

STATEMENT OF POSITION USE OF FUNDS FROM GAMBLING

1. Introduction

Anglican Care Waiapu will not apply for, nor benefit from, funds generated from gaming machine trusts, casinos, or horse racing. This position is derived from both a harm lens and a theological lens:

- ➤ There is ample evidence that gambling has adverse effects on many individuals, their families, and their communities.
- The world-wide Anglican Communion has expressed that service to the vulnerable and needy cannot be separated from the need to confront unjust social, economic, and political structures causing much of the misery we are trying to ameliorate.

Anglican Care Waiapu endorses advocacy to reduce gambling related harm, increase access to services for those experiencing gambling-related harm and encourages community understanding of the risks of gambling. Anglican Care Waiapu does not stigmatise those who gamble or are affected by harmful gambling.

2. Evidence supporting ACW's position

- a) In 2020 in New Zealand 1.6% (65,000 people) were at moderate or high risk of harm from gambling (Te Hiringa Hauora, 2020). New Zealanders lost \$2.761 billion through gambling in the financial year 2022/2003, \$507 million more than during the COVID year in 2021/2022. (Te Tari Taiwhenua Internal Affiars, 2023). The National Gambling Study (NGS) found 69% of the adult population take part in at least one form of gambling annually. Lotto®, raffles and lotteries, and Instant Kiwi® are the most common forms. (Problem Gambling NZ, 2024)
- b) Children and whānau suffer most of the consequences of problem gambling: broken homes, damaged relationships, physical and emotional harm. There is a higher risk of these children becoming problem gamblers themselves. A single person's harmful gambling can affect five to ten people. (Ministry of Health, 2010)
- c) Māori were twice, and Pacific people one and a half times, more likely to report experiencing gambling-related harm than people identifying as European/other. People living in high deprivation situations were also twice as likely to report gambling-related harm. (Walker, 2012)
- d) Electronic Gaming Machines (EGMs), known as 'pokies', cause the most harm. Pokies give players unrealistic impressions of the odds of winning, confuse people about how much money they have lost, and encourage sustained periods of gambling, often in the hope of recovering losses. There are five times as many pokies in the most deprived areas of New Zealand as the least deprived areas. (Problem Gambling NZ, 2024)
- e) 30% of the NZ Population particate in online gambling. Online gambling is a growing trend with an estimated \$415 million lost be new Zealanders in 2024 (Problem Gambling Foundation, 2024) with



offshore gambling soon to be regulated. In Aotearoa the only authorised providers of online gambling are the Lotteries Commission and TAB.

- f) 22% of New Zealand adults are affected at some time in their lives by their own gambling or the gambling of others. (Problem Gambling NZ, 2024) Regular nonproblematic gambling is associated with specific harms including decreased health, financial harm, emotional or psychological distress. Regular gambling can reduce input into relationships like family recreation and care of children. Frequent gambling also correlates highly with other risky behaviours, such as heavy alcohol use and smoking.
- g) Participation in "non-continuous" gambling like Lotto® (i.e. gambling in which participants purchase tickets and wait for a result) is a relatively low problem gambling risk and is the most unlikely form of gambling to cause harm. (Department of Internal Affairs, 2012) If the evidence changes with regard to non-continuous gambling we will review our position.

3. Theological perspective on use of funds from gambling

There are five "marks of mission" that express the Anglican Communion's common commitment to, and understanding of, God's holistic and integral mission. The mission of the Church is the mission of Christ. The marks of mission are:

- i. To proclaim the Good News of the Kingdom
- ii. To teach, baptise, and nurture new believers
- iii. To respond to human need by loving service
- iv. To transform unjust structures of society, to challenge violence of every kind, and pursue peace and reconciliation
- v. To strive to safeguard the integrity of creation, and sustain and renew the life of the earth

Each of the five components of this mission informs our understanding of the others. Regarding the use of funds from gambling, the first and fourth mission goals are of relevance to our understanding of loving service.

- > To proclaim the Good News of the Kingdom. Whenever we act in God's name, through both words and deeds, we must take care not bear false witness to God's nature.
- > To transform unjust structures of society. Service to the vulnerable and needy cannot be separated from the need to confront unjust social, economic, and political structures causing much of the misery we are trying to ameliorate.

References

Department of Internal Affairs. (2012). Problem Gambling in NZ - a Brief Summary. Wellington: DIA.

Department of Internal Affairs. (2019, June 14). *Gaming Machine Proceeds (GMP) Data*. Retrieved from GMP Dashboard: https://www.dia.govt.nz/diawebsite.nsf/wpg_URL/Resource-material-Information-We-Provide-Gaming-Machine-Proceeds-(GMP)-Data

anglican care | waiapu

Ministry of Health. (2010). *Preventing and minimising gambling harm: six-year strategic plan 2010/11–2015/16.* Wellington: Ministry of Health.

Problem Gambling Foundation. (2024). Online Gambling Factsheet. Retrieved from https://www.pgf.nz/

Problem Gambling NZ. (2024). Gambling in NZ. Problem Gambling NZ.

- Te Hiringa Hauora. (2020). *Health and Lifestyle Survey : Gambling Harm*. Retrieved from https://kupe.healthpromotion.govt.nz
- Te Tari Taiwhenua Internal Affiars. (2023). *Annual Gambling Expenditure Statistics*. Retrieved from https://catalogue.data.govt.nz/dataset/gambling-expenditure-statistics
- Walker, S. A. (2012). Knowledge, views and experiences of gambling and gambling-related harms in different ethnic and socio-economic groups in New Zealand. *Australian and New Zealand Journal of Public Health*, 36(2), 153-159.