

**Problem Gambling
Intervention Services in
New Zealand**
2005 Service-user statistics

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MANATŪ HAUORA

Foreword

Gambling-related harm is a social and health issue. 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* (Ministry of Health 2005) gives 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.

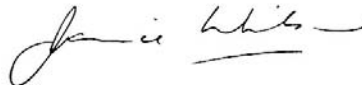
Public Health Intelligence monitors the Ministry of Health's problem gambling research programme, which includes monitoring the prevalence of problem gambling and problem gambling intervention service use in New Zealand.

The present report presents critically important information on the use of Gambling Helpline Ltd and face-to-face counselling services for problem gambling in New Zealand in 2005. This routine monitoring information contributes to an understanding of problem gambling and its associated health inequalities in the New Zealand context.

Comments on the report are welcome and should be sent to Public Health Intelligence, Public Health Directorate, Ministry of Health, PO Box 5013, Wellington.



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The authors gratefully acknowledge input from the peer reviewers: Krista Ferguson, Dr Grant Paton-Simpson, Kylie Mason and Vicki Berkahn.

¹ Gambling Helpline Ltd maintains a separate database and contributes statistics from that database to this publication (see Appendix 1).

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Executive Summary

This report presents and summarises the data collected by problem gambling service providers in 2005. It provides an overview of clients seeking help via the Gambling Helpline Ltd (the Helpline) and face-to-face outpatient 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 data collection from face-to-face counselling services.

The 2005 data show a substantial decrease in user numbers for both the national Helpline and the face-to-face services. Both of these showed a decrease in the proportion of New Zealand European/Pākehā gamblers to below 50% for the first time since the reporting of these figures began. Asian peoples were the only ethnic group to increase in absolute numbers and as a proportion of clients for both the Helpline and the face-to-face services. There was an over-representation of Māori clients compared to the percentage in the general population, although this proportion was consistent with the established prevalence of problem gambling in New Zealand (Ministry of Health 2006). As in previous years, non-casino gaming machines were the primary mode of problem gambling for the majority of people using services.

In contrast to the reduced numbers of clients using the national services, the Auckland-based Asian Gambling Hotline had 263 new callers, an increase of 11% from 237 in 2004, although this increase was much reduced on the 2003/04 increase (64.5%). The majority of new callers (71.5%) were calling about their own gambling problems, and over three-quarters of these (77.1%) were male.

Gambling Helpline Ltd

Casino-based gambling has increased as the primary mode of problem gambling from approximately 10% to 13.5%. Non-casino gaming machines decreased as the primary mode of problem gambling, while still remaining the primary mode for over three-quarters of new clients. Despite a decrease in overall numbers of new clients, there were increases over 2004 levels in both the percentages and absolute numbers of new clients who had planned, attempted or were assessed as currently at risk of suicide. Consistent with the reduction in new clients, there was a substantial reduction in the number of information packs that were distributed by the Helpline. However, usage of the Helpline's website increased substantially, with 69.1% more visits per day, and 92.9% more different visitors per day in 2005.

Face-to-face counselling services²

As is the case with the Helpline, casino-based gambling showed a slight increase as the primary mode of problem gambling cited by clients (13.5% in 2004, 16.2% in 2005). Non-casino gaming machines decreased as the primary mode of problem gambling, while still remaining the primary mode for seven in ten new clients. Non-casino gaming machines increased as an additional mode of problem gambling for the first time since 1998 (10.9% in 2004, 13.7% in 2005). However, when primary and additional modes were combined there was a 6.6% drop in non-casino gaming machines from 2004 to 2005 cited as a primary or additional mode of gambling problems. Asian clients were more likely than other ethnic groups to cite casino tables as their primary mode of problem gambling. A substantial majority of Māori females (95.4%) cited electronic gaming machines (casino and non-casino combined) as the primary mode of their problem gambling.

Measurement of client progress

The South Oaks Gambling Screen (SOGS) has been adapted to measure the client's gambling behaviour in the three months prior to assessment (SOGS-3M). A score of 3 or greater indicates a client may be considered a problem gambler (Abbott and Volberg 1991). This was the case for 95% of new clients. Just over half (51.3%) of the new gambler clients scored 10 or greater.

Clients in the 25–29 years age group had noticeably higher SOGS-3M scores at first assessment than other age groups, and Māori had higher SOGS-3M scores at first assessment than other ethnic groups. Females had higher SOGS-3M scores at first assessment than males.

The median total dollars lost in the four weeks before first assessment in 2005 was higher than in previous years (\$900). This may reflect a slight increase in both the \$5,000–\$9,999 and the \$10,000 and over categories of both actual numbers and percentages of clients, despite a reduction in the number of clients assessed. The total reported losses dropped just below \$4 million. However, when compared with the 30% decrease in people contributing to this total, the decline in total dollars lost in the four weeks before first assessment was much smaller, at less than 9%.

Although contributing just 55.4% of the clients, males accounted for almost 70% of the dollars lost. Consistent with previous reports, Asian clients reported much higher losses than other ethnicities (\$4,050 compared to an overall median of \$900). Asian clients represented just 6% of clients contributing to these data, while accounting for 35.4% of reported losses.

² The data are based on outpatient clients who access face-to-face counselling services. Inpatient data are not included in this publication.

Over half (57.1%) of follow-up clients had substantial reductions in SOGS-3M scores (decreases of 6 or more) after counselling; a further 27.9% had smaller reductions. This was comparable with 87.3% of clients reporting they had lost less money in the four weeks prior to follow-up than in the four weeks prior to initial assessment (67.9% of these reported losing 80–100% less) and 70.5% of clients reporting an improvement in their sense of control.

Using these outcome measures, approximately one in five follow-up clients were unchanged or experiencing more severe problem gambling. In terms of changes in SOGS-3M scores, 15% either scored higher or were unchanged. The percentage of clients that reported higher or unchanged dollars lost was 12.7%. The percentage of clients that reported an unchanged or reduction in sense of control over their gambling was 29.6%.

Introduction

Problem Gambling Intervention Services in New Zealand: 2005 Service-user statistics presents national statistics for problem gambling services for the 2005 calendar year. This is the ninth national statistics report and the second to be published by Public Health Intelligence, Ministry of Health, since the Ministry of Health took responsibility for preventing and minimising gambling harm on 1 July 2004.

This document contains data pertaining to the utilisation of services funded by the Ministry of Health's Mental Health Directorate.³

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 proven to be a unique and useful data set in the sector, and it continues to advance the collective knowledge base of gambling harm, including problem gambling.

Over the 2005 year, the brief and early intervention category was developed. This category is not included in the statistics in this publication, however will be captured from 2006.

For notes on corrections to Helpline data and definitions used throughout the report, see Appendix 1.

Intervention services framework for problem gambling

For people with gambling problems and their significant others, a range of psychosocial interventions is needed. The aim of problem gambling intervention services is to support people affected by 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 – significant other
- brief and early interventions
- short-course interventions (community setting)

³ Data presented in this report for years prior to 1 July 2004 pertain to services funded by the Problem Gambling Committee (PGC), which 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, helpline services and a number of public health programmes, and was funded by negotiated contributions from the gambling industry.

- 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 to 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 significant other.

Dedicated Māori problem gambling intervention services provide a range of 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

1. Telephone helpline services

Rationale

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

Providers of telephone helpline services are:

- Gambling Helpline (Gambling Helpline Ltd)
- Asian Gambling Hotline (Problem Gambling Foundation of New Zealand).

Gambling Helpline Ltd (0800 654 655)

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

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. The national Helpline also works with other organisations providing

psychosocial interventions and support through referrals and an integrated care programme.

The Helpline hours include:

- the main gambling Helpline every day of the year 0800 654 655 (Monday–Friday 8 am–10 pm, Saturday–Sunday 9 am–10 pm)
- Māori Gambling Helpline 0800 654 656 (Wednesday 5–9 pm, Saturday 8 am–12 noon)
- Pasifika Gambling Helpline 0800 654 657 (Tuesday 5–9 pm, Thursday 6–9 pm, Friday 12 noon–4 pm)
- Youth Gambling Helpline 0800 654 659 (Monday 5–8 pm)
- gambling debt and budget counselling and programmes: Gambling Debt Helpline 0800 654 658 (Saturday 12 noon–4 pm)

Clients can ring outside these hours in an emergency and they will be connected with help.

The Helpline offers:

- problem gambling counselling and support
- counsellors with specialist experience
- problem gambling crisis support and intervention
- 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 help clients achieve long-term improvement of their gambling problems
- an online web log where gamblers and others can share their stories (www.gamblingproblem.co.nz/talkingpoint)
- problem gambling background information and statistics for other health providers, territorial authorities, researchers, students and the general public.

Asian Gambling Hotline (0800 862 342)

The Problem Gambling Foundation of New Zealand provides an Asian Gambling Hotline⁴ which operates separately from the national Helpline. The Asian Gambling Hotline provides services to Asian clients nationally in Mandarin, Cantonese and Korean languages.

In 2005, the Asian Gambling Hotline had 263 new callers, an increase of 11% from 237 in 2004, although this increase is much lower than that from 2003 to 2004 (64.5%). The majority of new callers (71.5%) were calling about their own gambling problems,

⁴ The Asian Gambling Hotline figures were collated from paper-based records. A computer database is currently being developed.

and over three-quarters of these (77.1%) were male. This is a different proportion to that found in the national gambling Helpline, reported later. The remaining 28.5% were calling regarding the gambling problems of significant others, and nearly two-thirds of these (64%) were female. This proportion is much the same as that reported later for significant others calling the national gambling Helpline.

The Asian Gambling Hotline figures are not included in the analysis that follows, so it is possible that the Asian figures in the Gambling Helpline could be under-reported.

2. Face-to-face intervention services

Rationale

Strategies to limit problem gambling span the continuum of prevention, from population approaches to individual approaches for those personally affected by gambling harm. A range of intervention services is required for problem gamblers and their families, including assessments, short-course interventions and specialist services, a 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 provide an important overlap between primary prevention and intervention services, and potentially lessen the need for more intensive services.

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 are provided for Māori, Pacific and Asian service users, their families, whānau and significant others.

Providers

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.

A full list of providers of psychosocial interventions and support services are given in Appendix 2.

Gambling Helpline Ltd Services

Please note the Asian Gambling Hotline figures are not included in these analyses.

Summary: Gambling Helpline Ltd

- The Gambling Helpline had 2875 new clients in 2005. This represents a substantial (33.1%) decrease from the number of new clients in 2004.
- Underlying this overall decrease were substantial decreases in the numbers of new gambler clients (36.8%), new significant other clients (29.9%), and interested other clients (15.4%).
- The majority of new clients (76.5%) continued to cite non-casino gaming machines as the primary mode of problem gambling. Similar figures were obtained from new gambler clients (78.6%) and new significant other clients (72.5%). Overall, 86.1% of new clients cited electronic gaming machines (casino and non-casino) as the primary mode of problem gambling.
- Contacts were received from throughout New Zealand, with approximately one-third of contacts originating from the Auckland area (33.7%).
- Approximately half of new gambler clients were female (48.7%), while approximately three-quarters of new significant other clients were female (76.7%).
- The percentage of new gambler clients that were New Zealand European/Pākehā dropped below 50% for the first time (48.6%). The percentages of new gambler clients that were Māori (29.4%) and Pacific people (9.2%) remained relatively constant. The percentage of new gambler clients that were Asian rose to 8.1%, and this was the only ethnic group in which there was not a substantial decrease in the number of new gambler clients.
- The majority (74.5%) of new significant other clients were New Zealand European/Pākehā.
- The majority (89%) of new clients reported no suicidal thoughts or behaviours. However, 11% of new clients did, and there were increases in both the percentage and *absolute numbers* of clients that had planned, attempted, or were assessed as currently at risk of committing suicide over the 2004 levels – despite the substantial decrease in the number of new clients.
- The distribution of information packs by the Helpline fell by 33.5% in 2005. However, usage of the Helpline's website (<http://www.gamblingproblem.co.nz>) increased substantially, with 69.1% more visits per day, and 92.9% more different visitors per day in 2005.

Helpline trends in services

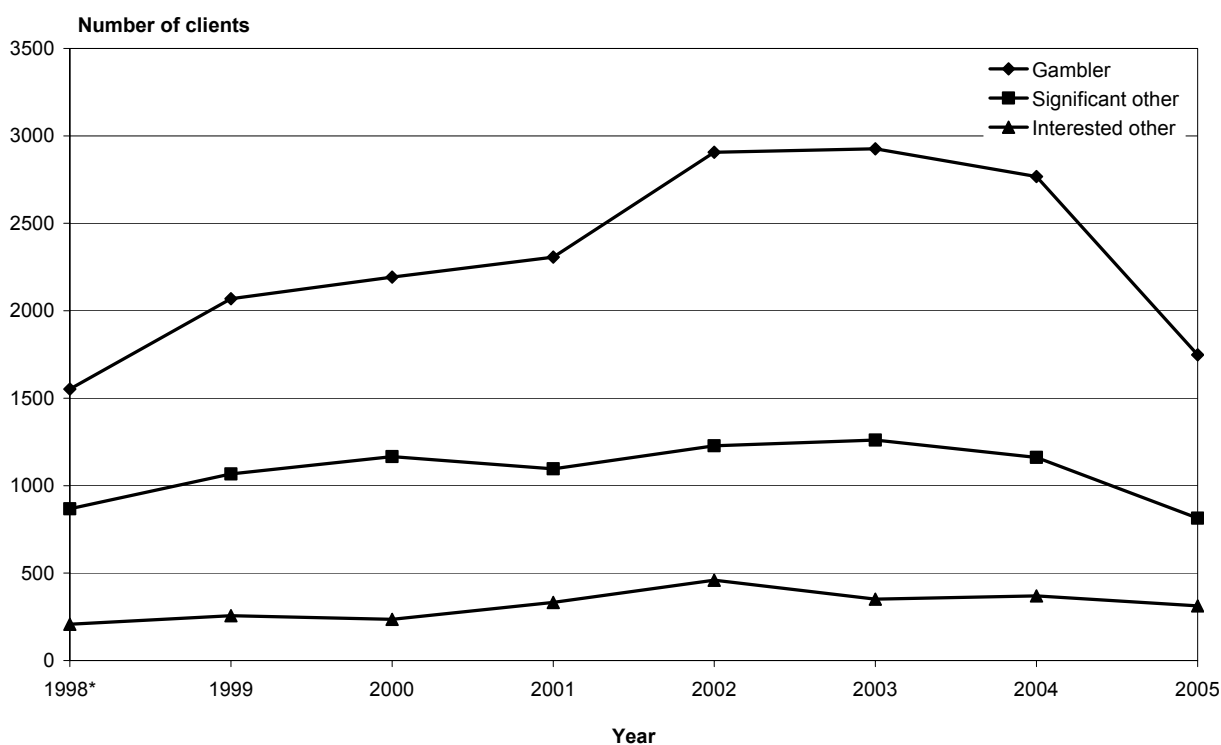
Number of clients accessing the Helpline

In 2003 and 2004 small decreases were recorded in the numbers of new clients accessing the Helpline (Figure 1 and Table 1). In 2003, this was solely attributable to a substantial (-23.7%) drop in the number of new 'interested other' clients. In 2004, however, a small overall decrease (-5.2%) was the result of decreases in the number of new gambler clients (-5.4%) and significant other clients (-7.9%). Please note that data from previous years presented here may differ from previous reports (see Appendix 1 for details).

In 2005, there were substantial drops in all categories of clients, resulting in an overall 33.1% decrease in the number of new clients. Specifically, the 2005 data show that there were:

- 1748 new gambler clients, a decrease of 36.8% from the 2004 level (2768)
- 814 new significant other clients, a decrease of 29.9% from the 2004 level (1162)
- 313 interested other clients, a decrease of 15.4% from the 2004 level (370).

Figure 1: Gambling Helpline Ltd: new clients, by type, 1998–2005



* Note: 1998 figures have not been updated as figures predate the electronic database.

Table 1: Gambling Helpline Ltd: new clients, by type, 1998–2005

Type	1998		1999		2000		2001		2002		2003		2004		2005	
	N	N	% change	N	% change	N	% change	N	% change	N	% change	N	% change	N	% change	
Gambler	1552	2069	+33.3	2193	+6.0	2307	+5.2	2906	+26.0	2926	+0.7	2768	-5.4	1748	-36.8	
Significant other	868	1067	+22.9	1166	+9.3	1096	-6.0	1228	+12.0	1261	+2.7	1162	-7.9	814	-29.9	
Interested other	208	257	+23.6	236	-8.2	332	+40.7	460	+38.6	351	-23.7	370	+5.4	313	-15.4	
Total	2628	3393	+29.1	3595	+6.0	3735	+3.9	4594	+23.0	4538	-1.2	4300	-5.2	2875	-33.1	

Table 2: Gambling Helpline Ltd: number of client contacts, new and follow-up, 1998–2005

Contact	1998		1999		2000		2001		2002		2003		2004		2005	
	N	N	% change	N	% change	N	% change	N	% change	N	% change	N	% change	N	% change	
New contacts/clients	2628	3393	+29.1	3595	+6.0	3735	+3.9	4594	+23.0	4538	-1.2	4300	-5.2	2875	-33.1	
Follow-up contacts	5133	7634	+48.7	10,562	+38.4	9799	-7.2	14,565	+48.6	15,927	+9.4	17,108	+7.4	15,497	-9.4	
Total	7761	11,027	+42.1	14,157	+28.4	13,534	-4.4	19,159	+41.6	20,465	+6.8	21,408	+4.6	18,372	-14.2	

Trends in total contact numbers

Consistent with the drop in the numbers of new clients, there was an overall drop in the total number of contacts⁵ to the Helpline. In 2005, a total of 18,372 contacts were received (Table 2), a decrease of 14.2% below 2004 levels. This overall decrease resulted from a 33.1% decrease in the number of new clients, and a 9.4% decrease in the number of follow-up contacts.

Table 3: Gambling Helpline Ltd: number of all clients, by frequency of contact, 2005

Frequency of contact	Gambler		Significant other / interested other		Total	
	N	%	N	%	N	%
1 call only	1406	40.9	1053	70.1	2459	49.8
2–4 contacts	1483	43.2	376	25.0	1859	37.6
5–9 contacts	438	12.8	70	4.7	508	10.3
10+ contacts	108	3.1	4	0.3	112	2.3
Total	3435		1503		4938	

Consistent with previous years, in 2005 the majority of both categories of new clients to the Helpline made between one and four contacts (Table 3). However, as has been the case previously, there were differences in the numbers of contacts made by new gambler clients and new significant other / interested other clients. The majority of significant other / interested other clients (70.1%) made just one call to the Helpline, although the percentage of these clients making two or more contacts has risen to 30%. The majority (59.1%) of new gambler clients in 2005 made two or more contacts.

⁵ Contacts include phone calls and emails where an update is made to the Helpline database.

Information packs distributed

For the fourth successive year the number of information packs distributed by the Helpline decreased. In 2005, 1557 information packs were distributed, a drop of 33.5% from the 2004 level (2342 packs) (Figure 2). This follows decreases of 18.9% in 2004 and 5.3% in 2003.

Figure 2: Gambling Helpline Ltd: information packs distributed to clients, 1999–2005

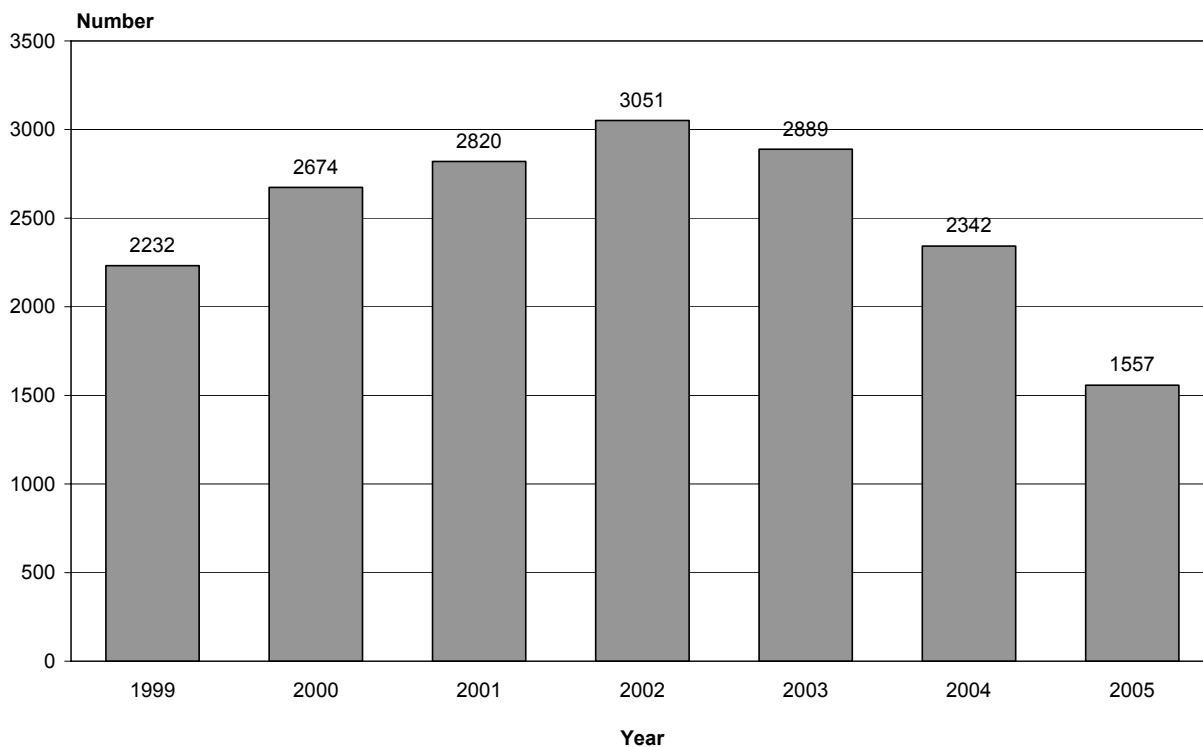


Table 4: Gambling Helpline Ltd: website statistics, 2004–2005

Website statistic	2004	2005
Visits per visitor	2.98	2.62
Visitors per day	55.0	106.1
Visits per day	164.1	277.5
Talking Point* postings	–	2171
Visits to home page	6095	10,849
Visitor email addresses	20,132	38,726
Total visits	60,077	101,290

* The Talking Point (<http://www.gamblingproblem.co.nz/cgi-bin/talkingpoint/discus.cgi>) is an online message board with postings from people directly experiencing problems related to gambling. It did not exist in 2004. It is a large growth service use area.

The Helpline website (<http://www.gamblingproblem.co.nz>) has continued to experience rapid growth in its usage in all of the measures reported, with the sole exception of 'visits per visitor', which remained relatively constant (Table 4). The number of visits per day (277.5) increased by 69.1% over the 2004 level, which itself was an increase of 52% from 2003. The number of visitors per day (106.1) increased by 92.9% over the level recorded in 2004.

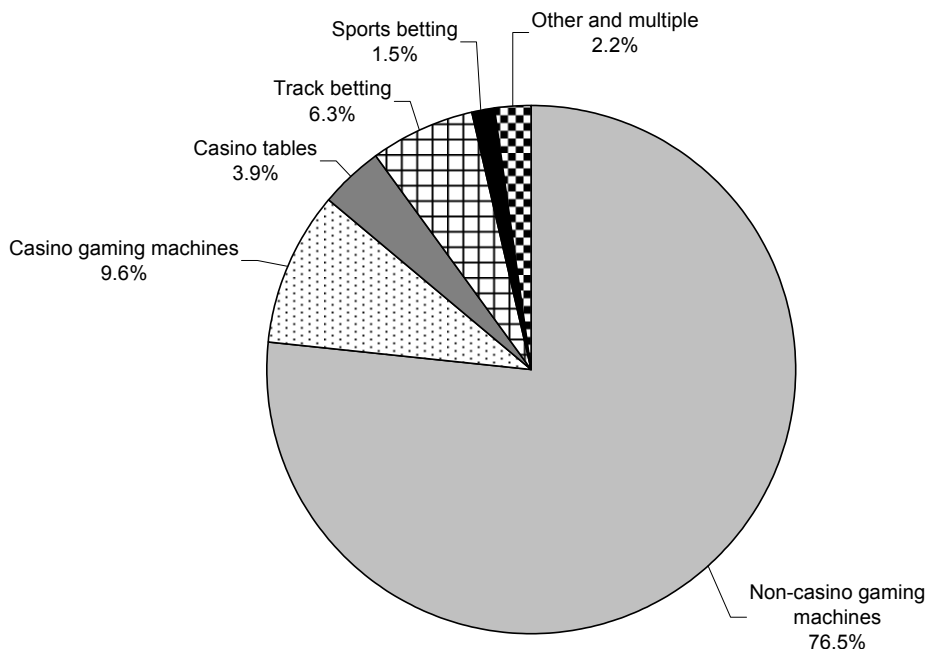
Helpline client characteristics

Primary mode of problem gambling

Clients are asked to identify a mode of gambling that is causing them the most problems (the 'primary' mode of problem gambling). As has been the case in previous years, the majority of new clients (76.5%) cited non-casino gaming machines as their primary mode of problem gambling (Figure 3). This reflects a small drop from the figure of 82.4% recorded in 2004. Casinos (gaming machines and tables) have shown an increase as the primary mode of problem gambling from about 10% (10.3% in 2003, 10.8% in 2004) to 13.4%. This is the result of an increase in both casino gaming machines (9.6%) and casino tables (3.9%). The percentages of new clients citing track betting (6.3%) and sports betting (1.5%) both increased above their 2004 percentages (4.2% and 0.7% respectively).

In a change from previous reports, the primary modes of problem gambling cited by new gambler clients and significant other clients have been analysed and presented separately here.

Figure 3: Gambling Helpline Ltd: primary mode of problem gambling for gamblers and significant others, new clients, 2005



As has been the case since data reporting began, the majority of new gambler clients (78.6%) (Figure 4 and Table 5) and new significant other clients (72.5%) (Figure 5 and Table 6) cited non-casino gaming machines as their primary mode of problem gambling. However, both of these percentages dropped slightly below the 2004 levels; as noted earlier, the total number of new clients dropped substantially from the 2004 levels. When the primary modes of gambling are looked at individually, the numbers of new clients (gambler and significant others) citing non-casino gaming machines also dropped substantially (by 36.4% and 25.2% respectively). The decreases in other primary modes were smaller, and in many cases the very small numbers involved mean that no sound conclusions can be drawn.

The second most commonly cited primary mode of gambling for both new gambler clients and significant other clients remained casino gaming machines. The percentage of new clients (gambler and significant others) citing casino gaming machines increased over 2004 levels (7.3% to 9.0% for gamblers, and 9.8% to 10.8% for significant others). These increases were underpinned by decreases in the absolute numbers of clients from the 2004 levels (16.8% and 8.8% respectively). These percentage decreases were much smaller than for non-casino gaming machines. Overall, 86.3% of new gambler and significant other clients cited gaming machines as their primary mode, a small decrease from 2004 (90.3%).

Figure 4: Gambling Helpline Ltd: primary mode of problem gambling for gamblers, new clients, 2005

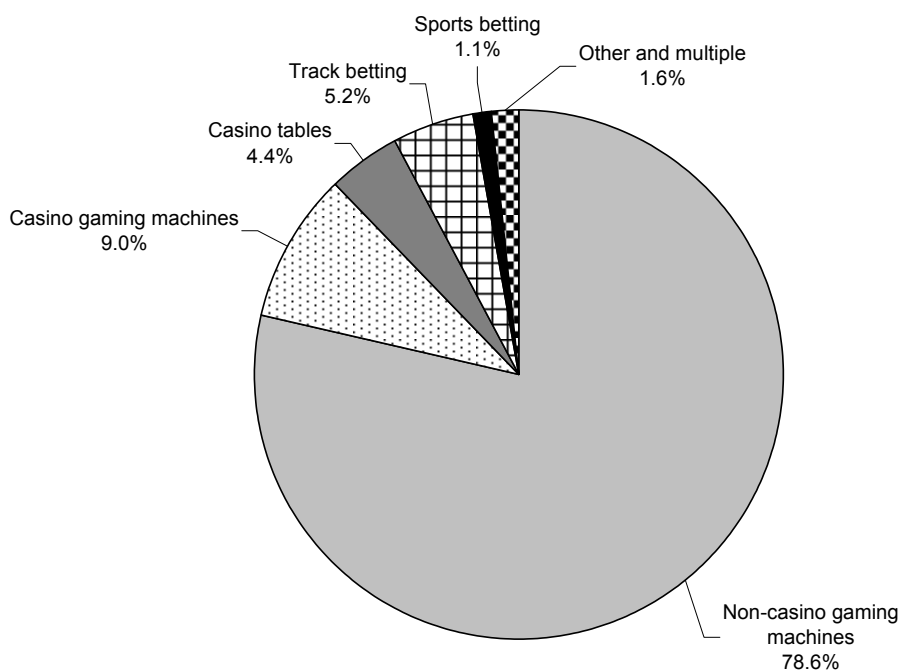


Table 5: Gambling Helpline Ltd: primary mode of problem gambling for gamblers, new clients, 1999–2005

Gambling mode	1999		2000		2001		2002		2003		2004		2005	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Non-casino gaming machines	1246	64.9	1391	73.4	1645	81.6	1818	80.5	1830	83.7	1563	83.2	994	78.6
Casino gaming machines	249	13.0	252	13.3	164	8.1	216	9.6	170	7.8	137	7.3	114	9.0
Casino tables	83	4.3	70	3.7	62	3.1	68	3.0	51	2.3	66	3.5	56	4.4
Track betting	256	13.3	146	7.7	111	5.5	101	4.5	85	3.9	80	4.3	66	5.2
Sports betting	15	0.8	8	0.4	8	0.4	20	0.9	23	1.1	9	0.5	14	1.1
Lotto/Keno/scratchies	19	1.0	9	0.5	12	0.6	7	0.3	11	0.5	6	0.3	8	0.7
Housie	11	0.6	3	0.2	4	0.2	4	0.2	3	0.1	1	0.1	3	0.2
Internet	8	0.4	2	0.1	1	0.0	3	0.1	1	0.0	1	0.1		0.0
Cards	16	0.8	7	0.4	8	0.4	5	0.2	3	0.1	5	0.3	2	0.2
Other and multiple	18	0.9	8	0.4	2	0.1	16	0.7	10	0.5	10	0.5	7	0.6
Total	1921		1896		2017		2258		2187		1878		1264	

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

Figure 5: Gambling Helpline Ltd: primary mode of problem gambling cited by significant others, new clients, 2005

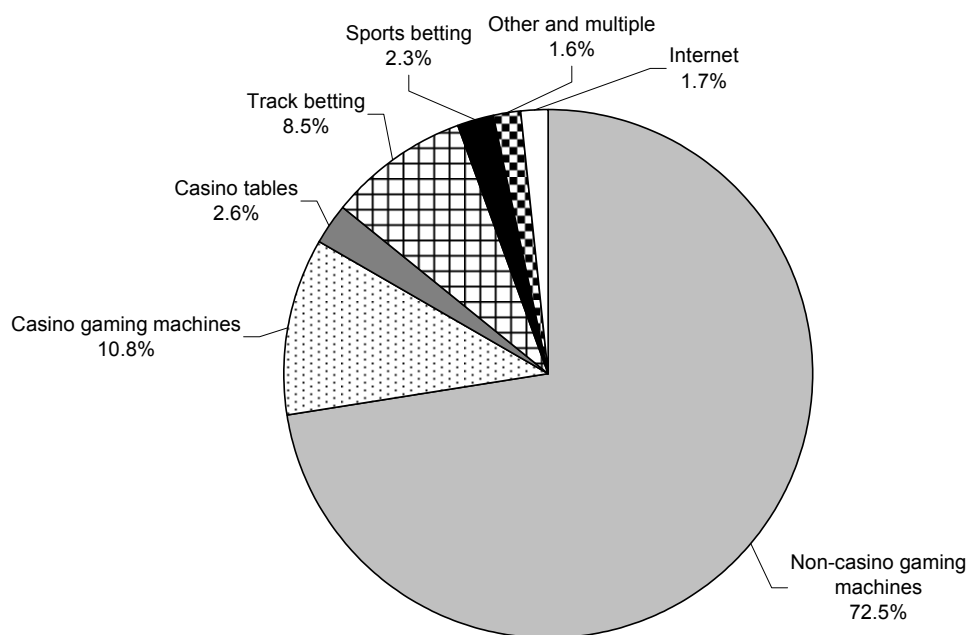


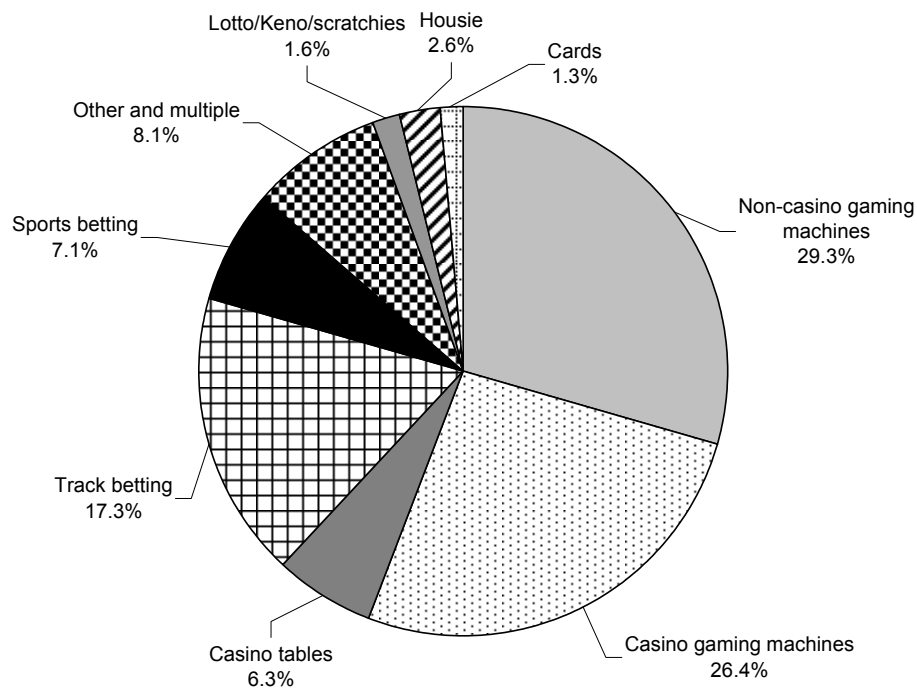
Table 6: Gambling Helpline Ltd, primary mode of problem gambling cited by significant others, new clients, 1999–2005

Gambling mode	1999		2000		2001		2002		2003		2004		2005	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Non-casino gaming machines	454	58.8	533	62.1	594	70.5	618	73.5	664	79.9	556	80.0	416	72.5
Casino gaming machines	113	14.6	115	13.4	103	12.2	102	12.1	71	8.5	68	9.8	62	10.8
Casino tables	34	4.4	36	4.2	31	3.7	29	3.4	19	2.3	20	2.9	15	2.6
Track betting	130	16.8	141	16.4	86	10.2	58	6.9	49	5.9	29	4.2	49	8.5
Sports betting	5	0.6	7	0.8	10	1.2	13	1.5	9	1.1	10	1.4	13	2.3
Lotto/Keno/scratchies	11	1.4	2	0.2	2	0.2		0.0	3	0.4	2	0.3	1	0.2
Housie	3	0.4	2	0.2	3	0.4	2	0.2	1	0.1	1	0.1		0.0
Internet		0.0		0.0	2	0.2	6	0.7	5	0.6	2	0.3	10	1.7
Cards	5	0.6	2	0.2	4	0.5		0.0	1	0.1	1	0.1	1	0.2
Other and multiple	17	2.2	20	2.3	8	0.9	13	1.5	9	1.1	6	0.9	7	1.2
Total	772		858		843		841		831		695		574	

Additional mode of problem gambling

Compared to the primary mode, a much smaller set of secondary modes is cited by clients, so new gambler clients and new significant other clients are combined for analyses. When new clients cited a secondary mode of problem gambling, over half cited gaming machines (non-casino gaming machines 29.3%, and casino gaming machines 26.4%) (Figure 6). Track betting was cited by 17.3%, and other and multiple (8.1%), sports betting (7.1%), and casino tables (6.3%) were cited by reasonable percentages of clients. Lotto/Keno/scratchies (1.6%), cards (1.3%) and housie (2.6%) were each cited by small percentages. These data are reasonably comparable with those reported in 2004, although as expected some year-by-year variation is evident given the relatively small numbers involved.

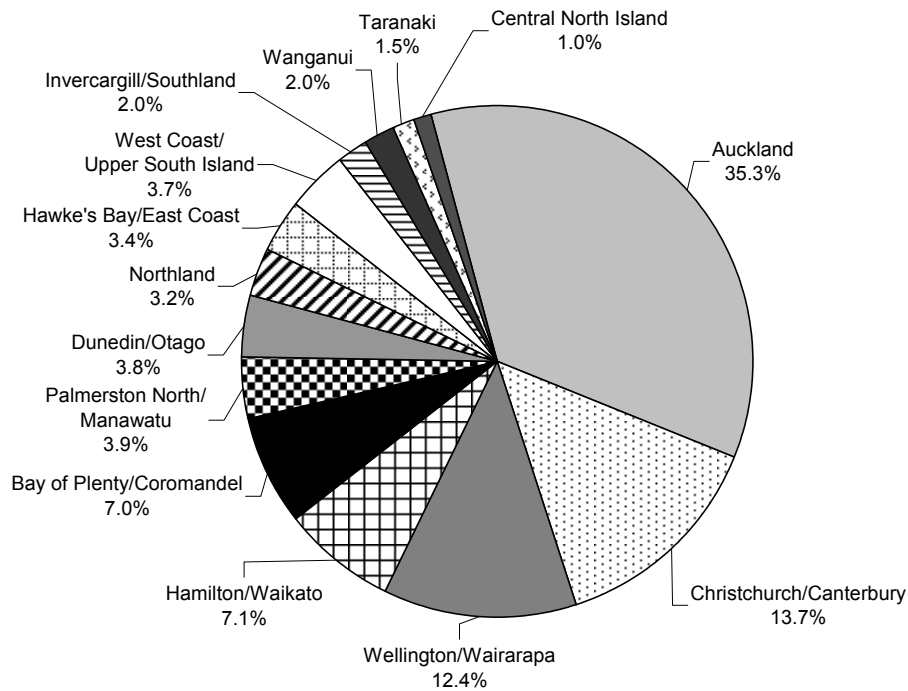
Figure 6: Gambling Helpline Ltd: additional mode of problem gambling for gamblers and significant others, new clients, 2005



Origin of contacts

The Helpline received contacts from throughout New Zealand, as well as seven from overseas. The geographic distribution of these contacts remained very similar to that in previous years, despite the drop in call numbers evident in all regions (the two exceptions were Wanganui and the West Coast, where small increases in the numbers of contacts were recorded). As previously, one in three contacts originated from the Auckland area (33.7%) (Table 7). The other regions where more than 10% of contacts originated were Canterbury (12.2%) and Wellington (11.1%) (Table 7).

Figure 7: Gambling Helpline Ltd: origin of contacts, all new national clients, by region, 2005



Note: Percentages may differ from table, due to region groupings and exclusion of not stated/unknown/other and overseas.

Table 7: Gambling Helpline Ltd: origin of contacts, all new clients, by region, 1995–2005

Region	1999		2000		2001		2002		2003		2004		2005	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Northland	62	1.8	78	2.2	93	2.5	104	2.3	101	2.2	109	2.5	87	3.0
Auckland	1113	32.8	1223	34.0	1288	34.5	1626	35.4	1512	33.3	1433	33.3	970	33.7
Waikato	147	4.3	180	5.0	193	5.2	242	5.3	317	7.0	254	5.9	194	6.7
Coromandel/ Thames Valley	15	0.4	29	0.8	24	0.6	28	0.6	28	0.6	26	0.6	22	0.8
Bay of Plenty	188	5.5	186	5.2	211	5.6	247	5.4	285	6.3	285	6.6	171	5.9
Central North Island	47	1.4	56	1.6	31	0.8	41	0.9	38	0.8	28	0.7	28	1.0
Gisborne	6	0.2	24	0.7	25	0.7	31	0.7	42	0.9	37	0.9	23	0.8
Hawke's Bay	110	3.2	154	4.3	161	4.3	155	3.4	125	2.8	95	2.2	69	2.4
Taranaki	90	2.7	62	1.7	68	1.8	74	1.6	89	2.0	84	2.0	41	1.4
Wanganui	46	1.4	43	1.2	53	1.4	49	1.1	45	1.0	51	1.2	54	1.9
Manawatu	155	4.6	146	4.1	146	3.9	155	3.4	141	3.1	148	3.4	108	3.8
Wairarapa	9	0.3	26	0.7	38	1.0	33	0.7	34	0.7	30	0.7	22	0.8
Wellington	398	11.7	435	12.1	388	10.4	525	11.4	573	12.6	491	11.4	318	11.1
Tasman	2	0.1	2	0.1	1	0.0	1	0.0	0	0.0	1	0.0	0	0.0
Nelson	71	2.1	66	1.8	67	1.8	73	1.6	68	1.5	98	2.3	69	2.4
Marlborough	32	0.9	31	0.9	38	1.0	47	1.0	29	0.6	25	0.6	10	0.3
West Coast	21	0.6	19	0.5	24	0.6	24	0.5	31	0.7	14	0.3	23	0.8
Canterbury	463	13.6	495	13.8	507	13.6	663	14.4	629	13.9	582	13.5	350	12.2
South Canterbury	74	2.2	63	1.8	48	1.3	65	1.4	55	1.2	68	1.6	27	0.9
Otago	200	5.9	146	4.1	162	4.3	170	3.7	160	3.5	171	4.0	103	3.6
Southland	84	2.5	104	2.9	91	2.4	140	3.0	118	2.6	110	2.6	55	1.9
Overseas	0	0.0	0	0.0	11	0.3	11	0.2	6	0.1	10	0.2	7	0.2
Not stated / unknown/ other	60	1.8	27	0.8	67	1.8	90	2.0	112	2.5	150	3.5	124	4.3
Total	3393		3595		3735		4594		4538		4300		2875	

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

Reasons for contacting the Helpline

In 2005, the percentage of clients that were gamblers, significant others and interested others remained consistent with the percentages reported since 1998 (Table 8). When compared with 2004, there was a drop in the percentage of gambler clients (64.4% to 60.8%), and an increase in interested other clients (8.6% to 10.9%).

Table 8: Gambling Helpline Ltd: number and type of new clients, 1998–2005

Type of client	1998		1999		2000		2001		2002		2003		2004		2005	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Gambler	1552	59.1	2069	61.0	2193	61.0	2307	61.8	2906	63.3	2926	64.5	2768	64.4	1748	60.8
Significant other	868	33.0	1067	31.4	1166	32.4	1096	29.3	1228	26.7	1261	27.8	1162	27.0	814	28.3
Interested other	208	7.9	257	7.6	236	6.6	332	8.9	460	10.0	351	7.7	370	8.6	313	10.9
Total	2628		3393		3595		3735		4594		4538		4300		2875	

Gender: gamblers and significant others

Since 2000, new gambler clients to the Helpline have been fairly evenly split between males and females (Figure 8). In 2005 this was the case again, with 831 new female gambler clients, and 875 new male gambler clients.

These figures contrast with new significant other clients (Figure 9), where historically approximately three-quarters have been female. This was repeated in 2005, with 615 new female significant other clients and just 187 new male significant other clients.

Figure 8: Gambling Helpline Ltd: gamblers, new clients, by gender, 1999–2005

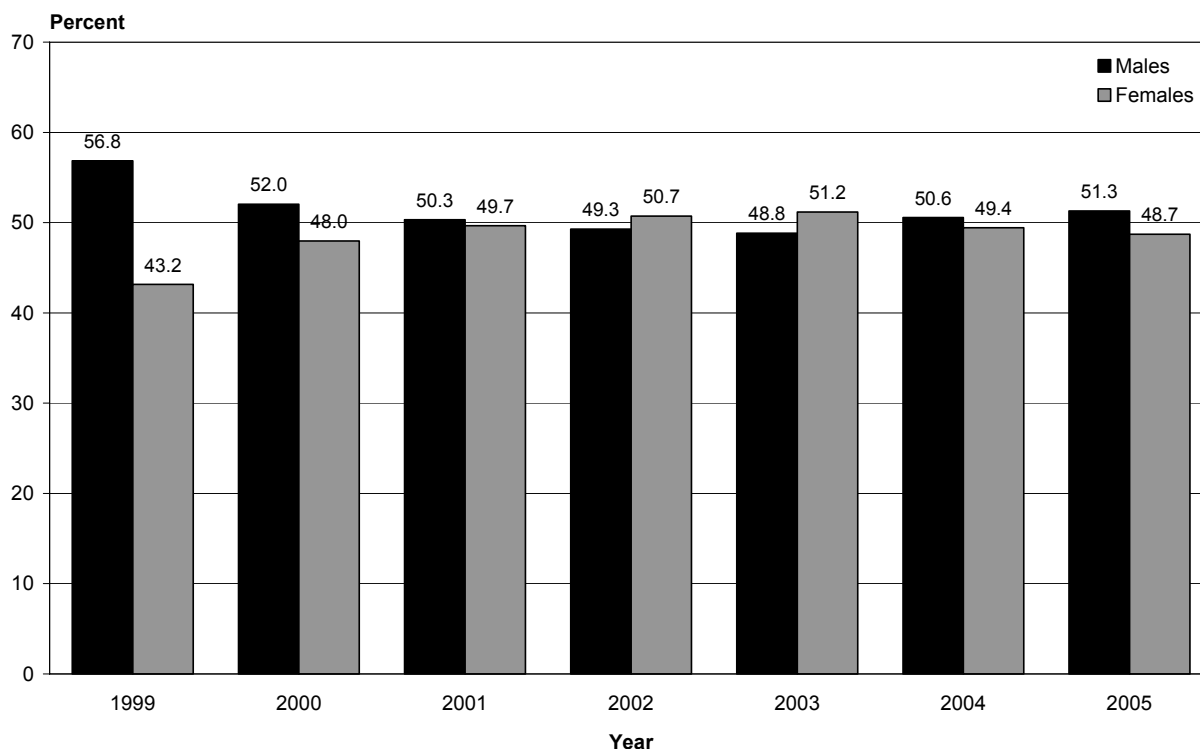
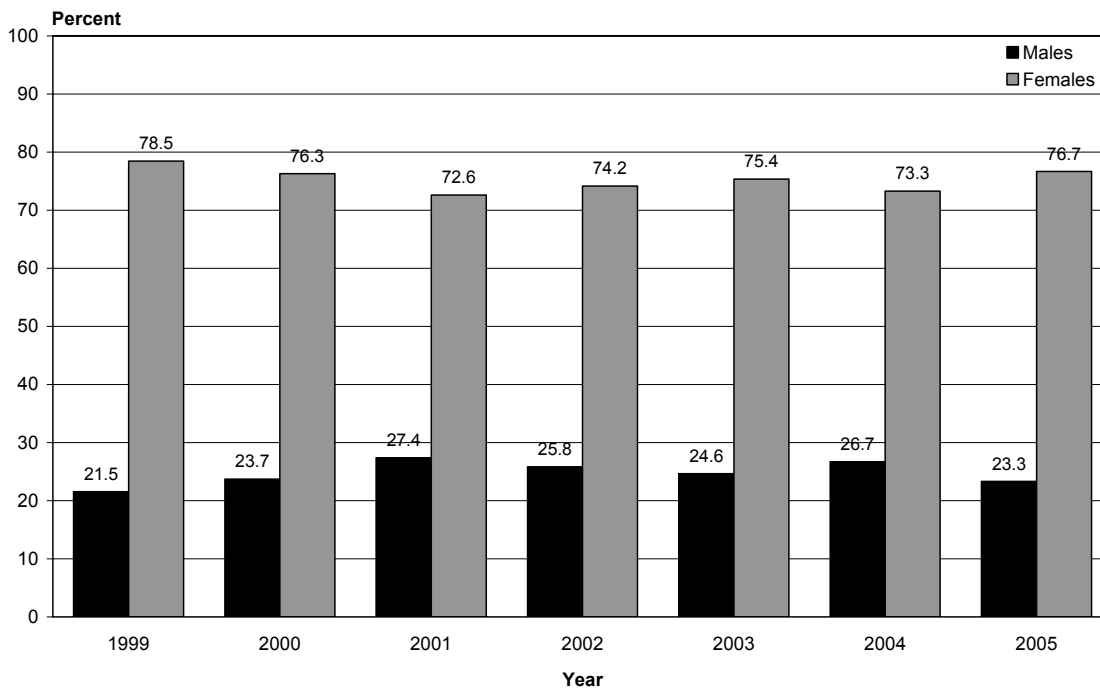


Figure 9: Gambling Helpline Ltd: significant others, new clients, by gender, 1999–2005

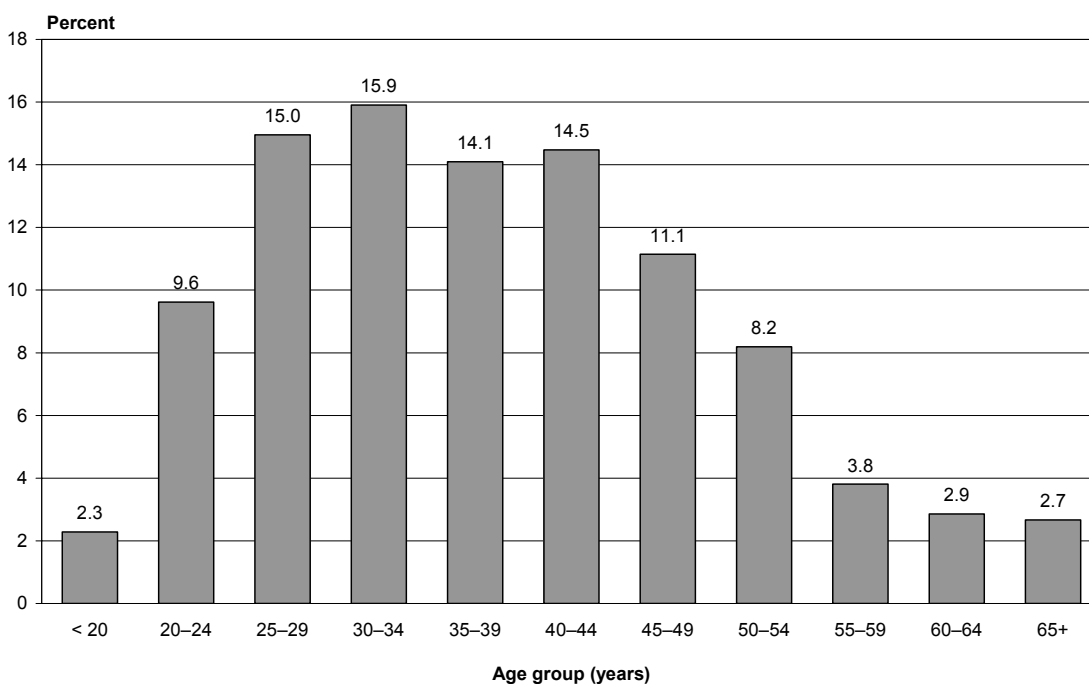


Age distribution

Gamblers

The age distribution of new gambler clients in 2005 was very similar to that evident in previous years. Over half (56.9%) of new gambler clients were under 40 years of age, and a substantial majority (82.5%) were under 50 years of age (Figure 10).

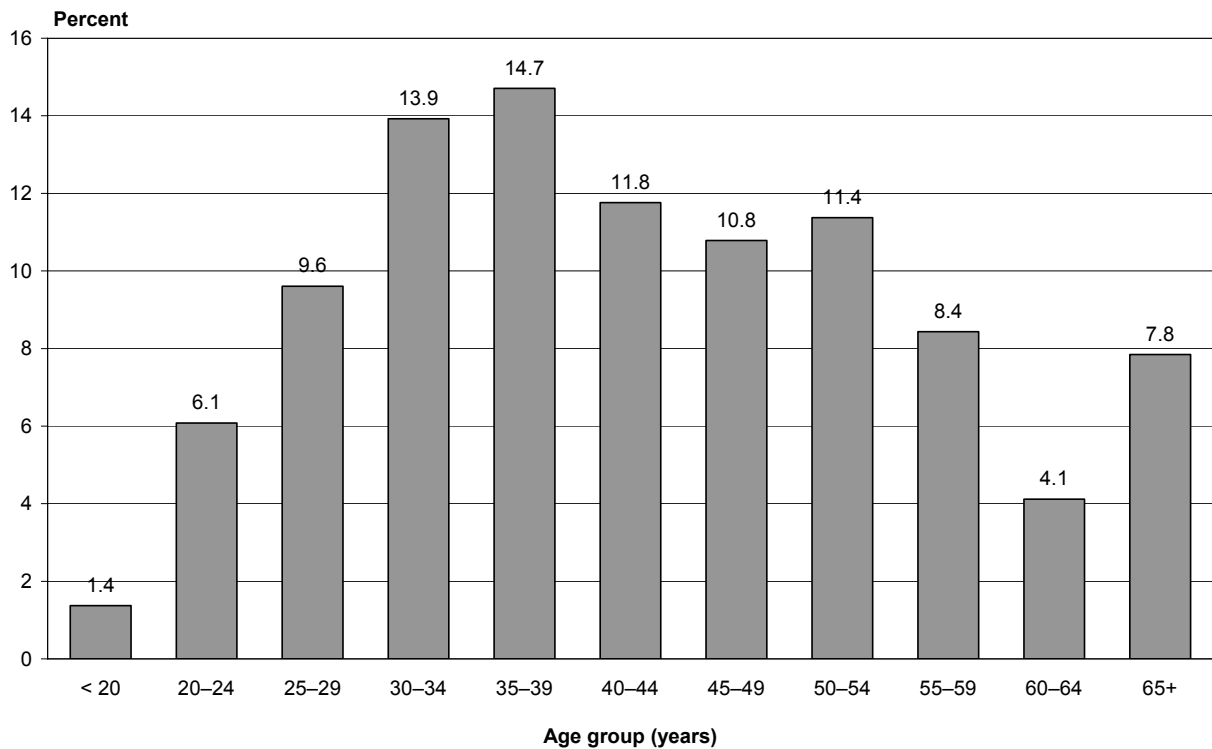
Figure 10: Gambling Helpline Ltd: age distribution of gamblers, new clients, 2005



Significant others

As with new gambler clients, the age distribution of new significant other clients reflected that evident in previous years. When compared with new gambler clients, new significant other clients were generally slightly older, with 45.7% aged under 40 years, and 68.2% under 50 years of age (Figure 11). Compared with 2004, the 65 and older age group has increased to 7.8% and the under 20 age group has dropped to 1.4%, but in both cases the actual numbers decreased.

Figure 11: Gambling Helpline Ltd: age distribution of significant others, new clients, 2005



Ethnicity

Gamblers

There are two baselines against which this profile has been assessed: the ethnic profile of the general New Zealand population (Statistics New Zealand 2001), and the ethnic profile of problem gamblers identified in nationally representative studies of the prevalence of problem gambling (Abbott and Volberg 2000, Ministry of Health 2006). The latter comparison can be useful in assessing any relative successes or issues with help-seeking or treatment accessibility for particular ethnic groups. Comparisons with other data should be interpreted with caution due to different ethnicity classifications being used (see Appendix 1 for further details).

Figure 12: Gambling Helpline Ltd: ethnicity of gamblers, new clients, 1999–2005

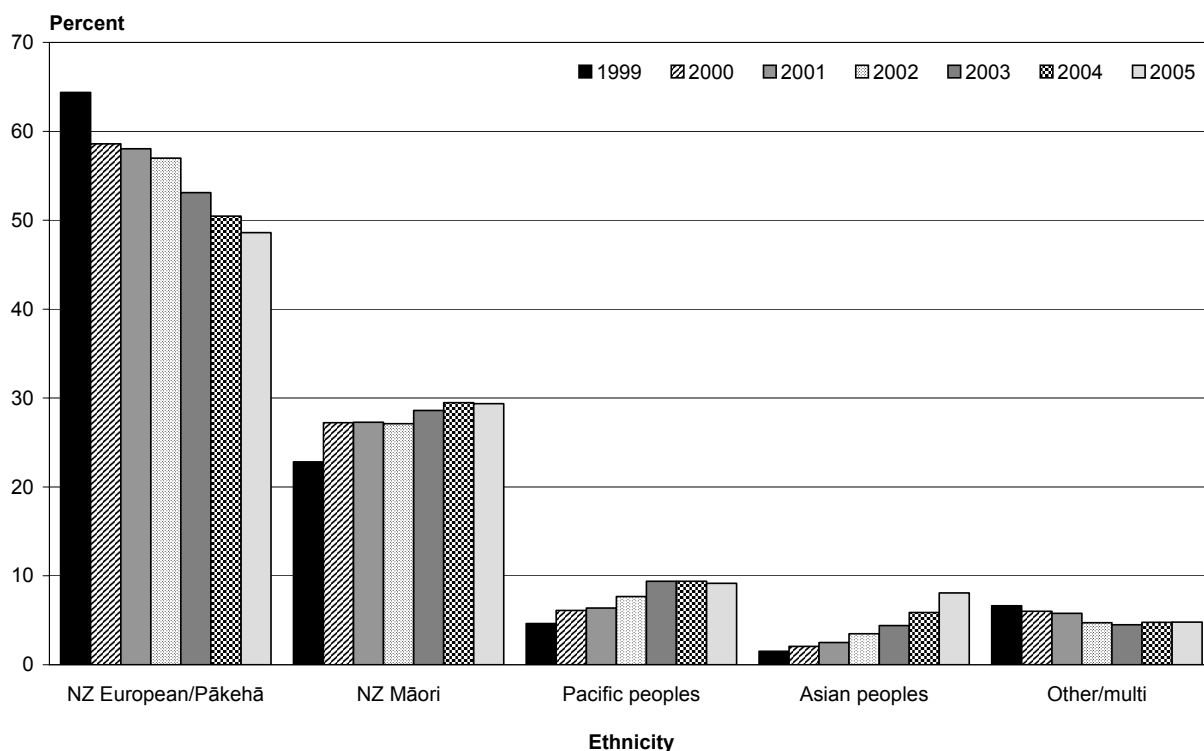


Table 9: Gambling Helpline Ltd: ethnicity of gamblers, new clients, 1999–2005

Ethnicity	1999		2000		2001		2002		2003		2004		2005	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
New Zealand European/Pākehā	1182	64.4	1169	58.6	1162	58.0	1336	57.0	1097	53.1	866	50.5	578	48.6
Māori	419	22.8	543	27.2	546	27.3	636	27.1	591	28.6	506	29.5	349	29.4
Pacific peoples	85	4.6	122	6.1	128	6.4	180	7.7	194	9.4	161	9.4	109	9.2
Asian peoples	28	1.5	41	2.1	50	2.5	82	3.5	91	4.4	101	5.9	96	8.1
Other/multi	122	6.6	120	6.0	116	5.8	111	4.7	93	4.5	82	4.8	57	4.8
Total	1836		1995		2002		2345		2066		1716		1189	

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

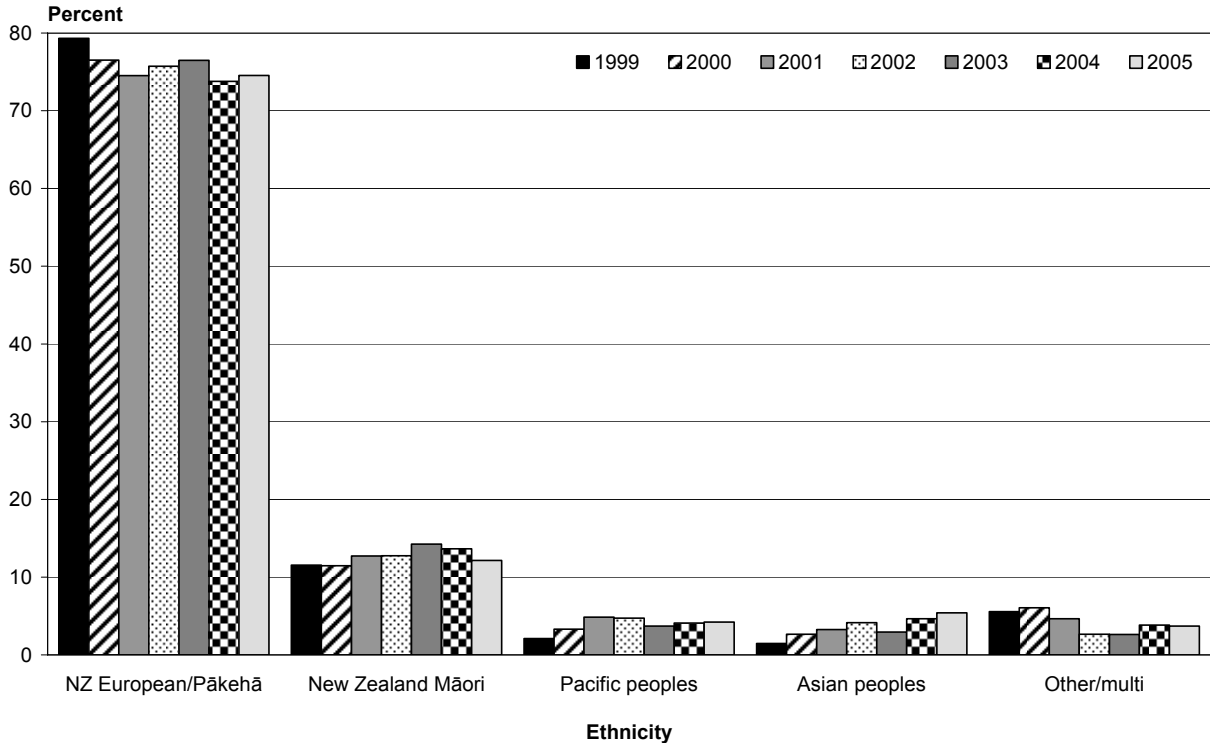
For the first time since reporting began, the percentage of new gambler clients that were New Zealand European/Pākehā dropped below 50% (Figure 12 and Table 9). This is also the case for the face-to-face clients, as reported later, and continues the gradual decline in the percentage of New Zealand European/Pākehā clients since 1999. The percentages of new gambler clients that were Māori (29.4%) and Pacific people (9.2%) remained at their 2004 levels. With the exception of Pacific clients, who are under-represented, these rates are consistent with the established prevalence of problem gambling among the major ethnic groups in the general population (Ministry of Health 2006). The percentage of new gambler clients that were Asian people continued to rise, and in 2005 reached 8.1% (from 5.9%).

The absolute number of new gambler clients in each ethnic group fell substantially, with the notable exception of new Asian gambler clients, which has remained constant after considerable increases between 1999 and 2002. Asian peoples, Māori and Pacific peoples are over-represented as new gambler clients when compared with the general New Zealand population of the 2001 census (6%, 14% and 5% respectively), while New Zealand European/Pākehā new gambler clients are under-represented when compared with the census figures (74%).

Ethnicity

Significant others

Figure 13: Gambling Helpline Ltd: ethnicity of significant others, new clients, 1999–2005



Historically, the ethnicity of new significant other clients has differed substantially from that of new gambler clients. This continued to be the case in 2005. Consistent with the 2004 data, approximately three-quarters of new significant other clients were New Zealand European (74.5%) (Figure 13). The percentage of new significant other clients that were Māori dropped slightly to 12.1%, and the percentage of clients that were Asian people rose slightly to 5.4%. These percentages more closely reflect the representation of ethnicities in New Zealand. In each ethnic group there were decreases in the number of new significant other clients.

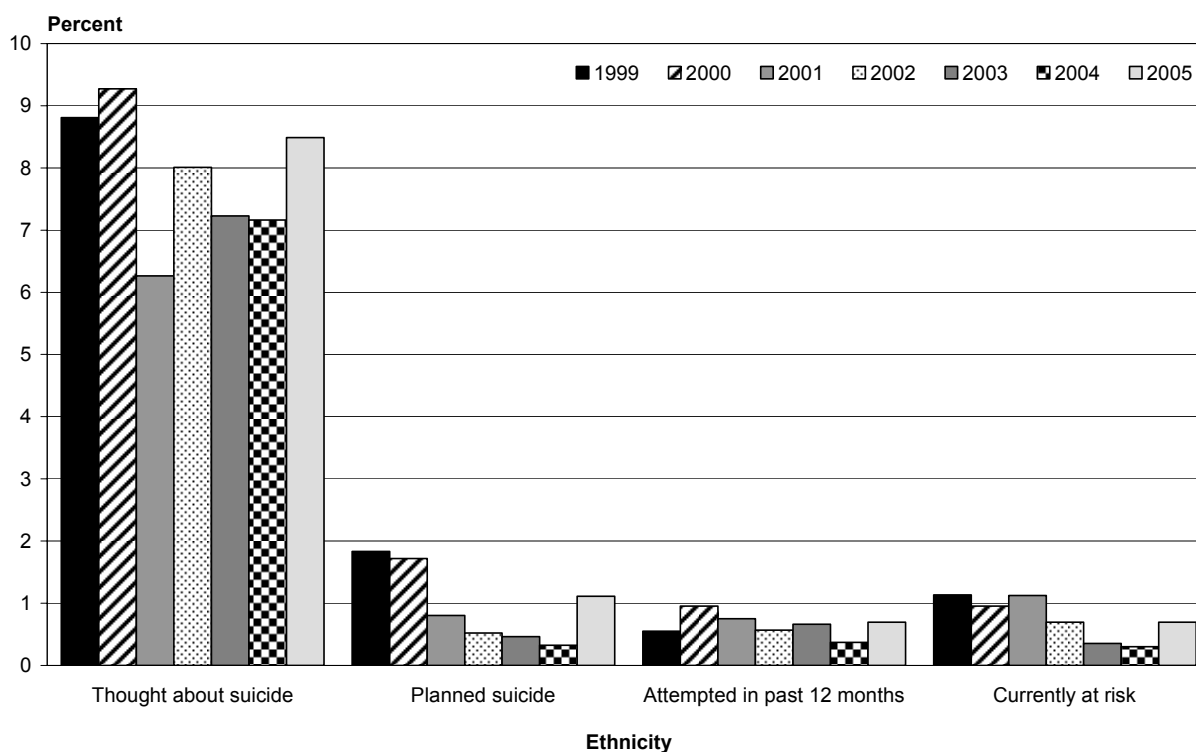
Suicidal behaviour: gamblers and significant others

As has been the case in previous years, the substantial majority of new gambler and significant other clients (89%) reported no suicidal thoughts or behaviours,⁶ but this still means that 11.0% of clients did (Figure 14). The percentage of new clients that reported thinking about suicide rose from 7.2% in 2004 to 8.5% in 2005, note however, this was a fall in the absolute number of clients (Table 10). In the other three categories, increases were evident in both the percentage and number of clients.

- In 2005, 32 clients (1.1%) reported planning suicide, an increase from 14 clients (0.3%) in 2004.
- In 2005, 20 clients (0.7%) reported attempting suicide in the last 12 months, an increase from 16 (0.4%) in 2004.
- In 2005, 20 clients (0.7%) were assessed as being at current risk, an increase from 13 (0.3%) in 2004.

While these numbers are small, and as such difficult to interpret with any certainty, the changes are particularly interesting in the context of the substantial overall drop in client numbers.

Figure 14: Gambling Helpline Ltd: suicidal behaviour of all new clients, 1999–2005



Note: 1999 and 2000 figures have not been updated due to changes in the database and reflect figures as calculated at that period.

⁶ It is important to note that these are 'snapshots' of the status at one point in time for any one client. For example, a client may attempt suicide five or six times during any particular year, but the date recorded in the database captures the latest episode only. Effectively this means that only one attempt during a particular year for this client is calculated in the statistics presented.

Table 10: Gambling Helpline Ltd: suicidal behaviour of all new clients, 1999–2005

Suicidal behaviour	1999		2000		2001		2002		2003		2004		2005	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
None reported	3015	87.7	3194	87.1	3401	91.1	4144	90.2	4143	91.3	3949	91.8	2559	89.0
Thought about suicide	303	8.8	340	9.3	234	6.3	368	8.0	328	7.2	308	7.2	244	8.5
Planned suicide	63	1.8	63	1.7	30	0.8	24	0.5	21	0.5	14	0.3	32	1.1
Attempted in the past 12 months	19	0.6	35	1.0	28	0.7	26	0.6	30	0.7	16	0.4	20	0.7
Currently at risk	39	1.1	35	1.0	42	1.1	32	0.7	16	0.4	13	0.3	20	0.7
Total	3439		3667		3735		4594		4538		4300		2875	

Note:

1. 1999 and 2000 figures have not been updated due to changes in the database and reflect figures as calculated at that period.
2. Percentages may not total to 100 due to rounding.

Face-to-Face Counselling Services

Over the 2005 year, the brief and early intervention category was developed. This category is not included in the statistics in this publication, however will be captured from 2006.

Summary: Face-to-face counselling

- There has been a decrease (7.1%) in non-casino gaming machines as the primary mode of problem gambling cited by new clients, but a slight increase in casino-based gambling (13.5% in 2004, 16.2% in 2005).
- Non-casino gaming machines have increased as an additional mode of problem gambling for the first time since 1998 (10.9% in 2004, 13.7% in 2005). However, when primary and additional modes were combined there was a 6.6% drop in non-casino gaming machines from 2004 to 2005.
- Auckland (28.7%) and Christchurch/Canterbury (18.1%) remained the areas with the largest numbers of new clients.
- The percentage of new female clients decreased for the first time since 1997, resulting in slightly more male clients than female clients.
- There was over-representation of both Māori and Pacific clients, although these proportions were consistent with the established prevalence of problem gambling in New Zealand (Ministry of Health 2006).
- The number of New Zealand European/Pākehā clients dropped below 50% for the first time since reporting began in 1999.
- Asian clients were more likely than other ethnic groups to cite casino tables as their primary mode of problem gambling.
- A substantial majority of Māori females (95.4%) cited electronic gaming machines as the primary mode of their problem gambling.

Face-to-face counselling trends in services

Number of clients

A total of 4010⁷ clients received face-to-face problem gambling counselling services in 2005 (Table 11). Just under 70% (2714) of these clients had not previously received any counselling for gambling problems. These 'new' clients were counted once they had their initial 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 a face-to-face appointment and assessment. Data from these people are not included in this report. The total number of clients decreased by 15.8% from the 2004 levels, and the number of new clients decreased by 20.9%.

⁷ This figure excludes any clients who did not receive a face-to-face *comprehensive* assessment (eg, clients regularly attending groups are excluded).

While much of the subsequent focus is on the 'new' clients for 2005, those that accessed face-to-face counselling services in 2005 included 812 'brought-forward' clients (these clients commenced treatment in previous years), and 479 'repeat admission' clients (clients that were previously discharged, but presented again for further treatment). In contrast to the number of new clients, the number of brought-forward clients increased slightly from the 2004 level (1.9%), and there was a smaller decrease in the repeat admission clients (-9.8%). This is the first time since 1997 there has been a drop in the total number of face-to-face clients. It is also the first time since 1997 there has been a drop in the number of new face-to-face clients.

Table 11: Face-to-face intervention services: total clients, by type, 1997–2005

Client type	1997		1998		1999		2000		2001		2002		2003		2004		2005	
	N	%	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	3431	72.1	2714	67.7
Brought-forward clients	126	13.7	448	24.7	684	29.5	400	16.3	566	19.3	634	18.4	685	16.4	797	16.7	812	20.2
Repeat admission clients	1	0.1	18	1	79	3.4	122	5	166	5.7	325	9.4	440	10.5	531	11.2	479	11.9
Episode started but face-to-face session later											5	0.1	5	0.1	2	0.0	5	0.1
Insufficient data											1							
Total	923		1813		2317		2459		2934		3443		4174		4761		4010	

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

Time spent in treatment

The literature evaluating the effectiveness of problem-gambling interventions remains very limited. As a result, an optimal period of treatment for gambling problems against which the following data could be compared has not been established. It is also questionable whether an optimal period will be established given the diversity of both gambling problems and the people experiencing them.

Duration of treatment episodes

A treatment episode is the time span over which a client attends problem-gambling services, measured from the initial session to the last client contact. Previous reports have shown that the duration of these treatment episodes has been quite variable, although their distribution has been relatively invariant over time. Note that a client may return for another series of sessions at some later point and there may be multiple episodes over time.

The 2005 data again followed this pattern. Their distribution was very similar to that evident in the 2004 data (Table 12), with most treatment episodes (85.4%) being less than six months in duration. Consistent with previous years, approximately one in five treatment episodes lasted just one day.

Table 12: Face-to-face intervention services: episode duration, all clients, 2002–2005

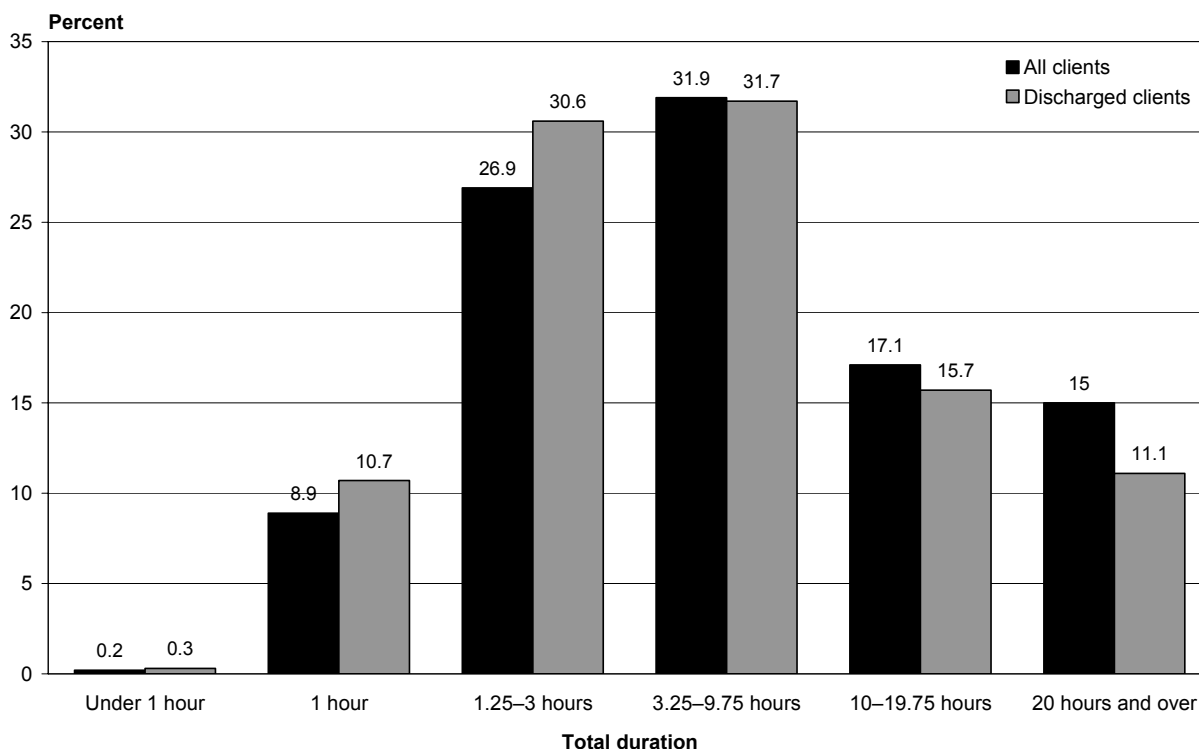
Year	1 day		2 days – 1 week		1 week – 1 month		1 – 6 months		6 months – 1 year		Over 1 year	
	N	%	N	%	N	%	N	%	N	%	N	%
2002	525	18.3	131	4.6	732	25.5	1071	37.3	245	8.5	165	4.8
2003	751	21.5	104	3.0	878	25.1	1325	37.9	278	7.9	164	4.7
2004	920	22.2	115	2.8	999	24.1	1580	38.1	327	7.9	201	4.9
2005	673	19.2	118	3.4	832	23.7	1372	39.1	334	9.5	184	5.2

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

Hours of treatment received

The data on treatment length, in terms of hours of treatment received, were similar to those seen in previous years. The substantial majority of clients (90.9%) received 1.25 hours or more in treatment (89.8% in 2004) (Figure 15). More than half of clients (58.8%) had between 1.25 and 9.75 hours of treatment in 2005 (62.3% in 2004).

Figure 15: Face-to-face intervention services: total treatment duration, all clients and discharged clients, 2005



Notes:

1. 'All clients' refers to all clients in the system in 2005, which includes those discharged during 2005. Figure 15 presents the proportions of this group as a whole and the subset of this (discharged clients) who received these levels of treatment duration.
2. Total duration includes both one-on-one face-to-face counselling as well as group counselling.

Client characteristics of face-to-face intervention services

Primary mode of problem gambling: new clients

Every client accessing face-to-face problem gambling counselling services is asked to identify a mode of gambling that is causing them the most problems (the 'primary' mode of problem gambling). Almost all new gambler clients (96.1%) were able to identify a primary mode of problem gambling. As with previous years, one in five new gambler clients (21%) also identified an additional type of gambling that was harmful to them.

The primary mode of harmful gambling cited by most new gambler clients remained non-casino gaming machines (72.4%) (Figure 16 and Table 13). The percentage fell slightly in 2005 (from 79.5% in 2004) for the first time since 1998. The second most frequently cited mode of harmful gambling remained casino gaming machines (8.9%), with a slight increase from 2004. Together, 81.3% of new gambler clients cited electronic gaming machines as their primary mode of harmful gambling, a slight decrease from the 2004 figure (88%). The next most frequently cited mode of harmful gambling was casino table games (7.3%). One in six new gambler clients (16.2%) cited casino-based gambling as their primary source of harm, an increase on the 2004 figures (13.5%).

Figure 16: Face-to-face intervention services: primary mode of problem gambling for gamblers, new clients, 2005

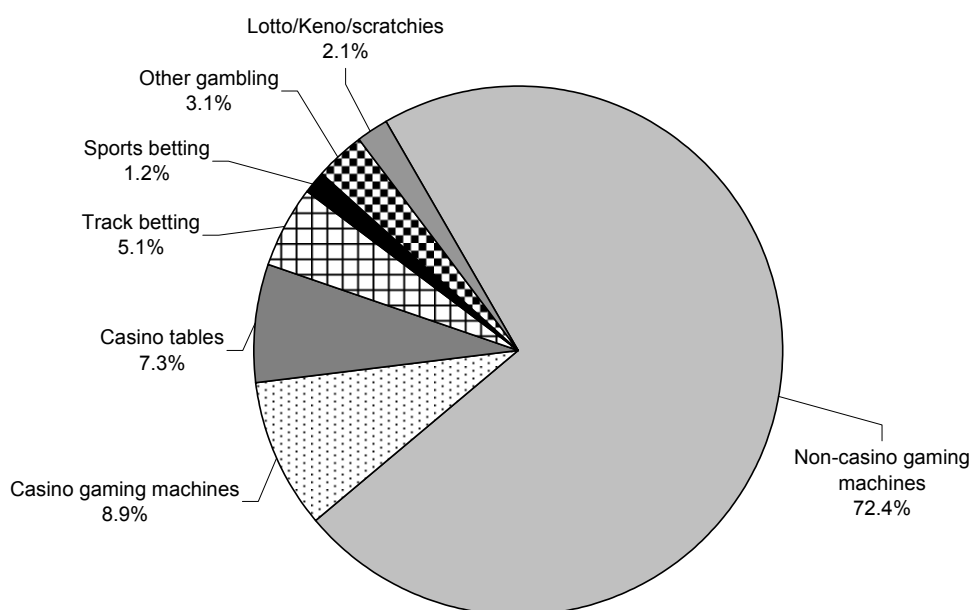


Table 13: Face-to-face intervention services: primary mode of problem gambling for gamblers, new clients, 1997–2005

Gambling mode	1997 %	1998 %	1999 %	2000 %	2001 %	2002 %	2003 %	2004 %	2005 %
Non-casino gaming machines	56.9	56.1	60.9	68.7	71.7	75.1	76.8	79.5	72.4
Casino gaming machines	10.9	15.5	14.7	12.6	12.4	11.2	10.6	8.5	8.9
Casino tables	10.1	9.9	6.8	5.6	5.3	4.7	4.7	5.0	7.3
Track betting	18.4	15.3	14.7	10.3	8.1	6.7	4.3	4.2	5.1
Sports betting	0.8	0.8	0.9	0.4	0.5	0.6	0.9	0.9	1.2
Lotto/Keno/scratchies	0.2	0.4	0.2	0.8	0.4	0.6	0.7	0.6	2.1
Housie	0.2	0.1	0.4	0.2	0.5	0.3	0.3	0.1	0.5
Other	2.6	2.0	1.4	1.4	1.3	0.7	1.6	1.2	2.6
Number	625	1009	1119	1330	1497	1794	2048	2219	1798

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

Additional mode of problem gambling: new clients

One in five clients that reported a primary mode of harmful gambling also identified an additional mode. The distribution of additional modes was more even than that for primary modes, but as with previous years the most frequently cited additional modes of problem gambling were casino gaming machines (31.8%) and Lotto/Keno/scratchies (21.4%) (Figure 17 and Table 14). These percentages showed decreases from 2004 (34.8% and 26.9% respectively). The percentage of clients who cited non-casino gaming machines as an additional mode was 13.7%. Track betting, which was at a low since 1997 in 2004, did not differ in 2005 (10.4%). Sports betting, while not a high percentage, is at its highest in 2005 (6.1%); and casino tables, which were over 12.7% in 1997, were at a low in 2005 of 4.8%.

Figure 17: Face-to-face intervention services: additional mode of problem gambling for gamblers, new clients, 2005

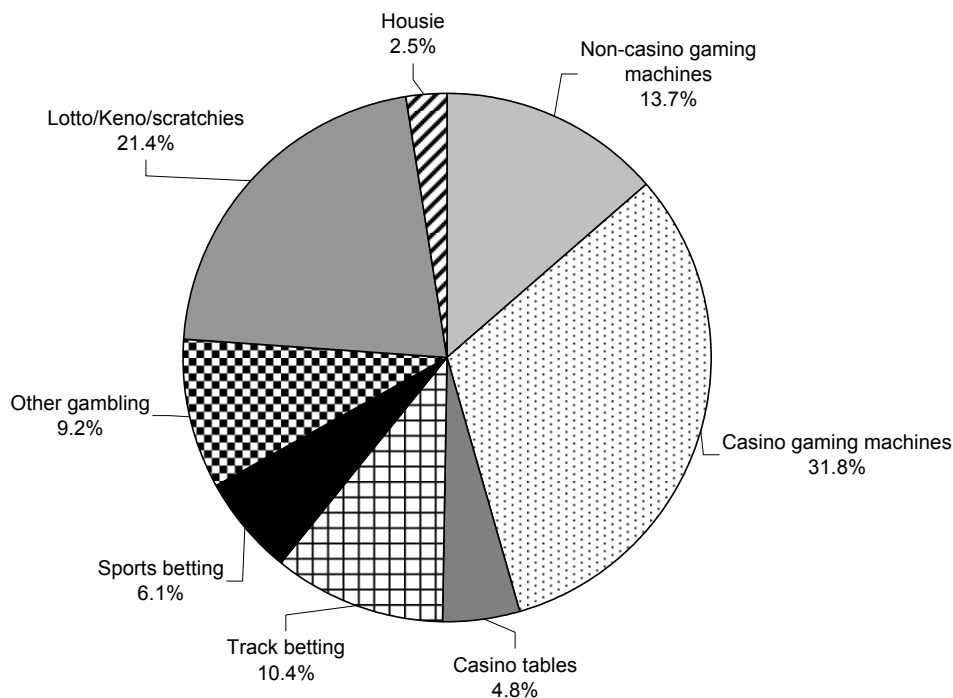


Table 14: Face-to-face intervention services: additional mode of problem gambling for gamblers, new clients, 1997–2005

Gambling mode	1997 %	1998 %	1999 %	2000 %	2001 %	2002 %	2003 %	2004 %	2005 %
Non-casino gaming machines	24.0	25.8	22.4	19.0	17.6	18.8	11.9	10.9	13.7
Casino gaming machines	15.7	18.2	21.4	20.6	23.3	27.1	36.4	34.8	31.8
Casino tables	12.7	9.5	9.4	6.7	5.8	7.3	5.9	5.3	4.8
Track betting	20.5	29.5	23.9	24.4	16.6	17.1	12.8	10.1	10.4
Sports betting	3.5	5.5	5.1	4.4	4.5	4.1	4.1	4.6	6.1
Lotto/Keno/scratchies	10.0	5.8	7.7	12.9	23.1	18.8	20.6	26.9	21.4
Housie	3.9	2.1	1.1	3.8	2	3.8	1.8	2.8	2.5
Other or multiple	9.6	3.7	9	8.3	7	3.2	6.4	4.6	9.2
Number	229	380	468	505	601	468	437	457	393

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. However, the fact that multiple modes can be cited means that the data cannot simply be summed across modes.

In modes cited as harmful by more than 100 clients, the notable changes include a 25% drop in the number of clients citing non-casino gaming machines as a primary or secondary mode, an 18% drop in those citing casino gaming machines, and a 13% increase in the number of clients citing casino tables. The percentages of clients citing each mode increased, with the sole exception of non-casino gaming machines (Table 15).

Table 15: Face-to-face intervention services: primary and additional modes of problem gambling for gamblers combined, new clients, 2005

Gambling mode	Primary mode N		Additional mode N		Either primary or additional mode, total N		% of new gambler clients	
	2004	2005	2004	2005	2004	2005	2004	2005
Non-casino gaming machines	1765	1301	50	54	1815	1355	81.8	75.2
Casino gaming machines	189	160	159	125	348	285	15.7	15.8
Casino tables	110	132	24	19	134	151	6.0	8.4
Track	93	91	46	41	139	132	6.3	7.3
Sports betting	20	22	21	24	41	46	1.8	2.6
Lotto/Keno/scratchies	13	37	123	84	136	121	6.1	6.7
Housie	3	9	13	10	16	19	0.7	1.1
Other gambling	26	46	21	36	47	82	2.1	4.5

Note: It is inappropriate to add the 'total N' or '% of new gambler clients' columns due to multiple responses.

Primary mode of problem gambling: all clients

The pattern of primary modes of harmful gambling for all gambler clients mirrored closely that for new gambler clients only (Figure 18 and Table 16). This is not surprising, as the majority of the clients (just under 70%) are classified as new gambler clients.

Figure 18: Face-to-face intervention services: primary mode of problem gambling for gamblers, all clients, 2005

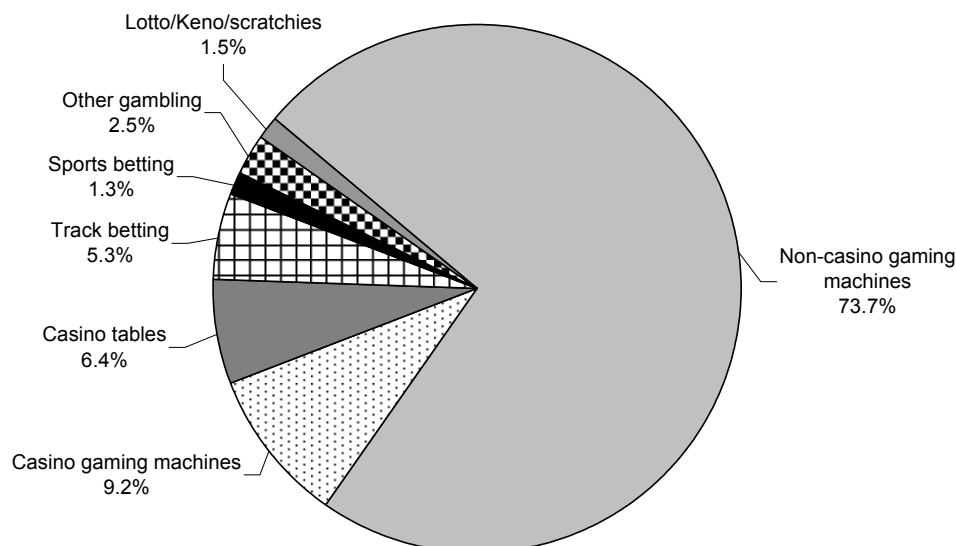


Table 16: Face-to-face intervention services: primary mode of problem gambling for gamblers, all clients, 2005

Gambling mode	1997 %	1998 %	1999 %	2000 %	2001 %	2002 %	2003 %	2004 %	2005 %
Non-casino gaming machines	56.8	56.4	59.7	66.2	70.2	73.5	76.4	78.2	73.7
Casino gaming machines	9.7	14.9	15.9	13.2	12.8	11.6	11.2	9.3	9.2
Casino tables	10.6	9.1	7	5.8	5.1	4.8	4.2	4.6	6.4
Track betting	19.5	16.1	14.5	11.8	9.4	7.6	5.1	5.0	5.3
Sports betting	0.7	0.8	0.9	0.5	0.3	0.8	0.9	1.0	1.3
Lotto/Keno/scratchies	0.1	0.4	0.2	0.7	0.3	0.6	0.7	0.6	1.5
Housie	0.1	0.1	0.3	0.2	0.3	0.3	0.3	0.2	0.4
Other	2.4	2.3	1.5	1.6	1.5	0.7	1.2	1.2	2.1
Number	699	1196	1272	1688	2045	2546	2989	3268	2818

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

Geographic spread of client access to services: new clients

Auckland (28.7%) and Christchurch/Canterbury (18.1%) remained the areas with the largest numbers of new clients (Figure 19 and Table 17). However, these percentages dropped slightly below their 2004 levels (30.5% and 20.7%, respectively). The overall geographic distribution of clients remained quite similar to that seen in 2004, despite the overall decrease in the number of new clients. Several areas moved against that trend and recorded higher numbers of new clients in 2005, specifically, Dunedin / Otago, Wanganui, and Invercargill / Southland. Some other areas recorded minimal or

small changes in the numbers of new clients, including Hamilton / Waikato, Hawke's Bay / East Coast, Whangarei / Northland, and Palmerston North / Manawatu.

Figure 19: Face-to-face intervention services: new clients, by main geographic location (clinic location), 2005

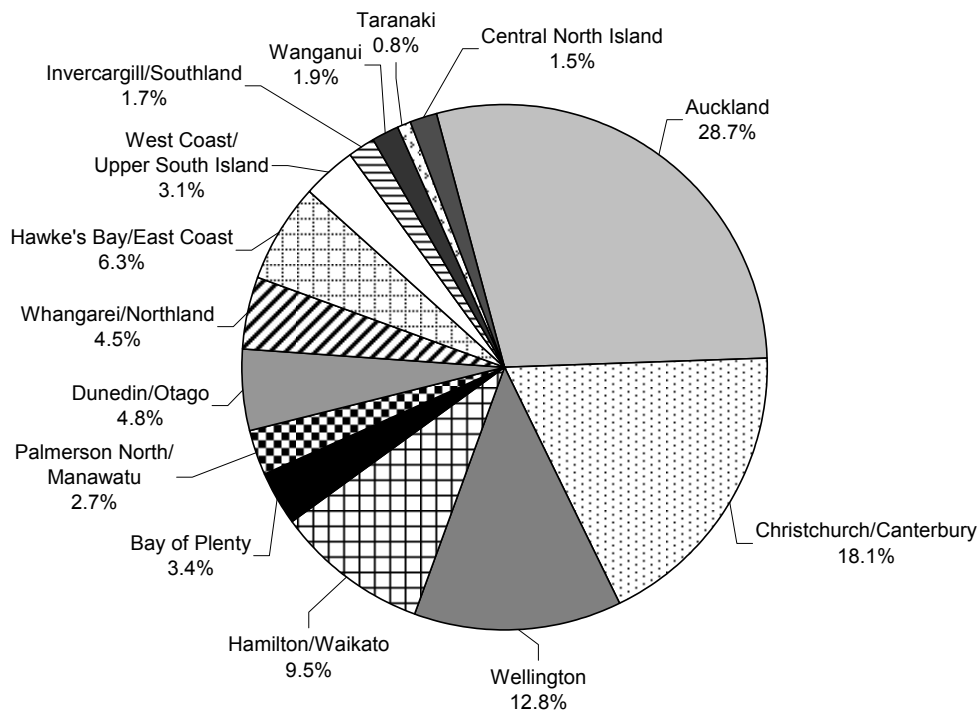


Table 17: Face-to-face intervention services: main geographic location (clinic location), new clients, 1999–2005

Region	1999		2000		2001		2002		2003		2004		2005	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Whangarei / Northland	19	1.2	34	1.8	41	1.9	77	3.1	111	3.6	132	3.8	123	4.5
Auckland	614	40.2	592	30.9	737	33.8	841	33.9	1004	33.3	1045	30.5	780	28.7
Hamilton / Waikato	92	5.9	123	6.3	110	4.9	128	5.2	225	7.4	283	8.2	258	9.5
Bay of Plenty	62	3.9	73	3.7	91	4.1	87	3.5	154	5.1	151	4.4	93	3.4
Central North Island	0	0	41	2.1	48	2.1	23	0.9	17	0.6	66	1.9	42	1.5
Hawke's Bay / East Coast	0	0	28	1.4	84	3.8	127	5.1	119	3.0	172	5.0	170	6.3
Taranaki	0	0	0	0	18	0.8	20	0.8	27	0.9	33	1.0	23	0.8
Wanganui	35	2.2	16	0.8	26	1.2	18	0.7	18	0.6	30	0.9	51	1.9
Palmerston North / Manawatu	36	2.3	87	4.5	71	3.2	64	2.6	56	1.8	81	2.4	73	2.7
Wellington	264	16.7	293	15.1	272	12.4	376	15.2	395	13.0	432	12.6	348	12.8
West Coast / Upper South Island	0	0	17	0.9	71	3.2	49	2.0	131	4.3	139	4.1	84	3.1
Christchurch / Canterbury	356	22.7	470	24.0	438	19.6	489	19.7	619	20.3	709	20.7	492	18.1
Dunedin / Otago	76	4.8	152	7.8	160	7.3	140	5.6	133	4.4	125	3.6	131	4.8
Invercargill / Southland	0	0	11	0.6	35	1.5	39	1.6	34	1.1	34	1.0	46	1.7
Total	1554		1937		2202		2478		3043		3452		2714	

Client composition: new clients

The composition of new clients was similar to that from previous years, with just under 70% being new gambler clients, and around one-quarter being significant other clients (Table 18).

Table 18: Face-to-face intervention services: client composition, new clients, 2005

Type of new client	N	%
Gambler	1871	68.9
Significant other	706	26.0
Interested other	137	5.0
Total	2714	

Gender

Gamblers and significant others: new clients

In 2004, for the first time, the number of new female gambler clients slightly exceeded the number of male gambler clients (Figure 20). However, in 2005 new male clients (54.7%) outnumbered new female clients, and this was also the first time since reporting began that the percentage of new female gambler clients decreased.

Figure 20: Face-to-face intervention services: gamblers, new clients, by gender, 1997–2005

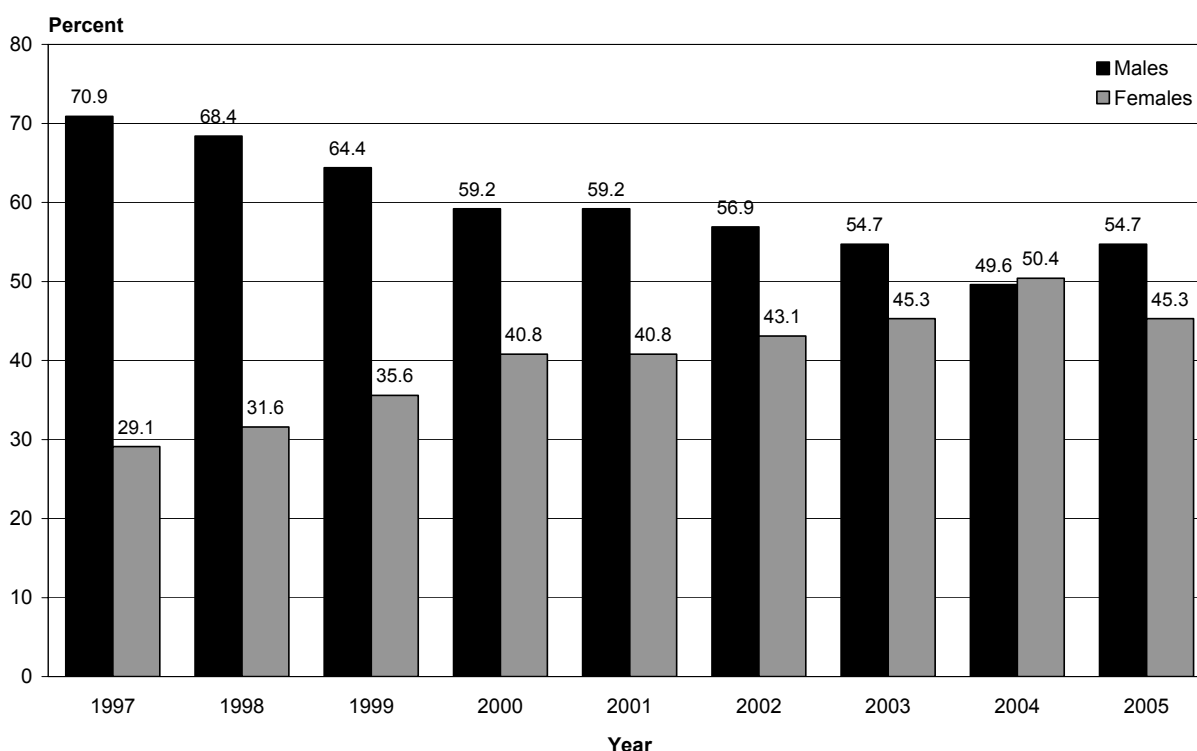
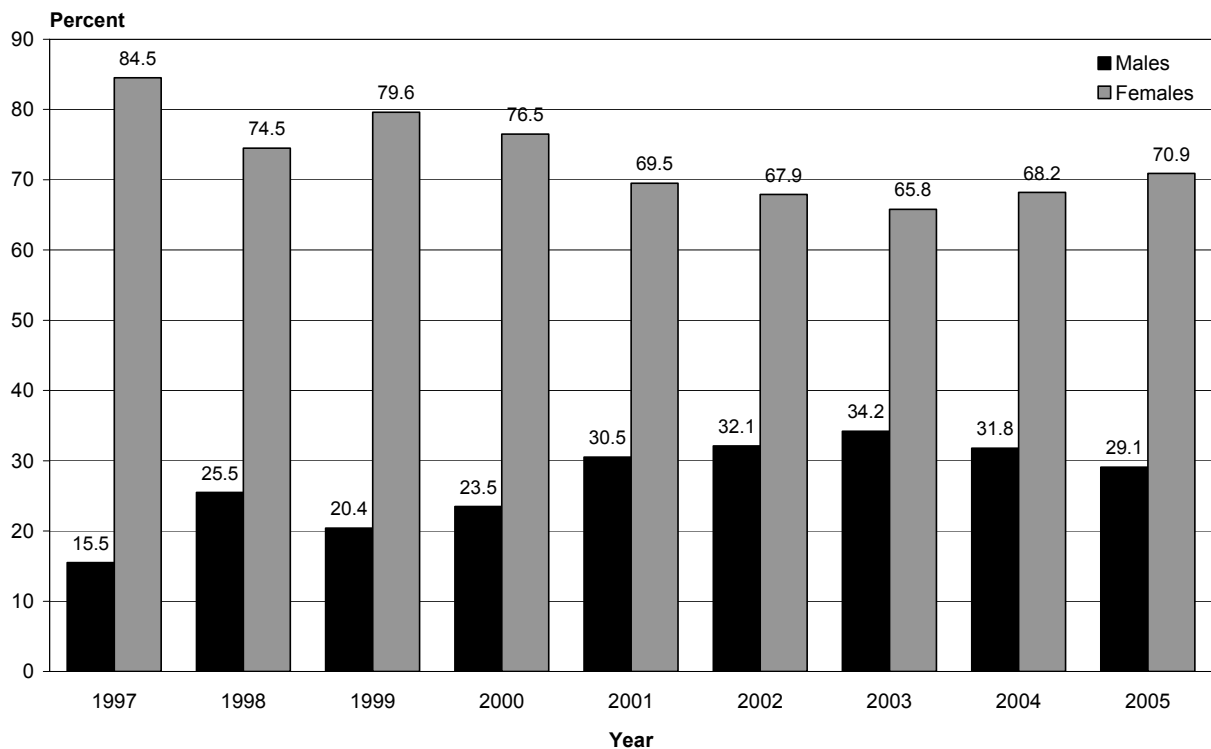


Figure 21: Face-to-face intervention services: significant others and interested others, new clients, by gender, 1997–2005



As in previous years, the majority of new significant other and interested other clients receiving face-to-face counselling were female (70.9%) (Figure 21). The percentage of new significant other and interested other clients that were male rose until 2003, and has declined annually since then.

Primary mode of problem gambling: new clients

The substantial majority (91.1%) of new female gambler clients reported their primary mode of gambling as electronic gaming machines (9.8% casino, 81.3% non-casino) (Figure 22 and Table 19). The corresponding percentage for new female gambler clients in 2004 was 94.8% (8.5% casino and 86.3% non-casino). By comparison, the percentage of new male gambler clients citing electronic gaming machines in 2005 is somewhat lower (72.9%: casino 8.1%, non-casino, 64.8%). The corresponding percentage for males in 2004 was 81.3% (casino 8.5%, non-casino 72.8%).

The percentages of new male gambler clients that cited casino tables (10.6%), track betting (8.9%), sports betting (2.0%), and other gambling (3.4%) were higher than for females. With respect to the latter two, the small numbers involved make any interpretation difficult – although through repeated years males have had higher percentages citing sports betting as their primary mode of harmful gambling. With respect to casino tables and track betting, this has been the case historically, and in the context of an overall decrease in client numbers, the numbers of new male clients citing these two modes increased in 2005.

Figure 22: Face-to-face intervention services: primary mode of problem gambling for gamblers, new clients, by gender, 2005

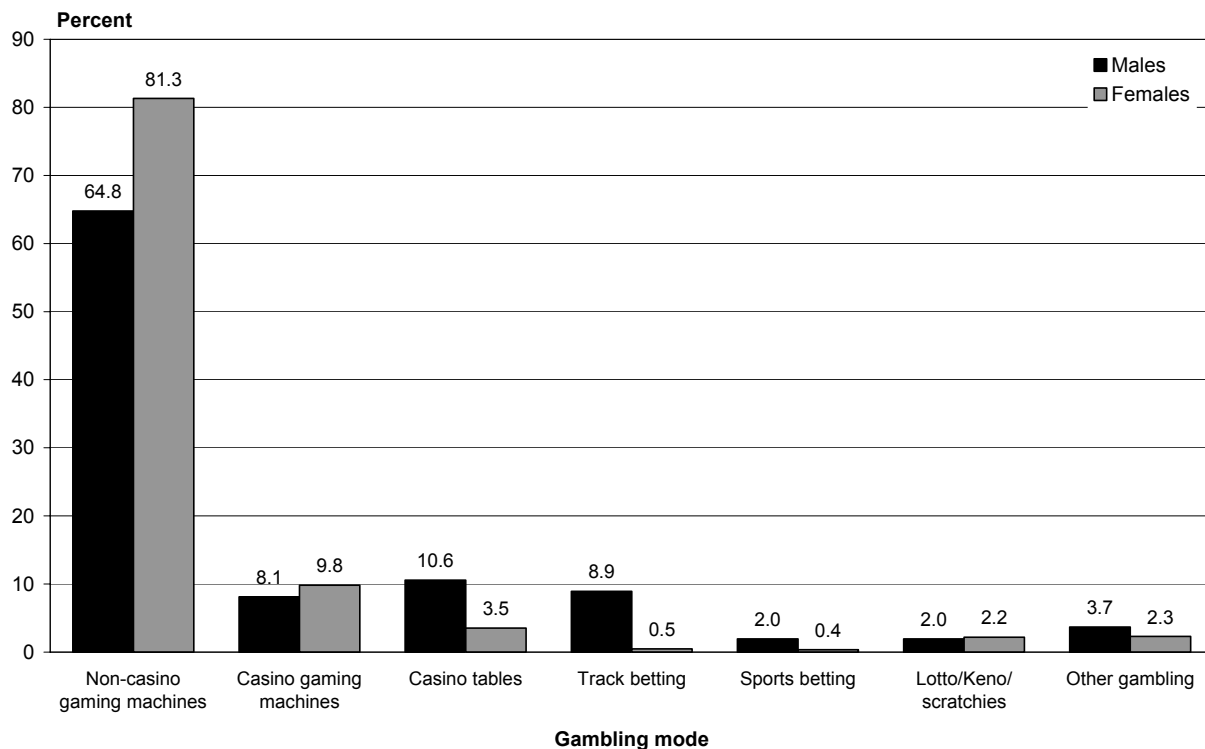


Table 19: Face-to-face intervention services: primary mode of problem gambling for gamblers, new clients, by gender, 2005

Gambling mode	Male		Female		Total	
	N	%	N	%	N	%
Non-casino gaming machines	631	64.8	670	81.3	1301	72.4
Casino gaming machines	79	8.1	81	9.8	160	8.9
Casino tables	103	10.6	29	3.5	132	7.3
Track	87	8.9	4	0.5	91	5.1
Sports betting	19	2.0	3	0.4	22	1.2
Lotto/Keno/scratchies	19	2.0	18	2.2	37	2.1
Housie	3	0.3	6	0.7	9	0.5
Other gambling	33	3.4	13	1.6	46	2.6
Total	974		824		1798	

Age distribution

Gamblers and significant others: new clients

The age distributions of new gambler and significant other clients were consistent with those seen in previous years.

Over half (57.2%) of new gambler clients were aged under 40 years, while four out of every five (83.6%) were aged under 50 years (Figure 23). Relative to the age distribution of new gambler clients, the age distribution of new significant other and interested other clients was older (Figure 24). Approximately half (51.8%) of new significant other and interested other clients were aged under 40, and three-quarters (74.2%) were aged under 50. These distributions are very similar to those for the Helpline reported earlier.

Figure 23: Face-to-face intervention services: age distribution of gamblers, new clients, 2005

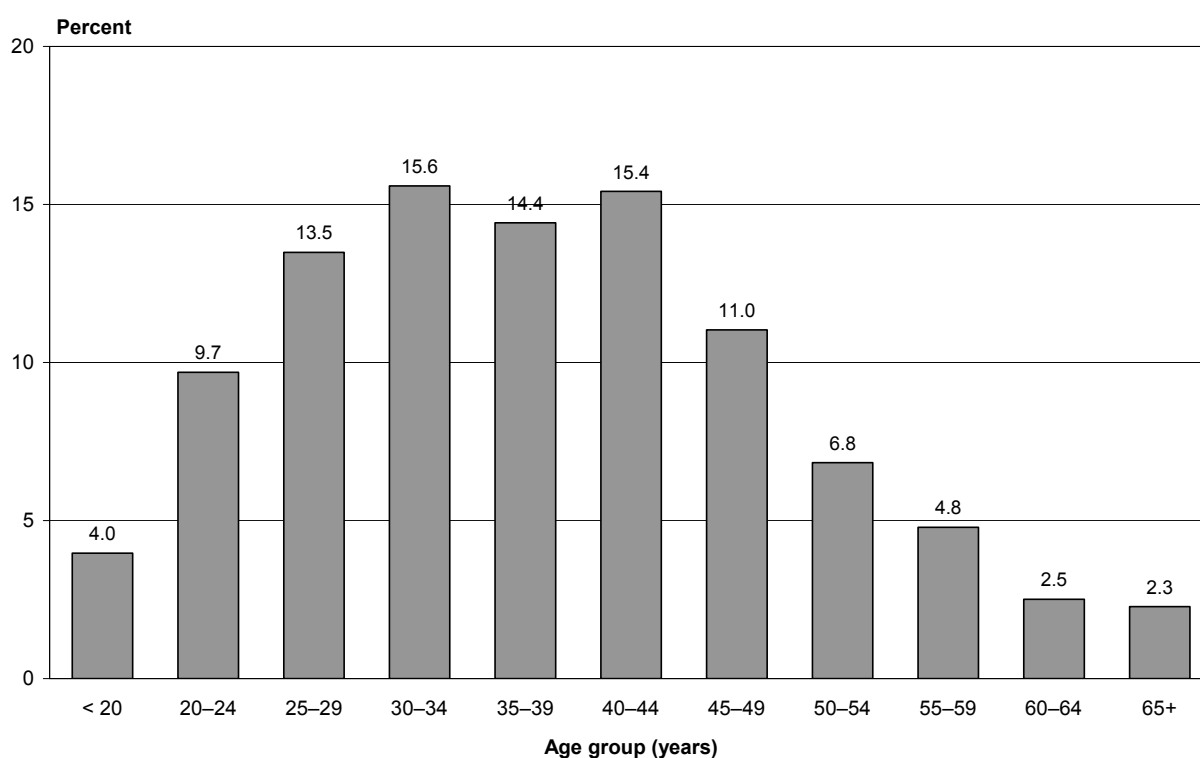
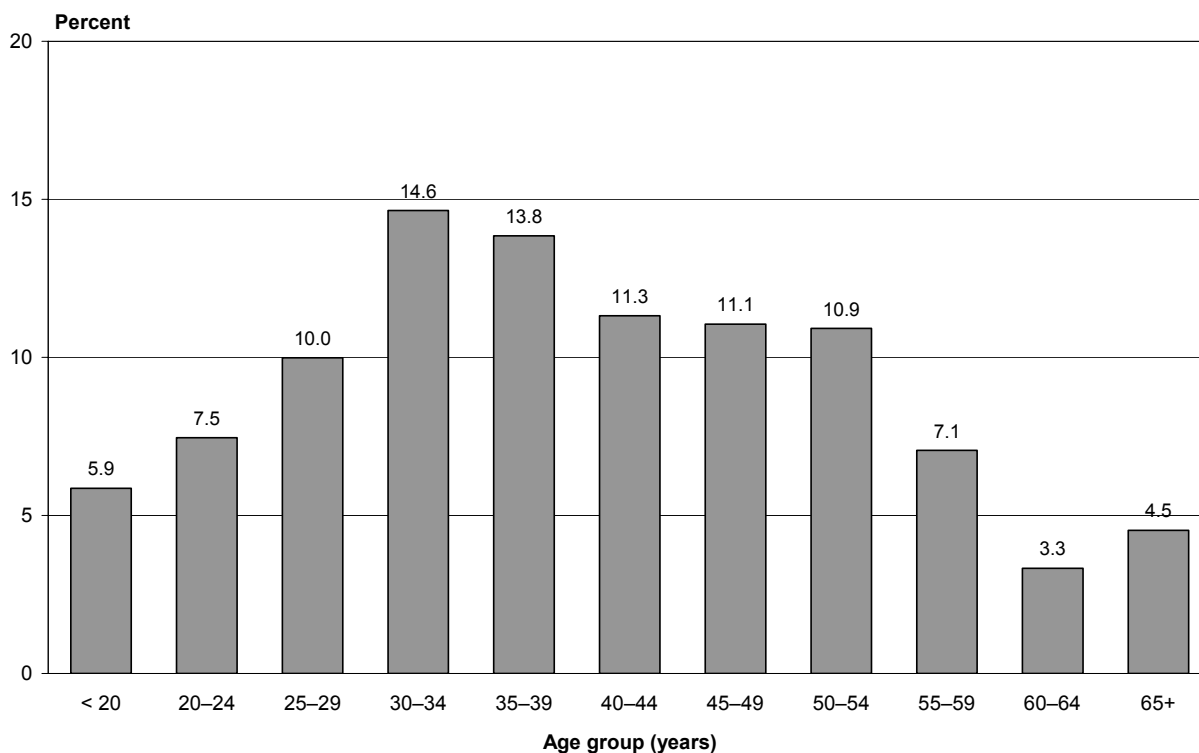


Figure 24: Face-to-face intervention services: age distribution of significant others and interested others, new clients, 2005



Primary mode of problem gambling: new clients

Examination of the primary modes of gambling for new gambler clients by age shows no clear age-related effects (Table 20). The majority of new gambler clients reported non-casino gaming machines as their primary mode of harmful gambling, and this was the case with each specific age group (ranging from, 60.3% to 75.3%). The percentage of new gambler clients aged under 20 years that reported non-casino gaming machines as their primary mode was noticeably low (60.3%). However, small numbers mean this should be interpreted with caution, compared to 77.9% in 2004.

Small numbers in the other gambling modes mean that extreme caution is required. However, there was some indication that the percentages of new gambler clients citing casino gaming machines, and track betting, increased with increasing age. Conversely, the percentages citing casino tables and 'other gambling' tended to decrease with increasing age.

Table 20: Face-to-face intervention services: primary mode of problem gambling for gamblers, new clients, by age, 2005

Gambling mode	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	38	60.3	284	73.6	349	70.5	314	71.4	144	74.2	61	75.3	111	79.9	1301	72.4
Casino gaming machines	3	4.8	26	6.7	51	10.3	42	9.5	21	10.8	10	12.3	7	5.0	160	8.9
Casino tables	3	4.8	41	10.6	35	7.1	37	8.4	6	3.1	1	1.2	9	6.5	132	7.3
Track	3	4.8	9	2.3	28	5.7	26	5.9	14	7.2	8	9.9	3	2.2	91	5.1
Sports betting	2	3.2	6	1.6	5	1.0	5	1.1	1	0.5	0	0.0	3	2.2	22	1.2
Lotto/Keno/scratchies	1	1.6	10	2.6	12	2.4	8	1.8	4	2.1	1	1.2	1	0.7	37	2.1
Housie	1	1.6	1	0.3	4	0.8	1	0.2	2	1.0	0	0.0	0	0.0	9	0.5
Other gambling	12	19.0	9	2.3	11	2.2	7	1.6	2	1.0	0	0.0	5	3.6	46	2.6
Total	63		386		495		440		194		81		139		1798	

Ethnicity

Gamblers: new clients

The ethnic profile of clients accessing face-to-face counselling services was consistent with the profile from 2004.

There are two baselines against which this profile can be assessed: the ethnic profile of the general New Zealand population (Statistics New Zealand 2001), and the ethnic profile of problem gamblers identified in nationally representative studies of the prevalence of problem gambling (Abbott and Volberg 2000, Ministry of Health 2006). The latter comparison can be useful in assessing any relative successes or issues with help-seeking or treatment accessibility for particular ethnic groups.

Using these comparisons, the following conclusions can be drawn.

- With respect to the general population, there is an under-representation of New Zealand European/Pākehā clients. However, the percentage of New Zealand European/Pākehā clients is consistent with the established prevalence of problem gambling in New Zealand.
- With respect to the general population, there is a substantial over-representation of Māori clients. However, the percentage of Māori clients is consistent with the established prevalence of problem gambling in New Zealand.
- With respect to the general population, there is an over-representation of Pacific clients. However, the percentage of Pacific people accessing services is lower than the established prevalence of problem gambling in New Zealand.

These comparisons should be interpreted with caution due to different ethnicity classifications being used (see Appendix 2 for further details).

Since 1999 the percentage of new clients identifying as New Zealand European/Pākehā has decreased annually (Figure 25 and Table 21). This pattern continued in 2005, with the percentage of new clients identifying as New Zealand European/Pākehā dropping below 50% for the first time. (This was also the case for the Helpline data reported earlier.) In a departure from recent trends, the percentage of new clients identifying as Māori also dropped in 2005, in contrast to the annual increases reported since 1999. The percentage of clients identifying as Pacific people remained similar to that for 2004. The percentage of clients that were Asian and other ethnicity both increased from 2004. Notably, these increases were due to increases in the absolute number of clients in these categories, in sharp contrast to the overall pattern and the pattern evident in other ethnic groups.

Figure 25: Face-to-face intervention services: ethnicity of gamblers, new clients, 1999–2005

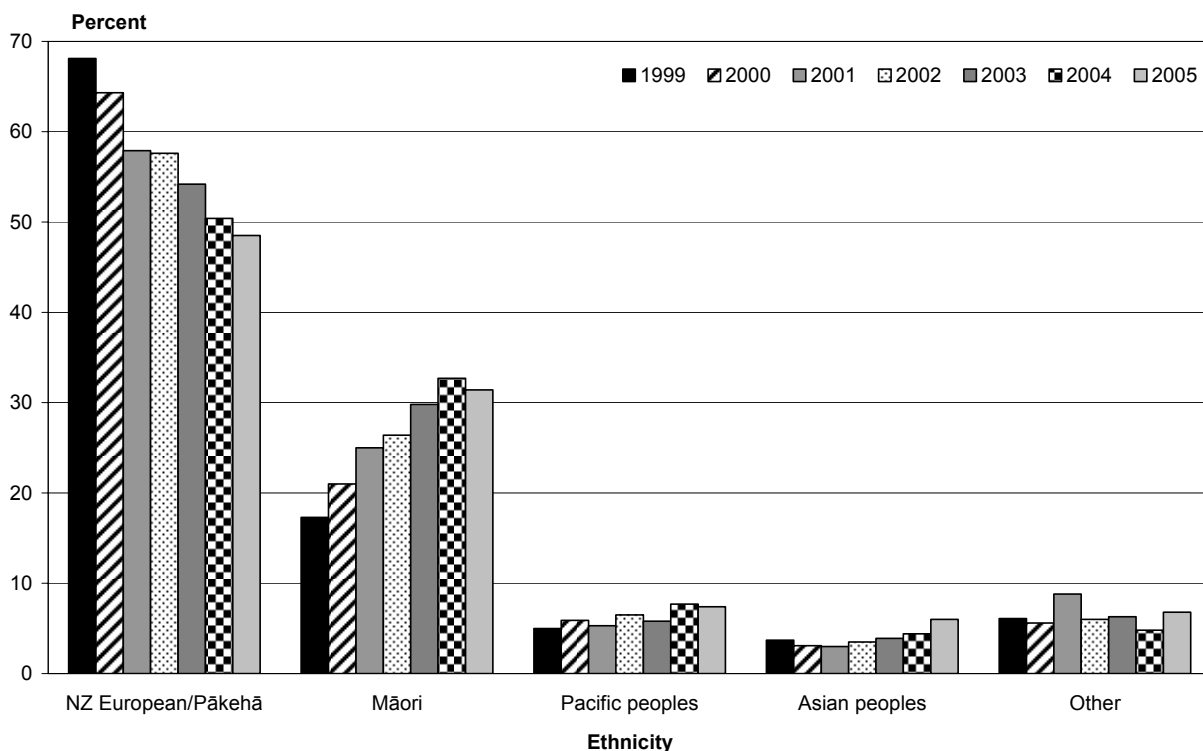


Table 21: Face-to-face intervention services: ethnicity of gamblers, new clients, 1999–2005

Ethnicity	1999		2000		2001		2002		2003		2004		2005	
	N	%	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	879	48.5
Māori	261	17.3	295	21.0	421	25.0	479	26.4	641	29.8	755	32.7	569	31.4
Pacific peoples	54	5.0	83	5.3	89	5.3	118	6.5	125	5.8	178	7.7	134	7.4
Asian peoples	41	3.7	44	3.1	51	3.0	63	3.5	84	3.9	102	4.4	109	6.0
Other	82	6.1	79	5.6	149	8.8	109	6.0	135	6.3	112	4.8	123	6.8
Total	1183		1402		1686		1813		2149		2312		1814	

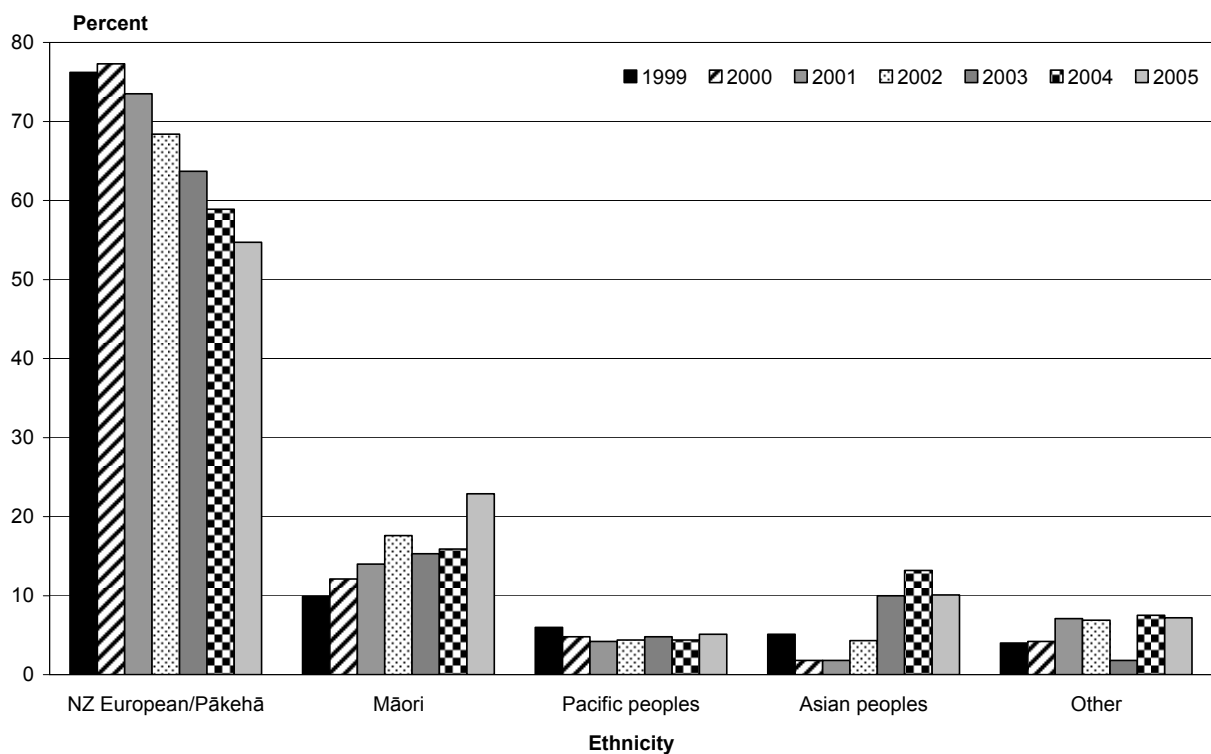
Note: Percentages may not total to 100 due to rounding.

Significant other: new clients

As has historically been the case, the ethnic profile of new significant other and interested other clients differed substantially from that of new gambler clients. The percentage of these clients that identified as New Zealand European/Pākehā fell, as it has annually since 2000, to 54.7% (it was 59.0% in 2004) (Figure 26). The New Zealand European/Pākehā category was the only one in which the percentage of new significant other and interested other clients was higher than the corresponding percentage of new gambler clients.

Both the percentage and the absolute number of significant other and interested other clients who identified as Māori increased from 2004 levels. In 2004, 15.9% of significant other and interested other clients identified as Māori, whereas in 2005 this rose to 22.9%. In contrast to the Asian new gambler clients, the number and percentage of significant other and interested other clients identifying as Asian people fell in 2005. The percentage of significant other and interested other clients identifying as Pacific people or 'other' remained similar to the 2004 levels.

Figure 26: Face-to-face intervention services: ethnicity of significant others and interested others, new clients, 1999–2005



Primary mode of problem gambling: new clients

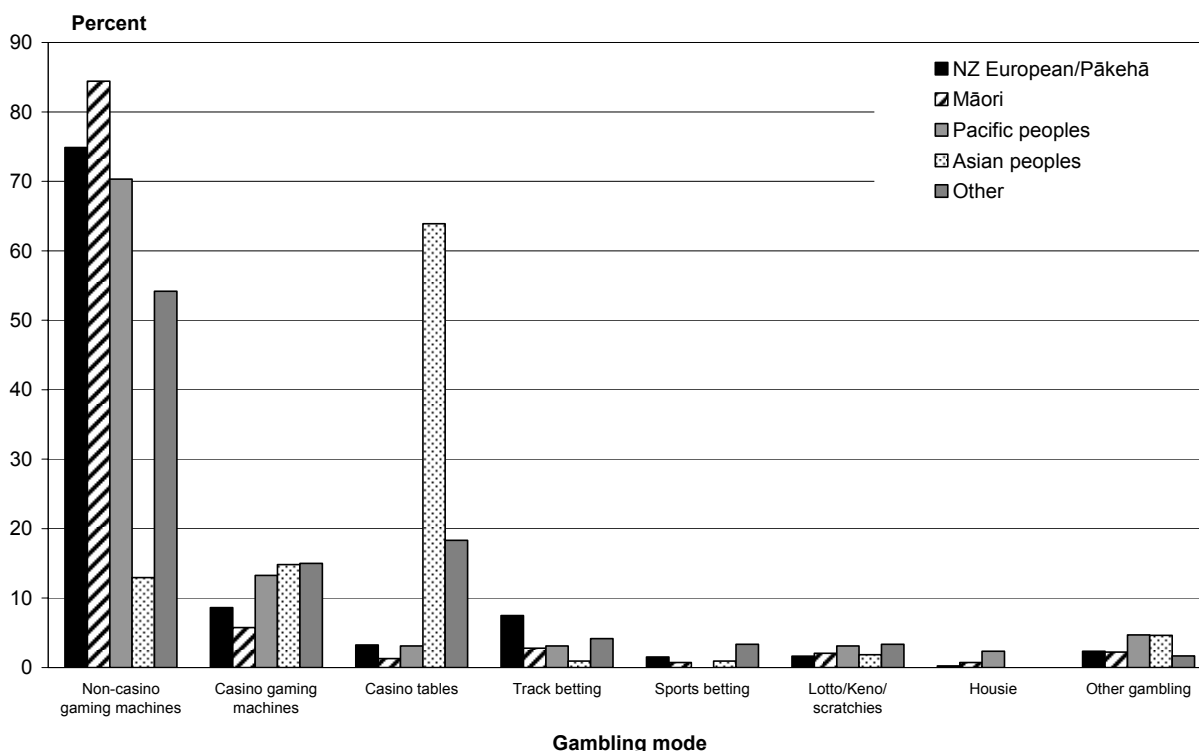
When the primary modes of harmful gambling data are broken down by ethnicity, several differences are evident.

The overall percentage of clients that cite non-casino gaming machines as their primary mode of harmful gambling was 72.4%. Māori clients are notable in that they are substantially more likely (84.4%) to have cited non-casino gaming machines as their primary mode of harmful gambling (Figure 27), while Asian clients, and those in the 'other' ethnicity category, were substantially less likely (13%, and 54.2%, respectively).

As has been the case in previous years, and uniquely among the ethnic categories, most (63.9%) Asian clients cited casino table games as their primary mode of harmful gambling, and casino gaming machines were the second most frequently cited mode. Thus, 78.7% of Asian clients cited casino gambling as the source of their gambling harm. More new clients in the 'other' category cited casino gambling (total 33.3%) with a much higher frequency than Māori, Pacific people and New Zealand European/Pākehā.

The final notable difference across ethnicities was that the only ethnic group in which a substantial percentage of new clients cited track betting (7.5%) was the New Zealand European/Pākehā group, an increase since 2004 (5.9%).

Figure 27: Face-to-face intervention services: primary mode of gambling for gamblers, new clients, by ethnicity, 2005



Primary mode of problem gambling, by gender and ethnicity: new clients

As was shown earlier, new female gambling clients cited non-casino gaming machines as the primary mode of harmful gambling to a greater extent than did new male gambler clients (Figure 22). (Note that to a lesser extent the same was true of casino gaming machines.) In addition, Figure 25 shows that Māori clients cited non-casino gaming machines more often than other ethnicities, and casino-based gambling less often (while Asian people and 'other ethnicity' clients in general, and Pacific clients specifically with respect to casino gaming machines, seemed to cite casino-based gambling as their primary source of harm more frequently). Thus it is useful to examine these possible differences in more detail by examining the data in terms of both ethnicity and gender. When this is done, a number of interesting differences are evident.

More than nine out of ten new female Māori gambler clients (90.8%) cited non-casino gaming machines as their primary mode of harmful gambling in 2005 (Table 22). A further 4.6% cite casino gaming machines, meaning that electronic gaming machines are almost solely responsible for the problem gambling of Māori females presenting for assistance. For the first time since 2002, the number of new Māori female gambling clients citing non-casino gaming machines decreased as a primary mode, although they remain the second largest gender/ethnic group accessing services, behind only New Zealand European/Pākehā males. Both New Zealand European/Pākehā and Māori males cited non-casino gaming machines more often than males generally.

Table 22: Face-to-face intervention services: primary mode of problem gambling, new clients, by gender and ethnicity, 2005

	Non-casino gaming machines		Casino gaming machines		Casino tables		Track betting		Sports betting		Lotto/Keno/scratchies		Housie		Other gambling		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	
Male																		
New Zealand European/Pākehā	371	71.1	37	7.1	22	4.2	60	11.5	11	2.1	8	1.5	1	0.2	12	2.3	522	
Māori	138	72.6	15	7.9	7	3.7	15	7.9	3	1.6	3	1.6	1	0.5	8	4.2	190	
Pacific peoples	50	68.5	9	12.3	1	1.4	4	5.5			3	4.1	1	1.4	5	6.8	73	
Asian peoples	13	14.8	11	12.5	57	64.8	1	1.1	1	1.1					5	5.7	88	
Other	42	52.5	7	8.8	16	20.0	5	6.3	4	5.0	4	5.0			2	2.5	80	
Total (all male)	614	64.4	79	8.3	103	10.8	85	8.9	19	2.0	18	1.9	3	0.3	32	3.4	953	
Female																		
New Zealand European/Pākehā	270	80.8	37	11.1	6	1.8	4	1.2	2	0.6	6	1.8	1	0.3	8	2.4	334	
Māori	317	90.8	16	4.6					1	0.3	8	2.3	3	0.9	4	1.1	349	
Pacific peoples	40	72.7	8	14.5	3	5.5					1	1.8	2	3.6	1	1.8	55	
Asian peoples	1	5.0	5	25.0	12	60.0					2	10.0					20	
Other	23	57.5	11	27.5	6	15.0											40	
Total (all female)	651	81.6	77	9.6	27	3.4	4	0.5	3	0.4	17	2.1	6	0.8	13	1.6	798	

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

As has been the case historically, Asian men and women cited casino table games as their primary mode of harmful gambling (64.8% and 60.0% respectively). Again, the data were notable in that very few new Asian clients, male or female, cited non-casino gaming machines as their primary mode – among Asian clients presenting for help, the substantial majority of harmful gambling was associated with casinos.

Consistent with the 2004 data, new male New Zealand European/Pākehā, Māori, and Pacific clients cited track betting more frequently than their female counterparts.

Many of the ethnic-specific male–female differences in the numbers of clients presenting for help that were identified in 2004 continued. National prevalence surveys show no differences in the rates of problem gambling between males and females, although there is current evidence suggesting that there are ethnic-specific differences in prevalence (Ministry of Health 2006). Thus, if services were equally accessible, service presentations would be expected to be consistent with prevalence data (as has been seen above, prevalence data indicate that Pacific people are under-represented in help services).

When gender and ethnicity are examined, several interesting differences are evident. With respect to New Zealand European/Pākehā and Asian clients, the majority of new gambler clients were male (61% and 81% respectively in 2005; 60% and 79% in 2004). In sharp contrast, the percentage of new Māori gambler clients that were male was just 35% (30% in 2004). In 2004, 38% of new Pacific gambler clients were male, but in 2005 this had risen to 57%. This highlights the need for caution when viewing these comparatively small numbers, as was highlighted in the 2004 report when the Asian and Pacific clients were discussed. The fact that the pattern in Asian clients has been repeated across successive observations to some extent alleviates this issue with that particular client group.

Measurement of client progress

A range of measures of client progress have 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, and centralised follow-up for face-to-face counselling clients through the national Helpline.

At present, three measures are recorded at new gambler clients' initial assessments, and then repeated at follow-up. They are:

- the South Oaks Gambling Screen (SOGS), adapted to collect measures related to the client's gambling behaviour in the three months preceding the assessment (SOGS-3M)⁸
- 'total dollars lost', which is a self-reported estimate of the amount of money the client has lost on all gambling in the four weeks preceding the assessment
- 'control over gambling', which measures each client's own assessment of the degree of control they have over their gambling during the three months preceding the assessment.

⁸ A score of 3 or greater indicates a client might be a problem gambler (Abbott and Volberg 1991).

The gambler outcome measurement results discussed below are based on assessment and reassessment data collected in 2005. Just over 1300 clients are represented. Even though this is a substantial number, it is less than half the number of clients who have received treatment and should be interpreted with appropriate caution. Outcomes were measured by looking at the difference between the first and last assessments. Data were only retained when at least 150 days had elapsed between the two assessments.

Demographics of outpatients

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. New Zealand European/Pākehā were again slightly over-represented, with the other ethnicities being slightly underrepresented (Table 23).

Table 23: Face-to-face intervention services: gender and ethnicity of gambler outcome clients, 2005

	General client population %	Outcome clients %
Gender		
Male	55.7	56.8
Female	44.3	43.2
Ethnicity		
New Zealand European/Pākehā	49.9	66.5
Māori	30.4	21.5
Pacific peoples	6.6	3.4
Asian peoples	6.2	4.5
Other	7.0	4.2

Although data from the 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.

Summary: problem gambling outcome and progress measures

Over half (57.1%) of follow-up clients had substantial reductions in SOGS-3M scores (decreases of 6 or more), while a further 27.9% had smaller reductions. This was comparable with 87.3% of clients reporting that they had lost less money in the four weeks prior to follow-up than in the four weeks prior to initial assessment (67.9% of these reported losing 80–100% less) and 70.4% of clients reported an improvement in their sense of control.

Using these outcome measures, approximately one in five follow-up clients were unchanged or experiencing more severe problem gambling. In terms of changes in SOGS-3M scores, 15% either scored higher or were unchanged (11% and 4% respectively). The percentage of clients that reported higher or unchanged dollars lost was 12.7%, and a further 29.6% of clients reported less or an unchanged sense of control over their gambling.

Problem gambling assessment measures

SOGS-3M scores

Distribution of SOGS-3M scores at first assessment

SOGS-3M scores were collected for 1597 new clients in 2005 at first assessment. A score of 3 or greater was recorded for 95% of new clients (Figure 28). The average score (9.6) was lower than previous years (10.0 in 2004), and the distribution of scores was slightly skewed towards lower scores this year compared to a symmetrical distribution last year. Just over half (51.3%) of the new gambler clients scored 10 or greater.

Figure 28: Face-to-face intervention services: distribution of SOGS-3M scores at first assessment, outcome clients, 2005

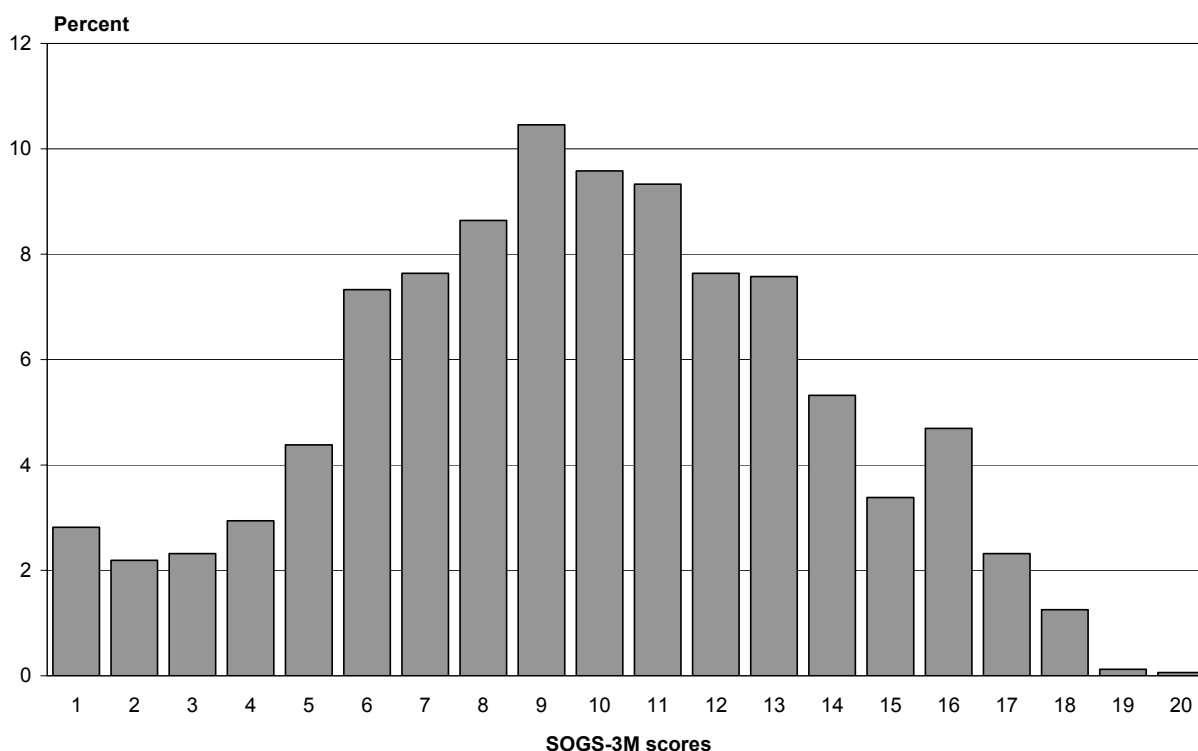


Table 24: Face-to-face intervention services: SOGS-3M summary statistics for first assessments, outcome clients, 1999–2005

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
2005	9.6	10.0	4.0	1597

SOGS-3M scores, by gender

The SOGS-3M scores at first assessment for both male and female clients were very similar, though the measures for central tendency for males tended to be about one point lower than those for females (Table 25).

Table 25: Face-to-face intervention services: SOGS-3M summary statistics for first assessments, outcome clients, by gender, 2005

SOGS-3M score				
Gender	Mean	Median	Standard deviation	N
Male	9.2	9.0	3.9	898
Female	10.1	10.0	4.0	699

SOGS-3M scores, by age

The distributions of SOGS-3M scores were reasonably consistent across all age groups, with average scores generally between 9 and 10 (Table 26). Clients in the 50 and over or under 20 age groups had slightly lower scores than the intermediate age groups. These results are consistent with those for 2004. Clients in the 25–29 years age group had noticeably higher SOGS-3M scores than other age groups (mean 10.8, compared with an overall mean of 9.7). The next highest mean, 10.0 was for the 30–34 years age group.

Table 26: Face-to-face intervention services: SOGS-3M summary statistics for first assessments, outcome clients, by age group, 2005

SOGS-3M score				
Age group	Mean	Median	Standard deviation	N
Under 20	8.0	9.0	4.8	50
20–24	9.7	10.0	4.2	40
25–29	10.8	11.0	4.1	194
30–34	10.0	10.0	4.1	237
35–39	9.9	10.0	3.9	215
40–44	9.8	10.0	3.8	222
45–49	9.4	9.0	3.8	173
50–54	9.1	9.0	3.7	110
55–59	8.6	9.0	3.1	74
60–64	9.0	9.0	3.4	41
65 and over	8.2	8.0	3.9	36

SOGS-3M scores, by ethnicity

The means show a similar pattern to the 2004 figures in which Māori (10.4) had the highest mean, followed by Pacific peoples (9.6). All ethnic groups had means between 9 and 10 (Table 27).

Table 27: Face-to-face intervention services: SOGS-3M summary statistics for first assessments, outcome clients, by ethnicity, 2005

SOGS-3M score				
Ethnicity	Mean	Median	Standard deviation	N
New Zealand European/ Pākehā	9.3	9.0	3.7	790
Māori	10.5	11.0	4.2	453
Pacific peoples	9.6	10.0	3.8	104
Asian peoples	8.5	9.0	4.7	92
Other	9.1	9.0	4.0	110

SOGS-3M scores, by primary mode

The data for clients citing non-casino gaming machines as their primary mode of problem gambling were very similar to the overall data. This is to be expected given that most clients fell into that group. The data for casino-based gambling, track and sports betting have slightly lower distributions of SOGS-3M scores (Table 28). Housie, Lotto/Keno/scratchies and other gambling modes provide some evidence that clients citing these as their primary mode had lower SOGS-3M scores than those citing non-casino gaming machines. However, the sample for clients citing these other modes of problem gambling is small.

Table 28: Face-to-face intervention services: SOGS-3M summary statistics for first assessments, outcome clients, by primary gambling mode, 2005

SOGS-3M score				
Gambling mode	Mean	Median	Standard deviation	N
Non-casino gaming machines	10.1	10.0	3.8	1152
Casino gaming machines	8.9	9.0	3.9	143
Casino tables	8.2	8.5	4.4	112
Track	8.7	9.0	3.6	84
Sports betting	8.6	9.5	4.7	20
Lotto/Keno/scratchies	5.7	4.5	4.6	20
Housie	7.0	7.5	3.9	4
Other gambling	7.6	8.0	4.8	27

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 first assessment.

The pattern of reported loss in the four weeks prior to entering treatment services has remained relatively constant since 1999. Figure 29 and Tables 29 and 30 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; this has remained at \$800 for five of the last six years (\$750 in 2001). However, in 2005 the median increased to \$900. This may reflect a slight increase in both the \$5,000–\$9,999 and the \$10,000 and over categories of both actual numbers and percentages of clients (9.9%), despite a reduction in the number of clients assessed. There was a slight drop on previous years of the majority (65.6%) of the clients who reported losing between \$100 and \$1,999 (between 70–77% in the years since 1999). The total reported losses dropped just below \$4 million, but when compared with the 30% decrease in the number of people assessed the drop in total dollars lost has only decreased by 9%.

Figure 29: Face-to-face intervention services: distribution of dollars lost in four weeks before first assessment, outcome clients, 2005

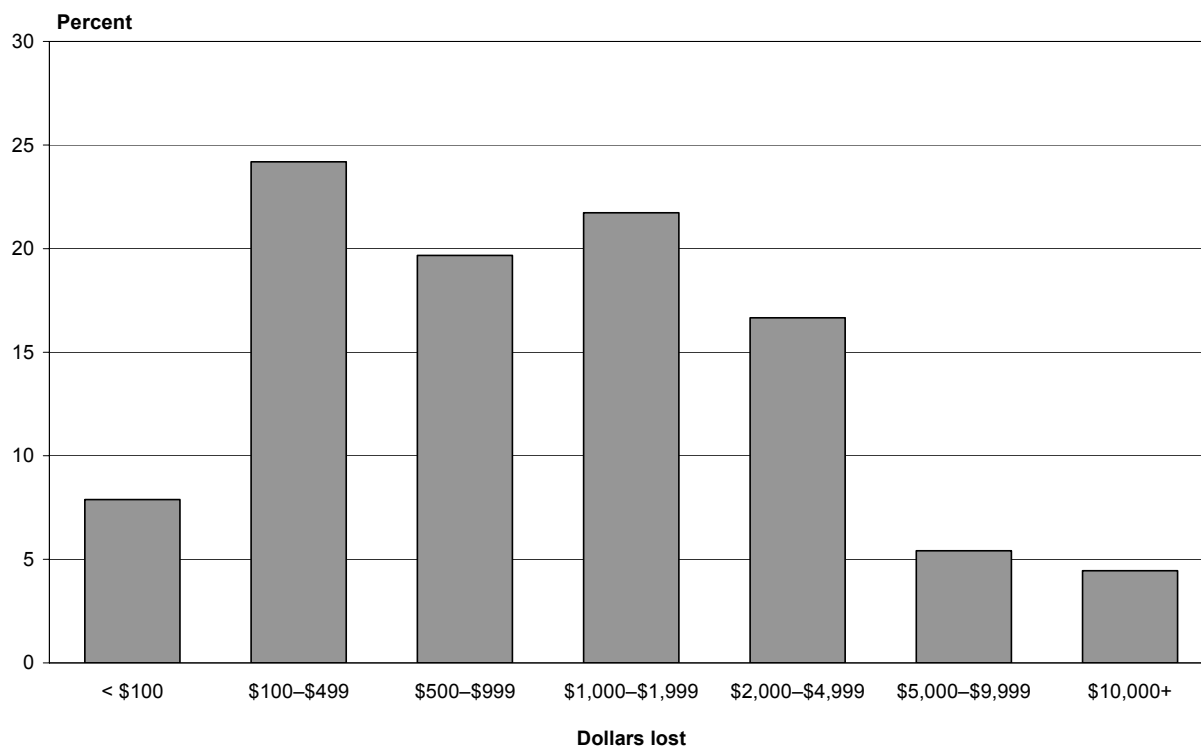


Table 29: Face-to-face intervention services: distribution of dollars lost in four weeks before first assessment, outcome clients, 1999–2005

Dollars lost	1999		2000		2001		2002		2003		2004		2005	
Under \$100	55	5.3%	54	4.6%	83	6.0%	64	4.2%	129	6.8%	125	6.2%	115	7.9%
\$100-\$499	275	26.6%	317	26.8%	399	28.7%	414	27.1%	505	26.7%	521	25.8%	353	24.2%
\$500-\$999	261	25.3%	312	26.3%	353	25.4%	405	26.6%	470	24.9%	459	22.7%	287	19.7%
\$1,000-\$1,999	228	22.1%	261	22.0%	302	21.7%	342	22.4%	416	22.0%	440	21.8%	317	21.7%
\$2,000-\$4,999	163	15.8%	170	14.3%	181	13.0%	217	14.2%	251	13.3%	337	16.7%	243	16.7%
\$5,000-\$9,999	29	2.8%	37	3.1%	40	2.9%	52	3.5%	65	3.4%	72	3.6%	79	5.4%
\$10,000 and over	21	2.0%	34	2.9%	33	2.4%	31	2.0%	54	2.9%	64	3.2%	65	4.5%
Total	1032		1185		1391		1525		1890		2018		1459	

Table 30: Face-to-face intervention services: summary statistics of dollars lost in four weeks before first assessments, outcome clients, 1999–2005

Dollars lost	Mean	Median	Standard deviation	Sum	N
1999	\$3,331	\$800	\$30,809	\$3,437,831	1032
2000	\$2,331	\$800	\$12,999	\$2,763,074	1185
2001	\$1,770	\$750	\$8,875	\$2,462,639	1391
2002	\$1,919	\$800	\$7,380	\$2,926,723	1525
2003	\$1,867	\$800	\$5,197	\$3,529,542	1890
2004	\$2,163	\$800	\$8,199	\$4,364,703	2018
2005	\$2,739	\$900	\$10,598	\$3,996,888	1459

Dollars lost, by gender

Although males make up 55.4% of new gambler outcome clients, males accounted for almost 70% of the spending (Table 31). The mean and median for the males' expenditure are much higher than those for the females'. The standard deviation for the males is also much higher, indicating a number of male clients reported substantial losses. Nearly a third (29.2%) of males lost over \$2,000 in the four weeks prior to treatment, while the figure for females was 23.2%, which show increases from the 2004 figures (27.8% and 18.9% respectively) (Figure 30). It has been noted previously that there were some slight differences in the primary mode of problem gambling reported by male and female clients, which may account for the differences in losses reported here.

Figure 30: Face-to-face intervention services: dollars lost in four weeks before first assessment, outcome clients, by gender, 2005

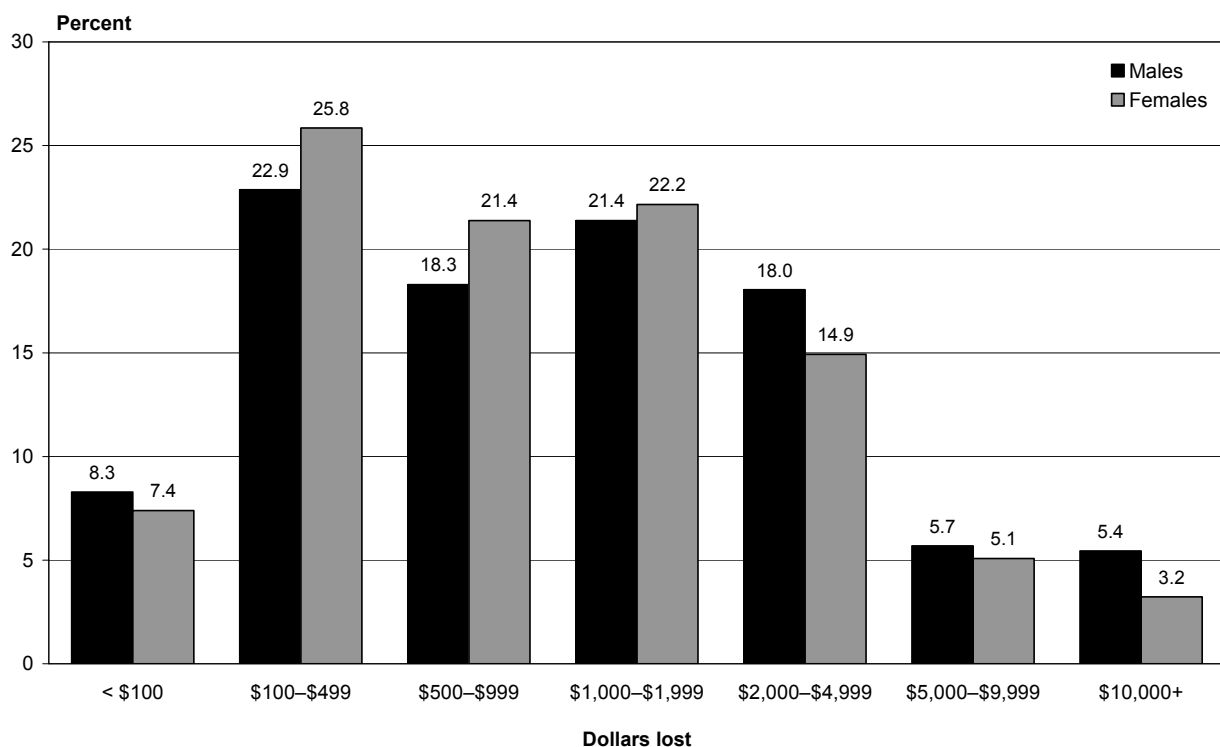


Table 31: Face-to-face intervention services: summary statistics of dollars lost in four weeks before first assessment, outcome clients, by gender, 2005

Gender	Dollars lost				
	Mean	Median	Standard deviation	Sum	N
Male	\$3,416	\$1,000	\$13,719	\$2,763,331	809
Female	\$1,898	\$814	\$4,093	\$1,233,557	650

Dollars lost, by age

There is no apparent pattern to the reported losses across age groups (Table 32). The age groups with the smallest sample sizes (60 plus and under 20) had the lowest average amounts lost, with the medians also being low in the 60–64 and under 20 age groups). The 20–29 and 40–49 age groups all had high median amounts, with two of these groups (20–24 and 45–49) having high standard deviations, indicating that there were some individuals in these groups with very high losses; this is reflected in the means for these groups, which are substantially higher than those for the other age groups.

Table 32: Face-to-face intervention services: summary statistics of dollars lost in four weeks before first assessment, outcome clients, by age group, 2005

Age group	Mean	Median	Standard deviation	Sum	N
< 20	\$724	\$400	\$899	\$31,151	43
20–24	\$4,331	\$1,000	\$12,245	\$563,070	130
25–29	\$2,474	\$1,160	\$6,373	\$437,871	177
30–34	\$2,170	\$880	\$5,655	\$479,598	221
35–39	\$2,818	\$800	\$9,776	\$552,251	196
40–44	\$2,673	\$1,000	\$7,578	\$545,202	204
45–49	\$4,840	\$1,000	\$24,481	\$750,144	155
50–54	\$2,123	\$870	\$5,100	\$205,965	97
55–59	\$2,117	\$800	\$5,325	\$148,187	70
60–64	\$1,415	\$425	\$3,393	\$53,773	38
65+	\$1,394	\$880	\$1,451	\$47,405	34

Dollars lost and ethnicity

Asian clients reported much higher losses than other ethnicities (\$4,050 compared to an overall median of \$900) (Figure 31 and Tables 30 and 33), which is consistent with previous reports. Asian clients represented just 6% of clients contributing to these data, while accounting for 35.4% of reported losses. In absolute dollar terms, Asian clients were very close to New Zealand European/Pākehā clients (who accounted for 37.3% of the reported losses and made up 52.4% of the client numbers). The actual numbers of Asian clients was low, meaning some caution is necessary when interpreting these data. However, the same patterns have been repeated across successive years.

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

There was some evidence that Māori and Pacific clients lost less in the four weeks prior to treatment than other groups, with higher percentages of clients losing quantities less than \$500. However, the significance of the dollars lost is uncertain in the absence of data about the clients' financial status. Also, the Pacific clients' data need to be interpreted with caution, as the numbers of Pacific clients contributing to these data are low.

Figure 31: Face-to-face intervention services: dollars lost in four weeks before first assessment, outcome clients, by ethnicity, 2005

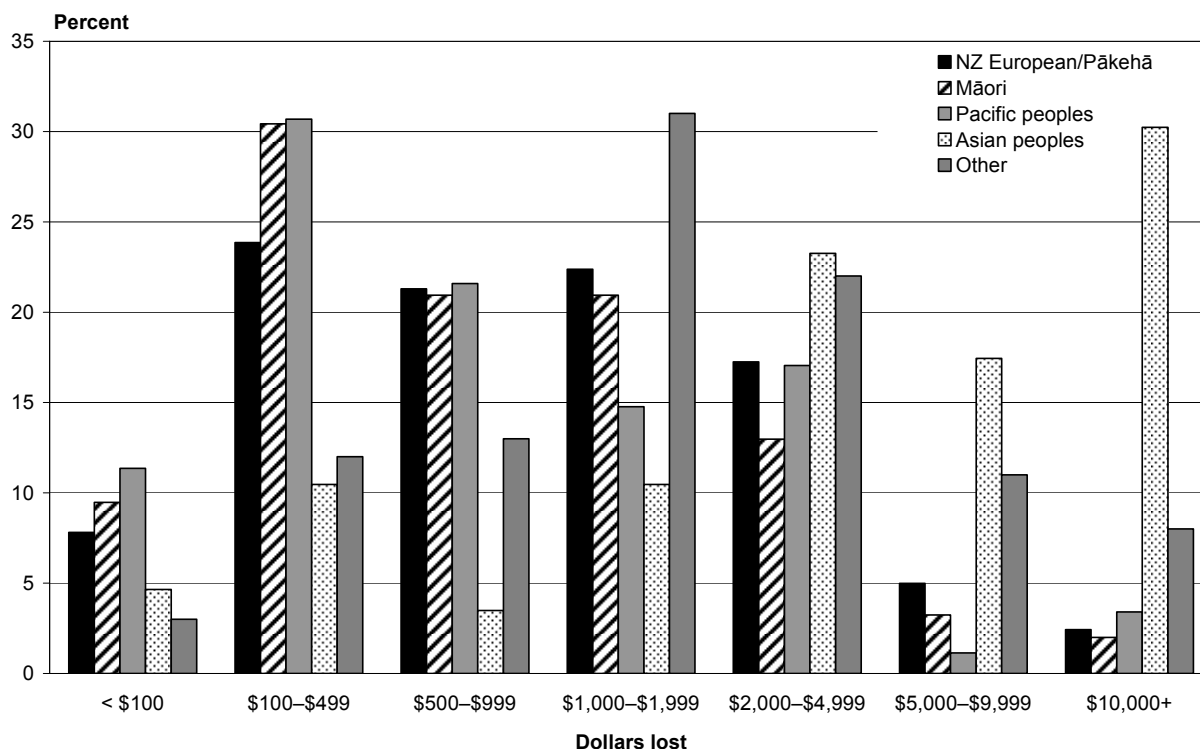


Table 33: Face-to-face intervention services: summary statistics of dollars lost in four weeks before first assessment, outcome clients, by ethnicity, 2005

Ethnicity	Mean	Median	Standard deviation	Sum	N
New Zealand European/Pākehā	\$1,949	\$900	\$4,416	\$1,446,063	742
Māori	\$1,429	\$700	\$3,099	\$573,125	401
Pacific peoples	\$1,358	\$600	\$2,044	\$119,479	88
Asian peoples	\$15,930	\$4,050	\$37,828	\$1,369,983	86
Other	\$3,654	\$1,460	\$7,095	\$365,360	100

Dollars lost and primary mode of gambling

Apart from non-casino gaming machines, the sample sizes were small for modes of gambling, making interpretation difficult. With the high numbers of clients reporting non-casino gaming machines as their primary mode of problem gambling, the data for this mode reflect the overall data, although with slightly lower than average dollars lost (\$1,778, compared with \$2,740 overall) (Table 34). Casino gaming machines have both a higher mean and median than most of the other modes of gambling, second only to casino tables, which have substantially higher figures. Casino gambling accounts for more dollars lost (48.4% of total dollars lost) than non-casino gaming machines, although the sample comprises only 16.6% of the contributing clients compared with 73.7% of the clients citing non-casino gaming machines. Track and sports bettors also report relatively high losses, although these results must be interpreted with caution due to the low sample sizes.

Table 34: Face-to-face intervention services: summary statistics of dollars lost in four weeks before first assessment, outcome clients, by primary mode of gambling, 2005

Gambling mode	Dollars lost				
	Mean	Median	Standard deviation	Sum	N
Non-casino gaming machines	\$1,778	\$868	\$4,204	\$1,874,139	1054
Casino gaming machines	\$4,684	\$1,545	\$11,518	\$627,621	134
Casino tables	\$12,451	\$3,300	\$33,604	\$1,282,450	103
Track	\$1,196	\$560	\$1,484	\$94,451	79
Sports betting	\$1,953	\$550	\$3,621	\$33,205	17
Lotto/Keno/scratchies	\$502	\$70	\$1,538	\$9,543	19
Housie	\$191	\$90	\$181	\$574	3
Other gambling	\$961	\$400	\$1,464	\$21,145	22

Control over gambling

The majority of clients (70.6%) rated their gambling as either mostly or completely out of control (Figure 32 and Table 35), consistent with the high scores in the initial SOGS-3M assessments. This is slightly down on previous years due to the proportion of clients feeling completely out of control being at a low of 32.9%.

Furthermore, the percentage of clients who felt completely in control has increased to 11.5%. Feeling some loss of control of gambling was indicated by 88.5% of the clients; this is not as close as it has been previously to the SOGS-3M scores, in which 95% of clients scored 3 or more. This indicates that the majority of clients had a reasonably accurate perception of their problem gambling, although the proportion who may have felt more in control than they actually were was slightly higher than in 2004.

Figure 32: Face-to-face intervention services: distribution of gambling control ratings at first assessment, outcome clients, 1999–2005

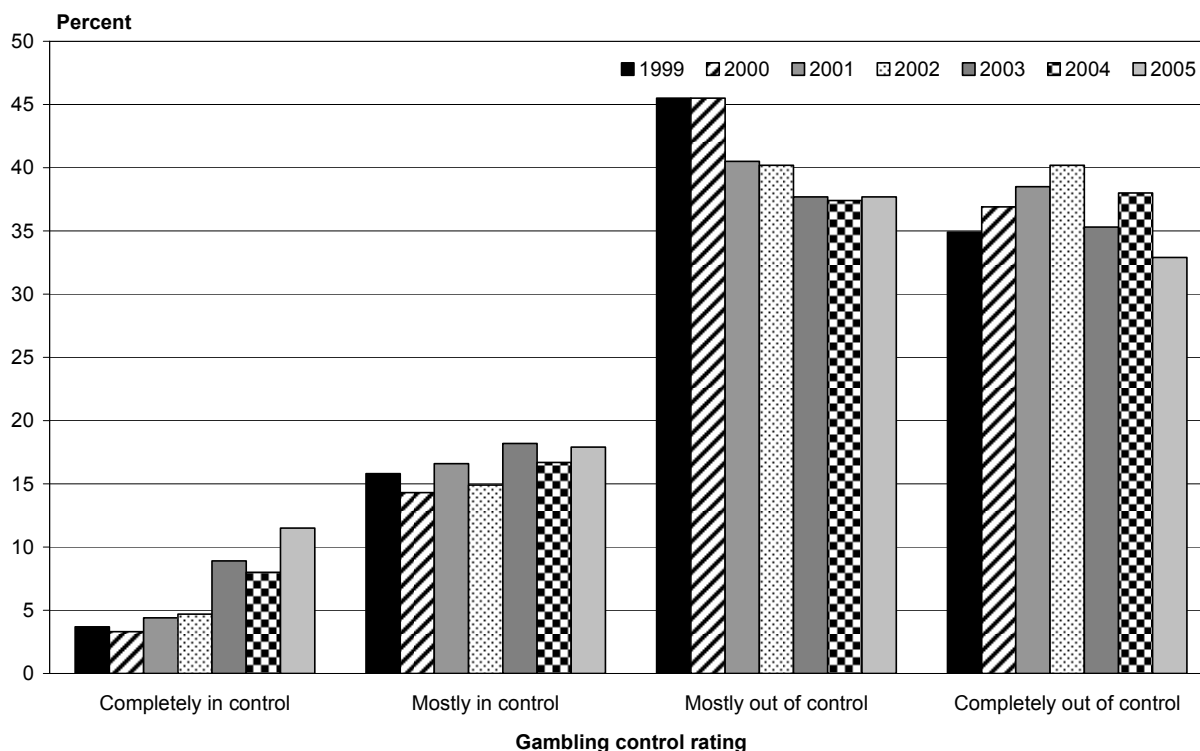


Table 35: Face-to-face intervention services: distribution of gambling control ratings at first assessment, outcome clients, 1999–2005

Control rating	1999		2000		2001		2002		2003		2004		2005	
	N	%	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	188	11.5
Mostly in control	169	15.8	181	14.3	235	16.6	232	14.9	379	18.2	361	16.7	293	17.9
Mostly out of control	486	45.5	577	45.5	573	40.5	624	40.2	784	37.7	810	37.4	616	37.7
Completely out of control	372	34.9	467	36.9	545	38.5	625	40.2	734	35.3	822	38.0	539	32.9

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

Problem gambling outcome and progress measures

Change in SOGS-3M scores

Over half (57.1%) of follow-up clients had substantial reductions in their SOGS-3M scores (decreases of 6 or more), and a further 27.9% had smaller reductions (decreases between 1 and 5) (Figures 33 and 34). These figures compare favourably with previous years (2004: 48.4% and 30.9%). However, a small number showed no change (4% compared to 6.3% in 2004) or a higher (worse) score (11% compared to 14.5% in 2004).

Figure 33: Face-to-face intervention services: change in SOGS-3M scores, outcome clients, 2005

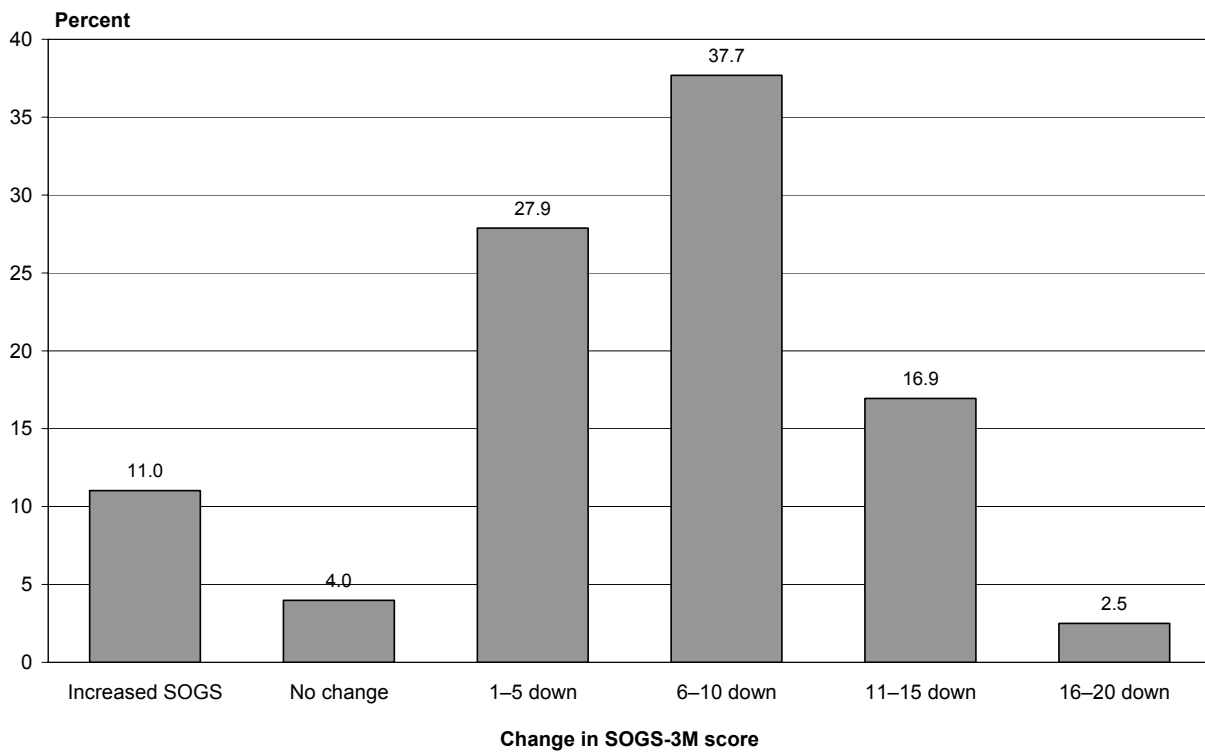
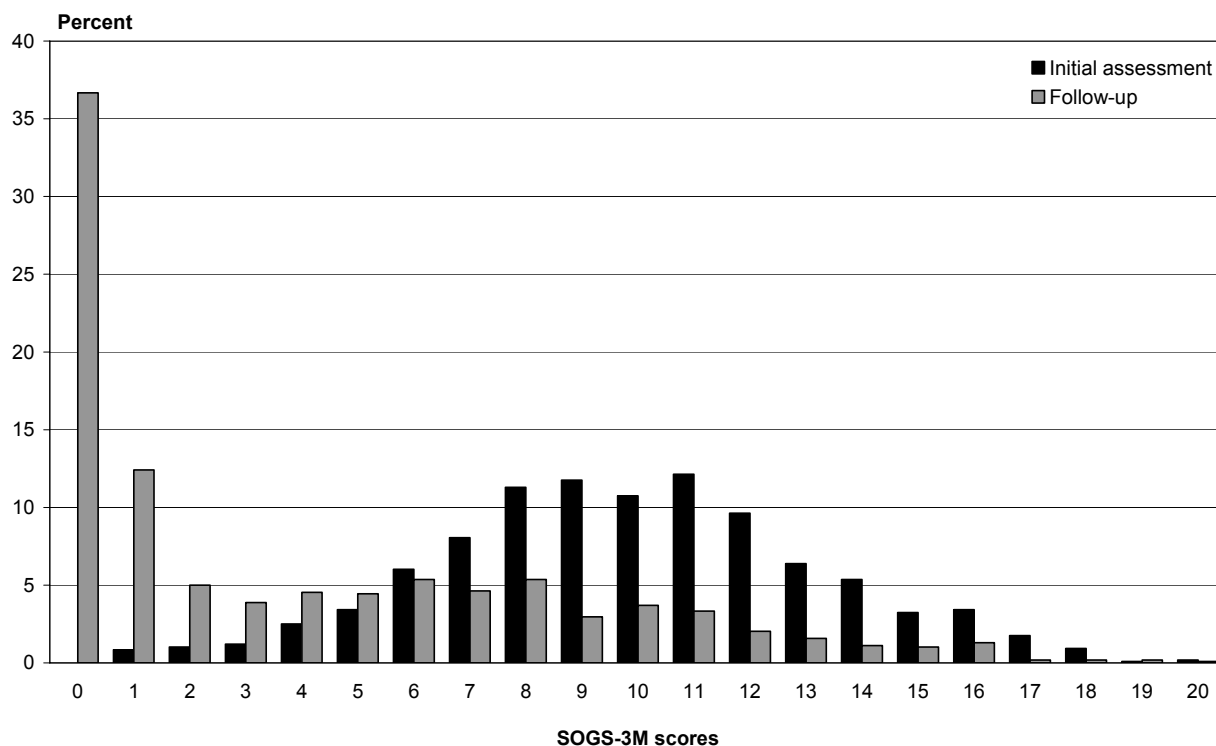


Table 36: Face-to-face intervention services: change in SOGS-3M scores, outcome clients, 2005

Mean	Median	Standard deviation	N
6.0	6.0	5.1	1080

Figure 34: Face-to-face intervention services, SOGS-3M scores at initial assessment and follow up, outcome clients



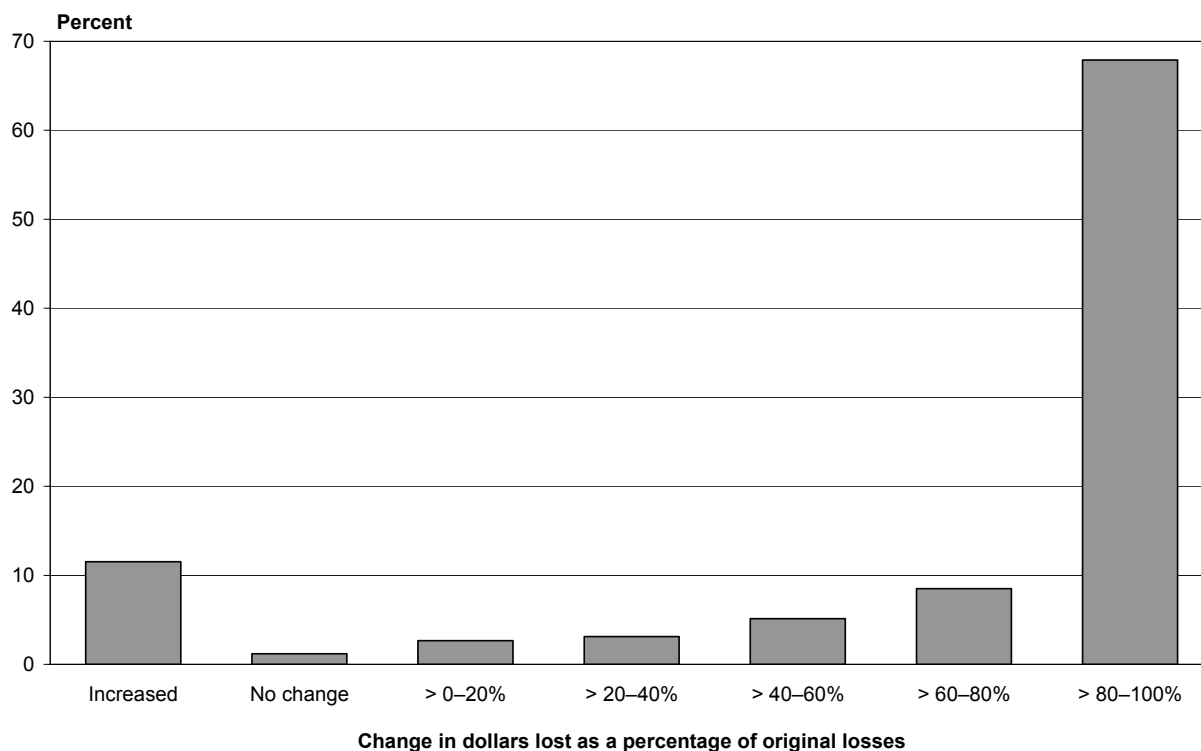
Reduction in dollars lost

The majority of clients (67.9%) reported an 80–100% reduction in dollars lost since their first assessment (Table 37 and Figure 35). The only other group that contained more than 10% of clients was the group that reported losing more at follow-up than at their first assessment (11.5%). These figures compare favourably with 2004: the percentage of clients that reported higher or unchanged dollars lost was 12.7% (17% in 2004) and the clients that reported they lost less money in the four weeks prior to follow-up than in the four weeks prior to initial assessment was 87.3% (83% in 2004).

Table 37: Face-to-face intervention services: change in dollars lost as a percentage of amount reported lost at initial assessment, outcome clients, 2005

Change in dollars lost	N	%
Increased	126	11.5%
No change	13	1.2%
Reduction 0–20%	29	2.7%
Reduction 20–40%	34	3.1%
Reduction 40–60%	56	5.1%
Reduction 60–80%	93	8.5%
Reduction 80–100%	742	67.9%

Figure 35: Face-to-face intervention services: change in dollars lost as a percentage of the original loss, outcome clients, 2005



Change in sense of control

The majority (70.5%) of clients reported an improvement in their sense of control over their gambling (Figure 36). The remaining 29.5% of follow-up clients reported no change or less control over their gambling. This number is much higher than those reported for the dollars lost measure and the SOGS-3M scores, although it is slightly lower than the comparable figure in the 2004 report (32.5%).

The distribution in levels of reported sense of control shows the same pattern. At first assessment, just 22.2% of follow-up clients reported being in control or mostly in control of their gambling (Figure 37). At follow-up, this figure had increased to 79.1%.

Figure 36: Face-to-face intervention services: change in control over gambling, by level of control, outcome clients, 2005

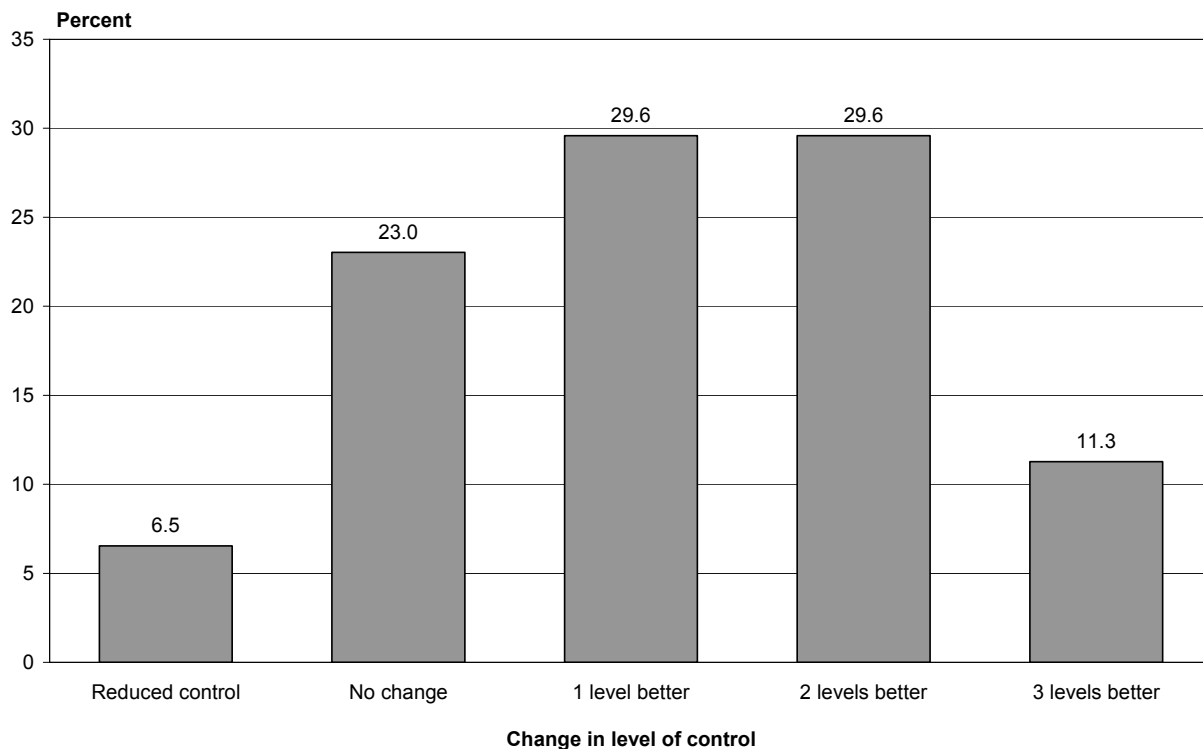
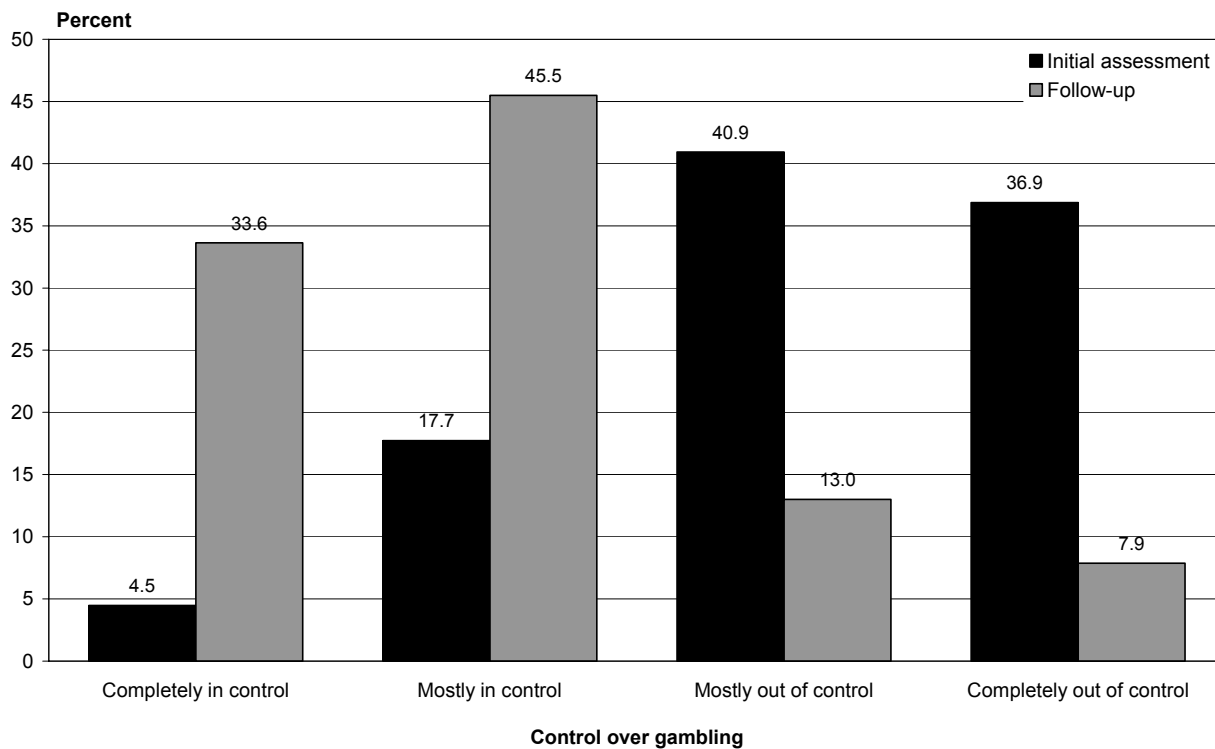


Figure 37: Face-to-face intervention services: change in control over gambling, by rating, outcome clients, 2005



Outcomes and treatment completion

Service providers record a discharge reason 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 had better outcomes, or the more substantial improvements, at the last recorded assessment (Figures 38, 39 and 40). 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 ($p < 0.05$). Care should be taken in interpreting these data, which indicate outcomes at the time of discharge only.

Figure 38: Face-to-face intervention services: change in SOGS-3M score, outcome clients, by degree of treatment completion, 2005

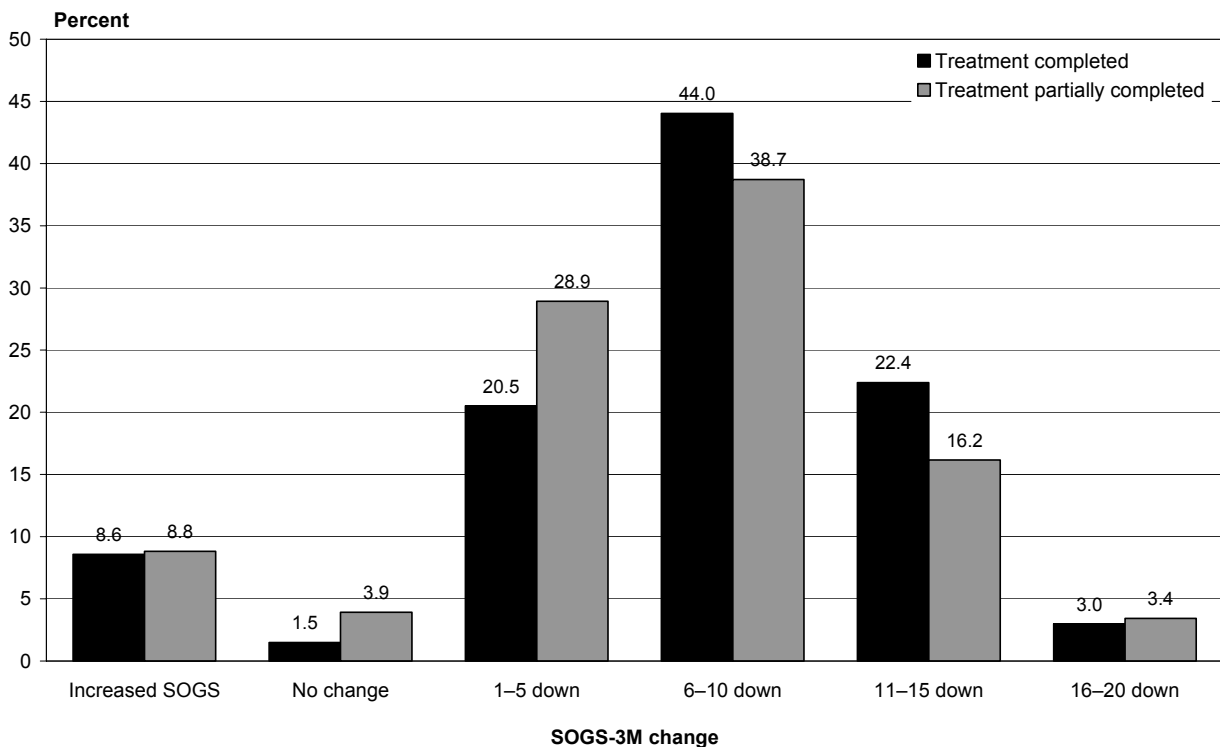


Figure 39: Face-to-face intervention services: change in dollars lost as proportion of original loss, outcome clients, by degree of treatment completion, 2005

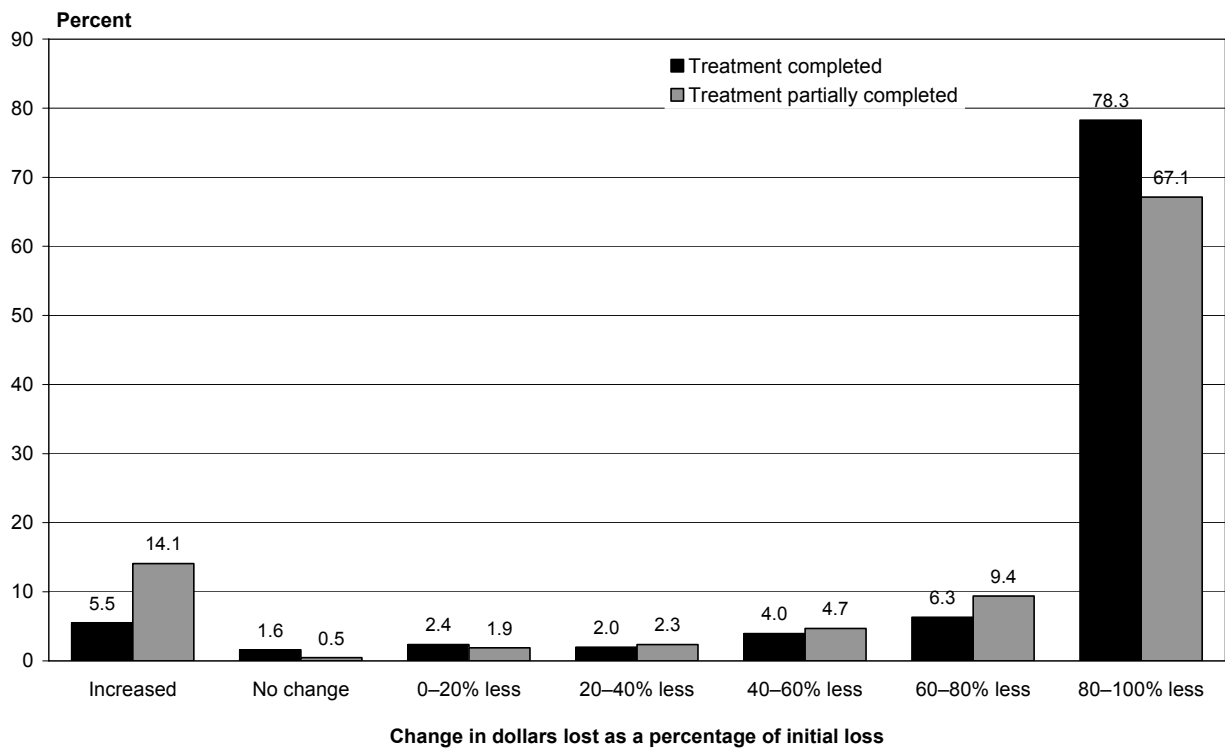
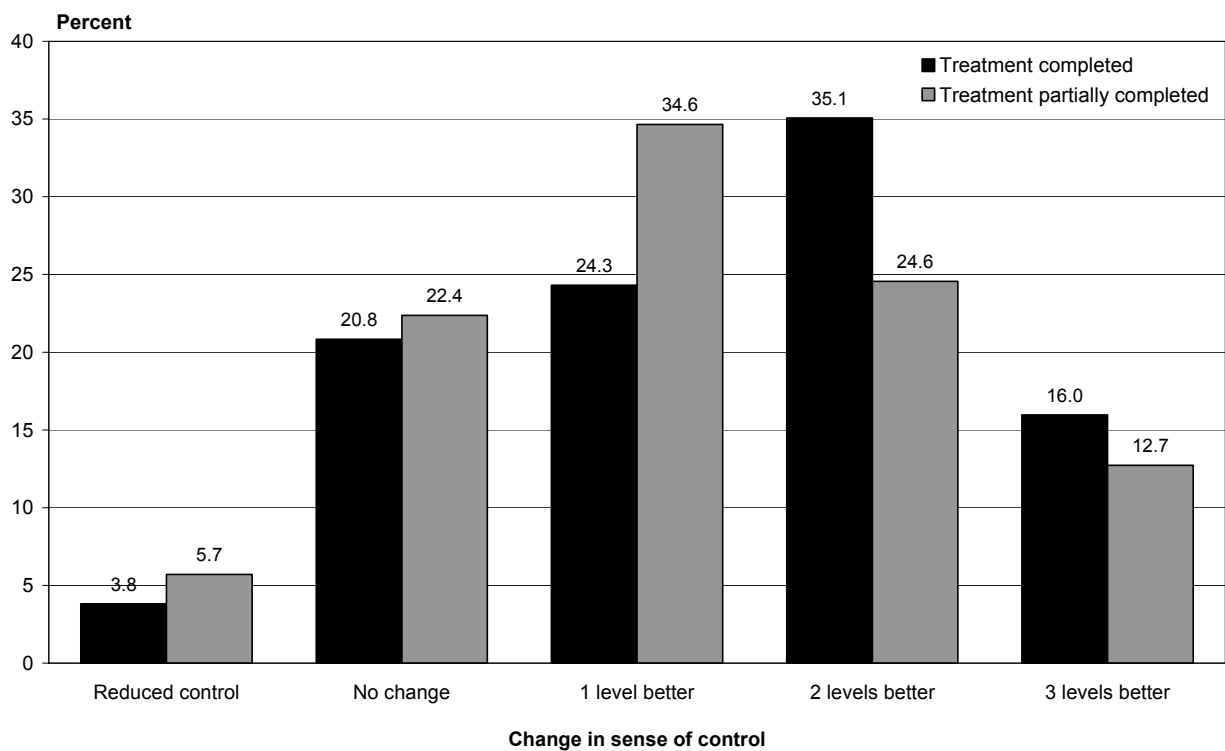


Figure 40: Face-to-face intervention services: change in sense of control, outcome clients, by degree of treatment completion, 2005



Outcomes compared by gender

The distribution of SOGS-3M scores shows that 16.5% of female and 13.9% of male clients showed no change or higher (worse) SOGS-3M scores (Figure 41). These are much lower than the percentages in 2004 (22.1% and 19.7% for males and females respectively). These data show outcomes for males and females are very similar as measured by SOGS-3M scores. Males lost significantly more dollars than females ($p < 0.05$) in 2005 (Figure 42).

Figure 41: Face-to-face intervention services: change in SOGS-3M scores, outcome clients, by gender, 2005

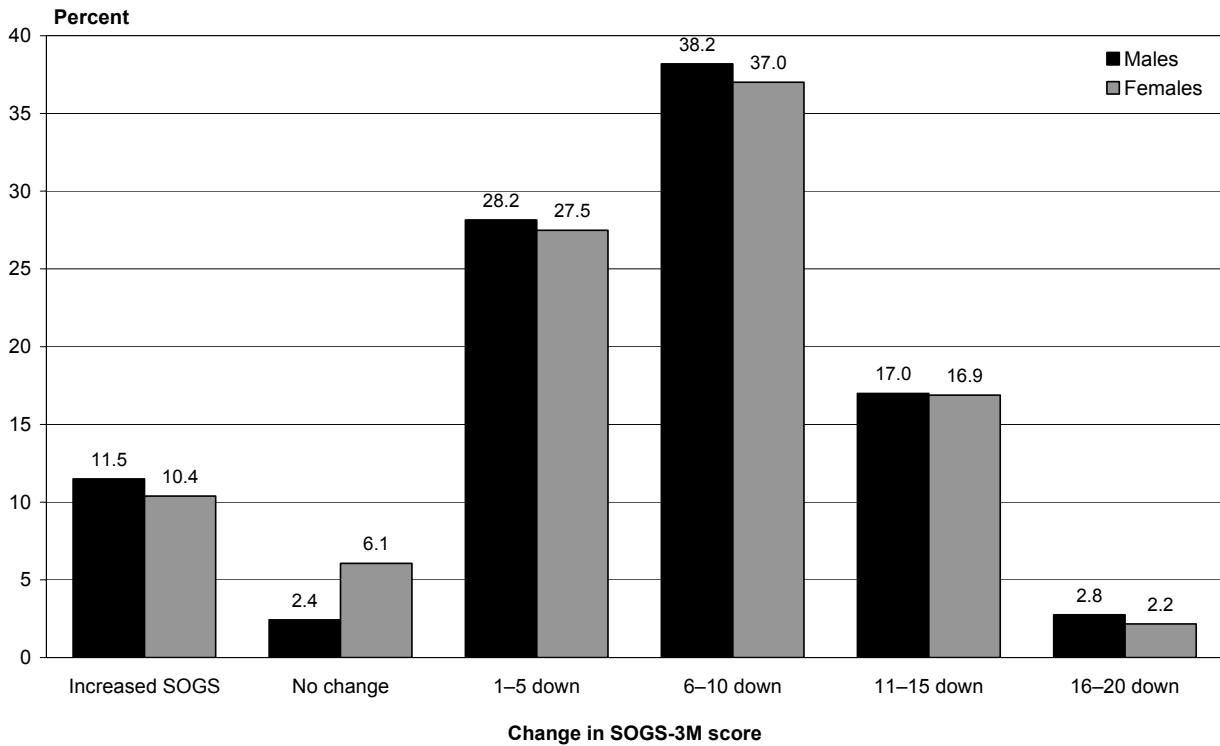
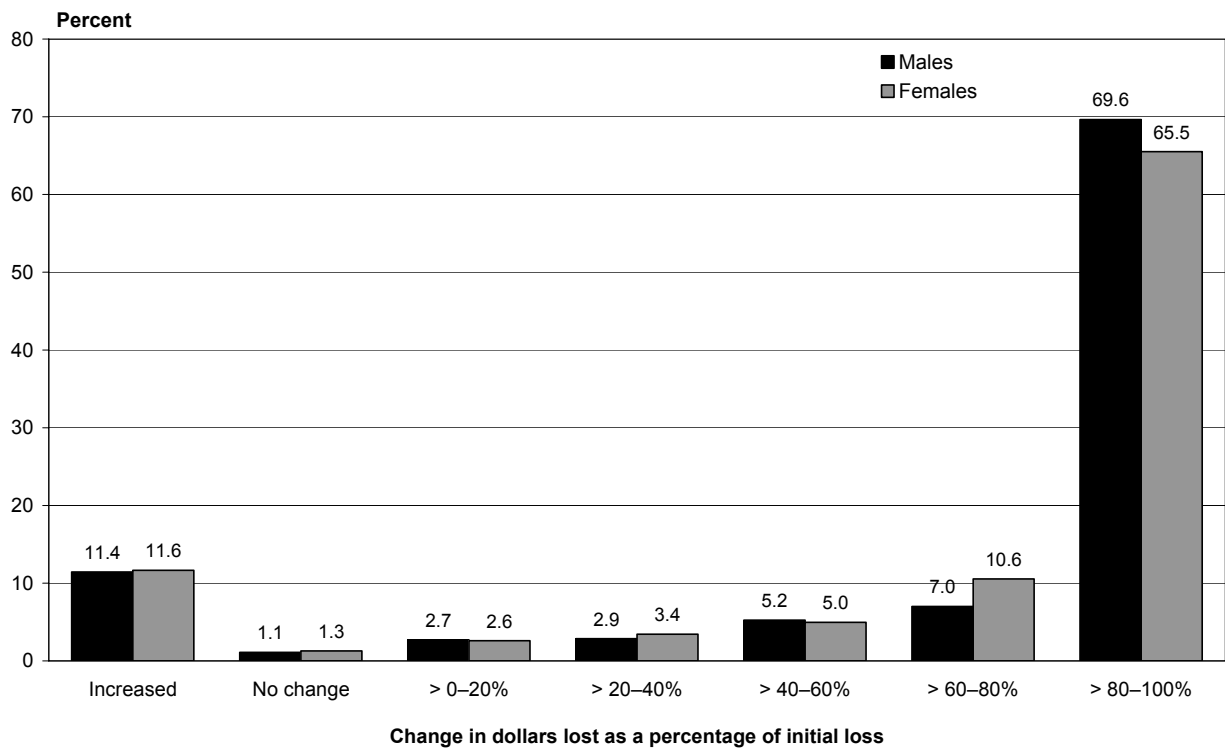


Figure 42: Face-to-face intervention services: change in dollars lost as proportion of original loss, outcome clients, by gender, 2005



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 suggest outcomes for Māori are consistent with non-Māori outcomes (Figures 43 and 44). In 2005, 17% of Māori clients' SOGS-3M scores were unchanged or worsened, compared with 14.2% for non-Māori clients. The distributions were very similar, and no statistical differences were evident ($p = 0.911$). Similarly, figures for dollars lost reported at discharge as a percentage of initial losses showed 63.7% of Māori clients reporting a reduction of 80–100% in dollars lost, compared with 69.1% of non-Māori clients.

Figure 43: Face-to-face intervention services: change in SOGS-3M scores, outcome clients, by ethnicity, 2005

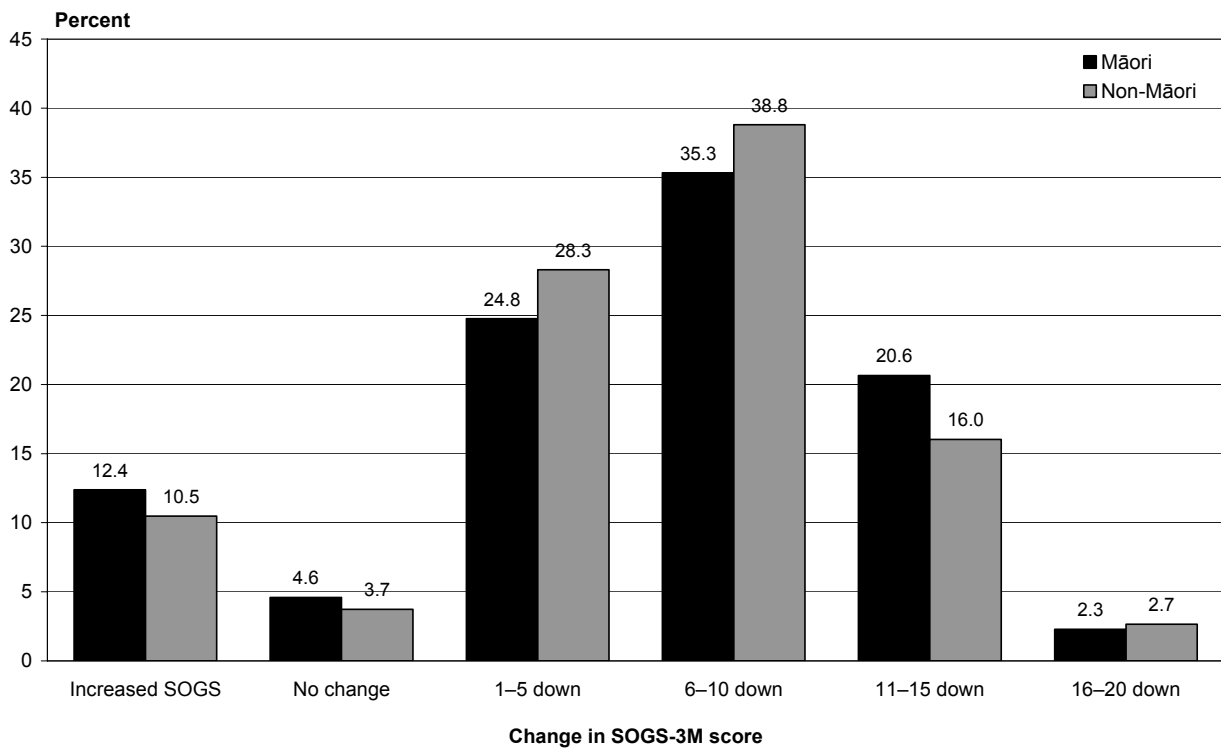
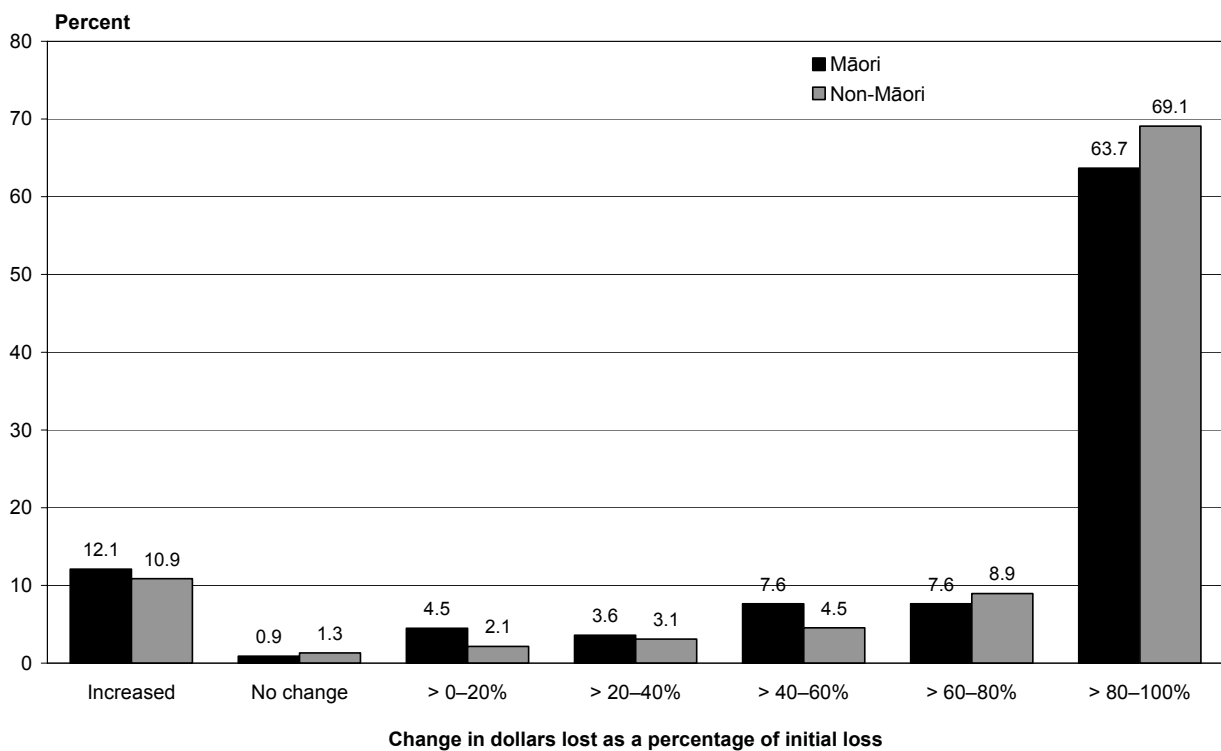


Figure 44: Face-to-face intervention services: change in dollars lost as proportion of original loss, outcome clients, by ethnicity, 2005



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Abbott M, Volberg R. 1991. *Gambling in New Zealand: Report to the Department of Internal Affairs*. Wellington: Department of Internal Affairs.

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Appendix 1: Gambling Helpline Ltd

Data

Corrections to Gambling Helpline Ltd data

The Gambling Helpline data represent individuals who have had their details recorded in the Gambling Helpline database. They do 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 since the beginning of 1998. Prior to 2003, cities and other place names were manually typed, allowing spelling mistakes. There is no guarantee that all clients before this date from a particular city or region are captured in regional analysis statistics.

To ensure future research is based on the most accurate available data, the annual national statistics reports have each year presented recalculated figures for previous years, to take account of new data (eg, data on a client's first ever session) and to allow for corrections to any reporting errors.

Recalculating results (or 'data grooming') also allows analyses to take advantage of improved and more sophisticated methods of data analysis and collection (eg, techniques for handling missing admission or discharge data and removing duplicate records). This approach maximises the integrity of any comparisons with the past. Consequently, some data presented in the 2005 report will differ slightly from the same data for previous years contained within the publications for those years.

Gender vs client type

In previous years some of the data (ie, client type – new clients) for numbers of gamblers, significant others and interested others were based on the gender tables that were collated. However, the 2005 process was much more accurate: instead of relying on the gender, the base data were used to recalculate everything. This allowed an audit of the calculation of the figures and a far better accuracy for the historical figures.

Not every client is assigned a gender, but all clients are allocated to a call type (eg, gambler, significant other, interested other). Relying on gender resulted historically in missing data, not only for gender, but also for the numbers of gamblers, significant others and interested others. Gender is not always assigned to a client, because it can be difficult to establish it from the sound of their voice and is considered impolite to ask. As a result of this correction, some of the figures have increased.

Timing of contacts

Historically, some of the contacts recorded in the evenings of the last day of a month were allocated to the following month. This may have resulted in calls occurring in December being allocated to the following year. Using the base data, contacts have been accurately allocated to the correct year. This may result in some differences of figures between the data presented in this report and those in previous reports.

Errors in 2004

Some of the 2004 figures presented in this report are slightly higher than those reported in the previous publication. Some contacts were missed out due to error in the last report. However, the audit and use of base data picked this up and the figures provided are now accurate.

Future reports

The new processes (ie, the queries on base data) will be used to maintain accuracy in future reports.

Definitions

Helpline contacts: the data from the Helpline include people who make contact via phone and via email. As a result, this year's report refers to 'clients' rather than 'callers'. It should be noted that for the Helpline some clients choose to remain anonymous or not to provide demographic information such as age and ethnicity. Therefore the data reported represent only those demographics where this information is provided by the client.

Significant other: family/whānau, other relatives, friends or others affected by another with a gambling problem.

Interested other: students, media, researchers. Anyone besides gamblers and significant others interested in information about gambling and gambling problems, including general public.

New client: the first time an individual has called or emailed the Helpline based on a check against the Gambling Helpline database.

Primary mode: the type of gambling causing the most problems for the gambler/significant other. Note: for the Gambling Helpline prior to 10 March 2000 more than one primary mode could be allocated to a client, and after this date only one primary mode could be allocated.

Additional mode(s): additional types of gambling causing problems for a gambler/significant other. A client may cite more than one additional mode.

Ethnicity: ethnicity is self-defined by the contact. This is then entered as one of these options:

- African
- Asian – Chinese
- Asian – Indian
- Asian – Other
- European or Pākehā
- New Zealand Māori
- Pacific peoples – Cook Island Māori
- Pacific peoples – Fijian
- Pacific peoples – Other Pacific Islands
- Pacific peoples – Samoan
- Pacific peoples – Tongan
- Other or multiple ethnicity.

These are condensed into the categories shown in this report in order to ensure the numbers of contacts in each ethnicity are sufficient.

Appendix 2: Face-to-face Intervention Services

Data

Corrections to face-to-face data

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 the previous year. Recalculating results or 'data grooming' is required to take account of new data (eg, data on a client's first ever session), to 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.

The earliest point at which CLIC data were considered sufficiently complete to replace the paper-derived data was 2002, so findings prior to this point are based on the existing published results. As a result, 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.

Definitions

Clients: the data are based on outpatient clients who access face-to-face counselling services. Inpatient data are not included in this publication.

Significant other: family/whānau, other relatives, friends or others affected by another with a gambling problem.

Interested other: students, media, researchers. Anyone besides gamblers and significant others interested in information about gambling and gambling problems, including general public.

Brought-forward clients: clients who began their face-to-face counselling treatment in previous years.

Repeat admission clients: clients that were previously discharged but have subsequently presented for further face-to-face counselling treatment.

Discharged clients: clients whose treatment has ceased during the year 2005.

Primary mode: type of gambling causing the most problems for a gambler/significant other.

Additional mode(s): additional types of gambling causing problems for a gambler/significant other. A client may cite more than one additional mode.

Ethnicity: up to three types of ethnicity may be selected from an extended version of the following list:

- Chinese (not further defined – NFD)
- Cook Island Māori (NFD)
- Fijian (except Fiji Indian/Indo-Fijian)
- Fijian Indian/Indo-Fijian
- Indian (NFD)
- Korean
- New Zealand European/Pākehā
- Māori
- Niuean
- Not specified
- Other (not elsewhere classified)
- Pacific Island (NFD)
- Samoan
- Tokelauan
- Tongan.

Only the first ethnicity recorded is used in the analysis. These categories are condensed into the categories shown in this report in order to ensure the numbers of contacts in each ethnicity are large enough to present reliable data.

Outcome clients: the outcome measures are based on assessment and reassessment of gambler clients. It should be noted that they represent only a small proportion of the number of clients who have received treatment and so should be interpreted with caution.

SOGS-3M: the South Oaks Gambling Screen (SOGS) was adapted to form the SOGS-3M, which measures the client's gambling behaviour in the three months preceding the assessment (SOGS-3M). A score of 3 or greater indicates a client might be a problem gambler (Abbott and Volberg 1991).

Dollars lost: total dollars lost measures the client's estimate of the amount of money they have lost on all gambling in the four weeks preceding the assessment.

Control over gambling: control over gambling measures each client's own assessment of the degree of control they have over their gambling during the three months preceding the assessment.

Treatment duration: the time a client attends services from first to last session.

Statistical significance tests: Grant Paton-Simpson has carried out significance tests for a small number of outcome measures. A p value of less than 0.05 ($p < 0.05$) is considered to be statistically significant in this report.

Mental Health Directorate (Ministry of Health) problem gambling intervention service contracts

- Best Care Whakapai Hauora
- Gambling Helpline Ltd
- Hapai Te Hauora Tapui
- Hauora Waikato
- He Oranga Pounamu
- Mental Health Services* (Waikato DHB)
- Nga Manga Puriri
- Ngati Porou Hauora
- Oasis (Salvation Army)
- Odyssey House
- Pacificare Trust
- Pacific Peoples Addiction Service Incorporated (PPASI)
- Problem Gambling Foundation
- Raukura Hauora o Tainui*
- Te Kahui Hauora o Ngati Koata Trust*
- Te Kahui Hauora Trust
- Te Rangihaeata Oranga
- Te Rapuora Health Services*
- Te Runanga o Toa Rangatira
- Te Whanau o Waipareira Trust
- Tui Ora Limited
- TUPU* (Waitemata DHB)
- Wairarapa Addiction Services*
- Woodlands Centre Charitable Trust Inc.

* These providers did not commence service delivery until the second half of 2005.