Social Impact Assessment of the Draft Nelson City Council Gambling Policy
December 2006

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Acknowledgements

As with any approach that requires cross-sector work, this Social Impact Assessment (SIA) has benefited from the knowledge, experience and skills of many people. A scoping group provided direction and set the boundaries for the SIA. Those who were invited and attended are shown below.

Jacqui Gough (NCC)
Barbara Graves (NMDHB Public Health Service)
Jill Harris (MSD)
Kath Inwood (NCC)
Rangi Kohe (Te Kahui Hauora O Ngati Koata Trust)
Inspector Brian McGurk (Police)
Matt McMillan (Ngati Koata Social Services - Gambling Clinician)
Paul Max (Operator)
Alison Molyneux (Methodist Social Services)
Rob Quigley (Quigley and Watts Ltd.)
Grant Reburn (NCC)
Nisa Rose (NMIT)
Jill Sherwood (NMDHB Public Health Service)

An appraisal workshop was held. Those invited and attended are shown below.

Sonny Alesana (Pacific Island community)
Tony Barnards (Police)
Glen Beattie (Nelson Suburban Club)
Alison Bennett (NMDHB Public Health Service)
Tina Bishop (Nelson Hockey)
Gordon Davidson (Nelson Golf Club/Cricket)
Kindra Douglas (Victory Urban Village)
Barbara Graves (NMDHB Public Health Service)
Jacqui Gough (NCC)
Jill Harris (MSD)
Gary Hinks (Soccer Nelson)
Kath Inwood (NCC)
Jacqui Irwin-Lawless (NCC)
Pip Jamieson (EDA)
Mike Knell (NZ Community Trust)
Paul McArthur (NCC)
Claire McKenzie (NMDHB)
Matt McMillan (Ngati Koata Social Services)
Paul Max (HANZ/ Maxlam)
Claire Nichols (Nelson Multi-Ethnic Council)
Rob Quigley (Quigley and Watts Ltd.)
Grant Reburn (NCC)
Nisa Rose (NMIT)
Jill Sherwood (NMDHB Public Health Service)
Jill Harris (MSD)
Dr Phil Townshend (Problem Gambling Foundation)
Chris Walsh (Presbyterian Support)
Francis Wevers (Charity Gaming Association)
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Preface

This document is the outcome of an important and innovative collaborative process to help inform Council policy. The process was a Social Impact Assessment (SIA) of the Nelson City Council’s (NCC) Draft Gambling Policy.

It was carried out by a group of people with a mix of skills and interests relevant to gambling and was the first time this type of policy assessment has been done in the Top of the South.

Under the Gambling Act 2003 Local Authorities are required to develop and then periodically review gambling policies relating to TAB betting and non-casino gaming machines. This impact assessment was part of the review process following introduction of the original NCC Gambling Policy in 2004.

A Social Impact Assessment is a process whereby a proposed policy is assessed as to its possible impacts, good and bad, on the well-being of people and communities. Key parts of the process include:

- Bringing a diverse group of key stakeholders together for the impact assessment workshop.
- Utilising a process with an established methodology and facilitators.
- Presenting the available scientific and sociological evidence on the issue
- Fostering debate on the likely impacts of the policy
- Collating the outcomes of the assessment workshop and making recommendations to help inform the proposed policy.

Taking the opportunity to assess this Draft Gambling Policy in this collaborative way is a progressive step by Council. It reflects a constructive way of engaging the local community in decision making and in contributing to, and promoting, community well-being.

Thanks to the participants in the assessment workshop for their time, expertise and energy in helping develop a policy on this important community issue.

Dr Ed Kiddle
Medical Officer of Health.
Nelson
Executive Summary

The Gambling Act 2003 requires that Territorial Local Authorities develop Class 4 and Totaliser Agency Board (TAB) venue policies in consultation with their communities and that these are subject to review every three years. In adopting a policy, territorial local authorities must have regard to the social impact of gambling in their community.

Nelson City Council commissioned Quigley and Watts and NMDHB Public Health Service to lead a Social Impact Assessment (SIA) of their Draft Gambling Policy.

A multi-disciplinary approach was used to develop evidence-based recommendations that maximise gains in well-being and reduce or remove negative impacts or inequalities. An initial workshop scoped the boundaries of the SIA. The evidence base was then researched and presented at a second workshop which also gathered stakeholder views on identified population groups and determinants of well-being. The outcomes of this second workshop were collated, along with further scientific and sociological evidence, and used to formulate recommendations.

It is evident that gambling in one form or another is now a leisure activity for over 70% of adult New Zealanders and that many community organisations are dependent on the grants that ensue from gambling profits for survival. There is no requirement that the “grant” proportion of the NCGM profits generated in Nelson are returned to the area as grants but it does appear this occurs. There is concern that there is insufficient information on, and local control over, this process.

A small minority of individuals suffer mental and/or economic harm as a result of gambling. Using the most recent NZ Health Survey estimates there are likely to be approximately 800 problem gamblers at any time in Nelson, of which approximately 10% would seek help. There were 57 new clients seen at the Nelson gambling services during 2005 but this does not record those who seek help elsewhere. Almost 100% of problem gamblers presenting for treatment in Nelson use non casino gambling machines (NCGMs) as their primary mode of gambling.

Risk factors for gambling include younger age, Māori or Pacific ethnicity, and lower socioeconomic status. Research suggests there is a relationship between the number of machines per population (density) and increased gambling and the amount of gambling and problem gambling. The density of NCGMs in Nelson is currently higher than the national average, and there is a higher density in the most socio-economically deprived areas of the city compared with these areas nationally.

The literature review and workshop findings highlighted the limitations in the research and monitoring data available, and the uncertainty of ongoing funding for the research programme being carried out the Ministry of Health.

Taking into account the harm minimisation principles espoused under the Gambling Act (2003) we make the following recommendations.

Recommendations

**Nelson City Council (NCC) Class 4 Gambling Policy**

**Recommended Objective for NCC Gambling Policy**

Change proposed objectives from

1. To prevent and minimise the harm caused by gambling in the city.
2. To assist in controlling the growth of gambling

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1. To address the social and economic implications of gambling in the Nelson City area.
2. To support and promote harm minimisation principles for gambling activities within the Nelson City area.

**Recommended Options for Proposed NCC Gambling Policy**

**Siting of venues**
No new consents issued for venues that are within areas zoned residential or within 100 metres of the following places;
- playgrounds
- Kindergartens/ early childhood centres
- schools
- places of worship
- any venue being primarily associated with children’s or families’ activities.
- Cash Machines (ATMs)

No new consents for venues located in areas categorised as NZDep2001 deciles 8-10

**Gaming Machine numbers**
Leaving the number of non-casino gaming machines at the current level (at the time of this Policy being adopted) until the next Policy review in 2010.

**Stand alone Totaliser Agency Boards (TABs)**
No consents be granted for stand alone TABs during the life of this policy

**Further Recommendations**
NCC convenes a local forum, involving a range of sectors, to look at policies and initiatives to minimise gambling harm as recommended by central government in the Ministry of Health (MoH) document Preventing and Minimising Gambling Harm: Strategic Plan 2004 – 2010.

This Council-led forum could consider pursuing the suggested actions in the table below.

<table>
<thead>
<tr>
<th>Suggested Actions</th>
<th>Agencies/organisations involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision of alternative leisure activities, particularly in low decile areas</td>
<td>Council, Community groups,</td>
</tr>
<tr>
<td>Redistribution of government tax revenue from gambling back to local communities</td>
<td>Central Government</td>
</tr>
<tr>
<td>Harm minimisation initiatives for problem gamblers using Non-Casino Gambling</td>
<td>Problem Gambling Foundation, Council, Venue operators, Gaming Trust</td>
</tr>
<tr>
<td>Machines.</td>
<td>Representatives.</td>
</tr>
<tr>
<td>Advocate for provision of information about funds generated locally and for local</td>
<td>Central Government, Gaming Trusts</td>
</tr>
<tr>
<td>control of distribution of these funds</td>
<td></td>
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<tr>
<td>Support additional research – including advocating for adequate funding to carry</td>
<td>Ministry of Health, Central Government, Problem Gambling Foundation</td>
</tr>
<tr>
<td>out research already identified by MoH</td>
<td></td>
</tr>
<tr>
<td>Identify and collect relevant indicators to inform future policy reviews</td>
<td>Council, Central Government</td>
</tr>
</tbody>
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1 Introduction

1.1 Project Context

In 2003, the Gambling Act came into force. The key purposes of this Act are:
• To control the growth of gambling.
• To prevent and minimize the harm caused by gambling.
• To ensure that money from gambling benefits the community.
• To ensure community involvement in some decisions about the provision of gambling.

The Gambling Act requires that Territorial Local Authorities develop class 4 and Totaliser Agency Board (TAB) venue policies in consultation with their communities. The policies must be reviewed every 3 years. Class 4 gambling is the term used to describe non-casino gaming machines (NCGMs) and TAB betting.

The Gambling Act more specifically requires that:
• In adopting a policy, territorial local authorities must have regard to the social impact of gambling within the territorial authority district;
• Local authorities have a policy for Class 4 Gambling with regard to the total number of machines permitted within the Local Authority area;
• Whether new venues may be established, in what areas and the total number of machines permitted per venue.
• Applicants for Class 4 licences gain Local Authority consent to any new gaming machines or increase in numbers of machines at their venue. They then need to provide evidence of Local Authority consent to the Department of Internal Affairs as a condition of their licence application.

Nelson City Council adopted a Class 4 and TAB Gambling Policy in early 2004 and the three-yearly review is due for completion in February 2007. The 2004 Policy has the following objectives:
• ‘to allow those who wish to participate in gambling to do so within the City’
• ‘to prevent and minimise the harm caused by gambling in the City’.

This also links with other Council objectives, namely
• Community Outcomes:
  • ‘Kind Healthy People; We are part of a welcoming, safe, inclusive and healthy community’
  • Good Leadership: our leaders are proactive, innovative and inclusive’

• Social Well-being Policy 2003
  • Working with community and government organisations to help co-ordinate efforts that address the needs of people in high deprivation areas;
  • Acting as an advocate for the community where necessary on issues around deprivation; and
  • Working with the community to broaden the understanding of issues relating to deprivation.
Quigley and Watts Ltd, with support from NMDHB Public Health Service, were commissioned to lead a Social Impact Assessment (SIA) of the draft Nelson City Council Gambling Policy.

Public health values of empowerment, equity and addressing inequalities provide the framework for this report and reflect current government policy. From this perspective the recommendations are based on enhancing the positive, and minimising the negative impacts of gambling. Where there is equivocal evidence, the well accepted public health principle of employing precaution is utilised. This is a very similar process to the approach regarding environmental issues that is used in the Resource Management Act (1991). This states “The precautionary principle asserts that action must sometimes be taken in the face of scientific uncertainty, especially where there are threats of serious or irreversible environmental, social or economic damage”.

1.2 Report Objectives

The purpose of this SIA report is to:

- Introduce the background to the draft Gambling Policy
- Outline the concepts of a SIA
- Present the scope of the methodology used to conduct the SIA
- Present the outcomes of the workshop
- Provide evidence for the health impacts identified
- Present the recommendations based on the appraisal

The aim is to ensure that the recommendations are relevant and achievable. The SIA makes some specific recommendations to relevant agencies. The aim is for decision-makers to have more information at their disposal to inform the final policy.

1.3 What is a Social Impact Assessment (SIA)?

SIA is a multidisciplinary approach that investigates how a proposal will affect the well-being of people and communities. Its aim is to deliver evidence-based recommendations that inform the decision-making process, to maximise gains in well-being and to reduce or remove negative impacts or inequalities.

Flexible methodologies are used to ensure that the approach best fits with the proposal in question, the resources available, and the local populations affected. SIA is an internationally recognised approach that helps to protect and promote social well-being.

1.4 What underpins SIA?

Social well-being is determined by interplay between individual lifestyle factors, the environment in which we live and the services that we have access to, and broad social and economic factors.

For example social well-being is not solely determined by individual lifestyle factors like smoking, job choices and/or who people associate with. There is no doubt that these factors contribute to population well-being by influencing the risk of developing social issues and disease, but they are not the sole determinants of well-being.

The community in which people live, work, play and study is where our social ills develop and occur – so for example, homes that are dry and warm, workplaces that are safe, and streets that promote walking and cycling are some of the places where community health and well-
being is largely determined. These environmental factors are also critical determinants of well-being.

Overarching the individual and environmental factors are broader social and economic environments that contribute to well-being, for example, sound and reliable governance, unemployment rates, general economic conditions, and social support structures. In countries where these things are not in place it is easy to see how these factors impact on population health and well-being.

Individual, environmental, social and economic factors are all important and are often intertwined and connected.

1.5 Other information about SIA

A SIA can be carried out as a stand-alone process, as in this report. A SIA can also be carried out at the same time as other forms of assessment, for example, environmental assessment. This then becomes referred to as Integrated Impact Assessment (IIA).

A SIA is best undertaken while a policy is in its draft form so that recommendations can be made to inform the final policy – increasing the positive aspects and minimising or avoiding the negatives. Evidence that is gathered may be both quantitative and qualitative and may include a literature review, expert opinion and community input.

While environmental assessments do not typically identify the positive effects of a strategy, a SIA usually does. This is particularly helpful for informing the direction of the final policy.
2 Methodology

2.1 Setting the scope/boundaries of the SIA.

A scoping group (listed in the acknowledgements) was brought together to determine the boundaries for the SIA. Group members were sent a copy of the draft policy and submission information before the meeting, outlining the current policy and brief information about SIA. This was followed, in most cases, with a phone call from NCC staff.

At the scoping meeting, the group made the following recommendations about the aims and objectives of the Social Impact Assessment:

Overarching Aim:
To assess the positive and negative social and well-being impacts of the draft gambling policy to inform the development of the policy

Working Objectives:
• To undertake a participative assessment process that uses international, national and local evidence.
• Use a systematic process to inform judgements on the potential impacts and recommendations for change.
• To effectively communicate the process and outcomes of the social impact assessment to Council, other stakeholders and the community.

Process Objectives
• Demonstrate that Impact Assessment can inform the progress and support the development of policy.
• Enhance collaboration between the Nelson City Council, Nelson Marlborough DHB and other agencies through shared planning and resources.
• To build capacity within the Nelson City Council and Nelson Marlborough DHB for impact assessment methods.

2.2 Elements of the policy to be assessed

When considering the draft Nelson City Council Gambling Policy, it was decided that the whole policy could be assessed within a social impact assessment:

The siting of venues within the City boundaries
In determining the location of any venue Council may take account of:
• The characteristics of the district and parts of the district
• The location of kindergartens, early childhood centres, schools, places of worship and other community facilities
• The cumulative effects of additional opportunities for gambling in the district
• How close any venue should be permitted to any other venue
•

The number of machines allowable within the City and within each venue
Within the Government prescribed limits, Council can determine the total number of gaming machines allowable within the City and within each venue.
The current regulations from the Act prescribe the following:
• If the venue had a licence on 17 October 2001 a society can operate up to 18 gaming machines (section 29)
• If the venue had its licence granted between 17 October 2001 and the commencement of the Act it can operate up to 9 machines (section 93)

• If the venue was granted a licence after the commencement of the Act it can operate up to 9 machines (Section 94)

• No society can operate more machines at a venue than were operated at the commencement of the Act unless the Local Authority consents to the increase

• If a club merges with another, the number of gaming machines permitted is the lesser of the combined machine numbers from each club or 30. If the number is greater than 18, approval can be sought from the Minister subject to territorial authority consent first being granted.

Under the current policy the number of machines per venue was set at the maximums permitted under the Act with the exception of the merging of clubs situation which was to be assessed on a ‘case by case’ basis.

**Totalisator Agency Board (TAB) sole purpose venues**

The Act also gives Councils the ability to determine the number and siting of ‘stand alone’ TAB venues within the Local Authority boundaries.

Nelson currently has no such venues.

With regard to TAB venues, the current policy had no restriction on numbers of ‘stand alone’ TAB venues however during the term of this Policy no applications for venues were received.

**2.3 Populations affected**

The process of Social Impact Assessment identifies population groups most likely affected by the policy. The entire population of Nelson and surrounds may be affected, but specific groups who may be affected most could be:

• Gambling Venue operators
• Community Organisations
• Parents
• Tangata Whenua
• Low income households
• Employers.

Ngati Koata Social Services were able to describe the types of people who are gambling in Nelson. This was seen as a 50/50 split between males and females, often in the early to mid 20’s age range. Methodist Social Action confirmed this and both agencies stressed the effects of this gambling on the wider family, employment and social networks of the person gambling.

The scoping group decided to focus the SIA on the following population groups:

• *Gambling Venue Operators* – those who own, manage or work in licensed gambling venues
• *Community Organisations* – beneficiaries of funding, employers
• *Problem Gamblers and Others Affected* – families, work colleagues and employers
2.3 Determinants of well-being affected

The process chosen was a rapid SIA, which requires a focus on selected determinants of community well-being. Those which might be included in an SIA for a gambling policy, might include:

- Economics; individual, family and local;
- Employers
- Leisure Activities
- Business opportunities
- Pride of community
- Community services (problem gambling, mental health, employment, education, etc.)
- Social isolation, family connections
- Level and fear of crime
- Affordability of foodstuffs, housing, other bills

The economics of gambling on the identified populations affected was discussed, but felt to be too broad in its definition.

The stakeholders acknowledged the budget and timeframe constraints of this process and were able to recommend two priority determinants of well-being as the focus of this SIA:

- Income – The positive and negative effects of gambling on the income of the identified population groups.
- Relationships – The effects on family and societal cohesion, work colleagues and communities.

2.4 Carrying out the appraisal

A half-day workshop, hosted by Nelson City Council, had a dual purpose. Firstly, gathering stakeholders’ views on how the different policy options in the Nelson City Council draft Gambling Policy might affect people and the community. Secondly, to provide suggestions on changes to the draft policy to protect and promote the social well-being of the community, which will be presented to Council before their final decisions are made.

Those invited to the workshop (listed in the acknowledgements) were those who

- Were knowledgeable about gambling issues
- Had an interest in Public Health
- Represented particular population groups of focus

Background information to the SIA process was presented to the group.

Evidence Base

A presentation was made during the workshop on the evidence gathered for further discussion. Further evidence has been added since then, to inform this report.

A literature review was undertaken using published and unpublished material found using Medline and the Google search engine using the key words “gambling” and “problem gambling”, limited to the years 1990 - 2006. Searches of relevant web sites including the Ministry of Health, Department of Internal Affairs, Problem Gambling Foundation of New Zealand, The Productivity Commission (Australia) and the Centre for Gambling Studies, Auckland University were also carried out. Further articles were found using the reference lists in articles found.
Statistics were compiled from material available on websites of the Department of Internal Affairs, the Ministry of Health, the Problem Gambling Foundation of New Zealand and material provided by the Charity Gaming Association of New Zealand.

Specific local data on problem gamblers was provided by Dr Phil Townshend and information on local crime was provided by Inspector Brian McGurk.

**Group Discussions**

For the workshop, the participants were split into three groups, each group having an identified facilitator and scribe. (The group facilitators had been sent out additional information prior to the meeting and were briefed on their roles before the start of the workshop)

Groups considered one of the potential impacts of gambling policy focus (number of machines, location of venues or stand alone TABs) and how this will impact on a specific population group (Community organisations, gambling venue operators or problem gamblers). The workshop was divided into two sessions and so each group had the opportunity to cover more than one proposed policy change.

Groups were asked to focus on the identified determinants of well being i.e. income and relationships.

The task involved

- Writing down any potential impacts of the policy
- Possible solutions to these potential impacts
- Which agencies need to be involved in the development of solutions

All results were recorded and typed up by the scribes and these were used by the authors to test, integrate and explore concepts and impacts.
3 Appraisal Findings

3.1 Evidence Base

Overview of gambling trends and impacts in NZ and internationally

 Gambling Rates and Expenditure

- National gambling adult participation rates in any form of gambling in the previous 12 months, of 69.4% were estimated from the 2002/2003 NZ Health Survey.

- The most common form of gaming activities were the purchase of Lotto and Instant Kiwi tickets (58.7% and 29.2% of the adult population respectively) with the third most popular activity being the use of non-casino gaming machines (NCGMs) at 12.8% of the adult population.

- Annual expenditure in NZ (the gross amount wagered minus the amount paid out or credited as prizes or dividends) on all forms of gambling increased from $132 million in 1981 to $2027 million in 2005, dropping to $1977 million in 2006.

- The proportion of expenditure on the main gambling activities since 1992 shows the steady growth of continuous forms of gambling, such as games at casinos and NCGM gambling. By 2005 NCGMs represented over half of all gambling expenditure, whereas expenditure on lotteries and horse racing has remained fairly static. This is illustrated in Figure 1.

Figure 1 Gambling Expenditure in New Zealand by Gambling Activity (1992 – 2005)

Source: Department of Internal Affairs (2006)

Non-Casino Gaming Machines

- NCGMs were licensed in New Zealand from 1988 and the number of machines nationally rose from 7,770 in June 1994 to a high of 25,221 in 2003, dropping to 20,518 by December 2006.
• The machines are usually located in licensed premises such as pubs, clubs and hotels with the majority (78% at September 30, 2006) of machines being owned and licensed by multi-site societies.

• Nationally the venues for NCGMs are more likely to be located in NZDep2001 deciles 8 – 10. (See Figure 2)

**Figure 2** Site of NCGMs by deprivation decile, as at 31 March 2003 and 30 June 2005

Distribution of expenditure

• Distribution of the money spent on NCGMs is controlled under the Gambling Act 2003 and is monitored by the Department of Internal Affairs.

• Payouts (to the gamblers) from the amounts wagered can range from 87 – 92%, leaving about 10% as “expenditure” or “gross machine profit”, which is distributed as follows:
  - 37.12% for “authorised purposes”
  - Approximately 31% for payments to the Crown: gaming duty, the gambling levy (currently set at 1.11% of expenditure but is under revision and likely to rise) and GST
  - 16% for venue operator costs and the remainder for society/club operating costs

• “Authorised purposes” under the Gambling Act are:
  - charitable purposes
  - non-commercial purposes that have community benefits or
  - promoting, controlling and conducting race meetings

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NZDep is an index of socio-economic deprivation based on area of residence. NZDep2001 uses 2001 census data to calculate a scale of deprivation from 1-10, with decile 10 being the most deprived.

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and may be for:
- a club’s own purposes (usually single-site club operators such as a golf club) or
- grants for community purposes such as:
  - Amateur sports/Physical activities
  - Education
  - Arts and Culture
  - Health/Emergency
  - Heritage/Conservation

As the majority of NCGMs are owned by national multi-site societies these societies/trusts control the money available for grants. There are seven main national societies/trusts, each having more than 800 NCGMs widely distributed throughout the country. Three trusts have more than 1600 NCGMs each [personal communication, Francis Wevers, Charity Gaming Association (CGA)].

There is no legislated requirement that expenditure available for grants is allocated to the geographic regions where it was generated and there is limited information on the amount of funds generated, and distributed, in different regions of New Zealand.

The CGA states that most multi-site societies seek to distribute a significant proportion of funds back into the community from which they came.

Demographics of gamblers
The 2002/03 NZ Health Survey showed the following:
- Participation rates for NCGM gaming are slightly higher for males (14.3%) than for females (11.4%)
- There was a more marked gender difference for track betting with 14.7% of males participating in the past 12 months compared with only 8.2% of females
- European/Other and Māori showed similar rates of participation in track betting (12.1% and 11.5%) in the past 12 months, but the rate for Pacific peoples was 7.4%
- 21.7% of adult Māori had participated in NCGM gambling compared with 12.3% of European/Other and 10.7% of Pacific people
- Youth (15-24 years) and younger adults (25-34 years) had higher rates of participation in NCGMs (19.3% and 15.7%) compared with those aged over 55 years who had participation rates of less than 10% that declined further with increasing age.
- Track betting had a peak of 14.5% for those aged 45 – 54 years with the lowest rates of less than 9% for those under 25 years and those over 65 years.

Problem gambling
- Section 4 of the Gambling Act 2003 defines gambling related harm as:
  - harm or distress of any kind arising from, caused or exacerbated by, a person’s gambling; and
  - includes personal, social or economic harm suffered
    - by the person or
    - the person’s spouse, partner, family, whanau, or wider community; or
    - in the workplace; or
    - by society at large
The 2002/03 NZ Health Survey¹ categorised problem gamblers as either “current” (moderate to severe problems) or “at-risk” (mild problems) and estimated:

- 1.2% of NZ adults would be classified as current problem gamblers
- 1.9% of NZ adults would be classified as current or at risk gamblers – this equates to approximately 50,300 adults

There is evidence that surveys may under-estimate problem gambling,³ particularly for youth.⁴ ⁵

It is generally accepted that only 10-15% of problem gamblers seek help⁶.

Impact of problem gambling

The number of new and repeat clients calling the Gambling Helpline dropped from 4300 new clients in 2004 to 2877 new clients in 2005 but visits to the Helpline website continued to rise.

A total of 4010 clients received face-to-face counselling services in 2005, with 2714 of these being new clients.

The total number of clients, 5591, is 11.1% of the 50,300 adults estimated to be problem gamblers following the 2002/03 NZ Health Survey. i.e. 11.1% of the people estimated to be problem gamblers presented as new clients in 2005.

Studies considered by the Productivity Commission in Australia for their 1999 Report on Gambling in Australia,³ indicate a range of 7 – 17 for the number of other people said to be adversely affected by each problem gambler. The Commission estimated that the average number affected was 7.3, using data from a survey of clients of counselling agencies. Based on the estimated numbers of current and at-risk problem gamblers in New Zealand this would mean there would be at least 400,000 New Zealanders affected by problem gambling at any one time.

Individual Risk Factors for Problem Gambling

Risk factors identified in the 2002/03 NZ Health Survey, using regression analysis, were:

- Being aged 25 – 34 years (also relatively high for people aged 15-24 and 35-55)
- Being of Māori or Pacific ethnicity
- Having lower educational attainment
- Being employed
- Living alone

Socioeconomic deprivation appeared to be a risk factor as problem gambling rates are higher in NZ Dep2001 deciles 9 and 10 compared with deciles 1 and 2 but this was not a statistically significant risk factor when other variables were included in the regression analysis. This may be related to the higher proportion of Māori and Pacific peoples, compared with European, living in the most deprived areas.

The survey also showed that problem gambling was associated with several addictive behaviours, including potentially hazardous drinking behaviour and daily cigarette smoking.

Environmental Risk Factors for Problem Gambling

Mode of gambling – in 2005 NCGMs were the primary mode of gambling for 76.5% of new Helpline clients and 72.4% of new clients to face-to-face intervention services.⁷
Continuous forms of gambling, including casino gambling and NCGMs, where there are rapid cycles of play, outcome and opportunity to re-invest, have been shown to be more often associated with problem gambling than non-continuous forms, such as Lotto.\(^3\)\(^8\)\(^9\)

There are features built in to NCGMs ("near misses", "repeat chances" and the illusion that skill may influence the outcome) that indicate that NCGM gambling has a high potential for addiction. Research is ongoing in this area.\(^9\)\(^10\)\(^11\)\(^12\)

Density of venues
- Prevalence rates of problem gambling in Australia appears to be generally higher in States with higher numbers of gaming machines and higher expenditure per capita.\(^3\)
- The Productivity Commission in Australia reviewed the international literature and concluded that the incidence of problem gambling appears "strongly associated with the spread of gaming machines"\(^3\)
- 2 studies in Canada found that current problem gamblers and a majority of probable and at-risk gamblers perceived that limiting the number of locations available with NCGMs is a factor which would promote control for problem gamblers (specifically – less sites with more machines rather than more sites with fewer machines in each)\(^8\)
- A survey of local residents in seven residential centres in Richmond-Tweed region of Northern New South Wales, Australia indicated that a higher proportion of the populations residing in areas with a higher density of NCGM machines gambled on NCGMs. Those who did gamble in the higher density areas did so more frequently and spent more money on NCGM gambling than those in the lower density areas.\(^13\)

Siting of venues
- In the Richmond-Tweed study quoted above, one region showed higher than expected rates of NCGM participation. This was the only region where the venue site for the NCGMs was adjacent to a community shopping centre and the venue included a golf course, swimming centre, bowling greens and tennis courts.\(^13\)
- Many other jurisdictions place limits on siting of venues to exclude proximity to shopping centres, schools, early childhood centres, etc.\(^14\)
- A study in South Auckland piloted a questionnaire to 345 participants, which was designed to assess the determinants of gambling related behaviour, including the transition to problem gambling.\(^5\) This study found that "easy access to gambling activities" and "easy access to money machines" were among the top reasons for continuing gambling. This was particularly important for Māori participants and all those who rated NCGMs as their favourite mode of gambling. In the same study, problem gamblers were more likely to list NCGMs as a preferred activity and easy access to gambling sites and money machines as significant reasons for continuing to gamble, than non-problem gamblers. The most highly ranked reasons for continuing to gamble for problem gamblers were "escaping from stress and troubles" and "excitement".

Harms associated with problem gambling\(^3\)\(^4\)\(^6\)
- financial costs (individual debt, family debts and bankruptcy)
- effects on productivity and employment
- crime (theft, court cases and imprisonment)
- personal and family impacts (divorce and separation, depression and suicide)
- treatment costs
Causality of harm

Studies show an association between a range of adverse effects and NCGMs but whether gambling is a cause of these impacts is controversial. The Productivity Commission report in 2001 does conclude that “many of the harms experienced by problem gamblers can be traced to gambling itself”.

Public attitudes

- A survey in 4 municipalities in Victoria, Australia found that 70% of people believed gambling does more harm than good and 92% did not want to see further expansion of NCGMs.
- A study undertaken in rural Victorian communities found that NCGMs had “changed lifestyle of a significant section of the community”, with 89% thinking that NCGMs had redirected household expenditure away from essentials and 78% thinking NCGM use had adversely affected traditional entertainment venues.

Employment and economy

- A study in Bendigo, Australia, found that there was a net loss of employment and deficit contribution to the economy after social costs were factored in.
- The study in rural Victorian communities referred to earlier found while there was an increase in jobs in the gambling sector this was offset by a loss of jobs in the retail and leisure/entertainment sectors.
- Surveys done in New Plymouth as part of development of the city’s Class Four Gambling Policy found that venue operators were fairly even split as to whether or not NCGMs generate additional employment but in 2006 there was greater agreement that more employment did result. This was more likely in venues with 9 – 18 machines.

Gambling Related Crime

- Offending by gamblers has been investigated in a number of NZ studies which have identified an association between gambling and criminal offending, highlighted by the prevalence of gambling problems among prison inmates.
- There is evidence to suggest that NCGMs have the highest association with crime in the gambling industry, including theft, donation fraud and misappropriation of funds.

Gambling Trends and Impacts in Nelson

Density of NCGMs

Nelson City had 260 NCGMs located in 23 sites at September 30, 2006. Although this is only 1.26% of all NCGMs in New Zealand, Nelson has a higher density of NCGMs than the national average as is shown in Table 1.
Table 1  Number and density of NCGMs in Nelson City

<table>
<thead>
<tr>
<th>District</th>
<th>Total number of approved venues with gaming machines in operation as at 30 September 2006</th>
<th>Total number of machines operating in approved venues as at 30 September 2006</th>
<th>% of sites nationally</th>
<th>% of machines nationally</th>
<th>Density of gaming machines per 10,000 people at 30 June 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nelson City</td>
<td>23</td>
<td>260</td>
<td>1.37</td>
<td>1.26</td>
<td>66.1</td>
</tr>
<tr>
<td>NZ national average</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>53.3</td>
</tr>
</tbody>
</table>

Location of venues and machines

The density of venues is highest in areas of the city, which are ranked as NZDep2001 deciles 5 – 7. However the density of machines is highest in deciles 8 – 10, well above the city and national average, at 96.3 NCGMs per 10,000 population. This is illustrated in Figure 3 which uses 2001 NZ Census data and NZDep2001 deciles to compare the density of machines in decile groupings with recently published city and national averages.

Figure 3  Density of NCGMs in Nelson City by NZDep2001 deciles

Source: NZ Census 2001 data, NCC (2006) NCGM location data by Census Area Unit meshblocks

Distribution of grants

The following information was provided by the Charity Gaming Association and the NZ Community Trust.

• New Zealand Community Trust is the largest multi-site society operating in the Nelson area. Last year it funded 203 applications and declined 52 from Nelson.
• Local distribution of grants from the major societies/trusts for 2005/06 is summarised in Table 2.
• Analysis of this data shows that the average grant to the Nelson area in 05/06 was 36.7% of expenditure.
• Individual grants may cover Nelson, Nelson-Tasman or the “Top of the South”, depending on the organisation applying. Exact proportions by which each of these districts benefits are unable to be determined. An apportionment to cover “national” charities/activities has been allotted where appropriate.
• There is no requirement in law to distribute funds to any particular geographical area but most societies do try to return a proportion to the districts surrounding the venues where the money was generated (personal communication, Francis Wevers, CGA, 2006).

Demographics
• Estimated population for Nelson City at June 2005 is 45,700, of which 7.7% are identified as Māori in the 2001 census, and 1.4% as Pacific peoples.19
• Population living in NZ Dep2001 deciles 8-10 is 24.7% or 11,288 people. This compares with 29.6% nationally.19

Table 2  Local distribution of grants for Nelson area, 05/06

<table>
<thead>
<tr>
<th>Society</th>
<th>Venues</th>
<th>Expenditure (Nelson)</th>
<th>Grants (Nelson)</th>
<th>Grant as % of Expenditure</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eureka Trust</td>
<td>1</td>
<td>$372,885</td>
<td>$100,300</td>
<td>26.9%</td>
<td>Jan-Dec 05</td>
</tr>
<tr>
<td>Century Foundation</td>
<td>1</td>
<td>$450,000</td>
<td>$149,371</td>
<td>33.2%</td>
<td>July 05-June 06</td>
</tr>
<tr>
<td>Trillian Trust</td>
<td>1</td>
<td>$31,821</td>
<td>$22,956</td>
<td>72.1%</td>
<td>Nov 05-Apr 06</td>
</tr>
<tr>
<td>Lions Foundation</td>
<td></td>
<td></td>
<td>$129,000</td>
<td></td>
<td>Nov 05-June 06</td>
</tr>
<tr>
<td>Pub Charity *</td>
<td>2</td>
<td>$488,188</td>
<td>$94,058</td>
<td>19.3%</td>
<td>July 05-June 06</td>
</tr>
<tr>
<td>Scottwood</td>
<td>2</td>
<td>$84,260</td>
<td>$48,746</td>
<td>57.9%</td>
<td>Jan 06-June 06</td>
</tr>
<tr>
<td>Pelorus **</td>
<td>1</td>
<td>$214,000</td>
<td>$28,395</td>
<td>13.3%</td>
<td>Oct 05-March 06</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NZ Community Trust</td>
<td>4</td>
<td>3,810,000</td>
<td>1,555,000</td>
<td>40.8%</td>
<td>05/06</td>
</tr>
</tbody>
</table>

Source: Charity Gaming Association, 2006

Problem Gambling
• There are two services providing face-to-face problem gambling intervention counselling services in Nelson City19
• New clients presenting for face-to-face counselling in Nelson from May 04 to May 05 were 14.4 per 10,000 people compared with 8.5 per 10,000 people nationally. It is recognised that this may be related to lack of access to services in other areas19
• Number of new presentations for treatment dropped from 70 in 2004 to 57 in 2005 20
• Of these presentations, the primary mode of gambling was NCGMs for 95.7% of the clients in 2004 and 98.2% of the clients in 2005 20
Gambling Related Crime

Crime reported in Nelson associated with gambling includes (anonymised information on specific cases provided in a personal communication, Inspector Brian McGurk, Nelson Bays Police, 2007):

- Money laundering
- Burglary
- Fraudulent complaints of theft to disguise gambling loss
- Embezzlement
- Fraud

Research programme

- The Ministry of Health has identified the need for research to inform future gambling policy and service provision for problem gambling.21
- Priority research projects include the social and economic impacts of gambling, the impact of gambling on Māori communities, crime and gambling and the link between the distribution of gambling venues and gambling behaviour.22
- This research programme is managed by Public Health Intelligence, the epidemiology group of the Ministry, but the research is dependent upon securing ongoing funding for each element of the programme.

3.2 Group workshops

The potential areas of change to the draft Nelson City Council Gambling Policy, i.e. the number of gaming machines, the siting of venues and consents for new stand alone TABs, were explored in relation to the identified population groups -- Gambling venue operators, Community organisations and Problem Gamblers. The two determinants of well-being that were the focus of the SIA (income and relationships) were highlighted in this process. The information provided below is a summary of the responses from the three workshop groups, and is discussed within the parameters of the draft policy. These responses are the personal and expert opinion of participants and may or may not be verifiable. As such they are one piece of information informing the discussion and recommendations.

Impact of Number of Machines

Impact of number of machines on gambling venue operators

- Proposed reduction in number of machines when clubs merge, from maximum of 30 to 18 could possibly lead to venues becoming non-viable.
- Little data to show the effect of the number of machines on problem gamblers.
- The market could determine the number of machines and be self-regulating, therefore no further regulation other than the Gambling Act is necessary.
- A reduction in the number of machines could affect the ability of the venue to provide a high standard of service, which in turn could affect problem gamblers.
- The “sinking lid” option could mean that the last venue functioning takes all.
- Issues arising from this discussion were the need for better research on the impacts and also information about the amount of time that machines were in use.
Impact of number of machines on community organisations

- The number of machines affects the amount of money distributed back to the community, therefore any reduction in numbers could have a detrimental effect on community organisations.
- Some community groups already source funding from elsewhere as they see gambling as causing harm.
- Funding for community groups impacts a larger percentage of the population than those affected by problem gambling.
- Harm minimisation suggests leaving the cap at 296, although it was suggested that capping might not reduce the amount of money to the Community, as the current maximum of 326 is not currently being achieved.
- Issues arising from this discussion were the need for more research, the proposed Ministry of Health ‘Preventing and Minimising Gambling Harm: Strategic Plan 2004–2010’, and the need to find evidence for the impact of the number of machines and the distribution of funds within the community.

Impact of number of machines on problem gamblers

- Higher exposure to more machines is highly likely to increase the risks of gambling.
- If numbers are reduced, the problem gamblers will still be there.
- The impact of a reduction in machine numbers in all venues (even those which have merged), would reduce the number of larger venues, which problem gamblers prefer.
- All stakeholders need to work together on harm minimisation.
- The fewer venues and machines there are, the easier it is to monitor and support problem gamblers.
- Issues raised were:
  - the way that a venue is run has a high impact
  - the number of young people using non-casino gambling machines and whether this increases the risk of them becoming problem gamblers in the future

The impact of the siting of venues on all population groups

- The following impacts of locating a gambling venue near places where children are were raised in discussion.
  - Gambling would be seen as normal behaviour alongside attendance at school or pre-school
  - Accessibility and ease of access could increase use
  - Very visible, therefore not as likely to be used by problem gamblers.
  - Keeping the venues away from such areas addresses harm minimisation, cultural appropriateness and that gambling is an adult activity.
- Other issues that were discussed were:
  - the need for other forms of entertainment, particularly in areas of high deprivation, to provide alternatives to gambling
  - the need to address the wider social and economic issues as many gamblers are trying to seek relief from poverty.
The impact of stand alone TABs on all population groups

Venue operators
+ Potential loss of income opportunities, employment opportunities and business opportunities if stand alone TABs not allowed
+ Discouragement of entrepreneurial enterprises – Council involving itself in areas that should not be involved in.
+ Positive impact of not allowing stand alone TABs is thought to be better control of problem gamblers in pub environments where they are known.

Problem gamblers
+ Positive impact may be better control of problem gamblers in pub environments where already known and more likely to be referred to treatment services
+ Very small proportion of problem gamblers associated with TAB – therefore why regulate?

Community organisations
+ No benefit or negative impact of policy

3.3 Evaluation Responses

At the conclusion of the workshop, participants were asked to complete an evaluation questionnaire (Appendix 1)

The evaluation showed that all of the participants found the workshop useful, indicating that it was a good process for developing links across sectors and participants were unanimous in their willingness to be involved in such a process again.
The strengths of the workshop were seen as bringing together differing perspectives, opinions and backgrounds to interact and discuss, in depth, unbiased evidence in a safe and well-facilitated environment. NCC was also commended for initiating this process.
4 Discussion

4.1 Findings

The following discussion is based on information and opinions presented and referenced in the Appraisal Findings – Section 3, unless referenced otherwise.

Gambling has increasingly become a key part of the leisure activity of New Zealanders. It has become a ‘normal’ pastime, with over 70% of the population taking part in gambling of some form. For a minority of individuals, the impact of gambling however becomes addictive and can cause harm to themselves and to the wider community in terms of physical, mental and economic well-being. As discussed earlier (Section 1.5) these wider determinants of well-being are central to public health practice and provide the framework for the discussion below.

The Gambling Act (2003) limits Councils to developing policies around Class 4 Gambling - the siting of new venues, the number of Non-casino gambling machines (NCGMs) and options for stand alone Totalisator Agency boards (TABs). Within the development of this policy, Nelson City Council is required to consider the social impact of gambling within the district. This Social Impact Assessment aims to assess the positive and negative social and well-being impacts of the draft gambling policy to inform the development of the policy. This is explored below, using the evidence base (Section 3.1) and the outcomes of the appraisal workshop. The positive and negative impacts are considered for the three population groups identified at the Scoping meeting – Community, Gambling Venue Operators and Problem Gamblers.

Community

Gambling is viewed by many in the community as a leisure activity with positive impacts. It often takes place in venues providing other social activities, entertainment. Such venues are seen as easily accessible places to socialise. Venues that are not “gambling only” are seen as more sociable, especially to women.

Negative impacts noted in the literature review and by workshop participants are that there may be less impetus to provide alternative leisure and recreational activities, especially in low socio-economic status areas. This could be mitigated by the development of such activities.

While NCGM gambling is a source of funding for community organisations, it is difficult to ascertain the exact proportion coming back to Nelson City. Information provided by CGA shows the national societies returned an average of 36.7% of expenditure to the Nelson area during 05/06. There is criticism of the lack of local input into the awarding of grants and there is also concern about the lack of information on the proportion of expenditure generated in Nelson, returned to the local community. However this concern has been addressed by some societies, such as the NZ Community Trust who has recently established a local advisory committee. The nature of many grants (such as those to national organisations such as Life Flight Trust or Outward Bound) means there will always be some difficulty in determining this but a change in reporting requirements and/or the use of local advisory committees would help allay these concerns.

It is apparent that the numbers of people who benefit from community grants is higher than estimated numbers of problem gamblers and those affected by their problems, but it is difficult to estimate the true costs of problem gambling and true benefits of the funding of community organisations and activities. It is clear that more research is needed in this area.

The issue of equity is of concern as there may be a transfer of funds from one group to another - both between different areas of the country, as well as between areas within the city. There is a higher density of NCGMs and gamblers in NZ Dep2001 deciles 8-10 in national statistics, and there is a corresponding higher NCGM density in these more deprived NZDep2001 deciles in Nelson. Therefore it is possible that there is a net transfer of money out of these lower deprivation areas. This would see the use of gambling expenditure as a source of community funding as actually functioning akin to “Robin Hood in reverse”.
The allocation of additional NCGMs to a given area should take NZDep2001 rating into consideration. Where it is practical to direct grants to low socio-economic areas, this should be encouraged, but funding could also be directed to organisations that benefit residents of these areas.

The density of NCGMs in Nelson city is currently higher than the national average. There is some evidence from international and national studies to support the premise that increased density leads to increased gambling, increased expenditure and problem gambling. These concerns underlie the government policy of controlled growth and attention to social impact assessments in TAs.

Siting of venues near schools, shopping malls etc is seen as normalising gambling to young people and increasing opportunities to gamble. There is also concern about the cultural appropriateness of using such locations. However, there was some support in the workshop for the idea that problem gamblers may dislike increased visibility and would therefore be less likely to use such venues. The research evidence from Richmond-Tweed in Australia however does not support this view. The pilot study in South Auckland shows links between easy access to gambling activities and cash machines and increased gambling levels and gambling harm. The potential for harm identified by these opinions and research, warrant a precautionary approach of setting limits around the siting of venues.

The possibility that the character of the local community may be altered by the introduction of a NCGM venue may be seen as positive in that it may revitalise an under-developed area or negative in that existing businesses, especially entertainment venues, may be replaced.

International and national studies have shown an association between gambling and crime but whether there is a causal link requires further research. This is reflected in evidence from the local police that suggests a link between problem gamblers, resulting financial difficulties and subsequent committing of crime.

There was not any evidence to show that stand-alone TABs make any difference to the financing of community groups.

**Gambling Venue Operators**

Having NCGMs in a venue creates extra work for staff in those venues, and in the 2003 survey in New Plymouth, an extra staff member was justified where there were 9-18 NCGMs at a venue. In Nelson there are 23 venues and a total of 260 machines. Many of the venues have a small number of machines, with patrons not only gambling, but purchasing other services, such as food and drink. The revenue gained from having the NCGMs is small, but for some venues, particularly the smaller ones, make the venue viable. There was concern that reducing the numbers of machines could affect the venue’s ability to provide a high quality of service, which in turn could affect problem gamblers. However, it has been found that

“while there may be instances where additional jobs or income may have been generated-say in depressed regions – most of the resources in the gambling industries will have been diverted from other industries.”

It is also noted that

"net gains in jobs and economic activity are small when account is taken of the impact on other industries of the diversion of consumer spending to gambling"

The Bendigo study found that there was a net loss of employment and deficit contribution to the economy after social costs were factored in.

The workshop process raised the issue that if Council were to prevent the establishment of stand-alone TABs, that this could limit future entrepreneurial and business opportunities. However, as a positive, it was felt that pub environments allowed operators to have better control of gambling behaviour as problem gamblers were likely to be known to staff.
**Problem Gamblers**

Almost 100% of problem gamblers presenting for treatment in Nelson use NCGMs as their primary mode of gambling. Although the population that has presented is above the national average the figures also suggest that only about 10% of problem gamblers in the area have presented for treatment. Given the lower proportion of Māori and Pacific peoples in the Nelson area, and the higher risk that members of these two groups may be problem gamblers, it is possible that the overall numbers of untreated problem gamblers in Nelson is lower than this. However the higher density of NCGMs, and the relationship of density with amount of gambling and problem gambling, suggests that it would be unwise to be complacent and to allow continued growth.

The discussions during the workshops stated that there were fewer reported problem gamblers who use stand-alone TABs. However as stated above under gambling venue operators, problem gamblers who frequent pubs are more likely to be identified by staff and opportunities for intervention are therefore increased. This strongly supports that, based on the harm minimisation principle of the Gambling Act 2003, stand alone TABs should not be established.

### 4.2 Limitations

The literature review and the workshop findings highlighted the limitations in the knowledge and research findings available and recognised that further research and results of monitoring is needed to address some of these gaps in knowledge. It is of concern that the research programme developed by the Ministry of Health is subject to securing appropriate and ongoing funding.

### 4.3 Implications

Until there is more information available on the transition from gambler to problem gambler, risk factors for problem gamblers and actual harm, it seems prudent that NCC consider adopting a policy that restricts accessibility of gambling until it is ascertained that no further, or increased, harm will result. A precautionary approach would be to limit the number of NCGMs in the city to current levels, and to consider a reduction in the future.
5  Recommendations

The objectives of the Gambling Act are to ensure that gambling is used primarily to raise funds for the community and to prevent or minimise the harm attributed to gambling. These objectives are met through controlling the growth of gambling and providing for local involvement in decisions about availability of the more risky forms of gambling.

Taking into account the harm minimisation principles espoused under the Gambling Act (2003) we make the following recommendations.

**Nelson City Council (NCC) Class 4 Gambling Policy**

**Recommended Objective for NCC Gambling Policy**

Change proposed objectives from

1. To prevent and minimise the harm caused by gambling in the city.
2. To assist in controlling the growth of gambling
to
1. To address the social and economic implications of gambling in the Nelson City area.
2. To support and promote harm minimisation principles for gambling activities within the Nelson City area.

**Recommended Options for Proposed NCC Gambling Policy**

1. **Siting of venues**
   No new consents issued for venues that are within areas zoned residential or within 100 metres of the following places:
   - playgrounds
   - Kindergartens/ early childhood centres
   - schools
   - places of worship
   - the venue not being primarily associated with children’s or families’ activities.
   - Cash Machines (ATMs)
   No new consents for venues located in areas categorised as NZDep2001 deciles 8-10

2. **Gaming Machine numbers**
   Leaving the number of Non-casino gaming machines at the current level (at the time of this Policy being adopted) until the next Policy review in 2010.

   **Stand alone Totaliser Agency Boards (TABs)**
   No consents be granted for stand alone TABs during the life of this policy

**Further Recommendations**

NCC convenes a local forum, involving a range of sectors, to look at policies and initiatives to minimise gambling harm as recommended by central government in the Ministry of Health (MoH) document *Preventing and Minimising Gambling Harm: Strategic Plan 2004 – 2010.*

This Council-led forum could consider pursuing the suggested actions in the table below.

<table>
<thead>
<tr>
<th>Suggested Actions</th>
<th>Agencies/organisations involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision of alternative leisure activities, particularly in low decile areas</td>
<td>Council, Community groups,</td>
</tr>
<tr>
<td>Redistribution of government tax revenue from gambling back to local communities</td>
<td>Central Government</td>
</tr>
<tr>
<td>Harm minimisation initiatives for problem gamblers using Non-Casino Gambling</td>
<td>Problem Gambling Foundation, Council, Venue operators,</td>
</tr>
<tr>
<td>Machines.</td>
<td>Gaming Trust Representatives.</td>
</tr>
<tr>
<td>Advocate for provision of information about funds generated locally and for local control of distribution of these funds</td>
<td>Central Government, Gaming Trusts</td>
</tr>
<tr>
<td>Support additional research – including advocating for adequate funding to carry out research already identified by MoH</td>
<td>Ministry of Health, Central Government, Problem Gambling Foundation</td>
</tr>
<tr>
<td>Identify and collect relevant indicators to inform future policy reviews</td>
<td>Council, Central Government</td>
</tr>
</tbody>
</table>
References

1 Minister of Health. 2006 Problem Gambling in New Zealand: Analysis of the 2002/03 New Zealand Health Survey. Wellington: Ministry of Health
20 Ministry of Health 2006 Primary Problem Gambling Mode by Local Authority All agencies 2004 and 2005 Released under Official Information Act and provided by the Charity Gaming Association of New Zealand
Appendix 1

NCC Draft Gambling Policy SIA

Participant Evaluation

1. Overall, how valuable do you consider this workshop has been for you?

Not at all valuable
1
2
3 2
4 8
5 5
Very Valuable

2. Has your understanding of the determinants of social wellbeing improved?

Not at all valuable
1 1
2 4
3 3
4 2
5 3
Very Valuable 2

3. Has this workshop been a good opportunity for you to develop your linkages with people across sectors?

Not at all valuable
1
2
3 2
4 9
5 4
Very Valuable

4. The strengths of the workshop were?

Open Discussion
Hearing others views
Brief
Interaction
Different perspectives
Taking people out of comfort zones
Diversity of opinions being debated
Information presented - and shared by participants
Facilitation process and leadership
Very different agendas and a facilitator who controlled quite strong personalities well.
A good, formal process used to set and address the issues under consideration.
Information exchange
Variety of backgrounds and opinions
The opportunity to express opinions in a safe environment.
Information/ evidence on gambling
Being able to explore depth
Cross-section of the community with differing views but at the end of the day – a common goal.
Shared views and the ability for research (traditionally biased) to be openly refuted.
Very constructive bringing in so many different perspectives to achieve well balanced views in policy.

5. **What could be done to improve the workshop?**

Make it longer  
Smaller circle  
I think that this process can only improve with experience.  
Prior circulation of **agreed** information  
More time  
Longer group discussion time  
More cross-section of the community attending. More community group representation.
Condense intro/evidence – all good but could have been quicker.  
Not much  
Happy with format conducted  
No, all done very well. Would be good to hold with more lead-in to the policy deadline.

6. **Would you participate in a rapid appraisal workshop again?**

Yes 13  
Definitely 1  
Absolutely 1  
Yes, because the need is there to express the point of view of the Pasifika people.

7. **Any other comments**

More cross-section of community  
Great facilitation skills – these workshops would only be successful if facilitation has great skills.  
Excellent presentation by Jill Sherwood in the short time frame. Set a very good balanced view.  
Great to involve the community.  
Stunningly effective tool! Thanks heaps Rob and team.
Overwhelming view that Council does not need a comprehensive policy.  
Well done. Good initiative by Council.