

RESEARCH REPORT

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**GAMING AND BETTING ACTIVITIES SURVEY:
New Zealanders' knowledge, views and experiences
of gambling and gambling-related harm**

INTRODUCTION AND EXECUTIVE SUMMARY

**COMMISSIONED BY THE:
HEALTH SPONSORSHIP COUNCIL**

**PREPARED AND CONDUCTED BY:
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FOREWORD

During the past 20 years gambling has been a leading growth industry, particularly in countries like New Zealand where electronic gaming machines (EGMs) and urban casinos were widely introduced. Approximately \$2 billion was spent (lost) in New Zealand on major forms of gambling last year - \$5.5 million per day.

Gambling, like alcohol, is Janus-faced. It deals entertainment, pleasure, companionship, distraction and dreams with one hand. It dispenses financial hardship and ruin with the other, along with substantial personal, family and social harm (Abbott, 2007a).

There has been no formal analysis of the relative benefits and costs of gambling to New Zealand. Studies of this kind elsewhere place heavy weight on health impacts (on the cost side of the equation), particularly those related to problem gambling (Grinols, 2007). The Ministry of Health (2004) estimates that the effects of problem gambling result in 3,300-10,600 lost years of 'quality of life' annually, with an associated cost of \$330 million to \$1.06 billion.

There are many different forms of gambling. Some have strong associations with problem gambling. Others are more benign (Abbott, 2007a). Like gambling, problem gambling has a long pedigree. Doestevsky and Dickens portray it vividly in 19th century novels. Its most serious form (pathological gambling) is included in psychiatric diagnostic manuals as a disorder or impulse control. One of its diagnostic features is continuation of gambling involvement despite adverse consequences.

Adverse consequences occur in many spheres - mental and physical health, quality of life, family and interpersonal relationships, work, education and recreational pursuits. Because money is the primary currency of this 'addiction', financial hardship and ruin are commonplace, as is criminal activity to finance gambling and gambling debt.

New Zealand has pioneered both gambling research and measures to counter gambling-related harms (Abbott, 2007b). This included, in 1991, the first national survey of problem gambling conducted internationally. In 1999, New Zealand undertook the first national replication study, enabling changes in prevalence and risk factors to be assessed. New Zealand is also unique in having had, since 1985, regular five-yearly national surveys of gambling participation and attitudes towards gambling. It also was the first country to introduce nation-wide problem gambling services (from 1993 onwards).

More recently, informed by a growing body of local and international research, New Zealand has adopted a public health approach to problem gambling. This research indicates that problem gambling is a significant health issue, both directly and through its impacts in various other domains (Abbott, 2007b). These impacts fall most heavily on Maori and Pacific peoples, and populations living in areas of high deprivation. They contribute to and widen existing health inequalities.

The Gambling Act 2003 places heavy emphasis on preventing and minimising gambling-related harm. Policies and strategies giving effect to the Act are outlined in *Preventing and Minimising Gambling Harm: Strategic Plan 2004-2010* (Ministry of Health, 2005; 2007). New Zealand and Sweden are the only national jurisdictions to formally adopt such public health initiatives, although others are considering or introducing similar measures.

The *2006/2007 Gaming and Betting Activities Survey* is part of a national social marketing initiative commissioned by the Ministry to strengthen public understanding of and response to gambling-related harms. The HSC (Health Sponsorship Council) is conducting this initiative which is central to the Ministry's resolve to move further 'up-stream' and prevent the onset of gambling problems and their associated harms.

The Survey findings outlined in this report, apart from being of immediate interest in their own right, will assist the design of future social marketing initiatives. Subsequent repetition will contribute to assessment of the impact of social marketing and other public health measures. While having partial overlap with previous surveys, this survey has a different focus and purpose. Its findings will be even more informative when considered in conjunction with those from the forthcoming problem gambling prevalence survey. It has been eight years since the last prevalence study. A great deal has changed in gambling provision and New Zealand society since then.

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The scope and content of the *2006/07 Gaming and Betting Activities Survey* was informed by research undertaken for HSC in 2005/06 that included developing a public health approach to addressing gambling harm. For more details and a list of people who advised HSC on this work see *Addressing Problem Gambling in New Zealand: A public health approach* – at http://www.hsc.org.nz/problem-gambling_pha.html.

A. INTRODUCTION

1. BACKGROUND

The *2006/07 Gaming and Betting Activities Survey* contributes to New Zealand's public health approach to addressing gambling harm, including the national social marketing programme *Problem Gambling – Our Communities, Our Families, Our Problem*.¹ The HSC (Health Sponsorship Council) is developing and implementing this programme to strengthen society's understanding and awareness of, and response to, gambling-related harms.

The goal of the social marketing programme is to:

Reduce the incidence of problem gambling and the impact of gambling harms in Aotearoa / New Zealand.

Gambling-related harm is an emerging public health issue in New Zealand, with significant health, social and economic implications. While gambling is a popular recreational activity and some communities benefit from funds raised from gambling, for many people and their families gambling has harmful consequences and the effects on the community are far reaching.

Problem gambling occurs when people, and often their families or communities, experience harm or distress because of gambling. Problem gambling can affect health, relationships, finances, employment, and children, and the harms from gambling can extend to the entire community. Problem gambling affects several groups disproportionately, including Maori, Pacific peoples, people who are disadvantaged in socio-economic terms, and some Asian communities.

Gambling in New Zealand is controlled by The Gambling Act 2003. This includes preventing and minimising the harm caused by gambling, including problem gambling, as one of its purposes.

¹ For more information see: <http://www.ourproblem.org.nz/>

The Ministry of Health is the government department responsible, under the Act, for the prevention and treatment of problem gambling. The Ministry's approach is outlined in a six-year strategic plan – *Preventing and Minimising Gambling Harm: Strategic plan 2004-2010*² – that treats problem gambling as a public health issue.

The Ministry's strategy includes provision for a social marketing programme to:

- encourage New Zealanders to make healthy lifestyle choices about gambling
- promote discussion about the effects of gambling in the community
- reduce the incidence of problem gambling among the general population, with a specific emphasis on at-risk populations.

The Ministry has contracted HSC to develop and deliver this social marketing programme and a baseline survey. The social marketing programme was launched in April 2007 with 'Kiwi Lives', a mass media campaign that highlights the damaging effect of problem gambling in homes and communities, and aims to increase awareness and understanding of problem gambling and its impacts. The campaign also aims to create a supportive environment for public health and community action.

The *2006/07 Gaming and Betting Activities Survey* provides baseline information for evaluating the impact of the social marketing programme and related public health activities in communities, and for informing the planning of future public health services.

² The plan is available at:
[http://www.moh.govt.nz/moh.nsf/0/0320D2273BDBF732CC256FB80009EF74/\\$File/probl emgambling-strategicplan-2004-2010.pdf](http://www.moh.govt.nz/moh.nsf/0/0320D2273BDBF732CC256FB80009EF74/$File/probl emgambling-strategicplan-2004-2010.pdf)

2. PURPOSE OF THE SURVEY

The *2006/07 Gaming and Betting Activities Survey* (GBAS) is designed to measure changes in community awareness and understanding of gambling harms. It also aims to benchmark the types of individual, family and community behaviours and responses that public health approaches, including the social marketing programme, will promote to address gambling harms in the longer term. These behaviours and responses range from individuals being able to identify the occurrence of problem gambling in themselves and others and knowing where to go for help or support, to people discussing and debating the place of gambling in their communities. Future surveys will track changes in these behaviours and responses.

The Survey collects some information about the gambling activities that people take part in and whether or not they experience gambling harm, but it is not designed to be a comprehensive survey of participation in gambling or of the prevalence of problem gambling. Other surveys fulfil these roles. The survey carried out by the Department of Internal Affairs tracks participation in gambling³, while the *New Zealand Gaming Survey* is a detailed study of gambling and problem gambling.^{4,5,6}

³ Amey B. (2001). *People's Participation in and Attitudes to Gaming, 1985-2000: Final Results of the 2000 Survey*. Wellington: Department of Internal Affairs. Note: this is the most recent report available. A report on the 2005 survey will be published shortly.

⁴ Abbott MW and Volberg RA. (2000). *Taking the Pulse on Gambling and Problem Gambling in New Zealand: A Report on Phase One of the 1999 National Prevalence Study*. Wellington: Department of Internal Affairs.

⁵ Abbott MW. (2001). *Problem and non-problem gamblers in New Zealand: a report on phase two of the 1999 national prevalence survey. Report Number Six of the New Zealand Gaming Survey*. Wellington: Department of Internal Affairs.

⁶ These three reports and others from the *New Zealand Gaming Survey* are available at - www.dia.govt.nz

3. DESIGN AND IMPLEMENTATION OF THE SURVEY

HSC commissioned National Research Bureau (NRB) to help it design the survey and to carry it out. NRB also was responsible for processing and analysing the results and preparing this report in association with HSC's Research and Evaluation Unit. Professor Max Abbott from Auckland University of Technology (AUT) provided advice on the development of the survey and has peer-reviewed this report.

4. CONTENT OF THE REPORT

Following this introduction is a description of the survey design and method (section B - full technical details of the survey and the questionnaire are in a companion report⁷) and an executive summary (section C). The key findings are then described in 9 sections:

- Section 1: participation in gambling activities.
- Section 2: experience of harmful gambling.
- Section 3: views about gambling activities.
- Section 4: views about raising money for communities from gambling.
- Section 5: knowledge about gambling harm.
- Section 6: responses to gambling harm.
- Section 7: knowledge and awareness of services for people experiencing gambling harm.
- Section 8: addressing gambling harms – views, knowledge and involvement.
- Section 9: awareness of advertising and promotion.

This report describes the main findings from the survey. Other publications are scheduled that will explore and report on the results in more detail.

⁷ This is available on HSC's web site – www.hsc.org.nz

B. SURVEY DESIGN AND METHOD

This section describes the main features of the design and implementation of the survey. A companion technical report describes these aspects of the survey in more detail (this report is available on HSC's website – see footnote 7).

1. OBJECTIVES

The general objective of the survey was to formulate and gather information on the public's health knowledge, behaviours, protective attitudes and practices in relation to gambling.

Specifically, the survey aimed to measure the extent to which:

1. People understand gambling and the potential benefits and drawbacks.
2. People are acquiring knowledge of the harms of gambling.
3. People understand how harmful gambling can impact on individuals, families and communities.
4. People are able to identify the occurrence of problem gambling within themselves or others.
5. People and communities know about, support and adopt strategies to avoid problem-level gambling and minimise gambling harms.
6. People know where to go, or to refer others to, for help or support.
7. People understand how communities can play a role in minimising the harmful effects of gambling (for example, by commenting on local councils' policies on gaming machines).
8. People participate in discussion and debate about the place of gambling in their community.

The survey also was designed to:

1. Monitor participation in different types of gambling and link different levels of participation to knowledge and behaviour.
2. Collect demographic information about survey participants (age, gender, ethnicity, family type and socio-economic position) to help understand and interpret their knowledge and behaviours.

2. GENERAL SCOPE AND TYPE OF SURVEY

The GBAS is a nationwide survey of adult New Zealand residents aged 18 years and over. The survey also included a sample of young people aged 15 to 17 years. People were interviewed using a structured questionnaire that was developed to meet the project objectives. The questionnaire was tested in a pre-survey pilot to make sure that the questions were easy to understand and answer. The survey was carried out in people's homes, with households and the survey participants selected at random. The interviews were administered face-to-face by trained interviewers.

Answers were recorded in survey software on laptop computers. The answers from completed questionnaires were combined into an electronic database, which, after coding and editing, was used to produce tables showing the number and percentage of responses to each question. These tables form the basis of this written report.

3. QUESTIONNAIRE DEVELOPMENT

The HSC project team, in consultation with stakeholders responsible for the health and regulatory aspects of gambling, identified eight topics (see list on previous page) that could be monitored in a programme designed to raise public awareness of the harms associated with gambling, and the types of attitudes and behaviours that would prevent and minimise harm from gambling for individuals, families/whanau and communities.

The HSC team, and NRB as the survey provider, then developed questions for each of the eight topics. Following discussion about each question's fit to the topics and the likely ease with which the questions could be asked and answered, a pilot questionnaire was designed. The pilot questionnaire contained more questions than were scheduled for the final version. This allowed the pilot to examine the likely distribution of replies, as well as people's cognitive reactions to questions, in order to arrive at the best mix of questions to meet the survey objectives, as well as making sure that the time the interview took was consistent with the survey's budget.

Open-ended questions (21 in total) that required participants to verbalise their own views were intentionally a key component of the questionnaire. This approach allowed the survey to canvass people's perspective on gambling harms in their own terms. This was an important part of the survey, given that this was the first New Zealand survey designed to benchmark attitudes and behaviours linked to a public health and social marketing programme to prevent and minimise gambling harm.

Interview durations for the final questionnaire were 38.5 minutes, on average, for adults and 27.6 minutes, on average, for youth. A paper copy of the CAPI questionnaire is included in the companion technical report.

4. SAMPLE AND SAMPLING

The survey sample is defined as a nationwide, multi-stage, random probability sample of adults aged 18 years and over. A supplementary sample of youth, 15 to 17 years of age, also was obtained by sampling young people in this age group who lived in the same households as the adult participants.

Meshblocks are the smallest geographical unit for which Census data are collected and processed by Statistics New Zealand, and these formed the first level of sampling. Systematic, random procedures were used to draw first the meshblock, then the dwellings within the meshblock, and then one adult from within the dwelling (the respondent). The sample design allowed for boosting Maori, Pacific, and Asian samples by contacting and screening additional homes in each meshblock; in these additional homes, only people in one of these three ethnic groups were eligible for the survey.

A supplementary youth sample was captured by selecting one person aged 15 to 17 years from the sampled homes that contained any such young people. Young people were not asked some survey questions but, where there were common questions, their answers appear in the report tables with those of adults. Conversely, a small number of questions were answered only by the youth sample.

A total of 1,774 adult and 199 youth interviews were conducted. This represents a weighted response rate of 66.3%. The sample bases for analysis of ethnicity use the prioritised approach, which resulted in the following sub-samples:

Maori	495
Pacific peoples	267
Asian peoples	335
Other ethnic groups	876
TOTAL ADULTS	1,774
TOTAL YOUTH	199
TOTAL INTERVIEWS	1,973

5. INTERVIEWING

Upon identifying the eligible respondent in each sampled home, the interviewer presented a printed brochure from the HSC. This brochure explained the role and content of the survey and questionnaire, and the respondent's rights. It also gave contact phone and email addresses in the event that the person wished to know more about the survey. A copy of the brochure is in the technical report.

The title "Gaming and Betting Activities Survey" was chosen for the survey to avoid mentioning "gambling" when introducing the survey and so potentially compromising a set of questions at the start of the interview that asked respondents which activities they perceived as "true gambling".

Interviews were conducted using CAPI, ie, interviewers administered computer-assisted personal interviews. Interviewing took place in the respondent's home. Interviewing aids included the software-driven questionnaire, and a set of showcards that were used to show potential responses to closed-ended questions. Verbatim answers to open-ended questions were typed into the software on the laptops as they were spoken. Interviewers transferred completed interviews on a weekly basis to a database on NRB's website. Interviews were principally conducted from mid-December 2006 to May 2007.

6. DATA PREPARATION

Data preparation included checking and, if necessary, editing responses for accuracy and consistency. Editing and checking are largely concurrent in software-driven questionnaires, as the question order and answer options are controlled electronically. Coding of the 21 open-ended questions, however, required a thorough inspection of the range of unique replies given orally by respondents. Those replies that contained similar themes, albeit expressed in different words, were assigned a common code. One or more of these codes was then assigned to each open-ended question.

Creating this code set enabled the open-ended questions to be converted to numeric data in the dataset, and so the percentage of people giving the different responses could be calculated. These grouped responses are included in the data tables.

7. WEIGHTING AND TABULATION

The survey dataset was weighted to recognise each respondent's initial probability of selection (this adjusts for the fact that, because only one adult is interviewed, people in larger households are under-sampled relative to adults in smaller households). Weighting also adjusted the data for differences in response rate, and then age, gender, and ethnicity groups were benchmarked to the proportions for the respective groups in the 2006 Census of population. The weighting procedure is outlined in the technical report.

The weighted responses (number and percentage) are presented in tables that are the basis for describing the findings from the survey. These tables are designed to provide ready comparisons between the overall (total survey) finding and those of each of a range of specific population groups. These are largely demographic groups, based on age, gender, ethnicity, socio-economic status and type of household.

In addition, four groups have been formed based on the type and frequency of gambling participated in, most notably:

1. Non-gamblers - not participated in any activities in the last 12 months.
2. Infrequent gamblers - participate in any activities less than once a week.
3. Frequent, non-continuous gamblers - participate weekly or more often in non-continuous forms of gambling.
4. Frequent, continuous gamblers - participate weekly or more often in continuous forms of gambling.

For the GBAS, non-continuous forms of gambling include lottery games, going to casino evenings/buying raffle tickets for fundraising, and making bets with family/friends. Continuous forms of gambling include playing electronic gaming (pokie) machines, betting on horse or dog races, or sports events, table games at casinos, housie and bingo, and Internet and text games.

Readers should note that these four categories are mutually exclusive and that "frequent continuous gamblers" may also participate in one or more forms of non-continuous gambling.

8. STATISTICAL ERROR AND THE CONFIDENCE INTERVAL

Figures from surveys are subject to variation that arises from the use of a randomly drawn sample, rather than a survey of the total population of interest. Different random samples drawn the same way may produce slightly different results (ie, in the survey percentages); this is known as sampling variation. The extent of this variation falls within known ranges and is expressed as a confidence interval. The larger the sample, and the closer the figure of interest to 100% or 0%, the narrower the interval.

The principal findings to the closed questions in this survey are presented in the form of bar charts that enable ready, visual comparison of the results. Set into the top of each bar is a "whisker", a line that shows the likely range of variation within which the true figure may fall. This range is the confidence interval.

For the GBAS, the interval shows the range within which a figure would likely fall for 90 out of any 100 different random samples. In this regard, it is useful to bear in mind that the true figure for the population is more likely to be close to the actual figure found in the survey, rather than to the figures at either extreme of the confidence interval.

Calculation of the GBAS confidence intervals needs to take into account that the survey employs a complex sample design, rather than a simple random sample (SRS). The technical report describes this aspect in more detail and presents the relevant information on confidence intervals.

Confidence intervals reported here have been individually calculated using a statistical procedure known as the jack-knife, replicate procedure. This follows from the survey sample being a complex one, using stratification and screening. In such cases, the standard formula used for a SRS is not appropriate.

9. NON-SAMPLING ERROR

Non-sampling error relates to how well people understand and answer the questions in a survey and how well they communicate their answers to the interviewer. This includes aspects such as correctly recalling time periods and frequencies of behaviour, and candidness of replies. The piloting of the questions will have reduced potential errors of this kind, but the amount remaining, as with all survey questionnaires, cannot be estimated. GBAS is designed to monitor trends and proceeds on the assumption that these sources of error remain relatively constant from one survey to the next.

10. DIFFERENCES BETWEEN SUB-GROUPS

It is generally accepted that, while statistical significance remains the basis for defining prevalence and key changes in social surveys, readers are not best served by only reporting findings that reach chosen significance levels. Small differences of little practical value may be highlighted if the sample is large, while differences of practical or interpretive value may be masked if the sample base is not large.

As this report is for a wider, non-technical audience, readily understood English-language terms have been used to draw attention to relative differences between groups of people taking part in the survey. This approach encourages a richer appreciation of the findings. The expressions used are “more likely/less likely” where the size of the difference is proportionately large in relation to the figures described, and “slightly more /slightly less” where a difference is evident but less marked. This treatment is appropriate also to the attitudes, perceptions and social behaviours reported. For the technical researcher, a dataset and data dictionary are available for performing statistical investigation.

It also should be noted that when the number of respondents in a sub-group is small (<30) the difference between this sub-group and others is not commented on, as the estimates of results may be subject to a very wide margin of error.

11. ADDITIONAL NOTES

The figures presented in tables and graphs in this report may not sum to 100 due to rounding.

Where answer options have been combined, this percentage may not equal the sum of the percentages of the individual answer options due to rounding. For example, in section 8.3.3 the figure for dissatisfied (22%) is the sum of fairly dissatisfied 9.7% and very dissatisfied 12.6%, although the rounded percentages of 10% and 13% are shown in the chart and table.

Categories used in the tables include:

Ethnicity – for this survey people’s ethnicity is assigned using the prioritised approach. European / Other includes everyone who did not say their ethnicity was Maori, Pacific or Asian.

Deprivation Index – the deprivation index combines nine census variables from the 2001 census which reflect aspects of material and social deprivation. A score is provided for each meshblock in New Zealand and so the index applies to areas rather than individuals. The index, therefore, is an indicator of someone’s likely socio-economic status, rather than their actual status. A value of 10 indicates that the meshblock is in the most deprived 10 percent of areas in New Zealand, according to the NZDep2001 scores.

Household Composition – this is generated from a survey question asking who usually lives in the respondent’s household. A “single person” lives alone in the household, while “couple no children” refers to a respondent living with their partner and possibly others, but there are no children in the household. “Family with children” refers to a household with one or more adults and their own, or someone else’s, children. There may also be other family members or friends living in the household. “Family no children” includes family members such as an adult’s parents, siblings or aunts and uncles, but no children. “Other household” describes those households that contain no family members, but are made up of friends, flatmates, or other unrelated people.

Number of Activities – this is the number of gambling activities taken part in during the last 12 months.

C. EXECUTIVE SUMMARY

Over 1,900 (1,973) people took part in an in-home survey from mid-December 2006 to May 2007. Over 1,700 (1,744) adults and just under 200 (199) young people aged 15 to 17 years were interviewed. Maori, Pacific peoples, Asian peoples, and people of European and other ethnicities were included in the survey.

1. PARTICIPATION IN GAMBLING ACTIVITIES

Over four-fifths (83%) of people (adults and young people) had taken part in at least one gambling activity during the last 12 months, with the average number of gambling activities just over two (2.1).

Over two-thirds of people (67%) had bought a lottery ticket (Lotto, Keno, Strike, Powerball, Big Wednesday, Instant Kiwi or other scratch ticket), while just over one-half (52%) had gone to a gaming or casino evening, or bought a raffle ticket, for fundraising. Nearly one-fifth of people had bet on horse or dog races, or sports events (18%), or had played a gaming machine at a pub or club (18%). One-tenth (10%) of people had made money bets with family or friends, while 8% had played gaming machines at one of the six casinos. Fewer respondents had played housie or bingo for money, (3%), played table games at one of the six casinos (3%), or played text (2%) or Internet games (<1%) for money.

Just under one-fifth (18%) of people were non-gamblers (ie, had not taken part in any gambling activities in the last 12 months). This figure is very similar to the figure from participation surveys undertaken by the Department of Internal Affairs.

Just over three-fifths (61%) of people were “infrequent gamblers”, having taken part in some gambling activities but less often than once a week. Just under one-fifth (18%) were “frequent non-continuous gamblers”, having taken part in one or more of the activities classed as non-continuous forms of gambling at least once a week.⁸ Four percent (4%) of people were “frequent continuous gamblers”, having taken part in one or more activities classed as continuous forms of gambling at least once a week.

Over one-half (52%) of young people said that the chance to win money was what attracts young people to start gambling, while 46% said that losing money or seeing others lose money was what would put young people off starting to gamble.

2. EXPERIENCE OF HARMFUL GAMBLING

Just under one-tenth (9%) of adults had gambled to a harmful level during the last 12 months, while almost one-quarter (24%) of adults said that they had done so at some time in their lives.⁹ Just over one-third (35%) of people (adults and young people) felt that during the last 12 months someone close to them had gambled to a harmful level.

Around one-sixth (16%) of people said that there had been an argument in their wider family or household about time or money spent on gambling. Around one-sixth (16%) also said that in their wider family or household someone had had to go without something they needed, or bills were unpaid, because someone had spent too much money on gambling.

⁸ For the purpose of this survey, non-continuous forms of gambling include lottery games, going to casino evenings/buying raffle tickets for fundraising, and making bets with family/friends, while continuous forms of gambling include playing electronic gaming (pokie) machines, betting on horse or dog races, or sports events, table games at casinos, housie and bingo, and Internet and text games.

⁹ For the purpose of the GBAS, gambling to a harmful level is defined as people spending more time and money on gambling than they meant to on at least one occasion in the last 12 months and/or at some time in their lives.

3. VIEWS ABOUT GAMBLING

Most people viewed playing gaming machines at one of the six casinos (86%), betting on horse or dog races, or sports events (86%), playing gaming machines at a pub or club (83%), and playing table games at one of the six casinos (81%) as *true gambling* rather than *just a game*. Just under two-thirds (65%) of people felt that playing an Internet game for money is *true gambling*, while just over one-half (52%) of people viewed buying lottery tickets as *true gambling*. Just under one-half (48%) viewed playing a text game for money as *true gambling*, while 43% said the same for going to a gaming or casino evening, or buying a raffle ticket, for fundraising. Playing housie or bingo for money was viewed as *true gambling* by 41% of people, while 36% said this of making money bets with friends.

Over one-half (53%) of people thought that some people have a skill or special approach that can improve their chances of winning at some types of gambling.

The majority of people (86%) thought that some types of gambling are more likely than others to attract people into playing more often and for more money than they should. Around three-quarters of people who thought this said that playing gaming machines at one of the six casinos (77%) and playing gaming machines at a pub or club (74%) were the two activities most likely to do this.

People who thought some types of gambling are more likely than others to attract people into playing more often and for more money than they should gave a wide range of reasons as to why some types of gambling are more harmful than others. The most commonly mentioned reasons were that the activities are addictive or get people hooked (18%), that they offer hope of getting rich, a better life, or getting easy money (15%), that they are frequent, easily available or convenient (14%), and that they offer big or attractive prizes or large winnings (12%).

4. VIEWS ABOUT RAISING MONEY FOR COMMUNITIES FROM GAMBLING

Two-thirds (66%) of people could think of advantages for the community from raising money from gambling. The advantages most commonly mentioned (by those people who could think of advantages) were funds for community projects or general benefits to the community (32%), support for sports teams (24%), and funding for non-profit organisations, charities and clubs (23%).

Over seven-tenths (72%) of people could think of disadvantages for the community from raising money from gambling. The disadvantages most commonly mentioned (by those people who could think of disadvantages) were people spending money they don't have, losing money or experiencing financial problems (34%), gambling addiction (28%), and family or relationship problems and break-ups or children suffering (20%).

Just over one-half (51%) of people felt that raising money through gambling does *more harm than good*, while just under three in ten (28%) people said that it does *more good than harm*. Almost one-fifth (19%) said that it does *equal good and harm*.

5. KNOWLEDGE ABOUT GAMBLING HARM

Over two-thirds (67%) of people thought that they could describe the signs of harmful gambling, ie, when a person gambles too much. The signs most commonly mentioned by people who said they could describe the signs were financial problems, debt or living beyond one's means (41%), not paying household bills (25%), and being obsessed with, addicted to, or always gambling (24%).

Nine-tenths (90%) of people could think of ways that gambling too much might affect a person and their household. The ways mentioned most frequently by these people were lack of money, financial hardship or debt (40%), and household bills and expenses not being paid (38%).

Over three-fifths (61%) of people could think of ways that gambling too much might affect the wider community. The way most commonly mentioned was crime, fraud and strain on the justice system; this was mentioned by 46% of people who could think of effects on the wider community.

Nearly one-half (49%) of people thought that it was *quite common* for people to get into personal or money trouble from gambling, while 30% thought it was *very common*, 18% thought it was *not common* and 3% thought that it was *very rare*.

Over one-half (53%) of people thought that some people were more likely than others to overdo their gambling. When they were asked who was more likely to overdo their gambling, these respondents most commonly mentioned those who don't have money or who are in low socio-economic groups (42%), and people with addictive personalities or other specific personality traits (30%).

6. RESPONSES TO GAMBLING HARM

Almost three-quarters (73%) of people said that they could think of things that people could do to prevent getting into trouble gambling (ie, getting caught up in the moment and spending more time or money gambling than they should). The types of things mentioned most commonly (by those people who could think of ways to prevent problem gambling) were setting a dollar figure before leaving home or taking only a limited amount of money with which to gamble (67%), and leaving bank and credit cards at home (20%).

Just over one-quarter (26%) of adults said that they, or their household, had used one or more strategies to avoid gambling too much, the most common of which were setting a dollar figure before leaving home, mentioned by 74% of adults who had used one or more strategies, and leaving bank and credit cards at home (36%).

Over seven out of ten (71%) people said that they knew of ways to help a friend or family member who was gambling too much, with these people most commonly mentioning talking to them, confronting them or making them aware of the dangers (39%), telling them to get help or professional advice (35%), and ringing or directing them to a helpline (23%).

Three-quarters (76%) of adults said that they knew of strategies that families and adults could use to stop young people from starting to gamble or gambling too much. Those people that knew of strategies most commonly mentioned talking to young people, educating them or warning them of the dangers (50%), and setting a good example by not gambling or modelling responsible gambling (23%).

Just under one-quarter (23%) of adults could name something that gambling operators do to help players avoid gambling too much. Those adults that could name something most commonly mentioned monitoring gamblers' behaviour or spending, or talking to gamblers (30%), and displaying warning notices or flyers (22%).

When prompted, almost one-half (49%) of adults said they had seen or heard of one or more of a number of measures that can be used at gambling venues to help players avoid gambling too much. The measures most commonly seen or heard of by these respondents were a *helpline – 0800 telephone numbers* (77%), *warning signs or posters* (52%), and *leaflets or brochures* (37%).

7. SERVICES FOR PEOPLE EXPERIENCING GAMBLING HARM

Just under two-thirds (64%) of people said that they could name a service or organisation that they could direct a person to for help if they were getting into problems from gambling. The two services most commonly mentioned by those that could name a service or organisation were an 0800 telephone helpline (44%) and Gamblers Anonymous (34%).

When prompted, the majority of people (85%) had heard of one or more of a number of services that help people who gamble too much. As with the unprompted responses, people who had heard of services had most commonly heard of an 0800 telephone helpline (79%) and Gamblers Anonymous (72%).

Just over one-half (52%) of people said that they would feel comfortable referring a friend or family member to *all* of the types of services they were asked about, while 44% said *some, but not all of these types*, and 4% said *none*. The main reason for not feeling comfortable referring people to these types of services was that the service was too impersonal or involved no human contact – this reason was mentioned by 17% of respondents who answered *some, but not all of these types* or *none* of these types of services.

Almost two-fifths (38%) of people had seen or heard advertising or noticed leaflets or posters, in the three months before they were interviewed, that offered services to people having trouble with gambling.

8. ADDRESSING GAMBLING HARM

When asked about the role certain groups should play in preventing and minimising gambling harm, the majority of people (84%) thought that individuals and their families should take an *extensive* role in preventing gambling harm. Around three-quarters of people thought that the role of health and social services (76%) and Government (72%) should be *extensive*. Almost seven-tenths (69%) of people thought the same about the role of gambling operators, while over one-half (56%) thought that the role of the whole community should be *extensive*.

Just under one-half (47%) of adults agreed that there was a need for their community to discuss problems that can be brought on by gambling and work out local solutions, while 39% had no feeling either way and 14% disagreed.

Around two-fifths (43%) of adults said that they knew who was responsible for local decisions about gaming machines (ie, responsible for deciding if places in their area can start operating gaming machines or existing ones can add more machines). Of these adults, 62% said that it was their local government, city or district council that was responsible for these decisions.

Just over one-quarter (28%) of adults, who said they knew who was responsible for local decisions about gaming machines, said they were satisfied with these decisions, while 22% were dissatisfied. A wide range of reasons was given for both satisfaction and dissatisfaction.

Nine-tenths of people (90%) could think of an alternative entertainment or recreation that someone could do that would cost no more than an outing involving gambling. The activities most commonly suggested by these respondents were playing or attending sports games (42%), going to the movies (32%), other outdoor activities (26%), and eating and drinking or dining out (21%).

Less than one-fifth (19%) of people reported having been involved in a family or household discussion about the dangers of gambling or the harm it can cause during the last 12 months, while 12% had talked about ways to avoid gambling too much.

Only 4% of adults had been involved in a community discussion or meeting in the last five years about the problems that can be brought on by gambling and ways to solve them. Just over one-quarter (26%) of young people had participated in discussions of this kind at school in the last five years, while only 4% of young people had been involved in such discussions outside of school (in the last five years).

In terms of things that communities can do in relation to gambling activities, funding, and gambling policy, 45% of adults had heard of organisations seeking funds from other sources, rather than from "pokie" or casino trusts, 19% had heard of writing or making submissions to their local council on its gambling policy, and 15% had heard of the community monitoring the extent to which local pokie bars and clubs are following the rules.

9. AWARENESS OF ADVERTISING AND PROMOTION

Over one-half (56%) of people said that they had seen advertising or promotion of gambling activities or venues during the last three months. One-half (50%) of these people thought that this advertising encourages more people to gamble or to gamble more often on specific activities or venues, 42% thought that it encourages gambling in general, while 39% thought that it just raises awareness of a specific activity or venue.

The majority of people (89%) were of the opinion that, as with some other products and services that can harm people, the timing and type of advertising of gambling activities should be limited.

Just over one-third (35%) of people had seen or heard advertising about gambling harm and solutions during the last three months and, of these people, 61% said that they were able to describe that advertising.