

PROBLEM GAMBLING COUNSELLING IN NEW ZEALAND 1997 - 1999

A New Zealand Gaming Survey Supplementary Report

August 2000

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Chief Executive's Foreword

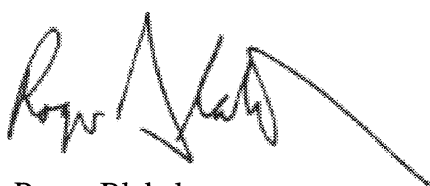
Problem Gambling Counselling in New Zealand 1997 - 1999 is a supplementary report released as part of the New Zealand Gaming Survey. It provides a comprehensive profile of the people receiving help for gambling problems from services funded by the Committee on Problem Gambling Management (the Problem Gambling Committee).

The principal objective of the New Zealand Gaming Survey is to provide up to date and robust information on the extent and nature of problem gambling in New Zealand. The Department of Internal Affairs is firmly of the view that if this objective is to be realised, then information from the seven reports to be produced by the Survey needs to be integrated with information available from other sources.

An important source of such information is the data collected by the Problem Gambling Committee, which is the principal purchaser of problem gambling services in New Zealand. Over the past three years the Committee has produced three reports on problem gambling counselling that provide an invaluable insight into help-seeking behaviour in New Zealand. This publication brings together the three Problem Gambling Committee reports in one volume for the first time.

The Department acknowledges the goodwill demonstrated by the Problem Gambling Committee in allowing its reports to be reproduced in this publication and on the Department's website. This will ensure a wider circulation for the reports and will facilitate the integration of the information they contain with the information progressively being made available from the New Zealand Gaming Survey.

The Department would also like to acknowledge the assistance of John Hannifin and Margaret Gruys of Problem Gambling Purchasing Agency Ltd, and Dr Grant Paton-Simpson with the production of this publication.

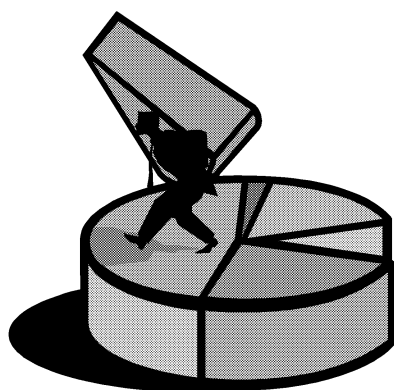


Roger Blakeley
Chief Executive
Department of Internal Affairs

**PROBLEM GAMBLING COUNSELLING
IN NEW ZEALAND**

1997

NATIONAL DATA SET



COMMITTEE ON PROBLEM GAMBLING MANAGEMENT

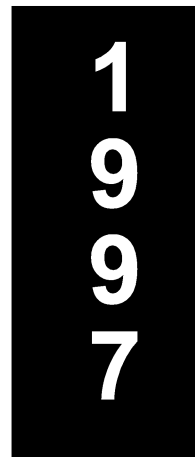
**PROBLEM GAMBLING COUNSELLING IN NEW ZEALAND
1997 NATIONAL DATA SET**

Authors: Gruys, M.A.; & Hannifin, J.B.; MacKinnon, S.; & Paton-Simpson, G.R.;

Issued by: John Hannifin & Margaret Gruys
PROBLEM GAMBLING PURCHASING AGENCY
71 Jickell Street, Palmerston North.
Phone 06 3590 251, Fax 06 359 1322
johnmarg@manawatu.gen.nz

For: THE COMMITTEE ON PROBLEM GAMBLING
MANAGEMENT

Data analysis: Dr Grant Paton-Simpson & Stuart MacKinnon
RESEARCH UNIT, Regional Alcohol & Drug Services
PO Box 8241, Symonds Street, Auckland
Phone 09 377-7394, Fax 09 377-7399
paton-sg@rads.co.nz



JUNE 1998

Background

The Committee on Problem Gambling Management is recognised by the Gaming and Lotteries Amendment Act (No 2) 1996, and consists of an independent Chairperson and equal representatives of the providers of problem gambling treatment services and the major gaming industry sectors (presently Casinos, Totalisator Agency Board, Lottery Grants Board and non-casino gaming machines as represented by Gaming Industry of New Zealand Incorporated). The gaming industry provides funds to the Committee on an annual basis to purchase counselling services for people with serious gambling problems. This takes the form of a national telephone helpline, personal counselling services, and contributions to related research, development and education.

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

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

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Foreword

The Committee on Problem Gambling Management (COPGM) is very pleased to be able to present this first set of national data for problem gambling counselling services in New Zealand.

The report gives the first comprehensive profile of the people receiving help through COPGM funded services. COPGM is committed to providing assistance to people with gambling problems and to the development of good quality data to aid in the development of effective services.

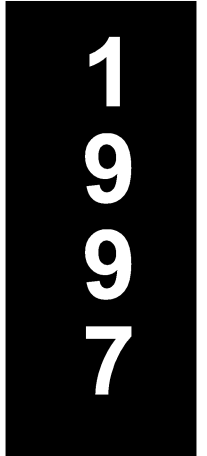
Counselling services for problem gamblers have provided much needed help for 966 problem gamblers and their families. 952 of those were people presenting for help for the first time.

The Compulsive Gambling Society and the Salvation Army are to be congratulated on their professional delivery of problem gambling counselling services and their dedicated efforts to achieve the highest standards.

COPGM anticipates this will be the first of these annual national data sets. The Committee hopes the report is useful in advancing the understanding of problem gambling and ultimately in reducing the harm associated with problem gambling.

Jim Lynch
Chairperson

Committee on Problem Gambling Management



Introduction

This report contains some of the most detailed information ever gathered about problem gambling counselling service activities in New Zealand.

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

This report contains analysis of data collected by problem gambling counselling services during 1997. The data for the National Telephone Helpline will be the subject of a later report and is not included in this data set.

We would also like to take this opportunity to thank the many clinicians in each of the services for their fine work in providing the raw data for this report.

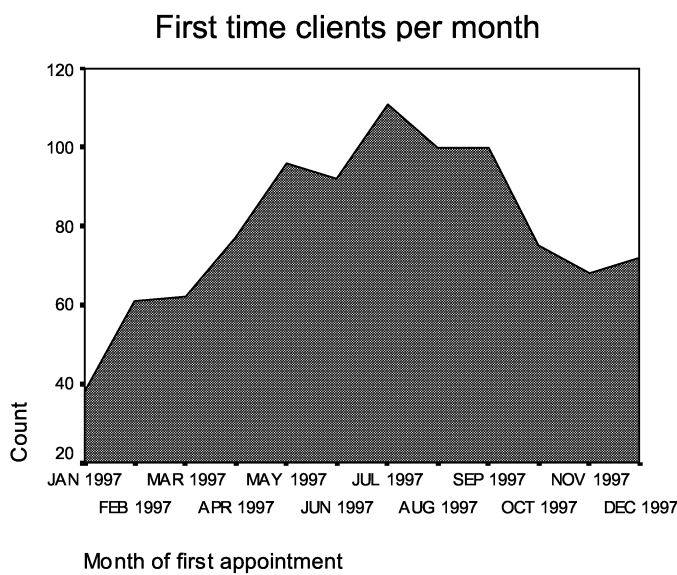
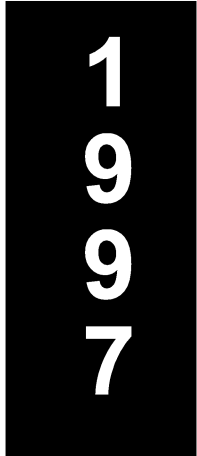
John Hannifin Margaret Gruys
Directors
Problem Gambling Purchasing Agency

Service Delivery

Numbers of Clients Accessing Services

Counselling services were offered to 966 clients during 1997. Over 98% (952) of these clients were “completely new” (that is, had *not* received counselling for gambling-related problems in the past).

The chart and table below show the number of people receiving help at problem gambling counselling services for the first time. These are new clients who have not previously received any treatment for their gambling problems from these services.



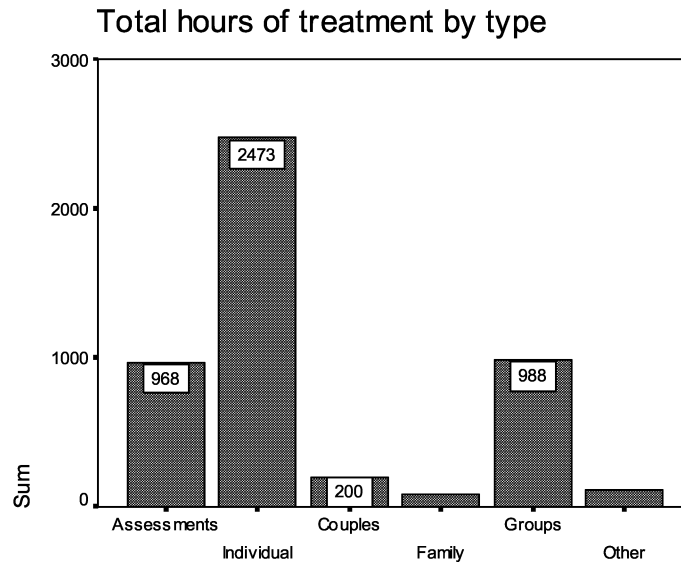
First time clients per month

Month	n
Jan-97	38
Feb-97	61
Mar-97	62
Apr-97	77
May-97	96
Jun-97	92
Jul-97	111
Aug-97	100
Sep-97	100
Oct-97	75
Nov-97	68
Dec-97	72
Total	952

Hours of Treatment Delivered

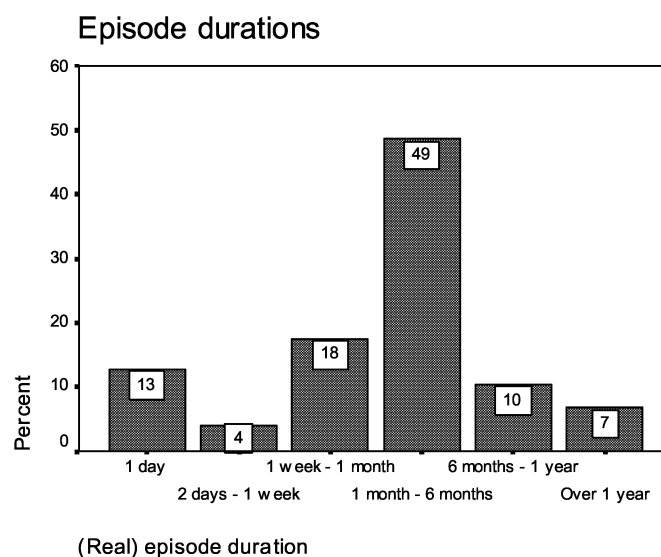
Providers reported having delivered over 4,800 hours of assessment and counselling to clients during 1997.

Individual and/or group-based interventions remain the most frequently used treatment options.



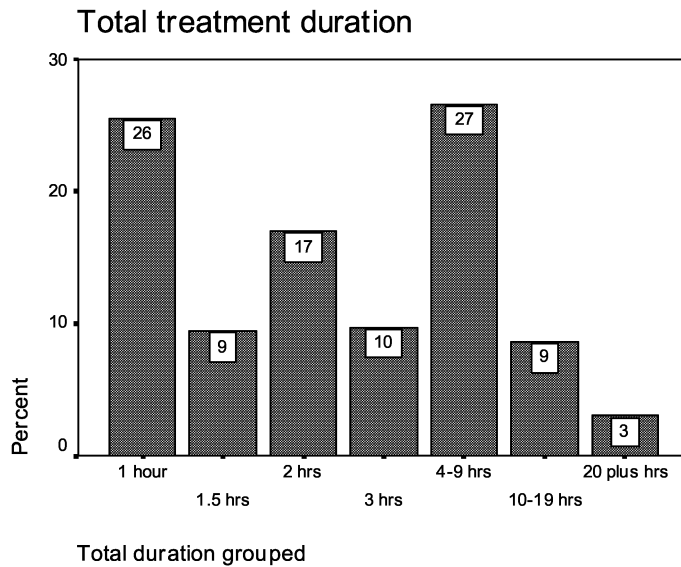
Duration of Treatment Episodes

The chart below was created using data for clients reported as discharged during the year. It shows the proportion of clients engaged in treatment for various lengths of time. The chart shows that the majority of clients for whom we have data have had treatment episodes between one and six months in length.



Hours of Treatment Received Per Client

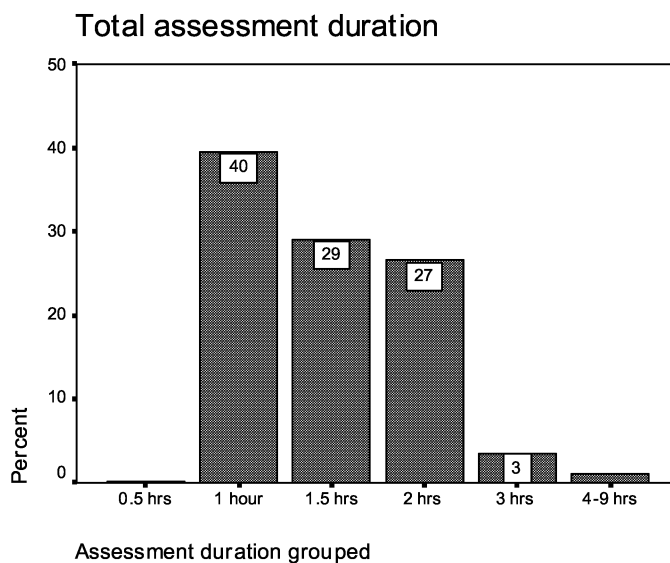
Total time spent treating each client varies considerably. 62% of clients received between one and three hours of treatment, 27% received four to nine hours and 12% received ten hours or more¹.



1997

Hours of Assessment Received Per Client

Assessment is the most important first step in treatment. Reported assessment durations vary considerably - however the majority of assessments are concluded within two hours.

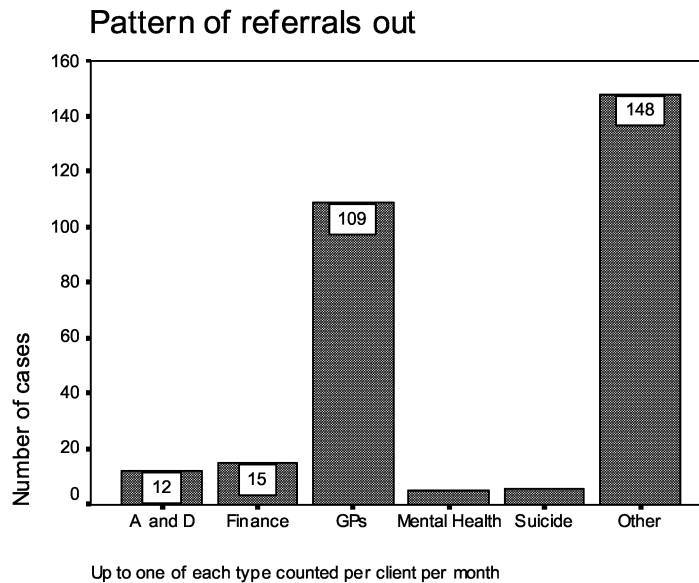


¹ Percentages rounded.

Referrals Out

The numbers of clients referred to other agencies for additional assistance are presented in the chart below.

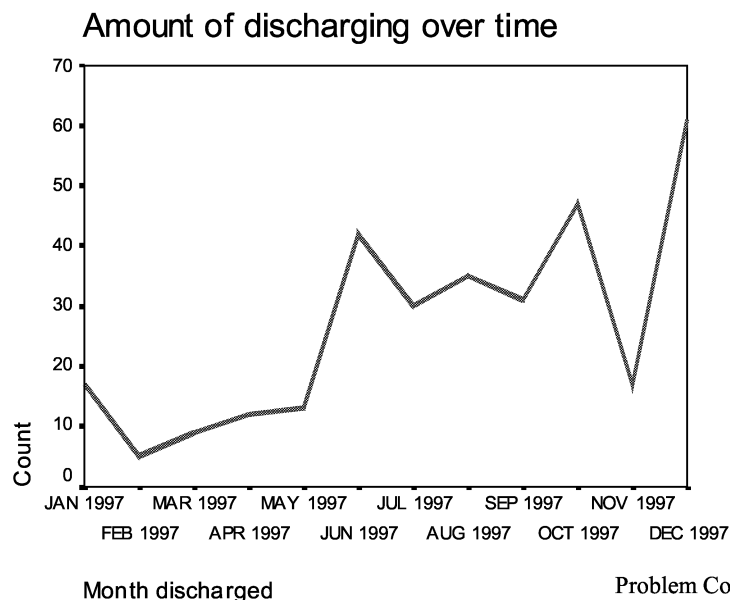
An analysis of the “other” category will be available in future years. Preliminary analysis suggests a high number of these referrals are to selfhelp groups such as Gamblers Anonymous (GA) and GAMANON for family members.



Note: “A and D” = alcohol & drugs.

Discharging Patterns

Agencies seem to be discharging clients in large batches (particularly toward the end of the year). It is anticipated a more even discharging pattern will occur over time as a result of individualised discharge management.



Client Characteristics

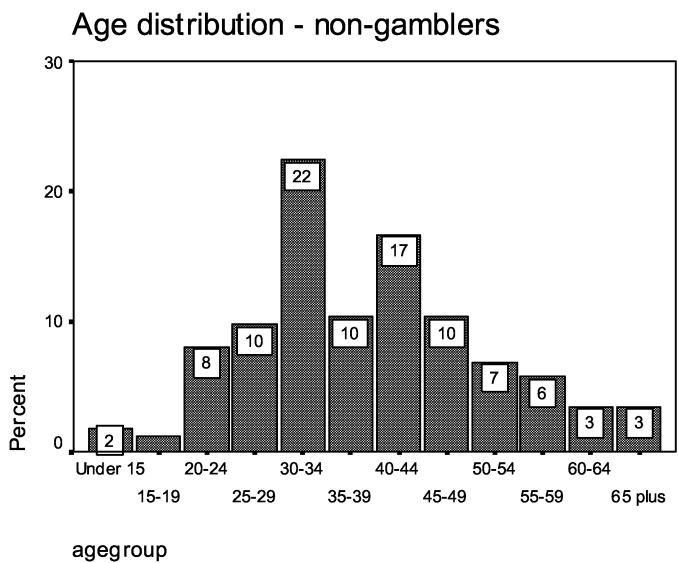
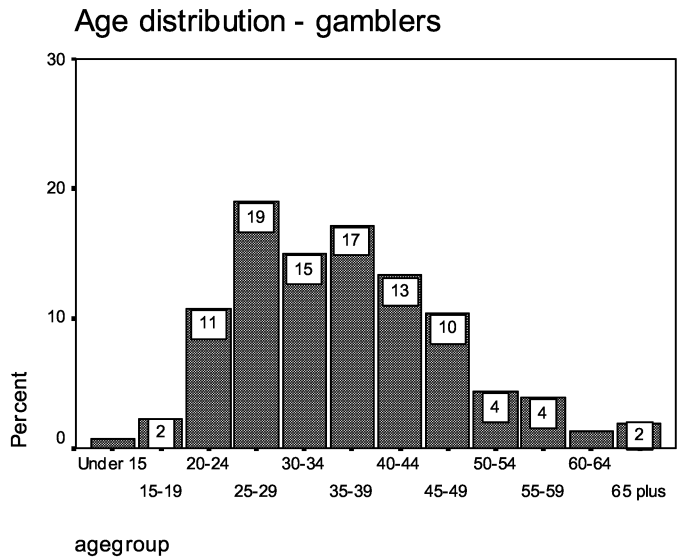
Gamblers, Family Members & Others

Most people (84%) arrived at a service because of their own gambling problem. A smaller proportion (15%) sought help as a partner or “significant other” of a gambler. One percent of attendees fell into the category of “Other” such as friends of gamblers.

Age Distribution - Gamblers & Non-Gamblers

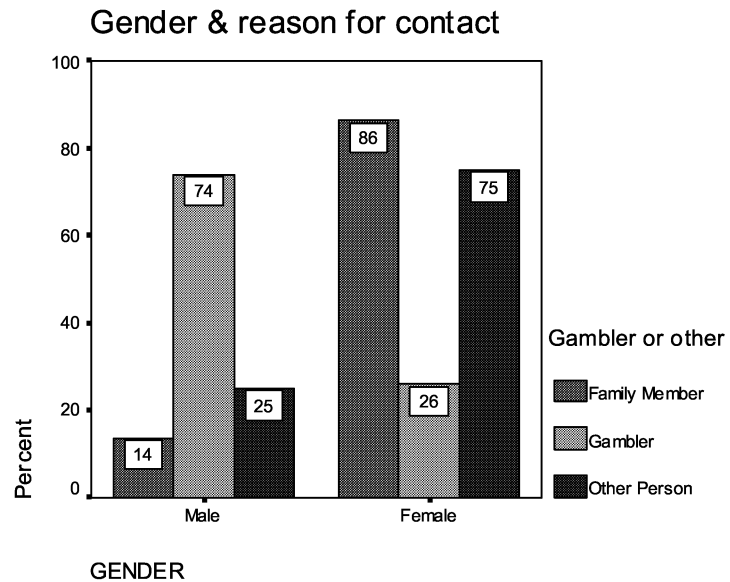
Here, “Family Members” and “Others” are combined into one group simply called “Non-Gamblers”. As can be seen below, the majority of gamblers presenting for treatment are aged between 20 and 49 (mean 36, S.D. 11). The pattern for significant others is similar with slightly more being in the 50-plus age group (Mean 39, S.D. 13).

1997



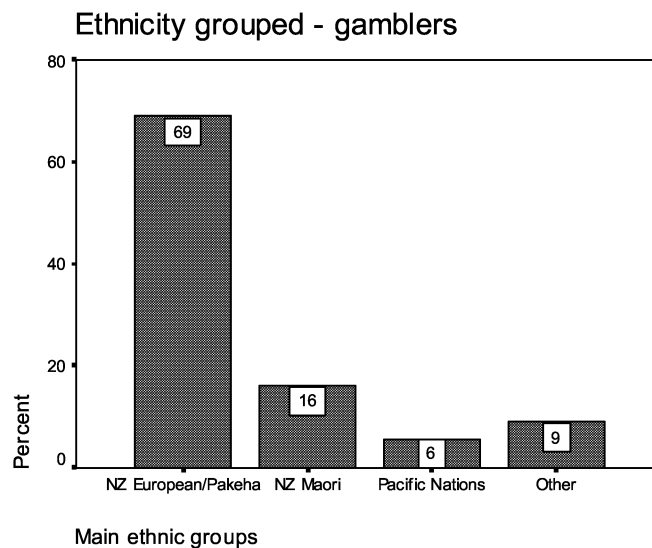
Gender and Reason for Contact With Service

Most gamblers attending treatment services are male and most family members (or other non-gamblers) attending services are female. The proportion of men and women of each type are presented in the chart below.



Gambler Ethnicity

Percentages of gambling clients of various ethnic backgrounds are presented in the graph below.



Mode of Gambling

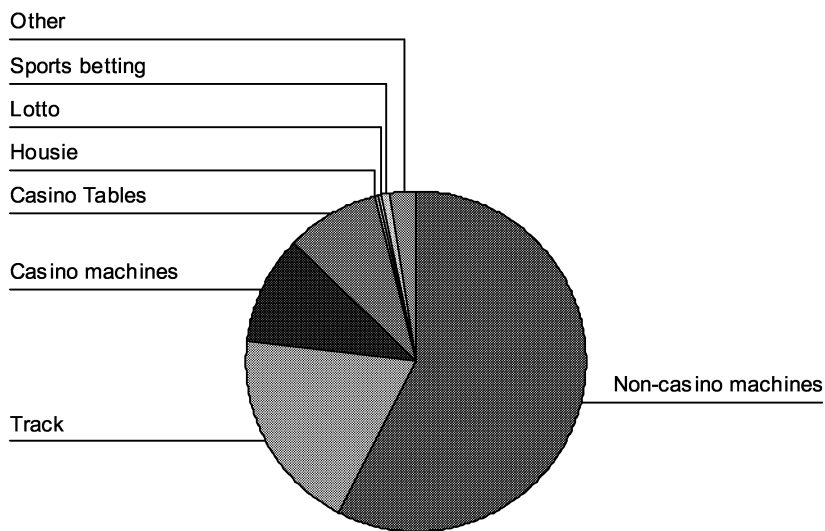
The data on mode of gambling causing problems for clients has been presented for clients who are gamblers. The data on mode of gambling causing problems for family members is not included. When the family data is included, there are no significant changes to the figures.

Primary Mode of Problem Gambling (Gamblers)

Almost all clients were able to identify a “main” or primary mode of problem gambling.

1997

Gamblers - distribution by main mode

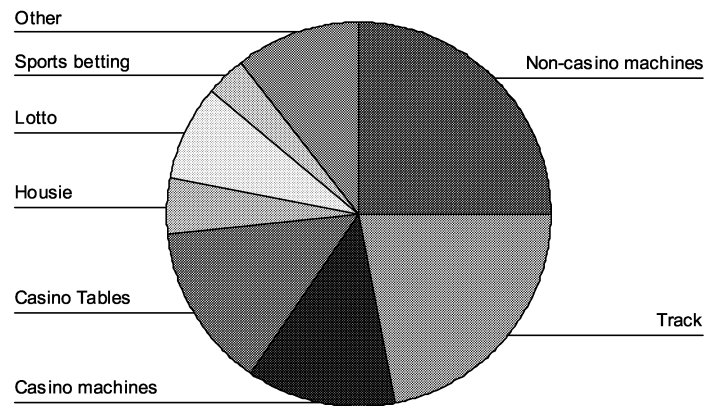


Gamblers Main Mode of Problem Gambling	%
Non-casino machines	57.5
Track	19.4
Casino machines	10.3
Casino tables	8.9
Other or multiple	2.4
Sports betting	0.9
Lotto	0.4
Housie	0.2

Additional Mode of Problem Gambling (Gamblers)

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

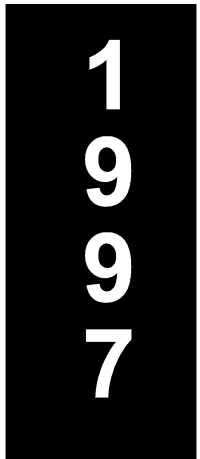
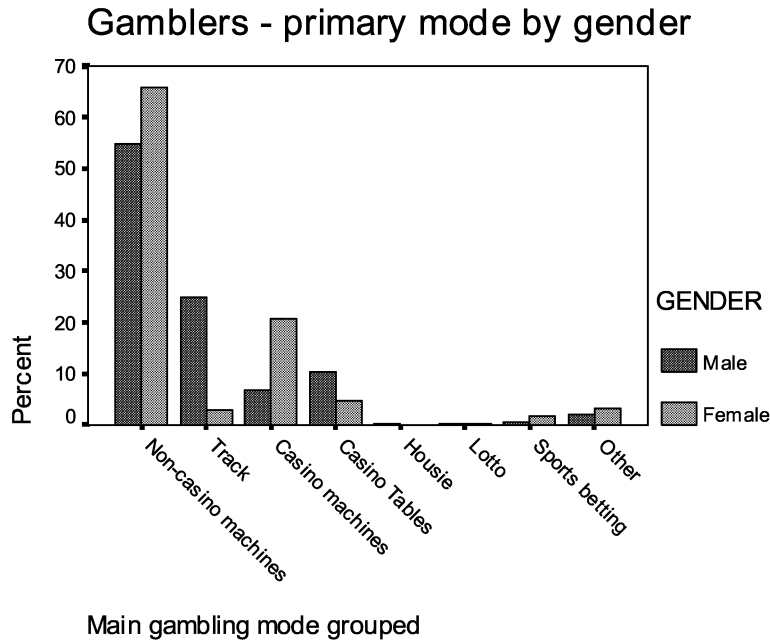
Gamblers - distribution by additional mode



Gamblers Additional Mode of Problem Gambling	%
Non-casino machines	24.9
Track	22.1
Casino tables	13.9
Casino machines	12.5
Other	9.9
Lotto	8.2
Housie	4.6
Sports betting	3.2
Keno	0.7

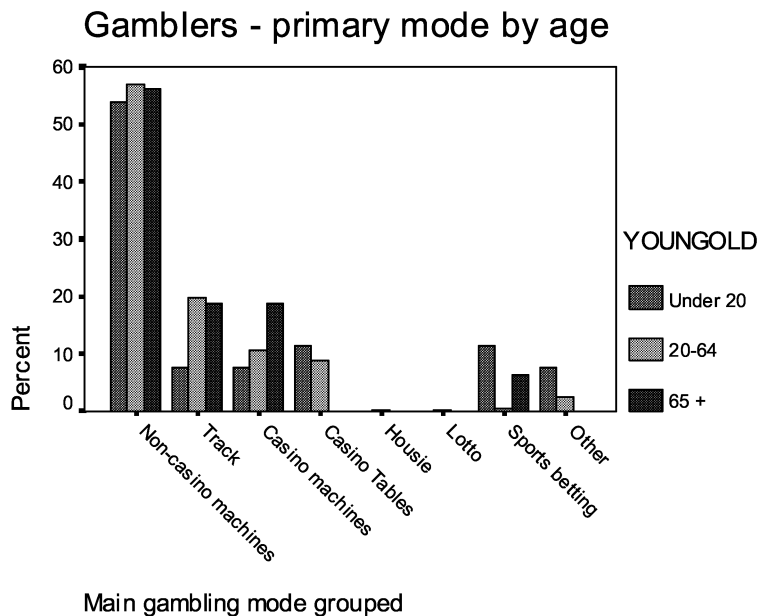
Primary Mode of Problem Gambling by Gender (Gamblers)

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



Primary Mode of Problem Gambling by Age (Gamblers)

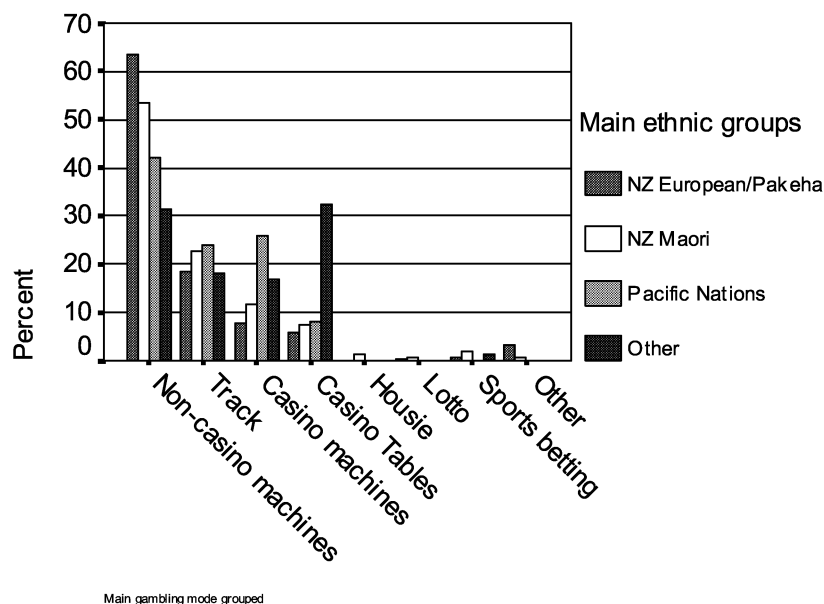
When analysed by age, the primary gambling mode patterns are difficult to distinguish. Clients with problems gambling on non-casino machines represented all age bands whereas clients with problems gambling on casino machines were noticeably older. This pattern may vary as data for larger numbers of older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



Primary Mode of Problem Gambling by Ethnicity (Gamblers)

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

Gamblers – primary mode by ethnicity



Severity of Gambling Problems Among Clients

The South Oaks Gambling Screen (SOGS) is the most established tool for gauging the severity of gambling problems. The screen has a top score of 20 but people who score three or more can be considered *Problem Gamblers* (see Abbott & Volberg, 1991, p.11²). People who score five or more are very likely to also meet the Diagnostic and Statistical Manual III criteria for *Pathological Gambling* (Lesieur and Blume, 1987³).

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

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

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

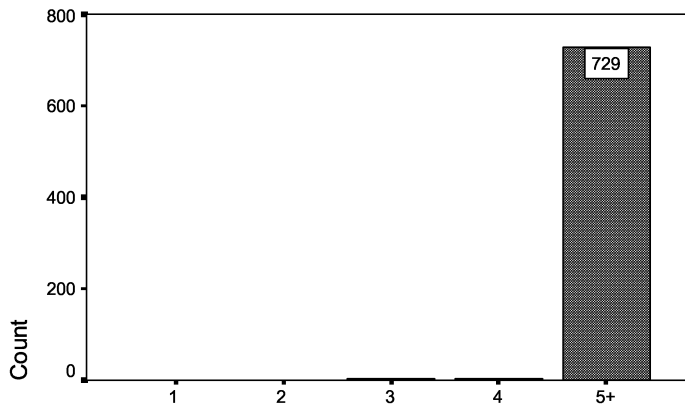
² Abbott, M. & Volberg, R. (1991). *Gambling and problem gambling in New Zealand: A report on phase one of the national survey*. Wellington: Department of Internal Affairs.

³ Lesieur, H.R. & Blume, S.B. (1987). The South Oaks Gambling Screen (SOGS): A New Instrument for the Identification of Pathological Gamblers. *American Journal of Psychiatry*, (144:9), 1184-1188.

Severity of Gambling Problems Among Clients (Continued)

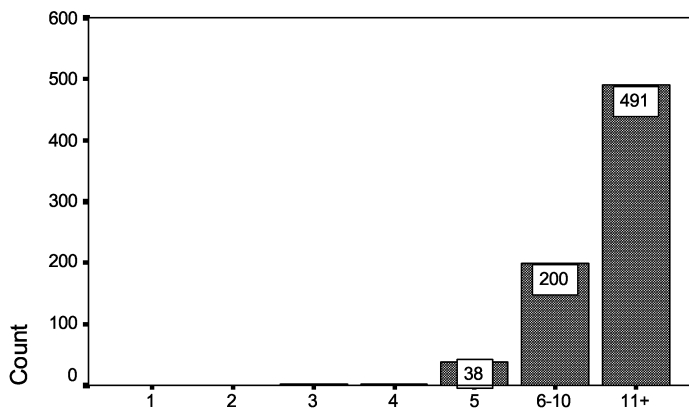
The first chart utilises the Stinchfield groupings. The second chart subdivides the “5+” category to show the numbers scoring 5, 6-10, and over 10.

SOGS Scores (Stinchfield)⁴



1997

SOGS Scores (MacKinnon)⁵



END

⁴ Stinchfield, R. & Winters, K.C. (1996). *Effectiveness of six State-supported compulsive gambling treatment programs in Minnesota*. Minneapolis: University of Minnesota Medical School.

⁵ MacKinnon, S. K. (1996). *Pilot project report: Estimates of the proportion of Auckland Regional Alcohol & Drug Services clients with co-existing gambling problems*. Auckland: Auckland Regional Alcohol & Drug Services.

Appendix: Problem Gambling Counselling Agencies

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

The Compulsive Gambling Society offer problem gambling counselling services in

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

The Salvation Army offer problem gambling counselling services in

- Christchurch
- Wellington
- Auckland
- Hamilton

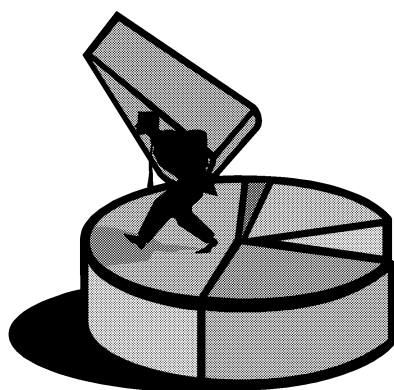
**PROBLEM GAMBLING COUNSELLING
IN NEW ZEALAND**

1998

NATIONAL STATISTICS

Personal Counselling Services

Telephone Helpline



THE PROBLEM GAMBLING COMMITTEE

PROBLEM GAMBLING COUNSELLING IN NEW ZEALAND 1998 NATIONAL STATISTICS

Authors: Gruys, M.A.; & Hannifin, J.B.; MacKinnon, S.; & Paton-Simpson, G.R.;

Issued by: John Hannifin & Margaret Gruys
PROBLEM GAMBLING PURCHASING AGENCY
71 Jickell Street, Palmerston North, New Zealand.
Phone 64-6-359-0251, Fax 64-6-359-1322
johnmarg@manawatu.gen.nz

For: THE PROBLEM GAMBLING COMMITTEE

Data analysis: Dr Grant Paton-Simpson & Stuart MacKinnon
Clinical Information & Research Unit,
Regional Alcohol & Drug Services
PO Box 8241, Symonds Street, Auckland, New Zealand.
Phone 64-9-377-7394, Fax 64-9-377-7399
paton-sg@rads.co.nz

Date: June 1999

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Background

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

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

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

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

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Foreword

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

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

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

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

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

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

Jim Lynch
Chairperson

The Problem Gambling Committee

¹ See Appendix 2

Introduction

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

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

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

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

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

John Hannifin *Margaret Gruys*

Directors

Problem Gambling Purchasing Agency

Personal Counselling Services

Service Delivery

Summary

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

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

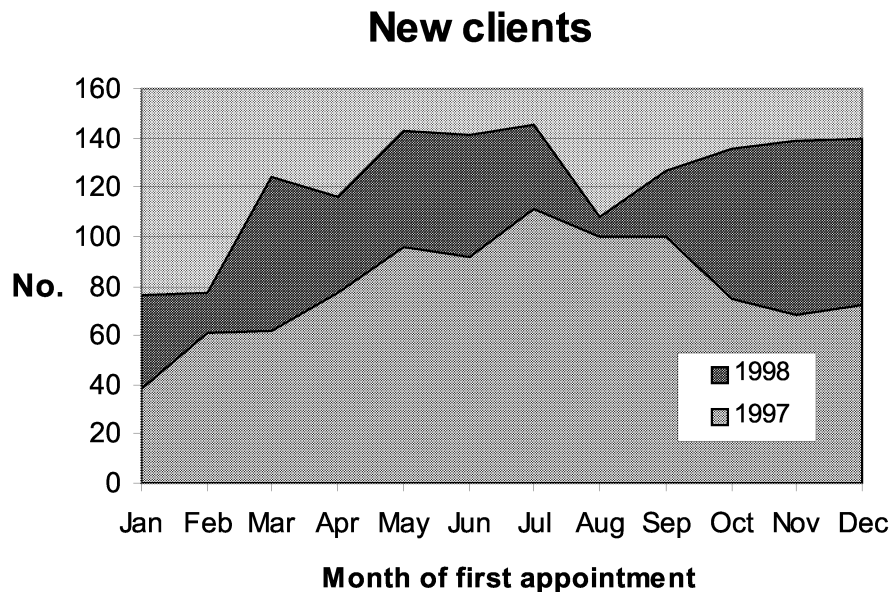
Numbers of Clients Accessing Services

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

These figures represent a substantial increase in service delivery compared with 1997.

The chart and table below show the number of people receiving help at problem gambling counselling services for the first time. These are new clients who have not previously received any treatment for their gambling problems from these services.

1998



New Clients

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

Time Spent in Treatment

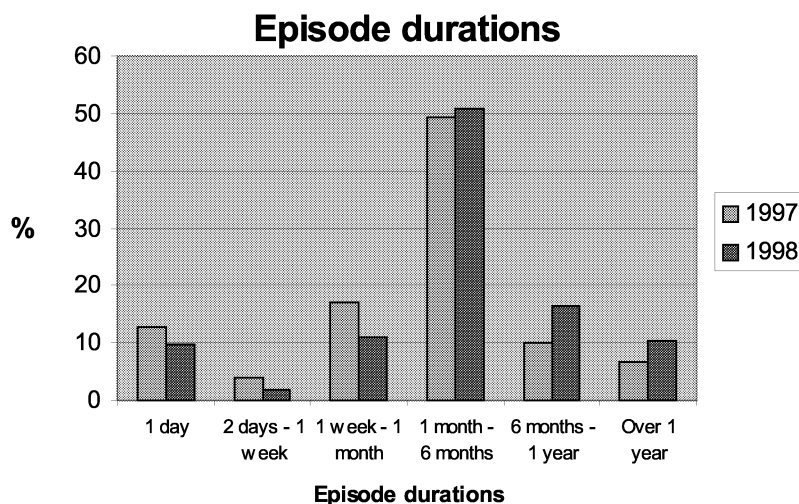
Duration of Treatment Episodes

Clients receiving problem gambling services remain in treatment for varying lengths of time, both in terms of the duration of each treatment episode² and the hours of treatment received.

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

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

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



Episodes: 1997 n=250, 1998 n=1035

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

Hours of Treatment Received

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

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

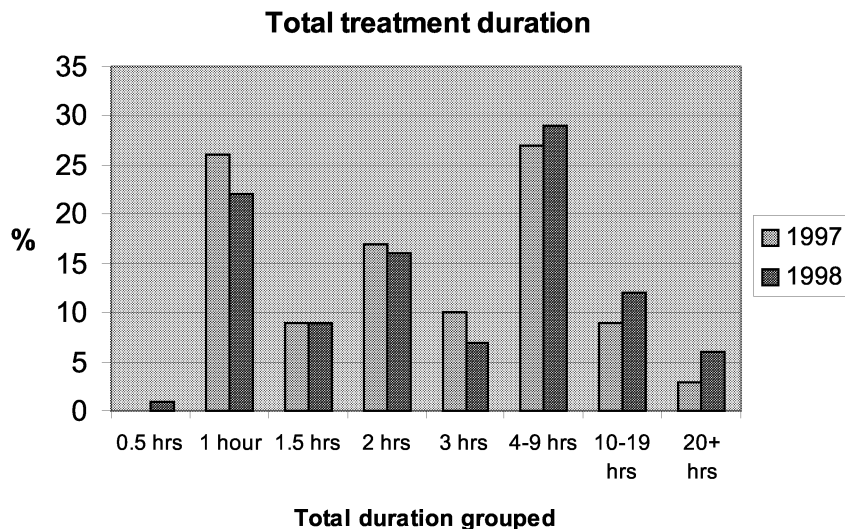
More clients now receive over 1 hour of counselling. This may indicate an improved trend towards retaining more clients beyond the initial assessments.

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

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

Optimum treatment time for problem gambling has not been established, although clinical preference currently aims for approximately 6 to 8 sessions³.

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



Clients: 1997 n=1195, 1998 n=1949

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

Client Characteristics⁴

Overview

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

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

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

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

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

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

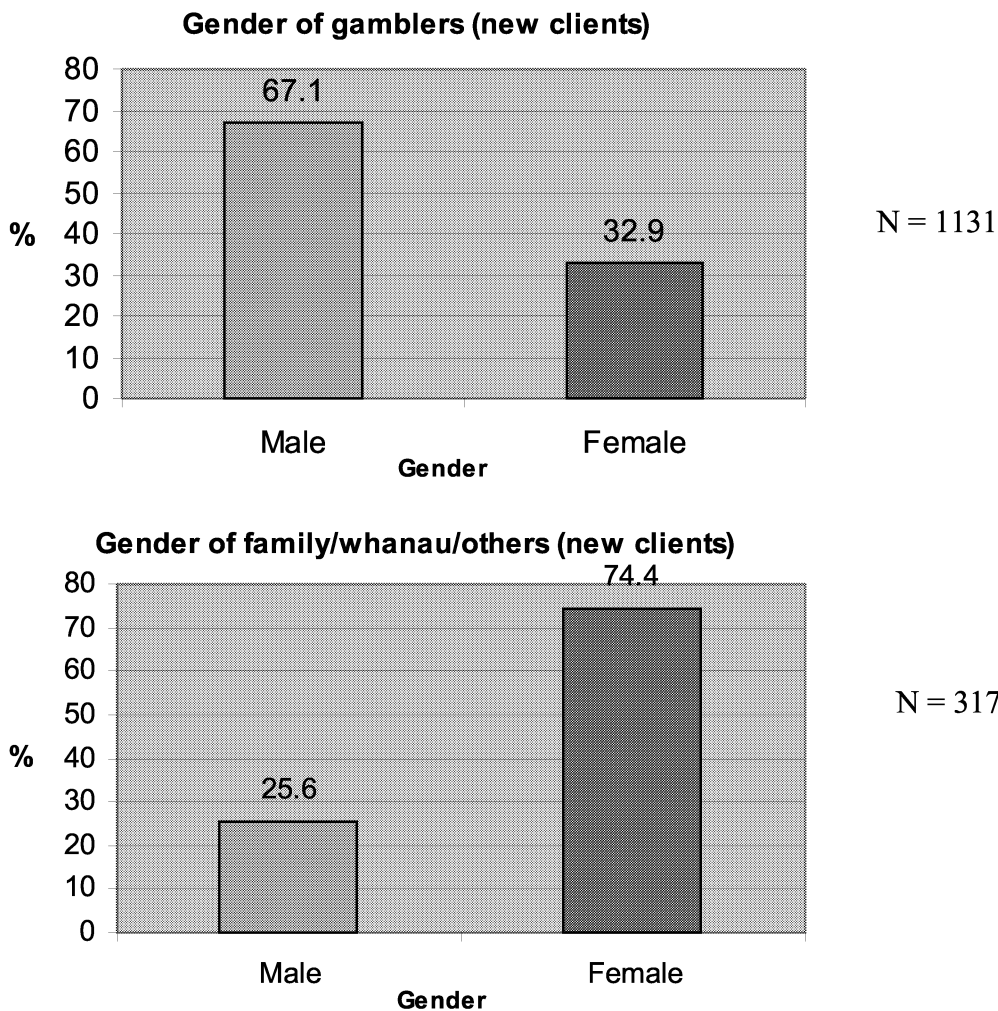
⁴ Differences in the total numbers of clients in the tables in this section occur due to missing data in certain categories.

Gamblers, Family/Whanau & Others

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

Gender - Gamblers and Family/Whanau of Gamblers

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

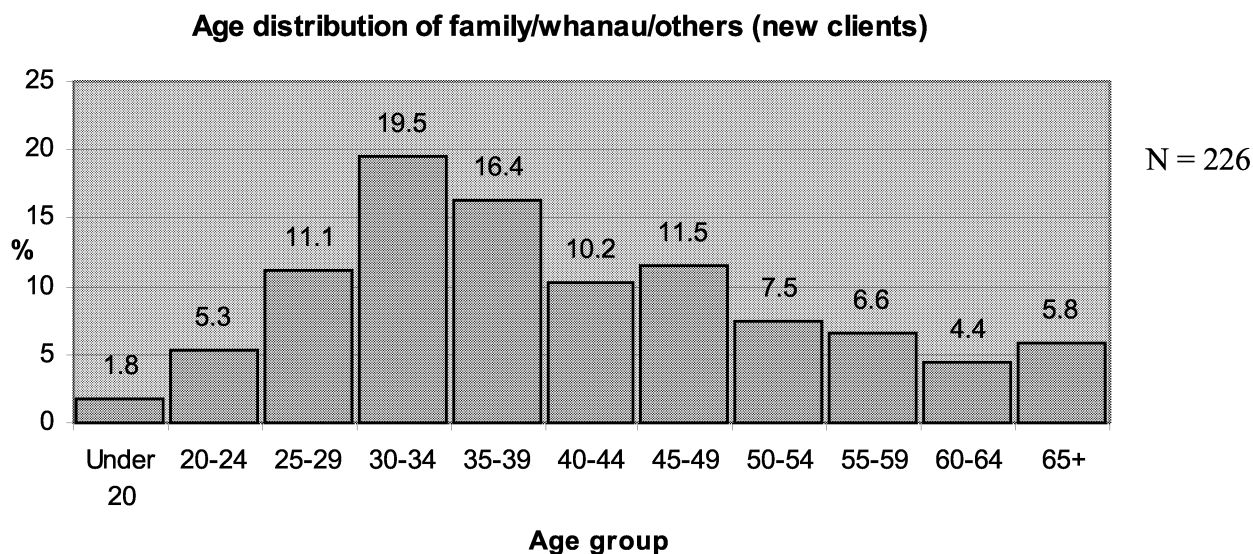
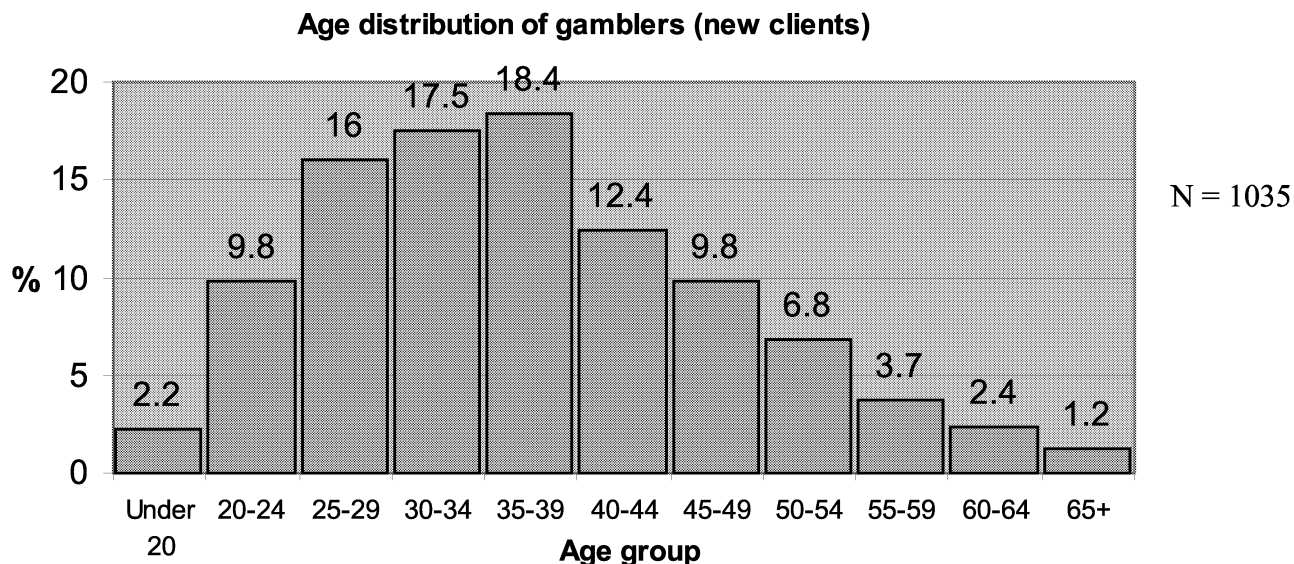


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Age Distribution - Gamblers & Family/Whanau of Gamblers

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

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



Ethnicity - Gamblers and Whanau/Family of Gamblers

When compared to the ethnic profile of the New Zealand population aged 20+⁵ the ethnic profile of problem gamblers (and of their family/whanau) shows some variation.

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

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

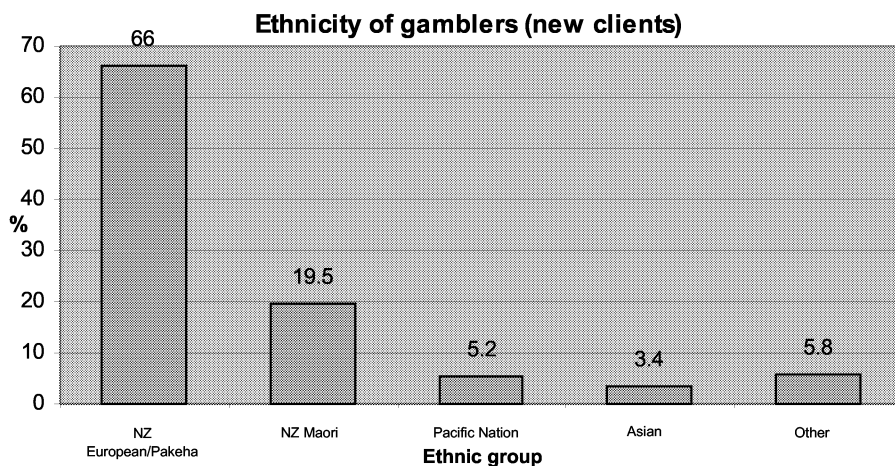
problem gambling clients (3.4% of clients vs 4.0% of population aged 20+) - the latter group being reported for the first time.

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

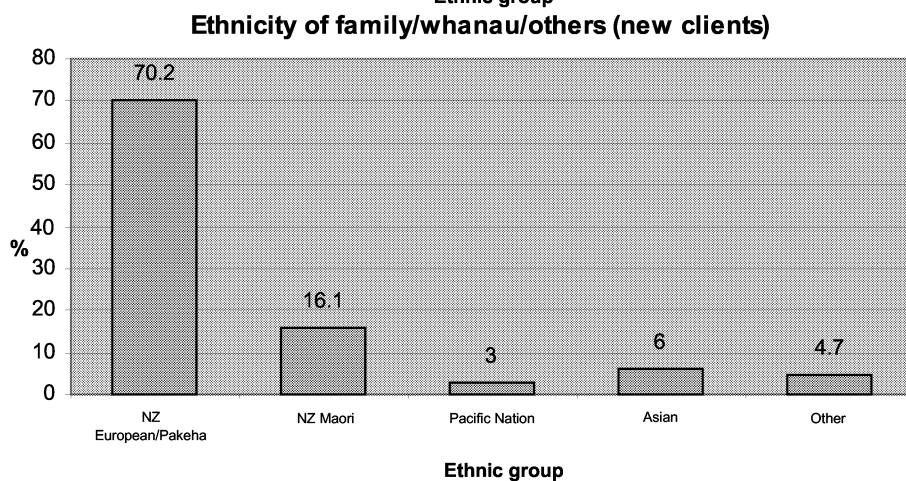
This is consistent with the findings of the 1991 New Zealand problem gambling prevalence study⁶. In this study, high rates of problem gambling have been reported for Maori and Pacific Nation respondents.

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

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



N = 1116



N = 299

1998

⁶ Abbott, Max & Volberg, Rachel (1991) *Gambling and Problem Gambling in New Zealand. A Report on Phase One of the National Survey*. Department of Internal Affairs, Wellington.

Primary Mode of Problem Gambling (Gamblers)

Most clients were able to identify a “main” or “primary” mode of problem gambling. All clients who receive problem gambling counselling are asked what type or mode of gambling is causing them the most problems. They are also asked if additional types or modes of gambling caused them problems. 33.3% of all new gambler clients identifying a primary mode of problem gambling also identified additional modes of problem gambling.

The most frequently reported primary mode of problem gambling is non-casino gaming machines (56.2%). These are the gaming machines located in hotels and clubs. Over half of all new gambler clients cite non-casino gaming machines as their primary mode of problem gambling. This is much the same as 1997 percentages, with a small percentage points (1.3%) decrease.

The next most frequently cited mode of problem gambling is casino gaming machines (17.1%). In 1998 casino gaming machines as a primary mode of problem gambling increased by 6.8 percentage points (from 10.3% to 17.1%).

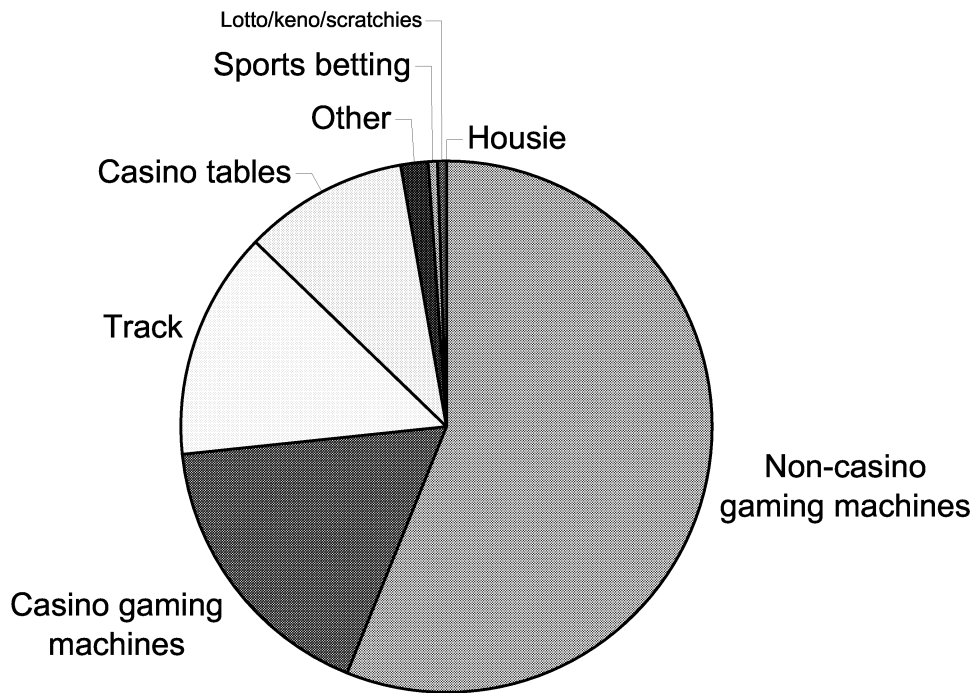
Track gambling (13.8%) and casino tables (10%) are the third and fourth most frequently cited primary modes of problem gambling, although still significantly less than non-casino gaming machines (56.2%).

Gaming machines (casinos and non-casinos) are the primary mode of problem gambling for 73.3% of new gambling clients receiving treatment. This represents a 5.5 percentage points increase from 1997.

Casino gaming machines and casino tables combined are the primary gambling modes cited by 27.1% of new gambling clients. This represents a 7.9 percentage points increase from 1997.

When compared with 1997, track gambling is the only primary gambling mode showing a noticeable decreasing trend (5.6 percentage points) in presentation rates.

Primary mode of gambling for gamblers (new clients)



Gamblers Primary Mode of Problem Gambling (New Clients)	1997 %	1998 %
Non-casino gaming machines	57.5	56.2
Casino gaming machines	10.3	17.1
Track	19.4	13.8
Casino tables	8.9	10.0
Other or multiple	2.4	1.7
Sports betting	0.9	0.7
Lotto/keno/scratchies	0.4	0.4
Housie	0.2	0.1

1998

Additional Mode of Problem Gambling (Gamblers)

33% of new gambler clients identifying a primary mode of problem gambling also identified additional modes of gambling causing problems.

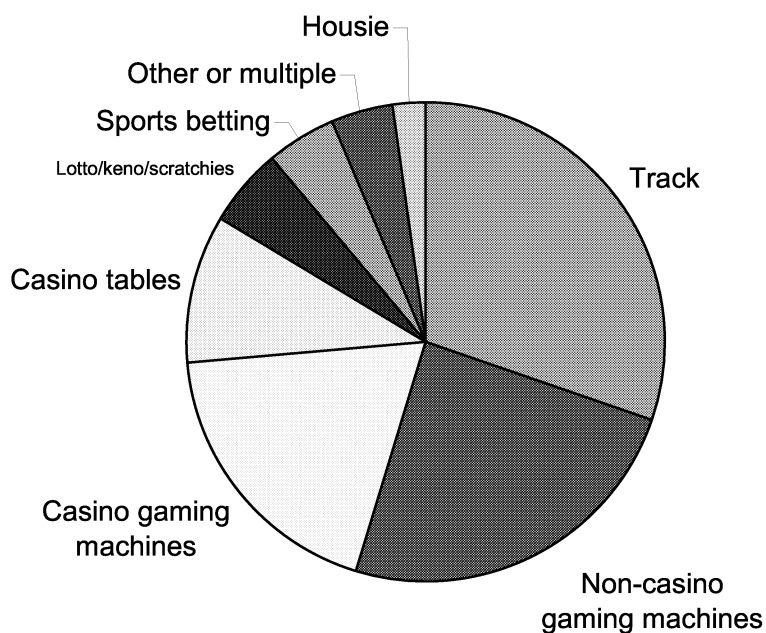
The data indicates track and gaming machine gambling are the most often cited additional modes of problem gambling.

Lotto/keno/scratchies, sports betting, and housie feature mainly as an additional mode of problem gambling, but in comparatively small numbers. These modes of gambling rarely appear as a primary mode of gambling.

Compared with 1997, the main change occurred in the percentage increase of clients citing track or casino gaming machines as an additional problem gambling mode.

In 1998, percentages for housie, lotto/keno/scratchies and sports betting also changed from 1997. (Lotto/keno/scratchies down from 8.9% to 5.2%; sports betting up from 3.2% to 4.9%, housie down from 4.6% to 2.2%)

Additional mode of gambling for gamblers (new clients)



Gamblers Additional Mode of Problem Gambling (New Clients) - by 1998 %	1997 %	1998 %
Track	22.1	30.2
Non-casino gaming machines	24.9	24.5
Casino gaming machines	12.5	18.8
Casino tables	13.9	10.1
Lotto/keno/scratchies	8.9	5.2
Sports betting	3.2	4.9
Other or multiple	9.9	4.1
Housie	4.6	2.2

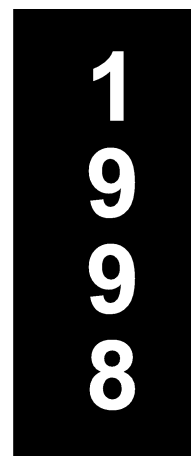
Primary and Additional Mode Combined

The combined primary and additional mode totals for each mode show the numbers of people experiencing gambling problems with each particular form of gambling. The data shows the effect the addition of “additional mode” has on total numbers in each mode.

The various different combinations people can select from primary and additional modes of problem gambling results in multiple responses for the same people. The data primarily indicates the changing trend in total numbers affected by different modes when primary and additional mode are considered together. Track features more significantly and lotto/keno/scratchies and sports betting begin to feature more prominently. The major presenting mode remains non-casino gaming machines.

Numbers of new gambler clients reporting mode as either primary or additional

	Primary mode N	Additional mode N	Total N	% of new gambler clients
Non-casino gaming machines	615	90	705	62.5
Casino gaming machines	187	69	256	22.7
Track	151	111	262	23.2
Casino tables	110	37	147	13.0
Other or multiple	19	15	34	3.0
Sports betting	8	18	26	2.3
Lotto/keno/ scratchies	4	19	23	2.0
Housie	1	8	9	0.8
		Inappropriate to total due to multiple responses	Inappropriate	Inappropriate to total due to multiple responses

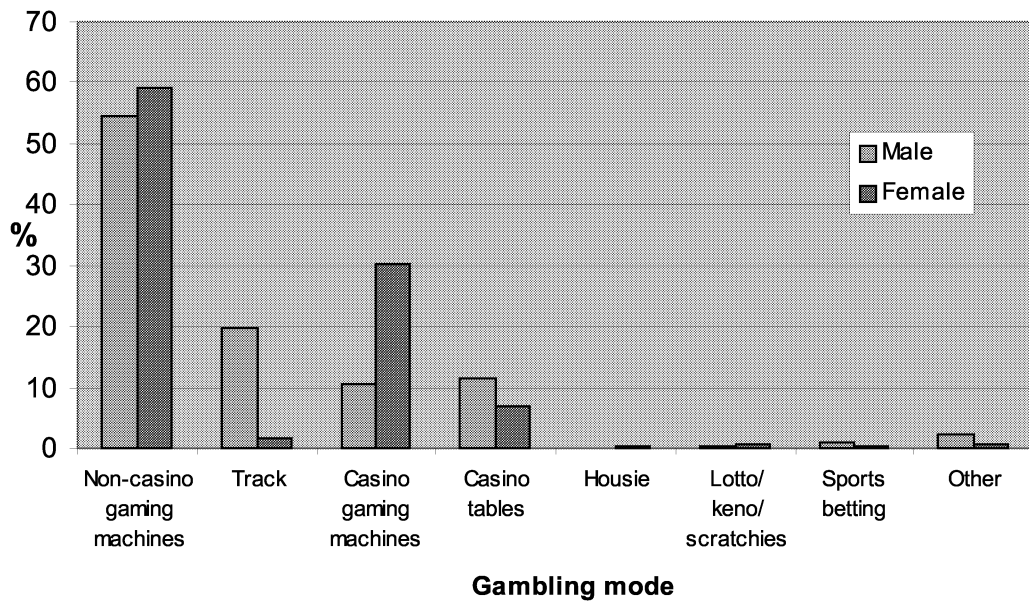


Primary Mode of Problem Gambling by Gender (Gamblers)

Women problem gamblers presenting for treatment were over-represented in terms of their reporting of gaming machines (both casino and non-casino) as primary modes of problem gambling. Women clients were under-represented in terms of their reporting of the track as their primary mode. A much higher proportion of men reported the track as their primary mode of problem gambling.

Compared with 1997, the 1998 figures show a very similar pattern in terms of the distributions by gender.

Primary mode of gambling for gamblers by gender (new clients)



N = 1095

Primary Mode of Problem Gambling by Age (Gamblers)

In all age ranges, the most common problem gambling mode is non-casino gaming machines. Clients with problems gambling on casino gaming machines were noticeably older. This pattern may vary as data for larger numbers of older clients become available. Similar results were found in 1997.

Primary mode of gambling for gamblers by age (new clients)

	Age														Total	
	Under 20		20-29		30-39		40-49		50-59		60+		MISSING age data		Count	Col %
Non-casino gaming machines	15	65.2%	165	62.5%	200	55.2%	115	51.6%	60	58.3%	17	53.1%	43	48.9%	615	56.2%
Track	4	17.4%	32	12.1%	61	16.9%	34	15.2%	7	6.8%	3	9.4%	10	11.4%	151	13.8%
Casino gaming machines	1	4.3%	35	13.3%	54	14.9%	42	18.8%	25	24.3%	8	25.0%	22	25.0%	187	17.1%
Casino Tables	0	.0%	26	9.8%	38	10.5%	26	11.7%	9	8.7%	2	6.3%	9	10.2%	110	10.0%
Housie	0	.0%	0	.0%	1	.3%	0	.0%	0	.0%	0	.0%	0	.0%	1	.1%
Lotto/keno/scratchies	2	8.7%	1	.4%	1	.3%	0	.0%	0	.0%	0	.0%	0	.0%	4	.4%
Sports betting	1	4.3%	2	.8%	3	.8%	1	.4%	0	.0%	0	.0%	1	1.1%	8	.7%
Other	0	.0%	3	1.1%	4	1.1%	5	2.2%	2	1.9%	2	6.3%	3	3.4%	19	1.7%
TOTAL	23		264		362		223		103		32		88		1095	

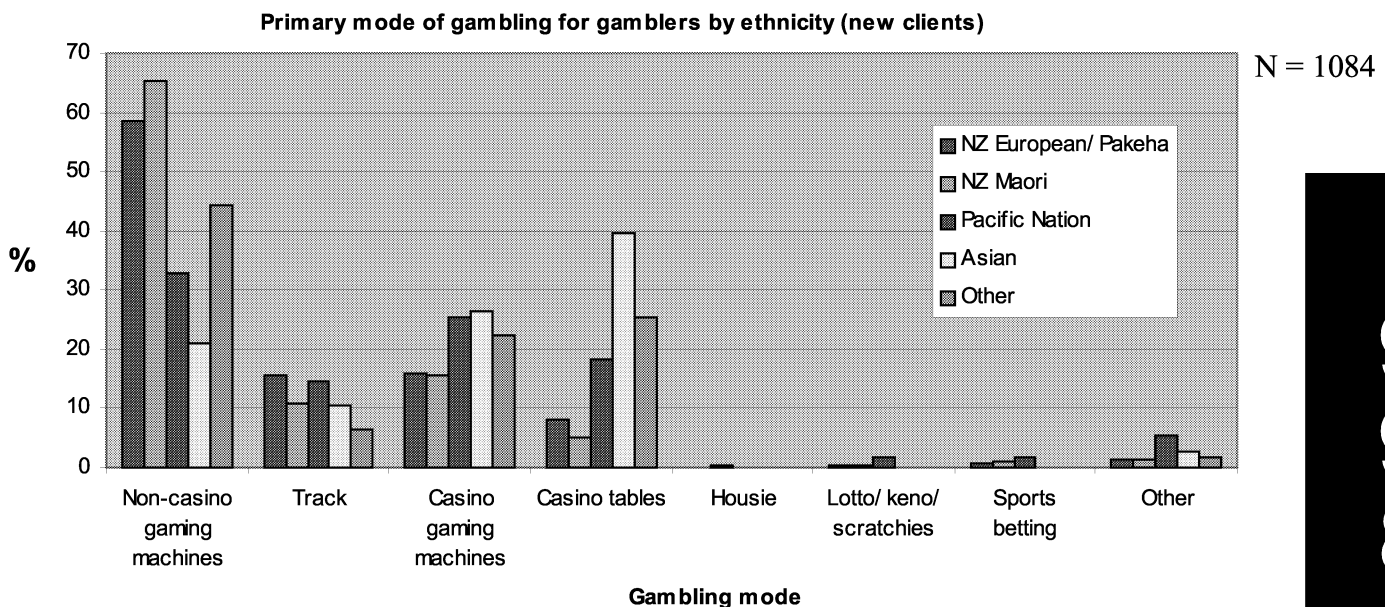
Primary Mode of Problem Gambling by Ethnicity (Gamblers)

NZ European/Pakeha and NZ Maori gamblers report problems with similar gambling modes.

Pacific Nation gamblers disproportionately report casino gaming machines and casino tables (43.7% for both modes combined) as primary problems, second only to Asian gamblers (and Other).

Asian data has been separated out for the first time in 1998. Approximately two-thirds (65.8%) of Asian problem gamblers report either casino tables or casino gaming machines as a primary problem gambling mode. Asian gamblers report the lowest level of problems with non-casino gaming machines (21.2%).

Compared with 1997 data, there are no major changes in the ethnicity patterns for primary gambling mode.



Severity of Gambling Problems Among Clients

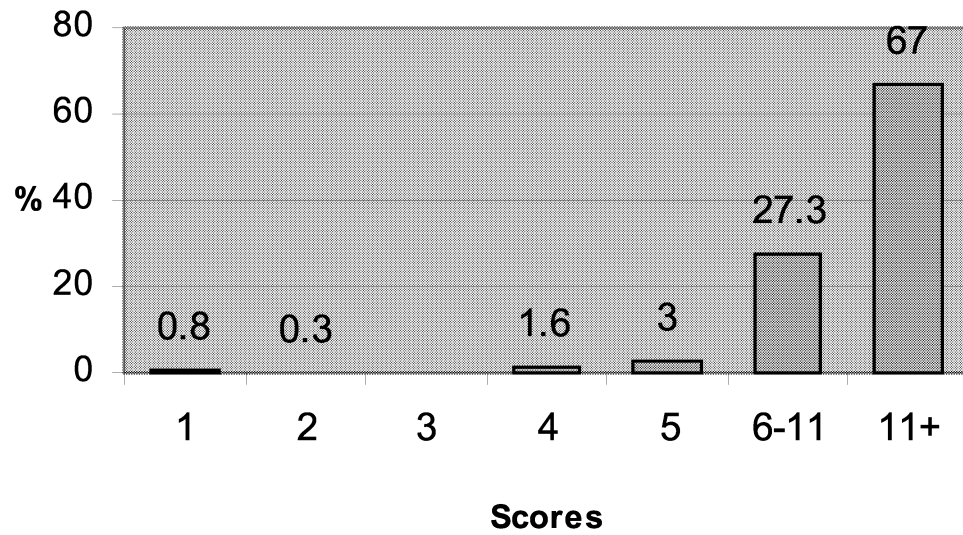
The South Oaks Gambling Screen (SOGS) is the most established tool for gauging the severity of gambling problems. The screen has a top score of 20 but people who score three or more can be considered *Problem Gamblers* (see Abbott & Volberg, 1991, p.11⁷). People who score five or more are very likely to also meet the Diagnostic and Statistical Manual III criteria for *Pathological Gambling* (Lesieur and Blume, 1987⁸).

⁷ Abbott, M. & Volberg, R. (1991). *Gambling and problem gambling in New Zealand: A report on phase one of the national survey*. Wellington: Department of Internal Affairs.

⁸ Lesieur, H.R. & Blume, S.B. (1987). The South Oaks Gambling Screen (SOGS): A New Instrument for the Identification of Pathological Gamblers. *American Journal of Psychiatry*, (144:9), 1184-1188.

SOGS scores for 1998 problem gamblers were collected for 630 new clients. The majority (67%) of these clients scored over 11, indicating most clients attending problem gambling counselling services are in the more severe end of problem gambling.

SOGS scores (new clients)



Telephone Helpline Services

Service Delivery

Summary

The Telephone Helpline provided a service to 2588 new clients in 1998. This represents an increase of 27% over the 1997 total of 2033.

Most problem gamblers are male (61.6%) and most family/whanau members are female (78.9%).

Problem gamblers and family/whanau of gamblers of a wide range of ages contacted the Telephone Helpline in 1998, with most callers being in the 26-40 age range. Gamblers are typically slightly younger than family/whanau.

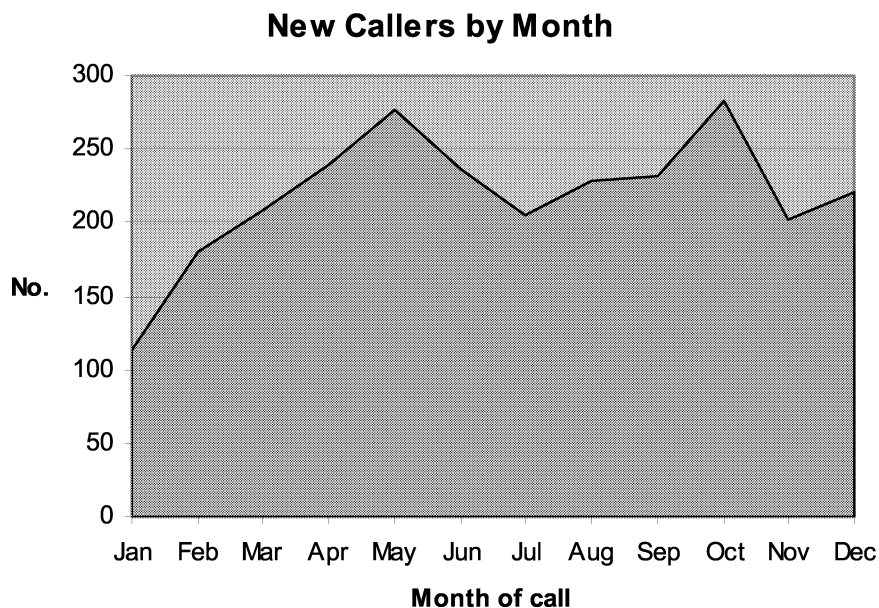
Looking at ethnicity, New Zealand Maori problem gambler clients are markedly overrepresented when compared to the New Zealand population aged over 19 (20.8% vs 10.9%). Apart from this, the ethnic profile of callers is roughly similar to that of the general population. Most clients are New Zealand European/Pakeha, and the second largest group is New Zealand Maori.

Non-casino gaming machines are the most frequently cited problem gambling mode (52.4%). Sports betting (4.6%), lotto, keno, and scratchies (2.8%) are only reported as problems by a small percentage of clients.

Calls are received by the Telephone Helpline from all over New Zealand. Wellington is a far smaller source than might be expected (only 6.8% of calls).

Number of Clients Accessing Service

The Telephone Helpline provided a service to 2628 new clients in 1998. This represents an increase of 29% over the 1997 total of 2033. The chart below shows the pattern of calls over the course of 1998.



1998

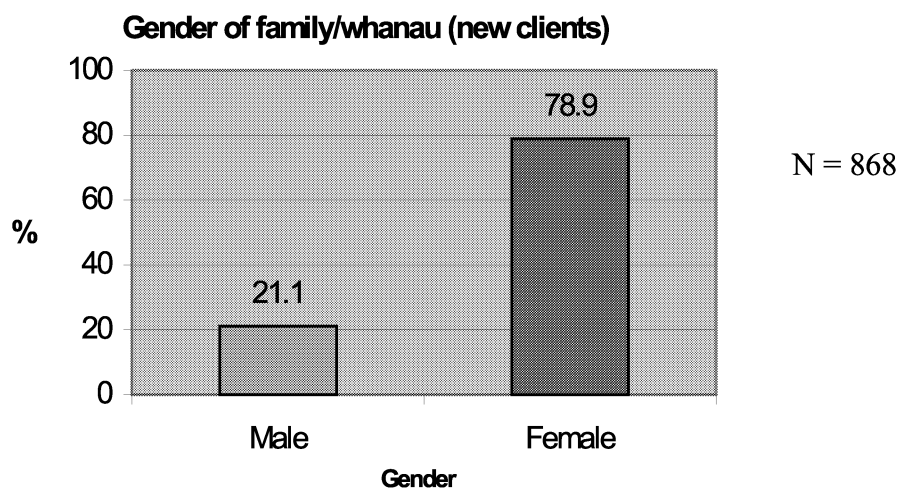
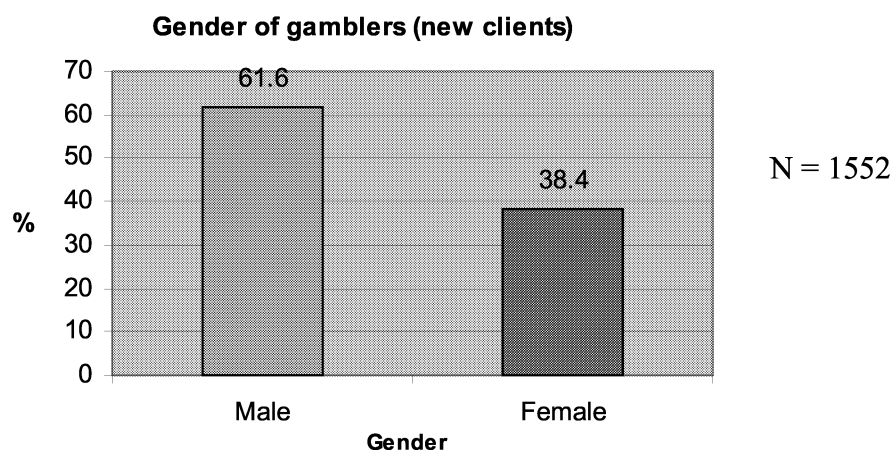
New Callers by Month

Month of call	1998
Jan	114
Feb	181
Mar	208
Apr	240
May	277
Jun	237
Jul	205
Aug	229
Sep	231
Oct	283
Nov	202
Dec	221
Total	2628

Client Characteristics

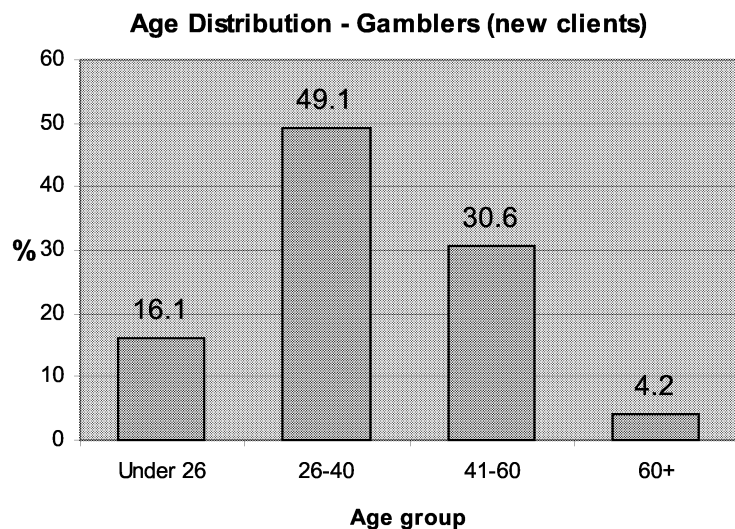
Gender - Gamblers and Family/Whanau/Others

In 1998, most problem gamblers (61.6%) contacting the Telephone Helpline were male and most family/whanau members making contact were female (78.9%).

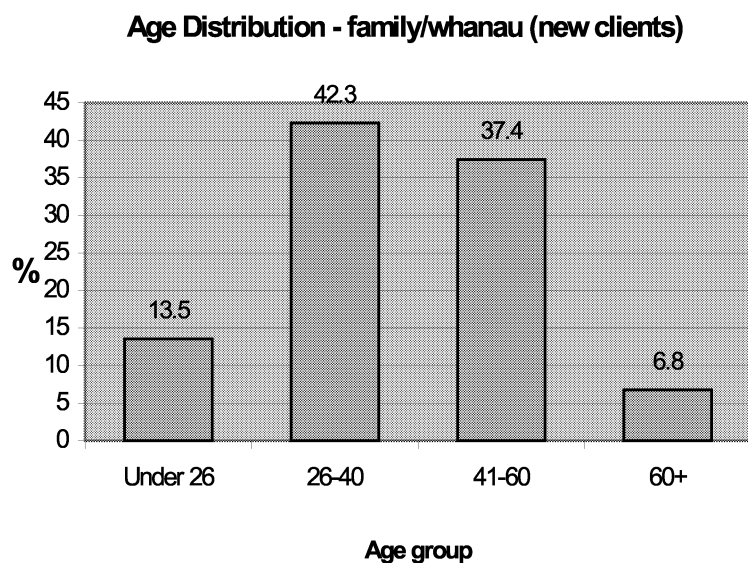


Age Distribution - Gamblers and Family/Whanau/Others

Problem gamblers contacting the Telephone Helpline vary widely in age with a range of younger callers (16.1% aged 25 or less) and older callers (4.2% aged over 60). Family/whanau members appear to be slightly older than gamblers with fewer young callers (13.5% aged 25 or less) and a greater proportion of older callers (6.8% aged over 60). For both types of client, the majority are aged between 26 and 60, with almost half in the 26-40 age range.



N = 1552



N = 868

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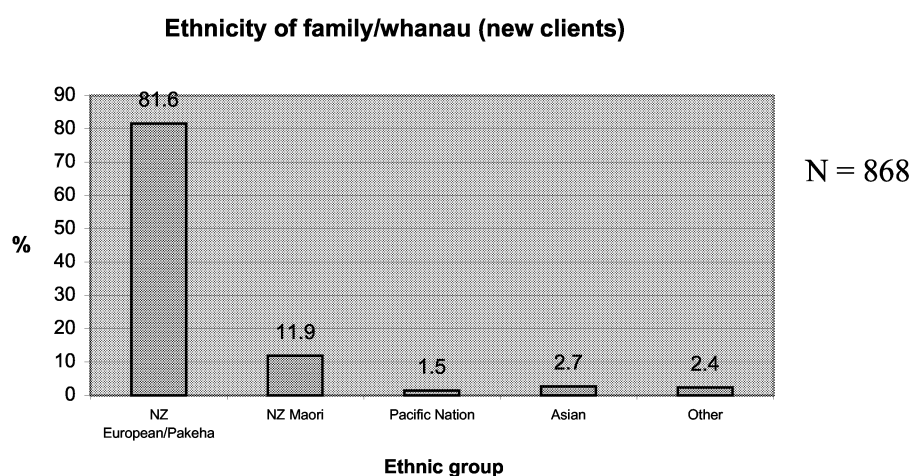
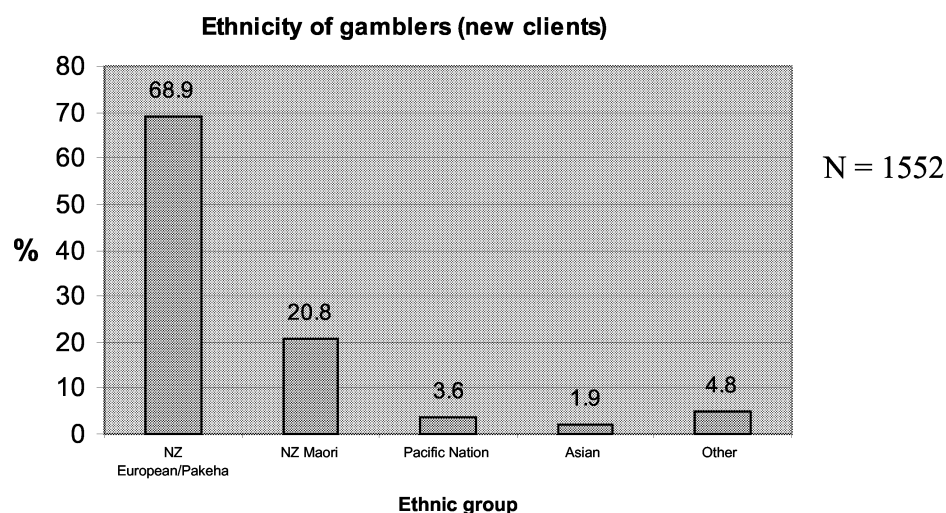
Ethnicity - Gamblers and Family/Whanau/Others

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

There is a moderate underrepresentation of New Zealand European/Pakeha clients (68.9% of problem gambling clients vs 76.6% of population aged 20+⁹), and also of Asian problem gambling clients (1.9% of clients vs 4.0% of population aged 20+).

There is a marked overrepresentation of New Zealand Maori clients (20.8% of problem gambling clients vs 10.9% of population aged 20+).

For the family/whanau of clients, the pattern is slightly different. New Zealand European/Pakeha family/whanau are moderately overrepresented (81.6% for callers vs 76.6% for New Zealand population aged 20+) as are New Zealand Maori family/whanau (11.9% vs 10.9%) The other main ethnic groups are all underrepresented in the clients who are family/whanau of gamblers. The figures are, Pacific Nation (1.5% vs 3.8%), and Asian (2.7% vs 4.0%).

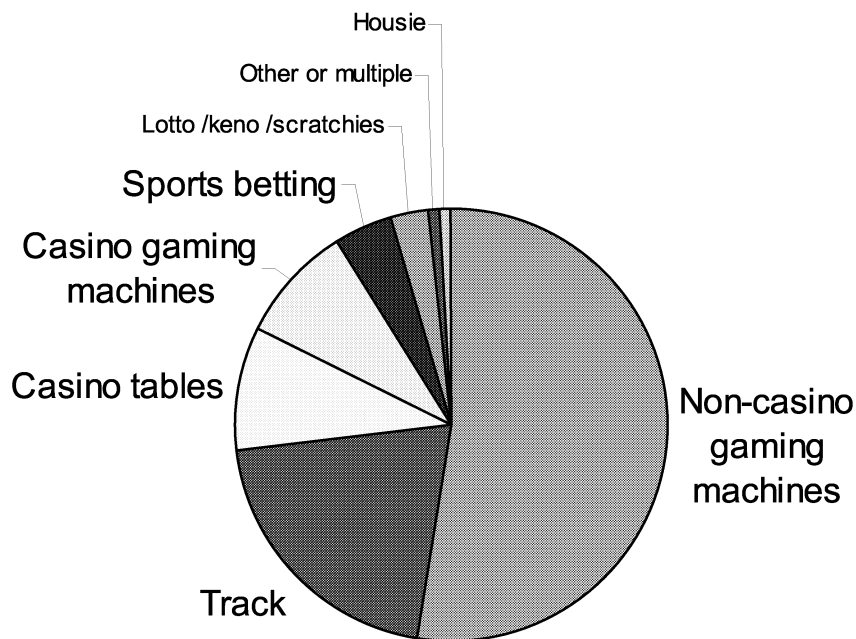


⁹ The New Zealand population figures are for people aged 20+ and are derived from the 1996 Census.

Primary Mode of Problem Gambling (Gamblers & Family/Whanau)

Non-casino gaming machines are the problem gambling mode reported by approximately half of the callers to the Telephone Helpline. Track gambling was the next most often cited problem mode (20.5%), and the remainder were significantly smaller. Sports betting, and Lotto, keno, and the scratchies, were identified as primary problems by only a small minority of clients.

Primary mode of gambling for gamblers & family/whanau (new clients)



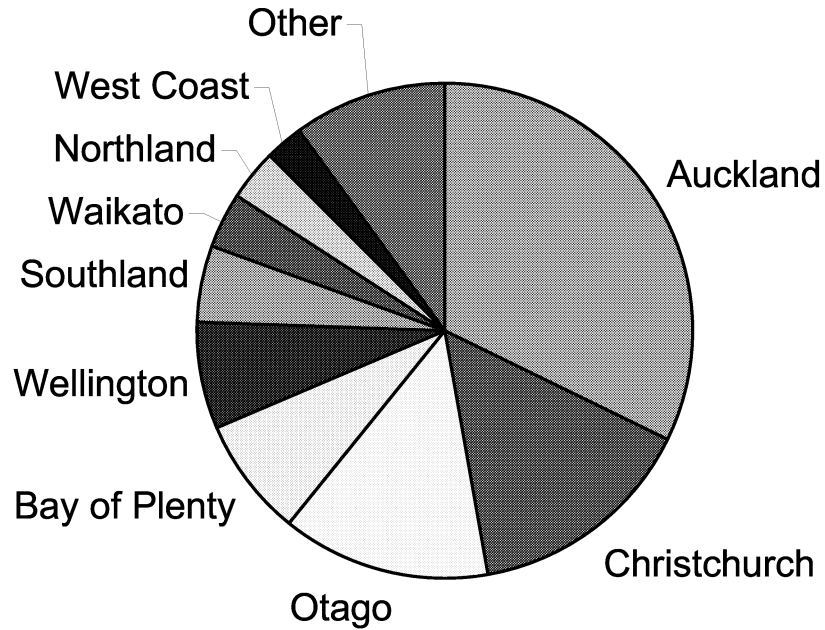
Primary Mode of Problem Gambling (New Gamblers & Family/Whanau)	1998 %
Non-casino gaming machines	52.4
Track	20.5
Casino tables	9.4
Casino gaming machines	8.7
Sports betting	4.6
Lotto/keno/scratchies	2.8
Other or multiple	0.6
Housie	0.9

1998

Origins of calls

Calls are received from throughout New Zealand. As might be expected, Auckland is the source of substantially more calls than any of the other individual regions (32.3%). Christchurch and Otago are the next most important sources of callers. Wellington is perhaps smaller than might be expected, smaller than even the Bay of Plenty, at just 6.8%.

Origin of calls by region



Origin of calls by region	1998 %
Auckland	32.3
Christchurch	14.8
Otago	13.7
Bay of Plenty	7.8
Wellington	6.8
Southland	5.2
Waikato	3.5
Northland	3.3
West Coast	2.5
Other	10.1

Commentary on Personal Counselling and Telephone Helpline Data

A network of personal counselling services and a national telephone helpline are the two key types of service which have been established to help people with gambling problems. These services offer complementary but different types of service.

The telephone helpline is a national free telephone service for problem gamblers and their families. The service offers information, assessment, advice, motivational counselling, support and referral. It aims to provide an easily accessible first point of contact with problem gambling services.

Personal counselling services provide a more in depth face-to-face service including assessment, counselling and therapy. Services are located in major cities throughout the country, with a number of outreach clinics operating to service smaller areas.

Approximately 30% of referrals to personal counselling come directly from the helpline. The remainder come directly via self referral and various community sources. 12.2% percent of new clients have been registered in both services.

During 1998, both personal counselling and the telephone helpline significantly increased service delivery. When compared to 1997, the numbers of new clients receiving help for gambling problems has risen by 63% for personal counselling and 29% for the helpline. The total number of new clients helped by either personal counselling or by the telephone helpline in 1998 is 3660 (440 of whom received services from both).

Comparative commentary

Data reporting for the two services is not exactly the same in all cases. Categories are however broadly similar allowing for some comparative commentary.

Age

The clients receiving help for their own gambling at both services have a very similar age distribution. Approximately half are between the ages of 25 and 40 and roughly one third are between the ages of 40 to 60. The helpline has a higher percentage of clients aged under 26 (16.1% versus 12%)

Gender

Most problem gambling clients are male in both services. (Personal counselling 67.1% and telephone counselling 61.6%). The remainder of clients are family/whanau of problem gamblers contacting the service for help. These clients tend to be mainly women in both services.

Ethnicity

The ethnic mix of clients with a gambling problem in both services is very similar.

European/Pakeha -: Personal counselling (66%) Telephone helpline (68.9%)

Maori -: Personal counselling (19.5%) Telephone helpline (20.8%)

Pacific Island-: Personal counselling (5.2%) Telephone helpline (3.6%)

1998

Asian-: Personal counselling (3.4%) Telephone helpline (1.9%)

Family/whanau clients at both services are also broadly similar in their ethnic profiles, although personal counselling had a higher percentage of Asian family members (6% versus 2.7% at the telephone helpline)

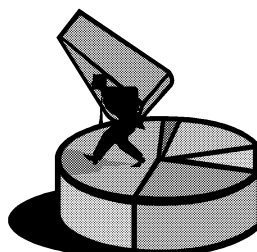
The ethnic pattern at both services is broadly similar to the general 20+ population, with one exception. Maori clients are markedly over represented. Maori make up 10.9% of the 20+ population, compared with clients receiving personal counselling (19.5% Maori) and telephone helpline (20.8% Maori).

Problem Gambling Mode

The main similarity between the two services is the high percentage of clients reporting non-casino gaming machines as their primary mode of problem gambling. (56.2% personal counselling and 52.4% telephone helpline)

Helpline clients primary gambling modes have

- higher percentages for track and sports betting (helpline: 20.5% track, 4.6% sports betting; personal counselling: 13.8% track, 0.7% sports betting)
- a lower percentage for casino gaming machines (helpline: 8.7%, personal counselling: 17.1%)
- a higher percentage for lotto/keno/scratchies (helpline: 2.8%, personal counselling: 0.4%)



Appendix 1: Problem Gambling Counselling Agencies

The data contained in this report represents the services funded by The Problem Gambling Committee and provided primarily by The Compulsive Gambling Society and The Salvation Army Oasis Centres. Wai Health began offering a Maori-based service in December 1998.

During 1998 problem gambling personal counselling services were extended to cover a wider geographic area. New services were established in 1998 in Whangarei, Tauranga, Hamilton and Dunedin.

The Compulsive Gambling Society offers problem gambling counselling services in

- Whangarei
- Auckland (including area clinics)
- Tauranga
- Wanganui/Palmerston North
- Wellington & region
- Christchurch
- West Coast

The Salvation Army Oasis Centres offer problem gambling counselling services in

- Auckland
- Hamilton
- Wellington & region
- Christchurch
- Dunedin

Wai Health offers Maori-based problem gambling services in

- West Auckland

Telephone Helpline 0800 654 655

The National 0800 Telephone Helpline Service is provided by **The Problem Gambling Helpline** based in Auckland.

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Appendix 2: The Problem Gambling Committee

The Problem Gambling Committee is funded solely from contributions from the 5 Funder Trustee Organisations. This includes levies on non-casino gaming machines and grants from the Lottery Grants Board, the TAB, Sky Casino, Christchurch Casino.

The membership of the Problem Gambling Committee is:

Independent Chairperson

Jim Lynch
Buddle Findlay
PO Box 2694
Wellington
Ph: 04 499 4242; Fax: 04 499 4141

Problem Gambling Providers

5 Trustees

Monica Stockdale
Nga Punawai Aroha
Maori Addiction Services
Healthcare Hawkes Bay
P O Box 6023
Napier
Ph: 06 878 1602 Fax: 06 834 1834

Ralph Gerdelan
Executive Director
CGS Auckland
P O Box 26 533
Auckland
Ph 09 623 1400 Fax 09 623 1140

Major W Arnold
National Manager
The Salvation Army
Oasis Centres for Problem Gambling
P O Box 6015
Wellington
Ph: 04 384 5649 Fax: 04 382 0711

Edward Tanoi
Manager
Pacific Island Drug & Alcohol Service
P O Box 22 176
Otahuhu
Auckland
Ph: 09 276 1606: Fax: 09 276 0755

Dr Peter Adams
Dept of Psychiatry
The University of Auckland
Private Bag 92019
Auckland
Ph: 09 373 7599, ext 6538
Fax: 09 373 7493

Gaming Industry Trustees

5 Trustees

David Glen (Casino)
Manager Business Risk
Sky City Ltd
P O Box 6443
Wellesley Street
Auckland
Ph: 09 912 6441 Fax 09 912 6010

Roger Parton (Non-casino gaming machines)
Chairman
Gaming Machine Association of N Z
P O Box 11-749
Wellington
Ph: 04 499 7220 Fax: 04 499 7222

Arthur Pitcher (Casino)
Chief Executive
Christchurch Casino
P O Box 4141
Christchurch
Ph: 03 365 9999 Fax: 03 366 8888

Paul Curry (Lotto/Keno/Scratchies)
General Manager
Community Development
Department of Internal Affairs
P O Box 805
Wellington
Ph: 04 495 7291 Fax: 04 495 7225

Jim Leach (Track gaming and sports betting)
Manager Corporate Affairs
TAB
P O Box 38 899
Wellington Mail Centre
Petone
Ph: 04 576 6999 Fax: 04 576 6830

A pamphlet describing the work of the Problem Gambling Committee is available from the Telephone Helpline (0800 654 655)

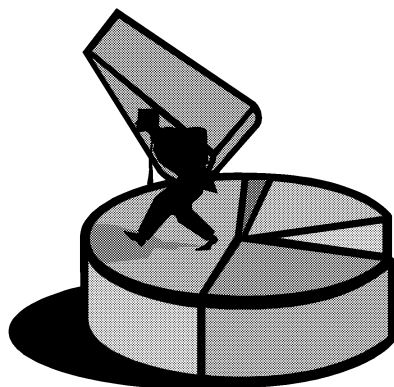
**PROBLEM GAMBLING COUNSELLING
IN NEW ZEALAND**

1999

NATIONAL STATISTICS

Personal Counselling Services

Telephone Helpline



THE PROBLEM GAMBLING COMMITTEE

**PROBLEM GAMBLING COUSELLING IN NEW ZEALAND
1999 NATIONAL STATISTICS**

Authors: Paton-Simpson, G.R.; Gruys, M.A.; & Hannifin, J.B.

Issued by: John Hannifin & Margaret Gruys
PROBLEM GAMBLING PURCHASING AGENCY
71 Jickell street, Palmerston North, New Zealand.
Phone 64-6-359-0251, Fax 64-6-359-1322
johnmarg@manawatu.gen.nz

For: THE PROBLEM GAMBLING COMMITTEE

Data analysis: Dr Grant Paton-Simpson
Phone 64-9-623-0333
grantps@actrix.gen.nz

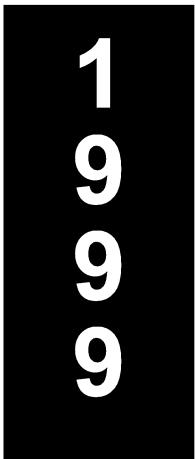
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Foreword

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

The report gives a comprehensive profile of the people receiving help for gambling problems from COPGM funded services. It follows on from the 1997 and 1998 National Statistics Reports which presented the first statistics on problem gambling counselling in New Zealand.

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

Personal counselling services for problem gamblers have provided much needed help for 2363 problem gamblers and their families during 1999 (1997: 1100, 1998: 1940). 1587 of those were people presenting for help for the first time (1997: 982, 1998: 1492). The Telephone Helpline provided help for 3404 new callers (1997 unpublished, 1998: 2628). These figures represent a further increase in service delivery when compared with 1998 (up 6% for counselling new clients and 30% for helpline new calls). The total number of new clients helped by either personal counselling services or by the Telephone Helpline in 1999 is 4313; 678 of these received services from both (1997 unpublished, 1998: 3660 total clients, 460 receiving services from both).

The Compulsive Gambling Society, The Salvation Army Oasis Centres and the Gambling Problem Helpline provide the core national services. Additional choice is offered to clients in Auckland by services provided by Wai Health. During 2000, service choice has been extended by three additional service providers: Pacific Island Drug, Alcohol and Gambling Services (Auckland); Te Atea Marino, Waitemata Health (Auckland) and Te Rangihaeata Hauora (Hawkes Bay). The work of these services will be included in the next set of statistics. All services are to be congratulated on their continued professional delivery of problem gambling services and their dedicated efforts to achieve the best possible results for problem gamblers and their families/whanau.

Previous National Statistics Reports have been well received. The Committee presents this report for 1999 in the hope it will also be useful in advancing understanding of problem gambling.

Jim Lynch

Chairperson

The Problem Gambling Committee

¹ See Appendix 2

Introduction

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

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

This report contains analysis of data collected by problem gambling counselling and telephone services during 1999. In some analyses, 1997 and 1998 data is included for comparison. Where this occurs, the 1997 and 1998 totals have been revised where appropriate to include data added subsequent to the publication of the last report². Some analyses have also been refined since the last report. To enable comparisons to be made, the results for earlier years have been recalculated using the revised methodology.

For this report, a new section has been added to report on progress measures for people receiving problem gambling personal counselling services. During 1999 a set of baseline assessment measures were collected with the intention of repeating these measures on a 6 monthly basis to provide an indication of service ability to help clients resolve their gambling problems. Although this project is still being established, it has already been possible to generate preliminary outcome results. As the outcome data grows, it is anticipated that there will be further advances in the understanding of the effectiveness of problem gambling treatment.

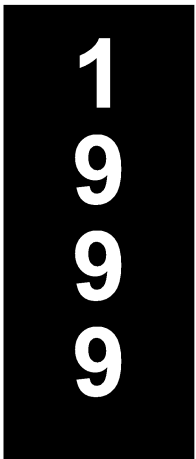
We would like to take this opportunity to thank the many people involved in the production of these statistics - the many clinicians in each of the services for their fine work in collecting the raw data for this report, the perfectionism of the data entry, and the expert work in data analysis.

John Hannifin

Margaret Gruys

Directors

Problem Gambling Purchasing Agency



² See Appendix 3

Comparative Commentary on Personal Counselling and Telephone Helpline Data

A network of personal counselling services and a national telephone helpline are the two key types of service established to help people with gambling problems. These services offer complementary but different types of service.

The telephone helpline is a national free telephone service for problem gamblers and their families. The service offers information, assessment, advice, motivational counselling, support and referral. It aims to provide an easily accessible first point of contact with problem gambling services.

Personal counselling services provide a more in depth face-to-face service including assessment, counselling and therapy. Services are located in major cities throughout the country, with a number of outreach clinics operating to service smaller areas.

Just over 40%³ of referrals to personal counselling come directly from the helpline. The remainder come directly via self referral and various community sources. 15.7% percent of new clients have been registered in both services.

During 1999, both personal counselling and the telephone helpline increased service delivery. When compared to 1998, the numbers of new clients receiving help for gambling problems has risen by 6% for personal counselling and 30% for the helpline. The total number of new clients helped by either personal counselling or by the telephone helpline in 1999 is 4313 (678 of whom received services from both).

Comparative commentary

Age

The clients receiving help for their own gambling at both services have a similar age distribution. The same is true for the family/whanau of problem gamblers.

Gender

Most problem gambling clients are male in both services. (Personal counselling 64.6% and telephone counselling 56.7%). The remainder of clients are family/whanau of problem gamblers contacting the service for help. These clients tend to be mainly women in both services.

Ethnicity

Generally the ethnic mix of clients with a gambling problem in both services is very similar.

European/Pakeha -:Personal counselling (62.8%) Telephone helpline (64.6%)

³ Rounding effects may mean that some totals presented to a certain level of precision, e.g. one decimal place, may not exactly equal the sum of the constituent numbers as they are presented. This is not an error. For example, $0.7 + 0.7 = 1.4$. If these are all rounded to one decimal place, we will have $1 + 1$ and a total of 1 (1.4 rounded to one decimal place).

Maori -: Personal counselling (22.0%) Telephone helpline (22.2%)

Pacific Nations-: Personal counselling (4.5%) Telephone helpline (4.7%)

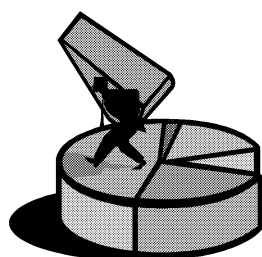
Asian-: Personal counselling (3.9%) Telephone helpline (0.9%)

Family/whanau clients at both services are also broadly similar in their ethnic profiles, although personal counselling had a higher percentage of Pacific Nations (6.7% compared with 2.2% at the telephone helpline) and Asian family members (4.6% compared with 0.9% at the telephone helpline).

The ethnic pattern at both services is broadly similar to the general 20+ population, with one exception. Maori clients are markedly over represented. Maori make up 10.9% of the 20+ population, compared with clients receiving personal counselling (22.0% Maori) and telephone helpline (22.2% Maori).

Problem Gambling Mode

Overall, the helpline and counselling services had very similar proportions of clients reporting each of the main primary modes of problem gambling. The most marked result for both services was the high percentage of clients reporting non-casino gaming machines as their primary mode of problem gambling (60.5% personal counselling and 62.9% telephone helpline). This continued the upward trend of previous years.



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Telephone Helpline Services

Service Delivery

Summary

The Telephone Helpline provided a service to 3404 new clients in 1999. This represents an increase of 30% over the 1998 total of 2628.

Most problem gamblers are male (56.7%) and most family/whanau members are female (78.5%).

Problem gamblers and family/whanau of gamblers from a wide range of ages contacted the Telephone Helpline in 1999. Problem gamblers are typically slightly younger than family/whanau.

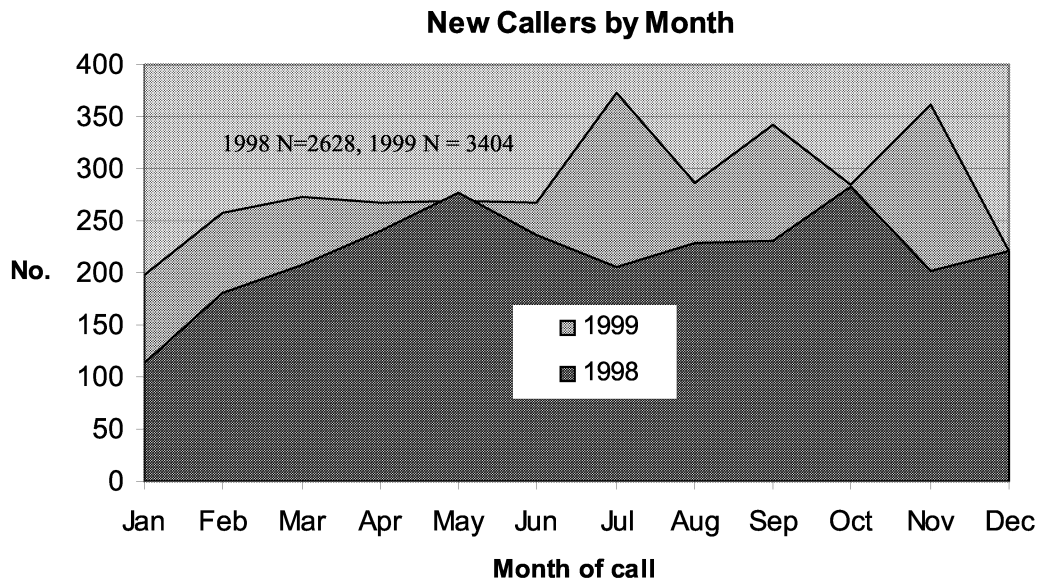
Looking at ethnicity, New Zealand Maori problem gambler clients are markedly overrepresented when compared to the New Zealand population aged over 19 (22.2% vs 10.9%). Apart from this, the ethnic profile of callers is comparable with that of the general population. Most clients are New Zealand European/Pakeha, and the second largest group is New Zealand Maori.

Non-casino gaming machines are the most frequently cited problem gambling mode (62.9%). Sports betting (0.7%), lotto, keno, and scratchies (1.4%) are only reported as problems by a small percentage of clients.

Calls are received by the Telephone Helpline from all over New Zealand.

Number of Clients Accessing Service

The Telephone Helpline provided a service to 3404 new clients in 1999. This represents an increase of 30% over the 1998 total of 2628. The chart below shows the pattern of calls over the course of 1998 and 1999.



New Callers by Month

Month of call	1999	1998
Jan	198	114
Feb	258	181
Mar	274	208
Apr	267	240
May	269	277
Jun	267	237
Jul	374	205
Aug	287	229
Sep	343	231
Oct	285	283
Nov	361	202
Dec	221	221
Total	3404	2628

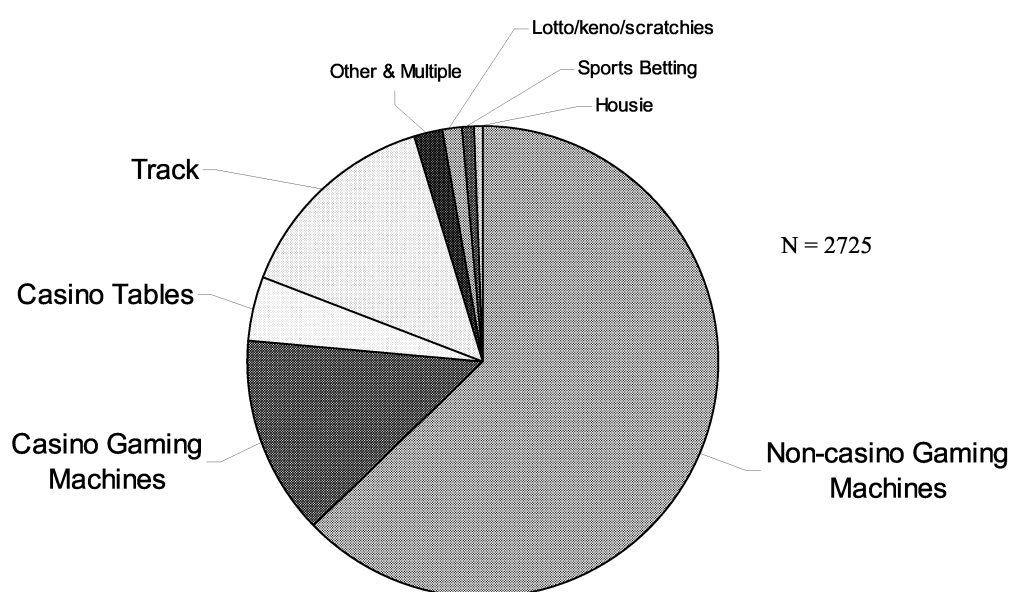
1999

Client Characteristics

Primary Mode of Problem Gambling (Gamblers & Family/Whanau)

Non-casino gaming machines are the problem gambling mode reported by nearly two-thirds of the callers to the Telephone Helpline. Track gambling and casino gaming machines were the next most often cited problem modes (14.5% and 13.6% respectively), and the remainder were significantly smaller. Sports betting, and Lotto, keno, and the scratchies, were identified as primary problems by only a small minority of clients.

Primary Mode of Gambling for Gamblers & Family/Whanau (New Clients)

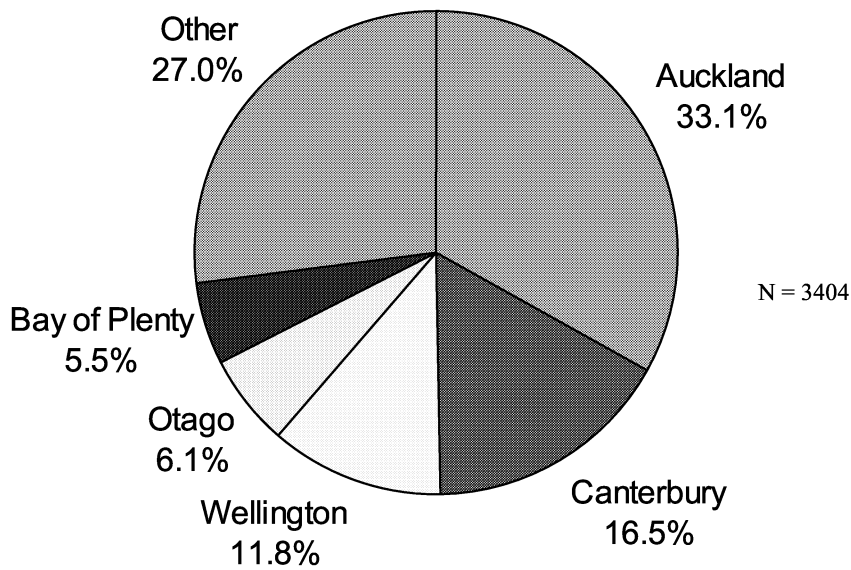


Primary Mode of Problem Gambling (New Gamblers & Family/Whanau) – by 1999%	1999		1998	
	N	%	N	%
Non-casino Gaming Machines	1714	62.9%	1279	52.4%
Track	394	14.5%	501	20.5%
Casino Gaming Machines	370	13.6%	213	8.7%
Casino Tables	118	4.3%	229	9.4%
Other & Multiple	56	2.1%	15	0.6%
Lotto/keno/scratchies	37	1.4%	68	2.8%
Sports Betting	20	0.7%	113	4.6%
Housie	16	0.6%	23	0.9%
	2725	100.0%	2441	100.0%

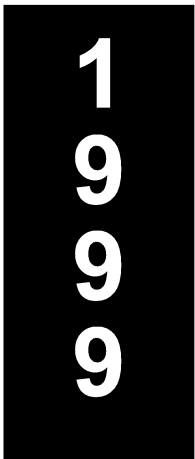
Origin of Calls

Calls were received from throughout New Zealand. As might be expected, Auckland was the source of substantially more calls than any of the other individual regions (33.1%). Canterbury and Wellington were the next most frequent source of callers. The distribution is broadly similar to that in 1998.

Origin of Calls by Region (New Clients)



Origin of Calls by Region	1999 N	%
Auckland	1126	33.1%
Canterbury	562	16.5%
Wellington	400	11.8%
Otago	208	6.1%
Bay of Plenty	188	5.5%
Other	920	27.0%
	3404	100.0%



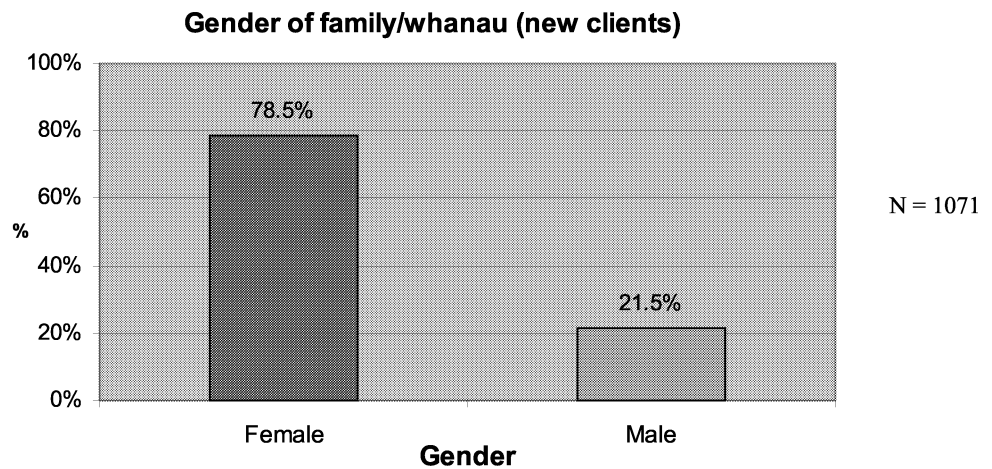
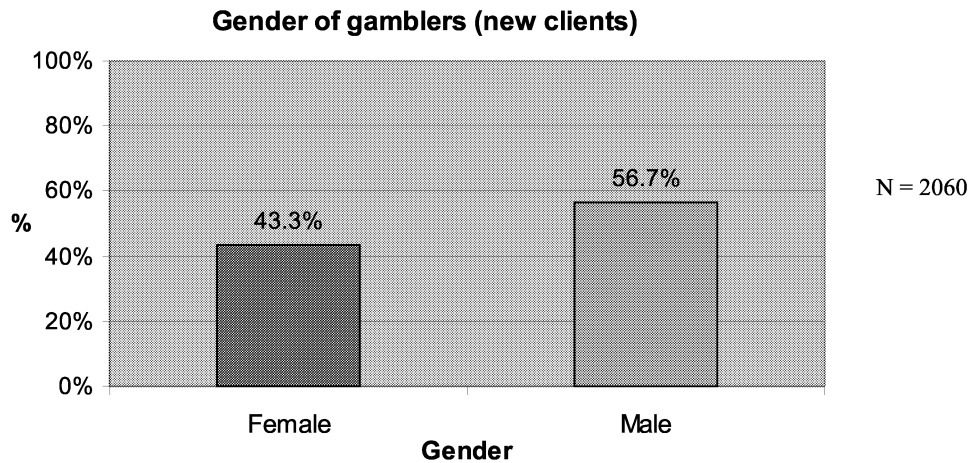
Gamblers, Family/Whanau & Others

Most people (65.8%) phoned the telephone helpline because of their own gambling problem. A smaller proportion (34.2%) sought help as a family/whanau member of a gambler. These proportions are almost exactly the same as in 1998.

Type of Client (New Clients)	1999		1998	
	N	%	N	%
Gambler	2060	65.8%	1552	64.1%
Significant Other	1071	34.2%	868	35.9%
Total	3131	100.0%	2420	100.0%

Gender - Gamblers and Family/Whanau/Others

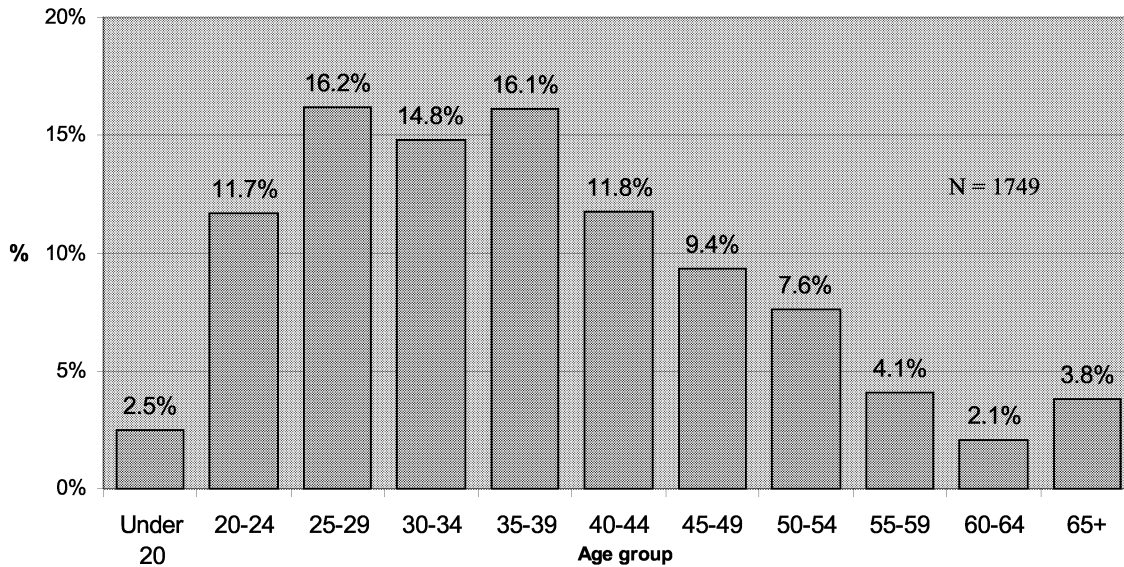
In 1999, most problem gamblers (56.7%) contacting the Telephone Helpline were male and most family/whanau members making contact were female (78.5%).



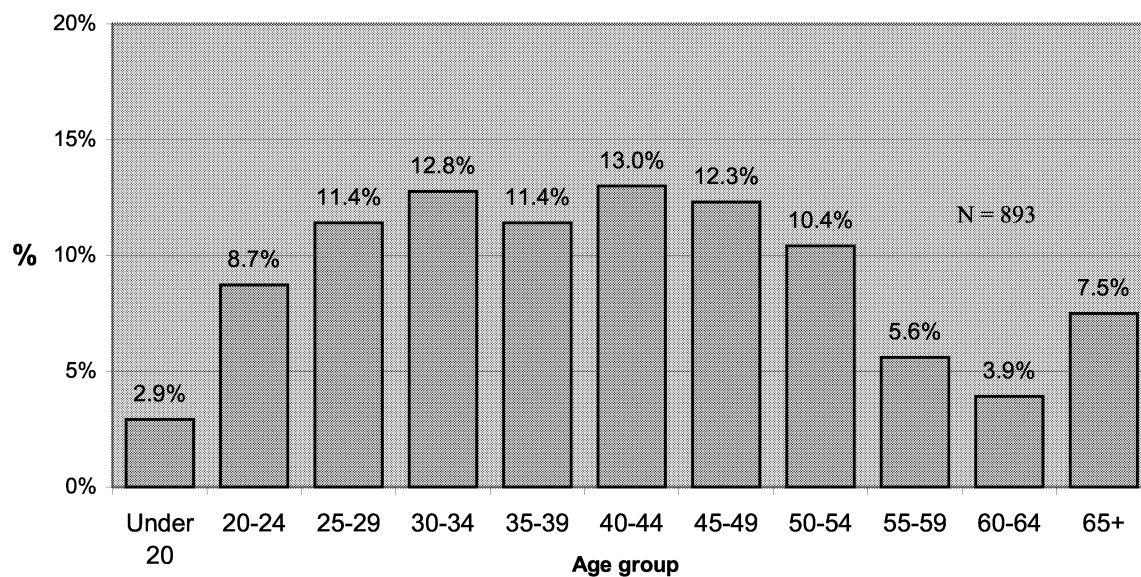
Age Distribution - Gamblers and Family/Whanau/Others

Problem gamblers contacting the Telephone Helpline vary widely in age with a range of younger callers (14.1% aged under 25) and older callers (5.9% aged 60 and over). Family/whanau members are slightly older than problem gamblers with fewer young callers (11.6% aged under 25) and a greater proportion of older callers (11.4% aged 60 and over).

Age distribution of gamblers (new clients)



Age distribution of family/whanau (new clients)



1999

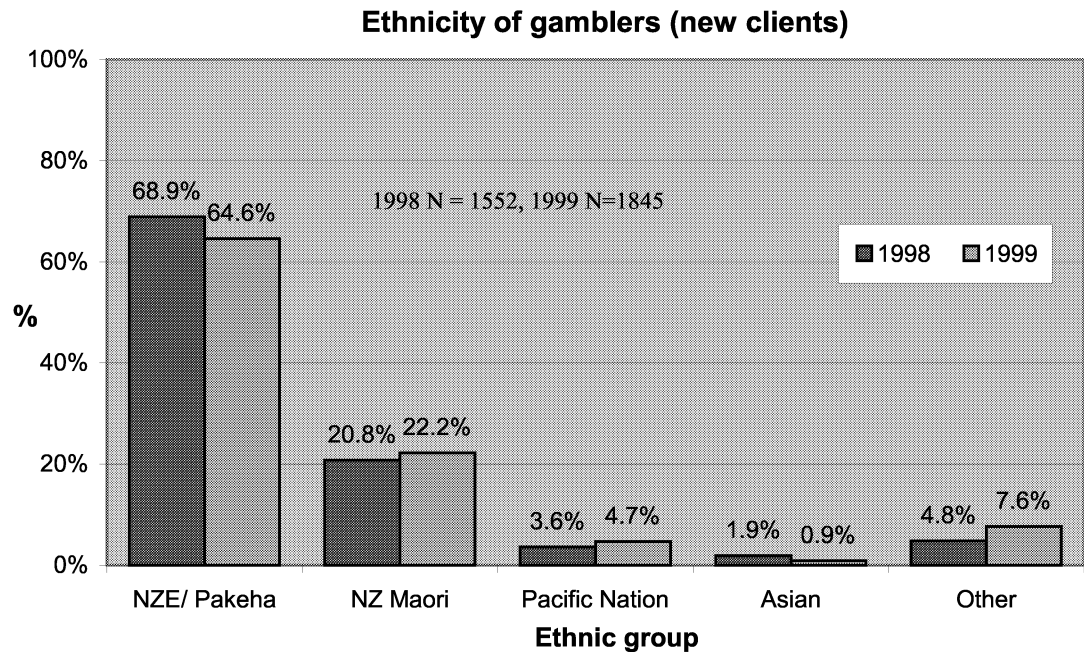
Ethnicity - Gamblers and Family/Whanau/Others

When compared to the ethnic profile of the New Zealand population aged 20+⁴ the ethnic profile of problem gamblers (and of their family/whanau) shows some variation.

There is a moderate underrepresentation of New Zealand European/Pakeha clients (64.6% of problem gambling clients vs 76.6%), and also of Asian problem gambling clients (0.9% of clients vs 4.0%).

There is a marked overrepresentation of New Zealand Maori clients (22.2% of problem gambling clients vs 10.9%).

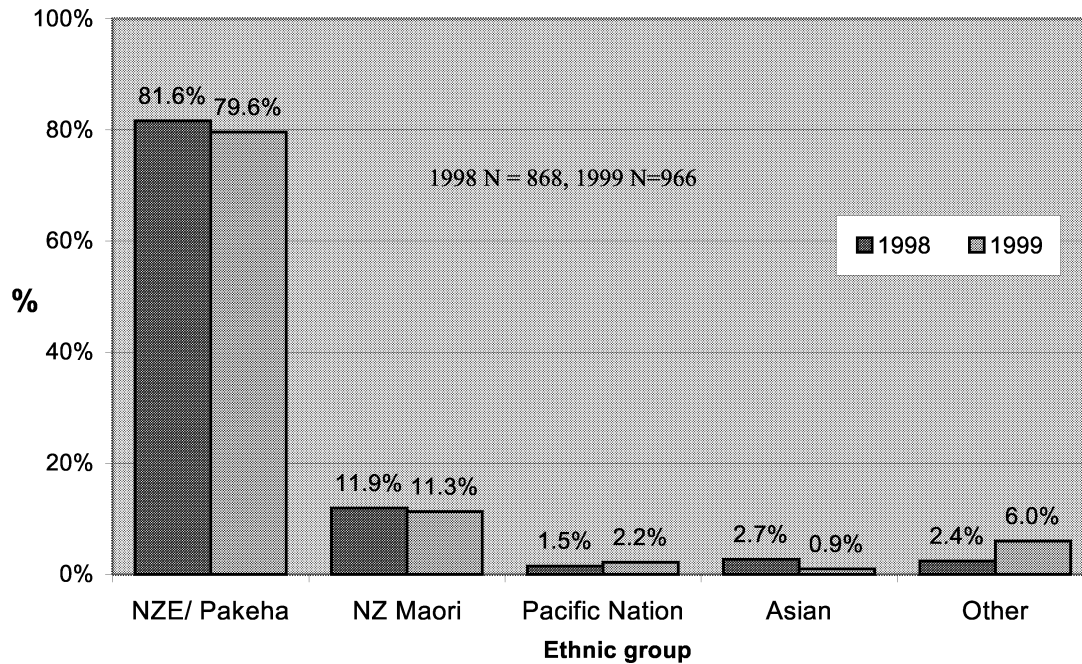
For the family/whanau of clients, the pattern is slightly different. New Zealand European/Pakeha family/whanau are moderately overrepresented (79.6% for callers vs 76.6%) as are New Zealand Maori family/whanau (11.3% vs 10.9%). The other main ethnic groups are all underrepresented in the clients who are family/whanau of gamblers. The figures are, Pacific Nation (2.2% vs 3.8%), and Asian (0.9% vs 4.0%).



⁴ The New Zealand population figures are for people aged 20+ and are derived from the 1996 Census.

Ethnic Group	N	%
NZ European/Pakeha	1192	64.6%
NZ Maori	410	22.2%
Pacific Nation	86	4.7%
Asian	16	0.9%
Other	141	7.6%
TOTAL	1845	100.0%

Ethnicity of family/whanau (new clients)



1999

Personal Counselling Services

Service Delivery

Summary

During 1999, the areas covered by problem gambling counselling services were further expanded.⁵ A larger section of the New Zealand population had access to personal counselling services for their gambling problems. The number of new clients receiving help for their gambling problems increased, continuing the upward trend noted in previous years.

In 1999, the average time span clients spent in treatment increased further but the amount of treatment time received by clients remained much the same, with some minor variations. Contact time with counselling services varies significantly, both in terms of session hours and the time span between admission and discharge.

Numbers of Clients Accessing Services

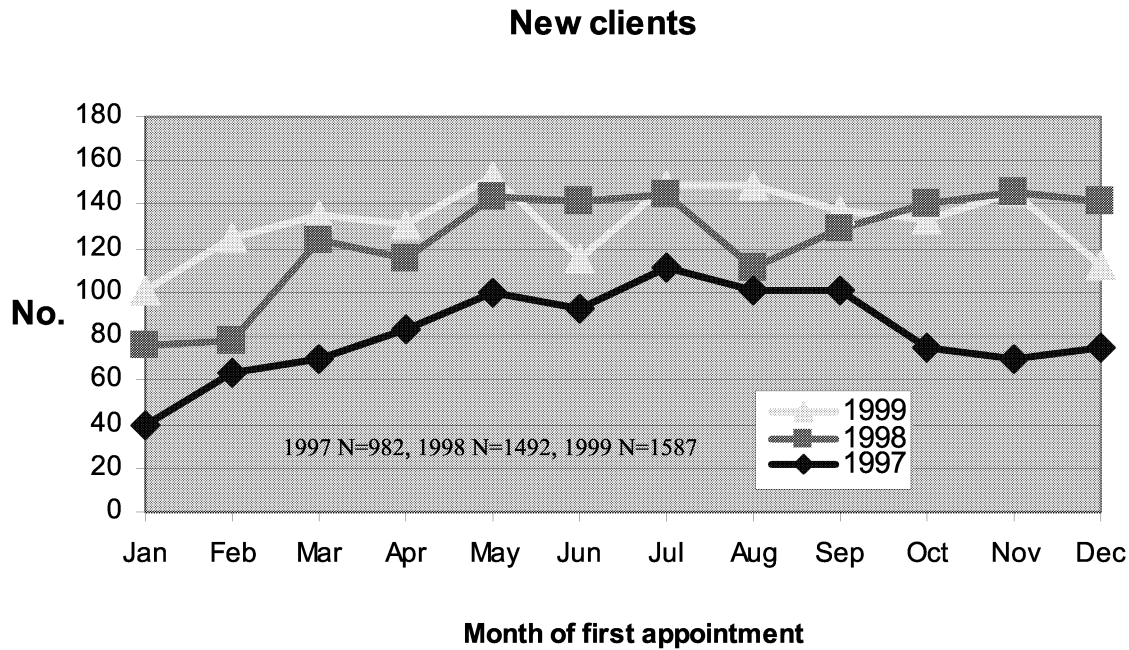
Problem gambling counselling services were received by 2363 clients during 1999. Just over two-thirds (1587) of these clients were “completely new” (that is, had *not* received counselling for gambling-related problems in the past). Of the remaining 776 clients, 695 were “brought-forward” clients (began their treatment in the previous year) and 81 were “repeat” clients (previously discharged and re-presented for further treatment).

Client Type	Total	
	N	%
New clients	1587	67.2%
Brought forward clients	695	29.4%
Repeat admission clients	81	3.4%
Total	2363	100.0%

⁵ See Appendix 1

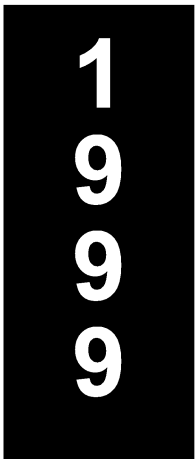
These figures represent a small increase in service delivery compared with 1998. The trend in new client presentations slowed down in 1999 with a much smaller increase than occurred between 1997 and 1998.

The chart and table below show the monthly spread of first time client presentations.



New Clients

Month of first appointment	1999	1998	1997
Jan	101	76	40
Feb	125	78	63
Mar	135	124	70
Apr	131	116	83
May	153	144	100
Jun	116	141	93
Jul	149	145	111
Aug	149	111	101
Sep	137	129	101
Oct	133	140	75
Nov	146	146	70
Dec	112	142	75
Total	1587	1492	982

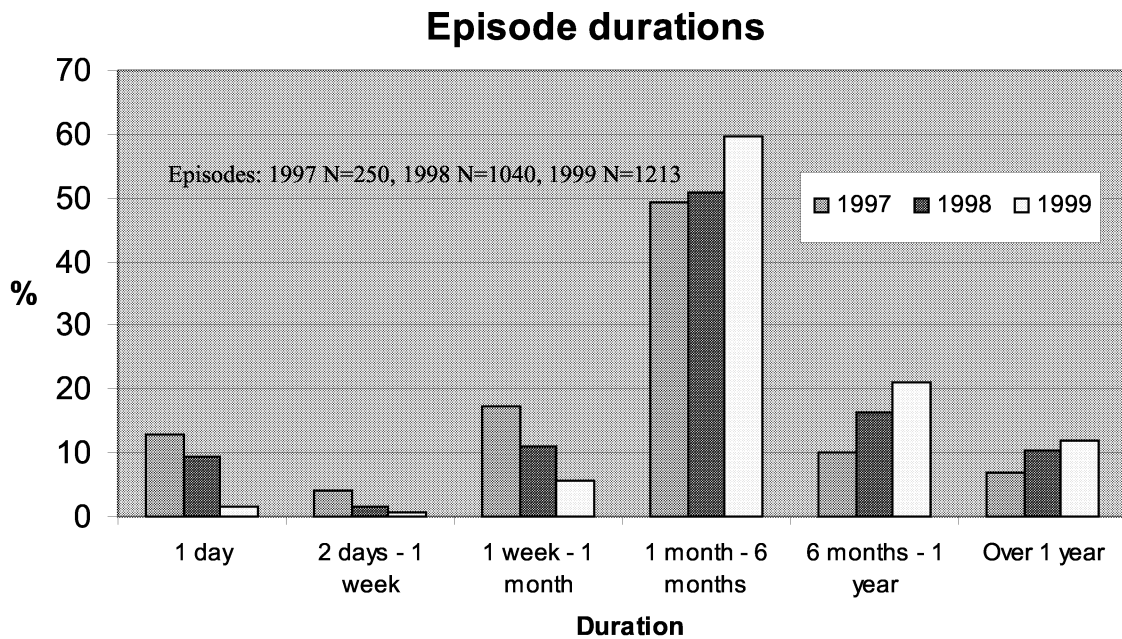


Time Spent in Treatment

Duration of Treatment Episodes

Clients receiving problem gambling services remain in treatment for varying lengths of time, both in terms of the duration of each treatment episode⁶ and the hours of treatment received.

Contact with the service spread over various time spans, with the majority of clients being counselled over a 1 to 6 month period. The trend since 1997 has been a decrease in the proportion of clients receiving very brief treatment episodes and an increase in the proportions receiving episodes measured in months and years. The median treatment episode length has risen from 61 days in 1997 to 86 days in 1998 to 120 days in 1999. Clients appear to be staying in contact with the treatment agency for longer periods.



⁶ A treatment episode is the timespan a person attends for counselling from assessment to discharge.

Hours of Treatment Received

The hours each client spent in counselling (mainly individual and group counselling) also varied considerably.

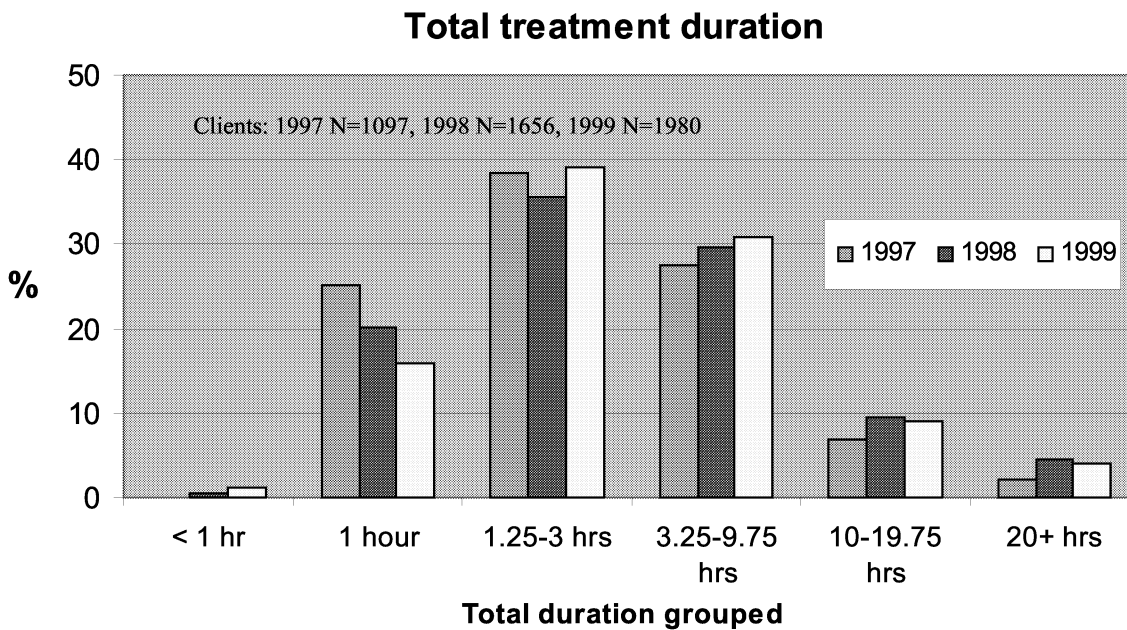
When compared to 1997 and 1998, the figures indicate minor changes in the pattern of hours of treatment received.

More clients in 1999 received over 1 hour of counselling. This may indicate an improved trend towards retaining more clients beyond the initial assessments.

Just over half of all clients received up to 3 hours of counselling. Approximately a third received over 3 but less than 10 hours of treatment in total.

Optimum treatment time for problem gambling has not been established, although clinical preference currently aims for approximately 6 to 8 sessions⁷ for the majority of clients.

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



1999

⁷ A session is regarded as a counselling appointment usually of 50 minutes for individual sessions.

Client Characteristics⁸

Overview

Just over 40% of new clients attending personal counselling services are in the Auckland area.

The majority of gambler clients are male (64.6%) and the majority of family/whanau members are female (79.5%). This is a similar pattern to that found in outpatient alcohol and drug treatment in New Zealand. The number of female gamblers is increasing (up 8.2 percentage points from 1997).

A further difference between gamblers and family/whanau is that gamblers tend to be younger. Although the difference between the means is modest (37 for gamblers and 41 for family/whanau) more substantial differences become apparent when looking at specific age groupings. 30.7% of gamblers are under 30, whereas only 21.6% of family/whanau members are in this age group. Only 24.0% of gamblers are aged 45 or more whereas 41.6% of family/whanau members are over 45.

Non-casino gaming machines remain the dominant mode of problem gambling in 1999 with 60.5% of clients referring to this mode as their primary problem. The figure was 56.8% in 1997 and 56.3% in 1998.

Lotto/keno/scratchies only featured as an additional mode of problem gambling, and even then the percentage of clients was very small (7.0%).

Women problem gamblers disproportionately report gaming machines (non-casino and casino) as their primary problem (91.2% for females vs 66.8% for males). For New Zealand European/Pakeha women the percentage is even higher (94.9%) than the average for all women. 71.2% of New Zealand Maori women problem gamblers report non-casino gaming machines as the primary problem gambling mode.

Asian and Pacific Nation problem gamblers disproportionately report casino tables and casino gaming machines as their primary gambling problem (65.9% for both modes combined for Asian clients and 32.0% for Pacific Nation clients).

Primary Mode of Problem Gambling (Gamblers)

Most clients were able to identify a “main” or “primary” mode of problem gambling. All clients who receive problem gambling counselling are asked what type or mode of gambling is causing them the most problems. They are also asked if additional types or modes of gambling caused them problems. 40.8% of all new gambler clients identifying a primary mode of problem gambling also identified additional modes of problem gambling.

The most frequently reported primary mode of problem gambling is non-casino gaming machines (60.5%). These are the gaming machines located in hotels and clubs. Well over half of all new gambler clients cite non-casino gaming machines as their primary mode of problem gambling. This is a slight increase over 1997 and 1998 percentages (3.7 and 4.2 percentage points respectively). Women are particularly

⁸ Differences in the total numbers of clients in the tables in this section occur due to missing data in certain categories.

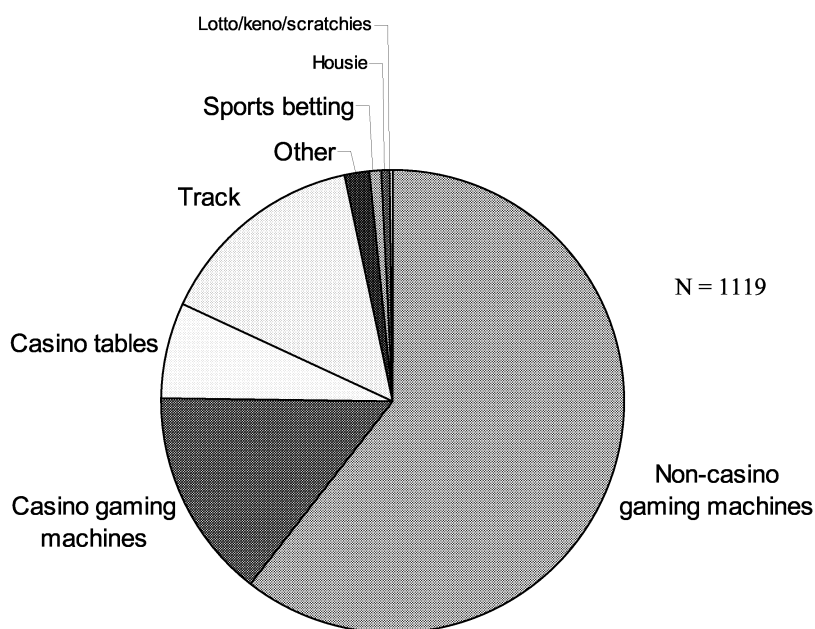
more likely to cite non-casino gaming machines as their primary mode of problem gambling (66.1%). 71.2% of New Zealand Maori women problem gamblers report non-casino gaming machines as their primary problem gambling mode.

The next most frequently cited modes of problem gambling are track gambling, casino gaming machines, and casino tables (14.8%, 14.7%, and 6.7% respectively). Even combined these are still significantly less cited than non-casino gaming machines (60.5%).

Gaming machines (casinos and non-casinos) are the primary mode of problem gambling for 75.2% of new gambling clients receiving treatment. This represents continued growth since 1997 (1997: 68.8%, 1998: 73.3%, 1999: 75.2%).

Casino gaming machines and casino tables combined are the primary gambling modes cited by 21.4% of new gambling clients.

Primary Mode of Gambling for Gamblers (New Clients)



Gamblers Primary Mode of Problem Gambling (New Clients) – by 1999%	1999	1998	1997
Non-casino Gaming Machines	60.5%	56.3%	56.8%
Track	14.8%	13.8%	18.4%
Casino Gaming Machines	14.7%	17.0%	12.0%
Casino Tables	6.7%	10.0%	8.9%
Other or Multiple	1.5%	1.7%	2.5%
Sports Betting	1.1%	0.7%	1.1%
Housie	0.4%	0.1%	0.3%
Lotto/Keno/Scratchies	0.3%	0.4%	0.1%
N	1119	1095	757

1999

Additional Mode of Problem Gambling (Gamblers)

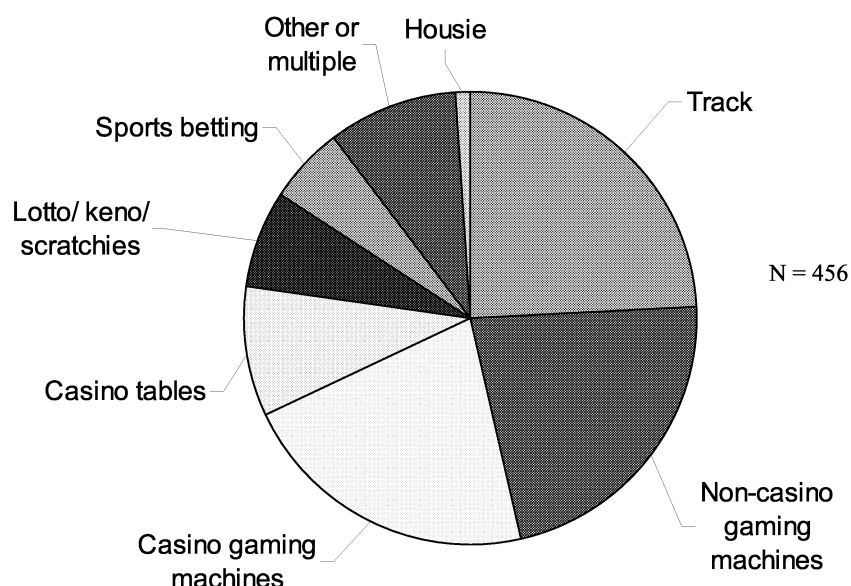
40.8% (compared to 33% in 1998) of new gambler clients identifying a primary mode of problem gambling also identified additional modes of gambling causing problems.

The data indicates track and gaming machine gambling are the most often cited additional modes of problem gambling.

Lotto/keno/scratchies, sports betting, and housie feature mainly as an additional mode of problem gambling, but in comparatively small numbers. These modes of gambling rarely appear as a primary mode of gambling.

Looking at trends since 1997, the main changes are the rise of casino gaming machines (1997: 13.8%, 1998: 18.8%, 1999: 21.5%), the rise of sports betting (1997: 3.3%, 1998: 4.9%, 1999: 5.5%), and the fall of housie (1997: 4.2%, 1998: 2.2%, 1999: 1.1%) as additional modes of problem gambling.

Additional Mode of Gambling for Gamblers (New Clients)



Gamblers Additional Mode of Problem Gambling (New Clients) - by 1999 %	1999	1998	1997
Track	24.1%	30.4%	21.3%
Non-casino Gaming Machines	22.4%	24.5%	25.5%
Casino Gaming Machines	21.5%	18.8%	13.8%
Casino Tables	9.2%	10.1%	13.0%
Other or Multiple	9.2%	4.1%	8.8%
Lotto/Keno/Scratchies	7.0%	5.2%	10.0%
Sports Betting	5.5%	4.9%	3.3%
Housie	1.1%	2.2%	4.2%
N	456	368	239

Primary and Additional Mode Combined

The combined primary and additional mode totals for each mode show the numbers of people experiencing gambling problems with each particular form of gambling. The data shows the effect the addition of “additional mode” has on total numbers in each mode.

The various different combinations clients can select from primary and additional modes of problem gambling results in multiple responses for the same people. The data primarily indicates the changing trend in total numbers affected by different modes when primary and additional mode are considered together. Track features more significantly and lotto/keno/scratchies and sports betting begin to feature more prominently. The major presenting mode remains non-casino gaming machines.

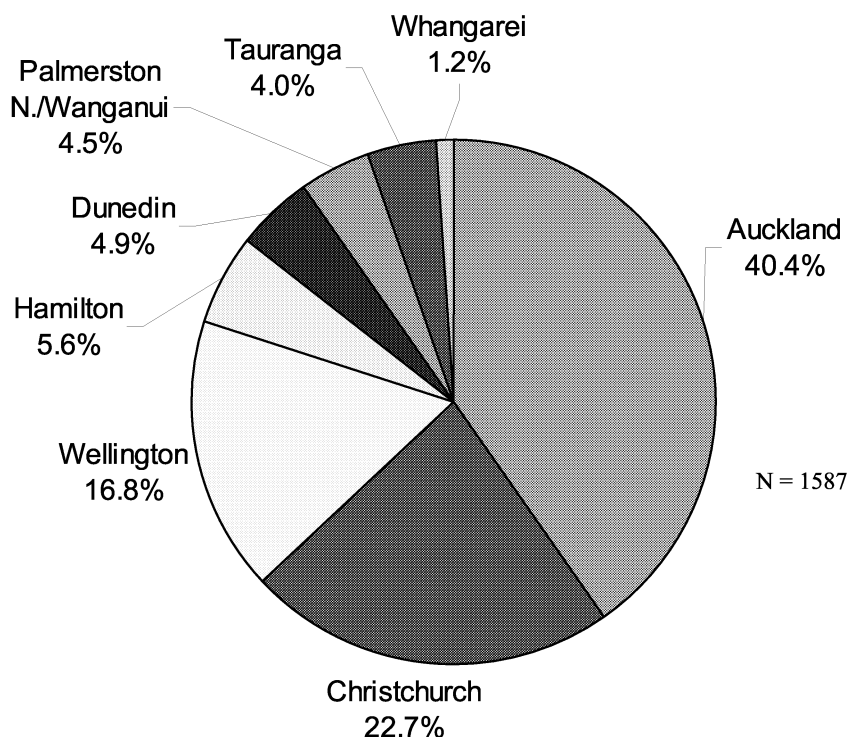
Gambling mode	Primary mode N		Additional mode N		Total N		% of new gambler clients (with mode data)	
	1999	1998	1999	1998	1999	1998	1999	1998
Non-casino Gaming Machines	677	616	102	90	779	706	69.6	64.4
Track	166	151	110	112	276	263	24.7	24.0
Casino Gaming Machines	165	186	98	69	263	255	23.5	23.2
Casino Tables	75	110	42	37	117	147	10.5	13.4
Other	17	19	42	15	59	34	5.3	3.1
Sports Betting	12	8	25	18	37	26	3.3	2.4
Housie	4	1	5	8	9	9	0.8	0.8
Lotto/Keno/Scratchies	3	4	32	19	35	23	3.1	2.1
					Inappropriate to total due to multiple responses		Inappropriate to total due to multiple responses	

1999

New Clients by Main Geographic Location of Problem Gambling Counselling Centre

Just over 40% of new clients attending personal counselling services are in the Auckland area. This is likely to be influenced by several factors. Auckland has New Zealand's largest population; the largest number of gaming opportunities; and the most established counselling services for problem gamblers. The main centres also service outlying areas with clinics. Clinic clients are included in the main centre totals.

New Clients by Main Geographic Location



Main Geographic Location – by %	N	%
Auckland	641	40.4%
Christchurch	360	22.7%
Wellington	267	16.8%
Hamilton	89	5.6%
Dunedin	77	4.9%
Palmerston North / Wanganui	71	4.5%
Tauranga	63	4.0%
Whangarei	19	1.2%
Total	1587	100.0%

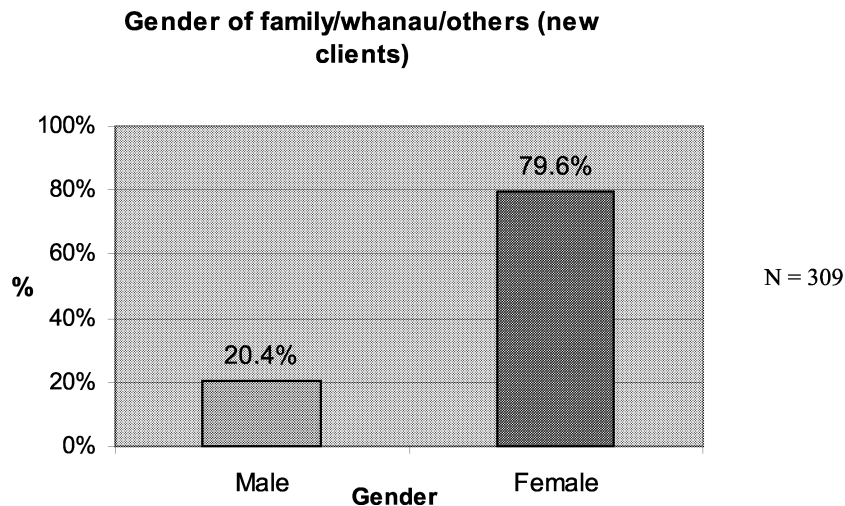
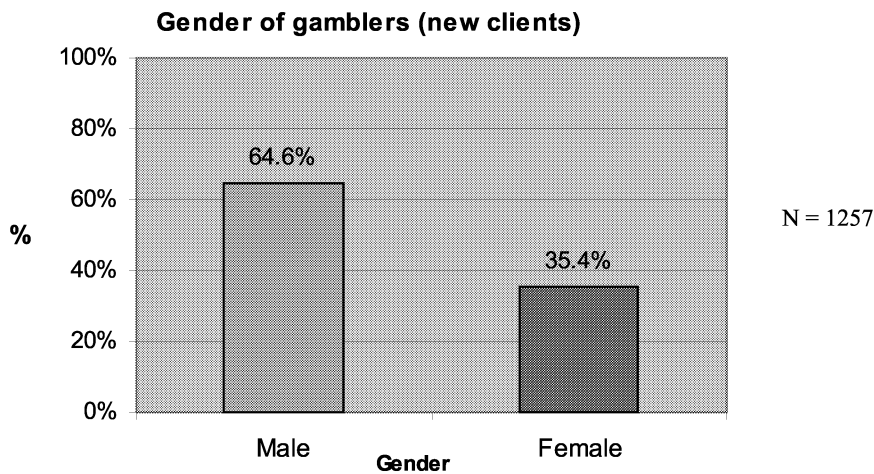
Gamblers, Family/Whanau & Others

Most people (80.3%) arrived at a service because of their own gambling problem. A smaller proportion (18.6%) sought help as a family/whanau member of a gambler. Just over one percent of attendees fell into the category of “Other” such as friends of gamblers.

Type of Client (New Clients)	N	%
Gambler	1257	80.3%
Family member	291	18.6%
Other person affected	18	1.1%
Total	1566	100.0%

Gender - Gamblers and Family/Whanau of Gamblers

Most gamblers (64.6%) attending treatment services are male and most family/whanau members attending services are female (79.6%) The 1999 figures indicate a further increase compared with 1997 and 1998 figures in the proportion of problem gambler clients who are female (1997: 27.2%, 1998: 33.1%, 1999: 35.4%).

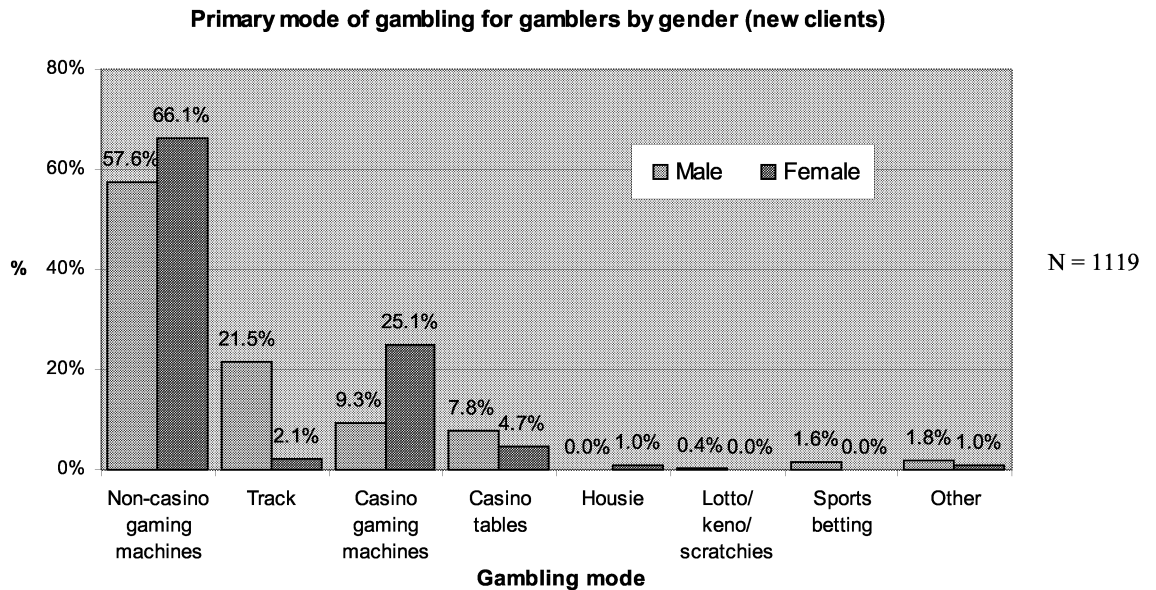


1999

Primary Mode of Problem Gambling by Gender (Gamblers)

Women problem gamblers were more likely to report gaming machines (both casino and non-casino) as primary modes of problem gambling (91.2% for females vs 66.8% for males). Women clients were less likely to report track as their primary mode. A much higher proportion of men reported the track as their primary mode of problem gambling.

Compared with 1997 and 1998, the 1999 figures show a very similar pattern in terms of the distributions by gender.

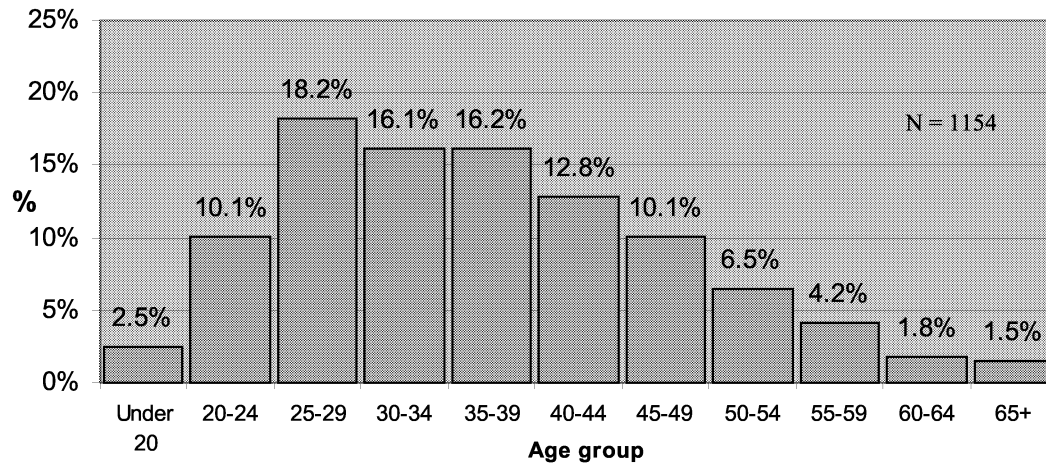


Age Distribution - Gamblers & Family/Whanau of Gamblers

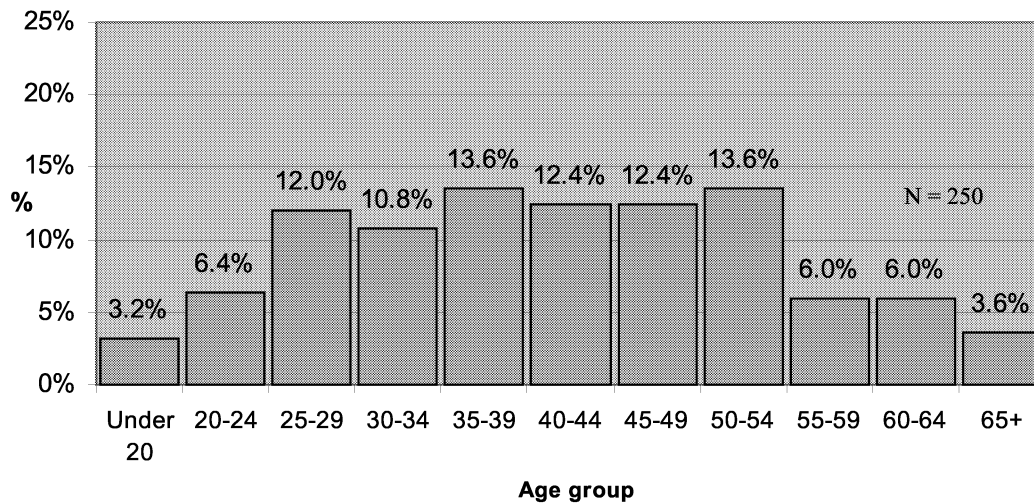
The majority of gamblers presenting for treatment are aged between 20 and 49 (mean 37, S.D. 11). The pattern for significant others is similar with slightly more being in the 50-plus age group (Mean 41, S.D. 13).

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

Age distribution of gamblers (new clients)



Age distribution of family/whanau/others (new clients)



1999

Primary Mode of Problem Gambling by Age (Gamblers)

In all age ranges, the most common problem gambling mode is non-casino gaming machines. Similar results were found in 1997 and 1998.

Primary mode of gambling for gamblers by age (new clients)

	Age														Total	
	Under 20		20-29		30-39		40-49		50-59		60+		MISSING age data			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Non-casino Gaming Machines	28	93.3	197	67.5	209	60.8	130	52.8	62	55.4	21	63.6	30	48.4	677	60.5
Track	0	0.0	35	12.0	55	16.0	44	17.9	18	16.1	4	12.1	10	16.1	166	14.8
Casino Gaming Machines	1	3.3	34	11.6	35	10.2	52	21.1	21	18.8	6	18.2	16	25.8	165	14.7
Casino Tables	0	0.0	19	6.5	26	7.6	15	6.1	9	8.0	1	3.0	5	8.1	75	6.7
Housie	0	0.0	0	0.0	2	0.6	2	0.8	0	0.0	0	0.0	0	0.0	4	0.4
Lotto/keno/scratchies	0	0.0	0	0.0	2	0.6	0	0.0	1	0.9	0	0.0	0	0.0	3	0.3
Sports Betting	1	3.3	3	1.0	8	2.3	0	0.0	0	0.0	0	0.0	0	0.0	12	1.1
Other	0	0.0	4	1.4	7	2.0	3	1.2	1	0.9	1	3.0	1	1.6	17	1.5
Total	30	100	292	100	344	100	246	100	112	100	33	100	62	100	1119	100

Ethnicity - Gamblers and Whanau/Family of Gamblers

When compared to the ethnic profile of the New Zealand population aged 20+⁹ the ethnic profile of problem gamblers (and of their family/whanau) shows some variation.

There is a moderate underrepresentation of New Zealand European/Pakeha clients compared with the general population (62.8% of problem gambling clients vs 76.6% of population aged 20+) and for Asian problem gambling clients the proportion is about the same (3.9% of clients vs 4.0% of population aged 20+).

There is a marked overrepresentation of New Zealand Maori clients (22.0% of problem gambling clients vs 10.9% of population aged 20+) and a minor overrepresentation of Pacific Nations problem gambling clients (4.5% of clients and 3.8% of population).

The high presentation of Maori and Pacific Nation clients is consistent with the findings of the 1999 New Zealand problem gambling prevalence survey¹⁰. In this study, high rates of problem gambling have been reported for Maori and Pacific Nation respondents.

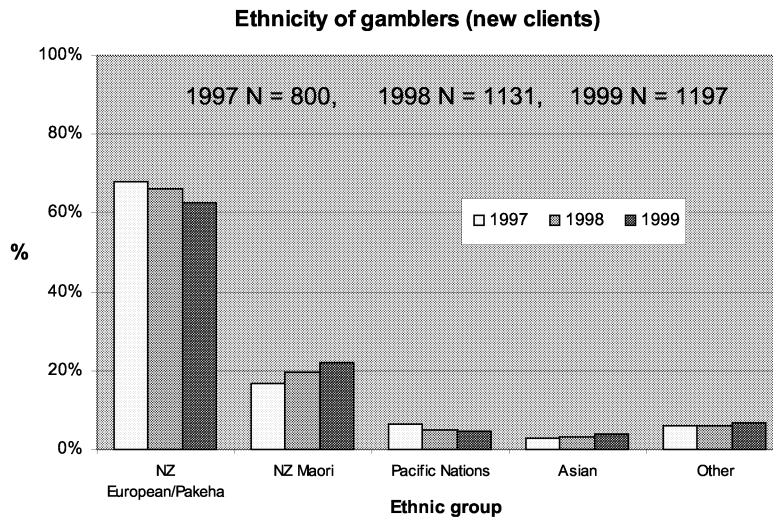
For the family/whanau of clients, the presentation pattern is different. New Zealand Maori family/whanau are marginally underrepresented (9.2% vs 10.9%), New

⁹ The New Zealand population figures are for people aged 20+ and are derived from the 1996 Census.

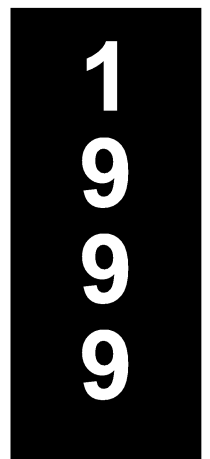
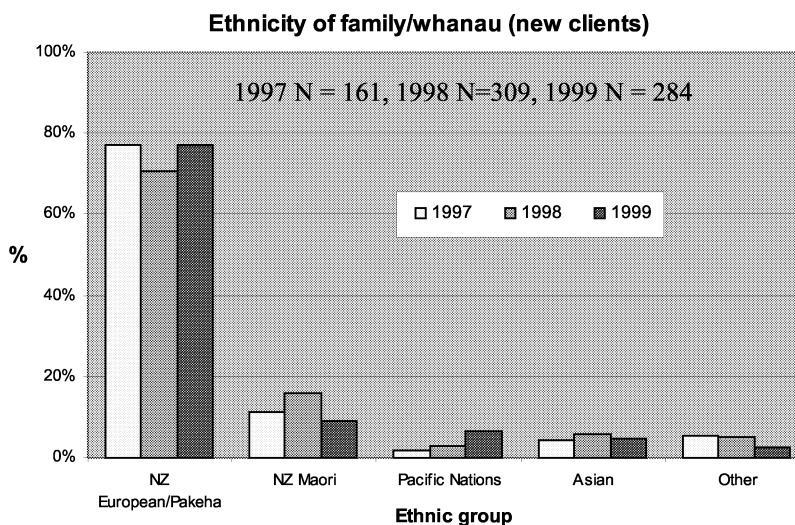
¹⁰ Abbott, Max & Volberg, Rachel (2000) *Taking the Pulse on Gambling and Problem Gambling in New Zealand. A Report on Phase One of the 1999 National Prevalence Survey*. Department of Internal Affairs, Wellington.

Zealand European/Pakeha family/whanau have about the same proportion as the population (77.1% vs 76.6%), and Pacific Nations and Asian family/whanau are overrepresented (6.7% vs 3.8% and 4.6% vs 4.0% respectively).

The proportions of the various ethnic backgrounds for problem gamblers attending counselling services are similar to those in 1997 and 1998, with a further small increase in the percentage of NZ Maori (up to 22.0% from 19.5% in 1998 and 16.0% in 1997). For family/whanau/others the pattern was more mixed.

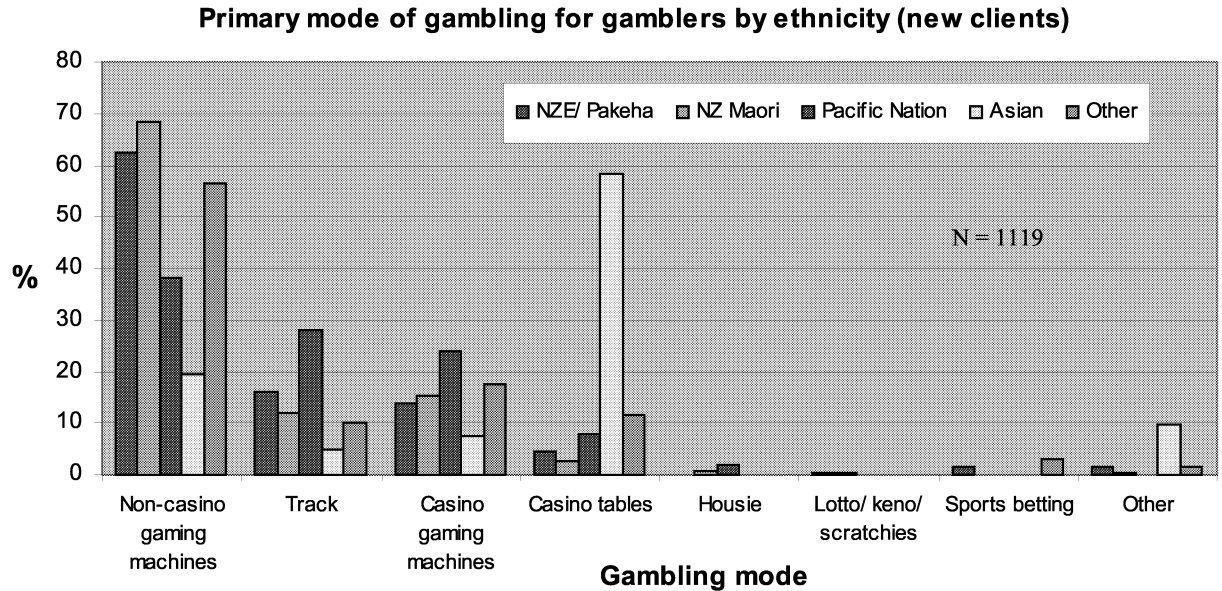


Ethnicity of Gamblers (New Clients)	N	%
NZ European/Pakeha	752	62.8%
NZ Maori	263	22.0%
Pacific Nations	54	4.5%
Asian	47	3.9%
Other	81	6.8%
Total	1197	100.0%



Primary Mode of Problem Gambling by Ethnicity (Gamblers)

NZ European/Pakeha and NZ Maori gamblers had similar proportions of primary problem gambling across all modes.



Asian and Pacific Nation clients have different patterns of primary gambling problems than NZ Maori and NZ European/Pakeha clients. However caution is required when interpreting this data as the client numbers for Pacific Nations (N=50) and Asians (N=41) are relatively low.

Compared with NZ Maori and NZ European/Pakeha clients, a higher proportion of Pacific Nation clients reported track (28%; N=14) and casino gaming machines (24%; N=12) as their primary problem gambling mode. Non-casino gaming machines remained the highest problem gambling mode (38%; N=19) with Pacific Nation groups.

58.5% (N=24) of the Asian problem gamblers reported casino tables as their primary problem gambling mode. Relatively few Asian clients reported problems with non-casino gaming machines (19.5%; N=8) and track (4.9%; N=2).

Compared with 1997 and 1998 data, there are only moderate changes in the overall ethnicity patterns for primary gambling mode.

Measurement of Client Progress

During 1998, the Problem Gambling Purchasing Agency worked with a research team to develop a set of standardised measures for the purposes of routinely collecting assessment and 6 month follow-up measures of all clients. The consumer study included in the project, found clients were very supportive of both the collection of standard measures and also the potential for looking at their individual progress from treatment. The measures used had to be useful both in the clinical setting and in measuring indicators of service delivery outcome, as well as relevant to service providers.

For gamblers, three measures were developed to be taken at assessment and repeated at follow-up. For family\whanau members a separate checklist was developed. The South Oaks Gambling Screen (SOGS) was deemed the most established tool for gauging the severity of gambling problems. This screen was adapted for the purposes of collecting measures related to the person's gambling behaviour in the previous three months (SOGS-3M). It is essentially the same instrument as the established SOGS screen, using the same questions but measuring 3 months instead of lifetime gambling.

For gamblers, the second measure developed was "Total Dollars Lost". This measure establishes the amount of money the client has lost on all gambling in the 4 weeks prior to assessment at the counselling agency.

The third measure developed for gamblers was "Control over Gambling". This measure is the client's own assessment of the degree of control they have had over their gambling during the past 3 months.

The family/whanau measure developed, "The Family/Whanau Checklist" itemizes 10 questions covering the effects on the person of their relatives's gambling. The person can rate these 10 items in 3 degrees of severity – a lot; a little, not at all, producing a score of between 0 and 20 . There is insufficient data to report on the checklist scores in this report. Results will be included in next years National Statistics.

Severity of Gambling Problems Among Clients – SOGS-3M

The SOGS-3M screen has the same scoring system as the SOGS with a top score of 20. People who score three or more can be considered *Problem Gamblers* (see Abbott & Volberg, 1991, p.11¹¹). People who score five or more are very likely to also meet the Diagnostic and Statistical Manual III criteria for *Pathological Gambling* (Lesieur and Blume, 1987¹²).

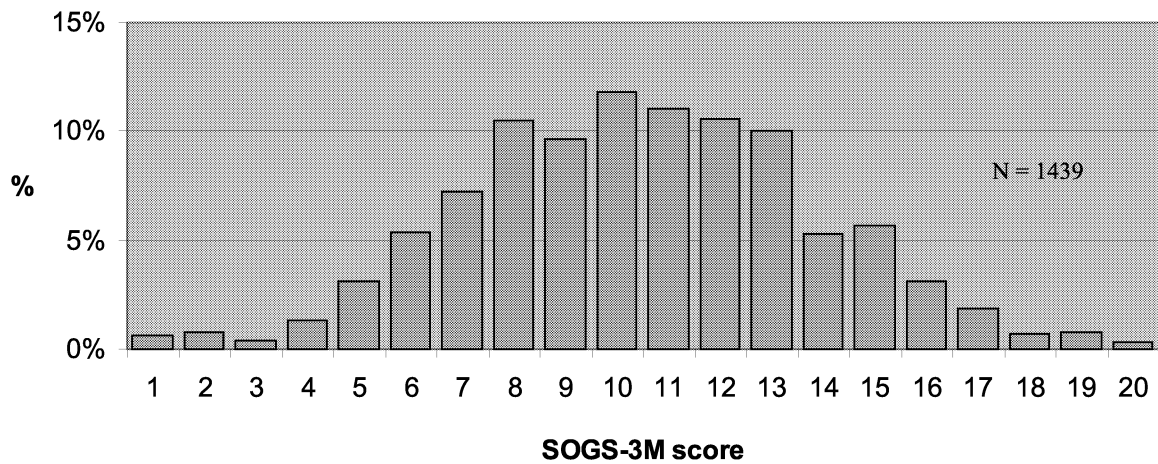
¹¹ Abbott, M. & Volberg, R. (1991). *Gambling and problem gambling in New Zealand: A report on phase one of the national survey*. Wellington: Department of Internal Affairs.

¹² Lesieur, H.R. & Blume, S.B. (1987). The South Oaks Gambling Screen (SOGS): A New Instrument for the Identification of Pathological Gamblers. *American Journal of Psychiatry*, (144:9), 1184-1188.

Distribution of SOGS-3M Scores at First Assessment

SOGS-3M scores for 1999 problem gamblers were collected for 1439 new clients. The majority (61.2%) of these clients scored 10 or higher, indicating most clients attending problem gambling counselling services are in the severe end of problem gambling.

Distribution of SOGS-3M scores at first assessment



SOGS-3M scores	%
1	0.6%
2	0.8%
3	0.4%
4	1.3%
5	3.1%
6	5.4%
7	7.2%
8	10.5%
9	9.6%
10	11.8%
11	11.0%
12	10.6%
13	10.0%
14	5.3%
15	5.7%
16	3.1%
17	1.9%
18	0.7%
19	0.8%
20	0.3%

SOGS-3M summary statistics for first assessments

	Mean	Median	Std. Deviation	N (first assessments)
SOGS-3M score	10.5	10	3.4	1439

SOGS-3M Scores by Age

The severity of gambling problems was similarly high across all age groups. SOGS-3M scores were slightly higher on average for younger age group clients (with the exception of clients in their teens). Clients aged 65 and over showed slightly lower scores, indicating a minor lowering in severity of gambling problems when compared to the younger clients. However the numbers of older clients in this data set is relatively small and the trend will need to be re-examined as more data is added to the statistical set.

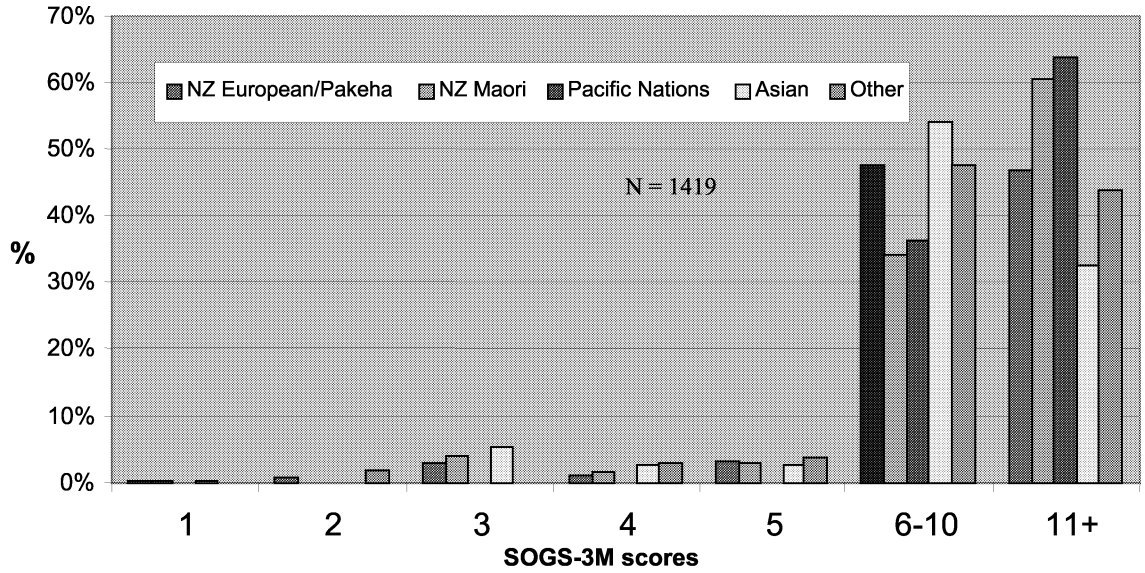
SOGS-3M Summary Statistics by Agegroup for First Assessments

SOGS-3M score				
Agegroup	Mean	Median	Std Deviation	N
< 20	10.5	10.5	3.2	N=32
20-24	11.3	12.0	3.2	N=144
25-29	10.8	11.0	3.2	N=243
30-34	11.2	11.0	3.5	N=215
35-39	10.5	11.0	3.2	N=240
40-44	10.4	11.0	3.2	N=177
45-49	10.2	10.0	3.5	N=146
50-54	9.0	9.0	3.3	N=89
55-59	9.5	9.5	3.3	N=62
60-64	9.3	8.5	4.0	N=30
65 plus	7.6	8.0	2.4	N=20
				N=1398

SOGS-3M Scores by Ethnicity

In general the differences between the different ethnic groups of clients were minor. Asian clients received slightly lower SOGS-3M scores on average than other clients but the small number of Asian clients in the data may not represent a fully accurate picture. Additional years' data will help to establish the true trend.

SOGS-3M scores at first assessment by ethnicity



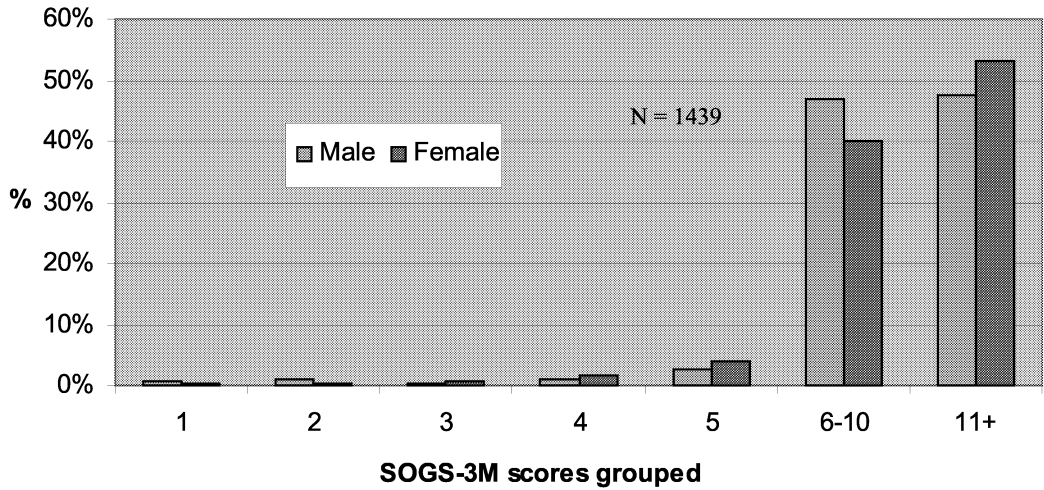
SOGS3M Summary Statistics by Ethnicity for First Assessments

	SOGS-3M score			N
	Mean	Median	Std Deviation	
NZ European/Pakeha	10.3	10.0	3.3	N=949
NZ Maori	11.2	11.0	3.5	N=267
Pacific Nations	11.8	11.0	3.3	N=61
Asian	8.9	9.0	3.1	N=37
Other	10.1	10.0	3.1	N=105
				N=1419

SOGS-3M Scores by Gender

There was very little difference in SOGS-3M score according to gender. The average score for men is 10.4 and the average for women is 10.7.

SOGS-3M scores at first assessment by gender



SOGS-3M Summary Statistics by Gender for First Assessments

SOGS-3M score				
	Mean	Median	Std Deviation	N
Male	10.4	10	3.3	N=945
Female	10.7	11	3.4	N=494
				N=1439

SOGS-3M Scores by Primary Mode

There was little difference in SOGS3M problem severity scores for the four top modes of primary problem gambling. Clients citing casino tables had marginally lower scores than the average for the main four problem gambling modes. Clients citing non-casino gaming machines had marginally higher scores.

SOGS-3M Summary Statistics by Primary Gambling Mode for First Assessments

	SOGS-3M score			
	Mean	Median	Std Deviation	N
Non-casino Gaming Machines	10.8	11	3.2	N=813
Track	10.4	10	3.4	N=204
Casino Gaming Machines	10.0	10	3.5	N=198
Casino Tables	9.0	9	4.2	N=77
Housie	11.0	12.5	3.4	N=4
Lotto/keno/scratchies	3.3	1	4.0	N=3
Sports Betting	8.1	8	1.9	N=10
Other or Multiple	10.8	9	4.1	N=13
				N=1322

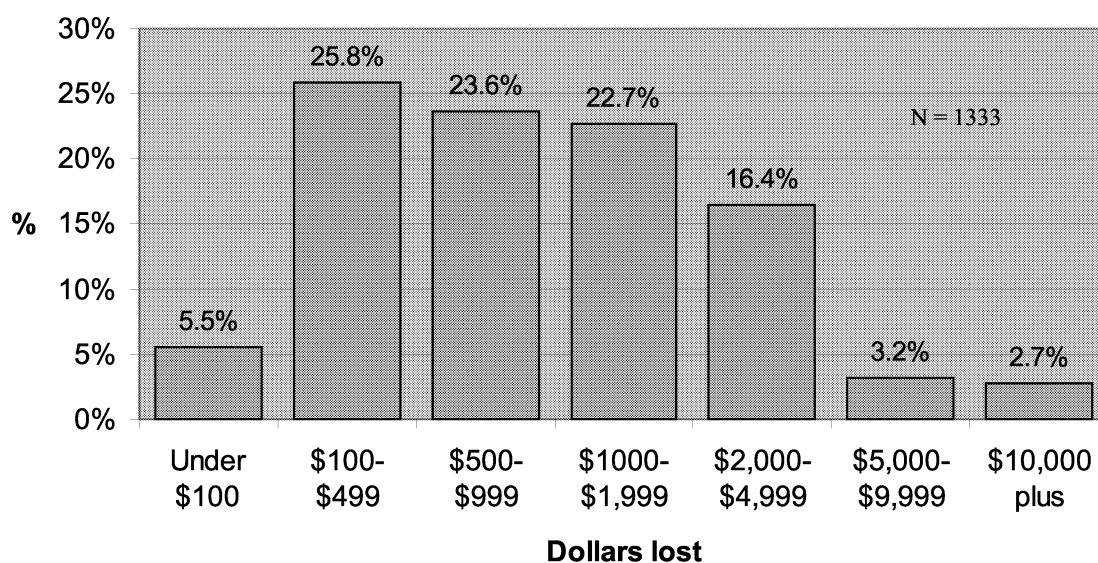
Dollars Lost

Total Dollars Lost

The second progress measure developed for problem gamblers was “Total Dollars Lost”. This measure establishes the amount of money the client has lost on all gambling in the 4 weeks prior to assessment at the counselling agency.

In the four weeks prior to entering treatment services, the majority of clients (72%) reported losing between \$100 and \$1,900. Nearly a quarter of clients (22%) lost \$2,000 or more. The very high losses reported by some clients explains the large gap between the median loss of \$820 and the mean loss of \$2,400. The total amount of money lost in the 4 weeks prior to assessment by all clients assessed was over \$3 million for 1999.

Distribution of dollars lost in 4 weeks prior to first assessment



Distribution of Dollars Lost in 4 Weeks Prior to First Admission

Under \$100	73	5.5%
\$100-\$499	344	25.8%
\$500-\$999	315	23.6%
\$1000-\$1,999	303	22.7%
\$2,000-\$4,999	219	16.4%
\$5,000-\$9,999	43	3.2%
\$10,000 plus	36	2.7%
Total	1333	100.0%

1999

**Dollars Lost in 4 Weeks Prior Summary Statistics for First Assessments
for Each Admission**

	Mean	Median	Std. Deviation	Sum	N (first assessments for each admission)	N (clients)
Dollars lost	\$2,400	\$820	\$14,710	\$3,198,702	1333	1000

Some clients had more than one admission

Dollars Lost by Age

There is a slightly stronger relationship between age and dollars lost than between age and SOGS-3M scores. The overall pattern was one of increasing losses up until the mid-fifties and then decreasing amounts thereafter. Clients in their forties recorded the greatest losses and this age range contained clients with some very high losses (as indicated by the large standard deviations and the size of the means relative to the medians e.g. \$5,570 vs \$800). Although 42% of the losses reported came from this age range, they only represented 23% of the client population.

**Dollars Lost in 4 Weeks Prior Summary Statistics by Agegroup for
First Assessments**

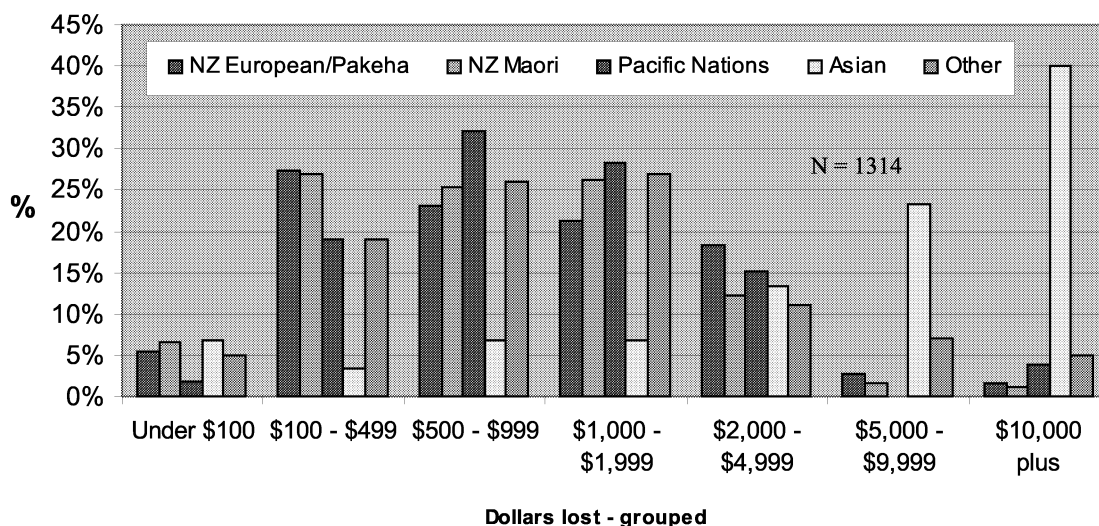
Dollars lost					
	Mean	Median	Std Deviation	Sum	N
< 20	\$883	\$820	\$627	\$22,965	N=26
20-24	\$1,860	\$900	\$8,339	\$266,037	N=143
25-29	\$1,549	\$976	\$2,305	\$359,394	N=232
30-34	\$2,585	\$730	\$7,345	\$504,046	N=195
35-39	\$1,906	\$880	\$4,911	\$413,664	N=217
40-44	\$3,486	\$980	\$23,609	\$561,188	N=161
45-49	\$5,570	\$800	\$35,645	\$746,314	N=134
50-54	\$1,872	\$950	\$2,739	\$149,725	N=80
55-59	\$1,337	\$600	\$1,576	\$80,230	N=60
60-64	\$696	\$418	\$809	\$18,094	N=26
65 plus	\$641	\$600	\$413	\$10,395	N=17
					N=1291

Dollars Lost and Ethnicity

As with age, there is a slightly stronger relationship between ethnicity and dollars lost than between ethnicity and SOGS-3M scores. The most notable finding is the association of the Asian grouping with very high losses. Asian clients represent just over 2% of the client population, but accounted for approximately a third of the total amount lost (over \$1 million). The mean and median losses for Asians were substantially higher than for other ethnic groups. Asians also reported slightly lower SOGS-3M scores, indicating less severity of problems than other client groups, although scores were still in the high range of severity. As noted earlier, the number of Asian clients (N=30) receiving services is small, which means these findings have a greater likelihood of changing as a greater amount of data is analysed.

Maori clients lost less money, particularly in the \$2,000 plus range, than New Zealand European/Pakeha clients. Pacific Nations clients lost more than either New Zealand European/Pakeha or Maori clients. As with Asian clients, the small size of the sample (N=53) has a greater likelihood of changing as more data becomes available for analysis.

Dollars lost in 4 weeks prior to first assessment by ethnicity



Dollars Lost in 4 Weeks Prior Summary Statistics by Ethnicity for First Assessments

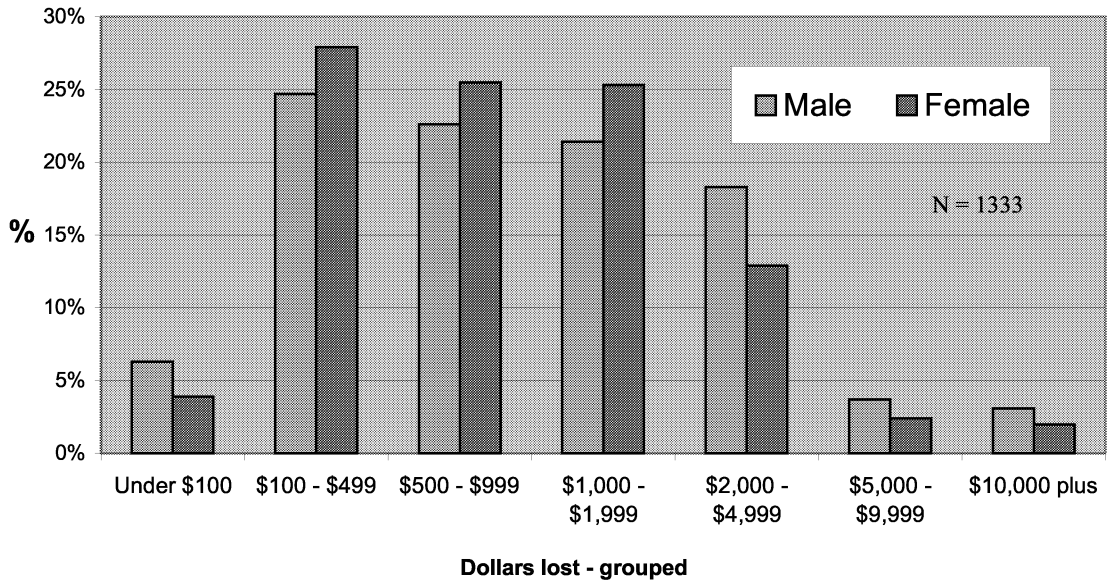
	Dollars lost				
	Mean	Median	Std Deviation	Sum	N
NZ European/Pakeha	\$1,700	\$800	\$7,779	\$1,500,883	N=883
NZ Maori	\$1,193	\$800	\$1,829	\$295,914	N=248
Pacific Nations	\$2,093	\$850	\$6,590	\$110,928	N=53
Asian	\$35,859	\$5,200	\$82,320	\$1,075,780	N=30
Other	\$1,941	\$950	\$2,818	\$194,139	N=100
					N=1314

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Dollars Lost by Gender

On average, male clients lost more than female clients, particularly at the higher end of dollars lost. The mean loss in dollars for male clients was \$2,849 while the mean loss for female clients was \$1,542.

Dollars lost in 4 weeks prior to first assessment by gender



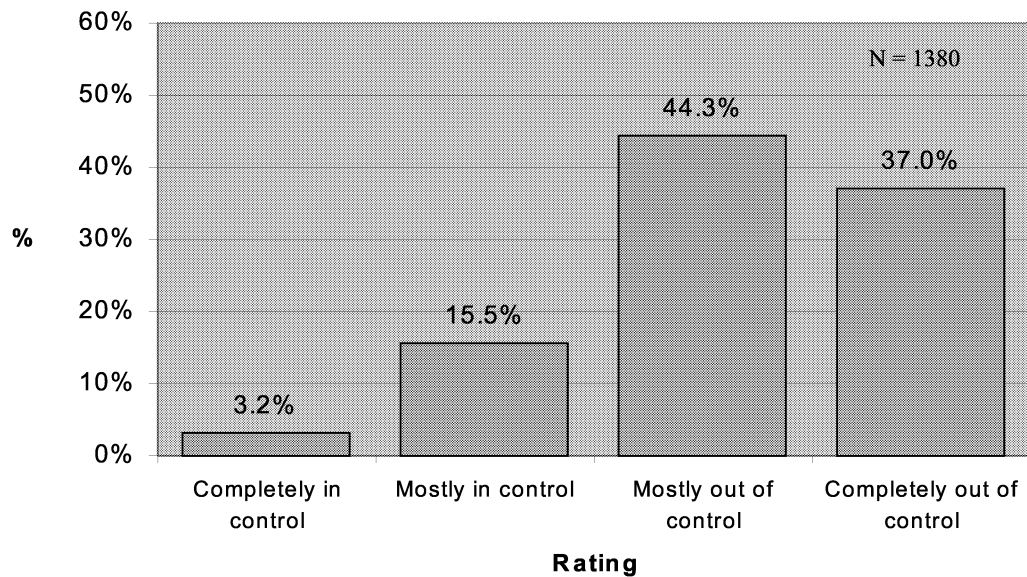
Dollars Lost in 4 Weeks Prior Summary Statistics by Gender

	Dollars lost				
	Mean	Median	Std Deviation	Sum	N
Male	\$2,849	\$860	\$17,880	\$2,492,685	N=875
Female	\$1,542	\$800	\$4,260	\$706,017	N=458
					N=1333

Control Over Gambling

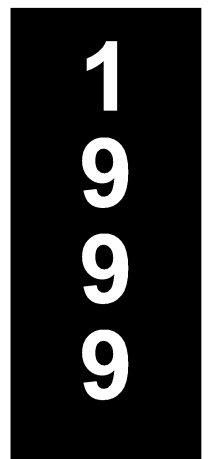
As would be expected, the majority of clients described their gambling as being mostly or completely out of control (81%). The client self assessment of their control over gambling is consistent with the high SOGS-3M scores of most clients. This could indicate a close compatibility between the two measures.

Distribution of gambling control ratings at first assessment



Distribution of Gambling Control Ratings at First Assessment

	N	%
Completely in control	44	3.2%
Mostly in control	214	15.5%
Mostly out of control	612	44.3%
Completely out of control	510	37.0%
Total	1380	100.0%

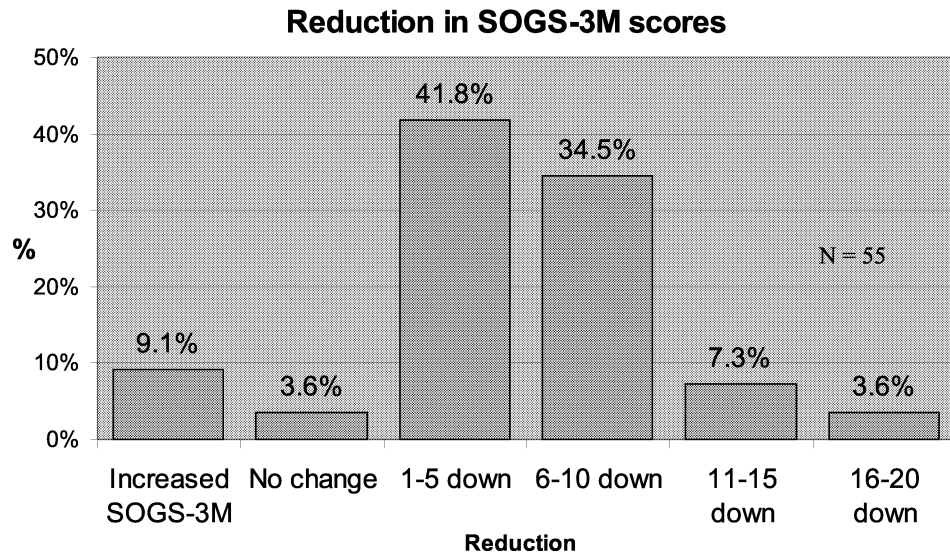


Preliminary Outcome Indicators

This report contains the first outcome indicators collected by the Problem Gambling Purchasing Agency. Follow-up outcome measures are collected by agencies 6 months after the first assessment measurements. Although this process is still becoming established and the numbers are currently small, initial results are encouraging. It is anticipated that a greater volume of outcome data will be reported next year. Clients have a choice about which, if any, follow-up scores they complete.

SOGS-3M

For the majority of clients reported, there is a reduction in their SOGS-3M score after 6 months, with nearly half experiencing a reduction of more than 6 points. The average reduction in SOGS-3M score is between 5 and 6. This presents a preliminary indication that services are effective in reducing the gambling related problems clients experience.



	N	%
Increased SOGS3M	5	9.1%
No change	2	3.6%
1-5 down	23	41.8%
6-10 down	19	34.5%
11-15 down	4	7.3%
16-20 down	2	3.6%
Total	55	100.0%

Reduction in SOGS-3M Scores Summary Statistics

	Mean	Median	Std. Deviation	N
Reduction in SOGS-3M score	5.7	5	4.3	N=55

Control Over Gambling Scores After 6 Months

84% of the 76 clients with an outcome measure recorded for control over gambling reported improved control over their gambling 6 months after beginning treatment. Nearly 40% reported improvements of 2 levels or more e.g. a change from “Completely out of control” to “Mostly in control”. This also presents a preliminary indication that services are effective in reducing the gambling-related problems clients experience.

Improvement in Control Over Gambling		
	Changed Control	
	N	%
Reduced control	3	3.9%
No change	9	11.8%
1 level better	34	44.7%
2 levels better	20	26.3%
3 levels better	10	13.2%
Total	76	100.0%

Appendix 1: Problem Gambling Counselling Agencies 1999

The data contained in this report represents the services funded by The Problem Gambling Committee and provided primarily by The Compulsive Gambling Society and The Salvation Army Oasis Centres. Wai Health began offering a Maori-based service in December 1998. New providers established in 2000 (Te Atea Marino, Waitemata Health, Auckland; PIDAS, (Pacific Island Drug, Alcohol and Gambling Service), Auckland and Te Rangihaeata Hauora (Hawkes Bay) will be included in the next national statistics.

During 1999 problem gambling personal counselling services were extended to cover a wider geographic area.

The Compulsive Gambling Society currently offers problem gambling counselling services in

- Whangarei
- Auckland
- Tauranga
- Wanganui/Palmerston North
- Wellington
- Christchurch
- Hamilton
- Dunedin
- Queenstown

Most main areas also offer clinics in outlying areas.

The Salvation Army Oasis Centres offer problem gambling counselling services in

- Auckland
- Hamilton
- Wellington
- Christchurch
- Dunedin

Most main areas also offer clinics in outlying areas.

Wai Health offers Maori-based problem gambling services in

- West Auckland

Telephone Helpline 0800 654 655

The National 0800 Telephone Helpline Service is provided by **The Gambling Problem Helpline** based in Auckland.

Appendix 2: The Problem Gambling Committee

The Committee on Problem Gambling Management (The Problem Gambling Committee) is recognised by the Gaming and Lotteries Amendment Act (No.2) 1996, and consists of an independent chairperson and equal representation from the providers of problem gambling treatment services and the major gaming industry sectors.

The Problem Gambling Committee is funded solely from contributions from the 5 Funder Trustee Organisations. This includes levies on non-casino gaming machines and grants from the Lottery Grants Board, the TAB, Sky Casino, and the Christchurch Casino.

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

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

The membership of the Problem Gambling Committee is:

Independent Chairperson

Jim Lynch
Buddle Findlay
PO Box 2694
Wellington
Ph: 04 499 4242
Fax: 04 499 4141
Email: jlynch@budfin.co.nz

Problem Gambling Providers 5 Trustees

Monica Stockdale
Te Rangihaeata Hauora (Hawkes Bay)
186 Portsmouth Rd
Flaxmere Hastings
Ph: 06 8799344
Fax: 06 879 5934

Gaming Industry Trustees 5 Trustees

David Glen (Casino)
Manager Business Risk
Sky City Ltd
P O Box 6443
Wellesley Street
Auckland
Ph: 09 363 6441
Fax: 09 363 6137
Email: dglen@skycity.co.nz

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**Problem Gambling Providers
continued ...**

Ralph Gerdelan
Executive Director
CGS Auckland
P O Box 26 533
Auckland
Ph: 09 623 1400
Fax: 09 623 1140
Email: rug@cgs.co.nz

Major Alistair Herring
National Manager
The Salvation Army
Oasis Centres for Problem Gambling
P O Box 6015
Wellington
Ph: 04 382 0720
Fax: 04 382 0711
Email: alistair_herring@nzf.salvationarmy.org

Edward Tanoi
Manager
Pacific Island Drug, Alcohol & Gambling
Service
P O Box 22 176
Otahuhu
Auckland
Ph: 09 276 1606
Fax: 09 276 0755
Email: pidas@clear.net.nz

Dr Peter Adams
Discipline of Applied Behavioural Science
The University of Auckland
Private Bag 92019
Auckland
Ph: 09 373 7599, ext 6538
Fax: 09 373 7493
Email: p.adams@auckland.ac.nz

**Gaming Industry Trustees
continued ...**

Roger Parton
(Non-casino gaming machines)
Chairman
Gaming Machine Association of N Z
P O Box 11-749
Wellington
Ph: 04 499 7220
Fax: 04 499 7222
Email: ceoclubs@xtra.co.nz

Arthur Pitcher (Casino)
Chief Executive
Christchurch Casino
P O Box 4141
Christchurch
Ph: 03 365 9999
Fax: 03 366 8888
Email: tina@chchcasino.co.nz

Paul Curry (Lottery Grants Board)
General Manager
Community Development
Department of Internal Affairs
P O Box 805
Wellington
Ph: 04 495 7291
Fax: 04 495 7225
Email: paul_curry@mhs.dia.govt.nz

Jim Leach
(Track gaming and sports betting)
Manager Corporate Affairs
TAB
P O Box 38 899
Wellington Mail Centre
Petone
Ph: 04 576 6999
Fax: 04 576 6942
Email: jim.leach@tab.co.nz

A pamphlet describing the work of the Problem Gambling Committee is available from the Telephone Helpline (0800 654 655).

Appendix 3: Corrections of Results in Previous National Statistics Reports

Two errors were identified in the 1998 report after it was distributed. The first error occurred in an area chart on page 3 reporting the number of new clients to personal counselling services. The two years' data were inappropriately stacked. The numbers on which this chart was based, however, were correctly reported in the table on the following page. The second error was on page 18 – the annual total for telephone helpline clients was reported as 2588 instead of 2628. The monthly numbers were correct.

The policy of The Problem Gambling Purchasing Agency is to carefully check the annual statistics report before it is released. In the event of any errors being discovered after publication, these are reported to ensure that future research is based on the most accurate available figures.

Regard for the importance of historical analysis, especially analysis of trends, is also the motivation behind the decision to recalculate results for previous reporting periods to take account of new data (for example, data on a client's first ever session). Recalculating results also allows analysis to take advantage of improved and more sophisticated methods of data analysis (for example, techniques for handling missing admission or discharge data). This approach maximises the integrity of any comparisons with the past. Very few differences are noted and most of these are very small.

1999