

Chapter Two

Gambling in New Zealand

Setting the Scene: Gambling - What is it?

There is a wealth of new literature in gambling. This includes material from the health services, psychological and sociological literature as well as from specifically gambling studies.

Psychological and Biomedical Factors

Some research revealed that persons with emotional; vulnerability such as childhood disturbances, risk taking and boredom-prone personality, mood disturbances, and poor coping with life-stresses and substance-use are more likely to become Problem gamblers. (Gupta and Derevensky 1998)

In addition, a person with biological vulnerability such as biochemical and electrical abnormalities may also be also prone to become a problem gambler.(Blaszczynski, Winter & McConaghy 1986) Further more a person with an impulsive disorder is more likely to become a problem gambler..(Blaszczynski, Steel and McConaghy 1997)

Similarly, Cocca and colleagues revealed in 1995 that problem gamblers of both poker machine and horse-racing have a similar level of proneness to boredom. However they mentioned that problem gamblers on poker machine showed more anxiety and reported avoiding arousal more frequently than those gambling on horse-racing (Cocca, Sharpe, Blaszczynski 1995).

In addition, there is an association between impassivity and the degree of severity of psychological and behavioural changes in pathological gamblers. Blaszczynski, Steel and McConaghy in 1997 evidenced that the increase in impassivity resulted in more severe psychological and behavioural changes in pathological gamblers. (Blaszczynski, Steel & McConaghy 1997)

In 2001, Blaszczynski and Nower identified three distinct sub-groups of gamblers with impaired control over their behaviour. They are:

1. Behaviourally conditioned Problem gamblers,
 2. Emotionally vulnerable Problem gamblers, and
 3. Antisocial impulsive Problem gamblers.
- The first sub-group is a mild group who do not show signs of premorbid psychological disturbance but simply lose control over gambling in response to the effects of conditioning and distorted cognition's surrounding probability of winning. Their pathological gambling is transient and remits spontaneously or with minimal interventions
 - In contrast to the first group, the second sub-group carries characteristics of disturbed family and social histories, poor coping and problem solving skills, affective instability due to both biological and psychological deficits and later onset of gambling. Gambling is pursued as a mean of emotional escape through dissociation or a medium aimed at regulating negative mood state or physiological states of hypo or hyper-arousal.

Motivations for Gambling

The subjective experiences of those involved in gambling and the reasons they give for gambling are of particular interest in understanding motivational pathways. For Maori,

“gambling was not about winning money but a means to create excitement in their lives, to escape from boredom and to cope with trauma in their lives such as loneliness, other addiction problems, relationship problems and physical and sexual abuse” (Dyall and Hand, 2003)

Personal stresses were revealed to be contributing factors for a person to develop into a problem gambler. Maori gambling research in New Zealand (Dyall, 2002) highlighted some reasons why Maori engage in gambling:

1. To escape from personal problems.
2. to provide life excitement
3. To escape from boredom.

This finding highlights the lack of services to help address chronic personal problems and the paucity of attractive entertainment venues.

The belief that people gamble just to achieve an amount of money or for the thrill of winning does not take account of the complexity of motivations to play and the reality of situational factors that encourage continuance of play Gerda Reith has discovered commonalities across time and cultures in the experiences and attitudes of individual players: the same deliberate seeking out of risk, a disregard for money and a variety of magical beliefs in luck and Destiny. The immediate act or moment of gambling is more important to some gamblers than the outcome. (Reith, 1999)

Reasons for gambling include attraction to the experience of chance itself. Contemporary gambling has been defined as a cultural phenomenon of the Age of Chance. In this interpretation gambling is a “social form pre-adapted to the particular character of modernity” (Ferguson 1999) and the modern increase in gambling is explained by the congruence of gambling with heightened awareness and acknowledgement of the anxieties and uncertainties of contemporary life.

In this theory the attraction of gambling is that wagering is a type of play that **regulates** chance and so gives a feeling of participation and control. As a result, it is predicted that the 21st century will see a tremendous increase in wagering on uncertain outcomes. (Reith 1999)

Other commentators have attributed increases in gambling to increases in availability and the creation of demand by commercially driven organisations through normal business practices such as:

1. advertising
2. identification and courting of susceptible markets
3. strategies designed to normalise the activity
4. extension of times and places to gamble
5. extension of gambling sessions through facilitating access to money and credit
6. filling entertainment niches
7. Recruitment of new participants through training youth in similar activities like computer games.

Social and Economic Impacts of Gambling

Economic effects such as debt and bankruptcy are common among problem gamblers. In addition to the economic cost, problem gambling has an enormous impact on the family of problem gamblers, financial stress, loss, family and partner abuse and neglect. Problem gambling is also associated with depression, denial, lies, crime, fraud and theft and violence.

Pacific Island Refuge has identified gambling as one of the 'newer' and increasing reasons for women leaving abusive relationships.

Other indirect impacts include opportunistic spending: on family, friends, society, and economy. The individual may lie to family members, therapists, or others to conceal the extent of their gambling involvement. An individual may resort to anti-social behaviour (e.g. forgery, theft, fraud, embezzlement) to obtain money. The individual may have jeopardised or lost a significant relationship, educational or career opportunity because of gambling. The individual may also engage in "bailout" behaviour turning to family or others for help with a desperate financial situation that was caused by gambling.

Healthcare Responses; Reorienting the Healthcare System

Current treatment facilities are limited to providing health care at a secondary level, focusing on intervention at the problem and pathological gambling stage. Furthermore, these service providers and intervention plans or processes are not culturally appropriate for Pacific peoples. For example services are offered by telephone. This affects problem gamblers particularly from Pacific communities who are less likely to contact problem gambling services by telephone due to feelings of alienation, language difficulties, shame, denial and less accessibility to telephones (Statistics NZ 1996).

Gambling Research in New Zealand

There has been very little gambling focussed research in New Zealand and even less within specific ethnic groups, however as the need for gambling interventions are identified so to is the steady increase of New Zealand based research and information collection and distribution.

One of the largest groups of studies was led by Max Abbott in a series of national surveys, national prevalence surveys and studies and two prison studies all for the Department of Internal Affairs. This extensive body of work has been used to inform policies on problem gambling and has been used as a basis for much of the statistics in relation to Pacific and other ethnic groups gambling in New Zealand. (Abbott, 2001a,b)

Identified findings have listed associated effects related to gambling in the areas of:

1. Health and wellbeing
2. Employment
3. Study
4. Financial impacts
5. Criminal offending
6. Co-morbidity

The most common problems identified in these surveys were the financial impacts on people their homes and social environment. Not only was financial impacts noted in personal relationships but it also included social costs to the communities they were involved in and by the overall society.

These impacts were inter-related for example. If a problem gambler is using the household fixed costs to gamble then the financial costs affected includes the household, the effected company, the market and so forth. Therefore severity and accumulation of financial impacts on different parts of society were the most commonly identified effects.

Health and wellbeing covers the whole spectrum of health and its various divisions. As discussed previously the gambling portfolio has been handed over to the Ministry of Health under the Public Health directorate. It has been identified as a public health issue due to associated health effects on the community increasingly being identified through health, social and community service providers. One of the findings in Abbot's (2001 a,b) work also cites co-morbidity as problem gamblers were found to consume more alcohol and tobacco than non-gamblers.

Further findings noted that problem gamblers were at a higher risk of losing or leaving paid employment due to effects on work performance. Stress and other anxiety disorders were also high on the count that effected study performance as well as personal and professional performance.

Indicators that point to low socio-economic brackets of society being vulnerable to gambling are confirmed by the severity of problem gambling prevalence among the Pacific communities. Abbot and Volberg's (1991) work noted that prevalence for Maori was three times higher than non-Maori whilst Pacific on the other hand was six times higher than Maori. In addition gambling was more prevalent among people with lower socio-economic status and lower educational level.

The Problem Gambling Foundation of New Zealand identified that among the people involved in gambling, 16% of Pacific people visited the Auckland Sky Casino eleven times or more in one month. Thirty seven percent of Pacific people spent three hours or more at the Auckland Sky Casino during each visit and Pacific people are reported to have spent more money on gambling at the Auckland Casino than any other ethnic group.

A recent research on prisoner in New Zealand indicated that a quarter of male prisoners and one third of female prisoners were found to be problem gamblers at the time of their imprisonment. (Abbott and McKenna, 2000, Abbott, McKenna, Giles 2000)

Youth gambling in New Zealand has also been targeted for specific attention due to the increased availability and accessibility of gaming options. In a recent report regarding young peoples gambling in New Zealand, Maria Bellringer et al (2003) highlights the imbalance between the marketing and promotion of gambling with any form of a co-ordinated effort of awareness and education on avoiding the harms of gambling for young people in New Zealand.

The authors have noted that:

'young people are increasingly at-risk of developing gambling problems, particularly because of the types and availability of gambling, which have substantially increased within the past 15 years.'

In addition, young people are susceptible to gambling because they are more conditioned to electronic gaming devices than the previous generation and believe that EGM's for example can be beaten much like video and electronic games. Their parent's generation and older often do not appreciate the severity of gambling options and 'normality' for young New Zealanders,

as they would have grown up in a very different and very regulated and limited gambling environment in New Zealand.

This would be the case for many Tongan parents as well, when discussing young Tongan gambling. The lack of awareness and understanding of the current gambling industry and its consistent changes and range contributes to a slower community reaction and/or approach. Often the ambulance at the end of the cliff scenario is in play before anyone really fully understood there was a problem and how it was caused.

Maori gambling research is the focus for Lorna Dyal in her recent PhD studies and has contributed significantly to the discourse of Maori gambling and the need for using Public Health frameworks to address Maori problem gambling. Dyal (2002a) supports that Maori problem gambling needs to be discussed and analysed within a socio-cultural context. 'Gambling has meaning only within a socio-cultural context. It may be a game, a social activity or as a platform for economic development, at either micro or macro level. Gambling as an activity needs to be culturally defined and understood within its operating context.' McMillen (1996)

Expanding this discussion Dyal suggests that 'the concept of culture is defined as the total collection of behaviour patterns, values and beliefs that characterise a particular set of people.'

In relation to this investigation into Tongan gambling the framework Dyal suggests in her research has been welcomed by the team for understanding reason why Tongan people gamble. Understanding the socio-cultural context is increasingly more essential when analysing data from the fieldwork.

Furthermore, Dyal has noted that Maori also do not have traditional words to describe gambling as it was an activity introduced by 'tauiwi new settlers' who had come to Aotearoa/New Zealand.

Similarities in the approach to Maori gambling and Tongan gambling can be found when understanding that both population groups have low socio-economic status, low levels of education and are minority groups within New Zealand society. Furthermore, Maori have a lifetime prevalence of problem and pathological gambling 7 to 16% and Pacific peoples prevalence to problem gambling is six times higher than that of Maori. (Abbott & Volberg 1991 & 1999)

In conclusion Dyall states that for Maori:

‘ Gambling is an emerging public health issue [that] requires a public health response, which recognises the epidemiological triangle, the Treaty of Waitangi and diversity of views related to gambling.’ (Dyall 2002b)

Closer to this particular investigation has been the work of Lana Perese and Monique Faleafa. In their study of Samoan gambling in New Zealand they have outlined the need for further systematic research into ethnic minorities and support the socio-cultural context framework discussed by Dyall, McMillen and others in understanding the gambling environment for ethnic minority groups.

Supporting understanding gambling in a socio-cultural context Perese et al includes public health intervention in their recommendations as well as appropriate services and interventions which consider and include cultural input and make-up of the Samoan community.

Two of the recommendations state that:

- A health promotion strategy for raising awareness should be implemented in a culturally appropriate manner about the impact of gambling and the levels of harm involved for Samoan people and their community.
- The “aiga” concept of dealing with extended family obligations over the nuclear family obligations plays a role in healing the gambler and their family. This component provides the premise for researchers and gambling programme providers to understand the “cultural understanding” of gambling within the Samoan community.

Perese et al’s investigation covered Samoan perceptions on:

1. What was perceived to constitute gambling within a Samoan context
2. Cultural attitudes and perceptions toward gambling involvement within the Samoan community in Auckland
3. A range of impact zones gambling has been reported to impact on.
4. Access and utilisation of help services
5. Appropriate intervention and dissemination of information to the Samoan community

Some of the impact zones identified by Perese et al include:

1. individuals
2. family
3. financial situation
4. employment

5. health
6. the community

Rankine and Haigh has recently completed a report on the Social Impacts of Gambling in Manukau City (2003). This research includes a profile of Manukau City's demography in relation to users of EGM's and vulnerability to problem gambling. It includes figures around the growth of gambling outlets and density in specific areas as well as qualitative interviews with more than 100 community informants and stakeholders.

Significant findings from this report states that:

1. Substantial financial loss in terms of debt accrument from loans, money lending services or Work and Incomes NZ.
2. Reported high incidents of health related problems such as mental disorders that have been linked to their gambling activities.
3. Relationship and familial problems due to emotional and physical abuse, loss of family savings and income, divorce, separation and wider family health problems linked to loss of housing, employment, productivity and increase in criminal activities to fund gambling activities.
4. Links other co-related public health issues such as alcohol and tobacco as gamblers more than likely also suffer from 'other' health issues.

Interesting information released from the Auckland Institute of Technology longitudinal study of Pacific Island Families: The First Two Years of Life Studies has been released and includes some information on Pacific gambling.

This research project follows the life of a child and her/is family from 6 weeks, 12 months, 24 months, 4 years and 6 years. There have been 1,398 participants including infants, mothers and fathers and interviewing process have been with parent/s and children.

At the 2004, International Gambling Conference researchers and presenters Esther Cowley and Maria Bellringer commented on how Tongans have presented significantly at the wrong ends of the spectrum in some of the data they have analysed. For example Tongans have presented as the highest in post-natal depression and donate the largest amounts in traditional gift giving.

Of particular interest were the gambling questions answered by mothers when their children were 6 weeks, 12 months and 24 months. The questions were:

1. In the last 12 months, have you bet or spent money on gambling activities or games similar to those I talked about?
2. If yes, about how much would you USUALLY spend each week on these gambling activities?
3. Have people ever criticised your gambling involvement in these gambling activities in the last 12 months?

The ethnicity of women who gambled was broken down to:

- 17.7% Samoan
- 25.4% Cook Island
- 53.6% Tongan
- 38.7% other Pacific
- 44.4% non-Pacific

Although much of the data is still being analysed there are indications that Tongans at this stage have significant issues that are spread throughout the health, socio-economic and socio-cultural areas. Gambling is another issue that is emerging as an additional concern among many other.

Other research in progress that will be of interest when released is an evaluation project on the social impacts of gambling in New Zealand and the economic impacts of gambling. At present the University of Massey; Social, Health Outcomes Research and Evaluation unit (SHORE) is developing a national survey to evaluate the socio-economic impacts of gambling in New Zealand.

SHORE have also co-ordinated the national alcohol, tobacco, drug and gambling Pacific survey and information is due for release later this year. There were gambling questions in the questionnaire which was asked to over 1,000 randomly selected Pacific participants.

Pasifika Peoples in New Zealand

Introduction

Pacific People in New Zealand consist of seven main Pacific ethnic groups (Samoan, Cook Island Maori, Tongan, Niuean Fijian, Tokelauan and Tuvalu Islander) and some minor Pacific ethnic groups. Although there is some available information about Pacific People in New Zealand, the ethnic-specific information about Tongan People is scarce. The information in this report describes Pacific People the Tongan profile is later described in chapter three.

Pacific migration to New Zealand began over 100 years ago. The Cook Islands, Niue and Tokelau have retained the right of free entry to New Zealand through migration policies and historical and political association with New Zealand. Tongans, Samoans, Tuvalu and other Pacific peoples enter New Zealand on restricted visas.

Pacific Profile in New Zealand

In New Zealand, 6.5 % (231,801) of the total population were Pacific People, while 83.1% were European, 14.7% were Maori and 6.6% were Asian. In contrast, the Auckland region has a higher percentage of Pacific people and Asian with 15 percent Pacific people, 15 percent Asian, 67 percent European, and 12 percent Maori. (Table 1) (Statistics New Zealand 2001 Census)

Table 1: Ethnic Composition in New Zealand, Auckland Region and its Territories in 2001

	Proportion of total population in the area (in %)			
	European	Maori	Asian	Pacific People
Area				
New Zealand	83.1	14.7	6.6	6.5
Auckland Region	66.9	11.5	14.6	14.9
Auckland City	65.7	8.4	18.7	13.7
Manukau City	51.6	16.5	15.1	26.9
North Shore City	81.8	6.7	12.7	3.3
Waitakere City	71.9	13.4	11.0	14.5
Rodney District	93.8	8.7	2.2	1.8
Franklin District	84.7	15.9	4.4	3.0
Papakura District	73.9	24.4	6.1	7.9

(Data adapted from Statistic New Zealand 2001 Census)

Table 2: Population Composition in New Zealand in 2001: Age and Ethnic Group

Population		Age group			Total
		0-19	20-64	>65	
Total people	No	1,076,361	2,080,971	429,396	3,586,731
	%	30	58	12	100
Total Pacific people	No	111,630	112,530	7,632	231,801
	%	48	49	3	100
Total Tongan People	No	17,382	20,910	18,420	40,716
	%	52	45	3	100

% = percentage of total ethnic population

(Data adapted from Statistic New Zealand 2001 Census)

Pacific people including Tongan have younger age structure compared with general New Zealand population. 48 percent of total Pacific population and 52 percent of total Tongan population respectively made up their age group (0-19) year compared with 30 percent of total general population in New Zealand. 49 percent of Pacific population, 45 percent of total Tongan population and 58 percent of total New Zealand population made up their age group (20-64) year. 12 percent of total New Zealand population compared with three percent each for Pacific people and Tongan people.

Among the Pacific population, 50% (115,017) were Samoan, 23% (52,569) were Cook Island Maori, 18% (40,716) were Tongan, 9% (20,148) were Niuean snn, 3% (7,041) were Fijian, about 3% (6,204) were Tokelauan, and less than 1% (1,965) were Tuvalu Islander.

Since 1996, the Pacific population has gradually increased by 15% from 5.9% (202,233) in 1996 to 6.5% (231,801) of the total New Zealand population in 2001 (Statistics New Zealand 2001 Census). The Pacific population in New Zealand has continued to grow at a faster rate than the total New Zealand population. In the decade between 1991 and 2001, the Pacific population grew by almost 39 percent compared with 11 percent for the New Zealand total population. Among the Pacific ethnic groups, Tongan ethnic group has a highest growth of 75% during the same period.

Auckland region contained the highest proportion of general population with about one third (30.7 percent) of total New Zealand population lived in Auckland region. Among the TLA, Auckland City contain about ten percent of total New Zealand population.

Table 3: General Population in Auckland Region and its Territories in 2001

Area	General Population (No.)	Proportion of total NZ population (%)
New Zealand	3,586,731	100.0
Auckland Region	1,101,591	30.7
Auckland City	347,640	9.7
Manukau City	269,049	7.5
North Shore City	179,037	5.0
Waitakere City	159,768	4.5
Rodney District	72,423	2.0
Franklin District	48,246	1.3
Papakura District	38,718	1.1

(Data adapted from Statistic New Zealand 2001 Census)

Table 4: General and Pacific Population in Auckland Region and its Territories

Area	General Population No.	Pacific population			
		No.	% A	% B	% C
New Zealand	3,586,731	231,801	6.5	100.0	
Auckland Region	1,101,591	154,680	14.0	66.7	100
Auckland City	347,640	47,616	13.7	20.5	30.8
Manukau City	269,049	72,381	26.9	31.2	46.8
North Shore City	179,037	5,907	3.3	2.5	3.8
Waitakere City	159,768	23,241	14.6	10.0	15.0
Rodney District	72,423	1,272	1.8	0.5	0.8
Franklin District	48,246	1,449	3.0	0.6	0.9
Papakura District	38,718	3,063	7.9	1.3	2.0

% A = Proportion of total population in the area.

% B = Proportion of total New Zealand Pacific population

% C = Proportion of Auckland Pacific population

(Data adapted from Statistic New Zealand 2001 Census)

The majority of the Pacific population (92 percent) were living in main urban areas in 2001. Over two-thirds of Pacific people (67 percent or 154,680) were living in the Auckland region. Manukau City had the largest count of Pacific people (31 percent or 72,381). This was followed by Auckland City (21 percent or 47,616), Waitakere City (15 percent or 23,241), North Shore City (less than three percent or 5,907), Papakura District (one percent or 3,063), Franklin District (less than one percent or 1,449), and Rodney District (less than one percent or 1,272). (Table 4)

South Auckland area (i.e. combined Manukau City, Papakura District and Franklin District) contained 76,893 or 34 percent of New Zealand Pacific population while 47,616 or 21 percent in Auckland City, and 30,420 or 12 percent in North and West Auckland areas. (i.e. combined North Shore City, Waitakere City and Rodney District).

Among the territorial areas in Auckland region, South Auckland area contained half of total Pacific population in the Auckland region. There were 47 percent in Manukau City whereas one percent in Franklin district and two percent in Papakura district. Auckland City contained 30 percent of total Pacific population in the region while North and West Auckland area contained 20 percent: four percent in North Shore City, 15 percent in Waitakere City and one percent in Rodney District. (Table 5)

Table 5: General and Pacific Population in Auckland District Areas in 2001.

Area	General Population		Pacific population		
	No.	% A	No.	% B	% C
New Zealand	3,586,731	100	231,801	6.5	
Auckland Region	1,101,591	30.7	154,680	14.0	100.0
Auckland Central	347,640	9.7	47,616	13.7	30.8
South Auckland	356,013	9.9	76,893	21.6	49.6
North & West Auckland	411,228	11.5	30,420	7.4	19.6

% A = Proportion of total New Zealand population

% B = Proportion of total population in the area.

% C = Proportion of Pacific population in Auckland

(Data adapted from Statistic New Zealand 2001 Census)

Since 1996, the Pacific population has increased by 15% from 202,233 in 1996 to 231,801 of the total New Zealand population in 2001. The Pacific population in New Zealand has continued to grow at a faster rate than the total New Zealand population. In the decade between 1991 and 2001, the Pacific population grew by almost 39% compared with 11% for the New Zealand population. In 2001, 92% of the Pacific population were living in main urban areas. Over two-thirds (67%) of Pacific people were living in the Auckland region. (Statistics New Zealand Census, 2001)

Figures show that Pacific people are twice as likely to be unemployed, have less than 80% of the income of other New Zealanders, make up a third of those in overcrowded households and have higher hospitalisation and sickness rates than the rest of the population. These statistics have a cumulative effect on the health and well being of Pacific Peoples.¹² During the Ministry of Pacific Island Affairs 1999 Pacific Vision Conference Tamasese and Waldegrave pointed to the historical contextual factors that have led to this state of affairs.

In relation to Pacific peoples being over represented at the lower end of the socio-economic spectrum compared with other New Zealanders they said that:

"The problem was not a Pacific Island problem, but rather a collective New Zealand problem".

¹² .Pacific Vision Conference Report:1999

Gambling Facilities in New Zealand and the Auckland Region

Gaming or the Gambling industry in New Zealand has been growing since early 1990. This increased availability and accessibility to gaming facilities has resulted in an increased prevalence of Gamblers, Problem Gamblers and Pathological Gamblers in New Zealand.

Most of the information about Gambling facilities in New Zealand and Auckland region was based on the Gaming statistics from the Department of Internal Affairs and on information from Gambling Impact Assessment for seven TLAs in the Auckland region.

Table 6: Shows Increasing no. of EGM's in Districts of the Auckland Region, 2002 & 2003

Area	March 31, 2002	June 30, 2003	% change in machines over 12 months
New Zealand	24,651	28,031	13.7
Auckland Region	6,359	7,081	11.4
Auckland City	3,837	3,937	2.6
Manukau	1,258	1,296	
Papakura	173	175	
Franklin	217	249	
South Auckland	1648	1720	4.4
Rodney	359	413	
Waitakere	349	488	
North Shore	578	543	
North & West Auckland	1286	1444	12.1

(Data adapted from Gaming Statistics/Department of Internal Affairs)

The Auckland region contained about 25 percent of total gambling machines in New Zealand. The Gambling Watch News Release reveals that over the fifteen month period (Mar 2002-June 2003), there was 11.4% increase of Pokies machine in Auckland Region, and the increase was more prominent in North & West Auckland: (2.6% increase in Auckland City, 4.4% increase in South Auckland and 12.1% increase in North & West Auckland). (Table 6)

Table7: Shows Gaming Machine Sites and Numbers by Region at 31 Dec 2003

Area	Total No. of approved sites with gaming machines	Total No. of Machines in approved sites	No. of machine per approved site	National % of sites	National % of machines
New Zealand	2031	22734	11.19		
Auckland Region	427	5292	12.39	20.98	23.27
Auckland City	182	2130	11.70	8.96	9.37
Manukau	89	1146	12.35	4.38	5.04
Papakura	15	223	13.16	0.74	0.98
Franklin	19	250	14.87	0.94	1.10
South Auckland	123	1619	13.16	6.02	7.12
Rodney	39	426	10.92	1.92	1.87
Waitakere	33	446	13.52	1.62	1.96
North Shore	50	671	13.42	2.46	2.95
N & W Auckland	122	1543	12.65	6.00	6.78

N & W Auckland = North & West Auckland

(Data adapted from Gaming Statistics/Department of Internal Affairs)

In December 2003, Auckland Region has a higher Pokies machine per approved site (12.39) than the National average (11.19). Among the areas of the region, South Auckland has the highest pokies machine per approved site (13.16) compared with Auckland City (11.70) and North and West Auckland (12.65). (Table 7)

Map 1¹³ highlights the location of gambling sites in the Auckland region. There were more gambling venues at the areas with high and medium deprivation when compared to the areas with low deprivation.

Table 8: Number of Standalone TABs, Non-standalone TAB Venues and Class 4 Venues in the Auckland Region by Territorial Authority.

Territorial Authority	Standalone TABs		Other TAB locations		Class 4 Venues	
	No.	%	No.	%	No.	%
Auckland City	21	48.8	20	31.0	163	40.0
Franklin District	1	2.3	4	6.0	14	4.0
Manukau City	11	25.6	16	25.0	90	22.0
Papakura District	3	7.0	13	20.0	48	12.0
North Shore City	1	2.3	2	3.0	14	4.0
Rodney District	0	0.0	8	13.0	38	9.0
Waitakere City	6	14.0	1	2.0	37	9.0
Auckland Region	43	100.0	64	100.0	404	100.0

No. = Number, % = Percentage

(Data adapted from Gaming Statistics/Department of Internal Affairs)

There were a total of 404 Class 4 gambling venues in Auckland region. Auckland City contained 40% of Class 4 gambling venues in Auckland region whereas 38% in South Auckland areas and 22% in North and West Auckland areas. (Table 8)

Table 9: Numbers and Percentage of Standalone TABs, Non-standalone TABs and Class 4 Venues by Deprivation, Household Income and Age

Type of Gambling venue		NZDep			Household Income		Age	
		High	Medium	Low	High	Low	High	Low
Standalone TABs	No.	20	18	5	15	28	26	17
	%	46.5	41.9	11.6	34.9 %	65.1	60.5	39.5
Non-standalone TABs	No.	21	35	8	29	35	39	25
	%	32.8	54.7	12.5	45.3	54.7	60.9	39.1
Class 4 Venues	No.	157	204	43	152	252	208	196
	%	43.5	56.5	11.9	37.6	62.4	51.5	48.5

In general, there were more numbers of Class 4 gambling venues in areas with high and medium deprivation levels compared with areas with low deprivation level. A similar pattern

¹³ Map 1 – see appendix 4

was also observed that more numbers of Class 4 gambling venues in areas with low income compared with areas with high income. (Table 9)

Table 10: Number and Percentage of Standalone TABs by Deprivation and Ethnicity in Territorial Authority

Standalone TABs		NZDep			Ethnicity					
		High	Medium	Low	Maori		Pacific people		Asian	
					High	Low	High	Low	High	Low
Auckland City	No.	8	9	4	9	12	11	10	16	5
	%	38.1	42.9	19.0	42.9	57.1	52.4	47.6	76.2	23.8
Franklin District	No.	1	0	0	1	0	1	0	0	1
	%	100.0	0.0	0.0	100.0	0.0	100.0	0.0	0.0	100.0
Manukau City	No.	7	4	0	8	3	9	2	8	3
	%	63.6	36.4	0.0	72.7	27.3	81.8	18.2	72.7	27.3
Papakura City	No.	1	0	0	1	0	0	1	0	1
	%	100.0	0.0	0.0	100.0	0.0	0.0	100.0	0.0	100.0
North Shore City	No.	0	2	1	0	3	0	3	2	1
	%	0.0	66.7	33.3	0.0	100.0	0.0	100.0	66.7	33.3
Rodney District	No.	0	0	0	0	0	0	0	0	0
	%	-	-	-	-	-	-	-	-	-
Waitakere City	No.	3	3	0	6	0	6	0	5	1
	%	50.0	50.0	0.0	100.0	0.0	100.0	0.0	83.3	16.7
Auckland Region	No.	20	18	5	25	18	27	16	31	12
	%	46.5	41.9	11.6	58.1	41.9	62.8	37.2	72.1	27.9

Table 11: Number and Percentage of Non-standalone TABs by Deprivation and Ethnicity in Territorial Authority

Standalone TABs		NZDep			Ethnicity					
		High	Medium	Low	Maori		Pacific people		Asian	
					High	Low	High	Low	High	Low
Auckland City	No.	9	10	1	9	11	10	10	15	5
	%	45.0	50.0	5.0	45.0	55.0	50.0	50.0	75.0	25.0
Franklin District	No.	0	4	0	3	1	0	4	0	4
	%	0.0	100	0.0	75.0	25.0	0.0	100	0.0	100
Manukau City	No.	8	5	3	12	4	11	5	7	9
	%	50.0	31.3	18.8	75.0	25.0	68.8	31.3	43.8	56.3
Papakura District	No.	0	1	1	2	0	0	2	0	2
	%	0.0	50.0	50.0	100	0.0	0.0	100	0.0	10
North Shore City	No.	0	11	2	3	10	2	11	8	5
	%	0.0	84.6	15.4	23.1	76.9	15.4	84.6	61.5	38.5
Rodney District	No.	3	4	1	4	4	1	7	0	8
	%	37.5	50.0	12.5	50.0	50.0	12.5	87.5	0.0	100
Waitakere City	No.	1	0	0	1	0	1	0	1	0
	%	100	0.0	0.0	100	0.0	100	0.0	100	0.0
Auckland Region	No.	21	35	8	34	30	25	39	31	33
	%	32.8	54.7	12.5	53.1	46.9	39.1	60.9	48.4	51.6

Table 12: Number and Percentage of Class 4 Venues by Deprivation and Ethnicity in Territorial Authority

Standalone TABs		NZDep			Ethnicity					
		High	Medium	Low	Maori		Pacific people		Asian	
					High	Low	High	Low	High	Low
Auckland City	No.	75	76	12	60	103	78	85	131	32
	%	46.0	46.0	7.4	36.8	63.2	47.9	52.1	80.4	19.6
Franklin District	No.	3	10	1	11	3	3	11	0	14
	%	21.4	71.4	7.1	78.6	21.4	21.4	78.6	0.0	100
Manukau City	No.	46	34	10	58	32	63	27	59	31
	%	51.1	37.8	11.1	64.4	35.6	70.0	30.0	65.6	34.4
Papakura District	No.	12	1	1	14	0	4	10	0	14
	%	85.7	7.1	7.1	100	0.0	28.6	71.4	0.0	100
North Shore City	No.	0	35	13	6	42	5	43	32	16
	%	0.0	72.9	27.1	12.5	87.5	10.4	89.6	66.7	33.3
Rodney District	No.	5	29	2	10	28	2	36	0	38
	%	13.2	76.3	10.5	26.3	73.3	5.3	94.7	0.0	100
Waitakere City	No.	16	19	2	35	2	34	3	25	12
	%	43.2	51.4	5.4	94.6	5.4	91.9	8.1	67.6	32.4
Auckland Region	No.	157	204	43	194	210	189	215	247	157
	%	38.9	50.5	10.6	48.0	52.0	46.8	53.2	61.1	38.9

Table 13: Number of Residents per Gaming Machines by Deprivation Levels by Territorial Authority

Area	Population	Number of Machines	Population per machine	Population per machine based on deprivation level		
				High	Medium	Low
Auckland City	367,734	1,959	188	120	218	494
Franklin District	37,245	191	195	112	216	309
Manukau City	283,200	1,172	242	219	203	532
Papakura City	40,659	229	178	102	945	222
North Shore City	184,818	667	277	-	230	409
Rodney District	76,184	429	178	83	170	415
Waitakere City	168,753	492	343	219	406	1154
Auckland Region	1,158,594	5,139	225	157	235	473

The population per machine ratio reflects the availability of the gambling machine to the respective population. The lower the number the higher availability of gambling machine to the respective population.

Over all Auckland region had 225 people per gambling machine. Among the TLAs, Rodney and Papakura districts had a lowest numbers: 178 per gambling machine: that means the availability of gambling machines was higher in these area compared with other TLAs. Auckland City had 188 populations per machine whereas 195 for Franklin district, 242 for Manukau City, 277 for North Shore City, 343 for Waitakere City. (Table 13)

When considering availability of gambling machine based on deprivation level, the numbers were generally lower in areas with high and medium deprivation levels compared with areas with low deprivation level. (Table 13)

Parallel to the increasing availability of Class 4 gaming venue and Pokies machine, there has been an increasing prevalence of Problem gamblers in New Zealand including the Auckland region.

Table 14: Shows Increasing Numbers of New Callers to Gambling Problem Helpline at Problem Gambling Foundation, 1999 - 2002

Area		1998	1999	2000	2001	2002
New Zealand	No.	2628	3437	3665	3815	4715
Auckland Region	No.	849	1147	1257	1328	1676
	%	32.3	33.38	34.29	34.81	35.55

(% = Percentage of total New Zealand)

The available information indicates the increasing numbers of new callers to Gambling Problem Helpline (GPS) at Problem Gambling Foundation. (Table14)

In 1999, more than one third of the total new callers in New Zealand were from the Auckland region. Among the new callers, 61.1% had gaming machines as their primary mode of Problem Gambling. Non-casino Gaming Machine was given as Primary mode of Problem Gambling, followed by Casino EGMs, Casino tables and Track betting. (Table 10)

Table 15: Shows Primary Mode of Problem Gambling in 1998 and 1999.

Mode	1998		1999	
	No.	%	No.	%
Non-Casino Gaming Machines	1279	52.4	1714	62.9
Track	501	20.5	394	14.5
Casino Gaming Machines	213	8.7	370	13.6
Casino Tables	229	9.4	118	4.3
Other & Multiple	15	0.6	56	2.1
Lotto/Keno/Scratchies	68	2.8	37	1.4
Sport Betting	113	4.6	20	0.7
Housie	23	0.9	16	0.6

Among the TLAs in the Auckland Region, Papakura District had the lowest ratio of GPH clients per population (1 in 150). That means Papakura District had highest percent of population with gambling problem (0.31%). It was followed by Waitakere City (1 in 191), Manukau City (1 in 199), Auckland City (1 in 227), Franklin District (1 in 247), North Shore City (1 in 318), and Rodney District (1 in 345).

Although some differences were observed between the age-group distribution for New Zealand and the Auckland Region, it showed younger trends in both Auckland Region and New Zealand with a substantial proportion of the clients falling within the 20-39 age group (45.6% Auckland and 44.1% New Zealand). There were decreasing trends with increasing age groups: 27.7% of Auckland clients & 27% of New Zealand clients were in 40-49 age group, 17.7% of the Auckland clients and 16.3% of New Zealand clients were in 50-59 age group, 6.7% of the Auckland clients and 7.4% of the New Zealand clients were in 60-69 age group. A very small proportion fell in extreme age groups (under 20 and 70 and over age groups) with 1.4% of Auckland clients and 2.6% of New Zealand clients were in age group under 20, and 1% of the Auckland clients and 2.6% of the New Zealand clients were in age group 70 and over.

In general, the Auckland Region had almost equal in gender distribution (Male:female = 49.5%:50.5%), compared with the National distribution (Male:female = 52.6%:47.4%). However problem gambling is more common among males between the ages of 18-29 in New Zealand.

The overall ethnic composition of the Auckland regional clients was quite different from the national composition. Substantially a higher proportion of Asian clients were observed in the Auckland Region (9.1%) than the nation (3.3%). Similar figure was observed with Pacific ethnic groups in the Auckland Region (11.7%) compared with 5.8% of the nation. In contrast, Maori comprised almost one quarter of clients nationally (23.5%) compared with 16.9% in the Auckland Region. However Pakeha (European) comprised about half of the clients both in the Auckland Region (45.2%) as well as in New Zealand (49.9%).

There were increasing numbers of New Callers from Maori and Pacific ethnic groups in 1999 compared with the figures in 1998 (*22.2% in 1999 versus 20.8% in 1998 for Maori , 4.7% in 1999 versus 3.6% in 1998 for Pacific ethnic group*).

The prevalence of problem gambling is six times higher among Pacific peoples than for Maori. In addition, problem gambling is more prevalent among people with lower socio-economic status and lower educational level. Moreover, among the people involved in gambling, 16% of Pacific people visited the Auckland Sky Casino eleven times or more in one month. Thirty

seven percent of Pacific people spent three hours or more at the Auckland Sky Casino during each visit and Pacific people were reported to have spent more money on gambling at Auckland Casino than other ethnic groups. Even though there has been an increased prevalence of problem and pathological gamblers in New Zealand, Pacific people involved in gambling are less likely to contact treatment facilities such as the Problem Gambling Foundation of New Zealand by phone. (The Study of the Social and Economic Impacts of NZ Casinos, 1998)

The information on the personal counselling service (PCS) from GPH indicated the Auckland City had the highest proportion of population used the PCS at GPH (0.35 %). It was followed by Waitakere City (0.31%), Papakura District (0.26%), Manukau City (0.24%), North Shore City (0.23%), Franklin District (0.21%) and Rodney District (0.13%).

The European ethnic group comprised a highest proportion of the clients using PCS at the GPH both in the Auckland Region as well as the nation. It was followed by the combined Pacific and Asian ethnic groups, and then by Maori and Non-specified group.

With regards to age trend, it was similar to the trend of the caller to GPH with a highest in less than 39 age group and a decreasing trend with increasing age group.

Assistance for Problem Gamblers in New Zealand/Auckland

There are some current service providers for Problem Gamblers in New Zealand. In addition, there are few institutions providing gambling consultancy services and gambling research.

Current Service Providers for Problem Gamblers

The current service providers for people with gambling problem in New Zealand are Problem Gambling Foundation, Gambling problem helpline, the Oasis Centre for Problem Gambling, Gamblers Anonymous(GA), Whakawhanaungatanga Trust, and Pacificare Trust. The Gambling Problem Helpline of Problem Gambling Foundation provides caller services and counselling services to Problem Gamblers in New Zealand. (Gambling Problem Helpline. 2004 The New Zealand Gambling Treatment Service Manual booklet)

Beside the above-mentioned service providers, there are also other service providers providing counselling services to problem gamblers in Auckland namely Wai Health Addiction Services, Te Piringa Gambling Counselling Service and Abacus Counselling & Training Services Ltd. All of these providers generally provide counselling services and other support for problem gamblers and their families.

In addition there are some institutions providing research and consultancy services like Centre for Gambling Studies at the University of Auckland and Auckland University of Technology Gambling Research Centre.

Gambling Legislation in New Zealand

Existing gaming legislation is inconsistent and focuses on economic issues ignoring socio-economic impact. The Department of Internal Affairs of New Zealand is now in 2004 in its third review of gaming legislation since 1995.

The review focuses on current legislation arrangements, allocation of gaming profits, technological impact on gaming, taxation regimes of various types of gambling, and the extent of social and private cost of gambling. It does not investigate social impacts on people due to readily accessible gaming machines. (The Dept. of Internal Affairs, 1996)

From 1 July 2004 the Ministry of Health will officially assume responsibility from the Problem Gambling Committee, for funding and co-ordinating problem gambling services. These services will be funded through a levy on gambling operators. During the Transition Period the Ministry of Health has undertaken a considerable amount of policy and service development in preparation for its new responsibility.

The Ministry of Health has developed an integrated problem gambling strategy that will provide services and support to people affected by problem gambling as well as promoting wellness and minimising harm through public education, information and policy. It acknowledges that to prevent and minimise gambling harm, the government agencies must work collaboratively, and that a comprehensive approach to the provision of services and programmes is required that covers the continuum of harm, including public health (primary prevention) and intervention (secondary and tertiary prevention) services.

Alongside the strategy, the Ministry has also prepared:

1. A need assessment,
2. A proposed three-year funding plan, and
3. Proposed problem gambling levy rates.

Problem gambling is a new service area for the Ministry of Health, and in order to provide a well-planned and transparent approach, these four documents have been incorporated in the Preventing and Minimising Harm document now under consultation.

Legislation Preceding the Gambling Act 2003

There were two previous gaming related Acts: The Gaming and Lotteries Act 1977 and The Casino Control Act 1990. The Gaming and Lotteries Act 1977 aimed to allow gaming for

amusement and fund-raising, and to prohibit certain gaming activities for commercial gain. However the Casino Control Act 1990 focussed more on the promotion of tourism, employment and economic development. In comparison to the two previous Acts, the Gambling Act 2003 is based more on community interest and has a prevention of problems focus.

The Gambling Act 2003

In September 2003, Parliament passed the Gambling Act (2003), which lists the preventing and minimising of harm caused by gambling, including problem gambling, as one of its purposes.

The purpose of the Gambling Act is to:

1. control the growth of gambling;
2. prevent and minimise gambling related harm including problem gambling;
3. facilitate responsible gambling;
4. ensure integrity and fairness;
5. limit opportunities for crime and dishonesty;
6. ensure that money from gambling benefits the community; and
7. Facilitate community involvement in decision about the provision of gambling.

The Act also amended the Racing Act 2003. The Act came into effect on 19th September 2003.

Policy of Local Territorial Authorities

Local Territorial Authorities have been made responsible for developing policies on Class 4 gambling venues¹⁴ hosting class 4 gambling¹⁵ (venues apart from licensed casinos that operate electronic gaming machines) and Board venues¹⁶. In developing their policies, Councils must take into account the social impact of gambling within the City. They must state in their policies whether or not Class 4 (and Board) venues may be established in the City and if so where they may be located and the number machines permitted in each. When considering these issues, Council must have regard to any relevant matters including:

1. The characteristics of the City and parts of the City.

¹⁴ A Class 4 gambling venue is a place that conducts Class 4 gambling. See footnote 7.

¹⁵ Class 4 gambling is gambling:

That uses or involves a gaming machine;
Where the proceeds are distributed for authorised purposes;
Where no commission is paid to or received by the gambler; and
That satisfies relevant game rules.]

¹⁶ Board venues (also known as TABs) are premises, owned or leased by the New Zealand Racing Board where the main business is race or sport betting.

2. Location of early childhood centres, schools, places of worship and other community facilities.
3. The number of gambling machines that should be permitted to operate at any venue or class of venue.
4. The cumulative effects of additional opportunities to gambling in the city.
5. How close any venue should be permitted to be to any other venue.
6. What the primary activity at any venue should be.

Venues licensed prior to 18/10/2001 are not subject to the Class 4 gambling venue and Board venue policy. Under the Gambling Act 2003, the following will be required to apply for consent:

1. Any venue that wishes to increase the number of machines above the numbers operating on 22/9/2003.
2. Any new venue wishing to operate gambling machines.
3. Any venue that was licensed between 18/10/2001 and 22/9/2003, and wishes to continue to operate gaming machines.
4. Any venue that ceased to hold a license for six months or longer.
5. Any new Board venue that wishes to be established.

Under the Gambling Act 2003, a Council has the authority to disallow or reduce the number of gambling machines at venues licensed between 18/10/2001 and the commencement of the Act. A Council may prohibit the establishment of new Class 4 venue, or impose various restrictions in regard to their location etc. New Board venues may also be prohibited.

Cabinet has decided that the Ministry of Health will be the department responsible, under the Act, for the prevention and treatment of problem gambling, including:

1. Funding and co-ordinating national and local problem gambling services;
2. Raising awareness of the risks of problem gambling; and
3. Conducting in-depth research about problem gambling in New Zealand.

The local authorities in the Auckland region have drafted policies and called for submissions from the public. The Research, Policy and Information team at the Auckland Regional Public Health Service has sent its submissions to four TLAs in the Auckland region: Auckland City Council, Manukau City Council, Waitakere City Council, and Rodney District Council. The main focus of the submissions was to support the minimisation of harm caused by gambling, including problem gambling in the respective territorial local area by decreasing availability and accessibility to gambling venues (both Class 4 venues and Board venues) and gambling machines in respective TLAs, and, in particular, in areas with high deprivation.

Policy of Local Territorial Authorities in the Auckland Region.

Auckland City's new gambling and New Zealand Racing Board (TAB) venue policy was adopted on 22 April 2004.

The policy, which limits the number of electronic gaming machines (pokies) in the city, comes into force immediately.

During the special consultative process, Auckland City received 137 submissions to the draft policy.

The chairperson of the City Development Committee, Councillor Juliet Yates, says the submissions received were instrumental in providing the council with a greater understanding of the community's views on this important issue.

"It has not been an easy task for the council, but having considered all the submissions the council is convinced that the policy objectives of harm minimisation and gambling choice have been achieved,"

Yates continues,

"The original draft of the gambling venue policy required all new venues and venues licensed after 17 October 2001 to locate in certain parts of the CBD. If this draft of the policy had been adopted, the 26 suburban venues faced with a loss of machines would have faced financial difficulties, there would have been the cumulative effects of concentrating gambling venues and brothels in the CBD, the possible creation of a black market and a limited gambling choice for Auckland city residents'.

The new policy is a requirement under the Gambling Act, which passed into law on 19 September 2003. Under the Act, councils are required to adopt a policy for class four gambling venues. Class four gambling is defined as any activity that involves the use of a gaming machine outside a casino. Class four gaming may only be conducted by a corporate society and only to raise money for community purposes.

" While the spread of poker machines may have been intended as a source of income for charities, in this new law Parliament has recognised the harm of problem gambling and the damage that could result from uncontrolled numbers of machines and gaming venues," (Yates, 2004)

Auckland City's class four gambling venue policy states: the council will not grant consent for any new class four gambling venues in the city, the total number of electronic gaming machines in each venue can not exceed those authorised by licenses in Auckland city by 22 September 2003.

There are currently 1959 electronic gaming machines located in class four venues throughout the city the gaming machines may not be visible from the street, road or highway signs advertising a class four venue must not exceed one metre by 0.3 metres in size; be illuminated by flashing lights or contain neon lighting, or be visible from a residential area signs, including sandwich boards, that can be seen from outside the venue must not include prize money advertising of any description.

Auckland City's TAB venue policy states: the council will not grant consent for any new TAB venues TABs with electronic gaming machines are treated the same as all other class four gambling venues, but are not required to hold a liquor licence.

All the local territorial authorities have finalised their respective Gambling Venue Policy according to the 2003 Gambling Act. Although the policy considers in general, the minimisation of harm caused by gambling within the respective area, it do not include in depth consideration of minimising harm caused by gambling in areas with high deprivation.