

# Kiwi Lives III 2013 Campaign Evaluation

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July 2013

## COMMISSIONING CONTACT'S COMMENTS:

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The Health Promotion Agency (HPA) commission was managed by Kerri Kruse, Researcher.

This research was undertaken in order to evaluate the Kiwi Lives III campaign, which is part of a national social marketing programme to minimise gambling harm. The HPA will use the findings to understand the impact of the campaign and to direct its future strategic development. The campaign was developed over a number of years with various stages. Stage 3 of the campaign was developed in 2011 and aired again in early 2013. It is aimed at those groups of people who are at higher risk of developing gambling problems, as well as at the people in their lives who have the opportunity to intervene before gambling becomes harmful.

Research New Zealand was commissioned to carry out this evaluation, which consisted of a national telephone survey conducted over several weeks in February and March. The purpose of the survey was to evaluate the reach, understanding, and response to the campaign. In order to measure the impact on the primary target audience, HPA designed a methodology to over-sample those people who may have experienced or been exposed to gambling harm (either their own or someone else's). The analysis involved assessing recall and reaction to the campaign among those who have experienced or been exposed to gambling harm and among those who have not. Because of this research objective and accompanying design, the population surveyed is *not* intended to be nationally representative; nor was the profile of those who were more likely to report having experienced gambling harm intended to be nationally representative of New Zealanders in that group. However, the use of Random Digit Dialling helped to ensure that a random population was contacted and invited to participate, and therefore some confidence can be assumed regarding the representativeness of the two groups' profiles.

## REVIEWED INTERNALLY AT HPA BY:

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## PEER REVIEW

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This document has not been externally peer reviewed.

## ACKNOWLEDGEMENTS:

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The HPA would like to thank those who took the time to participate in this research. Their insights are much appreciated and will be used to improve the minimising gambling harm campaign.

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Confidential

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**Kiwi Lives III**  
**2013 Campaign Evaluation**

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# 1.0 Executive summary

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This report presents the results of a survey conducted on behalf of the Health Promotion Agency (HPA) with the general public in order to evaluate the impact of the third phase of the Kiwi Lives campaign (Kiwi Lives III).

The overall objective of the Kiwi Lives campaign is to reduce or minimise gambling harm in New Zealand. The third phase of the campaign targeted those at higher risk of experiencing gambling harm, as well as those who could intervene before their friend or family members' gambling became harmful (either to themselves or those around them).

The purpose of the survey was to evaluate the reach and response to this phase of the campaign. The survey was completed by telephone using Random Digit Dialling (RDD) between the 26<sup>th</sup> of February and 19<sup>th</sup> of March 2013 with respondents aged 18 to 64 years.

In order to gauge the general percentage of adult New Zealanders who have experienced or been exposed to gambling harm, the first n=500 respondents interviewed were recruited on a random basis (i.e. regardless of their gambling experience or exposure to gambling harm). A demographic profile of these respondents is provided in Appendix B.

Qualifying criteria were used to fill quotas such that those who had experienced or been exposed to gambling harm were over-sampled using the RDD method. As a result, the final sample of n=850 respondents consisted of n=350 respondents who had experienced or been exposed to gambling harm and n=500 respondents who had not.

## Key findings

Key results from the Kiwi Lives III Campaign Evaluation survey are as follows.

1. Two-thirds of the random sample of n=500 respondents that was initially interviewed reported having participated in some form of gambling in the past 12 months (68%). One in five respondents was classified as having experienced or been exposed to gambling harm (19%).
2. The sample of n=350 respondents who were interviewed on the basis that they had experienced or been exposed to gambling harm were selected on the basis that at least one of the following applied to them:
  - Their gambling, or someone else's, had at some stage over their lifetime had a significant negative impact on them (58%).
  - Someone close to them, like a friend or family member, had had a day in the last 12 months where they spent too much time or money on gambling (55%).





- u They personally had a day in the last 12 months where they felt they spent more time or money gambling than they meant to (32%).
  - u They, or someone close to them, had to go without something they needed or some bills weren't paid because too much was spent on gambling by another person (25%).
  - u They, or someone close to them, had had an argument in the last 12 months about time or money spent on gambling (24%).
3. One of the objectives of the Kiwi Lives campaign is to encourage people to intervene or take action with regard to friends' or family members' gambling behaviour to help prevent gambling harm.

In this regard, the majority of those who had experienced or been exposed to gambling harm reported they would take action or intervene in someone else's gambling if the following signs became apparent:

- u Someone close to them was borrowing money from friends or family to fund their gambling activities (95%).
- u Someone close to them began to lie to cover up their gambling (95%).
- u Someone close to them began to lose interest in friends, family or other activities because of gambling (93%).
- u Someone close to them was involved in family arguments about the amount of time or money spent on gambling (93%).

In comparison, they were less likely to act in the following scenarios:

- u If someone close to them went to a pub intending to spend \$20 on gambling, but ended up spending \$40 (40%).
  - u If someone close to them went to a casino intending to put \$20 in the pokies and then left when that \$20 was gone (17%).
4. Gambling venue operators also have an obligation to prevent gambling harm. While most respondents were not aware that gambling venues have a legal responsibility to ensure their customers' gambling does not become harmful, around three-quarters believed they had at least a moral obligation to do so.
- u 79% of respondents who had experienced or been exposed to gambling harm felt that gambling venues should do something to prevent their customers' gambling from becoming harmful. 73% of those who had not been exposed to gambling harm felt the same way.



- u 42% of respondents who had experienced or been exposed to gambling harm also believed gambling venues were required by law to prevent their customers gambling from becoming harmful. An almost identical proportion (40%) was unsure if this was a legal requirement or not. 34% of those who had not been exposed to gambling harm believed that it was a legal requirement.
5. Awareness of the Kiwi Lives campaign was measured in three stages. Respondents were initially asked if they could recall seeing or hearing any advertising about how gambling can be harmful. Those who could recall seeing or hearing something in this regard were asked to describe what it was that they had seen or heard in order to confirm that they were, in fact, referring to the Kiwi Lives campaign. Following this, respondents were prompted to see if they could recall the three “Choice not Chance” television advertisements.
- u 82% of respondents who had experienced or been exposed to gambling harm reported that they had recently seen or heard some form of advertising about how gambling can be harmful. When asked to describe (on an unprompted basis) what it was that they could recall seeing or hearing, 29% specifically described one of the three Kiwi Lives advertisements (as did 20% of those who had not experienced or been exposed to gambling harm).
  - u Awareness of the three advertisements increased significantly after prompting. When read a description of the advertisements, awareness of the campaign increased to 86% for those who had experienced or been exposed to gambling harm and 75% for those who had not.
  - u The specific advertisement that received the highest level of recognition was the advertisement where the daughter did not turn up to her father’s birthday celebration. After prompting, 74% of those who had experienced or been exposed to gambling harm (and 64% of those who had not) remembered seeing this particular advertisement.
  - u One-third (35%) of respondents who had experienced or been exposed to gambling harm and were aware of the Kiwi Lives campaign described the key message of the advertising as gambling affects those around you. 21% reported that the advertising highlighted the importance of putting friends and family first, while 17% reported that the advertising was about encouraging people to do something about their own or someone else’s harmful gambling.
6. Most respondents who had experienced or been exposed to gambling harm (and were aware of the campaign) appear to have connected at some level with the Kiwi Lives advertisements.
- u 90% agreed the advertisements showed that it is good to get help for someone affected by gambling harm early (54% ‘strongly agreed’).
  - u 87% agreed the advertisements were believable (45% ‘strongly agreed’).



- u 82% felt that the advertisements would have made people think (32% 'strongly agreed').
  - u 65% agreed that the advertising made them think more about how to help people who may be affected by gambling harm (23% 'strongly agreed')
  - u 39% agreed that the advertising was talking to them or people like them (14% 'strongly agreed').
7. Almost 40% of respondents who had experienced or been exposed to gambling harm and were aware of the campaign reported having taken some form of action as a result of the advertising.
- u 38% of respondents who had experienced or been exposed to harmful gambling and had seen the Kiwi Lives III advertising reported that they had taken an action as a result of seeing the campaign advertising. One in ten respondents (10%) reported that the advertising led them to have a conversation with someone about their gambling. 7% reported that the advertising had made them more aware of harmful gambling. 6% reported that the advertising had encouraged them to cut back on their gambling, while 5% reported having stopped gambling altogether.



## 2.0 Introduction

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This section of the report provides more detailed information on the background and objectives of the Kiwi Lives III Campaign Evaluation survey.

### 2.1 Background

Harmful gambling is a social and health issue in New Zealand that causes substantial problems for gamblers and the people around them. One of the key aims of the Gambling Act 2003 is to prevent and minimise the harm caused by gambling.

The HPA is responsible for the nationwide social marketing programme aimed at minimising gambling harm. Part of the programme development has included a multi-stage campaign called, “Kiwi Lives”.

The first stage of this campaign was designed to raise awareness about gambling harm and show that it is a problem that effects all of us. The second stage focused on highlighting the negative impact gambling can have on an individuals, their family and the wider community – and ask people to seek help.

The third stage (launched in 2011) targeted people who were at a higher risk of developing problems with gambling, as well as those who could intervene before their gambling becomes harmful. In this regard, the phrase “Choice not Chance” was used in a series of television and radio advertisements. These advertisements featured a ‘coin toss’ motif in three dramatised situations in which characters decided to say something about someone close to them when they noticed they have been gambling in a way that might cause harm.

### 2.2 Research and information objectives

The Kiwi Lives III Campaign Evaluation survey was conducted to determine the general public’s awareness of and response to stage three of the Kiwi Lives campaign. Specifically, the survey was designed to measure:

- Awareness and recall of the campaign (particularly with regard to the three “Choice not Chance” television advertisements).
- Recall of the key messages associated with this phase of the campaign.
- The extent to which the intended target audience ‘connected’ with the campaign.
- Self-reported behaviours and responses undertaken or considered in response to the campaign media.



A range of demographic information was also collected about respondents, as was information relating to gambling-related behaviour and the extent to which they had been exposed to gambling harm.



## 3.0 Methodology

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The Kiwi Lives III Campaign Evaluation survey was conducted by telephone, between 26 February and 19 March 2013, with a nationwide sample of n=850 respondents aged 18 to 64 years. This section describes the survey and sampling design, the interviewing methodology, the approach used to analyse the survey data and the accuracy of the results.

### 3.1 Sample design

The survey was completed using a multi-stage random sampling approach:

- u An initial sample of 5,000 telephone numbers (as listed in the White Pages directories) was randomly selected and entered into an Excel spreadsheet. Random phone numbers were then generated by creating different variations of the final two digits of each of the original phone numbers.
- u The final list of phone numbers was divided into three regional groupings (representing the respective proportions of households in the Upper North Island, Central/Lower North Island and South Island) based on their area codes to ensure a nationally representative sample spread.
- u Respondents were then randomly selected from each household that was successfully contacted. An initial random sample of n=500 respondents, 18 to 64 years of age was interviewed and placed into the two groups (i.e. harm, no harm) accordingly. The estimated prevalence of gambling harm was calculated using this initial sample.
- u Interviewing then continued until the quota (of n=500) for those who had not been exposed to or experienced gambling harm was filled. Qualifying criteria were then applied in order to oversample respondents who had experienced or been exposed to gambling harm (based on their responses to Questions 3 and 4 in the survey questionnaire).
- u In total, n=850 respondents were interviewed for this research: n=350 respondents who had experienced or been exposed to gambling harm and n=500 respondents who had not experienced or been exposed to gambling harm.

A 'soft' quota was applied to ensure a roughly even split between male and female respondents. A control was also placed on the 55-64 year age group to avoid the over-representation of this age group in the final sample. This is because this age group tends to be more likely to respond to surveys than those in the younger age groups.



Pacific peoples also comprise another group of the population that is generally under-represented in surveys. To counter this, a booster sample of telephone numbers from meshblock areas known to have higher than average proportions of Pacific households (South Auckland and Porirua) was used. These phone numbers were randomly selected from the White Pages telephone directories.

## 3.2 The questionnaire

The research objectives of the survey were reflected in the content of the survey questionnaire (refer Appendix A), which was developed in consultation with HPA. Questions were included covering three key subject topics; (i) gambling experience, (ii) campaign awareness, and (iii) campaign understanding.

The following constraints influenced the content of the survey questionnaire:

- u The survey questionnaire was designed to optimise respondent participation and, therefore, its length was limited so that it would take no more than 15 minutes on average to complete for those who had experienced harm, and 5 minutes for those who had not experienced harm.
- u In order to help keep the survey length to a minimum, the survey questionnaire largely consisted of closed questions. This meant that the survey was not able to gather in-depth information (e.g. about the specific circumstances in which respondents had experienced or been exposed to gambling harm).

The survey contained the following topic areas:

Question content	'Harm' group asked	'No harm' group asked
Gambling participation	✓	✓
Experience of or exposure to gambling harm	✓	✓
Venue responsibility	✓	✓
Campaign awareness and understanding	✓	✓
Actions taken as a result of campaign	✓	
Attitudes about the campaign	✓	
Willingness to intervene on certain scenarios	✓	
Demographics	✓	✓

### 3.2.1 Pre-testing and piloting

The survey questionnaire was cognitively pre-tested prior to its administration with a cross-section of respondents representing various ages, genders and ethnicities. The pre-testing was completed by the Researchers responsible for the survey on a face-to-face basis with eight respondents. A 'double-back' method was used, whereby the survey questionnaire was administered as if in an interview situation and then the Researchers double-backed with respondents to test their



comprehension of the questions being asked to check the flow of the interview and to obtain an indication of how long the final interviews were likely to take.

Following the pre-testing, the survey was scripted into our Computer Assisted Telephone Interview (CATI) platform, tested for its technical integrity and then piloted with a random sample of n=83 adults. The purpose of the piloting was to check that the survey script had been correctly programmed and that the average length of the interviews was within the intended 15 minute timeframe.

All pilot interviews were completed by a small team of our most experienced interviewers, each of whom was personally briefed by the Research Director responsible for the survey. Following the pilot, a debrief was held with the interviewers to discuss any potential issues or improvements that might be needed. This feedback was then reported back to HPA, together with a small number of minor suggestions as to how the questionnaire could be improved.

HPA also requested changes to the questionnaire at this point. Due to the nature of the changes following the pilot, the data from the n=83 pilot interviews was not included in the final analysis. That is, they were excluded from the final sample of n=850 respondents.

### 3.3 Collection method

All interviewing was conducted from Research New Zealand's purpose-built call centre between 26 February and 19 March 2013. This call centre operates on a state-of-the-art CATI platform five days a week from 9.00 AM to 9.00 PM (and weekends as required).

The interviewing team was personally briefed by the Research Director responsible for the survey.

In order to gauge the general percentage of adult New Zealanders who have experienced or been exposed to gambling harm, the initial n=500 respondents interviewed were recruited on a random basis (i.e. regardless of their gambling experience or exposure to gambling harm). A demographic profile of these respondents is provided in Appendix B.

Interviewing then continued until the quota (of n=500) for those who had not been exposed to or experienced gambling harm was filled. Qualifying criteria were then applied in order to oversample respondents who had experienced gambling harm (based on their responses to Questions 3 and 4 in the survey questionnaire). Over-sampling of this key audience was necessary in order to ensure a sufficient sub-sample size for analysis purposes. All respondents in the study were selected randomly from a household using RDD methodology and by the CATI programme randomly specifying whether the interviewer was to ask for the oldest (or youngest), male (or female).

As a result, the final sample of n=850 respondents consisted of n=350 respondents who had experienced or been exposed to gambling harm and n=500 respondents who had not.

Overall, the average interview length was 11 minutes and 12 seconds. The average interview length for those who had experienced or been exposed to gambling harm was 13 minutes and 30





seconds, whilst those who had not experienced harm completed the shorter version of the survey which took an average of 8 minutes and 50 seconds to complete.

Once selected, a minimum of five attempts were made to contact and interview respondents (on different days and at different times) in order to secure an interview. In total, 41,179 phone calls were made before the final quotas of n=350 respondents who had experienced or been exposed to gambling harm and n=500 respondents who had not, were met.

Interviewers were supervised at all times and as required by the Interviewer Qualification Standard (IQS)<sup>1</sup>; a minimum of 5% of each interviewer's work was intercepted for quality improvement purposes. Research New Zealand has held its IQS accreditation for 12 consecutive years.

Another 5% of all completed interviews were verified by re-contacting respondents and asking them to repeat a subset of questions from the original interview.

### 3.4 Response rate

The response rate based on the initial random sample of n=500 respondents was 36.7%.

A survey's response rate is the result of dividing the number of people who were interviewed by the total number of people in the sample who were eligible to participate and should have been interviewed (including those whom it was not possible to contact).

$$\text{Eligibility Rate (ER)} = \frac{\text{Eligible}}{\text{Eligible (E) + Ineligible (I)}}$$

Estimated Eligibility (EE): ER x Unknown (U)

$$\text{Response Rate (RR)}: \frac{\text{Interviews Completed}}{\text{E} + \text{EE}}$$

We can assume that the overall response rate based on the final achieved sample of n=850 respondents would be lower than 36.7% due to the introduction of the quotas. However, we cannot accurately calculate the final response rate as we do not know how many of the households who

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<sup>1</sup> The Interviewer Qualification Standard (IQS) was developed by the Association of Market Research Organisations of New Zealand. It covers all aspects considered important in successfully operating a research call centre, including the recruitment and training of interviewers, their supervision, their ongoing training and the use and storage of data provided by both clients and respondents. IQS is independently audited every two years.



refused to participate were actually eligible (i.e. who met the eligibility criteria of having experienced or been exposed to gambling harm).

Below is a summary of the survey outcomes for the total sample:

Ineligible	14725
Invalid/disconnected number	9168
Business	1357
Quota filled	1635
Failed 'harm' quota	1270
Failed age quota	1295
Eligible	3106
Completed interviews	850
Respondent refusal	2256
Unknown	8113
Randomly selected respondent not available during survey period	1505
Answer machine	605
No answer	2112
Household refusal	3577
Language barrier	314

### 3.5 Data preparation

The main analysis variable was based on respondents' reported experience or exposure to gambling harm. This variable was developed in order to categorise respondents into one of two sub-groups; those who had experienced or been exposed to gambling harm and those who had not. Respondents who answered in the affirmative to any one of the following situations were classified as having experienced or been exposed to gambling harm:

- u Their gambling, or someone else's, had at some stage over their lifetime had a significant negative impact on them.
- u Someone close to them, like a friend or family member, had had a day in the last 12 months where they spent too much time or money on gambling.
- u They personally had a day in the last 12 months where they felt they spent more time or money gambling than they meant to.
- u They, or someone close to them, had to go without something they needed or some bills weren't paid because too much was spent on gambling by another person.



- u They, or someone close to them, had had an argument in the last 12 months about time or money spent on gambling.

Although ethnicity data was originally captured as a multiple response variable (reflecting the approach used in the Census), it was collapsed into a single response variable for analysis purposes.

Respondents were allocated to a single ethnic group based on the ethnicities they identified with in the prioritised<sup>2</sup> order of Māori, Pacific peoples, Asian and European/Other (Ministry of Health 2004). For example, if someone identified as being Chinese and Māori, under the prioritised ethnic group method, they were classified as Māori. As a result, those who are prioritised as European/Other effectively represent non-Māori, non-Pacific, and non-Asian people.

Another derived variable was created in order to measure overall awareness of the campaign advertising. This was created by combining unprompted mention of each of the three Kiwi Lives advertisements (Question 8) with prompted awareness of the three advertisements (Question 12).

### 3.5.1 Weighting

In the absence of population data for adults in New Zealand who have experienced gambling related harm, the survey data has not been weighted. This means that we are not able to state with certainty that the two sub-groups are representative of the population groups in question (i.e. those who had experienced or been exposed to gambling harm and those who had not). However, the randomised selection method helps to ensure some confidence regarding the national representativeness of the sample.

### 3.5.2 Analysis

As a result of the over-sampling of those who have experienced or been exposed to gambling harm and the fact that the survey data is not weighted, the survey results cannot be examined on a total sample basis (i.e. based on the total sample of n=850 respondents).

Therefore, throughout most of this report, the results have been analysed<sup>3</sup> and reported separately for the two sub-groups: those who have experienced or been exposed to gambling harm and those who have not. Chi-square tests (at a 0.05 level of significance), were run to analyse any potential differences between the two harm groups and within each of them (i.e. sub-groups of each harm group).

A demographic profile of the two sub-groups of interest are presented in Table 1 overleaf using the following variables:

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<sup>2</sup> Prioritisation is a method outlined in the Ethnicity Data Protocols for the Health and Disability Sector as a useful method for grouping people into independent ethnic groups for analysis (Ministry of Health 2004).

<sup>3</sup> All analysis was completed using PASW Statistics 18 software.



- Gender (male, female).
- Age (18-24, 25-34, 35-44, 45-54, 55-64 years).
- Prioritised ethnicity (Māori, Pacific, Asian, New Zealand European/Other).
- Income (annual household income of less than \$30,000, \$30,000 to less than \$70,000, \$70,000 to \$150,000, more than \$150,000).

Table 1: Key analysis sub-groups

	Respondents who had experienced or been exposed to gambling harm		Respondents who had <u>not</u> experienced or been exposed to gambling harm	
	Count of respondents n=350	Unweighted %	Count of respondents n=500	Unweighted %
<b>Harm</b>				
Experienced or been exposed to gambling harm	350	100	0	0
Have not experienced or been exposed to gambling harm	0	0	500	100
<b>Gender</b>				
Male	195	56	229	46
Female	155	44	271	54
<b>Age*</b>				
18-24 years	55	16	41	8
25-34 years	75	21	73	15
35-44 years	89	25	139	28
45-54 years	92	26	177	35
55-64 years	39	11	68	14
<b>Ethnicity (prioritised)</b>				
Māori	60	17	40	8
Pacific	84	24	21	4
Asian	22	6	44	9
NZ European/Other	184	53	395	79
<b>Household income</b>				
Less than \$30,000 per annum	47	13	36	7
\$30,000 to less than \$70,000	122	35	156	31
\$70,000 to \$150,000	116	33	190	38
More than \$150,000	21	6	58	12
Don't know/Refused	44	13	60	12
<b>Total sample</b>	<b>350</b>	<b>100</b>	<b>500</b>	<b>100</b>

\*Two of the respondents classified as not having experienced or been exposed to gambling harm refused to disclose their age.



## 4.0 Gambling participation and exposure to harm from gambling

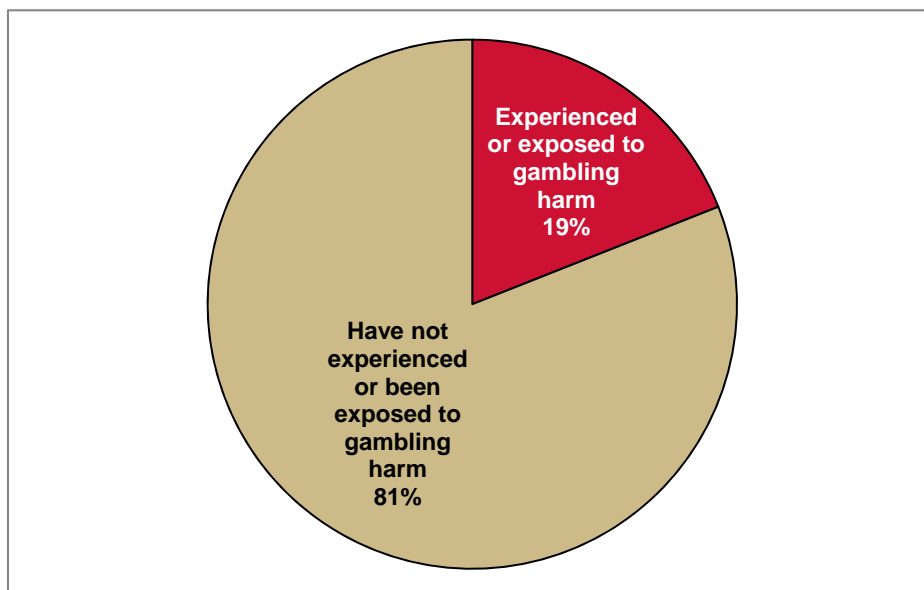
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The following section examines respondents' gambling experiences related to gambling participation and exposure to harm from gambling.

### 4.1 Gambling experience

One in five of the initial random sample of n=500 respondents<sup>4</sup> (19%<sup>5</sup>) was classified as having experienced or been exposed to gambling harm, either as a result of their own gambling behaviour or someone close to them (Figure 1).

Figure 1: Extent to which the initial random sample of n=500 adults were classified as having been affected or exposed to gambling harm



\*Based on first 500 respondents.

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<sup>4</sup> The first 500 interviews were conducted on a purely random basis to estimate the prevalence of gambling harm. Qualifying criteria was later introduced to reach set quotas, based on whether or not the respondent had experienced or been exposed to gambling harm, or not.

<sup>5</sup> As the first 500 interviews were conducted on a random basis, the proportions of males, Māori, and Pacific peoples in this sample are slightly under-represented, therefore the actual harm prevalence amongst New Zealand's general population may be higher than 19%.



In order to make the above classification, respondents were asked about two types of gambling harm that they may have been exposed to or experienced:

- harm that occurred in the last 12 months
- harm that had a significant negative impact on them at any point over their lifetime (either in the last 12 months or at any time before that)

Since the goal of the Kiwi Lives Ill campaign is to target those who may be exposed to or experiencing harm from someone else's gambling and to encourage them to do something about it *before* the situation becomes severe, the first set of questions asks about gambling harm experienced in the last 12 months.

It was recognised, however, that the ads may still be relevant to those who had *ever* experienced gambling harm over their lifetime, since that experience may continue to have a lasting impact on them. Respondents were therefore also asked about this kind of experience. This group of people may be a potential secondary audience of the campaign, as they may be receptive to the idea of talking with someone about their gambling.

Combining these two question types, respondents were classified as having experienced or been exposed to gambling harm on the basis that at least one of the following applied to them:

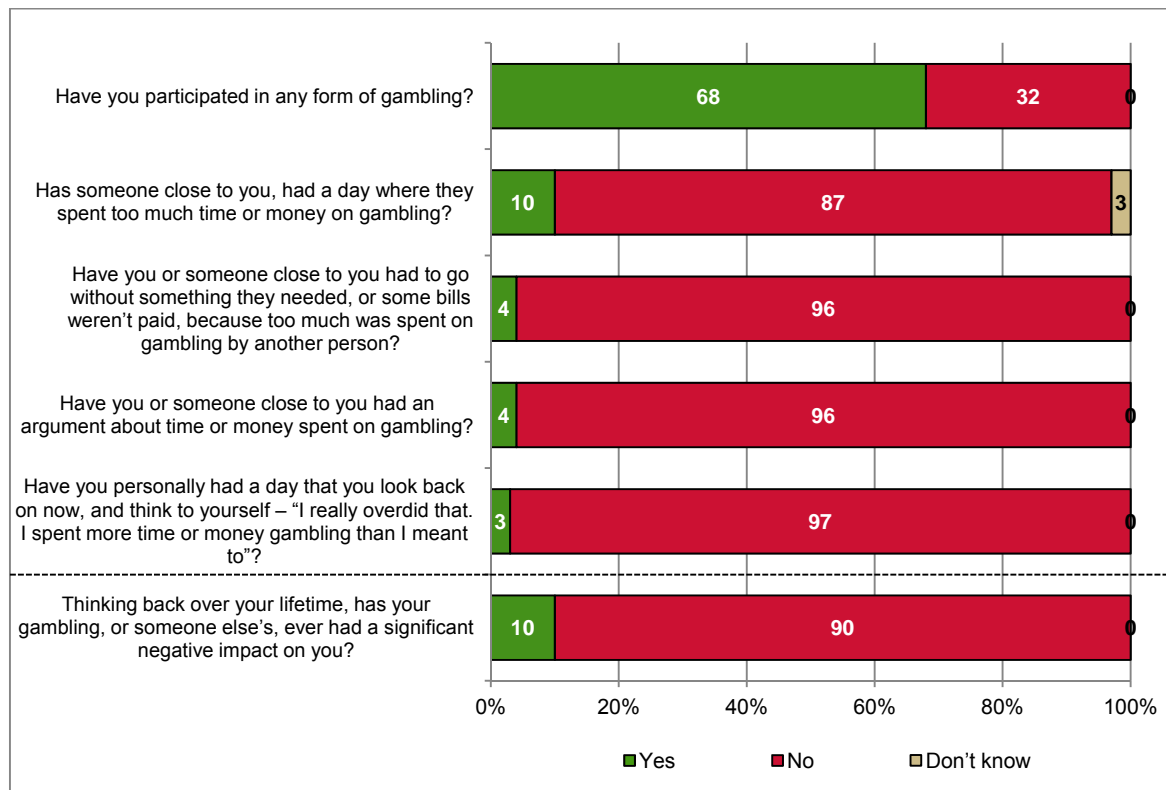
- ⋮ Someone close to them, like a friend or family member had had a day in the last 12 months where they spent too much time or money on gambling.
- ⋮ They personally had a day in the last 12 months where they felt they spent more time or money gambling than they meant to.
- ⋮ They, or someone close to them, had to go without something they needed, or some bills weren't paid because too much was spent on gambling by another person.
- ⋮ They, or someone close to them, had had an argument in the last 12 months about time or money spent on gambling.
- ⋮ Their gambling, or someone else's, had at some stage over their lifetime had a significant negative impact on them.

The extent to which each of the above-mentioned situations applied to the initial random sample of n=500 adults is presented in Figure 2 below. Also shown is the extent to which these respondents reported having personally participated in any form of gambling.

Note that the first five activities relate to respondents' behaviour or experiences over the last 12 months, while the final question asked respondents to think back over their lifetime.



Figure 2: Gambling experience and behaviour of the initial random sample of n=500 adults



\*Based on first 500 respondents.

### Own participation in gambling activities

As shown in Figure 2 above, two-thirds of the initial random sample of n=500 adults reported having personally participated in some form of gambling over the last 12 months (68%). This included anything from having bought a Lotto ticket to playing on a poker machine or placing a bet on a sporting event. The purpose of the question, however, was to serve as a warm-up to the survey; it is not intended to represent an indication of gambling participation on a population level.

The following sub-groups were more likely to report having participated in gambling activity:

- u Respondents in the older age groups (e.g. 76% of respondents aged 55-64 and 74% of those aged 45-54 had participated in gambling compared with 39% of those aged 18-24).
- u There were no significant differences by gender or income<sup>6</sup>.

<sup>6</sup> The sub-sample sizes for Pacific (n=22), Asian (n=37) and Māori (n=48) are relatively small within the initial random sample of n=500. Therefore, comparisons based on ethnicity have not been made in relation to this particular area of questioning.



## Personally spent more time or money gambling than intended

Although most respondents took part in some form of gambling activity, only 3% of the initial random sample of n=500 respondents reported having had a day over the last 12 months where they felt they had spent more time or money gambling than they meant to.

The sub-groups most likely to report that they had spent more time or money on gambling than intended were:

- Respondents in lower income households were more likely to have reported this (e.g. 13% of respondents with an annual household income of less than \$30,000 compared with 0% of those with a household income of more than \$150,000 per annum).
- There were no significant differences by age or gender.

## Someone close spent more time or money gambling than intended

10% of the initial random sample of n=500 respondents reported that, in the last 12 months, someone close to them had had a day when they spent more time or money on gambling than they intended to.

The sub-groups most likely to report that someone close to them had spent more time or money on gambling than intended were:

- Those in lower to middle income households (e.g. 15% of respondents with an annual household income of less than \$30,000 and 14% of those with a household income of \$70,000 to \$150,000 compared with 2% of those with household incomes of more than \$150,000).
- There were no significant differences by age or gender.

## Had to go without because of someone's gambling

4% of the initial random sample of n=500 respondents reported that they themselves, or someone close to them, had to go without something or some bills were not paid as a direct result of someone's gambling activity.

The following sub-groups were more likely to report this:

- Those in lower income households (e.g. 15% of respondents with an annual household income of less than \$30,000 compared with 2% of those with a household income of \$30,000 to \$70,000 per annum).
- There were no significant differences by age or gender.





## Arguments about time or money spent on gambling

4% of the initial random sample of n=500 respondents reported that they themselves, or someone close to them, had had an argument about time or money spent on gambling.

The following sub-groups were more likely to report this:

- Those in those the younger age groups (7% of respondents aged 18-24 and 11% of those aged 25-34, compared with 2% of those aged 35-44 and 2% of those aged 45-54).
- There were no significant differences by gender or income.

## Ever been significantly negatively impacted through gambling

Regardless of their experiences over the past 12 months, all respondents were asked if they had ever been significantly affected by gambling. Of the initial random sample of n=500 respondents, one-in-ten (10%) reported that, over their lifetime, their gambling (or someone else's) had had a significant negative impact on them.

The following sub-groups were more likely to report having been significantly impacted through their own (or someone else's) gambling:

- Respondents aged 25-34 (20%, compared with 5% of respondents aged 18-24, 9% of those aged 35-44 and 8% of those aged 45-54).
- Lower income households (12% of respondents with an annual household income of \$30,000 to \$70,000 compared with 4% of those with a household income of more than \$150,000 per annum).
- There were no significant differences by gender.

As discussed above, respondents were asked about two types of gambling harm that they may have been exposed to or experienced: 1) more recent harm experienced in the last 12 months and 2) harm that occurred at any time over their lifetime. Assessing the responses to both question types gives an indication of the validity of the 'recent harm' question scale, in that a sizable proportion of those classified as having been exposed to or experienced gambling harm in the last 12 months should theoretically report that someone's gambling has had a significant, negative impact on them.



Table 2: Extent to which those who have experienced gambling harm in their lifetime were also classified as having been exposed to or experienced harm in the last 12 months

	<u>Experienced significant negative impact from gambling over lifetime</u>		<b>Total n=</b>
	<b>Yes n=</b>	<b>No n=</b>	
<u>Experienced recent harm (last 12 months)</u>			
Yes	116	148	<b>264</b>
No	86	500	<b>586</b>
<b>Total</b>	<b>n=202</b>	<b>n=648</b>	<b>n=850</b>

A total of n=116 respondents reported having experienced or been exposed to gambling harm in the last 12 months and reported that they had ever been significantly negatively impacted by someone's gambling over their lifetime. This equates to a third (33%) of the harm group. In particular:

- 44% (116/264) of those who had experienced or been exposed to gambling harm in the last 12 months also reported that they had been significantly negatively impacted by someone's gambling.
- 57% (116/202) of those who reported that they had been significantly negatively impacted by someone's gambling had experienced or been exposed to gambling harm in the last 12 months.

#### 4.1.2 Defining behaviour and experiences of those who have been affected or exposed to gambling harm

Following the first stage of interviewing (with the initial random sample of n=500 adults), interviewing then continued until the quota (of n=500) for those who had not been exposed to or experienced gambling harm was filled. Qualifying criteria were then applied in order to reach the second quota of n=350 respondents who had experienced gambling harm. This was necessary in order to ensure a sufficient number of those who had experienced or been exposed to gambling harm would be available for analysis purposes.

The final achieved sub-sample of n=350 respondents who had experienced or been exposed to gambling harm, were classified as such on the basis that at least one of the following applied to them (Figure 3):

- Their gambling, or someone else's, had at some stage over their lifetime, had a significant negative impact on them (58%).
- Someone close to them, like a friend or family member had had a day in the last 12 months where they spent too much time or money on gambling (55%).

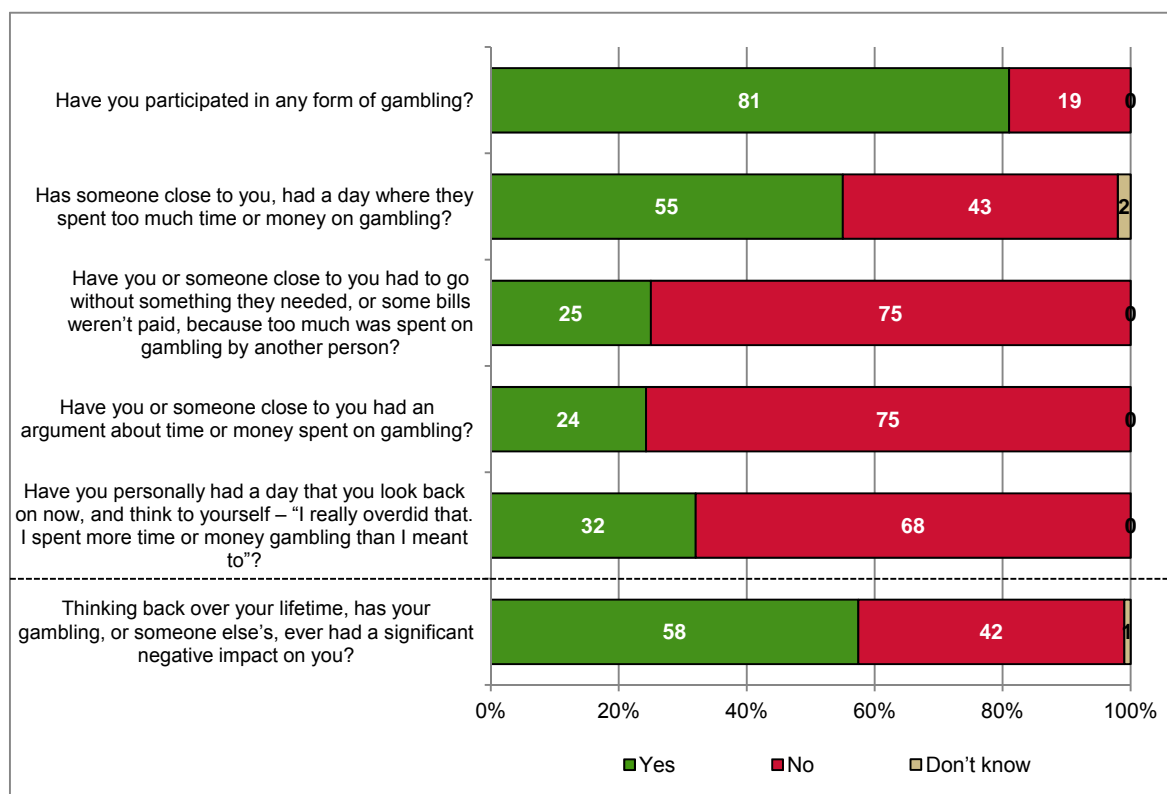


- They personally had a day in the last 12 months where they felt they spent more time or money gambling than they meant to (32%).
- They, or someone close to them, had to go without something they needed, or some bills weren't paid because too much was spent on gambling by another person (25%).
- They, or someone close to them, had had an argument in the last 12 months about time or money spent on gambling (24%).

The following behaviours and experiences are of particular relevance to this sub-sample:

- 81% had personally participated in some form of gambling in the past 12 months.
- 75% had experienced or been exposed to gambling harm within the past 12 months.
- 25% had experienced or been exposed to gambling harm, but not within the past 12 months.

Figure 3: Behaviour and experience of those who have been affected or exposed to gambling harm



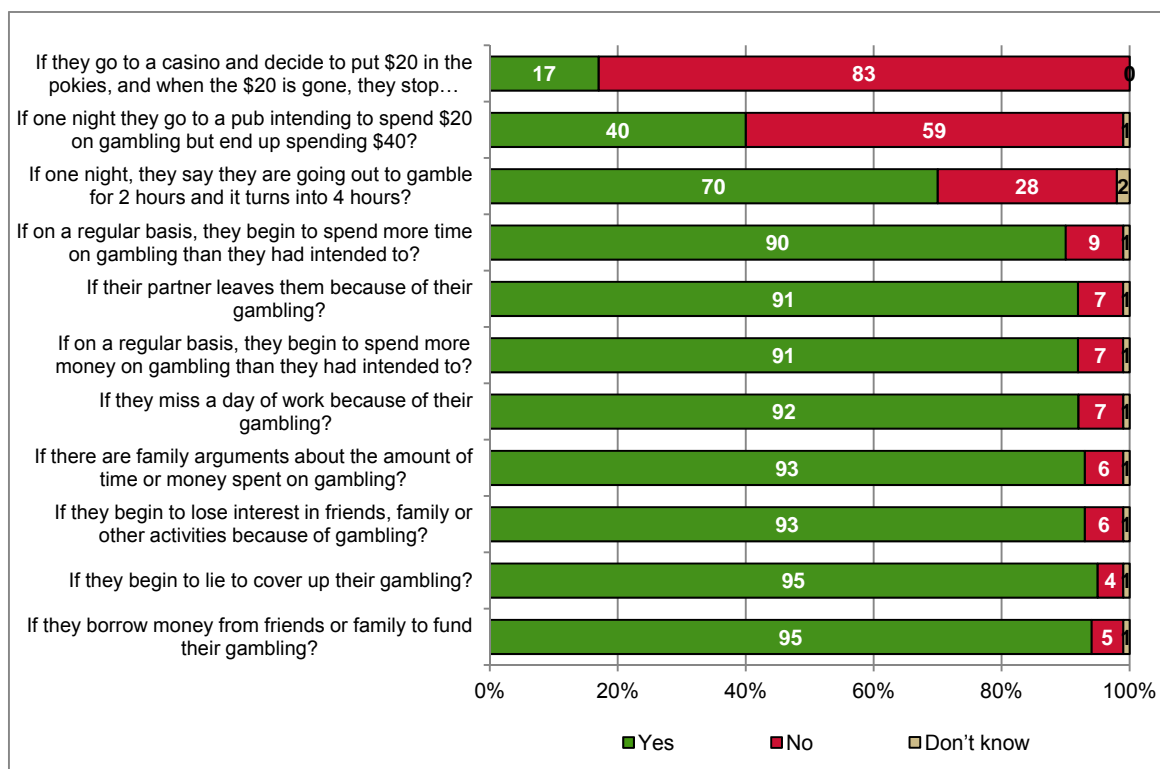
\*Sub-sample (n=350) based on those who had experienced or been exposed to gambling harm.



## 4.2 Risk perception and willingness/likelihood to intervene

Figure 4 below shows the types of scenarios or situations in which all those who had experienced or been exposed to gambling harm were likely to become concerned enough to take action in relation to someone else's gambling. The intent of the question set was to ascertain which behaviours were perceived as signs of potentially risky gambling and the likelihood of intervening for each. 'Taking action' was defined as 'doing things like ringing the gambling helpline or talking to someone about your concern'.

Figure 4: Situations in which those who had experienced or been exposed to gambling harm would likely intervene in relation to someone else's gambling



\*Sub-sample (n=350) based on those who had experienced or been exposed to gambling harm.

The vast majority (at least 90%) of those who had experienced or been exposed to gambling harm reported that they would take some form of action in most of the given situations. The specific scenarios in which they were especially likely to act were as follows:

- If someone close to them was borrowing money from friends or family to fund their gambling activities (95%).
- If they began to lie to cover up their gambling (95%).
- If they began to lose interest in friends, family or other activities because of gambling (93%).



- u If there were family arguments about the amount of time or money spent on gambling (93%).

However, they were less inclined to act if someone close to them spent four hours gambling when they originally only intended to spend two hours gambling (70%).

Those most likely to act in this particular situation were:

- u Respondents in younger age groups (80% of respondents aged 18-24, 76% of those aged 25-34 and 72% of those aged 35-44 compared with 57% of those aged 45-54).
- u Those in lower income households (74% of respondents with an annual household income of less than \$30,000 and 73% of those with an annual household income of \$30,000 to \$70,000 compared with 59% of those with an annual household income of \$70,000 to \$150,000).
- u Pacific people and Māori were more likely to act in this regard, compared with those of European/other ethnicities (82% and 75% respectively compared with 62% of those of European/other ethnicities).

40% of those who had experienced or been exposed to gambling harm reported that they would act if someone close to them went to a pub intending to spend \$20 on gambling, but ended up spending \$40.

The specific groups most likely to intervene in this particular situation were:

- u Respondents aged 18-24 (62% compared with 39% of those aged 25-34, 34% of those aged 35-44 and 32% of those aged 45-54).
- u Those with an annual household income of less than \$70,000 per annum (53% of respondents with an annual household income of less than \$30,000 and 43% of those with an annual household income of \$30,000 to \$70,000 compared with 28% of those with a household income of \$70,000 to \$150,000 per annum).
- u Pacific people were more likely to report this compared with Māori and those of European/other ethnicities (62% compared with 40% of Māori and 28% of those with European/other ethnicities).

Of all the given scenarios, respondents were least likely to act if someone close to them went to a casino intending to put \$20 in the pokies and then left when that \$20 was gone (17%).

Those more likely to take action in this particular situation were:

- u Respondents aged 18-34 (24% of respondents aged 18-24 and 21% of respondents aged 25-34 compared with 10% of those aged 35-44 and eight% of those aged 55-64).



- Those in lower income households (32% of respondents with an annual household income of less than \$30,000 compared with 10% of those with an annual household income of \$70,000 to \$150,000).
- Pacific respondents were more likely to report this compared with those of European/other ethnicities (25% compared with 9%).

#### 4.2.1 Ethical and legal responsibility of gambling venues to prevent gambling harm

All respondents were asked to consider whether they believed that gambling venues had an ethical or legal responsibility to prevent their customers' gambling behaviour from becoming harmful. Results are presented for respondents who had experienced or been exposed to gambling harm and those who had not.

Respondents who had experienced or been exposed to gambling harm were significantly more likely to believe that gambling venues have both an ethical and legal obligation to help moderate their customers' gambling behaviour.

##### Respondents who had experienced or been exposed to gambling harm

The majority of respondents who had experienced or been exposed to gambling harm believed that gambling venues did have an ethical responsibility with regard to their customers' gambling behaviour. More specifically, 79% felt that venues with poker machines should do something to prevent their customers' gambling from becoming harmful (Figure 5 overleaf).

The following sub-groups of those who had experienced or been exposed to gambling harm were more likely to report that gambling venues should do something to prevent harmful gambling:

- Respondents aged 25-35 (85%, compared with 69% of those aged 18-24).
- Females (85% compared with 75% of males).
- Māori were more likely to report this compared with those of European/other ethnicities (88% compared with 77%).
- There were no significant differences by income.

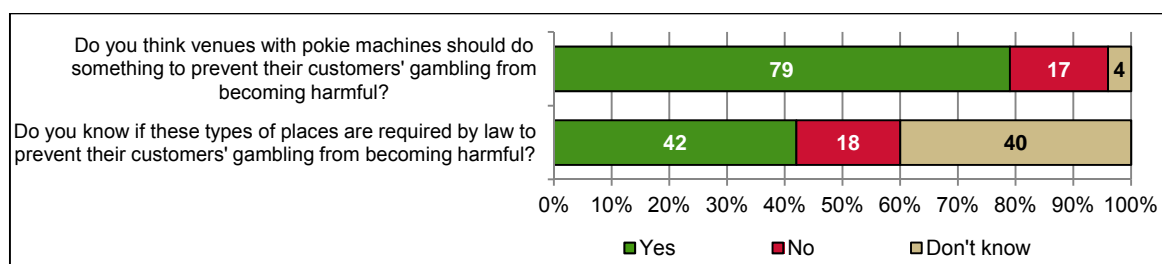
42% of respondents who had experienced or been exposed to gambling harm also reported that venues with poker machines had a legal responsibility to prevent their customers' gambling from becoming harmful. An equal proportion (40%) reported that they were unsure if this was a legal requirement or not.



Those more likely to report that gambling venues were required by law to prevent harmful gambling were:

- Respondents aged 45-54 (53% compared with 33% of respondents aged 18-24 and 33% of those aged 55-64).
- There were no significant differences by gender, ethnicity or income.

Figure 5: Perceived ethical and legal responsibility of gambling venues – based on those who have experienced or been exposed to gambling harm



\*Sub-sample (n=350) based on those respondents who had experienced or been exposed to gambling harm.

### Respondents who had not experienced or been exposed to gambling harm

Three-quarters (73%) of respondents who had not experienced or been exposed to gambling harm felt that gambling venues should do something to prevent their customers' gambling from becoming harmful (Figure 6). There were no significant differences by age, gender, ethnicity or income.

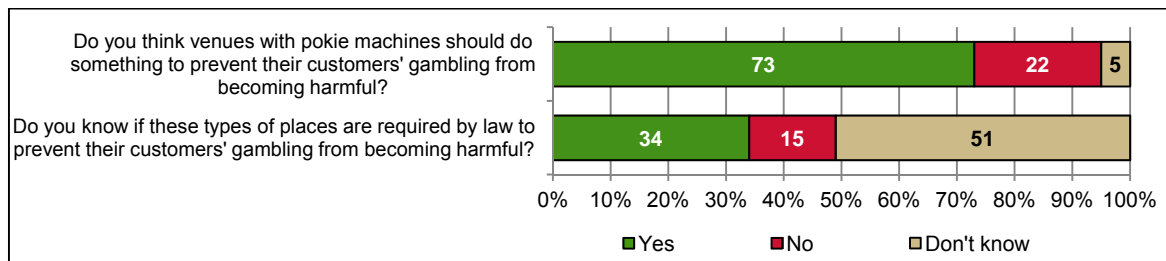
One-third (34%) of these respondents also reported that venues with poker machines had a legal responsibility to prevent their customers' gambling from becoming harmful. One-half were unsure if this was a legal requirement or not (51%).

The following sub-groups of respondents who had not experienced or been exposed to gambling harm were more likely to report that gambling venues were required by law to prevent harmful gambling:

- Those over 25 years of age (41% of respondents aged 55-64, 38% aged 45-54, 33% aged 35-44 and 27% aged 25-34 compared with 12% of those aged 18-24).
- Males (42% compared with 27% of females).
- Those with higher household incomes (48% of respondents with an annual household income of more than \$150,000 compared with 28% of those with an annual household income of less than \$30,000).
- There were no significant differences by ethnicity.



Figure 6: Perceived ethical and legal responsibility of gambling venues – based on those who have not experienced or been exposed to gambling harm



\*Sub-sample (n=500) based on those respondents who had not experienced or been exposed to gambling harm.





## 5.0 Awareness and impact of the Kiwi Lives III campaign

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This section evaluates the awareness and impact of the Kiwi Lives III campaign.

Respondents were asked a series of questions in order to measure their awareness, understanding and perceived relevance of the Kiwi Lives III campaign.

Awareness of the campaign was measured in three stages. Respondents were initially asked if they could recall seeing or hearing any advertising about how gambling can be harmful. Those who could recall seeing or hearing something in this regard were asked to describe what it was that they had seen or heard in order to confirm that they were, in fact, referring to the Kiwi Lives campaign. Following this, respondents were prompted to see if they could recall the three “Choice not Chance” television advertisements.

The results are presented for respondents who had experienced or been exposed to gambling harm and those who had not.

### 5.1 Campaign awareness

General awareness of (any) advertising relating to gambling harm

Similar numbers of respondents (regardless of extent to which they had experienced or been exposed to gambling harm) recalled seeing or hearing some form of advertising about how gambling can be harmful.

#### **Respondents who had experienced or been exposed to gambling harm**

Most respondents (82%) who had experienced or been exposed to gambling harm reported that they had recently seen or heard some form of advertising about how gambling can be harmful. Note that, at this stage, it was unconfirmed as to whether or not these respondents were actually referring to the Kiwi Lives campaign.

There were no significant differences in this regard by age, gender, ethnicity or income.

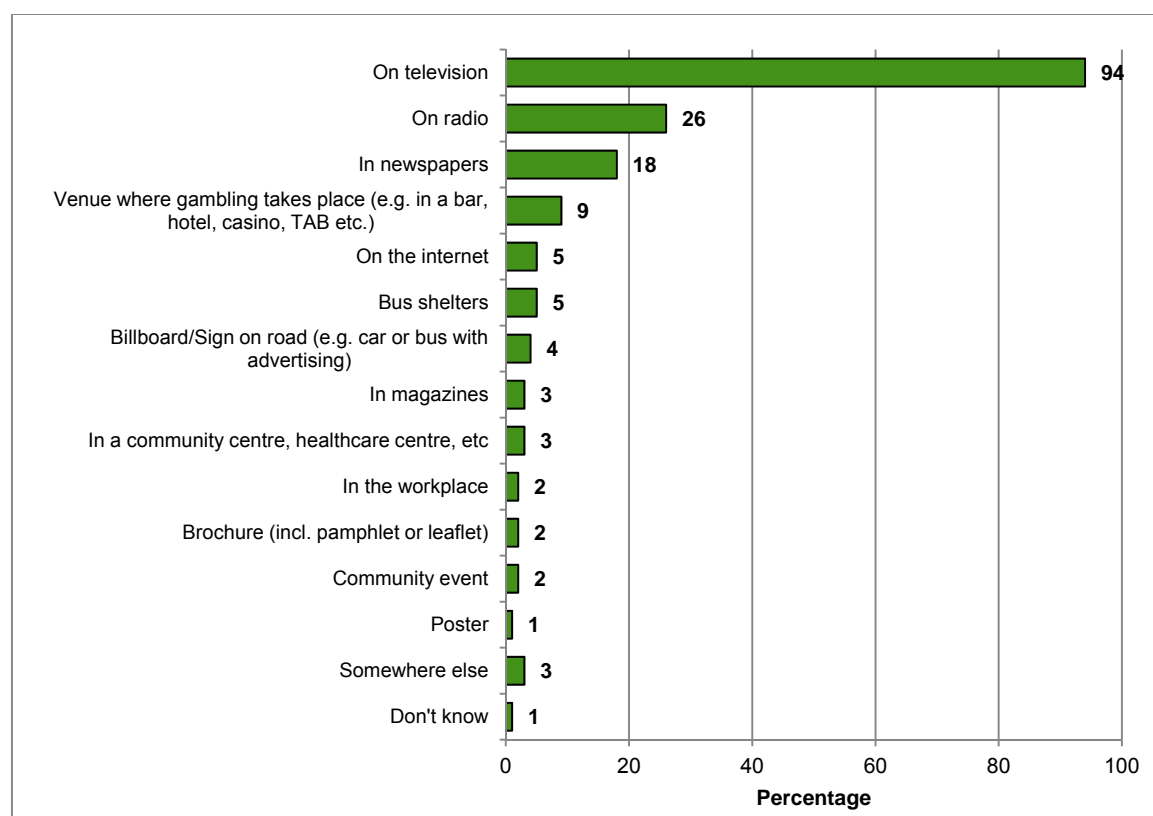
The vast majority of those who recalled recent advertising about gambling harm reported seeing this advertising on television (94%). Smaller proportions mentioned that they had heard the advertising on the radio (26%) and/or seen something in the newspaper (18%), or at a venue where gambling takes place (9%) (see Figure 7 overleaf).



The following sub-groups of these respondents were more likely to have seen or heard advertising relating to gambling harm, through specific communication channels:

- Respondents in younger age groups were more likely to report having heard advertising about gambling harm on the radio (33% of respondents aged 18-24, 41% of those aged 25-34 and 26% of those aged 35-44 compared with 10% of respondents aged 55-64). They were also more likely to report having seen advertising on the Internet (12% of respondents aged 18-24 and 8% of those aged 25-34 compared with 0% of respondents aged 55-64).
- Those aged 25-34 were more likely to report having seen advertising about gambling harm in a venue where gambling takes place (17% compared with 5% of those aged 18-24 and 4% of those aged 45-54).
- Males were more likely to recall having heard advertising about gambling harm on the radio (31% compared with 20% of females).
- There were no significant differences in this regard by ethnicity.

Figure 7: Communication channels through which respondents who had experienced or been exposed to gambling harm reported having seen or heard any advertising about gambling harm



\*Sub-sample (n=288) based on respondents who had experienced or been exposed to gambling harm and reported having seen or heard some form of advertising about harmful gambling.



### Respondents who had not experienced or been exposed to gambling harm

Most respondents (81%) who had not experienced or been exposed to gambling harm reported that they had recently seen or heard some form of advertising about how gambling can be harmful. Again, note that at this stage it was unconfirmed as to whether or not these respondents were referring to the Kiwi Lives campaign.

The following sub-groups of these respondents were more likely to report having seen or heard advertising about harmful gambling:

- Those with higher household incomes (87% of respondents with a household income of \$70,000 to \$150,000 per annum compared with 69% of those with an annual household income of less than \$30,000 and 77% of those with an annual household income of \$30,000 to less than \$70,000).
- Māori and those of European/other ethnicities were more likely to report this, compared with Asian respondents (85% and 83% respectively compared with 61% of Asian respondents).
- There were no significant differences in this regard by gender or age.

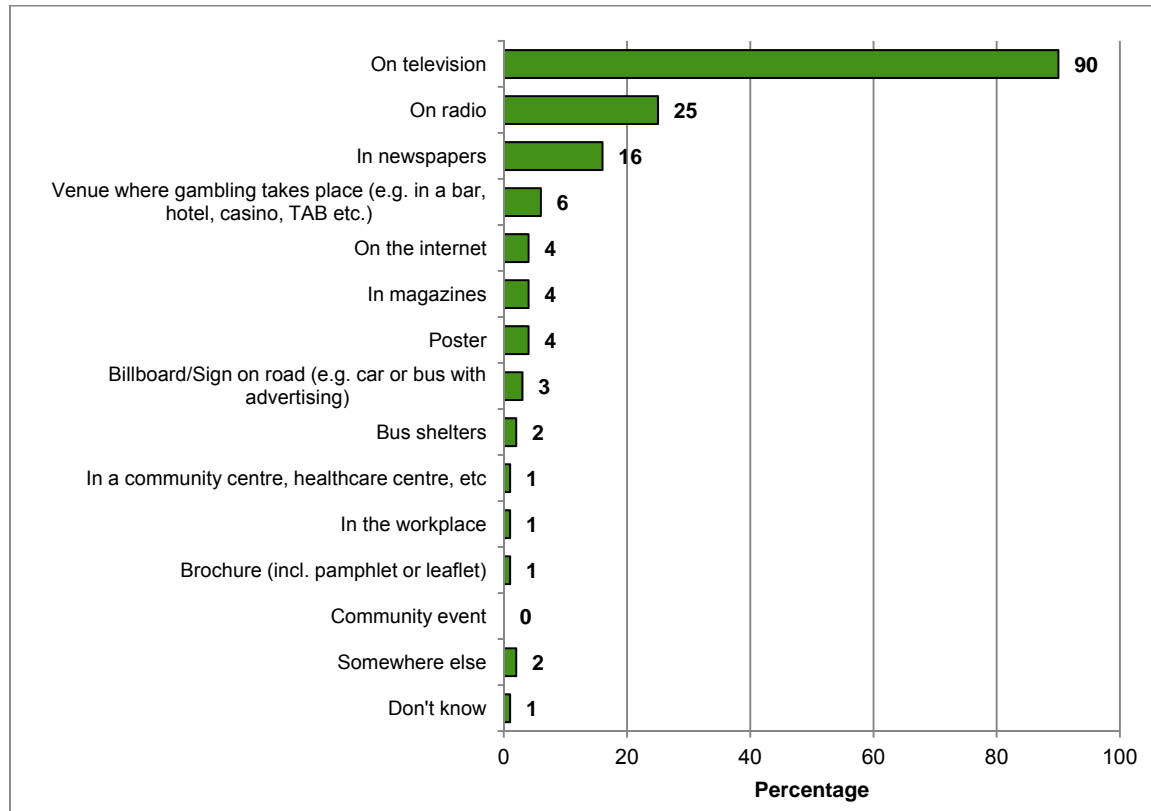
The majority (90%) of these respondents reported seeing this advertising on television. One-in-four respondents mentioned that they had heard the advertising on the radio (25%), while 18% reported they had seen something in the newspaper (see Figure 8).

The following sub-groups of these respondents were more likely to have seen or heard advertising about gambling harm through specific communication channels:

- Older respondents with no personal experience of gambling harm were more likely to report having seen advertising about how gambling can be harmful in the newspaper (23% of respondents aged 55-64 and 20% of those aged 45-54 compared with 3% of those aged 18-24).
- Māori were more likely to report having seen or heard advertising about harmful gambling on television, compared with those of European/other ethnicities (97% compared with 90%).
- There were no significant differences in this regard by gender or income.



Figure 8: Communication channels through which respondents who had not experienced or been exposed to gambling harm reported having seen or heard any advertising about gambling harm



\*Sub-sample (n=407) based on those respondents who had not experienced or been exposed to gambling harm and reported having seen or heard some form of advertising about harmful gambling.

## Awareness of the Kiwi Lives III campaign advertising

Respondents who reported seeing or hearing advertising about harmful gambling were asked to describe what it was they had seen or heard to determine whether or not they were actually referring to the Kiwi Lives III campaign. They were then read descriptions of the three Kiwi Lives advertisements in order to establish their overall awareness after prompting. Results are presented for respondents who had experienced or been exposed to gambling harm and those who had not.

Awareness of the three Kiwi Lives advertisements appears more pronounced amongst the campaign's target audience (i.e. those who have experienced or been exposed to gambling harm compared with those who have not). Respondents who had experienced or been exposed to gambling harm reported a significantly higher level of awareness of the campaign compared with those who had not experienced harm.



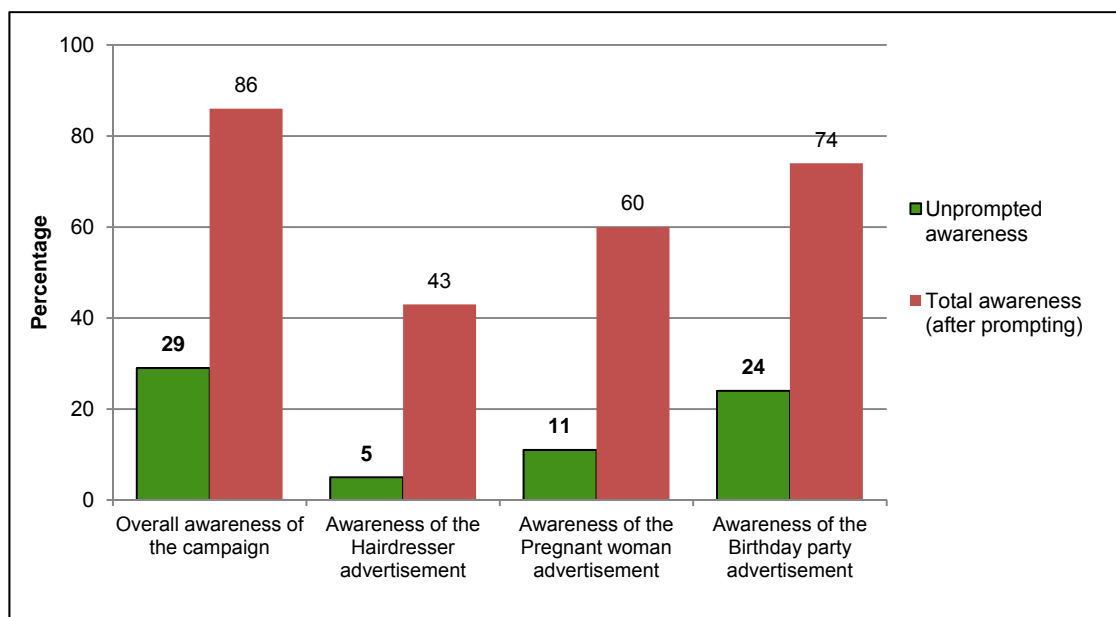
## Respondents who had experienced or been exposed to gambling harm

Of the three Kiwi Lives advertisements, the one that received the highest unprompted recognition amongst those who had experienced or been exposed to gambling harm, was that which involved the Pacific sister/daughter who missed her father's birthday party (24%). This was followed by 11% who described the advertisement with the pregnant woman and 5% who described the hairdresser advertisement.

Taken together, 29% of those who had experienced or been exposed to gambling harm were able to describe at least one of the Kiwi Lives III television advertisements on an unprompted basis (see Figure 9 below).

- Unprompted recall was highest amongst those in the younger age groups (32% of respondents aged 25-34, 32% of those aged 45-54, 31% of those aged 35-44 and 29% of those aged 18-24 could recall at least one of the advertisements compared with 10% of those aged 55-64).
- There were no significant differences by gender, ethnicity or income.

Figure 9: Unprompted and prompted awareness of Kiwi Lives III television advertisements – amongst those who had experienced or been exposed to gambling harm



\*\*Sub-sample (n=350) based on respondents who had experienced or been exposed to gambling harm.

Awareness of the campaign increased significantly after prompting. As shown in Figure 9 after being read a description of each of the three Kiwi Lives advertisements, overall awareness of the campaign increased to 86% (for those who had experienced or been exposed to gambling harm).



Prompted recall was highest in relation to the birthday party advertisement (74%), followed by 60% who were aware of the pregnant woman advertisement and 43% who recalled the hairdresser advertisement.

Overall awareness of the campaign was highest amongst Māori (93%) and those of European/other ethnicities (88%). Although also relatively high amongst Pacific people (81%), those of Asian ethnicities who had experienced or been exposed to gambling harm were the least likely to recall seeing any of the advertisements (68%).

The following sub-groups of these respondents were more likely to be able to recall specific advertisements:

- u Respondents in younger age groups were more likely to report that they were aware of the advertisement about the pregnant woman (68% of respondents aged 25-34 and 64% of those aged 35-44 compared with 44% of those aged 55-64).
- u Māori and those of European/other ethnicities were more likely to recall the advertisement about the sister/daughter missing her father's birthday party, compared with Pacific respondents (85% and 80% respectively, compared with 64% of Pacific respondents).
- u Older people were more likely to recall the advertisement about the hairdresser missing a client appointment (54% of respondents aged 55-64 compared with 33% of those aged 18-24).
  - u Respondents who identified as being of European/other ethnicities were also more likely to recall the advertisement about the hairdresser compared with Pacific respondents (48% compared with 35%).
  - u Respondents with an annual household income of \$30,000 to less than \$70,000 were also more likely to recall this advertisement (51%, compared with 36% of those with an annual household income of \$70,000 to \$150,000).

Respondents who had experienced or been exposed to gambling harm were also asked if they could recall the Kiwi Lives Ill campaign's key phrase, "Choice not Chance".

- u Approximately one-quarter (23%) reported having heard of the phrase. There were no significant differences in this regard by age, gender, ethnicity or income.
- u When those who recalled the phrase were asked to describe what they thought it meant, 66% described it as being about choosing not to gamble or that gambling is a choice. 15% of respondents reported that the phrase was about making a choice or making the right choice, while 14% reported that it meant not leaving things to chance. Significance testing within sub-groups was not performed due to the low base number of respondents.



### Respondents who had not experienced or been exposed to gambling harm

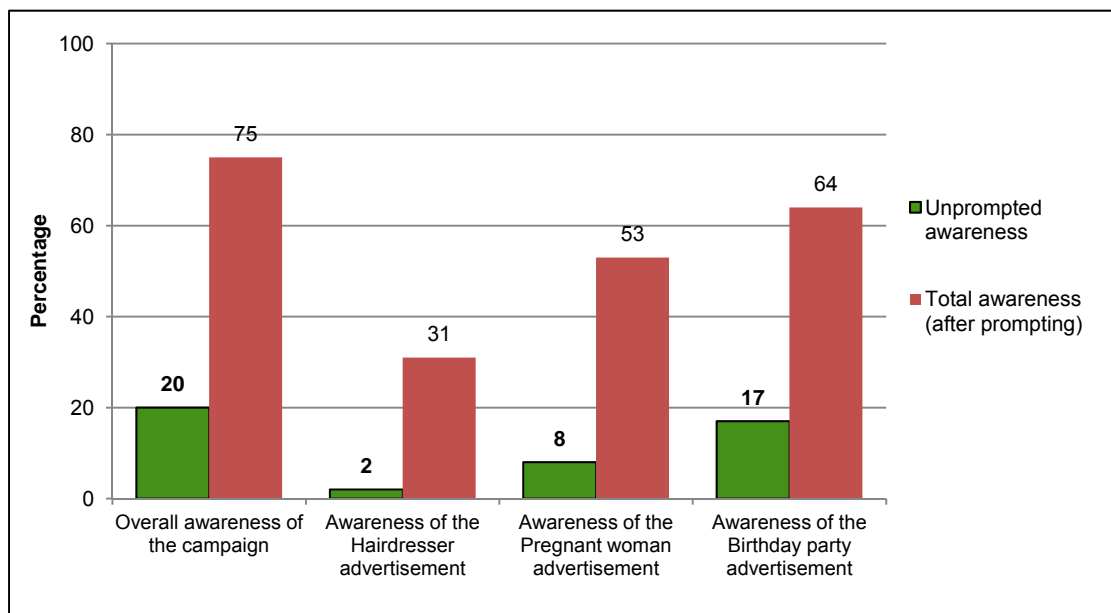
As was the case with the other sub-group, the advertisement which involved the Pacific sister/daughter who missed her father's birthday party also received the highest unprompted recognition amongst those who had not experienced or been exposed to gambling harm (17% of whom described this particular advertisement). Another 8% described the advertisement with the pregnant woman, while two percent described the hairdresser advertisement.

Taken together, 20% of those who had not experienced or been exposed to gambling harm were able to describe at least one of the Kiwi Lives III television advertisements on an unprompted basis (see Figure 10 below).

This unprompted recall of the Kiwi Lives advertisements was highest amongst the following sub-groups:

- Respondents aged 35-44 (28% mentioned at least one of the advertisements compared with 13% of those aged 55-64).
- Those of European/other ethnicities compared with Māori (23% compared with 10% of Māori).
- There were no significant differences by gender or income.

Figure 10: Unprompted and prompted awareness of Kiwi Lives III television advertisements – amongst those who had not experienced or been exposed to gambling harm



\*\*Sub-sample (n=500) based on all respondents who had not experienced or been exposed to gambling harm.



Again after prompting, awareness of the Kiwi Lives advertisements increased significantly, with 75% of respondents who had not experienced or been exposed to gambling harm able to recall at least one of the Kiwi Lives III advertisements (see Figure 10).

Those more likely to be able to recall at least one of the advertisements after prompting were:

- u Younger people (81% of respondents aged 25-34 and 78% of those aged 35-44 compared with 65% of those aged 55-64).
- u Those who identified with European/other ethnicities compared with Asian people (77% compared with 59% of Asian people).
- u There were no significant differences by gender or income.

Respondents who had not experienced or been exposed to gambling harm were also asked if they could recall the Kiwi Lives III campaigns key phrase, “Choice not Chance”.

- u 12% of these respondents could recall the phrase, with younger people more likely to do so (18% of respondents aged 25-34 compared with 6% of those aged 55-64). There were no significant differences by gender, ethnicity or income.
- u Two-thirds (69%) of those who recalled the phrase described it as being about choosing not to gamble or that gambling is a choice. One-third (30%) reported that it meant not leaving things to chance, while 11% mentioned that it was about making a choice or making the right choice. There were no significant differences by age, gender, ethnicity or income.

## 5.2 Key message recall

Respondents who were aware of at least one of the Kiwi Lives advertisements were asked to describe on an unprompted basis what they thought were the key messages of the advertising. Results are presented for respondents who had experienced or been exposed to gambling harm and those who had not.

### **Respondents who had experienced or been exposed to gambling harm**

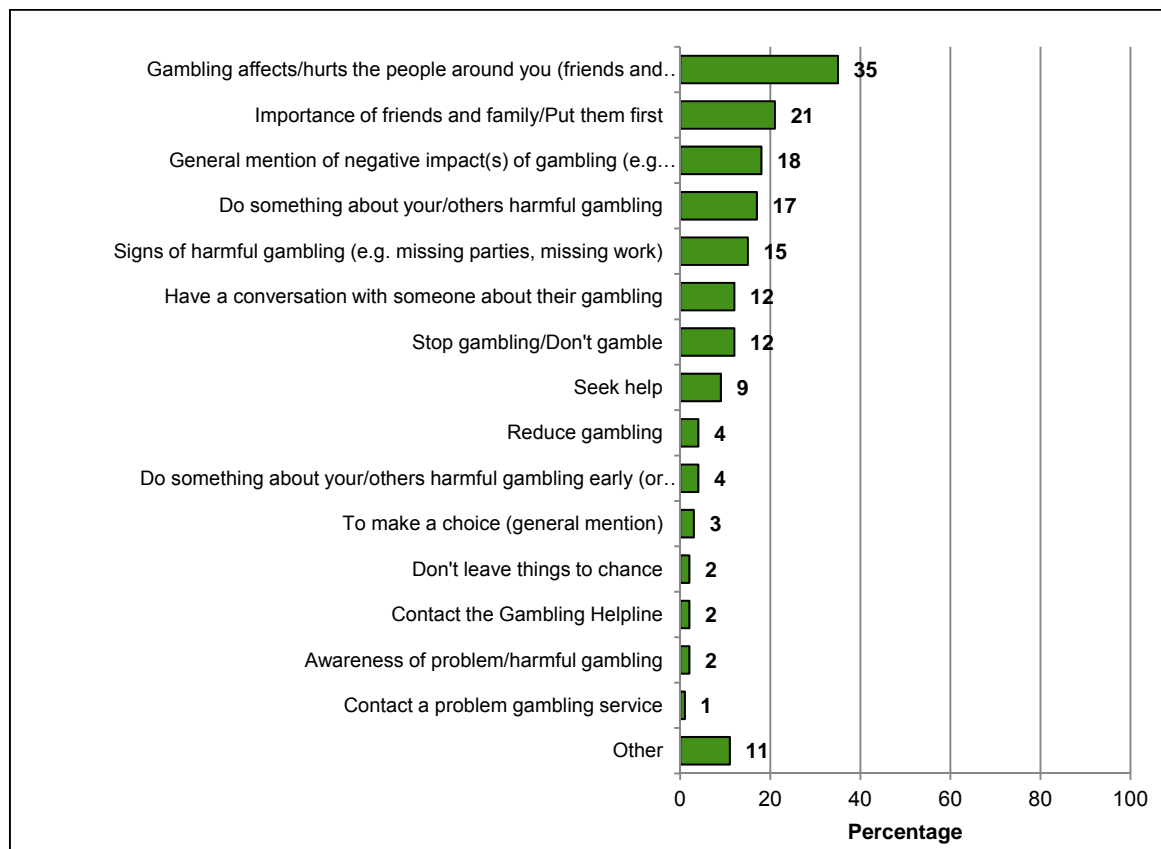
One-third (35%) of respondents who had experienced or been exposed to gambling harm and were aware of the Kiwi Lives campaign described the key message of the advertising as gambling affects those around you (see Figure 11 below).

One-fifth (21%) of these respondents reported that the advertising highlighted the importance of putting friends and family first, while 17% reported that the advertising was about encouraging people to do something about their own or someone else's harmful gambling. Another 4% specifically mentioned that it was about doing something early, before their or someone else's gambling became harmful.





Figure 11: Key messages of campaign advertising – as recalled by those who had experienced or been exposed to gambling harm



\*Sub-sample (n=300) is based on those respondents had experienced or been exposed to harmful gambling and were aware of at least one of the Kiwi Lives III television advertisements on a prompted or unprompted basis.

The following sub-groups of respondents who were aware of the campaign were more likely to report specific key messages:

- ⊆ Respondents in older age groups were more likely to report that the advertising was encouraging people to seek help (16% of respondents aged 55-64 and 13% of those aged 35-44 compared with 2% of those aged 18-24).
- ⊆ Compared with Māori, respondents who identified with European/other ethnicities were more likely to report that the advertisements were about the signs of harmful gambling (19% compared with 7% of Māori) and/or about seeking help (12%, compared with 4% of Māori).
- ⊆ Pacific people were more likely to report that the advertising was encouraging people not to gamble or to stop gambling (24% compared with 11% of those who identified with European/other ethnicities and 2% of Māori). Pacific people were also more likely to report that the advertising was encouraging people to have a conversation with someone about their gambling (20% compared with 8% of those who identified with European/other ethnicities).



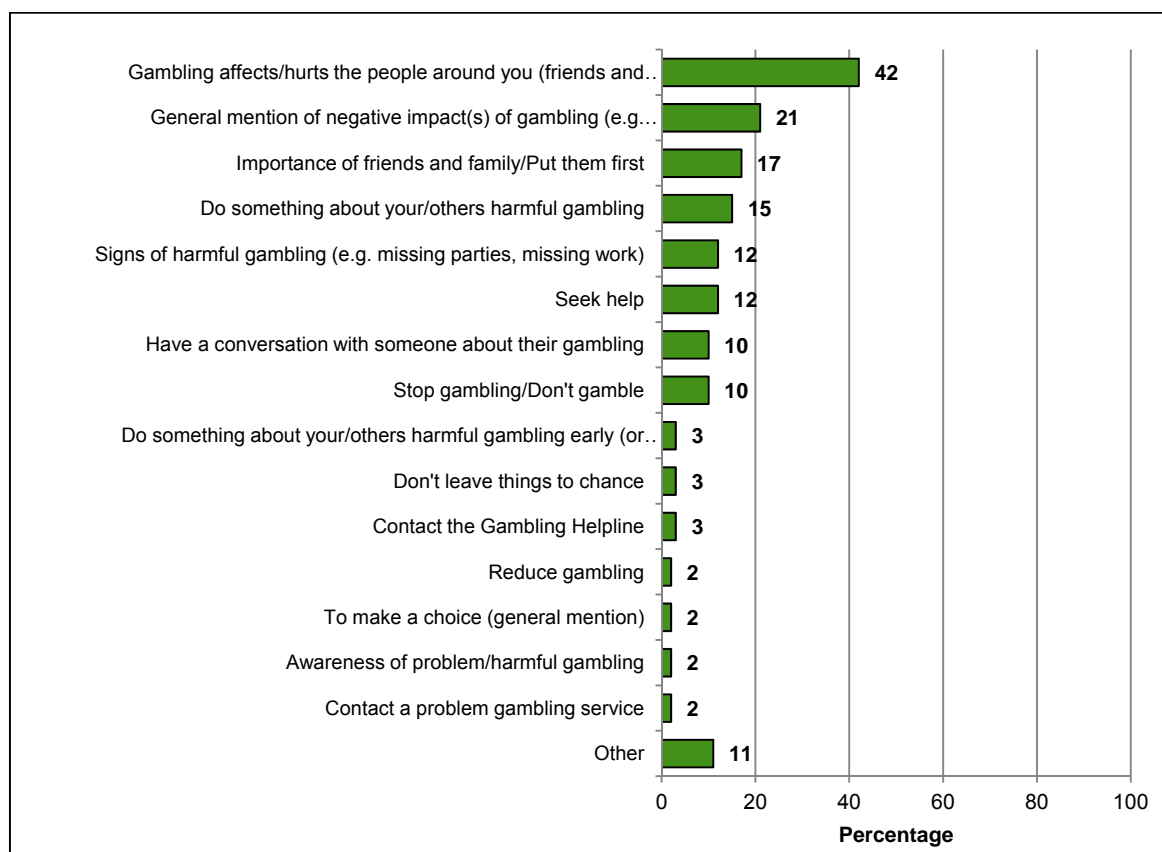
### Respondents who had not experienced or been exposed to gambling harm

42% of respondents who were aware of the campaign, but had not experienced or been exposed to gambling harm, described the key message of the advertising as gambling affects those around you (see Figure 12 overleaf).

- Respondents in younger age groups were more likely to report this as a key message (43% of respondents aged 35-44 and 43% of those aged 45-54 compared with 26% of those aged 55-64).

21% of respondents made a general mention about the negative impacts of gambling, while others reported that the advertising was about highlighting the importance of putting friends and family first (17%) and/or encouraging people to do something about their own or someone else's harmful gambling (15%). 3% felt it was about taking action early before their own or someone else's gambling becomes harmful.

Figure 12: Key messages of campaign advertising – as recalled by those who had not experienced or been exposed to gambling harm



\*Sub-sample (n=363) is based on those respondents had not experienced or been exposed to harmful gambling and were aware of at least one of the Kiwi Lives Ill television advertisements on a prompted or unprompted basis.

Amongst those aware of the campaign, but had not experienced or been exposed to gambling harm, the following sub-groups were more likely to report specific key messages:



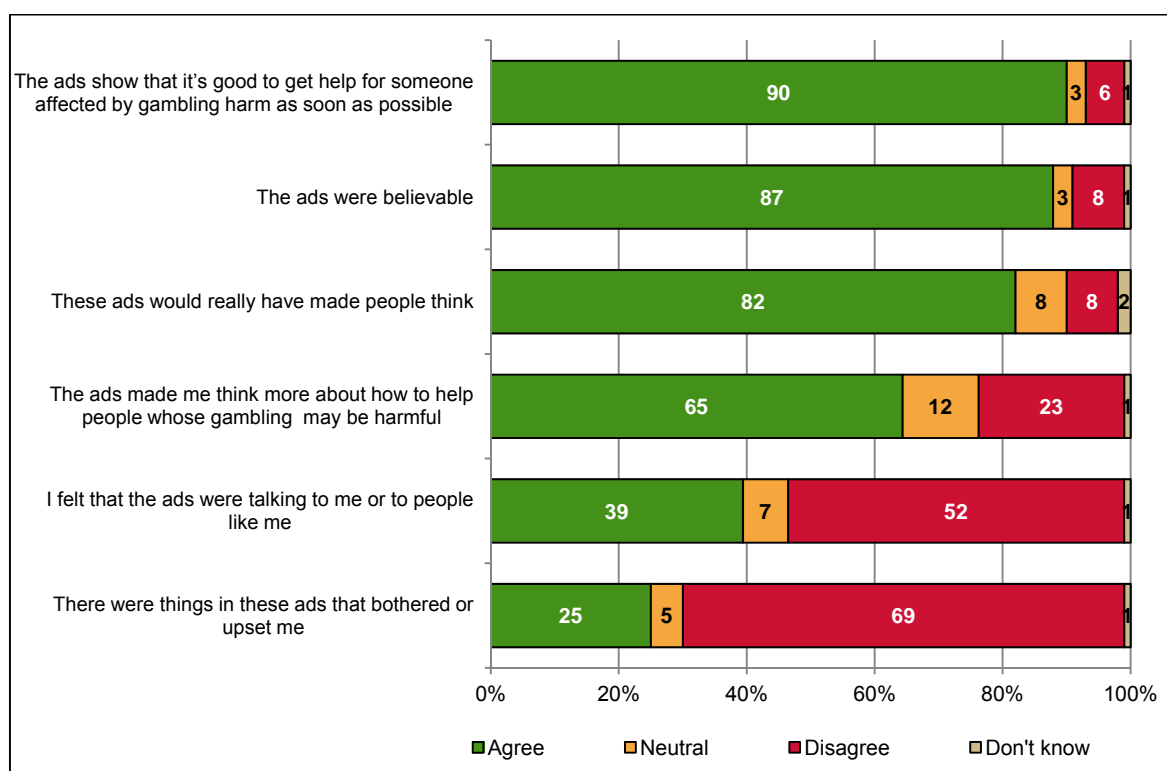
- u Females were more likely to report that the advertising was encouraging people to do something about their own or others harmful gambling (20% compared with 9% of males), seek help (15% compared with 9% of males) and/or to have a conversation with someone about their gambling (14% compared with 5% of males).
- u Respondents aged 35-54 were more likely to describe the key message of the advertising as gambling affects those around you (46% of respondents aged 35-44 and 43% of those aged 45-54 compared with 28% of those aged 55-64).
- u Younger respondents were more likely to report that the advertising was highlighting the signs of harmful gambling (20% of respondents aged 25-34 compared with 8% aged 35-44) and/or encouraging people to talk to someone about their gambling (18% compared with 5% of those aged 55-64).
- u Respondents aged 45-54 were more likely to report that the advertising was encouraging people to do something about their own or someone else's gambling (20% compared with 7% of those aged 25-34).
- u Respondents of European/other ethnicities were more likely to mention that the advertising was encouraging people to take action and do something about their own or others gambling compared with Māori respondents (16% compared with 3%).
- u Respondents with an annual household income of \$30,000 to \$150,000 were more likely to report that the advertising was showing the signs of harmful gambling (15% of respondents with an annual household income of \$30,000 to \$70,000 and 13% with an annual household income of \$70,000 to \$150,000 compared with 3% of those with a household income of more than \$150,000 per annum).
- u Respondents with an annual household income of \$70,000 to \$150,000 were more likely to mention that the advertising was about seeking help (16% compared with 8% of those with an annual household income of \$30,000 to \$70,000).



### 5.3 Personal relevance

Respondents who had experienced or been exposed to gambling harm and were aware of the campaign were asked to rate a series of statements about the Kiwi Lives III television advertisements, in order to gauge the extent to which they found the advertisements personally relevant or relatable. They were also asked to rate whether the advertisements had bothered or upset them in some way. The results are presented in Figure 13 below.

Figure 13: Extent to which respondents who had experienced or been exposed to gambling harm and were aware of the campaign, were able to relate to the three advertisements



\*Sub-sample (n=300) is based on those respondents who had experienced or been exposed to gambling harm and were aware of at least one of the Kiwi Lives III campaign advertisements.

Most of these respondents appear to have found the campaign relevant on a general level:

- 90% agreed the advertisements showed that it is good to get help for someone affected by gambling harm early (54% 'strongly agreed').
- 87% agreed the advertisements were believable (45% 'strongly agreed').
- 82% felt that the advertisements would have made people think (32% 'strongly agreed').



Respondents were comparatively less likely to agree that the advertisements related to them on a personal level:

- 65% agreed that the advertising made them think more about how to help people who may be affected by gambling harm, 23% disagreed with this statement.
- 39% agreed that the advertising personally spoke to them, 52% disagreed.

The following respondents who had experienced or been exposed to gambling harm and had seen the Kiwi Lives III advertising, were more likely to have personally connected with the advertising:

- Respondents in the younger age groups were more likely to agree that the advertisements made them think more about how to help people whose gambling may be harmful (78% of respondents aged 18-24 compared with 62% of those aged 45-54 and 45% of those aged 55-64).
- Compared with those who identified with European/other ethnicities, Pacific respondents were more likely to agree that the advertising made them think more about how to help those whose gambling may be harmful (73% compared with 58% of European/other ethnicities) and that the advertisements were talking to people like them (53% compared with 32% of European/other ethnicities).
- Respondents in lower income households were more likely to report that the advertisements personally spoke to them (64% of respondents with an annual household income of less than \$30,000 compared with 31% of those with an annual household income of \$70,000 to \$150,000). Respondents in lower income households were also more likely to agree that the advertisements made them think more about how to help people whose gambling may be harmful (82% of those with an annual household income of less than \$30,000 compared with 62% of those with a household income of \$70,000 to \$150,000 per annum).
- There were no significant differences by gender.

## Emotional impact of advertising

One-quarter (25%) of respondents who had experienced or been exposed to gambling harm and had seen the Kiwi Lives III advertisements, were bothered or upset by the content of the advertisements. When asked to describe why they felt this way, the following themes emerged:

- The advertising reminded them/made them more aware that gambling affects those around you (21%).

*"It reminds people of how much gambling is affecting other people's lives."*

*"Upset in a good way because it opened my eyes how gambling can be harmful as whole."*



*"There are people out there that have problem and no one seems to do anything about it. [We] keep getting pokie machines and things like that."*

*"Knowledge that a lot of people have issues with their gambling."*

*"It's just a reminder of what gambling does to people."*

*"I teach kids and I can see some of them getting neglected by their parents who are in the gambling scene."*

- u They did not like the behaviour of the gamblers in the advertising (16%).

*Total lack of responsibility that people felt.*

*"Because they were hurting the ones they loved."*

*"Like the dad waiting for the daughter, waiting to come in, it makes me feel like, "How could you put an elder after your gambling?". It's difficult to separate their addictions and their priorities."*

*"It's never nice to see a family destroyed because of somebody's inadequacies."*

- u They know someone who has/had gambling problems (13%).

*"Because my partner was addicted to gambling."*

*"Seeing family and friends going through gambling problems."*

*"Knowing someone who is in that situation."*

*"Just seeing it and realising that I had a friend who had a problem as well. It brought it home."*

*"Only because my father used to gamble."*

- u They thought the advertising was realistic/relatable (11%).

*"It made me feel uncomfortable because it was so close to the truth, realistic, imagine it happening."*

*"Just thinking about if my Mum or Dad had their birthdays and I didn't show up, I don't want that to happen to me."*

*"Because it seemed real."*

- u They felt empathy toward the characters in the advertising (9%).



*“Just felt sorry for the old man.”*

*“You feel for the people that were at the other end of it.”*

*“Just feel sorry for the other family members.”*

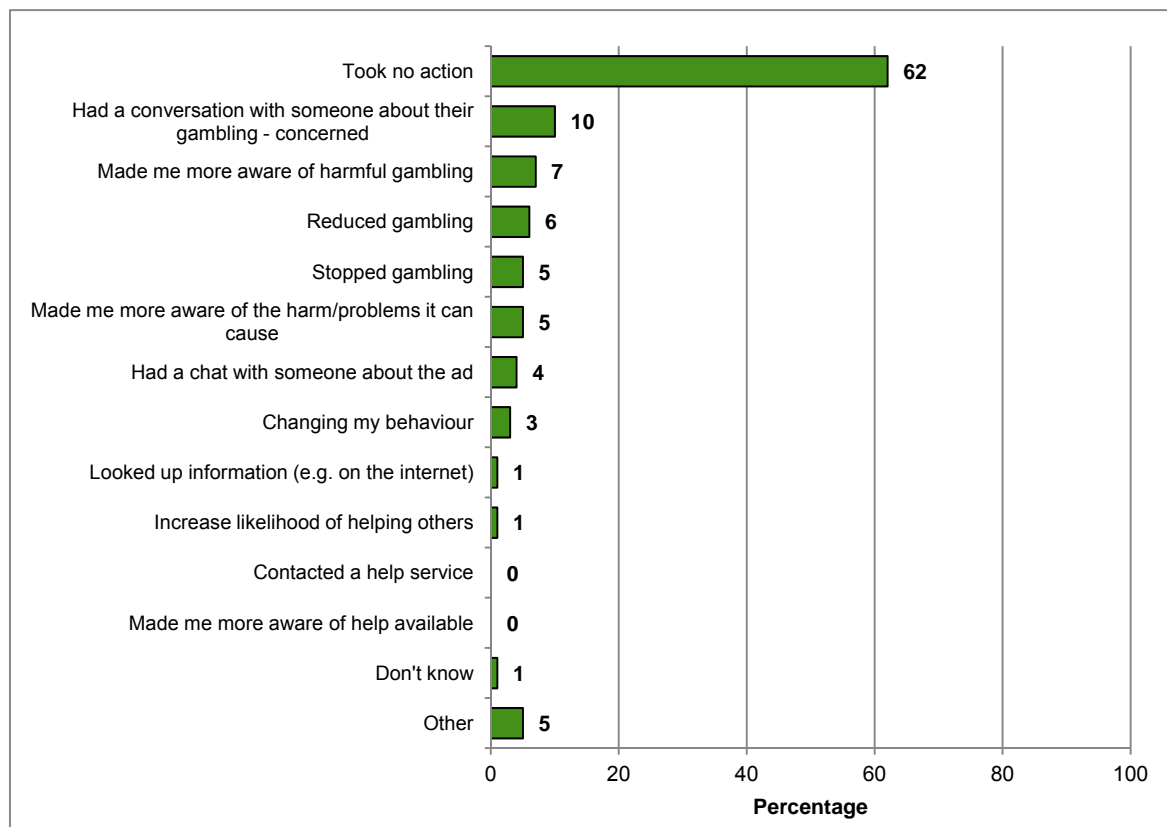


## 6.0 Actions taken as a result of the campaign

This section examines the impact of the campaign by exploring the extent to which respondents who had experienced or been exposed to gambling harm reported taking some form of action as a result of the advertising.

Respondents who were classified as having experienced or been exposed to gambling harm and were aware of the Kiwi Lives Ill campaign were asked what action, if any, they had personally taken as a result of seeing the advertising. Figure 14 presents the unprompted results to this question.

Figure 14: Extent to which respondents who had experienced or been exposed to gambling harm (and were aware of the campaign) reported taking some form of action as a result of the advertising



\*Sub-sample (n=300) is based on those respondents who had experienced or been exposed to gambling harm and were aware of the advertising.





Although 62% of respondents who had experienced or been exposed to harmful gambling and had seen the Kiwi Lives III advertisements reported that they had not taken any action as a result of seeing the advertising, 38% said that they had.

One-in-ten respondents (10%) of this sub-sample reported that the advertising led them to have a conversation with someone about their gambling. 7% reported that the advertising had made them more aware of harmful gambling. 6% reported that the advertising had encouraged them to cut back on their gambling, while 5% reported having stopped gambling altogether.

The following sub-groups were more likely to report having taken any action as a result of seeing the Kiwi Lives campaign:

- ⋮ Younger people (44% of respondents aged 18-24 compared with 19% of those aged 55-64).
- ⋮ Pacific people were more likely to report having taken action compared with Māori and those who identified with European/other ethnicities (54% compared with 34% of Māori and 28% of European/other ethnicities).
- ⋮ There were no significant differences by gender or income.



## Appendix A: Questionnaire

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## Appendix B: Demographic profile

Table 3: Demographic profile of the initial general sample of n=500 adults

	Count of respondents n=500	Unweighted %
<b>Harm</b>		
Experienced or been exposed to gambling harm	95	19
Have not experienced or been exposed to gambling harm	405	81
<b>Gender</b>		
Male	190	38
Female	310	62
<b>Age*</b>		
18-24 years	41	8
25-34 years	70	14
35-44 years	131	26
45-54 years	172	34
55-64 years	85	17
<b>Ethnicity (prioritised)</b>		
Māori	48	10
Pacific	22	4
Asian	37	7
NZ European/Other	393	79
<b>Household income</b>		
Less than \$30,000 per annum	39	8
\$30,000 to less than \$70,000	161	32
\$70,000 to \$150,000	188	38
More than \$150,000	51	10
Don't know/Refused	61	12
<b>Total sample</b>	<b>500</b>	<b>100</b>

\*One of the initial 500 respondents interviewed refused to disclose their age.