

# What is Gambling/Gambling Harm?

## Orientation to Minimising Gambling Harm

**ABACUS**

Counselling, Training and Supervision Ltd



## Legislation in NZ

- Main legislation: Gambling Act 2003
- Regulations in force from 2005 impose obligations on casinos and venues (EGMs/racing) to intervene with gambling-related harm
- Treatment services and Public Health initiatives - Ministry of Health & Health Promotion Agency (HPA)
- Levies are imposed on the Industry to fund services (levels reflect 'expenditure' and presentation rate for EGMs, casinos, Lottery & racing/sports betting)

## Gambling Act 2003

- Classes 1-4: the risk increases with the higher classes
- Class 1 (e.g. raffles, housie; prizes up to \$500); Class 2 (e.g. housie; prizes up to \$5,000; max turnover \$25,000); Class 3 (e.g. lotto, keno, Instant Kiwi; prizes over \$5000), racing/sports (under the Racing Act 2003); Class 4 (uses EGMs); casino gambling (has a casino licence)
- Regulations require training of Class 4 hosts, casino gambling staff and racing supervisors to identify, approach and offer resources, referrals or exclusions to customers who may be experiencing gambling harm

## Gambling & Gambling Harm in NZ

- Approximately 70% of people aged over 15 years in NZ gambled in some form in previous 12 months (HPA Lifestyle survey 2014)
- The AUT 2012 National Gambling Study reported that 0.7% of NZ adults were current gamblers experiencing significant gambling harm; 1.8% were experiencing some gambling harm (moderate risk), and 5% were low risk, experiencing a few gambling related harms but could move into higher risk categories.
- In 2014 (HPA *Healthy Lifestyles Survey*) found that from those playing gambling machines once a year or more, 10.5% currently had either moderate risk for gambling harm, or were already experiencing some gambling harm. A further 7.6% of these players were at current low risk for gambling harm.
- Maori and Pacific peoples are identified as being at greater risk for gambling-related harm (National Gambling Study, 2012)

## Gambling & Gambling Harm

**Gambling** is paying or staking consideration, directly or indirectly on the outcome of something, seeking to win money, when the outcome depends wholly or partly on chance

**Gambling harm** means harm or distress of any kind arising from/caused/made worse by a person's gambling – harm can be personal, social or economic to the gambler, their spouse/partner, family, whanau and wider community, their workplace, or society as a whole

Gambling Act 2003 (paraphrased)  
also MoH Practice Requirements Handbook (PRH)

## Gambling Harm Variables (other than accessibility/advertising)

1. The stake (how much is bet/invested) – compared with the person's disposable income/assets
2. Person's perception of skill or luck – skewed belief may increase persistence despite losses or to take risky chances
  - a) Lotto, pokies, housie are totally random and everyone has the same chance – but choosing numbers?
  - b) Horse racing, sports betting have some predictability – greater knowledge and skill may give some advantage – but awareness of all variables?
3. Lack of knowledge about odds of winning, or being unable to fully appreciate likelihood statistics

## **Gambling Harm Variables (other than accessibility/advertising) cont.**

4. Gambling when depressed or anxious – may become ‘self-medicating’ despite longer term costs
5. Habitual gambling influences
  - a) Frequency of sessions, time spent each session, amount spent each session, increasing bets with winnings (and increased bets becoming the norm) - when does a habit become less controlled, addictive and dependent?
6. Specific additional risks of gambling over other behaviours
  - a) no satiation as with drugs
  - b) persistence because of continued hope of winning may be perceived as a solution

## **How Much is Too Much? Are these indicators of potential harm?**

**Donald buys a Lotto ticket every week without fail and says he gets anxious if he has not bought it**

*No*

**John is now retired and has bet on horses for over 40 years; he has increased attendance to three times weekly and spends most of the day there since his wife passed away**

*Possibly – a screen may clarify*

**Marie plays a gambling machine once a week for up to two hours and says she could stop if she wished**

*Possibly – a screen may clarify*

## Are these indicators of potential harm?

**Sally loves playing blackjack at the casino; she goes every weekend and spends about \$200, staying 4 hours usually**

*Possibly – a screen may clarify*

**Layla is a Pacific woman who plays casino machines 3 times weekly; she has a favourite machine and rubs a \$2 coin on it for luck; she says when she does this she wins big**

*Possibly – a screen may clarify*

**Someone won a big jackpot on Fred's machine after he left it and he was really upset and angry, complaining to everyone**

*Possibly – a screen may clarify*

## Gambling & Gambling Harm in NZ

Six casinos and 15,858 gaming machines (DIA website, 2017) in pubs and clubs throughout NZ

\$2209 million was spent by people gambling in NZ in the 2016 financial year on the 4 main types of gambling:

- Racing/sports \$342 million
- Lotto products \$437 million
- EGMs outside casinos \$843 million
- Casinos \$586 million

## Gambling & Gambling Harm in NZ

- In 2015, 31% of face-face clients identified as Maori, 22.5% were Pacific and 8% were Asian clients
- Although these presentations are higher than their proportion of the NZ population, estimates of people experiencing gambling harm suggest that Maori and especially Pacific peoples experiencing gambling harm are less likely to seek help
- Generally, those experiencing serious gambling harm are likely to be late-stage help-seekers

## Why Risk Varies by Gambling Mode

1. Continuous forms of gambling (where can 'reinvest' in same session) appear to develop more problems
  - Lotto is not continuous, EGMs and Instant Kiwi are
2. The speed at which a reward is provided following a bet, the more quickly it is learned (repeated)
  - EGMs have a spin cycle of 3-5 seconds, horse races take longer
3. The size of the reward can increase greater repeat of the behaviour, but a promptly delivered reward will be at least as effective
  - Learning Theory

Accessibility and effective advertising can increase the behaviour

## Group Exercise

### Gambling Harm: Signs and Symptoms Continuum

## Objective Signs of Gambling Harm

- Increasing debt/money problems in spite of adequate income (has plausible stories)
- Unexplained absences/less time spent on usual activities, and rationalisations for absence
- Deterioration of mood and appearance over time without other explanation
- Raising credit/asking for loans with promises to pay back, often not met
- Minimising to others time/money spent gambling

## Symptoms of Gambling Harm

DSM 5 describes any 4 or more of the criteria below as indicative of Gambling Disorder:

- Continued thoughts of gambling, creating opportunities to get money/play (preoccupation)
- Increased gambling (money/time) to enjoy (tolerance)
- Unsuccessfully tries to cut back or stop the gambling
- Becomes irritable and abusive, blames others for losses and “bad luck” especially when trying to control (can view as ‘withdrawal’)

## Symptoms of Gambling Harm

- Gambling used to relieve stress/problems (self medication)
- “Chasing” (trying to win back losses)
- Covering up/lying about the gambling, because of guilt, shame and fear of being found out
- Jeopardised/lost relationships, jobs, career/study due to gambling
- Having to ask people to help/bail out of financial problems arising from gambling losses

## Treatment of Gambling harm

- Gambling-related harm is a complex disorder, so “biopsychosocial”/eclectic models used
- Includes Motivational Interviewing skills to engage, and generate client motivation
- May include: cognitive-restructuring to challenge unhelpful belief systems eg, illusion of control and ‘gamblers’ fallacy’ (past events influence future outcome)
- Addressing budgeting/control of spending
- Addressing other coexisting issues

## Other Issues Common

- Co-existing issues and conditions are commonly identified amongst presenting clients which, if unaddressed, may result in relapse
- Psychological problems: depression, suicidal ideation, anxiety, alcohol and other drug problems, impulsiveness
- Social problems: family problems, poor support, criminal offending, work and accommodation problems
- Biological: yet to be determined but may have CNS deficiencies that contribute towards addiction – some medications eg antidepressants and mood stabilisers may help and also some evidence that naltrexone helps reduce cravings

## Practice Requirement Handbook: Gambling harm Treatment

- Recognises gambling harm treatment requires a broad approach, not just focusing on gambling
- Therapy includes CBT methods eg, recording risk factors, influential relationships, triggers to gamble, and relapse prevention strategies
- On-going support, alternative activities
- Takes into account significant co-existing conditions that affect clients/their gambling
- Address family/whanau dynamics, include significant others in treatment/as clients

## Gambling Harm Intervention Services

- Most available access to services is the 24 hour Gambling Helpline which provides brief counselling and referral to face-face services
- Two national face-face services are: Problem Gambling Foundation and Salvation Army Oasis Centres
- Smaller mainstream face-face services and ethnic-specific (Maori and Pacific; also Asian Family services (Auckland) and phone hotline in some areas
- Free to anyone experiencing gambling harm, funded by gambling levy through MOH (Gambling Act)