

PROBLEM GAMBLING

NATIONAL COORDINATION SERVICE



Ehara taku toa i te toa takitahi, engari he toa takitini
The strength is not of the individual but of the collective

Issue Nine | December 2010

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From the Desk

**Michelle O’Loughlin, National Coordinator,
Problem Gambling National Coordination Service**

Tena Koutou Katoa, Welcome and Warmest Pacific Greetings!

As the holiday season is upon us, we find our selves reflecting on the past year, on those who we have worked alongside within the problem gambling sector and developed strong valuable relationships with. I take this opportunity to congratulate you all on a job well done.

In this, the last quarter of the year, the National Pacific Fono and the National Maori Hui were held in Auckland and New Plymouth, respectively. Both were very successful and feedback has been excellent. The Pacific Fono theme of ‘Working Collaboratively’ reflected the theme of the Maori Hui ‘Kotahitanga – Working in Unity’. These fono and hui continue to bring together problem gambling service providers, where they can share, inform, update and gather knowledge ensuring the workforce is strengthened and supported. However there is always the opportunity to improve and with that in mind the National Coordination Service (NCS) facilitated a meeting of representatives (nominated from the problem gambling field) to sit on a committee to organise the next National Provider Forum. The first meeting has been held and surveys are to be sent out to the sector to source requirements needed. It is important to have your say, your input is valued.

The NCS is upgrading its’ website. A review of New Zealand based problem gambling websites and a small number of international problem gambling websites was undertaken by the University of Auckland – Centre for Gambling Studies for the NCS. The focus of this review was to identify current gaps in information provided on problem gambling websites in NZ. The NCS website serves as an information repository for problem gambling stakeholders and the review recommended that the website also provide a centralised & coordinated point of reference for web-based problem gambling related information in New Zealand. This is a work in progress – watch this space.

The calendar of events on the last page of this newsletter has been updated for 2011. It is important to diarise all upcoming events to allow forward planning and to ensure all hui, fono, forum and training days are attended. It will be a busy start to the New Year with the National Pacific Fono being held in February and planning underway for the National Provider forum in early May.

We would like to thank everyone for your ongoing support of the National Coordination Service and I would like to thank all those people and organisations who have sent in articles for this newsletter edition. The response has been excellent. A special thanks to everyone who has helped

This newsletter is brought to you by the Problem Gambling National Coordination Service; a Ministry of Health Contract being delivered by The Salvation Army in partnership with The University of Auckland’s Centre for Gambling Studies.

The views and opinions expressed in this newsletter do not necessarily represent those of the above parties.

From the Desk

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organise and support the events this service has hosted and the ongoing work for the upcoming events.

Again, this quarterly newsletter is your newsletter. We welcome your contribution, suggestions and ideas. I would be pleased to help if you require some assistance in putting your article together - just drop me a line.

May Joy be your gift this Christmas

And May Peace and Hope

Follow you into the New Year

On behalf of the National Coordination Service, The Salvation Army and Centre for Gambling Studies, University of Auckland, I would like to extend to you all a very Merry Christmas and a safe New Year.

Nga mihi o te kirihimete me te Te Tau Hou



All past and present newsletters are available to download on the National Coordination Service website:
<http://www.salvationarmy.org.nz/here-to-help/addictions/national-coordination-service/>

Interventions...

“No, My Babies Aren’t Worth Losing”

Hirani Scia Scia

Te Rangihaeata Oranga Trust



It all started with a spare \$20 and a couple of hours to kill. Before too long I had advanced to a ‘regular’ as the locals put it. If I was lucky, I would go two or three times a week squandering money I didn’t have. Two kids later and my habit had evolved into an out of control addiction. For years I put my family through hell. Every cent I had fed my temptation to gamble.... **“I HAD TO GO”**. Nothing could stop the overpowering craving. I would lay awake at night planning how I could go and who would watch the kids. Every waking moment was consumed by gambling. I was happy when I was gambling and I didn’t think of the consequences if things didn’t go to plan. Things got really bad. I stopped paying the rent and the bills. I even stopped buying food, instead relying on others to help me out. Gambling was a fix and I would do anything and everything to get it. From pawning household items, stealing and lying and borrowing money that I knew I couldn’t pay back, just to get to **“MY HAPPY PLACE”**. I suffered severe headaches, stress, sleeplessness and a loss of appetite. I was always angry. When I’d lose, I would get depressed, drink and become abusive to my children and to my partner. Blaming them for what I had done. My children were suffering too and started acting out at school. Everyone around me didn’t take much notice of me. They didn’t want to know me anymore. Well, not this side of me anyway. At that time I didn’t care because all I could think about is gambling. Nothing else mattered. Everything started to catch up with me. Stuff was getting repossessed, people were demanding their money from me, and we were facing eviction from our home. No one was willing to help me because I had already used and abused them. I was freaking out. What could I do, I had no options left. I was devastated and heartbroken. When my Mum couldn’t help me out then, I felt alone. Two days after the eviction notice was served and I had buggar all sleep, I then thought I need help. I went to James, a guy I had met through the

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Problem Gambling Service, Te Rangihaeata Oranga Trust, some time back. We talked and ever since that day my life has changed. I confronted my landlord and told her about my addiction and the situation I had put my family in, She gave me a second chance. It was like I had fallen into a deep dark hole and miraculously bounced back out as James put it.

I implemented a self exclusion, with the services help. It felt good to have banned myself from all the Pokie venues. I have been gamblefree for 2 months now and already I feel different both emotionally and physically. I am sleeping better and the headaches have ceased. I am not dodging the bills anymore. What started out as 2 hours fun nearly cost me everything that was important to me - "WHANAU". I still get the desire to gamble, but with the support of whanau and the gambling service, life can only become better. I look at my babies now and think "They ain't worth losing. Every day is good, there is food on the table, and my family are happy". We are looking forward to a "Whanau Celebration" at Christmas time. Mum is on the road to recovery from gambling addiction.

Forget the Bling Bling by doing the Whanau thing. James has implemented a safety plan to help her keep her and the whanau safe through the Xmas and New Year period, while our service is closed. "Kia kaha, Kia Maia, Kia Manawanui"

Hirani asked that her story be told, It may help others that have a gambling problem to seek help before they lose everything to "CHANCE"

You will see her story also published in the magazine called the LUCKY BREAK. December 2010

**"Whakawateahia ngā take i tupono mô tāngata katoa"
"Freedom from Problem
Gambling for all People"**

For further information please contact Te Rangihaeata Oranga Trust via email: trhorange@trhor.org.nz



Interventions...

Mental Health Recovery and Wellness Recovery Action Plan (WRAP®)

Wenli Zhang
Problem Gambling Foundation of New Zealand

The Mental Health Recovery and WRAP programme was developed by Mary Ellen Copeland, PhD external through years of research through her own personal and others' recovery experiences. WRAP has been implemented in the USA and many other countries. Mary Ellen was honored with a Lifetime Achievement Award from the Substance Abuse and Mental Health Services Administration (SAMHSA) of the United States at the 2009 Voice Awards for her work and leadership in the mental health recovery movement.

In the year 2001, I had the privilege to attend a WRAP programme training seminar delivered by Mary Ellen Copeland. I was so impressed by this programme, I started using WRAP for my self and facilitating groups for people who wanted to learn the WRAP programme. Currently, as an advanced WRAP facilitator, I can see the potential benefit of using WRAP for people with different conditions, such as gambling harm, the elderly and for our team's wellbeing.

The following is a brief introduction of the WRAP programme.

The mission of Mary Ellen Copeland's Mental Health Recovery and WRAP programme is to promote personal, organizational, community wellness and empowerment.

Her focus is on shifting the system of mental health care toward prevention and recovery through education, training, and research.

The goals of the Mental Health Recovery and WRAP programme are to teach participants recovery, self-management skills and strategies which can promote higher levels of wellness, stability and quality of life; to raise participants' level of hope and encourage them in actively working toward wellness; to increase participants' sense of personal responsibility and empowerment.

People who experience mental health challenges and addictions no longer feel that they are sentenced to a life of chronic disability that interferes with their ability to work toward and reach their goals. Instead, by using self-help skills and strategies that complement other treatment scenarios, they are achieving levels of wellness, stability, and recovery they always hoped were possible.

Five key recovery concepts provide the foundation of effective recovery work.

Hope - People who experience mental health difficulties get well, stay well and go on to meet their life dreams and goals.

Personal Responsibility - It's up to you, with the assistance of others, to take action and do what needs to be done to keep yourself well.

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Education - Learning all you can about what you are experiencing so you can make good decisions about all aspects of your life.

Self Advocacy - Effectively reaching out to others so that you can get what it is that you need, want and deserve to support your wellness and recovery.

Support - While working toward your own wellness is up to you, receiving support from others, and giving support to others will help you feel better and enhance the quality of your life.

Wellness Recovery Action Plan®

Through careful observation you will discover the things you need to do every day to keep yourself well, external events that may make you feel bad, early warning signs that let you know you are not feeling well, and signs that let you know you are feeling much worse. With this knowledge and by using the Wellness Tools you have discovered for yourself you will be able to develop a Wellness Recovery Action Plan that will help you feel well more often and move forward with your recovery. This will include listings of:

- Those things you need to do every day to keep

yourself well,

- External events that could make you feel worse (triggers),
- Wellness Tools that might keep this event from making you feel worse
- Early Warning Signs - such as irritability or anxiety that indicate you might be starting to feel bad/unwell, and a response plan
- Signs that indicate the situation is getting much worse, such as reckless behavior or isolation, and an action plan to stabilize the situation.

You can also develop a personal crisis plan to be used when you need others to take over responsibility for your care.

*For more information about the programme, please contact Wenli Zhang via email: wenli.zhang@pgfnz.org.nz or view following website:
www.mentalhealthrecovery.com;
www.copelandcenter.com;
www.maryellencopeland.com*

Interventions...

A Joint Agency Therapeutic Group for Women

**Roelien de Jong (PGFNZ)
and Bridgitte Thornley (TSA - Oasis Centres)**

Introduction

An exciting new development has emerged in Christchurch comprising of a Joint Agency Therapeutic Group for Women who gamble.

In the last 10 years, with the introduction of more electronic gaming machines, a greater number of women have presented at gambling agencies and now make up over half of all clients (Ministry of Health, 2009). This had led to developing various interventions that are effective for women, including initiating women-only support groups. There are many benefits for clients that attend groups, such as observational learning and positive effects of group coherence, increasing supportive networks, normalisation, reduction of shame or stigma, and providing structured activities. The cost effective use of clinicians' time is also a perceived benefit (Ladouceur et al. 2003; Dowling, et al. 2007; Scheidlinger, 2004). However, our experience has been that women with gambling problems attend groups less often than men. This article outlines the background to developing a Joint Agency Woman's Group, offers current reflections and evaluations we have made, and future directions.

Background

The Oasis Centre and PGF in Christchurch have both run

women's groups in the past with only small numbers of women attending. Although these separate groups continued for a number of years, the poor attendance rates eventually led to them ceasing. In 2009, Roelien (PGF) approached Bridgitte (Oasis) to co-facilitate a joint agency women's group. It was her hope that the combined pool of both services and staff would encourage greater turn out, allow for two facilitators to work together, and cover any absences the staff may have.

At this first meeting we proposed to offer a joint agency, semi-structured, closed group, two hours a week for eight weeks (hereafter called "Group"). At this point we completed a Memorandum of Understanding to establish roles and responsibilities. We decided to rent a room outside both centres to prevent bias of client attendance to their own centre. Since then we have run three Groups: one in the daytime and two in the evening. After the second Group we agreed to offer a regular monthly support meeting that is for women who have completed any of the closed Groups.

Current Structure

We gratefully acknowledge the generous sharing of information by "Centrecare", a Western Australian Problem Gambling Counselling Service, who offer a 10-week, mixed-gender group programme. This programme incorporates a number of counselling approaches, ranging from Stosney's Core Values work, White and

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Epston's Narrative Therapy, and various other Strengths-Based ideas (Starney and Jones, 2003). We came across their work prior to our second Group and became excited about finding parallels with our own Group.

To our delight, the groups had very similar features, such as structuring the group with one hour of general sharing, followed by one hour of "input". This was usually an introduction to a particular theory/idea, followed by an exercise done in group time, and a sharing of the discoveries made. The "Centrecare" workbook fitted nicely with the Narrative and Strengths-Based approaches that we were already using. We have kept some of our own ideas, such as inviting the women to set goals for each week; various creative games, use of IDT drawings, and guided visualisations.

Evaluation

At the end of each Group we have given the women evaluation forms to gain feedback. Their responses have been consistently positive. Of particular note was their appreciation of the honesty and sharing with others in the same situation. There have been several women who have named the Group as being instrumental in turning their lives around and staying gamble free. Little negative feedback was given except for their desire for the group to continue, which influenced our decision to offer an on-going monthly group.

Our drop-out rates have been at about 20-30%. This has taught us to enrol at least 10 women in the beginning. However, the literature suggests that a 30-80% attrition rate is normal for groups held for people with gambling problems (Melville et al, 2007). Because of our need for increased numbers, we have left the Groups open for the first two weeks, and then closed it to new participants.

There have been strengths in our complementary facilitation approaches, as we came to recognise that our differences and positive regard for each other have added richness to the group experience. This has been aided by having joint supervision during and after the first Group, and weekly meetings to reflect on the previous session and design the next session. In addition to this we have remained open and responsive to the themes the women introduce in sessions and often followed their lead.

Where To From Here?

- Our reflections on drop-out rates have pointed to the need for a starting size of 10, so as to end up with seven to eight participants. This allows for good group dynamics, which may get lost in a smaller group.
- We are still not clear about an ideal time of day to run the groups, as some women will not be available during the daytime and others not at night. We intend to evaluate this further.
- Just like Centrecare, we have now stretched the

sessions from eight to nine, and may even extend it to 10, to allow enough space and time for both content and group interaction.

- We now offer a monthly support group for the women who have completed one of the three Groups held to date, and anticipate the numbers to rise as we offer further Groups.

Conclusion

There is no doubt as to the need for women-only groups. The nature of discussions is markedly different from mixed-gender groups and allows for many underlying issues of grief, loss, abuse, etc, to be explored. All participants consistently comment on the value of women-only groups.

The closed group structure allows for a thorough building of trust and openness - which is not always achievable in open, drop-in types of groups - as well as a wonderful mixture of therapeutic and educational benefits.

We will continue with our joint agency approach. This was successful due to our compatible styles of working, and it addresses both agencies' problems with drop-out rates and un-sustainability of separate, open, women-only groups.

References:

- Dowling, N., Smith, D. & Thomas, T. (2007) A Comparison of Individual and Group Cognitive-behavioural Treatment for Female Pathological Gambling, *Behaviour Research and Therapy* 45(9), 2192-2202
- Ladouceur, R., Sylvain, C., Boutin, C., Lachance, C., Doucet, J. & Leblond, J. (2003) Group Therapy for Pathological Gamblers: a cognitive approach. *Behaviour Research and Therapy* 41(5), 587-596.
- Melville, K.M., Casey, L.M., & Kavanagh, D.J. (2007) Psychological Treatment Dropout Among Pathological Gamblers. *Clinical Psychology Review*. 27(8) 944-958
- Ministry of Health. (2009) *A Focus on Problem Gambling: Results of the 2006/07 New Zealand Health Survey*. Wellington, NZ: Ministry of Health.
- Scheidlinger, S. (2004) Group Psychotherapy and Related Helping Groups Today: An Overview. *American Journal of Psychotherapy*. 58(3), 265-280
- Starney, P. & Jones, R. (2003) Development of a Group Program to Address Problem Gambling Behaviour from a Strength and Solution Based Perspective. In *National Association for Gambling Studies (Australia) 2003 Conference Proceedings*. (p 199-225) Retrieved on 10 October 2009, from http://www.nags.org.au/pdf_conference/2003Proceedings.pdf
- For further information please contact Bridgitte Thornley on phone (03) 365 9659

Public Health...

There is another way of doing it ... it's all about putting the fun back into fundraising in the community

One of the key components of our work with community organisations is to raise awareness of the harm suffered by problem gambling. One initiative we have undertaken is alternatives for fundraising – not relying on grants from Trusts.

We wanted to be able to show them positive ways of working with friends, whanau and the community to hold fundraising activities which not only provide people with access to their neighbours and friends, but also generate both creative and management skills which are paramount. Fundraising generates a feel good factor of having worked together for something essential, something that is really needed. Building healthy resilient communities.

I felt that without providing them with a viable alternative I could only fail. So I decided to put together a booklet which shows community groups that there is somewhere else to go for funding. This booklet is available on the Problem Gambling Library 'Latest news' page on the PGF website: http://www.pgfnz.org.nz/Uploads/PDFDocs/PGF_Fundraising_Booklet_October_2010.pdf

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Workforce Development...

Gambling Help Service / Wairarapa Addiction Services

Naomi Wickens

A problem gambling training day was arranged with the Wairarapa community in October and was very successful. Mary Anne Cooke from Abacus presented the training to a collection of over 30 people representing several different community organisations. Wendy talked to the group about her work in public health and Naomi presented two case studies which helped to put a face to the 'problem gambler'.

The following groups were represented:

- Work & Income
- Richmond NZ
- Supporting Families
- Te Hauora
- Like Minds Like Mine

- Wairarapa Free Budget Service
- Wairarapa Addiction Service
- Student nurses from UCOL

Inland Revenue staff were invited and had said they would attend but then were unable to.

Each participant was given an information pack with the referral template, brief screens and other information from the presentation. It was a lively group with lots of questions and interest and it is hoped that some of the information will come to people's minds when they are working in the community and coming across problem gamblers.

Wendy and I wish all services a safe and happy xmas.

For further information please contact Naomi Wickens on phone (06) 3773156

Addiction Intervention Competency Framework: Implications for the Sector

Paula Parsonage

The *Addiction Intervention Competency Framework* project, led by the Drug and Alcohol Practitioners Association (dapaanz) in collaboration with Abacus Counselling Training and Supervision, is on track for completion in December 2010. The Framework supports shared foundation level competencies across the problem gambling, alcohol and other drug and smoking cessation specialist workforces, reflecting an understanding that gambling, alcohol, tobacco and other drug problems can be interrelated. It is intended to encourage and support a cohesive approach to intervention for people experiencing one or more of these problems.

What will the revised competencies mean for the sector?

For those working in Problem Gambling, the Framework provides a new, optional, sector-wide competency framework to support professional registration and guide education, training and professional development. For the Alcohol and Other Drug workforce the *Addiction Intervention Competency Framework* updates competency requirements to align with current evidence and understanding of addiction, and effective responses to addiction. For those working specifically in Smoking Cessation the Framework sets out an optional comprehensive set of competencies providing the potential for development of a professional registration option.

Key implications also include:

Let's Get Real: The Framework aligns with the values, attitudes and essential skills outlined in *Let's Get Real* (Ministry of Health, 2007). Those working within the Framework will be able to demonstrate that their practice clearly aligns with the aims of *Let's Get Real*.

Smoking Cessation ABC's: Problem Gambling, Alcohol and Other Drug Practitioners, and Addiction Support Workers opting to work within the Framework will need to develop

foundation level competency in smoking cessation. This development has been well supported across the addiction sector and indeed many in the workforce have already chosen to upskill in this area.

Problem gambling, alcohol and other drugs: all of those opting to work within the Framework, regardless of their specialty, will need to demonstrate at least a basic understanding of problem gambling and alcohol and other drugs and be able at a minimum to provide brief advice and referral in relation to these. For Problem Gambling Practitioners this means demonstrating at least a basic understanding of alcohol and other drug intervention.

Cultural responsiveness: The competencies set out requirements for those in the sector to demonstrate responsiveness to people of all cultures. Additionally, the *Addiction Intervention Competency Framework* sets out specific competencies for Working with Maori and Working with Pacific Peoples that reflect the practice guidance now available.

Recovery, wellbeing and family inclusive practice: The Framework aims to ensure that practice within the broader addiction sector is clearly informed by recovery-based perspectives, that wellbeing is the focus of intervention and practice is family inclusive.

When will the competencies be available?

The *Addiction Intervention Competency Framework* will be presented to dapaanz and the Ministry of Health for sign off at the end of 2010 and is likely to be available to the sector by April 2011. Dapaanz will keep its members informed of the schedule for phasing the new competencies into new registration processes and subsequently into registration renewal processes. Dapaanz is mindful of the need to ensure significant lead in time for this.

For further information please contact Paula Parsonage (Project Manager) via email: hsd@xtra.co.nz



Internet Poker: New Face of Youth Gambling

Sean Sullivan

ABACUS Counselling, Training and Supervision Ltd

New draft competencies across problem gambling, alcohol/other drug, and tobacco cessation treatment workforces propose that **all** addiction treatment practitioners have a basic competence when working with young people – using age appropriate protocols and effective responses. However, who are we talking about when we refer to ‘young people’?

Who are ‘young people’?

‘Youth and young people’ is defined by the MOH as 15-24 years¹, and in problem gambling treatment contracts, competency is expected to apply to treatment of clients from 15 years of age, with younger clients referred to specialist youth services. Supporting this somewhat older age range are relatively recent MRI scanning findings that, although much of the grey matter of the central nervous system is formed by approximately 12 years of age, full connection of the mid-brain to the frontal lobes (i.e. maturity) is not completed until mid-twenties². By contrast, use of technology and social networking through the Internet has been embraced by youth, often well established by early adolescence, notwithstanding (poorly enforced) age restrictions.

Young people participate in addictive behaviours

Tobacco smoking has reduced two-thirds in the last decade³, but alcohol products appear to be on another track, seeing youth as valid customers. Ready to drink ‘alcopops’, not available until 10-15 years ago, are considered by the Law Commission’s recent report on alcohol as specifically marketed at young people, with 14-17 and 18-24 cohorts being their largest consumers⁴. Gambling problems for young people may have a similar trend to alcohol.

Young people are consistently identified as having problem gambling risk higher than for adults⁵. This is not reflected in their accessing of treatment services, with problem gamblers under 25 years accounting for 14-15% of calls to the Helpline (2010) and 11.8% of face to face clients (2007)⁶. This age range comprises 14% of the population, but if it has a substantially higher risk rate for problem gambling than adults, then presentation rates should be similarly higher. Yet in health issues young people appear to be less likely to access health services for a range of reasons, and NZ research suggesting that this may be due to a range of concerns, including not wanting to ‘make a fuss’, being too scared, worried about parents finding out, and confidentiality concerns¹.



Internet gambling may have high attraction for youth

Gambling has become technology driven, with new and exciting opportunities arising for young people to participate in, which were not available in the past. This age group is adept at the use of technology, and the Internet has embraced gambling as a favourite son with more than 2,500 gambling sites currently accessible. Gambling over recent years has provided access through the social networking sites such as Facebook, MySpace, Bebo and Twitter, with poker being the mode of growth. Texas Hold ‘Em is now rebranded as Zynga Poker, with a range of practice sites where free gambling is offered. Initial chips are free, with top-ups purchased at low prices. Live gambling occurs with other players at speeds unable to be matched in real life games, enabling feedback to rapidly reinforce the behaviour. Skill is aligned with continuous and rapid playing, with a gateway to gambling for money for those wanting added excitement. Players converse during games by same screen emailing facilities (or now can connect verbally with other players through earphones), can send virtual drinks, flowers and gifts to other players, moving up to higher stakes games as they seek greater excitement. These social add-ons can provide a new socialisation dimension, similar to real-time LAN-gaming, for what was previously an isolating gambling mode similar to electronic gambling machines.

Internet gambling for money

Free internet games can have minimum bets of several million virtual dollars, and replacing loses can cost considerable sums of real money. Also, regular prompts on free sites are given to join money gambling sites, often with similar initial free stakes. Free sites are therefore clear gateways to electronic gambling for money for the young. In the USA, males aged 18-22 years using online sites for gambling increased from 4.4% of this cohort in 2008 to 16% in 2010, and younger high-school students (14-17 years) increased from 2.7% to 6.2% during this period⁷.

The conclusion reached by the researchers was that payment restrictions on internet gambling sites were no longer a barrier to young people. Another researcher, Professor Derevensky, notes that his research (3 years ago) identified that 33% of underage Canadian youth had tried online poker for free, and 8% had gambled for money⁸.

Why haven't Internet problems surfaced before now?

Face-to face internet problem gamblers comprised just

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1.5% of all clients in 2007 and approximately 3% of callers to the Helpline (although currently at 5% in 2010)⁶. Small numbers reporting problems with this mode of gambling could suggest that the surge expected in the last decade of internet gambling problems has been misguided. However, what may explain the low numbers may in fact be attributable to poor graphics, expensive computers, slow web speed, and absence of affordable broadband to operate the bells and whistles required to attract youth.

Youth will not tolerate delays or poor graphics – but when available, will often immerse themselves in it. Gamers will spend considerable amounts of money to operate software that meets their expectations, and will often participate for days at a time in an exciting virtual world free of the boredom and stresses of reality. What may explain the recent growth in participation in these gambling sites is that the complex free software offered when entering gambling sites is now being effectively run with far more powerful and price-friendly hardware, with access to faster broadband, both now at affordable prices.

In NZ, broadband usage by those accessing the internet increased from 67% in 2007 to 82% in 2010⁹. Although this finding does not refer specifically to gambling sites, the increased interest that young people overseas have expressed for poker online is not likely to have exempted NZ youth. We may posit that, with increased broadband usage in NZ as well as growth in on-line poker, the level of problem gambling for young people is set to rise in the near future.

A new world of high risk gambling

Accessibility, prompt reinforcement, and continuous modes of gambling are highly correlated with problem gambling⁷. There is every possibility that as young people increase participation in internet gambling, their prevalence of problem gambling will increase substantially, and in keeping with the increasing speed of change in Internet, problems may surface a lot earlier than expected. Poker is developing a culture of its own, with a Canadian recently winning \$9m (Canadian) at a 2010 world poker series. Live TV broadcasts enhance public viewing, with this 'sport' having its own idols and brands.

Many young people may perceive poker as a career option, with large prizes, fame, and fans following high profile winners, melding with high risk, accessible technology when poker is played online. Unfortunately, developing problem gamblers will not be gambling in public, and strategies to minimise harm may be largely absent or given only 'lip service'. Help-seeking of these young problem gamblers may only arise therefore at late-stage, or when others in the same household are made aware of the harm occurring.

Being prepared

For PG treatment specialists, the changing nature

of gambling risk may include an up-to-date working knowledge of technology-based problem gambling modes, hopefully supported by public awareness of this new risk. The Florida Council on Problem Gambling recently pointed out the difficulty faced in raising youth or public concern:

“Most people don't perceive gambling among college students as a serious problem. Given the persistent threat of alcohol and drug use, as well as violence and unsafe sexual activity, gambling does not often rank high on the list when it comes to the health of young people.”¹⁰

Nevertheless, PG practitioners may have to be ready to address a possible sudden increase in demand for help from young problem gamblers with late-stage problems arising from Internet gambling. The draft competencies, which call for the PG treatment workforce to have a basic competence to work with young people, and awareness around the specifics of technology-driven gambling, will ensure that practitioners can converse in terms that these young clients are familiar with.

This will facilitate the all important therapeutic connection, and practitioners will need to understand the potential unwillingness of such clients to forgo their social sites, as a harm-minimisation strategy. In so doing, they can assist in identifying specific strategies for on-line safety, and especially, avoid giving the perception to technology savvy youth that Internet gambling is, to the practitioner, a foreign country.

References

1. MOH (2004) *Improving the health of young people: guidelines for school-based health care*. Wellington: MOH.
2. Giedd JN. (2009) Linking adolescent sleep, brain maturation, and behavior. *J Adolesc Health*. 45(4):319-20
3. HSC- <http://www.hsc.org.nz/tobacco-control-general.html>
4. Law Commission (2010) *Alcohol in our lives: an issues paper on the reform of New Zealand's liquor laws*. ISBN 978-1-877316-73-9
5. Petry, N. M. (2005). *Pathological gambling : etiology, comorbidity, and treatment*. Washington, DC: American Psychological Association.
6. MOH website: <http://www.moh.govt.nz/moh.nsf/indexmh/problemgambling-userdata-helplinedata3>
7. National Annenberg Survey of Youth <http://www.annenbergpublicpolicycenter.org/ProjectDetails.aspx?myId=10>
8. Monaghan S, Derevensky J & Sklar A. (2008) Impact of gambling advertisements and marketing on children and adolescents: Policy recommendations to minimise harm. *J Gambling Issues*, 22, 252-274 doi: 10.4309/jgi.2008.22.7
9. AUT Bell Survey <http://www.aut.ac.nz/news/aut-news/2010/march/internet-now-integral-to-new-zealanders-a-daily-life>
10. Fowler P (November 2010) FCCG News release <http://www.dailyrosetta.com/fccg-conducts-study-on-student-gambling/2838>

For further information please contact ABACUS via email: abacus@acts.co.nz

Workforce Development...



Te Kakano Project Update Ruth Herd and Zoe Hawke (Hapai Te Hauora Tapui Ltd)

Ruth Herd, Te Kakano

The Problem Gambling Public Health Workforce Development project is a very long working title, so our group named the project Te Kakano. The Te Kakano project team is made up of Ruth Herd and Zoe Hawke (Hapai Te Hauora), Cynthia Orme, John Wong and Pesio Si'itia (Problem Gambling Foundation of New Zealand).

Te Kakano is the Maori word for seed and with this in mind; we have designed an E-Learning Hub to assist the workforce with ideas around planning Public Health projects. The site has been designed primarily for the public health workforce, and was launched at the National Providers Forum in Wellington in July this year.

The E-Learning Hub is still a work in progress, as we have been pilot testing since July and we welcome and appreciate your feedback and comments if you are registered and have begun to use the features of the Hub. If you have not yet registered and wish to do so please go online to <http://tekakano.ac.nz> and fill out the registration form.

If you have any problems in accessing the site or have any inquiries regarding training, mentoring or support please contact Ruth Herd Project Coordinator: ruth_herd@clear.net.nz

Te Kakano wishes you all an enjoyable holiday break with family and friends and we look forward to catching up with everyone in the New Year.

Nga mihi mahana.

Ruth

For further information please contact Ruth Herd via email: ruth_herd@clear.net.nz

Workforce Development...

Tupu says “Aloha” at the Healing Our Spirits Worldwide Conference 2010

Sherona Mariner - Tupu: Pacific Alcohol & Drug/Gambling Services

After months of planning and fundraising, some of the staff from Tupu took the opportunity to be a part of the Healing Our Spirits Worldwide (HOSW) conference, which was held in Honolulu, Hawaii from the 3rd – 10th September 2010. The HOSW Conference is an international gathering of indigenous peoples to share worldviews and celebrate what is proving to be effective practice in areas such as health, healing, mental health and addictions (including problem gambling) within their respective communities. It is also a conference that is held every 4 years around the world.

With a vision to share some of the challenges facing our Pacific families at the HOSW Conference, the Tupu team spent many months planning, organizing and carrying out fundraising activities such as selling plates of food containing Pacific Island cuisines, and hosting a hukilau night at Manhattan. The hukilau was a chance for guests to be entertained and dance through the rest of the night. It also proved to be such a success that many guests asked for more!

Several plates of food sold and a hukilau later, Tupu used what they had raised and made their way to Honolulu, where they were greeted by the friendly people of Hawaii. While the conference was held at the Honolulu Convention Centre in Waikiki, the opening ceremony was held elsewhere on the east coast of O’ahu. Therefore our morning started with a 45 minute bus ride to Kualoa Beach Park where we got to witness the waka’s being paddled onto the beach, and a parade of beautiful local Hawaiian dancers showcasing their chanting and traditional dances.

Throughout the week of the conference, many of us attended the various presentations from Canada, U.S.A, Australia, Hawaii and New Zealand. It was an opportunity for staff to hear some of the challenges facing the communities within those countries, and how they have used the tools of their past as a means of overcoming those challenges and provide healing for their people. It was also a great opportunity for us to meet and network with people from various cultures.

On the 8th of September, we were given the opportunity to present on the large stage at the Honolulu Convention Centre, and using drama (which we had spent weeks practicing prior to leaving NZ), we shared a story that highlighted some of the challenges, one being problem gambling, that face our Pacific families. Despite some of the problems we encountered earlier in the day, we still put all our efforts into the drama and received positive feedback from the audience.

After our presentation most of the team celebrated over dinner, while a couple of team members prepared to make their way back to NZ. The rest of the team followed soon after. While we all had different thoughts and opinions around the conference, one thing was certain. The opportunity to present at HOSW conference was a worthwhile experience, and we were extremely grateful to everyone for their support as well as the rest of the Tupu team who managed the fort here in NZ while we were away. Mahalo!

For further information please contact Sherona Mariner via email: sherona.mariner@waitamatadhb.govt.nz





Public Health/Workforce Development...

Update from Problem Gambling Foundation of New Zealand

Andree Froude
Problem Gambling Foundation of New Zealand

Launch of Asian Family Services

After eleven years of persistent effort and dedication and with incredible support from many people, Asian Services at PGF has reached another historic time.

The service is expanding and will now provide help and support to the Asian community on a much broader range of issues affecting families, including problem gambling.



To launch the new Asian Family Services a special event was held on Friday 29th October at the PGF National Office. Problem Gambling Foundation CEO, Graeme Ramsey, and Board member, Mr Uesifili Unasa, opened the ceremony. About 80 guests attended including volunteers and clients, representatives from government and non-governmental organisations, universities, the gambling industry, media, service providers and the community.

Hon Pansy Wong was unable to attend but sent a letter to congratulate Asian Family Services and express her best wishes. PGF Chair, Richard Northey, Graeme Ramsey, John Wong, Dr Elsie Ho and Dr Hans Everts (from the University of Auckland) delivered speeches and Priscilla Everts cut the ribbon symbolising the official opening of AFS.

Asian Family Services received gifts from the Chinese and Korean communities. After the formal opening all guests gathered to enjoy the delicious food that clients, volunteers and staff had prepared and to look at the paintings and photos on display.

Asian Team at PGF Nominated for Community Safety Award

On the evening of the 1st September, some of PGF's Asian team (John Wong, Gus Lim and Ava Ma) attended the Auckland City Council's Community Safety Awards ceremony at the Auckland Town Hall. John Wong, on behalf of Asian Services, received the nomination certificate for the Community Project Award from Councillor Paul Goldsmith. The nomination was for the outstanding results of the Gamblefree Day Dining Discount Campaign, through partnership and collaboration, in helping the community to de-stigmatise the issue of problem gambling and creating an opportunity for the community to openly discuss the issue while enjoying a meal with friends and family.

Fond Farewell to PGF's Librarian

After five years with PGF, Research Librarian, Glenda Northey, is moving on and was fondly farewelled on Thursday 18 November. Glenda has made an enormous contribution in the widest possible way to our cause. She has been a shining example of someone who is prepared to do whatever it takes to raise awareness of gambling harm, whether it is donning a cardboard pokie machine and walking down Queen Street, sizzling sausages at a community event, or dressing up as a homeless person for a photo competition.

Workforce Development...

Continued from page 12...

The extensive Problem Gambling Library is testament to Glenda's hard work, skill and expertise. She has made a big contribution to the problem gambling sector, both in New Zealand and overseas, assisting with research findings, stats and facts.

Glenda will be very much missed at PGF and we wish her all the best.

PGF National Hui

PGF held its annual staff Hui at the BarryCourt Conference Centre in Parnell on Thursday 14 and Friday 15 October.

It was an action-packed couple of days filled with interesting presentations and updates from staff. The Hui also provided an opportunity for everyone around the country to get together and for new staff to be introduced and welcomed to the team.

A dinner was held on Thursday night at HP8 restaurant in Carlton Gore Road. The food was delicious and staff talent was showcased in the team skits that took place during the course of the dinner. It was a fun and very entertaining evening.

For further information please contact Andree Froude via email: afroude@pgfnz.org.nz

Workforce Development...

Farewell to Lynette Hutson

The Salvation Army - National Manager, Addictions and Supportive Accommodation Services.



Michelle O'Loughlin Problem Gambling National Coordination Service

With great sadness we farewell Lynette Hutson. Major Lynette Hutson has been an officer in The Salvation Army for 25 years. Her role as the National Manager, Addictions and Supportive Accommodation Services, is demanding in the broad portfolio of addictions, mental health, intellectual disability, the homeless, prison integration & court services along with problem gambling.

At a farewell lunch in honour of Lynette this tribute to Lynette was read out – I would like to share it with you as it captures Lynette and her dedication and passion for her role.

'It has been Lynette's unflagging commitment to TSA addictions work, fuelled by the early initiation of working in this area at the Christchurch Bridge, that has been the hallmark of her tenure. In the face of a lot of changes across the health sector and the demands of being responsible for such a broad portfolio she has maintained optimism, courage, good humour and faith. Her working at a high level, all the while maintaining warm and respectful relationships, is evidence of a singular ability. That TSA addictions services are seen as completely reliable and held in high regard is testimony to Lynette's personal authenticity and demonstrable congruence. She will be sorely missed by everyone she came in contact with and especially the addictions team at TSA'. Well done Lynette.

National Maori Providers Hui – Taranaki, October 2010

Denis McLeod, Toiora Healthy Lifestyles

Planning for this year's hui commenced in May 2010 with a representative group of providers contributing towards the programme. First and foremost was a request for the venue to include the marae of both Parihaka and Owae. Both marae are places of significance to Maori especially when considering Hauora.

Toiora – Healthy Lifestyles took on the role of coordination and with support from both whanau and the communities associated with both marae.

From October 27 – 29 under the presence of Maunga Taranaki who remained clear for all to see under clear blue sky, 64 hui participants arrived to share korero under the kaupapa of the hui – “Kotahitanga” (working together / working collectively for the common cause.)

Following the powhiri and whakawhanaungatanga at Te Niho O te Atiawa at Parihaka, people appreciated the korero from local Kaumatua, Dr. Huirangi Waikerepuru. Firstly Huirangi gave an account of some of the history about Parihaka and then he shared some of his 'considered thoughts' about gambling and its 'place' within to Ao Maori. The Kaumatua's thought provoking korero had some providers considering how to capture more learning that such occasions provide. Further discussions with Huirangi will follow and providers will be advised on any ongoing Wananga that will eventuate.

Included within the programme was whakawhanaungatanga; plus a historical account about some events experienced at Parihaka followed by a hikoi; plenty of interaction amongst participants on work related subjects and the sharing of diverse views and opinions that was often introduced by challenging questions. The generally accepted 'rule' was: sometimes 'we will agree to disagree'.

Raranga (weaving) with a Wahakura (babies basinet) weaved by Layla Tonga-Lyndon (Nga Manga Puriri) also occurred during this hui.

On the final day an extremely thought-provoking presentation was provided by keynote speaker, Doctor Leonie Pihama titled “Historical Trauma – relevant to Gambling.” Leonie made reference to her own upbringing and the influences that parents have in the raising of their tamariki. This provoked the question, “what influence do the attitudes and behaviours of the older generation towards gambling, have on the younger generations”?

Leonie further spoke of her own experiences and observations, and stimulated the thoughts of hui participants with some comments and challenges about

the effectiveness of problem management in dealing with gambling. Strongly advocating the revitalization of traditional Maori values was of utmost importance in Leonie's view in addressing the challenges that gambling amongst Maori could be addressed. The following workshops gave participants opportunity of sharing how the development and implementation of Maori values play a key role for many Maori providers.

Also included within the programme were provider lead discussions - the proposed 'People before Pokies Bill', lead by Katherine Rewiti (PGF Wellington) and Host Responsibility and Venue Exclusions, lead by Eru Loach (Nga Kete Matauranga Pounamu). Both were topics that created good open discussions. A discussion relating to the 'Value for Money' review also provided an opportunity to share thoughts about the future of problem gambling service delivery.

“Speed Dating” (facilitated by Toiora) also provided opportunity of mixing and sharing views and thoughts with others over a variety of topics, some controversial, some not – but all generated further opportunity for people to engage and share. For the physically inclined Kurt (Toiora) introduced 'Zumba' – Taranaki lwi style (Kumu Paa) to the world famous # 1 Chart topping waiata – Poi E.

The presence of fine weather allowed for relaxed discussions to occur during the various breaks that were always welcome following healthy and wholesome meals that were provided by both marae.

Feedback from the evaluations indicated that manaakitanga and whakawhanaungatanga were both highly rated. Presentations were thoroughly appreciated and very favorable comments were shared relating to both marae.

On behalf of Toiora – Healthy Lifestyles, it was certainly the pleasure of Taranaki tangata to host this year's hui, to share our korero and we are grateful for all those who attended with a special mihi to the Kaumatua who attended. For us their presence and contribution was special.

Nga mihi tautoko ki Nga Kete Matauranga Pounamu (Eru – Invercargill) who were totally supported in response to their tono for the 2011 hui.

No reira nga mana, nga reo, he tangata huri noa o te motu, E rire hau – Paimarie.

For further information please contact Denis McLeod via email denis@toiora.net.nz





Christina Skudder is of Tongan, Maori and European descent. She completed her undergraduate degree (BA) at the University of Auckland in 2009 and has recently joined the National Institute for Public Health and Mental Health Research team at AUT.

For further information, please contact Christina Skudder via Email: cskudder@aut.ac.nz

Pacific Gambling Impacts Study

Christina Skudder
AUT University

AUT University's Gambling and Addiction Research Centre (GARC), and Centre for Pacific Health and Development Research (CPDHR) have been funded by the Ministry of Health to study the 'impacts of gambling and problem gambling on Pacific families and communities in New Zealand'.

This study will provide much needed research into Pacific gambling. While Pacific peoples have the lowest gambling participation rate in New Zealand, they are consistently overrepresented in problem gambling statistics.

The aims of the study are to:

- Improve understanding of the impact of gambling on the health and wellbeing of Pacific families and communities
- Inform understanding on risk and protective factors in relation to gambling
- Improve understanding of the history and causes of problem gambling

A strong emphasis of the study is to provide information useful to Pacific communities, rather than just information for information's sake. To guarantee this, AUT is currently establishing a Pacific consultation network of specialist Pacific gambling staff. This network will allow those with on the ground experience to help give direction to the study, ensure a strong Pacific point of view, and make certain the research has a real world use.

The results of the study will also be physically presented to all communities involved in an accessible and tangible way – not just in a technical report. This will ensure a respectful and reciprocal relationship, so that knowledge is not just taken from Pacific communities but given back in a useful way.

The project will be conducted in two stages, combining a quantitative and qualitative approach. The first stage will take a more in-depth look at existing Pacific databases, such as the Pacific Island Families (PIF) longitudinal study. Stage two will explore key themes identified from the first stage, and from the suggestions of the Pacific consultation group. In the second stage data will be gathered through interviews and focus groups. While pan-pacific values will guide the entire study, particular Pacific research methods will be used in stage two.

The study will look at the three largest Pacific ethnicities in New Zealand- Samoan, Cook Island, and Tongan; as they make up 90% of the New Zealand Pacific population. There is currently little gambling-related Pacific specific research that recognises the different ethnicities covered by the term 'Pacific peoples'.

It is hoped that this intra-pacific approach, along with the Pacific consultation network and the unique combination of quantitative and qualitative data; will provide a well rounded view of the impacts- both positive and negative; of gambling on Pacific families and communities in New Zealand. It is also expected that the results will support the development of effective problem gambling treatments and public health initiatives and programmes.

The project team includes: Christina Skudder, Dr. Gerhard Sundborn, Rebecca Coombes, Steve Taylor, Professor Max Abbott and Professor Janis Paterson

National Gambling Study

Professor Max Abbott
AUT University

AUT University has signed a contract with the Ministry of Health to conduct a national gambling prevalence and 12 month incidence study. While a number of gambling and related surveys have been completed it is over 10 years since an in-depth national study of gambling and problem gambling has been undertaken. The research team will be led by Professor Max Abbott, who conducted previous national studies in 1991-1992 and 1998-1999. He is involved in similar studies in Sweden and Victoria. The team includes the National Research Bureau Ltd (NRB), Associate Professor Alain Vandal, Dr Rachel Volberg, Associate Professor Denise Wilson, Alistair Gray and Rebecca Coombes.

The first phase of the research involves a national survey of 6,000 adults, selected to ensure significant Maori, Pacific and Asian representation. Participants will be interviewed face-to-face. This part of the study will provide detailed information on gambling participation and problem gambling, including change over time. It includes identification of risk and resiliency factors. It will inform the Ministry's outcome framework and provide the sample frame for the second, longitudinal, phase of the study.

In the longitudinal phase, 3,000 participants will be re-interviewed 12 months after their initial interviews. This, and the current Swedish study, are the first national investigations of this type. They will provide much needed information on incidence (the onset of at-risk and problem gambling) as well as other gambling

transitions over time. This includes examination of factors associated with taking up certain forms of gambling, increased involvement, the development of risky and problematic gambling, reduced involvement and recovery from problem gambling. In contrast to largely static accounts provided by cross sectional surveys, these studies will provide an indication of the flow of people over time into and out of various forms of gambling engagement. The findings are expected to have important implications for policy and practice in population health and intervention at family and individual levels.

A reference group will be established to provide recommendations at key points in the study. Key sector groups and interested individuals are also welcome to contribute by way of raising issues noted in previous research, raising questions of particular interest, and indicating anticipated use of findings and reporting preferences.

Professor Max Abbott
Pro Vice-Chancellor and Dean
Faculty of Health & Environmental Sciences

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Public Health/Interventions...

Te Kāhui Hauora Trust – Going Mobile 2011

Colin Bennett
Te Kahui Hauora Trust

The future for us is to create our niche as an iwi provider for problem gambling in Te Arawa. This aligns well with the whānau ora approach and our part to play within the Te Arawa Collective.

So this will see us concluding our sub-contracting arrangements that we've had with several other providers to deliver the intervention services and employing counselors directly to work out of Rotorua and gearing up for mobility. Nāreira he mihi nui ki ngā kaimahi nō ērā Hauora nānā i whakapauwerawera ki te tautoko i te kaupapa i ngā tau kua pāhure ake nei.

Heoi anō, we are still applying the guiding principle that culture counts to everything we do and are excited at the prospect of providing problem gambling services through

the whānau ora approach in addition to the somewhat more conventional approach that we've become accustomed to.

The other key aspect of change that we are embracing is the new collective well-being approach that is being driven through the Ngāti Whakaue Health Portfolio. As part of the Portfolio we have increased opportunity to leverage off the tangible and intangible collective assets of Ngāti Whakaue to enhance the effectiveness of our services to Ngāti Whakaue, and through the whakapapa, to Te Arawa whānui.

However, just like whānau ora this approach requires a shift in philosophy, a different way of behaving for everyone in the organization.

For further information please contact Colin Bennett via email: cbennett@tkht.co.nz

Health Sponsorship Council 2010 Survey on Knowledge, Attitudes and Behaviour



Hannah Crump Health Sponsorship Council

The fieldwork on Health Sponsorship Council's (HSC) survey is now complete and findings starting to emerge.

The Health and Lifestyles Survey (HLS) has used in-home interviews with about 1,800 people to measure current and changing knowledge, attitudes and behaviours across HSC's programme areas. This year, gambling questions have formed the biggest section of the questionnaire. The findings from this section will provide a useful follow-up to HSC's 2006/07 benchmark survey (GBAS/Gaming and Betting Activities Survey), which many will already be familiar with.

The general topic areas covered about gambling are:

- Participation in gambling activities
- Personal experience of gambling harm (including the Problem Gambling Severity Index clinical screening set of questions)
- Advertising of gambling activities

- Awareness of advertising about gambling harm
- Knowledge of signs of harm among others, and of strategies and services that can help
- Opinions on fundraising through gambling
- Opinions on whether particular types of gambling cause more harm
- Opinions about and participation in activities that can prevent gambling harm.

Some initial findings have been released and are now available through <http://www.hsc.org.nz/researchpublications>. We will now start to undertake the more detailed analysis and look forward to sharing the results with you as more findings come to light over the coming year.

If you have any specific questions relating to this survey please email rebecca.g@hsc.org.nz

For further information please contact Hannah Crump via email: Hannah@hsc.org.nz



Department of Internal Affairs – Te Tari Taiwhenua



Tournament poker is gambling

A High Court judgement clarifying the definition of gambling was welcomed by the Department of Internal Affairs.

Justice Ron Young overturned a District Court decision delivered in June that tournament poker was not gambling as defined in the Gambling Act 2003. The Department appealed on the point of law after the lower court concluded that advertising for the Asian Pacific Poker Tour (APPT) on TV Works Ltd's TV3 and C4 was not publicising or promoting gambling. TV Works maintained that participants were playing for a prize and not gambling.

Justice Young said the tournament entrance fee was "indirectly staked on the outcome of the poker game trying to win money in a game depending partially on chance, the definition of gambling" in section 4 of the Gambling Act 2003.

"Although some contestants qualify to play by skill rather than the payment of an entry fee, those who do pay are gambling," Justice Young said. "Thus what is advertised is still gambling even if not all contests are gambling."

Justice Young referred the matter back to the District Court, adding that the legislation was far from clear.

Section 16 of the Act makes it illegal to advertise overseas gambling and the Department said TV advertising breached the law through promotion of the APPT in advertisements for pokerstars.net

The Department's Director of Gambling Compliance, Mike Hill, welcomed the High Court's decision as very important for the regulation of gambling in New Zealand.

"It provides useful guidance for the Department in carrying out its responsibilities particularly when the earlier decision was highlighted by Internet gambling sites as indicating that New Zealand had figured out what constituted legal or illegal gambling," Mike Hill said. "If the earlier decision had remained unchallenged, there would have been a loophole in regulating poker in New Zealand."

The rules about live poker in bars have not changed. Gambling Fact Sheet 13 - Poker - on the Department's website, www.dia.govt.nz, provides relevant information.

Investigations unit focus

The unlawful capture of grant funding, usually represented by breaches of sections 113 and 118 of the Gambling Act 2003, will remain a top priority for the Department of Internal Affairs' Gambling Compliance Group's Investigations Unit in 2011, the unit's Acting National Manager, Dave Sayers, told recent regional forums.

"An example of a common section 113 breach is when a venue operator, who is also involved in a grant recipient organisation, applies for a grant on behalf of the organisation. The application is usually filled out by the venue operator and invoices attached. If the grant is received from the licensed operator who owns the machines at the venue, then the venue operator is breaching section 113 by involving himself in decisions about who will provide goods and services to grant recipients," Dave Sayers said.

"In addition if the trust is aware of the offending then they have committed an offence under section 113 (3).

"An example of a section 118 offence is the venues-for-grants scheme. In this arrangement, potential grant recipients will arrange to gather control of a venue or numbers of venues, either by direct purchase or by

ownership by intermediaries. A trust will then sign a venue agreement on the understanding and condition that grants are made to the parent organisation having control over the venue.

"Any trust involving itself in such a scheme puts its licence at risk and the trustees may be liable for criminal charges under section 229 of The Crimes Act 1961 pertaining to Criminal Breach of Trust. This offence carries a maximum term of seven years' imprisonment."

The unit is also focusing on the suitability of key persons, found to be involved in these breaches, remaining in the sector. He urged people and trusts involved in unlawful schemes to approach the Department and work to resolve issues.

"The Department's Leniency and Cooperation Policy exists for that purpose and allows trusts to self-identify involvement in such schemes before the investigations unit has to initiate contact and raise the issue directly with the trust. Ultimately, the resulting sanction is likely to directly reflect any cooperation received by the Department from parties to such schemes."

The Department has 25 separate investigations under way involving sections 113 and 118.

Compliance and Regulation...

Continued from page 19...

Charges over missing million

The Department of Internal Affairs has charged a South Auckland man over the disappearance of almost a million dollars from a gambling trust.

He faces nine charges of theft by a person in a special relationship under s 220 of the Crimes Act and has yet to

enter a plea. The Department has also made application to the High Court under s 112 of the Gambling Act for an order to recover the amount involved.

The Department conducted a full audit of the trust's accounts and alleges that over \$940,000 was misappropriated during the winding up of the trust.

Are websites compliant?

It is important for gaming machine societies to regularly update and maintain their websites in providing publicly accessible information and features. Some of the common areas of non-compliance relate to such publication requirements as:

- Not updating details of accepted and declined grants
- Not publishing the availability of grant funds for authorised purposes.

The Gambling (Class 4 Net Proceeds) Regulations 2004 (regulation 13) require the holders of a Class 4 operator's licence that mainly distribute net proceeds to the community to maintain a website.

The website must include the following publicly accessible information and features:

- A grant application form that can be printed or downloaded off the website
- Details of where to send the grant application form
- A daytime contact telephone number for the licence holder
- Information required to be published under section 110(2) to (4) of the Gambling Act 2003. This includes the following:
 - At intervals of not more than 3 months, the availability of net proceeds
 - At least one month before any net proceeds are

distributed through grants:

- Details of where to obtain a grant application form
- Who will consider the applications
- Criteria against which applications will be considered
- The names of the persons who hold office in the society and a brief summary of their background
- The complaints process in the event a complaint is made to the society regarding distribution of proceeds
- At least every six months:
 - Details of all grant applications received for the year, including details of whether the applications have been granted or declined; and
 - The amount of net proceeds granted, if any, in each case;
 - At least annually, the results of the society's annual review of the criteria, methods, systems and policies it uses for considering the distribution of net proceeds.

The Department will continue to randomly check websites to ensure they comply with the relevant publication requirements.

For further information please contact Neove Christoforou via email: info@dia.govt.nz



Wishing you and your families a safe and merry Christmas and all the best for the new year. We look forward to working with you all in 2011.

- Neove



Ministry of Health Update

Barbara Phillips Group Manager – Mental Health, Alcohol & Drug Policy Group

With the year end nearly upon us, we will all be looking forward to the joys that Christmas and the summer holidays bring. It's a time for rest and relaxing with family and friends. Unfortunately for some it will be a time of great sadness, as they reflect on loved ones no longer with them. I know that you will all join me in remembering those whose lives have been affected and scarred, from the Canterbury earthquakes and the horrific trauma and loss of life from the Pike River mine disaster. The impact of these events will remain with us forever and it is important that we continue to support those affected.

Some of you working in the sector have been assisting with trauma counselling in the Canterbury and West Coast regions. This has placed additional demands on you personally, as well as your families and loved ones and also on your organisations and I wish to acknowledge your efforts in supporting these individuals, families and communities.

Closer to home, it has been a busy year across the health sector and also for the national problem gambling team. Some of the key milestones achieved during 2010 include:

- Completion of both the Preventing & Minimising Gambling Harm Six Year Strategic Plan (2010/11 – 2015/16) and the Three Year Service Plan (2010/11 – 2012/13)
- Engagement with all providers in negotiating and confirming three year problem gambling service contracts for the July 2010 to June 2013 period.
- Refinements to the service specifications to reflect some of the quality improvements identified from the routine three yearly audit programme.
- Management of an active Research and Evaluation Programme, with the aim of working towards meeting the requirements of our Outcome Monitoring Framework.
- Embarking on a review of the Client Information Collection data-system (CLIC) – more commonly known across the provider sector as CLIC Refresh with the aim of streamlining the user interface, removing the complexity associated with episodes and removing functions no longer required. We expect to see a proto-type that can be trialled across a number of provider sites early in the New Year.
- Continuation of provider-focussed intervention and public health workforce development training



delivered by Abacus and Te Kakano respectively.

- A well managed, and provider-responsive, workforce development and training event calendar delivering national and regional training events. This included a national provider forum, and a range of Māori, Pacific and Asian training opportunities throughout the year.
- Involvement in the development of sector competencies, with the problem gambling, addictions and tobacco teams working across the sectors with the DAPAANZ professional body.

These are only a few of the many milestones achieved that would not be possible without your passion and active contribution to the problem gambling kaupapa.

National Problem Gambling Team

I would like to welcome Natu Levy into the National Problem Gambling Team. Natu has taken up the position of Senior Contract Manager and fills the role vacated by Derek Thompson who is now the Team Leader. Natu will work closely with Carmela in managing the provider contracts. Formal letters of introduction to providers will be sent out very shortly advising of any changes to your assigned contract manager. Natu brings a wealth of knowledge from his experience in other parts of the health sector and more recently his role with the Ministry's Pacific Innovations Team.

Value For Money Review

It was good to see the value for money review of problem gambling services get underway in late November, following Cabinet's request for the review.

The KPMG team submitted an outstanding proposal and have been very positive in their attitude towards the review. I know that there has been some comment that the review is just another audit, but this is not the case. The current government is focussed on maximising the return for expenditure on services, with the goal being improved outcomes and experiences for New Zealanders, and this is what the review seeks to contribute to. I think this is a goal that we all share, or we wouldn't do the work we do.

The KPMG team have expressed a real desire to engage across the sector, and are looking for open and frank discussion from all who engage with them. The Ministry's role is included in the review and I look forward to seeing the results and identifying where we, as a Ministry, can make improvements.

New Pacific Service – Auckland Region

The recently completed Request for Tender for new dedicated Pacific problem gambling services in Auckland

Ministry of Health...

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has now concluded. The Ministry of Health recently announced the successful organisations identified to deliver these services as South Seas Healthcare Trust and Raukura Hauora O Tainui Trust. The two organisations will be working in partnership to deliver a seamless service for Pacific people in the Auckland region. The operational aspects of a new Pacific entity will be shared with the sector as soon as practically possible.

The Ministry is very pleased to welcome a new Pacific provider into the problem gambling sector, in South Seas Healthcare Trust, and acknowledges their strong linkages into Pacific communities through a range of outreach programmes currently operating within their primary health care setting. Raukura Hauora O Tainui Trust is well known in the problem gambling sector and the Ministry is delighted to welcome them as they partner with South Seas Healthcare in this new venture.

Website – Updates – Client Statistics

The Problem Gambling pages on the Ministry's website continue to be added to and kept up to date as new information comes to hand. Client data for the financial year of July 2009 to 30 June 2010 has now been finalised and is able to be accessed off the website. Whilst the updated service-user data at this stage is only available in Table 11 (at the bottom of the intervention service data page), the National Problem Gambling Team is in the process of revising the page to also reflect financial year data for previous periods. In addition we continue to update the Research Programme status pages.

Ministry of Health – Restructuring

The National Problem Gambling team is part of the Ministry's Mental Health Alcohol and Drug Policy (MHADP) Group. You may be aware that the Ministry is currently reviewing its policy functions, which may lead to further change in the New Year. However, the National Problem Gambling Team will continue to focus on meeting the objectives in the Preventing and Minimising Gambling Harm Strategy and there should be no impact on the way you engage with the team at a provider level.

Scholarship Programme

Applications for Hoe Whā scholarships are now being sought by Te Rau Matatini for the 2011 academic year. The Hoe Whā scholarships aim to support relevant research to further inform the Ministry of Health's integrated problem gambling strategy to prevent and minimise harm from gambling.

Over the last year several people have noted that they thought that these scholarships were only open to Māori and Pacific applicants. While the Ministry has agreed that building Māori and Pacific research capacity in the problem gambling sector is a priority; these scholarships are available to anyone undertaking relevant study or post graduate research.

Detailed information about the scholarships, including application forms, are available on Te Rau Matatini's website: www.matatini.co.nz. Applications for the 2011 academic year need to be received by Te Rau Matatini by 5pm Friday 22 January 2011.

Research and Evaluation

2010 has been another busy year on the research front with a variety of projects underway. Here is a brief summary of some of the more recent pieces of work.

Impacts of Gambling Projects

The Ministry advertised three RFPs last year for projects specifically focused on Māori, Pacific and Asian families and communities. All three of these projects have started and you can read more about the aims of the projects and who is involved in delivering them on the Ministry's website.

Impacts of Gambling on Communities (SHORE)

The first stage of this project has been completed and the final report is available on the Ministry's website. This report is likely to be of particular interest to public health providers and I recommend you have a read. SHORE is currently working on phase two of this project, which involves developing evidence based public health initiatives to address the major aspects of community harm from gambling identified in phase one. In phase three, SHORE will work with interested public health providers to commence piloting and evaluating several of these initiatives. Hopefully this will provide public health staff with a broad toolbox of new and exciting, evidence based programmes to adapt to their local communities needs and priorities in the future.

Industry Projects (Marketing, Venue and Game Characteristics, and Pop ups)

As many of you will know, the Ministry finalized negotiations for these projects over the last year with all four projects now underway. You can visit the Ministry's website for more information on the key objectives for each project and who is involved in delivering them.

National Brief Intervention Effectiveness study (AUT)

This project started in January 2009. A very large clinical trial of brief interventions, being conducted by AUT with the Gambling Helpline, this project has nearly completed the recruitment phase for the main part of the study. Over the next year AUT and Gambling Helpline will continue to keep contact with the participants of this study and begin follow-up assessments.

This study is one of the largest of its kind in the world and recruiting the problem gamblers required has been a significant challenge, but one which the organisations, partners and individuals involved in this project have

Ministry of Health...

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demonstrated a commitment to meeting. Keeping contact with as many participants as possible for the follow-up phase will be an ongoing challenge for the study and one that the Ministry anticipates will require considerable dedication, innovation and work to achieve. However, the successes of the teams involved over the last 2 years bodes well for the future.

Projects of this type will be critical to building a strong evidence base for the effectiveness of services in the future, but more than that, they clearly demonstrate that New Zealand can lead the problem gambling sector internationally in intervention and research as well as public health.

Researcher and / or Provider Initiated research projects

Two projects were selected for 2009/10 – details of both of these are on the Ministry's website. Both are innovative and interesting pieces of work that both look likely to make valuable contributions to sector planning and delivery.

The Ministry received a lot of interest for the 2010/11 round, with the number of well written and interesting proposals making it difficult for reviewers to choose. However, after considerable deliberations, the Ministry is now in discussions with three providers for projects in the next year.

For those of you who were unsuccessful this time, or are still working on your ideas, the Ministry will advertise the 2011/12 round in March 2011.

National Gambling Study

Many of you will already have heard that the Ministry has successfully finished negotiations with AUT for a national gambling study to commence in 2011. This study will be a large face-to face project specifically focusing on gambling participation, problem gambling prevalence and 12 month incidence. This study fills a critical information gap nationally and internationally; involving comparisons to previous New Zealand and international prevalence studies and providing the opportunity to recruit and track a group of gamblers and non-gamblers to learn more about the antecedents and causes of problem gambling.

Outcomes monitoring and reporting project

One of the projects at the heart of the Ministry's strategic plan involves setting up processes for measuring and reporting on the Ministry's 11 strategic objectives. This project will be an exciting opportunity for the sector to see the state of gambling and problem gambling benchmarked and provide a baseline for comparing progress in the future. An RFP for this project was advertised 2 November 2010 and closes 20 January 2011.

In closing I want us all to reflect on the progress that has been made during the year and acknowledge the efforts, challenges and achievements of all problem gambling service providers. I wish you all a safe and happy Christmas and all the very best for a successful year in 2011 and beyond.



Have a Safe
and Merry
Christmas

From the Problem
Gambling National
Coordination Service

Contact:

What's Happening...

2011 Proposed Calendar of Events (For Problem Gambling and Allied Sector events)	
24th – 25th February 2011	<i>National Coordination Service:</i> National Pacific Provider Fono - (24th February 2011) - Auckland <i>Abacus:</i> Pacific Problem Gambling Clinical Training (25th February 2011) - Auckland <i>Te Kakano:</i> Pacific Problem Gambling Public Health Training (25th February 2011) - Auckland
24th March 2011	AOD Leadership Day - Christchurch
4th – 5th May 2011	<i>National Coordination Service:</i> Annual National Provider Forum – Auckland <i>Abacus:</i> Problem Gambling Clinical Training – Auckland <i>Te Kakano:</i> Problem Gambling Public Health Training – Auckland
June 2011 Dates to be confirmed	<i>National Coordination Service:</i> National Asian Forum - Auckland <i>Abacus:</i> Problem Gambling Clinical Training – Auckland <i>Te Kakano:</i> Asian Problem Gambling Public Health Training – Auckland
21st July 2011	AOD Leadership Day - Auckland
1st – 2nd September 2011	Cutting Edge Conference - Christchurch
October 2011 Dates to be confirmed	<i>National Coordination Service:</i> National Maori Provider Hui – (Hosted by Nga Kete Matauranga Pounamu) - Invercargill <i>Abacus:</i> Maori Problem Gambling Clinical Training – To Be Confirmed <i>Te Kakano:</i> Problem Gambling Public Health Training – Invercargill
November 2011 Dates to be confirmed	<i>National Coordination Service:</i> National Pacific Provider Fono – Auckland <i>Abacus:</i> Pacific Problem Gambling Clinical Training - Auckland <i>Te Kakano:</i> Pacific Problem Gambling Public Health Training – Auckland
24th November 2011	AOD Leadership Day - Wellington
23rd – 25th November 2011	NAGS 21st Annual Conference – Melbourne Australia

Notes:

- Abacus is also able to provide a limited amount of ad hoc support to problem gambling service providers around the country.
- The dates provided in this calendar are indicative only and may be subject to change

For more information or to contribute to future newsletters, please contact:

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