



**NEW ZEALAND
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Capping problem gambling in NZ

The effectiveness of local government policy intervention

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What is the impact of public policy interventions on gambling behaviour in NZ?

Motivation

Background:

- Problem gambling is a significant health concern in NZ – affecting approximately 11 percent of NZers each year (DIA, 2008)
- There are four types of gambling that can contribute to harm
 - Non-casino electronic gaming machines (EGMs)
 - Table games and EGMs at casinos
 - Sports and race betting at the TAB
 - Lottery products from the Lotteries Commission

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- Class 4 venues and EGMs have decreased 22 and 18 percent respectively over the period 2000 to 2018; but real gross machine proceeds have gone up 28 percent

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- Expenditure on Class 4 gaming is also significantly higher than any of the other gambling activities
- No studies evaluating effectiveness of policy interventions

Theory

Four main theories shape NZ's policy strategies for minimising harm associated with problem gambling

- **Availability theory** – problem gambling linked positively with exposure
- **Adaptation theory** – problem gambling influenced by several psychosocial and economic factors
- **Mental health theory** – addiction “pathological gambling as a disorder of impulse control” *American Psychiatric Association*
- **Public health theory** – takes on a more holistic approach beyond the mental health model

Policy response

- Policy interventions include:

- At a minimum, provisions under the 2003 Gambling Act (reference group)
- Absolute cap on the number of EGMs and / or venues
- Per capita cap on the number of EGMs and / or venues
- Sinking lid

- Policies vary by territorial authority and are reviewed every three years

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- Class 4 gambling expenditure
- Utilisation of the gambling helpline service
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- Utilisation of the gambling helpline service
- Other addiction-related outcomes (justice system) - to do

Data

- Policy interventions – collected via OIA requests to all 67 territorial authorities
- Gambling statistics – Department of Internal Affairs
- Demographic and socio-economic information – Statistics NZ
- Helpline statistics – Client information collection database, Ministry of Health

Method

Difference-in-differences – with contemporaneous and lagged treatments

y_{it}

$$= \beta_0 + \beta_1 AC_{i,t} + \beta_2 AC_{i,t-1} + \beta_3 PC_{i,t} + \beta_4 PC_{i,t-1} + \beta_5 SL_{i,t} + \beta_6 SL_{i,t-1} + \mathbf{X}\boldsymbol{\theta} + \delta_t + \delta_i + \varepsilon_{it}$$

y_{it} = outcome for territorial authority i in year t

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X = ethnicity, age and gender composition indicators; and economic activity

Region and year fixed effects included as well

Results

	EGMs	Venues	Machine spending
Treatments			
AC	-63.16***	-6.78**	-0.10***
Lagged AC	16.51	0.17	-0.03
PC	-71.96***	-7.70***	-0.14***
Lagged PC	28.65	-0.61	-0.03
SL	-34.87*	-4.39*	-0.09***
Lagged SL	-9.26	-0.34	-0.05**

Notes: N = 535, R squared = 0.67; 0.68; 0.57, All other demographic and socio-economic controls included, Spending is the natural log of real gross machine proceeds per capita, reported in 2019 dollars.

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Impact on problem gambling service use

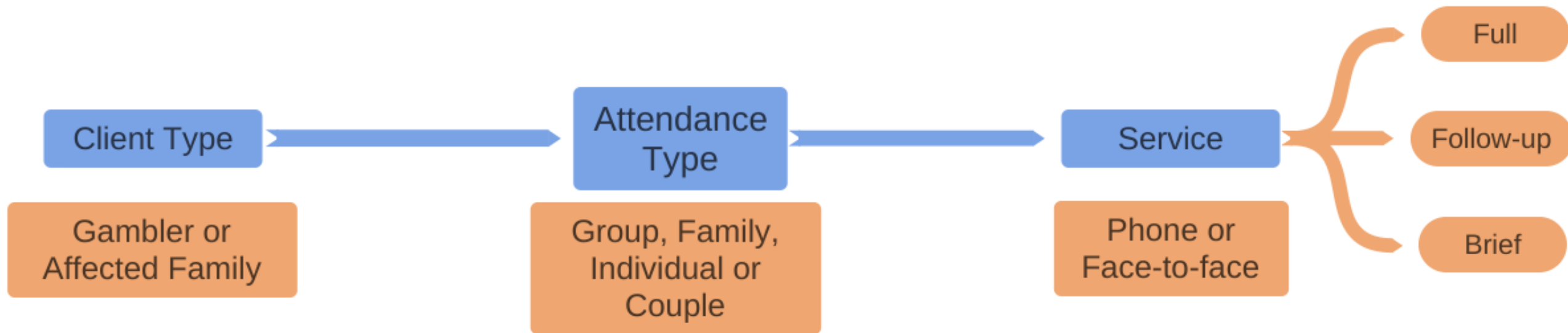
What do we expect? Theoretically ambiguous

Policy intervention >> ↓ access to machines and venues >> ↑ cost to access gambling >> ↓ problem gamblers that need access to helpline services

Or >> ↑ in those quitting leads to a ↑ in those needing services

Dynamic element – potential for short run ↑ and long run ↓

Information available in CLIC database



Results

- Lots and lots of tables....
- Only sinking lid policies resulted in decreased service use in year of implementation
 - All services (-0.372*)
 - Gamblers (-0.357*)
 - Face to face (-0.360*)
 - Brief (-0.174*)
 - Full (-0.297***)
- Per capita cap – mild evidence of increase in following year

Results

- When analysis is disaggregated, the driving force behind drop in service use is a drop in new clients, not existing clients.
- Results also suggest sinking lid reduces new clients in implementation year, but there is a small increase in the subsequent year

Conclusions

- Policy interventions at the local government level do appear to be effective
 - with both a direct impact on venues and EGMs, and the flow on effect on gambling expenditure
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- Only the sinking lid policy is associated with drops in helpline service use
- Further work to do:
 - Use IDI to obtain TA level estimates of other addiction related events from the justice data. Is there evidence of substitution between addictive behaviours?
 - Working also with Kirdan Lees (Sense Partners) to explore relationship between bankruptcies and gambling locations at the neighbourhood level

Thank you

Questions?



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