



**AUT GAMBLING & ADDICTIONS
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**NEW ZEALAND NATIONAL GAMBLING STUDY:
QUALITATIVE PHASE**

NGS SERIES REPORT NUMBER 8

FINAL REPORT

16 September 2019

Prepared for
Ministry of Health
PO Box 5013
Wellington

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ACKNOWLEDGEMENTS

We thank Ken Sutton, Glenys Lawrence, Lesley Adams, Sue Maginness and other staff from the National Research Bureau for participant recruitment and interviews, principally in the Christchurch and Wellington regions. We also thank Laura Mauchline and Rebecca Thurlow for participant recruitment and interviews, principally in the greater Auckland region. We are appreciative of Ellen Michie for her efficient and accurate data entry. We acknowledge Dr Komathi Kolandai-Matchett for her assistance with the administrative work during the establishment of this study. We are highly grateful to the participants who agreed to be interviewed. We also thank Dr Helen Breen and Dr Simone Rodda who peer reviewed this report and provided useful, critical commentary.

This qualitative phase of the National Gambling Study was funded by the New Zealand Ministry of Health.

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Suggested citation

Bellringer, M.E., Lowe, G., Paavonen, A-M., Palmer du Preez, K., Garrett, N., & Abbott, M. (2019). *New Zealand National Gambling Study: Qualitative phase. NGS Series Report number 8*. Auckland: Auckland University of Technology, Gambling and Addictions Research Centre.

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ABSTRACT

STUDY AIMS: This study sought to enhance understanding of: (1) *Why* and *how* people transition between gambling risk levels, (2) The inter-related behaviours for why people increase or decrease their gambling participation over time, (3) How transitions to lower gambling risk levels relate to recovery, (4) What assistance, if any, is received for gambling behaviours, (5) Harms experienced from gambling and what might exacerbate the harms, (6) Culturally associated traditions or behaviours that might intensify gambling behaviours or harms or protect against them, and (7) Strategies that are used to reduce gambling behaviour.

METHOD: Fifty participants recruited from National Gambling Study participants took part in in-depth qualitative interviews. For analysis, participants were classified according to their overall gambling risk pattern: *Stable high-risk*, *Transition into high-risk*, *Transition out of high-risk*, *Relapse and Stable low-risk*. A qualitative thematic analysis of interview data was conducted.

RESULTS:

(1) The reasons why and how participants transitioned between risk levels were complex; factors related to risk changes (increases and decreases) included winning money and financial perspectives, discovering online gambling, social influences and support, the availability of gambling opportunities, the experience of gambling related-harms, and life events and circumstances. Factors related to a relapse included a faded memory of gambling harms and not dealing with gambling urges; while avoiding gambling, lack of interest, loss-expectation, and not relying on the outcome of a bet contributed to maintaining a no-risk/low-risk status.

(2) Inter-related behaviours were cognitions or emotions including co-existing mental health, wellbeing or addiction disorders, cognitive distortions and gambling supportive attitudes, boredom, and motivations to gamble and the investment or reliance on the outcome.

(3) Transitioning to a lower risk level did not always result in recovery. Recovery from harmful gambling was an ongoing process involving multiple personal, contextual and temporal factors that enabled a person to gain, or regain, control over their gambling behaviour.

(4) Professional services used by participants were found to be supportive and informative, contributing to recovery, although use of professional services was low. Many participants received non-professional or social support, which both preceded a reduction in gambling and supported recovery maintenance. Some participants self-excluded from venues. Help-seeking barriers included personal (e.g. shame), systemic (e.g. lack of awareness about services), and cultural (e.g. perceived language barrier) factors.

(5) Gambling-related harms affected participants, family, whānau, friends and colleagues and included financial strain, mental health and wellbeing issues, physical health problems, poor work/study performance, and negative effects on others. Stable low-risk group participants did not experience gambling-related harms as a result of their gambling behaviour.

(6) All participants were asked about their cultural background and possible influences on their gambling. Most migrant participants came from countries where gambling was illegal, heavily regulated or strongly opposed. Financial pressures, the value placed on money, and the prevalence of gambling whilst growing up were cultural factors that intensified, or protected against, gambling behaviours/harms. No Māori participants discussed cultural factors.

(7) Most participants had at some time attempted to control or reduce their gambling. The effectiveness of gambling management strategies was dependent on self-control and included monetary methods (e.g. limit setting), awareness of gambling behaviour and keeping busy, social support, and self-exclusion.

CONCLUSION: The nuances and experiences of gambling risk level transitions or stability, help-seeking behaviour and recovery were characterised with interaction, complexity and cyclical behaviour. Gambling behaviour was often context dependent with individual motivations based on personality, social, cultural and environmental factors. Factors that supported a reduction in gambling in one participant could facilitate an increase in another. Thus, it is not simply one factor or motivator that influenced gambling behaviour or supported recovery, rather it was the interaction of multiple personal,

social and environmental factors. The influence of an individual's context on increased or decreased gambling behaviour is important for understanding long-term gambling behaviour and recovery.

EXECUTIVE SUMMARY

The National Gambling Study (NGS) was a nationally representative longitudinal survey of adults aged 18 years and older, designed to provide information on the prevalence, incidence, nature and effects of gambling in New Zealand. Participants (N=6,251) were recruited and interviewed face-to-face in 2012, completing a structured survey via a Computer-Assisted Personal Interview (CAPI) process. Subsequently, participants were re-interviewed annually in 2013, 2014 and 2015. In 2014/15, an additional cohort of 106 moderate-risk/problem gamblers was recruited from gambling venues and via advertisements, to boost numbers of participants in those risk categories; these participants were re-interviewed in 2015/16.

Unlike previous NGS interviews that were quantitative (i.e. structured surveys), the current study was qualitative involving semi-structured interviews with 50 NGS participants who were recruited based on their gambling risk levels from prior interviews. For analysis, participants were classified according to their overall gambling risk pattern based on their risk levels measured at each interview. Below is an outline of the five groups based on their pattern of gambling risk, with the graph illustrating the overall patterns. A qualitative thematic analysis was conducted.

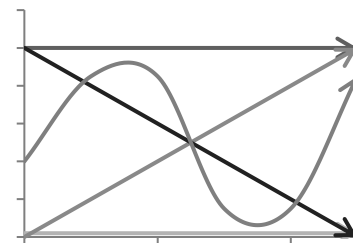
Stable high-risk: Participants who were moderate-risk/problem gamblers at all interviews.

Transition into high-risk: Participants who were non-gamblers/non-problem gamblers/low-risk gamblers but became moderate-risk/problem gamblers.

Transition out of high-risk: Participants who were moderate-risk/problem gamblers but became non-gamblers/non-problem gamblers/low-risk gamblers.

Relapse: Participants who were moderate-risk/problem gamblers but became non-gamblers/non-problem gamblers/low-risk gamblers and then became moderate-risk/problem gamblers again.

Stable low-risk: Participants who were non-problem gamblers/low-risk gamblers at all interviews.



The aims of this qualitative study were to understand:

- *Why* and *how* people transition between gambling risk levels
- The inter-related behaviours for why people increase or decrease their gambling participation over time
- How transitions to lower gambling risk levels relate to recovery
- What assistance, if any, is received for gambling behaviours
- Harms experienced from gambling and what might exacerbate the harms
- Culturally associated traditions or behaviours that might intensify gambling behaviours or harms or protect against them
- Strategies that are used to reduce gambling behaviour.

The main findings are presented below in summary form, identifying for each of the seven aims: the main finding from each gambler group, how that finding related to gambling behaviour, and a summary synthesising the findings between the five groups.

Why and how people transition between gambling risk levels

	Stable high-risk group	Transition into high-risk group	Transition out of high-risk group	Relapse group	Stable low-risk group
Exposure to gambling as a young person	All participants had been exposed to some gambling activities.		There was a relatively even split between participants who experienced gambling activities within their family and those who did not.		Most participants were exposed to minimal levels of gambling.
	Two to three participants in each group experienced high levels of gambling and associated harms when growing up or as young adults. Often, the experience of harm was minimised. Harms included financial problems, parental divorce, family violence and mental health issues.				
		A couple of participants' families strongly opposed gambling.		A few participants' families strongly opposed gambling.	
<i>Summary: Exposure to gambling as a young person was relatively similar between the groups; however, in the stable low-risk group there appeared to be a lower level of exposure. Exposure ranged from an occasional Lotto ticket or Totalisator Agency Board (TAB) bet to excessive electronic gaming machine (EGM) gambling or illegal gambling syndicates. There were at least two participants in each group who experienced high levels of gambling and gambling-related harms, which included financial problems, parental divorce, family violence and mental health issues.</i>					
Family influence	Some participants mimicked parental attitudes regarding gambling (e.g. if they believed their gambling was not affecting anyone else, then it was not a problem).	A few participants accompanied their parents to their gambling activities, which made the transition into their own gambling activities simple.	A few participants believed their gambling had been influenced by their family (e.g. horse racing was genetic). A couple of participants were directly influenced to gamble alongside their parent as an adult.	Gambling within families normalised gambling in participants' lives. Family influence was both indirect (e.g. family attitudes toward gambling) and direct (e.g. wanting to re-enact a parent's early win).	A couple of participants believed that their family might have influenced their own gambling by the exposure to gambling opportunities.
	Some participants thought that gambling might be hereditary.				Some participants noted that, in some cases, a higher hypothetical level of exposure might have led to them gambling more.
<i>Summary: Despite alluding to a family influence, most participants did not believe their gambling behaviour had been influenced by their parents/family. Direct influences included gambling alongside parents as young adults, wanting to re-enact a parent's early win, and believing gambling behaviour was hereditary or genetic. Indirect influences included family attitudes towards gambling. Although nearly all participants were exposed to gambling as a young person, most started gambling or were encouraged to gamble alongside their peers. This was through social groups, work syndicates or a friend who enjoyed gambling.</i>					

	Stable high-risk group	Transition into high-risk group	Transition out of high-risk group	Relapse group	Stable low-risk group
Cultural background	<p>Participants were Māori (3), Asian (2) and European/Other (6).</p> <p>Gambling was illegal in the home countries for the Asian participants; although it still occurred, it remained both limited and hidden. In New Zealand gambling was accessible and one participant's partner gambled to try to win money to send to her family; he started gambling alongside her. Māori participants did not discuss cultural traditions or behaviours that may have affected their gambling.</p>	<p>Participants were Pacific (2), Asian (2) and European/Other (2).</p> <p>Asian participants were raised in families that disapproved of gambling and considered it a waste of money. For one participant, this meant that when they (rarely) gambled, they experienced a high level of guilt - enough to categorise them as a moderate-risk gambler. Pacific participants did not discuss cultural traditions or behaviours that may have affected their gambling.</p>	<p>Participants were Māori (5), Pacific (3), Asian (1) and European/Other (4).</p> <p>The Asian participant and one of the Pacific participants came from communities where gambling was not prevalent. They began gambling after migration to New Zealand but grew bored with it. Another Pacific participant was torn between his faith which opposed gambling, and his culture which condoned it. He gambled with a peer, but not wanting to be caught by church elders, he reduced gambling. Māori participants did not discuss cultural traditions or behaviours that may have affected their gambling.</p>	<p>Participants were Māori (2), Pacific (1), Asian (3) and European/Other (1).</p> <p>The Pacific participant gambled to try to win money due to the strong pressure to tithe to the church and donate to her community. An Asian participant grew up in a community where gambling was not prevalent. After migrating to New Zealand, she enjoyed gambling at a casino, but with few friends who wanted to join her she reduced gambling. Māori participants did not discuss cultural traditions or behaviours that may have affected their gambling.</p>	<p>Participants were Māori (1), Asian (5) and European/Other (7).</p> <p>A couple of Asian participants grew up in communities where gambling was not prevalent and where hard work and the value of money of money was emphasised. Gambling was not considered a viable way to make money. These participants were money conscious and risk averse, and their gambling involvement was negligible. The Māori participant did not discuss cultural traditions or behaviours that may have affected their gambling.</p>
<p>Summary: Participants came from diverse backgrounds, which contributed to their gambling behaviour. Casino-based gambling was an exciting and novel activity for participants who grew up in communities where gambling was illegal or heavily regulated. A pressure to send money to family or donate to a community/church led a few participants to gamble as they as they believed it would be a quick alternative way of increasing funds.</p> <p>Growing up in a community where gambling was opposed and viewed as a waste of money meant participants did not gamble much. Of note, in the transition into high-risk group, one participant bet on the Melbourne Cup as part of a work syndicate and bought an occasional Lotto ticket. Her gambling was at a comparable level to participants in the stable low-risk group; however, because of her upbringing, she experienced a high level of guilt which classified her as a moderate-risk gambler.</p>					

The reasons behind risk category transitions or stability are complex

	Stable high-risk group	Transition into high-risk group	Transition out of high-risk group	Relapse group	Stable low-risk group
The drive to win money	Most participants were motivated by the possibility of winning money. Gambling began as an exciting activity that could transition into chasing losses and a struggle to win larger sums of money.				
	Gambling winnings were considered ‘easy money’ or ‘fast money’; however, some participants frequently chased their losses.			A feeling of anticipation and hope meant losses became secondary to wins.	Despite knowing the odds, the fact that there has to be a winner led participants to purchase Lotto tickets. Participants did not feel the urge to gamble. Many participants gambled for a good cause, a social occasion, or a special event.
	The struggle to win larger sums of money prompted participants to assess their behaviour, seek help and/or reduce/stop gambling. Some participants attempted to reduce their gambling due to financial problems resulting from accumulating losses and increasing bet size.				
	The feeling of a first big win, and a strong drive to win money, maintained participants’ moderate-risk/problem gambler status.	Any attempt at reduced gambling was insufficient to affect overall gambling risk level or trajectory.	Reduced gambling behaviour led to transition to a lower risk level.	As memory of gambling harms faded, several participants returned to moderate-risk/problem gambling (i.e. they relapsed).	
<p>Summary: <i>The desire to win money was a strong motivator for continued gambling, despite the harm experienced. For most, their first experience of gambling was fun and exciting. Participants transitioned to a higher risk level when the motivation to win became an overwhelming urge. Remembrance of their first big win fostered attempts to recreate the feeling.</i></p> <p><i>Most participants (except in the stable low-risk group) began with small occasional bets that incrementally got larger. Gambling winnings were considered ‘easy money’ and most participants did not recognise the true cost of their winnings. Most had chased losses. Wins overrode losses and led to increased or continued gambling. A transition to a lower risk level occurred when participants could no longer justify their expenditure or because their financial situation precluded further gambling. When participants were not focused solely on the outcome of a bet (i.e. winning money) they maintained a low-risk, non-problem or non-gambler status.</i></p>					
Financial situation	Participants believed that gambling could improve their financial situation.				Participants did not believe that gambling could improve their financial situation and did not gamble if they did not have the money.
	There was an attitude that money, particularly disposable income, belonged to the participants	Financial situation did not affect motivation to gamble. Those who were well off and those struggling	Financial situation affected their motivation to gamble. Those with improved finances no longer wanted	Financial situation did not affect motivation to gamble. Those who were well off and those struggling	

	Stable high-risk group	Transition into high-risk group	Transition out of high-risk group	Relapse group	Stable low-risk group
	and it was their choice how they spent it, maintaining gambling behaviour. A surge in gambling behaviour corresponded with an unexpected increase in accessible funds from a range of sources (e.g. bank loan, inheritance, pay rise).	financially wanted to try to win more money.	to 'waste' money gambling; while those with reduced finances no longer had the means to gamble.	financially wanted to try to win more money.	Although participants dreamed about what they would do <i>if</i> they won, they knew the odds of winning.
		Many participants' desire to improve their financial situation led to an increase in gambling and risk level.	Participants who no longer had the financial means or willingness to gamble did not believe gambling would improve their situation. This led to transition to a lower risk category.	Some participants considered gambling akin to a loan shop, with losses being equivalent to interest. This resulted in both an initial escalation of risk and served as justification for a return to gambling.	Participants considered the purchase of a Lotto ticket (or other gambling activity) as a 'donation'.
<p>Summary: <i>Wanting a quick solution to improve a financial situation was the reason for many participants' gambling behaviour. Thus, those who believed it could improve their financial situation gambled more than those who did not believe gambling was a viable method of making money. The attitude that money gambled was theirs (rather than family money) to spend as they wished was pervasive in several groups. The difference between considering gambling akin to a 'loan shop' compared with a 'donation' highlighted that the outcome of gambling was more important to some participants than others; that is, a 'loan' implied that a participant benefitted and losing money was a justifiable part of this, whereas a 'donation' implied that nothing was expected in return.</i></p>					
Discovery of online gambling	Discovery of online gambling led to an increase or maintenance of gambling behaviour.		A few participants sometimes gambled online, though most participants were not interested in online gambling. These participants enjoyed the social aspect of gambling and online gaming appeared isolating and boring.	Prior to transitioning to a lower risk category, participants did not gamble online. Discovery of online gambling contributed to their relapse.	Three participants bought online Lotto tickets. No participant accessed online casinos. Participants were not interested in online gambling.
	Online gambling was convenient, accessible and discrete. The gambling was easy and perceived to have a better win-rate than terrestrial gambling.				
	Participants did not start with online gambling; however, discovery of online gambling activities led participants to swap or supplement physical venues for online activities.				
				Online gambling counteracted the factors that led to initial reduced gambling; for example, lack of time to access venues because of children or work was no longer a hindrance	

	Stable high-risk group	Transition into high-risk group	Transition out of high-risk group	Relapse group	Stable low-risk group
				when online gambling was accessible at home.	
<p>Summary: Accessing online gambling contributed to maintenance of, or an increase in, gambling behaviour. Barriers to accessing physical venues were irrelevant for online gambling, which was convenient, accessible at all hours, could be discrete and easily hidden, and was user-friendly. Game characteristics kept participants gambling, including a perception of higher win-rates and more free-spins, and the time-delay following a request to withdraw money. Participants who enjoyed poker gambled online to access international tournaments. Participants in the transition out of high-risk group and stable low risk group did not see the purpose of online gambling and, aside from purchasing an occasional Lotto ticket online, did not access other online gambling activities. Online gambling appeared isolating and boring to these participants who enjoyed socialising, having fun, or supporting a good cause. It appeared that participants who were driven by winning, used gambling as a coping mechanism/escape, or were regular EGM or casino gamblers, were more likely to access online gambling. Conversely, participants who only gambled occasionally or socially, or only bought Lotto or raffle tickets seldom accessed online gambling.</p> <p>Concerns regarding online gambling included the normalisation of gambling in the home and in front of children, and the time-delay between a withdrawal of money request and receipt of the money.</p>					
Gambling used as a coping mechanism or escape	<p>Several participants used gambling as a coping mechanism, an escape or an outlet (for both negative and positive emotions). When experiencing a stressful or challenging situation, participants gambled to avoid dealing with the stressor. This resulted in a period of excessive gambling until the situation had been resolved.</p>				<p>Participants did not use gambling as an escape or coping mechanism.</p>
	<p>Self-destructive attitudes and behaviours were evident when participants gambled with the intention of losing all their money. When experiencing a significantly stressful situation, losing all their money was perceived as negligible as they believed their situation could not become worse.</p>	<p>Gambling was used to escape from relationship problems. Inevitably on the return home, the problem remained or had been exacerbated by the gambling. Thus, gambling was continued to avoid the problem, which created more problems.</p>	<p>Gambling was not a coping mechanism and participants developed strategies to deal with stressful situations or alternative ways of celebrating/relaxing.</p>	<p>When no longer stressed or a situation resolved, gambling was reduced or stopped. However, when faced with new/more stressors, there was a return (relapse) to gambling.</p>	
<p>Summary: Many participants used gambling as an escape or coping mechanism to deal with stressful, distressing, or challenging situations or emotions. Gambling activities provided structure, an outlet for challenging emotions, and an opportunity to socialise while avoiding stressors. Most participants experienced a surge in gambling when stressed/distressed, which was followed by a reduction when the situation resolved. This cycle was repeated whenever participants encountered new or recurrent stressful/challenging situations.</p> <p>Stressful or challenging events are a normal part of life, as such, participants who did not have alternative coping strategies increased or maintained their gambling levels. Participants who were able to incorporate constructive coping strategies were able to avoid these coping cycles and maintain a low-risk/non-problem/non-gambler status.</p>					

	Stable high-risk group	Transition into high-risk group	Transition out of high-risk group	Relapse group	Stable low-risk group	
Social influences	Most participants' gambling was influenced, either initially or currently, by close friends, partner/spouse, family members and wider social groups.					
	Some participants began gambling at school. Not enjoying school, having fun, and gaining notoriety amongst peers were their main motivators for gambling.		A couple of participants experienced pressure to gamble from their peers or partner.	Betting on sports events enlivened social situations; winning meant a participant could brag or buy their friends a meal.	Several participants did not gamble on their own. Some were bought scratch cards as gifts. Several participants were deterred from gambling by stories of gambling-related harms.	
	Some participants began gambling after moving to a new city. New social groups or increased anonymity increased gambling behaviour.	Participants reduced their gambling because of the influence of others. Several participants were supported by others to stop gambling, wanted to stop for their children or because of the effect of their gambling on others. For others, gambling reduced when social groups changed. Not wanting to let someone down and hearing stories of other gambler's also prompted reduced gambling.				Most participants had social circles where gambling was not prevalent or they were not pressured into gambling.
			Social support and meaningful accountability were important aspects of maintaining controlled gambling or abstinence.		When the memory of the effects of gambling faded, relationships were repaired or the family appeared settled, participants were again gambled and experienced a relapse.	
		An unintended consequence of reducing gambling for older participants was increased isolation.				
<p>Summary: Social influences and social support were important factors for increased, decreased or maintained gambling behaviour. While most participants began gambling with peers, a few reported direct peer pressures to gamble. Indirect influences to gamble were maintaining position in a social group, avoiding conflict, or simply wanting to fit in. Gambling was described as a fun social activity, and a couple of older, retired participants experienced a sense of isolation and loneliness when they stopped gambling. Although described as a social activity, many participants went to a venue with friend(s) and then gambled alone. Several participants reduced or stopped gambling due to the effect their gambling was having on those around them, after being challenged or supported by a friend or family member, or because of their children. Social support and meaningful accountability were instrumental in the maintenance of controlled gambling or abstinence.</p>						

	Stable high-risk group	Transition into high-risk group	Transition out of high-risk group	Relapse group	Stable low-risk group
Changes in life circumstances	Gambling behaviour remained unchanged when participants felt that their life had not changed. It was difficult for participants to change their circumstances because their gambling meant they were financially limited. Their gambling became a pursuit to win money to improve their life through improved financial situation.	Changes in life circumstances led to increased and decreased gambling and relapses.			Regardless of life circumstances, participants were not interested in gambling.
		<p><i>Retirement</i> was a factor for transition into moderate-risk/problem gambling. Retirement meant more free time but a more limited income.</p> <p>A couple of participants attempted to reduce or stop gambling after the birth of a child.</p>	A career change, focusing on other goals (e.g. buying a house), starting a family, and maturation were factors behind reduced gambling and maintenance of abstinence or controlled gambling. A shift in life circumstances gave participants a purpose and a distraction from gambling. The view of gambling changed from an 'investment' to a 'waste of money'.	<p>A few participants reduced or stopped gambling following a change in life circumstances (e.g. new job, studying, buying a house). These changes shifted the focus away from gambling.</p> <p>A relapse occurred after a major change in life circumstances. For example, one participant's new place of work was located close to a gambling venue, whereas for others, a change of employment increased their disposable income providing justification for a return to gambling.</p>	
<p>Summary: Several life circumstances led to a transition into or away from moderate-risk/problem gambling. For example, retirement, a change in employment status, family status, and studying altered participants' gambling behaviour. Primarily, a change in life circumstances meant a change in available time, energy or money. An increase in time/money coupled with an ability to justify gambling involvement to themselves, meant an increase in gambling behaviour. Conversely, these circumstances meant less gambling when participants had less time/money, or shifted their perspective to their finances. Creating goals, such as saving for a house, fostered a sense of purpose and accountability.</p>					
Gambling considered an interest	A couple of participants' gambling corresponded with specific sports seasons. Before betting they researched each game, players and game environment.	Gambling was considered an interest by many participants and a few described it as a hobby.		Participants did not consider their gambling an interest or hobby.	
		Gambling was compared with the cost of other hobbies (e.g. fees for a sports club, learning a musical instrument, buying a cinema ticket).			

	Stable high-risk group	Transition into high-risk group	Transition out of high-risk group	Relapse group	Stable low-risk group
<p>Summary: Gambling was considered an interest by several participants in the stable high-risk, transition into high-risk and transition out of high risk groups. A few participants considered gambling a hobby and did not believe their gambling was problematic; any losses were comparable to the cost of other interests. Despite this, participants in these groups were categorised as moderate-risk/problem gamblers at some point. There was a fine line between an interest/hobby and a compulsion. In the stable high-risk group and transition into high-risk group, a gambling interest became a problem when it was coupled with other traits including a drive to win money or show off, online gambling, or distorted thinking. Conversely, participants in the transition out of high-risk group were able to reduce and maintain controlled gambling as they currently only gambled socially, for a special occasion, or bought occasional Lotto tickets.</p>					
Advertising, accessibility, and game structure	Advertising was a trigger for gambling for many participants except for participants in the <i>transition out of high-risk group</i> . Lotto advertising acted as a reminder to purchase a Lotto ticket. If participants were ambivalent about purchasing a ticket, the size of a jackpot influenced their decision.				
	Advertising made winning sound easy, normalised gambling, and fuelled a fear of missing out.		Advertising and accessibility were not mentioned as associated with gambling by participants in this group.	Lotto advertisements played on participants' emotions and made them feel good about Lotto purchases.	Advertising fuelled the dream of winning a jackpot and a fear of missing out.
	Accessibility and convenience of local pubs encouraged an increase in gambling frequency as participants sought out convenient venues. Compared to a local pub or club, casinos required more time and effort to access.	Casino marketing increased the attraction of spending an evening/night at a casino.			
	Game structures such as incentives, free-spins and extra credit made some gambling activities more attractive and maintained gambling behaviour.				
<p>Summary: Accessibility of venues enabled some participant to increase their frequency of gambling, in turn, increasing their expenditure. Local pubs with EGMs were easily accessible for many participants; social group gathering, evening drinks, or spending leisure time at such venues encouraged an increase in gambling simply due to proximity. Online gambling was the most accessible leading to an initial increase in gambling, as well as maintenance of problematic behaviour and assisting relapses. Although advertising did not necessarily compel participants to gamble, it made different activities more attractive, reminded participants to purchase Lotto tickets, and indirectly influenced purchases by playing on participants' emotions. Advertising normalised gambling; for example, participants kept purchasing Lotto tickets. Game structures had a direct effect on participants' gambling; for example, free spins, a perception of win frequency and extra credit made participants feel like they were gaining something from their gambling; this maintained the gambling behaviour.</p>					

	Stable high-risk group	Transition into high-risk group	Transition out of high-risk group	Relapse group	Stable low-risk group
Negative effects: Tipping the balance between harm and fun	Most participants experienced negative consequences because of their gambling; however, the negative consequences had not yet motivated participants to stop or reduce gambling.	At some point, most participants attempted to, or successfully reduced/stopped gambling due to the negative effects on themselves and their family/ friends.			Participants did not experience any negative effects from their gambling. Participants were deterred from gambling more by stories of problem gamblers and gambling-related harms.
		Change was attempted but was not sustained.	Participants were able to make sustained changes because they did not want to experience the negative effects nor expose their family/friends to further harms.	Participants transitioned out of moderate-risk/problem gambling at some point; however, any changes were not sustained and participants returned to gambling and transitioned back to a high-risk level.	
<i>Summary: Most participants had attempted to reduce or stop gambling if they experienced negative effects. Participants explained that gamblers have to be able to balance wins with losses; however, when the balance tipped toward losses and negative experiences, they recognised that they had to stop. For some participants, changes were short-term and did not affect gambling risk level whilst for others, changes were implemented long enough to transition to a lower a risk level. The difference between making short-term or long-term changes depended on the strength and significance of participants' memory of the negative effects. For example, when the memory of the harms faded, participants relapsed and transitioned back to a higher a risk level; conversely, long-term changes were made when participants remembered the negative effects and were determined not to re-create the harmful situation.</i>					

The inter-related behaviours for why people increase or decrease their gambling participation over time

	Stable high-risk group	Transition into high-risk group	Transition out of high-risk group	Relapse group	Stable low-risk group	
Co-existing mental health, wellbeing or addiction issues	Just over half of the participants discussed co-existing mental health and wellbeing issues.	Participants did not discuss co-existing mental health, wellbeing or addiction issues.	A few participants discussed co-existing mental health and wellbeing issues.	A couple of participants discussed co-existing wellbeing issues.	Participants did not discuss any co-existing issues. A couple of participants avoided gambling because of a history of addiction(s) in their family or an awareness of a potentially addictive personality.	
	Most participants experienced negative effects on their mental health or wellbeing from their gambling.					
	Alcohol consumption was associated with an increase in gambling behaviour for a few participants.			A couple of participants used alcohol consumption as an alternative activity to gambling.		

	Stable high-risk group	Transition into high-risk group	Transition out of high-risk group	Relapse group	Stable low-risk group
<p>Summary: Several participants discussed concurrent addiction, mental health and wellbeing issues; however, most did not identify any connection between the issues and their gambling. The negative effects of gambling on mental health was clear to participants. Several participants had gambling urges and a few believed they were addicted to gambling. However, problematic gambling was not considered as serious as other addictions, evident in several participants who had sought help for, and dealt with, other addictions, but who were not yet prepared to stop or reduce gambling (stable high-risk and relapse groups).</p> <p>A few participants believed they had addictive personalities or discussed addiction(s) within their family. Awareness of addictions affected participants differently; for example, participants in the stable high-risk group were undeterred by the knowledge of addictions in their family and were drawn to gambling as they found the fast-paced nature of the games rewarding. Conversely, participants in the stable low-risk group avoided gambling to prevent the possibility of developing an addiction they believed would be otherwise inevitable.</p> <p>Alcohol consumption was associated with increased gambling behaviour; feeling invincible and lowered inhibition led to increased expenditure or reckless gambling behaviour.</p>					
Cognitive distortions and justifications	Most participants had distorted ways of thinking or held erroneous beliefs, which reinforced their gambling involvement and led to an escalation, maintenance or relapse of gambling behaviour.				Lotto tickets were bought due to a fear of missing out and a dream of winning. Cognitive distortions were minimal. Participants did not feel they had to justify their gambling behaviour.
	Reducing or stopping gambling occurred when participants recognised the risk, reality and odds involved with their gambling activities.	The wish to 'outdo' friends or other gamblers led to frustration when friends or others won more than participants.	After transitioning to a lower risk category, participants' erroneous thinking was corrected and they felt they could not continue with further gambling involvement.	Relapse occurred when harms were minimised and participants justified their gambling behaviour.	
<p>Summary: Distorted thinking included wishful thinking, a fear of missing out, belief of control or an ability to predict an outcome, and feeling lucky. Some participants demonstrated competitiveness and a wish to 'outdo' friends or other gamblers. Justifications included a biased perception of wins over losses, the money was theirs to spend how they wished, most losses were 'free money' (betting with winnings), anything won would go back into the family account or be spent on the family, and minimising the negative effect of the gambling while focused on the positive elements.</p> <p>For participants who reduced or stopped gambling, a return to gambling was avoided when a shift in priorities and gambling motivations occurred alongside the memory of the effects of the gambling; this meant participants recognised the reality of gambling.</p>					
The experience and avoidance of boredom	Gambling was described as a fun activity and was used to alleviate boredom, contributing to increased risk, maintenance of problematic gambling behaviours, and relapses.				Participants were not motivated by boredom. Most were simply disinterested in gambling and found certain activities boring.
	Participants grew bored of other activities as their involvement in gambling increased.	Participants did not mention that they gambled due to boredom.	Participants maintained their transition to a lower risk level as they were no longer driven by boredom and only	Gambling due to boredom led to increased, as well as relapses, in gambling behaviour.	

	Stable high-risk group	Transition into high-risk group	Transition out of high-risk group	Relapse group	Stable low-risk group
			gambled occasionally in a social setting.		
<p>Summary: Many participants gambled because they were bored. For some, gambling was an activity used to 'kill time' while others believed they had few or no alternative activities. Gambling was accessible, enjoyable and kept participants entertained.</p> <p>There were three forms of 'boredom motivation': the first centred on a wish for faced-paced and exciting activities. These participants tended to experience increased levels of boredom when not gambling, enjoyed the adrenaline rush and ongoing risk of winning versus losing, ruminated about their next session when not gambling, and grew bored of activities they had previously enjoyed (anhedonia). The second form associated boredom with anxiety (or other mental health issues). Gambling was used to avoid negative mood states (e.g. frustration, restlessness, unease) associated with boredom when experiencing anxiety or depression. The third form was simply a perception that there was little else to do. These participants tended to gamble as a hobby, when they had spare time, or as part of socialising.</p> <p>Participants who were simply not interested in gambling found certain activities boring and rarely took part in gambling 'sessions'; that is, they were happy to buy a Lotto or raffle ticket but would not spend time on an EGM.</p> <p>For heavy gamblers, gambling fostered a sense of boredom (boredom begets boredom); that is, they gambled when they were bored, but the more they gambled, the more they grew bored of alternative activities, thus boredom continued to drive their gambling.</p>					
<p>The relationship between motivation, investment in the outcome, and the ability to control gambling behaviour.</p>	<p>Summary: There were complex and diverse interactions underlying motivations to gamble which varied between groups. Primary motivations generally corresponded with investment in the outcome and participant self-control.</p> <p>Participants motivated by the drive to win money or wanting to improve their financial situation were more invested in the outcome of a gambling session than participants' other motivations. In turn, these participants had less self-control over gambling behaviour as they continued gambling until they exhausted all funds or achieved the anticipated outcome.</p> <p>Participants motivated by a social occasion, a dream of a jackpot win, fundraising efforts, or simply to have fun were not as interested in the outcome (i.e. they were prepared to lose money). These participants had more control over their gambling, experienced less stress, and did not continue gambling until they had won or lost all their money.</p> <p>A shift in gambling motivations was evident in the transition out of high-risk group. Where they once gambled to win money, as an escape or to alleviate boredom, they were now motivated only to gamble on social occasions or when a Lotto jackpot was high. This enhanced their ability to control their gambling.</p>				

How transitions to lower gambling risk levels relates to recovery

	Stable high-risk group	Transition into high-risk group	Transition out of high-risk group	Relapse group	Stable low-risk group
Transition to a lower risk level	Participants did not experience a transition to a lower risk level.		Participants experienced a transition to a lower risk level		A transition to a lower risk level is not applicable.
<p><i>Summary: A transition to a lower risk level could be considered a period of recovery. However, such a transition did not always translate into long-term or sustained recovery, as participants in the relapse group returned to problematic levels of gambling. Some participants in the stable high-risk group were not currently gambling and could be considered to be 'in recovery'; however, they had yet to transition to a lower risk category or establish long-term maintenance of abstinence or controlled gambling.</i></p> <p><i>Participants in the transition out of high-risk group had maintained controlled gambling or abstinence from gambling for a sustained period. Their gambling behaviour was currently comparable to participants in the stable low-risk group, which could be considered long-term recovery.</i></p>					
Natural recovery versus supported recovery	Not applicable.		Many participants demonstrated natural recovery; however, the vast majority had received non-professional/social support.		Not applicable.
				Social support was instrumental in recovery maintenance.	
<p><i>Summary: Many participants who had transitioned to a lower risk level demonstrated natural recovery. Natural recovery from gambling is recovery without the assistance from professional support services, such as counselling.</i></p> <p><i>All but one participant in the transition out of high-risk group had received non-professional/social support as they transitioned to a lower risk level and maintained a reduced level of gambling.</i></p>					
Recovery maintenance	Not applicable.		Participants had maintained a sustained transition to a lower risk level.	Not applicable.	
<p><i>Summary: A difference between participants in the relapse group and participants in the transition out of high-risk group was the salience of the gambling-related harms. Participants in the relapse group returned to, and justified, their gambling involvement when the negative consequences had largely been forgotten or resolved. The fun and the wins experienced while gambling became more salient as the losses and negative consequences were minimised. Conversely, the memory of the negative consequences had not faded for participants in the transition out of high-risk group and they were determined not to create more harm for themselves or their family and friends.</i></p>					

What assistance, if any, is received for gambling behaviours?

	Stable high-risk group	Transition into high-risk group	Transition out of high-risk group	Relapse group	Stable low-risk group
Professional help	Participants in the <i>Transition into high risk</i> group did not seek any professional help. A few participants from the other groups sought help from gambling treatment services, general counselling services and Gamblers Anonymous.				Professional help was not required.
	Most participants either did not believe they needed professional help as their gambling was under control or they had support from family. Some identified that only physical restraint would stop them from gambling.	Reasons professional help was not accessed included self-management, denial of a problem, their gambling was not the concern of anyone else, pride and shame, and a lack of knowledge about available support services.	Participants believed that the professional support they received was beneficial, but it was up to them to maintain their recovery.	One participant who sought help was surprised to be able receive it via a helpline in the early hours of a morning.	
	A few participants were sceptical that people with a gambling problem would access professional services.				
<p><i>Summary: Specialised gambling treatment services and general counselling services were described as generally helpful by participants who utilised them. Although counselling was helpful and strategies to manage gambling were useful, having someone to discuss problems in a safe space, and feeling listened to and understood were the most beneficial aspects of professional services.</i></p> <p><i>A few unsatisfactory experiences were described including receiving the same information at repeated calls to a helpline and a counsellor with an apparent lack of gambling insight/knowledge. Busy schedule made it difficult to consistently attend counselling appointments.</i></p>					
Non-professional help	Most participants received non-professional help or social support at some point from family members, friends, colleagues and church pastors.				Non-professional help was not required.
	Non-professional/social support ranged from direct intervention to discussing gambling behaviour with family/ friends.	Non-professional/social support was not necessarily viewed as ‘help’, but as a conversation amongst friends. Few participants faced disapproval about their gambling from their family	Non-professional/social support was accessed after participants could no longer cope with their gambling frequency and expenditure.		

	Stable high-risk group	Transition into high-risk group	Transition out of high-risk group	Relapse group	Stable low-risk group
		Participants felt they were able to reduce the frequency and expenditure of their gambling after receiving non-professional/social support.			
<p>Summary: Many participants sought or received non-professional/social support. This ranged from direct intervention (e.g. a friend confronting the participant, a partner insisting on professional help) to indirect support (e.g. a conversation with friends). Most participants acknowledged that few other people knew the full extent of their gambling and associated effects. When a potential issue with gambling was brought up, participants justified or minimised their activities and reassured their partner or family that they did not have a problem. Many participants had to 'come clean' when they sought non-professional/social support and described the shock their family experienced.</p>					
Self-help	A few participants accessed self-help information from online fora or testimonials posted on YouTube or Facebook pages, or on the websites of gambling treatment services.	Participants did not discuss self-help methods		A few participants accessed self-help services such as specialised gambling service websites or by reading motivational books.	Self-help was not required.
<p>Summary: Participants found self-help methods of support particularly beneficial, particularly for their wellbeing. Videos and online fora provided a platform where participants could access information but were also able to relate to the problems described by the individuals in the video or forum. The feeling of being understood and empathised with, rather than receiving sympathy, was an important aspect of support that most participants wished for. Through these methods of self-help, participants were able to find a supportive community and feel less alone.</p>					
Self-exclusion	A few participants excluded themselves from a venue (casino or pub). All participants who implemented an exclusion order accessed gambling at alternative venues or breached their order.	No participant mentioned self-exclusion.	Several participants excluded themselves from a physical or online venue. A couple had avoided gambling venues for the duration of the ban and thereafter. Participants had not considered ways in which they could continue to gamble.	No participant mentioned self-exclusion for themselves.	Participants did not need to implement a self-exclusion.
<p>Summary: The uptake of a self-exclusion was relatively low and there was only one case where a participant had been banned by venue management. Many participants had thought about implementing an exclusion order but had decided against one. There were two main reasons as to why self-exclusions were not used: (1) They were not seen as necessary as participants had self-control to avoid a venue; (2) They appeared redundant because of the multitude of alternative venues and the ability to return to a venue when an exclusion order had lapsed. Compared to the other groups, in the transition out of high-risk group, self-exclusions appeared to carry more significance; participants had not attempted to breach their order and an exclusion was viewed as a symbolic shutting of the door on gambling.</p>					

	Stable high-risk group	Transition into high-risk group	Transition out of high-risk group	Relapse group	Stable low-risk group
Barriers to seeking or accessing help	Feelings of shame, guilt, embarrassment and pride were common barriers to participants accessing support services.				Most participants were aware of support services available for problem gamblers.
	Cultural barriers included perceived language difficulties, personal responsibility and 'saving face'.		Most participants did not discuss any barriers to access social support or professional services.		
	A couple of participants were sceptical that people with a gambling problem would utilise professional services.	Lack of awareness of services was mentioned as a barrier to accessing help.			
<i>Summary: Barriers to accessing professional help or social support were categorised as personal (e.g. shame, failure to recognise a problem, pride), systemic (e.g. awareness of appropriate services, inability to find a convenient time for an appointment), and cultural (e.g. language barrier, culture of not seeking professional help).</i>					

Harms experienced from gambling and what might exacerbate the harms

	Stable high-risk group	Transition into high-risk group	Transition out of high-risk group	Relapse group	Stable low-risk group
Harms associated with gambling	Most participants experienced negative consequences associated with gambling.				Participants did not experience gambling-related harms.
<i>Summary: Gambling-related harms were experienced by individuals, their family and whānau, and their friends and colleagues. Negative effects of gambling ranged from going into overdraft or feeling guilty, to stealing from family members or experiencing panic attacks. Participants experienced negative effects on their finances, mental health and wellbeing, physical health, work and study, and relationships with others. Their family and friends were also negatively affected.</i>					
Feeling shame	Barriers to seeking help, particularly shame, pride and embarrassment (mentioned above), may have potentially exacerbated harms.				Participants did not experience shame regarding their gambling.
		Pride and a perception of looking after their family was important for male participants; seeking professional help was associated with weakness.	Although some participants still felt regret or guilt about their gambling history, they no longer felt ashamed if they gambled.		

	Stable high-risk group	Transition into high-risk group	Transition out of high-risk group	Relapse group	Stable low-risk group
<p>Summary: <i>Feeling shame affected participants' gambling behaviour and help-seeking ability. Behaviour was affected whereby gambling was hidden, participants lied to themselves and their family, and minimised their experience of harms. As a result, participants experienced heightened anxiety, increased isolation, and further shame or guilt. Further, not being able to share their immediate problem meant some participants vented their frustration on their family. Shame exacerbated the negative effects of gambling because it led to participants hiding or lying about their gambling and delayed help-seeking, and it did not stop participants from gambling.</i></p>					
Perception of a problem	Some participants did not believe their gambling was a problem that required external help. Other participants failed to recognise their gambling had become problematic.				Participants did not have a gambling problem
	Participants had a perception that people with a gambling problem could cope on their own or that professional services would not work for them.		Participants currently had control over their gambling.		
<p>Summary: <i>Participants were generally split into two categories: (1) those who did not believe they had a problem and so did not need help; and (2) those who knew they needed help but were too ashamed to get it. There were participants in the former category who, despite not believing they had a problem, experienced gambling related-harms or exhibited problematic gambling behaviours. While some might not have required professional help, others simply failed to recognise their gambling had become problematic and was affecting others. This exacerbated harms because it meant participants simply kept gambling at an elevated or increasing rate.</i></p>					
Maladaptive coping strategies	Several participants used gambling as a coping mechanism or escape from challenging emotions or situations.				Participants did not use gambling as a coping mechanism.
	Participants also demonstrated a self-destructive attitude.		Participants no longer used gambling as a coping mechanism.		
<p>Summary: <i>When gambling was used as a coping mechanism there was an ongoing cycle of gambling and harms. Gambling was not always the source of the stress but it contributed to, and exacerbated, the original stressor while potentially creating more stress. Used as a coping mechanism, gambling added to the experience of stress and negative consequences. Harms were maintained or exacerbated until alternative constructive coping strategies were implemented.</i></p>					

Culturally associated traditions or behaviours that might intensify gambling behaviours or harms or protect against them

	Stable high-risk group	Transition into high-risk group	Transition out of high-risk group	Relapse group	Stable low-risk group
Financial pressure and the value of money	One participant was affected by the pressure on his partner to send money to her family in South East Asia.	A couple of participants came from an Asian background, where gambling was disapproved of and value was placed on hard work.	Participants in this group did not discuss financial pressures associated with their cultural background.	A Pacific participant felt pressure to contribute a tithing to church. A participant from Asia had little access to gambling growing up. She wished she could gamble more often.	Two participants from Asia described a background where gambling was not prevalent and was considered a waste of money. One of the participant's faith did not condone gambling and wasting money. These participants were risk averse and careful with their money.
<p><i>Summary: A few participants experienced pressure to donate to their church or financially support their immediate or extended family. When coupled with the false belief that gambling could increase their income, these participants gambled at a consistently high rate or experienced frequent relapses. A cultural background where gambling was considered a waste of money and value was placed on hard work, meant participants were unlikely to gamble at problematic levels. For participants with this background who were moderate-risk gamblers, the risk level reflected the guilt they felt whenever they gambled; in fact, they gambled in a comparatively similar way to participants in the stable-low risk group.</i></p>					
Stigma associated with seeking help	Cultural stigma associated with seeking help was not mentioned by this group.	A couple of Asian participants said that it was uncommon to seek professional help for mental health or addiction-related problems. Personal responsibility and face-saving were common norms in their culture.	A fear of being caught by a respected community elder acted as a protective factor.	Cultural stigma associated with seeking help was not mentioned in these groups.	
<p><i>Summary: The association of seeking professional help with shame and the stigma was reflected in the denial of a problem and the avoidance of getting help. Participants were more likely to try to sort out problems within their immediate family or very close friends. Cultural norms precluded participants from seeking professional help, even if it might have been beneficial.</i></p>					

	Stable high-risk group	Transition into high-risk group	Transition out of high-risk group	Relapse group	Stable low-risk group
Prevalence of gambling in participants' background	<i>Summary: Most participants who migrated to New Zealand had been exposed to minimal levels of gambling in their home countries, where gambling was illegal, heavily regulated or stigmatised. After moving to New Zealand, several participants began gambling and experienced increase negative effects. Ease of access to a variety of gambling opportunities and novelty of casinos created an exciting activity. A couple of participants indicated that in their Pacific culture, gambling had been relatively normalised. For example, housie/bingo or raffle nights were common events to raise money for the church. As such, their continued involvement in gambling was not challenged.</i>				

Strategies that are used to reduce gambling behaviour

	Stable high-risk group	Transition into high-risk group	Transition out of high-risk group	Relapse group	Stable low-risk group
Monetary strategies	Most participants had used monetary strategies to control their gambling.				
	Most participants had exceeded a limit or budget plan by transferring more money onto their account or withdrawing more cash. When automatic payments (AP) for bills had been set up, participants used money allocated for groceries to avoid the penalty fee of missing an AP.		The effectiveness of participants' monetary strategies had improved and altered since they had transitioned to a lower risk level. For example, participants were currently less likely to exceed a limit despite the limit being much lower than before.	Many participants had exceeded a limit or budget plan.	Participants had not exceeded a pre-set limit or budget plan.
	A couple of participants gave control of their finances to their partner/family.			Limit setting on online gambling was useful because there was a delay between a request to change the limit and the change coming into effect.	Although budgeting was discussed, due to the infrequency of gambling, most did not consider gambling when they created their budget.
<i>Summary: The most commonly cited method was monetary, which included limit setting, budgeting and prioritising bills, only playing with winnings, or only using cash or cards to gamble. Of note, monetary strategies were used to ensure that gambling was manageable, and bills could be paid, rather than an attempt to reduce or stop gambling.</i>					

	Stable high-risk group	Transition into high-risk group	Transition out of high-risk group	Relapse group	Stable low-risk group
Keeping occupied to avoid gambling	Many participants kept themselves busy with other activities or deliberately avoided a venue, occasion to gamble, or thinking about gambling.				Participants did not have to deliberately keep busy to avoid gambling.
	As boredom was a key motivator, some participants replaced gambling with alternative activities. This method became ineffective when participants grew bored of the new activities.	Avoidance of gambling venues and opportunities gave participants time for their urges to reduce. This contributed to long-term maintenance of reduced gambling or abstinence.			
		Focus on more productive activities created a sense of achievement when participants were able to avoid gambling.			
<i>Summary: Balancing gambling with other activities supported the avoidance of gambling venues and led to a reduction or increased control over gambling. As gambling was a solitary activity for several participants, keeping busy by meeting a friend or doing physical activities meant they connected with others and stopped the negative feelings associated with gambling. For a few participants in the stable high-risk group and relapse group, keeping busy was not enough to stop or control their gambling. They grew bored of replacement activities, ruminated about their next gambling session, lacked control over their gambling, or started gambling when the alternative activity had finished.</i>					
Gambling buddies and reciprocal monitoring	Several participants chose between social groups to control their gambling. That is, some peer groups were more involved with gambling compared to others; if participants wanted to control their gambling, they chose to spend time with a less gambling-involved social group.	Participants did not discuss gambling buddies or reciprocal monitoring as a gambling management strategy.		Participants monitored their gambling with their partner/spouse, often to avoid buying more than one Lotto ticket.	
	Participants reciprocally monitored their gambling with their partner/spouse.				
<i>Summary: The peer groups with whom participants gambled affected levels of gambling. For example, some peer groups were more careful with their gambling compared to others. A conservative gambling peer group helped participants with their own gambling as participants' gambling mirrored the peer group's gambling. Therefore, a method of controlling expenditure was to choose the more conservative gambling group to spend time with. Reciprocal monitoring occurred both directly and indirectly; direct monitoring included a partner/spouse taking control of finances or questioning a participant about their gambling, or was a conscious decision between a participant and their partner/spouse about gambling. Indirect 'monitoring' was when a participant reduced/ stopped gambling to avoid conflict, disappointment or questioning.</i>					
No strategy	One participant did not use any method to control gambling. He believed that there was nothing that could		When participants were gambling at a problematic level, a few did not use any strategies, either because		Participants did not use any strategy. Their gambling was minimal and not a problem.

	Stable high-risk group	Transition into high-risk group	Transition out of high-risk group	Relapse group	Stable low-risk group
	control his gambling. Instead, he acknowledged that a gambling session would not last forever.		they did not believe they needed to control their gambling or because they believed their gambling could not be controlled. Currently, several participants did not use a strategy because they did not gamble, or their gambling was not a problem.		
<p><i>Summary: Several participants did not use any strategies to manage their gambling; this was because they either did not believe their gambling needed to be controlled or because they did not think their gambling could be controlled.</i></p> <p><i>Most participants who had a non-problem gambler/low-risk gambler status did not use any strategies because any gambling was at a low level.</i></p>					

Conclusion

This qualitative study has identified that gambling behaviour is complex, with change rather than stability, being the norm. Five identified patterns of gambling behaviour were demonstrated by participants over time: consistent moderate-risk/problem gambling, a transition out of moderate-risk/problem gambling, a transition into moderate-risk/problem gambling, a pattern of relapse, and consistent maintenance of non-problem gambler/low-risk gambler status. The most consistent behaviour was demonstrated by participants in the latter group. Although this study is unable to identify causal relationships between gambling motivation and risk level transitions, the findings have enhanced wider understanding of gambling behaviour, explored 'why' and 'how' inter-related behaviours or motivators affect gambling behaviour, and highlighted factors that support long-term recovery.

The study showed that the nuances and experiences of gambling risk transitions or stability were characterised with interaction and cyclical behaviour. Factors that supported a reduction in gambling behaviour in one participant could facilitate an increase in another. Transitioning to a lower risk level did not always result in long-term recovery. Gambling behaviour was often context dependent with individual motivations based on personality, social, cultural and environmental factors. Thus, it is not simply one factor or motivator that influences gambling behaviour, rather it is the interaction of multiple personal, social and environmental factors.

Venue accessibility and availability of online gambling were factors that contributed to transitions to higher or lower gambling risk levels. The relatively recent availability of online gambling meant that an opportunity to gamble was easy as it can be accessed at a moment's notice at any time.

Support to control gambling was most commonly sought from family and friends, and informal strategies to control gambling were associated with social support and/or peer group gambling. Professional help was sought through specialised gambling treatment services and general counselling services; however, the use of professional services was relatively low and despite experiencing substantial harms, many participants did not seek help, thus exacerbating the harms. Barriers to accessing professional assistance or non-professional/social support were characterised by personal, systemic and cultural factors.

BACKGROUND

The National Gambling Study (NGS) was a nationally representative longitudinal survey of adults aged 18 years and older, designed to provide information on the prevalence, incidence, nature and effects of gambling in New Zealand. It comprised a multi-stage, stratified, probability-proportional-to-size sample with over-sampling of Māori, Pacific people and Asian people, so that statistical analyses could be conducted on subsamples by ethnicity. Participants (N=6,251) were recruited in 2012 via face-to-face household recruitment and Computer-Assisted Personal Interviews (CAPI). One year after initial recruitment and interviewing (2013), 3,745 participants were re-interviewed. Of import is that due to budgetary constraints, attempts were only made to re-contact 84% of the original 6,251 participants meaning that 985 participants were lost to the study with no attempt at re-contact; a 71% response rate was achieved. In 2014 3,115 participants were re-interviewed (83% response rate), and in 2015 2,770 participants were followed-up (89% response rate).

The NGS questionnaire incorporated a range of questions on gambling participation, gambling strategies and cognitions, gambling attitudes, problem gambling, gambling harm, health and well-being, psychological status, readiness to change, substance use/misuse, major life events, social capital/support and demographic information. As most of the measures were repeated at each interview, this meant that changes over time, as well as factors predictive of change in gambling and problem gambling, could be identified. Many of those measures have also been used in previous New Zealand and international gambling surveys, which allowed comparison between studies and jurisdictions.

In 2012, a small percentage of the adult population (2.5%) was categorised as moderate-risk/problem gamblers. This small sample limited the extent of statistical analyses, particularly for subsample analyses. Thus, from July 2014 to July 2015, an additional cohort of 106 moderate-risk/problem gamblers was recruited from gambling venues and via advertisements, to boost numbers of participants in those risk categories. The baseline questionnaire for the additional cohort corresponded to that used in 2012 for the main NGS participants. This additional cohort was re-interviewed 12 months after recruitment, with the questionnaire corresponding to that used in 2013 for the main NGS participants. Seventy participants undertook the second interview, which was a 66% response rate.

The longitudinal nature of the NGS meant that transitions between gambling risk levels could be assessed over time. Using the Problem Gambling Severity Index (PGSI), participants were categorised as non-gamblers, non-problem gamblers, low-risk gamblers, moderate-risk gamblers or problem gamblers. Table 1 shows transitions between gambling risk levels from 2012 to 2013, 2013 to 2014, and 2014 to 2015. It is apparent that the non-gambler and non-problem gambler categories were the most stable (i.e. a higher percentage of participants stayed in these groups over time), followed by the problem gambler category. The low-risk and moderate-risk categories were the least stable. However, there was movement between all gambling risk levels in both directions, with some participants moving to higher risk levels over time and some moving to lower risk levels.

Whilst the longitudinal nature of the NGS meant that risk factors associated with transitioning to moderate-risk/problem gambling levels could be assessed, the more detailed nuances of how and why people transition (or stay at the same risk level), and the roles of 'natural recovery', relapse, and risk and protective factors could not be ascertained. This more detailed information is best obtained by qualitative assessment rather than quantitative surveying as it allows participants to explain their behaviours.

Therefore, to better understand reasons for transitioning between gambling risk levels, or for staying at the same level, a semi-structured qualitative phase was added to the NGS. To understand the context for each participant's responses, a few structured questions were also included to measure current (past 12 month) gambling risk level, and current gambling participation behaviours.

Table 1: Transitions between PGSI categorisations over time

Transition from	Transition to									
	Non-gambler		Non-problem gambler		Low-risk gambler		Moderate-risk gambler		Problem gambler	
	n	%	n	%	n	%	n	%	n	%
2012 to 2013										
Non-gambler	485	64.7	247	33.0	16	2.1	1	0.1	0	0.1
Non-problem gambler	327	11.9	2267	82.5	133	4.8	19	0.7	3	0.1
Low-risk gambler	13	7.2	97	54.6	46	25.7	21	11.7	1	0.8
Moderate-risk gambler	4	6.9	16	30.7	13	25.3	15	27.5	5	9.6
Problem gambler	-		5	32.6	2	13.6	2	9.7	7	44.1
2013 to 2014										
Non-gambler	439	64.1	231	33.8	13	1.8	2	0.2	0	-
Non-problem gambler	275	12.5	1828	83.0	82	3.7	17	0.8	-	
Low-risk gambler	4	2.4	109	61.7	49	27.8	14	7.7	1	0.5
Moderate-risk gambler	2	4.1	15	33.7	11	24.5	12	27.8	4	9.9
Problem gambler	6	44.1	3	19.4	0	2.6	1	6.5	4	27.4
2014 to 2015										
Non-gambler	453	70.9	180	28.2	5	0.7	1	0.2	-	
Non-problem gambler	232	11.9	1609	82.8	85	4.4	16	0.8	1	0.0
Low-risk gambler	9	6.4	83	61.1	29	21.7	15	10.8	-	
Moderate-risk gambler	2	3.5	17	38.6	7	15.4	17	37.6	2	5.0
Problem gambler	0	1.8	1	7.5	1	13.1	3	33.8	4	43.9

Replicated from Abbott, Bellringer & Garrett, 2018

Data weighted for 2013 Census data and attrition

Totals do not always add up due to rounding

Table key

	No change
	Transition to a higher risk level
	Transition to a lower risk level

LITERATURE REVIEW

Introduction

This chapter presents research literature examining factors influencing gambling behaviour among adults (18 years and older) at the individual level. It describes first, from a clinical point of view, the usual pattern and course of problematic gambling behaviour, factors affecting its onset and recovery, and factors affecting the return (relapse) to problematic gambling after recovery. Next, the most relevant recently published studies examining factors affecting changes in gambling behaviour are reviewed, with a focus on qualitative studies. Change in gambling behaviour is defined as an increase or decrease in gambling involvement over time. Additionally, stability of gambling involvement and factors maintaining stability are of interest in this review.

In the reviewed studies, gambling behaviour most often refers to involvement in gambling activities during a set period. Increased or decreased gambling behaviour is most often assessed by examining a person's own perception of change (e.g. Reith & Dobbie, 2013) or by looking at the change in gambling risk level over time (e.g. Mutti-Packer et al., 2017; Samuelsson, Sundqvist & Binde, 2018). A higher gambling risk level is usually associated with greater gambling involvement. Factors affecting changes in gambling intensity within a gambling session (e.g. duration of play and number of bets made) are only briefly reviewed.

The review was conducted using online databases accessible through the Auckland University of Technology library system (e.g. EBSCO Health and Google Scholar). The key search words used were 'gambling' and 'gambling behaviour', which were combined with 'change' and 'transition' as well as with 'increase', 'decrease', 'staying the same', 'onset', 'relapse' and 'recovery'. Reference lists from reviewed articles were used to look for complementary research articles and to increase understanding of the phenomena found through the initial search. Finally, 'grey literature', consisting mainly of research reports from gambling prevalence studies, were looked for to complete the review.

Behaviour change and problem gambling

Behaviour change is a complex topic examined in multiple fields of research. The traditional explanation that a favourable change in a person's attitude towards the targeted behaviour leads to behaviour change has long been challenged. Instead, factors at the individual, social and environmental level have been found to affect behaviour change.

West and Brown (2013) define addiction as:

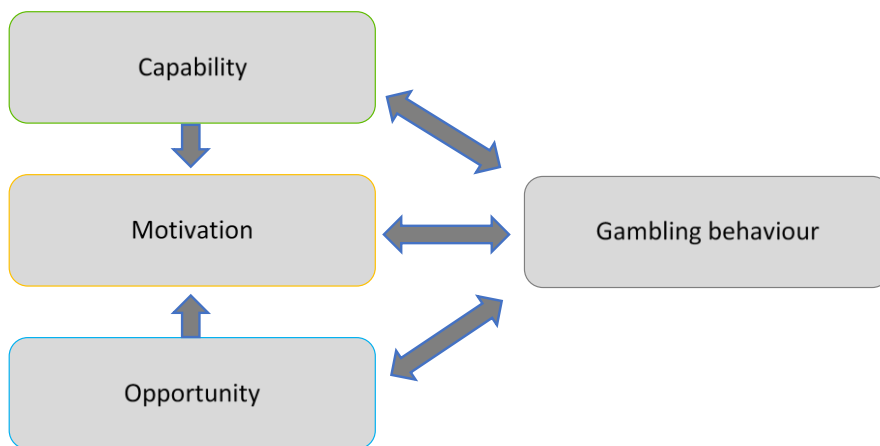
"... a chronic condition involving a repeated powerful motivation to engage in a rewarding behaviour, acquired as a result of engaging in that behaviour, that has significant potential for unintended harm. Someone is addicted to the extent that they experience this repeated powerful motivation." (West & Brown, 2013, p. 15 & 18)

Webb, Sniehotta and Michie (2010) concluded that a behaviour is defined as "addictive" when the strength of reinforcing it (e.g. reward-seeking or withdrawal avoidance) makes self-regulation difficult. The inability to regulate one's behaviour also prevents an individual from achieving his or her personal

goal/s as a part of a society, meaning the behaviour is maladaptive. Strong motivation to engage in the addictive behaviour and weaker volitional control over it are some of the main characteristics of addictive behaviours and possibly the most important factors challenging behaviour change.

One of the most recent frameworks to understand change in health behaviour is the behaviour change wheel developed by Michie, van Stralen and West (2011). West (2013) reviewed existing theories on addictions and presented an integrated framework to understand addictive behaviours using components of the behaviour change wheel as a basis for the framework. The framework aims to integrate, from previous models, key factors at the individual and environmental level and interactions between them. The framework by West suggests that a behaviour (B) can only occur when three components are present: Capability (C), Opportunity (O) and Motivation (COM-B model; West, 2013, p. 94-97; Figure 1). At the individual level, ‘capability’ refers both to physical and psychological capabilities to carry out the behaviour (e.g. ability to self-regulate) and motivation both to conscious decision-making and automatic needs or impulses (e.g. need for emotional blunting or anticipation of pleasure). At the environmental level, ‘opportunity’ refers to factors in the social and physical environment that facilitate the behaviour to occur (e.g. advertisements, influence of friends and family). The framework suggests that changes in gambling behaviour arise in the interaction between capabilities and motivations at the individual level and opportunities at the environmental level. When it comes to addictive behaviours, powerful motivation lies at the core of the behaviour (West, 2013, p. 94-97).

Figure 1: Conditions affecting gambling behaviour



Source: Michie et al. 2011; West, 2013, p. 96.

This framework seems to fit the influencers of gambling behaviour. Environmental factors, such as gambling opportunities and access to money, are some of the central pre-requisites for gambling participation. However, gambling needs to be considered, at least to some extent, as a socially acceptable leisure activity for individuals to engage in it in the first place. As with other addictive behaviours, problematic gambling behaviour is also driven by powerful internal motives, such as reward-seeking and an urge to gamble (e.g. Grant, Potenza, Weinstein & Gorelick, 2010).

Course and pattern of problem gambling

The Diagnostic and Statistical Manual of Mental Health Disorders (DSM-5; American Psychiatric Association, 2013a, p. 585-588) defines gambling disorder as “persistent and recurrent maladaptive

gambling behaviour that disrupts personal, family and/or vocational pursuits” (p. 586). The DSM-5 further specifies that there are two forms of gambling disorder, episodic and persistent. In the episodic form, the diagnostic criteria are met at more than one time point and the symptoms decrease between these time points for at least several months (p. 586). Conversely, in the persistent form the diagnostic criteria are met continuously over multiple years. For some individuals, a spontaneous, long-term remission phase is part of the disorder (p. 587). Gambling disorder is located under the category of Substance-Related and Addictive Disorders as the only behavioural addiction, suggesting it has significant similarities in clinical expression and aetiology with substance-related disorders (American Psychiatric Association, 2013b). The DSM-5 states that most often gambling disorder develops over the course of years (American Psychiatric Association, 2013a, p. 587-588). For most individuals, gambling behaviour gradually increases in both frequency and intensity (e.g. the amount bet). From a clinical perspective, gambling disorder is a chronic and persistent condition which, for most individuals, increases in severity over time. However, in public health research, it is increasingly being recognised that the course of gambling disorder is not always stable and can include periods of heavy gambling, non-problematic gambling and periods of abstinence.

The Pathways Model by Blaszczynski and Nower (2002) aimed to integrate multiple levels of explanation (biological, developmental, personality, cognitive, learning theory and environmental) to understand the development of disordered gambling. It described three subgroups of individuals with gambling problems and three possible pathways to problem gambling. The subgroups were “behaviourally conditioned”, “emotionally vulnerable” and “antisocial impulsivist”. For the first group, availability and access to gambling opportunities constituted the foundation for problem gambling development. Classical and operant conditioning lead to habitual patterns of gambling, chasing losses and finally to problematic gambling behaviour. For this group, mental health problems rarely precede gambling. Individuals in the behaviourally conditioned group are usually motivated to seek treatment, and behaviour change often requires only minimal intervention. Individuals in the emotionally vulnerable group use gambling to regulate their affective states. Their problem-solving and coping skills are often poor, and they usually have a history of negative life events in childhood or later in life. Anxiety and depression usually precede gambling. Individuals in this group are more resistant to changing their behaviour. Reducing gambling behaviour often requires addressing both the gambling problem and the issues related to the emotional vulnerability. For individuals in the antisocial impulsivist group, both psychosocial and biological factors explain the vulnerability to problem gambling development. Individuals in this group show signs of impulsivity, antisocial personality disorder and attention deficit which affect their general psychosocial functioning. Their motivation to seek help is usually low and they often poorly benefit from any form of intervention. According to the Pathways Model, problem gambling is not a chronic condition for all individuals, rather it depends on the factors underlying the problematic behaviour as to how persistent and resistant to change the gambling behaviour is. (Blaszczynski & Nower, 2002). The diagnostic category of gambling disorder (American Psychiatric Association, 2013a, p. 585-588) seems to include only the last two subgroups of individuals introduced by the Pathways Model (emotionally vulnerable and antisocial impulsivist) since their gambling behaviour is more persistent and resistant to change over time.

The severity of problem gambling might determine whether the gambling behaviour is more stable and persistent or changes over time (Abbott, Bellringer & Garrett, 2018; Abbott, Bellringer, Garrett & Mundy-McPherson, 2016; Billi, Stone, Marden & Yeung, 2014). In the New Zealand National Gambling Study, the most stable gambling involvement over time was found among individuals in the

non-gambler and non-problem gambler categories (measured by the Problem Gambling Severity Index [PGSI]; Ferris & Wynne, 2001), with about two-thirds of non-gamblers and about four-fifths of non-problem gamblers staying in the same category over time. Individuals in the problem gambling category had the next most stable gambling behaviour, with about two-fifths of the respondents staying in the same category over the studied period. The low-risk and moderate-risk groups showed the least stable gambling behaviour (Abbott, Bellringer & Garrett, 2018, p. 56-57). Similar findings were noted in longitudinal gambling studies conducted in Australia (Billi et al., 2014) and Canada (Williams et al., 2015). The more changeable gambling behaviour among individuals in the low- and moderate-risk groups may suggest that their behaviour is more vulnerable to social and environmental cues (e.g. see Abbott, Williams & Volberg, 2004).

Studies examining natural recovery from problem gambling have also challenged the idea of problem gambling being a chronic condition. Multiple studies (Abbott, Williams & Volberg, 2004; LaPlante, Nelson, LaBrie & Shaffer, 2008; Slutske, 2006; Slutske, Jackson & Sher, 2003) have shown that recovery from problem gambling naturally, without formal treatment is possible. Slutske, Jackson and Sher (2003) examined the natural course of untreated problem gambling by interviewing 468 young adults recruited from a university in the United States of America (USA). This was an 11-year longitudinal study in which participants were interviewed four times between the age of 18 years and 29 years. The most common pattern of problematic gambling (exhibiting at least one symptom measured with the Diagnostic Interview Schedule [DIS]; Robins, Helzer, Croughan & Ratcliff, 1981) was experiencing a gambling problem at only one time point in the study. Similarly, Abbott, Williams and Volberg (2004) followed-up 77 individuals identified as problem gamblers (measured with the South Oaks Gambling Screen-Revised [SOGS-R]; Abbott & Volberg, 2006; Lesieur & Blume, 1987, 1993) recruited from a national prevalence survey in New Zealand. About two-thirds of the individuals in the current problem gambler or probable pathological gambler category were no longer in those categories seven years later, without having received any professional help. Slutske (2006) examined natural recovery and treatment-seeking among individuals with a life-time history of pathological gambling (meeting at least five of the 10 DSM-IV criteria) in two nationally representative surveys in the USA. She found that about one-third of the individuals with a history of pathological gambling had recovered without seeking help, suggesting a natural recovery. These studies suggest that, for some individuals, problem gambling is not a chronic condition and that the severity of the problematic gambling behaviour might explain how persistent and resistant to change gambling involvement is over time.

Onset and recovery

Lower socio-economic status, male gender, younger age, unemployment, low income, large household size and a minority status have been associated with a higher risk for problem gambling development (Abbott et al., 2014; Billi et al., 2014; Wardle et al., 2011). Problem gambling has also been associated with high gambling involvement in childhood, psychological distress and mental health conditions, such as depression and anxiety (Abbott et al. 2014). The DSM-5 states that the onset of gambling disorder can occur in all ages from adolescence to older adulthood (American Psychiatric Association, 2013a, p. 587). The disorder usually develops over the course of years and the development might be faster for females than for males. Problem gambling onset has also been found to be associated with major life events (Victorian Responsible Gambling Foundation, 2012, p. 38).

When gambling involvement has increased to a problematic level, assistance may be required to overcome the problems. In the New Zealand National Gambling Study, help for gambling problems was most commonly sought from friends and family (respectively reported by 25.4% and 17.9% of all participants), the gambling helpline (17.0%) or community support groups (14.2%). The next most common sources were a counsellor/doctor and Gamblers Anonymous (reported by 10.2% and 9.5%, respectively). Larger percentages of problem gamblers and moderate-risk gamblers (52.3% and 27.6%, respectively) reported that they had wanted help to reduce or stop gambling at some point in time, compared to low-risk gamblers and non-problem gamblers (5.2% and 0.7%, respectively) (Abbott et al., 2014, p. 94).

Seeking help for problematic gambling is often preceded by a crisis experience caused by severe financial difficulties and by a fear of a psychological or physical breakdown (Evans & Delfabbro, 2005). The most common motivators for help-seeking are usually financial concerns, psychological distress and seeing gambling as something incompatible with one's self-image or goals (Evans & Delfabbro, 2005; Hodgins & el-Guebaly, 2000; Pulford et al., 2009a). Conversely, shame, stigma, pride and denial of the problem have been identified as the most common barriers to help-seeking (Bellringer, Pulford, Abbott, DeSouza & Clarke, 2008; Evans & Delfabbro, 2005; Hodgins & el-Guebaly, 2000; Pulford et al., 2009b). Researchers have suggested that help for gambling problems is only sought from professional sources when all other actions have been taken to reduce one's gambling, for example, when "rock bottom" has been reached or because of a lack of awareness of available treatment options (e.g. see Evans & Delfabbro, 2005; Pulford et al., 2009a). A recent review concluded that most gamblers who are experiencing a level of harm from their gambling do not access professional help and that relapse rates are high (Abbott, 2019a).

Formal treatments that are effective in treating problem gambling include elements that aim to correct erroneous beliefs attached to gambling, use behavioural change techniques to alter the problematic behaviour (Cowlshaw et al., 2012), or which aim to strengthen an individual's commitment to behaviour change (Hettema, Steele & Miller, 2005). A Cochrane review of psychological therapies for pathological and problem gambling concluded that cognitive behavioural therapy can reduce gambling behaviour and other symptoms of pathological and problem gambling immediately after the treatment (Cowlshaw et al., 2012). A more recent review of professionally delivered interventions for problematic gambling similarly concluded that both cognitive behavioural therapy and brief motivational interventions have beneficial treatment effects including reducing depression and other co-existing issues (Abbott, 2019b). The duration of treatment effects remains unclear as most studies generally only had short-term follow-up. However, a randomised controlled trial, conducted in New Zealand, has indicated that beneficial effects from brief telephone motivational interviewing for problematic gambling were sustained, not only one year after treatment but for up to three years (Abbott et al., 2015; Abbott, Hodgins et al., 2018).

Relapse

Although recovery from problem gambling is possible, many individuals return to problematic gambling behaviour after recovery. Ledgerwood and Petry (2006) defined lapse in gambling involvement as any act of gambling or behaviour related to it (e.g. going to a casino) which is against a person's goal to reduce or quit gambling. A lapse becomes a relapse when the individual loses his or

her sense of control over gambling. In the New Zealand National Gambling Study, 67% of the respondents who were categorised as problem gamblers in the 4th wave were experiencing a relapse (Abbott, Bellringer & Garrett, 2018, p. 55). In the Victorian Gambling Study, around two-thirds of the problem gambling incidence rate (i.e. new cases) between the years 2008 and 2009 represented individuals who had previously experienced problems with gambling (Billi et al., 2014, p. 28).

Hodgins and el-Guebaly (2004) examined factors triggering a relapse by interviewing 101 individuals exhibiting pathological levels of gambling (SOGS screen score of four or higher) in a 12-month follow-up study. The main reported reasons for relapses during the studied period were optimism about winning (e.g. feeling lucky or believing that a win was possible), a need to make money because of financial pressure, a desire to chase losses, unstructured time/boredom, giving in to urges/habit/ opportunity, and dealing with negative situations or emotions. Hodgins and Peden (2005) also found that the most important reasons for a relapse were escaping thoughts and feelings, wanting to win and not caring anymore. These studies suggest that there are a variety of reasons for gambling relapse and as detailed later, these reasons are similar to those for other changes in gambling behaviour.

In a small qualitative study of factors that “push” gamblers towards a relapse and “pull” them away from it, Oakes and colleagues (2012a, 2012b) interviewed gamblers, affected others, therapists and counsellors (n = 30). They described the relapse process as a series of mental and behavioural events where a variety of psychological and social factors interact within an individual. Usually a specific trigger for each individual initiates the erroneous beliefs related to gambling, which awaken the urge to gamble and lead to excitement and increased autonomic and cognitive arousal (Oakes et al., 2012a). This “push” process narrows an individual’s cognition leading to the decision to gamble. The interviewees described how the decision to gamble and letting go of higher cognitive functions, such as critical thinking and self-observation, led to a sense of relief and unreality, which they described as being in the “zone”. This altered state of consciousness was found to prolong the relapse. In contrast, identified protective factors against a relapse were commitment to change, vigilance over the possibility of a relapse, positive social support and strategies to manage the urge to gamble or to extinguish it (Oakes et al., 2012b). Oakes et al. (2012a, 2012b) concluded that a relapse occurs when the factors that “push” an individual towards gambling overcome the factors that “pulls” them away from it. Some of the interviewees had, however, managed to reduce or extinguish the urge to gamble, for example through exposure therapy (Oakes et al., 2012b).

Factors affecting gambling behaviour

The traditional ways of describing problem gambling development focus mainly on individual factors when explaining changes in gambling involvement over time. As behaviour change has been shown to be affected by both personal and environmental factors (e.g. Michie, van Stralen & West, 2011; West, 2013), social and environmental factors should also be taken into consideration when investigating change in gambling behaviour. Reith and Dobbie (2013) argued that since gambling behaviour is often transitional over time and its pattern is affected by multiple factors, studies should, in fact, focus on examining patterns in gambling behaviour rather than types of gamblers.

Gambling activity

Using an assessment tool developed by Meyer, Fiebig, Häfeli and Mörsen (2011), the Public Health Agency of Sweden (2014a) has categorised gambling activities in terms of their level of risk for potential problem gambling development. Gambling activities with high risk potential have a short interval between bet placement and knowing the outcome, fast pay-out of winnings, possibility of long gambling sessions, and are often in environments with lights and sounds. In contrast, gambling activities with low risk potential are characterised by a long interval between bet placement and knowing the outcome, possibility of short gambling sessions and few available variations. High risk potential activities include electronic gaming machines, casino table gambling and online gambling. Low risk gambling includes activities such as lotteries.

Research suggests that there is an association between initiation of, or increasing, electronic gaming machine gambling and increased risk of developing problem gambling (Abbott et al., 2014; Breen & Zimmerman, 2002; Storer, Abbott & Stubbs, 2009). For individuals primarily engaging with electronic gaming machine gambling, symptoms of problematic gambling have been found to occur significantly quicker than when the primary gambling activity is card games or betting on horses (Breen & Zimmerman, 2002). In a study by Reith and Dobbie (2013), machine gambling was associated with both increased and non-linear gambling behaviour patterns. One of the self-reported reasons for increased gambling involvement was starting to gamble on machines or gambling on them more often. In the non-linear gambling behaviour pattern, machine gambling was associated with a rapid loss of control and binge gambling. Furthermore, the New Zealand National Gambling Study identified that electronic gaming machine gambling, as well as length of time in gambling on the machines in a session, were significantly associated with moderate-risk/problem gambling and with relapse (Abbott, Bellringer & Garrett, 2018).

Machine gambling has been associated with the relieving, dissociative state of the “zone” during which problems in other areas of life can be temporarily forgotten (e.g. see Dow Schüll, 2005, p. 73; Oakes et al., 2012a; Victorian Responsible Gambling Foundation, 2012, p. 38). This suggests that machine gambling might be preferred by individuals who aim to escape from the psychological distress experienced in everyday life. Another reason for preferring machine gambling might be the high availability of electronic gaming machines and easy access to them. For example, in the study by Reith and Dobbie (2013), machine gambling was associated with increased gambling because of the convenient location of the machines, as well as the desire to win money and “kill time”.

Gambling environment

The Pathways Model (Blaszczynski & Nower, 2002) states that availability and access to gambling opportunities is a starting point for all individuals who gamble and to problem gambling development. The attractiveness of gambling venues and easy accessibility can offer an important environmental cue for initiating or continuing gambling. Clarke, Tse, Abbott, Townsend, Kingi and Manaia (2006) examined factors influencing initiation and transitions from social gambling to problem gambling in New Zealand. The study included a qualitative (n=186) and a quantitative (n=345) phase. Individuals with a gambling problem, family members affected by someone else’s gambling and gambling treatment professionals participated in the study. Factors related to the gambling environment were found to influence both gambling initiation and progression to problematic levels. Gambling

advertisements, availability of a variety of gambling opportunities and easy access to gambling venues were environmental reasons for starting to gamble. Reasons for increased gambling involvement were the influence of gambling advertisements, new gambling products, easy access to gambling venues and the fact that gambling venues are attractive and relatively safe.

The convenient location of gambling venues was also identified as an influential factor in Reith and Dobbie's study (2013), where participants reported that moving home or changing one's job closer to a gambling venue led to increased gambling involvement, while moving away from a gambling venue or no longer having a venue within walking distance had the opposite effect.

In a Swedish study, environmental cues such as gambling advertisements and text message offers from gambling companies were found to be associated with relapse or increased gambling involvement to a harmful level. Psychological well-being affected the capacity and ability participants had to resist the gambling temptations, exposure to which, during vulnerable moments were found to lead to new and intensive gambling episodes (Samuelsson, Sundqvist & Binde, 2018).

Although environmental cues and changes in the gambling environment, such as new gambling opportunities, easy access to venues, and gambling advertisements have been associated with increased gambling involvement (Clarke et al., 2006; Samuelsson, Sundqvist & Binde, 2018), it has been suggested that over time individuals adapt to the changed environment. The exposure and adaptation theory introduced by Abbott (2006) suggests that although increased availability and exposure to new gambling opportunities, particularly electronic gaming machines, has been associated with increased gambling involvement, over time gambling involvement decreases when individuals adapt to the changed environment. Thus, gambling opportunities may not be as appealing and attractive once they become a mundane part of everyday life.

The online environment may also be a factor. In the study by Reith and Dobbie (2013), increased online gambling was associated with stress and boredom at work. Kristiansen, Reith and Trabjerg (2017) found that some young people in Denmark increased their gambling when they became 18 years old and had legal access to gambling opportunities online. However, some participants did not feel comfortable gambling online because they did not trust the online gambling providers, were afraid they would develop an addiction, or that they would lose all their money if they started gambling online (Kristiansen, Reith & Trabjerg, 2017). Similarly, in a Swedish study, some participants associated online gambling with a higher risk of spending too much money, because their tangible cash was converted to numbers on a screen. Other participants avoided online gambling because they did not want to start a new habit, they were not used to using computers or they preferred to feel a real lottery ticket in their hand (Samuelsson, Sundqvist & Binde, 2018).

In the New Zealand National Gambling Study, problem gambling was associated with higher past year online gambling participation compared to the other gambling risk levels (Abbott et al., 2014, p. 59). Abbott et al. (2014, p. 124-125) argued that this association might be due to overall higher participation in multiple gambling activities as individuals who gamble online usually also participate in other forms of gambling (e.g. Wardle, Moody, Griffiths, Orford & Volberg, 2011a).

Winning money

Winning money is a major motive for gambling participation. In the New Zealand National Gambling Study, the most common self-reported reason among all respondents for participation in different gambling activities was to win prizes or money (Abbott, Bellringer, Garrett & Mundy-McPherson, 2012, p. 79-81). The same was found in the British Gambling Prevalence Survey 2010 and the Finnish Gambling Harms Survey 2016 (Salonen, Latvala, Castrén, Selin & Hellman, 2017, p. 37-38; Wardle et al., 2011, p. 115-116).

The results of these national studies suggest that an important factor affecting gambling involvement relates to the attempt to improve one's financial situation through gambling. In the qualitative component of the Victorian Gambling Study, a significant reason for gambling was the opportunity and desire to win money. Many of the participants described having had an experience of a substantial win that made them believe it would be easy to improve their financial situation through gambling, although the expectation of winning became less positive over time (Victorian Responsible Gambling Foundation, 2012, p. 36-37). In the study by Clarke et al. (2006), winning money and near-win experiences were reported to be the financial reasons participants had started to gamble, and the belief in winning large sums of money, solve money problems and regain lost money were the most common financial reasons participants' gambling changed from social to problematic. In fact, some of the participants felt that gambling was the only way to improve their financial situation. Mutti-Packer et al. (2017) reported recently experienced wins that had led to larger bets or a justification for spending more money on gambling.

Chasing losses was also a common motive for starting a gambling session and continuation of gambling, with the extent of chasing lost money associated with the extent of the gambling problem (Victorian Responsible Gambling Foundation, 2012, p. 39).

Thus, it appears that the desire to win money is a common motive for gambling participation, at the population level. For some individuals, the desire to improve one's financial situation and to chase lost money motivates gambling continuation which, over time, can lead to more problematic gambling behaviour.

Financial reasons

Additional to winning money, other financial reasons associated with changes in gambling behaviour are changes in available funds, financial concerns and no longer considering gambling as a preferred use of money. In some cases, these reasons relate to specific life events. In the qualitative phase of the Victorian Gambling Study, especially among those participants with more control over their gambling, a common reason for increased gambling involvement was an increase in available funds through, for example, a pay rise or inheritance. These were people who had been able to take care of their critical living expenses before gambling (Victorian Responsible Gambling Foundation, 2012, p. 59-60). Sudden increases in available funds ("windfalls") have been reported to be the most likely to increase gambling behaviour (Reith & Dobbie, 2013). Reith and Dobbie (2013) hypothesised a possible association between receiving a 'windfall' and a lack of familiarity with predictable wages as contributing to the development of problem gambling. The authors noted that the experience of unpredictable wages might foster an attitude more inclined to binge, rather than save.

Financial reasons are also a common reason for decreased gambling involvement, when available money is reduced, for example, because of retirement or unemployment. Gambling may be considered to be a waste of money, or the financial costs of gambling may be considered unsustainable (Mutti-Packer et al., 2017; Reith & Dobbie, 2013). In the qualitative phase of the Victorian Gambling Study, a reduction in available funds was one of the most important reasons for decreased gambling. Participants returned to earlier levels of gambling when they had lost the funds that had previously allowed them to increase their gambling involvement. For some participants, not being able to sustain the level of gambling involvement, led to indebtedness. A critical level of debt forced a reduction in gambling to an affordable level (Victorian Responsible Gambling Foundation, 2012, p. 61-62).

These findings suggest that sudden increases in available funds can act as a catalyst for increased gambling behaviour that, in turn, might lead to problematic gambling behaviour for some individuals. In some cases, the sudden increases were preceded by major life events, such as a relationship break-up. In such situations, gambling could also be used as way to manage psychological distress associated with the event and the motive to gamble then relates to mood modification. No longer considering gambling to be a preferred use of money or considering its financial cost too high were found to be significant reasons for decreased gambling involvement. Losing interest in gambling has been particularly associated with maturation and entering adulthood when the value of money is seen more realistically and when money is preferred to be used on other, more important things (e.g. see Kristiansen, Reith & Trabjerg, 2017; Samuelsson, Sundqvist & Binde, 2018).

Seeking entertainment

Another common reason for gambling participation is entertainment. In the New Zealand National Gambling Study, seeking excitement or a challenge and entertainment were among the most often mentioned reasons for gambling (Abbott et al., 2012, p. 79-81). The same was found in the Victorian Gambling Study, the British Gambling Prevalence Survey 2010 and the Finnish Gambling Harms Survey 2016 (Billi et al., 2014, p. 36-37; Salonen et al., 2017, p. 37-38; Wardle et al., 2011, p. 115-116).

In the qualitative component of the Victorian Gambling Study some participants reported that alleviating feelings of boredom and loneliness motivated their gambling participation. Gambling due to boredom was reported when there was a perceived lack of alternative activities and gambling alleviated loneliness as venues offered a place for human interaction. For participants with the most severe gambling problems, the main alternative activity to gambling was to be home alone and watching television (Victorian Responsible Gambling Foundation, 2012, p. 37). The researchers suggested that when individuals have more activities to engage in, they are less likely to spend their time gambling and, therefore, less likely to develop problematic gambling behaviour. The quantitative results of the Victorian Gambling Study showed that individuals in the problem gambler category were more likely to report loneliness, stress relief, taking their mind off things and boredom as the main reasons for gambling participation, compared to the other respondent groups (Billi et al., 2014, p. 36). Similarly, Mutti-Packer et al. (2017) found that internal reasons for increased gambling involvement were seeking enjoyment and fun, and for decreased gambling involvement was loss of interest in gambling.

Engaging in other leisure activities can help to reduce or stop gambling and avoid relapses. In Hodgins and el-Guebaly's study (2000), limiting access to gambling and engaging in new activities were two of the most common actions participants who had recovered from a gambling problem had taken to reduce their gambling (reported by 49% and 47%, respectively). New activities included exercising, reading, spending time with family members and becoming more involved with work. Engaging in new activities was also reported as the most important reason for maintaining a positive change in gambling behaviour. This was similar to a Swedish study where participation in new leisure activities, or returning to previous activities, as well as setting firm spending limits and limiting access to gambling opportunities, were used as strategies to reduce or quit gambling by participants whose gambling behaviour pattern was unstable and who had used gambling for mood regulation (Samuelsson, Sundqvist & Binde, 2018).

These findings suggest that some people use gambling as an entertainment to alleviate the experience of boredom and loneliness. However, this motive for gambling participation has been associated with a higher risk for problem gambling development and having other meaningful activities to engage in might prevent problem development. Furthermore, engaging in new leisure activities or returning to previous activities can be used as a way to distract the urge to gamble and, thus, to reduce or quit gambling.

Major life events

Major life events have been associated with both increases and decreases in gambling behaviour. In the New Zealand National Gambling Study, these included change in financial situation, death of a close person and a major injury or illness to self or to someone close. Overall, problem gamblers had experienced more major life events during the past year compared to the general population (Abbott et al., 2014, p. 84). Major life events can offer a distraction from gambling when new activities are prioritised over it (Hodgins & el-Guebaly, 2000; Samuelsson, Sundqvist & Binde, 2018), they can influence one's possibilities to gamble (Reith & Dobbie, 2013) or they might trigger an urge to escape from the psychological distress associated with the event (Samuelsson, Sundqvist & Binde, 2018). However, for some people, gambling is also a way to celebrate positive life events, such as a win of a football team (Oakes et al., 2012a). In the qualitative phase of the Victorian Gambling Study, negative life events were a key factor in problem gambling development. For some of the participants with problematic gaming machine gambling, a major life event such as becoming unemployed or the death of a close person, triggered increased gambling involvement and led to problematic gambling behaviour. Increased gambling was a response to the additional spare time caused by the event and a way to deal with the emotional consequences, pain or psychological distress (Victorian Responsible Gambling Foundation, 2012, p. 38). Similarly, in Sweden, major life events were found to be a key trigger for high-frequency gambling by participants showing an increasing gambling behaviour pattern (Samuelsson, Sundqvist & Binde, 2018).

Conversely, the same life events, such as the death of a close person, could be a temporary distraction from gambling (Reith & Dobbie, 2013), as well as a trigger for more sustained reduction in gambling or the decision to quit gambling. A crisis experience caused by financial concerns or psychological distress has been found to motivate help-seeking for gambling problems (Evans & Delfabbro, 2005; Pulford et al., 2009a). Life events may be an important factor in maintaining positive changes in gambling behaviour and in avoiding relapses. Hodgins and el-Guebaly (2000) found that participants

who had recovered from a gambling problem, had experienced more positive and less negative life events, and less financial and health events after their recovery, compared to problem gamblers.

Thus, major life events can increase or decrease a person's gambling involvement. If gambling is motivated by having fun, major life events might be a temporary distraction, whilst for more intensive gamblers, negative life events may increase gambling involvement.

Psychological distress

The General Theory of Addictions (Jacobs, 1986) argues that individuals engage in addictive behaviours to relieve stress and the feelings of inadequacy they experience in everyday life. The theory suggests that addictive behaviours are more often a symptom caused by another issue, such as loneliness. The Pathways Model (Blaszczynski & Nower, 2002) suggests that individuals in the emotionally vulnerable subgroup, with poor coping skills and a history of negative life events, are most likely to use gambling to regulate their mood and affective states. The results of the Victorian Gambling Study (Billi et al., 2014, p. 36) showed that problem gamblers were more likely to report reasons related to psychological distress, such as loneliness, stress relief, taking their mind off things and boredom, as the main reasons for their gambling participation compared to the other respondent groups. In these cases, gambling is used as a coping mechanism to escape from everyday stress and mental health problems, such as depression, and can lead to recreational gambling progressing to problematic gambling (Reith & Dobbie, 2013; Samuelsson, Sundqvist & Binde, 2018).

Thus, for some people a central motive for gambling participation is to escape from stressful life events or circumstances, with gambling used as a coping mechanism. For these people, the level of emotional stress experienced in everyday life is reflected in gambling involvement.

Mental and physical health

In the New Zealand National Gambling Study, more than half (53.3%) of the problem gamblers reported that they had experienced trauma, hardship and problems in their life or upbringing, compared with only about one-fifth of the non-gamblers and non-problem gamblers. A greater proportion of problem gamblers also reported concurrent depression and anxiety compared to the other respondents (Abbott et al., 2014, p. 91). The Pathways Model suggests that co-existing mental health problems are more prevalent among individuals in the emotionally vulnerable and antisocial impulsivist subgroups. For individuals in the emotionally vulnerable subgroup, anxiety and depression usually precede gambling, with gambling used to regulate affective states. Individuals in the antisocial impulsivist subgroup often show signs of a variety of other psychiatric conditions such as impulsivity, antisocial personality disorder and attention deficit. These co-existing difficulties also affect daily functioning on a more general level. For individuals in the behaviourally conditioned subgroup, psychiatric problems rarely precede problem gambling (Blaszczynski & Nower, 2002). This suggests that mental health problems might have an association with problem gambling development and psychiatric problems might underlie more severe and persistent gambling behaviour.

Mutti-Packer et al. (2017) found that depression was the most commonly reported mental health concern among participants and was both the reason for gambling participation and due to gambling.

Mental health concerns were most often reported by participants who had not perceived the same kind of change in their gambling behaviour as the problem gambling severity score had indicated. The authors suggested that negative mood state may influence the perception of a gambling problem, whether or not gambling behaviour had actually changed. Gambling behaviour has also been found to increase to a problematic level in response to feelings of depression and loneliness (Reith & Dobbie, 2013). Similarly, in the qualitative phase of the Victorian Gambling Study, mental health problems were associated with gambling initiation and increased gambling involvement. Gambling was used to escape from the feelings associated with depression and anxiety, with many participants reporting a strong connection between their problem gambling and anxiety and depression (Victorian Responsible Gambling Foundation, 2012, p. 40-42).

Increased gambling involvement and problem gambling development are also associated with physical health problems, for example, gambling to numb pain caused by a physical injury, as rehabilitation from a physical injury, or gambling because of an inability to work (Victorian Responsible Gambling Foundation, 2012, p. 40-42). In contrast, in the studies conducted by Mutti-Packer et al. (2017) and Reith and Dobbie (2013), a temporary disability preventing work had decreased participants' gambling involvement as there was no longer as much money available to spend on gambling.

The findings suggest that co-existing mental health problems might be associated with more persistent gambling behaviour. Some individuals use gambling to escape from the feelings associated with mental health problems, such as depression or anxiety. Some individuals use gambling to manage the pain caused by a physical injury or to rehabilitate themselves from it.

Substance use

Substance use has been associated both with more persistent problem gambling over time and with more risky gambling behaviour within gambling sessions. Indeed, the location of gambling disorder under the same diagnostic category as substance-related disorders in the DSM-5 suggests that gambling disorder and substance-related disorders share at least partly the same aetiology (American Psychiatric Association, 2013b).

It is easy to combine alcohol use and gambling as gambling venues and alcohol premises are often situated near each other or together. Alcohol consumption prior to gambling on video lottery terminals has been associated with increased 'risky' gambling behaviour among problem gamblers, by leading to longer gambling sessions (Ellery, Stewart & Loba, 2005). In a New Zealand study, hazardous or problematic alcohol use was found to predict problem gambling continuation seven years later (Abbott, Williams & Volberg, 2004). Alcohol use could be associated with excessive gambling due to a loss of control or reduced control (Reith & Dobbie, 2013). In a Swedish study, high-frequency gambling, particularly by youth, was associated with alcohol consumption, risk-taking and peer group influence. Alcohol use was associated with greater risk-taking behaviour when gambling, but for some of the interviewees led to a dulled gambling experience (Samuelsson, Sundqvist & Binde, 2018).

The findings suggest that consumption of alcohol while gambling might lead to more risky gambling behaviour, such as longer playing sessions or reduced control. Co-morbid addictive disorders might have an association with more persistent problem gambling behaviour over time.

Compulsion and the “zone”

Compulsive behaviour as “repeated powerful motivation to engage in a rewarding behaviour” is included in the definition of addictive behaviours by West and Brown (2013, p. 15). Such compulsive behaviour was apparent in the qualitative component of the Victorian Gambling Study, with some participants describing that they had little or no control over their gambling, that they could not stop themselves and that they were controlled by their gambling. The experience of being out of control was common among the problem gamblers who felt that they had to keep on gambling while they still had money, although they could not explain why. Some feared that they would miss out on a big win if they stopped, so they had to gamble for as long as they could (Victorian Responsible Gambling Foundation, 2012, p. 39).

Associated with the compulsion to gamble is the dissociative experience of getting in the “zone”. Dow Schüll (2005, p. 73) has described the “zone” as a subjective dissociative state in which the sense of time and space, and the value of money is lost. Referring to her ethnographic study in a Las Vegas casino, Dow Schüll (2005) described how machine gambling is preferred by some individuals because of the desire to be alone, to exit the social space and not be interrupted. When in the “zone”, there is a disconnection from everything else and the ability to temporarily forget problems in other areas of life (Victorian Responsible Gambling Foundation, 2012, p. 39).

Thus, the compulsive desire to gamble and the desire to get in the “zone” seem to act as powerful internal motivators for gambling involvement. As these internal motives hinder an individual’s higher cognitive functions and the volitional control over their behaviour, they might underlie the more severe and persistent gambling behaviour that is also the most resistant to change.

Influence of others

Gambling participation in childhood family life has been associated with increased risk of problem gambling development (Abbott et al., 2014). Reith and Dobbie (2011) examined the social factors affecting gambling initiation and found that participants who started to gamble within family networks were more likely to develop problems with gambling than participants who had been introduced to gambling later in life by friends or work colleagues. Reith and Dobbie (2011) described gambling as a form of cultural capital, which is passed on to younger generations especially among families of lower socio-economic status. They reported that gambling had been introduced to participants by their family members through asking the child to pick numbers, horses or teams for sports betting, and giving them money to gamble with. Passing on the interest in gambling within the family was usually gendered, female participants had been introduced to it by their mothers and male participants by their fathers.

Gambling involvement in adolescence has been found to be highly influenced by the peer group. In a Swedish study, high-frequency gambling was associated with alcohol consumption, risk-taking and the influence of the peer group. Friends, for example, encouraged each other to greater risk-taking. Gambling was a meaningful leisure activity during adolescence, but its importance decreased when participants entered adulthood. This was because gambling lost its appeal when the peer group scattered, and the participants started to live more stable lives with financial responsibilities related to education, work and family. With maturation, the probabilities of winning and the value of money were seen more realistically, which made gambling lose its appeal (Samuelsson, Sundqvist & Binde (2018). Similar

findings were noted in a Danish study examining gambling behaviour among young people (12 to 20 years). Saving money and moving away from the childhood home were key factors in reducing gambling involvement. Most of the participants exhibited a non-linear pattern of gambling involvement, which was affected by changes in social groups as well as in available gambling opportunities. For example, getting a girlfriend temporarily decreased gambling involvement, whereas getting involved with mobile phone gambling increased it. A stable gambling behaviour pattern was associated with gambling with family members and with younger participants who had stayed in the same social group throughout the study (Kristiansen, Reith & Trabjerg, 2017).

Among adults, a stable, less harmful or recreational level of gambling involvement has been associated with social motives such as meeting friends, family or colleagues when gambling, going to gambling venues that offer a more appealing place to spend time compared to pubs or cinemas, and the feeling of belonging to a “club” with familiar venue staff and venue privileges (Reith & Dobbie, 2013; Samuelsson, Sundqvist & Binde, 2018).

Social networks have also been associated with changes in gambling involvement among adults. For example, gambling involvement increased when friends introduced new forms of gambling or the amount of time spent with a group of friends, with whom gambling was a common activity increased. Conversely, gambling involvement decreased when the amount of time spent with a group of friends, with whom gambling was a common activity decreased (Reith & Dobbie, 2013; Mutti-Packer et al., 2017). Gambling initiation in adulthood, particularly among males, has been associated with increased independence, moving away from family, entering work life, developing new friendship networks, and work-related roles and identities. Gambling then is used to socialise and is easily engaged in during work breaks particularly when gambling venues are located near workplaces (Reith & Dobbie, 2011).

Help for gambling problems is often first sought from friends and family (e.g. see Abbott et al., 2014, p. 94). Criticism from concerned others can also motivate someone to change his or her harmful gambling behaviour (Samuelsson, Sundqvist & Binde, 2018). Social networks thus have a crucial role in providing informal support for someone to quit or reduce their gambling or keep it at a stable level. Non-professional/social support can be combined with self-help strategies and formal treatments as a “backup” or it can be used to support the behaviour change on its own (Reith & Dobbie, 2013). Friends and family can encourage individuals to control their gambling, provide practical support for it, and help to avoid relapses by, for example, looking after a gambler’s finances, taking control of their bank account and limiting their spending money (Oakes et al., 2012b; Reith & Dobbie, 2013). Relapses have also been prevented by gamblers being accompanied by known people when going to places where a temptation to gamble could occur (Reith & Dobbie, 2013).

Thus, gambling participation in the family has been associated with a higher risk of problem gambling development. Other people influence gambling behaviour, especially among young people. Gambling in youth has been associated with risk-taking behaviour and the influence of the peer group. As previously described, a common phenomenon among young people when entering adulthood is “maturing out” of gambling when a specific friend group scatters, and preferred use of money and time are on other activities (e.g. see Kristiansen, Reith & Trabjerg, 2017). Changes in social networks can also affect gambling behaviour among adults. Gambling can become an arena for socialising and to spend one’s leisure time. Friends can also introduce new forms of gambling which can increase one’s gambling involvement. If gambling participation is attached to social motives, it is more likely to be

affected by changes in social networks. Friends and family also have an important role in supporting a gambler to change his or her gambling behaviour.

Cultural factors

Gambling-related ethnic and socio-demographic inequities are significant (Abbott et al., 2014; Wardle et al., 2011). In New Zealand, compared to the total population, Māori and Pacific people have a higher risk for problem gambling development (Abbott et al., 2014; Rossen, 2015; Thimasarn-Anwar, Squire, Trowland & Martin, 2017). Additional to cultural factors, the characteristics of the surrounding society must be taken into consideration when understanding these differences. Socio-demographic risk factors for problem gambling, such as minority status, lower income, lack of formal qualifications and large household size, are often inter-related (e.g. see Abbott et al., 2014). In their systematic review of cultural variations in gambling and problem gambling and the role of cultural factors in gambling behaviour, Raylu and Oei (2004) suggested that cultural factors can affect gambling involvement through three factors: cultural values and beliefs, effects of acculturation and attitudes towards seeking professional help.

Among Māori, gambling is motivated by the need to win money and to spend time with others, especially with whānau (Wātene et al. 2007). Gambling is considered an integral part of Māori culture that is passed on to younger generations, with some gambling activities having an important role in raising funds for communal purposes (Levy, 2015; Wātene et al., 2007). Gambling is also used as a form of koha (gifts and contributions given to others to maintain social relationships with connotations of reciprocity) to support cultural infrastructure and activities (Wātene et al., 2007). Problem gambling and electronic gaming machine gambling are considered isolating activities, which move individuals away from traditional values and beliefs, and their whānau (Levy, 2015; Wātene et al., 2007). Wātene et al. (2007) concluded that programmes aiming to raise awareness of gambling-related harms among Māori should be whānau-focused, offering an opportunity for individuals to spend time with their whānau.

Generally, fewer Pacific people participate in gambling activities, compared to other ethnic groups, but those who do gamble have a higher risk for developing more problematic gambling behaviour (Abbott et al., 2014). For Pacific people, the most usual forms of gambling involve fundraising for church and family (gift-giving traditions), though some individuals appear to engage in commercial forms of gambling to try to meet financial obligations to the church and the family (Bellringer et al., 2013; Urale, Bellringer, Landon & Abbott, 2015). Gambling is also considered a social activity and a way to get together with friends and family (Bellringer et al., 2013, p. 119). One reason for increased gambling involvement is when, instead of raising funds, gambling is motivated by a desire to win money, or to ‘make’ money when competitiveness in church fundraising leads to individuals feeling that they need to donate more than others to “outdo” them (Bellringer et al., 2013). Conversely, as money needs to be saved for family purposes, family obligations can act as a protective factor against excessive gambling (Bellringer et al., 2013, p. 110). Strong family ties can also encourage help-seeking and self-directed behaviour change as family members are likely to be there to offer support for the process (Bellringer et al., 2013, p. 115). Having access to culturally appropriate treatment services, especially for the older generation, has been found to be of importance (Bellringer et al., 2013, p. 116).

According to a comprehensive review on gambling and problem gambling among Chinese by Loo, Raylu and Oei (2008) including 25 relevant research articles, gambling among Chinese is a popular social activity often engaged in during traditional celebrations. Some forms of gambling, such as Mah-jong, are considered a healthy leisure activity, keeping the mind active, especially among older people (Wong & Tse, 2003). Erroneous beliefs can affect gambling behaviour more among Chinese people than their Western counterparts due to the Chinese beliefs in fate, luck, power of numbers and honouring the gods with wins (Loo, Raylu & Oei, 2008; Papineau, 2001). One barrier to Chinese people seeking help is the difficulty of admitting that one is having problems with gambling (Loo, Raylu & Oei, 2008). This can be due to fear of losing pride and honour among others and because seeking help can be seen as a sign of weakness and vulnerability. Chinese culture has been associated with the belief that harmony should be maintained in social situations and that others should not be burdened with an individual's problems (Cheung, 1993). Discretion, diminishing the stigma attached to problem gambling and providing family focused problem-solving strategies are of importance when addressing the issue of problem gambling in Chinese treatment services (Loo, Raylu & Oei, 2008).

Summary

To summarise this literature review, the key factors are detailed below and in Table 2.

- Individuals at risk of problematic gambling behaviour may be more susceptible to external factors for changing their gambling behaviour. Among gamblers, four patterns of gambling behaviour have been identified: increasing, decreasing, stable and non-linear.
- Help for reducing problem gambling is most commonly sought from non-professional/social sources, such as from friends and family. Help-seeking from professional sources is often preceded by a crisis experience caused by psychological distress, financial concerns and considering gambling as something incompatible with one's self-image or goals.
- Cognitive-behavioural treatments and motivational interviewing have been found the most effective in reducing problematic gambling behaviour. However, recovery from problem gambling, without professional treatment, is common.
- Electronic gaming machine gambling has been associated with increased gambling involvement, binge gambling, a rapid loss of control and a higher risk for problem gambling development.
- New gambling opportunities, gambling advertisements and easy access to gambling venues have been associated both with gambling initiation and increased gambling involvement. Gambling advertisements and offers from gambling companies have also been associated with relapses.
- Winning money and having fun or seeking entertainment are the most common motives for initial gambling participation.
- The desire to improve one's financial situation through gambling might be a more common reason for problem gambling development among individuals with a lower socio-economic status.
- Sudden increases in available funds or gaining access to existing funds have been associated with increased gambling participation and problem gambling development. Financial concerns, decreases in available funds and a changed preference to use money on other things have been associated with decreased gambling involvement.

- Using gambling to alleviate feelings of boredom and loneliness are associated with a higher risk for problem gambling development. Having other meaningful activities in life to engage in can prevent problem gambling development. Engaging in new leisure activities can also help to reduce or quit problematic gambling behaviour.
- Major life events have been associated with both increases and decreases in gambling involvement and with problem gambling onset. Major life events might be a temporary distraction from gambling participation or motivate increased gambling involvement, if gambling is used to regulate one's affective states.
- Gambling initiation within family networks has been associated with problem gambling development later in life. If gambling participation is attached to social motives, it is more likely to be affected by changes in social networks. For example, in adolescence, gambling involvement has been found to be strongly influenced by peer groups. Social networks also have a crucial role in supporting change in gambling behaviour and to avoid relapses.
- Co-existing mental health and addictive disorders might have an association with more persistent gambling behaviour. Alcohol consumption while participating in gambling activities has been associated with more risky gambling behaviour.
- Compulsion to gamble and the desire to get in the "zone" might underlie more persistent gambling behaviour.
- Among Māori, gambling is considered an integral, intergenerational part of the culture. Problem gambling has been associated with drifting away from traditional cultural values. Among Pacific people, the desire to meet financial obligations to church and family might lead to increased gambling involvement. Strong family ties can prevent problem gambling development, enable help-seeking for gambling-related problems and support the efforts of self-directed behaviour change. Erroneous beliefs related to gambling might be more prevalent among individuals from a Chinese cultural background.
- The meaning of gambling in an individual's life and the motives underlying gambling participation might determine most accurately whether specific factors increase or decrease an individual's gambling involvement over time, rather than the factors in themselves. Different factors affect gambling involvement whether it is motivated by escaping from stressful life circumstances, improving one's financial situation or social motives, such as having fun and spending time with friends and family.

Table 2: Summary of major factors influencing changes in, or stability of, gambling behaviour

Factor	Increased gambling behaviour	Decreased gambling behaviour	Unchanged gambling behaviour
Game characteristics	<ul style="list-style-type: none"> - Initiation of machine gambling - Changing to machine gambling - Increased machine gambling can lead to problem gambling 		<ul style="list-style-type: none"> - Participation in non-continuous gambling activities (e.g. Lotto) more likely to maintain gambling at a low level
Availability and access to gambling opportunities	<ul style="list-style-type: none"> - Easy access to gambling venues (e.g. moving home or changing jobs closer to a gambling venue) - Gambling advertisements, new gambling opportunities - Alcohol premises close to gambling venues 	<ul style="list-style-type: none"> - Moving home or changing jobs to a greater distance from a gambling venue - Adaptation to gambling opportunities 	
Life circumstances	<ul style="list-style-type: none"> - Experiencing stressful life events (e.g. using increased spare time gambling, trying to cope with the psychological distress caused by the event) - Experiences of boredom (e.g. lack of other meaningful leisure activities) - Experiences of loneliness (e.g. trying to cope with psychological distress) 	<ul style="list-style-type: none"> - Maturation (e.g. young people “maturing out” of gambling) 	
Financial reasons	<ul style="list-style-type: none"> - Financial concerns (e.g. trying to improve one’s financial situation) 	<ul style="list-style-type: none"> - Financial concerns (e.g. financial costs experienced as not sustainable) - Preferring to use money on other things 	

Factor	Increased gambling behaviour	Decreased gambling behaviour	Unchanged gambling behaviour
Available funds	<ul style="list-style-type: none"> - Increase in available funds (e.g. through pay rise, inheritance) - Recent wins - Gaining access to existing funds (e.g. at end of a relationship) 	<ul style="list-style-type: none"> - Decrease in available funds (e.g. unemployment, disability preventing work) 	
Seeking excitement or entertainment	<ul style="list-style-type: none"> - Alleviating boredom - Alleviating loneliness - Increased spare time - Seeking positive emotions (e.g. enjoyment, fun) 	<ul style="list-style-type: none"> - Losing interest in gambling - Other activities prioritised over gambling - Engaging in new leisure activities or returning to previous activities 	<ul style="list-style-type: none"> - Gambling as a tradition or habit (e.g. weekly Lotto) more likely to maintain gambling at a low level
Influence of others	<ul style="list-style-type: none"> - Others introducing new forms of gambling - Spending more time with people with whom gambling is a common free time activity - Gambling initiation with family members may be more likely to lead to problem gambling 	<ul style="list-style-type: none"> - No longer having contact or spending time with people with whom gambling is a common free time activity (e.g. when entering adult life) - Others' lack of time and money - Support from friends and family (e.g. in reducing or quitting one's gambling) 	<ul style="list-style-type: none"> - Gambling with family members (e.g. among young people) - Support from friends and family likely to maintain gambling at a low level (e.g. avoiding relapses)
Major life events	<ul style="list-style-type: none"> - Using increased spare time on gambling - Escaping changed life circumstances by gambling - Major life events can lead to excessive or problem gambling 	<ul style="list-style-type: none"> - Being distracted from gambling 	

Factor	Increased gambling behaviour	Decreased gambling behaviour	Unchanged gambling behaviour
Mental and physical health	<ul style="list-style-type: none"> - Escaping feelings of anxiety and depression - Using increased spare time on gambling (e.g. caused by an inability to work) - Using gambling to rehabilitate oneself from a physical injury 		
Substance use	<ul style="list-style-type: none"> - Co-existing addictive disorders - Alcohol use while gambling (e.g. when trying to cope with a major life event) 		<ul style="list-style-type: none"> - Co-existing addictive disorders may be more likely to maintain gambling at a problematic level
Cultural factors	<ul style="list-style-type: none"> - Competitiveness in fundraising activities - Being motivated to win money instead of raising funds for a cause 	<ul style="list-style-type: none"> - Strong family ties (e.g. preventing problem gambling development, encouraging help-seeking behaviours) 	<ul style="list-style-type: none"> - Gambling as a traditional social activity within extended family/whānau can maintain gambling at a low level

STUDY AIMS

Detailed understanding of behaviours is best obtained by qualitative assessment rather than quantitative surveying as it allows participants to explain their behaviours. This was the purpose of this phase of the NGS and was achieved via semi-structured interviewing of a selection of NGS participants. In order to understand the context for each participant's responses, structured questions were also included to measure current (past 12 month) gambling risk level, and current gambling participation behaviours.

The aims of this phase of the National Gambling Study were to understand:

- *Why* and *how* people transition between gambling risk levels
- The inter-related behaviours for why people increase or decrease their gambling participation over time
- How transitions to lower gambling risk levels relate to recovery (e.g. natural recovery or when non-professional or formal assistance is sought)
- What assistance, if any, is received for gambling behaviours (including self-directed methods and venue exclusions)
- Harms experienced from gambling and what might exacerbate the harms
- Culturally associated traditions or behaviours that might intensify gambling behaviours or harms or protect against them
- Strategies that are used to reduce gambling behaviour.

RESEARCH METHODS

Ethical approval

The Health and Disability Ethics Committees granted ethical approval for the original National Gambling Study and subsequent amendments. On 16 April 2018, the Northern A Health and Disability Ethics Committee granted approval for the qualitative phase (Reference: NTY/11/04/040/AM11).

All participants were allocated a code by the research team to protect their identity, and personal identifying information has not been reported. Participants were informed that taking part in the research was voluntary and that they could withdraw at any time, prior to data reporting.

Consultation

Cultural safety, integrity and appropriateness of the research process were key considerations. Prior to conduct of interviews, the research team consulted with Auckland University of Technology staff from Taupua Waiora Centre for Māori Health Research, Centre for Pacific Health and Development Research, and Centre for Migrant and Refugee Research. They provided advice on how to facilitate the interviews in culturally appropriate and sensitive ways.

Interviewer training

Four interviewers were trained by staff from the Gambling and Addictions Research Centre prior to the conduct of interviews. It was a whole day training covering:

- An introduction to the NGS and the purpose of the qualitative study
- The recruitment process, participant information sheet and consent process
- The interview guide, with a detailed focus on both the semi-structured and structured parts
- Participant and researcher safety
- Semi-structured interviewing techniques including cultural appropriateness and sensitivity
- Interviewing practice sessions.

Participant recruitment

Potential participants were identified based on changes in, or stability of, their gambling risk level (PGSI score) over time from their previous responses to NGS structured interviews. For practical reasons, only those who resided in the greater Auckland, Wellington and Christchurch areas were considered.

Fifty participants were recruited, comprising respondents who were interviewed in 2015 from the main NGS study and the additional moderate-risk/problem gambler cohort. The purpose of including participants from the additional cohort was to boost the sample of participants at the higher gambling risk levels, due to the relatively small numbers in these groups in the main NGS. Only participants who previously indicated that they were willing to be contacted again for the purpose of the NGS were recruited. Initial contact with each potential participant was made by telephone, or Email if telephone was not possible, to inform them about the semi-structured interview and to invite participation. A five-group sampling frame was used to recruit participants (Table 3). Although the intention was to interview 10 people from each gambler type, this proved impossible as some groups only had small numbers of potential participants who could be approached, and not all people could be contacted or agreed to participate in an interview. However, the fact that actual recruitment profiles did not match the expected sampling profile became irrelevant for data analysis as in the three to four years that had elapsed since the last interview in 2015 and the current interview in 2018, many participants had again changed their gambling risk level.

Table 3: Sampling frame for participant recruitment

	Expected no. for interview	Actual no. interviewed
Gambler type from previous NGS interviews		
Moderate-risk/problem gamblers from the additional cohort who stayed as moderate-risk/problem gamblers	10	11
NGS non-gambler/non-problem/low-risk gamblers who transitioned into moderate-risk gambling or problem gambling	10	7
NGS moderate-risk/problem gamblers who transitioned into a lower risk level or who stopped gambling	10	8
Moderate-risk/problem gamblers from the additional cohort who transitioned into a lower risk level or who stopped gambling	10	8
NGS non-problem/low-risk gamblers who stayed as non-problem/low-risk gamblers	10	16

Data collection and transcription

Data collection

Interviews were conducted face-to-face on a day and at a time that was mutually agreed between each participant and interviewer. Convenient safe locations were utilised (e.g. an AUT campus room or a public location such as a library or café). On completion of interviews, participants were given a \$50 petrol voucher as a recompense for their time. The semi-structured component of the interviews lasted an average of 25 minutes (range 6 to 61 minutes).

The semi-structured component of the interviews was recorded using a portable digital recorder, with recordings securely stored on limited access network drives.

Interview guide

A topic guide was developed for the semi-structured (qualitative) part of the interview. This covered the following areas of focus:

- Personal history with a focus on gambling in the family, whānau and wider community
- Personal gambling history
- Current and recent gambling
- Changes in recent gambling behaviour and the reasons for changes
- Triggers or motivations for gambling
- Techniques for managing gambling behaviour
- Harms experienced from gambling (to self and to others)
- Help-seeking behaviours (professional, non-professional and/or self-help) including venue exclusions
- Culturally associated traditions or behaviours
- Co-existing issues.

The structured (quantitative) questions focused on:

- Current gambling participation behaviours (asked prior to the semi-structured part of the interview)
- Current (past 12 month) gambling risk level via the PGSI (asked after the semi-structured part of the interview).

Refer to Appendix 1 for the full interview schedule.

Data transcription

A professional audio transcription service transcribed the interview recordings following an ‘intelligent verbatim’ approach whereby filler words such as ‘um’, ‘er’ and ‘like’ were removed. All transcribers signed a confidentiality agreement prior to receiving the recordings. The study team checked transcriptions for accuracy.

Qualitative analyses

For analysis, participants were categorised according to their gambling risk level pattern, taking into account their PGSI scores over time from the first to the most recent interview. They were categorised into one of five gambling types, outlined in Table 4. Participants who maintained a moderate-risk/problem gambling PGSI score over time were categorised as *stable high-risk*. Participants who were non-gamblers/non-problem gamblers/low-risk gamblers at their first interview but had transitioned to become moderate-risk/problem gamblers before or at the time of their current interview were categorised as *transition into high-risk*. Conversely, participants who were initially moderate-risk/problem gamblers but transitioned to become non-gamblers/non-problem gamblers/low-risk gamblers before or by their current interview were categorised as *transition out of high-risk*. Participants who were moderate-risk/problem gamblers at an early interview, who transitioned to non-gambler/non-problem gambler/low-risk gambler and then transitioned back to moderate-risk/problem gambler by their current interview were categorised as *relapse*. Finally, participants who maintained a non-problem gambler/low-risk gambler status across time were categorised as *stable low-risk*.

Table 4: Categorisation of gamblers for data analysis

Gambler categorisation based on PGSI scores over time	Number interviewed	Participant code
<i>Stable high-risk group</i> : Moderate-risk/problem gambler at all interviews	11	SH.01 to 11
<i>Transition into high-risk group</i> : Non-gambler/non-problem gambler/low-risk gambler becoming moderate-risk/problem gambler	6	TI.01 to 06
<i>Transition out of high-risk group</i> : Moderate-risk/problem gambler becoming non-gambler/non-problem gambler/low-risk gambler [#]	13	TO.01 to 13
<i>Relapse group</i> : Moderate-risk/problem gambler becoming non-gambler/non-problem gambler/low-risk gambler becoming moderate-risk/problem gambler again	7	R.01 to 7
<i>Stable low-risk group</i> : Non-problem gambler/low-risk gambler at all interviews	13	SL.01 to 13

[#] Includes six participants who were non-gamblers/non-problem gamblers/low-risk gamblers at their first interview, then became moderate-risk/problem gamblers, and at their current interview were non-gamblers/non-problem gamblers/low-risk gamblers again, i.e. at some point they transitioned out of moderate-risk/problem gambling.

In the results chapter, participants' quotes are referenced using an anonymous code, gender, and ethnicity. For example, a male participant in the *stable high-risk group* who identified as Māori is referenced as (SH.04, M, Māori) or a female participant in the *transition out of high-risk group* who identified as Pacific is referenced as (TI.11, F, Pacific)

Thematic analysis (Aronson, 1994; Braun & Clarke, 2006) was used to analyse the data within each of the five gambler type categorisations. Thematic analysis focuses on the patterns of responses, looking at similarities and differences in participants' perceptions within the data. The six-phase iterative approach outlined by Braun and Clarke (2006) was followed. A separate analysis was conducted for each gambling risk level pattern group. To start, the researchers familiarised themselves with the data by reading and reviewing each transcript before generating initial codes. From the initial codes, emerging trends and patterns were grouped according to response theme, and responses were ordered into more specific categories for comparative purposes. The groupings became the basis for themes

which were reviewed against the data before being defined and named. Similarities across the groups were identified when naming themes for ease of comparison in the discussion. Taking an inductive approach, the analyses were based on the patterns evident in the data, rather than the structure of the interviews or an a priori coding frame. Themes were included if they featured prominently in the data and related to the study's overall research aims. The importance of a response theme was based on the prevalence and relevance to the research questions. However, some themes are included that are based on fewer comments but where their content is directly related to the research questions. The analyses were undertaken using NVivo 12, a software programme designed to organise qualitative data.

To minimise researcher influence and bias of the results the following processes were undertaken. Analysis included immersion of the data by listening to recordings, proof-reading and re-reading transcripts, and initial discussion of transcripts between the co-authors. A second researcher independently coded 25% of the transcripts; findings were compared with the first researcher and where discrepancies occurred, the researchers discussed and agreed upon coding protocols prior to the final analysis. Next, a standardised approach to analysis was utilised and quotations were used alongside descriptions to support the researchers' interpretations. The use of quotations enhances understanding of the analysis and descriptions and enables the reader to evaluate whether descriptions are supported by participants' experiences. Finally, ongoing discussion with the research team was maintained throughout the analytic process to ensure analytic rigor and avoid confirmatory bias.

Quantitative analyses

Quantitative data from the structured questions were entered into Excel. Data for each participant were linked with the data collected in previous years, were analysed descriptively and are presented graphically or in summary tables. The results were used to understand the qualitative findings discussed by participants.

RESULTS

As detailed in the ‘Data analysis’ section, participants were categorised into one of five groups based on the changes (or stability) in their gambling risk level over time from first interview to the current interview. The five categorisations were:

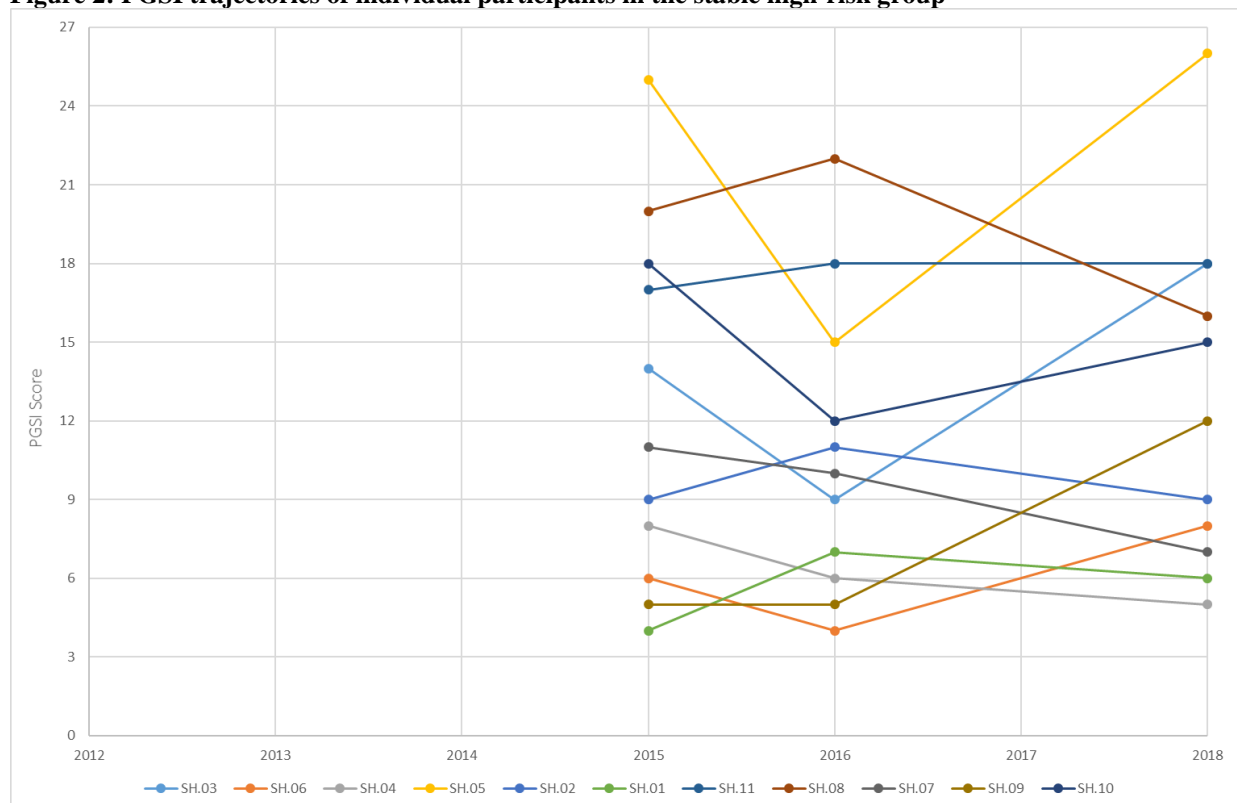
- *Stable high-risk*: Moderate-risk gambler/problem gambler at all interviews
- *Transition into high-risk*: Non-gambler/non-problem gambler/low-risk gambler becoming moderate-risk gambler/problem gambler
- *Transition out of high-risk*: Moderate-risk gambler/problem gambler becoming non-gambler/non-problem gambler/low-risk gambler
- *Relapse*: Moderate-risk gambler/problem gambler becoming non-gambler/non-problem gambler/low-risk gambler becoming moderate-risk gambler/problem gambler again
- *Stable low-risk*: Non-problem gambler/low-risk gambler at all interviews.

The findings are presented under subheadings for each of the five categories.

Stable high-risk group

There were eleven participants in this group who were continuously moderate-risk gamblers/problem gamblers over time. The individual PGSI score trajectories for each participant are depicted in Figure 2.

Figure 2: PGSI trajectories of individual participants in the stable high-risk group



Socio-demographic data for the 11 participants are detailed in Appendix 2 and show that the participants comprised both genders and a range of ages. Māori, Asian and European/Other people were represented; however, there were no Pacific participants in this group. Almost all participants had a below median

quality of life and had experienced at least one major life event in the prior year in their previous interviews. Other socio-demographic characteristics varied between participants.

Measured at the final interview, all participants reported current (past-year) participation in multiple gambling activities, ranging from three to ten activities. Figure 3 provides an illustration of the gambling frequency and expenditure, represented on the stacked column chart by proportionally increasing segments. Frequency is represented by ‘at least weekly’, ‘at least monthly’, and ‘at least annually’ gambling. In the figure, the smallest segment represents gambling at least annually and the largest, at least weekly. Similarly, expenditure is represented by increments of \$1-\$50, \$51-\$250, \$251-\$500, and more than \$501 typically spent in a month. In the figure, the smallest segment represents spending \$1-\$50 a month and the largest, spending \$501 or more a month. For reference, Figure 4 is a graphical representation of the size of each segment.

It is important to note that the figure is not intended for statistical purposes. Instead, both the PGSI trajectory and the frequency/expenditure figures provide a visual context of gambling behaviour for the qualitative analysis. For example, from Figure 3 it is clear that participants gambled regularly, with many gambling ‘at least weekly’. Correspondingly, expenditure was high with several participants spending at least \$500 a month on gambling.

Figure 3: Gambling frequency and expenditure for participants in the stable high-risk group at the final interview

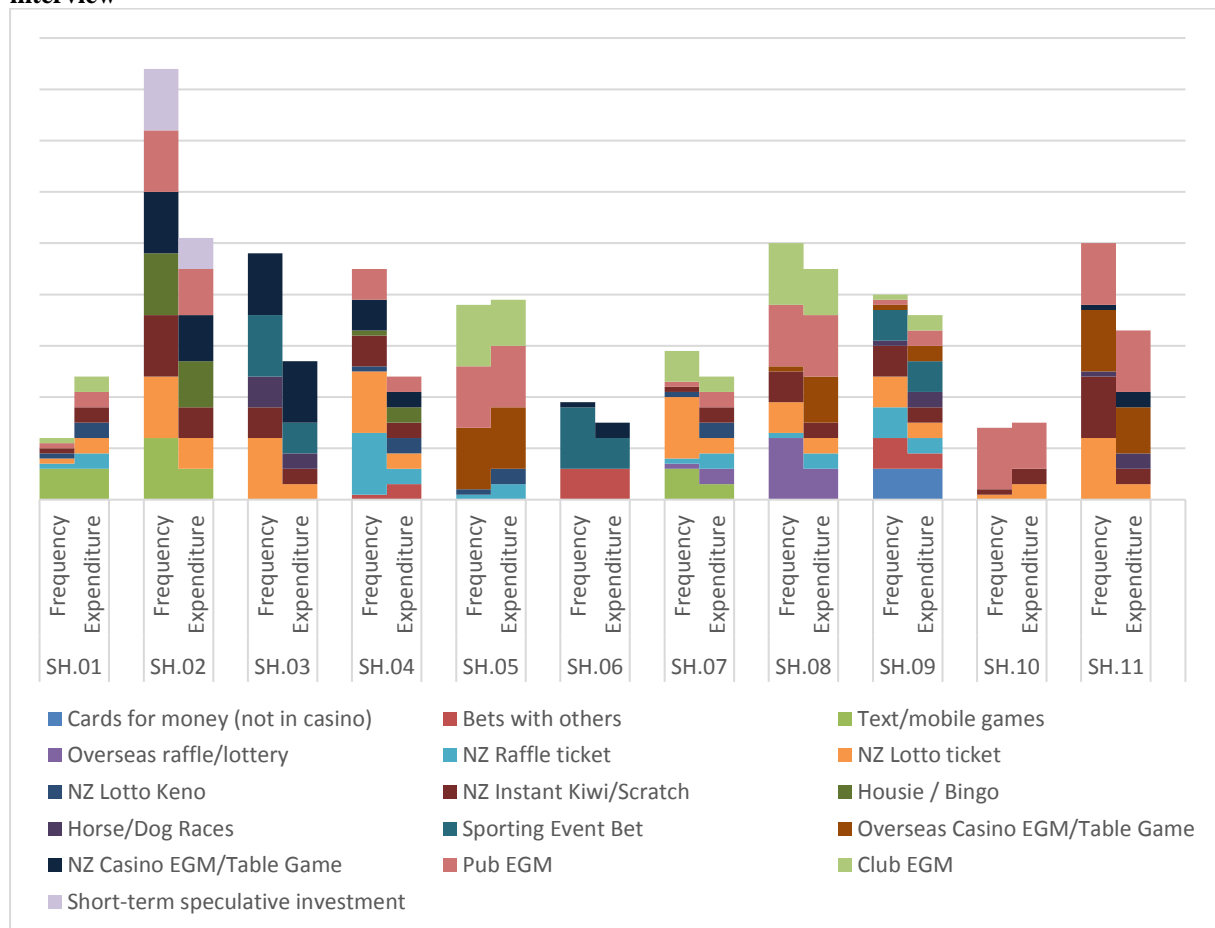
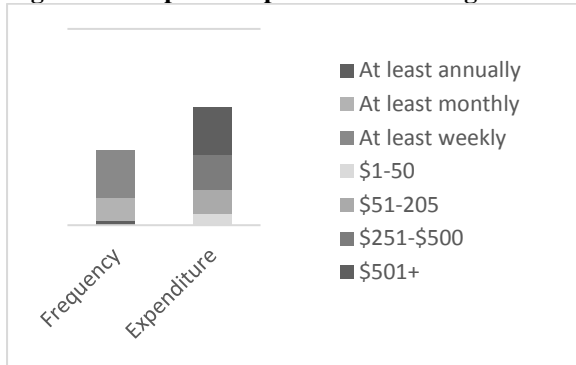


Figure 4: Graphical representation of segment size



Eight key themes (with sub-themes) identified in the interview data are discussed in this section:

- Introduction to gambling
 - Exposure to gambling as a young person
 - Early gambling experiences
- Cultural background
- Developing a gambling pattern: Escalation of risk
 - Social influence
 - New city, new social groups
 - The convenience of local pubs and clubs
- Moderate-risk/problem gambling maintenance
 - The drive to win kept participants gambling
 - Maintenance of gambling behaviour
 - A general boredom
 - Shifting online created a new platform to gamble
 - An opportunity to demonstrate skill
 - Seasonal gambling
 - Life unchanged: Gambling unchanged
 - Distorted thinking and justification of losses
- Perceived changes in gambling behaviour
 - Chasing losses
 - Advertising and game structure
 - A gradual reduction
- Surges, stops and relapses
 - Gambling surge: Accessible funds
 - Gambling surge: Attempting to alleviate boredom
 - Gambling surge: A coping mechanism
 - Sudden stop: Recognising the reality of gambling
 - Relapses: A pattern of gambling
- Strategies to manage gambling
 - Monetary strategies
 - Self-control and knowing when to stop
 - Keeping occupied to avoid gambling
 - Self-excluded from a venue
 - Gambling buddies
 - Controlling expenditure to protect their children
 - Effectiveness of strategies
- Seeking help
 - Professional help
 - Non-professional help
 - Barriers to accessing support services.

Introduction to gambling

This theme explores how participants were introduced to gambling as well as participants' perceptions of their gambling behaviour.

Exposure to gambling as a young person

All participants in the *stable high-risk group* had prior exposure to gambling before their own pattern of gambling began. Exposure was typically via parents or other family members, primarily with Lotto or Instant Kiwi tickets.

I saw my dad buy a couple of Lotto tickets 20 years ago or more; more than 20 years ago, and that was it, and then he stopped. (SH.11, M, European/Other)

When I was about seven or eight, I went to a bar with my mother and one of her boyfriends and we played the old machines - fruit machine, and I remember putting coins in there and getting money out. I remember stopping at a point and keeping the money, because it was a lot of money to me, and I knew the consequences; if you keep putting it in you couldn't get it back. So, I stopped and got the money and her boyfriend wanted me to keep playing. (SH.11, M, European/Other)

In my late teens, they started to think, 'We've set him up with this gambling habit, because he's been exposed to scratchies'¹, and I didn't really put that on them; it's like gambling is sort of everywhere. But it definitely started with scratchies. Even family holidays I'd buy them when we were overseas, and I did quite well out of them. (SH.09, M, Māori)

A few participants had grown up with a higher level of gambling within their family. The perception of harm differed amongst participants; for example, one participant was clear about the harm experienced by his father while another acknowledged that his father had a gambling problem; however, this acknowledgement was made with hesitation and only because he had lost all the family money. For other participants, although their family member had gambled to excess on several occasions, they considered this to be recreational and not an issue. Whether gambling was a problem appeared to be determined by the effect on the family; that is, if the family was financially affected (e.g. could not pay bills) or if there was a perception that the individual had no control, only then was it considered a problem.

My dad probably ruined his life playing the big money. He was a big gambler of up to \$500 a week and things like that back in those days. Very bad; broke their marriage. (SH.07, M, European/Other)

My mum at the casino. But it was more recreational. She did have a time where she did go a little bit overboard, but we didn't lose the house or anything. It was just me and my mum. I've got two older sisters and my dad, and they never participated. (SH.06, M, European/Other)

Early gambling experiences

Several participants explained that their introduction to gambling started when they were a young person; a couple of participants were younger than 16 years old, gambling at school using their lunch as currency. Another participant started playing electronic gaming machines (EGMs) when 15 years

¹ Scratchies is a colloquial term for scratch cards, most commonly Instant Kiwi.

old, whilst another was given scratch cards as a young person and then started buying them as soon as legally able.

I learnt how to play Black Jack when I was in my primary school years, so probably around ten, age ten at least I would have had a pretty good familiarity, and it wasn't for anything; but got to intermediate and we started playing for each other's lunches and stuff like that, and it just takes on a life of its own. Then by the time you get to college, out comes the money and whatever else. (SH.09, M, Māori)

I probably started when I was quite young, about 15 years old, playing pokie machines in pubs. (SH.08, M, European/Other)

Participants who began gambling at school explained that they did not enjoy their school experience. Gambling provided a distraction in their school day, was a fun way to generate money, and gained them notoriety amongst their peers. This early impression lasted for these participants and they continued to partake in, and diversify, their various gambling activities.

Cultural background

A couple of the participants were immigrants from Southeast Asia where gambling was illegal. They explained that although gambling took place, it remained mostly hidden to avoid police involvement.

That is illegal in Philippines. We are hiding like that. We go to the secure place. (SH.05, M, Asian)

Despite gambling being illegal, participants reported that police could be bribed in order to avoid arrest. Nevertheless, the accessibility to gambling opportunities was limited. As a result, these participants witnessed a difference in gambling culture and behaviour when they came to New Zealand. For example, highlighted in the following quote, the availability and accessibility of a casino in New Zealand was a noteworthy difference.

What I notice is that in my country there is no casino, so we cannot gamble at all times. In New Zealand we can gamble at all times. (SH.03, M, Asian)

The participants who were originally from countries where gambling was illegal had both gambled prior to coming to New Zealand; however, the experience of a casino was unlike anything they had experienced before. The sense of excitement, the sensory overload, the accessibility to amenities within the casino, and the 24-hour access led to a struggle with excessive gambling.

When I came to New Zealand, at the time I came here as an international student. I even didn't know there was a casino in New Zealand. I don't have any knowledge about casinos. I even don't know this casino in Auckland. Then after eight months I finished my studies and I moved to the city to stay together with my younger sister. Then I lived on ... Street. Then I found out that there is a casino. Then on that very day I moved to the city, on that evening, I went to the casino and I was stuck there for ten years. Very unfortunate evening for me. (SH.03, M, Asian)

One participant shared how his gambling had been vicariously affected by his partner's cultural background. He explained that he had been in a long-term relationship with a woman from the Philippines. There had been pressure from her family to send money back to them in the Philippines. She falsely believed that a quick way she could increase her funds was through gambling. As a result, "her desperation to support her family in the Philippines" (SH.07, M, European/Other) coupled with a

limited income, led her to gambling. This participant explained that he began playing EGMs alongside his partner to support her and also not to be left out.

None of the Māori participants discussed cultural traditions or behaviours that may have intensified gambling harms or protected against them. There were no Pacific participants in this group.

Developing a gambling pattern: Escalation of risk

Social influence

Most participants spoke about workplace or social group gambling syndicates, going to the pub regularly with their partner, or social gatherings at a casino as influencers of their gambling behaviour. For some participants, exposure from peer groups, work colleagues, or an intimate partner appeared to influence their continued and escalated their gambling patterns.

A: I met this guy and he was into the pokies². I would just always put \$2 and if I won couple more dollars, I'd get it out. I wouldn't put any more than \$5 in.

Q: That's the way you controlled it?

A: Yeah. But then just going with him all the time I just slowly put more and more in.

(SH.01, F, Māori)

I was drinking quite a bit as well; drunk every day, pretty much gambled every day and that's where I'd catch up with my friends in the pub and we'd have a few drinks and have a gamble and carry on to the next pub and it just went like that. (SH.02, F, European/Other)

New city, new social groups

Another way in which participants developed gambling patterns was following a move to a new city because it provided new social groups and new venues in which to gamble. The bigger cities provided more anonymity at pubs and clubs. In particular, moving from a small town to a city such as Auckland, where there is a casino, led to a couple of participants increasing their level of gambling.

On a regular basis when I came to Auckland and that was about 2006, I think. That's again socialising with different people and that's when I was just finding my place here in Auckland, and at that time that's what people were doing. (SH.04, M, Māori)

When I arrive here in New Zealand, I am not really a gambler, but the son of my employer, they bring me in the pub to play pokies; and before I remember, I just start playing one. Because I'm not losing any big dollars like that ... Now sometimes I bid \$30. (SH.05, M, Asian)

The convenience of local pubs and clubs

A couple of participants found that the accessibility and convenience of their local pub or club enabled an increasing frequency of gambling. After initially taking part in a gambling session and finding the activity enjoyable, these participants sought venues to continue gambling. Casinos were noted as being far away and required more effort to access, whereas a local pub or club was noted as being very accessible, meaning that whenever they wanted to gamble, they could. As a result, the frequency of their gambling sessions began to increase.

² Colloquial term for electronic gaming machines.

I started out years ago playing housie. That's where I think a lot of it's started from. Then I sort of went to the casino a few times, but it was just too far to go and that it was much easier just going to one of your locals down the road. But yeah, I mean housie was the one thing I used to play for years and then it gradually just went from there to playing the pokies. It's just too easy, it's just way too easy. (SH.10, F, European/Other)

Moderate-risk/problem gambling maintenance

Participants in the *stable high-risk group* had maintained a moderate-risk gambler/problem gambler PGSI score since their first interview. All participants in this group acknowledged that they had spent a considerable amount of time and money on gambling; however, not all participants gambled extensively for a continuous or extended period. Participants' qualitative comments corresponded with their answers to the structured questions. For example, participants who described increased online gambling within the semi-structured interview also reported, in response to the structured questions, comparatively less time and money spent gambling at physical venues compared to online venues; and participants who described financially relying on family members also selected 'most of the time' in answer to the PGSI question 'Have you borrowed money or sold anything to get money to gamble?'

Several participants in this group did not discuss any issues with their gambling behaviour within the semi-structured interview. However, five of the eleven participants indicated that they 'sometimes', 'most of the time' or 'almost always' felt they had a problem with gambling when answering the PGSI questions. Participants who did not think they had a problem, had PGSI scores that ranged from six to eighteen and identified that they often bet more than they could afford to lose, sometimes needed to gamble with larger amounts of money to feel excited, often borrowed money from others in order to gamble, and others sometimes commented on their gambling behaviour. All but two participants felt guilty about their gambling 'most of the time' or 'always'.

Participants shared a number of factors that had contributed to the maintenance of their gambling behaviours including the experience of winning, not dealing with their urge gamble, a sense of boredom, shifting to online gambling, their life remaining unchanged, and seasonal gambling. All participants in this group demonstrated various forms of distorted thinking or justification of their gambling behaviour.

The drive to win kept participants gambling

For participants in this group, winning money was both a goal and the best possible outcome. Some participants had experienced quite substantial wins.

I bought a car because I won. (SH.01, F, Māori)

It's always in the name of hoping to win more money (SH.02, F, European/Other)

Despite some dips/short reductions in levels of gambling (explored in *Surges, Stops and Relapses*), participants in this group remained as moderate-risk gamblers/problem gamblers since their first interview. Winning money was a fundamental motivator behind almost all gambling by this group. Gambling winnings were considered an attempt to "chase the easy money" (SH.08, M, European/Other), and this encouraged participants to continue gambling. The belief that a substantial amount of money could be gained in a short space of time led to maintained gambling levels, so that even when participants reduced their gambling, they never completely stopped.

If I can make \$2,000 in a week [gambling] and then I look at them and how they work hard at a job, and it feels like I'm a bit smarter. I'm not trying to put them down, but I feel smarter in

myself, like my confidence. But then I probably wasn't as smart because I lost the money ... I tend to gamble by myself, but it's more like if I made \$20,000 in a month, two months or whatever, I could say to my friends on Facebook or whatever, "I'm going on overseas trips", and I've got the money, the twenty grand to spend, and they have to work hard ... it feels like making quick money. It's not so much to put them down; it's more to just feel like it's effortless. (SH.06, M, European/Other)

Participants' urge to gamble was fuelled by the "thrill and intensity" (SH.04, M, Māori) of gambling and the "heat of the moment" (SH.06, M, European/Other) between winning and losing. Inevitably, losses outweighed wins and the gambling became simply an act of chasing losses. However, participants focused on the few wins they experienced. This focus on the positive was an excuse for participants to continue gambling, despite experiencing negative consequences.

There has certainly been, I mean a lot of times I'll go in with the idea of, 'Right, okay that's it, I'm only going in with a certain amount of money, that's all I'm going to spend'. Then half the time that just gets blown out of the window. You take more out and then more out. It makes you feel horrible. (SH.10, F, European/Other)

I would rather not be gambling but I also enjoy winning when I do. I mean it's negative; nothing really good comes of it. (SH.08, M, European/Other)

Maintenance of gambling behaviour

Several participants felt compelled to gamble and a couple of participants described themselves as having an addictive personality. Some of these participants indicated that their gambling co-existed with a number of other addictions and mental health issues. Described as being trapped in a cycle of gambling with little to no control over their gambling, any reductions were consistently followed by increases, and vice versa. Participants' responses to the structured questions supported their discussion within the semi-structured interviews. That is, participants who described a constant battle with their gambling behaviour also had higher current PGSI scores.

It's off and on like binge gambling. I've had periods where I haven't touched it and then gone back straight to it. (SH.08, M, European/Other)

Things that I can't really explain that I notice the patterns of; to do with part of my personality. I can go back far, and I can remember addictive behaviour. Yeah, I had addictions before gambling. (SH.11, M, European/Other)

One participant believed that they had an addictive personality and felt drawn to gambling as the fast-paced games were rewarding. Participants who believed they had an addiction found that they were regularly seeking activities that could hold their attention. While they lost interest in other activities, they knew that gambling would provide the stimulation to keep them entertained.

Maybe boredom. I guess I've got an addictive personality ... possibly it might be something to do with mental health, because it doesn't make a lot of sense to throw your money away like that. (SH.08, M, European/Other)

I seem to like video games similar to gambling. There's a fast refresh rate, but there's hand eye coordination, but it's something fast and it's hard, but rewarding. (SH.11, M, European/Other)

Other participants simply felt that they did not always have control over their gambling, and they wished they could make long-term, sustainable changes.

Honestly, I wish I could stop gambling completely. That would be my ideal. But it's so tempting. Yesterday I was at the [name] club. I went to an old people's fun afternoon. I actually went along as a support person. Then we left and I nipped back, and it was interesting, I went to the door of the pokies and a voice said to me, 'Don't go in'. I didn't listen; I went in. I overrode my own conscience. (SH.07, M, European/Other)

I want to get out of there when I'm anxious, and when I'm playing I get really anxious sometimes; it makes my heart race and I get really worried. It's not fun, but sometimes I can't leave even though it's not fun. (SH.11, M, European/Other)

Regardless of the harms that many participants experienced, several participants acknowledged that it was incredibly difficult to stop gambling. These participants had experienced financial problems or wellbeing issues. However, they also had many positive experiences associated with gambling, such as winning substantial amounts of money, meeting new people, having fun, and alleviating loneliness or boredom; these overshadowed the negative effects.

It's hard to let the gambling go when it's so much fun, even though it's done so much damage I still feel it's just a good fun thing to do, and I won't even think about all the things I could do with the money that is getting lost; that has been lost over and over and over. (SH.11, M, European/Other)

Participants dealing with an addiction or a lack of control over their gambling maintained a moderate-risk/problem gambler PGSI score from their first interview. Their need for a fun, fast-paced stimulus meant that it was difficult to completely let go of gambling. If they reduced or stopped gambling, they soon sought out the familiarity and excitement of gambling and a single session was inevitably not their last. There did not have to be a major precipitating event; indeed, walking past a venue, seeing an advertisement, or simply being bored, could all be antecedents to a gambling session.

A general boredom

Many participants in this group had initially started gambling because they found it an enjoyable experience and had fun with their friends. However, as time went on, the feeling of boredom appeared to become more pervasive in participants' lives. One participant described being increasingly bored at home with seemingly nothing else to do other than watch television. As the boredom increased, so did the frustration and restlessness, leading to a feeling of being trapped in their home. Therefore, instead of sitting at home, the participant went to a local pub and gambled.

That's where I go, or if I'm bored ... I'll just shoot down the road, take some money and away ya go ... You go in, you win big, and then that's it, it puts you back on that high again thinking, 'Oh yeah, I'll keep winning big, winning big'. But you don't. Whatever you just won, you just end up sticking it back in half the time later on. Not all at once. No, it's not good, it's not good. I have been trying to cut down. (SH.10, F, European/Other)

I wouldn't call it boredom, it's just that it feels so much more exciting than anything else, and it's easy to do. It's accessible, even with self-exclusions put in place, I can still go to places and gamble. (SH.11, M, European/Other)

The perceived mundane routine of life, going to work and lacking extracurricular activities, led these participants to a biased perception of gambling as a fun and stress-free activity. They gambled because

they felt bored but gambling also fostered a feeling of anhedonia; a reduced ability to experience pleasure in activities previously found entertaining. That is, gambling appeared to capture the attention of participants in a way that other activities could not. A couple of participants said that, compared to gambling, other activities lacked the same sense of anticipation, excitement and risk. As explained in the following quotes, a couple of participants had lost interest in other activities after their interest in gambling grew.

Sometimes it gets boring just working all day and then going home and then just sitting there watching tv and it's just, 'Oh I just want to do something, I want to go out and actually do something'. I should actually just go out and take the dog for a walk, but that's even worse, that's boring sometimes. (SH.10, F, European/Other)

... going to the pokies at the pub was a way of relaxing. I think that's what a lot of people have done. I lost interest in listening to music. I used to go and listen to the music and have a drink. Then that got boring so it was the whole idea of maybe winning money but also maybe it was trying to find excitement; a sense of excitement. (SH.07, M, European/Other)

Shifting online created a new platform to gamble

A key factor in the maintenance of gambling behaviour for some participants within this group was a change in gambling activity, particularly from gambling on electronic gaming machines or casino card games to primarily gambling online at home. For example, although a couple of participants stopped gambling in casinos and pubs, their moderate-risk/problem gambler PGSI scores were maintained by a shift to online gambling. This shift was also evident in participants' responses to structured questions whereby they reported spending substantially more time and money on online gambling pursuits, rather than at physical venues.

It's [gambling card games] all online; it's all pretty much funneled in that direction, which is not ideal. (SH.09, M, Māori)

I tried it [online casino gambling] a couple of times and won a wee bit and then just swapped over to online casinos. (SH.02, F, European/Other).

Online convenience: Gambling online was preferred to terrestrial gambling due to the convenience and "because it's in the comfort of your own home" (SH.01, F, Māori). This meant a gambler could gamble whenever they wished, did not have to source childcare, and could gamble without having to physically access a venue. One participant explained that online gambling could be accessed at a time that suited his schedule. He further explained that he enjoyed taking part in poker tournaments and online accessibility enabled him to enter international tournaments without worrying about time zones or opening hours.

It's like pokies but at home in your own little bubble. (SH.01, F, Māori)

If [I] had the choice I'd play poker all the time, but in New Zealand time nothing is open, so that sort of relegates me straight to online (SH.09, M, Māori)

A perception of fairness: The incentives and perception of winning were another key factor in the shift to online gambling. A couple of participants noted that there appeared to be a reduction in returns from EGMs over the last decade. There was a perception that the machines were being developed to either pay out less often or required more money to be put into them in order to get similar wins as in the past.

I'd stopped playing at the pubs and stuff like that because the machines just don't pay anything out; they're certainly not fun anymore. You can't put \$20 in and get any free spins or win anything any more like you used to when I first started. Twenty dollars, you could be at the pub for a good hour playing the machines. (SH.02, F, European/Other)

The new machines steal more money than ever off you and they're more manipulative and psychologically controlling. So, I thought, 'this is not fair'. The old machines are good. There's a much better chance of winning. But the new machines take more money. The new machines take a lot more money and it requires a lot more money invested to get a return... (SH.07, M, European/Other)

Parallel to the perception of winning less on EGMs in pubs and clubs, a couple of participants perceived that they were winning more frequently on online gambling. As such, these participants stated that the incentives within the online gambling sites were good enough for them to change gambling activity and ensured that they continued to gamble. The incentives, including free spins, free lines, or higher jackpots, all fostered a perception of winning more often.

Well, I have a lot more fun doing it at home on my phone. It's more exciting because you do get some big wins whereas down at the pubs you get nothing. (SH.02, F, European/Other)

For your deposit you get 65 cents more. Then you choose whatever game; there's heaps of games. Then sometimes you can ask them for free credit, and they'll give it to you. (SH.01, F, Māori)

Problems with online gambling: While gambling online was convenient and provided a perceived higher win-rate, participants noted some drawbacks to gambling online at home. First, participants were aware of the potential influencing effect of bringing gambling into their home when their children were around. One participant noted that she was vigilant in turning off, or not gambling on her phone when her children were in the room. Second, participants noted the ease of potentially spending more money. A couple of factors influenced an increase in spending including the ease of transferring or paying more money into the app, the ability to extend a pre-set dollar limit, and the structure of games. The latter was reported to be particularly insidious regarding the potential to increase spending. Of note, the delay between a request to withdraw winnings or left-over money and actually receiving the money meant that participants often ended up gambling that money and losing it.

With the limit of \$100 otherwise it's just easy to keep depositing money because your card's already linked up to it and you choose the amount of money and it goes straight in. Then when you want to withdraw it; it takes a week for it to come through. It's dumb because once you withdraw it you can actually reverse it and still keep spending it. (SH.01, F, Māori)

Online casinos, because they offer you incentives, bonuses, they'll give you 15 percent on top of your deposit, 50 percent, sometimes even 100 percent. Even though they have wagering bets to those, which means you have to play out a certain amount before you can withdraw it you still get a lot more for your buck. You get a lot more free games and things like that than you actually do at the pubs. (SH.02, F, European/Other)

An opportunity to demonstrate skill

A few participants were drawn to gambling, poker in particular, because it required a certain level of skill. These participants believed they were naturally competitive, and they considered poker an ideal avenue for demonstrating skill while competing against others. The fact that money was involved was

secondary for these participants as they were primarily concerned with both improving and demonstrating their skill.

The appeal for me is more than just the money; poker is skill based and I'm very competitive and I play a lot of games. It's just a natural thing. If they had championship for this for cash I'd be playing it - more for the competitive than the cash. (SH.09, M, Māori)

Wanting a game that required skill was not limited to poker players. One participant enjoyed housie because it gave her the opportunity to utilise, and practice, her memory and recall ability.

I like housie, housie is good. I've got an excellent memory for numbers and that was one thing I used to enjoy. (SH.10, F, European/Other)

While the previous examples require some skill in order to play or be good at the game, one participant believed, falsely, that there was an element of skill with EGMs. Having learnt from another EGM gambler, this person believed they could work out when a particular machine was due to pay out. As a result, they spent a great deal of time, in the name of skill, trying to find the right machine to gamble on. Once they found their machine, they often stuck with it until it paid out or they ran out of money. Additionally, they portrayed the mission to find the right machine as competitive, and the individual from whom they learnt the 'skill', was their main competitor.

A: ... the statistics side of it. We learnt from a Chinese man who is very good.

Q: His techniques?

A: Yeah; he used to go around all the pubs and the clubs. He would only play if it was ready to win; otherwise he'd walk out. He actually drove around Christchurch looking for places to win and he did. He was our main competitor. (SH.07, M, European/Other)

Notably, a couple of participants began gambling on card games as teenagers. Behind their motivation to gamble was the glamorisation of casinos in films, which increased the appeal of card games and led them to joining, or setting up, their own poker syndicate whilst still at high school, continuing when they became young adults. At first, gambling was for the overall experience, flaunting skill, and mirroring film glamour, rather than for the money.

It's depicted in an awful lot of movies. The key one was actually a James Bond film, and then they released a play station game where you play it on the game. That's pretty much what started it. (SH.09, M, Māori)

Participants sought to enhance their skills, leading them to continue gambling as they believed they had some control over the outcome and how much they would bet/win/lose. Card gambling amongst friends began as a fun and social event for these participants. However, when legally able, participants were keen to experience a real casino. The casino environment was novel and exciting. Once in a casino, participants' gambling frequency and expenditure increased because of their enthusiasm for table games. However, the excitement, novelty, and motivation to gamble quickly tapered off as they grew bored with the casino environment. Instead, participants shifted to online gambling so that they could access international tournaments that suited their work schedule and allowed them to continue improving their card game skills (see previous theme *Shifting online created a new platform to gamble*).

Seasonal gambling

For a couple of participants, there was a seasonal aspect to their gambling; that is, most of their gambling took place during a particular sporting season (e.g. cricket during the summer). For these participants, gambling intensified during the season of their preferred sport, and then reduced when the season was

over. Nevertheless, due to the frequency and amount of money gambled within each year, the seasonal betting led to these participants being categorised as moderate-risk gamblers/ problem gamblers.

A: I think it's been a little bit boring and a bit plain, where there hasn't been much opportunity, because Aussie cricket they seem to play later in the year. Our summer is December to March and Aussie's summer is like here too. I did have some bets on the NRL [Australian National Rugby League] and stuff but I lost. The All Blacks [New Zealand national rugby team] were playing Australia on the weekend and they won, but it was always quite hard to pick who would win, because you don't know which team. So, I'd probably say it hasn't really been firing much for me. It's spiked and then gone down very low.

Q: So, it peaks in summer for you because of that season?

A: The cricket. (SH.06, M, European/Other)

Life unchanged: Gambling unchanged

Life circumstances played a role in the maintenance of a moderate-risk/problem PGSI score for some participants; in particular, when their life remained unchanging, so did their gambling behaviour. For example, gambling as a hobby became a problem when participants felt that they did not have anything else in their lives.

Additionally, high levels of gambling often prevented these participants from taking part in other hobbies or changing their life circumstances due to lack of funds. As such, their gambling became a self-perpetuating cycle in which the individual could not afford to change their life due to their gambling but when they did have money it was spent and lost through gambling in order to try to win more money to make life changes. As such, these participants did not win the amount of money (or when they did win, they soon gambled it) that enabled them to make sustainable changes their lives. One participant explained that in comparison to his own life, he could see how the lives of his friends had developed over 20 years while he felt like his situation had not changed.

I gambled continuously since 2007 or 2008. From 2008 to 2015 there's not much change in my gambling; it's almost identical. My situation in these years is also pretty much the same because I don't have a family - meaning I am single ... But, after 20 years, when I look at my friends, they all have a family life and they also have a good job. My life and their lives are very, very different. Actually, we come from the same background, we graduated together, but life is very different now. (SH.03, M, Asian)

Distorted thinking and justification of losses

Winning money was a key factor in maintaining participants' gambling risk level. Reinforcing this motivation was distorted thinking and justification of losses. Evidenced in the following quotes, distorted thinking included wishful thinking, the belief of control over the result, an ability to predict an outcome, and a feeling of being particularly "lucky".

You know it's crazy and I don't know if this is tradition, but when people; they've won the jackpot once, and then they think they'll win it again, and they have that thought of it's going to come and come. (SH.04, M, Māori)

We gamblers always try to predict what happened. We always go on what previously happened, and the future what will happen next ... We always think like that. (SH.03, M, Asian)

These beliefs maintained participants' gambling behaviour despite some acknowledging that logically they knew that they had no control over an outcome.

Actually, on that day, I realise that there's no connection between the previous hand and the next hand - no connection at all. So, it's very irrational to think what will happen. Red or black? You cannot think, because it's totally impossible and there's no connection between your previous hand and your next hand. (SH.03, M, Asian)

Parallel to distorted thinking was the justification of losses or gambling behaviour. While distorted thinking often occurred prior to a gambling session (e.g. a participant believed they could predict an outcome), justification occurred after, where participants rationalised, or minimised, a loss. That is, justification was used in order to continue gambling despite experiencing a financial loss. Common justifications included that the lost money was "free money" (e.g. they were betting with winnings), that the money was theirs and they were free to use it how they wanted, their gambling was not affecting anyone else, or minimising the impact of losses (e.g. comparing wins with losses). While some participants felt the impact of a loss quite heavily, others used minimisation to avoid the perception of a negative effect and continued gambling.

I was pissed off and then I just think it's money that I never had anyway. Depends how much I'm spending. Once I spent 30 bucks and I won two grand so that was good. But yeah if I spent like 600 in reverse for that 500 then I'd be pissed off. I think I only spent about 100 so 400 of it was free money anyway like play around money. (SH.01, F, Māori)

The others [children] are all older as well, if anything they haven't really experienced negative effects from it. They've actually experienced good things. Because usually if I do win money it goes to them. (SH.10, F, European/Other)

Justification and minimisation was not limited to participants' own gambling behaviour. For those who had family members who gambled, it appeared that minimisation was used in order to both maintain their own gambling and to not let their family member look bad.

Mainly the casino at city ... I'd say she had a problem five years ago. We still go to the casino. Went there about two weeks ago. We didn't do so well. But it was more for entertainment rather than because we know we're going to lose. The house always wins. (SH.06, M, European/Other)

Perceived changes in gambling behaviour

Within an overall pattern of maintaining a moderate-risk/problem gambling PGSI score, some participants reported increases and/or decreases in their gambling behaviour. That is, whilst participants' risk category was stable since their first interview, several described temporary or general changes that were not represented by their PGSI risk level. Chasing losses, advertising and game structure were believed to be the main factors behind increases in gambling behaviour.

Chasing losses

For most of the participants, the prospect of a big win or "fast money" was the biggest factor that reinforced gambling patterns; correspondingly, the determination to win money led to an increase in some participants' gambling behaviour over time: "It feels like making quick money ... it's more to feel like it's effortless" (SH.06, M, European/Other). In the pursuit of winning, some participants became desensitised to the amount of money they were using to gamble. In turn, increasingly larger amounts of

money became their new normal as they tried to recuperate lost money (i.e. they were chasing their losses).

... you wanna give your kids the best and I was always hoping to have a win, so I could give him a spoil. But it just never eventuated, and I ended up spending more and more and more, hoping to get the money back that I'd already spent. And once in a blue moon that would happen but very rarely, very rarely. (SH.02, F, European/Other)

The more I spend money on gambling the more I want to make it big. This money is stronger, you know. Then the amount of my losing money is mounting. Then I want to make it back. (SH.03, M, Asian)

Even when gambling created financial difficulties for some participants, chasing losses continued in a vain attempt to get out of the difficulties.

It keeps me up at night, it really does, I mean I have insomnia as it is but it's even worse when I can't make my bills, or I've made a bill short that I shouldn't have made short because I won't be able to use it. Yeah, it does increase the stress levels quite a bit when you're just spending money you shouldn't be spending and hopes of gaining money. (SH.02, F, European/Other)

For some participants, the feeling of their first big win remained with them. As such, steady increases in gambling involved the hope of re-enacting a jackpot win. However, chasing a win did not necessarily have to be chasing their own earlier win. Most participants knew someone or had heard about a “friend’s friend” who had won substantial amounts and, therefore, they thought it was possible to have a big win. After hearing about such wins, participants’ motivation to gamble increased over time in search of the elusive “big money”.

I think just to earn more money. I think it's money. Because when I won before, I remember I won twice the jackpot. I feel it if I have like this for several hundred dollars; it will become more - it will become two thousand dollars. It's happened sometimes but not many times. (SH.05, M, Asian)

Last time you talked to me I wasn't playing Spin Palace, I don't think. I can't remember who told me about it but one of my friend's friend won 60 grand off it. He bets heaps and he ends up winning heaps. He's bought jet skis and everything just from playing it. (SH.01, F, Māori)

Advertising and game structure

A number of participants believed that gambling advertising or incentives had made certain activities attractive and had drawn them into gambling more often or spending more.

Lots of ads on TV about trading, binary options and on the radios. And they'd have people making \$5,000 a day sort, that's what encouraged me to get into the binary options. (SH.02, F, European/Other)

Participants gave a few reasons as to how advertising had led to an increase in their gambling behaviour including making winning sound easy (see above quote), playing on their emotions, or normalising gambling/betting. In other cases, being surrounded and overwhelmed by advertising at certain events, such as sports games, made gambling difficult to avoid and encouraged betting at these events (e.g. see theme *Seasonal gambling*).

I would say it's more commercial, like TV adverts. Because when I watch the NRL on Saturdays, before any game it's got the betting odds. So, a lot of it's in your face. And then at the ground

when they play the rugby league, it's got Bet 365 big billboards all around the stadium, and it's just in your face a bit. (SH.06, M, European/Other)

Incentives also appeared to play a noteworthy role reinforcing and increasing the amount of money spent and the frequency of gambling over time. Discussed as a factor in maintaining ongoing problematic or risky gambling behaviour (see theme *Shifting online created a new platform to gamble*), incentives were also behind general increases in gambling patterns. Initially, incentives such as free spins, credit or “action reward cards” made casinos or online gambling attractive and, subsequently, they kept the participants gambling.

They call them action rewards and basically you have a card and you get free parking. It's almost like an EFTPOS card. The more you play, you put it into the machine and you get points; so, even if you lose gambling you still get points and you can use it towards food, drinks. They have this vending machine with coffee and stuff, and you can use your action card and you can get drinks from it. It's got incentives, but I think it's just temptation for people to spend more and more. (SH.06, M, European/Other)

A gradual reduction

Although all participants in this group maintained a moderate-risk/problem gambler PGSI score, one participant thought that their gambling had decreased since their first interview. The main reason for the decrease was ‘growing up’ and losing interest in gambling, that is, the participant socialised with a different group of friends and had a “focus on different areas”.

I hope I am growing up. I suppose the interest and I don't go out as much. It doesn't have that effect as if I was socialising or going out. (SH.04, M, Māori)

Although the participant explained that, in general, his gambling had decreased, he still occasionally gambled to excess which resulted in having to rely on family members for financial help.

I'm less responsible in my family. I've always got family members I can fall back on, but I'm coming to an age where I need to be independent now ... If I'm out on the town, that's when I notice I will spend. In the last six months I've been playing a lot of Lotto and stuff like that - online Lotto. (SH.04, M, Māori)

Surges, stops and relapses

Despite maintaining an overall moderate-risk/problem level of gambling, most participants experienced at least one cycle away from their ‘normal’ level of gambling. That is, several participants experienced a sharp increase in gambling behaviour followed by a sudden stop and then a lapse back to their base level of gambling. Triggered by something such as an increase in funds or boredom, a gambling binge was evidenced in escalation in the frequency of gambling and the amount of money spent in a session. A session could last from one night to a couple of months. Most often, these surges lasted as long as the participant had funds or motivation.

Gambling surge: Accessible funds

A surge in gambling often corresponded with an increase in available funds, particularly when the increase was sudden or unexpected; for example, a bank loan, a big win, receiving an inheritance, or a pay rise. Some participants sought extra money in order to continue gambling or be able to gamble (e.g.

a bank loan). These participants appeared to have minimal control over their gambling and sourced money in any way they could, including stealing from their family.

A long time ago, I remember I took my partner's money; that's the worst one, I took his dollars in the safe. I think only that one. But I gambled that money ... Before, I remember I took around 2,500 US dollars; because I am thinking maybe if I got some money then I would just buy dollars to return. But it ended up he noticed early. (SH.05, M, Asian)

A common scenario was that participants sought a bank loan when they needed money. Once a loan was secured, their gambling increased until they had used all the money and then they stopped for a while. The cycle continued until they could no longer access bank loans.

Now, when the bank give me a very big amount of money, thirty-five thousand, I feel like it's easy to get money from the bank to loan, and then I gamble easily. I did notice now I have lots of loan to pay. (SH.05, M, Asian)

Other participants used 'disposable income' to gamble and appeared to have more control over their gambling. That is, they met all their bills and living expenses. For these participants, an increase in funds was viewed as an increase in money to "play with". Furthermore, they did not seek loans to fund their gambling.

The way we see it, is maybe disposable ... she owns some properties so sometimes she gets a bit of spending money. And, a lot of people at the casino, we feel that they have some left-over money that you don't really know what to do with it sometimes. Because if you invest it, it's boring and you just feel like you want to go out. (SH.06, M, European/Other)

An attitude that further influenced an increase in gambling behaviour was the view that the money, particularly disposable income, belonged to the participant and it was their choice how they spent it.

It's only me on my own, so I don't really have to explain myself to anybody, what I do with my money. As far as I'm concerned I work hard for it, so I'm entitled to spend it how I do. (SH.10, F, European/Other)

While increased access to funds often resulted in a surge in gambling, the reverse situation was also true; that is, when participants lost access to funds or lost a substantial amount of money they stopped or reduced their gambling. Nevertheless, while they might have ceased gambling, it was often for only a short period of time, weeks or months, before they started again.

At the time I stopped gambling for three or four months because I don't have money, and then after that I got some money from my parents. I got five thousand, so I started gambling again. I started gambling again and then I'm winning a bit. After playing continuously for three months on one day I lose everything. At the time my capital is five thousand, and from five thousand I was making small money every day and it was mounting to nine thousand. Five thousand to nine thousand. Then on that day I lost all nine thousand in one evening. Then starting from this time until now I stopped gambling at the casino. (SH.03, M, Asian)

Gambling surge: Attempting to alleviate boredom

Some participants identified boredom as a factor that contributed to an increase in their gambling. A surge in gambling was evident when some participants became bored and felt did not have any alternative activities. For these participants, gambling offered them both a hobby and an opportunity to escape the routine of work or home life. This motivation appeared particularly pronounced for participants who were not working, retired, on university holidays, or in-between jobs.

I think it's just more the entertainment, just to get out and socialise. Staying home can be a bit boring. I think it's just more to go out, because they have restaurants there. So, we go for a meal. You meet someone and talk to people. Sometimes they have sweepstakes or competitions and stuff. (SH.06, M, European/Other)

I think the only thing that's linked [to my gambling] is when I'm bored; idle time and idle hands, you know. (SH.04, M, Māori)

The perception that gambling added a level of excitement to certain events also increased the likelihood of a gambling surge; however, these were usually isolated or one-off events. For example, on a night out with friends, gambling and winning money added an element of anticipation to an otherwise average night out: "It's just that extra added excitement into the whole night" (SH.04, M, Māori). Additionally, having money staked on a sports game created a socially competitive atmosphere. As such, participants who primarily placed sports-based bets noted an increase in their gambling during a sport's particular season.

I can be watching the TV and you can hear the crowd roaring and you think, 'Wow, this team is going to win,' and you think, 'Quick put some money, \$50, on this team to win'. Because you feel they're going to win, and then all of a sudden in the second half the other team wins. So, it's the thrill, adrenalin and heat of the moment and that kind of thing. (SH.06, M, European/Other)

Although gambling alleviated boredom or created an exciting night out for some participants, for others, a growing sense of boredom with gambling enabled them to reduce their gambling activities.

Sometimes it gets boring and if you don't win for ages, you don't want to play. (SH.01, F, Māori)

For a few participants, the boredom was from a perception of fewer wins whilst for others, growing up and having different hobbies had led to a loss of motivation to gamble. However, for the former group, the perception of fewer wins led them to change their gambling activity (see theme *Shifting online created a new platform to gamble*); as such, they did not actually reduce their gambling overall.

Gambling surge: A coping mechanism

Gambling was used as an escape or coping mechanism by several participants, resulting in a gambling surge. Some participants simply used gambling as a method of relaxing after a stressful day at work, while others used gambling as a coping mechanism after a specific event (e.g. relationship ending, aftermath of Christchurch earthquakes).

The job that I have is extremely stressful. I do really, really long hours and I need somewhere to wind down and that's [gambling venue] usually a good place just to sit and chill out and wind down. (SH.10, F, European/Other)

I think meeting this person and then the earthquake really; it wasn't the earthquake. It was the reaction of insurance companies. It was the fact that people didn't care. (SH.07, M, European/Other)

Participants who experienced a surge as a result of using gambling as a coping mechanism demonstrated a self-destructive attitude that fuelled their gambling binge. Participants' self-destructive attitude was evident when they explained that they knew they would end up losing a lot of money but continued gambling anyway. They said that they gambled recklessly in an attempt to lose all their money or

because they felt they had already lost it. For example, one participant explained that he was currently not gambling and had not gambled for the last two to four months; however, prior to this, he had experienced a major event in his life which could have affected his study and career prospects. Feeling hopeless, he had turned to gambling and binged, losing the most money he had ever lost. Moreover, while the participant normally only gambled on skill-based games such as poker, he experienced an urge to be reckless and gambled on luck-based activities he would normally have avoided (e.g. roulette). This participant also explained that had this event not occurred, he would not have experienced the gambling binge. Nevertheless, as he had not incorporated an alternative strategy to deal with challenges, when this event did occur, he gambled excessively to distract himself and provide relief from the stress he was experiencing.

I thought that potentially I was going to get dropped in the shit, which would stuff up my study and it would stuff up everything, and so I ended up going ... I was on really solid ground up until then, and once I had that feeling in my head, I thought, 'You know, in this day and age it doesn't matter what you say, people just go with the first person whose hand went up and it wasn't mine,' and so I thought ... I'll go and play my heart out online to distract myself, because I wasn't able to sleep during this time, and nothing worse for me than sitting in bed unable to sleep, because you actually go insane. So, I [said], 'I'm going to do this', and I lost... (SH.09, M, Māori)

As gambling was used as a method to avoid facing problems and associated challenging emotions, when the stressful situations had been resolved, participants' involvement with gambling also lessened.

Ever since this house was rebuilt and things were resolved, which is interesting, isn't it? Then I became a bit more rational in decision-making ... that felt like some more stability came back and I got control of my life again ... I didn't think I would fall into this trap. I thought I was a nice person that could handle it. So, stress; the earthquake stress. But I think the evidence will show in the future that we know that gambling's increased here; mental health issues have increased; also drinking alcohol has increased on this side as well. (SH.07, M, European/Other)

However, participants who were unable to incorporate constructive strategies to deal with their stress or distress continued to experience surges in their gambling in response to a challenging situation or emotions. In a couple of cases, such as the participant described above, the intensity of the surges (e.g. expenditure, escapism, recklessness) increased with each subsequent challenging situation.

For a while I actually stopped. I actually stopped for almost two years without gambling and I thought it was fantastic and then something happens in your life and then that's it [start gambling again]. (SH.10, F, European/Other)

Sudden stop: Recognising the reality of gambling

For several participants, a precursor to reducing or stopping gambling was the sudden realisation of the actual chances of winning. That is, some participants realised that they had false beliefs about their level of luck, their ability to predict an outcome, or the effect of a previous bet on another. In other words, they realised that there was no certainty in a bet, no matter how well researched, and any previous bets or wins had no bearing on the outcome of a current bet. Although this realisation led to a decision to reduce/stop gambling, the participants were unable to maintain abstinence, and either continued to gamble cautiously or relapsed into excessive gambling.

Well, I think it was only last year I was betting, and I probably lost around about \$6,000 just spending it on sports; but that wasn't all at once, that was over a year period. And, what I learnt was, with the cricket, Aussie was doing really well one day, the first few one-dayers

[cricket test match], and I won the bets on that, but then the third one, the last one, I put all my eggs in one basket and Aussie lost because they were playing India. Then what I realised is that you can't predict the future; and that's basically what sports betting is, it's predicting things. Ever since then I've stopped. So, I've said, 'Maybe just a few less bets'. (SH.07, M, European/Other)

Relapses: A pattern of gambling

There were several participants in this group who gambled often but felt that their gambling was under control and their family was not experiencing any harms as a result of their gambling. While their PGSI score categorised them as moderate-risk/problem gamblers, they felt they could stop/reduce their gambling whenever they chose to. On the other hand, there were a few participants who felt they were addicted and had no control over their gambling behaviour.

It's something inside you, as you know, constantly stimulating you to go, to try to make money. It's like that. It's a very strong addiction. A very strong addiction as well as very strange addiction. (SH.03, M, Asian)

It's off and on, like binge gambling. I've had periods where I haven't touched it and then gone back straight to it. (SH.08, M, European/Other)

These same participants were also more likely to talk about relapsing. That is, these participants had attempted to stop or reduce their gambling on several occasions but had been unable to create any sustainable changes. They only stopped gambling when they had a lack of funds or opportunity to gamble; however, when money or access was regained, they restarted gambling. The following quotes highlight the struggle a few of the participants had with their gambling.

It's like a continuous circle. I play and at one point I lose all of my money; and then I had to stop for three or four months. After three or four months I have some money and I play again. It's like that. (SH.03, M, Asian)

I remember before I would not gamble for three weeks. After three weeks if I gambled I lost lots of money. Then after, I gambled for a continuous week; I try to fight and not to gamble. Sometimes I have two weeks or one month not gambling. But I would still end up gambling again. (SH.05, M, Asian)

Strategies to manage gambling

All participants in this group utilised various strategies to try to control their gambling. These included monetary strategies, self-control, keeping busy, self-exclusion from venues, and focusing on their children. Gambling management strategies were primarily about managing a gambling session(s) and not about reducing overall gambling (discussed in *seeking help* section). While most participants believed their chosen method worked most of the time, a couple of the participants believed that their gambling was not controllable. As such, even though they attempted to manage their gambling, they were often left feeling helpless and out of control.

Monetary strategies

The most commonly cited strategy used to try to manage gambling was maintaining control of finances. Examples of this included not carrying cash on a night out, setting a limit on an online gambling platform, having a partner control the finances, only playing with 'winnings', and having weekly or

monthly budgets. These strategies were predominantly about managing finances and ensuring that bills and essential living costs were paid, rather than on reducing or stopping gambling.

Setting a limit. Setting a money limit or not having access to funds was mentioned by all participants. Whether participants gambled at a casino or placed bets at a Totalisator Agency Board (TAB), setting a money limit was a preferred strategy due to the ability to make a deliberate decision. Setting a limit enabled participants to feel in control before a night out or gambling session.

It's mainly just setting a limit. The casino usually set a limit; withdraw \$40 or \$50. Put it in the machines and if you lose it just go home and don't withdraw any more money. (SH.06, M, European/Other)

A: On Spin Palace. You can set limits of how much you are allowed to deposit, and it won't let you deposit any more after that.

Q: Do you find that's quite useful for reining in so that you don't spend too much?

A: Yeah, because I didn't have it on one time, and I think the most I spent was \$300. (SH.01, F, Māori)

Budgeting and prioritising bills. Other monetary methods included having a weekly or monthly budget, so the participant knew how much 'left-over' or disposable money they had to gamble with. This method ensured that bills and essential living costs were met.

I always make sure I've got food and stuff for my kids. (SH.01, F, Māori)

As part of a budgeting strategy, a couple of participants had a bank account that they could not easily access. Such an account was not connected to their EFTPOS card, nor could they easily make a bank transfer to withdraw money. This 'fail safe' measure ensured that these participants could not gamble all their money and be left destitute.

The fail-safe is I don't touch the other accounts, so my card can't actually even withdraw money from those accounts. (SH.09, M, Māori)

Play with winnings: A couple of participants specified that their strategy for controlling gambling was to only play with money they had won. One way this strategy worked was with online gambling whereby a participant would not withdraw any winnings and, instead of depositing more money, the accumulated winnings would be used to gamble. Participants using this method predominantly gambled on online card games, particularly poker, where the motivation to gamble was not to win money but the enjoyment of the skill required. Another strategy was that a participant had a pre-set amount of money, which they gambled until their winnings matched the amount they had started with. Then they put away the initial stake and gamble with the equivalent winnings until they either ran out, got tired, or did something else. For example, a participant bet \$100 and gambled until they had won a total of \$200; then, they put \$100 back in their wallet and continued to gamble with the remaining \$100. This strategy relied on participants' skill and conservative gambling until they won the equivalent of their initial stake; the method also required self-control to leave a venue without using the money they had returned to their wallet.

What I would be doing is, using the residual; so if it's \$450 American, I've sanctioned the \$400 and I've got \$50 and I try and do the same thing with that \$50 to get another \$400. If I do that say three times, then I [think], 'Well, now I've got enough money to chance on roulette', and I talk myself into it, because I started with only a fraction and I've built it up to what someone would say, 'You should have taken that at the thousand', and I [say], 'But, I wouldn't have got there if I followed your logic'. (SH.09, M, Māori)

Exceeding a limit or budget: While participants set out with the intention of remaining within their self-imposed money limit or budget plan, most had exceeded it on occasions. Some participants exceeded their limit once or twice, while others had surpassed it several times. Participants explained that there were instances when they had deposited more money into their online account, had withdrawn more money from an Automated Teller Machine (ATM), or had transferred money between different bank accounts.

There are times I jump in my car and I'll go and put another twenty in the bank. (SH.02, F, European/Other)

If I start gambling it ends up I lose all my money. I try with only twenty or forty dollars, but if I'm playing and I lost the forty dollars I become bad feeling and withdraw more, because maybe I can get [win] more. (SH.05, M, Asian)

On occasions, participants failed to gamble within their set weekly or monthly budget and were unable to make essential payments.

Sometimes I overspend and then I get pissed off with myself because it means I can't get things I want from the supermarket or something like that, but I always make sure my rent and power and all that's paid first; I've made those mistakes before. Many times I've spent the rent and been lucky to get it back, sometimes not even got it back, and then it's having to explain to the landlord why the rent didn't go through and not 'Oh, sorry, I actually gambled it'. You know, having to make up a lie to explain why I can't pay the rent. (SH.02, F, European/Other)

Self-control and knowing when to stop

Despite maintaining a moderate-risk/problem gambler PGSI score, the majority of the participants in this group believed that they had control over their gambling. Further, many believed that they could stop gambling, either on a night out or long-term, whenever they wanted to. As such, self-control and knowing when to stop was noted by several participants as a method they used to manage their gambling.

I'm pretty decisive. I know what I'm going to do, so I don't have anything in place. I just know if I'm going to do that then I will do that, and then just stop. (SH.04, M, Māori)

Self-control was not always an effective gambling management strategy. Several participants felt they had lost control on multiple occasions. These participants started their gambling sessions determined to stop after a set time or amount of money; however, often participants lost track of time or exceeded their spending limit.

There has certainly been, I mean a lot of times I'll go in with the idea of, 'Right, okay that's it, I'm only going in with a certain amount of money, that's all I'm going to spend'. Then half the time that just gets blown out of the window. You take more out and then more out. It makes you feel horrible. (SH.10, F, European/Other)

A factor that some participants believed enhanced self-control as a gambling management strategy, was having a break. For one participant, this meant sitting down, collecting his thoughts, and planning his week. For other participants it was a forced break (ranging from a week to several months) where they ceased or severely restricted the frequency and amount spent on gambling. A break from gambling enabled participants to put their activities and expenditure into perspective and make a considered decision before their next gambling session.

I think the biggest one for me is just having a bit of a breather; and by breather, I mean, not doing anything, so sitting at a table doing nothing and just thinking and going, 'What do I have to do today?' (SH.09, M, Māori)

However, a few participants occasionally felt that they did not have any control over their gambling behaviour regardless of the strategies they used. In this instance, physical restraint was described as the only way to prevent initiation of a gambling session or to stop them from gambling.

Physical restraint; I don't know what else. I don't know if I wish it, it might come true. Yeah, it's only up to me if I go, because no crime has been committed. I suppose there might be more help for other people if they were forcibly incarcerated and they had to go to some kind of counselling or something; had to prove that they had changed in some way. But, I'm free to do whatever I like and left to my own I will gamble until I have nothing and be homeless. (SH.11, M, European/Other)

Keeping occupied to avoid gambling

As boredom was a motivator to gamble for some participants, correspondingly, keeping busy was a strategy used to avoid gambling. This included activities ranging from cleaning the house to joining a gymnasium or taking up new hobbies. This method appeared effective for some participants who had started gambling after moving to a new city. For those participants, gambling was about socialising and a way to get to know colleagues and meet new people. As part of becoming established in their new city, they also took up new hobbies that resulted in less motivation to gamble. For other participants, keeping busy was purely to keep themselves occupied so they could avoid thinking about gambling.

Then not going to the pubs is really important and actually planning ahead social things for the week. So instead of saying, 'Let's go to the pub', we actually plan. We'll go to the movies on Thursday night instead of going to the club. (SH.07, M, European/Other)

A: That's why I tried to sign up for the one hundred day challenge, and now I try to focus to my work, and the gym.

Q: Is that something to do other than gambling?

A: Yeah, I try to busy myself like that. (SH.05, M, Asian)

Self-excluded from a venue

Three participants in this group had excluded themselves from a venue - a casino or pub. However, all three participants had accessed gambling at an alternative venue or breached their exclusion order. For example, having the exclusion order simply meant that one participant continued gambling on EGMs by going to a pub instead of a casino. This participant was not the only one to note the failure of an exclusion order to stop a gambler from accessing EGMs. It was also noted by most participants that once an exclusion period had finished, gamblers often returned to a venue and continued gambling. As such, the ability to self-exclude and then continue gambling was noted as one reason for this method not being utilised by some participants.

A: I am not allowed to gamble at the casino. I banned myself there. That's why I go to the pub.

Q: Is it quite hard because you still have those other alternatives?

A: Yeah. (SH.05, M, Asian)

Other participants had considered a venue exclusion; however, they had seen other people bypass or breach exclusion orders. As a result, they felt that self-exclusion orders were redundant. One participant

had been banned from a casino by casino management. In this instance, it was not a self-control strategy. The participant was angry and frustrated with the casino, feeling robbed of money and cheated out of the ability to get it back.

You mean ban yourself? ... No, I never do. I used to see some of my friends banning themselves. I think you can ban yourself for one year. But, after that, what I notice is that as soon as they finish this period, they go to the counselling session for six times, and then they come back to [casino]. Some of my friends are doing that for two or three times; two or three times already they try to exclude themselves and then they come back. (SH.03, M, Asian)

A: When you play pokies you start with the idea, 'I'll just play \$20.' Then you lose \$20 and you think, 'Okay I'll play another \$20'. Then you lose another \$20 and you think, 'Okay I'll play another \$20'. You're up to \$60 ... Then you realise to get your \$60 back, you've got to bid high. One day I lost \$700 at the Christchurch casino ... I complained to the casino and I was barred from the casino. Instead of saying, 'Can we help you?' I was barred. That was a good shock.

Q: So that shocked you because you were expecting some assistance?

A: Yes. I wanted my money back actually. I played on one machine and I played \$700 worth on one machine in one night and got no return. (SH.07, M, European/Other)

One participant who had been self-excluded from a number of venues, had tried on multiple occasions to return to the venues. On most of these return attempts, he had been caught by a bartender, security guard, or someone who knew him within the venue. The participant noted that although he had been caught out more often at the casino compared with bars/pubs, he was surprised at the ineffectiveness of casino exclusions for some gamblers. It appeared as though the self-exclusion was a form of challenge for the participant, who described it as a “cat and mouse game” (SH.11, M, European/Other). This participant had been self-excluded from multiple venues, yet this did not slow down his gambling.

It would stop me going there a lot, but I've still gone back now and then, and still been caught. It doesn't take long to get caught again; usually by the same person every time. They're good; they can tell me apart, if I have a big beard, short hair, long hair, but that's only if I bump into one person. If I'm excluded from a bar; the bartender or whoever's there ... usually they won't come up to me. (SH.11, M, European/Other)

Another participant explained that the thought of being caught and potentially prosecuted made her more aware about not going into a venue.

I think it's a bit more of a mind-set that once you've excluded from somewhere, you drive past and, 'Oh, I should probably ... oh, no I can't 'cause my photos in there'. You don't want to go in there because of that reason. Once you get that deterrent, it's quite easy to stop. Until something else. I mean there is one [venue] just up the road from here, in fact, there's two within a five-minute walk from here. (SH.10, F, European/Other)

Gambling buddies

A couple of participants identified the people with whom they gambled as a method for controlling their own gambling. For example, one participant explained that he had a couple of peer groups, and one group was more careful with their gambling than the other and was more likely to help the participant control his gambling. One method of ensuring he did not spend too much was to choose the more conservative gambling group to spend time with.

I would rather go gambling with the more sociable friend if I could. He's more controlled and knows, and will try and help if I'm going overboard. (SH.09, M, Māori)

The other thing with friends is that you don't want to be losing or winning big money, but depending on my income at the time I might be after big money, so then I have to turn on and I don't want to lose a friend over this. (SH.11, M, European/Other)

Controlling expenditure to protect their children

Many participants did not believe they were experiencing gambling harms until it affected their partner or children. To demonstrate this point, several participants explained that they always made sure that they had money for bills, food and essential living costs. Additionally, most participants in this group believed that their gambling, even though they may have experienced financial difficulties, was not hurting anyone and thus they felt they could continue gambling. This belief was more pronounced for participants who did not have children. In this regard, children acted as a moderator for gambling behaviour for a couple of the participants who knew they had to provide for their children and, therefore, maintained a limit on their gambling expenditure.

I always make sure that my bills are always paid for so I've never had to go out and pawn anything off, so yeah, I'm pretty responsible in that kind of department. (SH.04, M, Māori)

I don't want to lose it all gambling and have nothing to pay all my bills and stuff. That is a small reason, but I was just chasing the big money. If I knew a lot about the game I could make a lot of money. (SH.06, M, European/Other)

For female participants in this group, the presence of children was an inadvertent reason for managing gambling behaviours. That is, childcare took priority over going to a casino or pubs/clubs. One participant explained that compared to her partner, she had fewer opportunities to go to a gambling venue and was more likely to consider the effect of her gambling on her children. As a result, she was cautious about remaining within her budget so she could provide for her children.

Well he's different. He'll just keep wanting to win more; even if he's losing. He won't stop but because I've got kids, well he's got kids but he doesn't see them, I know when to stop. (SH.01, F, Māori)

Effectiveness of strategies

A few participants noted that their strategies were sometimes not effective. That is, there were occasions where no strategy would stop or limit the gambling. For example, one participant acknowledged that a gambling session was finite and would "let it ride" (SH.11, M, European/Other), while for other participants, self-management or control was dependent on the gambling context or their mood.

I'll be reading and I'll be getting bored stiff, or getting really frustrated and angry, and I think those are the key emotions that I would say are triggers for all of my bad behaviour; is anger, anxiety and depression will make me do one of those things. And, because I'm already on my computer trying to do stupid readings, it's only a click of a button away to jump into going online. So, your question of how much control I have over that, it varies based on my mood, which is really not a good thing to be hinging on. (SH.09, M, Māori)

Seeking help

Several participants in the *stable high-risk group* sought assistance (either professional or non-professional/social support) to reduce or control their gambling; in one case where professional help was sought, it was not of the participant's own volition.

Professional help

A quarter of participants sought professional help from gambling treatment services or attended GA. Those who had not sought professional support did not believe they needed help as their gambling was under control or they had support from family members.

Then I started Googling and that's when I found the [service] and that's when I ended up going in and seeing the lady there, from the [service]. She was really good. (SH.10, F, European/Other)

I've never gone to the problem gambling [service]. I've gone online to watch the video testimonials, which I thought were brilliant, and I've shared them with so many people. (SH.09, M, Māori)

Gambling treatment services: Participants who sought counselling from a gambling treatment service found the support and advice useful, indicating that the quality of service provision was high. However, because of participants' busy schedules, they could not consistently attend appointments. A couple of participants noted that controlling their gambling was difficult even with professional help. Overall, professional help received was reported to be of high quality; one participant explained that at the time they were seeing a counsellor, they did not believe it was useful. However, on reflection they could see how the support had been helpful.

I had [service] counsellor. He asked all these sorts of questions as well. His wife was a gambling counsellor, so he was pretty tough on me. Well not tough on me, but he made me question why I wanted to gamble ... I was quite angry with him actually. Not initially, I don't think it helped me; I rejected what he said. But then afterwards it probably helped. The counselling probably did help in the long run. (SH.07, M, European/Other)

Q: With the [service]; did you find that they were helpful?

A: Only if I would use what they were trying to teach me, but not in forcing me to do it. But, yeah, they tried really hard, and there were some quality people there. (SH.11, M, European/Other)

A preference for accessing the same counsellor was noted by a participant who said that she felt alone after a helpline directed her to a counsellor who became unavailable. This participant had called the helpline on several occasions; however, each call appeared to be the same dissemination of information without reference to the participant or her case. The participant highlighted, along with others, that having someone to talk to (in-person or over the phone) who understood their situation, might be able to stop them if they were about to initiate a gambling session.

I think there was the problem gambling helpline and I started seeing someone with there, and then all of a sudden bam, they said, 'Oh sorry, she's only seeing Asian families now, so can't see you anymore'. And I [said], 'Oh, great'. You're sort of left on your own devices ... I did ring. But the thing is though I think I've rung them in the past, that 0800 [number], but they don't really like [to] talk to you much from memory. All it was just, "Oh we'll send you out some literature and blah blah blah". I think from memory that's what I've had in the past. They just send out stuff on who you can go and see and face-to-face talk to. (SH.10, F, European/Other)

Gamblers Anonymous: A couple of participants had attended GA meetings; however, their attendance was short-lived. They believed the format of GA was unlike that of Alcoholics Anonymous (AA) and they would have preferred a comparable format. Similar to the preference to access the same counsellor, the sponsor framework used by AA was believed to be transferable to GA. Participants speculated that the one-on-one support from someone who understood their perspective, situation and compulsion would alleviate feelings of being alone. One participant noted that a gambling treatment service counsellor had mentioned establishing a system similar to the AA programme. This would have meant that the participant received support from a sponsor who had dealt with their own gambling problems, similar to the role of an AA sponsor. The participant believed that this would have been beneficial for supporting them to stop gambling, particularly in the moment when deciding if they would initiate a gambling session. Another participant explained that his continued access to money and gambling opportunities meant he lacked the motivation to fully commit to the programme. As a result, he felt as though the programme was not helping him and he quickly left the group.

I've been to those GA meetings, but it wasn't quite the same format [as AA], so I haven't been back in a long time ... When I was there, I just didn't like the format and it wasn't often enough. It was only once a week, and I didn't feel like throwing myself there if it wasn't an enjoyable thing. (SH.11, M, European/Other)

To have a sponsor or someone you could talk to and stop you from going [to gamble]. Would be really, really good and I think that's what that is intended to do, and that is a damn good idea. If you could ring up and say, 'Look, hey, I feel like I want to gamble'. Then they could talk you out of it. Half the time that's probably all you actually need. (SH.10, F, European/Other)

Restricting access to money and opportunities to gamble may improve the likelihood that problematic gambling behaviour is reduced for participants with limited control over their gambling. Money can be restricted via a family member having control of bank accounts, or opportunities to gamble could be reduced via venue exclusion, disabling online gambling accounts or TAB accounts, or increasing accountability to family members or friends.

Non-professional help

A few participants had accessed self-help methods to reduce their gambling or had received or sought help from social sources such as family members and/or friends.

Self-help: A few participants had accessed self-help information from fora or testimonials from recovering problem gamblers that were posted on YouTube or Facebook pages, or on the websites of gambling treatment services in New Zealand. Participants found these videos or fora particularly helpful as they felt more informed and were able to relate to the problems described by the individuals in the video or forum. The ability to empathise with a participant, rather than sympathise, was an important aspect of support that most participants wished for. Through these videos, testimonials and online fora, participants were able to find a supportive community and feel less alone.

I've gone online to watch the sort of video testimonials, which I thought were brilliant, and I've shared them with so many people. As I said, we're all just as bad as each other. (SH.09, M, Māori)

Sometimes they can be helpful, sometimes it's great to know that these people are out there and they're telling the truth; you can really relate to them, and when it's their personal experience it just means a lot more. You can feel the emotion, and you sometimes wish they could do

counselling. I know counsellors don't really have that inside knowledge. It would help if people had actually been there. (SH.11, M, European/Other)

Family or peer support: Some participants informed their family and friends about potential problems and these people supported them by encouraging them not to gamble. In one case, a partner intervened and forced the gambler to get support and attend GA. In another case, a participant's friend approached him and reassured him that they would make themselves available if he ever needed support. While a few participants sought help from their family, most acknowledged that there were not many people who knew the full extent of their gambling and associated effects.

I'm pretty open. If I have something to share that concerns me, of course I'll talk to family and stuff, otherwise no. (SH.04, M, Māori)

The guy I'm with now will [say], 'Oh yeah. We won't go to the pokies this week'. So we won't. (SH.01, F, Māori)

Barriers to accessing support services

Feeling shame: Participants who did not seek help from family or friends gave some reasons why. These included believing their gambling was under control, not wanting family members to criticise or worry about them, feeling ashamed about their gambling, or feeling like their family or friend would not understand. For most participants there was an element of shame or regret regarding their gambling behaviours. These participants acknowledged that they went "overboard occasionally", using minimising language in order to lessen the effect on their wellbeing and alleviate potential anxiety over their gambling expenditure. Furthermore, due to the shame and regret, many participants kept their gambling behaviour hidden.

You have an enormous amount of anger at yourself if you do something like that, which is guilt, shame, depression can set in pretty quick ... and then it's not really something you want to broadcast. Although, in my family, I have a good relationship with mum and dad, which is where I currently live. (SH.09, M, Māori)

I don't want them to worry about me if they think I'm gambling, I don't want them to think ... because I'm trying to manage myself. It's more the bitterness and regret and that's my own punishment; nothing can really be more than that. (SH.06, M, European/Other)

While some participants did not think their gambling was harming anyone else, others either had dependents/children or family members who did not agree with gambling, and so kept their gambling hidden. Feeling shame was reported by participants as a barrier to seeking help.

Unsure about service utilisation: A few participants had noticed the gambling helpline number at a casino; however, they were sceptical that anyone would utilise the services. These participants explained that gamblers were more likely to sort themselves out, than to seek professional help. This was due to several factors, including the belief they could cope on their own or that professional services would not work for them, feeling too ashamed or embarrassed, or not wanting to admit they had a problem.

In [the casino] there's also a gambling helpline and also in different language that you can get help from counselling and a counsellor and that's free. Nobody ... it doesn't happen. It doesn't help to reduce gambling. Nobody takes part. Nobody calls this number I am sure. That's just a waste of money. Only a very few percent would talk. It doesn't help. (SH.03, M, Asian)

A perceived language barrier: It was noted that a potential cultural barrier to accessing help was the apparent lack of non-English speaking helplines. A couple of participants observed that at a casino, most gamblers appeared to be of Asian ethnicity and may have spoken little English. Therefore, they noted that it was unlikely that this population would utilise the helplines.

Another thing is, most of the gamblers, like 80 or 90 percent are Asians and they cannot speak English well. That's a big obstacle in calling this number. You need to talk at least English. Some people can speak only minimal English, so it doesn't happen. (SH.03, M, Asian)

Summary of findings

The findings for the stable-high risk group, which explain why these people were continuously moderate-risk gamblers/problem gamblers are summarised in the box below and depicted in Figure 5.

Introduction to gambling and escalation of risk

- All participants were exposed to gambling within their family unit when growing up and a couple of participants reported experiencing gambling-related harms.
- A couple of participants identified a connection between early exposure or their parents' gambling and their own.
- Most participants had similar attitudes regarding the point when gambling became a problem (e.g. gambling was not a problem until it affected someone else).
- Several participants began gambling with peers and a few were involved with gambling at school.
- Moving to a new city and accessibility prompted the development of a gambling habit.

Cultural background

- Participants from countries where gambling was illegal developed a gambling habit after moving to New Zealand and visiting a casino; the novel experience and the excitement of the casino fuelled their habit.
- No other cultural traditions or behaviours that may have intensified gambling harms or protected against them were discussed.

Moderate-risk/problem gambling maintenance

- Moderate-risk/problem gambling levels were maintained via the drive to win, boredom, shifting to online gambling, a desire to demonstrate skill, and gambling seasonally (e.g. sport seasons).
- Several participants failed to deal with gambling urges and had little control over their gambling.
- When a participant's life stayed the same, so did their gambling.
- Despite participants acknowledging the realities of gambling (e.g. risk, odds and outcomes), frequency and expenditure was maintained through distorted thinking and justification of losses.

Perceived changes in gambling behaviour

- Despite maintaining overall moderate-risk/problem gambling, participants perceived changes in their gambling behaviour over time. These changes did not affect risk category.
- Participants' gambling increased when they were chasing losses, after a particularly effective advertising campaign, or when they experienced a new game structure (e.g. in-game incentives).
- One participant believed their gambling had decreased as a result of 'growing up'.

Surges, stops and relapses

- Participants experienced cycles that deviated from their 'normal' level of gambling. A cycle was a rapid increase in gambling, followed by a sudden stop, then a return to their base level of gambling.
- A surge could be caused by a change in accessible funds (e.g. bank loan), a period of boredom, or following a stressful event (e.g. gambling used as a coping mechanism).
- A sudden stop was often precipitated by the realisation of no control over the outcome.

- Participants who felt they had little control over their gambling experienced more frequent relapses.

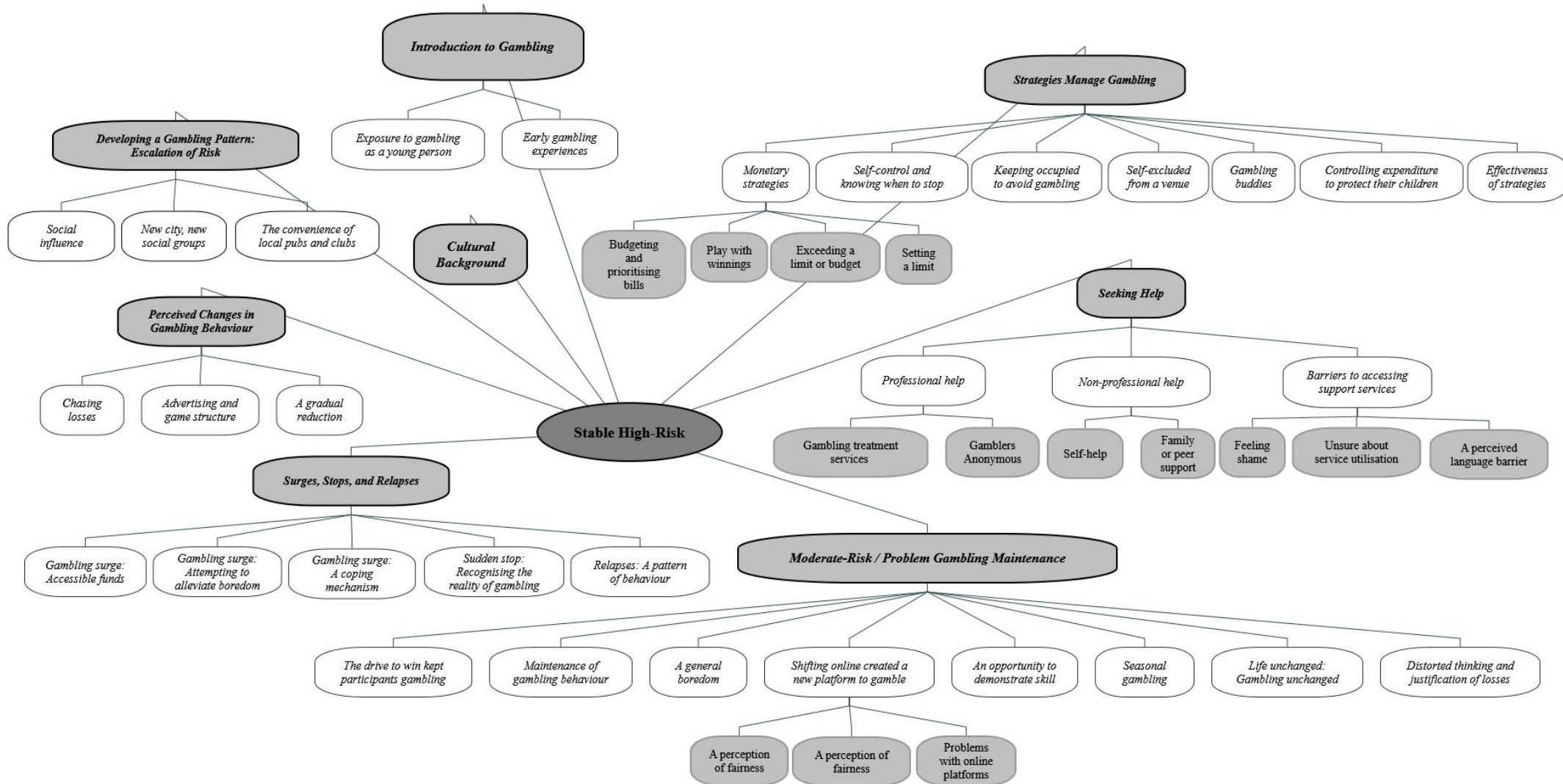
Strategies to manage gambling

- Participants utilised monetary strategies, self-control, keeping busy, and selecting their peer group to associate with, as methods to control their gambling. Controlling gambling to protect children was also discussed.
- Of note, monetary strategies were to manage finances rather than to attempt to reduce or stop gambling.
- Self-exclusion was utilised by a few participants and one participant had been banned from a casino by casino management.
- These strategies were not always successful and were dependent on level of self-control. For example, self-exclusion appeared redundant as all participants who had implemented an exclusion order had breached their order or accessed similar gambling activities at other venues.

Seeking help

- A quarter of participants sought help from professional services including specialised gambling treatment services and Gamblers Anonymous. In general, support services were found to be helpful. Access to funds and gambling opportunities obstructed some participants' attempts to reduce or stop gambling.
- Self-help methods such as online fora, testimonials or videos were accessed by several participants. These methods provided support, information, and participants felt less alone.
- Several participants sought support from family members or friends.
- Most family members were unaware of the extent of a participant's gambling.
- Feeling shame and being sceptical about services precluded a number of participants from seeking non-professional/social or professional support.
- Cultural barriers to accessing help included a perceived language barrier for non-English speaking participants.

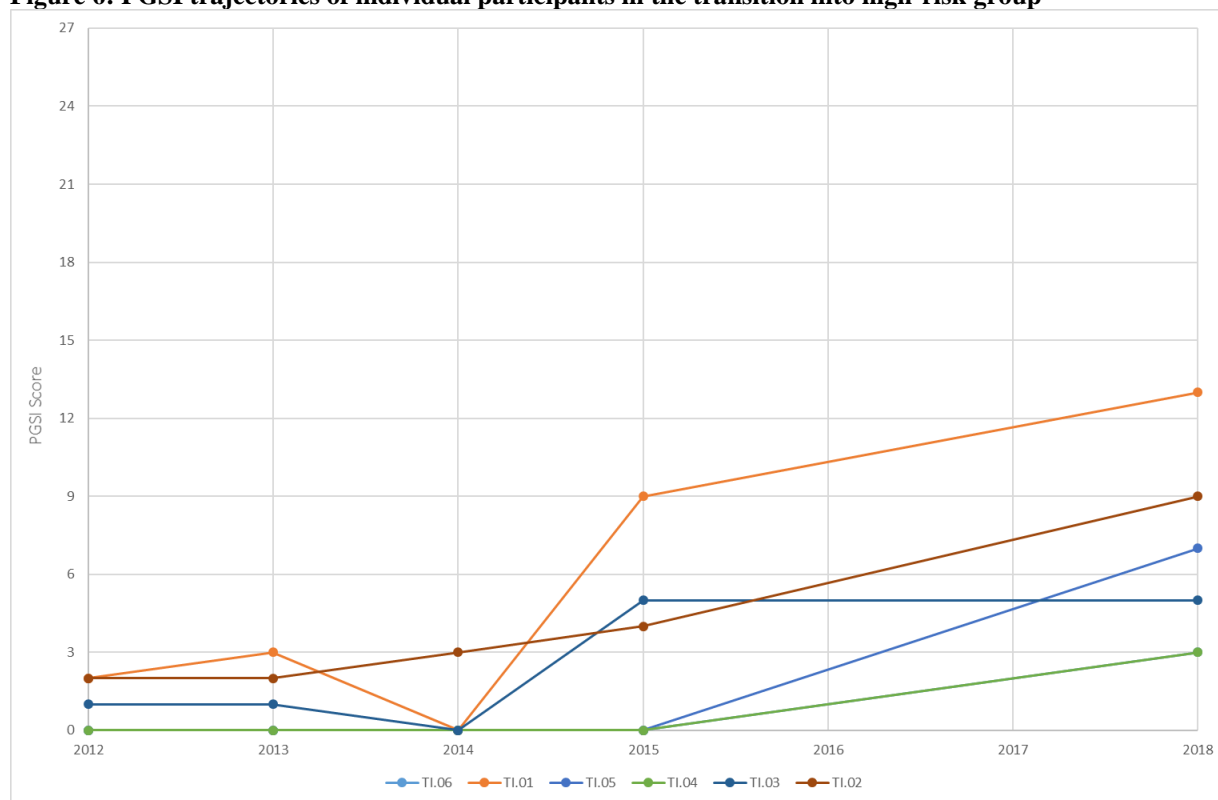
Figure 5: Theme map for stable high-risk group



Transition into high-risk group

There were six participants in this group (all recruited from main NGS participants) who were non-gamblers/non-problem gamblers/low-risk gamblers at their first interview but by the time of the current interview were moderate-risk/problem gamblers. The individual PGSI score trajectories for each participant are depicted in Figure 6. Note that only five lines are apparent in the figure as participants TI.04 and TI.06 had identical PGSI scores over time, meaning that one line is superimposed on the other.

Figure 6: PGSI trajectories of individual participants in the transition into high-risk group



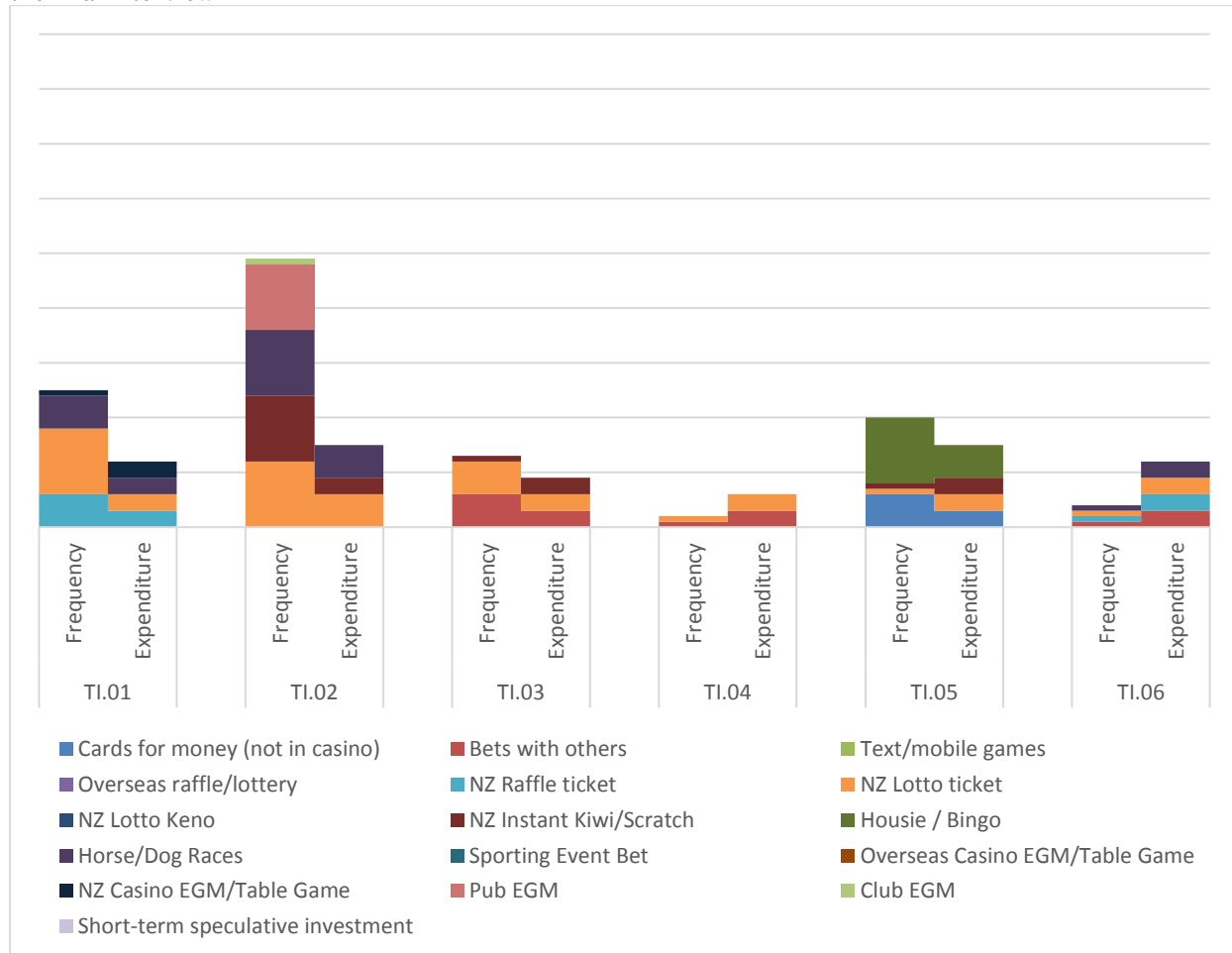
Socio-demographic details for the six participants are detailed in Appendix 3 and show that the participants comprised both genders and a range of ages. Pacific, Asian and European/Other people were represented; however, there were no Māori participants in this group. Other socio-demographic characteristics varied between participants.

Measured at the final interview, all participants reported current (past-year) participation in multiple gambling activities, ranging from two to five activities. Participants in this group did not gamble on as many activities as participants in the *stable high-risk group*; however, several participants gambled frequently. Figure 7 provides an illustration of the gambling frequency and expenditure, represented on the stacked column chart by proportionally increasing segments. Frequency is represented by ‘at least weekly’, ‘at least monthly’, and ‘at least annually’ gambling. In the figure, the smallest segment represents gambling at least annually and the largest, at least weekly. Similarly, expenditure is represented by increments of \$1-\$50, \$51-\$250, \$251-\$500, and more than \$501 typically spent in a month. In the figure, the smallest segment represents spending \$1-\$50 a month and the largest, spending \$501 or more a month. For reference, Figure 8 is a graphical representation of the size of each segment.

It is important to note that the figure is not intended for statistical purposes. Instead, both the PGSI trajectories and the frequency/expenditure figures provide a visual context of gambling behaviour for

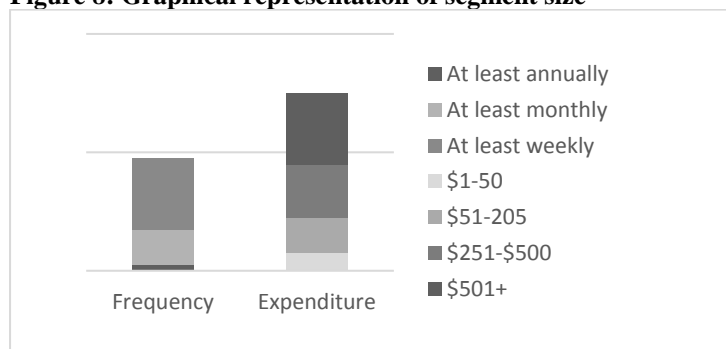
the qualitative analysis. For example, participant TI.04 had a moderate-risk PGSI score; however, as depicted in Figure 7, the participant only gambled ‘at least annually’, purchasing a New Zealand Lotteries commission ticket and making a bet with friends. The discrepancy between gambling behaviour and PGSI score is examined later in this section and the discussion.

Figure 7: Gambling frequency and expenditure for participants in the transition into high-risk group at the final interview



Note: There is a missing unit for TI.02 expenditure on pub EGM as this was not reported

Figure 8: Graphical representation of segment size



Eight key themes (with sub-themes) identified in the interview data are discussed in this section:

- Introduction to gambling
 - Exposure to gambling as a young person
 - Choosing to gamble: Social influence
- Cultural background
- Increases in gambling risk and behaviour
 - Varied rates of frequency and expenditure increases
 - Developing an addiction
 - Discovery of online gambling led to an increase in gambling
 - The influence of others on participants' gambling
 - Life circumstances that led to an increase in gambling
 - Gambling considered an interest
- Triggering a sudden change in gambling behaviour
 - Advertising: Appealing to the gambler
 - Problems in a relationship: Gambling as an escape
 - Lowered inhibition: Alcohol contributed to excessive gambling
- Attitudes driving behaviour change
 - The drive to win money
 - Competition and the fear of missing out
 - Gambler's guilt
- Temporary decreases in gambling activity
 - The negative effects of gambling
 - Life circumstances that led to a decrease in gambling
 - The support from others
- Strategies to manage gambling
 - Monetary strategies
 - Reciprocal monitoring
 - Self-control
 - Keeping occupied to avoid gambling
 - Self-exclusion
- Seeking help
 - Professional help
 - Non-professional help
 - Barriers to accessing support services.

Introduction to gambling

Prior to the first interview, all participants had exposure to some gambling activities. For some participants, prior exposure included witnessing family members gamble or being bought Instant Kiwi tickets as gifts; for others, gambling exposure was limited to parents occasionally buying Lotto tickets. A couple of participants were from families who disapproved of gambling; these participants were introduced to gambling via their peer groups.

Exposure to gambling as a young person

Most participants initially stated that they had experienced limited gambling in their family background.

A: Actually, it's not a thing that we do, the family.

Q: Your parents?

A: The only thing that we do is as I've said, just the Lotto and the Melbourne Cup. (TI.06, F, Asian)

However, after some contemplation, a few participants acknowledged that there had been unhealthy levels of gambling in the family/wider family. This included excessive EGM gambling, as well as illegal neighbourhood gambling syndicates. Experiences of harm were described including financial problems, family violence, and missing out on time with their parent/s.

Sometimes there was a lot of stress. Financial stress, and all that. Sometimes there was domestic violence, because of no money around, and sometimes uncles take it out on the wives, take it out on the kids; get smacked. Because there's not much money around. (TI.04, M, Pacific)

It's not easy for us but that's what she says to dad, but for us siblings we already know when she says 'laundry' she's not going to the laundry. (TI.05, F, Pacific)

Despite experiencing some gambling-related harms in their youth, these participants were not deterred from developing their own gambling behaviours. For example, although financial hardship had affected some participants when growing up, the thought of potentially being able to make a large sum of money and be financially secure in their own lives meant that the pattern of gambling continued. Thinking of gambling as an income source appeared to instil a level of hope in some participants. Indeed, a couple of participants noted how gambling and gambling-related harm were common in their family in the effort to improve financial standing. As a result, it was not difficult for the participants to begin gambling when they were not faced with concern or disapproval. For example, for a couple of participants, going to the TAB or gambling on EGMs with their parent was a common occurrence; as a result, it became easier for the participants to access and continue gambling themselves when they got older as they were already familiar with gambling processes and rules, as well as the highs and lows of wins and losses.

Because growing up and it's around you and what not; it rubs off on you, so I started doing it on smaller amounts. Then got into grown up and making a TAB account. Not always but a few times going with my mother to the pokie machines as well and then doing the lottery tickets. (TI.03, F, Asian)

Choosing to gamble: Social influence

Most participants in this group developed their gambling habit after being introduced to it by a friend or social group. That is, while participants all had previous exposure to gambling, the current gambling activity of choice was introduced to them by a friend or peer group. For example, it was common in participants' workplaces to have a gambling syndicate into which they all paid a certain amount of money at regular intervals, with a group bet placed on significant events (e.g. Melbourne Cup), a Lotto ticket was bought, or sports games were bet on. Prior to joining these syndicates, the participants had little prior gambling experience.

I joined a syndicate ... Well, when I started work the boys there they got somebody to put a bet on. They went down to the main race, you know, November Cup and they couldn't go and leave work but this certain chap was gonna leave work for that meeting. And they said, 'Could you put a bet, so much money on such-and-such?' And I thought, 'Oh, yeah.' I was out of that group, but that's the first time I witnessed something like that going on. And I was too young to go to the pub, so I wasn't really allowed. Then when I turned 20, I was allowed into the boozier and I ended up joining up with the syndicate. (TI.02, M, European/Other)

For other participants, their first introduction to a casino and EGMs was going for a night out with friends. While a couple of participants were initially uncomfortable at the prospect of going to a casino, they were soon drawn in after winning a small amount of money. The casino became a fun venue, an occasion to socialise, and an opportunity to try to win some money.

Cultural background

Although the families of most participants were relatively accepting of gambling, a couple of participants came from an Asian background, where gambling was disapproved of and anyone who gambled was considered to be wasting money. Value was placed on hard work to earn money and, as such, taking part in activities that squandered hard earned money was heavily criticised. The first exposure to gambling for these participants was through peer groups.

We Filipinos instead of going to the casino with all the others, we decided to go to a disco ... because as I've said, we value our money. We value the hard work that we put in, just to bring that money. Also, instead of going to the casinos, for example, we entertain ourselves with activities at home, or going outside, picnicking and all that stuff. It's more of bringing together all the family, and not going to the casino by yourself as an adult. (TI.06, F, Asian)

Neither of the Pacific participants discussed cultural traditions or behaviours that may have intensified gambling harms or protected against them. There were no Māori participants in this group.

Increases in gambling risk and behaviour

The PGSI score for participants in this group increased over time; in the interviews, changes in gambling behaviour over the last six years were discussed. This section explores the themes developed from participants' understanding of their gambling behaviours. Participants' discussion of their gambling behaviour generally corresponded with their responses to the structured questions. For example, in the semi-structured part of the interview, one participant discussed their shift to online gambling and their responses to the structured questions reflected their online expenditure. In a couple of instances there was a difference between what participants discussed and their responses to structured questions. One participant barely gambled but scored as a moderate-risk gambler due to strong endorsement of the PGSI question on feeling guilty about gambling (see theme *Gambler's guilt*), whilst another participant reported minimal gambling expenditure in the structured questions, then disclosed periods of excessive gambling in the semi-structured part of the interview. Participants identified several reasons for why their gambling behaviour had increased since their first interview. These reasons included developing an addiction, a drive to win money, the influence of advertising, life circumstances, the influence of others, shifting to online gambling, and guilt.

Varied rates of frequency and expenditure increases

The rate at which gambling behaviour increased varied between participants. Some participants slowly gained momentum while others rapidly increased the frequency and amount spent gambling. The rate of increase appeared to be mediated by several factors including the gambling activity (e.g. casino gambling seemed to have increased more quickly than TAB gambling), personal circumstances (e.g. gambling used as a coping mechanism), and external influences (e.g. family concern slowed the formation of a gambling habit). Like participants in other groups, gambling behaviour was rarely consistent. Instead it fluctuated based on financial circumstances, opportunity to gamble and personal motivation. Most participants had attempted to stop gambling at some point since their first interview;

however, behaviour changes were not sustained. For some participants, there were unintentional or uncontrollable fluctuations; for example, caused by being in and out of employment.

It's like a rollercoaster. Sometimes it's more or less. (TI.01, F, European/Other)

It probably fluctuated a lot, because I was between jobs. I was having a rough time, just going through employment. (TI.04, M, Pacific)

Other participants made deliberate attempts to stop gambling.

Sometimes my husband said that he feels that he can be the winner on lottery so he's buying more one week and the second week and the third week. I told him that we need to stop and then we agree that because we had already bought three times this month, so maybe the next three months we not buy any more lottery. (TI.03, F, Asian)

All participants (except one) noted that they regularly gambled. Furthermore, there were a number of participants who noted that they could foresee a time when they would gamble more, either hypothetically or in reality. For example, one participant believed that if he were single or his marriage broke down, he would gamble more; another participant stated that when they retired their gambling would increase. These scenarios were fundamentally about having the means and opportunity to gamble; as it was, these participants were in work or accountable to a family/spouse and so either lacked the time or were unable to spend money without inhibition. In this instance, they felt that their gambling was kept at a manageable, if slightly boring level. However, in the foreseeable future or the considered scenario, the participants would not be accountable to anyone and would have ample opportunity to gamble.

Mmm, but you just never know if it all turns to custard. I'd probably say, I'd probably gamble if I was single. I'm lucky I've got a wife that keeps a tab on everything. Yeah, but I think if I was single, or the marriage broke up, or something like that, then yeah, probably turn to gambling, to be honest. (TI.04, M, Pacific)

Developing an addiction

Since the first interview, all participants in this group had increased their gambling behaviour and risk level. Three participants spoke about developing an addiction and not having any control over their gambling. The gambling activity of choice for these participants was primarily casino EGMs. After being introduced to a casino by friends and enjoying the experience, they continued to frequent the casino both on their own and in their social groups. These participants described a growing compulsion with accessing gambling activities as thoughts of gambling were often in their mind. They anticipated when they would be next able to gamble and if they walked past a venue, they considered whether they had the time or money to go in.

When you're in the midst of it; it's really hard to just stop. You just keep going and then you've got nothing and then you just walk away. (TI.01, F, European/Other)

Fundamentally, the goal was to end a gambling session with a win. However, the thrill of the risk coupled with the desire to win money fostered the development of gambling problems and ensured the participants returned to the casino. Furthermore, the feeling of anticipation and hope after putting money into a machine and before pressing the button added to the level of excitement. In a perpetual cycle of "hoping for the best", losses became secondary to wins. That is, when money was won, the feeling of satisfaction outweighed the expenditure in order to have that win. Instead, participants focused on the win and holding a large sum of money in their hands. Finally, the feeling of pride and being able to

boast in front of friends, heightened the feeling of satisfaction and reduced thoughts of the costs involved.

I think it's hoping for the best win, to win something. You keep trying. I guess just trying to win. (TI.01, F, European/Other)

You are wanting to take that chance of winning. That's what makes you take another bit. (TI.06, F, Asian)

Discovery of online gambling led to an increase in gambling

A couple of participants noted that their gambling had increased over the last few years with the increased availability of online gambling activities. While these participants were not current gamblers at the time of their first interview, the availability and accessibility of online gambling meant they had slowly developed a gambling habit. The accessibility was significant for these participants as their reasons for not gambling were primarily due to not having the time, motivation, or ability to get to a casino, pub or TAB. However, with the development and introduction of online gambling, these participants were able to gamble in the comfort of their own home. The increased availability led to their interest in gambling and they began regularly accessing the activities.

When I'm at home just on my own; yeah just going online. It's so easy to do. (TI.01, F, European/Other)

I think it's actually gone a bit more with the internet being there, so that's always going to be there. (TI.05, F, Pacific)

Participants explained that online gambling activities were easy to access when they could not visit a physical venue. One participant noted that online activities were likely to be around for the foreseeable future; therefore, they would have to remain aware of the frequency with which they accessed online gambling to minimise the likelihood of ongoing problems.

The influence of others on participants' gambling

Several participants identified that there had been at least some influence from others on the maintenance or increase in their gambling behaviour. Influence of others came from family and the environment in which they grew up, from social groups and friends, and from partners/spouses.

It's all about peers. I mean, influenced from peers. When I was still in the Philippines, I don't [gamble]. It's only when I came [to New Zealand], it's 'oh, just Lotto'...I didn't even know how to buy one before, and then they told me, 'Just get the lucky pick', 'What does that mean?' 'Tell them lucky pick, and then they will generate the numbers for you'. (TI.06, F, Asian)

Additionally, it was common for participants in relationships to both remind and be reminded by their partner to gamble; this is was particularly true for buying Lotto tickets.

My wife ... if Lotto hasn't been won; she'll say to me, 'Oh, I'm getting a ticket'; or, she'll buy a ticket, 'I bought a ticket, you need to buy a ticket'. (TI.04, M, Pacific)

Peer influence provided a strong incentive to gamble for some participants who wanted to maintain their position in their social group, avoid conflict, or were willing to go along with others. Even when uncomfortable with the thought of gambling, with a friend pressuring them, they inevitably joined in.

Life circumstances that led to an increase in gambling

An increase in gambling could be seen to parallel changes in certain life circumstances. For example, life circumstances included change in financial status and retirement.

Change in financial status: For a couple of participants, when their available funds increased, so did their gambling. As they were paying all their bills, essential living costs, and living comfortably prior to the increase, the extra money meant they had a larger disposable income. This created a situation in which a couple of participants experienced a surge in their gambling behaviour because the whole family had more money. Alternatively, when a participant was faced with financial difficulties, gambling was considered to be an opportunity to try to improve financial status.

I mean, if you're financial, or when things are not going well, and I think sometimes when things are not really happening, like you're changing jobs, or you lose a job. So, that puts a bit of 'trying to get that magic fix'. (TI.04, M, Pacific)

Gambling money was viewed as a quick solution to pay off debt or to maintain finances when not in employment. For those participants, it appeared to be difficult for them to consider alternative methods of obtaining money such as via re-training or changing career. As a result, participants falsely perceived gambling as a viable alternative as they needed neither education nor alternative training in order to support or enhance their income.

Retirement: A couple of participants noted that they had retired in the last decade. As a result, they had more spare time. These participants had worked all their life and adjusting to the increase in free or 'low' time meant they had taken up various hobbies; gambling being one such activity. Additionally, these participants noted that they were social people and missed the social aspect of employment. Thus, going to a pub to gamble on EGMs or to watch races and place a bet was a means of getting out of the house and socialising with other people.

But being retired, you got a lot of low time on your hands. (TI.02, M, European/Other)

Having worked all their life, retirement meant they had accumulated savings. The participants described working hard for their savings and, as a result, the money was viewed as their own to spend how they wanted. However, they also wanted to continue to increase their savings and because they could not work anymore, gambling was seen (inaccurately) as a suitable and straightforward alternative. These participants noted that they were careful with their money and kept meticulous and detailed notes of every dollar that they had bet with and won or lost. Nevertheless, an increase in their gambling activities was evident to them since they had retired. As highlighted in the following quote, one participant unsuccessfully used gambling as an attempt to increase savings.

Well my nest egg's there, I can do whatever I like with the thing. But, I don't know, it's probably you want to increase your nest egg as it is and the only way you can do that is you gotta put money into hope, set your luck there because that's all it is. That's in my concern anyway, I can't seem to work the bastards out. (TI.02, M, European/Other)

Gambling considered an interest

A few participants noted that gambling was an interest of theirs or had become an enjoyable hobby. Although categorised as moderate-risk gamblers/problem gamblers, these participants did not believe that they had any issues with their gambling, with one participant noting that in the future they were likely to increase their gambling. Gambling was viewed as a fun, recreational activity, much like playing a sport or musical instrument. Due to this view, the money spent gambling and losses incurred, were considered equivalent to fees paid to a sports club or the cost of a movie ticket.

You measure it as a pastime. I'm not a sports person, the other people would say, 'Well, we'll go out and play a game of rugby'. I go down to the pub and play the pokies. (TI.02, M, European/Other)

Triggering a sudden change in gambling behaviour

Several triggers were identified that could lead to a sudden change in gambling behaviour, such as starting a gambling session or prompting a surge in gambling behaviour. Triggers identified for participants in this group included gambling advertising, relationship problems and alcohol.

Advertising: Appealing to the gambler

Many participants noted that advertising was a trigger for gambling, particularly for Lotto tickets. Even during times when participants said they had not been actively gambling, they continued to buy Lotto tickets with advertisements publicising a substantial jackpot being a trigger.

Billboards you drive past on the motorway. Tip Top, and it's got 12 million, and you [think] 'I'm going to buy a ticket' ... You look at it and it's four million, and you [say], 'oh, is that all', and then once it's earned over ten million, you [say] 'oh, you're going to buy a ticket'. (TI.04, M, Pacific)

For example, if I see an advertisement on TV, that the money has gone that big; that's when you [say] 'oh, I'm going to buy my ticket'. It's not that it will come to my mind that I'm going to buy a ticket. No, it's only when I see those advertisements on TV. (TI.06, F, Asian)

Advertising noticed by participants was not limited to Lotto. Casino advertising was noted to increase the attraction of a casino. The advertisements were noted as marketing the experience as a whole night out, with parking, food, and entertainment all available in one venue; a marketing strategy that several participants believed worked well.

Problems in a relationship: Gambling as an escape

A couple of participants shared that when they were experiencing difficulties within their marriage or relationship, they gambled. Gambling provided an escape; the opportunity to take part in an activity they enjoyed (viewed as indulging or pampering themselves), and an outlet for venting their energy. Most often, their gambling behaviour was both the cause and the result of their conflict; their partner/spouse noted a potential problem or did not want them to spend money gambling, and they disagreed. Following the disagreement, the participants gambled to escape the conflict. Conversely, participants returned home from a gambling session and conflict occurred.

Running away from my husband, getting out of the house. For me it's just time out. (TI.05, F, Pacific)

However, for other participants, gambling was simply an outlet when they were experiencing problems at home. Their partner was not concerned about their gambling and their gambling behaviour did not cause major problems within the relationship. Instead, their gambling began to increase when they were experiencing other perceived strains on their relationship such as adjusting to a new baby, surviving on one income, or other commonplace relationship issues.

A: Oh, I probably felt the marriage was a bit rocky ... It's almost like when things are not going well, you turn to gambling. It's you've got a good reason to do it; so, go and do it.

Q: Is that because it's a relief?

A: Yeah, it's almost making a statement that life's shit, and that's what I'm doing. That's how I see it ... and you just [think] 'oh, why not', and you just think that, 'just a magic bullet will make everything go away'. (TI.04, M, Pacific)

The same participant later stated that when things were going well within the family, they were less inclined to want to gamble. Gambling had become a coping mechanism and featured regularly in their lives when faced with family issues. As gambling was an escape and a coping mechanism without an appropriate alternative, it was difficult to stop when faced with a personal problem.

Lowered inhibition: Alcohol contributed to excessive gambling

There were occasions when a couple of participants had stopped gambling; however, after a night out or being in an environment with alcohol, they ended up gambling. Additionally, when alcohol was involved, they tended to gamble more excessively than they had intended. Alcohol both lowered their inhibition and gave them a sense of control over the outcome of their bet.

A: Yeah, it's booze. You think you're invincible when you start drinking alcohol and that boosts the system.

Q: Does it? When you say it boosts the system do you feel it boosts your gambling?

A: Yes, you got a tendency to think bigger than what you would think because your brain's all ... you're getting greedy too, and I reckon a lot of greed comes into this ... And you go and start mingling with different people and such like that, the urge grows on you. And I reckon with more booze down you, you get a bit silly on it. (TI.02, M, European/Other)

Attitudes driving behaviour change

All participants held attitudes or beliefs that had enabled their gambling to increase. These attitudes formed their motivation to start, increase, and maintain their level of gambling which meant they were at risk of gambling harm. The attitudes or beliefs included their drive to win money, being competitive and fearing they would miss out, and feeling guilty about their gambling.

The drive to win money

A drive to win money was a significant motivator for participants in this group. Whether that money was for a holiday, to spend on the family, or to prop up their finances, participants increased their gambling behaviour in order to try to fulfil various financial goals. Most participants in this group held onto the false perception that gambling was a viable method of making money. Although they had varied income levels, their desire to win money did not differ. Participants who had lower incomes were motivated to win money in order to reduce their financial struggle, while participants with higher incomes were motivated to continue gambling in order to achieve greater financial freedom.

It was the urge to have that extra, it's an excitement for a start getting a return, and to double your money. Or even, if you're lucky be a multi-millionaire in that ... instant time. (TI.02, M, European/Other)

We're financially well-off; that's almost like trying to get you that next level ... Just trying to get to that next comfortable level, where you just feel that you wouldn't have to work so many hours. You could afford to take some time off ... Which other people are fortunate, they can do that. Oh, I don't know, I might be wrong, but there's people that can do it without gambling. I'm not sure, how people get money. (TI.04, M, Pacific)

The drive to win money and improve the family's financial status led many participants to spend more on gambling than they could actually afford. However, in order to maintain their gambling habit and goal of providing for their family, they justified their behaviour. By externalising the goal to improving their financial position and focusing on the long-term, they minimised the short-term effects.

Life's always a struggle, and it's always trying to find that 'magic bullet'. Trying to find that solution; that million-dollar Lotto ticket. (TI.04, M, Pacific)

It's enjoyable ... it puts me on a high ... It's like, 'Okay, I won that amount' ... I'm thinking, 'Okay, I'll go more often than I normally do and hope to get another big win'. (TI.01, F, European/Other)

The perceived instant nature of a large win provided a sound incentive to pursue gambling rather than working longer hours or applying for a promotion. Winning the equivalent of a week's wage (or more) was appealing as it would provide a financial buffer or excess. That is, winnings from gambling provided easy disposable income.

I've got to do something. It was get a better job; get a better paying job, and at the same time, try and get a 'magic bullet'. (TI.04, M, Pacific)

However, although jackpots and big wins were perceived as instant cash, one participant commented on the fact that they might not actually be instant. That is, the participant noted that they may not win any money straight away or there may be stretches of time between big wins. As such, the instant nature of gambling wins was not as instant as participants led themselves to believe. Instead it may be that the size of the win or the fact that the money was considered "free money" was just as important as finding the "magic bullet" and being an instant millionaire.

I think there was another time when it was close to a grand. Then I think another time it was \$430 or something like that. But it's not like a win and then a few weeks later I win the jackpot again. It's a long stretch before that happens. Yeah, it's really good when I do win all that. (TI.01, F, European/Other)

Competition and the fear of missing out

It appeared that, for several participants, there was an element of competitiveness in their gambling. They had to win the most, they had to have the most enjoyment, and they got frustrated when someone else won more than them. Other gamblers, whether they were known to a participant or not, were a challenge for them to outdo. As a result, when they did not win or when a friend/family member won more, they were left feeling irritated, depressed, and unsatisfied with gambling. As result, these participants often took a break from gambling if the other person's win was large.

If you've lost money it can be a bit depressing. When I've heard my sister or my mother win something it's very frustrating. (TI.01, F, European/Other)

Fuelling competitiveness was a strong fear of missing out. As such, it was not long before these participants returned to gambling. The fear of missing out was evident in their thought processes when they walked past a venue or saw an advertisement. The opportunity to gamble overwhelmed them and the thought that they could be potentially missing out on a big win or that someone inside the venue was winning something at that moment, led to an inner struggle as to whether they would enter the venue or not. For a couple of participants, more often than not, their fear of missing out won and they gambled, even if it was just to buy Lotto tickets.

When you see that advertisement on TV, and it's big, and we're going to say, 'If we won't buy a ticket, you won't get the chance'. If you buy just one ticket, and then you have the chance. (TI.06, F, Asian)

If I've played at the pokie machines and I'm near to my last lot of money; that really gets me down because I haven't really won anything. I just think, 'I'll just put in a little bit more; a little bit more'. Just hope for the best but not good. (TI.01, F, European/Other)

Competitiveness coupled with a fear of missing out fostered and maintained an unhealthy gambling habit. Participants found it difficult to resist an opportunity to gamble, particularly when they saw others gambling or the potential outcome of a session such as an advertised jackpot.

Gambler's guilt

Guilt was a common feeling expressed by participants as resulting from their gambling. They felt guilty about the money they spent, which could have been used elsewhere, as well as the time they spent away from their family.

It's just because I tried to keep it a secret; it's hard to just keep living and having that sort of lie with you. (TI.01, F, European/Other)

However, for a couple of participants, the level of guilt they felt appeared to outweigh their actual gambling behaviour. For example, one participant rarely gambled except to buy an occasional Lotto ticket or on an event such as the Melbourne Cup (similar to some participants in the stable low-risk group documented later); and another noted they did not gamble often and wanted to gamble more. Indeed, for one participant, their score for question nine of the PGSI (Have you ever felt guilty about the way you gamble or what happens when you gamble?) put them in the category for moderate-risk gambling. This participant stated that they never spent more than they could afford to lose or had financial problems, they did not chase losses, borrow money, or think they had a problem. Instead almost every time they gambled, they felt guilty about it. That is, if they had not reported feeling guilty about occasionally purchasing a Lotto ticket (\$20 a month) or spending \$5 a year at the Melbourne Cup with friends, they would have been classified as a non-problem gambler on the PGSI. Work ethic and not wasting money was incredibly important in this participant's family and culture and, as a result, when this participant gambled it was viewed as wasting money and weighed heavily on their mind.

I think we share the same view when it comes to gambling. It's not part of our system and the same values; we know what to prioritise, and we work hard to earn those monies. We don't spend it on gambling. It's really like you are not true, if you really get your money back. Why take the risk. It's all those things. (TI.06, F, Asian)

Temporary decreases in gambling activity

At the current interview, all participants in this group had higher PGSI scores than at their first interview. However, within the overall trend of increased gambling, there were periods when participants reduced or temporarily stopped their gambling because of negative effects, major life changes, or the influence of others. Although these factors did not permanently deter or stop participants from gambling, in some cases, they might have slowed the formation of a gambling habit and mitigated problems.

The negative effects of gambling

Most participants shared that when they reduced or attempted to stop their gambling, it was due to the negative effects of their behaviour on themselves and their family. These included financial difficulties, relationship problems, and mental health and wellbeing issues. Financial problems due to betting more than they could afford to lose was most commonly reported. Repeatedly betting a substantial amount of money led several participants to take a break from gambling until they could regain control of their finances. However, once bills were paid or credit card debt was reduced, they often began gambling again.

Sometimes I think that I spend too much and it affects my bills, my home bills, so I need to stop ... I just stop and buy things by credit card. Next month I don't buy lottery, I got money to pay back the credit card. (TI.03, F, Asian)

Financial problems were most prevalent following an intense gambling session and/or a big loss. A couple of participants reported that they had felt sure that they would win and, as a result, had gambled until they had lost substantial amounts of money. Following a gambling session in which a lot of money was lost, participants made a conscious effort to manage the amount they spent or attempted to completely stop gambling.

The loss of money ... And just feeling down. (TI.01, F, European/Other)

Makes you get aggro [aggressive] because you're bad tempered, more moody, because you've spent money and you've lost it, and you know you can't get it back, and then you just kick yourself about it. So, it doesn't take much for you to lose it, and get all down about it. Makes you frustrated more, because you've wasted 40, 60 odd dollars on betting or tickets. (TI.04, M, Pacific)

The financial effect of gambling was a tangible consequence that participants could measure, creating a goal that they could work towards. That is, credit card debt or accumulating bills created an obvious motivator to reduce gambling, save money, and get out of debt. However, there was no external motivator once the bills were paid, and if participants wanted to maintain their break from gambling, they relied on their own self-control and discipline. For participants in this group, self-control was not an effective gambling management strategy.

Emotional wellbeing: Another consequence that resulted in a reduction in gambling activities, was the emotional and mental toll participants' behaviour had on their family and themselves. In this case, the effect of gambling could be clear and explicit or furtive and dishonest. Explicit negative effects included arguments over money and gambling behaviour, feeling guilty about the amount of money spent, falling out with friends, or becoming aggressive or bad tempered with family members or colleagues.

I think the more you turn to gambling though, the more negative you become; it does affect the family. I think gambling makes you question your family, your situation, or it makes you question your security. (TI.04, M, Pacific)

Consequences of gambling which were not readily apparent to family members were when participants were furtive or dishonest about their behaviour. Often participants kept their gambling activities hidden or minimised. In doing so, participants lied to their family about what they had been doing. Participants shared that often their family was oblivious of the extent of their gambling and so were shocked if, or when, they found out. Meanwhile, participants also felt guilty as a result of lying to their family. In the long term, the burden of the lie affected both participants and their families. As a result, participants reduced or attempted to stop their gambling so they would not have to continue the lies.

Life circumstances that led to a decrease in gambling

A few participants noted that their gambling had decreased following some major life changes; however, the reduction was not sustained. These life changes entailed a shift in both available time and finances. However, after adjusting to the changes, the gambling behaviour returned to previous levels.

Family status: For a couple of participants, their gambling decreased after the birth of a child. All their time was taken up with the baby and they lacked the same motivation to gamble that they had previously.

I think it must [have] decreased because now I have two children, so quite busy. So, less friends less coming over, less gambling. (TI.03, F, Asian)

One participant further explained that because of the responsibility of having a wife and baby, gambling no longer gave him the same sense of thrill. Additionally, the thrill of the risk was further reduced due to the tighter limit on how much he could spend. Shifting priorities, coupled with a limit on available funds, meant that his motivation to gamble decreased. However, after adjusting to life with a baby or new marriage, participants returned to gambling. The availability of online gambling made it easy for participants with children because they did not have to leave the house. Additionally, it was easy to minimise or hide the behaviour because they used their phone or computer for other activities and used those activities as a reason for being online.

Retirement: Some participants had either retired since their first interview or were close to retiring. Retirement meant that their income was less than when working. As a result, gambling behaviour had either decreased or was expected to decrease after retirement. While the retired participants' gambling behaviour had reduced, their gambling risk level continued to increase. In part, this was due to occasional gambling binges. However, it was also because when the participants gambles, their bet limit had not changed since retiring. Consequently, they were gambling with the same amounts of money but in a more constrained financial situation. As a result, participants gambled beyond their means more often than when they were when working, and they now considered their level of gambling a potential problem. For a participant who was close to retiring, he predicted that his gambling would reduce. While that participant had not completely stopped gambling, he was attempting to manage and limit his current gambling behaviour in order to have control of his finances before retirement.

Q: So, you were saying when you retired do you think your gambling has...?

A: Boosted, would be the word. Yes and no, yes and no ... it's worsened then, the money would be big ... I was working then so the money was coming in, so it didn't matter very much ... When I was working, I'd put so much aside for bills and such, so much went out into the bank and as soon as it went to the bank I didn't touch it; and then what was left, play. (TI.02, M, European/Other)

The support from others

Like the strategy used to manage gambling (see below), the influence of others helped a few participants to reduce or temporarily stop gambling at some stage since their first interview. Support from others was evident in several ways; for example, directly seeking out regular meetings with a trusted person who was often someone important to the participant and someone whose opinion or advice they valued (not just related to gambling). A couple of participants believed that the support they sought from their partner/spouse or a close friend had been instrumental in enabling them to decrease the amount they gambled. Participants did not want to let their spouse down, felt supported by their friend, or felt accountable to another person. Thus, a significant other, whether that person was a partner/family or a friend, sometimes enabled a participant to reduce their gambling. Conversely, support from others could

be via peripheral influence such as hearing a story of gambling-related harms and wanting to avoid experiencing similar harms.

If I am out and about and see a place [to gamble] then I do think it would be good to just go in there. But if I'm out and what not I'm normally with someone so that's like the barrier to not [gamble] ... I think it might have decreased a little bit. It's not as full-on. (TI.01, F, European/Other)

I've seen in the past with the rellies [relatives] doing poker games. Sometimes it gets out of hand, like big fights. Yeah, big falling outs ... I've got mates that do it, and I've heard they've got themselves into trouble, losing loads of money. Relationships finish; having problems. I don't hear from them directly, but from other mates. (TI.04, M, Pacific)

Strategies to manage gambling

Various methods were used by participants in this group to try to control or manage their gambling. These included monetary strategies, the influence of others, self-control and keeping busy.

Monetary strategies

There were a few monetary strategies utilised by participants in this group. Like participants in the *stable high-risk group*, monetary strategies were used to try to ensure that expenditure was controlled or limited, rather than an attempt to reduce or stop gambling. These strategies were either long-term, such as creating a monthly budget or setting a spending limit on an online gambling site, or session-orientated such as not taking cash to a pub. Most participants stated that they had a budgeting system in order to ensure that they had money to both gamble and pay for essential living costs and bills.

We have a budget, so we just spend a budget then we [are] done. (TI.03, F, Asian)

I'm trying to limit myself to a certain amount of money a week or just put some aside. (TI.01, F, European/Other)

While budgeting was used in order to pay bills, a couple of participants exceeded their budget on several occasions. When automatic payments were set up for bill payments, money budgeted for food was used to gamble as this did not incur financial penalties.

I know now I've got automatic payments. I make sure the bills are paid before I see any money. Then with food I buy the food first and then work around the money that's left over. Sometimes I'll dip into the food money [to gamble]. It doesn't really stay the same each week. I have a limit or amount of money for food a week but a lot of times that decreased because I've dipped in. (TI.01, F, European/Other)

Other monetary strategies included setting a spending limit for gambling or for a night out, and not carrying cash or a bank card when going gambling. These methods worked only as well as the self-control of the participant. For example, when there was a limited amount of money in an account, participants were still able to transfer money between accounts if they needed more.

We spend money as well, but just a small amount each time, so, told do a budget for gambling, just allow \$50 maximum. (TI.03, F, Asian)

Reciprocal monitoring

The next most commonly cited strategy utilised by participants was the influence of others or the reciprocal monitoring between them and their partner/spouse. Sometimes this strategy was not a conscious decision made by participants; rather, the questioning from their partner or the need to be accountable to their partner/family meant that they attempted to manage their gambling to avoid causing conflict or disappointment.

What's helping, is the wife keeps an eye on all the accounts. So, she keeps an eye on all the transactions ... because she'll want to know ... 'There's been a massive cash withdrawal ... There's on your balance; Lotto, Lotto, Lotto. What's going on?' (TI.04, M, Pacific)

Other times, the influence of others was a deliberate decision between a participant and their partner regarding the choices to be made about gambling.

I've got an agreement with my husband that we not spend too much money on lottery. So normally we just buy once a month, or we buy more on special occasions, just like my birthday or his birthday, or my kids' birthday or Mothers' Day, something like that. So we play more if we have special occasions happen, otherwise we're minimum just once a month. (TI.03, F, Asian)

Self-control

A few participants believed that they had a sound level of self-control over their gambling behaviour. As a result, those participants noted that rather than any overt or practical strategies, their own self-control and discipline were used as their primary method of managing their gambling.

If in case my gambling is into that level, and if that happens; I have to do a self-check, like why am I doing this? I hope that I will not get to that stage. Maybe if my budget will become too tight, then that should be a wakeup call, but I don't think I'm going to get to that stage. (TI.06, F, Asian)

Conversely, there were participants who noted that they had very little control over their gambling and they struggled with both the temptation to gamble and the ability to stop once they had started.

When I'm there and I've spent the money and not really made very much; if I have any more money on me I most likely will just dip into it. It's a bit hard. What I've tried to do is when I do go there; I've left my cash flow card at home and just only have my limit plus a small amount more and really just try when I do it; try and see if I can come home with that small amount or some of that; I come out of it with something and not just blow it all. (TI.01, F, European/Other)

Self-control as a method for managing gambling did not appear to be a reliable strategy. Although several participants said their level of self-control could cope with their current frequency of gambling; most participants had gambled excessively and in an uncontrollable manner on at least a few occasions.

Keeping occupied to avoid gambling

A few participants who struggled with controlling their gambling said that keeping busy was a method they used to keep their mind off gambling. When those participants wanted to reduce the amount of time spent gambling, they took up other activities or visited friends. Keeping busy not only left little time for gambling, it contributed to enhancing their wellbeing. As gambling was often a solitary activity

for those participants, keeping busy by meeting a friend or doing some physical activity meant that they were connecting with others and were not left with the negative feelings associated with their gambling.

A: I do sports; I don't actually play the sports I ref [referee], so I actually spend a lot of time at netball as well.

Q: Do you think that uses up time that you might otherwise spend with the gambling?

A: Mmm. (TI.05, F, Pacific)

Self-exclusion

Of note, none of the participants in this group mentioned that they had excluded themselves or been banned from a venue as part of their gambling management strategy.

Seeking help

Most participants in this group had not sought informal help for their gambling and none had sought professional help. Participants shared that in the years since their first interview, as a result of their gambling, they had begun to experience anxiety, sleep problems, aggression, work problems, and that their gambling had affected their family both financially and through their own inability to control their moods. Most commonly, participants felt regret and guilt over the amount or frequency they had gambled. Yet, it remained that they had not actively sought professional help for their gambling. The reasons why participants did not seek help were split between those who did not think they had a problem and, therefore, did not need help, and those who felt that they could have used some professional support but were unable to seek help because of feelings of shame.

Professional help

A few participants who stated that they did not need help did not believe that their gambling was a problem nor that their gambling behaviour was the concern of anybody else.

I don't think that my gambling is even a problem. (TI.06, F, Asian)

I haven't talked to anyone. I just keep it pretty much to myself and what my family knows. But I haven't spoken to a professional or anyone. (TI.01, F, European/Other)

Other participants did not access professional help because they were ashamed of their gambling behaviour and did not want to lose the respect of their family. In this instance, having gambling problems that required help was viewed as a weakness. This view appeared to be held by male participants who believed they could help themselves so as not to appear weak, based on a perception that others would judge them for not being able to financially take care of their family.

Q: Have you talked to anyone about reducing, or stopping your gambling, since your first interview with us?

A: Nah.

Q: Not even friends or family?

A: Nah, too scared. You don't want people to know your weakness. They don't want to know that you're resorting to that sort of thing ... pride, you know?

Q: Is it something you've thought about doing, but you haven't done, or is it not something that's even played on your mind?

A: Nah. No, just too staunch, and just try and sort it yourself. I've been lucky that things have panned out the way it is. (TI.04, M, Pacific)

Non-professional help

Some participants had received non-professional/social help for their gambling issues. However, this was not specifically considered to be help; rather, it was framed as a conversation with friends or a concerned comment from a family member. One participant said that although she did not believe that her gambling was problematic, her husband did. However, after talking with, and receiving support, from a few friends, she said she had reduced the number of times she gambled in a week.

A: I won't say he [husband] laughs it off; he just says that I have a problem.

Q: He says it's a problem and then just brushes it off?

A: Yeah. When I told him that I was coming for this today, he was saying that I've got a gambling problem ... I have [spoken] to one of my friends ... That was okay.

Q: Did you find that it was helpful?

A: Yeah ... I used to go [gambling] four or five times a week, four to five days, but now I've cut it down to two days. (TI.05, F, Pacific)

While most participants' families knew about their gambling, it appeared that few were concerned with the frequency or amount spent gambling. When a potential issue with gambling was brought up, however, participants justified or minimised their activities or reassured their partner or family that they did not have a problem. With so few participants believing that they had a problem or actively seeking help, barriers that prevented them from recognising a problem or accessing support are now detailed.

Barriers to accessing support services

Feeling shame: A feeling of shame was a barrier to accessing both professional help and non-professional/social support. As previously mentioned, it appeared that for male participants in this group, the outward perception that they were taking care of their family was very important. Therefore, if they needed professional help, they believed that it would be perceived as weakness. As a result, a feeling of shame may have been more pronounced for these participants, preventing the acknowledgement of a problem and precluding the possibility of seeking professional support. It is understandable that accessing professional help may be a daunting prospect for many; further, it requires that a participant recognises they have a problem they cannot themselves resolve. However, not being able to share their problem with their immediate family meant some participants took out their frustration on their family.

She wouldn't understand why I was so grumpy and frustrated and moody, and I'd just find some other excuse. You wouldn't come out and say it was gambling or anything ... you'd just hide it and find some other reason ... You don't want people to know your weakness. (TI.04, M, Pacific)

Cultural barriers: Accessing support services was also more difficult depending on a participants' cultural background. A couple of participants shared that in their Asian culture, it was uncommon to seek help for mental health or addiction-related problems. They noted that personal responsibility and 'saving face' were common norms in their culture. These barriers to accessing help were coupled with the fact that English was not their first language; thus, conversing on a deeper level about their mental health or their gambling behaviour with a professional was difficult. One participant noted that while they maintained the image that everything was fine within their family, they had a close group of friends who gave each other advice.

That is not common for people in Vietnam and they don't have English as well; they don't speak English, they're quite old so they don't speak English. Normally they just do it themselves ... We just share some talk, that's it; there's not really [an] organisation for helping things like that. (TI.03, F, Asian)

Lack of awareness of services: The final barrier to accessing support services mentioned by participants was that they did not know of any appropriate services, although the lack of knowledge was not the sole reason these participants did not seek help. Unlike participants in other groups, participants in this group did not mention seeing advertisements for the gambling helpline.

Q: Are you aware of the services that might be available for people?

A: I'm not sure if there's any, are there? No? (TI.06, F, Asian)

Summary of findings

The findings for the *transition into high-risk group*, which explain how these people became moderate-risk gamblers/problem gamblers are summarised in the box below and depicted in Figure 9.

Introduction to gambling

- Most participants were exposed to a range of gambling behaviours within their family; several had experienced harms (e.g. financial problems, family violence). A couple of participants were not exposed to gambling as children.
- Participants perceived little disapproval about their gambling from their family.
- Participants' families appeared to normalise gambling as a possible income source and minimise the experience of gambling-related harms.
- Most participants began gambling with peer groups.

Cultural background

- A couple of participants came from an Asian background where gambling was disapproved of and considered a waste of money.
- No other cultural traditions or behaviours that may have intensified gambling harms or protected against them were discussed.

Increases in gambling risk and behaviour

- Half of the participants believed they had developed an addiction with EGMs at a casino.
- The rate of transition into moderate-risk or problem gambling was mediated by gambling activity (e.g. quicker transition with casino gambling than TAB gambling), personal circumstances (e.g. gambling used as a coping mechanism), and external influences (e.g. family concern slowed the formation of a gambling habit).
- A cycle of anticipation, excitement and hoping for the best kept several participants gambling; losses became secondary to wins whereby any win outweighed the cost of achieving the win.
- The discovery of online gambling enabled ease of access and led to an increase in gambling.
- When some participants' funds increased, so did their gambling. Several participants inaccurately believed gambling could improve their financial situation.
- Some participants considered gambling as an interest or hobby comparable to learning a musical instrument or joining a sports club. Retired participants used gambling as a hobby and social activity.

Triggering a sudden change in gambling behaviour

- Advertising, relationship problems, and alcohol contributed to sudden increases in gambling.

Attitudes driving behaviour change

- The drive to win money, competitiveness, and a fear of missing out were attitudes behind increasing gambling behaviour.
- Feeling guilty inflated the PGSI score for a couple of participants; one participant rarely gambled, yet guilt meant her PGSI score categorised her as a moderate-risk gambler.

Temporary decreases in gambling activity

- Most participants attempted to stop or reduce their gambling at some point; however, changes were not sustained. Compared to their first interview, all participants had a higher PGSI score at their current interview.
- Contributing factors for wanting to reduce or stop gambling included negative financial effects, detrimental changes in wellbeing, changes in life circumstances (e.g. birth of a child, retirement), and following the influence of others (e.g. support from a partner, learning of others' experiences of gambling-related harms).

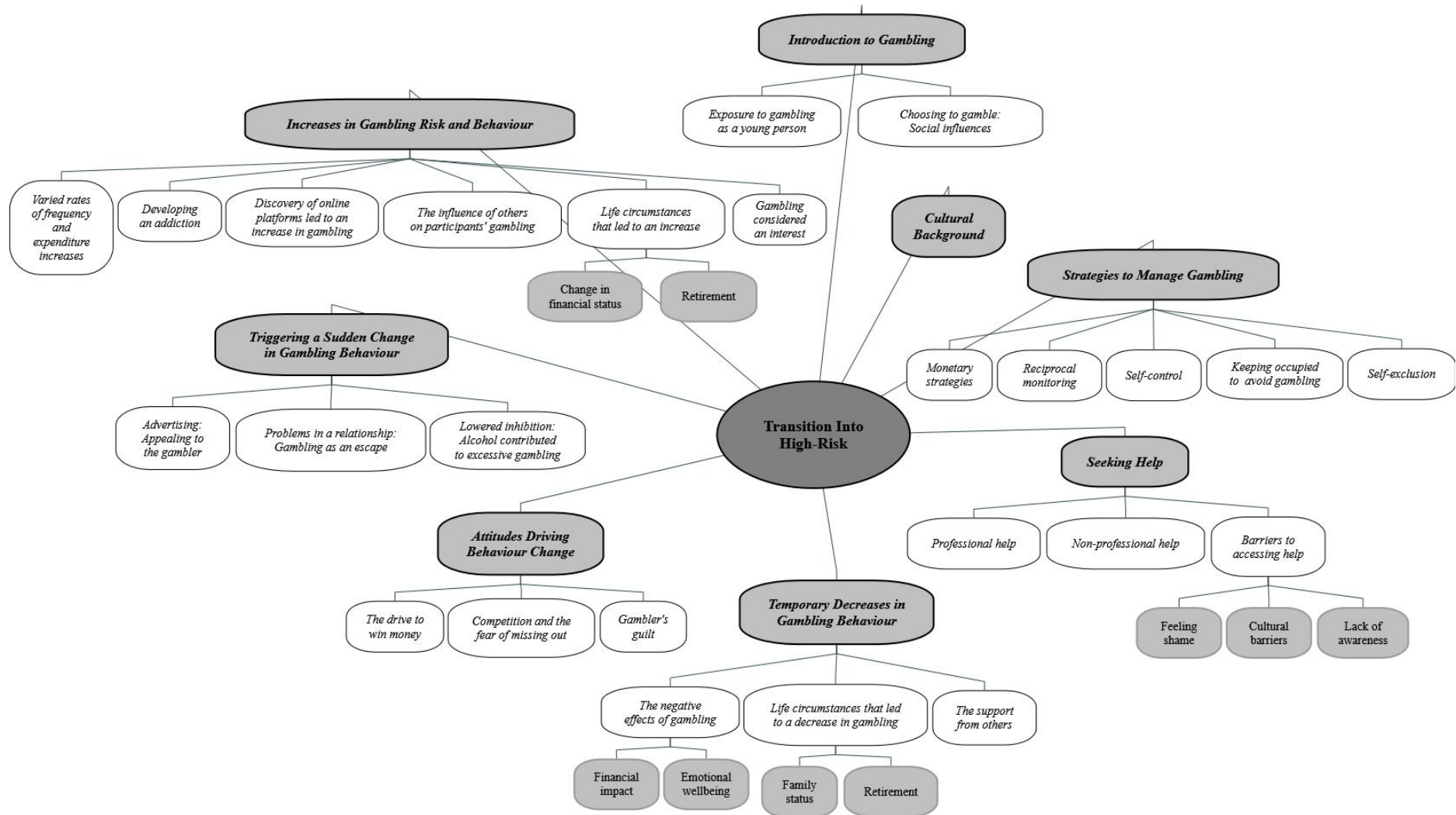
Strategies to manage gambling

- Participants used various methods to control their gambling including monetary strategies (e.g. budgeting or setting limits), monitoring by their partner, self-control, and keeping occupied to avoid gambling.
- No participant in this group utilised venue-exclusion as a method to control/reduce their gambling.

Seeking help

- No participant sought professional help. Two factors contributed to this: (1) participants did not believe their gambling was a problem; (2) participants felt too ashamed to seek help.
- Most participants had social support in the form of conversations with friends or a concerned comment from a family member. Social support was not framed as receiving help, but as conversations with friends or family members.
- Participants said that their families knew of, and were not concerned about, their gambling behaviour; however, many participants regularly minimised the true extent of their gambling.
- Barriers to accessing support services (both formal and non-professional/social) included shame and lack of knowledge about available services. Cultural barriers included coming from a culture where seeking professional help was uncommon; problems were resolved within the family unit or very close friends.

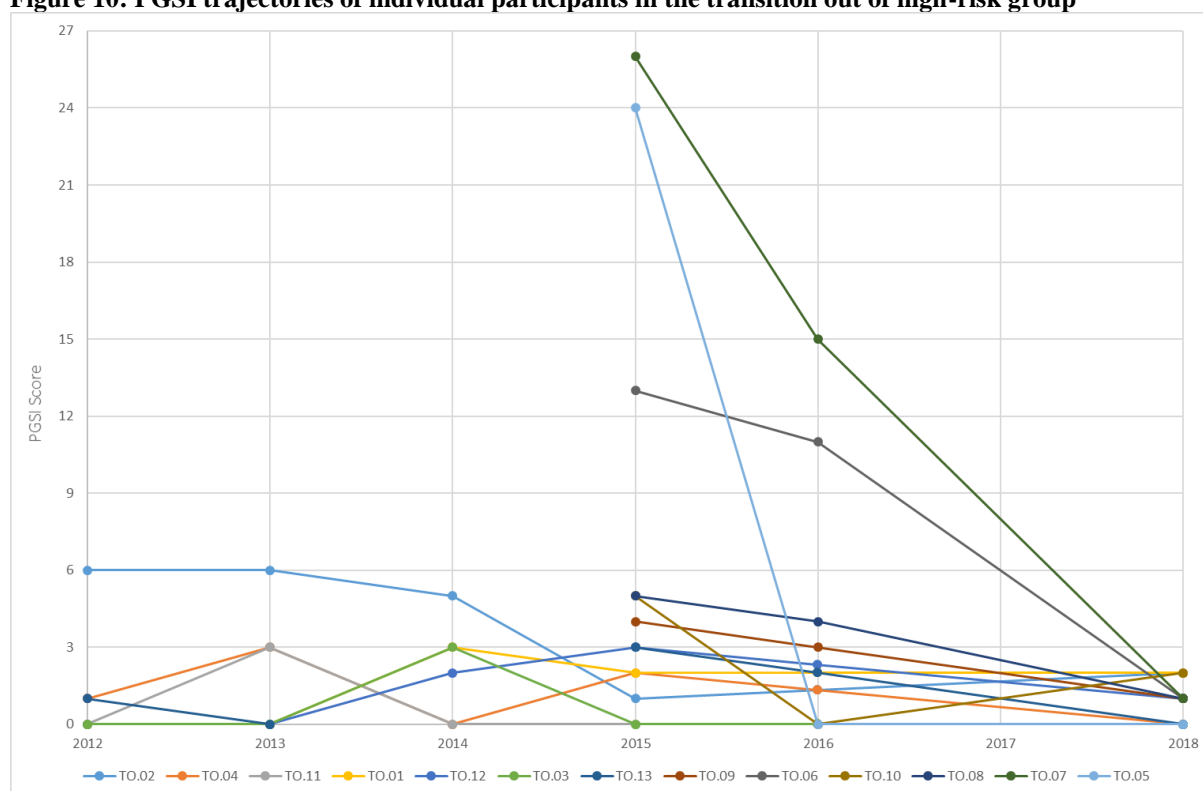
Figure 9: Theme map for the transition into high-risk group



Transition out of high-risk group

There were 13 participants in this group recruited from main NGS participants and the additional moderate-risk/problem gambler cohort. Seven participants were moderate-risk/problem gamblers at their first interview and by the time of the current interview were non-gamblers/non-problem gamblers/low-risk gamblers. Six participants were non-gamblers/non-problem gamblers/low-risk gamblers at their first interview; they became moderate-risk/problem gamblers at some point but at their most recent interview were non-gamblers/non-problem gamblers/low-risk gamblers again. These six participants were included in the *transition out of high-risk group* because they had been moderate-risk/problem gamblers at some point but were not currently at that level of gambling risk. The individual PGSI score trajectories for each participant are depicted in Figure 10. Note that some participants had identical PGSI scores on occasions, meaning that some lines are superimposed on each other at times.

Figure 10: PGSI trajectories of individual participants in the transition out of high-risk group

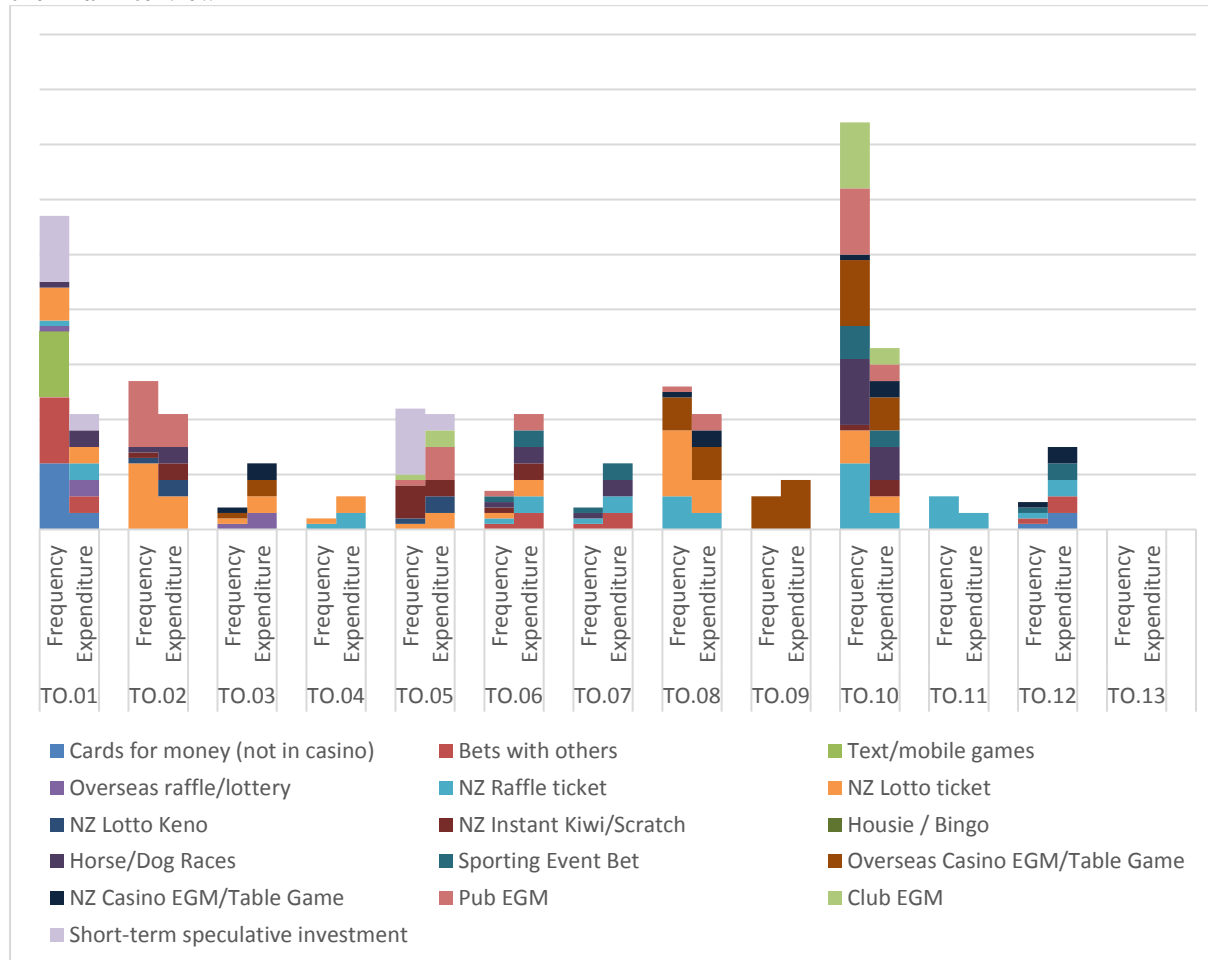


Socio-demographic details for the 13 participants are detailed in Appendix 4. The participants comprised both genders and a range of ages. Māori, Pacific, Asian and European/Other people were represented. Other socio-demographic characteristics varied between participants.

Measured at the final interview, all participants except one (TO.13, F, Māori) reported current (past-year) participation in at least one gambling activity (n=2), with most reporting gambling on multiple activities (n=10; range two to eight activities). Figure 11 provides an illustration of the gambling frequency and expenditure, represented on the stacked column chart by proportionally increasing segments. Frequency is represented by 'at least weekly', 'at least monthly', and 'at least annually' gambling. In the figure, the smallest segment represents gambling at least annually and the largest, at least weekly. Similarly, expenditure is represented by increments of \$1-\$50, \$51-\$250, \$251-\$500, and more than \$501 typically spent in a month. In the figure, the smallest segment represents spending \$1-\$50 a month and the largest, spending \$501 or more a month. For reference, Figure 12 is a graphical representation of the size of each segment.

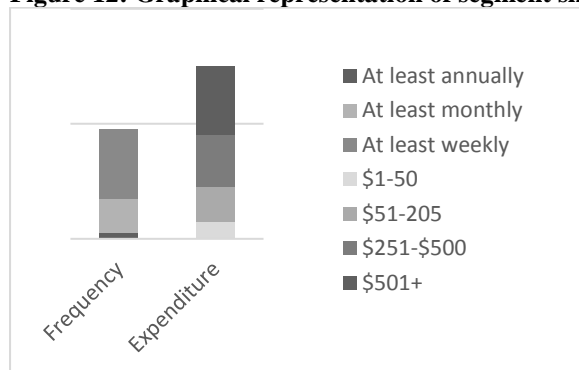
It is important to note that the figure is not intended for statistical purposes. Instead, both the PGSI trajectories and the frequency/expenditure figures provide a visual context of gambling for the qualitative analysis. How participants have maintained their transition out of moderate-risk/problem gambling is examined later in this section.

Figure 11: Gambling frequency and expenditure for participants in the transition out of high-risk group at the final interview



Note: Due to a reporting error, there is a missing unit for TO.01 expenditure on text/mobile games for money.

Figure 12: Graphical representation of segment size



Eight key themes (with sub-themes) identified in the interview data are discussed in this section:

- Introduction to gambling
 - Exposure to gambling as a young person
 - Family influence
 - Peer influence in gambling
- Cultural background
- Developing a habit: Escalation of risk
 - Win money, chase money
 - A social activity
 - Gambling to alleviate boredom
 - An outlet for stress or celebration
 - Gambling as an interest
 - New to New Zealand
- Reinforcing gambling increases: The rise before the fall
 - Maintaining hope or unrealistic optimism
 - Minimising the harm
 - Supporting a good cause
- Decrease in gambling behaviour and risk
 - Negative consequences
 - Changing motivations
 - Financial circumstances
 - The influence of others
 - Adapting to life in New Zealand
- Maintaining a low-risk, non-problem or non-gambler status
 - Altered motivation to gamble
 - Remembering the consequences
 - Altered perspective towards finances
 - Social support to maintain reduction
 - Given a second chance
 - No shift to online gambling: Participants preferred a venue
 - Strengthening spirituality or faith
 - Major life events
- Strategies to manage gambling
 - Self-control
 - Monetary strategies
 - Excluded from a venue or online account
 - Avoidance of a venue
 - No specific strategy
- Seeking help
 - Professional help
 - Non-professional help
 - Barriers to accessing support services.

Introduction to gambling

Participants' initial exposure to gambling was generally via family members or peers who gambled. Participants discussed their family and culture and how their background might have influenced their gambling. Participants' family and cultural background contributed to risk factors that reinforced their

introduction to gambling but provided protective factors that mitigated long-term harms and enabled them to reduce or stop gambling.

Exposure to gambling as a young person

There was a relatively even split in participants who were exposed to gambling within their family and those who were not. EGMs, TAB sport and track betting, and Lotto tickets were common amongst participants whose family members gambled. However, almost half the participants in this group definitively stated that aside from an occasional Lotto ticket, there had been no gambling in their family when they were growing up.

Q: Just to start, could you tell me a bit about the role of gambling in your family?

A: No one gambles actually.

Q: No one? Even your parents?

A: No, no one gambles. (TO.09, M, Asian)

I can remember my mother goes to the pub and she gambled on the pokie machines ... when I was younger ... I hoped that she's not hooked on things like that. (TO.13, F, Māori)

Other participants explained that their parents had occasionally bet at a TAB or gambled socially. Of the participants who had been exposed to family gambling, two had experienced a negative effect on their family. However, similar to participants in other groups, one participant minimised the harm by stating that everyone experienced hardship. Aside from that participant, there was no other discussion of exposure to gambling-related harms whilst a child.

He [father] probably made our life a bit difficult with the gambling; he bet too much and he couldn't afford it, but that was his lifestyle and he enjoyed it ... It didn't make much difference to family life, but we were conscious of it. Certainly, at times I think it caused some hardship; mind you, in those days everyone had hardship I suppose. (TO.10, M, European/Other)

Family influence

A few participants believed that, as a young person, they had been influenced by their family's gambling. One participant explained that his family had been involved with horse racing for generations and he felt that it was in his blood, whereas another participant had been raised to fear gambling after her uncle had been disconnected from the family following excessive gambling.

The family actually owned a lot of racehorses. I have myself; I had partnerships in several racehorses. Some were successful; a couple weren't. But it's been inbred in me really. My uncle had a stud farm in Invercargill and it's just in the family; almost a religion. (TO.10, M, European/Other)

Well, when I was a child I'd always heard about my father's brother, who he didn't speak to at that stage, about how he had been such a gambler that he lost his job, lost his home and other businesses because of his gambling. So, I was brought up to be frightened of gambling. My father had never gambled, didn't know much about gambling. (TO.03, F, European/Other)

A couple of participants' parents started gambling after the participants had left home. One parent began gambling after their spouse died and another after the dissolution of a relationship. Both of these family members began gambling after the start of a new relationship. Their new partners were gamblers and they gambled in order to spend time together as a new couple. For one of these participants, their

parent's newfound activity had a direct influence on their own gambling as they began gambling alongside them.

Not when I was growing up, but when my dad died, I think my mum got into [gambling] when my dad died. When mum got remarried my step-dad and mum used to go to the casino quite a bit; and then two of my brothers got into it and then I got into it. But I got into it overseas in Australia before and then when I came back, got a bit more involved with it in New Zealand. (TO.06, M, European/Other)

Peer influence

Similar to participants in other groups, most participants in this group began gambling with friends, colleagues or a partner. Although half were exposed to gambling in their family, they did not begin gambling until after being encouraged by peers or colleagues. Some of these participants had not liked the idea of gambling prior to being introduced to it by their friends, and a couple remained cautious throughout their gambling participation. A couple of participants, who were new to the country, were introduced to a casino by their colleagues.

It was actually my ex-partner that got me hooked; she started gambling first. I didn't actually like pokies and all that. It wasn't until I tried it, and then I suppose just that thing of winning and it just became a habit. (TO.02, M, Māori)

I never went there on my own. It's always with the colleagues. Very rarely we went twice in a month maybe ... I never even pick up the topic unless someone picks up the topic and 'Let's go ...' (TO.09, M, Asian)

Cultural background

A few participants spoke of how their cultural background might have influenced their current gambling activities. A couple of participants were from Pacific Islands (Samoa and Fiji) and one participant was from India. Neither the Fijian nor Indian participant had prior exposure to gambling before coming to New Zealand. The Fijian participant came from a poor community where no one gambled. The Indian participant explained that gambling in India was illegal and viewed negatively by the community. As children, these participants had not been exposed to any gambling. In New Zealand, the Indian participant was introduced to a casino via work colleagues and the Fijian participant began buying raffle tickets within her local community.

I was born in Fiji. Fiji is a really poor country so nobody gambled there. (TO.11, F, Pacific)

I used to play regularly initially when I came here, because that was new for me. All those years I never gambled before. (TO.09, M, Asian)

The Samoan participant noted that although many people in his community are Christian, and Christianity does not endorse gambling, there are many older adults from the Samoan community who gamble. In this instance, the participant was divided between his faith which did not approve of gambling and his culture which appeared not to be against it. These aspects of his background provided both risk and protective factors for his own gambling behaviour. That is, because he had seen many from his own community gambling, he was reassured that it would be all right to take part. On the other hand, coming from a close-knit Christian Samoan community where there was respect for elders meant the participant did not want the older men in the community to see him gambling and look down on him or inform his mother.

A lot of us are Christian, and it's against the Christian morals to gamble but it doesn't stop me seeing Samoan men at the local TAB or something. Culturally; there's nothing culturally against it. (TO.07, M, Pacific)

The Māori participants did not discuss cultural traditions or behaviours that may have intensified gambling harms or protected against them.

Developing a habit: Escalation of risk

At their first interview, most participants in this group were categorised as moderate-risk/problem gamblers. They discussed the development of their gambling behaviour and the gambling-related harms they had experienced. Several participants believed they had developed a gambling habit and a couple believed they had experienced an addiction.

Definitely pokies because they're very addictive. And, when you've put money into one for a while you don't like to leave it, because you somehow think it's going to pay. (TO.08, F, European/Other)

The whole time I was thinking, 'Can't wait until this appointment is over. We'll meet down the pub'. (TO.05, F, Māori)

Participants were motivated to gamble for various reasons; for some, it was evident that their motivation directly resulted in an increase in gambling risk, frequency and expenditure. However, there were participants whose motivations to gamble were distinct from the drivers that increased their risk and behaviour. For example, a couple of participants only gambled socially (i.e. did not gamble by themselves); however, because gambling was new to them they gambled excessively whenever they had the opportunity. The reasons behind participants' increase in gambling behaviour included the drive to win money, gambling socially, alleviating boredom, an outlet for stress or celebrating, gambling as a hobby, and being new to New Zealand.

Win money, chase money

The desire to win money was the most common initial motivator to gamble for participants in this group. Like participants in other groups, there were participants who wanted to win "a little extra" and there were participants who believed gambling could improve their financial situation. One participant explained that she felt elated whenever she won because she could use the winnings to buy items for her children. Despite struggling financially, gambling wins uplifted her spirits and enabled her to feel like she was in control of her life, even if just for a week.

For me, it was a gamble, because I didn't have much money. I'm on a sickness benefit; I had three grown teenagers and that was quite demanding. I was struggling already without even gambling, and I think the thrill of winning money to help our lives to get by was the thrill for me ... That was always my motivation; was to try and win money so that I could buy them stuff, but at the end of the day the gamble just wasn't worth it at all. (TO.04, F, Pacific)

For most participants, the idea of winning money was an abstract possibility until they had their first win. The elation and the realisation they suddenly had a substantial amount of cash in hand was thrilling. Thus, they continued to gamble to feel that same sense of elation and to win more money.

Euphoria, I was just so overwhelmed, because it was the easiest one [money] I'd ever made. I was a student as well; had no working experience ... real easy. (TO.07, M, Pacific)

Several participants noted that in order to win money, they had to be prepared to lose money. Most participants felt they could cope with the losses if they believed they were making an adequate return.

When it comes to investing in yourself online and in shares and stuff like that; you've got to be able to handle the losses as well as the wins, so it's both ways. (TO.01, F, Māori)

Although participants were prepared to both win and lose money, several developed a biased perception of the amount they won compared to what they lost. That is, they perceived that they won more and lost less than they really had. This miscalculation justified their continued involvement with gambling.

I suppose maybe it was just me winning. But, then on the same thing, I've lost some too just on one day. Even though I've probably won more than I've lost, that's why it is; because I've won more than I've lost. (TO.02, M, Māori)

Despite several participants believing they could deal with the losses alongside the wins, many began to chase losses. Their gambling frequency and expenditure increased in order to try to win more and to attempt to recover or balance their losses. For participants in this group, chasing losses could occur within a single session or across multiple months of gambling. That is, in a single session, participants continued to play until they had won a pre-specified amount or until they lost it all. Alternatively, across multiple months, participants gambled in order to attempt to recover losses and accumulate winnings.

I felt pretty ecstatic because sometimes you did have a really good night, there were some nights when you did extremely well, but it didn't cover up for the losses the other time. But there was a really good buzz when you start getting some strategy and you're playing quite well. But I was always thinking I'd win the huge amount, that I could then walk away from it, you know, and didn't. (TO.06, M, European/Other)

The previous day, if you win it will make you go back again the next day to win. So, you want [to] win more, just need to go, and even if you lose; you just want to go back to get back the money. Either way it's like it will pull you back in. (TO.09, M, Asian)

For many participants, gambling began as an exciting activity that occasionally resulted in winning money, but eventually morphed into the pursuit of recouping losses and the struggle to win larger sums of money.

A social activity

Gambling was described as a fun activity that participants enjoyed with their friends, partner, colleagues, or on their own. A local pub was the hub for several participants' relationships with friends or family. This meant that they often gathered at the pub to socialise and gamble. As it was a regular event, several participants enjoyed gambling as one aspect of their social activities.

The fun of the whole atmosphere of it. Having a wine; a pokie; being around mum; friends; the whole package really. (TO.05, F, Māori)

I will be going to pubs here and there [on a night out], and just go and throw some money [gambling] ... just have fun. (TO.09, M, Asian)

Although gambling was positioned as a fun social activity, there were a few participants who experienced peer pressure to gamble. This led a couple of participants to a gambling problem and experience of "darker times" (TO.02, M, Māori). One participant explained that her ex-partner had introduced her to EGMs and persuaded her to gamble. She explained that she was encouraged to gamble

so that she would not bother her ex-partner while he was with his friends. Other participants gambled to fit in with their social group. For example, one participant explained that they generally only gambled if others were gambling so they would not be left out.

He enjoyed me gambling because that meant I wasn't up nagging him ... Our whole social life was consumed of being at a pub; but that was our whole relationship. (TO.05, F, Māori)

If my family or friends wanted to gamble, I'd socialise with them to do it. Just to fit in I suppose. (TO.02, M, Māori)

Gambling was a social activity for several participants in this group, particularly older participants. One participant explained that when she retired, her social circle became smaller. Thus, she went out less, met fewer people and had fewer visitors. For her, gambling provided an opportunity to be included in a community and socialise with others. Another participant used gambling as a reason to get out of her house and talk to other people, while another met his friends at a local pub to discuss upcoming horse races.

It gives me a boost. It gets me out and join the crowd, instead of just sitting at home by yourself, basically, and playing on the computer by yourself. (TO.01, F, Māori)

When you go somewhere to gamble, there's that element of this is something I can do on my own. As a single person and an elderly person now, I don't have to wait for anybody [to] ask me do I want to come for a coffee or anything; because it doesn't happen as you get older. You just get more and more into your own shell. I do things with my daughter and my family of course, but it's something you can do on your own of your own choosing. (TO.08, F, European/ Other)

Despite gambling being described as a social activity, and many participants only gambled in a social setting, several did not actually gamble alongside their friends when they went to a casino or pub. That is, they arrived at the venue together and then they separated and gambled on the machines or table games that they preferred. These participants socialised with people around them, rather than their friends. One participant noted that the casino was full of people who were on their own, but happy to socialise.

We wouldn't even sit next to each other. We'd say we're going down together, but we'd be on opposite sides of the room. You'd only meet for a cigarette. (TO.05, F, Māori)

It's something you can do on your own and that's a big towards all that. And, I like it. And, you meet other people there. It's full of people who are on their own. (TO.08, F, European/ Other)

Initially, gambling was a fun activity and participants enjoyed going to a casino, pub or TAB. However, they found that their gambling frequency and expenditure increased, and most participants began experiencing considerable negative consequences.

Gambling to alleviate boredom

Like participants in other groups, several participants gambled to alleviate boredom. Some explained that gambling was simply an activity used to “kill time in between the days” (TO.07, M, Pacific). Appearing to have few or no alternative activities, gambling was accessible, enjoyable, and kept these participants entertained. Indeed, to begin with they did not see any harm in occasionally placing a bet or going to an EGM venue.

Well, just something mainly to do, you know, it doesn't cause me any damage or anything like that. (TO.01, F, Māori)

Gambling to alleviate boredom appeared to be based on two distinct motivations. Some participants wanted fast-paced and exciting activities, while others simply found they had nothing else to do. That is, where one participant enjoyed the adrenaline rush and the ongoing risk of winning versus losing, another participant gambled when they felt they did not have an alternative activity. One participant explained that he had led an active life but following a physical injury was unable to take part in his chosen sport. As a result, he went to his local TAB, watched sports on the television screens and placed bets.

A: The adrenalin!

Q: So, you're a thrill seeker?

A: Yeah, yeah and the, 'oh, no!' You know; you lose money and ... especially when you're online with the trading and stuff; you've got to know where it's going, and when to stop it. So, when I'm playing games on the computer its 'Argh! What did I do that for?' (TO.01, F, Māori)

At the moment, it's probably boredom as much as anything. I've always been active in golf and that sort of thing, but at the moment I haven't been able to play golf for a couple of years, and I probably won't play again. I go for a walk and I go past the TAB, so I just drop in. But, even so, I would go in the TAB most days and have a look. (TO.10, M, European/Other)

As with participants in other groups, a feeling of boredom was behind the escalation in gambling behaviours. Some participants gambled more often in order to achieve a sense of thrill, while others felt that alternative activities were incomparable to gambling.

An outlet for stress or celebration

Participants in this group described gambling as an outlet both for positive and challenging emotions. That is, participants sought out gambling as an outlet for stressful situations, when they were feeling down, or when they had reason to celebrate. Similar to participants in other groups, there were participants in this group who used gambling to escape from challenging emotions or situations. Primarily used as an outlet for stress, gambling provided participants with an opportunity to escape and 'zone out', meaning they did not have to think about their current stressors.

I do it for fun the majority of time. For me it's sometimes when I get frustrated, it's my way of letting my frustration out. Just sitting there. I know it's a weird thing to do. Or, if I get emotionally annoyed at someone, for me it's just like stress relief. I don't know why I think that. Then I feel worse if I lose my money. (TO.02, M, Māori)

So, gambling it's an outlet; it's something I enjoy doing, because it's something you can do on your own. (TO.08, F, European/Other)

One participant explained that living away from family and dealing with a stressful job had led him to increase his gambling. His job entailed long hours and instead of going home, he went to a casino to relax. One of the reasons gambling was used as an outlet for this participant was because the casino was open when he finished work.

I was doing a pretty high stressed job, federal government sort of job and worked a lot of evenings. So, you would start at midday 12 to 12.30; finish 8 pm, 9 pm sometimes later if there's a lot of client stuff going on. So, I'd finish work, lock up the office and then be pretty wired from too much caffeine, too much buzz. You're wide awake, can't go to sleep until later on in the

morning so oftentimes I'd go and have a bite to eat then I'd go into the casino and just play a lot of poker, especially on Friday evenings, Saturday evenings. (TO.06, M, European/Other)

There were also participants who celebrated success or productivity after a long day at work by going gambling. Working long hours, feeling productive, and making progress at work led these participants to a gambling venue as a place where they could both celebrate their day and relax.

We both enjoyed the same thing. We both did the same job ... and you'd be working long days; all night some nights. So, when you just made 15 grand [at work] or you'd made it on paper but it hadn't actually come in yet; that would be like going out and celebrating. Or signed up [a new client] and you didn't have to think about it. You're just pressing a button; relaxing to me. (TO.05, F, Māori)

Unlike participants in other groups, gambling did not evolve into a coping mechanism. That is, it remained an outlet to release stress or to celebrate, and not a crutch for distress. Additionally, participants in this group incorporated constructive strategies to deal with their stress or other ways to celebrate after work. As a result, they did not rely on gambling as an escape.

Gambling as an interest

A couple of participants in this group described gambling as a hobby or an interest. Those participants did not gamble to win money, but for other factors that surrounded their gambling activity. For example, one participant had a keen interest in horse racing; he enjoyed researching the forms of the horses and jockeys in each race and discussed upcoming races with his friends. They placed bets at a TAB based on their research and then compared their results. The fact that money and betting was involved was secondary to the research, analysis and discussion of the sport and their predictions. Similarly, another participant had regularly played poker; they had joined a couple of clubs and enjoyed the skill-based aspects of the game such as 'reading' the other players and figuring out the odds, as well as the table etiquette and the social aspect. Like participants in the *transition into high-risk group*, these participants considered the money paid into or lost while gambling, comparable to the costs of other interests or activities.

Ever since I was able to have a bet on a horse, I've bet on horses all my life really. It's been an interest. I've studied it and been successful at times. (TO.10, M, European/Other)

I just like cards, like poker. I watch poker and get into it. I think there's a bit more to it than just gambling, it's just fun. Paying money to play is like paying money to do something else you enjoy ... In the past I've frequented a couple of different weekly poker games ... People were nice, accommodating. There's table etiquette and when you're new you don't know that but people are really nice, so it was good. I liked it ... just some basic things like being able to deal properly and stuff and not playing out of turn and just being focused on the game. (TO.12, M, Māori)

Although these participants, at some stage, had a PGSI score that categorised them as moderate-risk/problem gamblers, they believed they had never had any issues with gambling. Although they might have gambled to excess a couple of times, they did not feel compelled to gamble. Indeed, they were able to reduce their frequency and expenditure with little effort.

New to New Zealand

A couple of participants were new to the country, having moved to New Zealand for work. Prior to coming to New Zealand, they had not been exposed to gambling venues such as casinos, TABs or EGMS available in pubs and clubs. One participant accompanied new work colleagues to a casino for

regular after-work events. This person's first experience of a casino was overwhelming; the variety of games, activities, food and drinks available were a completely novel experience. Subsequently, it did not take long for him to develop his own pattern of gambling.

So, just went to the casino and just used to do the same – card games, table games. (TO.09, M, Asian)

The other participant new to New Zealand began buying raffle tickets as she and her family got to know the local church community. The raffle tickets were purchased with the intention of helping others within the community by raising funds. In this instance, she did not consider that purchasing raffle tickets was gambling.

We do the raffle ... we have got 30 members in our group, so if somebody comes from Fiji and they need the money for surgery or something then we donate that one. That's what we do. Help the people. (TO.11, F, Pacific)

The participants new to New Zealand explained that gambling had not been prevalent in their home country (see *Cultural background*). This was because either it was illegal, or they came from a poor community where no one gambled. While their initial introduction to gambling was novel and exciting, they soon adapted to the different culture of gambling and were able to decrease their frequency and expenditure.

Reinforcing gambling increases: The rise before the fall

Most participants had justifications or cognitive distortions about the likelihood of winning that reinforced their gambling behaviour leading to an escalation of the behaviour.

Maintaining hope or unrealistic optimism

Most participants regularly expressed wishful thinking or optimism and explained that they felt that they would be lucky before initiating a gambling session. Feeling hopeful, a perception of being lucky, and unrealistic optimism contributed to continued involvement with gambling in two ways. First, a general feeling of luck or optimism meant that participants misjudged, consciously or otherwise, the amount they lost compared to the amount won. That is, they were more likely to remember the occasions when they had won, than the times when they had lost. Second, feeling that they were due some luck meant participants continued a gambling session in the belief they were about to win. One participant explained that to continue feeling good when a 'good thing happens', they gambled. Additionally, the participant stated that they believed their wins were because they were 'feeling good'.

This is me, I feel lucky; because I am sort of a lucky person. Nine times out of ten I will win; one time I won't win. It's if a good thing happens, like my son's done something really good, or if someone's graduated, someone close to me, it makes me feel good. I feel really happy and just happy things, so I'll go and gamble and I'll win. I guarantee that nine times out of ten I'll win, and I'll win big. I think it's because I'm feeling good. (TO.02, M, Māori)

You think that your luck might change, but without consciously thinking, 'my luck is going to change'. You just instinctively hope that it will. It doesn't; well, not often anyway. (TO.08, F, European/Other)

Minimising the harm

Many participants continued their involvement with gambling by *minimising the harm* either on their family or friends, or that they experienced themselves. For example, participants explained that they never exposed their children to their gambling, or they only exposed their children to gambling when

they won, believing that they hid any losses or behaviour associated with the losses. Another minimisation justification was comparison with other gamblers perceived to be worse than they were. In this instance, participants continued gambling with the reassurance that they could always be worse.

I've never really exposed them [children] to it either, or I've never really told them, they think it's fun; because the only time they've ever seen me, like when they were younger, is when I would give them money, what I've won, and I would give them some of it. So, they used to think it was fun that dad wins and 'I'm going to get some of it'. So, I've never really exposed my kids to gambling, because I know the repercussions if they get hooked and I don't want to see that with them. (TO.02, M, Māori)

I think the problem with gambling is relative to how much someone earns and how much it affects. But that's the other thing. There was another lady that would spend double what I'd spend there a night and she was there all the time ... We just make assumptions of people and think, justify it. As gamblers we justify about the other people. (TO.05, F, Māori)

Supporting a good cause

A few participants continued their gambling to support a good cause. One participant explained that although they had spent a substantial amount of money on raffles, because they were helping someone in their community, they believed it was not an issue. Another participant explained that most gambling venues donated money to charity, and so if a portion of their money was going to the charities, then they were happy.

In some ways, this is my way of making myself feel better I suppose, because the money that I gamble goes to other charities too. (TO.02, M, Māori)

If we see something, we buy a raffle ticket, or if somebody needs the money we donate the money. (TO.11, F, Pacific)

Despite participants having motivators to gamble and justifying their continued involvement to themselves, they all reached a point at which they decreased or stopped gambling.

Decrease in gambling behaviour and risk

Since their first interview, participants had reduced their gambling risk level from moderate-risk/problem gambler to non-gambler/non-problem gambler/low-risk gambler. For some participants in this group, this reduction had been sustained for a few years. Participants discussed the reasons and circumstances that led them to reduce their gambling or stop altogether including negative consequences, a change in gambling motivation, financial circumstances, the influence of others, and adjusting to life in New Zealand.

Negative consequences

Similar to participants in the *relapse group*, the negative effects of gambling led participants to reduce or stop all activities. Their gambling affected not only themselves, but their family, friends, and colleagues.

When I got addicted I wanted to go on my own, and I did. When I finally woke up and saw the damage it was doing to my home life and the stress I was putting on myself about not having money to buy food or pay bills; yeah, I just had to stop. (TO.04, F, Pacific)

Participants in this group spoke of gambling-related harm that provided the incentive to reduce or stop gambling.

Financial struggles: Most participants explained that a consequence of their gambling had been the negative effect on their finances. Several participants accumulated credit card debt, bank loans, owed money to others, or stole from family members or friends in order to gamble. One participant said that the rate her debt had accumulated had led to her car almost being repossessed and she had to leave her flat. At the height of her gambling, she felt completely overwhelmed at the enormity of what she owed. Other participants simply began to count the money they had spent, lost and owed, compared to what they had won.

Yep, about \$50,000 debt; not including the student loan. And I didn't have anything. My car was ticked up to more than it was worth. I'd moved in with mum. I just had debt coming out my eyeballs and nothing to my name. (TO.05, F, Māori)

Making yourself deliberately go poor and poor decisions, massive impact ... but when I'm thinking bad decisions it's like using your savings to go gambling with and having a credit card that you're just borrowing money off when it's maxed out, to go gambling when you're at the casino - 'I'll win my \$500 I've lost back'. By going into debt on your credit card that's already maxed out and then you get the additional penalty bonus, you know, it's just ridiculous from where I am now, ridiculous. (TO.06, M, European/Other)

Participants' financial struggles got to the point where they could not sustain their gambling habit without experiencing catastrophic losses in other areas of their life. The losses outweighed the wins, and participants no longer wanted to gamble to the same extent.

Deterioration of physical and mental health: Many participants experienced a detrimental effect on their physical and mental health. A couple of participants' physical health had been affected by the poor nutritional decisions they made when gambling or because they had not been able to afford to buy food. Additionally, excessive gambling meant that participants had little sleep, which affected their work, study and mental health.

I noticed I put on a bit of weight. I was just eating junk food, and things to keep me awake; energy drinks. I wasn't training, and I was getting injured in rugby. (TO.07, M, Pacific)

A persistent inability to pay bills or buy food affected several participants' mental health. For example, stress and anxiety were common amongst participants in this group when they were gambling heavily. Additionally, participants commonly kept the true extent of their gambling to themselves. The non-disclosure of their gambling activities and financial situation meant participants were under the constant pressure of being "found out". As participants' gambling increased, so did their stress over ensuring others did not find out.

I think the anxiety was more because I'd lost and trying to hide it; trying to keep all that kind of debt under wraps is out of control. (TO.05, F, Māori)

The accumulated detrimental physical and mental wellbeing effects of their gambling got to a point when it was too difficult to hide anymore, so participants told their family. Being honest with themselves and their family was the first step many participants took in order to reduce or stop their gambling.

Failing university or distracted at work: A few participants stated that their gambling had negatively affected their productivity at university or work. A couple of participants said that when they were gambling heavily, a session often lasted until the early hours of the morning. As a result, they went to work or university having had little sleep. One participant explained that there were times when he had gambled all night, only went home to shower, then went straight to work. Another participant confessed that his preoccupation with gambling had left little time for study and he had failed a year of his university degree.

Personally, work wise. When I used to go, not now, not in the last 12 months, but previously when I used to go, I used to gamble the whole night and it affected my work obviously. Straight away I'll have to go to work and always when I was gambling I never used to check my time; I would always be more focused on the game ... I mean, go home, get ready and with no sleep just go to work. It happened a few times, at least ten times and then I realised. (TO.09, M, Asian)

Sometimes I'd miss classes; it was more of a social hangout, or if we weren't doing anything else, we'd probably be down there; and getting money and then we'd go and spend it together ... I failed a year of study, just because I was behind ... I was living at home. Yeah, it was real bad. I was at the point I just hadn't done my assignments, but I was more worried about the TAB. (TO.07, M, Pacific)

The failure of a year of study was a wake-up call. Coupled with his increased overdraft, the participant knew that he could not sustain his gambling habit any further and so made the decision to stop. Likewise, when gambling began to affect participants' work, they knew it would affect their ability to fund their gambling. Therefore, reducing their gambling meant that their work was not affected, and they could continue to gamble. However, once they began to reduce their levels of gambling, they assessed their overall gambling activities and realised their life had been a cycle of work and gambling. They decided they no longer wanted to work to fund their gambling, and instead took up other activities.

Affecting others: Although a few participants were adamant that their gambling had not affected anyone else, most acknowledged that other people had been negatively affected at some point. For example, participants said that they had stolen from people they knew, their mood had affected those they lived with, and they had vented their frustration at colleagues.

I actually stole some money from a sister ... That was the lowest of the low ... She didn't find out straight away. She found out a couple of months down the line. I went through months of, 'oh my sister's not liking me.' Yeah, it was horrible ... that she couldn't trust me. (TO.04, F, Pacific)

A: My mum ... She would have noticed my moods and laziness; just didn't go to places.

Q: So, your mood swings were because when you lost?

A: Yeah.

Q: What about when you won?

A: Even if I won, I never showed happiness or anything, was just like a zombie. (TO.07, M, Pacific)

One participant in this group reduced gambling because of his children. After realising that his gambling was out of control, he made a conscious decision to regain control.

I think I was getting more addicted when I first started. It was becoming a little bit out of control. For some reason I snapped out of it. I think it was for my kids' sake I needed to get control of it; and I have to a certain extent. I'd say 90 percent. (TO.02, M, Māori)

Alongside obvious behaviours such as stealing or not being able to buy food, participants' friends and family were affected in less evident ways. That is, many participants explained that they lied or did not reveal the true extent of their gambling for some time. The accumulation of lies left participants struggling with guilt. Some participants began discussing their gambling with others after they made the decision to stop while others were only open after they reached breaking point.

It just changes you; you start to become someone that you don't want to become. I mean, lying to people and borrowing money from people. You're constantly lying about why you couldn't pay your bills to service providers. It just makes you not a very nice person. (TO.04, F, Pacific)

We were hiding it until you can't hide it anymore. (TO.05, F, Māori)

Tipping the balance: Participants who explained that gamblers must be prepared to handle the losses alongside the wins balanced the enjoyment they felt in winning and socialising with the disappointment of losses. However, when the balance tipped more toward debt, physical and mental health issues, and their behaviour was negatively affecting others, they knew they had to stop gambling. That is, they had reached the point at which they could no longer cope with the negative effects of their gambling. In some cases, participants felt disgusted with themselves and what they believed they had become. After assessing the consequences of their gambling, many made the conscious decision to reduce or stop altogether.

Changing motivations

Several participants explained that their gambling reduced after their initial motivation to gamble had changed, influenced by a change in career or simply because they became less interested in gambling. For example, one participant explained that they had initially gambled in order to win money; however, currently they only gambled with friends. Not being driven by the desire to win money meant this participant only gambled when others were gambling; additionally, as they were no longer invested in the outcome, they were able to control their expenditure during the session.

Before it was money obviously. Now I don't think its money but it's friends; motivation in the sense of friends now. (TO.09, M, Asian)

Several participants focused on their career, which decreased their motivation to gamble. Additionally, they had other goals they wanted to achieve, such as buying a house or financially supporting a family member. As a result, their gambling inevitably reduced when they no longer had the time or the inclination to gamble. Participants' attitudes toward gambling shifted from it being an investment to a waste of money. The focus on bigger life goals gave these participants both a purpose and a distraction from gambling. The purpose gave them a reason not to gamble and the distraction gave them time for their gambling urges to decrease.

I feel like I've just got bigger goals now. I was thinking in the real short term like instant gratification before. (TO.05, F, Māori)

I was thinking about the career and that's the reason it changed actually. I just wanted to put more into my like professional career than do this thing [gamble]. (TO.09, M, Asian)

Other participants simply lost interest in gambling as they got older or found their time taken up with other activities.

I lost interest ... Just not there; the hunger's just not there ... it was a gradual loss over time. I found better things, I was more involved with other activities or responsibilities, and I didn't have the time to pop into the TAB. (TO.07, M, Pacific)

The novelty's completely gone. I don't see [casino] as a fun place unless maybe I'm really keen to play a cash game of poker or something in which case that's the place to go that I know of. It's just there. But otherwise I'm not itching to go there ever. (TO.12, M, Māori)

However, one participant explained that his interest in gambling had not abated by choice. That is, the changing nature of the industry had meant that there was no longer the plethora of information he used to have access to. Additionally, the betting structure had changed in recent years, and it seemed more difficult to win reasonable sums of money. The lack of information, the altered betting structure, and the participant's aging memory all contributed to his decreasing interest in gambling, albeit not a willing decrease.

I won \$13,000 one day and we went to England on that. As I say, I've had plenty of success, but nowadays it's difficult to win that sort of money; you've got to outlay a lot. That \$13,000 I won was a treble and I estimate that if that treble won today, with those particular dividends, it wouldn't be \$13,000 - it would probably be about \$2,000. That's where the attraction has gone out of racing, because they have this percentage betting, which means that more people share a dividend or share a pool. It just means the return is reduced appreciably. (TO.10, M, European/Other)

Financial circumstances

For several participants, finances directly influenced their gambling frequency and expenditure. There was a mix of participants whose financial situation had either improved or worsened over the last few years. Financial situations improved due to gaining employment or receiving a career progression. As previously mentioned, a change in life goals often corresponded to seeking employment or starting a career. This change in motivation led participants to pursue their chosen career and improve their financial situation. As a result, they were no longer motivated to gamble in order to try to win money. However, it was noted by one participant that they had to be vigilant regarding their finances as they now had increased disposable income which was tempting to gamble.

I suppose financially I'm better off now than I was then. It's a good thing, but it's probably not a good thing in some ways. (TO.02, M, Māori)

If I had spare money and I could afford, I'd be tempted to go, but I'm in such a good place now. It's just the excitement of going to win, but then I think about the balance of how much I didn't win, and that's enough to put me off not going. (TO.04, F, Pacific)

Other participants experienced a downward trend in their finances; although some of their financial struggles had been due to gambling, the decrease in available funds was also due to reaching retirement or a changed work situation (e.g. redundancy). A couple of participants also experienced some unexpected costs, such as house repairs after a leak or earthquakes, supporting adult children to buy their own house, or supporting adult children who were going through a divorce. The change in financial circumstances meant that participants had reduced disposable income or accessible funds.

My circumstances have changed over the last few years. We had a leaky home which we had to sell, and then we had to drop down to a smaller house, which is very satisfactory, but both my children had broken marriages and I've had to prop them up a bit. So, I've had to be careful with my money really. (TO.10, M, European/Other)

The influence of others

Some participants in this group reported that their gambling was influenced by other people, whilst other participants were similarly influenced not to gamble. For example, a couple of participants who had begun gambling with their friend or partner, stopped gambling when their friend stopped or their relationship ended. Others gambled less often as their colleagues gambled less often, and one participant stopped gambling after fearing that some local elders from his church community had seen him at a TAB.

I think it was after he left, for a rugby contract. I just found stuff to do with my time. (TO.07, M, Pacific)

With your friends you feel like gambling more, but I don't feel like gambling more now because it's just socialising. (TO.09, M, Asian)

Several participants whose gambling began with a social group or partner stopped gambling when their social situation changed. For example, the participant who was encouraged to gamble by her partner so she would not “nag him”, stopped after she left her partner.

Adapting to life in New Zealand

A couple of participants in this group began gambling after they moved to New Zealand but as they adjusted to their changed life, their gambling slowly decreased. At first a casino was novel and exciting; however, after spending many nights there and substantial amounts of money, the casino began to lose some of its initial flair and appeal. At the same time, these participants made friends, got involved with other activities, and settled into their life in New Zealand. One participant's growing dissatisfaction with gambling and losing money, coupled with his life becoming more settled and finding other activities, led to him to decrease his gambling.

Slowly I just had my time and then life got busier and I slowed it [gambling] down. Once in a month all the colleagues we all go together and just have fun on the salary day. (TO.09, M, Asian)

Adapting to life in New Zealand meant these participants made new friends, became busier, and settled into work. After the initial novelty of gambling wore off, it became a background activity that the participants thought little about. However, one participant continued to occasionally purchase raffle tickets in order to support others in their community as they considered this to be helping others rather than gambling.

Maintaining a low-risk, non-problem or non-gambler status

Since their first interview, participants in this group were able to reduce or stop gambling; some had maintained this reduction for several years. Participants' responses in the semi-structured part of the interview aligned with their responses to structured questions; that is, they described their history of gambling compared to their current levels which were non-existent or no longer at a high level, supported by their PGSI score. Some participants felt that they had left gambling in their past and no longer had the same urge to gamble.

I'm miles away from even gambling, from where I was now, miles away from it. So, it doesn't hold any power over me anymore. (TO.06, M, European/Other)

Other participants described being compelled to gamble and a few believed they had an addiction. They explained that they continued to battle to control their urge to gamble.

When I am in a pub or something that has a pokie room; the whole time I'm thinking about playing the pokies; the whole time. That's usually when I first get there. Until I get a couple of wines under my belt and start talking; then I forget about it. It's only when I'm fresh in there but it's for a good couple of hours before I stop thinking about it. (TO.05, F, Māori)

I think it's something I really like to do. Poker machines are so addictive, and I find it hard to move on from that. I don't play table games really. (TO.08, F, European/Other)

Despite this compulsion, participants had been able to maintain their non-gambler/non-problem gambler/low-risk gambler status for a few years. Participants were able to maintain the reduction in several ways including a change in motivation to gamble, thinking about the negative consequences, a changed perspective towards finances, social influence, being given a second chance, the venue environment, strengthened faith, and major life changes.

Altered motivation to gamble

Most participants maintained their reduction out of moderate-risk/problem gambling after their attitude toward, and motivation for, gambling changed. For example, many participants began gambling with the desire to win money; however, this changed with gambling being purely for social occasions or for special events. The previous theme '*Changing motivations*' described how, as participants' motivation to gamble shifted, so did their behaviour. They were able to reduce their gambling after they became busier and their urge to win money lessened. Participants in other groups had similar changes in their gambling behaviour after their lives became busier (e.g. see '*Keeping occupied to avoid gambling*' for the *stable high-risk group*); however, they were unable to make sustained changes. It appeared that for participants in this group, their motivation to gamble underpinned their ability to make sustained changes. Several participants in the group continued to gamble; however, as their motivation had changed, the urge, frequency and expenditure remained reduced. Currently, these participants only gambled when their friends were gambling or on a special occasion, not due to an urge to try to win money, boost finances, alleviate boredom, or as an escape.

Before it was money obviously. Now I don't think it's money but it's friends; motivation in the sense of friends now. (TO.09, M, Asian)

Q: Do you ever have financial pressures that motivate you to gamble?

A: I used to when I was younger; not so much now. (TO.02, M, Māori)

Gambling as an activity had transitioned into an occasional social event, special occasion, or Lotto purchase. In many respects, gambling motivation, frequency and expenditure now appeared similar to participants in the *stable low-risk group* (detailed later).

Remembering the consequences

The investment of time, money and energy participants put into gambling with little to no equivalent return, led to an examination of their behaviour and reduced or stopped gambling, after they reached a point where they were unable to sustain their rate of gambling while handling the consequences. As mentioned before, participants balanced the wins with the losses; however, they explained that it reached the point where they were balancing their gambling behaviour with the rest of their life. When their gambling frequency and expenditure became overwhelming, they knew they had to make a change.

A couple of participants remarked that they were glad they had been able to reduce and felt as though they were stronger because of this. However, this did not mean they did not miss gambling and occasionally wanted to place a bet or go to a casino.

I've come out stronger. I just wish I had made the right decisions back then. (TO.07, M, Pacific)

And, so I haven't had a bet. And, I must admit that I do miss something like that on days like this when I'm not going out. It's fun to pick up the odd quinella or something. But I just cannot do it; my conscience won't allow me to now. (TO.08, F, European/Other).

In the *relapse group* (see later), there were participants who stopped gambling due to negative effects, but recommenced gambling when the memory of the effects faded. Unlike participants in the *relapse group*, participants in this group did not return to high levels of gambling once they had stopped or reduced their level of gambling. Many appeared to have been able to maintain their reduction with the memory of how their gambling had negatively affected aspects of their lives. The salience of the negative consequences had not faded, and they were determined not to inflict any more harm on themselves or their family and friends. Additionally, there were participants in this group whose PGSI score was based solely on their feelings of guilt about their gambling. Despite only occasionally gambling, they indicated that they “sometimes” felt guilty about the way they gambled or what happened when they gambled. This was particularly true for participants who felt accountable to someone about their gambling (see theme: *The influence of others*).

I could have done a lot of things, like travel. I missed out on a lot of things that other people my age had done; travel, buy things; cars and that. (TO.07, M, Pacific)

It's huge, just the direction that life's going and where I am now, it's massively improved, lifestyle and everything that's linked in. I didn't have a stable relationship like I've got now, all sorts of things. So, I wouldn't want to go back; I can't go back. Well, you could but I'm not going to. (TO.06, M, European/Other)

As more time passed since their last gambling session, participants felt their urge to gamble lessen.

I try and avoid them [gambling venues] if I can, so if I'm somewhere and feel like I'm walking past and say, 'Oh, I've had a rough day, I feel the urge to ...' and then I just walk past. Or I'm generally not frequenting those pubs so much where they are. And then the other thing, by not playing in a long time the urge lessens. (TO.06, M, European/Other)

Remembering the negative effects of their gambling allowed several participants to see how their life had improved. The contrast between how their life was and how their life is now, reinforced their reduction in gambling. Participants reminded themselves of how far they had progressed, and they did not want to return to how they were living while gambling. This became easier over time.

Altered perspective towards finances

Since reducing or stopping gambling, participants' perspective on the value of money had changed. They looked back at their gambling frequency and expenditure with regret when they thought about what they had missed out on or what they could have achieved. This regret kept them from returning to excessive gambling. Currently, rather than being motivated to win more money, participants had other plans such as supporting their family, paying bills on time, or buying a house. Previously, even though they knew they were wasting their money, participants gambled because they believed they would have a big win at some point. However, now they could see they were wasting their money as the odds were never in their favour. Since they reduced or stopped gambling, they enjoyed having extra money that

previously would have been used for gambling. A couple of participants also explained that they were no longer struggling to pay bills or make compromises with groceries, and they were able to buy items for their children when they previously could not. Not struggling financially further reinforced the belief they had been wasting money and enabled participants to maintain their reduction in gambling levels.

I'm in a position now where I have to help my family financially. It comes with responsibility, bills to pay and things like that. Back then money that I had was just money that I could spend. (TO.07, M, Pacific)

I actually enjoy not wasting my money and gambling, because I'd rather get things for my kids and I'd rather spend the weekend buying them clothes or something like that. If I wasted \$200 I would think to myself 'God I could have done something better with that'. So, I beat myself up a little bit about that. (TO.02, M, Māori)

Even though several participants had dependents, bills to pay, or other necessary costs, they had initially continued to gamble under the false belief they would eventually win money. Now, given some separation from their gambling activities, participants put their expenditure into perspective and saw that the cost of gambling outweighed any wins. They were able to save the money that would have been used for gambling and see a consistent accumulation in their bank account. The change in perspective toward finances was underpinned by multiple factors including a decreased motivation to gamble and shifting priorities. Participants who continued to gamble were able to keep their gambling risk level low as they only occasionally gambled and with a limited amount of money. Additionally, they no longer viewed gambling as a feasible method for propping up their finances or as a way of getting rich, and so were not invested in the outcome.

Social support to maintain reduction

When participants surrounded themselves with people who were supportive, did not gamble, and were important to them, they were able to maintain their reduction in gambling levels. Whether it was because they did not want to disappoint their family, they had entered into a relationship with a supportive partner, or because they no longer associated with people who gambled, the influence of others contributed to participants' ability to control gambling urges. For example, one participant who had started gambling after her ex-partner had introduced her to EGMs had since met a supportive partner who was opposed to gambling. The life she had with her new husband was unlike her previous gambling life and she was determined "not to mess it up".

Because everybody around me doesn't do it, and they [say], 'Oh nah, what are you doing that for?' 'Oh well, that's what I do!' (TO.01, F, Māori)

My husband's always with me and there's no way he'd let me walk in. (TO.05, F, Māori)

The presence of someone the participants considered important appeared to be an influential factor that kept them away from gambling. This is not to say that participants in other groups did not have anyone important to them; rather, participants in this group spoke about a key person(s) in their life whom they did not want to let down. This person(s) had either been negatively affected by their gambling and they did not want to inflict further harm, or they supported participants to reduce their gambling. Additionally, the significant other person generally provided unwavering support that participants did not want to take for granted.

I got a tremendous girlfriend ... because I told her all about this gambling as well, so we talked about it. I said, 'I'm gonna be over there by myself. There's casinos there, I'm gonna be in Canberra'. I said, 'I'm gonna promise you that I'm not gonna go to any casinos', more of an

accountability thing. When I was in Brisbane, their Treasury Casino, I had to walk past it when I was going somewhere three or four times, and it was up there and I thought, 'Ooh, she'd never know'. But then I thought I can't come back and look her in the eye and then say I didn't keep a promise, so I didn't wanna break promises to her, which is pretty huge and I didn't wanna break promises to God. (TO.06, M, European/Other)

A social group where gambling was not common or a partner who did not gamble contributed to participants being able to maintain their level of reduced gambling. As “not gambling” became their new normal, their urges to gamble decreased. Additionally, the presence of a significant other, whom the participant did not want to let down, further reinforced participants’ motivation to not gamble.

Given a second chance

There were a few participants who described feeling that they had hit ‘rock bottom’ as a result of their gambling. They felt overwhelmed and unable to see a way out of the financial and emotional stressors they had put on themselves and those around them. However, after reaching this stage, there was someone in those participants’ lives who gave them a second chance in order to turn their life around. For example, the participant who failed a year of study was able to return to university in order to finish his degree. This decision was not made lightly, and he felt like it was his last chance.

I failed badly, and it was my last chance... So, yeah, I turned it around; got my degree and I was in. (TO.07, M, Pacific)

Being given a second chance enabled participants to see that their life was worth changing. They studied harder, worked longer hours to pay off debts, or they sought support where previously they struggled alone. After reducing or stopping gambling, they worked hard to not return to gambling as they did not want to take for granted the second or last chance they had been given.

No shift to online gambling: Participants preferred a venue

While a few participants in this group gambled online, most did not. An avoidance of online gambling is one of the reasons why participants in this group did not increase their gambling behaviour or relapse. That is, unlike participants in the *stable high-risk group* or *relapse group* who swapped or supplemented their terrestrial gambling with online gambling, participants in this group did not. Participants explained that winning money or escaping from problems were not the only reasons they gambled. That is, most enjoyed the whole aspect of going to a bar, meeting up with friends, having a glass of wine, and spending the evening on an EGM. As a result, they did not feel the same about online EGMs. These participants could not see the point of online gambling and did not have any inclination to try it.

That [online gambling] wouldn't be exciting for me because it's not the environment. I like the environment of the pokie room and pressing a button and getting a glass of wine. Just sitting there on the phone; it's just sitting at home, isn't it? (TO.05, F, Māori)

Because you had to go out and, 'ah while you're out', mingle with everybody and, 'ah well, I'll just do that'. Being at home on a computer is different again. (TO.01, F, Māori)

Where participants in other groups has shifted to online gambling and their gambling level had been maintained or increased, participants in this group could not see the point of online gambling. As a result, they were able to maintain their transition out of moderate-risk/problem gambling by not changing to online gambling.

Strengthening spirituality or faith

One way a couple of participants maintained their reduced level of gambling was by strengthening their faith or spiritual beliefs. One participant explained that gambling was not permitted in their Christian faith and this reinforced their decision not to gamble. Another participant explained that the money wasted gambling could not be used as a tithe. He felt that gambling had taken him away from his faith and he was determined to maintain a promise he made to God to stop gambling.

The other thing, spiritual thing that keeps me pretty honest with it as well, is that I'm a pretty strong Christian and I believe that if I get employed and earn an honest salary, believe in Biblical tithings, you know, some of that goes back to God ... And then my viewpoint, and this is where I really took a big turn in my mentality on it, I thought if I go and play poker and win six hundred bucks I can't give that back to God or I can't give a portion of it. I can't say to God, 'Here's \$600, here's a tithe of that', because you can't do it ... that's been a massive thing for me, so, biblically speaking I can't do it and it's ruined my relationship with God in a lot of ways. (TO.06, M, European/Other)

Thus, faith reinforced some participants' transition out of moderate-risk/problem gambling by providing them with a larger purpose and a higher being to be accountable to.

Major life events

A couple of participants maintained their gambling reduction following some major life events. A few participants noted that retirement or earthquakes were major events that affected their gambling behaviour.

After the earthquake life became ... You lost your family groups, your work family groups and your things, your lifestyle changed. (TO.03, F, European/Other)

My gambling naturally it's altered since I've been retired. I don't have the spending power. I don't have access to extra income which was disposable income. So, I don't gamble as much and certainly not in the last few months. (TO.08, F, European/Other)

The way their lives had changed meant that participants were unable to sustain their gambling activities or had been unable to return to gambling. The major life events had multiple effects; participants' finances were reduced, their social groups changed, and one participant experienced health issues. The reduced finances meant that, practically, participants could no longer afford to gamble. This led to a change in social group meaning that participants had fewer gambler friends or they lost motivation to leave the house. For these participants, their reduced level of gambling was maintained for three reasons. The first was that finances did not return to the level they were before the life event. The second reason was that with more limited finances, participants appreciated the value of money more. The third reason was that after not gambling for a couple of years, participants' urge to gamble lessened.

Unintended consequence: An increase in loneliness: An unintended consequence of reducing or stopping gambling for the retired participants in this group was an increase in loneliness or feeling left out. Gambling was an activity they could do with others, but it was also an activity they could do by themselves and feel independent but not alone. One participant wished his financial situation allowed him to gamble more often like some of his friends were able to.

You're alone a lot. There's something to that. Something you can do on your own. I mean, going for a nice drive, I'd do that with somebody; I'd go out for lunch or dinner with somebody.

If I go gambling, I go by myself. It's something you can do on your own and to be quite honest, that I want to do on my own. (TO.08, F, European/Other)

I have friends who gamble and bet on horses, and we discuss horses and their form and that sort of thing ... I think they're all pretty modest sort of gamblers; not heavy bettors. Although I do know one fellow quite well who's a very heavy bettor, but I don't really involve myself with him. I just know he bets heavily, and I envy him; I wish I could. (TO.10, M, European/Other)

Strategies to manage gambling

When participants gambled, they utilised various strategies to control their gambling. Since reducing the amount they gambled, participants' strategies had altered. The main methods used were self-control, monetary strategies, self-exclusion, and avoidance of gambling venues or opportunities. Some participants no longer needed specific strategies to manage their gambling.

Note: Where applicable, the themes detailed below have two sub-themes based on participants' use of the strategy in the past when they were moderate-risk/problem gamblers, and their current use of strategies. These sub-themes are included when participants described a notable difference in strategy use or effectiveness.

Self-control

Previous use of self-control: Like participants in other groups, self-control provided the foundation for most strategies used to control gambling. Self-control was also described as a standalone strategy utilised by several participants. When participants were in the midst of their moderate-risk/problem gambling period, most believed that they could control their gambling frequency and expenditure. However, several participants acknowledged that they occasionally lost control and a few participants mentioned that although they told themselves they had control, they knew they did not.

I've always had the ability to stop, and [say], 'Nah, I'm not doing [it] anymore. I'm fine now. See ya'. But, if I started to lose what I'd taken to play with, if that went very quickly, then I definitely would go and get more money, and I don't like that, but you do it anyway. Because you're addicted to pokie machines, I don't care what anybody says; just waiting for that extra spin and jackpot. It's fun and it's enjoyable, but my daughter she hates it. (TO.08, F, European/Other)

A couple of participants noted that one way they increased their self-control was to not drink alcohol. While only a couple of participants drank excessively alongside their gambling, several knew that alcohol lowered their inhibition. Therefore, limiting the amount of alcohol or drinking an alternative beverage enabled participants to concentrate and make an informed decision about when to stop gambling.

It's all about the game actually ... It's not about drinking, but it's more about the game. Drinking makes you not think too much and that's a problem. (TO.09, M, Asian)

Current use of self-control: By the time of their most recent interview, participants had effectively implemented gambling management strategies. Moreover, they believed their level of self-control had improved so that they were able to walk past venues, turn down opportunities to gamble, and not be upset if they forgot to buy a Lotto ticket. Furthermore, when participants gambled, they were able to control their expenditure. Although it occasionally remained a struggle for some participants, most felt they had considerably more control over their gambling.

I used to be quite bad with the pokie machines; we're talking about five/six years ago. I totally stopped about two years ago. I can control myself now. I spend \$30-\$40; I'm done and I'm out, but before I used to go overboard. (TO.04, F, Pacific)

When I was in Australia recently ... I was in close proximity to really big casinos, and I didn't go inside; I was very tempted, but I didn't. So, I didn't go into a casino once in Australia ... It was pretty powerful. It was quite the big pull, I thought, 'Oh, just one game of poker ...' or something, or one of the Ultimate X poker or something, and no. It was huge but I just walked the other way. (TO.06, M, European/Other)

Currently, participants' level of self-control was enhanced after they created a sense of accountability. That is, establishing someone to whom they felt answerable, or someone who made participants consider the outcome of an action. One way that participants established accountability was by telling someone else they were not going to gamble, such as a family member or a friend, or making a promise to God. For participants in this group, accountability appeared more effective when the person they told was important to them.

It's pretty huge, if I hadn't told her before, and it was a last minute thought, I said, 'I'm not gonna go and so I'm not gonna set foot in the casino while I'm there', and I didn't. That was pretty huge. And I can't do that with pokie machines either, because I can't look her straight in the eye if I've been ... I haven't been in a pokie machine [venue] since my relationship with her, but I couldn't do it, and then I'd feel guilty next time I saw her, and I [say] 'oh I only played poker...' I couldn't do it. (TO.06, M, European/Other)

Despite regaining control over their gambling, a couple of participants occasionally still gambled more than they intended to. However, compared to their previous levels of gambling, these instances were less frequent, and less money was involved.

I have control to a certain extent, but every now and then I lose a little bit of control. (TO.02, M, Māori)

Monetary strategies

Like participants in other groups, most participants in this group used monetary strategies both to manage their expenditure and ensure they could continue to gamble. These included setting limits, budgeting, and using only cash or cards.

Previous use of limit setting: A common gambling management strategy was setting limits; participants set a spending limit on their night out or for online gambling. Once they reached that limit, they went home or were unable to gamble further.

I used to keep a limit for myself, \$3,000 or something and used to go there. I also have a limit like I want to win four more thousand, or five more thousand; like that limit up from this money. Sometimes I made it quite quickly, in two hours and just go home. Sometimes it keeps on going, you lose, then lose and you end up in the next day's morning. But, then sometimes you'll end up with the same money. That happens. It depends. There's limits of what you keep. (TO.09, M, Asian)

Despite most participants setting limits before gambling, they repeatedly exceeded the limit and ended up feeling 'disgusted' with themselves. One participant explained that there had been no point setting a limit as they used to continue gambling until nothing was left.

A: Sometimes I'd just do it online. And back then, I just kept spending online.

Q: There would be no limit; you wouldn't set yourself a limit?

A: Yeah, yeah, nah, nah; back then, nah. (TO.07, M, Pacific)

Current use of limit setting: Participants' current gambling activities were considerably limited compared to their previous frequency and expenditure. If participants gambled, they still set a limit but the size of the limit had decreased as they had reduced their gambling. For example, where one participant previously set a limit of \$3,000 (above quote), they now set a limit of a few hundred dollars. Another participant limited their gambling expenditure to \$200 once a year; and another participant's limit reduced from several hundred dollars to \$20.

Just for gambling, if I go to the casino with my colleagues now, I will spend \$400. It's just the whole night I will be spending a lot of money outside. I will be going to pubs here and there, and just go and throw some money; just have fun. Four hundred. (TO.09, M, Asian)

As well as setting limits, if participants did not have the money to gamble, they did not gamble. Previously, participants sourced money from wherever they could in order to gamble. Some participants explained that a stricter limit reduced pressure and made the occasions when they gambled more fun. As they were not worried about gambling excessively nor winning, they enjoyed the activity.

If I haven't got the money, I don't do it. (TO.01, F, Māori)

I enjoy it more now because I know I can't go over that. It's actually enjoyable with that \$200; it's fun and I don't have a choice. I know it's never going to get to the stage of me feeling anxious or depressed or bad or trying to hide anything because my husband knows about it. (TO.05, F, Māori)

Previous use of budgeting: Most participants budgeted to manage their gambling. A few participants were proud that during their extensive gambling period they had not borrowed money to gamble. However, one participant admitted borrowing money to pay for bills after the money intended for those bills had been gambled.

I find it very pleasurable. I don't like losing. I can be disgusted with myself ... But, it's never been mortgage money, it's never been the power money - never. (TO.08, F, European/Other)

I found myself feeling very stressed, because I was using money that was meant to go pay bills, and in turn it made me start lying a lot, it just stuffed up my whole life basically. (TO.04, F, Pacific)

Participants justified using non-disposable income to gamble by stating that they always ensured their bills were paid - regardless of how this was achieved. Borrowing money or limiting other living expenses (e.g. food) enabled participants to continue gambling while ensuring bills were paid.

Current use of budgeting: Most participants' attitude to budgeting had altered since their first interview, generally because of shifting priorities. That is, participants became more aware of their budgeting and how they were spending their money as their priorities and life goals developed. Finishing study, starting a new job, or saving to buy a house took priority over gambling and the budget for gambling reduced. Previously, budgeting was used to ensure money would be available to gamble, however, gambling was simply not a part of a weekly or monthly budget anymore.

I just made sure I paid my bills first, so that I didn't have money in my hand to even worry about whether I was going to go [gambling] or not; so I would pay my bills first, and whatever I had in my hand, in my brain say 'was I going to go gamble or was I not?' Whereas beforehand

I would have the money in my hand, and then go gamble without paying the bills first. So, yeah, that was one thing I made sure I did. (TO.04, F, Pacific)

I just know that I can't use that; I'm not going to use that money. That's the money that's put aside for the mortgage at the end of the month, or something. I won't touch it. (TO.08, F, European/Other)

Currently, if participants gambled, they only used disposable income. However, as their attitude toward gambling changed, so did their attitude to using excess money for gambling, whereby they increasingly felt that it was a waste of money.

I think the last time I went, I spent \$200 that I didn't want to spend. But it was excess and it was there. I was disappointed that I had used that. Not that it made any difference to anything. (TO.08, F, European/Other)

Previous use of only cash or cards: A few participants mentioned using cash or bank/credit cards as a method to manage their gambling. For example, one participant left their cards at home, while another explained that she primarily used cash to gamble and only if she had a certain sum of money. Participants who used cash or cards to limit their gambling were often impeded by their inability to control the limit they had set for themselves. That is, if they had extra cash, that went towards gambling.

I could spend up to \$1,000 as well if I had that money available ... I'd only play if I had \$200 cash. I wouldn't go in and put a \$20 in. (TO.05, F, Māori)

Current use of only cash or cards: Participants had utilised this method of managing their gambling to reduce or stop their gambling. They cancelled debit or credit cards, used only limited amounts of cash, or gave control of their finances to someone else. The participant quoted above explained that she now only gambled with \$200 once a year and her husband kept her bank cards while she gambled.

I probably had an excess of some money stacked aside. It's very easy to dip into that and of course I did use the credit card which I don't have those now. That's a bad way to have that. I used to leave cards behind a lot of times when I went, so that I wouldn't, or I couldn't go and get more money, because I would. (TO.08, F, European/Other)

I could easily if my husband ... we make a deal; he gets a cash card and I get my \$200 so I can't go and get anymore. If we didn't do that, I 100 percent would have gone and got more cash. (TO.05, F, Māori)

Excluded from a venue or online account

Several participants effectively utilised self-exclusion to reduce or stop gambling. They cancelled their online account or excluded themselves from multiple venues.

I cancelled my account with them ... Yeah, I closed my account ... That was probably the first step ... They've got measures to stop you going online. There's one's where you can ban yourself; have your face, take a photo, a reminder when this person comes in you have to leave. I didn't want to do that, so I thought I'd just close my account and start from there. (TO.07, M, Pacific)

I did a one-year ban on every pokie thing [venue] in the lower North Island ... If I walked into a pokie room, then the bar or club or whatever would be fined something like 20 grand and I'd get fined. (TO.05, F, Māori)

The closing of an account or initiating a self-exclusion seemed to act as a symbolic shutting of a door on gambling. One participant explained that with the exclusion in place, she had no choice but to stop gambling because the door would be shut in her face if she turned up to the venue. It appeared that for participants in this group, a self-exclusion carried more weight than for participants in some other groups. That is, they did not consider ways in which they could work around the ban and continue to access gambling venues. While the self-exclusion was not the only reason for participants stopping their gambling activities, it was a first step.

I can't understate the exclusion side of things, pretty massive (TO.06, M, European/Other)

A: I had no choice. If I'd walked in I would have got fined and walked straight out ... For the club it's like \$20,000 or something ridiculous. That encourages them to get you out.

Q: And for you?

A: I'm not sure; I didn't have one. Whatever it was; it wasn't worth risking going in for ... That was enough to get me on track. (TO.05, F, Māori)

A couple of participants had successfully avoided venues for the duration of their exclusion and their official ban had since lapsed. However, they considered it a lifetime ban and continued to avoid the venues.

It's only for 25 [months]; it's actually expired. I could apply and go through a thing and then you'd have to go through six weeks of counselling, or whatever. For me it's a lifetime ban, I've basically moved myself up because I don't wanna open that lid again even though down the track you might be all right, it's just not worth it at all. So, I could go back and apply and go back in but for me it's a lifetime ban, and it's good to have that bit of paper too. (TO.06, M, European/Other)

Avoidance of a venue

Avoidance is a current strategy used by a few participants; that is, they actively go out of their way to avoid a venue, occasion to gamble, or simply thinking about gambling. A couple of participants made an effort to avoid a venue or thinking about gambling in order to not relapse into excessive gambling. Every time they avoided a gambling session or venue, a sense of pride motivated them to continue to avoid gambling.

I try and avoid them if I can, so if I'm somewhere and feel like I'm walking past and say, 'Oh, I've had a rough day, I feel like the urge to ...' and then I just walk past. Or I'm generally not frequenting those pubs so much where they [EGMs] are. (TO.06, M, European/Other)

I suppose just don't go to the bar. I stay away from there. And, I do try my hardest not to go to places where I know I will gamble. Because it's hard not to think about it. Every now and then I just think about it. Yeah, I suppose it's just like an addiction. (TO.02, M, Māori)

Avoidance as a strategy enabled participants to distance themselves from gambling and maintain their transition away from moderate-risk/problem gambling. This strategy contributed to participants' long-term cessation or reduction in gambling urges.

No specific strategy

A couple of participants said that they did not have any strategies to manage their gambling. For example, one participant (quoted below) did not consider his gambling to be a problem and, thus, felt

able to control his gambling frequency and expenditure. In this case, although the participant noted that he did not carry much cash, it was not a gambling-related strategy, rather a general budgeting decision. Another participant did not have a strategy because they did not believe their gambling to be controllable.

A: It's only modest betting ... I don't carry much cash. I'm just conscious of it really.

Q: Do you think you've had any strategies that you've used to keep it [gambling] manageable and not spending too much?

A: No, I could control it all. (TO.10, M, European/Other)

Several participants explained that they did not currently have a strategy to manage their gambling because it was no longer a problem, or they did not gamble. Instead, participants were motivated not to gamble so they would not return to their previous pattern of gambling and negative experiences.

Where I am now it's poles apart. (TO.06, M, European/Other)

Just because I feel so guilty about it; my husband's so anti it and it would just mess up so much. I don't want to be in the same situation I was three years ago. It's taken me three years to get out of it, so I don't want to go back to it. (TO.05, F, Māori)

Seeking help

Most participants in this group were informally supported to reduce their gambling; several utilised self-help methods and a few participants sought professional help. Gambling harms led most participants to seek support from close friends or family members or from professional services. Participants who had not sought support from others had not believed they had a problem that required professional or social support or were able to reduce gambling by themselves. One participant's determination to stop gambling led them to quitting "cold-turkey".

Q: Have you talked to anyone about reducing or stopping your gambling since your first interview with us?

A: No.

Q: What about in the past three years?

A: No.

Q: Not even family or friends?

A: No.

Q: No, okay. Any self-help that you did?

A: No, like I said; I feel like I just went cold turkey. Suddenly a light went off in my head and said, 'You can't gamble something you don't even have, it's just not worth it'. (TO.04, F, Pacific)

Professional help

Just less than half of the participants in this group did not believe that they had required professional help for their gambling. For several participants this was because they felt in control of their gambling, did not gamble as much as other gamblers, or their gambling did not cause any harm. A couple of participants had never considered professional help as they believed their gambling had simply been an interest/hobby or was not actually gambling. One participant was unsure if he needed help; however, he noted that if he felt that support was necessary, he would be able to access it.

It's very much a leisure. I'm not saying that it hasn't done any ... it hasn't produced the result that I'd like. I'd still like to have the money that I've wasted, but that's just silly stuff. (TO.08, F, European/Other)

I think if I wanted to I would. I don't need help unless maybe I'm so confused that I don't know that I need help; but I don't think I do. (TO.12, M, Māori)

Participants who sought professional help did so through specialised gambling treatment services and general counselling services.

Q: Have you talked to anyone about reducing or stopping your gambling?

A: Oh yeah, heaps. I went and sought counselling. (TO.07, M, Pacific)

Specialised gambling treatment services and general counselling services were noted by most participants to be helpful by those who utilised them. However, it was noted by all participants that as supportive as the professional agencies were, ultimately it was their own decision and willpower to commit to change that sustained the long-term changes. One participant indicated that although their counsellor had given them strategies to manage their gambling, having someone they could discuss their problems with was the most helpful aspect.

It was just somewhere to vent and talk about the problems of gambling. My counsellor was an ex-gambler, but at the end of the day it was up to me if I wanted to change. (TO.07, M, Pacific)

Although most participants were generally satisfied with the help they received, one participant had an unsatisfactory experience with professional help. After becoming overwhelmed with her level of debt and finally telling her mother about the true extent of her gambling, her mother signed her up for support through a specialised gambling treatment service. However, the participant explained that the counsellor had no experience with EGMs or gambling. While she acknowledged that a counsellor does not have to be an ex-problem gambler in order to be effective, for this participant, there was a lack of understanding created by insufficient knowledge, experience and insight into gambling. As a result, the participant felt the counsellor did not understand her perspective and offered unhelpful advice. Nonetheless, as a condition set out by her mother, she had to seek help. As a result, she felt the whole experience had been a waste of time.

It was a complete waste of time. The young girl would have been 20 or something. I asked her because of the way she was talking. I said, 'You've clearly never gambled a day in your life'. She'd never touched a pokie machine so off the bat I felt how can you talk to me about how to stop gambling if you've never even done it? But I just kept going because that was one of the conditions of living in mum's house. If I wanted her to help me to get out of debt. (TO.05, F, Māori)

Like participants in the *relapse group*, participants who felt that they could relate to their counsellor or their counsellor provided them a safe space, appeared more satisfied with the support they received.

Non-professional help

Most participants in this group received at least some support from friends, family members or church pastors. Non-professional/social support was accessed after participants could no longer cope with their gambling frequency and expenditure. Unlike other groups, participants in this group were not confronted by family members or friends over their gambling. As most participants hid or lied about the true extent of their gambling, revealing the level of gambling was met with shock.

I don't think she knew the extent until, when I hit the rock bottom and then I said, hey, this is what's going on, and then we had a big chat about it then. (TO.06, M, European/Other)

The level of debt one participant had incurred spurred her mother into action; she helped the participant set up venue exclusions, took control over her finances, gave her a place to stay and set out conditions for being allowed to live in her house.

It was my mum that made me stop ... [She] Signed up to I can't remember which organisation it was ... I'd hidden all the debt situation from everyone and then it got to a point I couldn't hide it anymore. Mum stepped in; otherwise if I still had money and I didn't have debt, I wouldn't have told mum and I would still be gambling. I know that for sure. The only reason I've stopped is because the debt was out of control and I couldn't hide it anymore. (TO.05, F, Māori)

A few participants had multiple discussions with friends over their gambling behaviour while other participants had a single friend whom they trusted and who supported them. However, most often, participants in this group sought help from their parents or partner. Parents were able to provide guidance and practical support (e.g. a place stay) and revealing gambling behaviour to partners established a new source of accountability.

Just my friends. A long time ago maybe ... I used to tell them that I used to go there regularly ... I didn't say I don't want to, but we used to have some discussion. (TO.09, M, Asian)

Participants who strengthened their faith in order to reduce their gambling sought help from their church pastors or elders. Furthermore, one participant's belief in God had provided self-belief and someone to turn to when they were struggling with gambling urges.

But the less you do it then you don't ... you break it and there's a lot of spiritual stuff there, you know - God's helped out with a lot of it, massively. (TO.06, M, European/Other)

Responses to structured PGSI questions indicated that a few participants had "sometimes" been criticised for their gambling or been told that they had a gambling problem, even if they did not believe they had a problem. This criticism, along with the memory of the effects of their gambling, appeared to reinforce their motivation to not gamble. At the current interview, participants were either not gambling or were non-problem gamblers/low-risk gamblers. For participants who still occasionally gambled, support from a partner helped ensure that they did not return to excessive gambling.

Barriers to accessing support services

One participant disclosed that they did not seek professional help due to embarrassment over their gambling.

I was too shy and too embarrassed I suppose. (TO.02, M, Māori)

The remaining participants who did not seek help did not discuss any barriers to be accessing non-professional/social support or professional services. Participants in this group did not disclose any cultural barriers to accessing help.

Summary of findings

The findings for the *transition out of high-risk group*, which explain how these people stopped being moderate-risk gamblers/problem gamblers and became non-gamblers/non-problem gamblers/low-risk gamblers are summarised in the box below and depicted in Figure 13.

Introduction to gambling

- There was an even split between participants who were exposed to gambling within their family, and those who were not. Two participants reported experiencing gambling-related harms as children.
- A few participants felt influenced by their family; the influence both promoted gambling (e.g. growing up surrounded by horses and racing) and discouraged gambling (e.g. ongoing family conflict). A couple of participants began gambling, as adults, with their parents.
- Most participants began gambling with peers or colleagues.

Cultural background

- Cultural background influenced the gambling behaviour of a few participants. Participants from Fiji and India had no prior exposure to gambling before coming to New Zealand. They began gambling at a casino but grew bored of gambling after the initial excitement. A Samoan participant was torn between his Christian faith, which discouraged gambling and his culture, which did not actively oppose gambling.
- No other cultural traditions or behaviours that may have intensified gambling harms or protected against them were discussed.

Developing a habit: Escalation of risk

- Participants developed a gambling habit after the drive to win money led to them chasing losses. A good first experience, gambling socially, attempting to alleviate boredom, using gambling as an outlet for stress or celebration, gambling as a hobby, and being new to New Zealand were all contributing factors to the initial escalation of risk.

Reinforcing gambling increases: The rise before the fall

- Participants had cognitive distortions which reinforced their increasing gambling frequency and expenditure. Maintaining hope and unrealistic optimism, minimising the harms they experienced, and believing they were supporting a charitable cause reinforced their involvement with gambling activities.

Decrease in gambling behaviour and risk

- Participants reduced their gambling after experiencing gambling-related harms including financial struggles, detrimental effects on physical and mental wellbeing, and failing university or being distracted at work.
- Other precipitating factors for reducing or stopping gambling included changing motivations for gambling (e.g. focus on career), financial status (e.g. less available money), becoming involved with social groups who were not involved with gambling, and adapting to life in New Zealand.

Maintaining a low-risk, non-problem or non-gambler status

- Participants maintained their transition out of moderate-risk/problem gambling.
- Factors that enabled participants to maintain this change included no longer having an urge to gamble, remembering the negative effects, altered perspective towards finances, support from others, being given a second chance, and a strengthened spirituality or faith.
- The presence of someone the participants considered important appeared to be instrumental in reducing gambling behaviour and maintaining a low-risk/non gambler status; this person created meaningful accountability.
- Participants did not shift to online gambling because their initial motivations to gamble did not centre on winning money (i.e. they enjoyed socialising, a night out, and a physical venue).

- An unintended consequence of decreased gambling for a retired participant was increased loneliness.

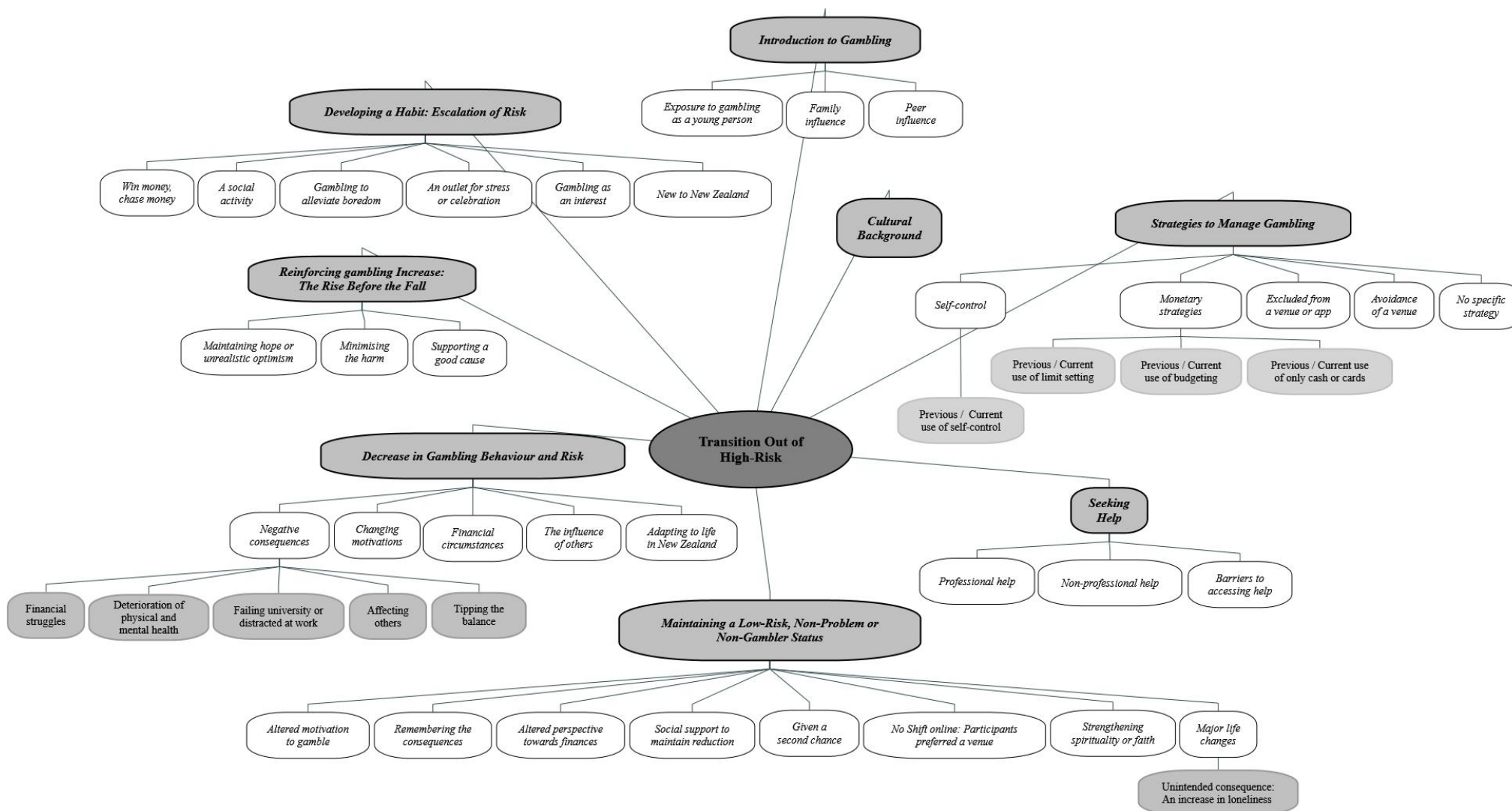
Strategies to manage gambling

- Participants utilised self-control, monetary strategies, self-exclusion and avoidance to control their gambling. The way participants used these strategies had altered somewhat since they had managed to reduce their gambling; e.g. participants were less likely to exceed a pre-set limit and the limit was considerably smaller than it used to be.
- Self-exclusion was effectively used by several participants.

Seeking help

- A few participants sought professional help through specialised gambling treatment services and general counselling services. The services were noted to be helpful, except for one participant due a perceived lack of understanding by the counsellor.
- Most participants received non-professional/social support to stop or reduce gambling and maintenance of this.
- A barrier to accessing professional help for one participant was embarrassment and feeling shy. No other barriers were discussed.

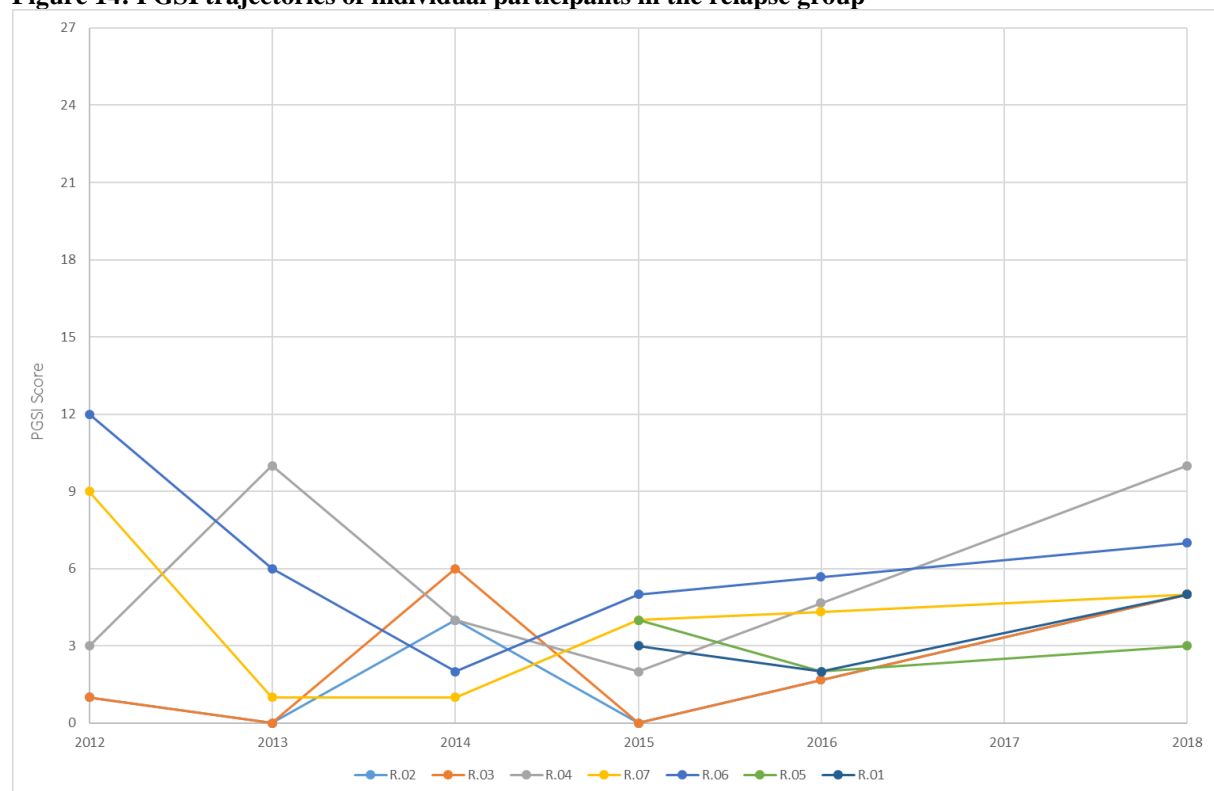
Figure 13: Theme map for transition out of high-risk group



Relapse group

There were seven participants in this group recruited from main NGS participants and the additional moderate-risk/problem gambler cohort. These participants were moderate-risk/problem gamblers at an early interview who, over time, became non-gamblers/non-problem gamblers/low-risk gamblers and then relapsed into moderate-risk/problem gambling by their current interview. The individual PGSI score trajectories for each participant are depicted in Figure 14. Note that some participants had identical PGSI scores on occasions, meaning that some lines are superimposed on each other at times.

Figure 14: PGSI trajectories of individual participants in the relapse group



Demographic details for the seven participants are detailed in Appendix 5 and show that the participants comprised both genders and a range of ages. Māori, Pacific, Asian and European/Other people were represented. All participants had low to moderate levels of individual deprivation. Other socio-demographic characteristics varied between participants.

Measured at the final interview, all participants in the *relapse group* reported current (past-year) participation in multiple gambling activities, ranging from two to six activities). Figure 15 provides an illustration of the gambling frequency and expenditure, represented on the stacked column chart by proportionally increasing segments. Frequency is represented by ‘at least weekly’, ‘at least monthly’, and ‘at least annually’ gambling. In the figure, the smallest segment represents gambling at least annually and the largest, at least weekly. Similarly, expenditure is represented by increments of \$1-\$50, \$51-\$250, \$251-\$500, and more than \$501 typically spent in a month. In the figure, the smallest segment represents spending \$1-\$50 a month and the largest, spending \$501 or more a month. For reference, Figure 16 is a graphical representation of the size of each segment.

It is important to note that the figure is not intended for statistical purposes. Instead, both the PGSI trajectories and the frequency/expenditure figures provide a visual context of gambling behaviour for the qualitative analysis. For example, participant R.05 (M, European/Other) reported a high frequency and expenditure on NZ Lotteries Commission products and it appears that these purchases may have

influenced their relapse. Correspondingly, the participant discussed the effectiveness of Lotto advertising.

Figure 15: Gambling frequency and expenditure for participants in the relapse group at the final interview

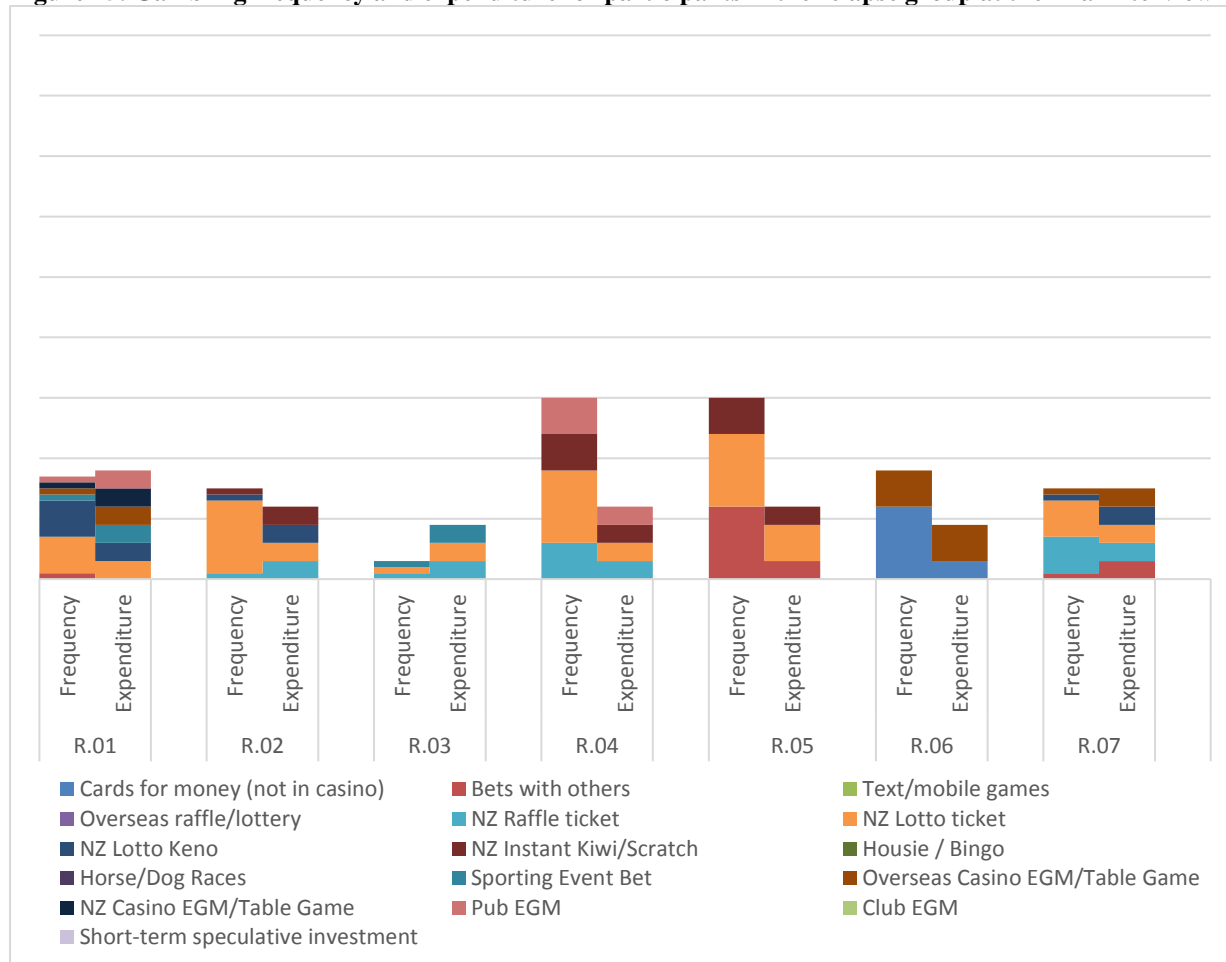
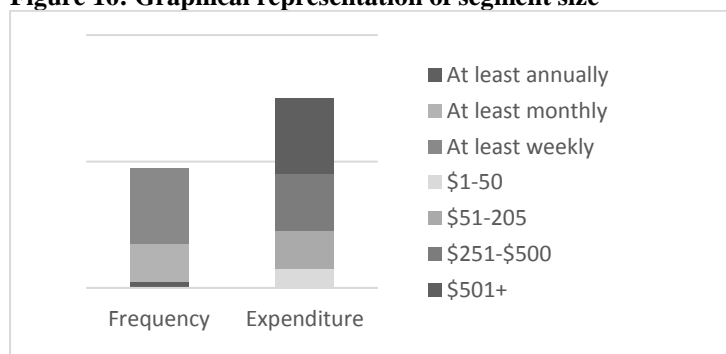


Figure 16: Graphical representation of segment size



Seven key themes (with sub-themes) identified in the interview data are discussed in this section:

- Introduction to gambling
 - Exposure to gambling as young person
 - Family influence
 - Choosing to gamble
- Cultural background
- Initial risk escalation then decreases in risk

- Initial escalation of risk
- Decreases in risk
- Relapse: Re-escalation of risk
 - Forgetting the effects
 - Gambling as a coping mechanism
 - A renewed sense of boredom
 - Resurgence of the impulse to gamble
 - Discovering online gambling
 - Advertising and accessibility created an easy return to gambling
 - Financial and employment status
- Strategies to manage gambling
 - Self-control
 - Monetary strategies
 - Self-exclusion
 - Keeping occupied to avoid gambling
 - Choosing specific gambling activities
- Seeking help
 - Professional help
 - Non-professional help
 - Barriers to accessing support services.

Introduction to gambling

As with participants in other groups, nearly all participants had prior exposure to gambling before they developed their own pattern of gambling. Most had family members who gambled, ranging from an occasional Lotto ticket to substantial betting on horse races.

Exposure to gambling as a young person

In this group, participants were fairly evenly split between those who had experienced a high level of gambling whilst a child and those where gambling did not occur or was limited to an occasional Lotto ticket. A few participants came from a family in which gambling was strongly opposed.

My mum used to go to bingo or housie back in those days, and my dad would bet on horses ... My mum would come back with something a lot of times and my dad had a great win one time, a real big win on the horses, and from a dream of his, cost him about \$6 to \$7 he said and he made about 15 grand, because a trifecta. Most amount of money and cash I ever seen. (R.03, M, Māori)

Gambling in our family, it's not heavy but we tend to just gamble on Lotto tickets and Instant Kiwi. (R.05, M, European/Other)

As with participants in other groups who had experienced a high level of gambling, participants in this group minimised the level of harm or the effect of the gambling on the family. A high level of gambling was positioned as being a tradition or they drew comparisons between other gambling activities they perceived to be more harmful.

Family influence

The influence of gambling in the family background primarily related to gambling becoming a normal part of participants' lives. Although there were a couple of participants who noted that someone in their family was opposed to gambling, most participants' families were either neutral about gambling or only opposed to specific gambling activities. Although participants were aware of the extremely slim chance of winning a Lotto jackpot, many had continued their parents' "tradition" of buying tickets in the hope that they would have better luck.

I suppose in a happy way. Maybe this time, this week we might win something. Gave you that bit of hope. I think we only won about \$100 at one time, but otherwise didn't win anything. But, every time they did go into the shop to buy one, I'd go with them and thought, 'Good, maybe this week, maybe this week we get the \$1.8 million', or whatever it was during that week ... They used to get Lotto tickets quite a bit and I suppose that's where I got the bug from and started getting some for myself. But, yeah, they started it all off by getting Lotto tickets and Instant Kiwi tickets. (R.05, M, European/Other)

One participant identified a connection to buying Lotto tickets to a family tradition (see above quote: participant (R.05, M, European/Other). From the structured questions, this participant reported spending a substantial amount of money on Lotto tickets (\$80 a week) compared to other gambling activities (\$40 a week on bets with friends and \$20 every two weeks on Instant Kiwi tickets). Believing he might be "luckier" than his parents (see theme *Money, lack of money, and money*) and encouraged by advertising (see theme *Advertising and accessibility created an easy return to gambling*), this participant continued the tradition of buying Lotto tickets.

For some participants, the influence from their family was more explicit. That is, as a young person, they were routinely included in their parents' gambling activities. This included being taken to the races, checking Lotto tickets, or receiving scratch cards as birthday presents.

A: That was pretty cool I thought, being around these adults and they're all concentrating on their horses and their races and a few other kids might be there but we'd duck in between the adults, picking up all these tickets, used tickets just discarded everywhere. And even to the races, go to the racecourse sometimes with the old man ... That was real cool, outdoors, actually seeing these animals running around the track was amazing.

Q: Did he get you involved with the gambling, with the betting, or would he just do it himself?

A: We wanted to get involved, yeah. Sometimes on a race where he's really got no idea which horse he might just show us the book, the booking book, whatever they used to call it, and ask us, 'Just pick a horse'. So, that was cool. (R.03, M, Māori)

As well as being involved with family gambling activities, one participant appeared to be heavily influenced by one of his father's major wins. This participant dreamed about winning something comparable and often thought about going back in time to instruct his father to bet more.

I always hope to hit the big one. I'm always going back to the old man, that win of his. And I've tried to do the maths - \$6 to \$15,000. What if I could have gone back in that time, that one time, that one spot to go back in time, it will be to there, to that morning. Catch my old man going to the TAB ... So, I knew that if I could convince him of that [bet the house], imagine the house back in the day, \$30-40,000. I've done the maths, it's huge. (R.03, M, Māori)

Although these participants were directly involved in family gambling activities from a relatively young age, they believed that it had no or little influence on their current gambling behaviour.

There was no gambling influence pretty much after that. Even when I went to go see the old

man, he was still doing this TAB thing. No, I just wasn't interested. So, no, my parents didn't have any influence on me. (R.03, M, Māori)

Instead, participants externalised the influence by focusing on the prevalence of gambling in New Zealand communities. Other participants identified that their own path into gambling was not influenced by their family but by their own interests. In this instance, participants appeared to distance their family from any potential blame for their gambling.

Choosing to gamble

Although nearly all participants experienced some gambling as a child, their introduction to their own gambling and the escalation of their risk level generally occurred independent of their family. As with participants in other groups, most participants first gambled with friends, a work group, or with their partner.

Maybe about 14, 15 years ago, around there, when I was flatting and my ex-flatmate at that time put some money in and won heaps. (R.01, M, Māori)

A couple of participants did not start gambling until they were in their twenties or early thirties. Their family prevented any early involvement and they were not particularly interested in gambling. However, due to a change in their work environment, they started taking part in the workplace gambling syndicate.

I had workmates, older men when I was young, my early twenties, had older middle-aged men and gambling on the horses and they knew what they were doing and they would give me advice, give me a \$20 or a \$10, they know. They want me to put it on; 'This is a good one. We've got him', so I would. And then I told them, 'Let me know when you've got a real sure thing, let me know'. I was forever in them. These horses ... I had no idea how to do horses, but these other guys did. (R.03, M, Māori)

Cultural background

A couple of participants thought that their cultural background had influenced their initial gambling behaviour and attitudes. One participant noted that in the Samoan community, there was pressure to contribute a tithing to their church. Moreover, she shared that the church put on bingo/housie nights or raffle tickets in order to raise money. The participant noted that her mother and sister were regular attendees of bingo/housie nights and often bought raffle tickets. Of note, the participant explained that bingo/housie nights and raffle tickets were not considered gambling among the community because it was raising money for the church. The participant also said that there were members of the congregation on limited incomes who gambled in order to try to increase their funds to be able to donate more to the church. This participant explained that like her mother and sister, she felt pressure to give money to the church and she thought she could see how gambling could provide funding. However, her husband limited her gambling activities and she considered financial stability for her family a priority over donating to her church.

A: Well apart from people, family selling tickets, is that a gamble?

Q: Yeah.

A: It's not a thing but it's like raising money for church, that's basically what people are doing. And I think that's wrong what they're doing ... Most people are just basically working just to raise money for church. Aren't you supposed to be working for your families?

Q: Are there any other traditions surrounding gambling?

A: Bingo ... It's a really big thing for us. I don't do it because I'm married to him. But I grew up back home, back in Samoa, and it's an everyday thing and it's basically for them just to raise money for church, or fun. But I don't see it as fun because you're just basically spending money, for what? (R.04, F, Pacific)

Conversely, another participant explained that coming from China, there was little access to gambling in her community. Although mah-jong was regularly played, her parents could not afford to gamble and were not interested in taking part in other gambling activities. The participant had not experienced any pressure to gamble or to increase their income. Despite this, the participant's brother was also a gambler and she wished she had the capacity to gamble in a way he did; that is, his expenditure and frequency was much higher than her own.

My parents; I don't think they do it, because I think in their background; I'm from China and at those times, they didn't have access to any gambling. (R.02, F, Asian)

However, coming from a background in which gambling was not present and migrating to New Zealand where gambling was more accessible, led this participant to seek out gambling opportunities. She often wanted to go to a casino but because her friends were not interested in gambling, she generally bought Lotto tickets and online scratch cards instead.

None of the Māori participants discussed cultural traditions or behaviours that may have intensified gambling harms or protected against them.

Initial risk escalation then decreases in risk

Initial escalation of risk

The reasons for participants' initial escalation into moderate-risk/problem gambling behaviour were similar to participants in the *stable high-risk*, *transition into high-risk* and *transition out of high-risk groups*. Regular gambling began with occasional low value betting that subsequently increased, sometimes with substantial amounts of money. Often, *a good first experience* led to participants gambling again and again. Most participants experienced 'chasing' behaviour as their bet sizes increased and they accrued more financial losses.

Like participants in other groups, the main the reasons behind participants' initial escalation in gambling risk level was their motivation to *win money* and the belief that *gambling could improve finances*.

Winning money from the TAB was always a help. TAB I think is like a loan shop ... If you need that extra bit of money you can get it. And if you lose, it's like the interest on the money that you may have won. If you lose that's just the interest that you would have paid at a loan shark shop. (R.03, M, Māori)

Other participants became reliant on gambling as a *coping mechanism* to deal with stress, frustration, or anger. Their elevated level of gambling was sustained while they experienced a challenging situation and, for a few participants, it continued even when they were not feeling stressed.

I would say it's just life stress ... and maybe lack of other hobbies. (R.02, F, Asian)

Many participants also gambled to *alleviate boredom*. Following their initial excitement with gambling, some participants found that few other activities were as compelling. These participants noted that they were bored when they were not gambling, and they ruminated about the possibility of their next gamble.

I got a bit bored and I had some money, so I put it in [gambling]. (R.01, M, Māori)

A few participants enjoyed *boasting about, and sharing, their winnings* with others. They were under a false belief that their ‘bragging rights’ were costing them little. Although one participant acknowledged that he had probably lost more than he had won, he also said that he lied to himself and others about the true cost of his winnings. These participants gambled because they enjoyed winning money, sharing their winnings and boasting about a big win. However, like other participants, they ended up continuing gambling in order to maintain their image of winning and in the attempt to recover losses.

Real cool. Real, real cool. Even though I'm a very generous fellow, I'm always shouting a box here and there or a feed and that for [when] my family come around or I'll take it over to their place. But when it comes to winning good money I really turn it on and I know it's not really costing me because I've weighed up how much I've lost here and there and how much I've won, I try and still stay, how they say, in the black, yeah, still stay in the black. (R.03, M, Māori)

Decreases in risk

Since their initial interviews, participants in this group reduced or stopped their gambling for a period. Like participants in the *transition out of high-risk group*, several factors contributed to the reduction.

A *realisation of harms* preceded a decrease in gambling for most participants in this group. Only one participant stated that they had not experienced any gambling-related harms. A few participants reduced gambling to minimise the effects on their children, and several participants spoke about reaching a turning point or having an epiphany that was preceded by an accumulation of negative effects or a single and devastating event.

I lost money, almost \$900 that day ... I know when I went home, I couldn't sleep. It was the amount of money, \$900 or something, it was a big amount of money and I was scared of my wife; oh, my wife will do something. No, I don't want these sorts of problem coming to myself and my house. So, I tried to control [my gambling] and I admitted to my wife. (R.06, M, Asian)

When gambling was used as a coping mechanism, participants' gambling reduced when they felt *stress-free and in control of their life*. Several participants reduced their level of gambling with *support from others*. The support could be explicit (e.g. a challenge about behaviour) or indirect (e.g. changes in social group).

He told me his story that he had to stop and think, and he said to me that he has seen relationship breakdowns. Like, a couple walked in, they lose the money, then the money lost led onto domestic violence and the police being called over the money lost. Since he said that and I was just starting out on the relationship at that time I was thinking, 'Nah, not coming back again'. So, he saved me. (R.01, M, Māori)

A few participants believed they had reduced or stopped gambling because they had matured or *developed a focus on other activities*. For example, there were participants whose focus shifted from gambling after they started studying, got a new job or bought a house. These factors contributed to shifting participants' focus away from gambling, in turn, reducing frequency and overall expenditure.

In the past it was fun and keeping myself in a pressure situation and winning gives you that thrill that I was looking for at that time, but it's not fun anymore, especially when you have a kid and you have all these responsibilities; the amount of money you can spend is limited. You don't seek that kind of thrill. (R.07, M, Asian)

Relapse: Re-escalation of risk

Following a period in which participants were non-gamblers/non-problem gamblers/low-risk gamblers, all participants in this group relapsed back into moderate-risk or problem gambling. Several participants said that they were stuck in a cycle of gambling and, although they had stopped, it had seemed inevitable that they were drawn back to it. Findings from the structured questions indicated that participants currently gambled on multiple activities and had substantial expenditure across the different activities. Figure 15 illustrates that several participants gambled regularly.

Participants' descriptions of their current gambling behaviour were generally consistent with their PGSI scores. Those who described feeling guilty or becoming sick because of their gambling, also scored higher on the relevant PGSI items. However, one participant described a limited amount of gambling, contrary to his responses to the structured questions that indicated he had gambled on a number of activities within the last six months, and he was still spending more than he could afford, betting with increasing sums of money, and chasing losses.

A number of factors were identified as to why participants in this group were unable to maintain their transition out of moderate-risk/problem gambling. Reasons included forgetting the effects, using gambling as a coping mechanism, boredom, failing to deal with the urge to gamble, discovering online gambling, advertising and accessibility, and participants' financial and employment status.

Forgetting the effects

Many participants had reduced or stopped gambling due to the effect that it was having on themselves and their family. However, after time had passed, the full effect of the gambling-related harms had largely been forgotten or were no longer an issue. That is, their financial situation improved, relationships with family members recovered, or their mental health and wellbeing was in a better state. A couple of participants said that despite reducing or stopping gambling because of the effects, they had not been as committed to the reduction as they could have been. Inevitably, they were drawn back to gambling and began justifying their recommencement of gambling activities.

I can still in a way, justify why I am doing it: (a) I'm not affecting my family, and (b) if I win something it will be spent on the family, not for myself. (R.07, M, Asian)

I pay for it and it's at my discretion whenever I want, on anything I want, no questions asked. (R.03, M, Māori)

Several participants remembered the fun and excitement they had experienced when gambling and minimised the negative effects. They again began gambling occasionally, believing they could control their session frequency and expenditure. However, this was not the case and many returned to high levels of gambling. In such instances, 'fun' became increasingly associated with regret and sadness as participants began re-experiencing negative effects.

It was excitement when you win it, but deep down it was sad because you spent that much and you shouldn't have. (R.04, F, Pacific)

There was a temptation there. There was a jackpot and I was playing there and all of a sudden all people are betting. I thought, 'I'll get the jackpot and that money I can spend somewhere else'. But in fact it went the other way. (R.06, M, Asian)

As time passed, so did the salience of the negative effects that had led participants to reduce or stop gambling. It appeared that this allowed minimisation of the magnitude of gambling-related harms

experienced by participants in this group. They began to gamble occasionally yet, as with their initial gambling escalation, they were unable to maintain a low level of gambling.

Gambling as a coping mechanism

Several participants' return to moderate-risk/problem gambling was evident after a major life event. Used as a coping mechanism, gambling allowed participants to escape their situation by zoning out and avoiding thinking about what they were doing or experiencing. The events that precipitated the re-escalation of gambling behaviour included dealing with recurrent stress and relationship problems.

Dealing with stressful events: A couple of participants stated that when they were stressed, their gambling increased. The origin of their stress included work problems, study and relationship difficulties. These participants noted that prior to their return to gambling they had not faced any major issues in their life. However, as with the initial escalation, gambling was positioned as an outlet and a break from having to deal with challenging emotions and situations. For example, a couple of participants experienced stress that caused insomnia; therefore, gambling was viewed as a better alternative to being trapped with their thoughts while unable to sleep. Other participants explained the dynamics of their workplace meant there was a high level of pressure. When the pressure became too much for the participants, they found relief by gambling. However, as is evident in the following quote, the relief was short-lived.

Sometimes we work in a lot of pressure, the pressure at the workplace, it affects you too ... I thought that going to the gambling might help but, no, it makes you worse. (R.06, M, Asian)

In the interview, participants did not disclose the full nature of the issues that influenced them to gamble again. Although these participants used gambling as coping mechanism, they soon realised that their increased gambling simply added to their problems.

Sometimes I do it [gamble] more because I was stressful, but actually it makes you more stressful, because of the disappointment. Sometimes I would think how I would spend my money if I win, but obviously it's not a reality; obviously I didn't win, so it actually makes me more disappointed - more stressful sometimes. (R.02, F, Asian)

Nevertheless, they were unable to stop because they found they had little control over their gambling, had not implemented a constructive method to deal with challenging emotions or situations, and remained fixated on gambling as an outlet.

I think I can find my pattern; when I'm stressed and at the end of the day I like to play more on the lottery. I try to play normally, regularly; like the Lotto, even not to the Powerball; to keep the cost minimal. But when I'm too stressed; I like to play the instant one, or I like to add the Powerball and the keno. I think that's maybe the common reason; the stress (R.02, F, Asian)

Relationship problems or disintegration: A couple of participants said that when they experienced problems within their relationship they gambled to escape. Gambling was an activity that gave them a break from their conflict and made them feel momentarily better. One participant indicated that following difficulties within her marriage, her gambling had increased. This participant felt alone and gambling provided some respite from her problems.

I think I was pissed off with someone, with him. I was upset with him, yeah, just the family problems that I had; just wanted to lose the money, basically. (R.04, F, Pacific)

Gambling as a coping mechanism for stressful situations or challenging emotions enabled participants to temporarily escape from their stressors. While they felt good when they were gambling, they inevitably had to return home or to the realisation that their problem remained. As it was a coping mechanism, without appropriate alternative coping strategies, participants continued to return to gambling when faced with new or recurrent challenging or distressing emotions.

As mentioned in the *transition into high-risk group* section (see theme *Problems in a relationship: Gambling as an escape*), gambling and relationship problems became a self-perpetuating cycle for a couple of participants. That is, participants' gambling behaviour often created problems in the relationship and, to escape problems, participants gambled. However, for participants in this group, when they stopped or reduced their gambling, relationship problems were a trigger back into serious gambling (i.e. their gambling was not the initial cause of the relationship problems). Gambling was used as an opportunity to escape and stop thinking about their situation. As a result, without a supportive or constructive strategy for dealing with their relationship problems, the reliance on gambling as an escape led to increased gambling.

A renewed sense of boredom

As with the initial motivation to alleviate boredom, a return to gambling was sometimes due to a lack of alternative activities. Several participants' gambling reduced or stopped after they became busy with a new job, study or other activities. However, as these activities became routine for participants, they grew bored again. That is, although they had reduced or stopped gambling, they had failed to replace their gambling with another activity that provided the same sort of stimulus. One participant described how they were increasingly bored at home with seemingly nothing else to do other than watch television. Another felt they had not lost their 'gambling mind-set' and as their boredom increased, they became increasingly frustrated and restless, leading to feeling trapped in their own home. Therefore, instead of sitting at home, they went to their local pub and gambled. One participant described the 'thrill' of losing and then winning back large sums of money. These participants also used gambling as an exciting activity to alleviate the experience of boredom.

The thrill. There were instances where we go with \$200 every time and then we lose all of that, and then we spend more money on top of that. There were instances where we were left with literally \$5 and we came back winning \$800. It feels great when boasting to others, especially in your friends' group. You talk about those experiences, you can see that pleasure. (R.07, M, Asian)

The perceived mundane routine of life, going to work and lacking extracurricular activities, led to a biased perception of gambling as a fun and stress-free activity. Additionally, gambling captured the attention of participants in a way that other activities did not. A couple of participants mentioned that, compared to gambling, other activities lacked the same sense of anticipation, excitement and risk. For one participant, gambling was an exciting and competitive challenge between other gamblers and for another it enlivened social events.

The amount of people you see, they're a challenge, it comes to a challenge, in my mind 'My god, they're playing ... we can do it'. (R.06, M, Asian)

I find it more happier if I'm socialising with my friends. If I put a bet on, it brings up the stakes more, and you're enjoying the game. You're sort of, 'Come on, come on, I've got twenty bucks riding on this' ... So, it brings the stakes up a wee bit more in the socialisation stakes, when money actually is involved. (R.05, M, European/Other)

Resurgence of the impulse to gamble

Several participants felt compelled to gamble and a couple of participants described themselves as having an addictive personality. Some of these participants identified that their gambling co-existed with other addictions and mental health issues. While they had managed to reduce their gambling for a time, their return to gambling was thought inevitable. Described as being trapped in a cycle of gambling with little to no control, reductions were consistently followed by increases, and vice versa. As a result, the reduced gambling by these participants was viewed simply as part of their addictive cycle. Participants' responses to the structured questions supported their discussion within the semi-structured interviews. That is, participants who described a constant battle with their gambling behaviour also had higher current PGSI scores.

Even if I don't have spare money then I'll still go [to gamble], no matter what, I still went. (R.04, F, Pacific)

You know for sure that's your mistake [returning to gambling]. And at that time the only thing that makes you want to play again is if you win it then it's easy money without having to work too hard. (R.07, M, Asian)

Other participants felt they could not control their gambling and they wished they were able to make long-term, sustainable changes. One of these participants described the temptation they felt whenever they walked past a venue.

The temptation is all in there; it's all in behind the back of my thoughts ... Sometimes you are very conscious but there's the back of mind, there's, 'Oh, there's a betting machine why don't I go and check that'. (R.06, M, Asian)

Regardless of the harms that many participants experienced, several participants acknowledged that it was incredibly difficult to extinguish their urge to gamble. These participants had experienced financial problems or wellbeing issues. However, they also had many positive experiences associated with gambling such as winning large amounts of money, meeting new people, having fun, and alleviating loneliness or boredom; these overshadowed the negative effects. One participant explained that it was a constant battle as to whether he gambled; a battle between the cost to his family and his urge to gamble.

[Gamble] once a week or just think, 'Oh, I better go there', then I think, 'No'. I just try to balance my conscience whether I have to go there or not, what is good for me. But if I go there, because I've got everything at the moment; I've got everything, right. I don't want to ruin my family, I don't to ruin myself; and I don't want my family to just pay. I have to control ... think wisely, what I am doing. (R.06, M, Asian)

For participants dealing with an addiction or a lack of control over their gambling, it took little encouragement for them to return to gambling. Their need for a fast-paced, 'fun' stimulus meant that it was difficult to completely let go of gambling. After managing to reduce or stop, participants sought out the familiarity and excitement of gambling and a single session was inevitably not their last. There did not have to be a major precipitating event; indeed, walking past a venue, seeing an advertisement, or simply being bored, were all antecedents to a gambling session which led to the return to moderate-risk or problem gambling.

Discovering online gambling

As discussed in other groups, the availability of online gambling led to an increase in gambling for several participants. Despite managing to stop or reduce their gambling, online availability of various gambling activities (e.g. TAB, Lotto, casino table games) led to an increase in gambling behaviour. Participants who discovered online gambling had previously explained that their reduction in gambling was due to a lack of time; however, with online gambling they found that lack of time was no longer a valid reason. Indeed, as evidenced in the following quote, several participants were somewhat grateful for their discovery of online gambling because it meant they would not miss out on being able to bet, buy a Lotto ticket, or get to the TAB.

A: I've only gone online since about end of 2015 going into '16. It's only been a couple of years since I've found out about the TAB app and found out that it was easier to do it like that.

Q: So, was it the ease that ...?

A: Yeah, very easy ... It was all I wanted, was everything I wanted. I wanted to lay a bet when I want. (R.03, M, Māori)

Several participants had reduced or stopped gambling after their lives had become busier or they married and had children. The following quote demonstrates how one participant stopped going to a casino to spend more time with his family; however, after discovering online gambling, timing and accessibility was no longer an issue. The participant later discussed that even though he was present in the home, his family was still missing out on his attention and the money he was gambling.

It's just myself [who gambles] and I think no-one knows about it because mostly I do it online. The casino thing is just a one-off thing, if someone comes as a visitor I'll just take them out just to show how a casino is ... I avoided going to the casinos completely just because I can't take my boy with me and I don't get enough time to spend by myself away from family because I work and then I have to be back, so don't find that much time. (R.07, M, Asian)

Additionally, for participants who enjoyed casino table games but were too busy to go to a casino, they were able to easily gamble online. Online poker games meant participants were able to take part in competitive, international tournaments, which gave them a sense of satisfaction and purpose to their gambling. Again, the utilisation and demonstration of skill meant participants were not motivated to reduce their gambling once they found an accessible online site.

Advertising and accessibility created an easy return to gambling

Most participants acknowledged that the accessibility and advertising of gambling had some influence in their return to gambling. This was particularly the case for participants who felt they were not in control of their gambling behaviours. Local pubs and online gambling were the most accessible gambling platforms; however, advertising the incentives provided by casinos increased the appeal of going into a city.

Advertising too; because normally I have seen that flashing - the vending machine is there; and the free bus service, and the casino they're sending all the buses every month, tempting you know. And they say, the free carpark there too, free carpark. (R.07, M, Asian)

Participants gave a couple of reasons as to how advertising had prompted their return to moderate-risk/problem gambling including enhancing the appeal of the activity (see above quote), playing on their emotions, or promoting the fear of missing out. As explained in the following quote, advertisements that included a powerful or meaningful message influenced positive emotions. Those emotions became

associated with the gambling activity and, as a result, the participant felt good about spending more on Lotto tickets.

A: So, since that new advertising campaign they had with the Instant Kiwi and those ads where the man goes on the pirate boat and be very nice with his son; since then, that made me go out and get more. It made me feel good. I liked those ads. They're not on TV anymore. They used to be. Do you know the one I'm talking about; had a storyteller?

Q: Yeah.

A: That's one of the best ads for Lotto I've ever seen. That actually made me feel really ... felt okay, then a couple of days after I would have gone out and spent a bit more on Lotto. (R.05, M, European/Other)

Additionally, as mentioned by participants in other groups (e.g. *stable low-risk group* see later), Lotto jackpot advertisements provided a compelling reason to buy a ticket. In this group, most participants never completely stopped gambling as they continued to buy Lotto tickets, which led to legitimising their other gambling activities. That is, they felt they had regained control over their gambling as they were able to control their Lotto or Instant Kiwi purchases. Inevitably, they branched out to other gambling activities and their risk level escalated.

One more reason I can think of is the lotteries are more accessible for everybody, and the people are more aware of it. You know when somebody wins 12 million dollars or something; you can see it from the news, social media, because people share information more easily. I think that encourages me or somebody else to do it more often. (R.02, F, Asian)

Initially the Lotto, when the top prize got higher, you had to be in to win. The ads, you had to be in it to win it ... you've got a chance as much as everybody else ... And then betting on the sports came in and that made it easier for me. I knew the team that I wanted to back. (R.03, M, Māori)

Financial and employment status

For several participants, the return of gambling behaviours occurred after their financial situation improved or they gained access to a large sum of money. Participants in this group had generally stopped gambling because of the negative effects rather than losing access to funds. Yet, similar to participants in the *transition into high-risk group*, when their financial situation improved, their gambling increased. For example, one participant explained that moving to a new house allowed him to save nearly \$300 a week on rent. This excess money made gambling more accessible and appealing; however, in an attempt to not increase his gambling, he had begun drinking alcohol (alcohol consumption was used by a couple of participants in an effort to avoid a return to gambling). Evidenced in the following quote, participants' motivation to gamble was often intertwined with their financial situation. When they had more money, they gambled more. Moreover, when they had more money, they also wanted more money. Gambling became both an "affordable" activity and one which they believed they could potentially profit from.

Yeah, because of that excess of money. We're talking a couple of hundred dollars difference a week between renting and boarding, easy, nearly \$300 ... So, instead I've gone from gambling to drinking too much now instead of saving for a deposit on a house. (R.03, M, Māori)

I think I played it a little bit more; maybe one year ago - last year. So, one thing is, it's a little bit more affordable for me. Another thing is, I'm getting older and if I could win the Lotto to retire early - something like that. I think that's common amongst some people; just wanting to quit their job and retire early - yes. (R.02, F, Asian)

A couple of participants noted how their gambling increased after they had changed employment or their spouse went back to work. For one participant, getting a job meant they increased their disposable income whilst, for another participant, their job was located close to gambling venues. Thus, participants' employment made gambling more accessible, either through an increase in accessible funds or the physical accessibility of gambling venues.

I played irregularly at that time, but now because we more steadily work at the worker circumstances; so, I can afford to play it regularly. (R.02, F, Asian)

Yeah, my online thing spiked up. I think my wife started work and from then on, I had this extra buffer amount that I can spend. (R.07, M, Asian)

Strategies to manage gambling

The gambling behaviour of participants in this group followed a general pattern of relapse in which they were moderate-risk/problem gamblers, became low-risk/non-problem/non-gamblers, then relapsed back to moderate-risk/problem gambling by the time of their latest interview. Throughout this pattern of risk, participants used various methods to manage their gambling. In part, these strategies helped maintain their reduction for the period in which they had reduced, or stopped, gambling. However, when participants were in their high gambling period, these strategies were often not utilised or implementation barriers in the strategies became evident. Methods used by participants in this group included self-control, monetary strategies, venue exclusion, keeping busy, and taking a break.

Self-control

Underpinning all strategies discussed by participants was self-control. Level of self-control determined the effectiveness of a given strategy and whether participants could manage their gambling. Although some participants believed they had a good level of self-control, others felt that their ability to control themselves was almost non-existent.

I just remind myself to be rational, and only play a maximum of three or four times. (R.02, F, Asian)

I was actually stopping myself and I was quite good in terms of cutting it off, so I didn't do much gambling at all. (R.07, M, Asian)

Most participants acknowledged that self-control alone was not enough to stop their gambling, especially if they were in a heavy session. As a result, self-control most often reinforced other strategies such as setting a monetary limit, self-exclusion, or keeping busy.

Monetary strategies

Like participants in other groups, monetary strategies were the most commonly used method to ensure that participants could sustainably gamble while not having to completely stop. Monetary strategies used by participants in this group included budgeting and prioritising bill payments, setting limits, and trying only to use cash or cards when gambling.

Budgeting and prioritising bill payments: Many participants in this group identified budgeting as an important method for managing their gambling. Ensuring that bills and essential living costs could be paid each month was a priority for most participants. Some participants worked an allowance for

gambling into their budget, while others only used the money that was left over after all bills and living costs were paid.

As long as you stick to the gambling with money that you can afford to lose, even though you shouldn't, as long as it's not your house money that you needed, money that's already been ear tagged for other things. (R.03, M, Māori)

However, as with participants in other groups, this strategy only worked as well as participants' self-control. That is, there were occasions when participants gambled with money budgeted for food or bills.

Sometimes it comes in your mind, you are going somewhere, right? You [say], 'Oh, right, I'll go there and gamble; I'll get some extra money so I can spend there'. Just buy expensive drinks. You have to set a budget too, then you can walk out of your budget with that money. That was a temptation. (R.06, M, Asian)

Setting limits: Several participants pre-set a limit on the amount they intended to spend gambling or on the amount that they wanted to win. This meant that once the limit was reached (expenditure or win amount), they stopped gambling, even if they felt they were on a winning streak.

I set a money limit on the app. They have such kind of functions so you can set a weekly spending limit, so you can keep some money ... And if you want to change the maximum amount; I think it will ask you to wait one week for it to validate - this is quite good. (R.02, F, Asian)

You get up to \$200, or you get up to \$100, you get your machine up to \$100, take out \$40. That does not go back in. That goes in your pocket and stays there. Bring it up again and do the same. Don't let it go right up to \$600-700 and next minute the machine goes all the way back down to zero. Make a withdrawal, it goes in your pocket and stays there. (R.03, M, Māori)

It was noted that limit setting for online gambling was useful in preventing participants from spending too much. Participants explained that if they wanted to increase their limit, there was a time delay between the request and the limit being increased. This delay allowed participants time to change their mind about the increase; a retraction they often implemented.

If you want to change the limit, it's not validating instantly, so I have to wait and maybe I will come down later. (R.02, F, Asian)

Like the other strategies, this method required self-control from participants, particularly for the win limit. Participants explained that when they reached that limit it was incredibly tempting to continue gambling. Predictably, there were occasions when participants reached their limit and continued to gamble.

Using cash or cards: Several participants only used cash when gambling. For example, a participant might have \$100 for gambling and leave their EFTPOS card or phone (for online banking) at home; when the \$100 was spent, they returned home. Leaving bank cards at home was intended to create the inconvenience of returning home to get more money. Occasionally this strategy failed, with participants returning home to collect their cards before returning to their gambling activity. Some participants left their cards in the car, reducing the level of inconvenience if they wanted to use it. This strategy for managing gambling heavily relied on participants' self-control prior to leaving home, as well as when they were gambling.

Another thing, at the moment, I am not keeping my EFTPOS card with me; that keeps me away from all that because otherwise that will be a temptation. So, I'm using the credit card and

using the cash, a hundred dollars in my pocket once a week. If I play that will be a limit for me. (R.06, M, Asian)

A: Just taking the money, what I need; and leave it in the car, and make sure you don't go back into the car and get it.

Q: Do you ever have times where you struggle to stick to that rule?

A: Once, just itching to win that big money. (R.04, F, Pacific)

No self-exclusion

Of note, no participants mentioned that they had excluded themselves or been banned from a venue as part of their gambling management strategy. One participant's wife had excluded herself from the casino, however, the participant did not feel he needed to exclude himself from a venue or online site.

Q: What about being excluded from any venues?

A: No, never.

Q: Is there a reason why?

A: No. (R.04, F, Pacific)

My wife had to get herself banned from the [casino] which they were happy for her that she did that. They complimented on her for doing that. But she had to. (R.03, M, Māori)

While no participants had implemented a self-exclusion, several had considered requesting a ban. There were two main reasons why they had not done anything more than consider an exclusion. The first reason was because they believed it was not necessary as they had the self-control to resist going into a venue. The second reason was because they believed an exclusion would not work. The availability of a multitude of other venues or online gambling meant that self-exclusion appeared redundant.

Keeping occupied to avoid gambling

Several participants mentioned that keeping busy was a way in which they avoided both thinking about, and actually, gambling. Directing their focus towards an activity they considered more productive created a sense of achievement when they were able to avoid gambling. Work, study, exercise, and focusing on family or friends were all activities which took participants away from gambling. Some participants made a deliberate decision to take part in an activity or focus on studying instead of gambling whereas, for a couple of participants, as their life became busier, they naturally gambled less or became less inclined to gamble.

A: Normally I go out with my friends and discuss some things about my workplace, and sometimes I go out for a coffee with my friends and take out with my grandchildren and my wife.

Q: Is that instead of going gambling?

A: Yeah. (R.06, M, Asian)

Choosing specific gambling activities

A few participants were particular about what and how they gambled. This meant that they only gambled on one or two activities, for example, poker and roulette, or Lotto and TAB, or only bet on certain sports teams. One participant stated they never gambled on EGMs. Others only gambled on casino table games they believed required skill (e.g. poker); and one participant gambled online because

they could set a strict limit. Whether it was a matter of principle, interest or personal beliefs, being particular about the ways in which they gambled allowed these participants to limit their activities and feel a sense of control over their gambling.

I don't get involved around too many different sports and I only keep it to international sports or maybe towards quarter-finals, semi-finals and finals of a Super 12 or the NRL [rugby competitions/leagues], things like that ... Not through the whole season. It's only towards the end. (R.03, M, Māori)

Seeking help

Few participants in this group had sought help (non-professional/social or professional) in order to reduce or stop gambling. Of the participants who did not seek help, most believed they did not need it. For example, one participant felt she did not have a problem and encouraged others to download the same online gambling site she used.

Q: Have you ever talked to anybody about reducing or stopping your gambling since the first interview in 2012?

A: Nope.

Q: Why do you think that is?

A: Because I don't intend to ... It's a little bit of my life because a few times when I needed, you know, we're going away, say, if there's a trip to go away and I've put money on a bet and I've got that extra \$300 I've won and that just helps that trip, that's how I like to use it too. (R.03, M, Māori)

Another participant did not seek either professional or non-professional help because of the shame she felt regarding her self-described gambling problem. This participant knew she needed help, but she did not want anyone to know the extent of her gambling and face their judgement. She believed the gambling helpline would be beneficial for her, but she lacked the courage to pick up the phone and follow through with a call.

A: Just need help, that's all I need. I think I need help. I need someone to talk to, to explain, I know why you shouldn't do it, but just to talk with someone that not sort of understands, but sort of trying to give you that boost up of, 'You shouldn't do it, don't do it'.

Q: So, like an ongoing help reminder?

A: Yeah, that kind of help that people need, or 'I need to stop you completely and start trying to put your mind off it'. And to stop building the pokies around here.

Q: What sort of things do you think would help you to seek help for gambling?

A: Just to ring up, I think. (R.04, F, Pacific)

Professional help

One participant sought professional help for his gambling through the gambling helpline and a gambling counselling treatment service. He had not sought support from family or friends. The participant was very satisfied with his experience of the helpline and that he was able to receive support in the early hours of the morning.

I have once rang the gambling hotline about 1 o'clock in the morning. I looked it up, take the choice or chance, then I saw the number and I [thought], 'It's 1 o'clock in the morning, do I really need to ring it?' And I think somebody got to me straightaway, so [said], 'Oh, people

are up at this time' ... I think she was real good, sympathetic ... It helped me a little bit. (R.01, M, Māori)

Additionally, he felt the counselling service had been helpful and provided him with insight into the development of problem gambling.

I mentioned something about gambling, and they said to me, 'It's more the lights, the colours and the music'. There are psychologists who are there to programme the machines. (R.01, M, Māori)

Non-professional help

Most participants in this group had received help from friends, family members or colleagues. Several participants also accessed online self-help services through professional agencies, YouTube, Facebook, and other online fora.

Family or peer support: The help from family or peers came in the form of direct support such as looking after a participant's money, sharing stories about when gambling had ruined an associate's life, or telling them when to reduce gambling. The help from others was also indirect such as through observing a friend's behaviour. That is, when participants were out with friends who were not big gamblers, they did not gamble as much as they would have with a different social circle or if they were on their own. A couple of participants chose to go out with a friend or social group that limited their gambling, if they were trying to manage their own gambling.

When I was boozing up with my Les Mills buddies, they were all stopping me before I even put my last \$5 in, so they were good mates. The ones in Manukau, a different story. (R.01, M, Māori)

I have discussed [gambling] because normally when I sit down around the table we discuss about this thing [gambling] because a lot of it is stupid. I told them that I spent that money because I don't want to hide myself about what happened, so I wanted to share my experience with somebody else. So, we discussed and said we go but not to spend that much money (R.07, M, Asian)

A few participants also accessed self-help services such as specialised gambling service websites or by reading motivational books.

Self-help, or just motivating yourself that rather than wasting your resources or whatever resources you've got, why would you waste something when you don't need it. You use that money somewhere, wisely. (R.06, M, Asian)

Barriers to accessing support services

Several participants experienced a level of shame and guilt regarding their gambling that prevented them from accessing support services.

I don't talk to anybody about my gambling, it's shame. I don't want people to look at you or saying, 'Oh, look she's got pokie problems'. So, none of my friends. My sister sort of knows. She gets the idea, but I keep denying it. (R.04, F, Pacific)

It's guilt because once you lose money and it leaves you in that situation, it's the same feeling of stealing something and it's that guilt that keeps you silent. I don't want to discuss with anyone especially with the ones who are being affected by it. That makes you feel even worse, I mean you don't want to talk about it and that's it. (R.07, M, Asian)

Participants in this group did not discuss any cultural barriers to accessing support.

Summary of findings

The findings for the *relapse group*, which explain how these people relapsed into moderate-risk gambling/problem gambling are summarised in the box below and depicted in Figure 17.

Introduction to gambling

- There was a relatively even split between participants who were exposed to high levels of gambling within their family as a child, and those who were exposed to minimal amounts/no gambling.
- Several participants were involved in their parents' gambling (e.g. taken to the races).
- Although a couple of participants were influenced by their parent's gambling (e.g. continued tradition of Lotto purchases), participants externalised the influence (e.g. prevalence of gambling in New Zealand communities) and distanced their parents' gambling from their own.
- Most participants began gambling with peers, colleagues or their partner.

Cultural influences

- Cultural influences included pressure from a participant's Samoan church community to contribute a tithing as motivation for their own and others' gambling. Another participant described a background in China where gambling was not prevalent; this made casinos appear exciting and the participant wished to gamble there more often.
- No other cultural traditions or behaviours that may have intensified gambling harms or protected against them were discussed.

Initial escalation then decreases in risk

- The pathway into gambling for most participants began with an occasional low value bet that increased to regular sessions, sometimes with substantial amounts of money. A good first experience and a desire to win money was motivation for some participants; for others, gambling became an escape from challenging emotions/situations, a cure for boredom, or an opportunity to show off.
- Many participants reached a turning a point and tried to reduce their gambling. A turning point was precipitated by an escalation in, and recognition of, gambling harms, a desire to protect their children, or after being confronted by a friend or family member, and a shift in focus or priorities.
- Participants who gambled to escape from challenging situations or emotions stopped when they felt stress-free and in control of their lives.

Return to gambling: Re-escalation of risk

- All participants returned to moderate-risk or problem levels of gambling.
- Participants who had stopped gambling because of the negative effects appeared to forget or minimise those harms. The salience of their previous wins began to outweigh the memory or experience of negative consequences.
- Participants who used gambling as an escape, returned to gambling when they experienced further challenging events or emotions as they had not incorporated alternative coping strategies.
- For other participants, their return to gambling was triggered by a renewed sense of boredom or a resurgence of the impulse to gamble. Of note, despite growing bored with other interests, participants did not appear to lose interest or feel bored when gambling.

- Discovering online gambling, changes in financial and/or employment situation, advertising and incentives, and accessibility also prompted participants to recommence their gambling.

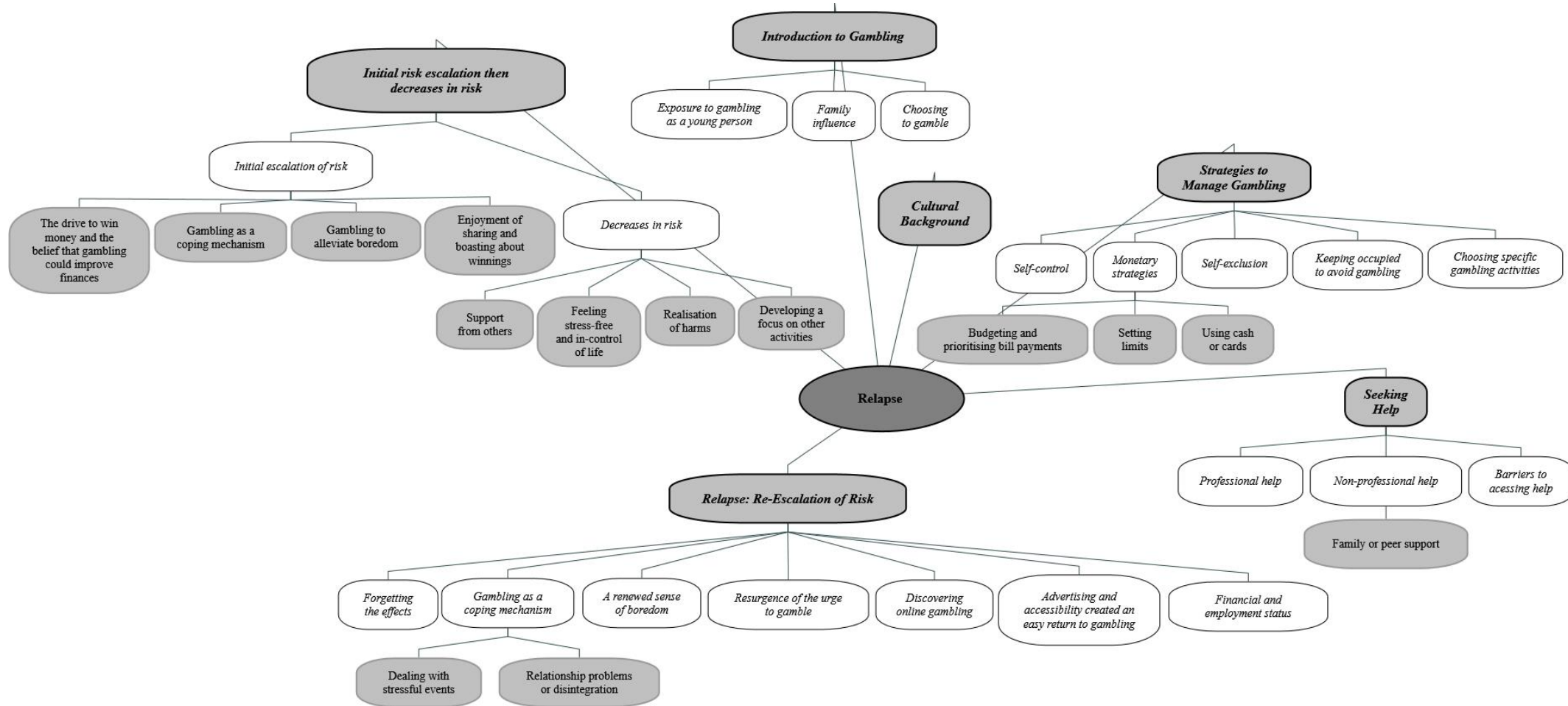
Strategies to manage gambling

- Gambling management strategies included self-control, monetary strategies, keeping busy, and only gambling on certain activities.
- Underlying all strategies was participants' level of self-control; some participants believed their self-control was non-existent while others felt they had control over their gambling.
- Of note, no participant utilised a self-exclusion from a venue as part of their gambling management strategy. Some participants did not think an exclusion was necessary as they had control over their gambling; others believed exclusions were redundant as they could continue to access gambling activities at alternative venues or online sites.

Seeking help

- One participant sought professional help through a gambling counselling service and a helpline. The participant was satisfied with his experience of the helpline and the ability to receive support in the early hours of the morning. Information from the counselling service was considered beneficial.
- Most participants received support from friends, family members or colleagues.
- Several participants accessed online self-help services through motivational books, professional agencies, YouTube, Facebook, and other online fora.
- The feelings of shame and guilt precluded several participants from seeking help. Participants did not discuss any cultural barriers to accessing support services.

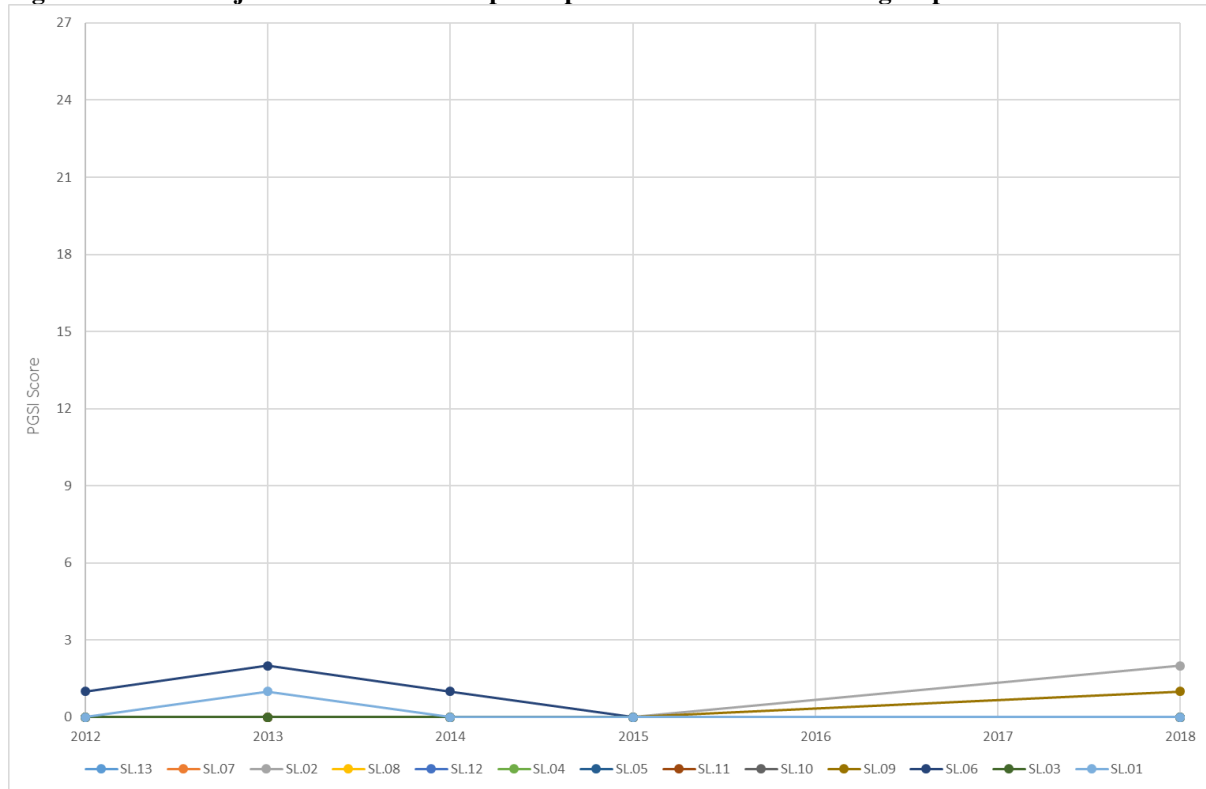
Figure 17: Theme map for relapse group



Stable low-risk group

There were 13 participants in this group (all recruited from main NGS participants) who were continuously non-problem gamblers/low-risk gamblers over time. Of these, nine participants scored zero on the PGSI at every time point. The individual PGSI score trajectories for each participant are depicted in Figure 18. Note that only a few lines are apparent in the figure as the lines for the nine participants who continuously scored zero are superimposed on each other.

Figure 18: PGSI trajectories of individual participants in the stable low-risk group



Demographic details for the 13 participants are detailed in Appendix 6 and show that the participants comprised both genders and a range of ages. Māori, Asian and European/Other people were represented; however, there were no Pacific participants in this group. All participants had either low or moderate levels of psychological distress. Most did not drink alcohol in a hazardous manner or use drugs. All participants were either ex-smokers or had never smoked. All participants had low to moderate levels of individual deprivation. Other socio-demographic characteristics varied between participants.

Figure 19 provides an illustration of gambling frequency and expenditure reported by participants in the *stable low-risk group*. Measured at the final interview, all participants reported current (past-year) participation in at least one gambling activity (n=2), with 11 participants gambling on multiple activities (range two to six activities). Figure 19 provides an illustration of gambling frequency and expenditure, represented on the stacked column chart by proportionally increasing segments. Frequency is represented by ‘at least weekly’, ‘at least monthly’, and ‘at least annually’ gambling. In the figure, the smallest segment represents gambling at least annually and the largest, at least weekly. Similarly, expenditure is represented by increments of \$1-\$50, \$51-\$250, \$251-\$500, and more than \$501 typically spent in a month. In the figure, the smallest segment represents spending \$1-\$50 a month and the largest, spending \$501 or more a month. For reference, Figure 20 is a graphical representation of the size of each segment.

It is important to note that the figure is not intended for statistical purposes. Instead, both the PGSI trajectories and the frequency/expenditure figures provide a visual context of gambling behaviour for the qualitative analysis. For example, although most participants gambled on multiple activities, the gambling was infrequent (i.e. annually) with low expenditure and was mostly limited to non-continuous activities such as Lotto and raffles. Furthermore, participants in this group did not access gamble on EGMs.

Figure 19: Gambling frequency and expenditure for participants in the stable low-risk group at the final interview

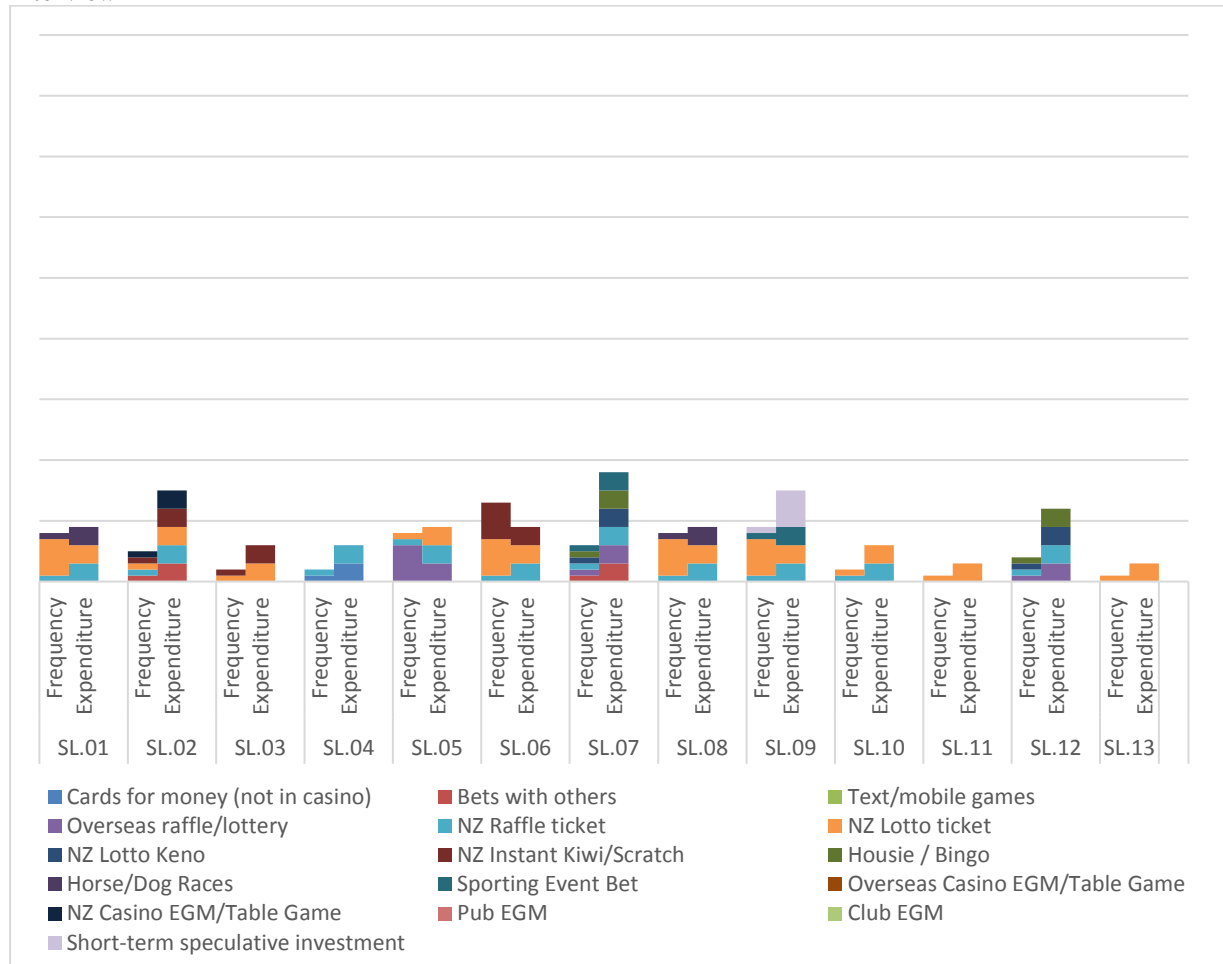
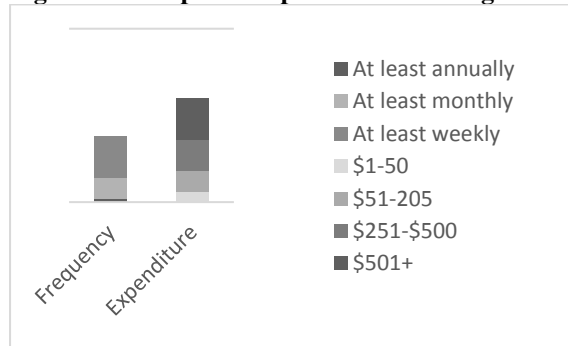


Figure 20: Graphical representation of segment size



Eight key themes (with sub-themes) identified in the interview data are discussed in this section:

- Introduction to gambling
 - Exposure to gambling as a young person
 - Family influence
- Cultural background
- Gambling activities
 - Comparisons between different gambling activities
- Motivation to gamble
 - The fear of missing out
 - Gambling to have fun
 - Influence of others
 - Supporting a good cause
 - Scratch cards as a gift
- Motivation to not gamble
 - The odds of gambling are not worth it
 - Gambling is not an interest
 - Financial situation
 - Awareness of addictive personalities
 - Deterred by external factors
 - Participants' social circle
- Maintaining a non-problem/low-risk status
 - Gambling is rarely thought about
 - Gambling is considered a donation
 - Gambling was not about the money
 - Occasional gambling retained the fun without adding pressure
 - Gambling to support a good cause
- Strategies to manage gambling
 - No immediately apparent strategy
 - Self-control
 - Monetary strategies
 - Reciprocal monitoring
- Seeking help: No help sought.

Introduction to gambling

All participants in this group were exposed to gambling either as children or as young adults. Most experienced gambling within their family unit and two participants said that they were exposed to gambling-related harms.

Exposure to gambling as a young person

Most participants appeared to be minimally exposed to gambling within their family whilst growing up. For example, most families bought Lotto tickets or occasionally bet at the races.

My grandparents and everyone always bought a Lotto ticket. Always knew about the Lotto, and no one's ever won it. (SL.10, F, European/Other)

Growing up it was a bit more involved because my great grandfather used to own a horse, so the horse racing was always a big part growing up. But, in my little family, with mum and dad, gambling was never a huge thing. (SL.03, M, Māori)

Two participants said that they had experienced harm because of a gambler in their family. Participants in this group did not appear to minimise the extent of the gambling or harms they had experienced, and one participant considered himself lucky not to be in a similar position to his father or brothers. This participant explained that his father had gambled heavily on horse racing which led to gambling-related harms; additionally, two of his brothers now gamble excessively. The participant said that he now financially supported one of his brothers.

My father gambled heavily, to our detriment, but not to his ruin. He gambled on horse races. I have five brothers; two of them were addicted gamblers. One was ruined by his gambling, and the other wasn't bankrupted but had no assets and has retired with no assets as a result. The others are unaffected, like me, unaffected by gambling. (SL.05, M, European/Other)

The other participant who experienced gambling-related harms did so as a young adult. This participant explained that she felt a level of concern for her mother's developing habit. She believed that a casino environment had facilitated her mother's excessive gambling and the development of a habit later in life.

I just didn't like the idea of especially my mother in the casino on her own. It's a weird environment there's no clocks and stuff. I didn't like what it would feed her addictive nature. (SL.04, F, European/Other)

Family influence

Although participants in this group gambled in a non-problematic manner, a couple believed that the influence from their family might have contributed to their gambling. One participant explained that her parent's buying of Lotto tickets had perhaps led to her own purchase of tickets and she speculated that if there had been a higher level of exposure, her gambling might have been worse.

I suppose if they didn't buy Lotto tickets, or go to the places, I probably never would have known about them, and never would have done them. I'd say maybe if they were more into them, and I was exposed to it more; I probably would do it more. Especially, because as I said, when I went with my mum and did it, it was quite a lot of fun. I could see how the environment that you grow up with, would impact what you would do, especially if you do it together as well. (SL.10, F, European/Other)

Cultural background

Two participants discussed their cultural background and how it might have affected their gambling. One participant was from northern China and their family was active within the Mandarin speaking Chinese community in New Zealand. Members of this community gathered at the participant's parents' house to play competitive mah-jong or bridge. The participant explained that most members of the community from northern China were opposed to involving money as part of their games. This was because they were highly money conscious and only invested their money if the return was guaranteed; an attitude which ruled out gambling.

In my side of the family, gambling is never a money thing. Very little with rigid Chinese parents. Yes, they'd play mah-jong, but never for money at the table, but play competitive bridge but

nothing gambling. They would be less gambling than me ... It's a social thing that they tend to do ... and my parents ... they are very frugal with their money. They're very careful and put value on it and, therefore, it's always only been where they can see a return guaranteed, or a lot more control, little chance. So very thorough people on their financial side. (SL.06, M, Asian)

Another participant was from Sri Lanka; although gambling is not illegal in Sri Lanka, the participant explained that it had been very uncommon within her community. She noted that there were other concerns such as alcohol but she was unaware of anyone with gambling problems.

I'm from Sri Lanka, back home they are very, you know, gambling is not something among our lifestyle; it's very different. So, I don't think my grandparents, or uncles, aunts did that. They probably had drinking problems, things like that, but not gambling. My brothers, I don't think anyone had any issues; probably once in a blue moon they experience something but nothing much more than that. (SL.11, F, Asian)

This participant also explained that she was brought up with bible stories which were opposed to gambling. Additionally, she believed that coming from a middle-class community had influenced her gambling; she explained that she did not need to gamble to support struggling finances and she did not want to risk the money she had to try and make more.

We have historical bible stories. Those stories indicate how bad it could be and the outcomes of gambling, but it's not very common. From where I come from, we're not very poor or very rich; we are middle-class people. So, middle-class people view these things in a very different way I think. When you have too much money then you spend that money on gambling. Or when you don't have much money then you look for something. But for middle-class people it's just a juggle in life so it's not a regular do everything. (SL.11, F, Asian)

As children, both participants had little involvement with gambling. Additionally, their cultural background meant they were risk-averse and careful with their money. Therefore, their gambling involvement was negligible.

The Māori participant did not discuss cultural traditions or behaviours that may have intensified gambling harms or protected against them. There were no Pacific participants in this group.

Gambling activities

Participants in this group were categorised as non-problem/low-risk gamblers and all had taken part in a gambling activity at some point in time. Responses to the structured questions were consistent with discussion within the semi-structured interviews. That is, when participants discussed expenditure on Lotto or annual Melbourne Cup attendance, the amount spent per month or year corresponded with structured expenditure questions. Furthermore, one participant who identified that she “sometimes” felt guilty about her gambling activities in response to the relevant PGSI item, correspondingly discussed feeling bad about her gambling in the semi-structured interview. There was one notable discrepancy where a participant identified that their gambling had “sometimes” caused them health problems (including anxiety and stress) in response to the PGSI items but when asked in the semi-structured interview, denied having experienced negative effects due to gambling.

Most participants had limited gambling experience and when they gambled, it was to buy an occasional Lotto or raffle ticket, or restricted to betting on a special sporting event. Participants in this group did not feel any urge to gamble and often forget to buy a Lotto ticket or place a bet when they had intended

to. Importantly, many participants iterated that “if there’s no money to do it, I won’t do it” (SL.03, M, Māori) and did not seek out ways to make money in order to gamble.

My own gambling - lack of it. There’s not much to talk about really. On the odd occasion and it’s a few years ago. (SL.13, F, European/Other)

Participants believed their gambling expenditure remained relatively stable with the purchase of only one or two Lotto tickets ranging from \$12 to \$28. Typically, participants only bought a Lotto ticket when the jackpot had reached a substantial amount.

I will see if it’s really high, like over ten million or something, I will say, ‘Okay, maybe try’. (SL.02, F, Asian)

A few participants bought tickets from their children’s school or sports club, with a couple of participants admitting that they put their child’s name on the raffle ticket so if the ticket won, their child’s name would be called out. The participants felt this was harmless fun and enjoyed the thrill their children experienced when they had won.

I often buy raffle tickets for my kids for school, or their dancing or swimming clubs. I would say that would probably be the extent of it. (SL.10, F, European/Other)

Other participants only gambled on a special sporting event such as the Melbourne Cup, New Year races, or a world cup final. These participants were either involved in a work syndicate or a group of friends where the event was one that they traditionally watched together. One participant explained that the bet enlivened the game as they felt more involved and interested in the outcome.

Mine is just basically if you had the Melbourne Cup I might put a small horse bet on that, and that’s fun because I just think, ‘Hey look, that’s once in a year’, and then once it’s over I don’t actually think any more of it. I don’t really follow any horses, breeders or anything like that. So, that’s one part of it. Lotto, always in the hope that you’ll win something big someday. If we remember we get it; if we don’t it’s no sweat off our backs. (SL.08, M, Asian)

I like to make the occasional sports bet if it’s a big sporting event ... The All Blacks, maybe the soccer World Cup, just that kind of interesting stuff. (SL.09, M, Asian)

For these participants, betting on special events was a tradition or method of enlivening the event. They were more interested in the outcome and enjoyed discussing their bet with their friends. Gambling, in this instance, was not to win money, but for the social involvement and enjoyment of the game/race.

If everyone is just sitting there supporting the All Blacks, at the end of the day they’re probably going to win and so it becomes boring just sitting there real quiet. Whereas this [placing bets] livens it up a little bit. (SL.09, M, Asian)

Comparisons between different gambling activities

Most participants in this group considered that buying Lotto or raffle tickets was not gambling. Activities that they thought of as gambling included EGMs, going to a casino, betting at a TAB, or betting on a special sporting event. Participants who purchased Lotto tickets did not feel guilty about their expenditure; one participant explained that this was because it was not a regular occurrence and Lotto NZ supports New Zealand communities via grants.

I don't really see Lotto as gambling. I don't think I consider it. I know it is gambling but I don't really see it as gambling. At the end of the day I see it as a little bit of a raffle because you just buy one ticket and see what happens ... Going to the casino, betting on horses, dog racing, sports betting, that kind of stuff I definitely see as gambling. I think the thing with Lotto, I don't feel so bad about it because at the end of the day, the money that they get, they are a charity so it's going to end up somewhere good. It's whether I either give the money directly to a charity or give it to Lotto and it ends up somewhere. Whereas if you gamble with a private entity that just goes in the pocket of whoever owns that entity. (SL.09, M, Asian)

Participants in this group believed that Lotto/raffle tickets could not be compared with casino or online gambling or TAB betting.

Motivation to gamble

When participants in this group gambled, they were motivated by a fear of missing out, having fun, the influence of others, supporting a good cause, and when it was a gift.

The fear of missing out

The biggest driver behind participants' gambling, particularly for Lotto purchases, was a fear of missing out, especially when the jackpot was high. The thought of what they could do with the money motivated them to buy a ticket. Knowing the odds of winning a jackpot did not preclude participants from buying a ticket; a hint of hope was enough motivation. The fact that there will be a winner provided participants with that hope.

I didn't expect to win because you know that the chances are really low, so it was just the idea that you had a foot in the door, or you had a chance, rather than actually thinking you'd win. Fear of missing out probably would be the motivator, just in case and someone's got to win it and all that kind of stuff, all those catchphrases. (SL.04, F, European/Other)

The Lotto is just 'be in to win' kind of thing ... it's just the hope that one day you may win something but nothing beyond that. (SL.08, M, Asian)

For most participants, winning a jackpot was a mere dream. They discussed with their family what they would do with the money *if* they won. If they missed out on that dream, they would regret it.

So, it's more about the dream, if you think why you're doing it, and then what you'd spend it on and how would you split it up with the family; and it's just a bit of a joke family what you do with it, you know, who would you give it to, where would you go. But there is no seriousness in it at all. (SL.12, M, European/Other)

Despite knowing the odds were stacked against them, a couple of participants continued to regularly purchase Lotto tickets "just in case". The fear that they would miss out if they did not buy a ticket, coupled with the fear that if they had not bought a ticket and their numbers came up, motivated participants to buy a ticket when the jackpot was high.

Probably just the novelty of a large win. Knowing the odds are zero but just if it's there. We used to travel from the beach house to the closest local Lotto outfit and that would waste us damn near half an afternoon. But we would go there and pick up a ticket and come home for dinner on the Saturday night. (SL.06, M, Asian)

It just became habit to buy it, just in case, and you'd assume that you'd always lose so I don't know why I kept buying them. (SL.04, F, European/Other)

Although advertising did not persuade participants to buy Lotto tickets, it acted as a reminder or notification of when the jackpot was big or if they had forgotten to buy a ticket. Furthermore, advertising fuelled the dream of winning the jackpot and the fear of missing out on that dream.

I think it just lets us know that that's how big it is so we would [say], 'Oh, maybe this week we'll do it'. It's more letting us know what the prize ball is. From that point of view, I don't think it makes it any more or less for us; it just lets us know. It's better to do it now than last week. You're playing for 30 million dollars, what would you do with 30 million dollars? (SL.12, M, European/Other)

I think that's definitely a driving factor, especially with Lotto, because I don't think about it. It's only when I'm driving around or watching the telly or something, and an ad will come up and be, 'What would you do if you won \$15 million?' What would I do? And then off you go and you place a bet. It's a quite compelling argument that they make in their ads. (SL.09, M, Asian)

Participants in this group were in control over their gambling and did not gamble excessively; additionally, they were clear about the odds of winning a Lotto jackpot. Nevertheless, they were motivated to buy tickets “just in case”. A fear of missing out and the fact that someone has to win, kept their hope alive enough to warrant ticket purchases.

Gambling to have fun

Nearly all participants in this group said that when they gambled, it was to have fun. They did not take gambling seriously nor believe they could make money from it, nor did they invest money, time or energy into their gambling activities. Simply, it was “a bit of a laugh” (SL.12, M, European/Other) that may or may not result in money or a prize.

It is just the fun, and that little chance, but nothing big ... (SL.07, F, European/Other)

Participants knew the chances of winning and understood that it was unlikely. Placing a bet for a big sports game or buying a raffle ticket for their children was intended to be fun and participants were not generally motivated by a serious urge to win money. As they did not expect anything from their gambling activities, they did not feel pressure to win, nor disappointment when they lost.

Influence of others

Participants' gambling was often influenced by others and they rarely gambled on their own. A few participants said they only gambled when they were reminded by their spouse, invited on a night out, or were part of a work syndicate.

Well, if you're with a group of people and they start gambling, and then it's giving you advice on horses and that, then yeah, you start listening and you get involved. (SL.07, F, European/Other)

I've only been to the casino with work dos, and lunch with a family member, that kind of thing. I've never been as a choice; it doesn't interest me a great deal. I've done raffles and things through work as fun, social stuff. That's about it. (SL.04, F, European/Other)

One participant explained that she had been intrigued by a casino; she wondered why the casino and EGMs encouraged so many people to gamble, and she wanted to find out for herself. Her friends took her to a casino, and although she had fun, she did not enjoy losing her money. As such, it was highly unlikely that she would go to a casino or gamble on EGMs by herself, or indeed, ever again. She preferred to buy an occasional Lotto ticket instead.

My friends took me there [casino], because we had dinner ... She took me there because she's got the VIP card. I don't think she plays that much, but from time to time she goes there and just probably has a drink and plays a little bit ... We played those pokie machine things. We spent forty dollars and that's it ... I don't feel happy at all - lost the forty dollars. (SL.02, F, Asian)

Participants who only gambled on a special event did so with friends; they got together for the event, placed a bet and watched the game/race.

We'll have a social thing ... At the end of the day if you're watching the All Blacks everyone in the room's going to be supporting them but then it makes it more interesting when you're trying to get them to win by less than 15 points and somebody else the other way. It just makes the dynamic a little bit more interesting. (SL.09, M, Asian)

Several participants chose not to gamble on their own, instead they only gambled when invited to by others.

Supporting a good cause

Several participants in this group gambled to support a good cause or as part of a fund raising activity. Commonly, this involved buying raffle tickets for their children's school or sports club, or for fund raising activities at their work or other organisations.

People come to you, you don't look for them but they'll come to you. Particularly they are students, I just buy it to support them. (SL.11, F, Asian)

My daughter belongs to a dance academy, and we do a lot of our fund raising is raffles. Last year at the Christmas show, I organised my husband's business [to] provide the hampers; so, we raffled them, and people seemed to really like them. (SL.10, F, European/Other)

One participant explained that everyone benefited from buying these types of raffle tickets; the participant helped to raise funds for a worthy cause and could potentially win something. Even if they did not win anything, their money was spent for a good reason.

I think last time, it was five tickets for \$10 or something and we won, so it was good. It's pretty much the only place that we buy raffle tickets ... It's more like everybody else is going to buy it. At the end of the day the money is just going to the karate club that the kids go to anyway so it's kind of a win/win. There's no downside to it. (SL.09, M, Asian)

Scratch cards as a gift

A few participants explained that they only gambled when scratch cards were bought for them. One said that she bought them for her husband's birthday and vice versa. Scratch cards were intended to be a light-hearted present that could result in an unexpected windfall.

I suppose my husband's always liked scratchies. For a long time for birthdays or something, he'd always put a scratchy in my birthday card, or something like that, or he'd go and get a coffee; sometimes he'd buy some scratchies ... They are a bit of fun; you hope that you might win something. (SL.10, F, European/Other)

Another participant explained that although he had been bought scratch cards for many years for his birthday, he had not won anything and could not see the point of buying them for himself.

Scratchies: I'd get given for birthdays and things, which was always weird; I'd never win with them ... (SL.04, F, European/Other)

Motivation to not gamble

Participants in this group rarely gambled; indeed, most were actively motivated to not take part in gambling activities other than buying an occasional Lotto or raffle ticket. There were several reasons for not gambling including being realistic about the odds, simply being not interested in gambling, financial situation, awareness of addictive personalities, external factors, and social circle.

The odds of gambling are not worth it

Participants in this group explained that they were not motivated to gamble because they were realistic about the odds of winning and did not often exhibit wishful thinking. Moreover, participants did not like the thought of losing money. Although some participants gambled because they were chasing a dream, few took gambling seriously or believed they would win money.

I'd rather spend that money on other things, than \$12 on a piece of paper. I think that's what it is. I think of other things to spend money on that we need, than the luck of that. That's probably how I keep it; weigh up the options, weigh up where the money should be. (SL.07, F, European/Other)

Participants were not excited about gambling when they knew the odds were so low. Instead, they gambled with the belief they had already lost the money. Further motivation to not gamble was the comparison they drew between what they had hypothetically lost to what they could have bought with the money.

I personally don't like it; I've been to [casino] before. For me I hate, I don't want to lose the money. Even though it's only \$20, I think, 'well, that'll buy me a weeks' worth of coffees'. I'd rather keep it than risk losing it, or maybe I'll make a hundred, but I'm a bit more pessimistic; I think the odds are not in my favour. (SL.10, F, European/Other)

Most participants could not see the point to gambling and considered it a waste of time and money, fundamentally hating the thought of losing money. Therefore, gambling did not appeal to them. As a result, most participants had never had the urge to gamble in the way that participants in other groups had described.

Gambling is not an interest

Most participants in this group were simply not interested in gambling. They either had no inclination to gamble, were not interested in trying different gambling activities, or were too busy.

Maybe I might if I had time, but I don't. A lot of it is, I think, 'I'll go and get a lotto ticket', and then I'm just too busy, and I never do. Then I think, 'who cares, I wouldn't have won it anyway'. (SL.10, F, European/Other)

If they did gamble at a casino, pub or TAB, they grew bored very quickly. In particular, a couple of participants noted that the repetitive nature of EGMs was incredibly boring. They could not see the point in sitting at a machine for hours and repeatedly pressing a button. The potential to win money did not make EGMs any more attractive.

Just the fact that it's pretty boring and you're just sitting there, just slotting, slotting and slotting. It may be fun once or twice in your lifetime. (SL.08, M, Asian)

It was terrible, I was always the one near the end of the night that just got bored, so you'd just put your money in and get it over and done with because I'd rather talk to people and have a drink and listen to music than sit at the table and play. I tended to facilitate more than I'd participate. Feed everybody, make drinks rather than actually play. (SL.04, F, European/Other)

Financial situation

A few participants explained that their financial situation had precluded them from gambling as they could not afford it. Occasionally, these participants budgeted for a Lotto or raffle ticket, but it was not a priority. These participants explained that they did not have the money to gamble and, notably, they did not consider gambling to be a viable method of obtaining money.

When we brought the house and started to do marriage and children and things, we realised how much it costs, because before we had lots of disposable income, so you didn't really care and you just went out, get a Lotto ticket. Now I'm not sure, it's about \$15 or something. It's like cigarettes it goes up and up and it's not something that when you work out the cost at the end of the year you don't really want to be taking it out of the budget for other things. So, we've given up dreams of winning multi-millions of dollars, but never mind. (SL.04, F, European/Other)

Financially, because we got married very young, and things were pretty tight for a long time. Even the thought of the fact that you could make money, it never actually came into either my husband's or my mind to ever do that. You tried to be really good with your budget. Mainly, because personally I'm not a risk taker ... because to me I think the odds of winning are so slim, and it's a waste of money. (SL.10, F, European/Other)

Several participants considered gambling simply a waste of money. Again, underlying this motivation to not gamble was participants' recognition of the odds of winning. Believing that gambling was not a feasible method of improving their financial situation, these participants maintained a tight budget and gambling was never a priority.

Awareness of addictive personalities

A couple of participants mentioned that members of their family had experienced addiction(s); one participant believed they had a predisposition to addiction and the other believed they were lucky they had not yet developed an addiction. As a result, they both avoided gambling in order to not develop a gambling addiction.

There are lots of addictive personalities in my family, so I didn't want to get too into gambling as such anyway. It just became habit to buy it [Lotto ticket], just in case, and you'd assume that you'd always lose so I don't know why I kept buying them. (SL.04, F, European/Other)

I've had alcoholism close to me too, and I can see there's an addiction thing going on there, and again I don't understand what the triggers are or any of that kind of thing. I can see that it's an on/off; I don't see a slippery slope there either. That's one of the things that reinforces my view about gambling addiction is it's an on/off thing. And it could be a crisis, I don't know. There might be a switch in me that I don't know, and in the wrong sort of circumstances it might be triggered. (SL.05, M, European/Other)

Deterred by external factors

Several participants were deterred from gambling by external factors including hearing about gambling-related harms, other gamblers' behaviour, and the uncomfortable environment of casinos and pubs. Stories or first-hand accounts of harms experienced by others discouraged participants from gambling as they did not want to get into a situation where they could lose a lot of money and negatively affect those around them. Although they had control over their behaviour, they had seen or heard of people who had developed problems. As a result, instead of continuing to try their luck, participants simply preferred to not gamble.

I do hear from my husband's friends, one of the guys, he's supposed to buy a house and I think he spent all the money gambling. We didn't talk to him directly, but we just heard from someone else that said the money he wasted and gambled could afford to buy a house. Probably that was a couple of years ago. But that put me off ... I think that probably gives us an alarm to say no you have to be careful and you have to know what we need to do first. That's why I think we're quite thorough in our planning budget and not overspending. (SL.02, F, Asian)

A couple of participants explained that the EGM area in pubs appeared secluded, dark and occasionally intimidating. They were not inclined to gamble at these venues as they did not feel comfortable in the environment. As a result, they avoided these venues altogether.

My only key thing is, I hate going into bars and restaurants where they have pokie machines; that really freaks me out. You see the people, they're just there, and they're there all the time. (SL.08, M, Asian)

Participants' social circle

Most participants had social circles (close friends and colleagues) who did not regularly gamble; thus, participants had not felt peer pressure to gamble.

The circles I move in people don't gamble. It would be the odd bit of nonsense with a lottery ticket that I'm aware of. (SL.05, M, European/Other)

Several participants did not gamble by themselves, and when they gambled with others they did not feel pressured to do so. Additionally, participants' friends generally did not gamble. As a result, they were not motivated to gamble because those around them were not gambling.

Maintaining a non-problem/low-risk status

Despite all participants having various motivations for not gambling, most had gambled in the past or continued to occasionally take part in a fund-raising event or buy Lotto tickets. A number of factors contributed to maintaining the non-problem/low-risk gambler status including that gambling was never in the forefront of their mind, that gambling was not to win money, they did not feel pressured to gamble, and they only gambled when they knew where their money was going.

Gambling is rarely thought about

For participants in this group, gambling was never a priority. They rarely thought about gambling or their next opportunity to gamble.

We don't actually do any gambling to be honest; it's just Lotto tickets ... When we remember. (SL.08, M, Asian)

I wouldn't actively seek it out. I normally have to see it. Even half the time when I see an ad and I'm driving or something, by the time I get home I've forgotten all about it. (SL.09, M, Asian)

As gambling was never at the forefront of participants' minds, they all maintained their ability to only gamble on occasions.

Gambling is considered a donation

Several participants considered gambling comparable to a "donation"; that is, they were giving their money to another entity and knew they would not be getting anything in return. This was based on their knowledge of the very low odds of winning. On the occasions when they gambled, although they hoped to win, they were realistic and did not rely on the outcome.

I don't play that much. Every time I just treat it as a donation; I donated twenty dollars. I won't get the money back, but then I feel okay ... But, deep down you definitely still want to win something; you want to get something back. (SL.02, F, Asian)

We never really make any effort, but we do say no, we don't want to spend. It's just an occasional donation. (SL.06, M, Asian)

Fundamentally, participants who viewed their gambling as a "donation" did not rely on the outcome as they knew they were unlikely win. Participants were able to walk away from a bet, not chase losses, and did not feel as though they had been 'cheated' out of a win.

Gambling was not about the money

As mentioned before, most participants did not have an urge to gamble; instead, their gambling was to have fun, a special event, or to support a good cause. These motivations were some of the reasons why participants in this group were able to maintain their non-problem/low-risk gambler status. That is, they did not gamble to win money, escape a challenging situation, or because they were bored. Moreover, they did not seek out gambling opportunities. This allowed them to separate themselves from the gambling activity and not feel compelled to chase a win.

Insomuch as the person hosting the gambling night or the poker game or whatever would set an amount that you'd put in, and there were always people that were more competitive than others; but I never took that to mean that was about the money. It was more about the thrill of beating someone else rather than winning money. I'm not sure if that influenced anything, it was just a bit of fun. (SL.04, F, European/Other)

Occasional gambling retained the fun without adding pressure

Participants who occasionally gambled maintained that it continued to be fun because their gambling was so seldom. They did not seek out gambling opportunities in between big events or school fundraisers, and they regularly forgot to purchase Lotto tickets.

I play Lotto every now and again, like to make the occasional sports bet if it's a big sporting event. (SL.09, M, Asian)

For these participants, their limited gambling activities made the occasions when they gambled more fun. They did not lose substantial amounts of money, expect a big win, nor rely on the outcome, and they made relatively small bets. As a result, they did not feel any pressure or urgency to win and were able to both have fun and continue to occasionally gamble.

Gambling to support a good cause

A couple of participants only gambled when they knew where their money would end up. For example, raffle tickets that were to raise funds for an organisation.

If they did a bingo night I'd go along, and if it was for dancing or the school; I'd probably take a bit of money with me and participate because it's for the school. I think you're right; it definitely is more about where the money's going as opposed to what means in which you're paying it out. (SL.10, F, European/Other)

Knowing where their money would end up was important to these participants. It allowed them to maintain their non-problem/low-risk gambler status as they were aware of the harms caused by gambling. As such, they did not want to contribute to casino profit margins or support organisations that contributed to gambling harm. They were happy to purchase raffle tickets because they knew their money would be doing some good. The fact that they might get a return was a secondary consideration to where their money would end up.

Strategies to manage gambling

Despite most participants only occasionally gambling, a few utilised strategies to manage their gambling, although these strategies appeared to be to minimise the amount of money “wasted” rather than to avoid loss of control. These included self-control, monetary strategies, and reciprocal monitoring with their partner.

No immediately apparent strategy

When asked about gambling management strategies, most participants' first response was to explain that they did not utilise any strategies to manage or control their gambling.

Q: Is there anything that you do to keep your gambling manageable at that same low level?
A: No, I haven't given it any thought. (SL.09, M, Asian)

However, some participants discussed the use of strategies after further probing by the interviewer.

Self-control

All participants in this group believed they had enough self-control to manage their gambling.

It's always been manageable as far as I can see, so no I've never done anything like that. I guess if you consider the fact, we decided not to buy Lotto, that's one of the issues, but gambling has never been a major thing in our lives. (SL.13, F, European/Other)

One participant noted that it was a good idea to ensure their gambling remained at a manageable level. This participant had witnessed other gamblers' escalation of gambling behaviour and did not want to follow those gamblers' behaviours.

It's one of the things you keep an eye on. You do have to be aware of everyone else around you. No, I'm all good with it. (SL.13, F, European/Other)

Monetary strategies

A few participants in this group utilised budgeting and setting a limit to control their gambling.

Budgeting: Most participants noted that they had a weekly or monthly budget and gambling was simply not included. A couple of participants allowed for a Lotto ticket whilst another saved money from their budget for fund-raising events at their children's school.

I think we don't have a high budget to say we can overdraft to buy. So, very occasionally I say this budget is okay. I'll probably say, 'Okay, I will spend twenty dollars [on gambling], but that's it'. So, I won't spend too much; like blow-up myself if I give too much pressure. (SL.02, F, Asian)

Several participants explained that they had priorities that came before gambling; for example, one participant preferred to spend money on groceries or items for the children, and another chose to buy coffee rather than gamble. Nearly all participants stated that if they did not have the money, they did not gamble.

Basically, it's called 'I don't have a tonne of money to blow on stuff'. Like I said, I'm a struggling artist, so every little cent I get in through the door counts. That's really it. (SL.03, M, Māori)

If we didn't personally have the money for me to buy those raffle tickets, I wouldn't have bought them. If I knew if it was going to impact on me being able to put petrol in the car, or anything like that, because it all comes out of the disposal income we have. (SL.10, F, European/Other)

Setting a limit: When participants gambled (e.g. on the Melbourne Cup, poker nights), they set a limit on what they were willing spend and lose. Most limits were between \$10 and \$50, and participants did not disclose any incidences where they had exceeded their pre-set limit. One participant explained that he had set a limit for his online gambling; however, this was for security reasons, and not because he thought he would overspend.

I think when we used to go to poker nights, you'd just take out a certain amount ... With the Lotto tickets it was stopped by however much it cost, and then we just stopped because we didn't want to pay \$15 a week, or whatever it was. (SL.04, F, European/Other)

Just having a budget if I was at a race. I just say I've just got \$20 top spend and that will be it. (SL.01, F, European/Other)

Reciprocal monitoring

Several participants in this group discussed their gambling with their partner or spouse. One participant explained that she checked with her husband before buying a Lotto ticket to ensure they only bought one between them; this was to ensure that they did not waste money on buying extra Lotto tickets and not about controlling gambling.

My husband was more competitive, so I'd always say, 'Now, before we go out are you going to buy back in? How much are you going to...?' But he was very competitive so he wouldn't buy back in, so it would virtually be the amount was curbed by however much the game was to get into, and if you lost it you lost it. (SL.04, F, European/Other)

Seeking help: No help was sought

No participant in this group had sought professional help or support from non-professional sources because gambling-related harms had not been experienced. Participants appeared to be in control of their gambling frequency and expenditure.

Q: Have you ever talked to anybody about reducing, or stopping your gambling, since your first interview?

A: No.

Q: Have you ever thought about it?

A: No. (SL.07, F, European/Other)

Several participants were aware of available services should they need help; they had heard advertisements on the radio or had seen advertisements on television or at gambling venues. Commonly, participants noted seeing the gambling helpline number. One participant explained that they would go to a Citizen's Advice Bureau for information if they felt they needed help; another participant explained they knew where to find support after helping a family member.

I know that Citizen's Advice is always readily available for people like that, and I guess I haven't taken much notice because it doesn't involve me. I'd certainly help somebody, and for me Citizen's Advice would be the first port of call, and the rest is up to them. (SL.13, F, European/Other)

I know of all their quit lines and all the other stuff and the social services that are out there and if I needed to, I could find whatever I needed to find ... If I needed extra help, that I wasn't achieving what I needed to achieve, I would have actually contacted them personally and worked with them. And again, have given those numbers out to other people before. (SL.12, M, European/Other)

Participants who did not know of any specific gambling treatment services were unaware because they had never needed them. They did not have a gambling problem, nor did they know anyone with a gambling problem. As such, they had not actively looked for, noticed, nor could recall any services.

One participant noted that widespread and easily available information was important for people who suspect they might have a problem, rather than for chronic gamblers who might not have control.

I think there are ads for gambling things on the TAB's website. I've seen those ads and things but I've never really thought about that I need it. It's not a significant enough part of my life to be of concern. (SL.09, M, Asian)

I think at the end of the day people that have a gambling problem need to come to terms with it on their own. Just barraging them with, 'Call this number to quit', it will be handy if they're on that fence moment, but if they're already at the casino or at the pokies you've lost them already. You'd be better off doing a letter drop or something like that in the areas in which you know that the problem exists like in South Auckland. (SL.09, M, Asian)

One participant believed that problem gambling advertisements within casinos, pubs or online appeared to be a token gesture. That is, the participant believed that some organisations advertised to demonstrate their intention to minimise harm and promote responsible gambling, when in reality they did not enforce any practical solutions or reduce any offered gambling activities.

I don't know how much that's of our response for gambling and how much is it about those enterprises trying to put up a good front, pretending to be part of the solution when they're really just part of the problem. It's just something that makes them feel better about it. (SL.09, M, Asian)

Summary of findings

The findings for the *stable low-risk group*, which explain why these people were continuously non-problem gamblers/low-risk gamblers are summarised in the box below and depicted in Figure 21.

Introduction to gambling

- Most participants were exposed to gambling within their family as a child. Two participants said that they were exposed to gambling-related harms from their family. One of those participants explained that, like his father, his brothers were problem gamblers and he believed it was simply luck that he did not have a gambling problem.
- Although participants did not regularly gamble, one participant believed early exposure and knowledge of Lotto products may have influenced their own Lotto ticket purchases.

Cultural background

- Two participants discussed a background where gambling was not prevalent. One participant explained her Northern Chinese community played competitive mah-jong or bridge, but money was not involved.
- Another participant explained that although gambling was not illegal in Sri Lanka, other social problems (e.g. alcohol) were more prevalent and of greater concern. The participant's religious upbringing and financial perspective also contributed to her avoidance of gambling.
- Both participants' cultural background meant they were risk-averse and careful with money.
- No other cultural traditions or behaviours that may have intensified gambling harms or protected against them were discussed.

Gambling activities

- All participants had gambled at some point; most participants currently gambled occasionally. Gambling by participants in this group most often included buying Lotto or raffle tickets, or gambling on big events such as the Melbourne Cup or a sports season finale.

- Most participants did not consider buying Lotto or raffle tickets to be gambling; EGMs, going to a casino, betting at a TAB, and online casinos were considered gambling.

Motivation to gamble

- Participants who primarily bought Lotto tickets were motivated by the fear of missing out on a big win.
- These motivations were fuelled by advertising, the fact that someone had to win, and the dream about what they would do with winnings.
- Most gambling was for fun and not specifically to win money; for example, purchasing raffle tickets to support a good cause.
- Several participants were part of a gambling syndicate at their workplace.

Motivation to not gamble

- Most participants in this group were actively motivated to not gamble.
- Gambling odds, lack of interest, awareness of addictive personalities and external factors (e.g. other gamblers' behaviour, awareness of harms, social circle) all deterred participants from gambling regularly or increasing their frequency or expenditure.
- Several participants' financial situation prevented them from gambling.
- No participant in this group believed that gambling was a viable method of making money.

Maintaining a non-problem/low-risk status

- Participants were able to maintain their non-problem/low-risk status as gambling was never in the forefront of their minds.
- Most participants did not focus on winning money and were not invested in the outcome of a bet; this attitude kept gambling as a singular occasion and fun.
- Gambling was considered a 'donation' and a fiscal return was not expected.
- Several participants only gambled when they knew where their money was going (e.g. fundraising for a charitable cause).

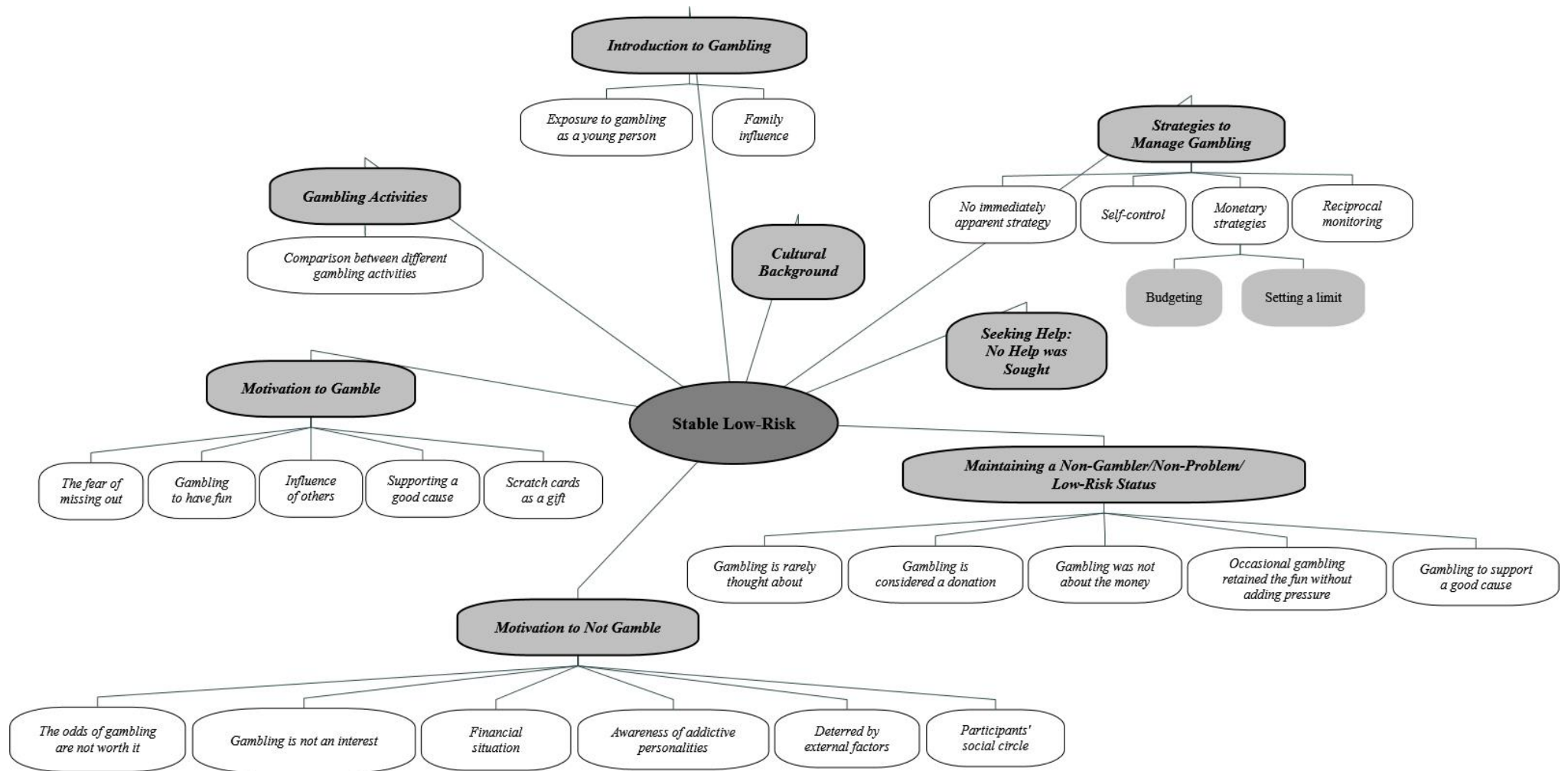
Strategies to manage gambling

- When asked about gambling management strategies, most participants' first response was to explain that they did not utilise any strategies to manage or control their gambling. When asked further questions, some participants discussed using monetary strategies and reciprocal monitoring with their partner/spouse.
- These strategies were not always specifically related to gambling; for example, many participants utilised budgeting, and gambling was simply not part of their budget.
- All participants believed they had enough self-control to manage their gambling.

Seeking help

- No participant in this group needed or sought help for their gambling from non-professional/social sources or professional services.
- Several were aware of professional support services. Participants who did not know where to access help, were unaware because they had never required the services.

Figure 21: Theme map for stable-low risk group



DISCUSSION AND CONCLUSION

This study involved semi-structured interviews with 50 participants from the New Zealand National Gambling Study (NGS) and the NGS additional cohort of moderate-risk/problem gamblers, in order to better understand changes or stability in gambling behaviour over time. As individual qualitative studies have unique variables according to participants' lived experiences, this study does not attempt to make universal claims about gambling behaviour. Nonetheless, it has endeavoured to enhance the depth of knowledge and understanding of gambling behaviour over time. Although it is possible that memory and recall biases (Song, 2010) are present in the data, given the range and depth of data obtained, it is unlikely that such occurrences have affected the overall findings.

Participants self-selected into the study following an invitation to participate and were recruited based on their Problem Gambling Severity Index (PGSI) gambling risk level from prior interviews. Subsequently, participants were classified according to their current gambling risk pattern, taking into account the latest risk level. Five gambling types were identified.

- *Stable high-risk*: Participants who maintained a moderate-risk/problem gambling score over time.
- *Transition into high-risk*: Participants who were non-gamblers/non-problem gamblers/low-risk gamblers at their first interview but who transitioned to become moderate-risk/problem gamblers before or at the time of their current interview.
- *Transition out of high-risk*: Participants who were initially moderate-risk/problem gamblers but transitioned to become non-gamblers/non-problem gamblers/low-risk gamblers before or by their current interview.
- *Relapse*: Participants who were moderate-risk/problem gamblers at an early interview, who transitioned to non-gambler/non-problem gambler/low-risk gambler and then transitioned back to moderate-risk/problem gambler by their current interview.
- *Stable low-risk*: Participants who maintained a non-problem gambler/low-risk gambler status across time.

The main aims of this qualitative phase of the NGS were to understand:

- *Why* and *how* people transition between gambling risk levels
- The inter-related behaviours for why people increase or decrease their gambling participation over time
- How transitions to lower gambling risk levels relate to recovery (e.g. natural recovery or when non-professional/social or formal assistance is sought)
- What assistance, if any, is received for gambling behaviours (including self-directed methods and venue exclusions)
- Harms experienced from gambling and what might exacerbate the harms
- Culturally associated traditions or behaviours that might intensify gambling behaviours or harms or protect against them
- Strategies that are used to reduce gambling behaviour.

General discussion

As discussed by Reith and Dobbie (2013), it is a challenging task to explore the factors associated with patterns of gambling behaviour. In the current study, accounts of transitions, or even short periods of change, were complex. Themes describing increased or decreased gambling behaviour were not mutually exclusive and there was rarely just one factor which influenced a risk level transition or temporary change in participants' gambling behaviour. Furthermore, a factor that contributed to an increase in gambling risk for some participants correspondingly facilitated a decrease for others. For

example, social influences, finances and boredom were associated with both increased and decreased gambling behaviour.

Complexity and interaction were also inherent within accounts of gambling risk level stability, particularly for the *stable high-risk group*. Similar to the trajectory ‘consistent behaviour’ (Reith & Dobbie, 2013, p. 379), in the current study, the maintenance of moderate-risk/problem gambling behaviour across several years included periods of increased gambling, periods of no gambling, or a reduced level of gambling. However, any periods of reduced or no gambling were not sustained and did not affect PGSI scores, which are measured in a past 12-month time frame (explained later in this section).

At the outset, analysis of the *stable low-risk group* appeared straightforward; however, the themes highlighted the nuances and differences that were apparent even in participants who rarely gambled. For example, factors that motivated some participants to not gamble (e.g. hearing about harms experienced by other gamblers) was not always the same factor that maintained their non-problem or low-risk status (e.g. gambling was never at the forefront of their mind). Conversely, other participants were both motivated not to gamble and maintained their non-problem/low-risk status by the same factor (e.g. waste of money and perspective toward finances). It is noteworthy, however, that socio-demographically, the *stable low-risk group* appeared fundamentally different from the other groups in that they were much less likely to be risk-takers. They were not current smokers or drug users and unlikely to consume alcohol in a hazardous manner. It could be that this propensity to not indulge in other common behaviours that have a potential to become problematic and harmful, was the same propensity to not engage in gambling at a harmful level. It was outside the scope of the current study to identify the biological or psychological characteristics that contributed to the risk adversity, but this would be worthy of further research as it could potentially identify protective factors or characteristics against harmful gambling.

Previous research found that change, rather than consistency, was the norm for the majority of problem gamblers (LaPlante et al., 2008; Reith & Dobbie, 2013; Victorian Responsible Gambling Foundation, 2012), whereas stable behavioural patterns were more prevalent for non-gamblers and recreational gamblers (Williams et al., 2015). These findings were generally consistent with the current study. Most participants (except for those within the *stable low-risk group*) experienced period(s) of high or reduced gambling within their overall gambling pattern across time. For example, in the *stable high-risk group*, participants maintained moderate-risk/problem gambling behaviours; however, they also deviated from their usual gambling levels, with periods of reduced or increased gambling. In the *transition into high-risk group* and the *transition out of high-risk group*, participants’ risk level followed a general trajectory of increasing or decreasing gambling behaviour; however, fluctuations in level of gambling still occurred. For the current study, group categorisation was based on PGSI scores across time. However, the fluctuations in gambling behaviour, not represented by PGSI risk categories, highlight the importance of further research into relapse. In other words, although there were seven participants in the *relapse group*, it could be argued that many participants in the other groups had experienced periods of relapse. Future research defining relapse and examining the experiences and understanding of relapse is important.

Although the PGSI is a widely used scale for measuring the severity of gambling problems in general populations (Ferris & Wynne, 2001; Holtgraves, 2009), concerns have been raised regarding the misinterpretation of items, poor discriminant validity between the low-risk and moderate-risk categories, and misclassifications (Currie, Hodgins & Casey, 2013; Orford, Wardle, Griffiths, Sproston & Erens, 2010; Samuelsson, Wennberg & Sundqvist, 2019). Some of these concerns seem valid in the current study; for example, the level of guilt experienced by some participants inflated their overall PGSI score. Specifically, in the *transition into high-risk group*, a couple of participants reported feeling a high level of guilt when they gambled, even though the amount of gambling they had participated in was minimal (e.g. buying an occasional Lotto ticket). Additionally, the PGSI does not capture the instability or nuances within gambling behaviour; for example, a number of participants in the *stable high-risk group* and *relapse group* stated they were not currently gambling; however, as the PGSI

covers the last 12 months, they remained in their moderate-risk/problem gambler category. Specifically, one participant in the *stable high-risk group* had not gambled for at least half a year until a stressful situation led him to a surge in gambling as a coping mechanism; once the situation had passed, he stopped gambling. While answering the PGSI questions, the participant referred to the period of binge gambling as the source of his responses and his overall PGSI score was rated as problem gambling. Another limitation of the PGSI is that some items relate to thoughts or harms that do not immediately resolve because a person stops gambling (e.g. ‘felt you might have a problem with gambling’ and ‘financial problems for you or your household’) and, thus, may continue to be scored highly. This was evident for one participant in the *stable high-risk group* who mentioned not gambling for two years and yet still scored as a moderate-risk/problem gambler. However, whilst the PGSI has limitations, it was a suitable tool to map overall gambling risk patterns across time in the NGS, which was primarily designed as a quantitative longitudinal study of gambling behaviours and risk.

Why and how people transition between gambling risk levels

Factors that contributed to a transition to a higher risk level included the drive to win money, boredom, escaping from challenging situations or emotions, discovering online gambling, major life events (e.g. retirement), and chasing losses. Factors that contributed to a transition to a lower risk level included the experience of gambling-related harms (e.g. deterioration of mental health, school or work problems, and financial struggles), recognising the negative effects, a shift in priorities, financial circumstances, social influences, and adapting to life in New Zealand.

Winning money and financial perspective

The most common self-reported motivation for gambling, in prior NGS interviews, was to win money or prizes (Abbott et al., 2012). In the current interview, the discussion of motivation to gamble corresponded to this earlier finding. Although winning money or prizes was a common motivation for gambling, participants in the *stable low-risk group* maintained a non-problem gambler/low-risk level, while participants in all other groups had been categorised into higher risk levels. This begs the question, how does the motivation to win money translate into a higher risk level for some, but not others? Consistent with previous research (e.g. Reith & Dobbie, 2013), many participants in this study were motivated to gamble for financial reasons. Improving a financial situation or simply wanting a greater level of disposable income fuelled gambling behaviour over time. Additionally, increased access to funds often precipitated a sudden surge or relapse in gambling behaviour. For example, in the *stable high-risk group*, a few participants sought out bank loans when they required money. Their gambling increased once the loan was secured, followed a cyclical pattern with each new bank loan, and continued until all funds had been exhausted. As a result of these bank loan-gambling cycles, a high level of debt was accumulated, and a couple of participants sold possessions or stole from family members to pay bills or continue gambling. Compared with accessing bank loans or borrowing from others, participants who gambled with ‘disposable income’ had greater control over their gambling.

Participants in the *stable high-risk group* and *relapse group* discussed similar financial attitudes. That is, the normalisation of gambling as a method to increase income, coupled with a lack of disapproval from other people, enabled several participants to feel at ease when starting gambling. Conversely, a change in financial priorities or running out of funds prompted a decrease in gambling behaviour or a sudden stop. Of note, a change in priorities enabled participants to see the broader or long-term effects of their gambling. After buying a house, getting married, or setting new life goals, their priority shift meant they could no longer support their involvement with gambling.

A good first experience and a sense of satisfaction after the first big win were instrumental for many participants as to whether they continued gambling. These factors fostered a biased perception regarding the win/loss ratio, minimised the effect of losses, and emphasised the “fun” aspect of gambling.

Moreover, a false belief that gambling could create an income was further fuelled by the instant nature of EGMs, consistent little wins, and rumination about previous big wins. False cognitions and beliefs were held by most participants who were classified as moderate-risk/problem gamblers at some point (i.e. *transition into high-risk group, transition out of high-risk group, relapse group*); discussed later in: *The inter-related behaviours for why people increase or decrease their gambling participation over time*.

Although participants in the *stable low-risk group* bought Lotto tickets in the hope of winning a jackpot, the risk and odds of winning remained at the forefront of their minds and they did not believe gambling could realistically improve their financial position. As a result, they rarely took part in other gambling activities. Additionally, decreased gambling behaviour (*transition out of high-risk group*) was evident when gambling was no longer thought to be a viable method to improve finances, losses substantially outweighed the wins, and participants experienced financial struggles. Participants whose attitude toward their finances shifted were also able to maintain their reduced gambling behaviour. That is, participants who felt more responsible or invested in the money they had (e.g. they had a new job, bought a house, or were supporting another family member), began to view gambling as simply a waste of money.

Online gambling

Discovery of online gambling contributed to an increase (*transition into high-risk group*) or relapse (*relapse group*) in gambling and the maintenance (*stable high-risk group*) of gambling behaviour across time. Participants supplemented or swapped physical gambling activities for online activities due to the novelty, incentives and perceived win-rate, accessibility and convenience. Conversely, participants in the *transition out of high-risk group* and *stable low-risk group* were not interested in online gambling activities because they preferred a physical venue or could not see the point of gambling online. The development and availability of online technology has been one of the most significant advances in the gambling industry over the past two decades (Gainsbury, 2015). The UK Gambling Commission's report on gambling participation in the last year illustrated significant growth in online gambling. The largest year-on-year increases occurred within the 25-34 and 34-44 year age groups with individuals having an average of three online accounts (Gambling Commission, 2019).

As the fastest growing platform for gambling, online or internet gambling is changing the way individuals engage with their game of choice. The ease of accessibility and expenditure has elicited warranted concern about the potential for increasing problem gambling rates (Gainsbury, 2015; Griffiths, 2003; Kim, Wohl, Salmon, Gupta & Derevensky, 2015). A review conducted by Gainsbury (2015) concluded that internet gambling alone does not cause problem gambling. Rather, amongst more involved gamblers, internet gambling is more common and appeared to significantly contribute to gambling problems. Results from the current study provide some support for this conclusion and highlight the complexity of online gambling as a contributor to problematic gambling.

The accessibility of online gambling meant that it could occur in the comfort of a participant's home and having to get to a venue no longer impeded access to gambling. Online gambling could be accessed discreetly, whenever and wherever participants wished. Given its discreet accessibility, participants were able to hide or minimise their gambling frequency and expenditure from others. Several issues with online gambling were discussed by participants in the *stable high-risk group*. First, an awareness of bringing gambling into the home when children were present was a concern, centring on the normalisation of gambling. For example, the influence of children witnessing their parent gambling was noted by a participant who turned off her phone or avoided gambling when her children were present. Second, the structure of online gambling contributed to increased spending; structural characteristics included the ease of transferring money onto the gambling site or extending pre-set bet limits, and delays following a withdraw request. The delay between a request to withdraw winnings or un-spent money and receiving the money meant many participants withdrew the request, gambled with the money, and more often than not, lost it.

Kim and colleagues (2015) found that a motivation to gamble was not predictive of a shift to online gambling. However, the findings of the current study differ. It appeared that, for some participants, initial motivation to gamble was associated with a shift to online activities, centring on winning money, improving financial situations, and gambling as a coping mechanism or escape. Additionally, these participants demonstrated substantial minimisation and justification of their gambling behaviour. Conversely, when the primary motivation to gamble was to socialise (e.g. a gambling activity was just one part of a night out) or as an occasional fun event (e.g. Melbourne Cup), online gambling appeared pointless. It might be that heavier gamblers or those exhibiting more cognitive distortions gamble, regardless of venue or space, in the pursuit of winning money and satisfying gambling urges.

Social influences, social support, and meaningful accountability

Peer groups, family members, and spouses/partners influenced both increases and decreases in gambling behaviour. For example, peer groups who were heavily involved with gambling created a situation where most social connections occurred in the presence of gambling. Additionally, early exposure to gambling within the family unit differentially affected participants. While many participants did not acknowledge a direct family influence on their gambling, an indirect influence was observed. For example, participation in parents' gambling activities (e.g. attending races, playing an EGM, receiving scratch cards as gifts) appeared to normalise gambling involvement, distorted attitudes (e.g. gambling as a secondary income), and a couple of participants noted that their parents believed their gambling had influenced the participant. A direct influence was noted for a couple of participants who were captivated by a large early win of their parents or grandparents; one participant ruminated about repeating such a win or going back in time to convince his father to increase his bet size. Conversely, when raised in a family or culture that valued hard work and money, gambling involvement was less likely. However, for one participant, the level of guilt experienced when they gambled inflated their PGSI score (discussed in: *Culturally associated traditions or behaviours that might intensify gambling behaviours or harms or protect against them*). Most participants in the *stable low-risk group* were exposed to minimal levels of gambling as a child (e.g. occasional Lotto ticket).

Most participants' initial gambling behaviour was influenced by their friends or colleagues, particularly for major events such as the Melbourne Cup. In one instance, a participant (from *transition out of high-risk group*) experienced active encouragement and pressure to gamble from her partner. However, when peer groups changed or were no longer interested in gambling, there were fewer opportunities to gamble and transition to a lower risk level occurred as participants' involvement with gambling naturally decreased.

Social support was an important factor that contributed to both the transition out of problem gambling and maintaining a reduced level of gambling. A social group not interested in gambling, support from significant others, and saving money and time to spend with family, facilitated a reduction in gambling. Some participants were openly challenged by their family or friends and one was encouraged to seek professional help by their partner. Of note, the presence of someone considered important - a partner, child or faith/God - was instrumental in reducing and maintaining a minimal level or abstinence from gambling (*transition out of high-risk group*), as this person (or faith) created meaningful accountability. This meant that participants cared about how their actions affected the person and what the person thought about their actions. Meaningful accountability was not only created by the presence of someone important; after reaching a low point, the feeling of being given a second chance enhanced participants' motivation to maintain a reduction. For example, a participant who was accepted back into their university course and allowed to continue and complete their degree, was able to resist returning to TAB gambling (*transition out of high-risk group*). The second, or last, chance created a situation where participants did not want to let down those who gave them that chance.

In the examples described above, social support provided an impetus to shift priorities. Instead of a fun way to potentially make money, gambling and the expenditure involved was positioned as a waste of money. When viewed from the perspective of those supporting them, participants could not support

their return to regular gambling (*transition out of high-risk group*). This point is not intended to disregard the importance of people in the lives of participants who relapsed or transitioned into problem gambling, nor does it imply they did not feel accountable to anyone. The key differences between the *transition out of high-risk group* participants, and those who had not yet reduced gambling, or had relapsed, centred on the acknowledgement of a problem, life priorities, the effect on others, and the key figure in their life. Within the interviews, participants in the *transition out of high-risk group* spoke of not letting someone down and the wish to avoid recreating the situation they were in when gambling.

Adapting to the availability of gambling activities

Abbott (2006) proposed the exposure and adaptation theory, suggesting that over time gambling participation decreases once individuals adapt to the novel experience or initial exposure to gambling opportunities. Although this is a theory of population level response to the availability of gambling opportunities, it also identifies that adaptation can occur at both a societal and individual level (Abbott, 2006). Consistent with this theory, several participants increased their gambling behaviour after their first exposure (primarily casino-based gambling) and then gradually reduced as gambling became normal and was no longer exciting. This theory appeared particularly relevant for participants who were new to New Zealand or had moved to cities where there was a casino. Such participants were previously unexposed to casino-based gambling. The move to a city with a casino offered a novel experience and increased anonymity in gambling activities. Excited to take part in a seemingly glamorous event, some participants were drawn into casino-based gambling.

Gambling was illegal or highly regulated in some migrant participants' countries of origin (discussed later: *Culturally associated traditions or behaviours that might intensify gambling behaviours or harms or protect against them*). In the current study, a key factor associated with adaptation to available gambling opportunities was the development of other areas of the participants' lives. That is, as peer groups grew, work or study was settled into, or other activities took priority, gambling lost the novelty and excitement it originally held. There were, however, participants who began gambling after moving to New Zealand who had not yet reduced their gambling behaviour. The participants had consistent access to money (even if this meant stealing from a family member) and although gambling was no longer novel, they were unable to control their urge to gamble. For these gamblers, the step towards adaptation may require regulatory or professional intervention.

Gambling-related harms

Almost all participants who attempted to reduce or stop gambling did so because of the experience of gambling-related harms (discussed in more detail: *Harms experienced from gambling and what might exacerbate the harms*). Following an accumulation of negative consequences, several participants sought support from family and some sought professional assistance. The consequences of gambling led to a transition to a lower risk level when the negative consequences outweighed the positive outcomes. Finding a balance between the enjoyment of winning and socialising with the disappointment of losses was an unavoidable aspect of gambling. However, many participants reached a point at which the balance was skewed toward financial problems, physical and mental wellbeing issues, and their behaviour was negatively affecting others. Recognising and acknowledging the consequences of their gambling was the first step for many participants' transition to a lower risk level.

The difference between maintaining a *transition out of high-risk* and *relapsing/maintaining a stable high-risk* rating was often mediated by the salience of the negative experiences. That is, participants who remembered the effect of their gambling (e.g. financial, emotional, physical consequences), did not minimise the effect on others and recognised that the losses far outweighed the wins, were able to maintain their *transition out of high-risk*. Conversely, when the memory of negative consequences faded, while the memory of the wins, fun and highs experienced became more salient, a return to gambling was enabled.

Gambling as a hobby

Several participants (in *stable high-risk group*, *transition into high-risk group*, and *transition out of high-risk group*) considered gambling to be a hobby or entertainment, with comparisons made to fees paid to participate in a sports team or learn a musical instrument, or the price of a movie ticket. However, there was a fine line between gambling as a hobby and the transition to a higher risk level. For some participants it was inaccurate to consider gambling a hobby; for example, one participant (*transition out of high-risk group*) had a lifelong interest in horses, their breeding, and different races. The participant extensively researched prior to races and enjoyed making and discussing bets with his friends. However, for other participants (*stable high-risk group* and *transition into high-risk group*), gambling as a hobby corresponded with an increase in risk level when they lacked other activities to balance their time.

Few other activities required the level of ongoing monetary commitment or led to the negative gambling-related consequences experienced by participants. Furthermore, help or support was not viewed as necessary, even when financial issues or other harms were experienced. This was because, as gambling was considered a hobby, it was not a problem. Although these participants did not believe they had a problem, their gambling behaviour, frequency and expenditure had led to a high-risk level. For participants in the *transition out of high-risk group* who had gambled as a hobby, their risk level reduced only after their finances became more limited.

Life events or circumstances

As in previous research, major life events were associated with both increased and decreased gambling behaviour and risk level (Abbott et al., 2014; Hodgins & El-Guebaly, 2000; Reith & Dobbie, 2013; Samuelsson et al., 2018; Victorian Gambling Foundation, 2012). Furthermore, when a participant felt their life remained unchanged, their gambling behaviour persisted. An unchanged life fostered a self-perpetuating cycle whereby gambling was used to create funds in order to change their life; however, a financial deficit because of gambling meant participants were trapped in their situation and unable to change. Thus, gambling continued in an attempt to recuperate losses to change their lives.

Major life events in the current study included marriage or dissolution of a relationship, the birth of a child, starting or changing jobs, buying or moving to a new house, and retirement. The temporal or financial change associated with most of these events contributed to an increase or decrease in gambling risk. For example, after the birth of child, a couple of participants' gambling behaviour naturally reduced due to lack of spare time. However, as they adjusted to life with a baby, they began online gambling.

Similar to other factors driving gambling behaviour, the same life event could be behind an increase in gambling for one person and a decrease for another. The interplay between the life event and different factors contributed to gambling behaviour outcome. For example, starting a new job had multiple elements (e.g. more money, less time, different social network) which influenced a transition to a higher or lower risk level for different participants. Similarly, the spare time caused by retirement led some participants to a higher risk level (*transition into high-risk group*) as they started different activities including gambling. The interplay of factors in this scenario included a well-off financial situation, social personalities and enjoyment of gambling. Conversely, for other participants, retirement was associated with a decrease in gambling (*transition out of high-risk group*) due to the limited finances.

Often life events were coupled with a shift in priorities. For example, a new relationship or a birth of child meant participants were no longer able to gamble without directly affecting someone else. Shifting priorities enabled participants to reduce gambling as they were able to recognise the effect that gambling would have on their life if they did not stop. Setting goals alongside their shifting priorities gave participants' life greater meaning.

The inter-related behaviours for why people increase or decrease their gambling participation over time

Similar to *why and how people transition between gambling risk states*, the inter-related behaviours for why people increase or decrease their gambling participation over time were complex and could involve interaction between cognitions, behaviours and emotional states. For example, for some participants, a gambling binge (outcome behaviour) was prompted by distress (emotional state) caused by relationship conflict (behaviour and emotional state).

Co-existing mental health, wellbeing or addiction disorders

Recognising co-existing disorders and addictions: The complex nature of co-occurring disorders or addictions is clear. Previous research has demonstrated that mental health issues, particularly depression and anxiety, were both the antecedent and the outcome of gambling participation (Mutti-Packer et al., 2017). Although research has indicated high rates of co-existing mental health disorders or addictions with problematic gambling (Abbott et al., 2014; Mutti-Packer et al., 2017; Victorian Responsible Gambling Foundation, 2012), participants made few references to concurrent or previous mental health issues. Nonetheless, participants who had experienced a period of moderate-risk/problem gambling (*stable high-risk group, transition into high-risk group, transition out of high-risk group and relapse group*) generally scored higher on psychological distress (Kessler-10), hazardous alcohol consumption (AUDIT-C) and tobacco and other drug use, and scored lower on quality of life (WHOQoL-8) in their last NGS structured interview, compared to participants in the *stable low-risk group*. The difference between participants' qualitative accounts and responses to the structured questions could be due the time delay between the NGS structured interview (2015/16) and the semi-structured qualitative interview (2018/19). Alternatively, a failure to recognise the inter-related nature of gambling behaviour and other physical or mental health issues might account for the difference.

Treatment priority: The consequences of gambling on mental and physical health were clear to participants; however, the relationship between pre-existing or co-occurring issues was harder to identify. That is, most participants could identify the outcome of their gambling; however, few noted a prior or concurrent mental health or addiction issue. However, where there were other addictions, gambling did not appear to have the same urgency regarding treatment. A few participants had dealt with other addictions but were not committed to stopping their gambling activities. Despite experiencing some gambling-related harms or not having control over their gambling, several participants remained unprepared to seek professional help. Furthermore, a number of participants described feeling as though they could not stop gambling even though they were no longer having fun.

Preliminary research has indicated that harm from problem gambling at a population level may be comparable to excessive alcohol consumption, anxiety and depressive disorders when measured as an annual QALY (years of healthy life lost due to gambling harm). Moreover, the aggregate population level harms (QALYs) from problem gambling are almost twice the combined harm of drug use disorders, bipolar affective disorder, eating disorders, and schizophrenia (Browne et al., 2017). However, it is important to note that the gambling harm QALYs were estimated only as a snapshot at one point in time, versus more established QALY data for other health conditions that have considered an epidemiological life-course model. Nevertheless, within the current study, it remained that the perception of a gambling problem was minimised. This was clear for participants who had previously overcome other addictions and did not feel that gambling was on the same level. In this instance, gambling participation remained steady or increased over time as participants were not ready to stop or seek assistance (*stable high-risk group and relapse group*).

The Pathways Model proposes that individuals in the emotionally vulnerable subgroup are likely to use gambling to regulate their mood and affective states (Błaszczynski & Nower, 2002). The present study supported this notion as participants (*transition into high-risk group, transition out of high-risk group,*

and *relapse group*) used gambling as a coping mechanism or escape from challenging circumstances or emotions. In the *stable-high risk group* there were participants who demonstrated a self-destructive attitude while using gambling as a coping mechanism. That is, an underlying inability to cope with their situation led them to feeling hopeless. As a part of the hopelessness, gambling in a self-destructive manner meant that losing all their money was inevitable but also a goal - gambling recklessly was not going to make their situation any worse as they believed they were at rock bottom.

Previous research (Reith & Dobbie, 2012) has identified 'rock bottom' experiences as a trigger for reducing or stopping gambling, seeking assistance and creating an identity shift from gambler to non-gambler. This finding was true for many participants who had attempted to reduce or stop gambling, particularly in the *transition out of high-risk group*. However, participants demonstrating a self-destructive attitude (*stable high-risk group*) gambled until they had run out of money or their situation had been resolved. Once this occurred, their gambling behaviour reduced until the next crisis situation. In this instance, the 'rock bottom' situation was not caused by the gambling, so did not prompt assistance seeking. Participants who were able to incorporate constructive strategies to deal with their challenging emotions or situations were able to maintain a non-gambler/non-problem gambler/low-risk gambler status (*transition out of high-risk group*). Conversely, participants in the *stable high-risk group* and *relapse group* who were unable to incorporate constructive coping strategies, returned to gambling when they experienced further challenging circumstances (e.g. relationship problems) and/or relapsed back to the higher risk level. Failure to incorporate coping strategies meant gambling participation continued over time.

Alcohol consumption was associated with increased gambling for a few participants (*transition into high-risk group*). Increases in gambling expenditure and risky or reckless behaviour was primarily associated with a lowered inhibition and a feeling of being 'invincible'. Alternatively, limiting the amount of alcohol avoided lapses in concentration and enhanced decision-making ability and was thus used as a method to control gambling (*transition out of high-risk group*). Although alcohol consumption was an inter-related behaviour for several participants, in most instances, alcohol was secondary to gambling. That is, gambling venues were sought out and alcohol consumption occurred simply due to the proximity to participants' gambling activity of choice.

Cognitive distortions and gambling-supportive attitudes

Common *cognitive distortions* held by participants in the current study have been found in previous research including a memory bias for wins (Wagenaar, 1988), feeling lucky (Goodie, 2005; Petry, 2004), and overconfidence and feeling "due" a win (Goodie, 2005; Lakey, Goodie, Lance, Stinchfield & Winters, 2007). In the current study, gambling-supportive traits (e.g. thrill seeking, competitiveness, fear of missing out) held by participants appeared to foster an overwhelming urge to gamble. Previous research has not identified a connection between thrill or sensation seeking and problematic gambling (Harris, Newby & Klein, 2015; Parke, Griffiths & Irwing, 2004) and there was no evidence for an association with the fear of missing out and problem gambling. However, an association between competitiveness and problematic gambling has been identified as significant (Harris et al., 2015; Parke et al., 2004). The drive and enjoyment of winning, or a lower inclination to accept a loss, might make competitive individuals more prone to chasing behaviour (Parke et al., 2004). For example, a few participants became upset when people they knew had won something gambling; in turn, they returned to the gambling venue alone in order to match or beat the win (*stable high-risk group* and *transition into high-risk group*). Other participants enjoyed demonstrating their skill and taking part in competitive poker tournaments (*stable high-risk group* and *relapse group*). Despite the limited research regarding the fear of missing out, in the current study, this fear was behind many participants' gambling behaviour. Even participants in the *stable low-risk group* were motivated to gamble by the fear of missing out.

In the current study, the interaction between cognitive distortions and gambling-supportive attitudes were central to the development and maintenance of gambling behaviour over time for many participants.

An *erroneous belief* that gambling could act as a source of income was another motivator for many participants, especially those who experienced a transition to a higher risk level, who had begun gambling to try to improve their financial position. This motivation was similar for both financially struggling and financially well-off participants. Those who were well-off described wanting to have extra disposable income or ‘get to the next level’. A belief that gambling could act as an income source meant these participants gambled a large amount of money to try to win a big amount. However, as losses outweighed wins, and big wins were rare, their gambling then became an attempt to recover losses. In turn, this increased and maintained gambling participation over time.

When cognitive distortions were corrected, a shift out of moderate/high risk gambling was maintained. Many participants stopped disregarding the realities of gambling risks and odds and the negative consequences, and made a conscious effort to reduce their gambling (*transition out of high-risk group*). Additionally, when financial perspectives changed, so too did the thrill of the gambling risk. That is, it was no longer thrilling to risk hundreds of dollars a night or on a single bet (discussed earlier in more detail: *Why and how people transition between gambling risk states*). Previous research has found that gambling prevention tools including education, pop-up messages, and videos might correct cognitive distortions and reduce frequency of gambling behaviour (e.g. Broussard & Wulfert, 2019; Wohl, Christie, Matheson & Anisman, 2010). However, in the current study, correcting cognitive distortions did not always promote long-term reductions in gambling. For example, some participants began to recognise that they had no control over the outcome of their gambling activity. However, as their compulsion to gamble remained strong, any reductions or abstinence periods were short-lived (*stable high-risk group* and *relapse group*). Professional intervention might be required for such gamblers to correct cognitive distortions alongside the urge to gamble (Cowlshaw et al., 2012).

Boredom

Prior research has found that a common motivator for gambling was boredom (Abbott et al., 2012; Blaszczynski, McConaghy & Frankova, 1990; Mercer & Eastwood, 2010; Victorian Responsible Gambling Foundation, 2012). In the current study, boredom was a motivator to gamble in general, prompted gambling binge sessions, and also provided an impetus to reduce or stop gambling.

Boredom and gambling relapse: While previous research found that engaging in other/new enjoyable leisure activities could help to reduce or stop gambling and avoid relapses (Hodgins & El-Guebaly, 2000; Samuelsson et al., 2018), this was not true for a subset of gamblers in the current study. A feeling of boredom was a factor for several participants who relapsed (*stable high-risk group* and *relapse group*). Replacing gambling with other activities alleviated boredom as a motivation to gamble for a time. However, after feeling a renewed sense of boredom, participants in the *relapse group* began gambling again. Consistent with previous research, most of these participants had replaced gambling with alternative activities or their life had naturally become busier. However, the replacement activities or general busyness of their life eventually grew boring and they returned to gambling. Of note, these participants did not experience boredom while gambling and grew bored of activities they had previously enjoyed alongside gambling such as listening to music or walking their dog. Few other activities were as compelling as gambling and when not gambling, these participants ruminated about their next gambling session.

Boredom as a predictor of gambling is yet to be fully understood (Mercer & Eastwood, 2010). Some research has suggested that gambling alleviates the under-arousal associated with boredom. That is, some problem gamblers experience under-stimulating lives due to the interaction between low environmental stimulation and high sensation seeking personality traits (Anderson & Brown, 1984; Brown, 1986). Other research has suggested that gambling is an escape from negative mood states such as boredom, and the escape reinforces the avoidance of a challenging or boring reality (Blaszczynski, Wilson & McConaghy, 1986; Taber, McCormick & Ramirez, 1987). As a result of this research, two types of boredom associated with gambling have been identified; one type is characterised by sensation

seeking and the other by negative affect and withdrawal (Mercer-Lynn, Flora, Fahlman & Eastwood, 2009).

Both forms of boredom were evident amongst participants in the current study (primarily in the *stable high-risk group* and *relapse group*). Some participants identified a need for fast-paced stimuli and were involved in other highly interactive activities (e.g. online gaming). The sensation seeking led to an initial transition to a higher risk level when gambling was discovered to satisfy this need, and prompted a relapse when replacement activities failed to deliver the same level of arousal. Other participants' experience of boredom related to anxiety or other wellbeing issues. Gambling was used to avoid negative thoughts, growing anxiety, and the associated emotions with boredom (e.g. restlessness, frustration). However, these participants experienced increasing levels of anhedonia (inability to find pleasure in activities previously enjoyed), which in turn, drove them to continue gambling to both avoid a negative mood state and experience enjoyment they could not feel elsewhere.

Findings from the current study suggested a third form of boredom; that is, gambling was used to fill free time when there was a perception of a lack of alternative activities. This boredom was not associated high sensation-seeking or an avoidance of negative mood states; rather, gambling was positioned as a fun activity to fill time. For example, a couple of participants in the *transition into high-risk group* had retired since their first interview. They had been active individuals and filled their newly found spare time with various hobbies including gambling.

Motivations for gambling and investment in the outcome

There were often multiple or complex underlying motivations to gamble which varied somewhat between groups (discussed earlier). Motivations often corresponded with participants' gambling behaviour and ability to control themselves. For example, most participants who had experienced a transition to a higher risk level were strongly motivated to win money or used gambling as an escape or to relax, whereas socialising or fundraising were primary motivations for gambling for participants in the *stable low-risk group*. Consistent with this finding, previous research has found that motivations for gambling differ depending on risk status. For example, recreational gambling has been associated with social motives (Reith & Dobbie, 2013; Samuelsson et al., 2018). Gambling as an escape, for mood regulation, or as a coping mechanism was associated with increased risk for gambling problems; whereas gambling for entertainment or without expecting a fiscal return was associated with moderate gambling (Blaszczynski and Nower 2002; Lostutter, Lewis, Crouce, Neighbors & Larimer, 2014; Nower and Blaszczynski 2010).

There was a clear shift in gambling motivation in the *transition out of high-risk group* that reflected changing life priorities, implementation of meaningful long-term goals, or a general loss of interest in gambling. Changing priorities and a focus on larger goals provided a sense of purpose and a distraction from gambling. Most participants no longer gambled with a drive to win money; instead they gambled as an occasional social event, on a special occasion, or bought Lotto products. The shift in motivation away from an urge to win money also meant participants were not invested in the outcome of a gambling session; that is, they were not worried if they did not win. Lack of investment in the outcome appeared to be a key factor in controlling participants' (*transition out of high-risk group*) ongoing gambling activities.

How transitions to lower gambling risk levels relate to recovery

The concept of recovery

The concept of recovery varies in the literature from complete abstinence to controlled gambling (Nower & Blaszczynski, 2008). In the current study, recovery could be viewed as both as at the current

interview, participants in the *transition out of high-risk group* either did not gamble at all or still gambled occasionally but in a controlled manner (maintaining a non-gambler/non-problem gambler/low-risk gambler status).

Risk level transitions and recovery: Similar to the patterns of behaviour, examining factors that contribute to recovery are complex. What works for one individual (or group), might not work for another. Furthermore, several participants highlighted that seeking help was an individual choice and no-one could force them to commit or follow through with therapy. Transitioning to a lower risk level was the first phase in recovery as a transition did not always result in long-term abstinence or controlled gambling.

Some studies have found that individuals who have recovered from problematic gambling are able to return to controlled gambling (Abbott et al., 2015; Abbott, Hodgins et al., 2018; Blaszczynski, McConaghy & Frankova, 1991; Slutske, Piasecki, Blaszczynski & Martin, 2010). This finding applies to participants in the *transition out of high-risk group* whereby many gambled occasionally and in a controlled manner. However, for other groups, this finding did not apply. For example, several participants in the *relapse group* had experienced periods of recovery; however, after a trigger such as stress, they returned to problematic levels of gambling. It appeared that participants who been able to return to controlled gambling (*transition out of high-risk group*) had also made other life changes. For example, a shift in gambling motivation, lack of investment in the outcome, or changed life priorities meant gambling was viewed quite differently from when they were gambling more often and, therefore, they were able to gamble without losing control (discussed earlier in *Why and how do people transition between gambling risk states?* and *The inter-related behaviours for why people increase or decrease their gambling participation over time*).

Factors that supported a transition to a lower gambling risk level included the realisation of gambling harms, financial circumstances, and support from others. Maintenance of a reduced level of gambling (long-term recovery) was supported by altered gambling motivations and perspectives toward finances, remembering the consequences of gambling, social support, and strengthening one's faith or spirituality. Additionally, some major life events precluded participants from returning to gambling, creating a situation of almost involuntary recovery. Reduction and maintenance factors are discussed in sections: *Why and how people transition between gambling risk states* and *The inter-related behaviours for why people increase or decrease their gambling participation over time*.

Natural recovery or professional/social support assisted recovery

Recovery from gambling problems without formal treatment (e.g. counselling) is considered natural recovery and has been increasingly recognised in the literature (LaPlante et al., 2008; Slutske, 2006; Slutske et al., 2003). Similar to previous findings (Abbott et al., 2014), participants' family and close friends were often the first source of support. Most participants had ongoing social support from family, friends or colleagues that did not necessarily relate to their recovery; for example, conversations about their gambling or money to pay bills.

All but one participant in the *transition out of high-risk group* received non-professional/social support in order to maintain abstinence or controlled gambling. Non-professional/social support ranged from obvious and gambling-specific support to implicit and general support. Implicit support was often simply the knowledge that someone would be there to talk if they needed it, which provided a foundation for participants to feel supported. Conversely, support could be specifically gambling-related. For example, one participant promised his new girlfriend that he would not gamble. His commitment to the promise and her support enabled the participant to establish recovery (*transition out of high-risk group*). Finally, there were several participants who recovered or transitioned to a lower risk level on their own (*transition out of high-risk group* and *relapse group*). For example, some participants became bored with their gambling activity after the novelty and excitement wore off (*relapse group*), and one participant just decided to stop gambling (*transition out of high-risk group*).

A few participants talked about “coming clean” with their family and being honest about the extent of their gambling. This honesty was often preceded by an accumulation of negative consequences, a major loss, or realisation that a ‘gambler’ label was not one they wanted. Previous research has found that individuals with problematic gambling are unlikely to admit they have a problem and only seek support when experiencing severe negative consequences (Evans & Delfabbro, 2005; Reith & Dobbie, 2012). Likewise, many participants kept the extent of their problematic gambling to themselves until they reached a point when it was impossible to hide. Being completely honest with family was a first step for many participants in reducing their gambling and provided a level of accountability.

The number of participants who accessed professional assistance varied between groups (discussed in more detail in: *What assistance, if any, is received for gambling behaviours?*). Most participants in the *relapse group* had sought professional help prior to their transition out of moderate-risk/problem gambling; however, unable to incorporate sustained changes, they relapsed and transitioned back to harmful gambling. A few participants in the *transition out of high-risk group* had received professional help via specialised gambling treatment services and general counselling, which were noted to be helpful. One participant in the *stable high-risk group* was encouraged to seek professional help by their partner, and the individual began implementing gambling reduction strategies. Participants in the *transition out of high-risk group* were able to transition to a lower risk level and maintain their reduction, while participants in other groups (*stable high-risk group* or *relapse group*) were not able to maintain a sustained change in gambling behaviour. No participant in the *transition into high-risk group* had sought professional help because they did not believe or recognise that they had a problem or were too ashamed about their gambling to seek help. Not believing their gambling was a problem was a common reason why participants did not seek non-professional/social support or professional help, despite being categorised as moderate-risk or problem gamblers (discussed later in: *What assistance, if any, is received for gambling behaviours?*).

Non-professional/social support or professional assistance corresponded with recovery when coupled with other factors. Recovery supportive factors included, but were not limited to, commitment to change, meaningful and supportive accountability, education and correction of cognitive distortions, social factors, and the recognition of a problem.

What assistance, if any, is received for gambling behaviours?

Professional assistance

Specialised gambling treatment services and general counselling services were utilised by several participants (*transition out of high-risk group*, *relapse group* and *stable high-risk group*) and were noted as being supportive and informative, contributing to transitions to lower levels of gambling. Reviews of studies examining treatment effectiveness have demonstrated that gamblers respond well to treatment, and at least a short-term benefit can be expected by a majority of treatment receivers (e.g. Abbott, 2019b; Abbott et al., 2015; Pallesen, Mitsem, Kvale, Johnsen & Molde, 2005; Petry & Armentano, 1999; Pickering, Keen, Entwistle & Blaszczynski, 2018b).

Counselling services: Understanding aspects of professional services that relate to transitions to lower levels of gambling risk is important for informing ongoing practice and service delivery. Participants in the *transition out of high-risk group* believed that seeking help was their own decision and maintaining their recovery required willpower. These participants specified that gambling management strategies suggested by their counsellor were helpful, but that talking to someone objective and understanding was noted as being the most beneficial element of the help received. Conversely, a perceived lack of understanding of gambling by a counsellor was noted to be unconstructive in the *transition out of high-risk group* and had not contributed to the participant’s transition to a lower risk level. Rather than sympathy or simply being provided with information participants could find

elsewhere, an empathic and non-judgemental relationship was an important aspect of support services (both professional and non-professional) that most participants wished for.

Helplines are used frequently by gamblers or affected others in New Zealand (Abbott et al., 2014, 2015; Abbott, Hodgins et al., 2018). Consistent with this, several participants in this study had called the gambling helpline. The usefulness of the helpline was mixed with some participants feeling supported, whilst others did not receive the help they required to control their gambling.

Gamblers Anonymous (GA): Compared to other support services, GA is rarely utilised in New Zealand (Abbott et al., 2014). Only a few participants attended GA meetings, and none had completed a GA programme. A GA programme structured similar to Alcoholics Anonymous (rather than a mere support group) that included support from a sponsor was identified as being an ideal format. This corresponds to the notion of being understood, supported, informed and feeling less alone as important factors when receiving support to control gambling.

Self-directed methods to control gambling including non-professional/social support

Alternatives to professional services for dealing with problem gambling include social support, self-help online interventions, fora or testimonials and self-exclusion (Abbott, 2019a; Abbott et al., 2014; Cunningham et al., 2018; Lubman et al., 2015; Pickering, Blaszczynski & Gainsbury, 2018a; Rodda et al., 2018; Wood & Wood, 2009). In the current study, these methods to control gambling and informal sources of help were utilised with differing degrees of efficacy.

Non-professional/social support: Previous research has identified friends and family as commonly sought sources of help for gambling problems in New Zealand (Abbott et al., 2014). As discussed earlier (*How transitions to lower gambling risk levels relate to recovery*), social support was sought by many participants in the current study. Non-professional/social support both preceded a reduction and supported the maintenance of a lower level of gambling risk. It could be both direct (e.g. someone else managing a participant's finances or encouraging them to reduce gambling) or indirect (e.g. friend's own behaviour moderating participant's behaviour).

Social support played an important role in helping some participants to control their gambling behaviour or to seek professional assistance; thus, promoting and enhancing social support is likely to be an important aspect in gambling treatment. Although this research focused on participants' own gambling behaviour, it is likely that their family and/or friends have a different perspective or experience of the gambling. For example, a participant in the *transition into high-risk group* reported that her spouse said she had a gambling problem, whereas the participant did not believe she did. However, after discussing the situation with her friends, the participant reduced her frequency of gambling. It is possible that the spouse's comments were a trigger for the participant to change her behaviour. This highlights the importance of available training, support and information for family members and friends to assess whether a person close to them has a gambling problem, and that also provides information on how the person could empathically broach the subject with the gambler. In the groups with individuals who currently or previously demonstrated moderate-risk or problem gambling (*stable high-risk group, transition into high-risk group, transition out of high-risk group and relapse group*), future research should consider exploring affected others' experience of risk category transitions, gambling-related harms, and the risk and protective factors associated with their loved one's gambling in order to gain a more complete understanding of the contributing factors.

Online fora and support groups: Websites, online videos, testimonials, and online fora were utilised by participants in the *stable high-risk group* and *relapse group* as a source of information, support network, and somewhere to get help. Although not directly related transitions in gambling risk levels, the use of online fora and support groups may have benefitted the mental health and wellbeing of those gamblers. In the long-term, they may contribute to supporting individuals to reduce their gambling risk level. A study conducted by Wood and Wood (2009) found that online fora provided advice, support, personal

stories and answers to specific questions. The authors also found that users of an online forum felt less alone, found a community and formed friendships, developed insight and accountability, were supported to resist urges, and were given different approaches and strategies to deal with their gambling (Wood & Wood, 2009). As various stigma related factors prevent many participants from accessing professional support services, online communities and self-help methods might be beneficial for those who need help but are unable to access it (Cooper, 2004; Wood and Wood, 2009). Furthermore, online services might be a first step towards professional help by reducing stigma and normalising support. In the current study, similar to previous findings, participants who accessed online support felt less alone, received more information, and related to the difficulties described by others. Online fora or support groups created a community where participants did not experience stigma or shame.

Self-exclusion: Previous research has found that the uptake of self-exclusion from venues is relatively low (Griffiths & Auer, 2016; Productivity Commission, 2010). In the current study, the number of participants who implemented a self-exclusion order differed between groups; several participants in the *transition out of high-risk group* implemented an order and referred to the order as enabling them to reduce their level of gambling. Although three participants in the *stable high-risk group* had implemented a self-exclusion order, all three had either breached their order or continued to gamble at alternative venues. Thus, as found in previous research, self-exclusion orders were effective for some participants and not others (Bellringer, Coombes, Pulford & Abbott, 2010; Gainsbury, 2014; Hayer & Meyer, 2010). Self-exclusions supported a transition to lower gambling risk levels by prompting the avoidance of venues, changing participants' view about the accessibility of venues, and allowed time for gambling urges to lessen. However, consistent with previous research (Bellringer, Coombes, Pulford & Abbott, 2010; Ladouceur, Sylvain & Gosselin, 2007) were the limitations associated with self-exclusion, including breaches and accessing alternative venues.

Many participants, particularly those in the *transition into high-risk group*, had considered self-exclusion but had chosen not to implement one because they did not believe in its effectiveness. This was due to the possibility of breaching the exclusion or accessing alternative gambling venues including online gambling. The ability to initiate a multi-venue exclusion (MVE) would have benefited many participants. Consistent with this finding, a previous study found that the ability to nominate multiple venues simultaneously would be effective (Pickering, Nong, Gainsbury & Blaszczynski, 2019) and a review of a centralised multi-venue self-exclusion process in Australia found that including the ability for counsellors to instigate the exclusion process off-site would also be beneficial (Pickering et al., 2018a). As MVEs exist in several areas in New Zealand and can be initiated by counsellors, these participants either resided in areas where MVE was not available or they were not aware of its existence.

Barriers to seeking assistance

Consistent with previous research (Gainsbury, Hing & Suhonen, 2014; Pulford et al., 2009b), the number of participants who sought professional help, despite the negative consequences associated with gambling, was relatively low. Barriers that precluded participants (*transition into high-risk group*, *relapse group*, *transition out of high-risk group* and *stable high-risk group*) from seeking help were discussed, including personal, systemic and cultural barriers. Of note, fewer participants in the *transition out of high-risk group* discussed barriers to seeking help than the other groups. Understanding barriers to seeking assistance is important because there is likely to be a subset of gamblers who require external intervention in order to reduce or control their gambling but who do not access services due to these barriers. While many gamblers are able to control their gambling on their own; for some, professional support is required. Understanding barriers to access enables these obstacles to be removed or mitigated.

Personal barriers included belief that they did not have a problem, were too proud to seek help, were too shy, and a feeling of shame about their gambling behaviour. These factors are discussed later in more detail as aspects that exacerbated the experience of harms (*Harms experienced from gambling and what might exacerbate them*). Systemic barriers discussed included a lack of awareness about

appropriate services, inability to find a convenient time for an appointment, being sceptical of the number of gamblers who utilise professional services, and repeated calls to the gambling helpline which resulted in the provision of the same information.

Cultural barriers included a perceived language barrier by participants whose first language was not English and the principle of not seeking help from outsiders. Although specialised gambling treatment services in New Zealand offer a range of languages (e.g. Problem Gambling Foundation, 2018), several participants for whom English was a second language believed that they and others they knew would not access professional services due to a perceived language barrier. This could reflect participants' lack of awareness regarding available languages available at the services, and would correspond with a study that noted gaps in the distribution of information about problem gambling, particularly for those who are "geographically, culturally, socially and/or linguistically more isolated" (Suurvali, Cordingley, Hodgins & Cunningham, 2009, p. 421). A barrier recognised by Asian participants was the principle of not seeking professional help and attempting to resolve any issue within the family or with close friends. This reflected a level of 'face-saving' and stigma (Loo et al., 2008; Radermacher, Dickins, Anderson & Feldman, 2017). Gainsbury et al. (2014) highlighted that the low rate of non-English speaking communities seeking help might reflect the level of stigma associated with mental illness and a cultural resistance to sharing problems with a support group or unknown counsellor. A focus on increasing awareness of culturally and linguistically appropriate services, and the confidentiality associated with such services is warranted in order to reduce cultural barriers to accessing help.

Harms experienced from gambling and what might exacerbate the harms

Consistent with previous research (Abbott, Bellringer, Garrett, & Mundy-McPherson, 2014; Browne et al., 2017; Canale, Vieno & Griffiths, 2016; Li, Browne, Rawat, Langham & Rockloff, 2017; Walker, Abbott & Gray, 2012), negative consequences associated with gambling affected individuals, their family and whānau, and friends. Most participants in the current study (except those in the *stable low-risk group*) had experienced some gambling-related harms ranging in severity from a feeling of guilt or going into debt to stealing from family members to being hospitalised for stress-related health problems.

Gambling-related harms experienced by participants included:

- *Financial*: Struggled to pay bills, took out multiple bank loans, borrowed money or financially relied on family members, stole money from friends/relatives, forced to sell possessions;
- *Mental health and wellbeing*: Anxiety, stress, depression, panic attacks, sense of isolation, sleep problems, aggression;
- *Physical health*: Weight gain, sport-related injuries due to lack of sleep, poor nutrition, blood pressure problems;
- *Work/study*: Poor work performance, low motivation, failed university papers;
- *Affected others*: Family lost time with participant, financial consequences affected family, theft from friends/family members, family members affected by negative mood of participant, family members or friends were lied to.

Factors that might have exacerbated the harms experienced by participants included feeling shame and stigma for seeking help, the perception of gambling as a problem, and maladaptive coping strategies. These factors related to the experience of harms in isolation, a time-delay in seeking help, and a failure to incorporate constructive coping strategies.

Feeling ashamed

Feeling ashamed is commonly experienced by gamblers (Gainsbury et al., 2014; Schlagintweit, Thompson, Goldstein & Stewart, 2017; Suurvali et al., 2009). In the current study, the consequences of shame and stigma on health, other related health behaviours (e.g. self-care), and broader health determinants (e.g. social isolation) was clear.

A feeling of shame affected participants' behaviour, help-seeking ability, and some continued to gamble in order to avoid a negative mood state. Thus, participants kept their gambling hidden, lied to family and friends, and justified or minimised harms. This led to anxiety, increased isolation, and guilt about lying or hiding the gambling behaviour.

Many participants felt ashamed about their gambling behaviour because of the loss of money and the effect on their family. Subsequently, the shame and perceived stigmatisation of problem gambling prevented them from seeking professional assistance. Naturally, any delay in seeking help exacerbated the experience of harms as participants continued to gamble.

Perception of a gambling problem

According to the Stages of Change Model (Prochaska & DiClemente, 1982), the first stage of *Pre-contemplation* involves an individual not considering behaviour change in the foreseeable future and a limited awareness of a problem. The second stage of *contemplation* entails an individual becoming more aware of the costs of their addictive behaviour and the benefits of changing but remaining ambivalent to changing their behaviour. The remaining three stages of *Preparation*, *Action* and *Maintenance* centre on recognising the costs outweighing the benefits, making a decision to seek help or reduce/change the addictive behaviour, and sustaining long-term modification and preventing relapses (Prochaska & DiClemente, 1982). The first two stages are particularly relevant regarding harm exacerbation for some participants in the current study. That is, the point at which participants believed or recognised that their gambling had become a problem was a factor which potentially exacerbated the negative consequences they experienced. The delayed recognition of a problem meant early detection and seeking help was hindered while gambling behaviour continued.

Another factor associated with the recognition of a problem, apparent in the *stable high-risk group*, was an attitude that gambling was only a problem if it affected someone else. This meant that some participants continued gambling in a belief that their family was unaffected. To ensure their family remained unaffected, these participants hid their gambling, minimised the extent of their expenditure, and experienced negative consequences in isolation. However, it was unavoidable that the consequences of their gambling did affect those around them. Therefore, this attitude exacerbated harms experienced by the participant and their family due to the underestimation of the effects of their gambling.

Although natural recovery has been reported to account for a significant proportion of individuals who do not seek help (Evans & Delfabbro, 2005), prevalence studies suggest that this does not account for all individuals with a gambling problem (e.g. Abbott & Volberg, 2000; Abbott et al., 2014; Billi et al., 2015; Salonen et al., 2017; Wardle et al., 2011b). Thus, there is potentially a significant number of people for whom treatment services would be beneficial. The lack of recognition that gambling behaviour might be a problem could account for those individuals who need assistance but do not seek it, nor recover naturally. The denial or lack of recognition of a problem, coupled with a delay in seeking help, exacerbated harms for participants in the current study for as long as the gambling behaviour remained.

Maladaptive coping strategies

When gambling is used as a coping mechanism, there is a recurrent interaction between the experience of harm and gambling behaviour (Schlagintweit et al., 2017). That is, gambling is not necessarily the source of stress but creates, contributes to and exacerbates stressors. Thus, the experience of harms is both a precipitating factor and an outcome of gambling. A common example of this interaction was for participants who gambled in response to relationship problems (*transition into high-risk group and relapse group*). When experiencing challenges within a relationship, participants gambled to escape;

however, inevitably they returned home where the issues remained, but their gambling behaviour had exacerbated the relationship conflict.

As a maladaptive coping strategy, the consequences of gambling were further exacerbated when participants demonstrated a self-destructive attitude. Although previous research has found that the experience of 'rock bottom' often precipitated help-seeking (Reith & Dobbie, 2012), for a subset of participants, the experience of 'rock bottom' fostered an 'all or nothing' attitude towards gambling (discussed in more detail in: *The inter-related behaviours for why people increase or decrease their gambling participation over time*). For example, when experiencing a period of acute distress or a potentially life-altering challenge, several participants (*stable high-risk group*) gambled impulsively and recklessly, often with the intention of losing everything. These participants described a feeling of being trapped, hopeless, and an inability to see how the situation could change. However, after their gambling session, which could last one night or several weeks, they were again faced with the original stressor but were left with the financial, mental health and social consequences of gambling without inhibition.

In general, using gambling as a coping mechanism or escape from challenging situations added to the experience of stress or negative consequences. While the original stressor might not have been from gambling itself, the use of gambling to cope with the stressor led to additional challenges and harms. Furthermore, a return to gambling was almost inevitable when faced with a new challenging situation or emotions. Thus, harms were exacerbated when constructive coping strategies were not implemented.

Culturally associated traditions or behaviours that might intensify gambling behaviours or harms or protect against them

Across multiple studies, ethnic and socio-demographic inequities in problem gambling are significant (e.g. Abbott et al., 2014; Ellenbogen, Gupta & Derevensky, 2007; Ministry of Health, 2009; Wardle et al., 2011b). Previous research has found that cultural values and beliefs, the effects of acculturation, and attitudes toward seeking professional help are three cultural factors that play a role in gambling behaviour (Raylu & Oei, 2004). Participants in the current study had diverse backgrounds. Most participants who had moved to New Zealand, migrated from countries where gambling was illegal, heavily regulated, or strongly opposed. None of the Māori participants in the current study discussed cultural factors.

Financial pressures and the value of money

Research has found that gambling problems and financial stressors might be exacerbated by cultural practices to lend, donate or financially support family members (Bellringer et al., 2013; Dyal, Thomas & Thomas, 2009). In the current study, participants were affected by the cultural practice to donate or raise funds for the community or support their extended family. For example, the practice of a Samoan church community to contribute a tithing led a participant (*relapse group*), her wider family, and other individuals within the church community to gamble in order to try to increase their contribution. This example (fundraising for church) has been highlighted in previous research as a common form of gambling undertaken in the Pacific community (Bellringer et al., 2013; Urale et al., 2015). Another participant (*stable high-risk group*) experienced an increased level of gambling alongside his partner as she attempted to increase funds so she could send money to her family in the Philippines. In these examples, the practice of financial contributions to a community/wider family intensified the gambling behaviours as participants perceived a lack of alternative methods for increasing their funds (discussed earlier: *The inter-related behaviours for why people increase or decrease their gambling participation over time*).

Conversely, two Asian participants (*stable low-risk group*) described their background where hard work and the value of money was important. Gambling was criticised and viewed as a waste of money. The participants occasionally purchased Lotto tickets but did not feel any urge to gamble. Their cultural background protected against the development of gambling problems as they were money conscious, risk-averse and not inclined to gamble. However, another participant (*transition into high-risk group*) from a similar background had been differently affected by a money-conscious upbringing. Growing up in an environment that strongly opposed wasting money meant the participant experienced a high level of guilt about any gambling. The participant occasionally purchased a Lotto ticket, yet the level of guilt she experienced from doing so meant she selected “almost always” as a response to the relevant item on the PGSI. Despite rarely gambling, this categorised her as a moderate-risk gambler. The value of money acted as a protective factor for these participants; however, whilst some maintained their non-gambler/non-problem gambler/low-risk gambler status and were unapologetic on the few occasions they gambled, others transitioned up to a higher risk level due to the guilt they experienced fostered by the disapproval of wasting of money.

Shame and the stigma of seeking professional help

The association with shame and stigma for Asian participants was reflected in both the denial of a problem and not seeking help. Previous research has identified that issues associated with problem gambling in Asian families include stigma and face-saving as cultural attitudes (Loo et al., 2008; Sobrun-Maharaj et al., 2012). These cultural values and beliefs were noted as potentially reducing an individual’s ability to seek help (discussed earlier as a help-seeking barrier: *What assistance, if any, is received for gambling behaviours?*). Consistent with this finding, in the present study, Asian participants noted that it was common to deal with issues within the family unit or with very close friends. While the level of social connectedness did not appear to be negatively affected, as it was in previous research (Sobrun-Maharaj et al., 2012), shame and stigma impeded early detection of a problem and precluded the opportunity to seek professional help.

Conversely, shame was a protective factor for a couple of Pacific participants. While shame led many to hide or lie about their gambling behaviour, it had the opposite affect for a few participants. For example, the fear of being caught by respected elders in the Samoan community prompted one participant to reconsider and limit his gambling behaviour (*transition out of high-risk group*). The participant was initially torn between his Christian faith, which opposed gambling, and his Samoan background which did not discourage it. Nevertheless, the thought of looking bad in front of those whom he respected led him to evaluate his situation and stop gambling.

The prevalence of gambling in participants’ background

As previously mentioned (*Why and how people transition between gambling risk states*), the exposure and adaptation theory (Abbott, 2006) suggests that gambling participation decreases after an individual adapts to the novel experience and availability of gambling opportunities. Likewise, the theory suggests that an initial escalation of risk occurs after being introduced to novel gambling opportunities (Abbott, 2006). There were several participants who had begun gambling after moving to New Zealand (from various Asian and Pacific countries). Many of these participants described coming from countries where gambling was illegal, heavily regulated or stigmatised. This led to both risky and protective behaviours for problematic gambling. For example, two participants from China described a background where gambling was not prevalent, and they had not been exposed to gambling before they moved to New Zealand. For one of these participants (*relapse group*), a casino was an exciting venue and she also regularly bought Lotto and Instant Kiwi tickets (i.e. the novelty of gambling became a risk factor for problematic gambling). Conversely, another participant from China (*stable low-risk group*), with a similar background, talked about her family regularly participating in competitive mah-jong and bridge games; however, money was never involved. The participant and her community were highly money conscious, valued hard work, and believed gambling was a waste of money; thus, she was risk-averse

and careful with her money. It appeared that cultural or family perspectives towards finances and life priorities mediated (protected against) the impact of moving to a country with novel gambling availability.

Strategies that are used to reduce gambling behaviour

With differing degrees of success, most participants in the current study attempted to control or reduce their gambling. Similar strategies were used across the five groups; however, there were differences in how the strategies were implemented (discussed in more detail below). Strategies included monetary methods such as limit setting or creating a budget; awareness of gambling behaviour and keeping busy, and self-exclusion from venues or online gambling sites (discussed previously in: *What assistance, if any, is received for gambling behaviours?*). Underlying the effectiveness of all strategies was participants' self-control.

Monetary strategies

Setting a limit before a gambling session was a common strategy utilised by participants. Limits were set on total expenditure, bet size, wins, losses and time. Differences were clear in the limits set between participants in the *stable high-risk group*, *transition into high-risk group* and *relapse group*, compared with participants in the *stable low-risk group*, with participants in the latter group setting lower limits than participants in the other groups. Participants who had *transitioned out of high-risk* changed their limit levels over time. Compared with when they had experienced moderate-risk/problem gambling, the limits they currently set were considerably lower; for example, a previous limit of \$3,000 became \$400 for the whole night including food and beverages. Additionally, these participants highlighted that they had previously been more likely to lose control and exceed their pre-set limit compared to their current level of control. Exceeding a pre-set limit is known as a 'bust' and appears to be a common scenario. In a small survey of 104 Australian gamblers, almost half (45%) had reported a bust in the prior year associated with various reasons including personal factors such as wanting to win money, and in-venue characteristics such as chasing losses or free spins (Rodda, Bagot, Manning & Lubman, 2019).

Another common monetary strategy was the management of finances. Calculating how much participants could afford to lose, creating weekly or monthly budgets, only gambling with disposable income, and tracking spending were utilised by participants in the current study. The aim of financial management was to ensure that bills and other essential living costs could be paid, and gambling behaviour maintained. To promote the success of this strategy, participants paid bills by direct debit or as soon as they received wages or salary, only used cash or cards, had someone they trusted to control their finances, or had a bank account they could not easily obtain money from.

The use and successful adherence to the management of finances differed between groups. For example, participants in the *stable high-risk group* and the *relapse group* discussed several occasions when they exceeded a limit, borrowed money in order to pay bills after gambling the relevant money, sold possessions and, in a few cases, stole money. Conversely, participants in the *stable low-risk group* did not gamble if they could not afford to do so. These participants also created weekly or monthly budgets; however, gambling was not included in the budget. That is, they did not calculate gambling into their monthly expenditure because it was not a priority and it was unlikely that they gambled.

Of note, monetary strategies were not used to reduce gambling; instead they were used to ensure participants could continue to gamble sustainably.

Keeping busy and avoiding opportunities to gamble

In the current study, balancing gambling with alternative activities that promoted avoidance of gambling venues supported a reduction in gambling or enhanced control over gambling behaviour. Participants *kept busy* with alternative activities (e.g. going to a gym or playing sport), spent time with friends or family, or simply cleaned the house, to stop them thinking about or initiating a gambling session. Previous research has demonstrated that balancing gambling with other activities as a method of controlling gambling behaviour could be effective (Moore, Thomas, Kyrios & Bates, 2012). In the current study, keeping occupied to avoid gambling was helpful for some participants; for example, alternative activities diverted participants' attention and allow time for gambling urges to lessen. However, a symptom of problematic gambling is a preoccupation with gambling opportunities. For a subset of participants in the *stable high-risk group* and *relapse group*, keeping busy was not enough to stop or control their gambling. Several participants had attempted to replace gambling with other activities; however, they soon grew bored with those activities and returned to gambling. Of note, a few participants grew bored with activities they previously enjoyed, such as listening to music or taking their dog for a walk. Gambling activities were different from other activities for these participants, as they failed to grow bored of gambling, even after long sessions.

An avoidance of gambling venues or online gambling sites limited gambling opportunities and allowed time for some participants to stop or regain control over their gambling. Avoiding a venue could be initiated through a self-exclusion, uninstalling a gambling site on a phone, or simply deciding to walk down a different street. A benefit of avoiding gambling venues was that it contributed to long-term maintenance of a reduced level of gambling (*transition out of high-risk group*). The longer participants spent away from their gambling activity of choice, the less they thought about it and the easier it was for them to turn down an opportunity to gamble. Although previous research has indicated that a small proportion of gamblers report the use of avoidance strategies (e.g. Abbott et al., 2014; Moore et al., 2012); in the current study, many participants utilised this strategy, sometimes inadvertently. For example, some participants naturally forewent a gambling venue if they had difficulty with access, while others planned out their social occasion so that it did not involve being in the proximity of a gambling venue. Avoiding gambling opportunities enabled participants to put their behaviour and expenditure into perspective and make a considered decision before taking part in their next gambling session or stopping altogether.

Despite enabling some participants to reduce their gambling, the avoidance of venues was difficult for others. Several participants in the *stable high-risk group* reported a preoccupation with gambling, a strong temptation to enter a venue, and an inability to control their gambling urges. Previous research has suggested that avoidance is a difficult strategy for problem gamblers unless they have undergone exposure therapy (Toneatto & Ladouceur, 2003), and the availability and accessibility of opportunities to gamble make avoidance difficult (Gainsbury et al., 2014). The development and proliferation of online technology has enabled gambling opportunities to be accessed whenever and wherever suits an individual (Gainsbury, 2015; Griffiths, 2003; Kim et al., 2015). Indeed, in the current study, several participants transitioned to a higher risk level or relapsed back into gambling after discovering online gambling activities.

Social support

There has been conflicting evidence regarding the efficacy of using social support to control gambling behaviour (e.g. Lostutter et al., 2014; Moore et al., 2012; Wood & Griffiths, 2015). Some researchers suggest that individuals should avoid gambling alone and recommend gambling with a friend who will help limit expenditure (Currie, Hodgins, Wang, El-Guebaly & Wynne, 2008; Lostutter et al., 2014). Others have found that, compared to non-problem gamblers, individuals with a gambling problem are more likely to gamble with their friends and family (Reith & Dobbie, 2011; Wood & Griffiths, 2015). Findings from the current study reflect the results from previous research. That is, some participants used social support to effectively control their gambling, while others were pressured into gambling by

their peers or only gambled in social situations. However, even participants who were pressured into gambling had supportive people who encouraged them to reflect on their gambling behaviour or implement changes. Participants in the *stable high-risk group* noted that they had separate peer groups, one which freely gambled and another which rarely gambled. These participants chose which peer group to spend time with depending on whether they wanted to control their gambling. Thus, it appeared that who an individual chose to gamble with was the gambling management strategy, rather than whether they were a social or solo gambler.

Particular about gambling activities

Some participants only gambled on certain activities based on their skill (e.g. for poker gambling), knowledge (e.g. of teams of sports player or horses in track racing), or if the money was going to a good cause. Other researchers have noted that enhanced knowledge of the operation of gambling activities and the potential for negative consequences coupled with an awareness of own gambling behaviour contributed to informed decisions about gambling opportunities (Blaszczynski, Ladouceur, Nower & Shaffer, 2008; Parke, Harris, Parke, Rigbye & Blaszczynski, 2014). Taking time to consider a gambling activity, prior to placing a bet, might enhance participants' ability to control their gambling on that activity. For example, one participant (*stable high-risk group*) described thinking and planning his next gambling activity, session or week. However, as many participants (*stable high-risk group*, *relapse group*, and *transition into high-risk group*) lost control or became focused on the activity in front of them (e.g. "getting in the zone"; Victorian Responsible Gambling Foundation, 2012, p. 39), their ability to make rational decisions decreased. For example, the participant who only gambled on skill-based games and planned his gambling sessions, also used gambling as a coping mechanism. He lost control when he experienced a major period of stress, gambling recklessly on luck-based activities he normally avoided (e.g. roulette).

Conclusion

In this qualitative phase of the NGS, the analysis and discussion highlighted the complex nature of gambling behaviour. Similar to previous research, change, rather than stability, was the norm. There were five identified patterns of behaviour demonstrated by participants since their first interview: consistent moderate-risk/problem gambling, a transition out of moderate-risk/problem gambling, a transition into moderate-risk/problem gambling, a pattern of relapse, and consistent maintenance of non-gambler/non-problem gambler/low-risk gambler status. The most consistent behaviour was demonstrated by participants who maintained a non-problem gambler/low-risk gambler status over time; these participants were socio-demographically different from participants in other groups as they were not involved in any dangerous consumption (i.e. alcohol, tobacco and drugs) to excess. Although this study is unable to identify causal relationships between gambling motivation and risk level transitions, the findings have enhanced wider understanding of gambling behaviour, explored 'why' and 'how' inter-related behaviours or motivators affect gambling behaviour, and highlighted factors that support long-term recovery.

The study showed that the nuances and experiences of gambling risk transitions or stability were characterised with interaction and cyclical behaviour. Themes were often not mutually exclusive, and a variety of meanings or explanations were given to behaviours over time. Moreover, factors that supported a reduction in gambling behaviour in one participant could facilitate an increase in another. Gambling behaviour was often context dependent with individual motivations based on personality, social, cultural and environmental factors. Thus, it is not simply one factor or motivator that influences gambling behaviour, rather it is the interaction of multiple personal, social and environmental factors.

Factors that contributed to a transition to a higher risk level included the drive to win money, boredom, using gambling as a coping mechanism, discovering online gambling, experiencing major life events,

financial situation, socialising, demonstrating skill and having fun. Conversely, the experience and recognition of negative consequences, a shift in priorities, financial circumstances, social influences, and adapting to life in New Zealand contributed to a transition to a lower risk level and recovery. Co-existing issues, cognitive distortions, boredom, and investment in gambling were inter-related behaviours that led to an increase or decrease in gambling behaviour over time. However, as previously noted, these factors and inter-related behaviours did not function in isolation. The influence of an individual's context on increased or decreased gambling behaviour is important for understanding long-term gambling behaviour and recovery.

Of note, transitioning to a lower risk level did not always result in long-term recovery. Although previous research has found that some individuals can return to controlled gambling after recovery, this finding is not universal. Identifying factors that allow some people to return to controlled gambling is important for understanding long-term recovery and avoiding relapse. Recovery from harmful gambling is a process involving multiple personal (e.g. motivation), contextual (e.g. cultural influence), and temporal (e.g. time since last session) factors that enable a person to gain, or regain, control over their gambling urges, frequency and expenditure.

Venue accessibility and availability of online gambling were factors that contributed to transitions to higher or lower risk levels. The accessibility of venues led to an increase in gambling behaviour when the venue was a novel and exciting opportunity, a local pub, or when gambling urges made walking past a venue difficult. In terms of reducing gambling behaviour, when participants' lives got busier or social groups changed, venues were not frequented as often. However, the relatively recent availability of online gambling meant that an opportunity to gamble was easy, and being busy, changed circumstances, and accessibility of physical venues no longer precluded gambling participation. While the uptake of online gambling was dependent on various factors (e.g. social gamblers did not see the point of it), online gambling can be accessed at a moment's notice, 24 hours a day, 365 days a year. Only the New Zealand Lotteries Commission and Racing Board are legally allowed to operate online gambling in New Zealand, yet international gambling sites can easily be accessed as there are no geographical or regulatory limits. It may be that stricter regulation around provision and accessibility of offshore internet gambling sites is warranted as the discovery of online gambling was a precursor for many participants' transitions to a higher gambling risk level, or relapse back into harmful gambling behaviours.

Support to control gambling was most commonly sought from family and friends, and strategies to control gambling were associated with social support and/or peer group gambling. Social support and creating accountability were identified as important factors in reducing gambling and maintaining a low-risk, non-problem or non-gambler status. In general, the role of important 'others' (family, friends, faith), provided motivation to control or reduce gambling behaviour. Social support contributed to long-term recovery when it was coupled with the recognition of the harmful effect of gambling on others, shifting life priorities, or when social groups also reduced their gambling.

Professional help was sought through specialised gambling treatment services and general counselling services by several participants (*transition out of high-risk group, relapse group and stable high-risk group*). Professional services were noted as helpful for providing gambling management strategies and advice, supporting reduced gambling behaviour, and providing a safe space to discuss gambling. Services were considered inadequate when there was a perceived lack of understanding or personalisation. A feeling of being understood was one factor that enhanced professional services; this sentiment was also reflected in the reasons as to why online fora and support groups were identified as beneficial.

However, the use of professional services was relatively low and despite experiencing substantial harms, many participants did not seek help, thus exacerbating the harms. Barriers to accessing professional assistance or non-professional/social support were characterised by personal, systemic and cultural factors. Personal barriers included not recognising a problem, feeling too proud to seek help and feeling ashamed. Systemic barriers included a lack of awareness about appropriate services, an

inability to find a convenient time for an appointment, a lack of empathy and understanding from treatment services, and a general feeling of scepticism. Cultural barriers included a perceived language barrier and having a culture of not seeking help. Thus, it is important that the processes of professional services are demystified and, from a public health or community perspective, that early recognition of a problem is promoted, and help-seeking behaviour is seen to be a normal response. Furthermore, other resources, such as online options might remove some of the barriers to help-seeking, create a supportive community and reduce the sense of isolation.

REFERENCES

- Abbott, M. (2006). Do EGMs and problem gambling go together like a horse and carriage?. *Gambling Research, 18*(1), 7-38.
- Abbott, M. W. (2019a). Self-directed interventions for gambling disorder. *Current Opinion in Psychiatry, 32*, 307-312.
- Abbott, M. W. (2019b). Professionally delivered interventions for gambling disorder. *Current Opinion in Psychiatry, 32*, 313-319.
- Abbott, M., & Volberg, R. A. (2000). *Taking the pulse on gambling and problem gambling in New Zealand: A report on phase one of the 1999 national prevalence survey*. Wellington: Department of Internal Affairs.
- Abbott, M., Bellringer, M., & Garrett, N. (2018). *New Zealand National Gambling Study: Wave 4 (2015)* (Report number 6). Auckland: Auckland University of Technology, Gambling and Addictions Research Centre.
- Abbott, M., Bellringer, M., Garrett, N., & Mundy-McPherson, S. (2012). *New Zealand 2012 National Gambling Study: Overview and Gambling Participation* (Report number 1). Auckland: Auckland University of Technology, Gambling and Addictions Research Centre.
- Abbott, M., Bellringer, M., Garrett, N., & Mundy-McPherson, S. (2016). *New Zealand National Gambling Study: Wave 3 (2014)* (Report number 5). Auckland: Auckland University of Technology, Gambling and Addictions Research Centre.
- Abbott, M., Bellringer, M., Garrett, N., & Mundy-McPherson, S. (2014). *New Zealand 2012 National Gambling Study: Gambling harm and problem gambling* (Report number 2). Auckland: Auckland University of Technology, Gambling and Addictions Research Centre.
- Abbott, M., Bellringer, M., Palmer Du Preez, K., Pearson, J., Vandal, A., Garrett, N., & Hodgins, D. (2015). *Randomised controlled trial of problem gambling brief telephone interventions: Three years later*. Auckland: Auckland University of Technology, Gambling and Addictions Research Centre.
- Abbott, M., Hodgins, D. C., Bellringer, M., Vandal, A., Palmer Du Preez, K., Landon, J., Sullivan, S., Rodda, S., & Feigin, V. (2018). Brief telephone interventions for problem gambling: A randomized controlled trial. *Addiction, 113*(5), 883-895.
- Abbott, M., Williams, M. M., & Volberg, R. A. (2004). A prospective study of problem and regular nonproblem gamblers living in the community. *Substance Use & Misuse, 39*(6), 855-884.
- Abbott, M., & Volberg, R. A. (2006). The measurement of adult problem and pathological gambling. *International Gambling Studies, 6*(2), 175-200.
- American Psychiatric Association. (2013a). *Diagnostic and Statistical Manual of Mental Health Disorders* (5th edition). Washington, DC: American Psychiatric Association.
- American Psychiatric Association. (2013b). *Substance-related and addictive disorders*. Washington, DC: American Psychiatric Association.
- Anderson, G., & Brown, R. I. (1984). Real and laboratory gambling, sensation-seeking and arousal. *British Journal of Psychology, 75*(3), 401-410.
- Aronson, J. (1994). A pragmatic view of thematic analysis. *Qualitative Report, 2*(1), 1-3.

- Bellringer, M., Coombes, R., Pulford, J., & Abbott, M. (2010). *Formative investigation into the effectiveness of gambling venue exclusion processes in New Zealand*. Auckland: Auckland University of Technology, Gambling and Addictions Research Centre.
- Bellringer, M., Fa'amatuainu, B., Taylor, S., Coombes, R., Poon, Z., & Abbott, M. (2013). *Exploration of the impact of gambling and problem gambling on Pacific families and communities in New Zealand*. Auckland: Auckland University of Technology, Gambling and Addictions Research Centre.
- Bellringer, M., Pulford, J., Abbott, M., DeSouza, R., & Clarke, D. (2008). *Problem gambling-barriers to help-seeking behaviours*. Auckland: Auckland University of Technology, Gambling and Addictions Research Centre.
- Billi, R., Stone, C. A., Abbott, M., & Yeung, K. (2015). The Victorian Gambling Study (VGS) a longitudinal study of gambling and health in Victoria 2008-2012: Design and methods. *International Journal of Mental Health and Addiction*, 13(2), 274-296.
- Billi, R., Stone, C. A., Marden, P., & Yeung, K. (2014). *The Victorian Gambling Study: A longitudinal study of gambling and health in Victoria, 2008-2012*. Victoria, Australia: Victorian Responsible Gambling Foundation.
- Blaszczynski, A., & Nower, L. (2002). A pathways model of problem and pathological gambling. *Addiction*, 97(5), 487-499.
- Blaszczynski, A., Ladouceur, R., Nower, L., & Shaffer, H. (2008). Informed choice and gambling: principles for consumer protection. *Journal of Gambling Business and Economics*, 2(1), 103-118.
- Blaszczynski, A., McConaghy, N., & Frankova, A. (1990). Boredom proneness in pathological gambling. *Psychological Reports*, 67(1), 35-42.
- Blaszczynski, A., McConaghy, N., & Frankova, A. (1991). Control versus abstinence in the treatment of pathological gambling: A two to nine year follow up. *British Journal of Addiction*, 86(3), 299-306.
- Blaszczynski, A., Wilson, A. C., & McConaghy, N. (1986). Sensation seeking and pathological gambling. *British Journal of Addiction*, 81(1), 113-117.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Breen, R. B., & Zimmerman, M. (2002). Rapid onset of pathological gambling in machine gamblers. *Journal of Gambling Studies*, 18(1), 31-43.
- Broussard, J., & Wulfert, E. (2019). Debiasing of gambling beliefs and behaviors using a digital gambling accelerator. *Psychology of Addictive Behaviors*, 33(3), 337-348.
- Brown, R. I. (1986). Arousal and sensation-seeking components in the general explanation of gambling and gambling addictions. *International Journal of the Addictions*, 21(9-10), 1001-1016.
- Browne, M., Bellringer, M., Greer, N., Kolandai-Matchett, K., Rawat, V., Langham E., ... Abbott, M. (2017). *Measuring the burden of gambling harm in New Zealand*. New Zealand: Ministry of Health.
- Canale, N., Vieno, A., & Griffiths, M. D. (2016). The extent and distribution of gambling-related harms and the prevention paradox in a British population survey. *Journal of Behavioral Addictions*, 5(2), 204-212.

- Cheung, Y. W. (1993). Approaches to ethnicity: Clearing roadblocks in the study of ethnicity and substance use. *The International Journal of the Addictions*, 28(12), 1209-1226.
- Clarke, D., Tse, S., Abbott, M., Townsend, S., Kingi, P., & Manaia, W. (2006). Key indicators of the transition from social to problem gambling. *International Journal of Mental Health and Addiction*, 4, 247-264.
- Cooper, G. (2004). Exploring and understanding online assistance for problem gamblers: The pathways disclosure model. *International Journal of Mental Health and Addiction*, 1(2), 32-38.
- Cowlishaw, S., Merkouris, S., Dowling, N., Anderson, C., Jackson, A., & Thomas, S. (2012). Psychological therapies for pathological and problem gambling. *Cochrane Database of Systematic Reviews*, 11.
- Cunningham, J. A., Hodgins, D. C., Keough, M., Hendershot, C. S., Bennett, K., Bennett, A., & Godinho, A. (2018). Online interventions for problem gamblers with and without co-occurring problem drinking: study protocol of a randomized controlled trial. *Trials*, 19(1), 295.
- Currie, S. R., Hodgins, D. C., & Casey, D. M. (2013). Validity of the problem gambling severity index interpretive categories. *Journal of Gambling Studies*, 29(2), 311-327.
- Currie, S. R., Hodgins, D. C., Wang, J., El-Guebaly, N., & Wynne, H. (2008). In pursuit of empirically based responsible gambling limits. *International Gambling Studies*, 8(2), 207-227.
- Dow Schüll, N. (2005). Digital gambling: The coincidence of desire and design. *The Annals of the American Academy of Political and Social Science*, 597(1), 65-81.
- Dyall, L., Thomas, Y., & Thomas, D. (2009). The impact of gambling on Māori (06-RF1-27), New Zealand: Ngā Pae o te Māramatanga.
- Ellenbogen, S., Gupta, R., & Derevensky, J. L. (2007). A cross-cultural study of gambling behaviour among adolescents. *Journal of Gambling Studies*, 23(1), 25-39.
- Ellery, M., Stewart, S. H., & Loba, P. (2005). Alcohol's effects on video lottery terminal (VLT) play among probable pathological and non-pathological gamblers. *Journal of Gambling Studies*, 21(3), 299-324.
- Evans, L., & Delfabbro, P. H. (2005). Motivators for change and barriers to help-seeking in Australian problem gamblers. *Journal of Gambling Studies*, 21(2), 133-155.
- Ferris, J., & Wynne, H. (2001). *The Canadian Problem Gambling Index: Final report*. Ottawa, ON: Canadian Centre on Substance Abuse.
- Gainsbury, S. M. (2014). Review of self-exclusion from gambling venues as an intervention for problem gambling. *Journal of Gambling Studies*, 30(2), 229-251.
- Gainsbury, S. M. (2015). Online gambling addiction: The relationship between internet gambling and disordered gambling. *Current Addiction Reports*, 2(2), 185-193.
- Gainsbury, S., Hing, N., & Suhonen, N. (2014). Professional help-seeking for gambling problems: Awareness, barriers and motivators for treatment. *Journal of Gambling Studies*, 30(2), 503-519.
- Gambling Commission. (2019). *Gambling participation in 2018: Behaviour, awareness and attitudes* (Annual report). UK: Gambling Commission.

- Goodie, A. S. (2005). The role of perceived control and overconfidence in pathological gambling. *Journal of Gambling Studies*, 21(4), 481-502.
- Grant, J. E., Potenza, M. N., Weinstein, A., & Gorelick, D. A. (2010). Introduction to behavioral addictions. *The American Journal of Drug and Alcohol Abuse*, 36(5), 233-241.
- Griffiths, M. (2003). Internet gambling: Issues, concerns, and recommendations. *CyberPsychology & Behavior*, 6(6), 557-568.
- Griffiths, M., & Auer, M. (2016). Should voluntary self exclusion by gamblers be used as a proxy measure for problem gambling? *MOJ Addiction Medicine & Therapy*, 2(2), 1-3.
- Harris, N., Newby, J., & Klein, R. G. (2015). Competitiveness facets and sensation seeking as predictors of problem gambling among a sample of university student gamblers. *Journal of Gambling Studies*, 31(2), 385-396.
- Hayer, T., & Meyer, G. (2010). Internet self-exclusion: Characteristics of self-excluded gamblers and preliminary evidence for its effectiveness. *International Journal of Mental Health and Addiction*, 9(3), 296-307.
- Hettema, J., Steele, J., & Miller, W. R. (2005). Motivational Interviewing. *Annual Review of Clinical Psychology*, 1(1), 91-111.
- Hodgins, D.C., & El-Guebaly, N. (2000). Natural and treatment-assisted recovery from gambling problems: a comparison of resolved and active gamblers. *Addiction*, 95(5), 777-789.
- Hodgins, D.C., & El-Guebaly, N. (2004). Retrospective and prospective reports of precipitants to relapse in pathological gambling. *Journal of Consulting and Clinical Psychology*, 72(1), 72-80.
- Hodgins, D.C., & Peden, N. (2005). Natural course of gambling disorders: Forty-month follow-up. *Journal of Gambling Issues*, 14. Retrieved from <http://jgi.camh.net/index.php/jgi/article/view/3690/3650>
- Holtgraves, T. (2009). Evaluating the problem gambling severity index. *Journal of gambling studies*, 25(1), 105-120.
- Jacobs, D. F. (1986). A general theory of addictions: A new theoretical model. *Journal of Gambling Behavior*, 2(1), 15-31.
- Kim, H. S., Wohl, M. J., Salmon, M. M., Gupta, R., & Derevensky, J. (2015). Do social casino gamers migrate to online gambling? An assessment of migration rate and potential predictors. *Journal of Gambling Studies*, 31(4), 1819-1831.
- Kristiansen, S., Reith, G., & Trabjerg C. M. (2017). 'The notorious gambling class': Patterns of gambling among young people in Denmark. *Journal of Youth Studies*, 20(3), 366-381.
- Ladouceur, R., Sylvain, C., & Gosselin, P. (2007). Self-exclusion program: A longitudinal evaluation study. *Journal of Gambling Studies*, 23(1), 85-94.
- Lakey, C. E., Goodie, A. S., Lance, C. E., Stinchfield, R., & Winters, K. C. (2007). Examining DSM-IV criteria in gambling pathology: Psychometric properties and evidence from cognitive biases. *Journal of Gambling Studies*, 23, 479-498.

- LaPlante, D. A., Nelson, S. E., LaBrie, R. A., & Shaffer, H. J. (2008). Stability and progression of disordered gambling: Lessons from longitudinal studies. *The Canadian Journal of Psychiatry*, 53(1), 52-60.
- Ledgerwood, D. M., & Petry, N. M. (2006). What do we know about relapse in pathological gambling? *Clinical Psychology Review*, 26(2), 216-228.
- Lesieur, H. R., & Blume, S. B. (1993). Revising the South Oaks Gambling Screen in different settings. *Journal of Gambling Studies*, 9(3), 213-219.
- Lesieur, H. R., & Blume, S. B. (1987). The South Oaks Gambling Screen: A new instrument for the identification of pathological gamblers. *American Journal of Psychiatry*, 144(9), 1184-1188.
- Levy, M. (2015). *The impacts of gambling for Māori families and communities: A strengths-based approach to achieving Whānau Ora*. Hamilton: Te Rūnanga o Kirikiriroa Trust Inc.
- Li, E., Browne, M., Rawat, V., Langham, E., & Rockloff, M. (2017). Breaking bad: Comparing gambling harms among gamblers and affected others. *Journal of Gambling Studies*, 33(1), 223-248.
- Loo, J. M. Y., Raylu, N., & Oei, T. P. S. (2008). Gambling among the Chinese: A comprehensive review. *Clinical Psychology Review*, 28(7), 1152-1166.
- Lostutter, T. W., Lewis, M. A., Cronce, J. M., Neighbors, C., & Larimer, M. E. (2014). The use of protective behaviors in relation to gambling among college students. *Journal of Gambling Studies*, 30(1), 27-46.
- Lubman, D., Rodda, S., Hing, N., Cheetham, A., Cartmill, T., Nuske, E., ... Cunningham, J. (2015). *Gambler self-help strategies: A comprehensive assessment of strategies and actions*. Melbourne, Australia: Gambling Research Australia.
- Mercer, K. B., & Eastwood, J. D. (2010). Is boredom associated with problem gambling behaviour? It depends on what you mean by 'boredom'. *International Gambling Studies*, 10(1), 91-104.
- Mercer-Lynn, K. B., Flora, D. B., Fahlman, S. A., & Eastwood, J. D. (2013). The measurement of boredom: Differences between existing self-report scales. *Assessment*, 20(5), 585-596.
- Meyer, G., Fiebig, M., Häfeli, J., & Mörsen, C. (2011). Development of an assessment tool to evaluate the risk potential of different gambling types. *International Gambling Studies*, 11(2), 221-236.
- Michie, S., van Stralen, M.M., & West, R. (2011). The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science*, 6(42), 1-11.
- Moore, S. M., Thomas, A. C., Kyrios, M., & Bates, G. (2012). The self-regulation of gambling. *Journal of Gambling Studies*, 28(3), 405-420.
- Mutti-Packer, S., Kowatch, K., Steadman R., Hodgins, D. C., El-Guebaly, N., Casey, D. M., ... Smith, G. J. (2017). A qualitative examination of factors underlying transitions in problem gambling severity: Findings from the Leisure, Lifestyle, & Lifecycle Project. *Addiction Research & Theory*, 25(5), 424-431.
- Nower, L., & Blaszczynski, A. (2008). Recovery in pathological gambling: An imprecise concept. *Substance Use & Misuse*, 43(12-13), 1844-1864.

- Oakes, J., Pols, R., Battersby, M., Lawn, S., Pulvirenti, M., & Smith, D. (2012a). A focus group study of relapse in electronic gaming machine problem gambling, Part 1: Factors that 'push' towards relapse. *Journal of Gambling Studies*, 28(3), 451-464.
- Oakes, J., Pols, R., Battersby, M., Lawn, S., Pulvirenti, M., & Smith, D. (2012b). A focus group study of predictors of relapse in electronic gaming machine problem gambling, Part 2: Factors that 'pull' the gambler away from relapse. *Journal of Gambling Studies*, 28(3), 465-479.
- Orford, J., Wardle, H., Griffiths, M., Sproston, K., & Erens, B. (2010). PGSI and DSM-IV in the 2007 British Gambling Prevalence Survey: Reliability, item response, factor structure and inter-scale agreement. *International Gambling Studies*, 10(1), 31-44.
- Pallesen, S., Mitsem, M., Kvale, G., Johnsen, B. H., & Molde, H. (2005). Outcome of psychological treatments of pathological gambling: A review and meta-analysis. *Addiction*, 100(10), 1412-1422.
- Papineau, E. (2001). Pathological gambling in the Chinese community, an anthropological viewpoint. *Loisir & Societe-Society and Leisure*, 24(2), 557-582.
- Parke, A., Griffiths, M., & Irwing, P. (2004). Personality traits in pathological gambling: Sensation seeking, deferment of gratification and competitiveness as risk factors. *Addiction Research & Theory*, 12(3), 201-212.
- Parke, A., Harris, A., Parke, J., Rigbye, J., & Blaszczynski, A. (2014). Facilitating awareness and informed choice in gambling. *The Journal of Gambling Business and Economics*, 8(3), 6-20.
- Petry, M. P. (2004). *Pathological gambling: Etiology, comorbidity, and treatment*. Washington, DC: American Psychological Association.
- Petry, N. M., & Armentano, C. (1999). Prevalence, assessment, and treatment of pathological gambling: A review. *Psychiatric Services*, 50(8), 1021-1027.
- Pickering, D., Blaszczynski, A., & Gainsbury, S. M. (2018a). Multi-venue self-exclusion for gambling disorders: A retrospective process investigation. *Journal of Gambling Issues*, 38, 1-28. Retrieved from <http://jgi.camh.net/jgi/index.php/jgi/article/view/4012/4242>
- Pickering, D., Keen, B., Entwistle, G., & Blaszczynski, A. (2018b). Measuring treatment outcomes in gambling disorders: A systematic review. *Addiction*, 113(3), 411-426.
- Pickering, D., Nong, Z., Gainsbury, S. M., & Blaszczynski, A. (2019). Consumer Perspectives of a Multi-Venue Gambling Self-Exclusion Program: A Qualitative Process Analysis. *Journal of Gambling Issues*, 41, 20-39. Retrieved from <http://jgi.camh.net/index.php/jgi/article/view/4038/4378>
- Problem Gambling Foundation. (2018). PGF Services: Counselling, Advice, Support. Retrieved from <https://www.pgf.nz/>
- Prochaska, J. O., & DiClemente, C. C. (1982). Transtheoretical therapy: toward a more integrative model of change. *Psychotherapy: Theory, Research & Practice*, 19(3), 276.
- Productivity Commission. (2010). *Gambling* (Report No. 50). Canberra, Australia: Commonwealth of Australia.
- Public Health Agency of Sweden. (2014a). *Swelogs fact sheet no 16: What are the features that make gambling risky?* Solna: Public Health Agency of Sweden.

Public Health Agency of Sweden. (2014b). *Swelogs fact sheet no 19: Gambling, gambling problems and alcohol*. Solna: Public Health Agency of Sweden.

Pulford, J., Bellringer, M., Abbott, M., Clarke, D., Hodgins, D., & Williams, J. (2009a). Reasons for seeking help for a gambling problem: The experiences of gamblers who have sought specialist assistance and the perceptions of those who have not. *Journal of Gambling Studies*, 25(1), 19-32.

Pulford, J., Bellringer, M., Abbott, M., Clarke, D., Hodgins, D., & Williams, J. (2009b). Barriers to help-seeking for a gambling problem: The experiences of gamblers who have sought specialist assistance and the perceptions of those who have not. *Journal of Gambling Studies*, 25(1), 33-48.

Radermacher, H., Dickins, M., Anderson, C., & Feldman, S. (2017). Perceptions of gambling in Tamil and Chinese communities in Australia: The role of saving face in perpetuating gambling stigma and hindering help seeking. *Journal of Gambling Issues*, 34, 77-99. Retrieved from <http://jgi.camh.net/index.php/jgi/article/view/3958/4126>

Raylu, N. & Oei, T. P. (2004). Role of culture in gambling and problem gambling. *Clinical Psychology Review*, 23(8), 1087-1114.

Reith, G., & Dobbie, F. (2011). Beginning gambling: The role of social networks and environment. *Addiction Research and Theory*, 19(6), 483-493.

Reith, G., & Dobbie, F. (2012). Lost in the game: Narratives of addiction and identity in recovery from problem gambling. *Addiction Research & Theory*, 20(6), 511-521.

Reith, G., & Dobbie, F. (2013). Gambling careers: A longitudinal, qualitative study of gambling behaviour. *Addiction Research and Theory*, 21(5), 376-390.

Robins, L. N., Helzer, J. E., Croughan, J., & Ratcliff, K. S. (1981). The National Institute of Mental Health Diagnostic Interview Schedule: Its history, characteristics, and validity. *Archives of General Psychiatry*, 38(4), 381-389.

Rodda, S. N., Bagot, K. L., Cheetham, A., Hodgins, D. C., Hing, N., & Lubman, D. I. (2018). Types of change strategies for limiting or reducing gambling behaviors and their perceived helpfulness: A factor analysis. *Psychology of Addictive Behaviors*, 32(6), 679.

Rodda, S. N., Bagot, K. L., Manning, V., & Lubman, D. I. (2019). "It was terrible. I didn't set a limit": Proximal and distal prevention strategies for reducing the risk of a bust in gambling venues. *Journal of Gambling Studies*. <https://doi.org/10.1007/s10899-019-09829-0>

Rossen, F. (2015). *Gambling and problem gambling: Results of the 2011/12 New Zealand Health Survey*. Centre for Addiction Research, Prepared for the Ministry of Health. Auckland: Auckland UniServices Limited, The University of Auckland.

Salonen, A., Latvala, T., Castrén, S., Selin J., & Hellman, M. (2017). *Rahapelikysely 2016. Rahapelaaminen, rahapelihaitat ja rahapeliin markkinointiin liittyvät mielipiteet Uudellamaalla, Pirkanmaalla ja Kymenlaaksossa* [Gambling harms survey 2016. Gambling, gambling-related harm and opinions on gambling marketing in Uusimaa, Pirkanmaa and Kymenlaakso.] Helsinki: National Institute for Health and Welfare (THL).

Samuelsson, E., Sundqvist, K., & Binde, P. (2018). Configurations of gambling change and harm: Qualitative findings from the Swedish longitudinal gambling study (Swelogs). *Addiction Research & Theory*, 26(6), 514-524.

- Samuelsson, E., Wennberg, P., & Sundqvist, K. (2019). Gamblers'(mis-) interpretations of Problem Gambling Severity Index items: Ambiguities in qualitative accounts from the Swedish Longitudinal Gambling Study. *Nordic Studies on Alcohol and Drugs*, 36(2), 140-160.
- Schlagintweit, H. E., Thompson, K., Goldstein, A. L., & Stewart, S. H. (2017). An investigation of the association between shame and problem gambling: The mediating role of maladaptive coping motives. *Journal of Gambling Studies*, 33(4), 1067-1079.
- Slutske, W. S., Piasecki, T., Blaszczynski, A., & Martin, N. (2010). Pathological gambling recovery in the absence of abstinence. *Addiction*, 105(12), 2169–2175.
- Slutske, W. S. (2006). Natural recovery and treatment-seeking in pathological gambling: Results of two U.S. national surveys. *American Journal of Psychiatry*, 163(2), 297-302.
- Slutske, W. S., Jackson, K. M., & Sher, K. J. (2003). The natural history of problem gambling from age 18 to 29. *Journal of Abnormal Psychology*, 112(2), 263-274.
- Sobrun-Maharaj, A., Rossen, F., & Wong, A. S. K. (2012). *The impact of gambling and problem gambling on Asian families and communities in New Zealand* (Final report). Prepared for the Ministry of Health. Auckland: Auckland UniServices Limited, The University of Auckland.
- Song, D. (2010). Retrospective study. In N. J. Salkind (Ed.), *Encyclopedia of research design* (pp. 1283-1284). Thousand Oaks, CA: SAGE Publications, Inc.
- Storer, J., Abbott, M., & Stubbs, J. (2009). Access or adaptation? A meta-analysis of surveys of problem gambling prevalence in Australia and New Zealand with respect to concentration of electronic gaming machines. *International Gambling Studies*, 9(3), 225-244.
- Suurvali, H., Cordingley, J., Hodgins, D. C., & Cunningham, J. (2009). Barriers to seeking help for gambling problems: A review of the empirical literature. *Journal of Gambling Studies*, 25(3), 407-424.
- Taber, J. I., McCormick, R. A., & Ramirez, L. F. (1987). The prevalence and impact of major life stressors among pathological gamblers. *International Journal of the Addictions*, 22(1), 71-79.
- Thimasarn-Anwar, T., Squire, H., Trowland, H., & Martin, G. (2017). *Gambling report: Results from the 2016 Health and Lifestyles Survey*. Wellington, New Zealand: Health Promotion Agency Research and Evaluation Unit.
- Toneatto, T., & Ladouceur, R. (2003). Treatment of pathological gambling: a critical review of the literature. *Psychology of Addictive Behaviors*, 17(4), 284-292.
- Urale, P. W. B., Bellringer, M., Landon, J., & Abbott, M. (2015). God, family and money: Pacific people and gambling in New Zealand. *International Gambling Studies*, 15(1), 72-87.
- Victorian Responsible Gambling Foundation. (2012). *The Victorian Gambling Study qualitative component: Report of findings from qualitative interviews*. Melbourne, Australia: Victorian Responsible Gambling Foundation.
- Wagenaar, W. A. (1988). *Paradoxes of gambling behaviour*. London, UK: Lawrence Erlbaum.
- Walker, S. E., Abbott, M. W., & Gray, R. J. (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.

- Wardle H., Moody A., Griffiths M., Orford, J., & Volberg, R. (2011a). Defining the online gambler and patterns of behaviour integration: Evidence from the British Gambling Prevalence Survey 2010. *International Gambling Studies*, 11(3), 339-356.
- Wardle, H., Moody, A., Spence, S., Orford, J., Volberg, R., Jotangia, D., ... Dobbie, F. (2011b). *British Gambling Prevalence Survey 2010*. London: National Centre for Social Research.
- Wātene, N., Thompson, K., Barnett, A., Balzer, M., & Turinui, M. (2007). "*Whakatau mai ra*": *The impacts of gambling for Māori communities - A national Māori collaborative approach*. Hamilton: Te Runanga o Kirikiriroa Trust Inc, Pou Tuia Rangahau (Research and Development).
- Webb, T. L., Sniehotta, F. F., & Michie, S. (2010). Using theories of behaviour change to inform interventions for addictive behaviours. *Addiction*, 105(11), 1879-1892.
- West, R. (2013). *EMCDDA INSIGHTS: Models of addiction*. Luxembourg: European Monitoring Centre for Drugs and Drug Addiction.
- West, R., & Brown, J. (2013). *Theory of Addiction* (2nd Ed.). Oxford: Wiley-Blackwell.
- Williams, R. J., Hann, R. G., Schopflocher, D. P., West, B. L., McLaughlin, P., White, N., ... & Flexhaug, T. (2015). *Quinte longitudinal study of gambling and problem gambling*. Ontario: Ontario Problem Gambling Research Centre.
- Wohl, M. J., Christie, K. L., Matheson, K., & Anisman, H. (2010). Animation-based education as a gambling prevention tool: correcting erroneous cognitions and reducing the frequency of exceeding limits among slots players. *Journal of Gambling Studies*, 26(3), 469-486.
- Wong, J., & Tse, S. (2003). The face of Chinese migrants' gambling: A perspective from New Zealand. *Journal of Gambling Issues*, 9. Retrieved from <http://jgi.camh.net/index.php/jgi/article/view/3640/3600>
- Wood, R. T., & Griffiths, M. D. (2015). Understanding positive play: an exploration of playing experiences and responsible gambling practices. *Journal of Gambling Studies*, 31(4), 1715–1734.
- Wood, R. T., & Wood, S. A. (2009). An evaluation of two United Kingdom online support forums designed to help people with gambling issues. *Journal of Gambling Issues*, (23), 5-30. Retrieved from <http://jgi.camh.net/index.php/jgi/article/view/3807/3818>

APPENDIX 1: Interview schedule

Section 1 - STRUCTURED QUESTIONS: I'd like to start with a few questions that will be familiar to you from the previous interviews you have taken part in for this study.

1		1.1 Present show card 1 (yellow) Please could you tell me whether or not you have done any of the following activities in the last 12 months. [Circle one response per activity]	1.2 Present show card 2 (blue) You said that you gambled on [xxx activity] in the last 12 months. About how often do you gamble on [xxx activity]? [Circle one response per activity]	Record to the nearest dollar, e.g., \$61 = \$60 Do not record cents, e.g., \$2.50 = \$3 If respondent says between two amounts, e.g. \$40 to \$50, record the average, i.e. \$45
a	Played cards for money (not in a casino). This includes in a commercial venue in New Zealand (eg, a pub), with friends or family in a private residence, by telephone, online or by interactive TV	1 Yes, done in last 12 months 5 No, not done in last 12 months K Don't know R Refused	1 Four times a week or more 2 Two or three times a week 3 Once a week 4 Once every two weeks 5 Once every three weeks 6 Once a month 7 Once every two months 8 Once every three months 9 Once every six months 10 Once a year 11 Less frequently than once a year K Don't know R Refused	1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend in a typical month? \$ _____ K Don't know R Refused 1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend every 2 mths / 3mths / 6 mths / year \$ _____ K Don't know R Refused
b	Made bets with friends, workmates, on such things as the NRL, Super 15 Rugby, Melbourne Cup, etc for money or prizes	1 Yes, done in last 12 months 5 No, not done in last 12 months K Don't know R Refused	1 Four times a week or more 2 Two or three times a week 3 Once a week 4 Once every two weeks 5 Once every three weeks 6 Once a month 7 Once every two months 8 Once every three months 9 Once every six months 10 Once a year 11 Less frequently than once a year K Don't know R Refused	1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend in a typical month? \$ _____ K Don't know R Refused 1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend every 2 mths / 3mths / 6 mths / year \$ _____ K Don't know

1		1.1 Present show card 1 (yellow) Please could you tell me whether or not you have done any of the following activities in the last 12 months. [Circle one response per activity]	1.2 Present show card 2 (blue) You said that you gambled on [xxx activity] in the last 12 months. About how often do you gamble on [xxx activity]? [Circle one response per activity]	Record to the nearest dollar, e.g., \$61 = \$60 Do not record cents, e.g., \$2.50 = \$3 If respondent says between two amounts, e.g. \$40 to \$50, record the average, i.e. \$45
				R Refused
c	Played text (mobile phone) games or competitions for money or prizes	1 Yes, done in last 12 months 5 No, not done in last 12 months K Don't know R Refused	1 Four times a week or more 2 Two or three times a week 3 Once a week 4 Once every two weeks 5 Once every three weeks 6 Once a month 7 Once every two months 8 Once every three months 9 Once every six months 10 Once a year 11 Less frequently than once a year K Don't know R Refused	1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend in a typical month? \$ _____ K Don't know R Refused 1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend every 2 mths / 3mths / 6 mths / year \$ _____ K Don't know R Refused
d	Bought a ticket in an overseas raffle or lottery (includes tickets bought in an overseas shop, by telephone, through the post or online)	1 Yes, done in last 12 months 5 No, not done in last 12 months K Don't know R Refused	1 Four times a week or more 2 Two or three times a week 3 Once a week 4 Once every two weeks 5 Once every three weeks 6 Once a month 7 Once every two months 8 Once every three months 9 Once every six months 10 Once a year 11 Less frequently than once a year K Don't know R Refused	1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend in a typical month? \$ _____ K Don't know R Refused 1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend every 2 mths / 3mths / 6 mths / year \$ _____ K Don't know R Refused

1		1.1 Present show card 1 (yellow) Please could you tell me whether or not you have done any of the following activities in the last 12 months. [Circle one response per activity]	1.2 Present show card 2 (blue) You said that you gambled on [xxx activity] in the last 12 months. About how often do you gamble on [xxx activity]? [Circle one response per activity]	Record to the nearest dollar, e.g., \$61 = \$60 Do not record cents, e.g., \$2.50 = \$3 If respondent says between two amounts, e.g. \$40 to \$50, record the average, i.e. \$45
e	Bought a ticket in a New Zealand raffle or lottery (this includes school, work, church raffles, etc) (Does not include Lotteries Commission games: Lotto; Strike; Powerball; Keno; Bullseye; or Instant Kiwi)	1 Yes, done in last 12 months 5 No, not done in last 12 months K Don't know R Refused	1 Four times a week or more 2 Two or three times a week 3 Once a week 4 Once every two weeks 5 Once every three weeks 6 Once a month 7 Once every two months 8 Once every three months 9 Once every six months 10 Once a year 11 Less frequently than once a year K Don't know R Refused	1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend in a typical month? \$ _____ K Don't know R Refused 1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend every 2 mths / 3mths / 6 mths / year \$ _____ K Don't know R Refused
f	Bought a Lotteries Commission Lotto ticket (this includes Strike and Powerball) (online or in store)	1 Yes, done in last 12 months 5 No, not done in last 12 months K Don't know R Refused	1 Four times a week or more 2 Two or three times a week 3 Once a week 4 Once every two weeks 5 Once every three weeks 6 Once a month 7 Once every two months 8 Once every three months 9 Once every six months 10 Once a year 11 Less frequently than once a year K Don't know R Refused	1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend in a typical month? \$ _____ K Don't know R Refused 1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend every 2 mths / 3mths / 6 mths / year \$ _____ K Don't know R Refused

1		1.1 Present show card 1 (yellow) Please could you tell me whether or not you have done any of the following activities in the last 12 months. [Circle one response per activity]	1.2 Present show card 2 (blue) You said that you gambled on [xxx activity] in the last 12 months. About how often do you gamble on [xxx activity]? [Circle one response per activity]	Record to the nearest dollar, e.g., \$61 = \$60 Do not record cents, e.g., \$2.50 = \$3 If respondent says between two amounts, e.g. \$40 to \$50, record the average, i.e. \$45
g	Bought a Lotteries Commission Keno ticket (online or in store)	1 Yes, done in last 12 months 5 No, not done in last 12 months K Don't know R Refused	1 Four times a week or more 2 Two or three times a week 3 Once a week 4 Once every two weeks 5 Once every three weeks 6 Once a month 7 Once every two months 8 Once every three months 9 Once every six months 10 Once a year 11 Less frequently than once a year K Don't know R Refused	1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend in a typical month? \$ _____ K Don't know R Refused 1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend every 2 mths / 3mths / 6 mths / year \$ _____ K Don't know R Refused
h	Bought an Instant Kiwi or other Scratch ticket (online or in store)	1 Yes, done in last 12 months 5 No, not done in last 12 months K Don't know R Refused	1 Four times a week or more 2 Two or three times a week 3 Once a week 4 Once every two weeks 5 Once every three weeks 6 Once a month 7 Once every two months 8 Once every three months 9 Once every six months 10 Once a year 11 Less frequently than once a year K Don't know R Refused	1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend in a typical month? \$ _____ K Don't know R Refused 1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend every 2 mths / 3mths / 6 mths / year \$ _____ K Don't know R Refused

1		1.1 Present show card 1 (yellow) Please could you tell me whether or not you have done any of the following activities in the last 12 months. [Circle one response per activity]	1.2 Present show card 2 (blue) You said that you gambled on [xxx activity] in the last 12 months. About how often do you gamble on [xxx activity]? [Circle one response per activity]	Record to the nearest dollar, e.g., \$61 = \$60 Do not record cents, e.g., \$2.50 = \$3 If respondent says between two amounts, e.g. \$40 to \$50, record the average, i.e. \$45
i	Played housie (bingo) for money	1 Yes, done in last 12 months 5 No, not done in last 12 months K Don't know R Refused	1 Four times a week or more 2 Two or three times a week 3 Once a week 4 Once every two weeks 5 Once every three weeks 6 Once a month 7 Once every two months 8 Once every three months 9 Once every six months 10 Once a year 11 Less frequently than once a year K Don't know R Refused	1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend in a typical month? \$ _____ K Don't know R Refused 1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend every 2 mths / 3mths / 6 mths / year \$ _____ K Don't know R Refused
j	Bet money on a horse or dog race (<u>includes</u> any bets made in New Zealand, overseas, or with an overseas betting organisation, whether at the track, a TAB outlet, a TAB in a pub or club, by telephone, online, or by interactive TV. <u>DO NOT</u> include informal bets with friends/ workmates on such things as NRL, Super 15 Rugby, Melbourne Cup, etc.)	1 Yes, done in last 12 months 5 No, not done in last 12 months K Don't know R Refused	1 Four times a week or more 2 Two or three times a week 3 Once a week 4 Once every two weeks 5 Once every three weeks 6 Once a month 7 Once every two months 8 Once every three months 9 Once every six months 10 Once a year 11 Less frequently than once a year K Don't know R Refused	1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend in a typical month? \$ _____ K Don't know R Refused 1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend every 2 mths / 3mths / 6 mths / year \$ _____ K Don't know R Refused

1		1.1 Present show card 1 (yellow) Please could you tell me whether or not you have done any of the following activities in the last 12 months. [Circle one response per activity]	1.2 Present show card 2 (blue) You said that you gambled on [xxx activity] in the last 12 months. About how often do you gamble on [xxx activity]? [Circle one response per activity]	Record to the nearest dollar, e.g., \$61 = \$60 Do not record cents, e.g., \$2.50 = \$3 If respondent says between two amounts, e.g. \$40 to \$50, record the average, i.e. \$45
k	Bet money on a sporting event, other than horse or dog races (includes any bets made in New Zealand, overseas or with an overseas betting organisation, whether at a TAB outlet, a TAB in a pub or club, by telephone, online or by interactive TV. <u>DO NOT</u> include informal bets with friends/ workmates on such things as NRL, Super 15 Rugby, Melbourne Cup, etc.)	1 Yes, done in last 12 months 5 No, not done in last 12 months K Don't know R Refused	1 Four times a week or more 2 Two or three times a week 3 Once a week 4 Once every two weeks 5 Once every three weeks 6 Once a month 7 Once every two months 8 Once every three months 9 Once every six months 10 Once a year 11 Less frequently than once a year K Don't know R Refused	1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend in a typical month? \$ _____ K Don't know R Refused 1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend every 2 mths / 3mths / 6 mths / year \$ _____ K Don't know R Refused
l	Played a gaming machine or pokies, table game or any other game at an overseas casino (in person, not online)	1 Yes, done in last 12 months 5 No, not done in last 12 months K Don't know R Refused	1 Four times a week or more 2 Two or three times a week 3 Once a week 4 Once every two weeks 5 Once every three weeks 6 Once a month 7 Once every two months 8 Once every three months 9 Once every six months 10 Once a year 11 Less frequently than once a year K Don't know R Refused	1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend in a typical month? \$ _____ K Don't know R Refused 1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend every 2 mths / 3mths / 6 mths / year \$ _____ K Don't know R Refused

1		1.1 Present show card 1 (yellow) Please could you tell me whether or not you have done any of the following activities in the last 12 months. [Circle one response per activity]	1.2 Present show card 2 (blue) You said that you gambled on [xxx activity] in the last 12 months. About how often do you gamble on [xxx activity]? [Circle one response per activity]	Record to the nearest dollar, e.g., \$61 = \$60 Do not record cents, e.g., \$2.50 = \$3 If respondent says between two amounts, e.g. \$40 to \$50, record the average, i.e. \$45
m	Played a gaming machine or pokies, table game or any other game at one of the six casinos (in NZ)	1 Yes, done in last 12 months 5 No, not done in last 12 months K Don't know R Refused	1 Four times a week or more 2 Two or three times a week 3 Once a week 4 Once every two weeks 5 Once every three weeks 6 Once a month 7 Once every two months 8 Once every three months 9 Once every six months 10 Once a year 11 Less frequently than once a year K Don't know R Refused	1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend in a typical month? \$ _____ K Don't know R Refused 1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend every 2 mths / 3mths / 6 mths / year \$ _____ K Don't know R Refused
n	Played a gaming machine or pokies in a pub (not in a casino or club)	1 Yes, done in last 12 months 5 No, not done in last 12 months K Don't know R Refused	1 Four times a week or more 2 Two or three times a week 3 Once a week 4 Once every two weeks 5 Once every three weeks 6 Once a month 7 Once every two months 8 Once every three months 9 Once every six months 10 Once a year 11 Less frequently than once a year K Don't know R Refused	1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend in a typical month? \$ _____ K Don't know R Refused 1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend every 2 mths / 3mths / 6 mths / year \$ _____ K Don't know R Refused

1		1.1 Present show card 1 (yellow) Please could you tell me whether or not you have done any of the following activities in the last 12 months. [Circle one response per activity]	1.2 Present show card 2 (blue) You said that you gambled on [xxx activity] in the last 12 months. About how often do you gamble on [xxx activity]? [Circle one response per activity]	Record to the nearest dollar, e.g., \$61 = \$60 Do not record cents, e.g., \$2.50 = \$3 If respondent says between two amounts, e.g. \$40 to \$50, record the average, i.e. \$45
o	Played a gaming machine or pokies in a club (not in a casino or pub)	1 Yes, done in last 12 months 5 No, not done in last 12 months K Don't know R Refused	1 Four times a week or more 2 Two or three times a week 3 Once a week 4 Once every two weeks 5 Once every three weeks 6 Once a month 7 Once every two months 8 Once every three months 9 Once every six months 10 Once a year 11 Less frequently than once a year K Don't know R Refused	1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend in a typical month? \$ _____ K Don't know R Refused 1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend every 2 mths / 3mths / 6 mths / year \$ _____ K Don't know R Refused
p	Made short-term speculative investments like day trading in stocks and shares	1 Yes, done in last 12 months 5 No, not done in last 12 months K Don't know R Refused	1 Four times a week or more 2 Two or three times a week 3 Once a week 4 Once every two weeks 5 Once every three weeks 6 Once a month 7 Once every two months 8 Once every three months 9 Once every six months 10 Once a year 11 Less frequently than once a year K Don't know R Refused	1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend in a typical month? \$ _____ K Don't know R Refused 1.3 When you gambled on [xxx activity] in the last 12 months, how much do you usually spend every 2 mths / 3mths / 6 mths / year \$ _____ K Don't know R Refused

Section 2 - STRUCTURED QUESTIONS: Other online gambling

(2.1) In the last 12 months, have you bet any money, bought any tickets or paid to do any of these activities online through an overseas website for money or prizes? Which of these have you done? [Present show card 3 (green), circle all mentioned].

Do not include placing a bet through a NZ TAB account, buying a ticket through a NZ MyLotto account, spending money to download games onto your PC, purchasing game software, or doing any of the activities on the show card for free. Also, please do not include any online activities you have already talked about.

- 1 Placed a bet on an event through an overseas website, for example, an election result or TV show
- 2 Played online casino games other than card games such as roulette, etc
- 3 Played Internet bingo.
- 4 Played skill games online such as chess, scrabble, mah-jong, bridge, backgammon, etc
- 5 Placed a bet on a virtual race or sports event
- 6 Participated in any other gambling or lottery activity (for example, online gaming machines or instant games) online through an overseas website for money [Specify]: _____
- 7 None of the above (Go to question on next page)

(2.2) About how often do you do any of the activities on Show card 3? [Present Showcard 2 (blue), circle one only]

If more than one activity mentioned in 2.1 record total frequency. If unsure, record the most frequent option. For example, if once a week (3) and once a year (10) mentioned, code (3) – once a week

- 1 Four times a week or more
- 2 Two or three times a week
- 3 Once a week
- 4 Once every two weeks
- 5 Once every three weeks
- 6 Once a month
- 7 Once every two months
- 8 Once every three months
- 9 Once every six months
- 10 Once a year
- 11 Less frequently than once a year

(2.3) When you do any of the activities on Show card 3 about how much do you bet in a typical month?

Record to the nearest dollar, e.g., \$61 = \$60

Do not record cents, e.g., \$2.50 = \$3

If respondent says between two amounts, e.g. \$40 to \$50, record the average, i.e. \$45

\$ _____

K Don't know

R Refused

Section 3 - STRUCTURED QUESTIONS: Playing gambling type games not for money or prizes

(3.1) In the last 12 months, have you played any of the following NOT for money or prizes, e.g., for points? Which of these have you done? [Present show card 4 (pink), circle all mentioned]

- 1 Fantasy Football, Virtual Rugby, etc.
- 2 Played Internet poker
- 3 Played other online casino games such as blackjack, roulette, etc.
- 4 Played Internet bingo
- 5 Played skill games online such as chess, scrabble, mah-jong, bridge, backgammon, etc.
- 6 Participated in any other gambling or lottery activity NOT for money or prizes [Specify]: ____
- 7 None of the above (Go to question on next page)

K Don't know

R Refused

(3.2) About how often do you participate in non-money based gambling activities? [Present show card 2 (blue), Circle one only]

- 1 Four times a week or more
- 2 Two or three times a week
- 3 Once a week
- 4 Once every two weeks
- 5 Once every three weeks
- 6 Once a month
- 7 Once every two months
- 8 Once every three months
- 9 Once every six months
- 10 Once a year
- 11 Less frequently than once a year

K Don't know

R Refused

(3.3) On an average day when you participate in non-money based gambling activities, how long do you participate for? [Present show card 5 (grey), Circle one only]

- 1 Up to 15 minutes
- 2 More than 15 minutes, and up to 30 minutes
- 3 More than 30 minutes, and up to one hour
- 4 More than one hour, and up to two hours
- 5 More than two hours, and up to three hours
- 6 More than three hours

K Don't know

R Refused

Section 4 - SEMI STRUCTURED QUESTIONS (inform the participant that you will record this section of the interview, turn on your digital recorder)

Thank you for answering those questions, now I'd like to move on to the next part of our interview where you can tell me as much or as little as you'd like.

1. To start, could you tell me a bit about the role of gambling in your family/whānau?
 - Prompt for past and present, who is gambling, what they gamble on, how it affects them personally.*
 - Any cultural traditions involving gambling? Or other traditions (e.g. in the family, religious)*

2. What about in your local community?
 - Prompt for past and present, who is gambling, what they gamble on, how it affects them personally.*
 - Any cultural traditions involving gambling?*

3. And could you tell me a bit about your own gambling?
 - Prompt for past and present gambling, how it affects them personally.*
 - Any cultural traditions or other traditions? Peer influence, intergenerational influence?*

4. What motivates you to gamble?
 - Prompt for triggers, e.g. passing by a venue, having spare money, wanting to try and win money (financial pressures), to socialise, have fun, because of advertisements etc.*

5. Have there been any changes in your gambling since your first interview with us?
Interviewer note: First interview was 2012 for participants in groups 1 to 3, and 2014/15 for groups 4 and 5
 - Prompt for whether they think it has increased (i.e. is more), reduced (i.e. is less) or has stayed about the same. And how this change occurred (gradual or sudden).*
 - Prompt for number of gambling activities, time spent gambling (days, hours etc), money spent gambling.*
 - If stayed the same, what about in a shorter time period, say in the last three months?*

6. Why do you think you changed your gambling behaviour since your first interview (or stayed the same)?
 - Prompt for any of the following if participants not forthcoming with reasons why: major life events, influence of others, financial issues, other.*

7. And any changes in your gambling in the last 3 years since your last interview with us?
Interviewer note: Last interview was 2015 for participants in groups 1 to 3, and 2015/16 for groups 4 and 5
 - Prompt for whether they think it has increased (i.e. is more), reduced (i.e. is less) or has stayed about the same. And how this change occurred (gradual or sudden).*
 - Prompt for number of gambling activities, time spent gambling (days, hours etc), money spent gambling.*
 - If stayed the same, what about in a shorter time period, say in the last three months?*

8. And why do you think you changed your gambling behaviour since your last interview (or stayed the same)?
- Prompt for any of the following if participants not forthcoming with reasons why: major life events, influence of others, financial issues, other.*
9. What do you do to keep your gambling manageable, i.e. to make sure that you don't spend too much time or money gambling?
- Prompt for any strategies that are used and whether they work*
10. Have you experienced any negative effects from gambling?
- Prompt for whether in the past 3 years or since first interview, and how long in the past or how recent.*
 - Prompt for from their own gambling or someone else's and if so, whom?*
 - Prompt for what the negative effects are.*
11. And do you think anyone else has experienced any negative effects from your gambling?
- Prompt for whether in the past 3 years or since first interview, and how long in the past or how recent.*
 - Prompt for who was affected?*
 - Prompt for what the negative effects are.*
12. Have you talked to anyone about reducing or stopping your gambling since your first interview with us? And what about in the past 3 years?
- Prompt for informal help from friends, relatives, whānau, colleagues.*
 - Prompt for professional help from gambling treatments services, GP or other service.*
 - Prompt for excluding from a venue.*
 - Prompt for self-help, e.g. website, online forum etc.*
 - For each method prompt when they did this, why they chose this type of help, how useful it was.*
13. Do you think there are other things that might be linked with your gambling?
- Prompt for alcohol consumption, smoking, drugs.*
 - Prompt for mental health or physical health issues.*

Section 5 - STRUCTURED QUESTIONS (PGSI): I now just have a final few questions.

[Present [show card 6 \(lavender\)](#), circle one only]

1. Thinking about the past 12 months, how often have you bet more than you could really afford to lose? Would you say never, sometimes, most of the time or almost always?

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always

<p>K Don't know</p> <p>R Refused</p>

2. Thinking about the past 12 months, how often have you needed to gamble with larger amounts of money to get the same feeling of excitement?

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always

K	Don't know
R	Refused

3. Thinking about the past 12 months, how often have you gone back another day to try to win back the money you lost?

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always

K	Don't know
R	Refused

4. Thinking about the past 12 months, how often have you borrowed money or sold anything to get money to gamble?

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always

K	Don't know
R	Refused

5. Thinking about the past 12 months, how often have you felt that you might have a problem with gambling?

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always

K	Don't know
R	Refused

6. Thinking about the past 12 months, how often has your gambling caused you any health problems, including stress or anxiety?

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always

K	Don't know
R	Refused

7. Thinking about the past 12 months, how often have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always

K	Don't know
R	Refused

8. Thinking about the past 12 months, how often has your gambling caused any financial problems for you or your household?

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always

K	Don't know
R	Refused

9. Thinking about the past 12 months, how often have you felt guilty about the way you gamble, or what happens when you gamble?

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always

K	Don't know
R	Refused

That's the end of this interview. Thank you so much for your time. Once again, we really appreciate your continued support of this valuable study.

Do you have any questions for me or is there anything else you'd like to tell me about your gambling? Thank you.

APPENDIX 2: Socio-demographic data for stable high-risk group participants

Demographic variable		Year	
		2015	2016
Gender	Male	8	
	Female	3	
Age (years) in 2012	18 - 24	1	
	25 - 34	6	
	35 - 44	2	
	45 - 54	2	
	55+	-	
Ethnicity	Māori	3	
	Pacific	-	
	Asian	2	
	European/Other	6	
Employment status	Employed	8	6
	Not employed	3	5
	Student/homemaker/retired	-	
	Other	-	
Psychological distress (Kessler-10)	Low (Score 0 - 5)	2	4
	Moderate (Score 6 - 11)	2	4
	High (Score 12 - 19)	4	3
	Severe (Score 20 - 40)	3	-
Quality of life (WHOQoL-8)	Below median (Score 0 - 24)	11	10
	Median (Score 25)	-	-
	Above median (Score 26 - 32)	-	1
Number of major life events	0	-	-
	1	1	4
	2	2	2
	3	2	2
	4	1	1
	5+	5	2
Hazardous alcohol consumption (AUDIT-C)	No	5	5
	Yes	6	6
Tobacco use	Never smoked	5	5
	Ex-smoker	2	2
	Current smoker	4	4
Other drug use	No	8	8
	Yes	3	3
NZ Individual Deprivation Index	0	2	1
	1	1	2
	2	2	1
	3	3	6
	4	1	-
	5	1	-
	6	-	1
	7	1	-
8	2	1	

APPENDIX 3: Socio-demographic data for transition into high-risk group participants

Variable		Year			
		2012	2013	2014	2015
Gender	Male	2			
	Female	4			
Age (years) in 2012	18 - 24	1			
	25 - 34	3			
	35 - 44	1			
	45 - 54	1			
	55+	-			
Ethnicity	Māori	-			
	Pacific	2			
	Asian	2			
	European/Other	2			
Employment status	Employed	3	3	4	3
	Not employed	2	3	-	1
	Student/homemaker/retired	1	-	2	2
	Other	-	-	-	-
Psychological distress (Kessler-10)	Low (Score 0 - 5)	4	2	3	1
	Moderate (Score 6 - 11)	2	3	3	4
	High (Score 12 - 19)	-	1	-	1
	Severe (Score 20 - 40)	-	-	-	-
Quality of life (WHOQoL-8)	Below median (Score 0 - 24)	3	5	4	3
	Median (Score 25)	1	-	-	-
	Above median (Score 26 - 32)	2	1	2	1
Number of major life events	0	2	2	2	1
	1	1	2	2	3
	2	-	-	-	-
	3	3	-	-	-
	4	-	1	1	2
	5+	-	-	-	-
Hazardous alcohol consumption (AUDIT-C)	No	4	4	3	3
	Yes	2	2	3	3
Tobacco use	Never smoked	3	3	3	3
	Ex-smoker	1	-	-	-
	Current smoker	2	3	3	3
Other drug use	No	6	6	6	6
	Yes	-	-	-	-
NZ Individual Deprivation Index	0	2	3	3	2
	1	2	-	1	1
	2	-	1	-	-
	3	1	1	1	2
	4	-	1	-	-
	5	-	-	1	-
	6	1	-	-	-
	7	-	-	-	1
8	-	-	-	-	

APPENDIX 4: Socio-demographic data for transition out of high-risk group participants

Variable		Year					
		Main NGS				Additional	
		2012	2013	2014	2015	2015	2016
Gender	Male	2				4	
	Female	5				2	
Age (years) in 2012 (main NGS) or 2015 (additional cohort)	18 - 24	1				2	
	25 - 34	1				2	
	35 - 44	2				-	
	45 - 54	1				-	
	55+	2				8	
Ethnicity	Māori	4				1	
	Pacific	2				1	
	Asian	-				1	
	European/Other	1				3	
Employment status	Employed	4	4	4	2	3	4
	Not employed	2	2	2	2	-	-
	Student/homemaker/retired	1	1	1	2	3	2
	Other	-	-	-	-	-	-
Psychological distress (Kessler-10)	Low (Score 0 - 5)	4	2	2	3	2	2
	Moderate (Score 6 - 11)	2	4	4	4	1	2
	High (Score 12 - 19)	1	1	1	-	1	2
	Severe (Score 20 - 40)	-	-	-	-	2	-
Quality of life (WHOQoL-8)	Below median (Score 0 - 24)	5	5	6	6	4	3
	Median (Score 25)	-	-	-	1	-	-
	Above median (Score 26 - 32)	2	2	1	-	2	3
Number of major life events	0	1	1	3	3	1	-
	1	3	3	3	3	-	-
	2	1	-	1	-	1	-
	3	1	-	-	1	2	3
	4	1	1	-	-	-	-
	5+	-	2	-	-	2	3
Hazardous alcohol consumption (AUDIT-C)	No	5	4	3	5	2	2
	Yes	2	3	4	2	4	4
Tobacco use	Never smoked	5	5	6	5	4	4
	Ex-smoker	-	-	-	1	-	-
	Current smoker	2	2	1	1	2	2
Other drug use	No	6	6	5	7	4	4
	Yes	1	1	2	-	2	2
NZ Individual Deprivation Index	0	4	4	3	1	2	2
	1	-	1	1	2	2	1
	2	1	-	1	1	1	3
	3	2	1	-	1	-	-
	4	-	-	-	-	-	-
	5	-	-	1	2	1	-
	6	-	-	1	-	-	-
	7	-	1	-	-	-	-
	8	-	-	-	-	-	-

APPENDIX 5: Socio-demographic data for relapse group participants

Variable		Year					
		Main NGS				Additional	
		2012	2013	2014	2015	2015	2016
Gender	Male	3				2	
	Female	2				-	
Age (years) in 2012 (main NGS) or 2015 (additional cohort)	18 - 24	-				-	
	25 - 34	2				1	
	35 - 44	2				1	
	45 - 54	-				-	
	55+	1				-	
Ethnicity	Māori	1				1	
	Pacific	1				-	
	Asian	3				-	
	European/Other	-				1	
Employment status	Employed	4	5	5	4	2	1
	Not employed	-	-	-	1	-	1
	Student/homemaker/retired	1	-	-	-	-	-
	Other	-	-	-	-	-	-
Psychological distress (Kessler-10)	Low (Score 0 - 5)	-	2	3	2	-	-
	Moderate (Score 6 - 11)	2	-	1	2	1	1
	High (Score 12 - 19)	3	3	1	-	1	1
	Severe (Score 20 - 40)	-	-	-	1	-	-
Quality of life (WHOQoL-8)	Below median (Score 0 - 24)	5	3	3	3	1	1
	Median (Score 25)	-	-	-	-	-	-
	Above median (Score 26 - 32)	-	2	2	2	1	1
Number of major life events	0	1	1	2	2	-	-
	1	-	2	-	1	1	-
	2	2	0	2	1	-	1
	3	1	2	1	-	-	-
	4	-	-	-	-	1	1
	5+	1	-	-	1	-	-
Hazardous alcohol consumption (AUDIT-C)	No	4	4	4	4	2	2
	Yes	1	1	1	1	-	-
Tobacco use	Never smoked	3	2	3	4	1	1
	Ex-smoker	1	2	1	-	-	-
	Current smoker	1	1	1	1	1	1
Other drug use	No	4	4	4	4	1	2
	Yes	1	1	1	1	1	-
NZ Individual Deprivation Index	0	1	3	3	3	1	-
	1	1	1	-	2	-	-
	2	2	1	1	-	1	1
	3	-	-	1	-	-	1
	4	1	-	-	-	-	-
	5	-	-	-	-	-	-
	6	-	-	-	-	-	-
	7	-	-	-	-	-	-
	8	-	-	-	-	-	-

APPENDIX 6: Socio-demographic data for stable low-risk group participants

Variable		Year			
		2012	2013	2014	2015
Gender	Male	6			
	Female	7			
Age (years) in 2012	18 - 24	5			
	25 - 34	3			
	35 - 44	1			
	45 - 54	3			
	55+	1			
Ethnicity	Māori	1			
	Pacific	-			
	Asian	5			
	European/Other	7			
Employment status	Employed	10	10	9	13
	Not employed	-	-	-	-
	Student/homemaker/retired	2	3	4	-
	Other	1	-	-	1
Psychological distress (Kessler-10)	Low (Score 0 - 5)	13	12	12	10
	Moderate (Score 6 - 11)	-	1	1	3
	High (Score 12 - 19)	-	-	-	-
	Severe (Score 20 - 40)	-	-	-	-
Quality of life (WHOQoL-8)	Below median (Score 0 - 24)	7	4	3	4
	Median (Score 25)	-	2	3	1
	Above median (Score 26 - 32)	6	7	7	8
Number of major life events	0	2	2	3	4
	1	3	4	2	1
	2	3	1	3	5
	3	3	5	5	3
	4	-	1	-	-
	5+	2	-	-	-
Hazardous alcohol consumption (AUDIT-C)	No	11	12	12	12
	Yes	2	1	1	1
Tobacco use	Never smoked	8	8	8	10
	Ex-smoker	5	5	5	3
	Current smoker	-	-	-	-
Other drug use	No	11	11	13	13
	Yes	2	2	-	-
NZ Individual Deprivation Index	0	9	8	10	7
	1	2	4	2	3
	2	2	1	1	2
	3	-	-	-	1
	4	-	-	-	-
	5	-	-	-	-
	6	-	-	-	-
	7	-	-	-	-
	8	-	-	-	-