



The Impact of Gambling on Māori

Contract Number: 06-RF1-27

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March 2009

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Ngā Pae o te Māramatanga

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Table of Contents

Acknowledgement	2
The impact of gambling on Māori	3
Literature review	4
Research methods	15
Findings.....	17
Discussion and Conclusions	27
Recommendations.....	29
Appendix 1: Focus Group Questions.....	32
References.....	34

Acknowledgement

E ngā mana, e ngā reo, e ngā hau e whā, tēnā koutou, tēnā koutou, tēnā koutou katoa.

For all who have contributed to this report my aroha is extended to you all. I would especially like to acknowledge Mr Ian Heperi for his vision in conceptualising this research with a focus on the impact of gambling from a whānau perspective.

For those participants who have shared their personal stories of how gambling has impacted on the way their whānau functions the information has been invaluable. The research shows clearly the damage gambling creates within Māori whānau and especially from pokie machines. The research highlights the need for appropriate gambling interventions across a continuum from prevention, early detection, treatment and on-going support to those who have developed problems associated with gambling. There is now a need to review existing policies, legislation and harm regulations to consider how effective they are in reducing and eliminating gambling related harm for whānau.

The contribution of Ms Yoke Leng Thomas and Professor David Thomas in analysing the data received is acknowledged as well as their assistance in writing the report. With all of the information provided the report makes visible the harm gambling creates in many Māori whānau and which impedes their development.

“ Kotahi te kōhao o te ngira, e kuhuna ai te miro mā, te miro pango, te miro whero. I muri, kia mau ki te aroha, te ture me te whakapono.”

There is but one eye of the needle through which the white, black and red threads must pass. After I am gone, hold fast to the love, to the law and to the faith.

Pōtatau Te Wherowhero, Ngāruawāhia (1860)

Dr Lorna Dyll
Te Kupenga Hauora Māori
Principal researcher

The impact of gambling on Māori

Introduction

This research was carried out on behalf of Ngā Pae o te Māramatanga. The primary research aim was:

- *To find out how Māori individuals and whānau have been affected by problem gambling and the strategies they have taken to address this issue.*

The research explored the impact of gambling on Māori through individuals who were either problem gamblers or whānau members affected by problem gambling as a feasibility study to identify the possible harm created from a whānau perspective. An undertaking was given to interview at least 5 Māori from different whānau to listen and hear their perspective of the harm gambling has created within their whānau.

The project provides support for a public health approach to reduce and prevent gambling related harm and to contribute to the growing research carried out in New Zealand on the effects of gambling on individuals, families and communities.

The project was based in Auckland and was carried out in collaboration with two Māori Health community providers *Hāpai te Hauora Tāpui* and *Raukura Hauora o Tainui ki Tāmaki Makaurau* who are both involved in addressing problems associated with gambling.

This report includes:

- a literature review focusing on material relevant to Māori,
- a description of the research methods used,
- findings
- discussion and conclusions, including recommendations.

The two terms *problem gambling* and *gambling addiction*, are used with the same meaning in this report.

Literature review

The purpose this literature review is to provide a summary of research related to problem gambling among Māori and review current evidence about the causes of gambling and strategies to address problem gambling. The first part of the review outlines key ideas related to conceptions of whānau to provide a context for reviewing literature relating to problem gambling. The following sections cover the prevalence of gambling among Māori and the impacts of gambling, drawing on both New Zealand and overseas literature.

The concept of Whānau

Māori society has traditionally been divided into four distinct groups; whānau, hapū, iwi and waka. Whānau is sometimes described as extended family, but as the descriptions below indicate, the term “extended family” doesn’t convey the complexity of whānau. Over many years there have been a number of important changes to hapū and iwi. In the past hapū and iwi were inter-tribal and supportive in tribal activities. In recent time hapū and iwi often only come together to discuss issues that affect the tribe as a whole. Whānau, although still part of the iwi and hapū structure has become the basic unit for family issues. Events pertaining to individual whānau include gatherings to support birthdays, weddings and tangihanga and other similar occasions.

Walker (1990) and Metge (1967) both describe whānau as being the basic unit of Māori society, which usually consisted of an extended family including at least three generations. At the head of the whānau were the kaumatua and kuia, they were the knowledge providers for the whānau. Kaumatua and kuia were usually left to tend to the needs of the children whilst the parents carried out the everyday task of gathering food or tending to other tasks to ensure the survival of the whānau. The traditional whānau were organised and maintained primarily amongst other whānau in the hapū. members were taught a sense of collective affiliation, roles and responsibilities were passed on down to the youngest members of the whānau. The whānau provided a place where meaningfulness and belonging to their iwi and culture could be nurtured.

There are a number of changes between the traditional whānau and the contemporary whānau of today. The contemporary whānau are not so reliant on hapū and iwi connections. The majority of contemporary whānau have moved out from their papakainga to settle in the urban cities inter mixing with other members of the community. Their contact with other whānau members is mainly when they return to their papakainga to support birthdays and tangihanga.

The term whānau is also used in contemporary times to describe a group of people who come together and form an allegiance towards a certain kaupapa. For example Te Whānau o Waipareira Trust and the many Te Kohanga Reo are based on the concept of whānau. These groups may not have whakapapa links, but are bound by their specific kaupapa and the concept of whānau is used to assist and support that kaupapa.

Traditionally whānau has been described as an institution based exclusively on whakapapa, where children, parents, grandparents, aunts, uncles and cousins belong together in a whānautanga with a range of shared, nurturing and supportive relationships (Walker, 2006; Walters & Walters, 1987). Some writers have described several distinct meanings for whānau. Metge for example, listed these meanings of whānau:

- Cognatic descent category of limited depth, through a relatively recent ancestor traced through both male and female lines
- Fluent Māori speakers sometimes use it for a set of siblings exclusive of their parents
- A cognatic descent group of limited depth comprising those members of whānau descent category who participate in ongoing, occasional activities
- An extended family group
- A kin cluster where a group of kinsmen cooperate for common ends
- On occasion whānau can be described as an elastic band, inclusive of a wide group of people. For example, a speaker defines whānau as ‘its not only blood, it’s ethnicity means Māori’
- Whānau has also been used as an action group of kinsfolk for support, for example in a job. They may include affines and Māori and Pakeha friends
- The metaphorical use of whānau of kaupapa whānau (Metge, 1990, pp. 71-73).

It is important to note that the concept of whānau extends more broadly than the traditional nuclear family and, as noted by Cunningham, Stevenson & Tassell (2005), may include the following groups.

- A set of siblings and/or descendents of a relatively recent ancestor which may or may not include spouses and whāngai
- The descendents of a relatively recent ancestor who interact on an ongoing basis
- Descent group derived from hapū or iwi
- A group of unrelated individuals who interact on an on-going basis and
- A group of individuals gathered for a specific kaupapa or purpose

Over many decades urbanisation has been accompanied by a major change in the lifestyles of whānau. As a consequence of urbanisation, some whānau have not been exposed to maintaining and organising themselves primarily around their hapū, iwi and papakainga. In the 1990s single family households were common amongst Māori (Moeke-Pickering, 1996). Single family households represent a major change from traditional whānau household patterns. A 1996 report noted that nearly half of all Māori households were headed by sole parents, generally by women who are under considerable social, economic and cultural stress (Te Puni Kokiri and Ministry of Women’s Affairs, 1996). Women generally have limited options to change their personal or social situation, and are often victimised for their circumstances.

In a chapter published in 1997, Durie presented an additional perspective on whānau. He outlined different types of whānau that are likely to create health risks. In this framework the four types of high-risk whānau identified were:

- *Whānau tūkino* (unsafe families) are those whānau that have disregard for rights of others, show violence, and compliance is demanded. Health risks are injuries, child abuse, sexual abuse and depression
- *Whānau wewete* (laissez-faire families) are those whānau that operate with ad hoc policies, limited guidance, flexible standards and non-interference with individuals. Health risks are the adoption of unhealthy lifestyles, low utilisation of health services, unmonitored behaviour and non-intentional injury.
- *Whānau pōhara* (restricted families) are those whānau that have good intentions, lack skills and confidence, have passive attitudes to health. The health risks are late interventions, less access to health and housing services greater likelihood of mental health problems and educational under-achievement.
- *Whānau tūmokemoke* (isolated families) are those whānau which are alienated from Māori networks, not integrated into mainstream society, and are difficult to contact. The health risks are that they present late for help, do not utilise services they need and often try to care beyond a family's capacity (Durie, 1997, p. 17).

In relation to gambling, one could expect that all of these different types of families and how they operate might place some individuals at risk for problem gambling.

Gambling among Māori

In the 2006 Census 565,329 people identified themselves as Māori. Census data indicate that two thirds of Māori live in areas defined as localities of high deprivation (Ministry of Health, 2006). One in four Māori children live in relative poverty and many are being discriminated against by social welfare policies as their caregivers do not meet the criteria for eligibility for financial assistance. Despite an economy that has been growing since 2000, incomes for many Māori households have fallen or not increased significantly (Ministry of Social Development, 2006).

There is a relatively little literature written about Māori gambling. Since 1991, several national surveys have been carried out on gambling in New Zealand. However, Māori been noted simply as a sub-group within the overall sample. In 2003 Dyll reported that there has been no research undertaken that had considered the effects of problem gambling on whānau and the effects on Māori generally (Dyll, 2003, p.85). An earlier report by Abbott (2001, p.56) was consistent with this view and stated that more research on gambling and problem gambling among Māori is necessary to advance an understanding of its extent and impacts.

Since 1987, gambling in New Zealand has changed rapidly, primarily because of legalisation liberalisation and technological developments. New forms of gambling have appeared, such as new casinos, and electronic gaming machines (EGMs) outside of casinos have increased in number (Abbott, 2001). A study investigating the impact of gambling availability on the lives of New Zealanders reported that Māori had higher risks for problem gambling (Abbott & Volberg, 1999, p.1.)

A 1991 survey investigated the incidence of problems and pathological gambling among a sample of 4,000 New Zealanders (Abbott & Volberg, 1991). One finding was that the rate of problem gambling was three times higher among Māori respondents, compared to non-Māori. Māori were at much greater risk for problem gambling than other major ethnic groups in New Zealand. However, the Māori sample in this study was too small to provide detailed information (Abbott & Volberg, 1991, p. 53). According to Durie (2003, p.63) Māori are three times more likely to become problem gamblers compared to non-Māori.

The higher rates of gambling among Māori were consistent with the findings from the subsequent New Zealand Gaming Survey research programme (Abbott, 2001) which included a focus on Māori and Pacific Gambling. These surveys have reported very high rates of problem gambling amongst Māori and Pacific groups (Abbott, 2001, p.55). Along with some Native American groups, Māori and Pacific groups appeared to have among the highest gambling rates in studies that provide data from which international comparisons can be made.

In a 1995 survey, Māori respondents were more likely than non-Māori to participate in multiple forms of gambling (Reid & Searle, 1996). In this study Māori were reported to be more likely than non-Māori to play housie (25% compared with 4%), gaming machines (33% compared with 23%) and Daily Keno (22% compared with 10%) (Reid & Searle, 1996, p.10).

One of the findings reported from the 1999 survey that concerned Māori was that members of marginalized ethnic groups had consistently higher rates of problem gambling than dominant mainstream groups in both North American surveys and studies in Australia and New Zealand (Abbott & Volberg, 1999, p.24).

A telephone survey conducted in 2007 reported that, Māori had the highest rates of participation in gambling, compared to other ethnic groups (Pakeha, Pacific and Asian). Among Māori, 7.2% had higher participation (people who have gambled more than three hours per week or who have lost more than 5% of their personal income) compared to 2.6% for Pakeha and 4.9% for Pacific groups (Centre for Social and Health Outcomes Research and Evaluation, 2008). The survey report noted that,

Māori were more likely than other ethnic groups to buy Lottery products, bet at the TAB, play EGMs in clubs, bars and casinos and play poker/card games at their own or someone else's house (Centre for Social and Health Outcomes Research and Evaluation, 2008, p.54).

There have been some studies of Māori gambling from a Māori perspective. Laurie Morrison completed her Master's thesis on Māori women's experiences of gambling (Morrison, 1999) at the University of Waikato. She interviewed Māori women about their involvement in common forms of gambling like housie and card schools. An important aspect of her findings was that when participating in card games and housie groups, the women established strong social networks that provided opportunities for transmission of whānau histories.

In 2003, Lorna Dyll completed her PhD thesis entitled 'Kanohi ki te Kanohi: A Māori Face to Gambling' (Dyll, 2003a). The aim of this study was investigate the

processes and impacts of gambling among Māori, to better document the impacts of gambling and problem gambling. Her thesis also highlighted the need to support Māori involvement as an equal partner with the Crown and its agencies in determining the role and place of gambling should play in New Zealand (cf. Dyll & Hand, 2003).

Over recent years Dyll has been a prolific writer of articles relating to Māori gambling (Dyll, 1998a, 1998b, 1999, 2001a, 2001b, 2001c, 2003a, 2003b, 2004a, 2004b). Her articles give a Māori perspective on the health risks and implications of problem gambling for Māori people. For many Māori, gambling has become a way to cope with their daily lives. The hope of winning an instant fortune lures many to partake in gambling with possibility of winning extra cash to cover household expenses. Gambling for Māori is not just recreation, it can provide a means to escape boredom and trauma (Dyll, 2007).

The consequences of easy access to gambling are having adverse affects on Māori development. As well as being at high risk with problem gambling, alcohol abuse and other addictions compromise the development of Māori. If gambling issues among Māori are not addressed more effectively, there will continue to be negative impacts on the health of future generations. There is an urgent need for Māori to become aware of the social hazards that accompany gambling. Dyll (2004a) noted that if we fail to make Māori people take heed of the dangers of gambling, then there is the possibility that the Māori youth of today will grow up thinking that gambling is the norm and this will open the door way for the next generation of Māori problem gamblers.

Thus, if we are to avert Māori gambling habits from going down the same road as alcohol abuse or other types of addiction, it is imperative that more research that studies the effects of all types of gambling on whānau, hapū and iwi commences as soon as possible.

Māori Culture and Gambling

Several authors have noted that Māori had no history or traditional concepts relating to the drinking of alcohol, smoking or gambling before the arrival of the European settlers (Dyll, 2002; Grant, 1994; Reid & Pouwhare, 1992). Smoking and alcohol were introduced to Māori by Europeans as part of the process of colonisation (Dyll, 2003, p.36). Smoking, alcohol and gambling now create major health problems for Māori (Durie, 2001).

Dyll (2004) stated that since the introduction of gambling to New Zealand, Māori have adapted to different types of gambling and have high rates of conversion to new games. Gambling has become an integral part of some Māori communities. The building and maintenance of many marae depend on the profits made from running housie nights (Grant, 1994, p.138).

Under these circumstances, income from gambling might seem a good way of assisting Māori development. However, as Abbot & Volberg (1999) make clear, like many good things in life, gambling has a dark side. While gambling might appear to be positive and non-problematic for some individuals, it can become addictive and cause debilitating problems resulting in harm to members of the whānau and families.

Under the Gambling Act of 2003, the Ministry of Health assumed responsibility of coordinating services for problem gambling from July 2004 (Ministry of Health, 2005). Gambling Watch (2004) drew attention to gambling issues faced by Māori. These issues include:

- 31% of people with serious gambling problems identify as being Māori
- The average spending on gambling by Māori annually is \$538. This is consistent with a recent report put the spending on gambling by Māori at \$588 annually (Abbott & Volberg, 2000, p.9).
- One in four male inmates are estimated to have or have had gambling problems
- 45% of female inmates report gambling problems

Impacts of Gambling on Children

Problem gambling affects more than the individuals; whānau, friends, employers and co-workers and the wider community are all affected by an individual's gambling problem. It can result in child neglect, theft, fraud, domestic violence, and reliance on food banks.

Overseas studies have reported that problem gambling affects the entire family through financial, interpersonal and social deterioration (Rotter, 2004). One summary noted that 23% of problem and pathological gamblers had affairs, 49% reported problems with sexual relationships, 35% divorced, separated or remarried and 80% reported difficulty communicating their feelings with their spouses (Ciarrocchi, 2002).

Despite the well-documented effects of gambling on families, we have only a limited understanding of what it is like to be a child living in such a family. Problem gambling can affect many more people than the gamblers themselves, especially those living in the same household. Recent evidence indicates that about 5-10 other people can be directly affected by a problem gambler (Darbyshire, Oster & Carrig, 2001). Problems for the immediate family of gamblers range from severe financial problems, through emotional and relationship problems to physical and psychological abuse (Darbyshire et al. 2001). Children perceived that they lost their parents, through emotional isolation as well as through both separation and divorce. As parents participated in more gambling, the children lost respect for their parents, the sense of being loved and valued, the feeling of being cared for and cared about. Darbyshire et al also noted that children missed out on essential aspects of family life, such as adequate nutrition as well as more enduring memories from family outings and holidays.

Summary: Māori, whānau and gambling

Problem gambling is an addiction. It is one of the escape mechanisms for dysfunctional families and is often associated with other aspects of dysfunctional families such as drug and alcohol abuse. It is a presenting problem of greater underlying issues and problems faced by individuals and possibly their families. These may include factors such as loneliness, financial problems, and violence. Gambling has often become an outlet from their predicaments offering (false) hope and escapism. However, it is not only individuals who are affected by gambling addiction. Such

addiction has a far-reaching effects beyond the individual, transcending generations within whānau.

For future interventions, the focus should be on gambling as an addiction within the larger picture of dysfunctional individuals and their whānau. The overarching questions posed then are:

- What are the roots of a person's addiction to gambling?
- How does the addiction to gambling impact on the individual and their whānau?
- What strategies should be used to heal the individual and their whānau?
- What are government and community responsibilities to address problems related to gambling?

A key question, which has arisen at the time of writing (early 2009), is that during periods of economic recession money spent on gambling seems to remain high or even increase, raising the possibility that more robust interventions are needed during periods of economic recession.

Legislation covering gambling in New Zealand

Gambling in New Zealand is governed by the *Gambling Act 2003*, which became law in September 2003. This Act resulted from a major review of gambling in New Zealand and it updated previous legislation controlling gambling. The specific purposes of the Act are:

- to control the growth of gambling;
- to prevent and minimise the harm caused by gambling;
- to authorise some gambling and prohibit the rest;
- to facilitate responsible gambling;
- to ensure integrity and fairness of games;
- to limit opportunities for crime or dishonesty;
- to ensure that money from gambling benefits the community; and
- to facilitate community involvement in decisions about the provision of gambling.

Local government territorial authorities provide consents for class 4 venues, defined as places where class 4 gambling takes place. Class 4 gambling is primarily concerned with gambling that involves electronic gaming machines (EGM). It also covers race or sports betting at an on or off-course venue owned or leased by the New Zealand Racing Board or a racing club under the *Racing Act 2003*. Applications for licenses to the Department of Internal Affairs must include a venue consent from the relevant local authority. Thus, local authorities are the first agencies to consider applications for new and existing venues (Hastings District Council, 2003).

Local authorities are required to develop and adopting a policy related to the licensing of gambling venues. This policy must take into account the social impacts of gambling within its district, and may have regard to any other matters it considers relevant, including:

- the characteristics of the district and neighbourhoods;
- the location of kindergartens, early childhood centres, schools, places of worship, and other community facilities;

- numbers of gaming machines that should be permitted at any venue or class of venue;
- cumulative effects of additional opportunities for gambling in the district;
- how close one venue should be to another; and
- what the primary activity at a venue should be (Hastings District Council, 2003).

A local authority's responsibilities under the Act are separate from its responsibilities for land use consents such as those governed by the Resource Management Act 1991, liquor licensing under the Liquor Licensing Act and other legislation. In the development of gambling venue policies which are required to be reviewed every three years there is a requirement to consult with Māori. (Section 101 and 102 Gambling Act 2003) When elected Councillors make decisions regarding where gambling venues should be placed or the number of pokie machines that should exist over and above those which have been grandfathered under the Gambling Act 2003. In making such decisions there is also a need to consider their Local Government Act 2002. Councillors in relation to the Local Government Act 2002, are required to recognise the Treaty of Waitangi, to consult and engage Māori in policy decisions and overall to improve outcomes for Māori. (section 4 and Parts 2 and 6 provide principles and requirements for local authorities to meet). They are also required to meet responsibilities in the Crown Entities Act 2004 in making decisions.

In accordance with the Gambling Act 2003, a number of regulations have been introduced by the Department of Internal Affairs to reduce gambling harm. All pokie machine venues are required to have in place by the operator a host responsibility program. A framework has been developed by Dyll and Manaia (2005) utilising the process of "powhiri", to identify how Māori alongside a venue operator can maximise the harm minimisations regulations to make gambling venues a safe place for those who visit and to recognise the harm that can occur in such places which have wider consequences for individuals their whānau and the community.

Table One:

A Māori Protocol Framework for Responsible Gambling in New Zealand

Mana whenua: The Host	<p>Host is responsible to implement and manage a safe environment.</p> <ul style="list-style-type: none"> • Gambling venues responsible to be host on behalf of Crown, required to implement legal requirements • Appropriate training for staff • Ability to identify and exclude actual and potential problem gamblers • Ensure safe passage of entry and exit from venues • Responsible to provide a safe environment in relation to smoke free, alcohol, occupational health, and crime free
Manuhiri : Guest	<p>Responsible to respect the kawa outlined by mana whenua.</p> <ul style="list-style-type: none"> • Are able and willing to take advice • Ability to consider warnings and take account of information provided • A good managed host and guest interaction process is in place
Manaaki tāngata: Caring for People	<p>Responsible to care for people and meet their needs.</p> <ul style="list-style-type: none"> • Needs of people are met so that their wellbeing is protected and enhanced. • Host must not exploit guest and can be fined for not identifying actual or potential problem gamblers
Karanga : Formal Welcome	<p>Host is responsible to provide a safe passage</p> <ul style="list-style-type: none"> • Welcome and warning that the place and gambling can be unsafe • Signage in and outside venue should provide a warning and promote safe and responsible gambling • Gambling venue policy should be visible and available on request • Safe use of alcohol, smoke free and occupational health and safety should link with overall gambling host responsibilities
Whaikōrero: Formal Host and Guest speeches	<p>Host provides warning and messages of an unsafe place.</p> <ul style="list-style-type: none"> • Responsible to create a safe environment (tapu to noa) • Determine and outline kawa: the rules of conduct in and outside premises

- Each gambling venue required to have a host responsibility policy which can be requested
- Each gambling venue required to implement harm minimization regulations on behalf of Crown to promote safe gambling
- Guest entitled to know the host responsibility policy of their gambling venue(s).

Kōhā : Guests should only gamble at a level which they can afford.

Gift

- Gambling now legalized and seen as a community health benefit to provide funding for community groups, government and other stakeholder groups
- Venues are required to be responsible and to monitor gamblers losses

Poroporoaki: Host is responsible to ensure guests leave and return home safely.

Farewell

- Host or guest can initiate exclusion from venue
- Host responsible that guest return home safe to family and community
- Provision exists to continue to develop and maintain relationship
- Breach of kawa can result in penalty. Host and guest can be legally fined for not meeting responsibilities

Mana : Host and guest standing rests upon how they interact with each other in meeting their defined roles and responsibilities

Standing

Dyall (2007) has also identified the relationship that gambling contributes to social disorganisation in some communities. The relationship between gambling, gangs and crime are discussed as well as questions local authorities should be considering when reviewing the social, economic and cultural costs of normalised gambling in communities and whānau. The concentration of gambling venues in low income communities and where Māori live is highlighted. In reviewing the placement of gambling venues in low communities, despite the known harm and available evidence, Dyall suggests gambling should be seen as a poisonous chalice for indigenous peoples and suggest that those agencies and administrators who give licences for gambling venues big or small should consider their duty of care responsibilities, especially the harm that is created for children and young people who are often invisible when gambling venue decisions are being made.

The relationship between gambling advertising and the use of cultural icons has been identified by Dyall et.al (2007). It has is proposed that all gambling operators In New

Zealand should be responsible and their should be positive restrictions on gambling advertising as Māori are very sensitive to messages and this stimulus may increase awareness regarding gambling and increase people to seek gambling opportunities. A restriction on gambling advertising has been proposed by Dyall et.al (2007) consistent with a decision already made by the Auckland City Council to ban commercial advertising by way of large billboards as it pollutes and distracts away from the beautiful environment that exists in this region.

Summary : Local Government and Gambling Legislation

Local government and gambling legislation dovetail together and effect locally elected councillors decisions as to where gambling venues are sited, the number of venues and machines in a designated area and regulatory provisions which are required to be in place to reduce and eliminate gambling related harm.

A cultural model has been developed by Dyall and Manaia using the process of pōwhiri to help Māori and gambling venue operators to work together to reduce problem gambling and the harm that follows in and outside venues. It is proposed operate gambling venues should be responsible as they have been delegated responsibility by the Crown to be protect those at risk of developing problems with gambling. Māori involvement and engagement in gambling venue policies is now a statutory requirement along with recognition of Treaty of Waitangi, through local government statutory requirements. Gambling is now recognised as contributing to social disorganisation and crime in communities and therefore a wider approach to reducing harm is needed other than gambling treatment services or associated interventions.

Research methods

The design was a small sample, qualitative interview study. Five face-to-face interviews were completed. These interviews included seven people; three were with individuals and two interviews were each with two people.

The general topics covered in the interviews were as follows:

- Whānau members and how whānau functions
- Whānau involvement in gambling,
- Effects of problem gambling on whānau,
- Knowledge and awareness of the signs and symptoms of problem gambling
- Advice offered to other whānau in a similar situation.
- Strategies that whānau have taken to address problem gambling,

Appendix I contains the full list of the questions covered in the interviews.

Recruitment of interviewees

One of the main tasks of the researcher was to recruit suitable interviewees. This included Māori people with a gambling addiction and any of their whānau members affected by it. However, finding such people willing to share their experiences and thoughts proved a challenge. Problem gambling is widely stigmatised. Whakama was a common experience among individuals and their whānau. The time involved in being interviewed, and avoidance of taking about one's problems, also affected the recruitment of interviewees.

Assistance was sought from Salvation Army counsellors and they agreed to carry out some interviews with clients from their *Oasis* service, which provides help for people with gambling addictions. The researcher also drew on her Māori networks for interviewees. In total seven individuals were interviewed during five separate interviews (with two interviews involving two people being interviewed together). Three of the interviewees were problem gamblers. The other four were two families who shared insights of their experiences of living with whānau which included problem gamblers. It was notable that even though problem gambling was a whānau matter it was difficult to get people to talk about it.

Many of the interviewees were able to provide valuable information, giving insights and detailed examples of events leading to problem gambling, its impact on them and their families.

Data analysis

The interviews were audio-taped with the permission of the interviewees and transcribed. The transcribed interview text files were then analysed by two experienced researchers using qualitative data analysis software (*NVivo v8*). The two researchers coded the data independently. Particular attention was paid to commonly occurring themes and any specific issues pertaining to Māori and whānau were noted. Where there were differences between the two researchers, these

were discussed and all clearly identifiable themes were combined into a merged set of themes.

On completion of the first round of analysis, a further analysis was conducted to integrate and refine the findings. From this second analysis, a model of gambling development was constructed. This process provided a rigorous analysis of the qualitative data and ensured the final model was robust in terms of being an effective representation of processes underlying the views expressed in the interview data.

Findings

A *model of gambling development* was constructed from the themes which emerged from the analysis the interviewees' experiences and observations. The model comprised four main phases:

1. Risk factors & exposure to gambling
2. Participation in gambling
3. Becoming addicted
4. Impacts of gambling

Specific processes and features of these four phases are summarised in Table 1 and described in detail in the findings. Following the presentation of findings relating to the model, strategies suggested by interviewees for reducing the negative impacts of gambling are reported.

Table 2: Model of gambling development

Main phases	Specific processes
1 Risk factors & exposure to gambling	Dysfunctional whānau
	Exposure of children & role models for gambling
	Ease of access to gambling locations
2 Participation in gambling	Extensive whānau participation & social life around gambling
	Excitement of winning & participation
	Participation in multiple forms of gambling
3 Becoming addicted	High intensity of gambling
	Getting into debt & loss of personal possessions
	Denial and secretiveness
4 Impacts of gambling	Neglect of children
	Erosion of relationships
	Depression & mental health problems from gambling impacts

1. Risk factors & exposure to gambling

Individuals from families experiencing multiple social problems such as domestic violence, financial problems, and family members in trouble with the law are vulnerable. Because of these risk factors they are more likely to participate in activities which give them hope, or provide an escape such as drug and alcohol abuse and or gambling. The key risk factors identified which leads to problem gambling were: 'Dysfunctional whānau, Exposure of children & role models for gambling and Ease of access to gambling locations.'

Dysfunctional whānau

Dysfunctional whānau is not just a precursor to gambling addiction but it is also an outcome of the addiction itself. That is people who come from dysfunctional families may gamble as a way to escape their situation, they may feel it gives them hope.

When a person has a gambling problem, it creates problems for their families too. Regardless of whether it is a precursor or an outcome problem gambling creates havoc for the individuals and their families.

One interviewee who had several whānau members with problem gambling described her sister's family that had elements of precursors and outcomes of problem gambling. Both parents in this family were problem gamblers and the father was a heavy drinker. The interviewee vividly described the situation and commented that the children did not have parental support.

I think it's been hugely dramatic on whānau particularly for children because the other side of that is that her husband is an alcoholic. That kind of brought home to me how important gambling was to her was after the seventh drunk driving charge, her husband was sent to jail. He went away for three months and it was really really hard on the family. When he came back he vowed not to drink again but about a month after ... she started going to pokies. She'd take him with her and small bars where they had the pokie machines and then he'd sit there, she'd play the machines and then he'd start drinking again. The children have tried to deal with it with her [but they face a] combination where their father's an alcoholic, their mother's a gambler so they basically haven't really had the kind of parental support that they really need. (Interviewee B)

The same interviewee also described how her mother who had never participated in any forms gambling became a problem gambler after the death of her father. Up till then her family had had an ordinary life. Trigger events such as losing one's job or the death of a significant other could pave the way to an addiction. In such circumstances, the gambling may begin as a social activity to cope with loneliness or grief and eventually escalates to a problem which impact across generations such as from mother to child to grandchildren as evident from the early statement. In some cases the problem gambler did not previously know how to play cards and did not even like gambling according to an interviewee.

When I was a child, after dad died mum started learning how to play cards she never use to do all that social activity until dad died so she started learning how to play cards. (Interviewee B)

Exposure of children and role models for gambling

Early exposure to gambling makes gambling the norm in some families, and provide role models even if unintended. One interviewee made the following observation:

We'd all be together playing cards, we'd all just do what they were doing really; and it makes sense whatever someone else does you know especially mum and dad is pretty much what you're going to do. (Interviewee A)

Gambling can be pervasive in families and the community too with one person remembering she was four years old when she watched family members gamble. When Interviewee A revealed further details of her family life, it became apparent that her father was the main gambling role model.

Everyone in the community seemed to bet on the horses usually the TAB, and listen to the races on the radio and then after that it was things like fund raising for the marae. (Interviewee A)

Collecting the TAB horse winnings for her father when she was nine years old made a lasting impression on her. She described the thrill of receiving so much money which led to her making her own bets within the week:

My father had a huge win and in those days a child could go in and collect the money... She (the TAB worker) was just counting this money and it was huge, it was mountains of money. I remember her putting it in a bag for me because there was so much money and I took it out to my dad ... about two days later I was having a bet by myself. (Interviewee A)

Female gambling role models seemed common. Several interviewees referred to their grandmothers or mothers and aunties gambling “My grandmother ... was quite a heavy TAB punter”; with another describing how her mother would play housie 24 hours a day five times a week. It is possible that women gamblers tended to feature in the early lives of the interviewees because women were the main caregivers were in part time employment or were unemployed.

Ease of access to gambling locations

A factor often mentioned, which increased a person’s exposure and risk to gambling, was the ready access of pokie¹ machines. Pokie machines are a popular medium for problem gamblers and making them readily accessible acerbates the problem. One person said he could not understand why there were so many gambling operations in the country despite their devastating effects on families, especially Māori families.

As soon as they got here and as soon as they got here both her and her sister they knew every pokie machine all over the North Island and T would tell her about some machine you know on the way back from Hamilton to Auckland and we would detour and go looking for them. (Interviewee C)

This interviewee added that Otara had ‘one in every corner’ and his fear was once pokie machines were present in a community “anybody can play at any time of the day or night it’s open”. He was in no doubt that the pervasiveness of pokie machines presented the greatest threat for problem gamblers and their families.

Not only are the numerous gambling venues in some communities a problem, but also the fact that some gambling establishments provide free parking for their clients. One problem gambler admitted that she frequented a gambling establishment in the city because it provided free parking.

Other common venues were families getting together at each other homes or using a local marae as a gambling venue.

¹ The term “pokie machines” is used to refer to electronic gaming machines (EGMs) to preserve the vernacular language style used by interviewees.

2. Participation in gambling

Having insights in to the how people participate and its different facets gives a better understanding of the processes or how problem gambling arises. Gambling as an addiction usually occurs with a wider context that includes three features; extensive whānau participation in gambling, the excitement of winning, and participation in multiple forms of gambling.

Extensive whānau participation

A common theme interviewees raised was how their families and even surrounding communities were involved in gambling. It ranged from several families getting together regularly to play cards to semi-structured arrangements (i.e. syndicates or networks).

One interviewee (D) described the extent to which his network of family and friends participated in gambling and as a result gambling was 'normal': "my mum and dad went into gambling, all my aunties and uncles and cousins and friends," adding that his cousins were missing out on life.

Housie organised on marae was another common form of communal gambling. Profits from housie were an important source of fund raising for some communities. Again, women feature prominently as the main players.

... my grand aunties lived next door to her. She plays housie, she goes twice a week they are usually marae based fund raisers as well so they go to the local marae to support them and most of the older woman at home you know probably about 50 odd go. (Interviewee A)

What emerges from the overall picture is gambling can be a social activity where families mainly women gather to play cards, catch up with each other, and fill in their time. Because it appears that a large number of women participate in gambling children are at the least exposed to it, or even become involved in it as women tend to be the caregivers. Typically whānau would gather at a family house where:

All the kids would come [too], next day they'd be still playing so we'd all be shoved off to school or whatever and they'd be back at the house again [after school]. (Interviewee A)

Another aspect of problem gambling is the existence of syndicates. Such syndicates perform a range of functions that facilitate gambling such as providing a venue, running a 'savings account (kitty)' into which a person could put money and draw on, and lending money to members of the syndicate. A person could belong to one or more syndicates and at times become indebted to them.

Excitement of winning

For many gambling gave them hope, a possible way out of their financial difficulties. It was also a form of entertainment and source of excitement. For families living in poverty or in difficult circumstances the occasional win allowed them to indulge in small luxuries like buying 'the kids some lollies and pop corn.'

Some interviewees said that on occasions when they did win substantial sums of money they simply carried on gambling (only to lose it all) instead of stopping. The excitement they felt and the hope they may make even bigger gains kept them gambling far longer than they intended. Even young children feel this thrill of winning and can be motivated to gambling was evident from an interviewee who said she made her first punt on horses at age four after experiencing the excitement of collecting her father's TAB winnings.

Participation in multiple forms of gambling

The home environment and problem gamblers early exposure to one or several different forms of gambling is a common occurrence. This normalised gambling for the adults and children living in such circumstances. A common pattern is where a parent may be a keen horse racing fan, putting regular bets through the TAB, while taking punts at Lotto too.

Another is where the mother, grandmother and other female relatives get together to play cards regularly at each other's house. These women also frequent their local marae housie. When the children are old enough to go to the pub they extend their gambling activities into pokie machines that can often be found in pubs or other drinking establishments, or start going to casinos. A problem gambler put it bluntly when asked to describe her problem: "pokies are bad, they suck you in" (Interviewee E).

3. Becoming addicted

For interviewees, three things stood out when they spoke about their gambling addiction or that of their spouses/parents/siblings (a) the intensity of gambling; (b) getting into debt and losing personal possessions, and (c) being secretive. All three of these items are interrelated because as the person's gambling escalates so does their debt leading them to be more secretive about their addiction for fear of criticism, or whakama.

Intensity of gambling

The intensity of gambling for problem gamblers relates to the amount of time and money spent, because they are unable to set boundaries or limits to their spending. Problem gamblers spend what appears to be an inordinate amount of time on their gambling activities. Previously, one interviewee talked about how the women and children in his extended family congregated to gamble, only to stop long enough to get the children to school. Then children would then resume gambling on return from school. Similar, another person related how her mother was a 'heavy gambler' who could play cards or any other forms of gambling 'continuously for 24 hours five days a week.' Although one interviewee said he didn't mind driving his aunties to the horse races his comments illustrated how intense it was for his aunties who followed the races: "I ended driving Aunty B and one or two others all over the North Island chasing these race meetings. "

As the gambling escalates problem gamblers start to live beyond their means. For one person their personal debt amounted to \$42,000 in one year when his wife's gambling got out of control.

Getting into debt and loss of personal possessions

Getting into debt and loss of personal possessions go hand in hand and are a natural progression of events as the gambling intensifies. To raise money for gambling, people resorted to borrowing on their credit cards, selling their cars and even the very items they were wearing.

Me and the girls started when we ran out of money, we started gambling our shoes and clothes even, whatever we could get, anything. Some of us used to walk out of there with no shoes, no jacket you know it was just sad really. (Interviewee A)

Several times we'd go down there and they were on the bones of their a... They had an electric stove in the kitchen, only one element worked on it, never got it fixed. (Interviewee C)

Following a death, the relatives and partners of gambler's are left to deal not only with the grieving, but also the legacy of the person's debt, sometimes substantial amounts.

When she died I paid off [her debt], I went along with C to the bank and I paid off her credit card, paid off mine and I paid off her cash flow card. It came to over \$12,000 and I paid for it. We cut the cards up and I said to the lady here keep them. (Interviewee D)

One interviewee's reply to how much money she needed to gamble was all her wages and that of her partner's, making the point that no amount was ever enough for problem gamblers.

Denial and secretiveness

Avoidance and denial looms large in the life of those with a gambling addiction. The avoidance and denial could be because the person is trying to avoid criticism, avoid having to admit they have a problem, and avoid having to confront the problem that may require them to do something about it. Over-riding the whakama, was the shame of having an addiction and letting one's family and loved ones down.

She was going gambling every night after work, usually she'd say to the kids 'I've got a meeting or I'm going to see nan or I'm going to see so and so.' But the kids worked out that she was actually going to the pokies because they'd say I saw your mother at such and such a place. Or they would come home and they'll be nothing to eat, or they'd come home and the washing machine that had broken down like two weeks ago still hadn't been fixed. There was never any money to fix anything and so what happens was the kids use to go next door to my sister. (Interviewee A)

Rather than admit they had sold the family possessions problem gamblers would make up stories:

I've lost everything I had brand new stuff and my kids go "where's this Mum"? Oh, it's in the shop getting fixed. All the time I sold it so I have money for gambling. (Interviewee E)

As much as the denial is outwardly to one's family and friends, it is also a denial to oneself that the person has a problem, or that gambling can make them feel better.

A whole tonne sat on my chest and it was absolutely heavy you know and that was before I even put anything in the [pokie] machine. I kept thinking why are you doing this? You feel so [depressed] ... and then you go oh but it will make me feel better. (Interviewee A)

Interviewee D said that gambling for him was a self-centred act: "I didn't like talking about it I just kept it a secret you know it's just me. I just more or less thought about myself, it was all about me."

4. Impacts of gambling

Problem gambling leaves in its wake a wide range of problems that are felt by not only the gambler but also by his/her family members. Most significant are the neglect of children, the loss of trust between the gambler and their partners or other members of their family, getting in to debt which was reported earlier and the downward spiral in their lives, and as a result (or at times) compounding their depression and mental health problems.

Neglect of children

Children of problem gamblers are victims of the person's addiction. While there may be no intention to harm children, it is the children of parents with a gambling addiction that bear the burden of neglect. Because the gambler devotes an inordinate amount of time and money to gambling, their children do not receive adequate care and attention at a personal level. The common forms of neglect included not being there for the children physically, or if they were present the person didn't pay any attention to them (both situations leading to unsupervised children), and they lacked basic essentials such as food and clothing.

My Mum was a heavy gambler, I'll just say gambler because she played cards she played housie she played everything that she could play, and it would go on continuously for 24 hours five days a week. I only remember a couple of days a week where she wouldn't be doing that, she'd be sleeping, it's like 'hello you got children'. (Interviewee A)

There'd be nothing to eat or they'd come home and the washing machine that had broken down like two weeks ago still hadn't been fixed. There was never any money to fix anything so what happens was the kids use to go next door to my sister. (Interviewee B)

Down the one of the little side streets used to be a shop full of pokie machines. I'd see all the little kids all sitting outside and the mother would come out now and again and throw a lolly in their mouths and go back inside again, she'd forget them. (Interviewee C)

Interviewee C summed up what the loss was to the children when he added:

Just spending time, spending time with your kids, and just loving them, you put things like gambling first before your kids.

What was most acutely felt by the interviewees generally, was the neglect of children by their parents who were gamblers. This also had impacts on the relationships between the gamblers and their whānau and friends.

Erosion of relationships

The relationships which are most adversely affected by a person's gambling addiction is often their significant others, such as their partners/spouses, their children, their siblings, and their parents. The combination of financial issues, neglect of children, acting secretly to go gambling and other related problems erode relations and the trust between gamblers and their whānau. Where the family is already in a dysfunctional state the addiction serves to exacerbate the situation.

One interviewee described how the children of her sister (who had a gambling problem), would frequently go to their aunt's house because the children were hungry, and their mother was not home. Their grandmother would also sometimes feed these children putting a further strain another person too.

There was never any money to fix anything and so what happens was the kids use to go next door to my sister. My sister would feel sorry for them and feed them but that created problems and tensions between the two sisters. Mum also knew there wasn't any food in the house so she'd go and buy food and bring it up or else she'd you know take the kids home and feed them. (Interviewee B)

The strain on relationships especially between partners/spouses also featured prominently. Interviewee A described this strain in relationship and how, finding money for her gambling, destroyed her husband's trust in her. They had just moved in together when she sold a personal possession belonging to her husband that was his pride and joy, to cover her gambling debts without consulting him.

I lost that money ... I was thinking what can I sell ... the leather pants came to mind ... he wasn't too happy actually. He never ever got over it. I think it broke his trust in our relationship straight away. (Interviewee A)

Another interviewee reported how complications arose from the fact that his parents were also gamblers. They in turn used to borrow money from him; he then turned to his friends for money.

When I did go out to gamble there was no food, no food to feed the kids and then I'll be going out there looking for food ... there were a lot of arguments with my partner. I was spending money that should go on something else. With my Mum and my other parents and family they were always [asking] me for money just so they can go gambling. (Interviewee D)

One interviewee said her nephew, who used to support his mother financially, stopped giving her money when he found out she was gambling it away. The relationship between mother and son came to a point where he stopped talking to

her altogether. This also raised the issue of the relationship between gamblers and the children under their care.

Other relationship matters, which interviewees raised, were the impacts of:

- emotional neglect on the children of problem gamblers and,
- an unreliable parent who is not truthful with their children.

Depression and mental health problems from gambling impacts

Regardless of whether gambling is the main problem, or one of several problems in people's lives, problem gambling generates its own set of problems and inevitably leads to a downward spiral. This downward spiral has far-reaching consequences for the gambler and their families. It's negative impacts are likely to include; mounting debt, neglect of children and other family members, erosion of relationships and a general feeling of loss of control over their lives.

With their lives spiralling out of control, it often leads to depression and other mental health problems for the gamblers and their families too. It clouds their thinking. One person summed it up when she spoke about her gambling addiction as a sickness.

Gambling is a sickness; it really is a sickness for me. I was very broken because I knew that I had stepped out and gambled that money, money that we didn't have, came home, sold [possessions] and it made me very sick to a point where I couldn't think. I mean I was very depressed. ... it was either pay them back or gamble. [It was] so obvious I couldn't pay them back I would just gamble hoping that I'd win their money back. Sometimes it would work. Sometimes you know it just ended up in a really big black hole and things just sort of escalated from there. (Interviewee A)

Some interviewees also referred to the guilt they felt all the time because of their actions and the consequences it had on their family. This added to their depression. Although they may not refer to the sense of shame or whakamā, they feel it directly and it was an underlying issue with several interviewees.

Their mental health deteriorates as well, because problem gamblers tend to have estranged relationships with their spouses or partners and other members of their family. They know they have neglected their children and their homes, and they don't have many friends. This makes them socially isolated. With lives in disarray it is not surprising that one interviewee admitted she 'didn't know where the hell I am' adding she had lost her motivation to even do the basic things in life.

I've lost everything - myself, my house, my kids. I need to find all that again. My house it's just shocking. I lost my way ... it's going to take a long time and it's not easy. I used to be so clean in the house, I can't be bothered anymore. (Interviewee E)

5. Strategies for reducing the negative impacts of gambling

When asked about what steps or strategies whānau had taken to address problems with gambling, respondents provided several strategies that they had used or thought about. A general strategy was to get the more responsible members of the whānau involved in reducing gambling. One suggestion was to get external counselling help if several members of the whānau had gambling problems.

I'd probably be thinking more about how the whole whānau can actually may need help. ... the wider whānau probably need to go and get some help even if it is talk to a counsellor and find out how best to deal with or support her to get some help maybe. (Interviewee B)

Another strategy suggested, where one person in the whānau has a gambling problem, was for other members of the whānau to restrict access to money for that person so they could not use household money for gambling.

... you know they've talked about their mother wanting to get a loan to fix up their house but they won't let her. They'll ring the bank manager and tell them not to give it to her... if they needed a replacement washing machine the kids will actually go collectively and get it and buy it for their mother... They have taken over the household you know, purchasing of the major items. (Interviewee B)

A critical area for intervention was to support children to prevent them getting involved in gambling, when adults in the whānau were intense gamblers, and to try and ensure children were supported when they were exposed to gambling.

They've got all their cousins like my older daughter lives down there and you know they can see that they can do something by supporting the little ones but they don't want to tackle the aunties and they don't want to tackle the uncle. (Interviewee B)

6. Summary of findings

The finding section has presented a model of the development of problem gambling based on four phases that people and whānau are likely to experience when problem gambling develops. These phases were: (a) the presence of risk factors and exposure to gambling, (b) participation in gambling, (c) becoming addicted and (d) negative impacts resulting from problem gambling. Strategies suggested to reduce problem gambling included getting whānau involved, seeking counselling for whānau, restricting access to money for whānau members who gamble and provide support for children so they are less exposed to gambling and do not suffer from some of the negative impacts resulting from gambling.

Discussion and Conclusions

The findings from the interviews have highlighted a number of key features about the processes of becoming involved in gambling and the impacts arising from gambling when it creates problems. Several of the key features are as follows:

- Gambling, like drugs and alcohol abuse, is usually part of a larger set of social problems that indicate a dysfunctional family syndrome. Many interviewees had come from dysfunctional family backgrounds.
- Gambling is a social activity, but when gambling becomes the family's main activity, in exclusion to other responsibilities, is when it becomes a whānau problem.
- Among Māori, many women gamble. Gambling starts as a social activity, often as part of regular social events such as housie or card games for fund-raising.
- Avoidance of and denial about gambling problems is common because problem gamblers are stigmatised and feel whakamā. This means people present late when their situation is really bad.
- Rather than just focus on the addiction, further research should look at what are the issues in people's lives that give rise to addiction such as lack of education, financial problems, unemployment, unable to discuss their problems with others, and loneliness. A question needing further investigation is 'What is making these people unhappy and driving them to addiction?'

Strategies to reduce negative impacts from gambling

Strategies to reduce the negative impacts of gambling among Māori need both individual and group level interventions with whānau, hapū and iwi interventions and interventions at the community level including marae committees and iwi authorities. The strategies need to address the Te Whare Tapa Whā Model of health which recognises the importance of wairua, hinengaro, whānau and tinana, Dyll and Hand (2003)

Interventions to reduce problem gambling need to deal with the precursor problems that lead to gambling in whānau along with the gambling problems themselves. Strategies should target not only individuals and their whānau but also include marae committees and iwi trust boards which may decide what types of activities are most appropriate for their people. Both individual and group interventions are needed to achieve long term successful outcomes, such as the pōwhiri model of host responsibility, Dyll and Manaia (2005). The responsibility of addressing problem gambling should be borne by the government, gambling providers and in association with community organisations and the community as an entity, Dyll (2007). The role of local authorities in shaping the social, economic, cultural and spiritual

environments of citizens is important and in that context the active recognition and honouring of the Treaty of Waitangi, (Dyall 2005)

In terms of whānau involvement to reduce gambling, some of the important ideas, used or suggested, included:

- Getting treatment for people who are problem gamblers
- Stop access to money that can be used for gambling
- Promote early screening of problem gambling
- Reduce access to gambling venues. Consider an outright ban on pokie machines because of their highly addictive nature.
- Do not use fund-raising activities that involve gambling for whānau and hapū fund raising.
- Developing whānau models of prevention, treatment and management of problem gambling
- Reconnect the individuals with their whānau to address their isolation.
- Recognise problem gambling and other addictions are often associated with low self esteem and or depression
- Make sure there are multiple activities and events for socialising which do not involve gambling
- Create events and activities, especially recreational and educational which strengthen and enhance positive identities for whānau, hapū, iwi.

Recommendations

The following recommendations are set out to provide ideas for future monitoring and research, relating to problem gambling that particularly affects Māori communities.

Monitoring of gambling Venues

Recommendation 1. Councils should be encouraged to regularly review the operations of gambling venues to ensure they are consistent with the local Council's policy, as well as with the Gambling Act 2003 and the Local Government Act 2002.

A point that has been noted in previous New Zealand reports (Hastings District Council, 2003), is that EGM are more frequent in low income areas which raises issues of increasing social deprivation and social inequity generally. There is a need for political initiatives to reduce exploitation of communities. This could include identification of problem venues not exercising host responsibility. Given the widespread access to and purchase of Lotto tickets, it is ironic that there are no rules governing Lotto outlets or online Lotto and this area is major oversight in the Gambling Act 2003.

Host responsibility

Recommendation 2. Review host responsibility operations in gaming venues to ensure they adequately address the required guidelines. Identify areas where host responsibility could be improved.

Areas which might be developed include; ensuring self-banning and banning by others is available, that relatives can nominate problem gamblers to gaming venues, creating a system requiring patrons to sign in to limit amount of time and money spent (e.g., a time and money limited gambling card). Part of this review could include marae management responsibilities and involvement of Māori Wardens and other community organisations. These are already operating to a large extent, but could be strengthened with appropriate funding and recognition of their current and potential role in monitoring gambling venues to meet statutory responsibilities.

Examples of effective host responsibility operation

There are several examples of policies reported which are seen to be effective in reducing anti-social behaviour and problem gambling. These include; closing the gambling area or room at night if there are only one or two players there, asking intoxicated or abusive customers to leave, regularly checking car parks for abandoned children, implementing a dress code (e.g. no 'beanies' or bare feet). It also includes assisting problem gamblers (who have identified themselves as having a problem), by refusing them entry to the gaming room (Hastings District Council, 2003). Alcohol and drug abuse should be monitored in gambling venues to prevent crime and exploitation of patrons.

Limits to host responsibility

There are limits to host responsibility initiatives. Considerable staff time may need to be allocated to the supervision and monitoring of EGM players. This may mean staff

are diverted from other services to patrons. Gaming operations also include; paying out winnings, EFTPOS transactions, dealing with customers abusing machines and entering into lengthy discussions with players who insist their machine isn't working properly. Some types of queries can be repetitive, from the same patrons and require patience and tact to deal with. Observing the behaviour patterns of problem gamblers is an additional task for bar staff. Few bar owners or managers in non-club venues confront suspected problem gamblers because they are often abusive if questioned (Hastings District Council, 2003, p.40). The onus is on gambling venue operators to identify current and potential problem gamblers and to ensure that patrons do not wager more than they can afford. Family members have the right to inform gambling venue operators to ban a member of their family if they consider they have a current or potential problem with gambling.

Access to gambling venues

Recommendation 3. Investigate ways in which legislation and licensing procedures could be used to reduce the extensive access to a wide range of gambling activities, especially EGM (pokie machines).

As noted earlier, a 2007 survey reported that Māori are more likely than non-Māori to bet using the TAB, and play EGMs in clubs, bars and casinos. The long opening hours and availability for seven days a week of many gambling activities creates very easy access to the detriment of Māori communities. With telephone accounts, TABs and sports betting is now accessible 24 hours a day as well Lotto online at home. Reducing the level of access is a key priority for Māori communities as well as denormalise gambling as a harmless activity.

Gambling advertising

Recommendation 4. Investigate ways in which advertising of gambling could be restricted.

There is a growing consensus that gambling advertising should not mislead the public and should provide accurate information the chances of winning. There should also be provisions to protect vulnerable groups, such as, children. In the development of guidelines for gambling advertising in several countries there has been no real effective of the need to engage with different indigenous and ethnic populations to ensure that they are protected as vulnerable populations. In New Zealand, there seems to be no legislation restricting gambling advertising. There is an urgent need for the area to be covered, in the same way that alcohol advertising is restricted by legislation. Māori cultural icons should also be protected and not used to normalise or promote gambling. Further Māori sub populations should not be identified and encouraged to be gamblers in the future, such as promoting Lotto as a whānau fun activity or an ideal gift to give a whānau member.

Social marketing programmes

Recommendation 5. Investigate ways in which new social marketing programmes could be used to target Māori who are at risk for problem gambling.

Community education about the hazards of gambling is urgently required. There is a need for a social marketing campaign targeted at Māori, similar to the campaign to stop smoking focusing on whānau which has been successful in capturing Māori

attention. Consultation with the people who have been working on smoking cessation marketing programmes will be important to pick up strategies which could be applied to gambling cessation campaigns

Services for problem gamblers

Recommendation 6. Carry out an assessment of existing services for problem gamblers to check to what extent they meet the needs of Māori problem gamblers and ways in which they could be improved to better meet the needs of Māori clients.

There is a need to ensure the existing services available for problem gamblers are meeting the needs of Māori clients. With the general development of “by Māori, for Māori” services we need to ensure that gambling services provided from state funding sources are meeting the needs of Māori clients. As well, more information about causes of gambling addiction is needed, and ways in which services for problem gamblers could help address the underlying reasons for gambling rather than just focussing on the addiction itself. Broadening the range of services might include assessing whether residential programs needed and whether there should be different services for men and women, to meet their different needs.

Māori and Iwi Voice

Recommendation 7: Support Iwi, Māori and Marae and Trust Boards to have a greater awareness of the harm associated with gambling and the problems that develop.

There is a need to support a greater and stronger iwi, hapū, whānau and Māori voice in gambling at all levels of policy and decision making. Te Herenga Waka O Te Ora Whānau is a body that has been established to provide a voice on issues related to gambling for tangata whenua and should be acknowledged by the Crown and other agencies involved in elimination of gambling harm in whānau , hapū, iwi and in communities.

Greater recognition of indigenous and Treaty of Waitangi rights should be given to iwi, hapū, whānau and Māori consistent with local government and gambling act requirements.

Future gambling research

Recommendation 7. Future research should include examples of families and whānau which have carried out a successful intervention to prevent problem gambling.

Given that there has now been a considerable amount of research on the prevalence and frequency of problem gambling in New Zealand, the research focus needs to shift towards identifying successful intervention strategies to address problem gambling, especially among Māori communities.

A research agenda developed by Māori needs to be initiated so that Māori can provide policy and strategic advice to the Government and to the Gambling Commission which determines the degree of harm different gambling industries create and therefore compensation they must pay.

Appendix 1: Focus Group Questions

1) Tell me about your whānau, who are its members and how does it function?

Probe

- Iwi, hapū, maunga links etc – strength of affiliation
- Extended form of operation/ nuclear based/support network/values
- Urban/rural occupation status

2) Tell me about your whānau and its involvement in gambling?

Probe

- Knowledge of how it came about
- How long has the family known
- Acceptability
- Form of gambling

3) Describe to me as to how gambling has impacted on you, members of your whānau and your whānau as a whole?

Probe

- Who
- Form of impact/ money/health- stress/homes
- Differentiation of impact between whānau members

4) Describe from your perspective as an individual and as whānau member what you consider are the signs and symptoms of problem gambling?

Probe

- Different forms: behavioural, attitudinal, values to gambling
- Different forms: behavioural, attitudinal, values to whānau

5) What knowledge/information and/or help has your whānau been able to access regarding problem gambling?

Probe

- How easy was it to find
- Were there differences between the different forms (acceptability) – web site, pamphlets, counselling –
- What worked best - Applicability to Māori whānau

6) Describe in detail the steps the strategies that your *whānau* has taken internally to address problems with gambling.

Probe

- Strategies to cope with loss whether material/whānau cohesiveness/ stress etc
- Identify if strategies are different for different members. i.e children/partners/etc etc to cope with gambler
- Strategies for the gambler – e.g whānau meeting etc etc

7) If you were to help others with problems with gambling, what whānau strategies would you suggest from your collective experience?

8) What agency strategies would you like to see put in place to protect and support the development of whānau from the effects of problems with gambling?

Probe

- Types and forms that would work best in addition to what is offering

9) Are there any other comments you would like to make about gambling and its impact on whānau.

References

- Abbott, M.W. (2001). *What do we know about gambling and problem gambling in New Zealand?* (Report No. 7 of the New Zealand Gaming Survey). Wellington: Department of Internal Affairs.
- Abbott, M. W. & McKenna, B. G. (2000). *Gambling and Problem Gambling Among Recently Sentenced Women Prisoners in New Zealand*. Wellington: Department of Internal Affairs
- Abbott, M. W., McKenna, B. G. & Giles, L. C. (2000). *Gambling and Problem Gambling Among Recently Sentenced Males in Four New Zealand Prison*. Wellington: Department of Internal Affairs.
- Abbott, M. & Volberg, R. (1991). *Gambling and Problem Gambling in New Zealand*. Wellington: Department of Internal Affairs.
- Abbott, M. & Volberg, R. (1992). *Frequent Gamblers and Problem Gamblers in New Zealand*. Wellington: Department of Internal Affairs.
- Abbott, M., & Volberg, R. (1999). *Gambling and Problem Gambling in the Community: An International Overview and Critique. Report Number One of the New Zealand Gaming Survey*. Wellington. Department of Internal Affairs.
- Abbott, M. W., Williams M. M. & Volberg, R. A. (1999). *Seven Years On: A Follow-Up Study of Frequent and Problem Gamblers Living in the Community*. Wellington: Department of Internal Affairs.
- Centre for Social and Health Outcomes Research and Evaluation & Te Ropu Whariki (2008). *Assessment of the Social Impacts of Gambling in New Zealand*. Auckland: Massey University, Author
- Ciarrocchi, J. W., (2002). *Counselling problem gamblers: A self-regulation manual for individual and family therapy*. New York. Academic Press
- Cunningham, C., Stevenson, B., & Tassell, N. (2005). *Analysis of the Characteristics of Whānau in Aotearoa*. Massey University: Research Centre for Māori Health and Development, School of Maori Studies.
- Darbyshire, P., Oster, C. & Carrig, H. (2001). The experience of pervasive loss: Children and young people living in a family where parental gambling is a problem. *Journal of Gambling Studies* 17(1), 23-45.
- Durie, M. H. (1997). Whanau, whanaungatanga and healthy Māori development. In P. Te Whaiti, M. McCarthy & A. Durie (Eds.), *Mai i Rangiatea* (pp. 1-24). Auckland: Auckland University Press.

Durie, M. (2001). *Mauri Ora: The Dynamics of Maori Health*. Auckland. Oxford University Press.

Durie, M. (2003). *ngā Kahui Pou: Launching Maori Futures*. Wellington. Huia Publishers

Dyall, L. (1998a). *Submission Gaming Review Bill*. Auckland

Dyall, L. (1998b). *Treaty of Waitangi and Gambling*. National Workshop on Treatment for problem Gambling. Auckland. Compulsive Gambling Society of New Zealand Inc.

Dyall, L. (1999). *Maori and Gambling Prevention and Treatment Options*. Rehua Marae. Christchurch. Compulsive Gambling Society.

Dyall, L. (2001a). *Maori Gambling and Problem Gambling*. National Seminar on Gambling Research, Policy and Practice. Auckland University of Technology. (Unpublished)

Dyall, L. (2001b). *Submission Gaming Reform in New Zealand: Towards a New Legislative Framework*. Wellington. Department of Internal Affairs (Unpublished)

Dyall, L. (2001c). *Weaving the Threads: Genetic Modification and Gambling. How do they link together?* Wellington.

Dyall L (2002) *Kanohi ki te Kanohi Face to face A Maori face to gambling New Ethicals Journal : New Zealand Journal of Patient Management* 5 (1) 11-16

Dyall L and Morrison L (2002a) *Maori and the Treaty of Waitangi and gambling in* Curtis B ed *Gambling in New Zealand* Dunmore Press Palmerston North

Dyall, L., & Hand, J. (2003). *Māori and gambling: Why a comprehensive Māori public-health response is required in New Zealand*. *eCOMMUNITY: International Journal of Mental Health & Addiction*, 1(1).

Dyall, L. (2003a). *Kanohi ki Kanohi: A Maori Face to Gambling*. University of Auckland, Doctoral thesis, Department of Community Health.

Dyall, L. (2003b). *Wearing Bifocals*. International Conference and Gambling through Public Health Lens. (Unpublished)

Dyall, L. (2004a). *Gambling: A social hazard*. *Social Policy Journal of New Zealand*, 21, 22-40.

Dyall, L. (2004b) *Problem Gambling Services : Project to Reduce Maori Gambling Related Harm and Imprisonment. First Progress Report*. Auckland. Te Herenga Waka O Te Ora Whanau

Dyall L and Manaia W (2005) *Powhiri and the Treaty of Waitangi : A Maori Protocol Framework for Host Responsibility Proceedings of the New Zealand Gambling Conference* *International Journal of Mental Health & Addiction* (8-14)

Dyall, L. (2007). Gambling, social disorganisation and deprivation. *International Journal of Mental Health & Addiction*, 5(4), 320-330.

Dyall L Tse S Kingi A (2009) Cultural Icons and Marketing of Gambling *International Journal of Mental Health & Addiction* 7 84-96

Dyall L (in press 2009) Gambling : A Poison Chalice for Indigenous Peoples *International Journal of Mental Health & Addiction*

Gambling Watch (2004) *Dealing with Gambling in New Zealand*. Community Resource Pack. Hamilton.

Grant, D. (1994). *On a Roll: A History of Gambling and Lotteries in New Zealand*. Wellington. Victoria University Press.

Hastings District Council (2003). *Social Impact Assessment of Class 4 Gambling on the Hastings District Community*. Hastings, Author.

Metge, J. (1967). *The Maoris of New Zealand*. London. Routledge & Kegan Paul.

Metge, J. (1990) Te Rito o te Harakeke: Conceptions of the Whanau. *Journal of the Polynesian Society*, 99 (1), 55-92.

Ministry of Health (2005). *Preventing and Minimising gambling Harm Strategic Plan 2004 – 2010*. Wellington. Ministry of Health

Ministry of Health (2006). *Tatau Kahukura Maori Health Chart Book*. Wellington Ministry Health

Ministry of Social Development . (2006). *New Zealand Living Standards Report 2004*. Wellington. Ministry of Social Development.

Moeke-Pickering, T. (1996). *Maori Identity within Whānau: A Review of Literature*. Hamilton. University of Waikato, Department of Psychology.

Morrison, L. (1999). *The good and the bad times: Maori women's experience of gambling*. Masters thesis in Psychology, University of Waikato.

Peele, S. (2001). Is Gambling an Addiction like Drug and Alcohol Addiction: Developing Realistic and Useful Conceptions of Compulsive Gambling. *Electronic Journal of Gambling Issues: eGambling Issue 3: February, 2001*.
<http://www.camh.net/egambling/issue3/feature/index.html/>

Reid, K., & Searle, W. (1996). *People's participation in and attitudes towards gambling: Final results of the 1995 survey* (Research Series No. 22). Wellington: Department of Internal Affairs.

Reid, P. & Pouwhare, R. (1992). *Te-taonga-mai-tawhiti. The gift from a distant place*. Auckland. Niho Taniwha.

Rotter, J. C. (2004). Curing Problem or Pathological Gambling Don't bet on it. *The Family Journal*, 12(1), 37-39.

Te Puni Kokiri and Ministry of Women's Affairs. (1996). *Maori Women in Focus. Titiro Hangai Ka Marama*. Wellington: Te Puni Kokiri and Ministry of Women's Affairs

Walker, R. (1990). *Ka Whawhai Tonu Matou. Struggle without end*. Auckland: Penguin Books

Walker, T. (2006). *Whanau is Whanau* (Blue Skies Report 8/06). Wellington: Families Commission.

Walters L & Walters M. (1987). *Awhi Whanau*. Rotorua: Pihopatanga o Aotearoa