

Submission on: Public Consultation on Reducing Pokies Harm

April 2022



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1. Submission to Reducing Pokies Harm

Thank you for the opportunity to comment on Reducing Pokies Harm, on options for changes to the pokies (Class 4) Gambling (Harm Prevention and Minimisation) Regulations 2004, using regulation-making powers in the Act. This submission is made by Asian Family Services.

We welcome further discussion on this submission and look forward to engaging with those working on the regulation toward the government's objective to contribute to better preventing and minimising gambling harm in Aotearoa, New Zealand.

2. The focus of this submission

Asian Family Services endorses the government moving fast by using existing tools within the Gambling Act 2003 (the Act) to strengthen regulations. Reducing the harm that pokies are causing in our communities is something Asian Family Services care deeply about. According to the survey conducted by Asian Family Services, lower-income earners were most likely to experience gambling harm and were least likely to be aware of the gambling classification act. Many Asians experiencing gambling harm may already face settlement issues and financial challenges.

Asians are one of the priority populations under the Draft Strategy to Prevention and Minimise Gambling Harm (2022/23 to 2024/25). Hence, Asian Family Services believe strengthening the Gambling Act's regulation in pubs and clubs will need to reflect the needs of harmful gambling experienced by Asian problem gamblers.

Asian Family Services' vision is that "all people of Asian heritage and background lead flourishing and fulfilling lives in an equitable Aotearoa, New Zealand". Asian Family Services have witnessed multiple gaps and ambiguities in gambling harm regulations for pokies since our service began. The gaps and ambiguities often results in Asian problem gamblers delaying support and help. Therefore, Asian Family Services is pleased to have this opportunity to share our views on how the regulations could be strengthened. We hope the Department of Internal Affairs can set clear expectations for both gambling operators and the regulators to ensure harm minimisation rules are understood and followed to benefit the Asian communities, especially those who have experienced gambling harm.

Asian Family Services strongly endorses the proposed regulation being more prescriptive about the harm minimisation measures pubs and clubs need to have in place which includes:

- Strengthening the training requirements, including skills, confidence and cultural competency in identifying and excluding Asian people who are experiencing harmful gambling
- Make gaming features safer
- New infringement fees related to the requirements in the current harm minimisation regulations by aligning to the Act

Asian Family Services would like to acknowledge the thinking and enormous effort that has gone into the consultation document. We welcome further conversation with the Department of Internal Affairs about what we believe is important and how we can achieve them.

3. Asian Population

The landscape of the population in New Zealand has significantly changed. The 2018 Census indicated that over 27% of New Zealand's population was born overseas, with over 200 ethnicities.

In the 2018 New Zealand Census, 707,598 people identified as part of the Asian group, making up 15.1% of New Zealand's population. This is an increase of 235,890 people (50.0%) since the 2013 census and 353,046 people (99.6%) since the 2006 census. The Asian population is the fastest-growing population and will make up a quarter of the New Zealand population in 20 years.

The term Asian in New Zealand represents many cultures and ethnicities, from Afghanistan in the west, India, China, Japan in the east, and Indonesia in the south. Ethnic minority groups refer to MELAA¹ as former refugees or asylum seekers.

4. Asian Gambling Behaviour

As the only Asian Minimising and Preventing Gambling Service that provide clinical intervention, Public Health, Helpline services and research, we represent over 24 years of experience working with Asians across different ages, ethnicities and cultural backgrounds who experience harmful gambling. Asians who experience gambling harm, including family and friends affected by second-hand gambling harm, live with intense shame and guilt and are reluctant to get help.

Gambling is a legal activity in New Zealand, and most Asian gamblers are under the misconception that some games are fair and that it is safe to play these games. Many Asian people report being introduced to gambling by family and friends, but this can soon become a habit and escalate into problem gambling.

Asian Family Services' 2021 Responsible Gambling Report¹, commissioned by Te Hīringa Hauora, found that 74.7% of Asian report having gambled in some way in the past 12 months. The survey used the Problem Gambling Severity Index (PGSI) to assess over 705 participants, with the margins of error being $\pm 3.68\%$. The survey found that amongst Asians²

- 13.8% identified as problem gamblers,
- 7.3% as moderate-risk gamblers, and
- 5.8% were low-risk gamblers.

The study found 27.6% of Asian played gaming machines or pokies in the last 12 months. Among the gambling population, problem gamblers make up 18.4%. However, when assessing amongst all Asians in New Zealand, problem gamblers make up 13.8%, and of this, 54.4% come from the Indian community. Indians, those aged 18-29 years, and earning \$50-\$70K, are also playing gaming machines or pokies most regularly compared to other groups (i.e., at least twice a month).

The survey also found that lower-income earners were less likely to be aware of the different types of gambling as opposed to other income groups. Almost 50% of Asians were less likely to be aware of gambling harm risk.

Unfortunately, due to being either new to the country or unfamiliar with the health system and services in New Zealand, many who experienced gambling harm did not seek early intervention. Over 47% lacked knowledge of available support services, such as Asian Family Services.

¹ MELAA refers to Middle Eastern, Latin American and African

² 34.7% Chinese, 33.5% Indian, 10.2% Filipino, 5% Korean, 2.5% Japanese, 2.4% Sri Lankan, 1.4% Vietnamese, 1.4% Cambodian, 9.1% Asian other

Other reasons included a lack of concept of behavioural addiction. The concept of addiction is only associated with substance abuse, such as cocaine or alcohol, instead of problem gambling. Therefore problem gamblers are regarded as having a personal or character weakness, such as a lack of willpower/self-control, resulting in feelings of disappointment, guilt and self-blame.

Other help-seeking barriers mentioned in the survey stated that:

- 46% of harmful gambling was hidden due to shame, pride, and loss of face, not only for the gambler but also for the whole family
- 44% lacked knowledge about counselling services and their effectiveness
- 33% felt a lack of availability in helpers from a similar cultural, ethnic and linguistic background and were unaware of Asian Family Services' existence.

Analysis of data from the Health and Lifestyles Survey over several years showed that after adjusting for a range of socio-economic factors and gambling predictors, Asian people's risk for individual gambling harm was 9.5 times higherⁱⁱ when compared to European/Other. Furthermore, pokie players were more than twice as likely to be at risk of some level of gambling-related harm compared to other gamblers. Sobrun-Maharaj, Rossen, and Wong (2012)ⁱⁱⁱ identified that one of the contributing factors to mental health issues for Asian people was problem gambling.

Over the past year, AFS provided 4664 counselling sessions to more than 1,447 gambling clients around Aotearoa. Our problem-gambling clients were afflicted with co-existing issues such as suicidal ideation, financial hardship, domestic violence and severe depressive and anxiety symptoms due to problem gambling.

Asian Family Services counsellors, with the clients' consent, often had to arrange an international conference call to facilitate a safety plan or supported the clients to disclose the loss of a large sum of finance to parents or spouses overseas. They may have also had to facilitate a family therapy intervention and hope to salvage the broken relationship between husband and wife due to harmful gambling. Asian problem gamblers may be international students, with the wife accompanying children while they are studying. These couples could also have been in New Zealand by themselves to establish a new life.

Sobrun-Maharaj et al. identified groups most vulnerable to gambling harm from pokies were:

- Restaurant workers (chefs, kitchen hands, baristas, etc.);
- Cleaners;
- Builders/construction workers;
- Older people;
- International students;
- Work visa holders.

The most common reasons why Asian people played pokies were due to:

- The lack of English language proficiency exacerbating integration difficulties. Therefore pokies seemed like a low-barrier game: No English requirement, easy to access and was able to play solo;
- Emotional escape (release stress, run away from conflict with others, etc.);
- Combatting loneliness;
- Making easy money;
- Addiction-driven playing: to win back lost money.

Other factors contributing to problem gambling includes the cultural difference between Asians and New Zealanders, making it difficult for some immigrants to adjust, placing them at risk for gambling and feeling unaccepted by the host population.

The consequences of problem gambling for Asians include

- Relationships with others changing, and gamblers appeared to move toward isolating themselves from their friends and family
- Impacts to the financial security of their families, irrespective of their ethnicity.
- Impacts on their ability to settle successfully in New Zealand
- Illicit activity such as crime and prostitution to procure money to feed a gambling addiction.
- Exposing children early to gambling.
- Family violence - spouses and partners in particular. Many families do not report violence caused by problem gambling mainly for cultural reasons such as stigma.
- Divorce is increasing despite the cultural stigma attached to this.

Four individual case studies have been provided at the end of the submission to highlight the unique challenge of harmful gambling among Asian problem gamblers ([7. Case Study](#))

5. Feedback on Reducing Pokies Harm Public Consultation.

Asian Family Services believe that the light regulation model has not successfully addressed pokie harms in pubs and clubs. A more prescriptive approach to harm minimisation could reduce Asian New Zealanders' harmful gambling experience on pokies. Therefore, stronger rules surrounding host responsibility for gambling to reduce gaps and ambiguities in gambling regulations with greater consistency across the sector are necessary.

Asian Family Services endorse the Department of Internal Affairs (DIA) to provide clearer and practical aspects of harm minimisation in pubs and clubs in pokies venues by increasing transparency for a regulator to better monitor venues and enforce any breaches. As part of pubs and clubs, harm minimisation conditions of a gambling licence must include the following:

- Criteria for interventions by venue staff to be more prescriptive and demonstrated in the society policy and venue statement
- Mandatory standardised gambling harm awareness training should be provided for venue staff to meet the obligation of gambling host responsibility and assist them in supervising gaming areas. It is essential to strengthen staff confidence and cultural competency to identify Asian problem gamblers and intervene when gambling becomes harmful (a further rationale is provided in [5.1. Harm Minimisation Awareness Training](#)).
- Equally assigned harm minimisation regulations to venue managers, class 4 venue owners as well as societies to ensure all are held accountable
- Make pokie machine's safer through information and features such as better utilising technology to support harm prevention, and this includes displaying Asian Helpline information on the screen and minimise the advertising/information of jackpots
- Strengthen compliance with supporting offences and penalties, to develop higher penalties to support existing harm minimisation regulations.

Asian Family Services endorse using information recording to identify people experiencing problem gambling, and information recorded must include but is not limited to

- Length of time sitting uninterrupted at a pokie machine
- Frequency of withdrawals at a venue's EFTPOS or ATM
- The intensity of the gambler's pokie use
- Problem gamblers' behaviour or events that occur while in the venue
- Method and approach to intervening after problem gamblers have been identified.
- Requests from family and friends of a person must be recorded and monitored without breaching the individual's privacy to determine whether exclusion is appropriate. Will be crucial to use when finding out if it was decided the person were not identified as problem gamblers.

5.1. Harm minimisation awareness training

To effectively minimise and prevent gambling harm among Asian communities, Asian Family Services strongly recommend pub or club staff be trained to be culturally competent in identifying Asians with harmful gambling and intervene successfully.

The Act requires societies to provide training and a trained person to be present while pokie gambling occurs. Unfortunately, anecdotal evidence from Asian clients confirms that they have never once been approached or have staff intervene despite showing warning signs of gambling harm. It is believed that staff were not confident identifying and approaching problem gamblers based on the Salvation Army Oasis public health team's feedback while providing Multi-Venue Exclusion (MVE) training to pub managers. A venue visited by the Asian Family Services' public health promoters also confirmed this. Therefore, Asian Family Services believe training content must be specified, and it must include:

- Asian cultural competency
- Face to face training that includes practical skills such as role play
- Testing for retention of key messages
- Inclusion of annual refresher training
- Those with lived experience to talk about their experience of gambling harm
- The audited trainer to conduct training
- Societies compensating pubs and clubs for staff to attend the training.

All staff employed within the first three months at pubs and clubs must complete and pass gambling harm minimisation awareness training. Ideally, the standardised training should include a New Zealand Qualifications Authority (NZQA) standard that can be used over the qualification's length (Eg. two years). This would allow staff to apply for jobs in the sector with skills and experience in identifying problem gamblers.

5.2. Require Pokie machines features safer

Asian Family Services endorse the idea of requiring pokie game features to be made safer as part of a safety net to stop harmful gambling.

Jackpots cause significant gambling harm because of the delusion of the likelihood of winning. When several jackpots are running simultaneously, it further creates confusion for gamblers believing there is a higher chance of winning. Patrons also continue gambling for longer, waiting to win back the money they have already paid into a jackpot.

Asian Family Services believe changing features of a pokie machine and the use of jackpots, could help reduce harmful gambling. These include requiring pokie machines to:

- Display information of return to player ratio of games, volatility of games
- Provide information on actual losses
- Prevent the ability to make multi-row bets
- Prevent the number of “free spins”
- Limit the maximum number of games that could be played in an hour.

Besides the gaming features, the pokies machine must display harm minimisation messaging in multiple languages including Chinese, Korean, Hindi, Thai, Vietnamese, Japanese and other languages, to encourage early help-seeking behaviour.

5.3. Penalties and enforcement

Asian Family Services endorses the DIA to introduce new infringement fees related to the requirements in the current harm minimisation regulations by aligning with the Sale and Supply of Alcohol Act, especially to respond to and discourage non-compliant behaviour from societies, pubs and clubs.

Asian Family Services also endorses DIA to empower inspectors to issue infringement by providing more transparent, descriptive requirements to societies and pubs and clubs to be more vigilant in compliance with harm minimisation. Consequently, any non-compliance behaviour identified is quickly responded to and not repeated.

Asian Family Services agree with the specific proposals to be used in reducing harm from pokies through penalties and enforcement, and these include offence for societies/venue operators/venue managers of failing to meet requirements of:

- Restrictions on jackpot advertising and branding at Class 4 venues with an infringement fee of \$1,000
- Providing information about problem gambling to patrons and where to get help” with an infringement fee of \$1,000
- Providing problem gambling awareness training to staff who “supervise gambling” with an infringement fee of \$1,000
- Monitoring and recording harm minimisation actions with an infringement fee of \$1,000
- Harm minimisation machine features with an infringement fee of \$1,000

5.4. Further recommendation

Asian Family Services believe it is time to address current gaps and ambiguities in regulations that hinder enforcement in venues with poor practices. Asian Family Services believe other options could equally have a significant impact on addressing gambling harm, and these are

- Asian Family Services’ Asian Helpline number to display in gaming areas - Display Asian gambling harm minimisation services to remove any barrier (e.g. language) for people to understand what help is available and how they can seek help (confidential and free).
- Interpreter services for problem gamblers - If language was a barrier, pubs and clubs must provide interpreter services during the self-exclusion/exclusion process.

- AFS does not support the proposal that excluded gamblers should complete treatment as it places the responsibility on the individual gambler and individualises the problem. We understand that compulsory treatment may not be useful for all clients that may be excluded or self-excluded from gambling. This is because if clients are not ready to accept help or admit that they have a problem with their gambling, counselling sessions are not meaningful. Rather, it becomes a tick-box activity for clients to regain entrance to a venue. We also know that gamblers prefer to try and resolve gambling-related problems on their own before accessing professional services. However, we are supportive of venue staff being required to offer support and details of service providers if patrons are to be excluded. This would be a great opportunity to raise awareness around where to get support for gambling and ask for consent to refer the patron's contact details to a local service provider.
- Pre-commitment - All gamblers must pre-commit to the amount of money or time they intend to spend before gambling through a secure website.
- To have designated staff monitoring the gaming areas - Venues to have someone employed to monitor gambling area, assist with providing information, Multi Venue Exclusion /venue initiated exclusions, connect gambler with local services.
- Increase and mandate the frequency of gaming areas being monitored - Venues must monitor the gambling area at every 15 minutes intervals. Staff required to talk to the person who has been gambling after 30 minutes and record any problematic gambling behaviour. Two hours of interval for a game at \$2.50 max with approximately spins of 6 or so seconds equates to \$375 (15 mins), and \$3000 (2 hours) of potential spend/losses is high risk.
- Restriction on easy access on cash - There must be no access to ATMs from inside a venue, and any of the ATMs must be at least 100 meters away from the Class 4 venue. Instead, consider cashless pokies, which will remove the need for ATMs and remove opportunities to launder money through them. This will also remove staff anxiety about having too much money in a venue at any given stage.
- Changing the gaming area setting to encourage social interaction – the room to be well lit with clocks displayed on all walls and the sounds of pokie machines to be minimised to encourage conversation among patrons.
- Redesigning gaming entry areas to better monitor gamblers - The gambling venue/environment needs to remove opportunities that allow easy access to underage, excluded gamblers. This may include access ways into the gambling area past the bar/counter. Using CCTV, which can be unmonitored, does not prevent people from accessing pokie machines.
- Remove the 16% maximum option for venue payments - This is disincentive for venue staff to intervene with a gambler, which may be under pressure by management to increase the bottom line by allowing more gambling by individuals that may be harmful.

- Health and Safety workplace training for staff who monitor the gaming venue - Pokie machines are addictive. Some machine designs/features can be picked up by non-gamblers/observers/venue staff, e.g. lights, sounds, jackpots. Venue staff are at high risk of gambling themselves and the associated harms. On top of that, staff also handle thousands of dollars every day and pay out winners, particularly from jackpots that can become the target for a robbery. This can affect the staff members' mental well-being and, therefore, safety in the venue.

5.5. Review Gambling Act

Asian Family Services believe it is time for the Government to review the Gambling Act to minimise and prevent gambling harm effectively. We consider the regulations for gambling host responsibility should align with alcohol host responsibility. The provision will include an increasing number of gambling inspectors throughout the country. This could include New Zealand Police Alcohol Harm Reduction Teams visiting licensed premises to check alcohol license compliance and other disorders/crimes. The regulations could have included police as gambling Inspectors. It would streamline cross-government collaboration to allow them to have a *whole venue* approach to licensing. Police will also be able to collect data on each of their visits that can be used to support or challenge Class 4 and Alcohol License applications/renewals, of which they are a mandated service to provide information to the Territorial Local Authority (TLA). The Department of Internal Affairs will provide information on gambling spending to the Police for *every* Class 4 and Alcohol License application/renewal at District Licensing Committee (DLC) hearings. The information helps show whether a venue's primary purpose is gambling or alcohol/food sales.

6. About Us

Asian Family Services is an NGO service provider for people of Asian backgrounds affected by mental health issues and gambling harm. Our gambling harm minimisation services are delivered under a Ministry of Health contract and are funded from the gambling levy. Asian Family Services also operates an Asian Helpline (telephone counselling) for Asian clients wishing to access immediate mental health support or guidance. Our services are also offered face to face in Auckland, Hamilton and Wellington by qualified counsellors, psychologists, social workers, and public health practitioners who speak Cantonese, English, Hindi, Japanese, Korean, Mandarin, Thai, and Vietnamese. All our counsellors and social workers are registered with either the New Zealand Association of Counsellors, the Social Worker Registration Board New Zealand or the Drug and Alcohol Practitioners Association Aotearoa New Zealand, as requested by the Ministry of Health, the Health Practitioners Competence Assurance Act.

For over 20 years, AFS has had a strong public health programme and is well known, regarded and most importantly, trusted in the Asian community and among Asian health practitioners.

Asha, meaning 'hope' in Hindi, is the name of Asian Family Services' support service for South Asians living in New Zealand. The service was started in 2017 in response to an increasing number of South Asians presenting for help with gambling problems. The focus of the Asha service is to help South Asians living in New Zealand who are impacted by harmful gambling – either their own gambling or someone else's, such as a family member or friend by providing linguistically and culturally sensitive support. Asha services also focus on raising awareness of harmful gambling in the South Asian community through public health initiatives that address the stigma attached to gambling problems which can prevent someone from reaching out and seeking help.

In 2016, AFS established Asian Wellbeing Services to provide non-gambling related counselling, psychological intervention, tailor-made psychoeducation and therapy workshops to individuals and related organisations. All these services are offered by qualified counsellors, social workers and public health practitioners who speak English, Cantonese, Hindi, Japanese, Korean, Mandarin, Thai, and Vietnamese.

Digi Language Support (DLS) Services, a sub-division of Asian Family Services, is testing a digitally enabled service providing a self-service booking system for primary and community care participating agencies to access telehealth language support services. This pilot project is one of the Ministry of Health's digitally enabled access and participation initiatives. The pilot aims to enhance access and participation of non-English speaking (NES) or limited English speaking (LES) consumers to health services offered by primary and community-based participating agencies in New Zealand from November 2021.

Additionally, AFS uses its website and social media channels, Instagram, YouTube, Facebook, and WeChat, to share mental health and addiction information and resources in Asian languages and promote our services to Asian communities nationwide.

7. Case Study

7.1. Case study one

(The name and background of the individual have been changed to ensure the confidentiality of the client)

Seo-Yeon, a Korean female, was referred to Asian Family Services via GP due to her depression. Upon seeing the Korean counsellor, Seo-Yeon disclosed her depression was due to her husband's gambling behaviour. She told the counsellor that she had been to the Class 4 gambling venue and begged staff not to allow her husband to enter their premises multiple times but was ignored. The venue manager or staff had not intervened despite both of them fighting in the venue when Seo-Yeon found her husband was playing pokies in the gaming areas. This has happened several times.

Seo-Yeon describes her frustration and sadness as she witnessed her husband change since moving to New Zealand. At first, her husband only went to play pokies during the weekend, and eventually, the length of time playing pokies became longer. He has drained all their life savings and appears as if the pokies were the only thing he cared about, as seen by not showing interest in anything else, including his children.

She believes that due to underemployment as a Korean store manager and not utilising his skills as a civil engineer, he has become withdrawn. A friend took him to a pub once to cheer him up and introduced pokies to him, and that was it.

After seeing the counsellor, Seo-Yeon decided to leave her husband. She said that besides the gambling issue, she has also been experiencing domestic violence due to her fighting over his gambling spending. The Korean counsellor helped her with Work and Income and got support for legal aid for family court due to experiencing family harm. As a result, Seo-Yeon and her children can re-establish a safer life without her husband.

Seo-Yeon said she did not understand why the New Zealand government allowed pubs to have pokie machines and said this would not be allowed in Korea. She also said that the pokies had destroyed her husband, their relationship, family, and dreams of having a good life in New Zealand.

7.2. Case Study Two

(The name and background of the individual have been randomised to ensure the confidentiality of the client)

Somchai (Som) is a work visa holder from a small southern town, Songkhla, in Thailand. In 2018, Som came to New Zealand alone to work for a Thai restaurant as a chef. He planned to get his residence visa approved and bring his wife and daughter to New Zealand.

He was often lonely and bored outside his working hours without his family's company. He dreamed of a reunion with his loved ones in New Zealand as soon as he could.

He would be free every afternoon from 2:30 pm to 4:30 pm on a typical day. He used to use the time to go to the library and have a break before his evening work. But one day, his colleague from the restaurant took him to a pub. Since then, Som has been using pokies to pass time instead of staying in the library.

In the beginning, Som planned his weekly budget and thought only to spend the two hours break in between playing pokies. But after a big win, he visited the pub not only in the afternoon but in the late evening after work. His work and personal life were severely affected by his problem gambling. He was constantly late on the job, unable to concentrate and often made mistakes with orders. As a result, he was fired from his job. Som had trouble sleeping at night and was afraid to tell his family what had happened. He sought help from AFS, being referred by a GP for his anxiety and depression. But it was during the first counselling session Som disclosed his problem with gambling. With the counsellor's support, he finally understood the issues contributing to his gambling problems and learned how to cope with his stress and problem gambling.

As of now, he has found a new job and got back on track. He is eligible to apply for the 2021 one-off Residency Visa. We are happy to see that Som is fighting his gambling problem and working toward his goal to be reunited with his family in New Zealand.

7.3. Case Study Three

(The name and background of the individual have been changed to ensure the confidentiality of the client)

Kai moved to Christchurch with his family from China 10 years ago as a child. The parents worked hard to have a better life in New Zealand despite language barriers and working as cleaners. Kai started working after finishing school and contributed to household expenses.

Kai liked to play pokies in clubs or pubs, and initially, the family were not too concerned and thought he was passing the time when he was off work because most of his friends were working during the weekdays, and he only had time off on Monday and Tuesday. However, the family began to hear from friends that Kai had borrowed money from others because he was losing money from pokies. The parents tried to advise him to stop playing pokies but were unsuccessful. Later, Kai moved to Auckland but often asked for money from his parents, and he always promised it would be the last time. His parents helped him out of love and concern, but this never seemed to end.

Eventually, the parents found out that Kai has not been working for some time and used pokies in the hopes of “making” money. They also found he has been borrowing money from loan sharks. The parents used their savings to pay Kai’s gambling debt, and he promised he would quit gambling. Unfortunately, Kai did not stop gambling. Very soon after, Kai began to ask for money from his parents again.

The parents finally decided to reach out to Asian Family Services in desperation. They negotiated with Kai that the parents would help pay his debt if he attended counselling. The counsellor helped Kai set up a plan to pay his debt and explore the reasons for his gambling.

It was not easy at the beginning for Kai, and he relapsed twice during counselling. The parents were initially angry and disappointed, but the counsellor encouraged the family not to give up on him.

During the family therapy sessions, the counsellor explained the brain and chemical changes that happened due to years of playing pokies. The psychoeducation session allowed Kai and his parents to understand the complexity of Kai’s irrational behaviour and agree on setting boundaries for Kai’s financial trouble and allowing him to learn to manage his gambling debts.

The counsellor introduced self-coping mechanism skills to solve Kai’s trigger, and he made some progress and gradually became better and slowly paid his debts. Kai understood it would be a long-term recovery journey, which would be something that he needs to manage for the rest of his life.

7.4. Case Study Four

(The name and background of the individual have been changed to ensure the confidentiality of the client)

Sunita started playing pokie machines five years ago in Australia, and some of her friends told her how much fun it was. Sunita won \$70 in a few minutes when she first played and thought it was a quicker way to make money.

Gambling soon became a problem for Sunita, and she spent all of her spare time and money on gambling. She stole money from her husband's account after losing all of her money. Her husband discovered her problem and started to control their family's finances. She felt guilty for doing this to her family and promised not to gamble anymore.

To stop gambling was problematic for Sunita. She kept playing pokies even though it caused arguments in her family. Sunita often could not stop playing until she had no money left; not enough for even the bus fare home. She borrowed money from all of her friends and workmates by telling lies so that she could continue gambling. Sunita knew she had created financial difficulty for her family but did not know how to stop it.

Sunita's husband could not believe what she had done. He told Sunita that she should not have a family if she wanted to continue to gamble.

To stop her borrowing money, Sunita's husband asked her not to have contact with her friends and told everyone about her problem. Sunita felt shameful about her gambling problem and felt she had lost face in front of people. Sunita and her husband decided to move back to New Zealand eventually and thought a change of environment might stop her from playing pokies.

Sunita came across ASHA (South Asian services for the Asian Family Services) and decided to seek help after she started playing on pokie machines again. The counsellor provides couple therapy to Sunita and her husband. During counselling, the couple finally had the chance to express their thoughts about gambling and what it has done to their relationship and life. With the help of a counsellor, they were able to deal with the problem instead of arguing. The husband used to believe it was Sunita's moral judgment that created the gambling behaviour instead of due to the addicting nature of the pokie machines, which changed her neuropathways and chemicals in her brain. He was able to forgive Sunita and find a way to support her with her problem gambling. Sunita also learned that gambling, especially pokies, can cause harm to family and health. She said she knew that in her mind, but it was not until she heard it from the counsellor that she could accept it and make small steps in her recovery.

8. Reference

ⁱ Zhu, A., & Feng, K. (2021). New Zealand Asian Responsible Gambling Report 2021. Asian Family Services. Auckland: New Zealand.

ⁱⁱ Health Promotion Agency. (2021a). Gambling harm. Wellington: Kupe Data Explorer.
<https://kupe.hpa.org.nz/#!/gambling/gambling-harm>

ⁱⁱⁱ Sobrun-Maharaj, A., Rossen, F.V., Wong, A, S, K. (2012). Final Report. The Impact of Gambling and Problem Gambling on Asian Families and Communities in New Zealand. University of Auckland.