

Chapter One

Introduction and Background

Gaming or the gambling industry in New Zealand has been growing since early 1990. Rapid increased availability and accessibility to gaming facilities is paralleled by increased prevalence of gamblers, problem gamblers and pathological gamblers in New Zealand. (Department of Internal Affairs, 2001).

Problem Gambling Committee (PGC) funded agencies have noted the increased number of clients seeking help from various services. 'In 2002 there was a 21 percent increase from the previous year. A total of 27,323 people in the New Zealand population have now been 'counselled' for gambling over the past six years.' (MoH, 2004)

This does not take into account people who do not access these services easily as noted in other Pacific research. Pacific people are unlikely to access helpline telephone services and other medical and or mental health based services. However, PGC data shows that Maori seeking help for problem gambling has seen the biggest increase between 1997-2002.

Growth can also be measured by the increase of gaming venues, increased revenue created by the industry and increased numbers of people seeking assistance for problems associated with gambling.

The Department of Internal Affairs administers casino and non-casino gambling services notes that gambling venues, range and opportunities in New Zealand is substantial. The timeline of gambling venues and range is listed in the PGF Young People's Gambling in New Zealand report, 2003. In summary New Zealand currently offers:

1. Six casinos across the length of the county in the main cities, Auckland, Hamilton, Christchurch, two in Queenstown and Dunedin.
2. The Lotteries Commission control and operate the national lottery games of weekly Lotto, Daily Keno, Instant Kiwi and scratchies through an estimated 900 terminals in 600 retail outlets. Lotto is now available at some supermarket counters when buying the weekly groceries you can also buy your Lotto ticket.
3. The Totalisator Agency Board (TAB) operates 500 outlets and offers Racing and Sports betting across the country. In 1996 Sports gambling was also introduced to these outlets. Between 1990-93 horse and dog races was available seven days a week.

4. The biggest and by the most significance increase is seen in the growth of electronic gambling machines (EGM) which were introduced in 1988. In 2002 there were 25,000 licensed EGM's outside of casinos, was being housed by 2,100 venues across the country.
5. It is estimated that in 2002, 725 licenses were issued for societies to run lotteries, 670 licenses were issued for Housie sessions, over 100 licenses were issued for 'other' types of gambling activities such as euchre and simulated racing nights and 30 licenses were issued for prize competitions such as 'calcuttas'.
6. Internet gambling was also identified as an increased gambling activity with 700-800 internet gambling websites, however measuring usage by New Zealanders is much more difficult as there are no domestically located websites but patrons can gamble on overseas sites through personal computers and by phone betting on overseas accounts.

It is estimated that internet gambling will be the most influential factor in the growth of youth gambling.

This increased availability and accessibility coincides with current anecdotal evidence, observations and '*po talanoa*'⁵ or the process of 'construction, reconstruction and deconstruction of Tongan social realities (L.Manuatu, 2000), that Tongan people in Auckland are vulnerable to the risks, losses and circumstances associated with problem gambling and more susceptible and vulnerable to developing a gambling problem than the rest of the New Zealand population.

Most of the Tongans in New Zealand are in the low socio-economic bracket of society and it is noted that gambling literature has stated that people with low socio-economic status are more vulnerable to problem gambling than those that are not. This as well as prevalence data has proven that Pacific people of which Tongans are part of continue to be susceptible to developing problem gambling.

Prevalence data has been reported by Abbott 2001a, stating that:

1. prevalence of problem gambling was six times higher among Pacific peoples than for Maori
2. among the people involved in gambling, 16% of Pacific people visited the Auckland Sky Casino eleven times or more in one month
3. Thirty seven percent of Pacific people spent three hours or more at the Auckland Sky Casino during each visit

⁵ Po Talanoa – literally means talking into the night, extracted from Dr Linda Manuatu's PhD thesis, 2000

4. Were reported to have spent more money gambling at Auckland Sky Casino than other ethnic groups. (The Study of the Social and Economic Impacts of NZ Casinos, 1998)

This information plus anecdotal evidence from Public Health staff and a background paper developed by Dr Tin Htay⁶ led to the development of this research project.

Auckland Regional Public Health Services; Vaka Ola⁷ Pacific Team

Pacific staff noticed that gambling was being increasingly identified as a 'problem' through anecdotal evidence and stories when co-ordinating or implementing various public health community development projects and activities.

Vaka Ola recognised that a 'Pasifika'⁸ approach would not be appropriate and viable due to team capacity and experience. It also recognises and supports the call for more ethnic specific research into Pacific communities rather than a homogenous grouping. In her study of Tongan students in Auckland, Linita Manuatu, states that

***'historically lumping students together as one group of Pacific Island people has not promoted their education and learning. The only ones who benefit from homogenising people are those who benefit from bureaucracy and who advocate ideas that maintain the status quo.'*(2000)**

Although Manuatu was discussing students in particular, the team acknowledged that the most efficient approach would be to study one ethnic group in depth and expand and adapt the research design to the study of other ethnic groups if required. The team also understands that planned interventions should incorporate methods that are inclusive of intrinsic values and principles of specific ethnic groups.

Further support for the need of ethnic specific data comes from Helen Mavoia (1999) in her discussion regarding the term 'Pacific Islander'. It is commonly understood that people from Pacific nations do not describe themselves as 'Pacific Islanders' until arrival into New Zealand. The term was 'constructed by outsiders' to describe a large group of people from the smaller Pacific nations in order to 'understand and/or manage' this particular minority ethnic group. It is also more economically efficient/viable for the New Zealand government to use the term Pacific

⁶ Dr Htay is part of the research team and did a paper on Tongan gambling for his Diploma of Public Health, his interest along with other evidence contributed to the initiation of this project.

⁷ The Auckland Regional Public Health Services' (ARPHS) structure includes the Vaka Ola Pacific team which advocates and advises on 'things Pacific' to management and staff alike. It also acts as a supportive network for Pacific staff and is usually the first point of contact for Pacific communities with the overall service.

⁸ 'Pasifika' another popular term to describe all Pacific Islands ethnic groups.

Islanders when planning and allocating resources than to acknowledge differences and work with smaller groups.

Mavoa, comments that the term Pacific Islander is used as to describe a single social group, citing examples from reports on the social and health status of people from various Pacific origins (e.g Davey, 1993; Ministry of Health, 1998; Jackson et al; 1996) Davey refers to three ethnic groups, namely Maori, European and Pacific Islander. This description was common place although more recent data collection requires a specific Island nation to be named.

Most health reports acknowledge the diversity of people with Pacific origins but still continue to use a 'single pan-ethnic' category when describing health status. Hospital admissions list seven possible Pacific nations when asking for patient ethnicity, however the data is often collapsed into a single Pacific Island category. Mavoa states that:

***'while collapsing of ethnic categories may be desirable in many circumstances, it can be problematic when identifying ethnic differences in health status and health needs.'* (1999)**

It was agreed that the Tongan community would be studied first in the hope that further investigation could follow from this initial research project.

The Research Team

The research team consisted of:

1. Principal Investigator and main author, Yvette Guttenbeil-Po'uhila
2. Project co-ordinator, co-investigator and co-author, Mr Sione Tu'itahi,
3. Co-investigators and co-authors, Dr Tin Htay and Dr Jennifer Hand.

The team also referred to three advisory groups for discussion, analysis and advice in areas of research, gambling expertise and Tongan socio-cultural context.

1. Vaka Ola was used as a supportive and consultative body.
2. The first advisory group consisted of Tongan academics and practitioners that specialised in Tongan culture, language, migration, social, health and research. This group was Dr Okusi Mahina, Dr Linita Manu'atu, Ms Lita Foliaki, Dr Melenaite Taumoefolau, Mr Paulo Lavulo, Mr Tau'atina Tupou and Ms Kasalanaita Puniani.

3. The second advisory group consisted of people who were experts in the technical areas of the gambling industry, treatment and research. This group was Dr Max Abbott, Dr Peter Adams, Ms Josephine Jackson and Ms Lanuola Asiasiga.

A Public Health Approach

The present government has identified gambling as a key Public Health issue and has been reviewing its gambling or gaming legislation since 1995. In the Preventing and Minimising Gambling Harm strategic plan for 2004-2010 the Ministry of Health listed priorities and responsibilities in its efforts to reduce gambling related harm. It stated that 'problem gambling is a joint responsibility of the Public Health and Mental Health Directorates...the plan aims to impact at a population level as well as on individuals and families.' (Ministry of Health, 2002)

Lorna Dyll (2002), suggested that at its foundation, New Zealand historically valued people as its most important resource. However 'if we review current and proposed policy options related to gambling, it could be concluded that New Zealand now considers that the protection of its physical environment, which is closely linked to the economic wealth of the country, is more important than the active protection of its people.'

Community based concerns around the socio-economic, cultural and health effects of gambling on Pacific communities led to the development of a proposal to begin an investigation into gambling issues for Tongan people in Auckland. As suggested by Dyll it seemed that the government placed emphasis and importance on the revenue produced by gambling rather than on the visible negative effects on many Pacific populations.

Gambling and its impact on specific Pacific populations is under researched. The team agrees that focussing on the Auckland Tongan community is a starting point and that culturally relevant interventions for the Tongan community will need to be adapted to inform policy and strategies for other Pacific communities and for mainstream populations. It is hoped that this project will advance relevant health knowledge and will be an important benchmark for Tongan communities in Auckland and internationally. This research is also expected to be useful for comparative studies among other population groups in Auckland regarding gambling issues. This project advocates for a proactive community health promotion strategy as part of the research design in order to implement community-owned intervention programmes.

Vaka Ola; Auckland Regional Health Services serves the largest Polynesian city in the world. Programmes and projects targeted for Pacific peoples are based on Public Health principles, the Ottawa Charter and the Treaty of Waitangi. Therefore, the research takes on a public health focus in order to try and address the issues identified in and around the Tongan community of Auckland.

Public Health is about promoting well-being and preventing ill health as far “upstream” as possible before illness or injury occurs. Public Health takes a population health approach considering factors which determine health and planning and how identified determinants of health can be addressed. (Health for All People a Public Health Approach, MoH 2002)

“Effective Public Health activities involve long term investments that decrease the risk of injury and disease, improve the quality of life, prolong life and may decrease the need for health care services.” (Strengthening Public Health Action, MoH, 1997)

The Public Health Association states that ‘Gambling has adverse effects on the health of people and society and is therefore a public health issue. Gambling reflects both underlying socio-economic problems in society and causes problems for society as a whole, and for particular communities. It reduces financial resources of low-income New Zealanders for expenditure on health, housing and education.’

John Raeburn (2001) discussed the importance of addressing gambling problems within a Health Promotion framework. Raeburn suggests that New Zealand view and use the Treaty of Waitangi as an important Health Promotion document. Raeburn, recommends principles for health promotion applied to gambling and uses key health promotion strategies and actions as listed in the Ottawa Charter. Raeburn states that gambling:

- Be viewed in a wide ecological and societal context
- For New Zealanders is a product of a variety of determinants including policy and regulations, the industry, culture, lifestyles, education, knowledge, income and many other factors
- Services and communities plan action for optimising the enjoyment of gambling and minimising negative impacts by using the five streams of the Ottawa Charter. Build healthy public policy, create supportive environments, develop personal skills, strengthen community action and reorient health services. Roles of health promotion are to enable, mediate and advocate.
- Services and interventions acknowledge the importance of partnership, protection and participation between Maori and the crown within the Treaty of Waitangi.
- Services and interventions use health promotion concepts of empowerment and equity and the mental health promotion concept of resilience in a supportive environment.

This research aims to contribute to this enterprise by placing its findings in a public health framework and giving direction for health promotion activities. A public health frame offers a broad viewpoint of society and encompasses a range of social and economic impacts. As Korn and his colleagues have explained “the value of a public health perspective is that it applies

different 'lenses' for understanding gambling behaviour, analysing its benefits and costs, as well as identifying multilevel strategies for action and points of intervention . (Korn, Gibbons and Azmier (2003).

Brown, points to the importance of the government taking ownership of the gambling issue and

'...developing National Policies on Responsible Gambling in order to manage gambling in a sustainable manner, minimise the harm of problem gambling and to promote responsible gambling among New Zealand communities.'

Brown states that a vision of responsible, sustainable gambling can be achieved through a balanced combination of treatment, harm minimisation and health promotion strategies. He lists a number of recommendations that will obtain such a vision. One of his recommendations is that:

'Government commissions appropriate studies that validly measure the social and economic impacts of gambling and problem gambling. We determine what is a sustainable level of gambling in New Zealand.'

The team has taken the view that a focus on gambling problems and addiction without attention to the whole context or without understanding of all the contributing or underlying factors will not bring the health benefits expected. For example, gambling may be a symptom as well as a cause of financial stress, cultural dislocation, child neglect and partner abuse and may exacerbate existing stresses. Focussing on addiction or such problems as single contributing factors (in isolation from where and how people live) will not be effective.

In summary a public health approach has the following advantages:

- Sees people within a social context rather than focussing on individuals and allows exploration of the influences of cultural, family and community values on behaviour. It also considers how systems, organisations and political groups act and react to each other allowing examination of the interactions between and across different public policies such as education, employment, taxation, tourism and Maori development.
- Is guided (is not value free) by values and beliefs about the quality of life that people should enjoy within their society
- Encourages the development of an integrated approach, because it allows health behaviour to be seen along a continuum so that areas of risk, resiliency, protective factors and conditions can be identified and explored.
- Strategies for action identified are likely to be comprehensive and multilevel and may be ethnically and community specific. This is particularly important for Maori and for the different Pacific Peoples.

Terminology/Definitions

Definitions of gambling are complex and not standardized. In considering specific definitions for problem gambling Shiang-Lih Chen (1998) from the University of Nevada argues that problem gambling has no standard definition and terms vary from compulsive to pathological depending on the motives of the group using the term. Chen, argues that the term 'compulsive reflects a political purpose more than a medical reality and therefore is inappropriate to describe some problem gamblers.

Chen, recognises that a lot of research regarding problem gambling indicates that the lack of consensus in the definition of problem gambling has been hindering the further work force for problem gambling. The American Gaming Association has commented that:

***'the issue of problem gambling is fraught with inconsistencies, varying interpretations of data and obvious omissions of much needed information. Compounding this situation is a lack of definitions agreed to by the industry representatives, scholars, practitioners, social scientists and other experts in the field. As a result communication is difficult when attempting to both describe the problem itself and the various means to alleviate the effects of problem gambling on employees, customers and the community at large.'* (American Gambling Association, 1996)**

Therefore, workable definitions for problem gambling are imperative to any investigation into causes, consequences and solutions.

For the purposes of this investigation, the team agreed on the following definitions and criteria for inclusion and analysis.

1. Non-gamblers are those who do not participate in any form of gambling or gaming.
2. Social and recreational gamblers are those who may experience opportunity costs associated with their gambling but generally experience "no harmful effects from gambling" (National Research Council 1999).
3. Problem gamblers experience "occasional or regular gambling to excess, to the extent that it leads to problems in other areas of life, particularly with finances, work and inter-personal relationships" (Department of Internal Affairs 2001).
4. Pathological gamblers experience "A progressive disorder characterized by a continuous or periodic loss of control over gambling and with obtaining money with which to gamble; irrational thinking and a continuation of the behaviour despite adverse consequences." (Ontario Addiction Research Foundation)

The team agrees that gambling and its many levels and definitions can be understood in a continuum where at one end are the non-gamblers who do not practice any form of gambling or gaming and on the other end the pathological gamblers who continue to gamble despite adverse consequences.

Within the continuum we find the various strands and levels of non-gamblers, gamblers, problem gamblers and pathological gamblers.

As with other groups the Tongan definition of gambling is being deliberated and discussed among the different levels of the community. Some focus on fun and useful aspects and do not think of gambling as a “problem”. Some have defined it as an evil, one of the bad effects of modernity and migration. Others take a more personal approach and blame the ‘victim’ by claiming that it is simply a matter of poor self control and that Tongan people don’t know how to control themselves. Others have pointed to the government and its liberal legalisation and de-regulation of ‘new’ gaming ventures as creating a new hazard for Pacific peoples.

The debate is wide and varied and definitions have been hard to isolate, but one thing that all commentators in this project have agreed on is that gambling effects and practices have definitely penetrated the Tongan community in Auckland with very little to no intervention and or community awareness. The scenario has been likened in biblical terms as that of a ‘wolf wrapped in lamb’s wool’.

Tongan Terminology for Gambling

Tongans have no traditional words to describe or explain gambling. As directed by other translated material and the advisory group, gambling has been referred to as:

1. *Va'inga pa'anga* which is a more recent term, which literally translated means playing money.
2. *Pele pa'anga* which is an older term literally meaning or money cards usually associated with poker.
3. *Kemipolo*, which many participants used during the interviewing process as a transliteration of the English word gamble.
4. *Va'inga talamonu* was another common term used by many of the participants and is readily used in within the Tongan community which means playing for fortune, which also conjures up aspirations, hopes and dreams of winning.

As noted above Tongans have yet to come to a full appreciation or understanding of gambling or gaming per se and what it means to them as a people or community. Personal skills in the sense of information about the purposes of gambling and about how gambling machines work for example are undeveloped. Some see it as a game for money, a game for fortune while others have used unrelated traditional definitions to describe something they do not fully understand such as *pele pa'anga*. Transliterations such as *kemipolo* have been used because there has been no traditional form of gambling to form any basis of understanding and the development of a specific terminology.

The prediction and analysis of odds and chance have yet to be fully understood by most Tongan gamblers. Even less developed is understanding of the motivations of the gambling industry and of government and of skills to influence the public policy that controls how the industry operates.

The team agreed to use the term '*va'inga pa'anga*' as we felt that this term encompassed all aspects of gambling. Playing for/with money. The team decided that in light of increased options for gambling and gaming *va'inga pa'anga* was inclusive. *Va'inga pa'anga* was used in the Information Sheet,⁹ Consent Form¹⁰ and Interview Schedule¹¹, however during interviewing people used or referred to their own terminology which was a mixture of the terms listed above.

⁹ Information Sheet – see appendix 1

¹⁰ Consent Forms – see appendix 2

¹¹ Interview Schedule – see appendix 3