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COMMUNICATION SUMMARY:

An Exploration of Youth Participation in Gambling & the Impact of Problem Gambling on Young People in New Zealand

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This project explored youth participation in gambling, the impact of problem gambling on young people in New Zealand (including identifiable risk and resiliency factors) and best practice approaches for providing problem gambling services to young people. It consisted of a literature review, a scoping exercise to determine datasets appropriate for a secondary analysis, a secondary analysis of data from *Youth'07 - The Second National Health and Wellbeing Survey of New Zealand Secondary School Students*, and interviews with individuals working within youth gambling and related fields.

Analysis of the Youth'07 dataset revealed that approximately one-quarter of participating students had gambled in the past year, and less than one-tenth had gambled in the past four weeks. Males were more likely than females to have gambled in the past four weeks and there was a general trend for recent gambling to increase with age. Students indicated that they do not typically spend much money or time on gambling activities - a very small proportion indicated that they spend $20 or more (and/or 30 minutes a day) on gambling in a typical week. The most frequently cited reasons for gambling centred on having fun and winning money and the most 'popular' modes included bets with friends, Instant Kiwi, cards or coins, and Lotto (including Strike, Powerball etc). 'Gambling to relax', 'gambling to feel better about myself', and 'gambling to forget about things' were all identified as 'red flags' or early indicators that gambling behaviour is moving towards unhealthy levels – whereas 'school connectedness' was identified as fulfilling a protective function. A number of demographic variables, including earning more than $100 per week, being male, gambling because friends do, and gambling because family do, were all significantly associated with an increased risk of unhealthy gambling. Two types of gambling were also found to be particularly risky for young people - gambling at a casino (on EGMs or tables) and gambling over the internet.

Interviews with staff employed in the AOD, gambling and youth sectors revealed a general perception that gambling was not a significant problem for youth in this country. However, a lack of recognition of problematic gambling behaviour by both youth and adults was felt to create barriers for young people accessing help. Gambling on-line was highlighted as an area of concern. Findings from the research suggest that best practice for youth problem gambling services should involve existing providers and structures as a means of: addressing the current silo-based approach to service delivery; streamlining young people's access to services; and, to ensure that resources are distributed in a cost-effective manner. A one-stop-shop model of service delivery was put forward as an effective way of working young people, with gambling

services provided alongside other (family-inclusive) health and social services. Participants also noted the limitations of such an approach. A 'by youth, for youth' philosophy was considered best practice, with services provided in a youth-centric environment and incorporating a range of delivery methods. A need for further education of youth was highlighted (e.g. on potential risks, help-seeking advice, etc.), and included targeting young children in schools.

The results outlined in this report indicate that a substantial proportion of young people do engage with gambling. The strong gender bias identified needs to be considered by those aiming to address the public health and intervention needs of young people for gambling. Moreover, the 'early indictors' of unhealthy gambling may be useful for health professionals, as well as for youth themselves and their families/whānau. Given that youth indicated that they were participating in a number of modes that should theoretically be unavailable to them due to legislation around age limits, attention clearly needs to be paid to the availability of gambling to minors. This is particularly important when considering gambling modes that were shown to present an increased risk of unhealthy gambling behaviour – such as casino gambling (EGMs and tables) and gambling via the Internet. The roles of gambling policy and legislation, host responsibility, and education (of youth/parents/teachers etc), all need to be explored further with regard to the availability of gambling in general. A societal perception of gambling as being less severe than other youth risky behaviours may also be contributing to the availability and accessibility of gambling activities to adolescents. Social connectedness was shown to have an important role in moderating or protecting against unhealthy gambling behaviour in youth, including connectedness to a school environment. Best practice guidelines for mental health promotion programmes highlight the importance of intervening in multiple settings, with a focus on schools as a key setting for interventions. However, the effectiveness of education programmes in positively impacting on youth gambling behaviour is not well understood and requires further investigation.