



# Second-hand gambling harm and concern about gambling within the community: Results from the 2018 Health and Lifestyles Survey

In 2018, around 217,000 New Zealand adults (aged 15-years and older) reported experiencing individual gambling harm.<sup>1</sup> While this is only 6% of the adult population, the impact of their gambling can be felt by those that live in the same household or their wider family and community. It is estimated that New Zealanders have lost more than \$2 billion since 2012 to gambling-related activities (Department of Internal Affairs, 2019). Gambling losses can lead to arguments about money or families having to go without things they need, which is referred to as 'second-hand' gambling harm in this report. This report presents results from the 2018 Health and Lifestyles Survey (HLS). It focuses on respondents' experiences of second-hand gambling harm for themselves or for others close to them and their concern about the level of gambling within their communities.

## Key points

- 1 in 14 New Zealand adults (7%) reported second-hand gambling harm in their wider family or household in the last 12 months.
  - Harm was more likely to be reported by Māori than non-Māori.
  - The prevalence of harm remained relatively unchanged from 2010 to 2018.
- About 1 in 2 (48%) adults were concerned about the level of gambling in their community in 2018.
  - Māori were more likely to be concerned about gambling in their community than non-Māori.
  - The prevalence of those concerned about gambling in their community remained unchanged from 2012 to 2018.
- Three-quarters (76%) of those who reported second-hand gambling harm were also concerned about the level of gambling in their community.

## In 2018



**268,000**

New Zealand adults reported second-hand gambling harm in their wider family or household



**Around 2 million**

New Zealand adults were concerned about the level of gambling in their community

<sup>1</sup> Those who experience individual gambling harm is defined by the Problem Gambling Severity Index score (PGSI; Ferris & Wynne, 2001) and includes those that have any level of risk.

## 268,000 New Zealand adults reported second-hand gambling harm in 2018

Second-hand gambling harm referred to at least one form of the following harm occurring within the last 12 months in the respondents' wider family or household:

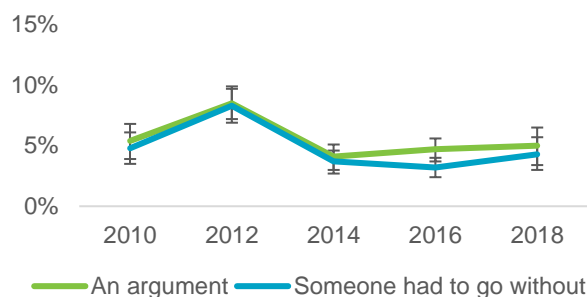
1. An argument about time or money spent on betting or gambling.
2. Someone going without something they needed or bills not being paid because too much money was spent on gambling by another person.

In 2018, 1 in 14 people (7%) reported at least one of the two forms of second-hand gambling harm — equivalent to approximately 268,000 New Zealand adults. More specifically, in the last 12 months 5% reported an argument and 4% reported someone going without.

After adjusting for deprivation level (NZDep2013; Atkinson, Salmond, & Crampton, 2014), Māori<sup>2</sup> were over two and a half times more likely to report second-hand gambling harm compared to non-Māori. There were no differences found for other ethnicities.

The prevalence of reported second-hand gambling harm in the last 12 months remained relatively unchanged from 2010 to 2018 (see Figure 1). There was a slight increase in 2012 that could be due to economic stress from the global financial crisis in 2008 as described in Tu, Gray, and Walton (2014).

Figure 1. Proportion of second-hand gambling harm by type, 2010 to 2018



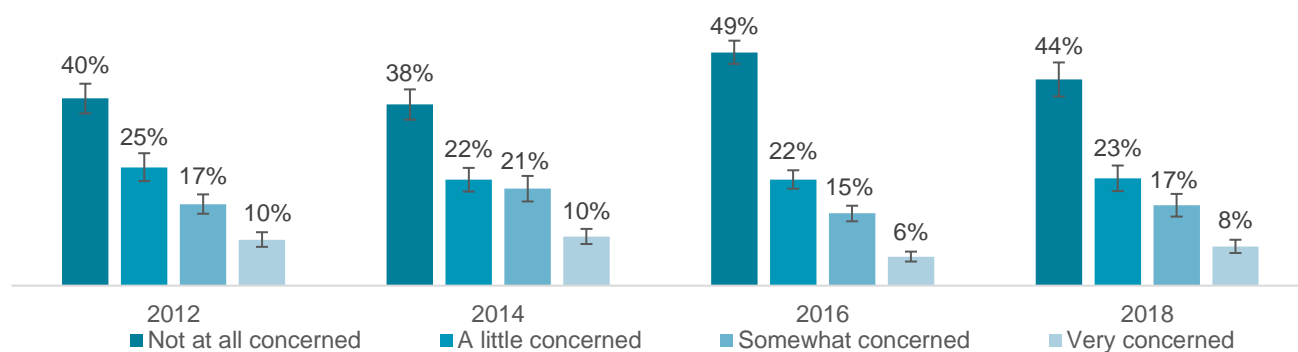
Base= New Zealand adults (n=2,725) (2018)

Between 2010 and 2018, we found no difference by gender, age, ethnicity, deprivation level or PGSI for those that reported second-hand gambling harm (Health Promotion Agency/Te Hiringa Hauora [HPA], 2019).

## Nearly 2 million New Zealand adults concerned about the level of gambling in their community

In 2018, around half of the respondents (48%) reported some degree of concern with the level of gambling in their community, equivalent to approximately 1.9 million New Zealand adults (see Figure 2).

Figure 2. Proportion of degrees of concern about gambling level in community, 2012 to 2018



Base= New Zealand adults (n=2,725) (2018)

Note: Percentages for each year will not add to 100% because 'Don't know' and 'Refuse' were included in the analysis.

<sup>2</sup> We used total response ethnic groups. This involves each participant being assigned to all ethnic groups that they have identified with (Ministry of Health, 2017).

Māori were 1.2 times more likely to be concerned about the level of gambling in their community than non-Māori after adjusting for deprivation level. There were no differences found for other ethnicities.

Respondents who had higher degrees of concern ('somewhat concerned' or 'very concerned') tended to live in the most deprived areas after adjusting for gender, age, and PGSI. Similarly, those with higher degrees of concern were 1.5 times more likely to be Pasifika than non-Pasifika after adjusting for deprivation level.

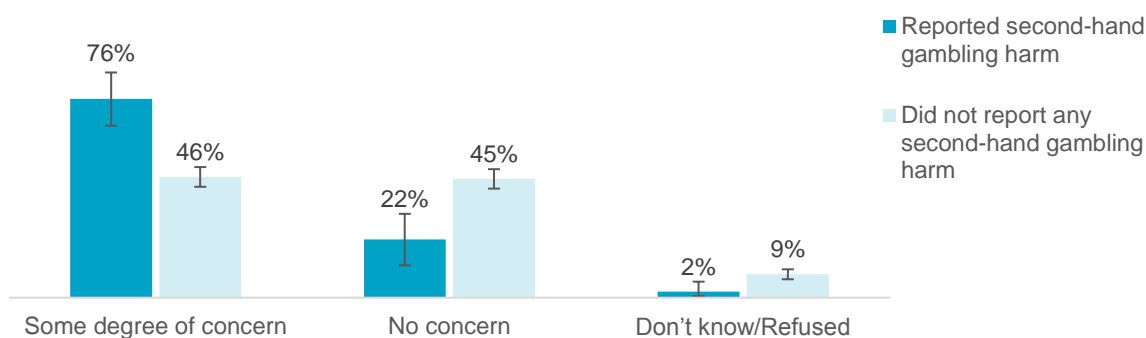
Between 2012 and 2018, there was no change in the proportion of those who had some degree of concern in the total population. However, fewer Asian and non-gamblers reported having some degree of concern — 60% to 44% and 50% to 41% respectively.

Figure 2 also shows that around 2 in 5 respondents (44%) had no concern. Males were more likely than females (47% versus 41%) and non-Pasifika were more likely than Pasifika (44% versus 33%) to not have concern.

## Second-hand gambling harm and community concern are closely linked

Around 8 in 10 respondents (76%) who reported second-hand gambling harm also indicated that they were concerned about gambling in the community (Figure 3). This rate was noticeably higher than that for respondents who reported no second-hand gambling harm (46%).

Figure 3. Concern about gambling level in the community, by second-hand gambling harm, 2018



Base= New Zealand adults (n=2,725) (2018)

Respondents who reported second-hand gambling harm were 1.6 times more likely to have concern about gambling in their community than those who reported no second-hand gambling harm after adjusting for deprivation level.

Second-hand gambling harm remains a significant issue in the New Zealand community, with little changing between 2010 and 2018. The approximate number of people affected by second-hand gambling harm in 2018 (268,000) is larger than the population of the Otago region (232,300) (Stats NZ, 2019). Māori were more likely to be affected by second-hand gambling harm and to report concern about gambling in the community. This could be because they are more likely to be moderate-risk or problem gamblers<sup>3</sup> than non-Māori (HPA, 2019).

<sup>3</sup> Moderate-risk gamblers are likely to be experiencing harm leading to negative consequences and problem gamblers will be gambling with negative consequences and possible loss of control as defined by PGSI.

## References

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## Methodology

The HLS is a nationwide in-home face-to-face survey conducted every two years, starting in 2008. The study is used to monitor short, medium and long-term societal changes in attitudes, knowledge and behaviours, and track changes in views about the social desirability and acceptability of various measures such as tobacco control, minimising gambling harm and mental health.

The 2018 HLS was carried out between 2 May and 10 October 2018. It consisted of a sample of 2,725 New Zealanders aged 15-years and over. There were 563 Māori, 470 Pasifika peoples, 245 Asian, and 1,447 people of European/Other ethnicity based on the prioritised ethnic groups. That is, each respondent is allocated to a single ethnic group, in the prioritised order of Māori, Pasifika, Asian, and European/Other. The sample had an unweighted response rate of 75%. The data have been adjusted (weighted) to ensure they are representative of the New Zealand adult population.

Second-hand gambling harm was measured using two questions. Participants were asked 'In the last 12 months, have any of these ever happened in your wider family or household, whether or not you were part of it: An argument about time or money spent on betting or gambling; Someone had to go without something they needed, or bills weren't paid, because too much was spent on gambling by another person.' Options for response were 'Yes', 'No', and 'Don't know'. In 2010, 2014 and 2016, both of these questions were split into two questions: first

asking if these harms had ‘ever happened’, and then asking if they had ‘happened in the last 12 months’. In 2012 and 2018, only one question was asked for each harm about ‘the last 12 months’.

Concern about gambling in the community was measured using a single question. Respondents were asked ‘How concerned are you about the level of gambling in your community?’ Options for response were ‘Not at all concerned’, ‘A little concerned’, ‘Somewhat concerned’, ‘Very concerned’, and ‘Don’t know’. Those who were ‘a little’, ‘somewhat’ or ‘very’ concerned were grouped together as those who had some degree of concern for analysis.

The neighbourhood socio-economic deprivation was created using nine variables from the 2013 Census of Population and Dwellings with a decile value calculated for each meshblock (NZDep2013; Atkinson et al., 2014). These variables include: receiving a means-tested benefit, low household income, and no access to a car. It has been linked to the 2018 HLS data as a measure of neighbourhood socio-economic deprivation and as a proxy for individual socio-economic position (deciles 1 to 10). For the analyses reported here, these deciles have been grouped into low (deciles 1 to 3), medium (deciles 4 to 7), and high (deciles 8 to 10) deprivation groups.

The Problem Gambling Severity Index (PGSI; Ferris & Wynne, 2001) is a 9-item scale used to assess people’s experiences of gambling-related harm in the last 12 months. An example item is: ‘Thinking about the last 12 months, how often have you bet more than you could really afford to lose?’ Participants rated themselves on a 4-point scale from 0 (never) to 3 (almost always). Possible scores range from 0 to 27 with higher scores being indicative of greater problem of gambling. For comparison purposes, the PGSI scores were grouped into non-problem gamblers (score 0); low-risk gamblers (scores 1 to 2); and moderate-risk or problem gamblers (scores 3 to 27).

Responses were considered for descriptive statistics and were broken down by demographic factors: gender, age, ethnicity, deprivation level, and PGSI. We performed a series of logistic regressions to check the likelihood of the outcome variable occurring given the specific values for the demographic factors (see Table 1). Deprivation level was used as a predictor for adjusted risk ratios due to gambling venues being more concentrated in socially deprived areas (Rook et al., 2018). Due to the sample size of events of interest for second-hand gambling harm ( $n=204$ ), we only used deprivation as a predictor. For gambling concern ( $n=1,323$ ), all other demographics (gender, age, ethnicity, and PGSI) were also used as predictors. ‘Don’t know’ and ‘Refuse’ responses were included in the analysis for unadjusted prevalence. Generalised linear models were used for adjusted ratios. Regarding ethnicity, we examined responses using total response ethnic groups, which involves each person being assigned to all ethnic groups that they have identified with.

**Table 1 Logistic regression models**

Model	Outcome variable (1 = yes, 0 = no)	Adjustment variable
1	Reported second-hand gambling harm	Total response ethnicity and deprivation level
2	Concerned about gambling level in community	Total response ethnicity, deprivation level, gender, age, and PGSI
3	Concerned about gambling level in community	Reported second-hand gambling harm and deprivation level

Only significant differences ( $p<.05$ ) between groups were reported. Other results from the gambling section of the HLS are available at [kupe.hpa.org.nz](http://kupe.hpa.org.nz). For a full description of the 2018 HLS survey methodology, questionnaire and further HLS publications, please visit [hpa.org.nz/our-work/research/publications](http://hpa.org.nz/our-work/research/publications).