



**Nova Scotia  
Gaming Foundation**

*Resilient Communities:  
A Public Health Approach to  
Addressing Gambling Harm*

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# The New Zealand Context

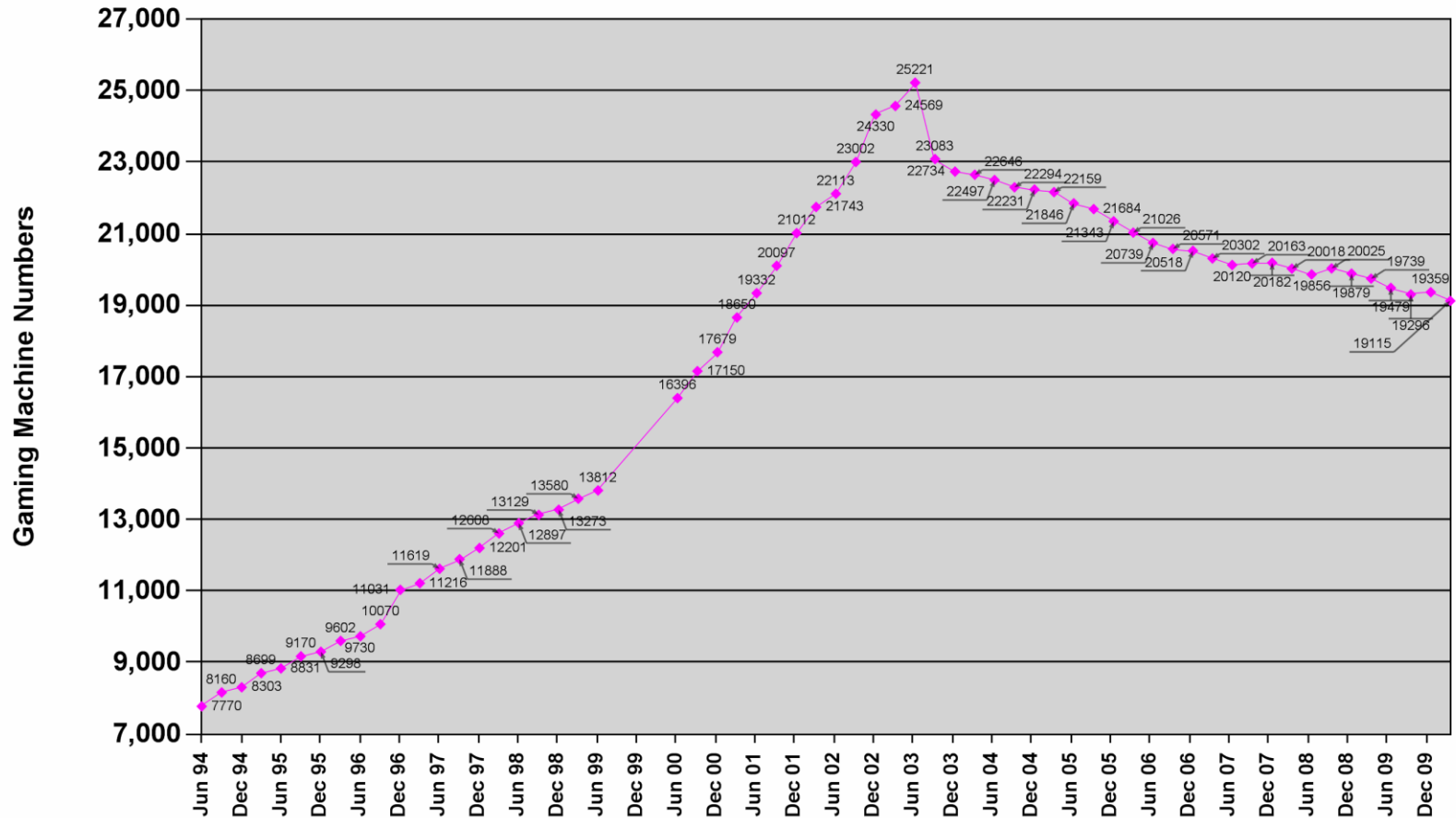
- Bicultural nation of undefeated indigenous peoples and those who came after.
- 4.2 million population
- 71 Territorial local authorities
- Annual gambling losses of \$2.03 Billion
- Casino's \$477m 23%
- Racing \$273m 13.4%
- Lotteries \$346m 17%
- Pokies \$889m 46%

# The New Zealand Context

- Pokies \$27m wagered and \$2.57m lost each day
- About 80% of new help-seekers have a primary problem with pokies
- 1 pokie per 134 adults
- 7700 machines in 1994, 25221 in 2003, 19115 in 2010

# The New Zealand Context

Gaming Machine Numbers: June 1994 to March 2010 at 3-Monthly Intervals



# The New Zealand Context

- 374 societies, 1470 venues and 19115 machines outside casino's
- 35% of food-bank customers present because of gambling
- Most non casino machines in poorest areas, decile 9, 13 times more than decile 1
- 6 casinos, mostly VLT action
- Charity gaming model
- Extensive advertising
- 2003 act, introduces levy, public health, new regulations

# Current Issues

- Corrupt practice in grants
- Turf wars
- Trusts not accountable to communities
- No advertising code
- No Proceeds of crime application
- Demoralized SFO, embattled regulator

# What is the Nova Scotia context

- In your work groups list the features and facts you know about the Nova Scotia gambling context

# PGF - An Overview

- Founded 18 yrs ago in prison “Compulsive gamblers society”
- Self help volunteer telephone service
- Fought to establish PG funding

# 2002

- Re-branded “Problem gambling foundation”
- Public health strategy, but predominately awareness raising
- Centre for gambling studies
- Organizationally unstable

# 2003

- New legislation
- Major reorientation
- Beyond addictions

# 2008

- 76 staff
- Own HQ
- Service from 50 locations
- Face to face clinical service including couples and groups
- Asian team including helpline
- Action groups
- Geographic equity
- Effective media unit

# Public Health - Praxis

- In Ancient Greek the word praxis (πρᾶξις) referred to activity engaged in by free men. Aristotle held that there were three basic activities of man: theoria, poiesis and praxis. There corresponded to these kinds of activity three types of knowledge: theoretical, to which the end goal was truth; poietical, to which the end goal was production; and practical, to which the end goal was action. Aristotle further divided practical knowledge into ethics, economics and politics

# Public Health

- Observations and Cautions on Public Health Theory
- Discuss Current Terms
- Constructing our own Public Health Theory in Nova Scotia

# Public Health

- This Theory is Emerging
- Managing in Uncertainty
- Be as Creative as Possible

# Public Health

- Be Careful, this is not Tobacco
- It is not Alcohol
- Learn from other Public Health Issues
- Avoid Blueprinting
- Emerging Fields Demand Robust Critical Analysis

# Public Health

- Untested Tensions
- Local and Central
- Professional and Community
- Demand and Supply
- Local Empowerment
- Local Decision-making
- Local Action

# Public Health

- Sunlight really is the best disinfectant, untainted and incorruptible
- No informed and empowered community anywhere has voted for an increase in gambling supply
- Gambling harm it is everyone's problem.
- Gambling: Treatment works but prevention is better

# Some Terms

- Demand side
- Supply side
- Harm minimization
- Health promotion
- Political determinants
- Advertising and promotions

# Barriers to a Public health approach to gambling

- The addictions paradigm
- The Reno model
- Compromised politics

# Drawing on our strengths

- In your work groups identify a significant Public health or Public policy advance.
- What changed?
- Why was this successful?
- What can we learn from this experience and bring to our new gambling strategy?

# Elements of the PGF Approach

- Screening
- Territorial Local Authority Team
- Research Library and Online Resources
- Media Unit
- Consumer Voices Program
- Venue Operator Training
- Everyone's Job
- Community Funding Project

# Elements of the PGF Approach

- Pyramid of Moral Hazard
- Asian Team
- Integrated Model
- International and Local Conferences
- Community Sector Training
- Legal Services Training
- National Policy Advocacy Team
- National Gamble Free Day

# A Nova Scotia Public Health Strategy

- In your work groups list out important elements for a new Nova Scotia gaming strategy
- What stakeholder groups need to be involved
- How can we carry this work forward

# Seizing the moment: Building a new gambling strategy

- What were the successful strategies employed in Gisborne?
- What might translate to our context here?
- What other methods might we employ to build multi stakeholder engagement?

# Working together, next steps

- What needs to be done next to advance a Public health approach?
- Who needs to be involved?
- What opportunities are coming up?
- What further training might be needed?
- How can the Nova Scotia Gaming Foundation help lead this development?

# Evaluation and closing

- In our work groups identify what was most useful about today
- What is the most useful idea you will take back?
- What will you do next?
- Thanks for your participation