

Kia ora, after reading the press article I wanted to give my opposition to the renewal of the Christchurch City Casino, as an early childhood teacher who sees the impact that gambling can have on families and children. I have highlighted some data in this submission. As a teacher I advocate for children and their best interests and in no way does gambling do this what little money goes to charity is nothing to the damage that's done. Although most people don't have problem gambling statistically that is true but for every problem gambler there is there are others affected; their children, partners, family, friends and employers.

As someone who has struggled with gambling at times in my life and whose first time at the casino was when I was 18 below the legal age of being allowed there I was never questioned or asked for is I walked in was able to gamble and order drinks. I feel any amount small or big to reduce it in our communities is a win.

What about a compromise even let the casino keep its table and card games and significantly reduce or get rid of pokies as these are the main ones that people use. There are plenty of these in the community already usually targeting the poorest communities. Maybe having tighter rules or limiting the hours of trading to be less i.e. open 11am till midnight rather than 3am (or weekends 24 hour).

The research is everywhere on the effects of gambling on communities. The casino isn't a main attraction in Christchurch people come to see so much more than a casino if they want fancy casinos go to Los Vegas. Please see below some data gathered from The Christchurch City Council <https://www.ccc.govt.nz/culture-and-community/christchurch/statistics-and-facts/facts-stats-and-figures/population-and-demographics/demographics/cultural-identity/ethnic-groups/>

- There are 3 area units where at least 20 percent of the population identify as Maori: Aranui, and the largely rural area units of Port Levy and Paparua. Other areas with higher proportions of Maori are mainly in the east of the city (Phillipstown, Avonside, Linwood, Bromley and Bexley) and in the outer western area of the city (Hornby, Templeton, Hillmorton and Riccarton South).
- The Pacific ethnic group makes up a high percentage of the population in many suburbs located in the east of the city. Area units where at least 8% of the population identify as Pacific include Aranui, Bromley, Linwood East, Woolston West and Bexley. Hillmorton in the south west of the city also has a high proportion of Pacific peoples.
- The Asian ethnic group makes up a high percentage of the population in many suburbs located in the west of the city. There are 12 area units where at least 20% of the population identify as Asian. These include Riccarton and Upper Riccarton, Ilam, Avonhead, Wigram and Addington.

Using Google Maps as a guide the distance from The Christchurch Casino to the above areas of high risk communities are as follows

Phillipstown 8-10 minutes , Avonside 8-11mins, Linwood 9-10 minutes, Bromley 13 minutes, Bexley 13-15 minutes, Hornby 17minutes, Hillmorton 12-13 minutes, Riccarton South 5-7 minutes, Addington 8-10 minutes, Upper Riccarton 11 minutes, Wigram 13-16 minutes, Avonhead 12 – 14 minutes and Ilam 10 minutes

These times were at 9pm on a Tuesday night according to Google 9pm is a general time where the casino sees a higher number of people come in and it estimates people spend between 1-3 hours there.

Although casinos are not the sole issue or venue for problem gambling, they are one of them so why not make some changes.

Thank you

Amie Welsh

PROBLEM GAMBLING IN NEW ZEALAND – A BRIEF SUMMARY

Key facts based on current research and other data

Gambling can be a harmless entertainment activity from which people derive personal enjoyment and which provides other positive social effects.

The proceeds from non-commercial gambling provide significant funding for a wide variety of community purposes. If well directed, these funds can enhance empowerment, participation and the quality of life across all types of communities.

However, gambling also has adverse effects on many individuals, their families and their communities.

From time to time, the prevalence and impacts of problem gambling in New Zealand are the subject of misinformed comment. In the interests of informed discussion, the Department, in consultation with the Ministry of Health, has compiled some key facts.

This is the kind of information that underpinned the inclusion in the Act of a harm prevention objective and a wide variety of measures intended to prevent and minimise harm:

1. At any given time, between 0.3% and 1.8% of adults living in the community in New Zealand are likely to score as problem gamblers on standard questionnaires. This is between about 10,000 and 60,000 people.
2. Around 20% of adults in New Zealand do not gamble. Most of those who do gamble play Lotto, which is relatively low risk for problem gambling. It is likely that fewer than 2% of those who only play Lotto will score as problem gamblers, even if they play it every week.
3. The overwhelming majority of adults do not play non-casino gaming machines, do not gamble in casinos, do not bet on horse or dog races, and do not bet on sports events, all of which are higher risk.
4. Problem gambling prevalence rates for people who participate regularly and/or usually participate for more than an hour at a time in these higher risk gambling activities can range up to 30%. For example, around 20% (one in five) of New Zealand adults who play gaming machines regularly are likely to score as problem gamblers. Gaming machines are the form of gambling that is most often associated with gambling problems.
5. In addition to those who score as *problem gamblers* on standard questionnaires, at least some of those who score as *moderate risk* or *low risk* will also meet the criteria for a *problem gambler* as set out in New Zealand's Gambling Act 2003. Further, most surveys leave out some groups that have high rates of problem gambling (for example, people in prison). These two facts mean that published figures tend to underestimate actual problem gambling prevalence.
6. Harm from problem gambling can include poor parenting, family violence, other crime, and suicide. These harms affect people other than the gambler.

7. Gambling-related harm affects some sections of the community more than others. In particular:
 - a. people living in high deprivation neighbourhoods are more likely than people living in other neighbourhoods to be problem gamblers, and are more likely to suffer gambling-related harm;
 - b. Māori and Pacific peoples are more likely than other groups to be problem gamblers, and are more likely to suffer gambling-related harm;
 - c. Māori and Pacific women are more likely than other groups to suffer harm related to non-casino gaming machines;
 - d. some Asian groups, and Pacific peoples and Māori, are more likely than other groups to suffer harm related to casino gambling.

More detailed analysis of current research findings and other data

Problem gambling prevalence

8. Recent research suggests that, at any given time, between 0.3% and 1.8% of adults living in the community in New Zealand are likely to score as “problem gamblers” on standard questionnaires. This conclusion is largely derived from three large surveys, using different questionnaires, over a period of eight years. The most recent of these surveys returned the lowest estimate (0.3% to 0.5%), but this might be because of the questionnaire used rather than because the prevalence of problem gambling has declined¹.
9. These results suggest that, at any given time, somewhere between about 10,000 and 60,000 adults in New Zealand are “problem gamblers”, as determined by standard questionnaires².

Participation in gambling

10. Around 20% of adults do not gamble even occasionally³.
11. Of those adults who do gamble at least occasionally, most play Lotto. Participation rates in other forms of gambling are much lower, and typically seem to be relatively flat or dropping⁴.
12. As far as regular participation is concerned, only very small percentages of the population participate regularly in any given form of gambling other than Lotto (and, to a much lesser extent, Instant Kiwi)⁵.
13. This means that the overwhelming majority of adults in New Zealand do not participate even occasionally in very “continuous” forms of gambling (ie forms of gambling like gaming machines, casino gambling, horse and dog race betting, and sports betting, in which players can bet and collect any winnings again and again very rapidly)⁶. Even fewer adults participate regularly in these gambling activities⁷.

Problem gambling prevalence among gamblers

14. Problem gambling prevalence rates for those people who do gamble vary according to the type of gambling in question⁸, the frequency of participation⁹, and, in some cases, the typical length of a gambling session¹⁰.

15. Most adults in New Zealand play Lotto at least occasionally. However, participation in “non-continuous” gambling like this (ie gambling in which participants purchase tickets and must then wait some time for a result) is a relatively low problem gambling risk¹¹. It is likely that fewer than 2% of adults will score as problem gamblers on standard questionnaires, if they only play these types of games, even if they play them every week¹².
16. By contrast, the problem gambling prevalence rates for those who participate regularly in “continuous” forms of gambling tend to be much higher, and can range up to 30%. For example, in New Zealand, around 20% (one in five) of those who play gaming machines regularly are likely to score as problem gamblers on standard questionnaires¹³.
17. In New Zealand (and in other gaming machine jurisdictions), gaming machines are the form of gambling that is most often associated with gambling problems¹⁴.
18. Around 90% of gamblers are purely recreational gamblers (ie they answer standard screening questions in ways that suggest their gambling is completely non-problematic). However, most purely recreational gamblers only buy “non-continuous” lottery-type products¹⁵.

The definition of a problem gambler in New Zealand’s Gambling Act 2003

19. New Zealand’s Gambling Act 2003 defines a *problem gambler* as *a person whose gambling causes harm or may cause harm*. Harm is also defined in the Act, and defined in very broad terms. This means that in addition to those who score as *problem gamblers* on standard questionnaires, at least some of those who score as *moderate risk* or *low risk* will also meet the criteria for a *problem gambler* as set out in New Zealand’s Gambling Act 2003. There is some research evidence to suggest that this is appropriate¹⁶.
20. This means that published figures tend to underestimate actual problem gambling prevalence.

Groups that are typically left out of population surveys

21. Most population surveys typically leave out people that do not live in ordinary household dwellings (eg people living in military barracks, people in hospitals, people in residential treatment centres, and people in prisons). At least some of these excluded groups are high risk for gambling problems¹⁷.
22. This is another reason why published figures tend to underestimate actual problem gambling prevalence.

The ripple effects of problem gambling

23. Harm from problem gambling¹⁸ (which can include, for example, poor parenting¹⁹, family violence²⁰, other crime²¹, and suicide²²) affects a lot of people other than the gambler. The families of problem gamblers, in particular, often suffer significant harm²³.

24. The behaviour of each severe problem gambler is likely to affect between 7 and 17 other people, at least to some degree²⁴. Along with other available evidence, this suggests that at any given time, a reasonable ballpark figure for the number of adults and children in New Zealand affected to some degree by their own or someone else's gambling might range up to 500,000²⁵.

The persistence of harm from problematic gambling

25. It is also worth noting that the harm done to problem gamblers and those around them can persist for many years after the problematic gambling behaviour stops, and even beyond the lifetime of the problem gamblers²⁶.

Differential impacts on different sections of the community

26. People living in high deprivation neighbourhoods are more exposed to gaming machines and TABs, and are more likely than people living in other neighbourhoods to be problem gamblers and to suffer gambling-related harm²⁷.

27. Māori and Pacific peoples are more likely than other groups to be problem gamblers, and are more likely to suffer gambling-related harm²⁸.

28. Non-casino machines pose particular risks for Māori and Pacific women²⁹.

29. Casinos pose particular risks for some Asian groups, Pacific and Māori³⁰.

¹ For example:

- The 1999 National Prevalence Survey [M.W.Abbott and R.A.Volberg, (2000), *Taking the Pulse on Gambling and Problem Gambling in New Zealand: A Report on Phase One of the 1999 National Prevalence Survey*, Wellington, Department of Internal Affairs] estimated that 0.3% to 0.7% of adults living in the community were current probable pathological gamblers and a further 0.6% to 1.1% were current problem gamblers. "Adults" meant those aged 18 and over. "Current" meant within six months of being surveyed. "Probable pathological" meant a SOGS-R score of 5 or more. "Problem" meant a SOGS-R score of 3 or 4.
- The 2002/03 New Zealand Health Survey [Ministry of Health, (2006); *Problem Gambling in New Zealand: Analysis of the 2002/03 New Zealand Health Survey*, Wellington, Ministry of Health] estimated that 1.0% to 1.5% of adults living in the community were current problem gamblers. "Adults" meant those aged 15 and over. "Current" meant within 12 months of being surveyed. "Problem" meant a positive response to either of the two items in the Lie/Bet screen, or a positive response to one or more nominated items from a screen developed for the Survey, using questions from other validated screens.
- The 2006/07 New Zealand Health Survey [Ministry of Health, (2008), *A Portrait of Health: Key Results of the 2006/07 New Zealand Health Survey*, Wellington, Ministry of Health] estimated that 0.3% to 0.5% of adults living in the community were current problem gamblers. "Adults" meant those aged 15 and over. "Current" meant within 12 months of being surveyed. "Problem" meant meeting the criteria in the 9 question PGSI from the CPGI. (It is worth noting that the CPGI tends to be more conservative than the SOGS-R.) A further 1.1% to 1.5% of adults were "moderate risk" gamblers, and 3.1% to 3.9% were "low risk".

All three Surveys were large (6,452, 12,949 and 12,488 respondents respectively) and had high response rates (75%, 72%, 68%). The 1999 Survey was a telephone survey; the two Health Surveys were face-to-face.

² Statistics New Zealand estimates that there were just over 3.3 million people aged 15 and over in New Zealand on 30 June 2007.

³ For example:

- The Department of Internal Affairs *2005 Participation and Attitudes Survey* [Department of Internal Affairs, (2008), *People's Participation in, and Attitudes to Gambling, 1985 – 2005*, Wellington, Department of Internal Affairs] found that 20% of respondents had not participated in any of the listed gambling activities even once in the year before the Survey.
- The *2006/07 Gaming and Betting Activities Survey* [Health Sponsorship Council and National Research Bureau Ltd, (2007), *2006/07 Gaming and Betting Activities Survey*, Wellington, Health Sponsorship Council] produced a past-year non-participation figure of 17%.

These were both small gambling surveys (1,672 and 1,973 respondents respectively), with high response rates (69%, 66.3%).

- The *2006/07 New Zealand Health Survey* (12,488 respondents; 68% response rate) returned a 34.7% past-year non-participation figure on a narrower list of gambling activities.

⁴ For example:

- The *2005 Participation and Attitudes Survey* found that 66% of respondents had played Lotto at least once in the year before the survey. Figures for other significant gambling activities were 41% for Instant Kiwi/scratchies; 19% for non-casino gaming machines; 14% for betting on horse or dog races; 10% for casino gaming machines; 4% for casino table games; and 4% for sports betting.
- The *2006/07 Gaming and Betting Activities Survey* found past-year participation rates of 67% for Lotto and Instant Kiwi/scratchies combined; 18% for non-casino gaming machines; 18% for betting on horse races, dog races or sports; 8% for casino gaming machines; and 3% for casino table games.
- The *2006/07 New Zealand Health Survey* returned past-year participation rates of 55.2% for Lotto; 26.5% for Instant Kiwi/scratchies; 10.2% for non-casino gaming machines; 8.7% for betting on horse or dog races; 7.7% for casino gaming machines; and 5.2% for sports betting.

⁵ For example:

- The *2005 Participation and Attitudes Survey* found that 21% played Lotto at least once a week. The figure was 6% for Instant Kiwi/scratchies; 3% for non-casino gaming machines; 3% for betting on horse or dog races; and 1% or less for each other form of gambling.
- The *2006/07 Gaming and Betting Activities Survey* returned similar, but lower, figures for weekly participation: 18% for Lotto and Instant Kiwi/scratchies combined; 1.8% for non-casino gaming machines; and 2.0% for betting on horse or dog races.

⁶ For example:

- The *2006/07 New Zealand Health Survey* estimated that 94.8% of adults had not bet on sports, 92.3% had not gambled on casino gaming machines, 91.3% had not bet on horse or dog races, and 89.8% had not gambled on non-casino machines, even once in the year before the survey.

⁷ For example:

- The *2005 Participation and Attitudes Survey* and the *2006/07 Gaming and Betting Activities Survey* both found that 97% or more of adults did not play non-casino gaming machines regularly, and that 97% or more of adults did not bet on horse or dog races regularly. The *2005 Participation and Attitudes Survey* found that 99.2% of adults did not bet on sports regularly, and that 99.7% of adults did not gamble regularly in a casino. The *2006/07 Gaming and Betting Activities Survey* found that 99.9% of adults did not play gaming machines in a casino regularly, and that 99.9% of adults did not play table games in a casino regularly.

⁸ For example:

- The *1999 National Prevalence Survey* estimated problem gambling prevalence among adults who had participated in various gambling activities at least once in the six months before being surveyed as: 1.6% for Lotto; 2.3% for Instant Kiwi; 3.8% for betting on horse or dog races; 5.1% for non-casino gaming machines; and 6.0% for casino gaming machines.
- A recent, very large, Queensland survey [Office of Economic and Statistical Research, Queensland Treasury, (2008), *Queensland Household Gambling Survey 2006/07*, Brisbane, Queensland Government] indicated that problem gamblers made up 0.6%, moderate risk gamblers 2.6%, and low risk gamblers 7.2% of those who had bought lottery products at least once in the year before being surveyed. The equivalent figures for betting on horse and dog races were 1.4% problem, 4.7% moderate risk and 12.7% low risk; for gaming machines were

1.5% problem, 5.4% moderate risk, and 14.5% low risk; and for casino table games were 2.4% problem, 6.3% moderate risk, and 23.3% low risk.

These kinds of differences have been found again and again around the world.

It is worth noting that the New Zealand Survey used the SOGS-R, while the Queensland Survey used the CPGI, which tends to be more conservative. It is also worth noting that New Zealand estimated separate figures for Lotto and Instant Kiwi, while Queensland's "lottery products" category included scratch-off tickets. Finally, it is worth noting that many respondents in both surveys participated in more than one gambling activity (the figures for those who played Lotto, for example, include not only those who only played Lotto but also those who played Lotto and participated in one or more other forms of gambling (gaming machines, for example). Therefore, it is likely that in at least some cases the gambling problem related to another form of gambling in which a Lotto player participated.

⁹ For example:

- The *1999 National Prevalence Survey* estimated that 1.6% of those who had bought a Lotto ticket at least once in the six months before being surveyed were current probable pathological or problem gamblers. The figure for those who bought Lotto tickets once a week or more was 2.1%. The equivalent figures for Instant Kiwi were 2.3% and 3.5%; for betting on horse or dog races 3.8% and 12.5%; and for non-casino gaming machines 5.1% and 18.9%. 6.0% of those who had played casino gaming machines at least once in the six months before being surveyed were current probable pathological or problem gamblers, but too few played once a week or more to derive an estimate for those who played casino machines that frequently.
- The *2006/07 Queensland Household Gambling Survey* found that problem gamblers made up 0.6%, moderate risk gamblers 2.6%, and low risk gamblers 7.2% of those who had bought lottery products at least once in the year before being surveyed. The equivalent figures for those who had bought lottery products an average of more than once a week were 3% problem, 5% moderate risk, and 11% low risk. For betting on horse and dog races, the prevalence figures for those who had participated at least once in the past year were 1.4% problem, 4.7% moderate risk and 12.7% low risk, while the figures for regular participants were 9% problem, 21% moderate risk and 22% low risk. For gaming machines, the prevalence figures for those who had participated at least once in the past year were 1.5% problem, 5.4% moderate risk, and 14.5% low risk, while the figures for regular participants were 11% problem, 15% moderate risk, and 23% low risk.

These kinds of differences have been found again and again around the world.

¹⁰ For example:

- The *1999 National Prevalence Survey* found that 70% of non-problem gamblers usually spent less than one hour at a time gambling while over 80% of problem gamblers usually spent an hour or more. People who reported gambling for less than an hour in a typical gambling session were very unlikely to be problem gamblers.
- The *2006/07 Queensland Household Gambling Survey* indicated that around 0% of those who played machines for 30 minutes or less in a typical session were problem gamblers, around 2% were moderate risk, around 11% were low risk, and around 86% were recreational gamblers. The comparable figures for those who played machines for more than 2 hours in a typical session were 12% problem, 18% moderate risk, 19% low risk and 51% recreational. The Survey also indicated that around 1% of those who bet on horse and dog races for 30 minutes or less in a typical session were problem gamblers, around 4% were moderate risk, around 11% were low risk, and around 84% were recreational gamblers. The comparable figures for those who bet on horse and dog races for more than 2 hours in a typical session were 1% problem, 5% moderate risk, 13% low risk and 81% recreational. (This probably indicates that, except at the racetrack, most of those who bet on horse and dog races see it as a buy-and-go gambling product, rather than a stay-and-play product.) It also indicated that around 2% of those who played casino table games for 30 minutes or less in a typical session were problem gamblers, around 5% were moderate risk, around 16% were low risk, and around 77% were recreational gamblers. The comparable figures for those who played casino table games for more than 2 hours in a typical session were 6% problem, 11% moderate risk, 26% low risk and 57% recreational.

Many surveys do not explore the relationship between problem gambling and the time spent gambling in typical session. When they do, they generally find these kinds of differences.

¹¹ For example:

- The 1999 National Prevalence Survey found that those who participated regularly only in non-continuous forms of gambling were significantly less likely than regular continuous gamblers to have experienced gambling related problems at any time in their lives.
- Detailed interviews with 256 people in phase two of the 1999 National Prevalence Survey suggested that people whose preferred type of gambling is continuous are about eight times more likely to score as problem gamblers than those who have no preference or those who prefer a non-continuous form [M.W.Abbott, (2001), *Problem and Non-Problem Gamblers in New Zealand: A Report on Phase Two of the 1999 National Prevalence Survey*, Wellington, Department of Internal Affairs].

¹² For example:

- The 1999 National Prevalence Survey estimated that 1.6% of those who had bought a Lotto ticket at least once in the six months before being surveyed were current probable pathological or problem gamblers. The figure for those who usually bought Lotto tickets once a week or more was 2.1%. It is worth noting that these figures include not only those who only played Lotto but also those who played Lotto and participated in one or more other forms of gambling (gaming machines, for example). Therefore, it is likely that in at least some cases the gambling problem related to another form of gambling in which the Lotto player participated.
- In addition, further analysis of the 2002/03 New Zealand Health Survey data suggests that problem gambling prevalence among adults who had played Lotto and/or Daily Keno, but had not participated in any other form of gambling, at least once in the year before the Survey, was 0.3% or less (email communication from the Ministry of Health).

¹³ For example:

- The 1999 National Prevalence Survey estimated that 12.5% of those who bet on horse or dog races once a week or more were current probable pathological or problem gamblers. The figure for regular non-casino gaming machine players was 18.9%. There were too few people who played casino machines once a week or more to derive an estimate, but there were indications that the figure was likely to be higher than the figure for non-casino machines.
- At around the same time, the Australian Productivity Commission estimated that 22.6% of weekly gaming machine players, 23.8% of those who played casino table games weekly, and 14.7% of those who bet on races weekly were problem gamblers [Productivity Commission, (1999), *Australia's Gambling Industries*, Canberra, Report No. 10, AusInfo].
- A recent Victorian survey [ANU Centre for Gambling Research, (2004), *2003 Victorian Longitudinal Community Attitudes Survey*, Melbourne, Gambling Research Panel] estimated that 27.8% of those regular gamblers for whom gaming machines were the favourite form of gambling, were problem gamblers. The equivalent figure for casino table games was 13.0%, and for race betting 3.5%.
- The *Queensland Household Gambling Survey 2006/07* found that 65.1% of the state's purely recreational gamblers did not play gaming machines, while 93.5% of the problem gamblers did. The survey also indicated that around 11% of those who played machines more than once a week were problem gamblers, around 15% were moderate risk, around 23% were low risk, and around 51% were recreational gamblers.
- In a recent venue survey of 400 people who played machines at least fortnightly, 11% were problem gamblers, 26% were moderate risk gamblers, and 28% were low-risk gamblers. Only 36% were purely recreational gamblers [P.Delfabbro, (2008), Evaluating the Effectiveness of a Limited Reduction in Electronic Gaming Machine Availability on Perceived Gambling Behaviour and Objective Expenditure, *International Gambling Studies*, Vol 8(2)].

¹⁴ In addition to results from population surveys like those cited above, it is worth noting information from other sources. For example:

- Clinical experience suggests that the onset of problem gambling is much more rapid when the gambling problem is related to gaming machines rather than more traditional forms of gambling [see, for example: R.B. Breen and M. Zimmerman, (2002), Rapid Onset of Pathological Gambling in Machine Gamblers, *Journal of Gambling Studies*, Vol 18(1); and R.B. Breen, (2004), Rapid Onset of Pathological Gambling in Machine Gamblers: A Replication, *International Journal of Mental Health and Addiction*, Vol 2(1)].
- Even an article arguing that rigorous and systematic evaluation is required to establish definitively the absolute 'addictive' potential of gaming machines and the degree to which

machine characteristics influence the development and maintenance of problem gambling behaviour, nevertheless cites considerable evidence of an association between gaming machines and problem gambling [N.Dowling, D.Smith and T.Thomas, (2005), Electronic gaming machines: are they the 'crack-cocaine of gambling?', *Addiction*, 100].

- Each year from 1997 to 2007 inclusive, casino or non-casino machines were the primary mode of problem gambling for between 66% and 88% of all gambler clients of Ministry of Health-funded face-to-face intervention services. Casino tables were cited by 4.2% to 10.6%; track betting by 4.3% to 19.5%; and sports betting by 0.3% to 2.7%. By contrast, Lotteries Commission products were cited by only 0.1% to 1.5% [Ministry of Health, (2008); *Problem Gambling Intervention Services in New Zealand: 2007 Service-user statistics*, Wellington, Ministry of Health].
- The *2006/07 New Zealand Health Survey* estimated that 80,000 adults had had problems in 2006/07 because of someone's gambling. Non-casino gaming machines were cited as being involved in 53.0% of these cases, and casino gaming machines were cited as involved in 33.0%. These were the two highest figures. The next highest figure was 16.0% for track betting. (Respondents could name more than one type of gambling as being involved.)

These kinds of results are typical for jurisdictions in which gaming machines are widely available.

¹⁵ For example:

- The *2006/07 Queensland Household Gambling Survey* estimated that 89.4% of gamblers were purely recreational gamblers. However, 83.1% of the recreational gamblers bought lottery products, but only 5.1% bet on sports, 5.1% played casino table games, 18.7% bet on horse or dog races, and 34.9% played gaming machines, even occasionally.
- The *2006/07 New Zealand Health Survey* estimated that 92% of gamblers were purely recreational gamblers. However, given that participation in gaming machine gambling is typically lower in New Zealand than in jurisdictions like Queensland, it is likely that the overwhelming majority of the recreational gamblers in New Zealand Survey gambled only on lottery-type products.

¹⁶ For example:

- A study of 4,188 current gamblers in Norway concluded that at-risk gamblers (as measured by NODS) differed substantially from no-risk gamblers, and also concluded that the similarity between at-risk gamblers and problem gamblers increased the likelihood that many of them would eventually develop a gambling problem [I.Lund, (2007), Lessons from the Grey Area: A Closer Inspection of At-Risk Gamblers, *Journal of Gambling Studies*, Vol 23(4)].
- A 1998 follow-up after seven years of 143 people who had been interviewed in depth in an earlier 1991 New Zealand study found that 14% (3 of 22) of those originally classified as current "problem" gamblers (SOGS-R 3 or 4) had become current "probable pathological" gamblers (SOGS-R 5+). This was the highest upward shift into either problem category [M.W.Abbott, M.M.Williams, and R.A.Volberg, (1999), *Seven Years On: A Follow-up Study of Frequent and Problem Gamblers Living in the Community*, Wellington, Department of Internal Affairs].

¹⁷ For example:

- The *1999 National Prevalence Survey* estimated current problem gambling prevalence among adults living in the community as 1.3%. By contrast, for example, other studies at about the same time, by the same group of researchers, using an almost identical problem gambling screen:
Estimated the problem gambling rate among recently-sentenced male prisoners as 23% [M.W.Abbott, B.G.McKenna, and L.C.Giles, (2000), *Gambling and Problem Gambling Among Recently Sentenced Males in Four New Zealand Prisons*, Wellington, Department of Internal Affairs].
Estimated the problem gambling rate among recently-sentenced female prisoners as 34% [M.W.Abbott, and B.G.McKenna, (2000), *Gambling and Problem Gambling Among Recently Sentenced Women Prisoners in New Zealand*, Wellington, Department of Internal Affairs].
- An American study of 363 medium security federal prison inmates found a problem gambling prevalence rate of 12.6% - three to four times higher than the norm for the general population problem [G.D. Walters, (1997), Problem Gambling in a Federal Prison Population: Results from the South Oaks Gambling Screen, *Journal of Gambling Studies*, Vol 13(1)].

These kinds of findings are typical of prison studies from around the world.

¹⁸ A recent Australasian literature review summarises material on many of the impacts of problem gambling [Paul H. Delfabbro, (2008), *Australasian Gambling Review Third Edition (1992 – 2007)*, Adelaide, Independent Gambling Authority, pages 89 to 102].

¹⁹ For example:

- In 1999, the Australian Productivity Commission concluded, after examining a variety of information, that the children of problem gamblers are affected in many ways. In addition to obvious gambling-related neglect (such as being left in cars outside casinos), it concluded that impacts can include the impacts of poverty; child abuse; impacts as a result of the mood swings, substance abuse, and familial discord that may accompany problem gambling, including impacts on social integration and education; and a higher risk of withdrawal, depression, anger, and suicidality.
- Another Australian study concluded that children living with a parent or caregiver with a serious gambling problem experience “pervasive loss”, encompassing both physical and existential aspects of the child’s life, including their parent(s), relationships, trust, security, sense of home, and material goods. It suggested that parental problem gambling must be considered a significant child health as well as a social problem [P. Darbyshire, C.Oster, and H.Carrig, (2001), *The Experience of Pervasive Loss: Children and Young People Living in a Family Where Parental Gambling Is a Problem*, *Journal of Gambling Studies*, Vol 17(1)].
- Similarly, the Familial Trust in Christchurch has reported that: the children of a gambling parent can become resentful at the lack of parental support to meet basic necessities; caregiving roles can be reversed, with one child becoming overly responsible for other siblings’ welfare; some children may start exhibiting behavioural problems at school and in other environments, including bullying and stealing; some children become withdrawn, experiencing loneliness and abandonment because of emotionally unavailable parents; and some children continue to act out these roles as adults, not knowing why they continue to exhibit the same or similar dysfunctional behaviours as their parents, including entering into relationships with addicts [K.Watson and G.Watson, “The Effects of Gambling on Family Members: Suggestions for Intervention”, in R.Tan and S. Wurtzburg (Eds.), (2004), *Problem Gambling: New Zealand Perspectives on Treatment*, Wellington, Steele Roberts Ltd].
- An American study of 150 Native American mothers concluded that behaviour problems in Native American children in the context of maternal gambling were associated with greater financial strain, less adequate parenting in the home environment, and the child’s age. However, these results were constrained by the frequency of the mother’s gambling, the amount of social support available from the family for the mother, and the child’s gender [S.L. Momper and A.P.Jackson, (2007), *Maternal Gambling, Parenting, and Child Behavioral Functioning in Native American Families*, *Social Work Research*, Vol 31(4)].

²⁰ For example:

- A recent literature review suggests that the most common problems reported by the family members of problem gamblers include arguments, anger and violence [R.G. Kalischuk, N.Nowatzki, K.Cardwell, K.Klein, and J.Solowoniuk, (2006), *Problem Gambling and its Impact on Families: A Literature Review*, *International Gambling Studies*, Vol 6(1)].
- A recent Australian study reviewed the literature on the links between family violence and gambling difficulties, and conducted consultations with service providers and a small snapshot survey of service users. It concluded that the co-occurrence of the two is a pressing issue [Community West and Borderlands Co-operative, (2007), *Exploring the Links Between Family Violence & Problem Gambling Report*, Victoria, Community West].
- In a Canadian study of 248 problem gamblers recruited through advertisements, 62.9% of participants reported perpetrating and/or being the victims of intimate partner violence (IPV) in the previous year, with 25.4% reporting perpetrating severe IPV [L.M.Korman, J.Collins, D.Dutton, B.Dhayanathan, N.Littman-Sharp, and W.Skinner, (2008), *Problem Gambling and Intimate Partner Violence*, *Journal of Gambling Studies*, Vol 24(1)].
- Experience in New Zealand suggests that gambling-related violence is a growing and important factor for clinicians to consider [M.Goulding, “Gambling and Violence”, in R.Tan and S. Wurtzburg (Eds.), (2004), *Problem Gambling: New Zealand Perspectives on Treatment*, Wellington, Steele Roberts Ltd].
By contrast, a recent New Zealand study found no significant association between problem gambling and IPV. However, the researchers also suggested some potential reasons for this apparently anomalous finding, and urged further research into the issue [P.J. Schluter, M.W. Abbott and M.E. Bellringer, (2008), *Problem Gambling related to Intimate Partner Violence: findings from the Pacific Islands Families Study*, *International Gambling Studies*, Vol 8(1)].

²¹ For example:

- In 1999, the Australian Productivity Commission canvassed submissions it received, and a variety of published studies, before concluding that around one in ten problem gamblers had committed a crime because of their gambling; up to two-thirds of problem gamblers in counselling had committed a crime to finance their gambling; the offences committed were mainly non-violent property crimes; and while the majority of offences committed did not result in legal action and many went unreported, around 40% of offenders were charged and convicted.
- An analysis of 2,779 Local and/or District Court cases in New South Wales suggested that at least 3.7% of these cases were “gambling-related”, and highlighted problem gambling as a significant motivation for employee theft [P.Crofts, (2003), *Problem Gambling and Property Offences: An Analysis of Court Files*, *International Gambling Studies*, Vol 3(2)].
- A recent Australian study noted the potentially catastrophic effects of problem gambling-related fraud on people the gambler knew well (including their employers, and people who trusted their retirement savings to financial advisors with gambling problems). In some cases, small and medium businesses shut down as a result of gambling-related fraud, leaving creditors and employees out of pocket or out of a job [B. Warfield, (2008), *Gambling Motivated Fraud in Australia 1998 – 2007*, Sydney, Warfield & Associates].
- In the study of *Gambling and Problem Gambling Among Recently Sentenced Males in Four New Zealand Prisons*, over half of the prisoners with gambling problems at the time they were imprisoned said they had committed a crime to get money or to pay gambling debts. Over a third said they had been in prison because of charges related to gambling.
- The percentages were almost identical in the study of *Gambling and Problem Gambling Among Recently Sentenced Women Prisoners in New Zealand*.
- In responses from 491 organisations to KPMG’s Australia and New Zealand Fraud Survey, 221 respondents reported at least one fraud incident and reported losing a total of \$456.7m. The two most common motivators for committing fraud were greed (38% of total reported losses) and gambling (21% of total reported losses). Gambling as a motivator was associated with the highest average loss per incident (\$495,000 vs greed at an average loss per incident of \$397,000) [KPMG, (2004), *Forensic Fraud Survey 2004*].

²² For example:

- The Australian Productivity Commission in 1999 canvassed submissions it received, and a variety of published studies, before estimating the number of completed gambling-related suicides in Australia at between 35 and 60 a year.
- Another Australian study identified 44 case records of suicides in the State of Victoria between 1990 and 1997 in which the State Coroner identified the presence of a putative gambling problem. There was evidence that almost a third had previously attempted suicide, and one in four had sought some form of mental health assistance for their gambling problem [A. Blaszczynski and E.Farrell, (1998), *A Case Series of 44 Completed Gambling-Related Suicides*, *Journal of Gambling Studies*, Vol 14(2)].
- Three studies of middle and high school students in Quebec and Ontario found significantly higher rates of suicidality among problem and pathological gamblers as compared to non-gamblers and social gamblers, irrespective of gender, grade or level of depression [L.Nower, R.Gupta, A. Blaszczynski and J.Derevensky, (2004), *Suicidality and Depression Among Youth Gamblers: A Preliminary Examination of Three Studies*, *International Gambling Studies*, Vol 4(1)].
- The interviews in *Phase Two of the 1999 National Prevalence Survey* suggested that problem gamblers much more often felt depressed and used gambling to escape, and felt depressed after losing heavily gambling, than non-problem gamblers.
- The 2002/03 New Zealand Health Survey found that problem gambling was significantly associated with worse self-rated health in several health domains. In particular, problem gamblers were 2.6 times more likely to have poor self-rated mental health status than non-problem gamblers.
- When 70 patients admitted to an Auckland hospital following a suicide attempt were screened with a brief problem gambling screen, 12 (17.1%) were positive for problem gambling, with half having attempted suicide in the past [A. Penfold, S.Hatcher, S.Sullivan, and N.Collins, (2006), *Gambling Problems and Attempted Suicide: Part 1 – high prevalence amongst hospital admissions*, *International Journal of Mental Health & Addiction*, Vol 4(3)].

- The *2007 Service-user statistics* record that from 1999 to 2007 inclusive between 8% and 13% of new gambler and significant other clients of the Gambling Helpline reported suicidal behaviour. 274 clients thought about, planned, attempted, or were currently at risk of, suicide in 2007. These percentages are relatively low by international standards, perhaps because they include significant others as well as the problem gamblers.
- Earlier data indicated that over 80% of problem gamblers contacting New Zealand's hotline during its first year of operation reported suicidal ideation and saw death as a solution to their problems [S.Sullivan, (1994), Why compulsive gamblers are a high suicide risk, *Community Mental Health in New Zealand*, Vol 8(2)].

²³ For example:

- A recent review of the research suggests that the most common problems reported by the family members of problem gamblers are: the loss of household or family money; arguments, anger and violence; lies and deception; neglect of family; negatively affected relationships; poor communication; confusion of family roles and responsibilities; and the development of gambling problems or other addictions within the family [R.G. Kalischuk, N.Nowatzki, K.Cardwell, K.Klein, and J.Solowoniuk, (2006), Problem Gambling and its Impact on Families: A Literature Review, *International Gambling Studies*, Vol 6(1)].

²⁴ For example:

- In 1999, the Australian Productivity Commission reviewed a range of evidence, and estimated that around seven other people were adversely affected to varying degrees by a severe problem gambler's behaviour, but also noted that some estimates ranged as high as 17.

²⁵ For example:

- New Zealand's 2006/07 Gaming and Betting Activities Survey noted that around 16% of adults reported someone in their wider family household going without something they needed, or bills being unpaid, because someone spent too much money on gambling.
- The *2006/07 New Zealand Health Survey* estimated that 2.8% of adults (around 80,000 adults) had experienced problems due to someone's gambling in the year before the survey. This figure does not include children who had experienced problems due to someone's gambling.

²⁶ For example:

- Many of the studies cited above refer to impacts of problem gambling that have very long-term effects (suicide, violence, relationship breakdowns, health problems, theft – including theft by financial advisers of clients' retirement savings, debt, bankruptcy, criminal convictions, loss of employment, and loss of educational opportunities, among others).
- In addition, the Australian Productivity Commission referred (at pages 7.31 to 7.33) to studies examining the ongoing problems suffered by the children of problem gamblers. It also cited (at pages 7.35 and 7.36) studies that found that people whose parents or other family members had a problem with gambling are much more likely subsequently to develop a gambling problem themselves. It observed that "Problem gambling – like a variety of other social ills – has intergenerational consequences."
- New Zealand's 1999 National Prevalence Survey also found that problem gamblers were much more likely than non-problem gamblers to have a parent who was a problem gambler.

²⁷ For example:

- The 2002/03 New Zealand Health Survey found that problem gambling rates were higher in the 20% of most deprived areas compared with the 20% of least deprived areas.
- Further analysis of the same Survey established that those who lived in neighbourhoods closer to gambling venues were more likely than those who lived in neighbourhoods furthest from gambling venues to be problem gamblers who had gambled at a gambling venue in the previous year [Ministry of Health, (2008), *Raising the Odds? Gambling behaviour and neighbourhood access to gambling venues in New Zealand*, Wellington, Ministry of Health].
- Recent research found that non-casino gaming machines and TABs are far more likely to be found in more deprived areas than less deprived areas [Ministry of Health, (2006), *Problem Gambling Geography of New Zealand 2005*, Wellington, Ministry of Health].
- The *2006/07 New Zealand Health Survey* found that the prevalence of problem gambling increased as neighbourhood deprivation increased, and that those living in areas of high neighbourhood deprivation were more likely to have experienced problems due to someone's gambling in the previous year, than were people living in quintile 1 areas.

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- The *2006/07 Gaming and Betting Activities Survey* found that people in deprived areas were more likely to report harm in the wider family or household, than those in less deprived areas.

²⁸ For example:

- The *1999 National Prevalence Survey* estimated that while Māori and Pacific peoples form less than 20% of the general population, they made up 44% of problem gamblers. It also estimated that Māori were 4.5 times more likely than the general population to be problem gamblers and Pacific peoples were 6.2 times more likely.
- The *2002/03 New Zealand Health Survey* estimated that Māori were 3.9 times more likely to be problem gamblers, and Pacific peoples were 4.5 times more likely, than Europeans/Others. The corresponding figures in the *2006/07 New Zealand Health Survey* were both over 3.5.
- The *2006/07 New Zealand Health Survey* estimated that 7.0% of Māori and 7.6% of Pacific peoples experienced problems in the previous year due to someone's gambling, compared with 2.1% of European/Other.
- The *2006/07 Gaming and Betting Activities Survey* found that Māori and Pacific peoples were more likely to report problematic gambling behaviour, and were more likely to report harm in the wider family or household, than Europeans/Others. In particular, 38% of Māori and 28% of Pacific people reported someone in their wider family household going without something they needed, or bills being unpaid, because someone spent too much money on gambling, compared with 13% of the Asian group and 12% of European/Others.

²⁹ For example:

- The *2005 Participation and Attitudes Survey* indicated that Māori played non-casino gaming machines more often than other ethnic groups, had longer sessions, spent more, and were more likely to believe (probably mistakenly) that they had won or broken even overall. These are all risk factors for problem gambling. In addition, men reported playing non-casino gaming machines more often, but women played for longer, spent more, and were more likely to believe that they had won or broken even overall.
- More recently, the *2006/07 Gaming and Betting Activities Survey* found that women were more likely than men to play non-casino gaming machines regularly, and Māori and Pacific peoples were more likely than the Asian Group and Europeans/Others to play regularly.
- Not surprisingly, therefore, the *2007 Service-user statistics* found that 78.7% of new female clients of the face-to-face intervention services received help for problems associated with non-casino gaming machines, compared with 57.7% of new male clients. Further, while Māori women make up only a small percentage of the female population, there were almost as many Māori women gamblers as New Zealand European/Pākehā women gamblers citing problems with casino and non-casino gaming machines.

³⁰ For example:

- The *2005 Participation and Attitudes Survey* found that players' average annual casino spending decreased by 9% in real terms between 2000 and 2005. However, it almost doubled for Pacific players, it increased by 63% for Māori, and for the Asian group (a higher percentage of whom participated in casino gambling), it increased by 7%.
- In the *2007 Service-user statistics*, 59.3% of new Asian female clients of the face-to-face intervention services received help for problems associated with casino tables, compared with 4.7% of females overall. Similarly, 60.9% of new Asian male clients of the face-to-face intervention services received help for problems associated with casino tables, compared with 14.3% of males overall.