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Gambling issues for Tongan people in Auckland, Aotearoa-New Zealand

Sione Tu'itahi**Yvette Guttenbeil-Po'uhila****Jennifer Hand****Tin Htay**

Auckland Regional Public Health Service, Auckland, Aotearoa-New Zealand

E-mail: stuitahi@adhb.govt.nz

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For correspondence: Sione Tu'itahi, Auckland Regional Public Health Service, Auckland, New Zealand, telephone: (09) 262. 1855, e-mail: stuitahi@adhb.govt.nz

Abstract

This paper focuses on a research project on gambling issues within the Tongan community in Auckland, New Zealand that was conducted by the Auckland Regional Public Health Service (ARPHS). It outlines the background and rationale for the research, progress as of the time of writing, preliminary findings, and future plans.

Introduction

In Aotearoa-New Zealand, problem gambling is more prevalent among people with lower socio-economic status and lower educational levels, within which the Tongan community in Auckland features significantly. The Problem Gambling Foundation of New Zealand identified that sixteen percent of the Pacific people who visited the Auckland Sky casino said they went there eleven times or more in one month. Thirty seven percent of Pacific people spent three hours or more at the Auckland Sky Casino during each visit and Pacific people are reported to have spent more

money on gambling at the Auckland Casino than any other ethnic group. However, Pacific people involved in gambling are less likely to make contact by phone with treatment facilities, such as the Problem Gambling Foundation of New Zealand (The Study of the Social and Economic Impacts of New Zealand Casinos, 1998).

The project was managed by *Vaka Ola* (the ARPHS Pacific Team) and was divided into two phases. The first phase was 18 months long, starting in December 2002, and included community consultation and the engagement of interested people from the Auckland Tongan community. The New Zealand Health Research Council funded the first phase. The second phase has two parts. The first is data collection and analysis, and the second is the development of a health promotion plan to be implemented with other health providers in the Auckland Tongan community.

Research objectives

The overall objectives of the research project were:

- To explore the relevant issues for Tongan people in Auckland which contribute to the risk of developing addiction to gambling and problem gambling.
- To identify the effects of gambling on Tongan people in Auckland.
- To provide relevant information to health providers and planners in the planning and implementation of culturally appropriate strategies against problem gambling for Tongan people in New Zealand.

Pacific peoples

Comprised of seven major ethnic groups and numbering 231,801 (New Zealand Census, 2001), Pacific peoples are over-represented at the lower end of the socio-economic spectrum in New Zealand. The 40,716 Tongan people (New Zealand Census, 2001) stand in the lower hierarchy in most socio-economic categories.

Figures show that Pacific peoples are twice as likely to be unemployed, have less than 80 percent of the income of other New Zealanders, make up a third of those in overcrowded households and have higher hospitalisation and sickness rates than the rest of the population. These statistics have a cumulative effect on the health and well being of Pacific peoples. ([Pacific Vision Conference Report, 1999](#))

Tongans in Aotearoa-New Zealand

The bulk of Tongan migration took place in the 1970s when there was a scheme between the two respective governments to allow Tongans into New Zealand on

restricted working permits. They were to work in the then-booming economy as unskilled labourers. During this time Tongans also migrated to Australia and America and there are now significant pockets of Tongan communities throughout these countries.

Most Tongans in New Zealand still practise their own customs and traditions while adapting and living in New Zealand. They donate money to their churches and send money back to their home islands to fulfil family commitments and obligations. At the same time, they experience modern lifestyles, including gambling. These influences are factors in the conscious and subconscious changes made within the Tongan family structure.

The Tongan community was chosen for this research project because of the lack of information about gambling in this community, the opportunities for comparison with other Pacific groups, the problems already identified by *Vaka Ola*, and the previous involvement of the Tongan researchers with the Tongan community. The largest Pacific group, the Samoan community, had already been researched in a small pilot study. It was also discovered that a Samoan PhD student was investigating Samoan women and gambling. The ARPHS Pacific Team, *Vaka Ola*, felt that it would be beneficial to have two Pacific community studies in order to compare and identify similarities and differences in factors contributing to problem gambling. It would also be beneficial to compare findings with Māori research that was just completed. (Dyall & Hand, 2003). Anecdotal evidence suggested that many Tongans were deeply involved in gambling whether with casinos, local pokie machines, TABs (a betting facility for horse races and sports betting), or lottery products. The economic and cultural consequences of these gambling practices in the Tongan community had also been highlighted to the research team.

The ARPHS staff who identified gambling as a research topic were Tongans, and one team member was a Burmese physician who worked in Tonga for six years and had strong Tongan affiliations. Consequently, staff had a sense of cultural safety and confidence in working with the Tongan community.

Relevance to health: A public health response

After the July 2001 Problem Gambling Foundation of New Zealand National Conference, the government officially recognised problem gambling as a public health concern. Current restructuring within the Problem Gambling Foundation includes progressive strategic movements towards a ministerial public health portfolio.

The ARPHS has also identified the prevalence of problem gambling as an emerging concern within lower socio-economic communities. Anecdotal evidence

collected through Pacific community fieldwork and networks indicates that problem gambling is increasingly identified as one of the factors leading to family and/or partner abuse as well as financial stress and deficits. Pacific island staff working within their communities have identified and expressed concerns regarding the impact problem gambling is having within Pacific families.

Brief literature review of Pacific gambling]

The 1997 clinical report of the Compulsive Gambling Society of New Zealand (CGS) noted the significant increase in gaming facilities as well as the increase in numbers of problem gamblers. Gambling has grown considerably as a recreational and tourism industry since the late 1980s.

This growth resulted in an increase in the prevalence of gambling, problem gambling, and pathological gambling in Aotearoa-New Zealand. The prevalence of problem gamblers and pathological gamblers can be categorised into two groups:

The prevalence for Māori was three times higher than for the European population. The prevalence for Pacific peoples was six times higher than for the European population and twice as high as for Māori. Problem gambling was more prevalent among people with lower socio-economic status and lower educational levels of all ethnicities ([Abbott & Volberg, 1991](#)).

Pacific peoples had high prevalences of both problem gambling and pathological gambling. [Table 1](#) demonstrates the highest prevalence of problem gamblers and pathological gamblers with Pacific ethnicity compared with other ethnic groups in New Zealand.

Economic effects such as debt and bankruptcy are common among problem gamblers. In addition to the economic costs, problem gambling places enormous impacts on the families of problem gamblers through financial stress, loss of personal property such as TVs, motor vehicles, furnishings, and family homes and savings. Problem gambling is also associated with depression, denial, lying, crime, fraud, theft, violence, and partner and child abuse and neglect.

Existing gaming legislation is inconsistent and focuses on economic issues while ignoring socio-economic impacts. [Brown \(2001\)](#) suggests that governments review their gambling policies to include harm minimisation and harm reduction strategies. Brown states that a vision of responsible, sustainable gambling can be achieved through a balanced combination of treatment, harm minimisation, and health promotion strategies. However, current treatment facilities are limited to providing health care at a secondary level by focusing on interventions at the problem and pathological gambling stages.

Research

Progress in Phase One

At the time of writing, the research team has completed community engagement and interviewed 50 participants, including 20 religious ministers and 30 community leaders and professionals. This data is being analysed.

Some preliminary findings

Preliminary findings confirmed anecdotal evidence and the results of previous research on gambling among Pacific peoples. From the perspective of the participants, gambling is a major health issue that is emerging quickly and rising very steeply within the Tongan community. Its consequences are manifested in a number of ways such as financial difficulties (which results in properties such as vehicles and homes being re-possessed), broken families, neglected children, and an increasing number of people with substantial financial debts.

The factors contributing to why Tongans are involved in gambling are being analysed. These factors, together with themes and strategies suggested by participants to minimise and remedy problem gambling issues are detailed in the final report. It is available at <http://www.arphs.govt.nz>.

Where to from here?

An application for the funding of the second phase, July 2004-June 2006, is being prepared for the Health Research Council to enable us to explore themes that have already emerged, to interview more widely in the community, and to develop interventions that are culturally appropriate and effective for the Tongan community. Analysis of Tongan culture and language is central to this enterprise. One of the tools for this analysis is the engagement of authorities on Tongan culture and language in order to explore the emerging themes within the context of the research.

A recent study in Queensland, Australia, of problem gambling in four communities (not including Pacific peoples) identified the following as essential strategies:

- Community education
- Providing more culturally appropriate services
- Working in partnership with communities
- Implementing preventative services
- Instigating legislative change

These and other strategies, when based on an analysis of Tongan cultural

concepts, are expected to be important guides to how best to plan and intervene in problems associated with gambling in the Tongan community.

The research team

Ms. Yvette Guttenbeil migrated to New Zealand with her family during the industrial boom of the 1970s. A daughter of working class Tongan parents, she has both insight and knowledge of the rapidly changing Tongan community in Auckland. She has worked with Pacific communities in developing and implementing health programmes for youth, women, and church congregations. She was the principal investigator for this research project.

Dr. Tin Htay is a physician with a postgraduate degree in public health. He has 17 years experience in public health research and intervention. In addition, he has working experience among Pacific communities in Auckland. He lived in Vava'u, Tonga, for six years and worked as the medical officer for the Vava'u Prince Wellington Ngu Hospital. Furthermore, he has strong affiliation with the Tongan community in New Zealand through his work as well as through his spouse, a Tongan nurse, and his children.

Mr. Sione Tu'itahi, Pacific service development manager, Auckland Regional Public Health Services, is of Tongan ethnic background. A lecturer in Pacific studies and cross-cultural communications, he also works as Pacific development co-ordinator at Massey University, Auckland. He was the co-ordinator of the research project.

Dr. Jennifer Hand has long-term experience in research and in the evaluation of public services. She has worked cross-culturally and with multi-disciplinary teams and has particular interest in linking local communities and indigenous people with trained researchers and tertiary educational institutions. She is a senior lecturer in the social and community section of the school of population health of Auckland University and coordinates the research, evaluation, and advisory services for the Auckland Regional Public Health Service. She provided a link to the Centre for Gambling Studies and academic institutions. She collaborated with the other investigators throughout the project and provided research supervision. She was responsible principally for advising on the research methodology and for ensuring that all investigators received specific training as required.

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Tables

	Pathological gambling	Problem gambling
(a) Lifetime prevalence rates:	4.25 % (+/- 0.6 %)	2.7 % (+/- 0.5 %)
(b) Current prevalence rates:	2.1 % (+/- 0.4 %)	1.2 % (+/- 0.3 %)

Table 1:

Ethnic-specific prevalences of problem gambling and pathological gambling.
(Adapted from Australian Institute for Gambling Research, 1998)

Ethnicity:	Problem gamblers:	Pathological gamblers:
European	3 %	2 %
Māori	9 %	7 %
Pacific Islanders	16 %	15 %
Asian	10 %	1 %