

# **Problem Gambling Intervention Services in New Zealand**

**2004 national statistics**

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# Foreword

Mental health and addiction information systems have evolved rapidly since the development of the national mental health strategy a decade ago. The recent launch of the Ministry of Health's sector-wide mental health information strategy will further contribute to improving mental health and addiction outcomes by ensuring that decisions about service development and provision, policy, funding and monitoring are informed by timely and accurate information.

The determinants and impacts of gambling harm, and the continuum of interventions required to minimise and prevent gambling harm, are complex. The Strategic Plan for Preventing and Minimising Gambling Harm 2004–2010 lists the development of a programme of research and evaluation as one of its objectives. Routine data collection and analyses of service utilisation information are fundamental components of the research agenda.

Although the information presented here is representative only of help-seeking or voluntary behaviour change, it has proved to be a helpful and worthwhile contribution to an understanding of problem gambling in a New Zealand context and the populations most effected by the burden of gambling harm and associated health inequalities.



Dr Janice Wilson  
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# Introduction

Problem Gambling Intervention Services in New Zealand: 2004 national statistics presents national statistics for problem gambling services for the 2004 calendar year. This is the eighth national statistics report and the first to be published by the Ministry of Health since taking responsibility for preventing and minimising gambling harm on 1 July 2004.

This document contains data pertaining to the utilisation of services funded by the Problem Gambling Committee (PGC)<sup>1</sup> from 1 January to 30 June 2004 and by the Ministry of Health's Mental Health Directorate from 1 July to 31 December 2004.

The purpose of the national statistics is to provide objective and reliable data about people seeking assistance for their own or someone else's problem gambling through specialist problem gambling treatment services. The annual report of national statistics has proved to be a unique and useful data set in the sector, which continues to advance the collective knowledge base of gambling harm, including problem gambling.

The statistics presented here are a result of the fine work of the Gambling Helpline, Grant Paton-Simpson, who developed and maintains the problem gambling information system and provides consequent analysis of data from intervention services, and, of course, service providers around the country who continue to collect and enter data into the problem gambling information system. The problem gambling information system<sup>2</sup> was established by John Hannifin and Margaret Gruys of the Problem Gambling Purchasing Agency (which provided purchasing and planning services to the PGC), who ensured a long-term commitment to its ongoing development.

The Ministry would like to thank everybody who has contributed to the production of these national statistics, which will continue to play an important role in addressing gambling harms for individuals, their families/whānau and communities.

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1 The Problem Gambling Committee (PGC) was established in 1996 and was made up of equal numbers of gambling industry and service provider representatives. The PGC, which wound up as a trust in 2005, funded problem gambling counselling and helpline services and a number of public health programmes and was, in turn, funded by gambling profits.

2 Gambling Helpline maintains a separate database and contributes statistics from that database to this publication (see Appendix 2).

# Comment

New Zealand is fortunate to have a resource like the 2004 national statistics for problem gambling intervention services, and is particularly fortunate to now have a series of reports that has run for 8 years (1997 to 2004 inclusive). The intervention services provided in New Zealand and the information gathered on the work of the service providers are envied by many other jurisdictions around the world.

This series of published reports on help-seeking is one significant piece in the jigsaw of information about gambling in New Zealand. What we see in them is information about the sharp end of gambling-related harm that has been systematically gathered and reported in a similar format over a long period. The established and emerging trends set out in the reports are one invaluable source of evidence that the Department of Internal Affairs has drawn on in the past, and will continue to draw on in the future, when developing its policy advice on gambling issues.

Of course, both the Department of Internal Affairs and the Ministry of Health use information and research from a variety of other sources and perspectives to supplement help-seeking information. This other information includes trends in gambling expenditure statistics, information about the number, type and distribution of venues in which gambling is offered, reports of the five-yearly surveys of people's participation in and attitudes towards gambling, and reports of large and small gambling research projects conducted inside and outside government, both in New Zealand and internationally. The Ministry of Health investment in research and evaluation has already begun to expand and enhance this evidence base significantly.

The Department looks forward to continuing to work closely with the Ministry of Health as the Ministry implements its Strategic Plan for Preventing and Minimising Gambling Harm.

A handwritten signature in blue ink that reads "John Markland". The signature is stylized, with a large initial 'J' and a cursive 'Markland'.

John Markland  
Manager, Gaming Policy  
Department of Internal Affairs

# Overview

This report presents and summarises the data collected by problem gambling service providers in 2004. The report provides an overview of clients seeking help via the telephone helpline and face-to-face counselling during that period. Ongoing publication of these data allows for the identification of changes over time in the characteristics of clients seeking help for gambling issues. An indication of client progress is presented based on a joint data collection between face-to-face counselling services and the telephone helpline.

In summary, the data for 2004 were generally consistent with the data from previous years. There was a continued increase in the number of clients accessing face-to-face services. In both data sets, Māori and Pacific clients remain over-represented in the context of the ethnicity of the general population, but Pacific clients are still under-represented in terms of the estimated proportion of problem gamblers that are Pacific in origin (14%), (Abbott and Volberg 2000)<sup>3</sup>. The vast majority of new clients accessing both service types continued to report that their primary mode of problem gambling was non-casino gaming machines.

## Telephone helpline

With just a few exceptions, the 2004 data from the telephone helpline were similar to those reported previously. The total number of new callers accessing the telephone helpline dropped by 8.7%. This was the second year in succession that a decrease had been recorded, with a smaller (1.5%) recorded in 2003. It remained that there were no differences in the gender of new gambler callers, and that over 70% of family/whānau callers were female. In terms of the demographics of clients, the patterns evident in previous years' data continued. Specifically, the percentage of new gambler clients that were New Zealand European/Pākehā continued to decrease (although approximately 50% of clients were in this category), whilst the percentage of Pacific and Asian callers continued to increase. The percentage of Māori clients has remained relatively constant since 1999.

The majority of new clients (83.3%) continued to report non-casino gaming machines as their primary mode of gambling. The second most frequently reported mode was casino gaming machines (7.3%), meaning that gaming machines were the primary mode for over 90% of new clients to the telephone helpline.

## Face-to-face counselling services

The total number of clients accessing face-to-face services increased by 14.5%, and has increased each year since 1997. In general, the demographics of face-to-face clients were similar to the telephone helpline clients. For the first time since reporting began, there were slightly more female (50.4%) than male clients – this equal gender split has been a feature of telephone helpline data for several years. Since 1999 the percentage of new gambler clients identified as New Zealand European/Pākehā has dropped annually, and there has been a corresponding increase in the percentage of Māori clients.

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<sup>3</sup> Abbott M, Volberg R, 2000. Taking the Pulse on Gambling and Problem Gambling in New Zealand: A report on phase one of the 1999 National Prevalence Survey. Wellington: Department of Internal Affairs.

Four out of every five new gambler clients reported non-casino gaming machines as their primary mode of gambling, with a further 8.5% of clients citing casino gaming machines. However, some significant differences were evident when the data were examined in terms of gender and ethnicity. In particular, gaming machines (non-casino and casino) were reported as the primary mode of gambling by 94.8% of female new gambler clients, in contrast to 81.4% of new male clients. Asian clients continued to differ from other ethnicities in that their most frequently reported primary mode of gambling was casino table games (47.5%).

Among new Māori women clients, 91.7% cited non-casino gaming machines as their primary mode of gambling; the number of new Māori women clients in this category alone has increased by about 100 per annum since 2002. A further 5.2% of Māori women cited casino gaming machines as their primary mode. For Māori women accessing face-to-face services, gambling problems were almost exclusively related to gaming machine play.

When gender and ethnicity were considered together, another difference was evident. Most new New Zealand European/Pākehā (60%) and Asian (79%) clients were male. However, the opposite was true for new Māori and Pacific clients, with 70% and 62%, respectively, being female. How this difference should be viewed is unclear from the data – some possibilities include that it could reflect services being relatively accessible to Māori and Pacific females and/or relatively inaccessible for Māori and Pacific males, or simply be a product of substantial and growing problems caused to Māori and Pacific females by non-casino gaming machines.

At initial assessment, the average score on the South Oaks Gambling Screen (modified to relate to the client's gambling over the preceding three months; SOGS-3M) was 10, indicating that the majority of clients were at the severe end of the problem gambling continuum. Other measures taken at initial assessment were the client's own estimate of the total amount lost in the four weeks prior to treatment, and assessment of control over their own gambling. These data were consistent with previous reports; the major point of interest being that Asian people presenting reported larger amounts lost compared to other ethnicities, and as noted earlier, predominantly reported casino table games as their primary mode of gambling.

Most clients (around 80%) benefited from accessing face-to-face services according to the progress measures collected. In addition, treatment completion was clearly associated with better outcomes.

# Intervention Services Framework for Problem Gambling

For people with gambling problems and their family/whānau, a range of psychosocial interventions are needed. The aim of problem gambling intervention services is to support people affected by a range of gambling problems to identify and manage those problems, thus minimising gambling-related harm to themselves and others.

The interventions for problem gambling are similar to those used with other addictive behaviours, ranging from screening and early intervention approaches through to more specialist interventions for people with moderate to severe problems.

The Ministry's service framework includes service descriptions for general, dedicated Māori and dedicated Pacific problem gambling intervention services, including:

- helpline and information services
- peer support – family/whānau
- brief and early interventions
- short course interventions (community setting)
- short course interventions (residential setting)
- community assessment and intervention services
- community follow-up support service.

The intervention services are aimed at increasing an individual's ability to manage their gambling problems. They are available for people:

- with gambling problems
- with co-existing gambling problems and mental health (including substance use) disorders
- with co-occurring gambling and financial/social problems
- at risk of developing pathological gambling problems
- who have been affected by the gambling of a family/whānau member or significant other.

Dedicated Māori problem gambling intervention services provide a range of accessible and effective options that reflect the needs of whānau, hapū and other Māori communities.

Dedicated Pacific services recognise that culture can be a vehicle for seeking and maintaining wellness. These services offer a holistically oriented framework for understanding people in their particular ethnic, social, cultural, spiritual, physical and economic contexts.

# Service Delivery Contributing to National Statistics

## Helpline

### Rationale

Helpline services provide a first contact point for people experiencing some form of gambling-related harm either directly, or as a result of a family/whānau member's or significant other's gambling. Such services also provide an avenue for aftercare for those who require ongoing support.

### Helpline services

The national service provides direct information and access by phone or other electronic means (web or email) for screening, brief intervention, referral and follow-up services. It does not provide face-to-face counselling or extended intervention services. The national helpline works with other organisations providing psychosocial interventions and support through referrals and through an integrated care programme. The national helpline includes dedicated services for Māori, Pacific and youth communities as well as a specialist gambling debt service.

The Asian Hotline, which is independent of the national helpline, provides a helpline service to Asian communities.

### Providers

Gambling Helpline

Asian Hotline (Problem Gambling Foundation of New Zealand)

## Psychosocial interventions and support

### Rationale

Problem limitation strategies span the continuum of prevention, from population approaches to individual approaches for those personally affected by gambling harm. A range of intervention services are required for problem gamblers and their families, including assessments, short course interventions and specialist services, a telephone helpline (see above) and brief and early interventions in primary care settings.

### Psychosocial intervention and support services

Early identification and brief intervention to target social and health services in primary care settings provides an important overlap between primary prevention and intervention services and potentially lessens the need for more intensive services.

Components of secondary prevention activity may include information dissemination, screening, brief interventions and referral. Specialist intervention services will include assessment, a range of interventions, active case management, referrals, aftercare, and consultation and liaison. Dedicated problem gambling services will be provided for Māori, Pacific and Asian service users, their families, whānau and significant others.

## **Providers and locations of psychosocial interventions and support services**

There are two national providers of problem gambling services – the Problem Gambling Foundation of New Zealand (PGFNZ) and the Salvation Army’s Oasis Centre for Problem Gambling – as well as a number of regional or local providers, including providers of services for Māori and Pacific peoples. Asian services are provided by the Asian team of the PGFNZ. Providers of services are listed below.

### **North Island**

#### **Whangarei (also Kaitia and Kaikohe)**

Ngā Manga Puriri Trust  
Problem Gambling Foundation of New Zealand

#### **Auckland**

Oasis Centre for Problem Gambling  
Problem Gambling Foundation of New Zealand  
PacifiCare Trust  
Wai Health Addiction Services  
Hauora Waikato/Hihiri-a-Nuku

#### **Thames, Tauranga and Whakatane**

Problem Gambling Foundation of New Zealand

#### **Waikato**

Problem Gambling Foundation of New Zealand  
Hauora Waikato  
Pacific Peoples’ Addiction Service

#### **Rotorua and Taupo**

Problem Gambling Foundation of New Zealand  
Te Kahui Hauora

#### **Gisborne**

Ngāti Porou Hauora  
Problem Gambling Foundation of New Zealand

#### **Napier, Hastings and Wairoa**

Te Rangihaeata Oranga

#### **New Plymouth**

Problem Gambling Foundation of New Zealand

## **Whanganui and Palmerston North**

Problem Gambling Foundation of New Zealand

## **Masterton**

Problem Gambling Foundation of New Zealand

## **Levin, Otaki and Paraparaumu**

Problem Gambling Foundation of New Zealand

## **Wellington, Porirua and Hutt Valley**

Problem Gambling Foundation of New Zealand

Oasis Centre for Problem Gambling

Rangataua Mauriora (Te Runanga o Toa Rangatira)

## **South Island**

### **Nelson and Blenheim**

Problem Gambling Foundation of New Zealand

### **West Coast**

Problem Gambling Foundation of New Zealand

### **Kaikoura and Canterbury**

Problem Gambling Foundation of New Zealand

### **Christchurch**

Problem Gambling Foundation of New Zealand

Oasis Centre for Problem Gambling

He Waka Tapu Trust/He Oranga Pounamu

Odyssey House

### **North Otago**

Problem Gambling Foundation of New Zealand

### **Dunedin**

Problem Gambling Foundation of New Zealand

Oasis Centre for Problem Gambling

Te Roopu Tautoko ki Te Tonga/He Oranga Pounamu

### **Queenstown**

Oasis Centre for Problem Gambling

### **Invercargill and Southland**

Problem Gambling Foundation of New Zealand

# Telephone Helpline Services

## Service description – national telephone helpline (0800 654 655)

The telephone helpline, operated by Gambling Helpline, is a national free telephone service for problem gamblers, their families/whānau and the general public seeking information about problem gambling.

The helpline offers:

- problem gambling counselling and support
- problem gambling crisis support and intervention
- Māori, Pacific and youth services
- gambling debt and budget counselling and programmes
- gambling self-help tools and other written information on gambling
- referrals to local face-to-face services (one-on-one or group sessions) and other relevant agencies
- regular phone calls to clients to provide ongoing support
- in partnership with face-to-face counselling agencies, an integrated care programme to assist clients achieve long term improvement of their gambling problems
- an online ‘talking’ forum where gamblers and others can share their stories ([www.gamblingproblem.co.nz/talkingpoint](http://www.gamblingproblem.co.nz/talkingpoint))
- problem gambling background information and statistics for other health providers, territorial authorities, researchers, students and the general public.

## Service description – Asian Hotline

The Problem Gambling Foundation of New Zealand provides an Asian Hotline which operates separately from the national helpline. The Asian Hotline provides services to Asian clients in Auckland in Mandarin, Cantonese and Korean languages.

In 2004, the Asian Hotline had 237 new callers, an increase of 64.5% from 144 in 2003. About two-thirds (65%) of these new callers were calling about their own gambling problems, the remaining 35% were calling regarding the gambling problems of significant others.

The Asian Hotline figures are not included in the analysis that follows.

## Summary

- The Gambling Helpline (the helpline) had 4240 new clients in 2004. This represented a decrease of 8.7% from 2003. Underlying this decrease were an 11.2% decrease in the number of new gambler callers and a 19.5% decrease in the number of new family/whānau callers. In contrast, there was a 54.5% increase in the number of ‘interested others’ calling the helpline.
- The majority of new gambler callers (83.3%) continued to cite non-casino gaming machines as their primary mode of problem gambling. Non-casino and casino-based gaming machines combined were cited by 90.6% of new callers as their primary problem gambling mode.
- In 2004, 7.4% of new gambler callers reported having some form of suicidal thoughts or behaviours.
- Equal numbers of male (50.3%) and female (49.7%) new gambler callers to the telephone helpline were recorded in 2004. However, over 70% of the new family/whānau callers were female.
- The percentage of new gambler callers that were New Zealand European/Pākehā continued to decrease slowly (to 50.8% in 2004, with an average decrease of 2.6% per annum since 1999).
- The percentage of new gambler callers that were Māori remained relatively stable at 29% (having varied between 26.6 and 29% in the period since 1999). This figure represents a substantial over-representation when compared with representation in the general population.
- The percentages of Pacific (9.3%) and Asian (5.9%) callers rose, as they have every year since 2001 and 1999 respectively.
- The absolute number of new gambler callers of each ethnicity dropped in 2004, with the sole exception of Asian callers.
- Although the distribution of information packs dropped by 22% in 2004, use of the telephone helpline website ([www.gamblingproblem.co.nz](http://www.gamblingproblem.co.nz)) increased dramatically, with 52% more visits per day (164 per day) and 33% more visitors per day (55 per day) than in 2003.

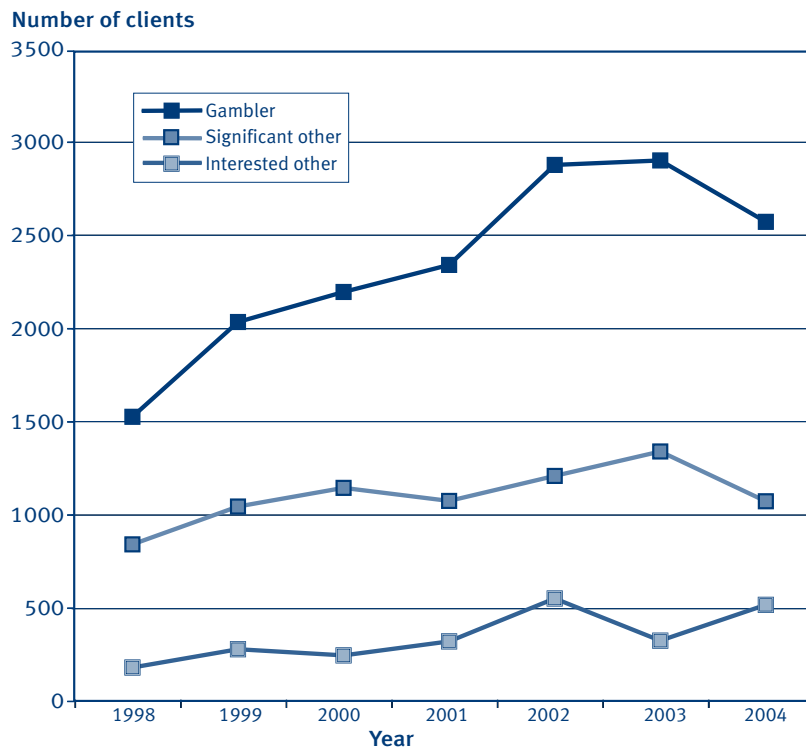
## Number of callers accessing service

For the first time since 1998, the 2003 national statistics showed a small (1.5%) drop in the number of new clients and family/whānau accessing the helpline. This difference was attributed to a drop in the number of ‘interested others’ (ie, callers other than gambler clients, and family/whānau). In 2004, a more substantial reduction in the number of new callers (8.7%) was recorded. The 2004 reduction related to both gambler clients and family/whānau. This is the first time since data reporting began in 1998 that a reduction in new gambler clients has been recorded.

The data collected in 2004 show that:

- there were 2597 new gambler callers, a decrease of 11.2% from 2003 (2926 new gambler callers)
- there were 1099 new family/whānau callers, a decrease of 19.5% from 2003 (1366 new significant other callers)
- there were 544 interested other callers, an increase of 54.5% from 2003 (352 callers) and a return to 2002 levels (578 callers).

**Figure 1: Telephone helpline – new callers by year**



**Table 1: Telephone helpline – new callers by caller type**

Type	1998	1999	2000	2001	2002	2003	2004
Gambler	1552	2060	2221	2366	2902	2926	2597
Significant other	868	1071	1171	1101	1235	1366	1099
Interested other	208	306	273	348	578	352	544
Total	2628	3437	3665	3815	4715	4644	4240

**Table 2: Telephone helpline – number of client calls**

	1997	1998	1999	2000	2001	2002	2003	2004
New calls/callers*	2033	2628	3437	3665	3815	4715	4644	4240
Follow-up calls	*	5133	7670	10,676	9874	14,732	15,901	16,629
Total	*	7761	11,107	14,341	13,689	19,447	20,545	20,869

\*Note: Comparative 1997 data are unavailable.

## Trends in total call numbers

Despite the drop in the number of new callers, the total number of calls in 2004 (20,869) increased slightly over 2003 levels (20,545, + 1.5%). This increase was caused by the continuing increment in the number of follow-up calls, which have increased annually with the exception of 2000 to 2001. Since 1998, follow-up calls have increased by 224% and new callers by 61%.

**Table 3: Number of callers according to frequency of calls**

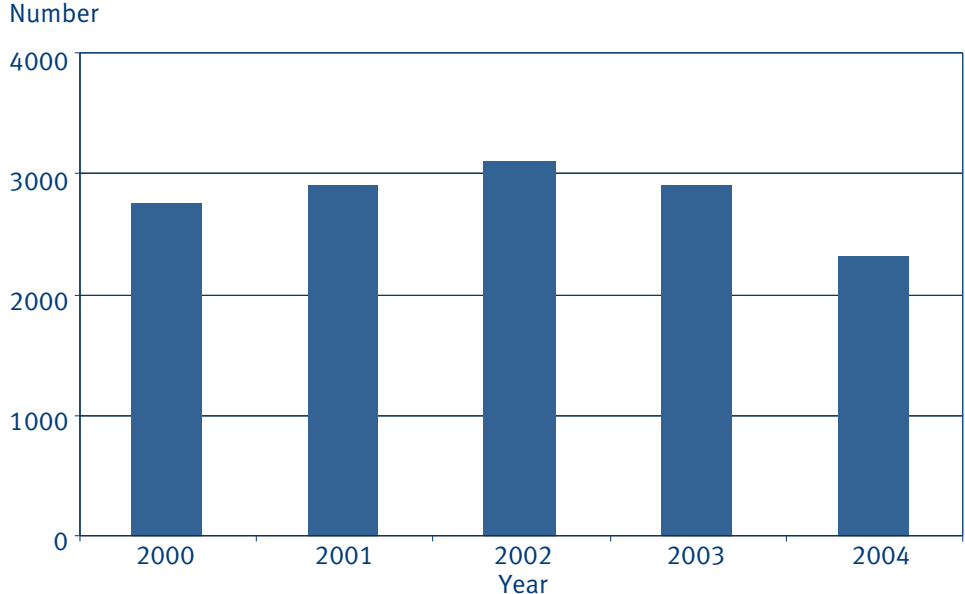
	Gambler		Family/whānau		Total	
	N	%	N	%	N	%
1 call only	2072	46.3	1378	73.2	3450	54.2
2–4 calls	1781	39.8	422	22.4	2203	34.6
5–9 calls	495	11.1	75	4.0	570	9.0
10+ calls	131	2.9	8	0.4	139	2.2
Total	4479		1883		6362	

Just over half (53.7%) of new gambler callers called the helpline more than once in 2004, consistent with the 2003 data. In 2003, just 20% of family/whānau made more than one call to the telephone helpline – this percentage increased to nearly 27% in 2004.

## Information packs distributed

The helpline distributed 2306 information packs in 2004, a reduction of 22% from 2003. This followed a smaller reduction (5%) in 2003 from 2002 distribution. However, material is also now available via the Gambling Helpline website ([www.gamblingproblem.co.nz](http://www.gamblingproblem.co.nz)).

**Figure 2: Information packs distributed**



**Table 4: Website ‘visits’**

	Total
Visitor addresses	20,132
Visits to home page	6095
Total visits	60,077
Visits per visitor	2.98
Visits per day	164.1
Visitors per day	55.0

The Gambling Helpline website has experienced substantial growth in the number of visits per day (an increase of 52% from 2003). In addition to the number of visits per day increasing, so too have the number of separate visitors per day (an increase of 33 percent from 2003) and the number of visits per visitor (an increase of 14% from 2003).

## Client characteristics

### Primary mode of problem gambling

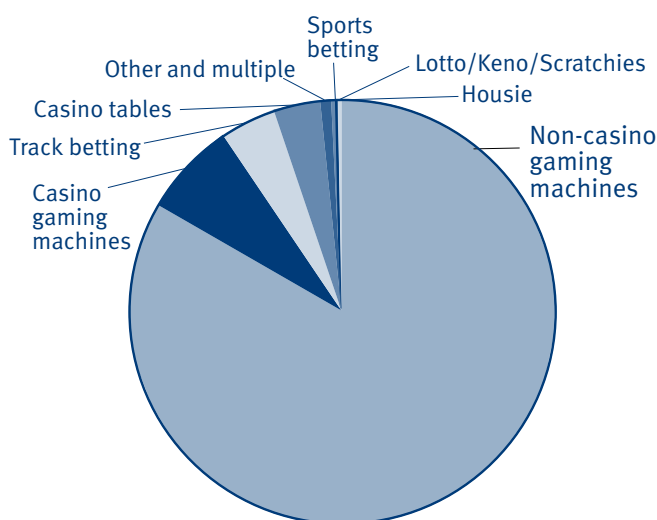
The majority of new callers cited non-casino gaming machines as their primary mode of problem gambling. While the total number of new callers dropped in 2004, the percentage of new callers citing non-casino gaming machines remained at just over 83%. Casino gaming machines remained the second most commonly cited mode of problem gambling by new callers (7.3%), and gaming machines combined to be the primary problem gambling mode for 90.6% of new callers (91.6% in 2003).

The percentage of new callers to the telephone helpline that cited casino tables as their primary mode of problem gambling increased to 3.5% from 2.4% in 2003. Moreover, the absolute number of callers citing casino tables increased despite the overall decrease in the number of new callers. Casinos (gaming machines and tables) continued to be the primary mode of problem gambling for about 10% of new callers (10.8% in 2004 compared with 10.1% in 2003).

The percentage of new callers citing track betting as their primary mode of gambling increased slightly in 2004 to 4.2%, going against a constant decline in this mode of gambling since 1999. Overall, the number of callers citing track betting remained reasonably constant (80 in 2004 compared with 84 in 2003) against a decline in the overall number of callers.

Sports betting, other and multiple modes, Lotto/Keno/Scratchies and housie were each reported as the primary mode of problem gambling by less than 1% of new callers.

**Figure 3: Primary mode of gambling for problem gamblers – new callers**



**Table 5: Primary mode of gambling for problem gamblers – new callers**

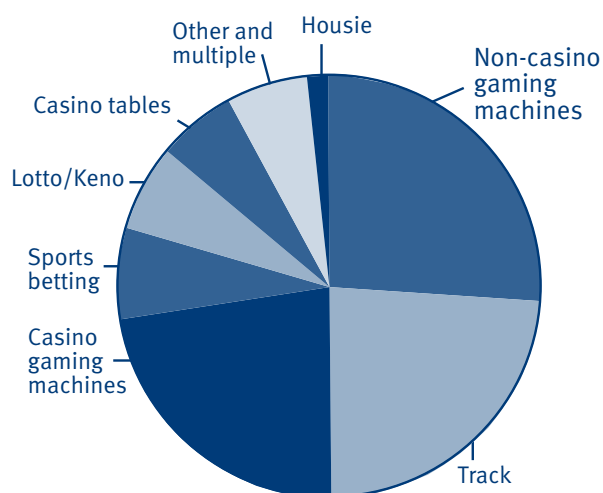
	1999		2000		2001		2002		2003		2004	
	N	%	N	%	N	%	N	%	N	%	N	%
Non-casino gaming machines	1250	64.4	1415	73.4	1677	81.8	1826	80.7	1844	83.9	1570	83.3
Casino gaming machines	253	13.0	255	13.2	164	8.0	218	9.6	170	7.7	137	7.3
Track	263	13.5	145	7.5	113	5.5	101	4.5	84	3.8	80	4.2
Casino tables	84	4.3	73	3.8	62	3.0	66	2.9	52	2.4	66	3.5
Other and multiple	35	1.8	16	0.8	13	0.6	26	1.1	16	0.7	17	0.9
Sports betting	15	0.8	8	0.4	8	0.4	18	0.8	23	1.0	9	0.5
Lotto/Keno/Scratchies	28	1.4	13	0.7	9	0.4	5	0.2	7	0.3	4	0.2
Housie	13	0.7	3	0.2	5	0.2	4	0.2	3	0.1	1	0.1
Total	1941		1928		2051		2264		2199		1884	

Note: Percentages may not total to 100 due to rounding.

### Additional mode of problem gambling

When an additional mode of problem gambling was cited by new callers, two distinct groupings emerged: non-casino gaming machines, casino gaming machines and track betting were each cited by about 25% of callers that cited a second mode (with non-casino gaming machines remaining the most frequently cited secondary mode of gambling); casino tables, sports betting, Lotto/Keno/Scratchies and other were each cited by about 6.5% of callers as their secondary mode of gambling.

**Figure 4: Additional mode of gambling for problem gamblers – new callers**

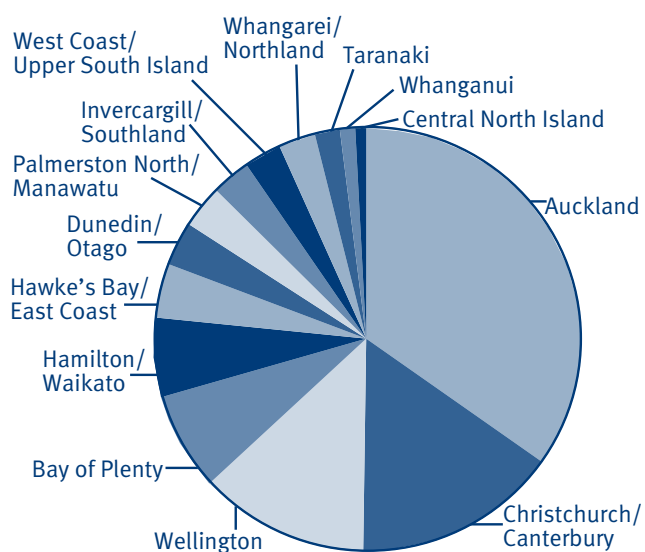


## Origin of calls

Gambling Helpline received calls from throughout New Zealand, and the distribution of calls remained relatively consistent with that reported in 2003. Auckland (34.6%) and Christchurch/Canterbury (15.7%) remained the regions from which most calls were made.

While the percentages were relatively consistent, several small changes were evident. The percentages of calls from Wellington, Hamilton/Waikato and the Hawke's Bay/East Coast all dropped from 2003 percentages, while the percentages of calls from Dunedin/Otago and the West Coast and Upper South Island increased.

**Figure 5: Origin of calls by region – new callers**



**Table 6: Origin of calls by region – new callers**

Region	1999		2000		2001		2002		2003		2004	
	N	%	N	%	N	%	N	%	N	%	N	%
Auckland	1124	33.4	1249	34.4	1322	35.5	1654	36.3	1530	34.3	1400	34.6
Christchurch/ Canterbury	538	16.0	564	15.5	565	15.2	730	16.0	695	15.6	635	15.7
Wellington	406	12.1	467	12.9	431	11.6	567	12.5	612	13.7	509	12.6
Bay of Plenty	205	6.1	216	6.0	238	6.4	275	6.0	315	7.1	300	7.4
Hamilton/ Waikato	147	4.4	182	5.0	199	5.3	248	5.4	312	7.0	248	6.1
Dunedin/ Otago	206	6.1	151	4.2	162	4.3	172	3.8	159	3.6	171	4.2
Palmerston North/ Manawatu	160	4.8	146	4.0	149	4.0	157	3.4	142	3.2	143	3.5
West Coast/ Upper South Island	126	3.7	119	3.3	130	3.5	147	3.2	122	2.7	135	3.3
Hawke's Bay/ East Coast	120	3.6	183	5.0	188	5.0	186	4.1	172	3.9	126	3.1
Invercargill/ Southland	86	2.6	104	2.9	96	2.6	142	3.1	125	2.8	108	2.7
Whangarei/ Northland	66	2.0	78	2.1	93	2.5	105	2.3	98	2.2	107	2.6
Taranaki	90	2.7	69	1.9	70	1.9	75	1.6	90	2.0	83	2.1
Whanganui	44	1.3	45	1.2	51	1.4	48	1.1	44	1.0	48	1.2
Central North Island	49	1.5	57	1.6	32	0.9	46	1.0	43	1.0	29	0.7
Total	3367		3630		3726		4552		4459		4042	

Note: Percentages may not total to 100 due to rounding.

### Reasons for calling – gamblers, family/whānau and others

In 2004, the number of new callers to the telephone helpline dropped for the first time since 1998; however, the percentages of gamblers and family/whānau remained the same. As with previous years, around 70% of new callers to the helpline called because of their own gambling problems.

**Table 7: Numbers and types of callers**

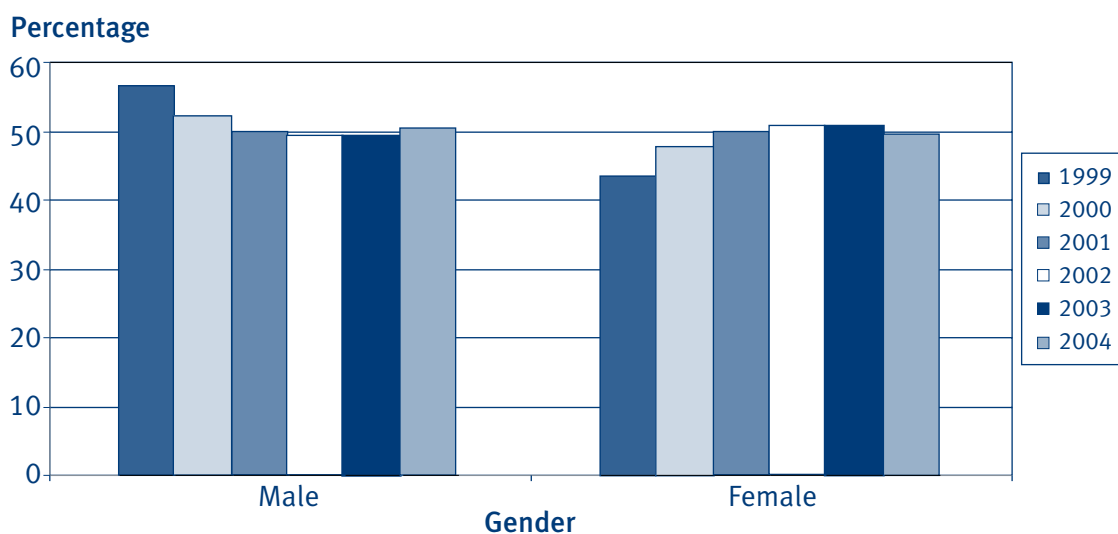
Type of client	1998		1999		2000		2001		2002		2003		2004	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Gambler	1552	64.1	2060	65.8	2221	65.5	2366	68.2	2902	70.1	2926	68.2	2597	70.3
Significant Other	868	35.9	1071	34.2	1171	34.5	1101	31.8	1235	29.9	1366	31.8	1099	29.7
Total*	2420		3131		3392		3467		4137		4292		3696	

\*Excludes people calling solely for information.

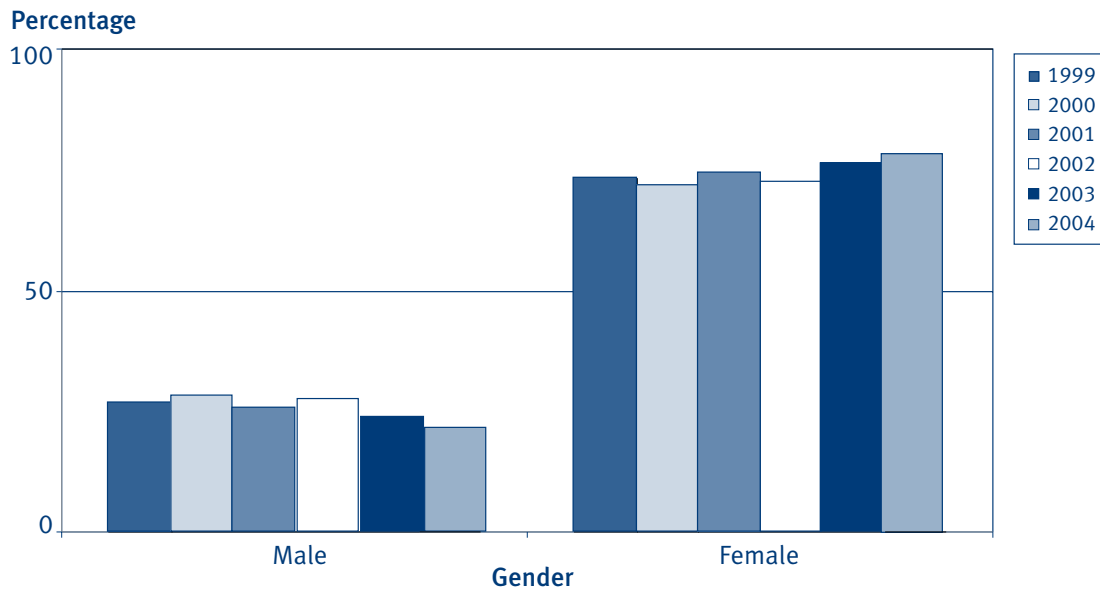
### Gender – gamblers, family/whānau and others

Since 1999, the gender of new gambler callers to the helpline has been relatively evenly split. In 2004, 1307 new gambler callers were male and 1290 were female. In contrast to this, but again consistent with the pattern of previous years, over 70% of significant other callers were female.

**Figure 6: Gender of gamblers – new callers**



**Figure 7: Gender of family/whānau – new callers**

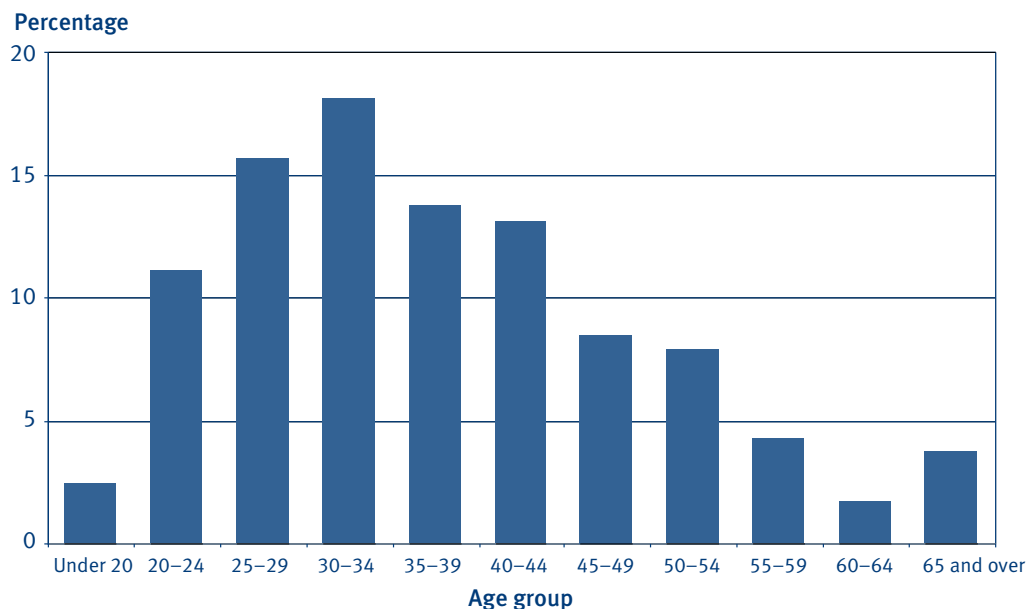


## Age distribution

### Gamblers

The ages of new gambler callers in 2004 remained very similar to those reported in 2003. Over half (59.3%) of the new gambler callers were under 40 years of age. These data are virtually identical to those reported later for the face-to-face services.

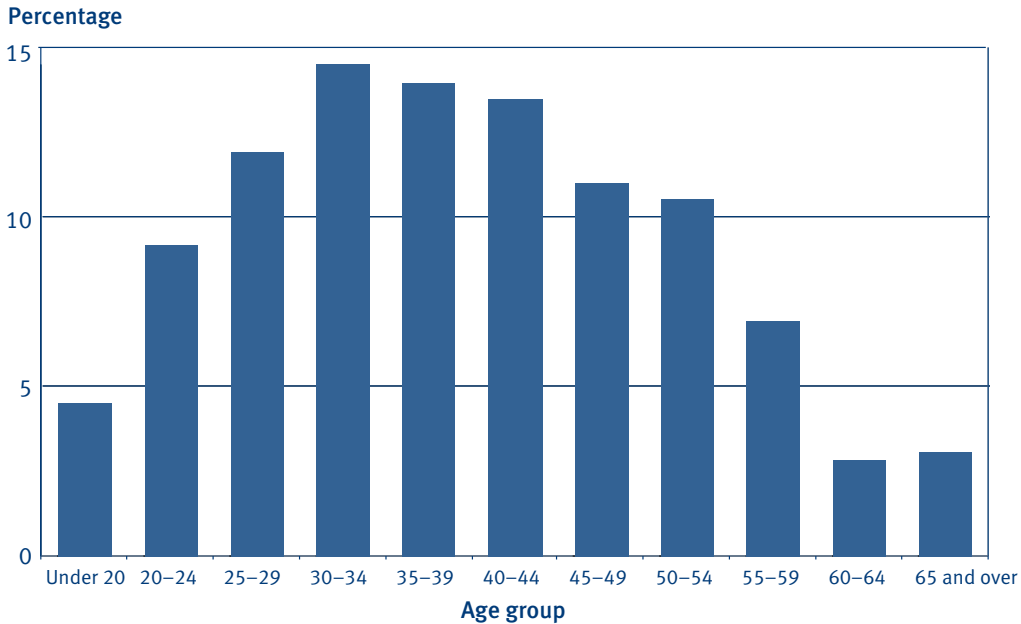
**Figure 8: Age distribution of gamblers – new callers**



## Family/whānau and others

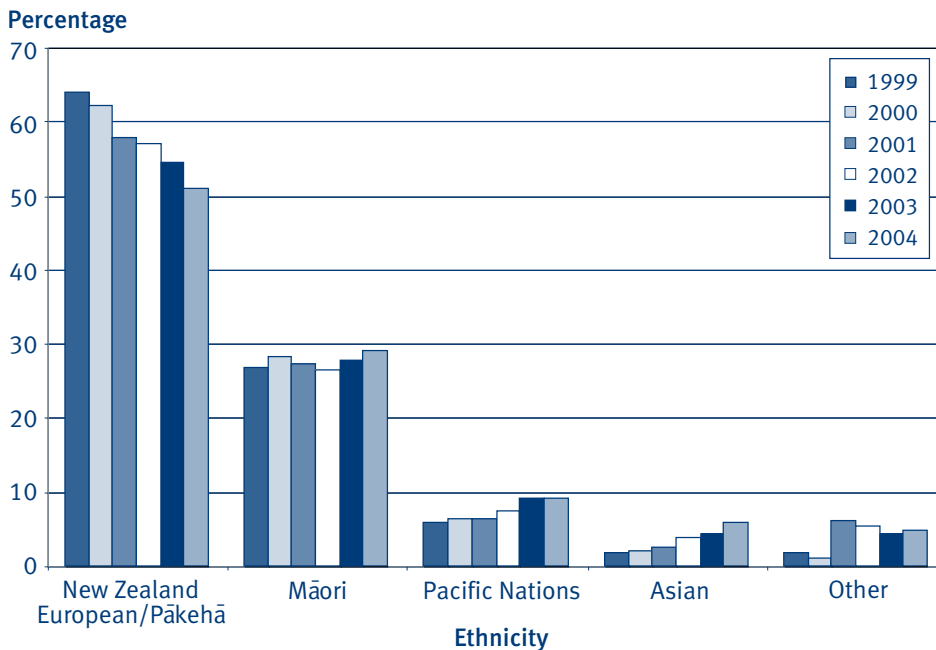
As with the age distribution of new gambler callers, the ages of family/whānau callers were similar to the 2003 data. Family/whānau callers tended to be a little older than gambler callers, with 45.2% younger than 40 years of age.

**Figure 9: Age distribution of family/whānau – new callers**



## Ethnicity – gamblers

**Figure 10: Ethnicity of gamblers – new callers**



**Table 8: Ethnicity of new gambler callers**

Ethnicity	1999		2000		2001		2002		2003		2004	
	N	%	N	%	N	%	N	%	N	%	N	%
New Zealand European/Pākehā	988	63.9	1201	62.0	1263	57.8	1342	56.9	1197	54.4	841	50.8
Māori	414	26.8	549	28.3	596	27.3	628	26.6	611	27.8	480	29.0
Pacific	89	5.8	125	6.4	138	6.3	173	7.3	200	9.1	153	9.3
Asian	28	1.8	41	2.1	56	2.6	87	3.7	96	4.4	98	5.9
Other	27	1.7	22	1.1	132	6.0	128	5.4	97	4.4	82	5.0
Total	1546		1938		2185		2358		2201		1654	

Note: Percentages may not total to 100 due to rounding.

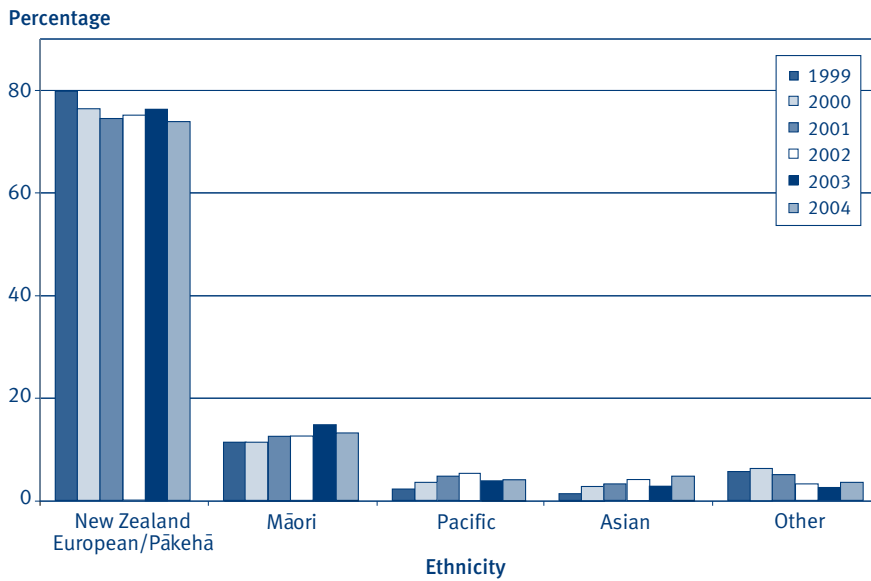
The ethnicity data for new gambler callers continued the general trends evident in the data reported since 1999. That is, the percentage of new gambler callers that were New Zealand European/Pākehā continued to decrease slowly (now 50.8%, with an average decrease of 2.6% per annum since 1999). The percentage of new callers that were Māori rose to 29%. However, this percentage has been relatively constant (lowest 26.6% and highest 29%) since 1999. The percentage of Pacific callers reached 9.3% and has increased every year since 2001. Likewise, the percentage of Asian callers has increased each year since 1999 and was 5.9% in 2004. In terms of absolute number of calls, the only ethnic group in which the number of callers increased in 2004 was Asian (98 callers in 2004 compared with 96 in 2003). Although this increase was very modest, new callers from every other ethnic group dropped.

As in previous years, when compared with the ethnic profile of the general New Zealand population, Māori and Pacific populations are substantially over-represented as new gambler callers.

### **Ethnicity – family/whānau and others**

The ethnicity of family/whānau callers differed substantially from the ethnicity of gambler callers, as has historically been the case. Nearly three-quarters of family/whānau callers were New Zealand European/Pākehā (73.7%). The percentage of family/whānau callers from each ethnicity have remained relatively constant since 1999 and approximate the percentage of each ethnicity in the general population.

**Figure 11: Ethnicity of family/whānau – new callers**

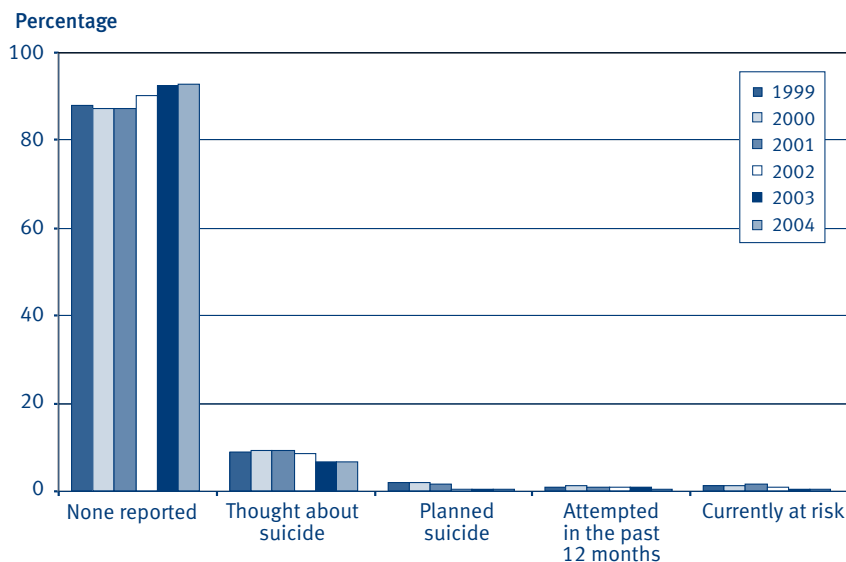


**Suicidal ideation – gambler and family/whānau callers**

The data on suicidal ideation in gambler and family/whānau callers were very similar to those collected in 2003. The percentage of callers that had considered suicide when they called the helpline was 7.4% in 2004 (7.9% in 2003). Eighteen callers (0.4%) were assessed as being currently at risk of suicide or had attempted suicide in the last 12 months.

Since 2000, there has been a small increase each year in the percentage of callers not reporting any suicidal thoughts or behaviours (from 87.1% in 2000 to 92.6% in 2004).

**Figure 12: Suicidal ideation**



**Table 9: Suicidal ideation**

	1999		2000		2001		2002		2003		2004	
	N	%	N	%	N	%	N	%	N	%	N	%
None reported	3015	87.7	3194	87.1	3334	87.2	4188	90.0	4225	92.1	4020	92.6
Thought about suicide	303	8.8	340	9.3	354	9.3	387	8.3	302	6.6	293	6.7
Planned suicide	63	1.8	63	1.7	48	1.3	23	0.5	17	0.4	12	0.3
Attempted in the past 12 months	19	0.6	35	1.0	32	0.8	27	0.6	28	0.6	10	0.2
Currently at risk	39	1.1	35	1.0	55	1.4	30	0.6	15	0.3	8	0.2
Total	3439		3667		3823		4655		4587		4343	

Note: Percentages may not total to 100 due to rounding.

# Face-to-Face Counselling Services

For people with gambling problems and their family/whānau, a range of brief and early and psychosocial interventions are needed, including screening and other early intervention approaches, assessment, short-course interventions for people with mild to moderate problems and more specialist interventions for people with moderate to severe problems.

## Number of clients

A total of 4780 clients received face-to-face problem gambling intervention services in 2004. Just over 70% (3452) of these clients had not received any counselling for gambling-related issues in the past. These ‘new’ clients were counted when they had their first face-to-face appointment. Additional people contacted face-to-face problem gambling services on a one-off basis for information and advice but did not continue to the stage of an appointment and assessment. Data for this group were not recorded or included in this report.

In addition to the ‘new’ clients for 2004, face-to-face services catered for 802 ‘brought forward’ clients (these clients began their treatment in previous years), and 524 ‘repeat admission’ clients (clients that were previously discharged but have subsequently presented for further treatment).

**Table 10: Face-to-face intervention services: total clients by type**

	1997		1998		1999		2000		2001		2002		2003		2004	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
New clients	796	86.2	1347	74.3	1554	67.1	1937	78.8	2202	75.1	2478	72.0	3044	72.9	3452	72.2
Brought forward clients	126	13.7	448	24.7	684	29.5	400	16.3	566	19.3	634	18.4	685	16.4	802	16.8
Repeat admission clients	1	0.1	18	1	79	3.4	122	5	166	5.7	325	9.4	440	10.5	524	11
Episode started but face-to-face session later											5	0.1	5	0.1	2	
Insufficient data											1					
<b>Total</b>	<b>923</b>		<b>1813</b>		<b>2317</b>		<b>2459</b>		<b>2934</b>		<b>3443</b>		<b>4174</b>		<b>4780</b>	

Note: Percentages may not total to 100 due to rounding.

Since 1997, over 16,800 clients have been provided with face-to-face services for gambling-related problems. The number of new clients has continued to grow steadily, with a 13.4% increase from 2003 levels (please refer to Appendix 1).

In 2004, the total number of clients accessing face-to-face services again rose, by 14.5%. This represents a slowing of growth from the 21.2% rise in 2003 and a small reduction in the average annual increase since 1998 (17.7%). However, this must be treated as a one-off observation because there is no consistent evidence of a trend. As identified in the 2003 report, the percentage of clients that were ‘repeat admission clients’ continued to grow. Repeat admissions now represent 11% of all clients.

## Time spent in treatment

The literature evaluating the effectiveness of interventions is limited. An optimal period of treatment for gambling problems has not been established. It remains unlikely that any optimal period will be established, as gambling problems are not heterogeneous, and many other factors will differentially impact on the effective length of treatment, both in terms of the duration of the treatment episode, and the total number of hours of treatment received.

## Duration of treatment episodes

A treatment episode is the time span a person attends services, from first to last session. Previous reports have shown that the durations of treatment episodes have been quite variable.

The 2004 data were virtually identical to those reported in 2003. The majority of treatment episodes (62.2%) lasted between one week and six months. Just over 22% of treatment episodes lasted just one day. These data differed substantially from the data reported in the 2003 report. Due to the ongoing commitment to data quality and collection, the measurement of treatment episodes has been defined more clearly and the data from 2002 onwards have been reanalysed and more accurately represent treatment episode duration. Treatment episodes now end on the date of the last client contact, whereas previously this definition had been variable, often adding an arbitrary time over and above the date of last contact.

**Table 11: Episode duration**

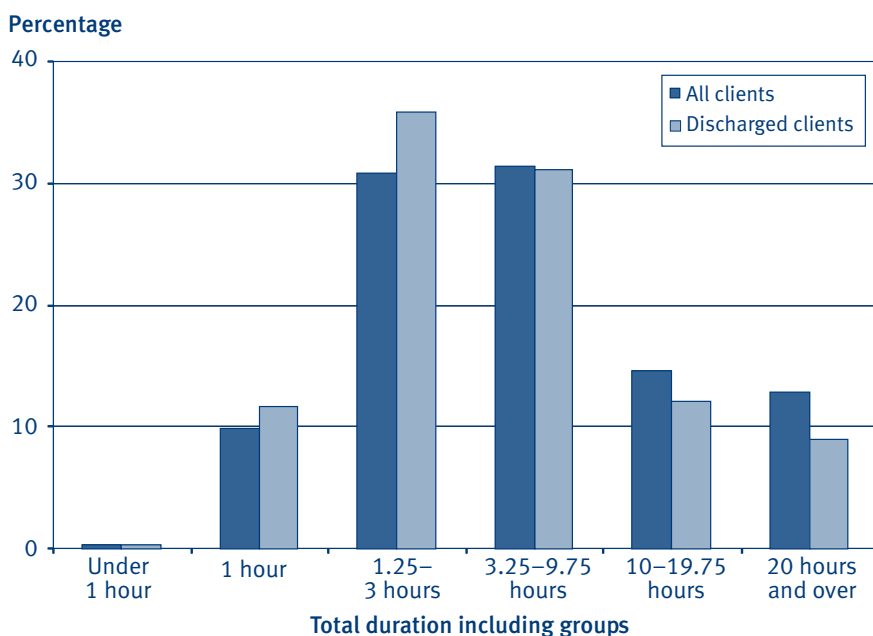
	1 day		2 days – 1 week		1 week – 1 month		1–6 months		6 months – 1 year		Over 1 year	
	N	%	N	%	N	%	N	%	N	%	N	%
2002	525	18.3	131	4.6	732	25.5	1071	37.3	245	8.5	165	4.8
2003	751	21.5	104	3.0	878	25.1	1325	37.9	278	7.9	164	4.7
2004	920	22.2	115	2.8	999	24.1	1580	38.1	327	7.9	201	4.9

Note: Percentages may not total to 100 due to rounding.

## Hours of treatment received

Service delivery statistics confirm that there was considerable variation in treatment length. Nonetheless, the data were virtually identical to those obtained in 2003. In 2004, 89.8% of clients spent 1.25 hours or more in treatment (90% in 2003), and 62.3% of clients had between 1.25 and 9.75 hours of treatment (62.1% in 2003).

Figure 13: Total treatment duration 2004



## Client characteristics

### Summary

- Just over half of new clients were based in Auckland (30.8%) and Christchurch/Canterbury (20.6%) combined. A number of regions reported substantial proportional increases in their number of new clients – these areas included Christchurch/Canterbury (+15%, total 711 new clients), Hamilton/Waikato (+ 25%, 281 new clients), Hawke’s Bay/ East Coast (+45%, 172 new clients), Whangarei/Northland (+19%, 132 new clients), and Palmerston North/Manawatu (+ 45%, 81 new clients).
- The majority of new face-to-face clients(79.7%) identified non-casino gaming machines as their primary mode of problem gambling. This percentage has increased every year since 1998.
- For the first time, the number of female gambler clients (1207, 50.4%) exceeded the number of male clients (1190, 49.6%). The majority of family/whānau clients continued to be female (68.2%).

- Māori (32.7% of new gambler clients) were substantially over-represented. In particular, the growth in Māori women new gambler clients presenting to face-to-face services has been substantial, and 92% of new Māori women clients cited non-casino gaming machines as their primary mode of problem gambling (the number of new Māori women clients in this category has risen by approximately 100 per annum since 2002).
- In contrast to other ethnic categories, the most frequently cited primary mode of problem gambling among Asian clients (both male and female) was casino table games (47.5%).

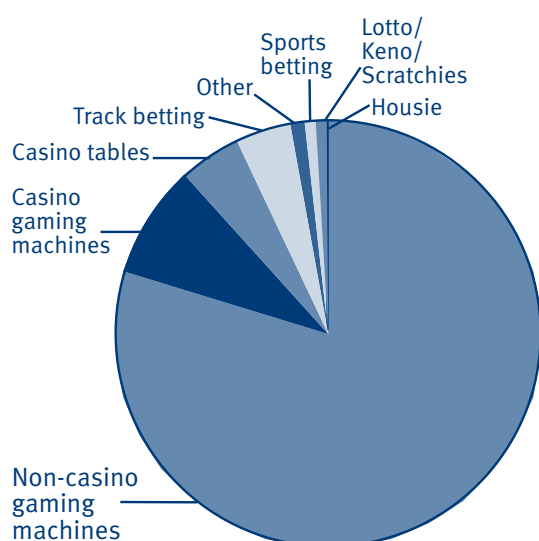
### Primary mode of problem gambling – new clients

Every client accessing problem gambling services was asked to identify the type of gambling causing them the most problems (the ‘primary’ mode of gambling). Most new gambler clients (93%) were able to identify a primary mode of gambling contributing to their problem. In addition, 19% of new clients (the same as in 2003) were able to identify additional types of gambling causing them problems.

As in previous years, the majority of new clients reported their primary mode of gambling as being non-casino gaming machines (79.7%). This figure has risen every year since 1998. The second most frequently reported primary mode of gambling was casino-based gaming machines (8.5%), although the percentage has decreased every year since 1998. Overall, 88.2% of clients accessing problem gambling services reported use of gaming machines as their primary problem.

The consistent increase in clients reporting non-casino gaming machines as the primary mode of problem gambling was necessarily paralleled by a decrease in clients reporting other modes of gambling. For instance, the percentage of clients reporting track betting as their primary mode of gambling has dropped every year since 1997, and the drop in casino gaming machines as a primary mode is described above. There has also been a general decline in the percentage of clients reporting use of casino tables (although this decline seems to be levelling off and may even be picking up again), whilst sports betting, Lotto/Keno/Scratchies and housie remain constant at under 1% each.

**Figure 14: Primary mode of problem gambling – new clients**



**Table 12: Primary mode of problem gambling – new clients**

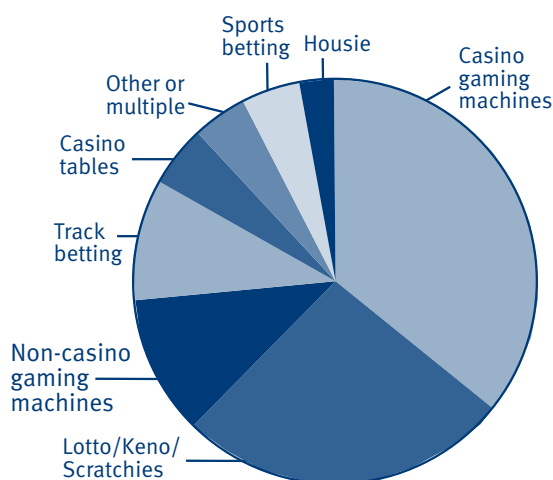
	1997 %	1998 %	1999 %	2000 %	2001 %	2002 %	2003 %	2004 %
Non-casino gaming machines	56.9	56.1	60.9	68.7	71.7	75.1	76.8	79.7
Casino gaming machines	10.9	15.5	14.7	12.6	12.4	11.2	10.6	8.5
Casino tables	10.1	9.9	6.8	5.6	5.3	4.7	4.7	4.9
Track betting	18.4	15.3	14.7	10.3	8.1	6.7	4.3	4.2
Other	2.6	2.0	1.4	1.4	1.3	0.7	1.6	1.2
Sports betting	0.8	0.8	0.9	0.4	0.5	0.6	0.9	0.9
Lotto/Keno/Scratchies	0.2	0.4	0.2	0.8	0.4	0.6	0.7	0.6
Housie	0.2	0.1	0.4	0.2	0.5	0.3	0.3	0.1
Number	625	1009	1119	1330	1497	1794	2048	2236

Note: Percentages may not total to 100 due to rounding.

### Additional mode of problem gambling – new clients

One in five clients (20.6%) that reported a primary mode of problem gambling also reported an additional mode. Over half of those clients cited either casino gaming machines (35.9%) or Lotto/Keno/Scratchies (26.5%) – and the percentage of clients reporting either has generally increased since 1997. It is important to note that the figure for non-casino gaming machines as an additional mode of gambling is necessarily low (10.9%) given that nearly 80% of clients reported the use of such machines as their primary mode. Other modes of gambling are either decreasing as an additional mode (eg, track betting and casino tables) or remaining relatively stable (eg, sports betting and housie – see Table 13 over).

**Figure 15: Additional mode of problem gambling – new clients**



**Table 13: Additional mode of problem gambling – new clients**

	1997 %	1998 %	1999 %	2000 %	2001 %	2002 %	2003 %	2004 %
Casino gaming machines	15.7	18.2	21.4	20.6	23.3	27.1	36.4	35.9
Lotto/Keno/Scratchies	10.0	5.8	7.7	12.9	23.1	18.8	20.6	26.5
Track betting	20.5	29.5	23.9	24.4	16.6	17.1	12.8	9.8
Non-casino gaming machines	24.0	25.8	22.4	19.0	17.6	18.8	11.9	10.9
Casino tables	12.7	9.5	9.4	6.7	5.8	7.3	5.9	5
Other or multiple	9.6	3.7	9	8.3	7	3.2	6.4	4.6
Sports betting	3.5	5.5	5.1	4.4	4.5	4.1	4.1	4.6
Housie	3.9	2.1	1.1	3.8	2	3.8	1.8	2.8
Number	229	380	468	505	601	468	437	460

Note: Percentages may not total to 100 due to rounding.

### Primary and additional mode combined – new clients

Combining the primary and additional mode totals for each gambling type gives an indication of the number of clients experiencing problems with each mode of gambling (due to the inherent multiple measures, the data cannot simply be summed across modes).

The data revealed a continuation of the gradual increase in the percentages of clients reporting problems with non-casino gaming machines. The decreasing trend across years in the percentage of clients reporting track betting as a problem gambling mode continued in 2004. The reported usage of other gambling modes changed little, and no clear trend is evident across years.

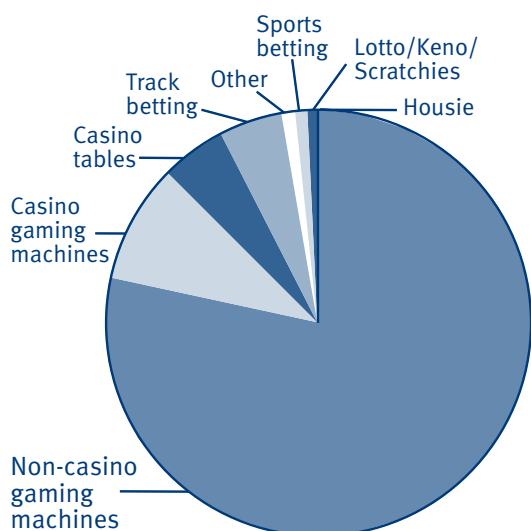
**Table 14: Primary and additional modes of problem gambling combined**

Gambling mode	Primary mode N		Additional mode N		Either primary or additional mode Total N		% of new gambler clients (with mode data) Client N: 2003 = 2048 2004 = 2236	
	2003	2004	2003	2004	2003	2004	2003	2004
Non-casino gaming machines	1572	1782	52	50	1624	1832	79.3	81.9
Casino gaming machines	217	189	159	165	376	354	18.4	15.8
Track betting	89	93	56	45	145	138	7.1	6.2
Lotto/Keno/Scratchies	15	13	90	122	105	135	5.1	6.0
Casino tables	97	109	26	23	123	132	6.0	5.9
Other	33	27	28	21	61	48	3.0	2.1
Sports betting	19	20	18	21	37	41	1.8	1.8
Housie	6	3	8	13	14	16	0.7	0.7

### Primary mode of problem gambling – all clients

The pattern for all gambler clients (ie, ‘brought forward’, ‘repeat’, and ‘new’ gambler clients as well as ‘episode started’ clients) was virtually identical to the pattern for new gambler clients only. However, given that the majority of clients (just over 70%) were classified as new, this should be no surprise and has also been the case in previous years.

**Figure 16: Primary mode of problem gambling – all clients**



**Table 15: Primary mode of problem gambling – all clients**

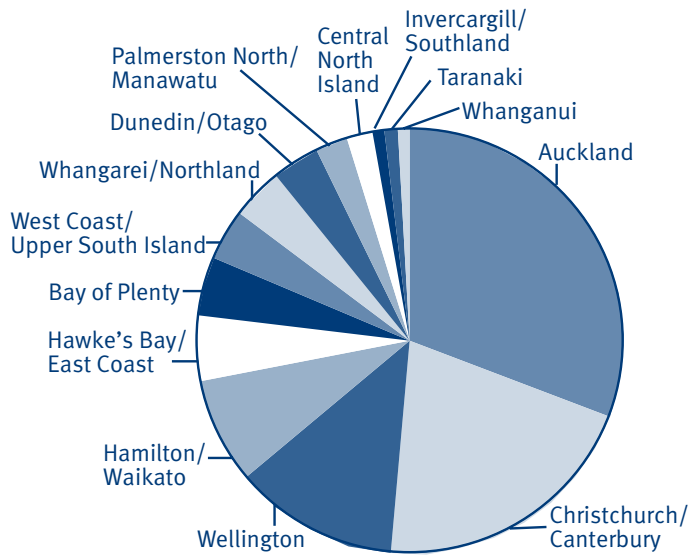
	1997 %	1998 %	1999 %	2000 %	2001 %	2002 %	2003 %	2004 %
Non-casino gaming machines	56.8	56.4	59.7	66.2	70.2	73.5	76.4	78.3
Casino gaming machines	9.7	14.9	15.9	13.2	12.8	11.6	11.2	9.3
Track betting	19.5	16.1	14.5	11.8	9.4	7.6	5.1	4.9
Casino tables	10.6	9.1	7	5.8	5.1	4.8	4.2	4.6
Other	2.4	2.3	1.5	1.6	1.5	0.7	1.2	1.2
Sports betting	0.7	0.8	0.9	0.5	0.3	0.8	0.9	1.0
Lotto/Keno/Scratchies	0.1	0.4	0.2	0.7	0.3	0.6	0.7	0.6
Housie	0.1	0.1	0.3	0.2	0.3	0.3	0.3	0.2
Number	699	1196	1272	1688	2045	2546	2989	3275

Note: Percentages may not total to 100 due to rounding.

### Geographic spread of client access to services – new clients

Auckland (30.8%) and Christchurch/Canterbury (20.6%) remained the areas with the most new clients. Across almost all geographic locations there was a general increase in the absolute number of new clients presenting from 2003 to 2004. However, more substantial increases were reported for Christchurch/Canterbury (+14.5%, 619 to 711 new clients), Hamilton/Waikato (+24.9%, 225 to 281 new clients), the Hawke's Bay/East Coast (+44.5%, 119 to 172 new clients), Whangarei/Northland (+18.9%, 111 to 132 new clients), Palmerston North/Manawatu (+44.6%, 56 to 81 new clients) and the central North Island (+288%, 17 to 66 new clients).

**Figure 17: New clients by clinic location**



**Table 16: New clients by clinic location**

Region	1999		2000		2001		2002		2003		2004	
	N	%	N	%	N	%	N	%	N	%	N	%
Auckland	614	40.2	592	30.9	737	33.8	841	33.9	1004	33.3	1062	30.8
Christchurch/ Canterbury	356	22.7	470	24.0	438	19.6	489	19.7	619	20.3	711	20.6
Wellington	264	16.7	293	15.1	272	12.4	376	15.2	395	13.0	432	12.5
Hamilton/ Waikato	92	5.9	123	6.3	110	4.9	128	5.2	225	7.4	281	8.1
Hawke's Bay/ East Coast	0	0	28	1.4	84	3.8	127	5.1	119	3.0	172	5.0
Bay of Plenty	62	3.9	73	3.7	91	4.1	87	3.5	154	5.1	151	4.4
West Coast/ Upper South Island	0	0	17	0.9	71	3.2	49	2.0	131	4.3	140	4.1
Whangarei/ Northland	19	1.2	34	1.8	41	1.9	77	3.1	111	3.6	132	3.8
Dunedin/ Otago	76	4.8	152	7.8	160	7.3	140	5.6	133	4.4	127	3.7
Palmerston North / Manawatu	36	2.3	87	4.5	71	3.2	64	2.6	56	1.8	81	2.3
Central North Island	0	0	41	2.1	48	2.1	23	0.9	17	0.6	66	1.9
Invercargill/ Southland	0	0	11	0.6	35	1.5	39	1.6	34	1.1	34	1.0
Taranaki	0	0	0	0	18	0.8	20	0.8	27	0.9	33	1.0
Whanganui	35	2.2	16	0.8	26	1.2	18	0.7	18	0.6	30	0.9
Total	1554		1937		2202		2478		3043		3452	

## Client composition: gamblers, family/whānau and others – new clients

Almost 70% of new clients were accessing services for their own gambling problems. The corresponding figure in 2003 was 72%.

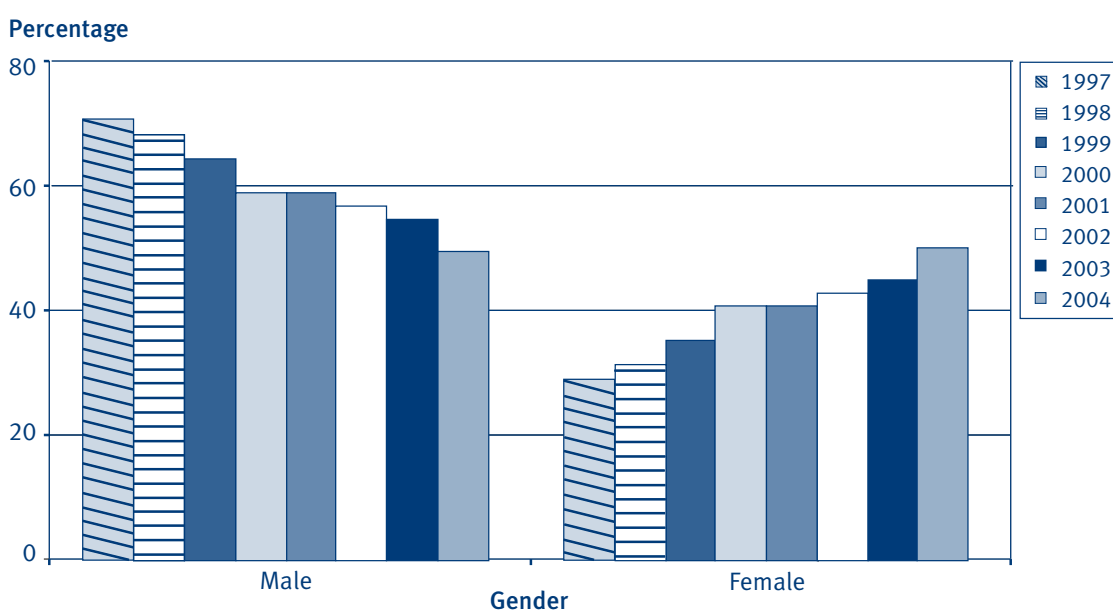
**Table 17: Client composition**

Type of new clients	N	%
Gambler	2395	69.4
Family/whānau/other	1057	30.6
Total	3452	

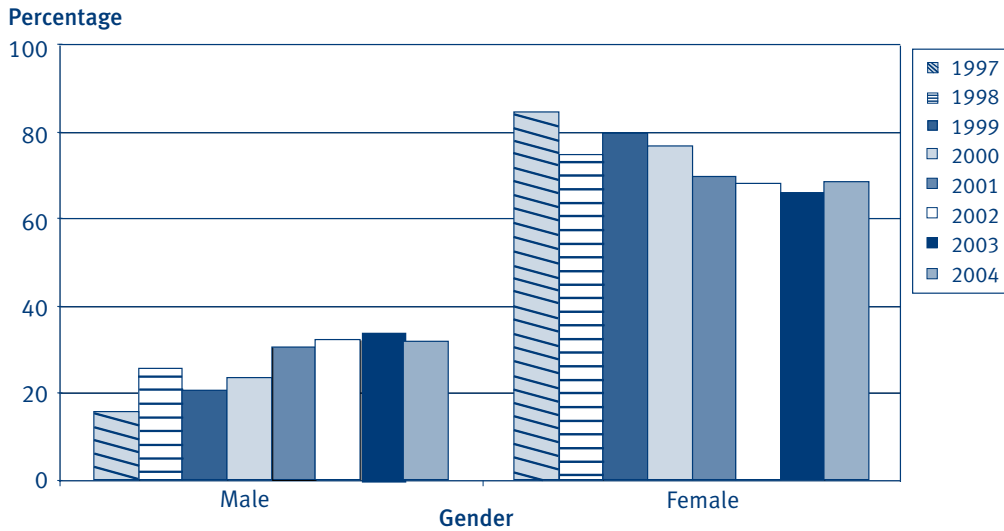
## Gender: gamblers and family/whānau of gamblers – new clients

For the first time, the number of female gambler clients accessing face-to-face services in 2004 (1207, 50.4%) exceeded the number of male clients (1190, 49.6%). This continued the pattern that has been developing since 1997, when the proportion of female clients was 29.1%, in which there has been an annual increment in new female clients (with the exception of 2000–2001 when the proportions were unchanged).

**Figure 18: Gender of gamblers – new clients**



**Figure 19: Gender of family/whānau and others (new clients)**



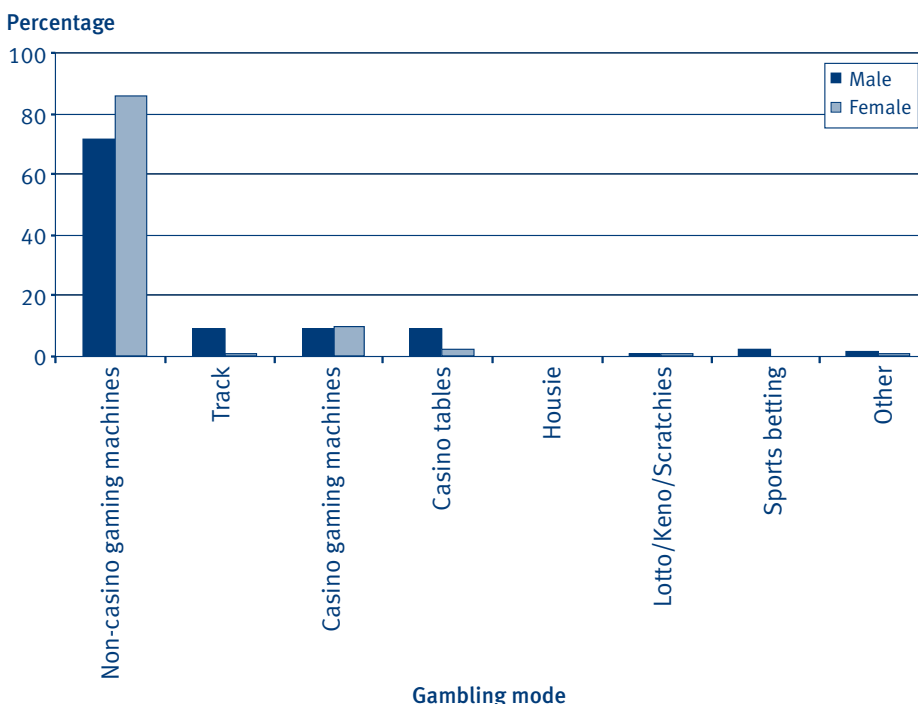
Consistent with previous years, most family/whānau members receiving face-to-face counselling were female (68.2%).

### Primary mode of problem gambling by gender – new gambler clients

In 2004, the percentage of females reporting gaming machines (non-casino and casino, 94.8%) as their primary mode of problem gambling remained consistent with 2003 figures, exceeded the percentage of males reporting gaming machines as their primary mode (81.4%).

In contrast, the percentage of males reporting casino tables, track betting and sports betting as their primary mode (7.1%, 7.7%, and 1.8% respectively) exceeded female percentages for the same forms of gambling (2.7%, 0.7%, and 0%, respectively).

**Figure 20: Primary mode of problem gambling by gender – new clients**

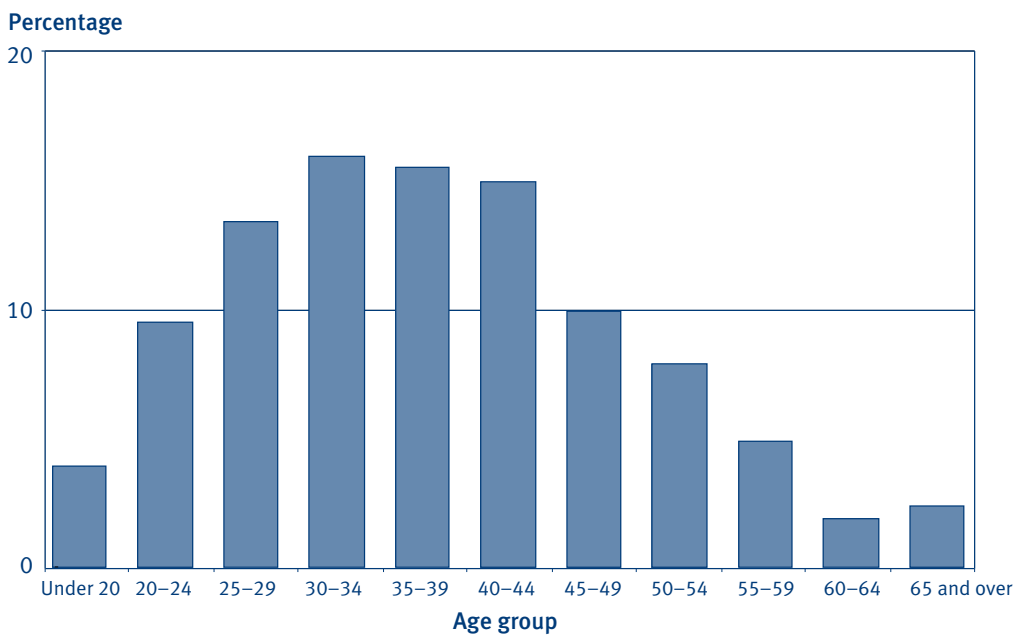


## Age distribution: gamblers, family/whānau and others – new clients

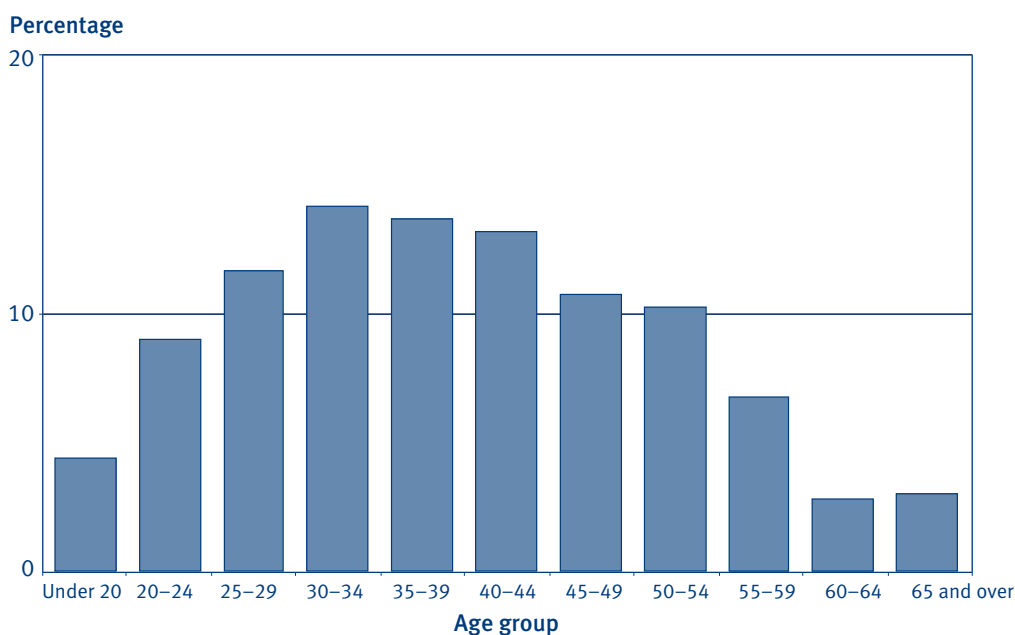
There has been little change in the age distribution of clients who are gamblers or clients who are family/whānau of gamblers since 1997.

Over half (58.2%) of new gambler clients were under 40 years of age in 2004, and the same was true of family/whānau clients (53%). As in previous years, these data were very similar to those reported in the telephone helpline data.

**Figure 21: Age distribution of gamblers – new clients**



**Figure 22: Age distribution of family/whānau and others – new clients**



## Primary mode of problem gambling by age – new gambler clients

No age-related differences were evident in the reported primary mode of problem gambling for new gambler clients. The great majority of new clients in each age group reported non-casino gaming machines as their primary mode of problem gambling (ranging from 75.7% to 83%). The data for all modes were generally consistent with the overall data.

**Table 18: Primary mode of problem gambling by age – new clients**

	Age														Total	
	Under 20		20–29		30–39		40–49		50–59		60 and over		Missing age data			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Non-casino gaming machines	52	77.9	410	83	526	79.9	404	75.7	216	79.4	76	79.2	97	85.1	1781	79.7
Casino gaming machines	8	11.8	27	5.5	50	7.6	51	9.6	26	9.6	17	17.7	10	8.8	189	8.5
Track	1	1.5	12	2.4	31	4.7	35	6.6	11	4.0	2	2.1	1	0.9	93	4.2
Casino tables	2	2.9	31	6.3	30	4.6	32	6.0	11	4.0	0		3	2.6	109	4.9
Other	3	4.4	7	1.4	8	1.2	4	0.7	4	1.5	0		1	0.9	27	1.2
Sports betting	1	1.5	4	0.8	8	1.2	7	1.3	0		0		0	0.9	20	0.9
Lotto/Keno/Scratchies	0		2	0.4	4	0.6	1	0.2	3	1.1	1	1.0	2	1.8	13	0.6
Housie	0		1	0.2	1	0.2	0		1	0.4	0		0	0	3	0.1
Total	67		494		658		534		272		96		114		2235	

## Ethnicity – new gambler clients

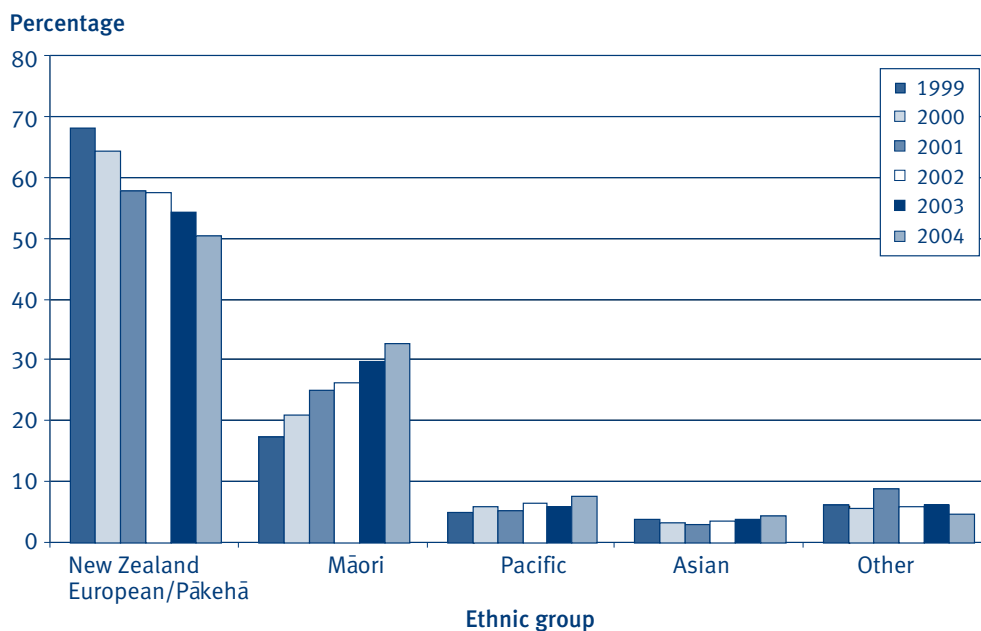
The ethnic profile of clients in face-to-face services continued the trend evident in data from previous years.

Specifically, when compared with the ethnic profile of the general New Zealand population, the profile of new gambler clients showed:

- a relative under-representation of New Zealand European/Pākehā clients
- a substantial over-representation of Māori clients
- a smaller, but consistent across years, over-representation of Pacific clients.

Since 1999, there has been an annual reduction in the percentage of new clients identifying as New Zealand European/Pākehā, and a corresponding increase in the percentage identifying as Māori. In 2004, there was a notable increase in the percentages of new Pacific clients (although no clear trend is evident across years, the percentage of Pacific clients consistently exceeds national population estimates) and Asian clients.

**Figure 23: Ethnicity of gamblers – new clients**



**Table 19: Ethnicity of gamblers – new clients**

	1999		2000		2001		2002		2003		2004	
	N	%	N	%	N	%	N	%	N	%	N	%
New Zealand European/Pākehā	745	68.1	901	64.3	976	57.9	1044	57.6	1164	54.2	1165	50.4
Māori	261	17.3	295	21.0	421	25.0	479	26.4	641	29.8	755	32.7
Pacific	54	5.0	83	5.3	89	5.3	118	6.5	125	5.8	178	7.7
Asian	41	3.7	44	3.1	51	3.0	63	3.5	84	3.9	102	4.4
Other	82	6.1	79	5.6	149	8.8	109	6.0	135	6.3	112	4.8
Total	1183		1402		1686		1813		2149		2312	

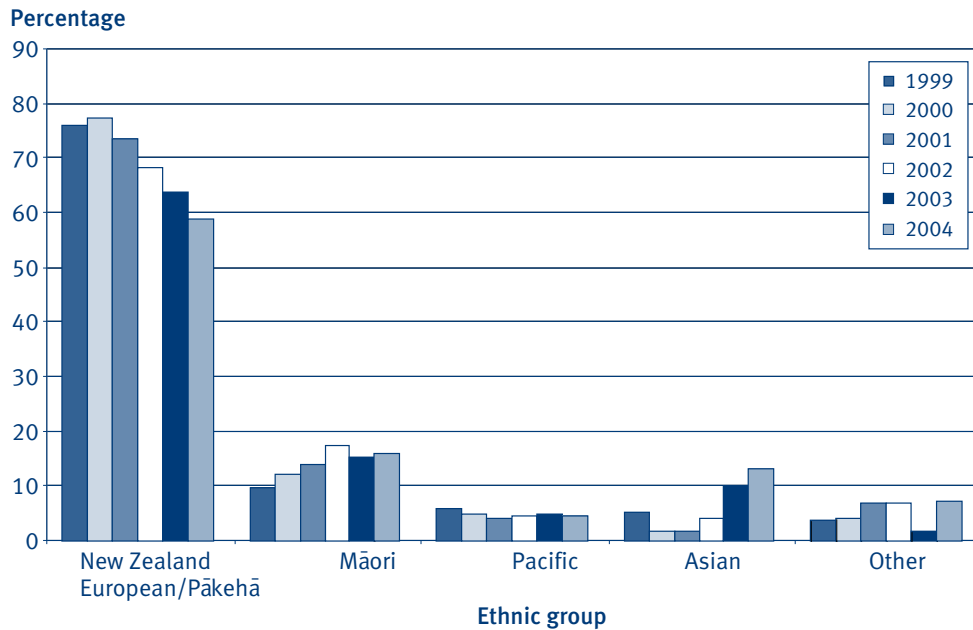
Note: Percentages may not total to 100 due to rounding.

### Ethnicity: family/whānau of gamblers – new clients

The pattern of ethnicity for family/whānau clients was quite different from that of gambling clients. More than half of the family/whānau clients in 2004 were New Zealand European/Pākehā (58.9%), although this percentage has decreased over the last three years (down from 63.7% in 2003 and 68.4% in 2002).

In contrast to the new gambler clients (32.7%), the percentage of family/whānau clients identified as Māori was comparatively low at 15.9% (15.3% in 2003, and 17.6% in 2002). The percentage of Asian family/whānau clients was substantially higher (at 13.2% in 2004, up from 10% in 2003, and just 4.3% in 2002) than the percentage of new gambler clients who were Asian. The percentage of Pacific family/whānau clients remained slightly lower than the percentage of Pacific new gambler clients (4.4% for family/whānau compared with 7.7% for gambler clients).

**Figure 24: Ethnicity of family/whānau – new clients**



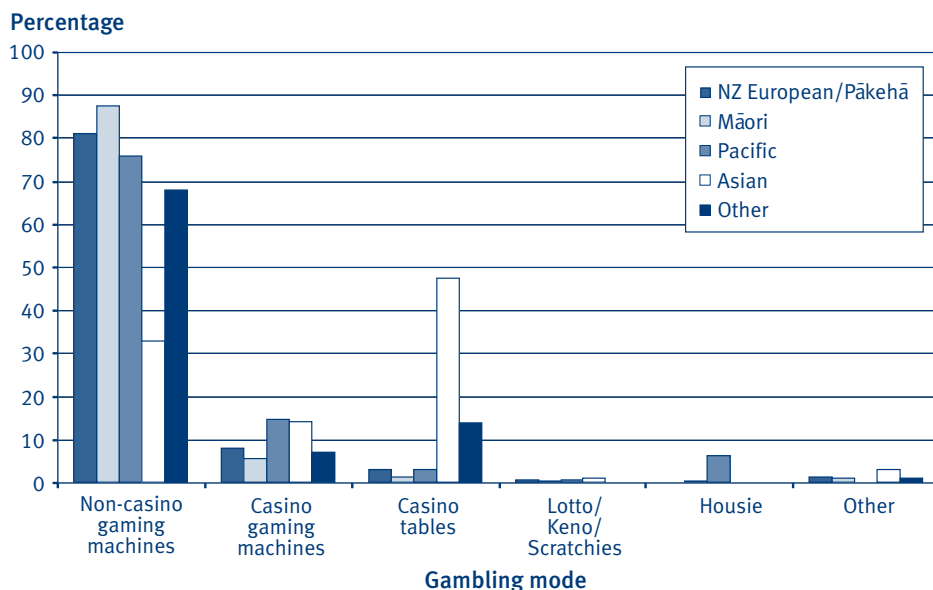
### Primary mode of problem gambling by ethnicity – new gambler clients

When examined in terms of ethnicity, the primary mode of problem gambling data were again relatively consistent with previous years, with the majority of clients reporting non-casino gaming machines as their primary mode of gambling.

However, as with the 2003 report, there was a significant difference in the data for new gambler Asian clients. As in 2003, some caution is required when interpreting these data, as the number of Asian clients was relatively small ( $n = 101$ ). However, the number of Asian new gambler clients was comparable with the number of Pacific ( $n = 179$ ) and ‘other ethnicity’ clients ( $n = 109$ ), and neither of these groups showed a disparate pattern of gambling. Moreover, the pattern has now been replicated over successive calendar years in new clients.

For new gambler Asian clients the most frequently reported primary mode of problem gambling was casino tables (47.5%, down from 65.8% in 2003). A combined 61.4% of new and repeat Asian clients reported casino gaming as their primary mode (down from 83.5% in 2003). In contrast, some 32.7% of new gambler Asian clients reported non-casino gaming machines as their primary mode of problem gambling (up from 12.7% in 2003).

**Figure 25: Primary mode of gambling by ethnicity – new clients**



### Primary mode of problem gambling by gender and ethnicity – new clients

When examining the data in terms of both gender and ethnicity, the same general effects were evident. There were, however, several apparent gender- and ethnicity-specific effects.

First, among Māori women 91.7% of new gambling clients cited non-casino gaming machines as their primary mode of problem gambling. This figure continued the annual increment in this group (84.4% in 2002, 87.4% in 2003), and an overall increase from 64.2% in 1997. Moreover, the absolute number of new Māori women clients citing non-casino gaming machines as their primary mode of problem gambling has increased by about 100 clients per annum since 2002 (227 clients in 2002, 339 in 2003 and 440 in 2004).

In terms of the gambling mode, both Asian men and women most commonly cited casino table games as their primary mode of problem gambling (47.5% and 47.6% respectively). New Zealand European/Pākehā, Māori, and Pacific male new clients reported track and sports betting as their primary mode of gambling more frequently than their female counterparts.

Male-female disparities in the numbers of new clients were evident across a number of ethnicities. There were substantially more New Zealand European/Pākehā male new clients than females (60% males), and this was even more evident in Asian new gambler figures (79% male). In contrast, 70% of Māori and 62% of Pacific new gambler clients were female. Some caution must be exercised with the data from Asian and Pacific clients given their relatively small numbers.

**Table 20: Primary mode of problem gambling by gender and ethnicity**

	Non-casino gaming machines		Track		Casino gaming machines		Casino tables		Housie		Lotto/ Keno/ Scratchies		Sports betting		Other		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	
<b>MALE</b>																		
NZ European/ Pākehā	511	77.0	55	8.3	48	7.2	26	3.9	0		4	0.6	12	1.8	8	1.2	664	
Māori	162	77.5	18	8.6	14	6.7	4	1.9	1	0.5	2	1.0	5	2.4	3	1.4	209	
Pacific	47	72.1	8	12.1	8	12.1	2	3.0	0		0		1	1.5	0		66	
Asian	26	32.5	1	1.3	10	12.5	38	47.5	0		1	1.3	1	1.3	3	3.8	80	
Other	41	67.2	2	3.3	10	16.4	7	11.5	0		0		1	1.6	0		61	
Total (All male)	787	72.9	84	7.8	90	8.3	77	7.1	1	0.1	7	0.6	20	1.9	14	1.3	1080	
<b>FEMALE</b>																		
NZ European/ Pākehā	387	87.4	2	0.5	40	9.0	5	1.1	0		3	0.7	0		6	1.4	443	
Māori	440	91.7	5	1.0	25	5.2	4	0.8	1	0.2	1	0.2	0		4	0.8	480	
Pacific	84	78.5	1	0.9	17	15.9	3	2.8	1	0.9	1	0.9	0		0		107	
Asian	7	33.3	0		4	19.0	10	47.6	0		0		0		0		21	
Other	41	67.2	0		10	16.4	7	11.5	0		0		0		1	2.1	48	
Total (All female)	951	86.5	8	0.7	92	8.4	30	2.7	2	0.2	5	0.5	0		11	1.0	1099	

Note: Differences in the total numbers of clients in the tables in this section occur due to missing data in some categories.

# Measurement of Client Progress

A range of measures of client progress has been collected since 1998. In this time the volume and quality of the data have been consolidated and improved via a national auditing system, an enhanced national provider database, centralised follow-up for face-to-face counselling clients, and centralised follow-up for face-to-face counselling clients through the national telephone helpline. Since 2003, there has been a concerted effort to maximise the response rate at follow-up.

Three measures are administered for gambler clients at assessment and then repeated at follow-up. They are:

- the South Oaks Gambling Screen (SOGS), adapted for the purposes of collecting measures related to the person's gambling behaviour in the three months prior to assessment (SOGS-3M)
- 'total dollars lost', which establishes the amount of money the client has lost on all gambling in the four weeks prior to assessment
- 'control over gambling' which measures the client's own assessment of the degree of control they have had over their gambling during the three months prior to assessment.

The gambler outcome measurement results discussed below are based on assessment and reassessment data collected in 2004. Just over 1200 clients are represented. Even though this is a substantial number, it represents only a small proportion of the number of clients who have received treatment and should be interpreted with appropriate caution. Outcomes were measured by looking at the difference between first and last assessments. Data were only retained when at least 150 days had elapsed between the two assessments.

Although data from first assessment represent the beginning of treatment, the last assessment cannot automatically be assumed to represent the end of treatment. Further treatment episodes are possible, and clients may interact with services in an episodic way. In this sense, the results presented below are progress measures rather than outcomes.

## Results – problem gambling outcome and progress measures

On all measures, most follow-up clients showed improvements. Better outcomes were recorded when discharge was on 'completion', as opposed to 'partial completion' of treatment. Nearly half of follow-up clients showed a substantial reduction (decreases of 6 or more) in their SOGS-3M scores, and a further 30.9% showed more modest reductions. This was paralleled by 83% of clients reporting losing less money in the four weeks prior to follow-up than in the four weeks prior to their initial assessment (63.9% of these reported losing 80–100% less) and 67.5% of clients reported an improvement in their sense of control over their gambling.

On the outcome measures recorded, approximately one in five follow-up clients were unchanged or experiencing more severe problem gambling. In terms of changes in SOGS-3M scores, 20.8% either scored higher or were unchanged (14.5% and 6.3% respectively).

The percentage of clients that reported higher or unchanged dollars lost was 17%, and 32.5% of clients reported a diminished or unchanged sense of control over their gambling. It is important to note that while the percentages were consistent, at the individual client level the data did not always show the same patterns (ie, for individual clients, progress measures did not always move in the same direction).

## Problem gambling assessment measures

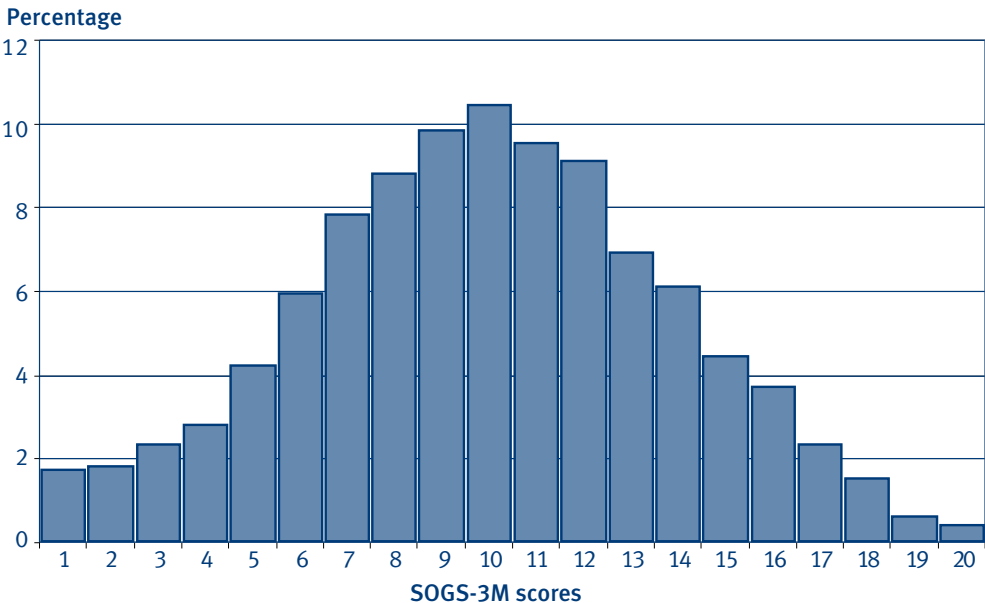
### Southern Oaks Gambling Screen

The SOGS-3M screen uses the same scoring system as the SOGS screen and is adapted for the purposes of collecting measures related to a person's gambling behaviour in the three months prior to assessment. A top score of 20 is possible, but a score of 3 or more means a client can be considered a problem gambler (Abbott and Volberg 1991)<sup>4</sup>.

#### Distribution of SOGS-3M scores at first assessment

SOGS-3M scores were collected for 2175 new clients in 2004. A score of 3 or greater was recorded for 96.5% of new clients. As in previous years, the average score was 10, and the distribution of scores is very stable across years. Over half (54.9%) of the new gambler clients scored 10 or greater.

Figure 26: Distribution of SOGS-3M scores at first assessment



<sup>4</sup> Abbott M, Volberg R, 1991. Gambling in New Zealand: Report to the Department of Internal Affairs. Wellington: Department of Internal Affairs.

**Table 21: SOGS-3M summary statistics for first assessments**

SOGS-3M score	Mean	Median	Standard deviation	N (first assessments)
1999	10.5	11.0	3.4	1085
2000	10.4	11.0	3.4	1257
2001	10.2	10.0	3.5	1422
2002	10.0	10.0	3.6	1642
2003	9.8	10.0	3.9	2072
2004	10.0	10.0	3.9	2175

**SOGS-3M scores by age**

The distributions of SOGS-3M scores were reasonably consistent across all age groups in that the average scores were generally between 9 and 10; thus, towards the severe end of the continuum. Clients in the over 50 or under 20 age groups had slightly lower scores than the intermediate age groups. These results were consistent with those for previous years. Clients in the 25–29 age group had noticeably higher SOGS-3M scores than other age groups (mean 11.2, compared with an overall mean of 10; and only two other age groups had mean scores higher than 10 – ages 30–34, with a mean of 10.4 and ages 45–49, with a mean of 10.2).

**Table 22: SOGS-3M summary statistics by age group for first assessments**

SOGS-3M score				
Age group	Mean	Median	Standard deviation	N
Under 20	7.3	7.0	4.8	53
20–24	9.9	10.0	4.0	197
25–29	11.2	11.0	3.8	283
30–34	10.4	10.0	3.9	326
35–39	9.8	10.0	3.9	327
40–44	9.8	10.0	3.9	306
45–49	10.2	10.0	3.5	199
50–54	9.5	9.0	3.7	166
55–59	9.3	9.0	3.6	109
60–64	8.9	9.0	2.7	42
65 and over	8.7	9.0	2.9	60

**SOGS-3M scores by ethnicity**

Ethnicity appeared to have no effect on the SOGS-3M scores obtained at first assessment. Both measures of central tendency (mean and median) were similar across all ethnic groups, as was the variation in scores.

**Table 23: SOGS-3M summary statistics by ethnicity for first assessments**

SOGS-3M score				
	Mean	Median	Standard deviation	N
NZ European/Pākehā	9.9	10.0	3.6	1139
Māori	10.4	10.0	4.1	640
Pacific	9.5	10.0	4.6	136
Asian	8.9	9.0	4.4	99
Other	9.4	9.5	3.1	90

**SOGS-3M scores by gender**

The SOGS-3M scores at first assessment for both male and female clients were virtually identical.

**Table 24: SOGS-3M summary statistics by gender for first assessments**

SOGS-3M score				
	Mean	Median	Standard deviation	N
Male	9.6	10.0	3.9	1085
Female	10.3	10	3.8	1090

**SOGS-3M scores by primary mode**

The data for clients citing non-casino gaming machines as their primary mode of problem gambling were virtually identical to the overall data, as would be expected given that the vast majority of clients fell into that group. Also, as expected, the casino gaming machine data were very similar to the non-casino gaming machine data. Apart from clients citing track betting or casino tables as their primary mode, there is some evidence that clients citing other modes of gambling had lower SOGS-3M scores than those citing gaming machines. However, the sample for clients citing modes of problem gambling other than gaming machines is small.

**Table 25: SOGS-3M summary statistics by primary gambling mode for first assessments**

SOGS-3M score				
	Mean	Median	Standard deviation	N
Non-casino gaming machines	10.2	10.0	3.9	1667
Casino gaming machines	9.9	10.0	3.7	165
Casino tables	9.3	9.0	3.9	108
Track	9.9	10.0	3.9	85
Sports betting	8.4	7.0	4.0	19
Other or multiple	7.9	7.5	3.9	16
Lotto/Keno/Scratchies	7.5	6.5	5.0	10
Housie	2.5	2.5	.7	2

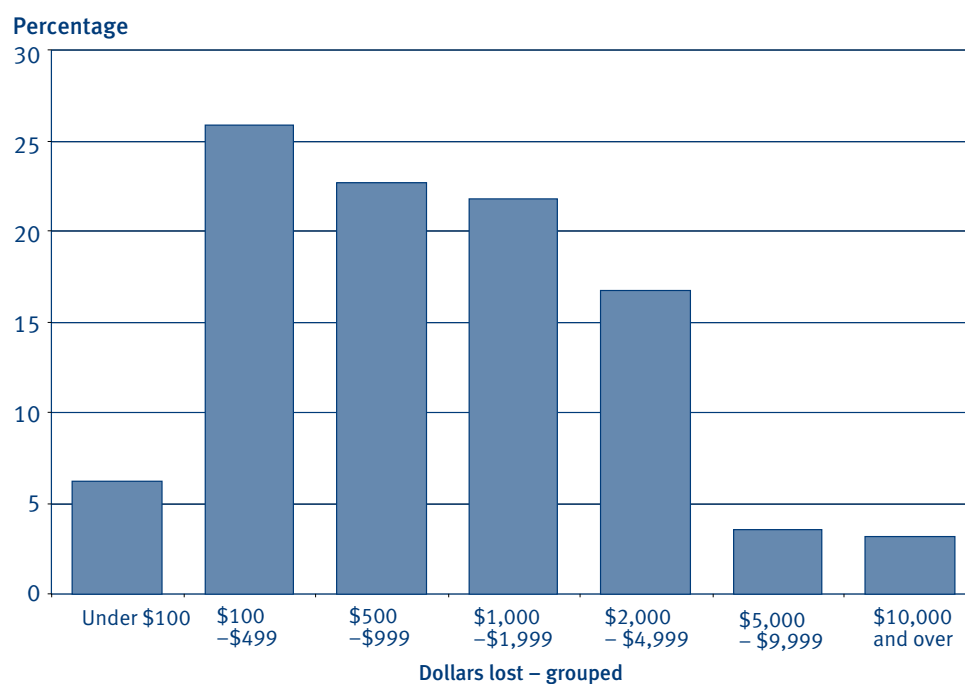
## Dollars lost

### Total dollars lost

The second progress measure for problem gamblers was total dollars lost. This measure establishes the amount of money the client had lost on all gambling in the four weeks prior to assessment.

The pattern of reported loss in the four weeks prior to entering treatment services has remained constant since 1999. Figure 27 and Tables 26 and 27 show the data were skewed so the mean was an inappropriate measure of average amount lost. The median provided a much better indication of average loss and has remained steady at \$800 (with the exception of \$750 in 2001). The majority of clients (70.3%) reported losing between \$100 and \$1999, and this too was consistent with previous reports. The total reported losses exceeded \$4 million in 2004 and is consistent with the increase in reported client numbers.

**Figure 27: Distribution of dollars lost in four weeks before first assessment**



**Table 26: Distribution of dollars lost in four weeks before first assessment**

	1999		2000		2001		2002		2003		2004	
	N	%	N	%	N	%	N	%	N	%	N	%
Under \$100	55	5.3	54	4.6	83	6.0	64	4.2	129	6.8	125	6.2
\$100–\$499	275	26.6	317	26.8	399	28.7	414	27.1	505	26.7	521	25.8
\$500–\$999	261	25.3	312	26.3	353	25.4	405	26.6	470	24.9	459	22.7
\$1000–\$1999	228	22.1	261	22.0	302	21.7	342	22.4	416	22.0	440	21.8
\$2000–\$4999	163	15.8	170	14.3	181	13.0	217	14.2	251	13.3	337	16.7
\$5000–\$9999	29	2.8	37	3.1	40	2.9	52	3.5	65	3.4	72	3.6
\$10,000 and over	21	2.0	34	2.9	33	2.4	31	2.0	54	2.9	64	3.2
Total	1032		1185		1391		1525		1890		2018	

**Table 27: Dollars lost in four weeks before summary statistics for first assessments**

Dollars lost	Mean	Median	Standard deviation	Sum	N
1999	\$3331	\$800	\$30,809	\$3,437,831	1032
2000	\$2331	\$800	\$12,999	\$2,763,074	1185
2001	\$1770	\$750	\$8875	\$2,462,639	1391
2002	\$1919	\$800	\$7380	\$2,926,723	1525
2003	\$1867	\$800	\$5197	\$3,529,542	1890
2004	\$2163	\$800	\$8199	\$4,364,703	2018

**Dollars lost by age**

There were few differences in the reported losses across age groups. The age groups with the smallest sample sizes (under 20, 60–64, and 65 and over) had the lowest median amounts lost. Generally, the median amounts were similar, however, the three groups spanning ages 20–34 were the only groups with median losses of \$900 or more. Two groups (ages 20–24 and 40–44) had substantially greater standard deviations than the other groups, indicating a number of clients in these groups reporting substantial losses.

**Table 28: Dollars lost in four weeks before summary statistics by age group for first assessments**

	Mean	Median	Standard deviation	Sum	N
Under 20	\$881	\$545	\$1109	\$37,003	42
20–24	\$3376	\$925	\$15,980	\$600,878	178
25–29	\$1909	\$1000	\$3510	\$521,051	273
30–34	\$1849	\$900	\$4677	\$558,348	302
35–39	\$1656	\$800	\$3196	\$486,868	294
40–44	\$3326	\$800	\$14,555	\$928,001	279
45–49	\$1892	\$800	\$4802	\$368,843	195
50–54	\$2386	\$770	\$7871	\$367,379	154
55–59	\$2367	\$835	\$5769	\$241,411	102
60–64	\$1275	\$640	\$1359	\$54,836	43
65 plus	\$839	\$595	\$788	\$48,673	58

**Dollars lost and ethnicity**

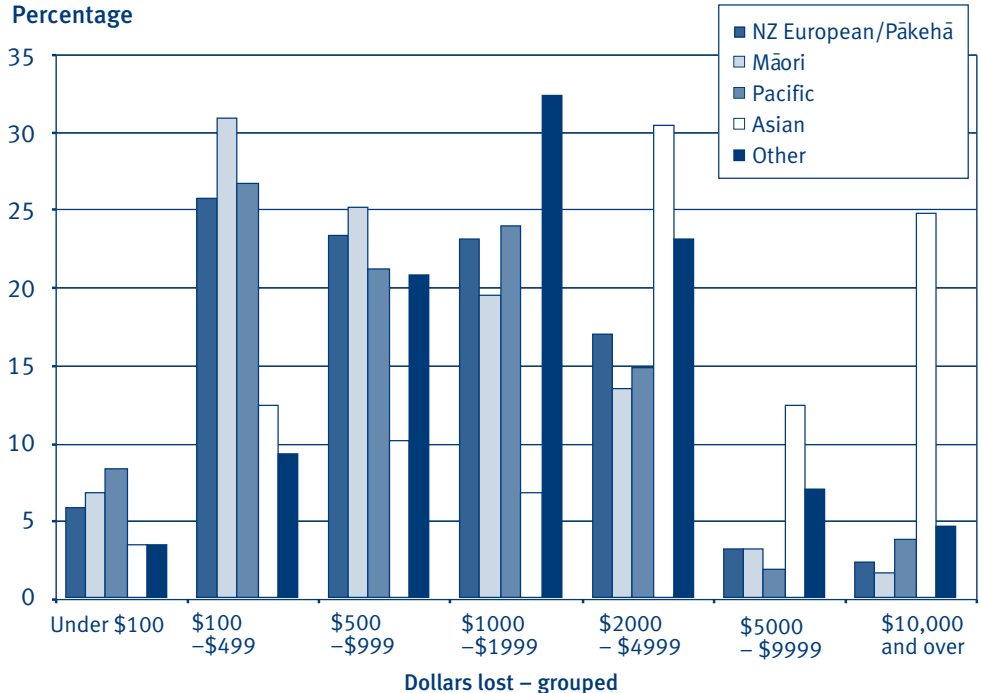
There were several interesting differences when the amount of dollars lost in the four weeks prior to treatment was compared with ethnicity data.

The clearest differences were in Asian clients who reported much higher losses than other ethnicities (median \$3000 compared to overall median of \$800), which was consistent with previous reports. Moreover, Asian clients represented just 4.6% of the clients contributing to these data whilst accounting for 25.2% of the reported losses. In dollar terms, Asian clients were second only to New Zealand European/Pākehā clients (who accounted for 43.2% of total reported losses and made up 55.5% of client numbers). The actual number of Asian clients was low, meaning some caution is necessary when interpreting these data. However, the same general data has been repeated across successive years.

Previous reports have speculated that this large discrepancy is due to Asian clients preferring casino table games in which stakes can be very high, or that larger losses are required before clients of Asian ethnicity will seek help.

Other ethnicities were generally similar in their reported losses. There was some evidence that Māori clients lost less in the four weeks prior to treatment than other groups (mean \$700, compared to \$835 for New Zealand European/Pākehā, \$800 for Pacific and \$3000 for Asian clients). However, the significance of the total dollars lost is uncertain in the absence of data about clients' financial status. There was also variation in the losses reported by Pacific clients (a standard deviation of \$10,110). This may be the result of a small number of Pacific clients reporting substantial losses in 2004.

**Figure 28: Dollars lost in four weeks before first assessment by ethnicity**



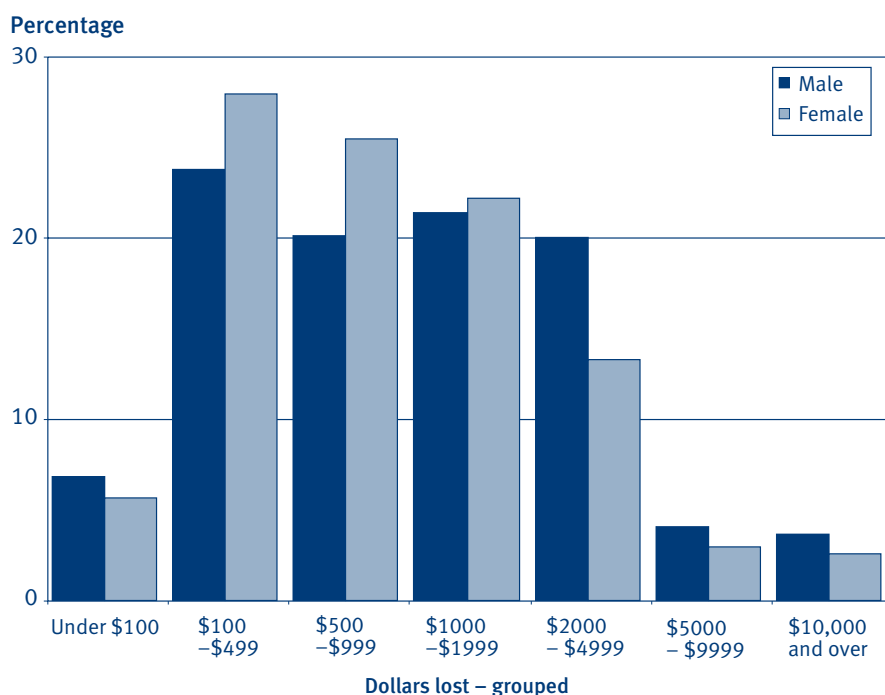
**Table 29: Dollars lost in four weeks before summary statistics by ethnicity for first assessments**

	Mean	Median	Standard deviation	Sum	N = 1947
NZ European/ Pākehā	\$1709	\$835	\$4194	\$1,846,183	1080
Māori	\$1402	\$700	\$2976	\$815,998	582
Pacific	\$2633	\$800	\$10,110	\$287,027	109
Asian	\$12,117	\$3000	\$31,379	\$1,078,380	89
Other and multiple	\$2880	\$1400	\$6956	\$250,554	87

### Dollars lost by gender

The average loss reported by male clients (median \$950) in the four weeks prior to treatment was higher than that reported by females (median \$740). Over a quarter of male clients (27.8%) reported losing over \$2000 in the four weeks prior to treatment; the corresponding figure for females was 18.9%. It was noted earlier that there were subtle differences in the primary mode of gambling reported by male and female clients and that these primary modes are associated with reporting different losses (see Figure 29).

**Figure 29: Dollars lost in four weeks before first assessment by gender**



**Table 30: Dollars lost in four weeks before summary statistics by gender**

	Dollars lost				
	Mean	Median	Standard deviation	Sum	N
Male	\$2452	\$950	\$8755	\$2,486,095	1014
Female	\$1871	\$740	\$7566	\$1,878,608	1004

### Dollars lost and primary mode of gambling

Although the small sample sizes for modes of gambling, apart from non-casino gaming machines, makes interpretation difficult, several differences as a function of mode of gambling are evident. Due to the great majority of clients reporting non-casino gaming machines as their primary mode of gambling, the data for this mode reflect the overall data (median \$800). Clients reporting casino gaming machines as their primary mode reported slightly higher losses (median \$950) and clients who cited casino tables as their primary mode reported substantially higher losses (median \$2200). While track betters also reported high losses (median \$1000), clients citing sports betting, Lotto/Keno/Scratchies and housie reported smaller losses than those citing non-casino gaming machines (and thus, smaller losses than average).

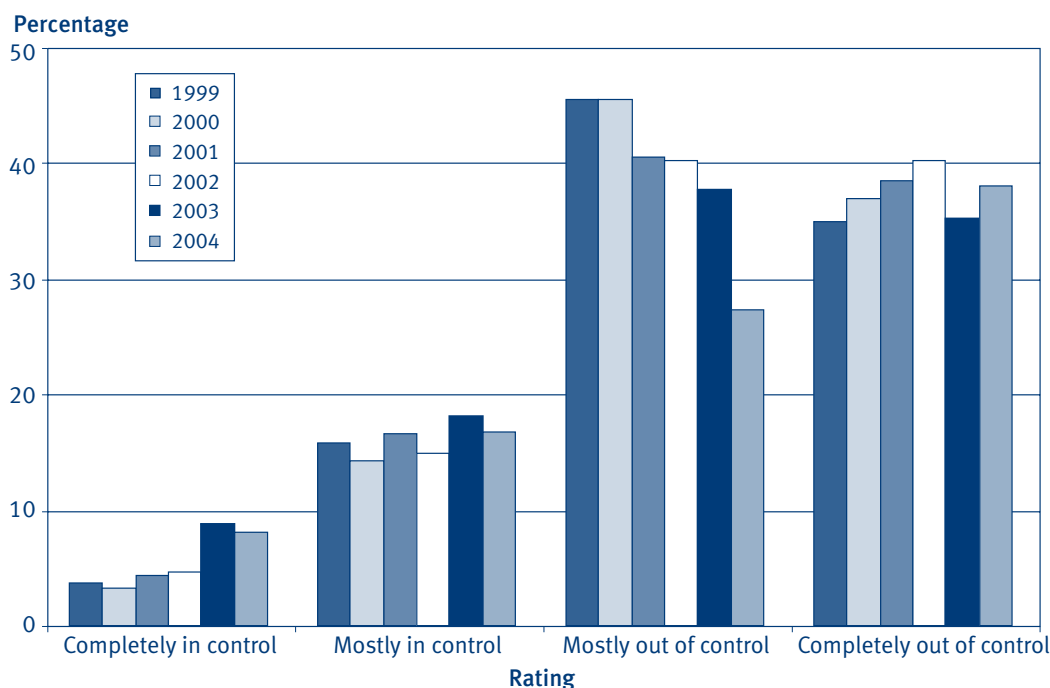
**Table 31: Dollars lost in four weeks before summary statistics by primary mode of gambling**

	Dollars lost				
	Mean	Median	Standard deviation	Sum	N
Non-casino gaming machines	\$1785	\$800	\$5084	\$2,744,049	1537
Casino tables	\$9801	\$2200	\$29,332	\$970,325	99
Casino gaming machines	\$2164	\$950	\$4598	\$339,681	157
Track betting	\$1563	\$1000	\$2132	\$125,031	80
Other gambling	\$3816	\$300	\$10,605	\$53,429	14
Sports betting	\$1387	\$400	\$1609	\$24,961	18
Lotto/Keno/Scratchies	\$493	\$200	\$658	\$4440	9
Housie	\$30	\$30		\$30	1

### Control over gambling

Three quarters (75.4%) of clients rated their gambling as being either mostly or completely out of control, consistent with the high scores in the initial SOGS-3M assessments. This figure is consistent with those reported in previous years. Furthermore, 92.1% of clients indicated some loss of control of their gambling, compared with 96.5% of clients who scored three or more in the initial SOGS-3M assessment. This suggests that at their first assessment, clients had a reasonably accurate perception of their problem gambling.

**Figure 30: Distribution of gambling control ratings at first assessment**



**Table 32: Distribution of gambling control ratings at first assessment**

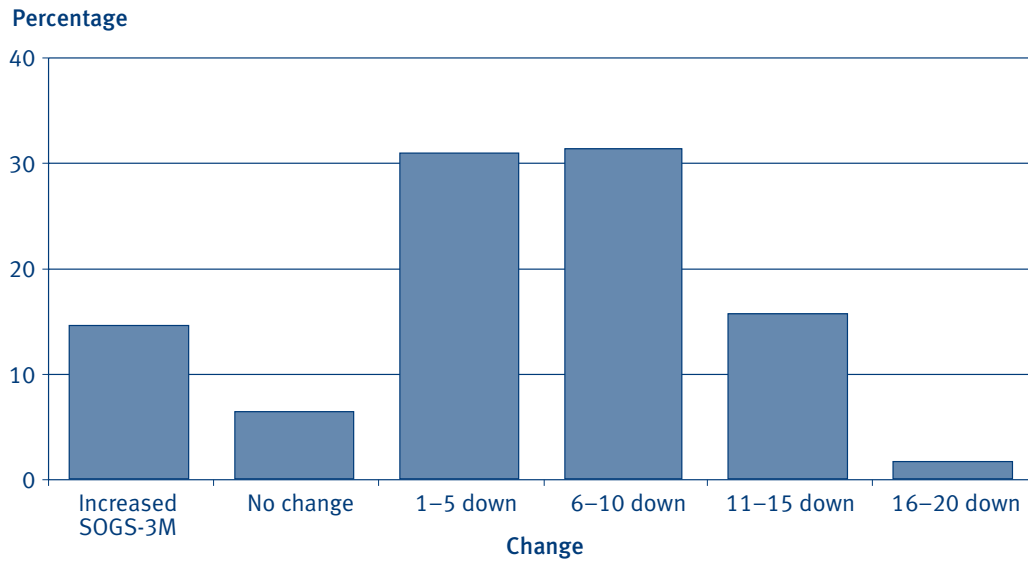
	1999		2000		2001		2002		2003		2004	
	N	%	N	%	N	%	N	%	N	%	N	%
Completely in control	40	3.7	42	3.3	63	4.4	73	4.7	185	8.9	173	8.0
Mostly in control	169	15.8	181	14.3	235	16.6	232	14.9	379	18.2	361	16.7
Mostly out of control	486	45.5	577	45.5	573	40.5	624	40.2	784	37.7	810	37.4
Completely out of control	372	34.9	467	36.9	545	38.5	625	40.2	734	35.3	822	38.0

Note: Percentages may not total to 100 due to rounding.

### Change in SOGS-3M scores

Nearly half (48.4%) of follow-up clients had substantial reductions in their SOGS-3M scores (decreases of 6 or more), and a further 30.9% had more modest improvements (decreases of between 1 and 5). These figures compare favourably with those reported in 2003 (42.1% and 30.1%, respectively). However, one in five follow-up clients (20.8%) showed no change in (6.3%) or a worsening of (14.5%) their initial SOGS-3M assessment.

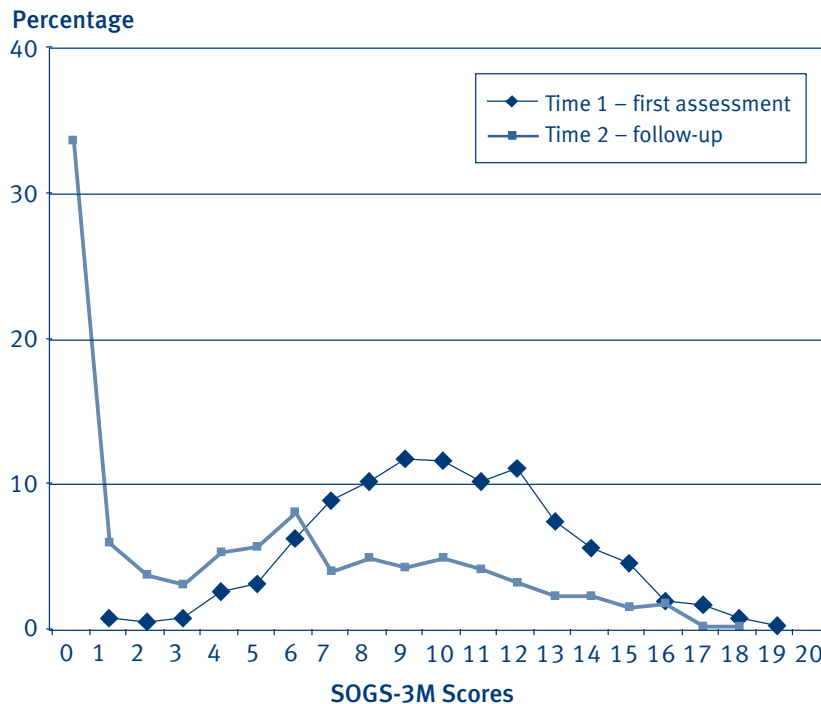
**Figure 31: Change in SOGS-3M scores**



**Table 33: Change in SOGS-3M scores**

Mean	Median	Standard deviation	N
5.1	5.0	5.3	959

**Figure 32: Change in SOGS-3M scores plotted**



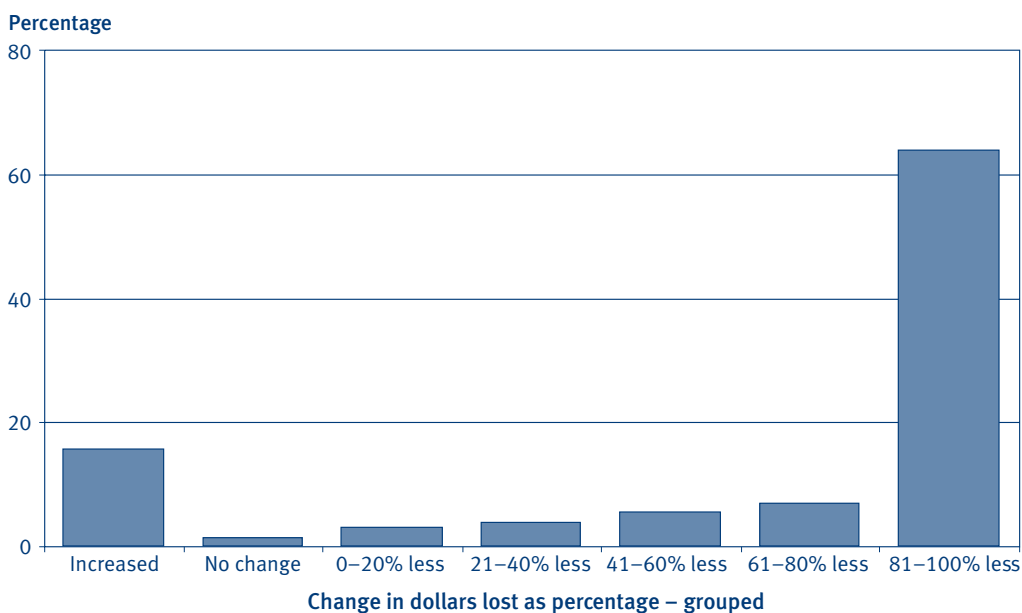
**Reduction in dollars lost**

The majority of follow-up clients (63.9%) reported a 80-100% reduction in dollars lost since their first assessment. The only other group that contained more than 7% of clients was the group of clients that reported losing more at follow-up than at their first assessment (15.6%). This is consistent with the follow-up SOGS-3M scores.

**Table 34: Change in dollars lost as a percentage of amount reported lost at initial assessment**

	Count	%
Increased	166	15.6
No change	15	1.4
Reduction 0–20%	31	2.9
Reduction 20–40%	40	3.8
Reduction 40–60%	57	5.4
Reduction 60–80%	75	7.0
Reduction 80–100%	680	63.9

**Figure 33: Change in dollars lost as a percentage of the original loss**

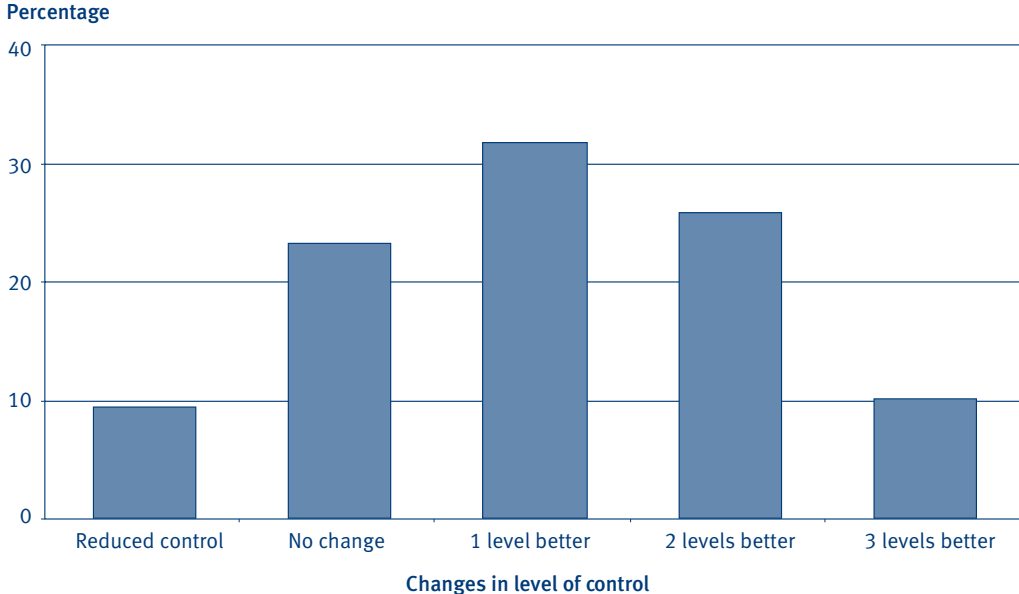


### Change in sense of control

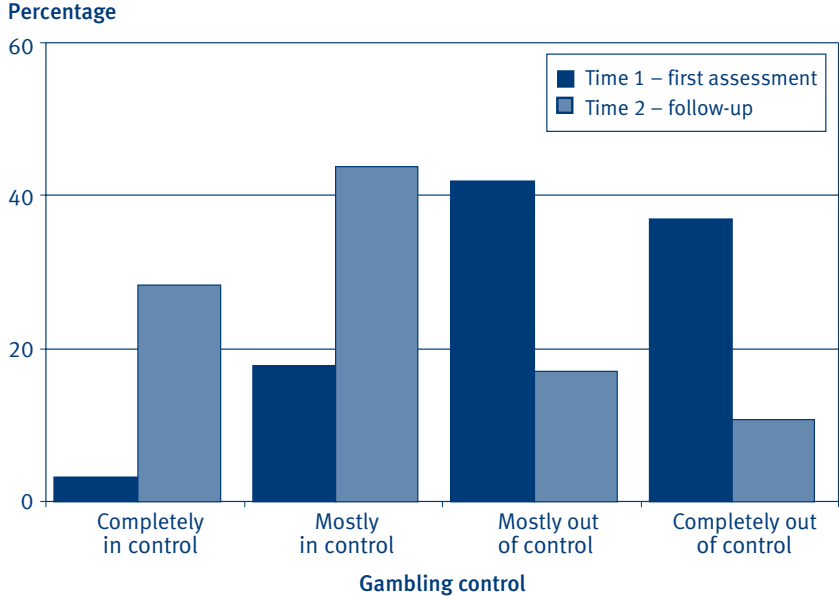
Over two thirds (67.5%) of follow-up clients reported an improvement in their sense of control over their gambling. The remaining 32.5% of follow-up clients reported no change or less control over their gambling. This number is slightly higher than those reported for the dollars lost measure and SOGS-3M scores.

The distribution in levels of reported sense of control also reflects this pattern. At first assessment, just 24.7% of follow-up clients reported being in control or mostly in control of their gambling. At follow-up, this figure had increased to 72.3%.

**Figure 34: Change in control over gambling – changes in level of control**



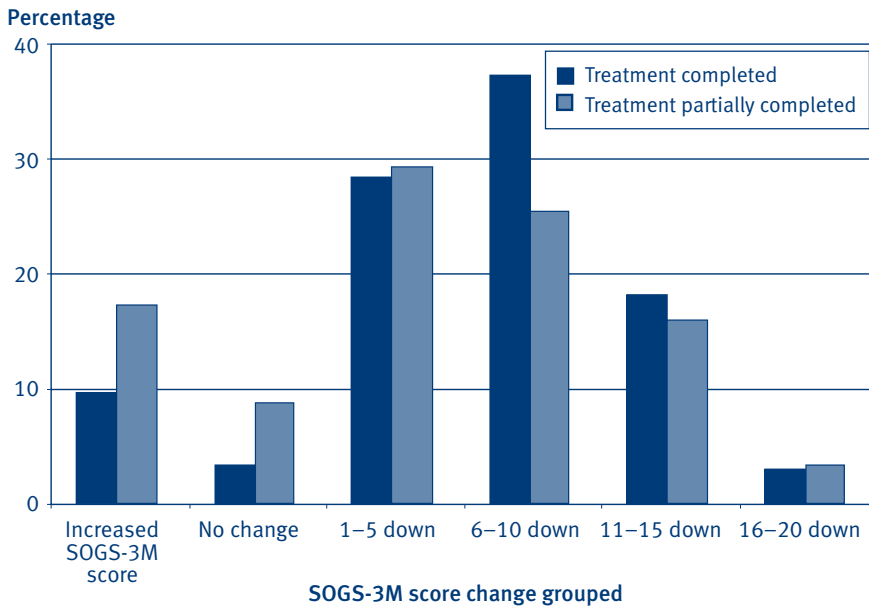
**Figure 35: Change in control over gambling – changes in rating**



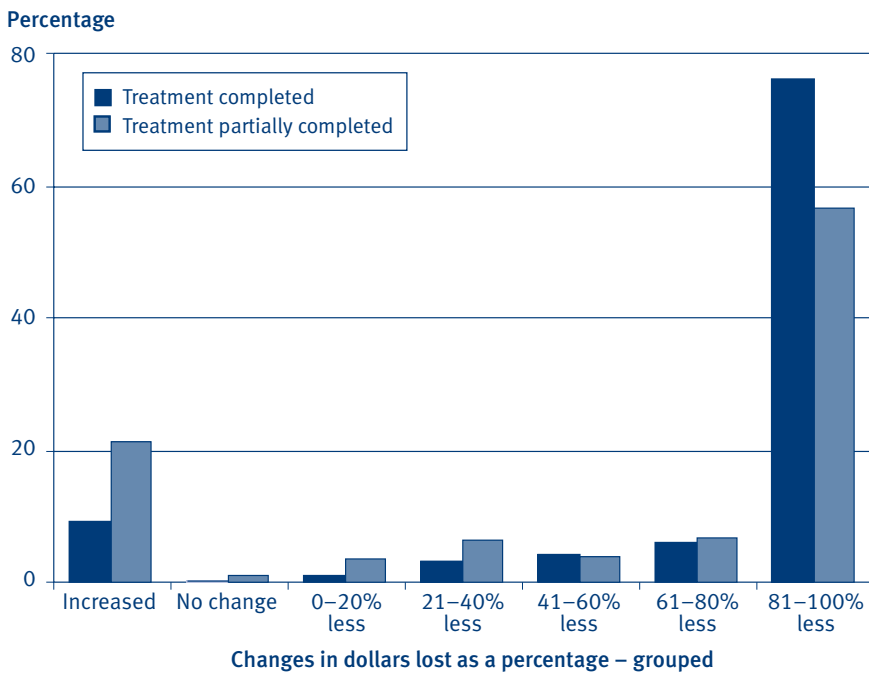
**Outcomes and treatment completion**

A discharge reason is recorded by service providers when clients are discharged. The two main reasons for discharge are ‘treatment completed’ and ‘treatment partially completed’. The clients who were recorded as ‘treatment completed’ generally reported better outcomes, or the more significant improvements, at the last recorded assessment. There were statistically significant differences in each outcome measure: change in SOGS-3M scores ( $p < 0.05$ ); dollars saved as a proportion of original losses ( $p < 0.001$ ); and improvement in control ( $p < 0.01$ ). Care should be taken in interpreting these data, which indicate outcomes at the time of discharge only.

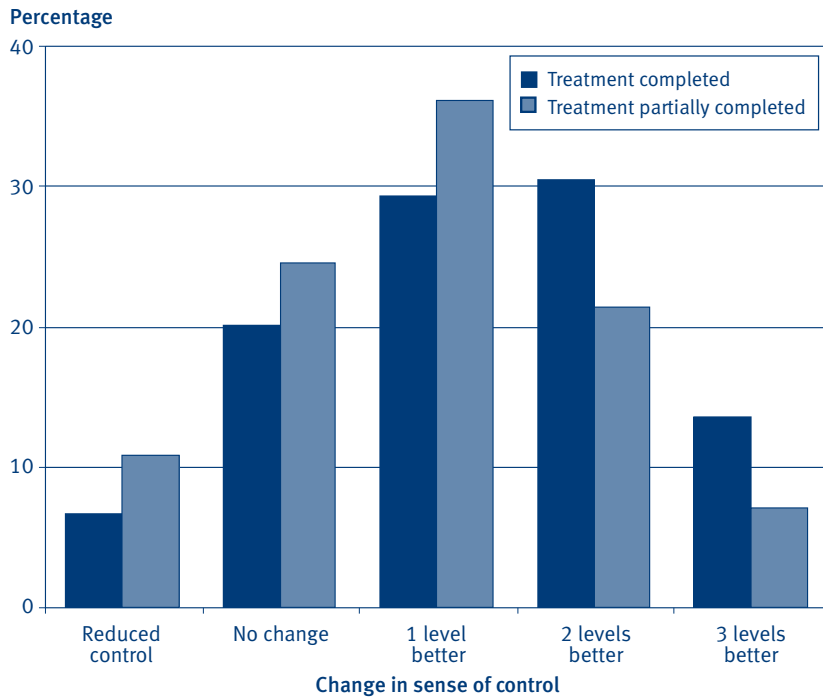
**Figure 36: Change in SOGS-3M score by degree of treatment completion**



**Figure 37: Change in dollars lost as proportion of original loss by degree of treatment completion**



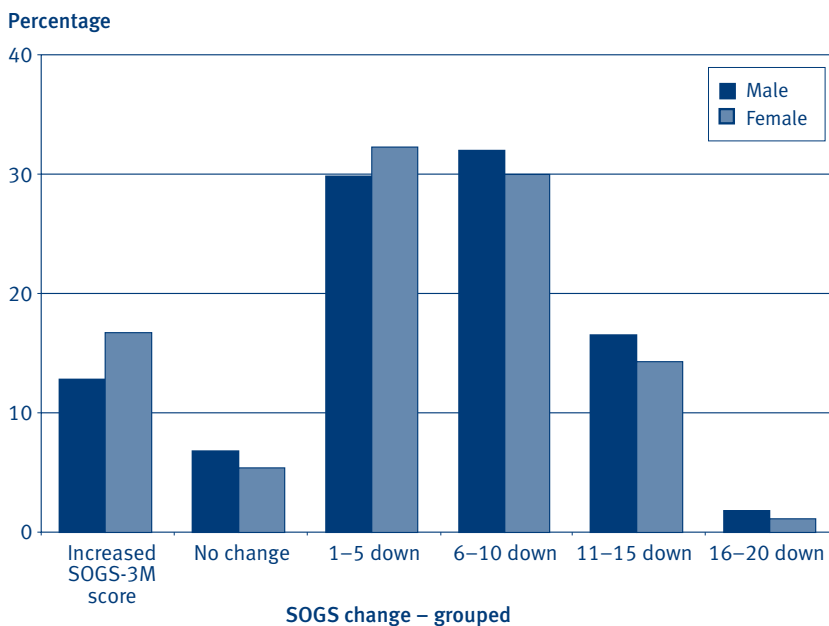
**Figure 38: Change in sense of control by degree of treatment completion**



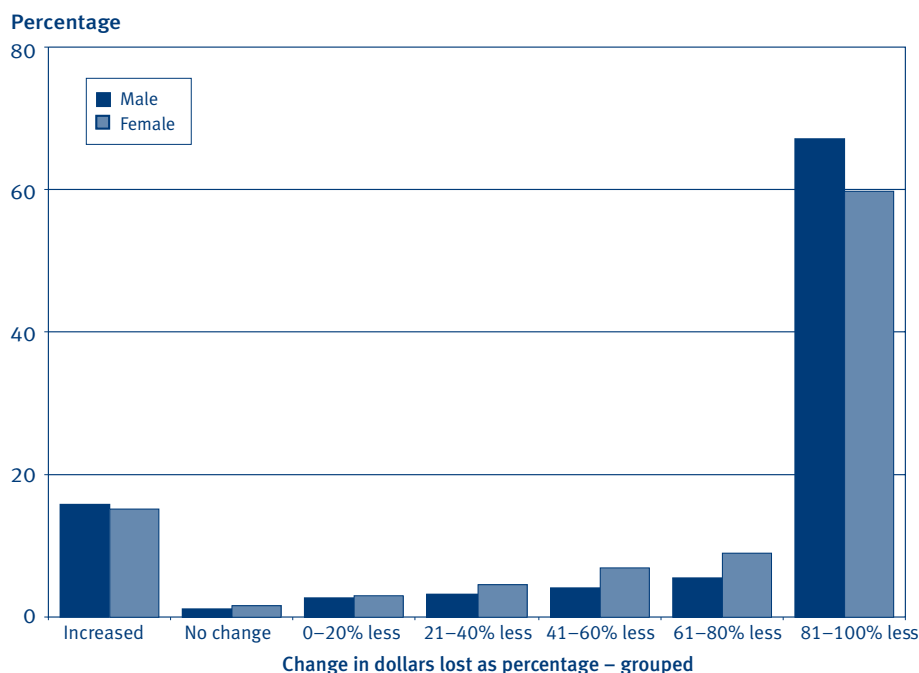
### Outcomes compared by gender

The distributions of SOGS-3M scores show that 22.1% of female and 19.7% of males clients showed no change of a higher (worse) SOGS-3M scores. These data, and those for dollars lost, show that the outcomes for male and female clients were very similar, although the slightly larger reduction in SOGS-3M scores for male clients was statistically significant ( $p < .05$ ).

**Figure 39: Change in SOGS-3M scores – by gender**



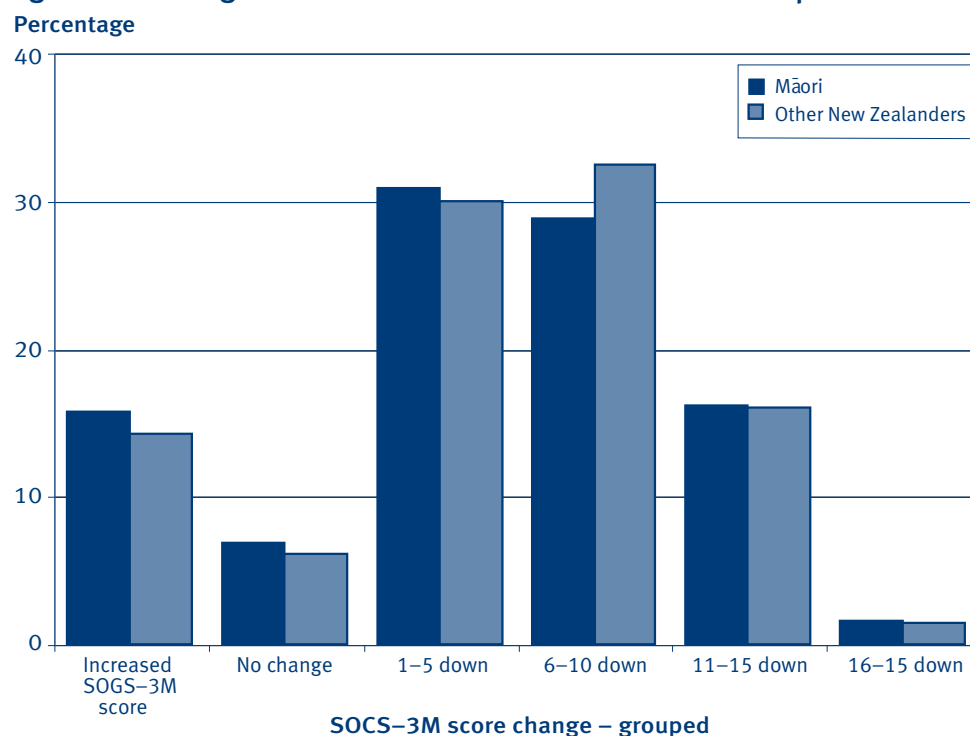
**Figure 40: Change in dollars lost as proportion of original loss – by gender**



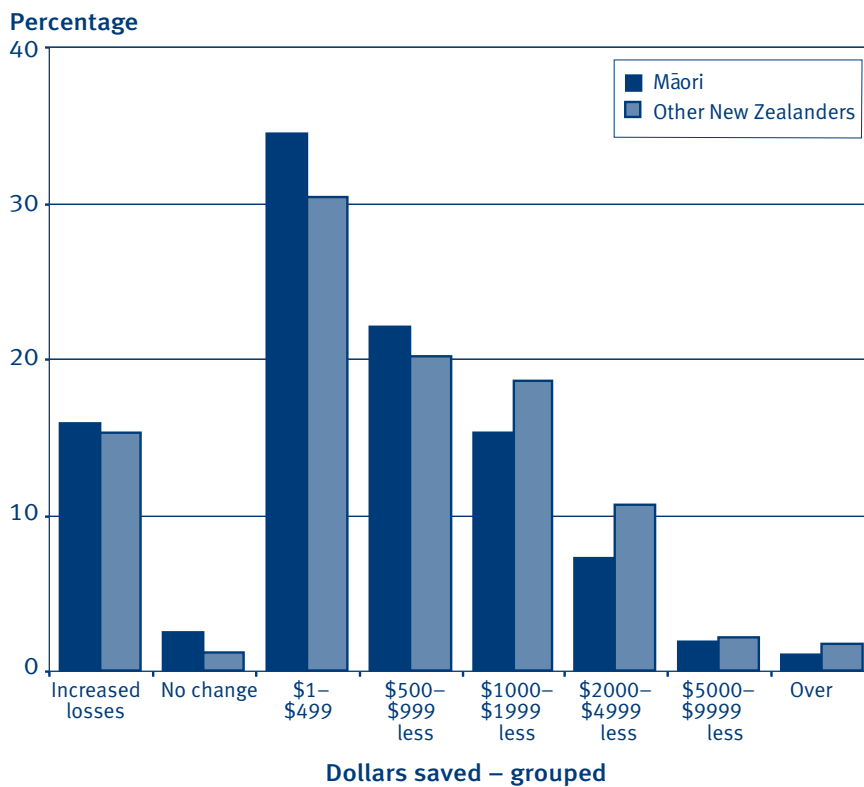
### Outcomes for Māori clients compared with non-Māori clients

Both the changes in SOGS-3M scores and changes in the amount of dollars lost as a percentage of initially reported losses suggested outcomes for Māori are consistent with non-Māori outcomes. In 2004, 22.5% of Māori clients' SOGS-3M scores were unchanged or worsened, compared with 20.3% for non-Māori clients. The distributions were very similar, and no statistical differences were evident ( $p = 0.522$ ). Similarly, figures for dollars lost reported at discharge as a percentage of initial losses improved, with 58.4% of Māori clients reporting a reduction of 80–100% in dollars lost.

**Figure 41: Change in SOGS-3M scores – Māori clients compared with others**



**Figure 42: Change in dollars lost as proportion of original loss – Māori clients compared with others**



## Gender and ethnicity of gambler outcome clients

As in previous years, the gambler clients for whom outcome data were available were, as a group, very similar to the general population of gambler clients.

**Table 35: Gender and ethnicity of gambler outcome clients**

	General client population	Outcome clients
<b>Gender</b>	<b>%</b>	<b>%</b>
Male	50.4	56.6
Female	49.6	43.4
<b>Ethnicity</b>		
NZ European/Pākehā	53.0	67.2
Māori	30.6	21.4
Pacific	7.0	3.5
Asian	4.6	3.0
Other	4.7	4.9

# Appendix 1:

## Corrections to Data Reported in Previous National Statistics Publications

To ensure that future research is based on the most accurate available data, the annual national statistics reports have each year presented recalculated figures for previous years. Recalculating results or ‘data grooming’ is required to take account of new data (for example, data on a client’s first ever session); allow for corrections to any reporting errors; and to take advantage of improved and more sophisticated methods of data analysis and collection.

In 2004 the data collection was shifted from reliance on paper forms to an electronic process. Analysis is now based directly on the data entered into the CLIC database nationwide. Because all CLIC data are validated at data entry this has increased the robustness of analysis.

2002 was the earliest point at which CLIC data were considered sufficiently complete to replace the paper-derived data, so findings prior to this point are based on the existing published results. The result is that data for 2002 and 2003 in this latest report may differ slightly from those in previous reports. One goal of data grooming has been to maximise the integrity of comparisons with the past but the 2002 discontinuity should be noted.

## Appendix 2: Gambling Helpline Data

The Gambling Helpline data represent individuals who have had details recorded in the Gambling Helpline database. It does not represent individuals recorded in the separate face-to-face counselling databases of other agencies. Information recorded in website tracking statistics software is also included.

Data have been recorded on the Helpline database from the beginning of 1998 till present. Prior to 2003, cities and other place names were manually typed – allowing spelling mistakes. There is no guarantee that all callers before this date from a particular city or region are captured in regional analysis statistics.

Over time the database is continually ‘groomed’ and potential duplicate records are removed. For consistency purposes, a common approach to reporting has been adopted which means that the data for previous years (pre-2004) is a ‘snapshot’ as it was provided for each year’s national statistics, and hasn’t been adjusted to remove any duplicates that have subsequently been noted.

Not all clients provide their detailed information over the phone. Information on age, ethnicity, gender, gambling mode, etc may not be reported by every client and some choose to remain anonymous. Reported helpline breakdowns for age, ethnicity, etc, therefore include only those where these demographics are provided by the client.

