INSIGHTS REPORT GAMBLING HARM







WHAKATAUKĪ

E kore au e ngaro, he kakano ahau I ruia mai I Rangiatea

I am never lost, for I am a seed sown of Rangiatea

Despite the challenges and struggles, we possess intrinsic strength and resilience that aids us in our journey to recovery.

As those grappling with gambling addiction navigate the path to recovery, this whakataukī becomes a source of hope and affirmation. It emphasises that the journey may be difficult, but one is never permanently lost. The inherent potential for transformation and growth is symbolised by the seed, suggesting that recovery is not just about overcoming challenges but also about rediscovering and nurturing an authentic self.

TABLE OF CONTENTS

CONTEXT	4
BACKGROUND	4
ACKNOWLEDGEMENT	5
PURPOSE	5
METHODOLOGY	6
HEALTHY FAMILIES PRINCIPLES	7
SIX CONDITIONS OF SYSTEMS CHANGE	8
THE CHALLENGE	9
INSIGHTS	11
1 GAMBLING CAN BRING DEEP SHAME, EMPHASISING THE IMPORTANCE FOR A HOLISTIC WRAP AROUND SERVICE THAT ENCOMPASSES COMPREHENSIVE SUPPORT SYSTEMS AND LIVED EXPERIENCES	12
2 EMBEDDING CULTURAL WISDOM: A MĀTAURANGA AND TE AO MĀORI APPROACH TO PROBLEM GAMBLING PREVENTION AND INTERVENTION	14
SCOPE OF OPERATIONS	
3 STRENGTHENING AND INTENSIFYING ENGAGEMENT IS CRUCIAL IN ORDER TO INFORM EXTENSIVE AND EFFECTIVE SERVICE DELIVERY AND GAMBLING HARM REDUCTION	16
4 ERADICATING THE STIGMA THROUGH MANA-ENHANCING EDUCATION CAN EMPOWER WHĀNAU DECISION-MAKING	18
NETWORK OF SUPPORT	
5 UNDERSTANDING THE TOLL: PROBLEM GAMBLING HAS A PROFOUND EFFECT ON TĂNGATA WHAIORA AND THEIR WIDER WHĂNAU, ESPECIALLY THOSE FROM MARGINALISED COMMUNITIES. WHĂNAU BELIEVE ADDICTION SERVICES SHOULD HELP REDUCE INTERGENERATIONAL HARM	20
6 WHĀNAU WANT TO ADDRESS THE ROOT CAUSES AND IMPACTS OF GAMBLING ADDICTION	22
STRATEGIC SHIFTS	24
RECOMMENDATIONS	25
CALL TO ACTION	26
REFERENCES	27

CONTEXT

The purpose of this report is to outline the necessary changes for establishing a regional system of gambling harm prevention services that is easily accessible, fair, and responsive to the needs and preferences of whānau. The insights provided are based on the perspectives of whānau, communities, and the sector.

It is recognized that achieving a more effective gambling harm prevention service requires showcasing the interconnectedness of communities. This involves a commitment to collaboration and partnerships that align with the values and vision of our communities, aiming to proactively prevent additional harm related to gambling.

BACKGROUND

Healthy Families NZ is a large-scale initiative that brings community and community leadership together in a united effort for better health. It aims to improve people's health where they live, learn, work and play by taking a systems approach for prevention. Healthy Families NZ has an explicit focus on equity, improving health for Māori and reducing inequities for groups at increased risk or preventable chronic disease.

Te Oranganui submitted a Registration of Interest (ROI)/tono for preventing ongoing and cumulative effects of gambling harm, to Te Aka Whai Ora. Healthy Families Whanganui, Ruapehu, Rangitīkei facilitated the co-design process and Waiora Hinengaro oversaw implementation based on these insights and recommendations in the rohe (region).

The overarching goals of the Collaborative Design initiative include:

- Expressing the aspirations, and objectives of whānau, hapū, and iwi affected by gambling addiction.
- Upholding the wairua of collective contribution, leading to enhanced health and wellbeing for everyone in Aotearoa New Zealand.
- Transforming existing gambling services into a connected ecosystem that caters to community needs. Further supporting, protecting, and enhancing intergenerational health all shaped by the community's experience of effective strategies.
- Building capability and capacity for more efficient and rapid change across the service delivery system in the Whanganui rohe.

The key outcomes we want to achieve are:

- A set of priorities identified by the ecosystem of services and whānau.
- Approaches and services being available and responsive to communities and their self-identified needs.
- Public health initiatives to be developed in collaboration with priority populations and addressing the stigma of gambling addiction and harm within schools.

This approach aligns directly with the Te Pae Tata Health System Transformation initiative, aimed at

enhancing the health and wellbeing of all New Zealanders in 2022.

Additionally, it aligns with the Pae Ora – Healthy Futures Act of 2022, which envisions an equitable and flourishing Aotearoa where health is actively promoted and safeguarded.

ACKNOWLEDGEMENT

Special thanks to Jarna Flintoff who joined our Healthy Families Whanganui, Rangitīkei, Ruapehu team as part of an Internship and lead out this piece of mahi on Preventing and Minimising Gambling Harm Initiative. We are grateful to Hine Potaka-Gardiner from Te Oranganui, Sharon Crombie from Te Oranganui and Te Whatu Ora Whanganui, Peti Waaka from PGF (Problem Gambling Foundation) Services, Shane Brown from Te Whatu Ora Whanganui and Cath Healey from Te Rangihaeata Oranga HB for your guidance and contribution to this kaupapa as critical friends over the last 3 months.

We are thankful to whānau and the sector for leaning into this kaupapa and sharing with us your stories and hope for change. Your voices reflect the community's eagerness to be a part of this transformational change.

PURPOSE

This report aims to identify the necessary changes for creating a more purposeful gambling harm services system that is easily accessible, fair, and responsive to the needs and preferences of individuals. It achieves this by incorporating the perspectives of whānau, communities, and professionals.

Recognizing the imperative for increased effectiveness and expeditious success, there is a commitment to transforming and modifying the approach to delivering gambling harm services throughout the rohe. This transformation involves fostering shared understanding and ownership of the most critical changes required for swift action across the life continuum.

The insights and priorities derived from community engagements play a pivotal role in shaping the implementation priorities, ensuring that the proposed changes are informed by the actual needs and experiences of the community.

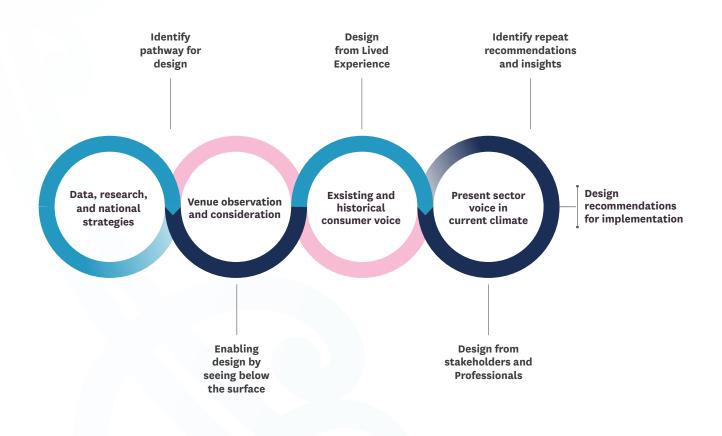
METHODOLOGY

We conducted a rapid review of local data and relevant literature which provided initial insights guiding discussions on understanding problem gambling. This process played a crucial role in shaping the inquiry framework, which further evolved after the initial engagements.

Collaborating closely with local stakeholders, community champions, and engaging with a diverse range of whānau residing in Whanganui, Marton, Ohakune, Raetihi, and Taihape, our engagement strategies included interactive workshops, peer-to-peer interviews, small group interviews, and surveys.

We collected and analysed over 1000 comments as data points, synthesising them to derive key insights outlined in this report. Our observations and critical learnings from working across the region with whānau, community champions, and system influencers have also been integrated into the findings.

Maintaining an innovation mindset, we firmly believe in the principle that individuals are the experts of their own solutions. This philosophy aligns with the mātāpono of rangatiratanga, emphasising self-determination and autonomy.



HEALTHY FAMILIES PRINCIPLES



Leadership



Collaboration for Collective Impact



家

Adaptation





Implementation at Scale



Line of Sight

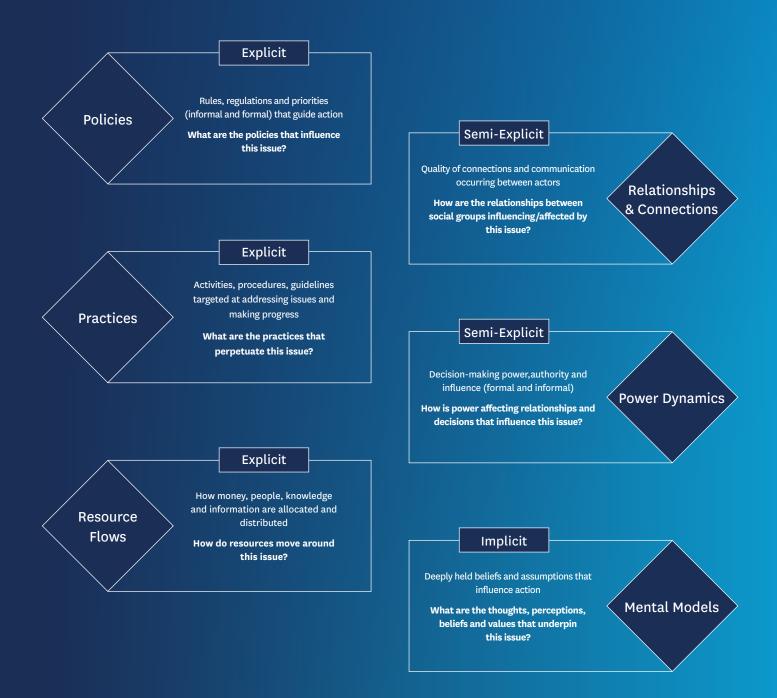


Experimentation

SIX CONDITIONS OF SYSTEMS CHANGE

Healthy families NZ enables community-led change through the Six Conditions of Systems Change. These six interdependent conditions are what hold problems in place, and also what enable a problem to be resolved through systemic disruption.

Some Conditions are explicit and obvious, and some are more implicit and harder to see. Each provides a focus area that can inform the development of change strategies and systems innovation.



THE CHALLENGE

In 2022, the Ministry of Health, Manatū Hauora, released the "Strategy to Prevent and Minimise Gambling Harm 2022/23 to 2024/25." This publication delved into public health and clinical strategies mandated by the 2003 Gambling Act. The document assessed existing prevention measures, early interventions, clinical strategies, and equity considerations in gambling. The findings from this exploration were used to pilot and shape the strategies for the years 2022/23 to 2023/24.

It found:

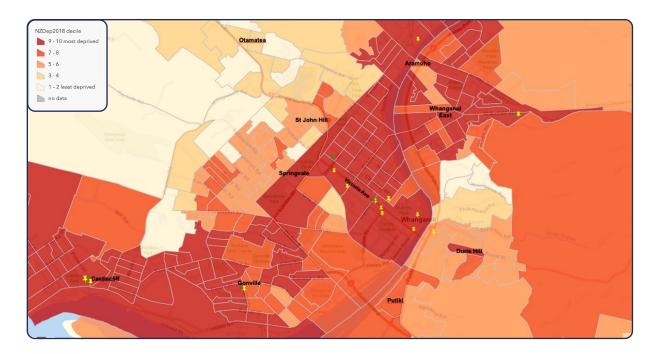
- Māori and Pacific peoples experience higher levels of harm from gambling compared to others.
- People in socially deprived areas face more harm due to increased exposure to gambling products.
- At-risk gamblers often have other health issues (comorbidities), and there is low participation in treatment and screening to prevent gambling harm.
- Children are affected by gambling harm, and there are concerns about the long-term impact of involving young people in gambling activities.

What else do we know?

- Māori are 3.13 times more likely to face moderate-risk or problem gambling compared to non-Māori and non-Pacific peoples.
- One in five adults is impacted by their own or someone else's gambling at some point in their lives.
- Over half of the total electronic gaming machine (EGM) expenditure in 2015 came from at-risk and problem gamblers.
- Rangatahi (young people) make up around 14 percent of at-risk gamblers.
- Women are particularly susceptible to the economic strains of gambling harm.
- Kaumātua (elderly individuals) are less likely to gamble, but research suggests they become more vulnerable to gambling harm and addiction after retirement.
- Harmful gambling is often associated with other health issues like smoking, hazardous alcohol consumption, drug use, depression, and poorer self-rated health.
- Severe problematic gambling behaviour adversely affects between 5 to 10 other people.

What we observed

As part of our information gathering process, we conducted observations and analysis of both TABs and Non-Casino Gaming Machine (NCGM/Pokies) venues throughout urban Whanganui. Our aim was to assess the impact of venue location, layout, and composition on various factors.



Key: Y Pokies venues (14) G TAB venues (5)

In the Whanganui region, there are a total of 26 Non-Casino Gaming Machine (NCGM) venues containing a total of 371 Electronic Gaming Machines (EMG), 10 TAB venues, and numerous LottoNZ venues. Specifically, within urban Whanganui, there are 14 NCGM venues and 5 TAB venues. In the Rangitikei district, there are 7 NCGM venues and 2 TAB venues, while in the Ruapehu district, there are 5 NCGM venues and 3 TAB venues.

A notable observation is that 93% of the pokies venues throughout the Whanganui region are situated in the highest deprivation areas. This contrasts with the national average, which is approximately 60%. This represents a significant increase of 33% within our region, highlighting a concentration of gaming venues in areas with higher levels of deprivation.

What could we see in-venue:

- People at NCGM venues show signs of risky gambling.
- Women seem more at risk of gambling problems.
- Most gamblers in the venues are older individuals (kaumātua).
- Bar staff often let gamblers take out money.
- Many gamblers withdraw money several times in one gambling session.
- There's not enough signs promoting responsible gambling.
- Two of our kaimahi who entered one of the local TAB's were not asked for ID despite looking under the age of 18.
- There's an excess amount of money in the gaming machines (pokies).

INSIGHTS



Gambling can bring deep shame, emphasising the importance for a holistic wrap around service that encompasses comprehensive support systems and lived experiences



Embedding cultural wisdom: A Mātauranga and Te Ao Māori approach to problem gambling prevention and intervention



Strengthening and intensifying engagement is crucial in order to inform extensive and effective service delivery and gambling harm reduction



Eradicating the stigma through mana-enhancing education can empower whānau decision-making



Understanding the Toll: Problem gambling has a profound effect on tāngata whaiora and their wider whānau, especially those from marginalised communities. Whānau believe addiction services should help reduce intergenerational harm



Whānau want to address the root causes and impacts of gambling addiction



GAMBLING CAN BRING DEEP SHAME, EMPHASISING THE IMPORTANCE FOR A HOLISTIC WRAP AROUND SERVICE THAT ENCOMPASSES COMPREHENSIVE SUPPORT SYSTEMS AND LIVED EXPERIENCES

Addressing gambling harm in a non-judgmental manner requires a comprehensive wrap-around service that creates a secure environment through lived experiences and robust support systems. This approach acknowledges the importance of empathy and understanding, ensuring individuals feel safe and supported throughout their journey to recovery.

By incorporating lived experiences, the service can resonate more deeply with those affected by gambling harm, fostering a sense of connection and reducing the stigma associated with seeking help. The wrap-around model recognizes that individuals are unique, and by providing holistic support, it aims to address the multifaceted aspects of gambling harm while promoting a judgement-free space for healing and recovery.

RESEARCH

Incorporating lived experience into Alcohol and Other Drug (AOD) service delivery is paramount for fostering empathy, understanding, and effective support, this approach recognizes the invaluable insights gained from individuals who have personally navigated the challenges of addiction and recovery (Te Pou, 2020, 2023b).

By integrating the wisdom and perspectives derived from lived experiences, service providers can enhance the relevance and responsiveness of interventions (Te Pou, 2020, 2023b). They can purposefully do this by living and demonstrating wellbeing and recovery, connecting with people based on mutual or similar experience, acting as a bridge between people accessing services and clinical staff. This validates the unique journey of each individual and creates a more compassionate and person-centred environment within the AOD service delivery (Te Pou, 2020, 2023b).

Ultimately, drawing on lived experiences contributes to a more comprehensive and empathetic approach to addressing the complexities of addiction and promoting sustained recovery (Te Pou, 2020, 2023b).

COMMUNITY SAYS

"Having lived experience affords kaimahi accurate empathy at the first interaction. Someone that hasn't experienced those intense cravings, desires, urges and loss of control, doesn't have the same ability to have accurate empathy and connect with that person on a deeper level." - whānau lived experience.

"She really knows how to empathise with people, and there's no judgement." - **whānau lived experience**.

"It's really helpful, knowing your own experience, and what worked for you, and what you still want to engage with like other people's stories so it's not so shameful." whānau lived experience. "When support services get involved, it adds a further degree of accountability for that person. Having a support system is important, I think a support group would be good." - whānau lived experience.

"You're going out and promoting your service and you're finding the gamblers and it's really important that the engagement is nonjudgmental." - **kaimahi**.



INSIGHT 2

EMBEDDING CULTURAL WISDOM: A MĀTAURANGA AND TE AO MĀORI APPROACH TO PROBLEM GAMBLING PREVENTION AND INTERVENTION

Māori individuals are about 3.13 times more likely than non-Māori to be moderate-risk or problem gamblers. This higher risk is connected to various factors, such as the normalisation of gambling, appropriating Māori culture by using symbols from Māori traditions in and around gambling places, and generational trauma. This situation increases the chance of gambling issues being transmitted through generations among Māori people. Understanding cultural nuances is essential for addressing the unique challenges and opportunities presented by gambling within the Māori community.

For indigenous people, connection holds significant importance, especially in intangible settings, particularly when dealing with addiction. In the context of addiction, there is often a palpable disconnect from the future. The emphasis on connection reflects the importance of fostering relationships, cultural ties, and a sense of belonging, all of which play crucial roles in addressing the challenges associated with addiction among indigenous communities. Gambling addiction is paradoxical to whanaungatanga (connections); moving from isolated individuals to connected and thriving communities. Recognizing and strengthening these connections becomes a priority in supporting individuals on their journey toward recovery and well-being.

RESEARCH

Tikanga encompasses a set of values, customs, and practices embedded in Māori culture, guiding individuals in decision-making and interpersonal relationships (Durie, 1994; Dyall et al., 2008; Levy, 2015; Raylu et al., 2004). Although there is no direct evidence linking tikanga to the resolution of gambling issues among Māori, it is conceivable that tikanga offers a framework for addressing the underlying causes of addiction (Durie, 1994; Dyall et al., 2008; Levy, 2015; Raylu et al., 2004).

One such aspect is the emphasis on whakapapa, highlighting the genealogical connections between all entities in the universe (Durie, 1994; Levy, 2015). By immersing themselves in whakapapa, Māori can gain a profound understanding of their position in the world and the consequences of their actions (Durie, 1994; Levy, 2015). This awareness aids in pinpointing the root causes of gambling addiction, enabling the development of effective strategies for recovery (Commission on Social Determinants of Health, 2008; Durie, 1994; Dyall et al., 2008; Levy, 2015; Raylu et al., 2004).

Tikanga underscores the significance of collective responsibility and community support, seeking assistance from their whānau and broader community enables Māori to access the necessary support to overcome addiction and reconstruct their lives (Commission on Social Determinants of Health, 2008; Durie, 1994; Dyall et al., 2008; Levy, 2015; Raylu et al., 2004).



15

COMMUNITY SAYS

"I truly recommend a whānau hui strategy, like you did with Aunty and addressing the problems. What's the rongoā for that? It's whānau supporting whānau."- whānau lived experience.

"Our whānau need to be educated on the reasons why they do get addicted to gambling and reframe gambling as a symptom or manifestation of colonisation and educating them." - whānau lived experience.

"I think whānau inclusive therapy is extremely beneficial. Mana enhancing, client centred, whānau centred, holistic, solution focused therapy, mentors, and peer initiatives." - kaimahi.

"Whānau don't want to talk about gambling. So, my experience in engaging with Māori out in the community is that they don't seek help for gambling." - **kaimahi.**



INSIGHT 3

STRENGTHENING AND INTENSIFYING ENGAGEMENT IS CRUCIAL IN ORDER TO INFORM EXTENSIVE AND EFFECTIVE SERVICE DELIVERY AND GAMBLING HARM REDUCTION

In order to effectively reduce gambling harm, services must be intense enough to keep tāngata whaiora (individuals seeking wellness) actively engaged. Intensity in this context implies services that are comprehensive, personalised, and sufficiently challenging to address the specific needs and complexities of each individual. It is evident that self-exclusions and multi-venue exclusions are unsustainable as a mode of treatment or intervention and should be followed up leading up to the expiry of the exclusion. By providing intense support, these services aim to maintain sustained engagement, foster positive behavioural changes, and contribute to long-term recovery from gambling-related issues. This approach recognizes the importance of tailored and robust interventions to meet the diverse needs of individuals affected by gambling harm.

RESEARCH

Boosting engagement for efficient harm reduction involves the implementation of intensive services to address gambling-related harm among tāngata whaiora (Abbott et al., 2017). Effective educational initiatives go beyond mere immediate awareness, striving for sustained behavioural change (Abbott et al., 2017). By fostering a sense of responsibility and resilience within whānau, these programs aim to establish enduring positive impacts, contributing to a comprehensive and lasting approach to harm reduction in the context of gambling (Abbott et al., 2017).

Research suggests that additional support services and follow-up, results in significantly better outcomes for tāngata whaiora with more severe gambling problems, higher comorbidity and those who sought to moderate rather than stop gambling (Abbott et al., 2017).

Research indicates that for most people problem gambling has a fluctuating natural history, with many people transitioning through varying severity levels and duration. While natural recovery rates appear to be high, greater problem severity and comorbidity are associated with chronicity and relapse. This highlights the importance of developing interventions that maintain treatment outcomes and reduce the frequency of relapse (Abbott et al., 2017).

COMMUNITY SAYS

"I can't do this on my own. I'm going to ring up the gambling helpline and I'm going to need to be open and honest. I asked for a blanket exclusion (Multi Venue Exclusion). I've done it (Self Exclusions) a few times actually; I couldn't believe it. I was straight back after 2 years." - whānau lived experience.

"They were really good, like on the phone and if I wasn't ringing them, they were ringing me. I think follow-up, the aftercare is extremely important." - whānau lived experience. "It (counselling) was awesome, it was great and I always left feeling great but I felt it needed to be more intense." - whānau lived experience.

"10 years back, I started excluding myself, for a year, two years and then I'd come right back." - whānau lived experience.



INSIGHT 4

ERADICATING THE STIGMA THROUGH MANA-ENHANCING EDUCATION CAN EMPOWER WHĀNAU DECISION-MAKING

Mana-enhancing education about gambling harm plays a crucial role in dismantling the stigma associated with gambling addiction. By providing information and insights that empower individuals and whānau (extended family) with knowledge, this form of education promotes a deeper understanding of the challenges related to gambling. It enables whānau members to make informed decisions about gambling behaviours and addiction.

Breaking the stigma surrounding gambling addiction involves fostering a sense of empowerment and dignity. Mana-enhancing education respects the mana (authority and prestige) of individuals and their whānau, recognizing their capacity to make choices based on understanding and awareness. This approach not only contributes to informed decision-making but also supports a more compassionate and supportive community environment for those dealing with gambling harm.

RESEARCH

Research indicates that education plays a crucial role in reducing stigma associated with gambling harm, by increasing awareness and understanding of the complexities surrounding gambling issues, individuals and communities are more likely to adopt empathetic attitudes (Quigley, 2022).

Empowering decision-making within whānau involves providing comprehensive education about the consequences of gambling harm, this includes information on the impact on mental health, family dynamics, and community well-being (Quigley, 2022).

Research suggests that informed decision-making is more likely when individuals and families have a deeper understanding of the potential risks and benefits (Quigley, 2022).

Community-based education initiatives have shown promise in reducing stigma and empowering decision-making (Quigley, 2022). Collaborative efforts involving community leaders, educators, and support services contribute to a more comprehensive and culturally relevant approach, tailoring interventions to align with the cultural context of whānau can enhance effectiveness (Quigley, 2022). Addressing cultural nuances helps in breaking down barriers and promoting open discussions about gambling harm (Quigley, 2022).

COMMUNITY SAYS

"I would explore research trying to figure out what was drawing me to the machines. I came to the conclusion that if I'm going to get out of this, I have to educate myself." - whānau lived experience.

"I reckon I'd like to see people, like with pamphlets and actually proactively getting into those areas of concern." - whānau lived experience.

"I think our whānau need to be educated on the reasons why they do get addicted to gambling and be able to reframe gambling as a symptom or manifestation of colonisation and educating them." - kaimahi "Advertisement could be through; AOD promotion, Awa FM, statistics, and paper advertisements." - **kaimahi**

"Someone that is so supportive, someone from a manaaki perspective, 'Hey, I noticed you're in here a lot, have you got kai at home' and then actually providing psychoeducation." - kaimahi/ lived experience.





INSIGHT 5

UNDERSTANDING THE TOLL: PROBLEM GAMBLING HAS A PROFOUND EFFECT ON TĂNGATA WHAIORA AND THEIR WIDER WHĀNAU, ESPECIALLY THOSE FROM MARGINALISED COMMUNITIES. WHĀNAU BELIEVE ADDICTION SERVICES SHOULD HELP REDUCE INTERGENERATIONAL HARM.

The Toll of Gambling on Vulnerable Communities: The influence of gambling as a focused addiction disproportionately affects communities facing economic challenges, social disparities, or other factors. Vulnerable communities, characterised by these factors, may be particularly susceptible to the detrimental consequences of gambling addiction. Vulnerable communities, often characterised by economic challenges, social disparities, or other factors, may be more susceptible to the harmful consequences of gambling addiction.

The intersectional effects of vulnerability within communities leads to susceptibility of intergenerational trauma. The negative effects can include financial strain, mental health issues, and disruptions to family and community well-being. Addressing gambling-related harm in vulnerable communities requires targeted interventions that consider the unique challenges these communities face. Strategies to reduce intergenerational trauma should include education, support services, and community engagement to mitigate the adverse effects of gambling and promote well-being among individuals and families in these contexts.

RESEARCH

Vulnerable communities, such as those with lower socio-economic status, may be more susceptible to the negative consequences of gambling, including financial strain, addiction, and mental health issues (Ministry of Health, 2015). Therefore vulnerable individuals may be more susceptible to the mental health consequences of gambling harm, including stress, anxiety, and depression (Ministry of Health, 2015). This often goes hand in hand with barriers in accessing support services for gambling-related issues, such as counselling or treatment programs, which can exacerbate the challenges they face (Ministry of Health, 2015).

They may experience increased exposure to gambling opportunities, such as the presence of casinos or easy access to other forms of gambling this heightened accessibility can contribute to higher rates of problematic gambling behaviour (Ministry of Health, 2015).

Early exposure to gambling can create normalisation of gambling within communities therefore increasing the risk of gambling addiction leading to a complex array of impacts (Dyall, 2009).

Losses from gambling can exacerbate existing economic challenges and can strain family relationships and contribute to breakdowns in households, affecting the overall well-being of vulnerable families (Ministry of Health, 2015).

In culturally diverse vulnerable communities, the impact of gambling harm may intersect with cultural factors, requiring culturally sensitive approaches to prevention and support (Ministry of Health, 2015). The disproportionate toll of gambling on vulnerable communities is recognized as a public health concern, prompting the need for targeted interventions, policy considerations, and community-based initiatives (Ministry of Health, 2015).

COMMUNITY SAYS

"That was quite attractive, it looked quite mature, and it looked like fun cause the uncles, they'd be laughing and drinking at the same time. That was probably my first intro to gambling." - whānau lived experience.

"My son was my why, because he's got a big gambling issue too, that's half the reason why
I quit." - whānau lived experience.

"I grew up in a house full of drugs and drug addicts and somehow I fell into gambling. Because I had grown up in the underworld, sort of, with drugs and we used to steal and things like that. My mum was a shoplifter so I would fund my gambling through shoplifting." - whānau lived experience.

"Not on me but I grew up in a house with a lot of family violence, and now it affects me and my relationships and in lots of other ways." - whānau lived experience.

WHĀNAU WANT TO ADDRESS THE CAUSES AND IMPACTS OF GAMBLING ADDICTION

Gambling addiction is a complex societal problem that extends beyond the realm of justice, reaching into the domains of social and public health. Unlike criminal behaviour that typically falls under the purview of the justice system, gambling addiction primarily manifests as a health issue with profound social implications. Individuals grappling with gambling addiction often face severe consequences on their mental and emotional well-being, as well as strained relationships and financial instability. Addressing this issue necessitates a comprehensive approach that emphasises healthcare and social support systems rather than punitive measures.

The impact of gambling addiction extends beyond the individual, affecting families and communities. By framing it as a social and health concern, society can foster a more empathetic and rehabilitative response, focusing on prevention, treatment, and support systems that promote overall well-being.

RESEARCH

Engaging in gambling entails risking something valuable with the anticipation of gaining something of higher worth, encompassing activities like casino gambling, lotteries, and online gambling (The Lancet Public Health, 2021).

It is important to recognize that gambling is not a typical or benign activity; rather, it is a healthharming addictive behaviour (The Lancet Public Health, 2021). The inherent risk and potential for addiction associated with gambling distinguish it from ordinary pursuits, emphasising the need for awareness and proactive measures to address the adverse consequences it may pose to individuals' well-being (The Lancet Public Health, 2021).

Problem gambling and gambling disorder share a comparable diagnosis and exhibit a high level of comorbidity with substance addictions. Pathological gambling, in particular, manifests certain characteristics akin to substance addictions, including cravings, loss of control, withdrawal syndrome, and tolerance (Esparza-Reig et al., 2023). Tolerance, in this context, is understood as the escalating need to engage in gambling activities or consume more, mirroring the patterns observed in substance addiction (Esparza-Reig et al., 2023). The overlapping features emphasise the interconnected nature of these behavioural health challenges and underscore the importance of addressing them within a comprehensive framework (Esparza-Reig et al., 2023).

COMMUNITY SAYS

"Gambling harm and gambling addiction is currently viewed as a public health or social issue yet we forget that the physiological symptoms that sit behind it generally mimics those of other addictions such as drugs and alcohol. AOD addictions, anxiety and depression often coexist with gambling therefore triggers relating to gambling addiction often need counselling and psychotherapy to address the underlying core beliefs and issues that a person may be experiencing. These beliefs are often the root cause or contributors to the problem in the first place. If a person is unable to work through these then they will continue to experience triggers and respond to these with maladaptive coping strategies such as gambling." - kaimahi.

"From age, say 20 to 25, there was the cards, horses, that sort of thing. But that was never really problematic, but probably my problematic gambling started when methamphetamine came along. Because I was dealing meth, I used to have a lot of money and I can remember there was a time, probably over a couple of weeks of spending a grand a day playing pokies. Actually, it never felt like my money." - whānau lived experience. "I've been to prison in 2012 and my last time was this year (2023), I've been in this cycle for so long." - whānau lived experience.

"My son, he nearly committed suicide after losing all his wages one night. We saw him and we had to follow him. Sure enough he was in his car and he had the exhaust running and we called the ambulance. We saw it in the pokie room when he lost it. That last push and the look on his face was 'this is it'. You don't ever want to see it." - whānau lived experience. **STRATEGIC SHIFTS**

INTENTION SHIFT FROM SHIFT TO BENEFITS A model of innovation Adopt a kaupapa Maori and new improved approach to addressing Inadequate, low Whānau ora. ways of working problem gambling level, disjointed connected support, prioritizing community support system safe & inclusive **Enabling awareness** wellbeing and cultural values of connections to pinpoint root causes, aiding recovery strategies **Recalibration of services** for a community wide Hidden addiction & MH&AOD led **Customized approaches** response - policy change crisis management harm reduction for specific at-risk and reorientation of communities resource flow into health A more empathetic and rehabilitative approach that promotes overall Grow peer support workers wellbeing of whānau and lived experiences within Open, high trust & Apathetic, stigma & gambling harm prevention shame-causing free from predjudice Fostering empathy, and intervention understanding and

effective support

RECOMMENDATIONS / PRIORITIES

Consider reorienting resource flow to enable a Kaupapa Māori model of care so we can increase our reach, deepen our engagement and provide mana-enhancing support. Implement comprehensive cultural competency training for kaimahi in mental health and addiction services. This ensures that they are equipped with the knowledge and skills needed to provide culturally sensitive care within a Kaupapa Māori framework.

Establish partnerships with mental health and addiction organisations to integrate gambling harm prevention and intervention into existing mental health services. Leverage existing infrastructure and expertise.

Convene leadership to complete the systems thinking, addressing the systemic issues causing gambling harm & identify and design policies to protect communities.

2

Grow and prioritise a peer support workforce to ensure relevancy of lived experience within initial interactions, building and maintaining stronger trust, relationships and connections. Develop training programs that specifically address the nuances of gambling harm, including understanding the psychology of gambling addiction and effective intervention strategies.

Utilise data and research on gambling harm to inform the design of peer support programs, ensuring they are evidence-based and responsive to emerging trends.

Implement robust monitoring and evaluation processes to assess the impact of peer support interventions on gambling harm prevention. Use feedback to continually refine and improve program design.

CALL TO ACTION

Mel Maniapoto-Bennett Kaihautū Waiora Hinengaro

Waiora Hinengaro

Te Oranganui Trust 133 Wicksteed Street, Terrace House - Level 4

Email: mel.maniapoto-bennett@teoranganui.co.nz **Phone:** 027 467 7084

Chy Potaka-Osborne

Lead Systems Innovator

Waiora Whānau Healthy Families Whanganui, Rangitīkei, Ruapehu

Email: Cheyenne.potaka-osborne@teoranganui.co.nz

REFERENCES

Abbott, M., Bellringer, M., Vandal, A. C., Hodgins, D. C., Battersby, M., & Rodda, S. N. (2017). Effectiveness of problem gambling interventions in a service setting: a protocol for a pragmatic randomised controlled clinical trial. <u>https://doi.org/10.1136/bmjopen-2016-013490</u>

Commission on Social Determinants of Health. (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva: World Health Organization.

Durie, M. (1994). Whaiora: Maori Health Development. Auckland: Oxford University Press.

Dyall, L., & Hand, J. (2008). Maori and Gambling: Why a Comprehensive Maori Public-health Response is Required in New Zealand. International Journal of Mental Health and Addiction, 1(1).

Dyall, L. (2009). The Impact of Gambling on Māori . <u>https://www.maramatanga.ac.nz/sites/default/files/</u> Dyall%20web%20ready_0.pdf

Esparza-Reig, J., Martí-Vilar, M., González-Sala, F., Merino-Soto, C., Hernández-Salinas, G., & Toledano-Toledano, F. (2023). Health-Related, Social and Cognitive Factors Explaining Gambling Addiction. Healthcare (Basel, Switzerland), 11(19), 2657. https://doi.org/10.3390/healthcare11192657

The Lancet Public Health. (2021). Gambling: a neglected public health issue. 6(1). <u>https://www.thelancet.com/</u>journals/lanpub/article/PIIS2468-2667%2820%2930290-5/fulltext

Levy, M. (2015). The impacts of gambling for Māori families and communities: A strengths-based approach to achieving whānau ora. Hamilton: Te Runanga o Kirikiriroa. <u>https://www.health.govt.nz/system/files/documents/</u>publications/trok-impacts-ofgambling-final-jan2015.pdf

Ministry of Health. (2015). The Impacts of Gambling For Māori Families and Communities: A Strengths-Based Approach to Achieving Whānau Ora. Wellington: Ministry of Health.

Ministry of Health. (2023). Commissioning for Pae Ora Healthy Futures. Wellington: Ministry of Health.

Ministry of Health. (2022). Strategy to Prevent and Minimise Gambling Harm. Wellington: Ministry of Health

Quigley, L. (2022). Gambling Disorder and Stigma: Opportunities for Treatment and Prevention. <u>https://doi.org/10.1007/s40429-022-00437-4</u>

Raylu, N., & Oei, T. (2004). Role of culture in gambling and problem gambling. Clinical Psychology Review, 23, 1087-1114

Te Aka Whai Ora - Māori Health Authority, Te Whatu Ora - Health New Zealand. (2022). Te Pae Tata Interim New Zealand Health Plan 2022. Wellington.

Te Pou. (2020). Consumer, peer support & lived experience: Mental health and addiction workforce development strategy: 2020-2025. <u>https://d2ew8vb2gktrom.cloudfront.net/files/resources/Peer-workforce-strategy-2020-2025-final.pdf</u>

Te Pou. (2023). Consumer, peer support and lived experience workforce development action plan 2020-2025. https://d2ew8vb2gktrom.cloudfront.net/files/resources/CPSLE_Action_Plan.pdf

Te Pou. (2023). He arataki ki ngā kaimahi mātau ā-wheako: A guide to the consumer, peer support, and lived experience workforce in mental health and addiction settings. <u>https://d2ew8vb2gktrom.cloudfront.net/files/</u>resources/CPSLE-guide.pdf

INSIGHTS REPORT



