Additional Mode of Problem Gambling (Gamblers)

Compared with primary modes, of those gamblers able to identify an additional mode of problem gambling, a higher proportion of clients indicated involvement in Lotto, sports betting and housie. See the table following the pie chart for exact figures.

Gamblers - distribution by additional mode

<table>
<thead>
<tr>
<th>Gamblers Additional Mode of Problem Gambling</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-casino machines</td>
<td>24.9</td>
</tr>
<tr>
<td>Track</td>
<td>22.1</td>
</tr>
<tr>
<td>Casino tables</td>
<td>13.9</td>
</tr>
<tr>
<td>Casino machines</td>
<td>12.5</td>
</tr>
<tr>
<td>Other</td>
<td>9.9</td>
</tr>
<tr>
<td>Lotto</td>
<td>8.2</td>
</tr>
<tr>
<td>Housie</td>
<td>4.6</td>
</tr>
<tr>
<td>Sports betting</td>
<td>3.2</td>
</tr>
<tr>
<td>Keno</td>
<td>0.7</td>
</tr>
</tbody>
</table>
Primary Mode of Problem Gambling by Gender (Gamblers)

Women gamblers presenting for treatment were over-represented in terms of use of gaming machines (both casino and non-casino) but were under-represented at the track where men were much more common.

Primary Mode of Problem Gambling by Age (Gamblers)

When analysed by age, the primary gambling mode patterns are difficult to distinguish. Clients with problems gambling on non-casino machines represented all age bands whereas clients with problems gambling on casino machines were noticeably older. This pattern may vary as data for larger numbers of older clients become available.
Primary Mode of Problem Gambling by Ethnicity (Gamblers)

Primary gambling modes by ethnicity are presented in the chart below. Like the data on mode by age, these patterns may vary as data for larger numbers of Pacific Nations and Maori clients become available.

Gamblers – primary mode by ethnicity

Severity of Gambling Problems Among Clients

The South Oaks Gambling Screen (SOGS) is the most established tool for gauging the severity of gambling problems. The screen has a top score of 20 but people who score three or more can be considered Problem Gamblers (see Abbott & Volberg, 1991, p.11). People who score five or more are very likely to also meet the Diagnostic and Statistical Manual III criteria for Pathological Gambling (Lesieur and Blume, 1987).

SOGS scores are now available for 737 problem gambler records in the PGPA database (73%) and two different views of the same figures are presented on the page following.

Both charts clearly show that the great majority of clients are gambling at probable-pathological levels (i.e. their score is greater than five) at the time they enter a service.

Services funded by COPGM are treating people with the most severe gambling problems.

---


Severity of Gambling Problems Among Clients (Continued)

The first chart utilises the Stinchfield groupings. The second chart subdivides the “5+” category to show the numbers scoring 5, 6-10, and over 10.

---

SOGS Scores (Stinchfield)\(^4\)

SOGS Scores (MacKinnon)\(^5\)

---


END
Appendix: Problem Gambling Counselling Agencies

The data contained in this report represents the services funded by The Committee on Problem Gambling Management and provided by The Compulsive Gambling Society and The Salvation Army.

**The Compulsive Gambling Society** offer problem gambling counselling services in

- Christchurch (and the West Coast)
- Wellington
- Auckland
- Wanganui/Manawatu

**The Salvation Army** offer problem gambling counselling services in

- Christchurch
- Wellington
- Auckland
- Hamilton
PROBLEM GAMBLING COUNSELLING
IN NEW ZEALAND

1998

NATIONAL STATISTICS
Personal Counselling Services
Telephone Helpline

THE PROBLEM GAMBLING COMMITTEE
PROBLEM GAMBLING COUNSELLING IN NEW ZEALAND
1998 NATIONAL STATISTICS

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Date: June 1999
Background

The Committee on Problem Gambling Management (The Problem Gambling Committee) is recognised by the Gaming and Lotteries Amendment Act (No 2) 1996, and consists of an independent Chairperson and equal representatives of the providers of problem gambling treatment services and the major gaming industry sectors (presently Casinos, Totalisator Agency Board, Lottery Grants Board and non-casino gaming machines as represented by Gaming Machine Association of New Zealand).

The gaming industry provides funds to the Committee on an annual basis to purchase services for people with serious gambling problems. This takes the form of a national Telephone Helpline, personal counselling services, and contributions to related research, development and education.

The Problem Gambling Purchasing Agency was established in 1996 to provide services for The Problem Gambling Committee, primarily to purchase services for problem gamblers. The Problem Gambling Purchasing Agency is a company working in the public health and addictions fields.

The Research Unit at Auckland Regional Alcohol and Drug Services has expertise in the areas of gambling research, alcohol and drug services information systems, quality assurance, statistics, computing, psychology and sociology.
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Foreword

The Problem Gambling Committee (COPGM)\(^1\) is very pleased to be able to present this second set of national statistics for problem gambling counselling services in New Zealand.

The report gives a comprehensive profile of the people receiving help for gambling problems from COPGM funded services. It follows on from the 1997 National Statistics Report which presented the first statistics on problem gambling counselling in New Zealand.

The Problem Gambling Committee is committed to providing assistance to people with serious gambling problems and to the development of good quality data to aid in the development of effective services. It is intended that National Statistics Reports will be published on an annual basis to provide objective and reliable data about people seeking help for problem gambling.

Personal counselling services for problem gamblers have provided much needed help for 1949 problem gamblers and their families during 1998. 1472 of those were people presenting for help for the first time. The Telephone Helpline provided help for 2628 new callers. These figures represent a significant increase in service delivery when compared with 1997 (up 63% for counselling and 29% for helpline new calls). The total number of new clients helped by either personal counselling services or by the Telephone Helpline in 1998 is 3660 (440 of whom received services from both).

The Compulsive Gambling Society, The Salvation Army Oasis Centres and the Gambling Problem Helpline are to be congratulated on their continued professional delivery of problem gambling services and their dedicated efforts to achieve the best possible results for problem gamblers and their families/whanau.

The first National Statistics Report for 1997 has been well received. The Committee presents this report for 1998 in the hope it will also be useful in advancing understanding of problem gambling.

Jim Lynch
Chairperson

The Problem Gambling Committee

\(^1\) See Appendix 2
Introduction

This report is the second National Statistics published on problem gambling counselling services in New Zealand.

The data presents a picture of the personal counselling and Telephone Helpline services provided to problem gamblers and their families/whanau. It is presented with the intention of advancing research, planning and the development of effective services for problem gamblers in New Zealand.

This report contains analysis of data collected by problem gambling counselling and telephone services during 1998. 1997 data is also included for comparison. In some cases the 1997 data has been revised to include data added subsequent to the publication of the last report. Data for the National Telephone Helpline is included for the first time.

In subsequent years it is anticipated that a new section will be included to report on progress measures for people receiving problem gambling personal counselling services. During 1999 a set of baseline assessment measures are being collected with the intention of repeating these measures on a 6 monthly basis to provide an indication of service ability to help clients resolve their gambling problems. It is anticipated this new data will represent a significant advance in the understanding of the effectiveness of problem gambling treatment.

We would like to take this opportunity to thank the many people involved in the production of these statistics - the many clinicians in each of the services for their fine work in collecting the raw data for this report, the perfectionism of the data entry and the professional expert work in data analysis.

John Hannifin        Margaret Gruys
Directors
Problem Gambling Purchasing Agency
Personal Counselling Services

Service Delivery

Summary
During 1998 problem gambling counselling services were able to expand to cover a wider area of New Zealand. A substantial increase in the number of new clients receiving help for their gambling problems was achieved during 1998.

In 1998, the time span and hours clients spent in treatment remained much the same as for 1997, with some minor variations. Contact time with counselling services varies significantly, both in terms of session hours and the time span between admission and discharge.

Numbers of Clients Accessing Services
Problem gambling counselling services were offered to 1949 clients during 1998. Over 75% (1472) of these clients were “completely new” (that is, had not received counselling for gambling-related problems in the past). The remaining 477 clients were pre-existing clients registered in a previous year who received counselling in 1998.

These figures represent a substantial increase in service delivery compared with 1997. The chart and table below show the number of people receiving help at problem gambling counselling services for the first time. These are new clients who have not previously received any treatment for their gambling problems from these services.

![Graph showing new clients by month of first appointment]

Problem Gambling Counselling in New Zealand
1998 National Statistics

29
New Clients

<table>
<thead>
<tr>
<th>Month of first appointment</th>
<th>1997</th>
<th>1998</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>38</td>
<td>76</td>
</tr>
<tr>
<td>Feb</td>
<td>61</td>
<td>77</td>
</tr>
<tr>
<td>Mar</td>
<td>62</td>
<td>124</td>
</tr>
<tr>
<td>Apr</td>
<td>77</td>
<td>116</td>
</tr>
<tr>
<td>May</td>
<td>96</td>
<td>143</td>
</tr>
<tr>
<td>Jun</td>
<td>92</td>
<td>141</td>
</tr>
<tr>
<td>Jul</td>
<td>111</td>
<td>145</td>
</tr>
<tr>
<td>Aug</td>
<td>100</td>
<td>108</td>
</tr>
<tr>
<td>Sep</td>
<td>100</td>
<td>127</td>
</tr>
<tr>
<td>Oct</td>
<td>75</td>
<td>136</td>
</tr>
<tr>
<td>Nov</td>
<td>68</td>
<td>139</td>
</tr>
<tr>
<td>Dec</td>
<td>72</td>
<td>140</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>952</td>
<td>1472</td>
</tr>
</tbody>
</table>

**Time Spent in Treatment**

**Duration of Treatment Episodes**

Clients receiving problem gambling services remain in treatment for varying lengths of time, both in terms of the duration of each treatment episode\(^2\) and the hours of treatment received.

Contact with the service spreads over various time spans, with the majority of clients being counselled over a 1 to 6 month period.

Approximately one quarter have been discharged within 1 day to 1 month of contact with the agency.

The pattern of duration of treatment for 1998 is broadly similar to that of 1997 although there has been an increase in the length of treatment episodes. The median treatment episode length has risen from 61 to 86 days.

---

\(^2\) A treatment episode is the timespan a person attends for counselling from assessment to discharge.

Problem Gambling Counselling in New Zealand

1998 National Statistics

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Episodes: 1997 n=250, 1998 n=1035
**Hours of Treatment Received**

The hours each client spends in counselling (mainly individual and group counselling) also varies considerably.

When compared to 1997, the figures indicate minor changes in the pattern of hours of treatment received.

More clients now receive over 1 hour of counselling. This may indicate an improved trend towards retaining more clients beyond the initial assessments.

Just over half of all clients receive up to 3 hours of counselling. The remainder receive 4 hours or more, with just over a quarter receiving between 4 and 9 hours of treatment.

There has also been an increase in the numbers of clients receiving counselling for 10 hours or more (up from 11.6% in 1997 to 17.7% in 1998). The mean total hours of treatment has risen from 4.4 to 4.7 and the median from 4 to 5.

Optimum treatment time for problem gambling has not been established, although clinical preference currently aims for approximately 6 to 8 sessions\(^3\).

Service delivery statistics indicate clients have very different patterns of attendance, tending to indicate the need for a variety of time frames spanning from very brief “one-off” contacts to longer-term interventions of over 10 sessions.

---

\(^3\) A session is regarded as a counselling appointment usually of 50 minutes for individual sessions.

Problem Gambling Counselling in New Zealand
1998 National Statistics
Client Characteristics

Overview

The majority of gambler clients are male (67.1%) and the majority of family/whanau members are female (74.4%). This is a similar pattern to that found in outpatient alcohol and drug treatment in New Zealand.

A further difference between gamblers and family/whanau is that gamblers tend to be younger. Although the difference between the means is modest (37 for gamblers and 41 for family/whanau) more substantial differences become apparent when looking at specific age groupings. 28.0% of gamblers are under 30, whereas only 18.2% of family/whanau members are in this age group. Only 23.9% of gamblers are aged 45 or more whereas 35.8% of family/whanau members are over 45.

Non-casino gaming machines remain the dominant mode of problem gambling in 1998 with 56.2% of clients referring to this mode as their primary problem. The figure was 57.5% in 1997. The three biggest changes between 1997 and 1998 were the reduction in track gambling as a primary problem (down to 13.8% from 19.4%), a similar-sized increase in the proportion reporting casino gaming machines (up to 17.1% from 10.3%), and an overall increase in the share citing casino gambling (machines and tables combined) as their primary problem (up to 27.1 from 19.2%).

Lotto/keno/scratchies only featured as an additional mode of problem gambling, and even then the percentage of clients was very small (5.2%).

Women problem gamblers disproportionately report gaming machines (non-casino and casino) as their primary problem (89.5% for females vs 65.1% for males). For New Zealand European/Pakeha women the percentage is even higher (93.8%) than the average for all women. 69.6% of New Zealand Maori women problem gamblers report non-casino gaming machines as the primary problem gambling mode.

Asian and Pacific Nation problem gamblers disproportionately report casino tables and casino gaming machines as their primary gambling problem (65.8% for both modes combined for Asian clients and 43.7% for Pacific Nation clients).

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4 Differences in the total numbers of clients in the tables in this section occur due to missing data in certain categories.
Gamblers, Family/Whanau & Others

Most people (78.1%) arrived at a service because of their own gambling problem. A smaller proportion (21.9%) sought help as a family/whanau member of a gambler. One percent of attendees fell into the category of “Other” such as friends of gamblers. In 1998, a small increase occurred in the numbers of family/whanau of gamblers attending services (up from 15%).

Gender - Gamblers and Family/Whanau of Gamblers

Most gamblers (67.1%) attending treatment services are male and most family/whanau members attending services are female (74.4%). The 1998 figures indicate a moderate increase compared to 1997 figures in the proportion of gambler clients who are female (up to 32.9% from 27.2%) and a substantial increase in the proportion of family/whanau/others who are male (up to 25.6% from 13.1).
Age Distribution - Gamblers & Family/Whanau of Gamblers

The majority of gamblers presenting for treatment are aged between 20 and 49 (mean 37, S.D. 11). The pattern for significant others is similar with slightly more being in the 50-plus age group (Mean 41, S.D. 13).

There has been very little change since 1997 in the age distribution of either gamblers or family/whanau of gamblers.

Ethnicity - Gamblers and Whanau/Family of Gamblers

When compared to the ethnic profile of the New Zealand population aged 20+ the ethnic profile of problem gamblers (and of their family/whanau) shows some variation.

There is a moderate underrepresentation of New Zealand European/Pakeha clients (66.0% of problem gambling clients vs 76.6% of population aged 20+) and of Asian

---

5 The New Zealand population figures are for people aged 20+ and are derived from the 1996 Census.

Problem Gambling Counselling in New Zealand

1998 National Statistics
problem gambling clients (3.4% of clients vs 4.0% of population aged 20+) - the latter group being reported for the first time.

There is a marked overrepresentation of New Zealand Maori clients (19.5% of problem gambling clients vs 10.9% of population aged 20+) and a minor overrepresentation of Pacific Nations problem gambling clients (5.2% of clients and 3.8% of population).

This is consistent with the findings of the 1991 New Zealand problem gambling prevalence study⁶. In this study, high rates of problem gambling have been reported for Maori and Pacific Nation respondents.

For the family/whanau of clients, the pattern is slightly different. New Zealand Maori and Asian family/whanau are marginally overrepresented (16.1% vs 10.9% and 6.0% vs 4.0% respectively). For New Zealand European/Pakeha and Pacific Nations family/whanau the proportions are marginally lower than for the general New Zealand population aged 20+ (70.2% vs 76.6% and 3.0% vs 3.8% respectively).

The proportions of the various ethnic backgrounds for problem gamblers attending counselling services are very similar to those in 1997, with a small increase in the percentage of NZ Maori (up to 19.5% from 16%). For family/whanau/others the increase in NZ Maori was more pronounced (up to 16.1% from 11%).

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1998 National Statistics