to unpaid bills, loss of homes in mortgagee sales, and the incurring of debt to family members as a result of gambling problems.

These impacts are supported in the research on the impact of gambling on Samoan communities undertaken by Perese and Faleafā (2000). In a series of qualitative interviews involving 18 participants aged 21 to 60, a number of impacts were identified as related to gambling behaviour. These included: time spent away from family, leading to conflict and disapproval of family members; physical and mental abuse from partners with gambling problems or who wished to stop the gambling behaviour of the partner; financial costs such as unpaid bills and rent in arrears; inability to provide food and other necessities for children; and inability to cover fa‘alavelave - community-related obligations and commitments. Some participants also noted their perception that the church was hypocritical and a source of stress related to gambling because gambling was often used as a fundraising activity at the church, while casino gambling was frowned upon. However, winnings from the casino were nevertheless welcome as donations.

A *Pacific Drugs and Alcohol Consumption Survey* (Pacific Research & Development Services & SHORE/Whariki, 2004) found that a number of Pacific people had experienced a range of impacts from gambling. In the last 12 months 11% of Pacific men and 15% of Pacific women reported feeling worried or sad after gambling. Three percent of Pacific men and 2% of Pacific women reported going into debt or borrowing money because of gambling. Five percent of Pacific men and 10% of Pacific women reported their gambling sometimes caused them problems. Ten percent of Pacific men and 14% of Pacific women reported wanting or needing to bet more and more money when gambling. Six percent of Pacific men and 7% of Pacific women reported lying to their family or someone they respected about how much they gambled.
Gambling and Asian People

The impact of gambling on Asian communities has proven especially difficult to estimate. Rankine and Haigh (2003) suggest that gambling patterns in Asian communities are somewhat different to other ethnic groups, with most having problems related to casino gaming tables, rather than EGMs. Higher average expenditure and gambling losses are also reported.

A Queensland study of gambling in the Chinese and Vietnamese communities indicates that estimations of gambling costs are difficult due to the reluctance of many within these communities to take part, especially in telephone conducted interviews (University of Queensland, 2003). However, the study did identify a number of impacts from gambling experienced by these groups. These were not that dissimilar from the general Australian population. These included: personal impacts, such as stress and mood disorders, ill health and suicidal thoughts; interpersonal impacts, such as damage to relationships, cultural family strains, deviant behaviour, domestic violence, and intergenerational conflict; financial impacts, including cost to household budgets and difficulties in controlling expenditure; legal impacts; community impacts, such as the need to call on community services; and work and study impacts, such as the loss of productivity. The research also suggested that a number of barriers exist to the seeking of help for gambling problems in these communities. Often these are cultural influences such as shame and “loss of face” over gambling, trust and confidentiality issues and language barriers.

Gambling and Younger People

Although no comprehensive study has been undertaken of gambling problems among young people in New Zealand, some information may be garnered from domestic and international literature as to the impacts of gambling on youth through their own gambling activity or the gambling behaviours of others.

A qualitative study of 15 young people aged 7 to 18 indicates that young people who live with a parent who is a problem gambler are likely to suffer a number of social costs (Darbyshire, Oster and Carrig, 2001). These include: the physical and existential loss of a parent; the loss of trust and reliability of the parent; tangible loss in terms of material items and food; and parental stealing of money from the child. The study concludes that parents’ problem gambling can have serious effects for children, including emotional and behavioural problems, health-threatening behaviours, and pathologies. Children living with problem gambler parents also experience a pervasive sense of loss - of relationships with extended family, security and trust, financial security, and of their parents, both physically and existentially (Darbyshire, Oster and Carrig, 2001).

Gambling and Women

Volberg (2003) suggests that the increasing “feminisation” of gambling problems can be traced to the expansion of EGMs, especially due to their location in venues frequented by women, such as restaurants, hotels and bars. Particularly at risk are women from minority ethnic groups.
Rankine and Haigh (2003) suggest that the social costs of gambling may be exacerbated in the case of women involved in the voluntary sector, where work is unpaid and therefore obscured in most economic estimates of gambling costs. Given that women’s income is generally lower than men’s, any increase in gambling expenditure has a disproportionate economic impact.

### 2003 Legislative changes

The increasing concern with the wider social impacts of gambling is reflected in the Gambling Act 2003 (the Act or the new Act), which replaces the older Gaming and Lotteries Act 1977 and the Casino Control Act 1990. Where the older legislation was designed to: allow gaming for amusement and fundraising whilst prohibiting certain activities for commercial gain; authorise the establishment of casinos and promote their development in a manner consistent with the promotion of tourism, employment and economic development; and provide for the regulation of casinos in the public interest, the new legislation is more comprehensive in its public health focus. Specifically, the purpose of the new Act is to:

- Control the growth of gambling;
- Prevent and minimise the harm caused by gambling, including problem gambling;
- Authorise some forms of gambling and prohibit others;
- Facilitate responsible gambling;
- Ensure the integrity and fairness of games;
- Limit opportunities for crime or dishonesty associated with gambling;
- Ensure that money from gambling benefits the community; and
- Facilitate community involvement in decisions about the provision of gambling.

Some major changes have come into force as a result of the new legislation. Firstly, the Casino Control Authority has been disestablished. This is due to the decision to prohibit the issuing of further casino licenses. Responsibility for the regulation of casino gambling has now passed to the Gambling Commission. Currently operating casinos are also prohibited from expanding their operations. Another change resulting from the legislation is the responsibility for funding the co-ordination of gambling services. This has transferred from the Problem Gambling Committee to the Ministry of Health. Funding for the service is now obtained by a “problem gambling levy” on player expenditure, and is recovered by the Inland Revenue Department from casinos, non-casino EGM operators, the New Zealand Racing Board and the Lotteries Commission.

The Gambling Act 2003 classifies non-casino EGMs as a “high risk” form of gambling. The number of EGMs per premise is now limited to nine for licenses granted after 17 October 2001. Licenses granted prior to this date are still able to have 18 EGMs. All EGMs will be connected to central electronic monitoring by March 2007 at the operator’s expense. This monitoring will be designed to obtain information about the funds used for gambling on EGMs, the amount required to be banked, the location and number of machines, EGM usage, and machine faults and tampering. Bank note acceptors will only be able to accept a maximum of $20 per transaction.
Other major changes resulting from the Gambling Act 2003 include the facilitation of community involvement in the decision making process regarding the location of EGM venues. All territorial authorities were required by the Act to undertake a social and economic impact assessment and develop and adopt a policy regarding the location of EGM venues in early 2004. These assessments are currently being undertaken by the Gambling Studies Department of the University of Auckland. New venues must apply to the territorial authority for licensing consent in line with the policy developed as a result of this consultative process. Finally, EGM societies will still be responsible for distributing money to the community, however key people associated with the EGM venues are prohibited from the decision making process.

The recognition of EGMs as being a particular source of gambling problems is supported by the conclusions of a number of New Zealand and Australian research projects. The more socio-economically deprived an area in New Zealand is, the more likely it is to have a high proportion of EGMs (PHIAL, 2003). More affluent areas have the lowest number of machines per head and the lowest average losses. The Productivity Commission (1999) found that the more machines there are in an area, the more money is spent on them. As most EGM users gamble within 2.5 kms of their homes, the economic impact of this concentration will also be local. Abbott (2001) asserts that many problem gamblers avoid financial ruin by passing their debts on to others in their social networks.

Figure 1 below describes the number of non-casino EGMs by location in each decile of the New Zealand Deprivation Index.

![Figure 1. Total Non-Casino Gaming Machines by NZDep 2001 Decile (1=least deprived, 10=most deprived)](image)

From Problem Gambling Geography Of New Zealand, MOH, 2003

A study of the impact of EGMs in Bendigo, Pinge (2002) concludes that the net regional impact is in the vicinity of -AUS$4.4 million per year, or a cost of AUS$5,200 per annum per problem gambler. He also suggests that the burden of EGM gambling costs fall disproportionately on low income groups, an assertion supported by the work of Marshall and Baker (2001). Analysing the spatial
distribution of EGMs in Melbourne and Sydney, the researchers indicate that less advantaged Local Government Authorities tend to have higher concentrations of EGMs, and that these machines are the source of most gambling-related social costs in low socio-economic areas.

Although exact dollar figures are disputable, there seems to be agreement by the community, government and the research literature that there are significant costs associated with gambling in New Zealand. The expansion of gambling opportunities in New Zealand has led to an expansion in participation levels and expenditure on gambling activities. This has been associated with an increase of gambling problems, and a growth in the costs associated with gambling.
Key Informant Study

Introduction

A key informant study with individuals working in gambling-related fields was conducted to assist with the development of the methodology. Given their expertise and experience in the industry, it was anticipated that these informants would provide insights into the nature and range of range of gambling impacts within New Zealand.

Methodology

Semi-structured Interviews

Eighteen interviews in total were conducted with key informants. Research participants were drawn from various interest groups, including industry owners or manufacturers, managers and owners of gambling venues, representatives of relevant government and non-government agencies, local bodies, problem gambling treatment providers, and welfare and support services. This list was refined in consultation with the project Advisory Committee.

Interviews were semi-structured, and based around a standardised question schedule that was adapted according to the informant’s area of expertise. Interviews were face to face for Auckland informants, and conducted over the telephone for those outside of the Auckland area. One informant who was unavailable for a telephone interview provided written responses.

Respondents were asked before the interview if the conversation could be taped, and all agreed and signed consent forms. Tapes were then transcribed. In one case, a key informant asked for and was provided with a copy of the transcript. This informant asked that specific commercially sensitive information was not mentioned, and this was excluded from the report.

Document Review

Information was also gathered from TLA Impact Assessment Reports assessing the impact of gambling in different areas within New Zealand. Under the Gambling Act 2003, TLAs were required to develop and adopt a gambling venue policy for Class 4 venues (non-casino EGM venues and TAB sites outside hotels and taverns). Many authorities conducted research to assess the social impact of gambling in their district. In many cases, research was extensive and reports detailed, providing a valuable source of qualitative data. These reports were substituted for key informant interviews that were to be conducted with local government representatives.

Impacts assessment reports were analysed from Wairoa, Hastings, New Plymouth, Opotiki, Manukau, and the greater Auckland area (Auckland City, Manukau City, North Shore City, Waitakere City, and Franklin, Papakura and Rodney Districts). The
reports provided a cross-section of rural and urban and higher and lower decile areas, and different ethnic communities.

**Results**

The key informant interviews and TLA reports identified a number of themes in relation to the social and economic impacts of gambling. These included:

- Financial impacts for individuals and communities
- Legal impacts for gamblers
- Impacts on individual gamblers’ physical and mental health and emotional wellbeing
- Ways that the gambling of individuals affects their whanau or families, and the relationships between gamblers and members of their whanau or family
- Ways that the gambling of individuals affects relations with wider communities, and how gambling in general impacts on specific communities
- Processes by which gambling is normalised
- The varying impacts of different gambling modes
- The manner in which new technology is changing the way people gamble and the impacts of this
- The value of gambling as a form of entertainment and the impacts of gambling on other forms of entertainment
- National economic impacts
- Impacts on the gambling industry and other businesses.

These are discussed in detail in the following section.

**Financial impacts**

Informants stated that the negative financial impacts of gambling on individuals are largely those that one would expect from any form of financial stress, and inevitably vary according to socio-economic status. For example, they described how individuals on a low income who are gambling often try to recoup the money they originally ‘lost’ (which they could usually ill-afford to gamble in the first place). In addition, even when people on lower incomes sought treatment for their gambling, interviewees felt that this did not always solve their financial problems:

*One of the difficulties when you’re treating the lower socio-economic groups, there is not a lot of hope in the outcome. I mean, you can say, ‘OK, stop gambling and sort of get yourself together’, but the future doesn’t have any nice glowing opportunity – it is really just back to the poverty and trying to manage. Of course, they have no income generally allocated for much of a social life other than down at the pub, you know. So really it is very hard to motivate these people into seeing a better future if they’re not gambling, because what can you give them as a better future? How can you say, “Well, if you stop gambling, your world is going to turn out to be a great place to live”?’* [Gambling treatment provider]
It was also suggested that, for this group, the positive impact of securing a big win is often not as great as it first appears. Some felt that their often limited experience of managing large amounts of money created additional issues for those on lower incomes:

Because you don’t have money management skills to start with, or never had a significant amount of money to manage, then when you get large amounts of money, well, they just go on luxury items or get splashed around and they’re gone. [Urban Maori health provider]

The research revealed that the relative invisibility of problem gambling often exacerbates the resulting financial difficulties. Key informants described how, compared to drinking or other drug use, a gambler may have a problem for much longer before those close to them become aware of it. In general, the problem is only revealed when the gambler reaches a (usually financial) crisis.

It often goes unnoticed because with alcohol and drugs there is a physical limit to the amount the body can take and then they fall over drunk or whatever. Whereas gambling, it can go on undetected by the family for so long until something major happens, like suddenly the house is in mortgagee sale or suddenly they’ve been arrested for fraud charges. [Key informant from budgeting service]

Interviewees spoke about how problem gamblers often borrow money or seek credit to continue gambling, replace sold property or maintain the household. However, it was highlighted that people on lower incomes generally have limited access to loans and credit. In addition, these are often from sources with high interest rates, who charge heavy penalties for late payment, and employ marginally legal means of recovering debts. More than one informant working with people on low incomes referred to these forms of credit as “dangerous” or risky, either financially or to the safety of the gambler and their family/whanau.

In addition, it was perceived that more legitimate and expensive sources of credit are becoming increasingly available to problem gamblers, especially those on lower incomes. Pawn shops and instant finance lending institutions are frequently located in low-income areas, and often close to EGM venues. Pawn shops are accepting an increasing range of goods, including goods of value to particular cultures, such as taonga or fine mats.

Key informants noted that cars and houses are among the possessions that are generally ‘lost’ to finance further gambling, or repay gambling debts. The loss of transport can make it hard for the gambler to get to work, get children to childcare while working, and get to supermarkets or markets that may stock cheaper goods than neighbourhood retailers. Forced mortgagee sale and evictions incur costs in finding new accommodation.

Interviewees described long term financial impacts. An inability to contribute to superannuation schemes or to save money compromises future financial security. The need to sell a home to pay a debt postpones or lessens the likelihood of future home ownership.
Impacts on individual wellbeing

Physical health

The Manukau TLA report lists a range of health impacts resulting from gambling, including weight loss, stress, low self-esteem, depression, personality disorders, hypertension, insomnia, anxiety attacks, heart problems, migraines, peptic ulcers, suicidal thoughts, and suicide attempts (Rankine and Haigh, 2003). It was stated that health impacts of gambling are also generally high among non-casino EGM users, who spend time in poorly-ventilated and poorly-lit venues. Passive smoking and eyestrain are some of the health effects of long periods spent in these venues; informants said this was more severe among older people:

They also play in the most dingiest [places], it’s just awful, there are no windows, it’s dark, and the smoke in there is really heavy and so it is really unhealthy physically for them as well as mentally. [Maori health provider]

Gambling has also frequently been linked to increased levels of smoking. Informants were interested in how the smoke-free venue legislation, which came into effect in December 2004, would impact on gambling. One key informant noted that in Victoria, the same type of legislation led to an immediate and significant decrease in gambling. Levels rose again, but not to the same level as before the legislation.

While a lack of financial resources can have an immediate economic impact, its impact on health was also raised as an issue. One key informant noted that problem gamblers are more likely to have their power disconnected or be unable to pay higher power bills, making them more likely to live without heating in winter. Interestingly, some treatment providers suggested that some gamblers drink less alcohol to provide more funds for gambling.

Mental health

Key informant interviewees described how the financial impacts of gambling cause stress and guilt for gamblers. The anxiety created by losing large amounts of money can be increased by the need to constantly to hide their behaviour from others.

Various mental and emotional health issues were seen as associated with the obsessive potential of gambling. These issues include increased emotional investment in the possibility of a big win; inability to accept that the machine always wins; playing alone; questioning the reliability of particular machines; becoming territorial over particular machines; asking bar staff for money back in the belief that it was unfairly lost; being aggressive towards non-paying machines; and people who get agitated when they leave with less money than they arrived with. This irrational thinking and aggressive behaviour has been noted in overseas research (Delfabbro and Winefield 2000; Parke and Griffiths 2004).

Some informants and reports suggested that there are higher levels of gambling among those with intellectual disabilities. This appears to be related to marginalisation as both a cause and effect – those with intellectual disabilities may take up gambling because they are marginalised, and because it is easy to learn how to
play EGMs, while those with intellectual disabilities who gamble, and especially those who have gambling problems, will become more marginalised.

Some informants reported impacts they saw as related to specific cultures. Maori informants reported a loss of mana, wairua or spiritual wellbeing. Asian service providers suggested that suicidal thoughts are higher among Asian gamblers.

**Emotional wellbeing**
Informants suggested that the endorphins released while gambling can be beneficial for those whose gambling is minimal or under control. However, heavy gamblers can enter a state that was described as “**numb**”, in which the rest of their lives no longer matters. Key informants suggested that this numb state dissipates once the person stops gambling, thus heavy gamblers may become dependent on this numbness.

> For a gambler, the minute the last dollar is lost, they sober up immediately and they walk out of that place and they feel gutted, they feel resentful and remorseful and see that what they’ve done has actually added to the concerns they had when they came in by now having another set of concerns because they spent a lot of money. So they get into this horrible cycle where the only way to feel good again is to access more money and start the process up.  
> [Gambling treatment provider]

For problem gamblers who use budgeting services, having their financial affairs scrutinised by others and put under the management of a third party can be disempowering. However, it was noted that, for others, having someone else taking control of their financial affairs can be a relief. Some sources also suggested that most problem gamblers are generally honest people who are often ‘led’ into dishonest behaviour by their compulsion. These uncharacteristic deeds are likely to have a significant impact on people’s perception of themselves.

**Impacts on family, whanau or household**
The ‘invisibility’ of gambling means it may take some time for family/whanau members to detect the problem, thereby exacerbating impacts. Many of the impacts of gambling on the families/whanau of gamblers identified echo the impacts on the gambler themselves. Impacts put forward included:

- Financial difficulties, leading to disconnected power or poor diet affecting the health of family, whanau or household members
- Families or whanau may use expensive or “**dangerous**” forms of credit to repay gambling debts or replace property
- Loss of transport or housing will impact on the lives, work, and financial situation of families or whanau members
- The ability of family or whanau members, especially women, to contribute to the community may be compromised
- The future material wellbeing of family or whanau may be compromised through a lack of freehold accommodation, and inability to save or contribute to superannuation schemes
If the physical, mental, or emotional well-being of a gambler is affected, their family or whanau may have to provide care, may lose the gambler’s income or potential income, and may have to contend with problematic behaviour. Becoming a client of budgeting or other social services may impact on the social standing of family or whanau. There is often a breakdown of trust between gamblers and their family or whanau. One treatment provider said that the relatives of an older woman were concerned because she was “gambling away” all her property, which they saw as their inheritance. This suggests that there may be long-term as well as immediate financial impacts on families’ quality of life.

**Children**

Some treatment providers said that children rarely “starve” because of parents’ gambling. They are more likely to go without adequate clothing, good food in sufficient quantity and social opportunities, such as activities at school or with friends:

> Gambling parents do spend essential income on a regular basis but not to the point where children are starving. [Pacific treatment provider]

Although there is significant publicity around the visible effects on children (such as being left in cars outside gambling venues) one key informant said that gambling-related domestic violence, poverty, and parental absence were more damaging to children. Informants also suggested that the publicity around children being left in cars has meant that gamblers are now more likely to leave their children at home unattended, where they are no longer in the public eye.

One TLA report details the impacts of gambling on children as: going without basic necessities; being left unattended; being taken out of parents’ custody; and being victims of emotional and physical abuse (Rankine and Haigh 2003, 16).

**Older family or whanau members**

Informants believed that older relatives often suffer because of the gambling of those in their family or whanau, via weakened relationships, poorer care-giving or theft. In addition, if older individuals are gambling, family or whanau members may find it difficult to approach them about potentially problematic behaviours. Because of this, it was felt that the impacts of older people’s gambling may build up over longer periods.

**Women**

Interviews with informants and data from reports indicate that levels of gambling among women have increased in recent years. This is generally linked with the widespread availability of EGMs.

Informants noted a number of impacts that were specific to women. These included: women who gamble often suffer domestic violence; some women start gambling because of abuse in their household; in other cases, men act violently when they discover their female partners are gambling, are spending household money on gambling, or are not providing for the household as expected.
Informants felt that increased levels of gambling among women inevitably increases the impacts of gambling on children, due to the fact that women are still generally the primary caregivers.

Other informants noted that many of the standard screening tools for problem gambling do not include questions about caregiving, and thus tend to be more likely to diagnose problem gambling among men than women.

**Impacts on community relations and the wider community**

Almost all comments about community relations were made about Pacific communities. It was believed that community impacts are likely to be more significant for Pacific gamblers, whose communities are interdependent, and whose aiga (family) usually extends beyond the gambler’s immediate household. In Pacific communities, there is a high degree of shame attached to problem gambling. Gamblers and their aiga will invent reasons for the telephone being disconnected, or for having been in prison, or on home detention when the real cause is gambling debts.

Individuals and aiga also experience significant shame when they cannot contribute to fa’alavelave (events such as funerals and weddings), donate to their church or to community projects such as the building of a new church. While some key informants suggested that Pacific communities are especially pressured to contribute to community projects, others noted that this was often used by Pacific gamblers to excuse or explain their gambling.

If a gambler is a role model or in a position of responsibility within the community, their behaviour can act to normalise gambling. This was particularly mentioned in relation to Maori and Pacific communities. Maori communities may lose faith in community leaders who gamble heavily, while in Pacific communities, pastors may preach against gambling while their church profits from housie nights, or while the pastors themselves gamble.

**Community funding**

The benefit of grants from gambling profits to community groups is well publicised. However, some key informants said this created an ethical dilemma for community groups that dealt with or were aware of the negative impacts of gambling, and thus believed that accepting gambling-generated grants was not appropriate. These groups may, therefore, be disadvantaged as other sources of funding decline, and charities’ dependence on gambling revenue increases:

> ... for every $1 they take there’s been at least $3 come out of probably the same community to fund that $1. If it was dollar for dollar, we would have less qualms about doing that. We actually encourage voluntary groups to seek alternate sources of funding. [Key informant from community group]

In addition, informants raised concerns about the manner in which the use of gambling-generated monies for community groups normalised gambling in communities. It was felt that this type of funding is often used to legitimate gambling, but little attention is paid to the fact that only a small proportion of gambling money is
utilised in this way. Representatives of the gambling industry interviewed noted that their community funding programmes formed significant parts of their licensing applications.

Informants and TLA reports also noted disparities in the distribution of gambling funds. However, this was believed to be less of an issue for EGMs in clubs or for local trusts. It was felt that EGMs in clubs are of more direct benefit to the community in which the clubs are located, and that other modes of gambling in clubs tend to be more community-based, such as meat raffles and housie. These latter forms of gambling are viewed as less harmful:

_I worry, for example, about the move away from things like housie towards things like gaming machines, because housie in the past was a social and an interactive activity as gaming machines aren’t. The money that was raised from housie tended to go to things like marae and church groups, and that’s not generally where the money from non-casino gaming machines goes. So to some extent there is a shift in the groups that are funded in the community as a result of the shift in players’ choices about what games they play_ [Key informant].

**Impact on different communities**

It was clear from the data collected that some communities are affected by gambling more than others:

_... the research that we’ve commissioned tends to show that some communities are impacted more severely or disproportionately than others. That, for example, Maori and Pacific communities have higher rates of problems and the problems are likely to be more severe because those communities, on average, are likely to have lower incomes, so there they can least afford to be losing money gambling._ [Key informant]

**Pacific communities**

Key informants highlighted that for first generation migrant Pacific families financial impacts can be intensified by the fact that many are less likely to have been socialised in a cash economy. Pacific economies tend to be based on intra-community circulation of wealth through fa’alavelave, contributions to churches, and giving within and between aiga. Underlying this economy is the understanding that what is given will come back in another context. The implication is that if Pacific people start using commercial forms of gambling, rather than those which are community-based, the money they spend is extracted from the community and rarely returned. Community-based poker games, housie and tote tickets are used by Pacific aiga and community groups for fund-raising.

Informants said the use of gambling for fund-raising in some key Pacific churches has made it difficult for those implementing harm-reduction programmes about gambling in Pacific communities to use these churches for education. This is a serious problem, as churches are one of the major ways of reaching Pacific communities, and having the support of churches can make these programmes far more effective.
Asian communities

Informants said the main impact on Asian gamblers, especially for recent migrants and students, was social isolation rather than immediate economic consequences. This was a particular problem for students from mainland China, who as only children are likely to move from being highly protected within their families to virtual isolation. Married migrant women can become involved in gambling because their husbands are often absent, their English language is minimal, and gambling provides a form of social interaction.

Findings from the research also suggest that the impacts of gambling by Asian migrants are most likely to be felt by their families. Young Asians with gambling problems, especially students, may invent elaborate reasons for needing more money. Informants stated that the level of financial parental support is especially high for young migrants from mainland China, who are likely to be their parents’ only child.

Excessive gambling among migrant Asian families in New Zealand can cause concern for the safety of the whole family, if the gambler is in debt to those commonly known as “loan sharks”. It was also felt that Asian migrants are less likely to go to the police because they know that loan sharking is not illegal and because, in their home countries, loan sharks are likely to be “gangsters”.

Women’s community contributions

Those who gamble heavily were seen as often becoming distant from their communities. Increasing gambling by women can have significant impacts for communities, as women, especially in Maori communities, generally contribute significantly to their communities and marae.

Some of them have given up useful activities like coaching netball and being on school committees, and just doing the usual parenting kind of stuff becomes less important and the gambling takes over. [Maori health provider]

Environmental impacts

Participants in community workshops for TLA reports said that non-casino EGM venues had a considerable environmental impact on their communities. The clustering of venues tended to result in areas they described as “seedy”, and they felt that this was likely to attract further “undesirable” activities, “lowering the tone” of particular communities. At the same time, however, this clustering also made monitoring and enforcement of laws and controls easier.

Budgeting and Work and Income New Zealand (WINZ) services

Some gamblers accept the help of total money management budgeting services, allowing the service to take over their income and organise repayments of their debts, allocating them a specified amount of discretionary income in cash. Informants said that those with gambling problems are more likely than other service users to request more than their allocated discretionary spending allowance, or find other ways to get more of their income than the allocated discretionary spending amount. This can mean that their repayments are not met, and jeopardises relationships between the budgeting
service and creditors, causing problems for other service clients who have debts with that creditor.

One informant said problem gamblers can develop elaborate reasons for borrowing money from WINZ and then fail to repay the loans. This can result in tightened loan procedures and diminishing trust in clients by WINZ officers, thereby affecting others who need to borrow money from WINZ.

Crime
Gambling-related crime may be committed by either gamblers or those working in or managing gambling venues. Informants generally classified gamblers’ crime in relation to socio-economic status: those on higher incomes were more likely to become involved in white-collar crime, while those on lower incomes were more likely to use burglary, drug trafficking or prostitution to fund their gambling.

Common forms of crime among gamblers on lower incomes that were highlighted included stealing from the gambler’s place of work, or falsely claiming a benefit. It was noted that although these are legally fraud, they may not be viewed in this way in the community, as lay meanings of fraud tend to focus on white collar crime involving business accounts. It was also mentioned that those who commit fraud often feel that they are “borrowing” the money and intend to pay it back once they win.

Informants said that fraud is prevalent among workers in the gambling industry, due to the enticements of “loose cash” and sloppy book-keeping practices:

> There were scams happening. So that a bar would give a grant to a club, usually rugby union club for new t-shirts, rugby shirts, something like that, you know $5000 and they would give them half the money and half would stay on the bar counter for it to be drunk. So the money actually went back, circulated back to the bar. So there were scams like that happening all the time. Then there were some high-profile ones like the helicopter one, but there were lots of them around... There’s about $1 billion goes through the pokie machines, so when there is so much money people have a way of trying to extract some of it for themselves, unless there is a very strict regulatory regime. [Key informant]

Other gambling-related crimes discussed, included money laundering, kidnapping (particularly in the Asian community) and prostitution.

Impacts of different modes and venues
Informants stated that the impacts of gambling vary, and are dependent upon the type of gambling, and the venue where the activity is undertaken.

EGMs
EGMs were consistently cited as the most common cause of gambling problems. Informants from treatment providers said 80 to 90% of their clients attributed their gambling problems to EGMs. A range of reasons were put forward for this, including:
the prevalence of venues, especially in more deprived areas
the long opening hours of EGM venues
their “addictive” nature through machine configuration and rapidity of play
jackpots, which encouraged continued gambling
the large amounts of money that can be fed into machines in a small amount of time
the low cost of each individual gambling stake
ease of use
a perception that money can be made easily, and more easily than with other modes of gambling.

Informants said that for women, playing the machines in a bar meant that they were clearly occupied and therefore less likely to attract unwanted attention from men.

It was noted that, in some communities, the proprietors of EGM venues are developing ad hoc procedures for minimising gambling harm. One such procedure is to encourage big winners to claim their winnings the following day.

**EGMs in private clubs**

While EGMs are generally believed to have the greatest negative impact, informants suggested that where they are located can modify overall impact. For example, many New Zealand EGMs are located in private clubs, for the use of club members. Informants suggested that these EGMs are less harmful, due to the restriction on their use to club members, and the potential help provided by others in this setting if individuals develop problematic gambling behaviour.

Furthermore, the clubs were seen as less profit-driven than the pokie bars, and thus less likely to promote the EGMs. Playing EGMs in this context was seen as more likely to be part of a night out, which may include a meal, a few drinks, and playing darts or watching a rugby game. However, informants also suggested that female club members may be more likely to gamble in clubs because these environments tend to be relatively male-oriented, with gambling therefore providing a form of distraction and entertainment for women.

Informants believed that benefits accrue to those who play the EGMs in clubs, as the profits often go straight back to the club to provide facilities for club members. They also accrue to the neighbourhood, as local groups may either apply for funding directly from the club or use the club’s EGM-funded resources.

**TAB**

One key informant (from the industry) suggested that the impact from gambling on racing events was far less than that of EGMs, predominantly because of the speed of turnover. They suggested that racing has important positive impacts through its support of a whole industry, which was not created for gambling, and because it provides a form of entertainment beyond the simple placing of the bet.
**Housie**

While there was a general consensus that housie is relatively harmless, one interviewee from a Pacific mental health service believed that this was not necessarily the case among Pacific communities.

... a ticket is $5 and if you are one of these skilled players you can play six cards, so that’s $30 per night and that could be six nights per week, so that’s a lot of money. It’s $180 already without even thinking about it. [Pacific health provider]

**Lotteries Commission products**

Some informants felt that Lotteries Commission products (e.g. Lotto, Instant Kiwi, Daily Keno) are also relatively harmless. One interviewee (from the industry) asserted that this was due to the fact that buying these products is part of everyday shopping, and does not require going to a specific venue. This informant also suggested that the human contact involved in purchasing these products discourages people from spending large amounts of money. This is in contrast to the more impersonal nature of EGMs, where there is no one to pass moral judgement on the amount of money being spent.

However, in relation to Lotto, some informants noted an increased demand for food bank parcels following particularly large jackpots. This suggested that people on lower incomes are likely to overspend on Lotto tickets when the potential win is greater.

**Casinos**

Informants suggested that the higher dress standards required in these venues attracts more affluent gamblers, and may also mean that visiting the casino is less likely to be an impulsive event. Casinos were often described as being safer and more pleasant than smaller pokie bars, and informants said gamblers viewed casinos as more reliable in paying out on EGMs (as they could not afford to be caught underpaying customers). One industry representative highlighted responsible host programmes associated with these venues, which include regular meetings with local and national treatment providers.

Other informants suggested the more pleasant casino environment could contribute to problem gambling, especially for people on lower incomes and Pacific and Asian migrants to New Zealand. In such instances, the casino is seen as a welcoming place that provides hospitality and a pleasant environment, and where individuals can participate without needing an extensive knowledge of the English language. Casino representatives cited the range of ethnic groups among their customers as a particularly attractive feature for migrants.

Casino table games encourage gambling among those seeking a challenge, as it is commonly believed that all table games require a certain level of skill. Informants noted this particularly about Asian gamblers. Non-casino informants said that casinos encourage the belief that table games, which operate purely on chance, actually have a system that can be mastered – by providing score cards similar to those used in bridge.
**New technology**

A number of key informants said that the ongoing development of new forms of gambling technology increased and shifted the impacts of gambling and, in some cases, made it increasingly difficult to monitor. Technologies such as the Internet and interactive television were described as “*bringing the casino into the home*”. They cited the research evidence that games with quick returns and the potential for quick reinvestment tended to be the most problematic. With the advent of internet casinos, telephone accounts with the TAB, text betting, and other forms based on new technologies, this combination of quick return and instant reinvestment is becoming increasingly prevalent.

Industry representatives suggested that particular forms of technology have the advantage of allowing closer monitoring of gambling activity and thus earlier identification of customers who may have gambling problems.

A recurring theme of new gambling technologies was their increasing use by younger people. Informants were also concerned that cash can be accessed with increasing ease (via electronic technology) thereby making it easier to fund continued gambling. One TLA report noted that all the gambling venues in their area offer cash-only EFTPOS transactions, and in many venues staff will take the EFTPOS terminal to people while they are sitting at an EGM.

**National economic impacts**

Informants were fairly polarised when considering the contribution of gambling to the national economy. Some suggested that gambling impoverishes families and creates a drain on welfare and social service organisations, and that the industry removes money from local economies. Others, generally those from the industry, suggested that gambling provides high levels of employment and training, and that the industry’s use of goods and services contributes to the national economy. In contrast, the report for the seven Auckland TLAs documented that “there appears to be no evidence that EGMs increase employment. Money for gambling is diverted by individuals from savings or from other expenditure” (Centre for Gambling Studies 2004, 9). Some TLA reports and informants asserted that gambling-related employment tends to be part-time, and is likely to substitute for employment in other economic sectors.

This stage of the research revealed a range of national impacts:

- Increased use of health services and health subsidies
- Additional demand on welfare agencies for food and health-related costs
- Increased domestic violence and relationship breakdown leading to increased demand and costs for welfare groups and family courts
- Increased costs for Child Youth and Family Services in dealing with affected children
- Impoverishment, resulting in additional demand for benefits from Work and Income New Zealand
- Increased levels of fraud, with resultant police, justice system and prison costs
- Loss of productivity in workplaces.
Impacts on gambling sectors and other industries

Gambling sectors

Gambling provides profit for venue managers, owners and shareholders and employment for venue staff. Informants said the negative impacts of gambling for the industry are predominantly related to the “negative image” of problem gamblers, especially those who attract media attention.

Gambling sectors that provide self-bar facilities or other ways of preventing the participation of individual problem gamblers may exclude these heavy spenders from their venues. This means that the gambling sector may profit from a heavy spender for a short time and then ‘lose’ that person for two years or more. This may benefit other industry sectors, as some informants said that problem gamblers who are barred from one venue often gamble at similar venues or change to a different mode of gambling.

When informants spoke of gambling impacting on businesses, this was often in relation to others sectors of the industry. Some said that since EGMs have become widely available, expenditure on Lotteries Commission products such as Lotto, Daily Keno and Instant Kiwi has decreased. They also said that the opening of a large casino tends to result in the closure of neighbouring small non-casino EGM venues.

Venues and employees

Some key informants highlighted that while non-casino EGM venues do not always employ extra staff when EGMs are introduced, the presence of EGMs does create extra work for existing staff. EGMs thus lessen the time employees, managers and venue operators have for other parts of the business. This can impact on the financial status of the venue, as EGMs are not generally profit-generating for the venue.

Venue operators interviewed for TLA reports were divided on the value of administration costs claimable for EGMs. Some said they did not cover the costs of having EGMs in the venue. Others said that claimable administration costs exceeded the actual cost of hosting EGMs, and some operators admitted that their venues would not be viable without this excess, which can be channelled unofficially into other areas of the business.

The behaviour of problem gamblers can impact on those working in the industry. Venue operators said they had to prepare for the possibility of clients abusing or assaulting staff. They also needed procedures for dealing with “problem” clients, which they perceived as another drain on industry resources.

A number of TLA reports documented that, in some communities, groups of regular EGM users converge on bars where they believe a jackpot is due to be struck. Some venue proprietors said that “jackpot chasing” lowered the tone of bars that were not primarily EGM venues.
Other industries

Some informants stated that retailers notice drops in spending during the weeks when Lotto is jackpotting. However, these slumps are generally related to luxury spending, suggesting that money spent on Lotteries Commission products is discretionary income for extras or non-essential items. This is supported by the drop in spending on Lotteries Commissions products at the beginning of school holidays, when households are more likely to using their discretionary income for other activities.
Qualitative Study of Gamblers and Affected Others

Introduction

In order to inform the development of a tool to measure the full range of economic and social costs, including those of relevance to different ethnic groups in New Zealand, qualitative data were collected and analysed from people involved in gambling, and individuals who had been impacted by somebody else’s gambling. Findings from this stage of the research identified similar issues to those that were collected from interviews with key informants (see previous section). However, data from interviews with gamblers and ‘affected others’ provided further detail and depth to this understanding.

Methodology

Focus groups and face-to-face individual interviews were carried out with ‘heavy’ or ‘problem’ gamblers, ‘low level’ gamblers and ‘affected others’. ‘Heavy’ or ‘problem’ gamblers were defined as people who identified themselves as having a gambling problem or those who had sought treatment for their gambling. ‘Low level’ gamblers were defined as people who did not feel that their gambling had a negative impact on their own life, or those close to them. ‘Affected others’ were individuals who had been impacted by somebody else’s gambling. They were predominantly family members and friends of gamblers, although a work colleague of a gambler was also interviewed.

Men and women were interviewed, and ‘older’ and ‘younger’ gamblers. The sample was further segmented to include Maori, Pakeha, Tongan, Chinese and Korean individuals.

It was initially intended that focus groups would be the primary data collection method for this phase of the study. However, once the study commenced, it soon became clear that this was not appropriate for all sections of the sample. Some individuals were uncomfortable talking about their gambling in a group and preferred face-to-face individual interviews. The researchers who were responsible for recruiting and facilitating the groups and interviews decided on the most appropriate method.
A total of 68 interviews and five focus groups were conducted, as follows:

<table>
<thead>
<tr>
<th></th>
<th>Maori</th>
<th>Pakeha</th>
<th>Tongan</th>
<th>Chinese</th>
<th>Korean</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td><strong>Low level gamblers</strong></td>
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<tr>
<td></td>
<td>N = 1 focus group</td>
<td>N = 4 individual interviews</td>
<td>N = 1 focus group</td>
<td>N = 1 focus group</td>
<td>N = 3 focus groups, N = 4 individual interviews</td>
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<tr>
<td><strong>Older women (25+ years)</strong></td>
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<td></td>
<td>N = 5 individual interviews</td>
<td>N = 4 individual interviews</td>
<td>N = 1 focus group</td>
<td>N = 1 individual interview</td>
<td>N = 3 individual interviews</td>
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<tr>
<td><strong>Older men (25+ years)</strong></td>
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<td>N = 4 individual interviews</td>
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<td>N = 4 individual interviews</td>
<td>N = 4 individual interviews</td>
<td>N = 20 individual interviews</td>
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<tr>
<td><strong>Younger gamblers (&lt; 25 years)</strong></td>
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<td></td>
<td>N = 2 individual interviews</td>
<td>N = 4 individual interviews</td>
<td>N = 1 focus group</td>
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<td>N = 10 individual interviews</td>
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<tr>
<td><strong>'Affected others'</strong></td>
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<td>N = 5 individual interviews</td>
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<td>N = 4 individual interviews</td>
<td>N = 21 individual interviews</td>
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<td><strong>Totals</strong></td>
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<td></td>
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<td>N = 20 individual interviews</td>
<td>N = 3 focus groups, N = 8 individual interviews</td>
<td>N = 1 focus group, N = 11 interviews</td>
<td>N = 13 individual interviews</td>
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</tbody>
</table>

Respondents were recruited in two ways. PGF helped recruit a proportion of Pakeha, Chinese and Korean respondents, including carrying out four interviews in Christchurch. PGF clients were approached by letter or face-to-face and asked whether they would be interested in participating in the research. If they agreed, they either contacted SHORE directly or gave permission for their contact details to be passed to the researchers. Once contact was made, an appropriate time and venue was agreed for the interview to take place. The researchers directly recruited all other interviewees, using their own community networks.

Female and male researchers were available to conduct interviews, where appropriate. In addition, interviewers of the same ethnicity were employed to recruit and facilitate discussions amongst each of the sample groups. The only exception was with the Chinese sample. The majority of interviews and the focus group were conducted by a Chinese researcher, but when one of the contracted interviewers was not available, a Whariki researcher carried out four interviews. Participants were offered a small koha in recognition of their contribution to the research. The majority of respondents were given the choice of a $20 petrol or grocery voucher. However, on the advice of the PGF, some of the Chinese participants were offered a crested gift from Massey University.

All interviews were conducted using a topic guide developed by the research team. Individual interviews lasted between 15 minutes and an hour, and focus groups lasted between one and two hours. Where possible, discussions were recorded, and replayed
after the interview for analysis. Interviews were not transcribed. The researcher either took notes during the discussion, or made extensive notes from taped interviews.

Results

This section firstly describes the negative impacts of gambling on gamblers and those affected by their behaviour, including friends and family or whanau. This is followed by an overview of the perceived benefits of gambling.

Interviews with gamblers and ‘affected others’ identified seven areas of gambling costs and impacts - financial, living standards, employment, health, relationships, leisure and legal. Many of the issues raised in groups and interviews were similar across the ethnic groups interviewed. Where differences were identified, these are detailed separately.

Financial costs

Interviewees consistently raised the financial impact of gambling on their lives as an issue. This occurred on a number of levels.

Many interviewees spent a significant proportion of their income on gambling. For heavier gamblers, this usually started with smaller amounts and grew over time. In some instances, individuals were spending all of their regular income – as well as funds secured from other sources – on gambling activities. This had severe financial implications, as they had very limited or no money for other commitments. This meant that utility bills were either paid late or not at all, rent or mortgage payments were missed, and business-related obligations such as tax bills went unpaid. As a consequence, interviewees described being evicted from their homes, having cars repossessed, and power and telephone supplies disconnected. They also often accrued further debt from unpaid bills passed to debt collection agencies.

Interviewees described the “juggling act” required to manage their financial situation:

“We’ve moved house four times in the last two years because the rent wasn’t paid, the power has been cut a few times. [Male affected other, Maori]”

“I’ve had my telephone cut because I spent our bills money on the machines, and then when I had to cover the bills I thought we could do without the telephone – so paid other essential bills like the power and water instead of the phone. [Female heavy gambler, Tongan, 25+ years]”

“I’ve watched the whanau waste all their finances on the machines, going home to no food, behind on power and rent, ring around for loans to try and fix up the rent, power, food, pawn off the TV and stereo just to get an extra $30 to feed their habit. [Male heavy gambler, Maori, 25+]”
We don’t have a TV anymore because I sold it for $100 to pay for our power bill. It’s worth about $800 but we were desperate as they were going to cut the power. [Male heavy gambler, Tongan, 25+]

We’ve heard of people getting into heaps of problems and losing their homes and cars. I have come close to losing my car but not our house because we are renting. I mean sometimes we miss the rent and then we have to stop other payments to cover the missed rent. [Female heavy gambler, Tongan, 25+]

Interviews with both gamblers and “affected others” revealed the level of borrowing that had occurred as a result of gambling. This included money borrowed from friends and family members, as well as lending establishments. The gambler often hid the real reason for needing the funds, and would lie about why the money was required – particularly when borrowing from friends and family or whanau members:

I’ve found myself lying more and more because, you know, I’m supposed to be at school but I’m not. And to cover up I just keep lying and borrow money from my brothers and Mum for books or school stuff, but really it’s for playing and drinking and smoking. [Male heavy gambler, Tongan, < 25 years]

I’d tell them my car had broken down and get the money, but never pay them back. [Male heavy gambler, Pakeha, 25+]

I can only speak for myself but I think one of my major problems is that I lie all the time – lie about how much I spend, lie about where I am and just lie about what I am doing. You know my wife will ask me “Where have you been?” I’ll say that I was at so and so’s place, but really I was at the TAB. And other times I’ve spent the money and then I have to ask my brother for $5 or something to buy petrol or bread or whatever. You lie a lot, especially if your partner or family do not gamble. [Male heavy gambler, Tongan, 25+]

Gamblers described how they “maxed out” credit cards and took out bank loans to sustain their gambling. As they did this to get money at short notice, they often did not search for the most competitive lending conditions or consider their ability to repay these debts:

I’d get loans from finance companies with no intention of paying it back, or didn’t care what the interest rate was, as long as I got the money. Within two days, I’d blown the loan, and I had no way of paying it back. So financially, my parents or my family would have to bail me out of that and pay it for me. It got to the stage where I was selling my cars and my furniture. [Male heavy gambler, Pakeha, 25+]

In some situations, loans were taken out to pay off debts accrued as a result of gambling. This was often the case when the gambling was discovered by “affected others” who arranged ways to manage the damage. One interviewee, whose wife had developed a gambling problem, had no idea of her behaviour or the debts that she had built up. When he discovered the problem, he took out a loan to pay the debts off, as she could not get credit because of her poor financial history. Another respondent told how her family had to re-mortgage their home, to pay off the debts she had built up gambling.
Interviewees identified the financial impact from losing employment as a major issue. Some individuals had suffered financially because their employment had been terminated due to their gambling. This resulted in lost earnings while the gambler looked for another job. One interviewee also described how she was “forced” to accept a less skilled and lower-paying position because of the financial pressures she faced.

**Impacts on living standards**
A major consequence of gambling losses was a drop in living standards for gamblers and their family or whanau.

When gambling had priority for household income, interviewees described how they had less money to spend on necessities such as food and clothing, and general expenses such as school fees. Some interviewees recounted how they spent their “bread and milk money” on gambling, and generally bought fewer items for their children and their home:

*I spend the food money. So far it hasn’t been too bad, but I know that I have cut down quite a bit and the kids complain because I don’t buy what they want for their lunches like chippies and muesli bars and things like that. I just keep to the basics now, sandwiches and sometimes a fruit.* [Female heavy gambler, Tongan, 25+]

Individuals described how their home environment had been affected. One interviewee had sold all his furniture and some of his belongings, on several occasions. All of the proceeds had subsequently been lost on EGMs. Others told how they no longer cooked meals, or had food in the house, particularly during heavier periods of gambling. This was either because they were away from the house gambling, or because of a lack of money. As a result, their eating habits had severely deteriorated and they ate very sporadically:

*I wasn’t eating, didn’t have enough money for food. I would only have one or two meals a week, and that was usually something like fish and chips.* [Male heavy gambler, Pakeha, <25]

The breakdown of relationships due to conflict about gambling also reduced respondents’ standards of living. A number of the people interviewed had separated as a result of gambling, with either the gambler or their partner moving out of the family home. Given financial hardship, they had generally been forced to look for cheaper accommodation of a lower standard than previously. A husband of one gambler interviewed was living at his place of work after separating from his wife. Another respondent described how he had sought out the cheapest accommodation possible after moving out of the family home.

**Employment impacts**
Some of the gamblers interviewed in the research were employed in full-time or part-time positions; others were not working. Most, however, spoke about the impact that gambling had had on their employment situation.
Some heavier gamblers gambled during extended evening sessions, sometimes lasting through the night. The long hours spent at casinos or EGM venues meant that their work performance the next day often suffered. They described how gambling “slows you down” and “takes away your focus from work and you cannot concentrate”. For some, this also led to absences from the workplace.

I’ve had to take time off work because I’ve spent all night at the casino and need to sleep. And other times I take off early so I can go play the machines before I go home. But mostly I’d rather be at the casino than be at work. I daydream about winning and hitting the jackpot. [Male heavy gambler, Tongan, 25+]

Other individuals gambled during the day. For some, this was restricted to lunchtimes only, when they would spend their allocated break at a local venue. However, this activity sometimes spilled over into work time, and resulted in unauthorised extended lunch breaks. Others would arrange their work day so that they were able to gamble during working hours. One respondent, whose position meant that he spent much of his work time out of the office, described how he would timetable his work commitments so that he was able to “sneak off to play the pokies”.

Stress and worry about gambling also impacted negatively on work performance for most gamblers interviewed. Even during work, their mind was often not “on the job”. This was because they were thinking about the next time they could gamble again, or were worrying about gambling-related problems, such as mounting debts. Coupled with a lack of meals, or a generally poor diet, the effects on their work outputs were significant, and often resulted in absences from work.

Some gamblers interviewed had lost their jobs as a direct result of their gambling activities. This was usually due to unreliable attendance, being late for work, or not fulfilling work duties. One woman interviewed had spent extended periods of time “playing the pokie machines” during the day, and had subsequently been fired for “abandonment of clients”. Another was dismissed because she stole a significant sum of money from her employer.

The impact on employment was not limited to those who were gambling, but also included “affected others”, such as partners or other family or whanau members. One male interviewee described how he couldn’t “go and look for work right now, because I still look after the baby while she’s in there gambling”. For other family or whanau members, the stress that gambling created in their life also impacted on their ability to carry out their work duties effectively, or to look for employment themselves.

It has affected my company, which is reliant on me being there. I do the day-to-day management. It’s affected my sales – I’m not mentally on the game. I am also fairly short with my temper, and will flare up easily, which I didn’t used to be like. [Male affected other, Pakeha]

I thought to myself ‘why the hell should I go out and work all day when she’s only going to and give it back to the pokie machines?’. Well, that’s my fear
why I haven’t gone out and looked for permanent work. [Male affected other, Maori]

One interviewee, whose husband had been a very heavy gambler, described how his behaviour impacted on their business. She was not involved in the firm on a day-to-day basis, so was not aware of the extent of her husband’s gambling. After his gambling problem came to light, however, she discovered that he had regularly taken cash out of the business. He would often also close their business early to go gambling. The situation deteriorated to the extent that the business eventually folded.

Other ways that gambling impacted on employment included individuals stealing from employers to fund their habit. Another woman dissolved a business partnership so she could use the money for gambling. She also increased her business revenue as a means of generating additional finances for her gambling habit. One respondent described how he missed a scheduled job interview because he chose to continue gambling instead.

Health impacts
Both problem gamblers and “affected others” spoke about the impacts of gambling on their physical and mental health, and emotional wellbeing.

Physical health
For some gamblers physical health effects were linked to the environment in which they gambled. They described spending significant periods in “smoky environments”, with little ventilation or natural light. This often resulted in “strained eyes”, and feelings of dehydration. Whilst some interviewees did not smoke themselves, they were concerned about the effects of “passive smoking”. Some were also gambling in venues where alcohol was served and, as a result, found themselves consuming larger quantities of alcohol than they normally would. However, many respondents gambled without drinking any alcohol.

The length of time spent gambling had an effect on individuals’ physical health. Some of those interviewed were gambling for extended periods. One male interviewee, for example, told how he spent “three days and two nights on a machine”. As a result, individuals suffered from sore backs, “blurry eyes”, and headaches. Their diet was also often affected by this activity. They either ate at irregular intervals, or ate unhealthy foods “on the run”. One interviewee said he was eating only two to three meals a week at the height of his gambling. As a result, he lost a significant amount of weight, and had very little energy for anything else. Others would “trade off” eating, in order to have larger sums of money available for gambling:

*Sometimes I would rather go hungry and save my money to go to the machines. I’d rather wait for a spare moment and go down to the machines than spend money on food. I’ve done that a few times and I’ve felt faint, but I’d rather leave it for the machine.* [Female heavy gambler, Tongan, 25+]

On the whole, respondents who were heavier gamblers or who had accessed help for their gambling believed that their physical health had deteriorated because of this behaviour. They felt constantly tired, “run down” and generally lacking in energy.
Mental health and emotional wellbeing

Gambling had a significant impact on individuals’ mental health and emotional wellbeing. This was often due to the sense of guilt they felt about their gambling and the level of lying and deceit they practiced. This included gamblers lying about what they were doing with their time, why they had no money and why bills were not being paid. Even once the gambling had been discovered, interviewees gave examples of how they covered up behaviour. They would lie about why they needed to leave the house, how often they were gambling and how much money they had lost. Some respondents spoke about living in a constant state of fear, with the dread of others “finding out” creating considerable stress.

The stress incurred as a result of gambling affected both gamblers and their friends and family or whanau. It led to “sleepless nights”, decreased appetites, and increased rates of smoking and drinking.

I just get so stressed out at not having any money afterwards that I think I’m going to lose it. But shit happens and I just keep going and I manage – but it is so stressful especially when you need some money for something and there’s nothing left. My pay is usually spent by the time I see it in the bank anyway. [Heavy gambler, Tongan, <25]

Gambling reduced individuals’ self-esteem. Interviewees, particularly heavier gamblers, described how ashamed they felt about their behaviour. Some spoke of the “loss of dignity” associated with gambling. These feelings were especially amplified when individuals realised how much money they had spent on gambling, or when others found out about their “problem”.

When I sensed that I was not me, not the one that I knew well, I was so unfamiliar with my self and it was such a scary feeling. [Female heavy gambler, Korean, 25+]

I used to feel really good about myself. But that’s wearing thin at the moment. [Male heavy gambler, Pakeha, 25+]

Mood swings were also mentioned in interviews. Individuals recounted how they would swing from extreme highs when they won, to deep depressions when they lost. The latter was also often due to a realisation of what they were doing, and how much it had impacted on their own and other people’s lives.

I get scared about not having money and then I get hopeful that I will win, and then I feel stressed and desperate, so it’s a mixture of feelings all the time. [Heavy gambler, Tongan, <25]

One respondent had attempted suicide because of his gambling, and others spoke about feeling suicidal. This was often at the time when events had come to a head, either because others had found out about their problem, or when they had lost a substantial sum of money.

I thought I was coping initially, but then it became clear I was in a depressed stage. I didn’t know how to get out of it. I had thoughts of suicide, of robbing...
people for money. I ended up stealing my flatmate’s furniture, selling it and running away. I planned to play the pokies till I ran out of money and then I was going to commit suicide. But I chickened out. [Male heavy gambler, Pakeha, 25+]

**Impacts on relationships**

Gambling had had a major impact on interviewees’ relationships with friends, partners, parents, children and siblings.

Some gamblers consciously decided to withdraw from friends and family or whanau networks. Heavier gamblers, in particular, said they were embarrassed about their gambling, and the obvious impact it was having on their life. To keep this hidden, they stopped contacting friends, family or whanau, would not return phone calls, and turned down invitations to social events. One male gambler said he stopped inviting people to his house, as he was embarrassed about the state of his home, his lack of food, and the fact that he “would not even be able to offer them a tea or coffee”.

*At that time, I felt that people could see through me, could see that I was losing weight, was in a terrible health state. And they would ask me why, and I would have to come up with all sorts of lies, so it was easier to stay away from them.* [Male heavy gambler, Pakeha, 25+]

In addition, the time spent gambling meant that they were simply not available for social events. As a consequence, gamblers lost friendships, and previous networks were replaced by those that involved only gambling acquaintances. Some interviewees also said their gambling was a very solitary activity. They liked to escape from the realities of their life, and did not want other people around them to disrupt this.

*I found that we’d plan to meet at the local for a few drinks then go from there to town. But I would want to stay at the pub and play more, and then if we didn’t plan to go to the casino in town some time during the night – then I wouldn’t go with them, or I would be irritable during the night. I’ve even sneaked off to the casino once in town, just because I’d rather play the machines than go dancing with my friends. Yeah, they get pissed off with me too.* [Heavy gambler, Tongan, < 25]

*My friends changed – instead of hanging out with people that were outgoing and wanted to do things, I was hanging out with people that were lethargic and had no goals in life – and just wanted to sit on the couch or go to the pub.* [Male heavy gambler, Pakeha, 25+]

Where the gambling was known about, it often created conflict in relationships, particularly for heavier gamblers. This was mostly due to the amount of time or money family members spent gambling, resulting in either verbal or, less commonly, physical altercations. One Chinese gambler went to the casino after work nearly every night when his children were young, angering and upsetting his wife, who blamed him for “shifting all family and business burdens onto her”.

*I have constant arguments with my husband, because he, when he finds a letter for an unpaid bill or a final notice or something like that, he goes wild.*
I always try and get the mail but sometimes he gets home before me and I worry that he’s picked up the mail and has found out that I haven’t paid the telephone or power or something. [Female heavy gambler, Tongan, 25+]

I felt nothing was interesting, losing even sexual desire. It caused a lot of arguments with my husband. He suspected that I was having an affair. But I couldn’t say that ‘it was because of gambling. of course’. [Female heavy gambler, Korean, 25+]

She [mother] is always trying to hide it [the gambling] and lie about this and that, especially unpaid bills. And then she rings around to my other sisters and brother to help her out with this bill and that bill, and then they argue and all hell breaks loose. It increases the tension around the house, and I feel it because I live at home. [Affected other, Tongan]

The interviews suggest that the discovery of a person’s heavy gambling by others was a defining moment. This usually happened when the situation had reached a crisis, and the gambling could no longer be kept hidden, for example when debts became evident or a gambler had committed a crime. Both “affected others” and gamblers spoke about the devastating impact of this on relationships. Friends and family or whanau felt betrayed and deceived, and no longer able to trust the gambler.

Gambling also impacted on the level and quality of time gamblers spent with their children. Interviewees recounted incidents where they had neglected childcare duties, or missed appointments due to their gambling:

I’ve seen it in my own family where the kids are left at home and the parents are off at the casino. It’s really bad you know, those kids can get up to anything when there is no parent at home. [Male heavy gambler, Tongan, 25+]

Once I would have spent it [my money] on my children and grandchildren, but now I go out and gamble, and then spend on them. [Female low level gambler, Maori, 25+]

Many interviewees had relationships that had been damaged beyond repair. Gambling had caused the break-up of marriages and relationships with other family members. One female gambler described how her family “disowned her” when they discovered her problem and at the time of the interview, were still refusing any contact with her.

Leisure time

Across all ethnic groups, gambling had impacted on the way in which interviewees spent their leisure. Regardless of whether this had previously involved social outings with friends, sporting activities or weekend trips away, all spoke about how they no longer engaged in such activities.

For some, this was because they were spending the vast majority of their time gambling; there was little time available for anything else.
I suddenly felt that I was on a desert island, one day. I had met no-one for a few weeks and did nothing but gambling or thinking of it. I felt like I didn’t exist in this world. [Female heavy gambler, Korean, 25+]

I go every spare moment I get. If I’m not working or looking after the kids I’ll go down there. I’ll say that I’m going to do the shopping but I’ll go down there instead. [Female heavy gambler, Tongan, 25+]

A lack of money also played a role in curtailing other leisure activities. Some respondents were spending all their available money on gambling, so there was little or no funds available for other leisure pursuits. If money did become available, it was often used for gambling.

For some, gambling was such a focus of their life that they simply had little or no interest in anything else. Much of the energy and time of those who spoke of their gambling as an “addiction” were spent either gambling or thinking about gambling.

One interviewee had been sentenced to home detention because of a crime she committed in relation to her gambling. She described how this had impacted severely on the way she spent her leisure. As she was confined to her home, she relied on friends and family to visit her.

Crime
Gambling had resulted in a number of respondents acting illegally. Some had stolen cash from friends and family and used it for gambling. Others had obtained money illegally from credit or debit cards belonging to friends or family. The wife of a gambler described how her son had withdrawn a large amount of cash to buy a car, and hidden it because of her husband’s gambling problem. However, her husband had found the money and spent it on EGMs.

In cases such as these, the theft was not usually referred to the police; friends and families dealt with it themselves. Other respondents, however, had been convicted of offences relating to their gambling. This had resulted in prison sentences, home detention or both. For one interviewee, this was because she had stolen a large sum of money from her employer. Another respondent committed an unspecified crime directly related to his gambling, and served two and a half years of a jail term.

You’ve gone and spent all the money on the pokies and you got nothing so you go and earn through burglaries, I suppose, heaps of crime in the community. [Male heavy gambler, Maori, <25]

Issues specific to ethnic groups
This section details findings specific to the ethnic groups interviewed. Given the relatively small sample size, these should be taken as indicative only. In addition, the varying ways in which participants were recruited, and the different age and gender of respondents may mean that ethnicity is not the only reason for the differences identified between these five sample groups.
Maori

Maori interviewees were involved in a wide range of gambling activities. EGMs or “the pokies” was the favoured form of gambling, with casino-based activities (including roulette) and “housie” also common. A small number were gambling on “the horses”, whilst Lotto was generally done in conjunction with other betting. One respondent had been involved with “illegal gambling up North” and another had recently started playing Keno.

A number of interviewees spoke about the popularity of gambling amongst their whanau. For these respondents, a significant proportion of their family members were involved with some form of gambling, and these people often acted as a catalyst for their own involvement. They recalled “cousins” and “aunties” who had first introduced them to betting – often via home-based card games, or community housie events.

I started at 16 and have been playing four or five years. I was introduced to cards by Mum and Nan and the aunties, who play poker. [Male heavy gambler, <25 years]

Gambling was sometimes associated with benefiting Maori groups. Respondents gave examples such as housie evenings which raised money for the local community or for marae-based projects.

For me, housie evenings were the biggest help towards Maori communities – marae, kohanga reo, they all used to do it. [Gambling] helped make your marae better, helped fix toilets, showers and stuff.

Maori interviewees described a wide range of negative impacts, particularly the way in which gambling conflicted with Maori values of whanau. Those spending significant periods of time and money gambling spoke about how it “makes you put yourself before others”, and place less value on whanau relationships. This meant that they were devoting less time to their children, spending household funds on gambling, and “getting angry at the kids for small things”. One interviewee recalled placing her children in kohanga reo so that she was able to gamble. Compromised care-giving was often discussed during interviews, with individuals talking about “children being left at home by themselves or with one parent” or “having to go home with no groceries or meat in the cupboard”.

Others spoke about the additional responsibility placed on whanau members, because of their gambling.

Affects one, affects everyone, like a domino – whanau, hapu, ultimately iwi. [Male heavy gambler, 25+]

An “affected other” described how her parents started leaving their mokopuna with other family members and were consistently late picking them up. As a consequence, others had to take responsibility for the children:
Usually they say it [gambling] is for the night, but then they don’t turn up until Sunday. They would get angry if I just took moko back to them on Saturday instead of waiting until they pick her up on Sunday….When I told Mum I was concerned about moko, and that I believed it was because of their drinking and gambling, her reply was that I should look after my own kids and not judge her. [Female affected other]

For some, the fact that whanau members had to help out with problems associated with gambling, such as repaying debt or assisting with childcare, contributed to a loss of mana: “It puts you down as a Maori”. In some cases, individuals had stopped attending cultural events because of this. One interviewee, for example, was no longer attending hui at their local marae. The emotional effects of gambling amongst Maori were closely linked to wairua and identity. Interviewees talked about gambling weakening their wairua and “breaking” them “spiritually”. For some, gambling was also seen to block wellness.

**Pakeha**

The Pakeha sample was drawn from PGF’s client base, so all had sought treatment for their gambling. Most were still receiving counselling, and almost all had stopped gambling. A number of the “affected others” interviewed were also clients of PGF.

All of those interviewed had been heavy gamblers, with “pokies” their preferred mode. The vast majority had played these in bars and pubs rather than casinos. This may be because one of the interview locations was a small city which did not have a casino. One male respondent had also regularly bet on horses at the TAB.

These individuals sometimes spoke about drinking alcohol while they gambled. Some gambled alone, while others gambled with friends or acquaintances. A number who gambled alone had started off visiting gambling venues with their friends. However, as the frequency of their gambling increased, it often became more of a solitary pursuit:

*I was drawn to it by the social aspect of going with another person that I wanted to spend time with. Within a few months I was going on my own.*

[Female heavy gambler, 25+]

*To start off it was social – with your mates having a good time. A few drinks, talk while you’re playing. But not later on, then I started going on my own.*

[Female heavy gambler, 25+]

Pakeha interviewees were much less likely to gamble with family members compared to other interviewees. Although a small number had been introduced to gambling by a close relative, they generally did not continue gambling with them. These individuals usually kept this part of their life secret from others, and it only became known when the situation reached a crisis.

Gambling impacted on Pakeha interviewees in a number of ways. In particular, respondents spoke about the financial costs and the harm caused to their relationships with family and friends. Some had lost houses, been evicted from properties, or forced to seek cheaper accommodation. They had also had difficulty keeping up with
their rent or other bill payments. A number had been ostracised by family members, or suffered marriage break-ups.

Pakeha interviewees who gambled had suffered a number of legal consequences. Some described how they had stolen to fund their habit. A small number had been jailed as a result.

Pakeha individuals also sought financial assistance from family members. It tended to be parents or spouses rather than siblings who helped with money. Pakeha respondents also usually asked for financial support to pay off larger debts, rather than for day-to-day expenses such as utility bills. The family of one female interviewee had re-mortgaged their home to help pay off her debt, whilst another respondent’s parents had taken on the mortgage repayments of his house.

I got myself into debt. My parents bailed me out after I owned up to gambling. But within six months, they had to bail me out again. [Male heavy gambler, 25+]

A number of respondents also borrowed money from their wider family to ensure that immediate family members were not alerted to the problem. One respondent sought financial assistance from her sister-in-law and “swore her to secrecy”.

**Tongan**

Male and female Tongan respondents cited “the pokies” as their preferred gambling activity. Tongan men interviewed also bet on horse races at the TAB. Women interviewees only “played the horses” as part of group bets on high profile events such as the Melbourne Cup. Tongan interviewees were also attending “housie”, and purchasing lotto, raffles and tote tickets. Often this was part of fundraising events, some of which were church-based.

I buy lots of tote tickets because that’s how we fundraise in our family group – so we give out and then people give to us. And sometimes we are buying tickets worth up to one or two hundred dollars a week if there are a lot. When it’s like that we have problems, but usually it’s around twenty to forty dollars a week. [Female heavy gambler, 25+].

Tongan interviewees were more likely to gamble alongside friends and family. They spoke about meeting friends at casinos, or visiting these venues with sons, daughters or spouses. Some did so on a regular basis with a set group of associates. This was common among males and females, and older and younger interviewees.

I went there [casino] with my older brother and some of our mates when the casino opened, and we are still going. At the time I was the youngest and under-aged but we all got in and now we’re still going. You know, we go to play, drink at the bar and listen to music. It’s not a bad place to go, it’s got everything. [Male heavy gambler, <25]

I love the chance to get out of the house with my friends, and the casino is always open so there is always somewhere to go anytime. [Female heavy gambler, 25+]
My daughter took me to the casino to have a look around, and since then I always go back – sometimes with her and her husband but other times I go with my friends. [Female heavy gambler, 25+]

A number of respondents spoke about organising group trips or outings to gambling sites. One respondent described how she arranged a Christmas event with friends at a local restaurant that had EGMs, so that they were able to gamble afterwards. Others had taken visitors from Tonga to casinos as a sight-seeing activity.

The first time I went to the casino was with my Mum and Dad when my uncle came from Tonga and then Mum and Dad wanted to take him there so I drove us there and then we all went inside. [Female heavy gambler, 25+]

The social aspects of gambling amongst this group were also evident in the way in which funds were pooled between friends. Respondents described how they were sometimes able to continue gambling, despite having no money of their own, due to one of their associates sharing their winnings.

When I've finished my money I just sit around and watch other people play and then I meet some friends and they will give me some money and then I play again. When a Tongan person wins that is always good because they will always share some of their winnings with other Tongans around and then that gives you a little more to play on. [Male heavy gambler, 25+]

Many Tongan participants were living in extended families and family members were therefore likely to become aware of their gambling and how this was impacting on their life. Effects on finances and family relationships were most often mentioned during interviews.

One respondent believed the financial impact of gambling losses would be greater on the Tongan population, given the over-representation of Tongan and wider Pacific populations among people on low incomes in New Zealand.

Most of our people don’t get much and are on the minimum wage – but the costs [of gambling] for everyone stay the same. [Low level gambler, 25+]

Among Tongan interviewees, the financial shortfalls caused by gambling were often covered by family members, whether living in the household or elsewhere. Interviewees recalled how their siblings, parents or children had to pay bills on their behalf, often for utilities that were threatened with disconnection.

Pawning of traditional Tongan crafts was a major consequence of financial problems caused by gambling among Tongans. A number of interviewees described how they had been “forced” to sell these possessions to meet urgent financial commitments. Others had done so to get more income for gambling. One respondent had pawned some of these crafts to create funds for visiting the casino.

I’ve lost some of my Tongan crafts at the Pawnbrokers because we went to pawn it to get some money so we could go to the casino and then I couldn’t keep up the payments so we lost it [Female heavy gambler, 25+]
Some interviewees spoke about the sense of shame they felt, not only about their gambling, but also their inability to meet community obligations.

*I can’t afford to contribute to community events anymore. I just say I am busy working or sick or something to get out of community and family things. I’d rather not be involved because I can’t contribute and it’s too shameful to show up with nothing, so it’s better just to stay away.* [Male heavy gambler, 25+]

**Chinese**

Most of the Chinese interviewees had moved to New Zealand within the last 15 years; some had lived here for shorter periods. Most came from mainland China or Hong Kong, with a smaller number from Singapore, Malaysia and Macau. Almost all were employed or international students.

Chinese interviewees mostly gambled at casinos, predominantly in cards-based games such as baccarat and blackjack, as well as roulette, EGMs and Tai Sai. A smaller number were “playing the pokies” at pubs, or betting on horses at the TAB, although this was often in conjunction with visits to the casino. Some also played poker and mah-jong with friends. These interviewees believed that Chinese people participated in a repertoire of games, rather than having one particular mode of gambling.

A number of these respondents had long-time gambling habits that had started when they were very young. They described how Chinese parents often taught their children games such as mah-jong in social situations. Gambling was illegal in mainland China, but interviewees described people participating in illegal street gambling there from a young age. Some participants perceived gambling as a major form of entertainment in Chinese society. Most said playing poker and mah-jong was deemed acceptable.

*When I was young, my mother would play mah-jong with her friends every day. She spent most of her time on mah-jong.* [Female low level gambler, 25+]

One respondent believed that “Chinese gamble for money, whilst Europeans gamble for leisure”; however findings from the interviews suggest that gambling in New Zealand provides an opportunity for socialising with other Chinese people. One respondent said that many of his friends worked in restaurants, so the casino’s opening hours suited their work patterns.

Interviewees from Christchurch described the casino as a key meeting place for the city’s Chinese community, which had few other places to make contact. This was seen as particularly important for those new to New Zealand who wanted to establish networks with the Chinese population here. Some believed that this often helped overcome the problems associated with settling into a foreign environment.

Chinese interviewees mentioned many negative impacts from gambling. Some said gambling had become normalised in the Chinese community, citing the high number of Asian people, including Chinese, seen in casinos compared with other ethnic groups. Some raised concerns about the stigmatisation of Chinese people in New
Zealand as a result of this perception by others. They believed this contributed to stereotypes of Asians as “rich and able to afford to spend money on gambling”, and perceptions of “Asians as opportunists” who “love to make money”.

For those who had moved to New Zealand, gambling had sometimes impacted on their relationships with friends and family in their country of origin. One interviewee described how he had stopped communicating with relatives in mainland China because of the dominance of gambling in his life:

> I never thought of returning to mainland China to see my parents. I had forgotten everything at that time. I had stopped to communicate with my parents and relatives in mainland China for a year. I spent all my time at the casino. [Male heavy gambler, 25+]

One interviewee pinpointed the beginning of his gambling addiction to a transition period in his life, when his student permit had expired and he was waiting for a new permit to be approved. Because he was not able to study or work, he went to the casino “to kill time”. He believed that many international students became involved in gambling in this way.

Others talked about people “escaping” to other countries, such as Australia, when they are unable to repay gambling debts. Some students were forced to return to China because they had used their study funds to finance their gambling.

**Korean**

All of the Korean interviewees had immigrated to New Zealand. Two were international students who had lived here for less than two years. The remainder had been living in New Zealand for more than three years.

All Korean respondents gambled at casinos, where they played table-based games such as blackjack and baccarat, as well as EGMs. They also played EGMs in bars and sports clubs. They generally felt that “playing the pokies” was an acceptable adjunct with a round of golf.

> Many Korean people in New Zealand enjoy golfing and in almost every golf course there are pokie machines in the lounge. You can play it without being looked at with suspicious eyes from other Koreans. [Female affected other]

> Pokie machines are in all the golf course lounges, so you can play before or after playing golf. [Male heavy gambler, 25+]

Some interviewees played Go-Stop, a Korean card-based game which they described as being similar to poker. Often undertaken in social situations (“when you have a party of dinner with your friends”), Go-Stop was seen as a more light-hearted form of gambling. One respondent described it as having similar status to mah-jong in China. A minority of interviewees also played Lotto, although this was generally not considered “real” gambling.

> That [Lotto] is nothing. You don’t spend a lot on it. Maybe $20-30 per week? I still do it and that’s well… just for fun. [Male heavy gambler, 25+]
Some Korean respondents were gambling by themselves, while others were participating with friends. They tended not to gamble with other family members, however, like Tongan interviewees, some interviewees sometimes visited casinos when foreign guests came to New Zealand. The fact that gambling is illegal in Korea made it attractive for some.

Visitors love to see a foreign environment, and it’s a good place to pop in with relatives from Korea. [Female heavy gambler, 25+]

Two respondents first went to a casino with foreign guests. This initial introduction to gambling was sometimes cited as the catalyst for their subsequent gambling as described by a female interviewee.

I never thought of myself as gambling until one of my relatives came to New Zealand for a holiday. We popped into the casino just for a look around, but we actually spent a couple of hours there. Then I knew the excitement of gambling. [Female heavy gambler, 25+]

Korean interviewees spoke about spending large amounts of money. “Affected others” who were interviewed spoke about family members spending up to $100,000 a year on gambling. Other respondents, who were visiting the casino up to four times a week, recalled spending $500 to $1,000 at each outing. One interviewee said he sometimes spent more than $10,000 in an evening and asserted that it is common for Korean families to keep money in available accounts for emergencies.

Although some had their employment terminated, or were forced to close businesses because of gambling, issues such as unpaid bills or late mortgage payments was not frequently discussed by Korean interviewees. Most were able to draw on a significant savings base. Several interviewees also relied on other family members for financial support. Siblings and parents had lent money or spouses had provided funds when debts had reached unmanageable levels. Some respondents had been open about why they needed money, whereas others had kept the real reason hidden. Either way, most said they were not expected to repay family members, particularly when parents provided the financial assistance.

My parents are the only safe people to borrow money from, just in case I couldn’t return the money. Actually they have not asked me to return it. [Female heavy gambler, 25+]

The research illustrated the ways in which Koreans in New Zealand may become involved in gambling. Interviewees described how Korean women sometimes live in New Zealand with their student children while their husbands remain in Korea. The stresses of adjusting to a foreign environment, combined with a lack of social networks, meant that these women sometimes found themselves drawn to gambling. Some respondents said that their Korean-based husbands may be sending over significant amounts of money to support their wives.

Mothers with their children from Korea have money, time and no supervision from anyone. They feel lonely and can’t find any meaningful activity. The casino may be a very attractive option to them. [Female heavy gambler, 25+]
When I spent even the school fees for my children, I thought I would work as a prostitute for my children’s school fees. And I thought, “Ah! I am in hell. I am evil.” [Female heavy gambler, 25+]

Others spoke about international students who also may have substantial funds sent by parents for fees and accommodation. Interviewees believed that a lack of parental supervision and distance from their family increased the potential for students to develop gambling problems. One student gave an example:

I spent my home-stay fees which was $1200 at the casino in three hours. I was out of my mind. [Male heavy gambler, <25]

Korean interviewees consistently mentioned the displacement felt by Korean immigrants in a foreign environment, regardless of their individual circumstances. In particular, respondents spoke about the difficulties in adjusting to the New Zealand way of life, which they often described as “boring”:

It [casino] looked so exciting. It’s also good to kill time when I feel bored. Here in New Zealand, I couldn’t find anything exciting. [Male heavy gambler, 25+]

Well, you know, New Zealand is somewhat boring, and I thought the casino was a good place for men to relax. [Female affected other]

Korean interviewees identified the cost to family relationships as the major impact of gambling. Gambling affected relations between husbands and wives and parents and children. In particular, Korean heavy gamblers spoke about the sense of shame they felt when their children discovered what was going on.

When my children knew they didn’t even look at me, didn’t talk with me. They avoided me. What a big shame on me. [Female heavy gambler, 25+]

When the children knew that I was gambling, they were ashamed of me, hated me and didn’t even talk to me. I was terribly angry that my children despised me, but it was my fault I knew. [Male heavy gambler, 25+]

I couldn’t bear my children’s way of treating me when it was revealed that I had been gambling. I was still their Dad, but they looked at me like a stranger. It was so sad and I felt like killing everybody including myself. [Male heavy gambler, 25+]

Like Chinese respondents, Korean interviewees were concerned about the impact of links made in New Zealand culture between the Korean community and problem gambling. They felt that this had the potential to fuel existing racial tensions.

Some New Zealanders do not welcome Asian immigrants because of social conflicts, and Asians’ problem gambling could be used as evidence of their assertion. [Female heavy gambler, 25+]
Benefits of gambling
The research explored respondents’ perceptions of the benefits of gambling for individuals, families, communities and nationally. Many of the issues raised were similar across the ethnic groups; any differences are highlighted below.

Interviewees largely perceived the benefits of gambling to be negated by its harms. “Affected others” were most likely to state that they saw few or no benefits in gambling. A small number acknowledged that they occasionally received some financial gain, but this was generally an extremely rare occurrence and was not felt to compensate for the often extensive range of harms caused by this behaviour. While some accepted that community groups and the government benefited from this activity, they believed that gambling could only be detrimental to individuals and families:

“They talk about all this money that goes to certain places from the gambling machines, and I think ‘hey a lot of that’s mine’. Most of the money has come from families that haven’t got money. It’s going to good causes but it has come from people that should not have put it in.” [Female affected other, Pakeha]

The main benefits of gambling for interviewees were entertainment, social interaction, financial, respite, community and national benefits.

Entertainment
Some interviewees found gambling a form of entertainment, and a “fun” and relaxing way to spend their leisure. This was particularly so for those who visited casinos regularly. With a wide range of activities on offer, interviewees described these venues as “fun places to go”. They spoke about the food provided, the “music and dancing” and the generally vibrant atmosphere. For these people, the associated activities were often an integral part of the gambling experience.

“You can meet and eat food with your friends, and take a walk around. You don’t even have to play. My mates and I often went there for food or even when we had nothing to do.” [Male heavy gambler, Korean, < 25]

Gambling in the TAB or playing the EGMs in bars was also considered “relaxing” by some and offering an entertaining experience.

“After work I go straight to the TAB because I just want a break before I go home. I feel relaxed there because I meet with some friends, have a talk and bet on the horses. If I win it’s a bonus, and if I lose that’s part of the game.” [Male heavy gambler, Tongan, 25+]

Social interaction
The social benefits of gambling were also highlighted in the interviews. For several interviewees, gambling was a key social activity where they met friends and family members who were also participating.

“I guess one of the benefits is that she gets to go out with her friends, they don’t really go to the movies or for coffee and stuff like that. They go to church activities but other than that they don’t really have any other things to
do. So going to the casino is fun and they socialise with each other, but then it’s not good when she’s sneaking around behind my Dad’s back. But then Dad is unfair because he’s got his kava and his mates, so fair enough for Mum to have something with her friends. [Affected other, Tongan]

A smaller number of interviewees spoke about making new friends at gambling venues. Chinese respondents, for example, told how gambling (particularly at casinos) provided them with an opportunity to meet with other people from their community.

Financial

All interviewees mentioned the financial benefits of gambling, the chance of “winning extra cash”, but often as a potential benefit, as they acknowledged there were no guarantees of financial gain. Losses far outweighed winnings for the vast majority of respondents.

...we are short to pay the power bill and we only have $20 left – it’s better to try it on the machines than to put $20 on the power and still get it cut – do you know what I mean? There is just not enough money. [Male heavy gambler, Tongan, 25+]

Many respondents spoke about their first “big win”. A number had taken up gambling following a successful one-off bet, usually placed in a social context with friends or family members. They described the excitement they felt when they won, and their expectation at the time that they would be able to maintain this level of financial return. Some considered gambling “easier than working” and lived in hope that they “may not have to work again”. Most, however, acknowledged that this had not happened.

The financial benefits of gambling and the way in which gambling returns were used differed across the sample. For some, mostly Tongan and Maori interviewees, wins enabled them to pay off day-to-day bills such as rent or food. Maori participants said the whanau benefited because wins “helped pay off things for school”.

These and other interviewees also spoke about how gambling enabled them to spend money on other people, “a chance to share things”. This was mostly with whanau members, particularly children and partners. Interviewees spent winnings on items such as holidays or gifts. A smaller number of respondents said they used winnings to “splash out” on treats for themselves, or on “buying everybody drinks” at the gambling venue.

For several women interviewed, a key benefit was having access to, and control of, their own funds. Some of these women did not have their own income and relied on others for financial support. Gambling, therefore, enabled them to generate funds that only they knew about, and which they were able to spend as they liked.

Respite

Several interviewees spoke about gambling providing “time-out” from their lives. For these individuals, it provided a diversion from their day-to-day life, and a break from household or childcare responsibilities.
You can shut the whole world out. Just you and the machines, no one else mattered. Didn’t have to talk to anybody, or have to listen to anybody. [female heavy gambler, Pakeha, 25+].

You know I look after my grandchildren while my daughter and husband go to work. They need to go to work and can’t afford not to, so I help by looking after their two kids. When they get home they are tired so I still help them in the evenings and so I love the chance to get out of the house with my friends. And the casino is always open, so there is always somewhere to go any time – it is my time out of the house and away from the kids. [Female, Tongan, 25+].

For some, gambling provided an escape from more pressing problems and stresses in their lives. These individuals described how when they gambled they became so absorbed in the activity that they were able to forget about everything else. In this respect, interviewees talked about gambling as “time to switch off, blank out”, and “a stress reliever”. This meant that, for a set period at least, they were able to ignore other concerns or worries.

I go when things get on top of me. to get away from home and children; I don’t go to win the jackpot but you don’t have to think [or] talk to anyone – you are in your own world. [Female heavy gambler, Maori, 25+]

It didn’t matter about the problems going on in my life. Everything goes out of my head, it’s total escape sitting in front of the machine, everything goes. [Male heavy gambler, Pakeha, 25+ years]

One female respondent described how gambling enabled her to escape from the reality of an abusive relationship. A number of Chinese interviewees stated that gambling allowing them to “forget” about the difficulties of settling into New Zealand.

**Local community and national funding**

Benefits to communities were often not spontaneously mentioned in interviews, as most interviewees believed the harm to communities far outweighed any potential gains. With further questioning, however, interviewees highlighted a number of benefits. Tongan and Maori interviewees, in particular, described how gambling events fundraised in local communities. This included housie evenings to raise money for church groups, for example.

Some interviewees believed that gambling benefited Maori groups by generating funds for local initiatives such as marae maintenance. One respondent also mentioned grants from gambling revenue being allocated to Maori trusts. Another said the Pub Charities requirement that community groups have a constitution and be registered made it difficult for whanau groups to get grants.

Most interviewees had some awareness of legislation about the distribution of profits from gambling revenue, most commonly citing Lotteries Commission grants. They associated the Lotteries Commission closely with the distribution of grants to sports and recreation groups. One individual also mentioned Returned Services Associations as a major recipient of EGM funds.
Interviewees also acknowledged the economic benefits of gambling to the country. Some believed gambling enhanced economic development, by increasing the gross domestic product. They considered the government a key beneficiary due to the revenue generated from taxation.

*It is an added tax... revenue for the Government.* [Female heavy gambler, Maori, 25+]

**Employment**

Some interviewees also viewed the employment opportunities in the gambling industry as beneficial for the wider population. A small number of interviewees believed that gambling, especially casinos, contributed to the tourist industry by increasing the appeal of the main cities in New Zealand.

**Perceptions of the different forms of gambling**

The research explored interviewees’ perceptions about which gambling forms caused the most problems and which were considered the least problematic.

Interviewees considered that “pokies” were the most harmful form of gambling to individuals, families and wider society. Their prevalence in a wide range of locales was a key factor. Respondents spoke about EGMs being very easy to access, due to the large number of machines in most communities, and their availability at most times of the day and night.

*Access to them is so open. They’re everywhere. You look in Whangarei, and it’s just a little area, and there’s 10-12 gambling outlets.* [Male heavy gambler, Pakeha, 25+]

*There’s a lot of places to do the punt both day and night and the pawn shops to carry on, yet there’s nothing to help you deal with gambling except a sticker that asks if you have a problem to give them a call. There should be more education on the impact of gambling.* [Female heavy gambler, Maori, 25+]

Interviewees stressed the potential to spend vast sums of money on this form of gambling. Both gamblers and ‘affected others’ believed that the lack of restrictions on spending made EGMs particularly dangerous to those who found it difficult to control their gambling. It meant that large amounts of money could be spent and lost on these machines in a short time.

Interviewees believed that the look and style of EGMs contributed to the high level of risk associated with this form of gambling. Interviewees described them as “hypnotic” and “addictive”. The noises and “flashing lights” and the lure of the next roll were seen to be key factors. Some interviewees said that the darkness of venues meant that they lost track of time. Several respondents also believed that the fact that EGMs were “easy to play” made them more dangerous.
Pokies are more impulsive, I wanna just shoot down the road because there’s so many places where you can gamble. [Female heavy gambler, Maori, 25+]

You can lose a whole week’s pay in half an hour and pokies are open every day for 12 to 18 hours. [Male heavy gambler, Maori, 25+]

Pokie machines are the worst – too easy to access and too easy to play. No thinking required – just hand movements, searching and praying. [Low level gambler, Tongan]

Pokie machines are the most poisonous that we’ve got in society. They’re hypnotic and people get immersed in them. [Affected other, Pakha]

Interviewees also spoke about casinos generally being responsible for many gambling-related problems, usually without specifying which games were more harmful. Most believed that casinos were designed to encourage people to gamble for long periods, and spend large sums of money, citing the lack of clocks and natural light in support of this contention. The provision of entertainment, food and other facilities on-site were also perceived as “tactics” to encourage heavy gambling. One Korean heavy gambler believed the lack of a daily limit for cash withdrawals in the money machines at the casino was a major contribution to gamblers’ financial problems.

A smaller number of respondents highlighted the TAB, and especially horse-racing, as a particularly harmful form of gambling, given the potential for people to lose large sums of money.

At the other end of the spectrum, most interviewees considered Lotto and Housie to be far less damaging. This was mostly due to individuals being less likely to spend large sums of money on these forms. The design of Lotto as a weekly event and Housie at set times meant that people’s involvement was restricted. Housie was also considered less of a gambling activity, given its association with “social” or fundraising events.

Housie and Lotto I have never looked at them as gambling, because of the amount of money involved. I would take a scratchie or a Lotto ticket once in a blue moon, but I would never buy a whole sheet of them. [Male heavy gambler, Pakha, 25+]

Other less harmful forms of gambling cited by interviewees included workplace betting on high profile events such as the Melbourne Cup, raffle tickets, and “scratchies”. Some Chinese interviewees also considered gambling on mah-jong and poker in community social occasions to be relatively harmless, given that funds involved were generally limited and “the money just goes around in a circle”.
Summary of qualitative studies

Results from each stage of the qualitative component of the research were, to a great extent, confirmatory. These studies are also largely consistent with the existing literature. Maori and Chinese participants reported growing up with whanau and community-based gambling, such as housie and mah-jong, as a normal part of family life and entertainment. Women reported using gambling as time out from family responsibilities or a way of being unavailable in a bar. Asian people used gambling to escape from the displacement and boredom of a foreign environment.

A major consequence of gambling for individuals and their households were financial problems often resulting in lower living standards or impoverishment. This eroded savings and assets and created or increased debt in these households and among their wider families, whanau and friends.

This included the loss of money and valuables, such as heirlooms, taonga, fine mats and houses, intended for the next generation. Maori and Pacific families helped out with bills as well as larger debts; Pakeha gamblers tended to ask for help only for larger debts. Pacific and Maori people reported that gambling problems seemed to affect more people, as their household and family economies are more connected with their wider communities than those of Pakeha informants. An example is Samoan peoples’ contribution to fa’alavelave. The Korean gamblers in this sample spoke about spending large amounts of money gambling and having savings reserves.

Gambling problems contributed to transiency as well as poor nutrition for the gamblers and often for their households. It damaged caregiving for children and older family members. Gamblers who spent large blocks of time gambling withdrew from relationships with others and from their former voluntary community activities. Gamblers who regularly lied about where the money was going often seriously undermined or destroyed the trust of those closest to them. Pakeha gamblers spoke about gambling alone; Tongans spoke about gambling with other family members and pooling funds. Domestic violence was associated with problem gambling.

Gambling problems contributed to health problems, including smoking, stress, headaches, backache, shame, depression, mood swings and suicide attempts. Many reported that it eroded gamblers’ self-esteem, mana, spirituality and wairua, and undermined cultural values about whanau and family. Chinese and Korean informants felt the stigma of a stereotype of Asians as rich casino gamblers.

Gambling undermined work productivity and sometimes led to people losing jobs or businesses. Heavy gamblers sometimes stole cash from family members or illegally used their credit cards, although this was not reported to the police. Other gamblers stole from their employers or committed burglaries to fund their habit. Theft or fraud by staff at EGM venues was also reported. Pakeha gamblers in these samples spoke of legal consequences from theft.

Chinese and Korean gamblers mostly played casino table games, but also used EGMs there and at other venues. EGMs were the dominant gambling mode of most other gamblers. As the proportion of EGMs is highest in lower-income areas, these
consequences were concentrated in low-income areas, and in particular households, families and whanau in these areas. Informants pointed out that most of government taxation revenue and charitable donations from gambling are coming from the poorer half of the population, which can least afford it.

Informants said disparities were increased by the erratic distribution of community funding, which did not go back to areas in proportion to EGM numbers. The increasing dependence on gambling-derived funding created conflicts of interest for community welfare groups, schools and churches. TLA focus groups expressed concern over the creation of “seedy” areas when EGM venues are clustered.

Informants were polarised about the benefits and harms of gambling, with the industry stressing the benefit and treatment and community workers emphasising the harms. Many informants were concerned about how easy neighbourhood EGM venues were to get to, their long hours, and the availability of EFTPOS. They also questioned the lack of consumer information about odds, and the breadth of advertising about the small proportion of gambling winners.
Analysing the costs and benefits of gambling

Cost benefit analysis (CBA)

The expression CBA refers to an analysis of the costs and benefits of gambling. It generally produces a single number – a total quantum that summarises all the costs and benefits in an economy. Even if the quantum is zero – so the costs and benefits netted out – the individual costs and benefits and their incidence are still of interest.

The core of the economists’ notion of cost is “opportunity cost”, that is the cost of forgoing the next relevant opportunity. Benefits are treated in a parallel way. One way to think of an opportunity cost (or benefit) is to consider two situations that for the purpose of gambling might be called the “factual” and the “counterfactual”. The factual is usually the current situation, but the counterfactual depends upon a precise formulation of the issue. For example, assuming the focus is on how much harm – if any – does current level gambling cause and the extent to which it is offset by benefits, the counterfactual might be a world in which there was no harmful gambling or perhaps a world in which there was no gambling. The choice of the counterfactual requires some judgement, but it depends upon the precise issue of concern. (Another issue might be a concern as to what will happen if opportunities for gambling in a region were extended. The factual is the current situation and the counterfactual is the situation where the additional outlets exist.)

Comparison is made between the various features with the factual situation with the counter-factual scenario. Some features will be exactly the same; some will be different but not enough to worry about; and there may be some very substantial differences. A list is made of all these differences. The construction of this list does not really involve economists, but a host of other social scientists (and epidemiologists and accountants). The outcome of the CBA is very dependent upon the quality of this list, both in terms of the precision of the definition of items on the list and their quantification.

The list is likely to be a very long one. In practice it is shortened by aggregation but even so the list will still remain long and heterogeneous. The economist applies a valuation to each item of the list. The valuation is done by a set of rules that are based on that the cost/price equals the social marginal cost which is (broadly) the amount of resources that society would exchange for having the opportunity to avoid or incur that particular item. The costing can be tricky and sometimes involves guessing because the data base does not exist. There are also some contentious issues of valuation.

If all the items on the list are valued in the same monetary units, they may be added together to give the basic outcome of a CBA. There are a number of limitations to this aggregation. Firstly, it is not always obvious that the aggregation is like with like, for example adding together goods and services with human mortality and morbidity. A second limitation of this aggregation is that it may obscure the distribution differences between a factual and counterfactual. For instance (harmful) gambling might make children worse off (because the parents gamble away money that should be used for the children’s welfare) and casino shareholders better off. The details of
the redistribution may be far more important than the net impacts of the two. CBAs are underpinned by what is sometimes called “Hume’s Law”: “a dollar is a dollar, is a dollar” and it does not matter who gets the dollar, or who loses it.

Further issues can arise in CBA out of the need for a careful, quantified differentiation between a properly specified counterfactual scenario and the factual one. Information regarding the gambling industry sector and government sector are usually obtainable. Health sector information is less easy. Household sector information, in particular, is problematic. There are two broad issues: firstly, it is not the proportion of the population that is subject to a particular phenomenon, but the difference between the proportions of the factual and counter-factual that is required. For instance, suppose the counterfactual differs from the factual by there being no tobacco consumption. The focus may then be on the proportion who have lung cancer under current circumstances (when there is smoking) to the proportion in the counterfactual (when there is not). Some lung cancer will exist even if there were no tobacco consumption. Some knowledge or estimate of how many lung cancer cases are attributable to tobacco consumption is required.

In addition to these population figures, the second difficulty arises from the need to know how the phenomenon impacts on the person and those associated with her or him. It is not enough to say that a certain proportion of smokers die from lung cancer caused by tobacco consumption. They go through a harrowing time before that, and their families and friends suffer too, both emotionally and perhaps financially. The gambling impact is probably more complicated. What we want to know is the various differences in material possessions, health and welfare and so on between family groups with some members involved in harmful gambling and those with none (supposing that is the counterfactual). The exercise of measuring the differences is challenging, but it may not be impossible.

A CBA, or workings that are less than a full aggregate, is a systematic way of thinking about the entirety of the issue. It should be remembered that the value of building one up is more than the numbers that come out at the end, for it forces thought to be given to the factual and the counterfactual comprehensively, and so move towards an understanding and perhaps policy directions, from a holistic perspective.

**Costs and benefits in New Zealand**

There is very little research on the society-wide costs and benefits of gambling in New Zealand. The Australian Institute for Gambling Research report on the social and economic impacts of gambling in New Zealand (AIGR, 2001) indicated that more sensitive research was required if the impact of gambling activities on crime, tourism, employment and the environment was to be accurately assessed.

This section reviews literature relevant to measuring the social and economic costs of gambling. It complements the Australian Institute for Gambling Research report of 2001, which provides a foundation from which to approach a study of gambling in
New Zealand\textsuperscript{1}. The Australian report (AIGR, 2001) summarises the limitations of existing gambling impact studies. These include:

- The neglect or simplification of relationships between various sets of social and economic effects
- Lack of longitudinal analysis
- Impossibility of identifying either full or net costs and benefits due to gaps in the data and uncertainty over causal linkages
- Lack of gambling specific and regionally sensitive time series data
- Lack of an agreed economic model for identifying micro- and macro-economic impacts
- Regional comparisons have been difficult because of variations in the operational life of research projects.

Within the New Zealand context, the major national survey was the two-year Department of Internal Affairs New Zealand Gambling Survey (Abbott, 2001a,b). Designed to inform government policy and responses to problem gambling, the study involved a comprehensive literature review, a seven year follow-up survey with regular and problem gamblers, a national prevalence survey with a sample of 6,500 adult New Zealanders, a qualitative follow-up survey with a sub-set of respondents from the prevalence survey, and two prison studies.

The main findings in relation to gambling social costs were that financial impacts were particularly common and increased in proportion to the severity of the gambling problem. Health and wellbeing, study and work performance, and interpersonal relationships were also frequently cited. The provision of health, counselling and other problem gambling services were recorded as further financial costs. Criminal offending was identified as a social cost that was more likely to be associated with particularly acute gambling addiction.

Co-morbidity was also evident, as problem gamblers were found to consume more alcohol and tobacco than non-problem gamblers, as well as suffer more from stress and depression disorders. The researchers found that incarcerated problem gamblers had a higher incidence of childhood conduct disorders, whilst those in men’s prisons had higher rates of antisocial personality disorders. Problem gamblers were more likely to leave or be dismissed from a job or school due to gambling-related absenteeism or crime. They were also more likely to draw upon the resources of non-gambling, taxpayer funded health, mental health and social services than non-problem gamblers. In addition, a significant number of problem gamblers were receiving state welfare and housing assistance. The New Zealand Gambling Survey made no attempt to estimate a total overall costing of these impacts.

The report on the Social Impacts of Gambling in Manukau City (Rankine and Haigh: 2003) incorporated findings from international research to estimate costs and benefits of gambling. The study used a definition of social cost as being the harm that occurs to individuals and the cost of transfers between gamblers and others or social support systems. The Manukau research involved a number of components: an analysis of

\textsuperscript{1} Another document that provides an excellent overview of gambling literature is the annotated bibliography compiled by Van Brunschot (2000)
Manukau City’s demographic profile in relation to the regular users of EGMs and vulnerability to problem gambling; the mapping of the numbers and growth of gambling outlets to show density; qualitative interviews with more than 100 community informants and stakeholders; and the application of the results of the New Zealand Gambling Survey to estimate the levels of problem and pathological gambling in Manukau City.

Specific impacts noted by the report include the financial costs of debt accruement, in some cases ranging up to $75,000, often from loans acquired from money lending services or Work and Income New Zealand. Individuals also reported a high incidence of stress-related health problems and mental disorders that they linked to their gambling activities. Physical and emotional abuse within families was found to be an impact of gambling in the wider community, together with the erosion of family savings and income, divorce and separation, wider family health problems, the loss of rented or owned housing, negative impacts on employment, and crime. Social Welfare and treatment costs were also significant.

This report estimated that Manukau City people lost more than $91 million each year gambling on Lotteries products, TAB, Sky City Casino and EGMs, after grants and returns to venues have been deducted. The report noted that there is no consensus on the measurement of economic benefits in New Zealand or overseas research. While recognising the benefits of gambling included entertainment and community fund raising, the authors concluded that they were unable to find a New Zealand estimate for the consumer benefit of gambling.

The Ministry of Health (2003) estimated the economic loss of problem gambling to be somewhere between 3,300 and 10,600 years of “quality of life” per year in New Zealand, which converts to a cost of between $330 million and $1.06 billion annually. This is the cost associated with bankruptcy, arrest, incarceration, unemployment, divorce, poor physical and mental health, suicide and loss of educational opportunity. The Ministry of Health also suggested that the burden of gambling costs falls disproportionately on low income, Maori and Pacific Island groups.

Appendix Two details statistical data that is available in New Zealand that may be relevant for the application of monetary values of gambling impacts. The categories of data generally follow the framework for community impact studies described in the Australian Institute for Gambling Research 2001 report.

**Problem gambling**

Many gambling researchers have chosen to focus on problem gambling and its costs. This has proven popular from a policy standpoint as it allows for the identification of the prevalence of problem gambling in the wider community and the allocation of resources for problem gambling health and counselling services. However, there have been a number of significant methodological issues about an appropriate tool for identifying what proportion of the population suffer from gambling problems as well as concern over whether this focus is providing the best policy advice (Bunkle and Lepper, 2004). Analysis of the socio-economic impacts of gambling which are
replicable over time need to measure participation in gambling in ways which avoid the possibility of confounding of results by cultural, social and contextual differences and changes. A brief overview of some of the problem gambling screening instruments and critiques of them is given in Appendix One.

**Australian research**

Over a 15 month period, three major national surveys (Productivity Commission report on Australia’s Gambling Industries (1999)) were undertaken. These were: a survey of gambling behaviour, attitudes and problems in the general population; a survey of problem gamblers in treatment; and a survey of agencies providing problem gambling counselling. The first survey aimed to gauge public attitudes to gambling, assess participation, and estimate the prevalence of problem gambling and its impacts. A randomly selected sample of 10,600 adults was screened for their participation and demographics. All weekly gamblers, one-quarter of past-year gamblers and half of non-gamblers were then screened for problem gambling tendencies as well as the personal, financial, legal and employment effects of their gambling. This component involved just under 4,000 adults from the original sample.

It was concluded that problem gamblers were significantly more likely to experience gambling-related depression and to contemplate suicide, to experience work and productivity losses, and to suffer significant gambling losses as a proportion of household income (20% for problem gamblers compared with 1% for non-problem gamblers). Slightly elevated levels of bankruptcy and incidence of criminal offending were also noted. In order to quantify psychological costs associated with gambling, such as depression, the Commission chose to be conservative and used a range of values based on compensation payment schedules in New South Wales and Queensland used for emotional harm.

To quantify the overall impact of gambling, the estimated costs of problem gambling were subtracted from the net consumer benefits (including tax transfers). Noting the high level of uncertainty and imprecision associated with the calculation of gambling costs and benefits, the Commission estimated an aggregate amount that ranged from a net loss of AUSS1.2 billion to a net benefit of AUSS4.3 billion for the year 1997-1998. This was further broken down into the net impacts of specific gambling modes, where it was reported that lotteries showed a clear net benefit, whilst EGMs and also horse and sports betting had the strongest chance of generating a net loss. Finally, it was found that the bulk of any estimated costs did not come from direct financial impacts, but from the emotional distress and tension that problem gambling imposed on gamblers and their families.

**United States research**

The major study exploring the costs and benefits of gambling conducted in the United States restricted itself to only directly measurable economic costs. This was the Gambling Impact and Behaviour Study commissioned by the National Opinion
Research Centre on behalf of the National Gambling Impact Study Commission (1999). Conducted from April 1998 to March 1999, the survey research incorporated five separate initiatives. These were: a nationally representative telephone survey of 2,417 adults; a similar survey of 534 youths (defined as people aged 16 and 17 years); intercept interviews with 530 adult patrons of gaming venues; a longitudinal data base (1980 to 1997) of social and economic indicators and estimated gambling revenues in 100 communities; and case studies in 10 communities regarding the effects of large-scale casinos opening in close proximity.

As noted, the research was limited to impacts that could be assigned an economic value; thereby avoiding the problem of quantifying many of the problems associated with gambling that can impact on individuals, their families and communities. Final estimates of the costs of gambling were also affected by the decision not to assess the impacts of problem gambling for those who did not meet the established cut-off levels for problem or pathological gambling.

The research analysis used logistic regression to identify the costs of the various problems suffered by problem gamblers. In order to attribute costs only to the impacts of problem gambling, adjustments were made for “predicted” or expected rates among individuals with similar characteristics but without gambling problems. Several demographic factors were used as control variables, including age, gender, ethnic identity, education, regional location and co-morbidity with alcohol or drugs. This was done so that the costs of problem gambling could be calculated as costs that were directly attributable to gambling activities, and not other problems that may be suffered by the problem gambler, such as alcoholism.

The results of this research suggested that problem and pathological gamblers, compared with recreational gamblers, were more likely to have suffered physical and psychological health problems, been divorced and declared bankruptcy. Problem gamblers were also 107% more likely and pathological gamblers 162% more likely than non-problem gamblers to have lost a job; problem gamblers were 235% more likely and pathological gamblers 180% more likely than non-problem gamblers to have received welfare; and problem gamblers were 215% more likely than non-problem gamblers to have been incarcerated.

In terms of quantifying these impacts into dollar figures, the research team estimated that the costs of problem and pathological gambling are, per problem or pathological gambler, US$715 and US$1,200 respectively per year. This translates to US$5,130 and US$10,550 per lifetime respectively. Further, when these figures are multiplied by the estimated prevalence rates of problem and pathological gambling in the United States, the total annual costs are approximately US$5 billion per year and US$40 billion on a lifetime basis.
The Pilot Survey

Introduction

This section describes the development and piloting of the survey instrument to assess the socio-economic impacts of gambling in New Zealand. Specifically, this section details:

- the aims and outline of the survey instrument;
- the methodology utilised in the pilot;
- findings from the pilot.

The survey instrument

Building on the knowledge developed from the literature review, key informant interviews and qualitative study of gamblers and affected others, the survey instrument was developed that sought to measure the social and economic impacts of gambling in New Zealand. The objectives of the survey are detailed below.

Objectives

Summary of objectives

A. Measuring prevalence and intensity of different gambling modes
   - Measuring prevalence and intensity of different gambling modes

B. Measuring a range of social and economic impacts as they relate to different gambling modes
   - Physical health
   - Mental health
   - Current material well-being
   - Future material well-being
   - Housing or accommodation
   - Social connectedness [relationship with community]
   - Relationships [with significant others, children, family and friends]
   - Perceptions of yourself
   - Education, training, work life, and employment opportunities
   - Criminal activity
   - Use of state and community funded services

C. Analysis
   - Analysis of social and economic impacts against mode and intensity of gambling
   - Contribute to an analysis of the costs and benefits of gambling
Measuring prevalence and intensity of different gambling modes

1. To measure the prevalence of different modes and intensity of gambling.
2. To describe the prevalence of different modes and intensity of gambling among different age, gender, ethnic and socio-economic status groups.

Measuring a range of social and economic impacts as they relate to different gambling modes

Physical health

3. To measure the impacts of gambling on the individual gambler’s physical health.
4. To measure the impact of gambling on the physical health of gamblers’ families/whanau, friends and wider community.

Mental well-being

5. To measure the impacts of gambling on the individual gambler’s mental well-being.
6. To measure the impacts of gambling on the mental well-being of gamblers’ families/whanau, friends and wider community.

Material well-being

7. To measure the impacts of gambling on the individual gambler’s material well-being.
8. To measure the impacts of gambling on the material well-being of gamblers’ families/whanau, friends and wider community.

Housing or accommodation

9. To measure the impacts of gambling on the individual gambler’s housing or accommodation situation.
10. To measure the impacts of gambling on the housing or accommodation situation of gamblers’ families/whanau, friends and wider community.

Relationships with family/whanau and friends

11. To measure the impacts of gambling on the individual gambler’s relationships with families/whanau and friends.
12. To measure the impacts of gambling on relationships with family/whanau and friends held by gambler’s families/whanau, friends and wider community.

Care of children

13. To measure the impacts of gambling on the individual gambler’s care of children.
14. To measure the impacts of gambling on the children in the care of gamblers’ families/whanau, friends and wider community.
Care of elderly and other dependents

15. To measure the impacts of gambling on the individual gambler’s care of elderly and other dependents.

16. To measure the impacts of gambling on the elderly and other dependents in the care of gamblers’ families/whanau, friends and wider community.

Perceptions of self

17. To measure the impacts of gambling on the individual gambler’s perception of self.

18. To measure the impacts of gambling on the self perception of gamblers’ families/whanau, friends and wider community.

Study or employment related training

19. To measure the impacts of gambling on the individual gambler’s study or employment related training.

20. To measure the impacts of gambling on the study or employment related training of gamblers’ families/whanau, friends and wider community.

Work life and employment

21. To measure the impacts of gambling on the individual gambler’s work life and employment.

22. To measure the impacts of gambling on the work life and employment of gamblers’ families/whanau, friends and wider community.

Criminal activity

23. To measure the impacts of gambling on any criminal activity carried out by the individual gambler.

C. Analysis of results

Analysis of social and economic impacts against mode and intensity of gambling

24. To investigate the relationships between survey measures of different modes and intensity of gambling and the specified socio economic impacts at the level of the gambler and their extended family, whanau and household.

25. To describe the impacts of gambling (controlling for intensity and modes of gambling) for different groups on the basis of demographic factors such as age, gender, ethnicity, and socio-economic status.

Analysis of social and economic impacts against social norms

26. To compare the socio economic measures of heavier gamblers and members of their extended family, whanau and household with relevant social norms such as the Living Standards Index.

Estimate the overall social and economic impacts of gambling

27. To provide data to contribute to aggregated estimates of the socio economic impacts.
Methodology

Overview
The pilot consisted of 1) internal pre-piloting of the questionnaire and 2) piloting the questionnaire with actual respondents.

All interviews were collected using the same questionnaire using a Computer Assisted Telephone Interview (CATI) however different modes of respondent contact were utilised. Three samples of respondents were collected. These were:

1. General population sample: 200 respondents aged 18 years and over from the Manukau area. These respondents were contacted and interviewed via a landline telephone.

2. Venue sample: 94 people who were aged 18 years and over were contacted face-to-face while entering, exiting or in the immediate vicinity of gambling venues in the Auckland region. These respondents were interviewed either at the time contact was made using a Computer Assisted Cell Phone Interview (CACI) methodology (where respondents are provided with a cellphone to call back to the SHORE/Whariki CATI facility for an interview to be conducted) or their details taken and a call back arranged via landline telephone or cell phone.

3. Treatment sample: 14 respondents who were aged 18 years and over and receiving treatment for gambling were recruited nationally. The contact details of willing respondents were given to SHORE/Whariki or the person receiving treatment phoned SHORE/Whariki themselves using a 0800 number. An advertisement for the study was also placed on the Gambling Helpline website (www.gamblingproblem.co.nz) asking people to call in on a 0800 number to participate. Interviews were conducted via telephone.

Pre-pilot
The questionnaire was pre-piloted by experienced SHORE and Whariki CATI supervisors and interviewers. The SHORE and Whariki CATI staff chosen for this task had extensive experience on a range of CATI surveys and had completed numerous interviews with members of the public. They check that the wording of the questions are easy to understand (i.e. plain language), the meaning of the question is unambiguous, the question can be effectively be asked and understood over the telephone, and the coded response options provided are comprehensive.

Pre-piloting involves evaluation of the entire questionnaire programmed into CATI script. It consists of role playing where interviewers interviewed each other in real time telephone simulations of an actual interview. This internal process provides valuable feedback on the clarity of questions, efficiency of the interview, and the time length of the interview. Pre-piloting is also a further opportunity to provide feedback on the wording of questions and the flow of the interview. Pre-piloting also involves the checking of the programmed computerised CATI skip patterns of the questionnaire.
The computerised survey script was checked in detail to ensure all the interview pathways and programming skips were correct by both researchers and CATI staff.

The questionnaire was also tested on an external contact who had participated in gambling.

Although the overall comment on the questionnaire was positive, a few issues were identified during pre-piloting stage. It became apparent that some parts of the questionnaire were repetitive causing the survey to be too long. The survey was reviewed and amended accordingly. The pre-pilot also showed that the full range of venues where gambling takes place were not accounted for in the questionnaire. The section measuring prevalence of gambling was amended to overcome this issue.

**Sample frames**
The pilot included three sample frames: general population; venue population and treatment population.

**Sampling methods**

**General population sample**
The general population sample included people aged 18 years and over living in permanent residential dwellings in the Manukau area with connected landline telephones. Manukau was selected as an appropriate location to pilot the questionnaire because people from a range of ethnic groups lived there and because a range of gambling opportunities existed in the area.

A random sample of published telephone numbers from the Manukau area was obtained (TLA 008). The area units sampled in Manukau are included in Appendix Three. Some telephone numbers that did not reach private households, such as businesses at home, were screened out at contact.

The number of eligible people (that is, those aged 18 years and over) living in each household was established immediately upon contact so that, from these, one respondent could be selected at random by the data collection software. Each eligible person within a household was thereby given an equal chance of being selected, namely the reciprocal of the number of eligible people living in the household.

Interviewers rang households during the daytime and evening on both weekdays and weekends. Households were telephoned at least 10 times before being considered a “no answer”.

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Please note that in the event of trying to achieve a representative sample of people with connected landline telephones it would be necessary to also contact respondents with unpublished phone numbers.
Gambling venue sample

To ensure that the questionnaire was adequately tested on people who participated in mid to higher levels of gambling during the last 12 months a sample of respondents who were aged 18 years and over were contacted face-to-face while entering, exiting or in the immediate vicinity of gambling venues in the Auckland region. The purpose of obtaining a venue sample and a sample from treatment settings (see below) was to ensure that the questionnaire was appropriate for those who participated in mid to high levels of gambling, given that only small numbers of these would be available in a 200 pilot general population sample. Participants would be recruited from one casino and several venues with EGMs. There were two types of venues with EGMs identified on the department of internal affairs website; On Licence premises (pubs, bars and taverns) and Sports Clubs.¹

On Licence Premises

A list of bars, pubs and taverns with EGMs (identified from the Department of Internal Affairs website) in Manukau City and the Auckland Central Business District area was obtained. Manukau was selected as an area to visit as the general population component of the study was assigned Manukau landline phone numbers. A small number of premises in Auckland City were also selected to increase the numbers of premises in the sample. The specific areas visited can be seen in Appendix Three.

Sports clubs

A list of Sports Clubs with EGMs was taken from the Department of Internal Affairs website. Manukau rugby and league clubs were identified from this list as potential venues from which to recruit participants for the study. A list of the areas visited can be seen in Appendix Three.

The specific gambling venues chosen consisted of bars and pubs that contained EGMs, rugby and league clubs which contained EGMs and the Sky City Casino. Please note that the recruitment at Sky City Casino took place in public areas around the casino.

Recruitment of the venues sample of people entering, exiting or in the vicinity of gambling venues took place during normal operating hours of the SHORE/Whariki CATI facility on weekdays and weekends. Appointments were made when appropriate. Teams consisting of two fieldworkers were used in the recruitment process. Maori, Samoan, Pakeha, Cook Island Maori and Chinese fieldworkers were employed, both male and female, ranging in age from early 20s to late 30s. The field workers followed a safety protocol.

For potential respondents who were eligible to participate, the field worker introduced the study. One of two different information sheets containing important information about the study was given to each person who agreed to take part, depending on whether the person wanted to do the interview at the time or by callback.

If a participant agreed to do the interview at the time they were taken to the closest café or into the EGM venue if appropriate. The field worker then called the

SHORE/Whariki CATI facility, was given the participant’s case number and wrote it onto the participant’s information sheet. The field worker then took a non-alcoholic drink order from the participant and handed them the phone and information sheet. The field worker was instructed to wait within sight of the participant while the interview was being conducted but to give the participant privacy by not being too close. After the interview was completed the participant was thanked and given a $20 petrol voucher.

If a participant agreed to arrange a later callback they were given an information sheet for callbacks. Their first name and contact landline or mobile phone number was recorded, with a preferred time and day for the call and their mailing address for the $20 petrol voucher. The participant was then thanked and advised that the $20 voucher would be mailed to them once the interview was completed. The fieldworkers were instructed to set callbacks during normal CATI facility hours wherever possible and to call the CATI supervisor for approval if a potential participant wanted a callback outside the normal hours.

The respondents from the venues sample had to meet specific criteria to determine their eligibility for interview. Participants had to be:

- 18 years and over;
- Not extremely intoxicated (Potential participants who are identified by the field worker as too intoxicated to be able to give informed consent were not eligible to be interviewed);
- Able to understand English well enough to give consent to participate in the interview; and
- Spending more than $30 combined a week on average on any kind of gambling.

**Treatment sample**

A number of gambling treatment centres were contacted in an attempt to recruit people seeking treatment to participate in the pilot. Respondents were recruited through PGF and the Oasis Centre. SHORE/Whariki interviewers either contacted respondents at a time convenient to the person receiving treatment (who had given their phone number to be contacted) or respondents phoned SHORE/Whariki themselves. An advertisement for the study was also placed on the Gambling Helpline website ([www.gamblingproblem.co.nz](http://www.gamblingproblem.co.nz)) asking people to call an 0800 number to participate.

The respondents from the treatment agencies had to meet specific criteria to determine their eligibility for interview. Participants had to be:

- 18 years and over;
- Able to understand English well enough to give consent to participate in the interview.

**Data collection**

Data collection for the survey was carried out using the CATI system operated by SHORE/Whariki. The CATI system is a network of 20 computer stations and a supervisor’s station. The survey questions were programmed and appeared on the computer screen, and respondent’s answers, given over the telephone, were coded
directly into the computer. Supervisors were at any time able to observe any interview on their own screen and listen into any call without the interviewer or respondent being aware (respondents were told this might happen before they began). All people surveyed were asked if they would like to be interviewed by a Maori interviewer.

The average length of interview was approximately 30 minutes.

Data collection took place from January to April 2005.

**Response rate**
The response rate is the number of completed interviews as a proportion of the number of telephone numbers dialled that would or did produce an eligible participant. There are a number of reasons why a call may not reach an eligible participant/household: the householders were always out or would not answer the phone, the person answering the phone refused before a respondent selection could take place, or the selected participant could not be re-contacted.

**General population**
The response rate for the general population sample was 50%. As this was a pilot not all household and respondent follow up techniques were employed. However 50% response rate in Computer Assisted Telephone Interview surveys is typical of rigorously implemented surveys in the current interviewing climate (Tourangeau, 2004). It has been shown that in terms of measured opinions that lower response rates are not necessarily resulting in respondent bias (PEW Research Center for the People and the Press, 2004).

**Venue population**
In total, 870 people were approached to participate in the study from the venue population.

Of the 870 people approached at venues to participate:
- 298 people were ineligible to participate
- 107 competed an interview

The response rate is 19%. The conversion rate, where potential respondents who had agreed to be called back actually completed an interview was 78%.

**Treatment population**
Of the 18 potential treatment interviews, 14 (74%) resulted in completed interviews. The number of potential participants approached to participate in the study by clinicians/counsellors at the treatment clinics is unknown; therefore a true response rate is not able to be calculated.
Analysis
Selected analyses have been carried out to illustrate the kind of data and potential analyses on the information obtained in this pilot survey.

Results are reported separately for the three samples (general, venue and treatment) in some cases.

A measure of gambling volume was calculated based on average time spent gambling across all gambling modes and venues. This was calculated excluding users of only Lotteries Commission products.

For some analyses the sample of gamblers (excluding users of Lotto, Daily Keno, Instant Kiwi and Telebingo) has been grouped in to three levels of gambling participation. These were low level gamblers up to 15 minutes per week (22.0% of Manukau sample); mid level 16 minutes – three hours per week (11.5% of Manukau) and high level more than three hours per week (2.0% of the Manukau sample)

In exploration of the impacts of heavier gambling, the venue sample was combined with the general population sample in order to increase the numbers of heavier gamblers. The treatment sample was not included because of its small size and non gambling status of some participants.

No statistical testing has been carried out on the data.

Results

The recruitment processes
The CATI data collection method was found to be an appropriate method to collect the data required in this survey. The recruitment of respondents from gambling venues is also a feasible supplementary approach to ensure participation from heavy gamblers. The treatment sample is less feasible given ethical constraints on contacting procedures and the varying status of the respondents’ gambling behaviour.

Participation in gambling - including Lotto etc.
It was first ascertained whether respondents had gambled in the previous 12 months. This was established by asking respondents if they had gambled using 14 specified (and mutually exclusive) modes/venues of gambling plus any additional types of gambling they used.
Figure 1: Percentage of general population, venue and treatment samples reporting having participated in at least one venue/mode of gambling in last twelve months

The participation in gambling (based on past 12 months) in the general population was approximately 65%. The participation in gambling among the venue population was 100% (this reflected the venue population having an eligibility criterion of spending an average of $30 a week on gambling before they participated in the survey). The participation in gambling among the treatment population was 78%.
Modes of gambling

Table 1: Modes of gambling in the general population

<table>
<thead>
<tr>
<th>Mode of gambling played in the last 12 months</th>
<th>% Total (n=2000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lotto</td>
<td>55.78</td>
</tr>
<tr>
<td>Daily Keno</td>
<td>3.00</td>
</tr>
<tr>
<td>Instant Kiwi</td>
<td>27.00</td>
</tr>
<tr>
<td>Telebingo</td>
<td>1.00</td>
</tr>
<tr>
<td>Betting at a race track</td>
<td>7.54</td>
</tr>
<tr>
<td>On horse races</td>
<td>7.50</td>
</tr>
<tr>
<td>On dog races</td>
<td>1.00</td>
</tr>
<tr>
<td>Other</td>
<td>0.00</td>
</tr>
<tr>
<td>Betting at the TAB (either in person, by phone or internet)</td>
<td>7.00</td>
</tr>
<tr>
<td>On horse races</td>
<td>6.50</td>
</tr>
<tr>
<td>On dog races</td>
<td>2.00</td>
</tr>
<tr>
<td>On a sporting event</td>
<td>1.00</td>
</tr>
<tr>
<td>Other</td>
<td>0.00</td>
</tr>
<tr>
<td>Gambling at a member’s club</td>
<td>10.00</td>
</tr>
<tr>
<td>Playing EGMs</td>
<td>6.00</td>
</tr>
<tr>
<td>Playing housie</td>
<td>0.00</td>
</tr>
<tr>
<td>Other</td>
<td>4.00</td>
</tr>
<tr>
<td>Gambling at any other bars or pubs</td>
<td>8.50</td>
</tr>
<tr>
<td>Playing EGMs</td>
<td>8.50</td>
</tr>
<tr>
<td>Playing housie</td>
<td>0.00</td>
</tr>
<tr>
<td>Other</td>
<td>0.00</td>
</tr>
<tr>
<td>Gambling at a casino</td>
<td>16.50</td>
</tr>
<tr>
<td>Playing EGMs</td>
<td>15.50</td>
</tr>
<tr>
<td>Playing any table or other types of games</td>
<td>3.50</td>
</tr>
<tr>
<td>Gambling using text messaging (excluding the TAB)</td>
<td>0.00</td>
</tr>
<tr>
<td>Gambling using the telephone (excluding text messaging and including gambling at the TAB)</td>
<td>0.00</td>
</tr>
<tr>
<td>Gambling on the internet (excluding the TAB)</td>
<td>0.00</td>
</tr>
<tr>
<td>Playing housie for money in a community centre, hall or other location not already mentioned</td>
<td>3.00</td>
</tr>
<tr>
<td>Playing poker or other card games for money at your house or someone else’s house</td>
<td>4.50</td>
</tr>
<tr>
<td>Taken part in any other gambling for money</td>
<td>5.50</td>
</tr>
</tbody>
</table>
Table 1 shows that the questionnaire allowed for the collection of comprehensive information on the prevalence of gambling for a range of different modes. The more common modes of gambling were Lotto, Instant Kiwi, gambling at a casino (playing EGMs at a casino), gambling at a members club and gambling at bars and pubs.

**Patterns of gambling (frequency and time spent)**

For each mode/venue in which a respondent reported gambling, they were asked how often they gambled using that mode/venue and how much time they would spend gambling on a typical occasion for that particular mode/venue.

Figures 2 and 3 are examples of how the questionnaire design allowed for in-depth information about patterns of gambling to be collected for the different modes of gambling. Although only one example has been given here, the same information for each type of mode of gambling was collected.

**Figure 2: Percentage of general population sample reporting frequency of gambling on EGMs in bars or pubs**

![Bar chart showing the percentage of general population sample reporting frequency of gambling on EGMs in bars or pubs for males and females.](image)
Prevalence of Gambling – excluding Lotto etc
A further definition of gambling used in this pilot report excluded participation in Lotteries products (Lotto, Daily Keno, Instant Kiwi and Telebingo) (based on likelihood of less impact on people’s lives from these forms of gambling).

Figure 4: Percentage of: general population, venue and treatment samples reporting participating in at least one mode/venue of gambling (excluding Lotto etc.) in past twelve months.

The prevalence measure of gambling in the general population was approximately 20% when those participating in only Lotto, Telebingo, Instant Kiwi and Telebingo were excluded. The proportion of the venue population who were gamblers remained unchanged at 80% and prevalence of gambling among the treatment group was lower at approximately 40%.
**Volume of gambling**

The survey was designed to allow calculation of an overall volume of participation in gambling. For each mode of gambling the volume measure was calculated by multiplying time spent gambling on a typical occasion by frequency of gambling on that mode/venue. By summing across all modes an annual volume measure of gambling was obtained. Respondents who only gambled on Lotto, Instant Kiwi, Telebingo or Daily Keno has been excluded.

**Figure 5: Percentage of the general population sample showing hours per week spent participating in gambling (excluding Lotto etc.)**

The volume measure illustrates the expected differences between the three samples (Figure 6).

**Figure 6: Percentage of general population, venue and treatment samples reporting hours spent per week participating in gambling (excluding Lotto etc.)**
Table 2: Modes/venues with highest volume scores for heavy gamblers (hours per week)

<table>
<thead>
<tr>
<th>Mode of gambling</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clubs – EGMs</td>
<td>3.9</td>
</tr>
<tr>
<td>Playing cards at own or others home</td>
<td>3.8</td>
</tr>
<tr>
<td>Pubs – EGMs</td>
<td>3.0</td>
</tr>
<tr>
<td>Pubs – Other type of gambling</td>
<td>1.1</td>
</tr>
<tr>
<td>Casino – EGMs</td>
<td>1.1</td>
</tr>
</tbody>
</table>

**Impacts of own gambling**

For this analysis of the impacts of gambling the gamblers from the general population and venue population samples have been combined. Gamblers have been defined as those participating in at least one mode/venue of gambling (excluding: Lotto, Daily Keno, Instant Kiwi, and Telebingo). Gamblers have been grouped by volume of gambling into:

- **Low-level Gamblers** – defined as those who gamble less than 15 minutes per week
- **Mid-level Gamblers** – defined as those who gamble 15 minutes to 3 hours per week
- **High-level Gamblers** – defined as those who gamble 3 hours or more per week

**Losses of Money**

Respondents who gambled were asked about how much money they had made or lost in the past 12 months and in the last four weeks due to gambling.

**Figure 7: Percentage of gamblers reporting losses in past 12 months**

Figure 7 shows that high level gamblers were more likely to lose larger amounts of money. (Only losses are shown in this pilot report but data on winnings were also collected.)
This question was one of the highest in terms of percentage reporting ‘don’t know’ but this was still only 6%.

**Domains of life**
Respondents rated themselves (from very poor through to very good) on a number of domains of life including physical health, mental wellbeing, financial situation, housing or accommodation, relationships with friends or whanau, care of children, care of elderly or dependents in your care, feelings about oneself, study or employment-related training, performance at work and performance in unpaid work (only some examples are given in this report).

**Figure 8: Percentage rating physical health in last 12 months**

Respondents who gambled were also asked if their gambling had had any impact on these domains of life. These impacts ranged from very negative impact to very positive.

**Figure 9: Percentage reporting impact of gambling on physical health in last 12 months**
A further life domain asked about was mental wellbeing (Figure 9).

**Figure 9: Percentage rating mental wellbeing in last 12 months**

![Graph showing percentage rating mental wellbeing in last 12 months for different levels of gambling.](image)

**Figure 10: Percentage rating impact of gambling on mental wellbeing in last 12 months**

![Graph showing percentage rating impact of gambling on mental wellbeing in last 12 months for different levels of gambling.](image)
More specific problems were also asked about for each domain of life, for example in relation to accommodation/housing, respondents were asked if gambling had impacted in the following ways: evicted because of not paying rent, re-mortgage or increase mortgage on your house, sell home because of not keeping up with mortgage, can’t afford house repairs or maintenance, having utilities disconnected, having to live with family/friends instead of your own home, living in overcrowded or lower quality accommodation and other impacts.
Table 2: Percentage reporting specific impacts of gambling on housing/accommodation

<table>
<thead>
<tr>
<th>Impact of gambling on housing/accommodation</th>
<th>Low level gambler (%)</th>
<th>Mid level gambler (%)</th>
<th>High level gambler (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evicted because of not paying rent</td>
<td>0</td>
<td>1.4</td>
<td>3.5</td>
</tr>
<tr>
<td>Re-mortgage or increase mortgage of your house</td>
<td>0</td>
<td>1.4</td>
<td>3.5</td>
</tr>
<tr>
<td>Sell home because of not keeping up with the mortgage</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Can't afford house repairs and maintenance</td>
<td>0</td>
<td>4.4</td>
<td>12.5</td>
</tr>
<tr>
<td>Having utilities disconnected</td>
<td>0</td>
<td>5.9</td>
<td>21.4</td>
</tr>
<tr>
<td>Having to live with family/friends instead of your own home</td>
<td>1.9</td>
<td>2.9</td>
<td>14.2</td>
</tr>
<tr>
<td>Living in lower quality or overcrowded accommodation</td>
<td>1.9</td>
<td>4.4</td>
<td>7.1</td>
</tr>
<tr>
<td>Other impacts</td>
<td>0</td>
<td>0</td>
<td>1.7</td>
</tr>
</tbody>
</table>

Illegal activity

Respondents who had gambled in the last 12 months were asked about illegal activity and if any of their illegal activity was due to gambling.

Table 3: Prevalence of illegal activities among gamblers in the last 12 months

<table>
<thead>
<tr>
<th>Illegal activities</th>
<th>Low level gambler (%)</th>
<th>Mid level gambler (%)</th>
<th>High level gambler (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stolen money or property</td>
<td>1.9</td>
<td>4.4</td>
<td>7.1</td>
</tr>
<tr>
<td>Committed fraud</td>
<td>0.0</td>
<td>1.4</td>
<td>5.3</td>
</tr>
<tr>
<td>Any other illegal activity</td>
<td>1.9</td>
<td>1.4</td>
<td>8.9</td>
</tr>
</tbody>
</table>

Table 4: Attribution of illegal activity to gambling

<table>
<thead>
<tr>
<th>Gambling as a reason to commit illegal activities</th>
<th>Low level gambler (%)</th>
<th>Mid level gambler (%)</th>
<th>High level gambler (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stolen money or property</td>
<td>100</td>
<td>66</td>
<td>75</td>
</tr>
<tr>
<td>Committed fraud</td>
<td>0</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Any other illegal activity</td>
<td>0</td>
<td>0</td>
<td>40</td>
</tr>
</tbody>
</table>
Table 5: Modes of gambling with highest weekly score (hours) for gamblers who participated in illegal activity

<table>
<thead>
<tr>
<th>Mode of gambling</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pubs-EGMs</td>
<td>2.7</td>
</tr>
<tr>
<td>Playing cards at own or others’ home</td>
<td>2.2</td>
</tr>
<tr>
<td>Casino-EGMs</td>
<td>1.9</td>
</tr>
<tr>
<td>Clubs-EGMs</td>
<td>1.1</td>
</tr>
<tr>
<td>TAB-horses</td>
<td>0.8</td>
</tr>
</tbody>
</table>

Impacts of others' gambling

All persons, including non-gamblers, were asked if they had any gamblers in their lives in the last 12 months. If so, they were asked how many gamblers were in their lives and who they were. They were also asked to rate (from very negative to very positive) the impact that other people’s gambling had had on the domains of life. The following figures and table are some examples of results from this section of the questionnaire and are reported for the general population sample only.

Figure 13: Proportion of general population who had a fairly heavy gambler in their life in the previous 12 months

The majority of the sample did not have any fairly heavy gamblers in their lives in the last 12 months.
Friends, siblings and wider family/whanau members were most commonly reported as being fairly heavy gamblers.
Table 5: Specific impacts of others’ gambling on domains of life

<table>
<thead>
<tr>
<th>Effects of others gambling on domains of life</th>
<th>Negative (%)</th>
<th>Positive (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical health</td>
<td>28</td>
<td>4</td>
</tr>
<tr>
<td>Mental well-being</td>
<td>38</td>
<td>8.3</td>
</tr>
<tr>
<td>Financial situation</td>
<td>21</td>
<td>4.1</td>
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<tr>
<td>Housing or accommodation</td>
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<td>4.1</td>
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<tr>
<td>Relationships with family/whanau or friends</td>
<td>50</td>
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<td>Children in your care</td>
<td>6.2</td>
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<td>Elderly or other dependents</td>
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</tr>
<tr>
<td>How good you feel about yourself</td>
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<td>13</td>
</tr>
<tr>
<td>Performance in study or work related training</td>
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<td>7.6</td>
</tr>
<tr>
<td>Your performance at work</td>
<td>4.7</td>
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</table>

Material standard of living

The short form of the ELSI developed by the Ministry of Social development was used in the pilot survey to assess respondents’ material standard of living. Figure 16 shows the results that would be available to compare between different levels of gamblers and with the norms available for the general population. The scale goes from level 1 = very restricted to level 7 = very good.

Figure 16: Material standard of living
Conclusion

In general the approach to measuring gambling and its socio impacts taken in the piloted survey worked well. Preliminary analysis to check the usefulness of selected items and the overall approach suggests that much valuable information relevant to carrying out an analysis of the costs and benefits of gambling can be gathered using this approach.
Appendix One: Screening for Problem Gambling

The South Oaks gambling screen

For much of the past two decades, the South Oaks Gambling Screen (SOGS) was used as the main screening instrument for identifying “problem” gamblers in the community. After “pathological gambling” was diagnosed as a psychiatric disorder in the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III) in 1980, researchers from psychiatry, psychology and sociology began to investigate gambling-related problems using a variety of methods from psychiatric epidemiology. These researchers adopted the SOGS tool because it was the only instrument at that time that had been clinically developed and tested for its performance. The SOGS contained 20 weighted items for detecting evidence of problem gambling, such as hiding evidence of gambling, spending more money or time than intended on gambling, arguing with family members over gambling, and borrowing money to gamble or pay gambling debts. The SOGS was tested for reliability and validity on a variety of populations in a clinical setting, such as hospital workers, university students, prison inmates and attendees of alcohol and substance abuse treatment programs.

The SOGS was first used in a gambling prevalence survey in New York State (Volberg and Steadman, 1988) and was quickly adopted for use in other regional studies of problem gambling prevalence. By 1998, the SOGS had been used in more than 45 jurisdictions in the United States, Canada, Asia and Europe. The instrument proved popular due to the advantages of comparability within and across research projects that came with using a standardised tool. Research commissioned by the DIA in the early 1990s on the prevalence of frequent and problem gamblers offered the first chance to utilise the SOGS in the New Zealand general population on a national level (Abbott and Volberg, 1992). The project was designed to identify true pathological gambler prevalence from a subset of four groups included in the survey: probable pathological gamblers; problem gamblers; regular continuous gamblers; and regular non-continuous gamblers. Using the SOGS, the rate of true pathological gamblers was estimated to be 0.1% higher than the previous estimate.

Despite this rapid rate of adoption, however, grounds for concern with the accuracy of the tool were also growing. Primarily, there were issues regarding the extent to which misclassification errors were possible, thereby affecting any attempt to estimate total social costs of gambling. There is a chance that results from use of the SOGS may yield either false positives (where non-problem gamblers are misdiagnosed as problem gamblers) or false negatives (where problem gamblers are misdiagnosed as non-problem gamblers). The chances of such errors are increased in non-clinical settings. Some of the methodological issues were characteristic of all survey research, such as respondent denial and rising refusal rates. Others, however, were specific to the SOGS screen, especially regarding the most appropriate methods for studying gambling related social costs and the assumptions about gambling problems that underpinned the SOGS questionnaire. The expansion of legal gambling, leading many people who had never gambled before to try gambling activities, resulted in the appropriateness of a number of the questions on the SOGS being called into doubt.
Many of the questions, such as those about borrowing from loansharks or cashing in stocks or bonds, were perceived to be more relevant to the middle-aged, middle-class men who had been most likely to seek help for gambling-related problems in the 1970s and 1980s. Questions about borrowing money from the “household” were also open to varying interpretations by respondents from different ethnic groups; for some the household may have connotations of an immediate nuclear family, for others it may include extended family members. The SOGS was also challenged by industry representatives as reporting unreliably high prevalence estimates (Volberg, 2002).

The growing issues with the SOGS screen were contemporaneous with the emergence of a new set of criteria for the diagnosis of pathological gambling in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). These new criteria were developed through incorporating empirical research that linked pathological gambling to other “addictive disorders”, such as alcohol and other drug dependence. Researchers in the gambling field have since adopted the DSM-IV criteria in their work and are hence the measure against which other diagnosis instruments must be measured.

In light of the growing dissatisfaction with the SOGS screen, twelve new problem gambling screens have been developed since 1990, including nine for adults and three for adolescents. Two of these are based on the SOGS, and four are based on the DSM-IV criteria. Despite this growth, most of these tools have not been tested for their relative performance in the clinical, general population and evaluation environments. Screens that have been tested in different environments are the National Opinion Research Centre DSM Screen for Gambling Problems (NODS) and the Canadian Problem Gambling Index (CPGI).

The NODS

The NODS was developed for the purposes of the National Gambling Impact Study in the United States (National Gambling Impact Study Commission, 1999) using the DSM-IV criteria to identify problem gamblers. A series of questions were designed, matching the DSM-IV criteria for diagnosing pathological gambling, that include 17 lifetime items, and 17 past year items used to assess the severity of the respondent’s gambling problems. The NODS has been criticised (Volberg 2002) for being somewhat restrictive in its assessment of gambling problems, due to the ambiguity of several of the DSM-IV criteria. Also, the national survey in the United States, chose to administer the NODS only to those respondents who acknowledged having lost $100 or more in a single day, and/or those who admitted having been behind more than $100 across an entire year of their gambling, at some point in their lives. This was done after pre-testing in focus groups had suggested that infrequent and non-gamblers became impatient with repeated questions that were perceived as irrelevant to their experiences, and that people whose losses had been small were unlikely to report problems related to gambling.
Whereas the SOGS and the NODS were developed in accordance with a medical view of problem gambling as an individual pathology, the development of the CPGI has followed a very different route. In 1996, a group of Canadian addiction specialists, health professionals, senior policy makers from government health departments, community agency, and private sector representatives met to discuss existing problem gambling research, treatment and prevention in Canada. Concern was expressed at the dominance of the medical perspective that classified problem gambling as an addictive and “pathological” disorder. It was argued that such a perspective dissuaded researchers from studying the social context within which gambling activity occurs.

To challenge the individualisation of problem gambling and encourage research into the normative aspects of gambling behaviour a steering committee was formed that reconceptualized problem gambling within a community health context, developed an operational definition of problem gambling to be used in future community-based gambling research; and created and validated an instrument to be used in epidemiological health studies of problem gambling in the general population. This process resulted in a report titled “Measuring Problem Gambling in Canada” (Ferris, Wynne and Single, 1999). The details of this research can be found at www.ccsa.ca.

Much of the impetus for developing the CPGI came from the dissatisfaction with screening tools such as the SOGS and the NODS, not least that they had only been validated in clinical settings. The CPGI, on the other hand, was tested for reliability and validity on a nationally representative sample of 3,120 Canadians. It was then re-administered to a sample of 417 from the original survey and problem gambling treatment specialists conducted clinical interviews with a sample of 143 to establish validity. As such, the CPGI is the only problem gambling screening instrument to have been rigorously tested prior to its use in community-based general population surveys. The CPGI is now the standard screening tool used in Canadian National Gambling Prevalence Surveys, as well as regional and provincial research on the impacts of gambling. Although specifically developed as an instrument for the research of problem gambling in Canada, there is evidence that the CPGI is adaptable to be used in other jurisdictions (University of Queensland, 2003).
Appendix Two: Statistical Data for Monitoring of Gambling Impacts

Data needs framework for community impact studies

This framework is taken from the appendix to the Australian Institute for Gambling Research 2001 report, and is described by the report author, Professor Jan McMillen, as indicative rather than comprehensive. Identified statistical data has been listed under the appropriate framework category, with the source, reference and a description. Further data may exist that has not yet been located. Where an obvious source does not collect this data, this has sometimes been noted. Where data has not been located, there is no entry under that particular heading. Categories marked * were not included in the original Australian Institute for Gambling Research’s framework, but have been added as a result of data that emerged during the research.

1. Annual gambling statistics for each type of gambling and each region, using consistent data categories and compilation methods. National statistics should include:

   a) Turnover per adult capita (regional and national totals)
      ▪ ABN AMRO 2004: Lists TAB turnover by agency, pub outlet, online, phone and on-course outlets.

   b) Expenditure (real and actual) per adult capita and totals
      ▪ Department of Internal Affairs (2004): Total annual expenditure of gamblers/gross profits of operators for racing, Lotteries Commission, non-casino EGMs and casinos for 1979 to 2003. EGM totals are estimated from aggregated gaming duty figures.
      ▪ Amey 2001: Categorises participants’ annual gambling expenditure from 1985 to 2000; this survey will be repeated in 2005.
      ▪ Abbott and Volberg 2000 (Report 3): Categorises participants’ reported monthly expenditure by gambling mode.
      ▪ Abbott 2001 (Report 7): Summarises gambling expenditure by gambling mode.

   c) Annual rates of growth
      ▪ Department of Internal Affairs 2004: Can be calculated from total annual expenditure figures.
      ▪ Department of Internal Affairs 2004: Total number of EGMs in New Zealand since 1994, listed at three-monthly intervals.
d) Gambling as a percentage of household disposable income
- Abbott and Volberg 2000: Categorises typical monthly gambling expenditure by household income.
- Amey 2001: Categorises participants’ annual gambling expenditure from 1985 to 2000 by household income.
- Statistics New Zealand Household Economic Survey 1998, 2001, 2004: Lists average weekly and annual household gambling expenditure totals, noting that these figures are significantly under-reported; they amount to less than half the Department of Internal Affairs’ figures for gambling expenditure.

e) Taxation
- Department of Inland Revenue 2004, 161: Lists total annual income from gaming duties, from EGMs, racing clubs and TAB, Lotteries Commission and casinos, under indirect taxation in Notes to the Crown Financial Schedules.
- Lotteries Commission annual reports: Lists money annually paid in lottery duty.
- New Zealand Racing Board annual reports: Lists proportion of turnover and amount paid annually in totalisator duty.
- SkyCity annual reports: Lists consolidated taxation paid by its New Zealand and Australian branches. Its website page on its contribution to the Auckland economy (http://www.skycityauckland.co.nz/skycity/index.cfm?635CFF21-50BA-1DC3-6570-E5D90397D89A) lists New Zealand tax paid in the previous financial year.

f) Regional revenue
- Butcher Partners 1995: Lists output, employment, value-added effects and other regional impacts of the Christchurch Casino.

g) * Distribution of gambling venues
- Department of Internal Affairs – Gambits 2003-2004: Reports EGM venues and numbers by TLA each quarter; street addresses of EGM venues are available on its website.
- Public Health Intelligence Applications Laboratory 2003: Maps non-casino EGMs by District Health Board, TLA, and the New Zealand Deprivation Index, correlated with ethnicity and the availability of problem gambling services.
- Statistics New Zealand: Website (www.stats.govt.nz/products-and-services/table-builder/table-builder-business.htm) provides Detailed Industry by Area tables of gambling enterprise and geographic unit numbers (defined as a separate operating unit engaged in one, or predominately one, kind of economic activity from a single physical location or base) by TLA and region. This is likely to exclude most EGM venues, which would be included under hotels, bars and social clubs.
- Charity Gaming Association: Website provides contacts for member groups, which list EGM venue street addresses (www.cga.org.nz).
- TAB: Website lists agencies by area (www.tab.co.nz/tab_agencies.cfm).
2. Characteristics of gambling industries by sector and region, including income and expenditure, purchasing and marketing
   - SkyCity 2004: Lists total revenue for Auckland and Hamilton casino companies (including accommodation and hospitality income).
   - New Zealand Racing Board 2004: Lists income and expenditure; marketing made up 5.2% of its operating expenses of $124,648,000.
   - ABN AMRO 2004: Lists TAB staffing, communications, marketing and other operating costs in year to June.
   - New Zealand Lotteries Commission 2004: Lists income and expenditure; no figure or percentage for marketing supplied.
   - Pub Charity 2003: Lists trust income, assets and expenditure.
   - Individual reports from charitable clubs, such as Royal New Zealand Returned Services Associations (RSAs), which host EGMs.

3. Gambling labour force statistics, by sector and region, compiled annually, comprising –
   a) Number of employees by gambling enterprise
      - Statistics New Zealand: Website Detailed Industry by Area tables 2004 (www.stats.govt.nz/products-and-services/table-builder/table-builder-business.htm): show annual full time equivalent employment totals for horse and dog racing; lotteries; casinos; and gambling services not elsewhere classified. This excludes Lotto terminals in supermarkets or other shops, and EGM or TAB staff in hotels, bars or clubs.
      - SkyCity 2004: Lists total employee remuneration across its New Zealand and Australian companies.
      - New Zealand Racing Board 2004: Lists total employee remuneration.

   b) Type of operator/employer (private/public, size of enterprise)
      - Department of Internal Affairs 2004: Provides numbers and proportion of EGMs at different kinds of venue – multi-site societies, sports clubs, RSAs and chartered clubs.
      - ABN AMRO 2004: Ranks New Zealand’s thoroughbred racing industry tenth in the world, with the sixth-largest number of breeding mares and the eighth-highest number of foals.
      - Lotteries Commission, New Zealand Racing Board and individual annual reports from charitable clubs list size of enterprise.

   c) Number of employees by category of work (for example - gaming, administration, technical)
      - ABN AMRO 2004: Lists EGM service companies in New Zealand; Aristocrat Technical Services employs 25 licensed technicians to service 40% of total EGMs; others are employed by Bytecraft.

   d) Employee socio-demographics
e) Employee status (full-time, part-time, casual)
- Statistics New Zealand: Lists employment status by industry.
- Curtis 1999: Reported 3,921 full-time employees and 1,872 part-time employees in the gaming industry in 1998, excluding those employed in Lotto terminals in supermarkets or other shops, and EGM or TAB staff in hotels, bars or clubs; half the 3,500 retail staff listed in a Lotteries Commission 1997 Retailer Survey were part-time employees.
- Service and Food Workers Union: Organisers can supply delegate estimates of proportions of full-time and part-time/casual staff at unionised casinos.

f) Annual/hourly salaries by category of employment
- Service and Food Workers Union (undated): Lists hourly starting rates for dealers, dual rate dealers, gaming supervisors, cashiers, action hosts, food and beverage workers, cleaners and security officers in the Auckland, Christchurch and Dunedin casinos.
- Kiwi Careers: Website lists the usual earnings for croupiers or dealers at casinos (www.kiwicareers.govt.nz/jobs/11c_spo/j80333d.htm#employment) as $11 to $16 per hour or between $20,001 and $40,000 annually.
- Lotteries Commission 2004: Lists numbers of employees receiving between $100,000 and $279,999 a year, and fees for commission members.
- SkyCity 2004: Lists the number of employees (including non-gambling-related employees) paid between $100,000 and $549,999.

g) Level of unionisation
- Service and Food Workers Union: SkyCity Auckland is the only casino to have a collective agreement. The union has 800 members at SkyCity Auckland, and estimates that 40% of workers there are union members, 30% at SkyCity Hamilton and 50% at Dunedin Casino (Louisa Jones, personal communication). Bargaining for a collective agreement at Dunedin Casino is underway. The union is aiming to negotiate a multi-employer collective agreement for all six casinos in 2007. The union says very few EGM venue workers are union members.
- Not stated in SkyCity, New Zealand Racing Board or New Zealand Lotteries Commission annual reports.

h) Number and type of industrial disputes
- Service and Food Workers Union: Workers at SkyCity Auckland went on strike in 2001 and 2004. The union knows of no other strikes at other casinos.

i) Equal employment opportunity policies, affirmative action programmes
- SkyCity 2004: SkyCity is a recognised equal employment opportunity employer.

j) Occupational health and safety requirements and issues
- Accident Compensation Corporation: Reports new and ongoing work-related injury claims involving compensation or rehabilitation by gender, number and cost for three sectors – casinos, lotteries and other gambling services.
- The Service and Food Workers Union reports occupational overuse syndrome as a serious work-related issue for casino dealers and EGM workers (Louisa Jones, personal communication).
4. **Social disadvantage index** to identify the most affected communities and enable analysis at meshblock level

- Public Health Intelligence Applications Laboratory 2003: Correlates the geographic spread of non-casino EGMs with socio-economic deprivation, Maori and Pacific ethnicity and the availability of problem gambling services.
- Abbott 2001 (Report 7): Discusses the gambling participation of population groups.
- Abbott and Volberg 2000 (Report 3): Correlates gambling participation and reported monthly expenditure by mode of gambling with gender, age, ethnicity, nationality, time in New Zealand, qualifications, employment status, occupation, marital status, religion, household size and household income.
- Paton-Simpson et al 2000 - 2004: Lists gender, age, ethnicity and location of new clients to face-to-face problem gambling counselling and telephone services, and correlates the first three variables with mode of gambling, South Oaks Gambling Screen (adapted to measure behaviour in the three months prior to assessment) (SOGS-3M) scores and dollars lost in the four weeks before first contact.

5. **National time use data**: leisure statistics that include gambling participation by region

- Statistics New Zealand 2001: *Around the Clock*, the first New Zealand time use survey did not ask about time spent gambling.

6. **Problem gambling data** by region and local community; both quantitative (survey) data and qualitative (focus groups, ethnographies) are important relating to harms.

   a) **Prevalence of problem gambling** – general, specific groups, communities
   - Abbott and Volberg 2000 (Report 3): Correlates gambling participation and reported monthly expenditure by mode of gambling with gender, age, ethnicity, nationality, time in New Zealand, qualifications, employment status, occupation, marital status, religion, size and household income.
   - Pacific Research and Development Services and SHORE/Whariki 2004: Lists proportions of people who gambled and those who reported problems with their gambling from a national telephone survey of 1,103 Samoan, Tongan, Cook Islands Maori, Niuean, Fijian and Tokelauan people.
   - Paton-Simpson et al 2004: Lists preliminary prevalence rates for three populations - patients in a range of Auckland general practices; clients at Auckland and Christchurch social service agencies, and clients of Waikato health agencies.
   - Clarke 2003: Compares prevalence in a small sample of first-year New Zealand university students with their overseas peers.
   - Sullivan 2002: Used three problem gambling screens to survey prevalence among 547 13 to 18-year-old Auckland high school students.

   b) **Surveys of clients** receiving treatment
   - Wong and Tse 2003: Describes non-specific factors which predispose Asian migrants to New Zealand to gambling problems.
c) Demand for gambling-related support services.
   - Public Health Intelligence Applications Laboratory 2003: Provides distribution of problem gambling telephone helpline usage rates by area (related to access to non-casino EGMs and levels of deprivation), which they consider to be a more reliable indicator of demand than figures accessing other problem gambling services because the helpline is the easiest to access.
   - Goodyear-Smith et al 2004: Summarises interest by more than 900 patients in 20 Auckland general practices about general medical practitioners help with problem gambling.

d) Data on personal and family impacts – effects on children, partners, divorce/separation, domestic violence, psychological wellbeing, etc.
   - Auckland Regional Public Health Service 2004: Identified financial, relationship and childcare problems resulting from gambling in Auckland Tongan families.

7. Data on prevention programmes. These include:

a) Consumer information – costs and benefits, programme evaluation studies;
   - GamblingWatch: Can provide distribution details and feedback on its 2003 community resource pack Dealing with Gambling in New Zealand.

b) Community education and awareness-raising programmes – costs and benefits, programme evaluation studies
   - Docherty et al 2004: Reported positive evaluations of the Youth Education Project’s When is it not a game? health education resource for secondary-school aged groups.

c) Primary and secondary programmes – early intervention – efficacy, programme evaluation studies
   - Sullivan in press: Found that nine general medical practitioners in Auckland, Rotorua and Taranaki perceived their brief interventions were helpful for 399 patients affected by problem gambling.
   - Herd 2005: This process evaluation of a Maori women’s problem gambling support group concluded that to facilitate healing Maori must design and deliver their own interventions using Maori frameworks.
   - Goodyear-Smith et al 2004: Found that a self-administered screening tool which included gambling among other risk factors was acceptable to patients and not considered overly burdensome by general medical practitioners.
   - Williams et al 2003: Found that the Waikato Community Action Project on Gambling had raised awareness among Maori, Pacific and migrant communities and provided a sound basis for the development of further community action.
   - Williams et al 2003: Found that the Manukau Community Action Project on Gambling had resulted in successful support and community action groups, educational resources and brief Pacific interventions and increased Maori and Pacific awareness and action about gambling.
- Problem Gambling Foundation 2002: A brief intervention for prison inmates with gambling problems using informational modules based upon motivational interviewing techniques was evaluated as successful in three prisons.
- Sullivan et al 2000: General practitioners strongly supported problem gambling as part of their practice in a survey of 80 randomly-selected general medical practitioners.

**d) Community surveys**, focus groups to identify quality of life issues and impacts.
- Otara Responsible Gambling Action Group 2003: This small community survey identified high levels of concern and assessment of harms from gambling in Otara.
- Dyall and Hand 2003: Concluded a comprehensive Maori public health response was needed following interviews with Maori problem gamblers and gambling policy makers.
- Perese and Faleafa 2000: Analysed 14 qualitative interviews with Auckland Samoan gamblers and recommended a culturally-appropriate health promotion strategy.
- Auckland Regional Public Health Service 2004: Identified financial, relationship, childcare problems resulting from gambling in Auckland Tongan families.

**8. Data on treatment programmes and support services** at local community and regional level. These include:

**a) Distribution of services by type**, e.g. counselling, community health service, stand-alone, integrated.
- Paton-Simpson et al 2000-2004: Describes type and location of problem gambling counselling services.
- He Oranga Pounamu 2004: Identified and interviewed Maori and non-Maori current and potential problem gambling treatment and prevention providers, and youth service providers in the Ngai Tahu area.
- Public Health Intelligence Applications Laboratory 2003: Lists distribution of problem gambling and alcohol and drug service providers by TLA, deprivation level and problem gambling service demand.

**b) Resources, staffing, professional qualifications.**
- Problem Gambling Foundation 2003: Identifies key competencies and best practice for the problem gambling service workforce.
- Abacus Counselling and Training Services and Paton-Simpson 2004: Outlines the integrated continuing care system for face-to-face counselling agencies.

**c) Access** – hours, method of access, payment

**d) Client usage patterns** – gamblers, families, industry workers, etc.
- Paton-Simpson et al 2000-2004: Summarises usage of problem gambling services by gamblers and affected others.

**e) Services provided** – financial counselling, psychological counselling, relationship counselling, emergency relief, health service, domestic violence support, etc.
- Paton-Simpson et al 2000-2004: Provides figures on provision of face-to-face and telephone counselling by problem gambling services.

f) **Problem gambling minimum data set** – use of problem gambling services, client data, etc.

g) **Programme evaluation studies** and efficacy studies.
   - Problem Gambling Foundation 2003: Found few significant differences between long-term and other problem gambling service clients apart from age and clinic location, and recommended a shorter treatment protocol focussing on change.

9. **Health data.** These include:

   a) **Epidemiological data** that record gambling-related health problems

   b) **Gambling-related suicide**
      - Penfold 2004: Found a high prevalence of problem gambling and alcohol problems among 70 people who had attended North Shore Hospital after an attempted suicide.

   c) **Co-morbidity data**, e.g. gambling and alcohol, parental neglect, mental ill-health, smoking, etc.
      - Sullivan (in press): Found that general medical practitioner patients identified as problem gamblers or affected by someone else’s problem gambling had high rates of depression compared to patients who had never had gambling problems.
      - ABN:AMRO 2004: Estimated that 50% of New Zealand gamblers smoke compared to 25% in the general population, based on observation by casino employees.
      - Goulding 2002: Outlines emerging connections between self-harm, assault and violent crime by gamblers and violence against gamblers.
      - Sullivan 2002: Found that a small sample of problem gamblers were heavy smokers who significantly increased their rate of smoking when gambling.
      - Sullivan (undated): Summarised alcohol problems, mental and physical health issues, and social problems which co-exist with problem gambling.
      - Abbott and Volberg 1992: Found strong associations between probably pathological gambling and hazardous use of alcohol, as well as weaker associations with minor mental disorder. Pathological gamblers had rates of serious and mild to moderate depression more than double those of regular non-problem gamblers; the likelihood of psychological disorders increased with problem gambling severity.
10. **Crime and regulation** data. These include:

   a) **Community crime statistics and court records with a direct relationship to gambling.** (Need to aware of attribution problems and disentangling gambling-related crimes from other trends and externalities)
      • Coeburgh et al 2001: Lists proportion of offenders for whom gambling was a “criminogenic need”.
      • Statistics New Zealand: Lists annual recorded and resolved gaming offences from the Police of drug and anti-social offences.
      • Abbott et al 2000; Abbott and McKenna 2000 (Reports 4 and 5): Describe previous gambling participation and gambling-related crime of prison inmates.

   b) **Gambling participation** and problems in penal system;
      • Abbott et al 2000; Abbott and McKenna 2000 (Reports 4 and 5): Describe gambling participation in prisons.

   c) **Cost of gambling regulation and policing** – proactive/preventative and reactive regulation
      • New Zealand Police

   d) **Resource allocation effects** of corruption
      • New Zealand Police

   e) **Calculation of regulation benefits** (diminished crime/no crime).
      • Business and Economic Research Limited 2001, 25: Noted that the opening of Auckland’s SkyCity casino led to the demise of at least 30 illegal Chinese and Asian gambling games in the city.

11. **Financial and economic data.** These include:

   a) **Regional economic data** and frameworks for analysis, including usual measures of economic activity

   b) **Retail data** to measure impacts of gambling on local businesses
      • Statistics New Zealand Retail Trade Survey: Monthly figures for retail sectors by city and regional council areas.

   c) **Production** – gambling-related absenteeism, loss of productivity, reduced unpaid household services
      • Abbott 2001: Six percent of problem gamblers had lost time from study or work in the previous six months, rising to 12% lifetime prevalence.
      • The Department of Labour does not collect this information.

   d) **Bankruptcy** attributable to gambling
      • An average of 10% of bankrupts who responded to a question about causes between July 2002 and June 2005 gave gambling as a primary or secondary reason for their bankruptcy (personal communication, Russell Miles,
Insolvency and Trustee Service, 2005). It was a primary cause for 261 bankrupts and a secondary cause for 517 in this three-year period.

e) Gambling-related re-financing, loans, mortgage closures, etc

f) Taxation

g) Collection and distribution of charitable funds

- Charity Gaming Association Spring 2004: Lists details of community funding from the following seven foundations which distribute approximately 50% of expenditure from non-casino EGMs; unless otherwise stated, information is provided quarterly, includes declined applications and is listed by area and organisation.
  - Lion Foundation (to 30 June 2004).
  - New Zealand Community Trust (to 30 June 2004).
  - Castle Trust (to 30 June 2004).
  - Scottwood Trust (to 30 June 2004).
  - Southern Trust (to 30 June 2004; does not include declined applications).
  - Perry Foundation (12 months to 31 May 2004); listed by organisation only.
  - Mana Community Grants Foundation (to 30 June 2004); listed by organisation only.
- Grant and Simonsen 2003: Analysed reported 2002/02 distribution of non-casino EGM community funding from the seven foundations above by region and by community sectors such as sport and health.
- SkyCity: Website lists the names of organisations and projects supported and the total in grants since the beginning of each casino community trust (eg for SkyCity Auckland - http://www.skycityentertainmentgroup.com/skycity/dms/8BB047B9E0188BD1328FF7315EC0FA81.pdf).
- Pub Charity 2003: Lists contributions to charity from hotels with EGMs which are not affiliated with the CGA foundations.
- Community Grants Foundation Inc 2002/03: Lists grants allocated through this Gore-based trust.

12. Urban and environmental impacts. These include:

a) Environmental impact studies – e.g. traffic, pedestrian patterns, urban aesthetics, heritage and cultural issues

- Rotorua District Council 2003: Small survey of businesses, residents and schools near the West End shopping centre concluded that the impact of an additional nine EGMs would be minor.

b) Costs and benefits of town planning requirements

c) Community surveys and focus groups to examine impacts on community image, quality of life, etc.
- Hennebry 2003: Describes community opposition to a Hamilton EGM venue which went ahead despite a Liquor Licensing Tribunal decision against EGMs on the site.
- Gwynn 2003: Describes differing environments of three casino bars in Napier suburbs.
- Waitakere Association for Gambling Action: Survey of community attitudes to gambling for submission to Waitakere City Council.
- Centre for Gambling Studies 2004: Conducted seven community workshops about gambling for the impact assessment in Auckland regional TLA areas.
- Matamata Piako District Council: District Gambling Discussion Summary compiled responses from three community workshops.

13. **Surveys, focus groups, interviews and observation** as useful sources of data for elaboration and cross-validation of other data sets.

14. **Layered geo-mapping** of various data sets, to identify “at risk” communities, sites with high levels of gambling problems, areas of service need, quality of life impacts, etc.
   - Public Health Intelligence Applications Laboratory 2003.

15. **Ethnography and community studies** to explore the cultural meanings and practices of gambling in different communities and groups. Such studies are essential first steps in developing deeper understandings and in refining existing data sets and methodologies.
   - Perese and Faleafa 2000: Explores perceptions of what constitutes gambling, and attitudes and perceptions about Auckland Samoan community gambling involvement.
   - Auckland Regional Public Health Service 2004: Explored meaning and practice of gambling in Auckland Tongan families.
   - Abbott et al’s report provides extensive qualitative data on many of these concerns.
### Appendix Three

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Venues with EGMs were visited in the following areas:

- Auckland CBD
- Glendowie
- Glen Innes
- Howick
- Mangere
- Manukau
- Manurewa
- Onehunga
- Otahuhu
- Otara
- Papakura
- Pt Chevalier
- Royal Oak

Sports Clubs with EGMs were visited in the following areas:

- Drury
- Mangere
- Manurewa
- Otara
- Papakura
- Papatoetoe
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[http://www.ccsa.ca/docs/whistler_final.doc](http://www.ccsa.ca/docs/whistler_final.doc)