

# A Southern Hemisphere approach to problem gambling: The New Zealand Initiative

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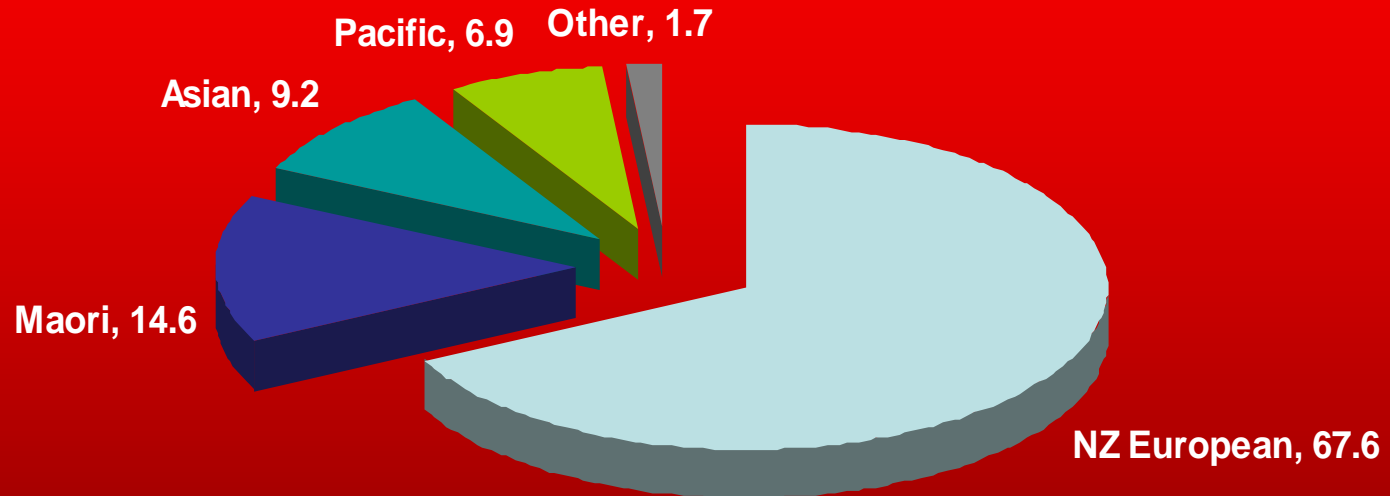
New Zealand







# Ethnicity of New Zealanders



# Gambling Losses in NZ

	Started	Loss 1992	Loss 1997	Loss 2002	Loss 2007
Track Racing/sports	1840	€101m	€108m	€114 m	€134m
Lotto	1987	€125m	€142m	€125 m	€165m
Gambling Machines	1988	€55m	€165m	€388 m	€475m
Casinos	1994		€120m	€205 m	€234m
<b>Total all</b>		<b>€281m</b>	<b>€535m</b>	<b>€832</b>	<b>€1008m</b>







# Treatment options

- 1992** – Gambling Helpline and limited face-to-face counselling established from a sole provider in main city
- 1995** – Industry funds services and other providers commence throughout NZ
- 1998** - Helpline split off as a separate service
- 2003** - Further sudden growth in services
- 2004** - Ministry of Health assumes responsibility for problem gambling
- Currently** - Approximately 20 services now available





# The Gambling Act 2003

- An important aim is to minimise harm arising from gambling
- Harm to be minimised is harm to the gambler, family, workplace and community
- Gambling categorised with required training for staff for those with highest risks such as casinos and gambling machine venues



# The Gambling Act 2003

- District governments can restrict venues in their area that provide gambling machines
- Maximum 9 machines for new venues after 2001 (18 maximum for prior)
- Only casinos can be 'for profit' and these are limited to six in NZ
- Compulsory contributions from gambling to provide treatment and prevention of harm (approximately €10m per annum)



# What is new?

- Adoption as a health issue, through Ministry of Health responsibility, has moved problem gambling into mainstream health, and by implication, public acceptance as an important health issue
- Harm minimisation perspective aims at prevention, earlier interventions, and brief interventions being important



# also

- Hypothecated funding ensures that problem gambling is not disadvantaged by competition for funds with other addictions
- Also no longer relying upon the gambling industry for their discretionary funding





# An example of early/brief intervention

- The Gambling Act rates gambling machine venues and casinos as highest risk
- Staff must be trained to identify potential or actual gambling problem behaviour
- Must be trained to approach these players to clarify if a problem, and if so, provide information and opportunity to exclude
- Penalties for failing to do this

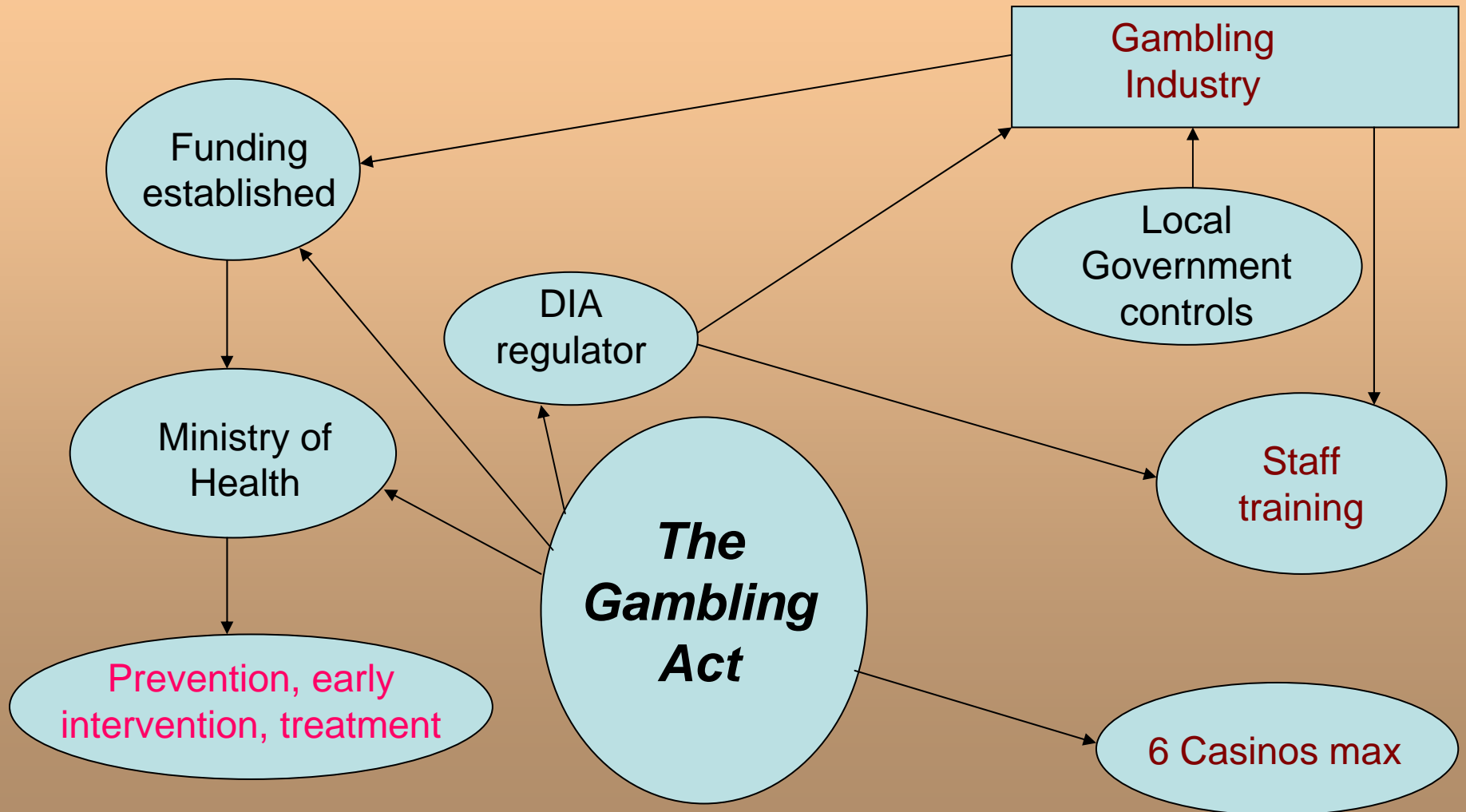


# Funding

- Gambling industry pays for its harm minimisation training and is monitored by the Department of Internal Affairs
- The levy is decided by government with each of 4 main gambling industries (racing/sports +Lotto + casinos + gambling machine venues) contributing proportion based on total losses and treatment presentations for their sector



# The Gambling Act



# Barriers to harm reduction

- High staff turnover in industry means constant need to train new staff
- Need for training standards to be established and monitored by Dept of Internal Affairs





# Positives

- A culture change (industry) is becoming apparent
- The Act appears to establish a ‘duty of care’ which can raise liability for failing to identify problem gamblers
- “s308 (Must) develop a policy for identifying problem gamblers (and) must take all reasonable steps to use that policy and to identify actual or potential problem gamblers”



# Future considerations

- Technology developments will be a challenge – Internet gambling can avoid compliance
- Need to develop both a range and levels of interventions, not a single one size fits all
- Insufficient funding to fully address brief intervention opportunities
- Cost of television advertising to raise awareness very high – industry heavy advertiser



# Future considerations

- How to increase help-seeking by affected families
- Some cultural barriers may need addressing
- Mixed messages occur when gambling provided by government owned entities
- Short term tax advantage is clear, while long-term costs are less able to be calculated



# Conclusion

- Despite the long-term culture of gambling in NZ, there is now control its growth and a desire to minimise its harm
- A harm-minimisation approach has been adopted to prevent and reduce harm
- Compulsory training of industry to approach problem gamblers can assist with a culture change
- Mainstreaming of treatment has assisted to raise the importance of problem gambling prevention

*end*

