

Eliminating Gambling Harm – A Social Movements Approach

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Delegates and Friends

Thank you very much for the opportunity to address you today and share with you some of my personal experience and that of the Problem Gambling Foundation of New Zealand as pursue our mission to eliminate gambling harm.

In the next half hour I want to explore with you our experience of moving beyond addictions to what I will call a social movement approach in our journey to eliminate gambling harm.

The Problem Gambling Foundation of New Zealand is the largest organisation of its type in the world. We have 72 staff providing services from Kaitaia to Invercargill (show map). We began life in 1992 as the Compulsive Gamblers Society and after 3 years set up the first telephone helpline in New Zealand for people experiencing gambling problems. The Society began modestly with a great deal of passion and very little resources. Over time through successful advocacy it was able to secure funding to develop and expand its operation and was hugely instrumental in the establishment of the Problem Gambling Committee, initially a voluntary accord where the gambling industry funded treatment services for what it termed (problem gamblers).

In 1991 with the prospect of real political reform appearing close the organisation reinvented itself as the Problem Gambling Foundation and committed itself to adopting a public health approach to problem gambling. You will hear later in the day from my esteemed colleague, Dr Kawshi De Silva, who is our Director of Public Health, how we have refined the Public Health approach and integrated it throughout our practice.

The early 1990s were years of extreme political lobbying as we used our influence to change what began as the Responsible Gambling Bill into the Gambling Act which was passed in 2003.

I joined the organisation in mid 2003 at a time when the Gambling Bill appeared to be stalled in Parliament. I came from a background in social justice and community development and had spent a live sentence in the community and voluntary sector with little prospect of time off for good behaviour. I remember clearly in my first week in office being briefed by former Chairman Dr Peter Adams, a noted academic, who incidentally has just published a very fine book on Ethics and the Gambling Industry. Peter said to me “Johnny, this is the dirtiest business you will ever be in” and I recall looking across at Peter and thinking, Hmm another woolly jumpered academic, he is 5 foot nothing and 4 stone dripping wet, I bet I have been kicked out of better pubs than he has. A year later I realised that Peter was right, I had

commenced work in the dirtiest industry I have ever been close to, an award for which there is some competition. Moreover, I had joined an organisation that was close to insolvency, had dysfunctional and dispirited staff relations and a huge internal turmoil about what exactly this public health approach was going to mean.

Today I am proud to lead a very united mission driven organisation which is financially sound and politically powerful, and best of all an organisation that has presided for the last 2 years over the first ever reduction in total gambling losses and which has successfully worked to inform its constituency about the real danger and horror that is gambling harm.

Perhaps I will digress for a moment and describe a little of the gambling landscape for those of you who have not been fortunate enough to make the great tourist trip across the ditch.

Gambling in New Zealand is controlled by the Gambling Act 2003 which allows some forms of gambling and bans all others. Gambling is provided by the State in the form of the New Zealand Lotteries Commission which runs Lotto, Keno and Scratchies and whose profits are distributed by the New Zealand Lotteries Board and a government appointed group who decide on behalf of communities where this money will be spent. The total losses on lottery products are X per year.

The racing industry operates track side and remote betting through both telephone, internet and betting shops via its TAB outlet. The TAB is owned by government and its profits are distributed through the racing industry board. Total dollars lost in race gambling in year XXX was \$. The TAB also holds the monopoly on all sports betting.

There are 6 casinos in New Zealand, all are privately owned and each as a condition of their licence must consider community benefit. The largest casino, Sky city in Auckland, contributes 2.5% of profit back to the community.

Finally we come to pokies in bars and clubs or Class 4 gambling as it is known under the Act, I should first of all explain that clubs in New Zealand are nothing like clubs in your part of the world, at least as far as their gambling goes. The biggest gambling clubs in New Zealand have a whopping 30 machines and they are very very few of those, less than ½ a dozen. Most clubs have 18 machines or less and many 9 or less. Pubs have a maximum of 18 machines or if they were licensed after October 2001 a maximum of 9 machines. The Class 4 sector is important in this discussion because it is the largest part of the gambling industry with losses of over 1 billion dollars a year and the major contributor to harm. Over all in New Zealand over 85% of those seeking help for gambling problems are harmed by a single product. The pokie machine. In 2003 we had XXX pokie machine and XXX venues with a turn over of XXX and a net losses of XXX.

So there you have it, it is 2003, the industry is experiencing unprecedented growth, pokie harm is wildly out of control, I have just taken the leadership of the problem gambling agency and it has no focus on pokies and no resources, what to do, panic. Today in 2007, I can tell you that we have begun to tame the beast. The total pokie numbers are down, numbers of venues are down, and people presenting for treatment

are down. This is a good news story and I want to go through now some of the key precursors to success.

1. Critical analysis

What occurred to me in 2003 when I joined the organisation and continues to haunt me, is a tragic paucity of language, if the Eskimos has XX numbers of words for snow, how they only got one for gambling. Gambling is a behaviour exists along a continuum which we would argue runs from the harmless or relatively risk free through to the most harmful. I travel each morning from glorious sunny Waiheke Island to the main land by ferry and on a Friday morning I want to purchase a \$2 raffle ticket on behalf of the kids sailing club. The prize is often a cake, perhaps a chicken to roast, or even a bottle from one of our local vineyards. You know I have never seen anyone throw themselves off the back of the ferry in suicidal despair because they didn't win that raffle. I know of no children who are going to school shoeless and hungry because their parents have invested all of the family's resources in a mad blind quest to win that cake. This is relatively harmless fundraising. At the other end of that continuum is the ubiquitous pokie machine. Thanks again for sending those by the way, where the normal outcome of regular use is to be harmed. I make that point again. The normal outcome of regular use is to be harmed because this is a pivotal point when you understand what is going on. With bright fresh eyes coming into this sector, when I learnt that statistic I understood that we were doing something crucially wrong in our thinking around gambling harm. And what we were doing wrong was using a deviance model, in this case the addictions paradigm to explain what was not deviant but rather normal behaviour. You can not build good public policy on incorrect assumptions and the inescapable focus of an addictions model is the individual, so what is wrong with this individual, what is their emotional, psychological educational or other deficit. And you know we are complex things, individuals, you take any one of us and decide we will be the focus of concern, the place where we will look for the problem, and then you will find a problem. All of us, every person, if we analyse them enough is going to have some facet that if improved would lead to a better quality of life. And that is an entirely permissible approach where the variant is the individual but what I came to understand and I was much influenced by Mark Richards in this respect, is that the variant is the machine. If you take a normal healthy subject and you expose them to that machine on a regular basis, the most normal thing that will happen, the most likely thing that will happen or a likely outcome is that they will be harmed. Now if you understand that then you understand what we are really talking about and in this case is product safety. An unsafe product has been let loose on to a community. Product safety is something that we understand a bit about. We also understand that particularly in the area of occupational health and safety and we have moved away from blaming those who are harmed by a piece of machinery to looking much more closely about the safety of that piece of machinery and adopting very precautionary principles to ensure that it will not harm people. For this reason we have brought the level of industrial actions down dramatically in our generation. The chap works in a saw mill and his arm is cut off by the machine, we don't go to that guy and say "now Bruce what is it about you? Why do you keep wanting to try and get your arms cut off? I mean there is you and Fred and Paul, you have all been here and cut your arms off. What's that about? No we look at the machine and we put the guards on.

In summary our critical analysis told us that the principle problem was pokies, that this was a problem of product safety but that our focus as an organisation had been on the individual harmed. In a relatively new field like problem gambling, it is unsurprising that much of the thought and service modelling has been lifted from other fields. In particular, in New Zealand, much of the problem gambling sector was designed around the alcohol and drug sector. In our system, alcohol and drugs services are delivered largely by District Health Boards through community addiction centres. Public health or preventative services are delivered by an entirely different system through the Ministry of Health, Public Health and Regional Public Health offices. Drawing heavily on the experience of our world famous Asian Services team, who have always worked from a public health model, we began to envisage an organisation that was informed by public health and social movement thinking, and incorporated what we have come to call our integrated model. The integrated model is less about an amalgamation of mental health and public health services than it is about an integration of the whole organisation, with the organisations mission, which is eliminating gambling harm. However I am getting a little ahead of myself. Having developed the critical analysis, what we most needed was leadership and the political and intellectual space to begin looking at gambling rather than problem gambling and gambling harm including problem gambling. This was achieved through intense lobbying around what began life as the Responsible Gambling Bill and was finally passed into law as the Gambling Act 2003. The Act purposes created for us an enabling environment, the purposes are to control the growth of gambling, prevent and minimise harm caused by gambling, including problem gambling, to authorise some gambling and prohibit the rest, to facilitate responsible gambling, to ensure integrity and fairness of games, to limit opportunities for crime or dishonesty associated with gambling, to ensure that money from gambling benefits the community and to facilitate community involvement in decisions about the provision of gambling.

Harm is further defined as harm or distress of any kind arising from or caused or exacerbated by a persons gambling and includes personal, social or economic harm suffered by the person, the persons spouse, partner, family, whanau or the wider community or in the work place or by society at large. This much stronger framework gave us the opportunity to adopt a public health approach, that is to move the ambulance from the bottom of cliff to the top, we will build resilient communities who are well informed able to influence the gambling environment.

To achieve this aim of eliminating gambling harm we need the engagement of the whole of our work force volunteers and supporters as well as other agencies and community organisations across the land. We also need significantly increased public understanding of gambling harm and in particular of the harm from this one pernicious product.

Right so here we are it's 2004, we've got a clear mission to eliminate gambling harm, it's informed by an analysis it says, Pokies are the target and we begin to restructure the organisation. During this period we came up with the notion of an integrated model for service delivery. I would love to be able to tell you that this was the result of extensive research and careful planning but that wouldn't strictly be accurate. The integrated model came up for us when we faced limited resources and wanting to achieve maximum impact in a way that addressed issues of geographic equity. Let

me explain, PGF had almost all of its resources in Auckland, with a significant counselling outreach throughout the country but very limited application of a public health model outside Auckland. We believe this is a battle that will be won by ordinary people leading Politicians, rather than our political institutions, which are so easily economically compromised by the gambling industry, setting the running. In the remote East Coast there was no service for problem gambling, a largely Maori community were being mercilessly exploited, particularly by pub pokies. So, we figure we've got about 1 half FTE, half a person resource that we can allocate to Gisborne. If we allocate a clinician then we will do an effective job of treating existing harm but little in the way of preventing future harm and building safe environments. If we put in half a public health worker we will do an effective job of raising community awareness, building community resilience, preventing future harm and building a safer environment but the very discussion of this issue will raise it in individuals and households existing problems that require treatment. Neither position is sustainable nor will the resources enable us to have 2 staff. The solution is the birth of what we call the integrated model where every person in the organisation is committed to the mission of eliminating gambling harm and is informed by a public health approach. And you will hear more in a later session from Kawshi, who is strengthening our organisation considerably and our understanding and practise of that public health approach.

We began to envisage an organisation that had 4 connected streams of work.

- Informing change
- Changing lives
- Changing communities
- Changing environments

These are not so much divisions as streams work, in informing change we commit to a research culture within the organisation, it includes both quantitative and qualitative research and action learning methods. It is a stream of work committed to informing of change, researching, training and improving our effectiveness. When I was in graduate school in the United States, I had a fabulous research teacher who said to me on the first day of class, "research means finding stuff out and telling folks about it". I think in our sector there is a lot of work done which we are not very good at telling folks about, so we include a significant amount to media work and resource production in this area.

In the changing lives stream, we make clinical interventions with individuals, families and groups, using motivational interviewing, CBT and some others methodologies. What is differentiates this stream today from our former organisation is a shifting of the goal posts. Where as in the past a successful intervention was where Bill had greater control over his gambling problems, today a successful intervention is one where Bill has greater control over his gambling problems, has a greater generalised resilience and ability to solve lifes problems; that is he has learnt from this experience and can apply it to his future, that Bill understands gambling through a social, economic, political and cultural context and that Bill understands that what happened to him was not accident but the intentional outcome of a pernicious industry which has State sanctioned to exploit its victims.

In changing communities we work with neighbourhoods and community groups to build resilience, challenge the expansion of gambling and try and gain greater local

control of the gambling environment. What we see all around the world is that informed communities will make healthy choices about their gambling environment and it is only when they are denied this input that the gambling industry by co-opting the political apparatus can expand unfettered.

The final stream of work is changing environments, where we work at a whole of government way to try and change the legislative framework in regulation of the gambling industry. As an example of how these streams can work, I recall a clinician becoming concerned about the increased feminisation of gambling. In New Zealand the feminisation of gambling is almost wholly attributable to the expansion of pokie machine. After discussion with her clinical supervisor and colleagues she began a group to explore what was happening with women's pokie players. This resulted in a research project which was conducted jointly with the University of Auckland, which discovered amongst other things that women pokie players perceive themselves as having fewer safe recreational opportunities than men. On testing this assumption, we found the reason women perceive this was because it was true and much of the recreation dollar while harvested women at the pokie machines is spent on men's sport. On a clinical level, so this was the informing change work, in changing lives. We then developed women only groups, to explore this with both harm and develop safe alternatives to pokies recreation. In a changing community stream of work, we began campaigning to local councils about how the recreation dollar was being spent and drawing links between efforts made in crime reduction in the safer community strategy and the expansion of pokies as well as starving of funding for women's recreation and at a changing environments level we have made this part of our legislative agenda.

I would like to speak to you further about the integrated model and I know my colleague will be picking that up with you and I have just a short set of slides which I will leave with you about this and hope that we can have a more full discussion and in our learning future together.

Thank you very much for the opportunity and I look forward to learning about your own journeys in this area.