



Are New Zealand youth taking a big gamble? Young people and problem gambling in NZ

The 2002 NZ Youth Lifestyle Survey examined how youth spent their disposable income. 60.3% spent over \$21 a week. 5% used some of this money to gamble, and almost 50% of those who gambled were under the age of 16.¹

Ministry of Health statistics show that 6.2% of those seeking help for problem gambling in New Zealand are under 20 years of age

(potentially 59,480 young people) a increase from 2006 (2%). 12.4% of significant others of problem gamblers seeking counselling in New Zealand are under 20 years of age, an increase from 2006 (8.3%).

The under 20 years age group had one of the highest median amounts of dollars lost in the four weeks prior to seeking help (\$1262).²

Adolescent problem gambling rates are double that of adults.³

A recent NZ youth study³ found that:

- 3.8% of sample satisfied problem gambling criteria, which also equates to 6.1% of those participants who had gambled in the past year;
- More than one third had gambled by the age of ten and the likelihood of problem gambling was inflated for those who began gambling at an early age;
- Most popular modes included lottery type games (Instant Kiwi, Lotto), board/dice games, and bets with friends;
- Casino tables and casino EGMs were found to be particularly risky in relation to problem gambling;
- Most gambled for enjoyment, winning money, excitement, relief of boredom and for a challenge;
- Most were introduced to gambling through family and friends;
- Males more likely than females to gamble at problematic levels;
- Living with one parent increased the risk of a young person developing a gambling problem;
- Young people who self-identified as Pakeha/NZ European were less likely to develop a gambling problem.

Major risk factors for youth:³

Parental problem gambling; being non-Pakeha ethnicity; receiving school detentions; early introduction to gambling; suicidal ideation

Protective factors for youth:³

Good social connectedness; good/positive social relationship with parents/caregivers/ teachers

1. H Darling, A Reeder, R McGee & S Williams (2006) Brief report: Disposable income, and spending on fast food, alcohol, cigarettes, and gambling by New Zealand secondary school students. *Journal of Adolescence* 29 : 837-843.
2. Ministry of Health (2008) *Problem Gambling intervention services. 2007 statistics*. Wellington: MOH.
3. F. Rossen (2007) *Adolescent gambling in New Zealand: An exploration of protective and risk factors*. PhD thesis. Auckland: University of Auckland
4. C. Messerlian, J. Derevensky & R. Gupta (2005) Youth gambling problems: a public health perspective. *Health Promotion International* 20 (1): 6-79.
5. J Derevensky, R Gupta, L Dickson & AE Deguire. (2002) *Prevention of youth gambling problems: Some important considerations*. Powerpoint presentation. URL: http://gaming.uleth.ca/agri_downloads/968/Derevensky.ppt#475,1



Advertising and marketing campaigns play a significant role in introducing and facilitating gambling behaviour in youth .³

66% of youth had seen casino advertising while on the Internet. 30% had seen advertising for New Zealand gambling: Lotto/Daily Keno, Instant Kiwi and TAB track racing .³



Protective factors for problem gambling in youth

Primary, secondary and tertiary preventions^{4,5}

The objectives of prevention are to increase knowledge and awareness of the risk of gambling, through education and early interventions and treatment. As well as teaching resiliency and coping skills to help minimise harm.

Primary prevention

Activities that promote healthy communities and aim to reduce the risks of gambling harm through enhancing community capacity and resilience. Aimed at preventing the start of at-risk gambling behaviour for example social marketing through community campaigns and school programmes have been used to educate youth, their parents and the public in an attempt to change attitudes. These programmes emphasise healthy alternatives and are aimed at changing behaviour through the implementation of public policy, improving public awareness and the perceptions of risk in youth gambling.

Primary prevention aims at decreasing the exposure of youth to unsafe products, limiting the availability of gambling through regulation and denormalizing gambling are also important devices. Venue owners need to ensure they enforce age limits on those using pokie machines and also those

who sell Instant Kiwi and Lotto tickets as they are one of the most popular modes of gambling for youth. Focus is needed on programmes which teach resiliency and school connectedness.

Secondary prevention

Activities that limit harm in the early stages of problem development, through identifying gambling problems and intervening at an early stage of problem development. Such as targeting those individuals demonstrating at risk behaviours, inappropriate attitudes, and erroneous cognitions with respect to gambling.

Tertiary prevention

This is the ambulance at the bottom of the cliff. Activities that treat the long-term effects of problem gambling. It involves the provision and access to treatment, services and support networks. The provision of free confidential and youth friendly services, with telephone and internet or online counselling may increase the number of youth seeking help. Programmes need to be tailored to meet the needs of youth. The promotion of services and advertising in youth forums/magazines is also crucial.

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