

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Position Statement on Gambling

The Canterbury DHB recognises:

- Problem gambling can have significant economic, social, and health costs.
- Problem gamblers suffer from poorer mental health. Many people with gambling related problems have co-existing substance misuse problems
- The excess distribution of gaming machines in the most deprived areas of the city can concentrate the negative impact of gambling in communities that can least afford them.
- There is evidence that increased availability of gambling results in an increase in the prevalence of problem gambling.
- Problem gambling statistics indicate that gaming machines are the most harmful form of gambling

Based on this, the Canterbury DHB policy is to seek and support ways to limit the harm caused by gambling amongst our population and supports services which address the needs of problem gamblers.

This Position Statement has been endorsed by both Te Runanga O Nga Maata Waka Inc and He Oranga Pounamu.

2 Evidence Supporting Canterbury DHB Policy Statement on Gambling

1. Gambling expenditure¹ has increased from \$482 million in 1990 to \$2.027 billion in 2005. In New Zealand, as overseas, the expansion was associated with the increased availability of higher-intensity forms of gambling, particularly the spread of electronic gaming machines (Department of Internal Affairs 2006). Over half of current expenditure is now on electronic gaming machines. Non-casino gaming machine expenditure has increased from \$107 million in 1991 to 1.027 billion in 2005.
2. There is evidence that availability of and accessibility to gambling has a strong association with problem gambling (Productivity Commission 1999; Tse et al. 2005).
3. The correlation between the growth in gambling opportunities and the increase in problem gambling suggests a precautionary approach, including restricting the growth of gambling opportunities.
4. Non-casino gaming machines are also more likely to be found in the more deprived areas of New Zealand (Wheeler et al. 2006) and Christchurch (Christchurch City Council 2003).
5. Wheeler et al. (2006) identified, on the basis of 2003 non-casino gaming machine data and 2001 census data, that nationally 47% of venues and 53% of non-casino gaming machines were found in census area units with decile scores 8, 9 and 10. In 2003 the Christchurch City Council (2003) identified that approximately 52% of non-casino gaming machines were in census area units with decile scores 8, 9 and 10.
6. The location of venues tends to concentrate the social costs in communities that are least able to bear them.
7. While most people generally do not experience adverse consequences of gambling, a minority does. These negative effects vary in severity and duration and typically have a ripple effect, creating additional problems for family, whanau, friends and the wider community. In 2000, the Australian Productivity Commission estimated that on average each serious problem gambler adversely affects the lives of seven other people.
8. Problem gambling statistics indicate that gaming machines are the most harmful form of gambling. In 2004, 83% of first time callers to problem gambling phone counselling cited non-casino gaming machines as their primary mode of gambling and 7.3% cited casino gaming machines. Similarly, four out of five people attending face-to-face counselling identified non-casino gaming machines as their primary mode of gambling (Ministry of Health 2005).
9. A number of national surveys have established that Maori are at increased risk of problem gambling relative to the general population, with an estimated 30% of

¹ Expenditure and Gross Profit are interchangeable terms that mean gross amount wagered minus the amount paid out or credited as prizes or dividends. Expenditure is the amount lost or spent by players or the gross profit of the gaming operator.

problem gamblers being Maori (Abbott and Volberg 2000).² These figures are mirrored in national data collected from clients seeking help for gambling problems (Ministry of Health 2005). For example, in 2004 29% of first time callers to problem gambling phone counselling were Maori meaning they are substantially over-represented.

10. There has been a rise in the number of Maori women seeking help for gambling problems. Maori women seeking help for their gambling problems almost exclusively (91.7% in 2004) cite non-casino gaming machines as their problematic mode of gambling (Ministry of Health 2005).
11. Problem gambling can have significant economic, social and health costs. It affects some groups disproportionately and contributes to poverty and socioeconomic inequalities (Abbott and Volberg 2000).
12. The Ministry of Health (2005) identified that a growing number of people with gambling-related problems have a coexisting substance misuse problem or mental health disorder.
13. There is evidence to suggest that problem gamblers are at greater risk of suicide. For example, 9.4% of callers to the gambling helpline in 2002 had thought about, planned or attempted suicide in the previous 12 months (Ministry of Health 2005).
14. Substance abuse, especially with alcohol, is frequently associated with problem gambling (Ministry of Health 2005; Abbott 2001). For example, Abbott (2001) estimated that 37% of lifetime problem gamblers in New Zealand engage in hazardous alcohol use, more than double that of the adult population.
15. The Community Alcohol and Drug Service of the CDHB reports that parallels between gaming and other addictive behaviours are apparent. The service is seeing clients with increasing complexity and problem gambling compounds these difficulties.
16. Offending by gamblers has been investigated in a number of New Zealand and international studies. Problem gamblers are at high risk of committing crimes in order to finance their gambling activities (Abbott and McKenna 2000; Abbott et al. 2000; Australian Institute of Criminology and PriceWaterhouseCoopers 2003).

² In the 1999 National Prevalence Survey (Abbott and Volberg 2000:152) it was estimated that 31% of current probable pathological and problem gamblers were Māori and 14% Pacific peoples. The proportions of Māori and Pacific peoples in the general population at the time of the survey were 12% and four percent respectively.

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