

## Pokies in pubs: Desirability of non-casino electronic gaming machine venues

### Background

Electronic gaming ('pokie') machines provide a continuous form of gambling, where winnings can be immediately reinvested. Playing pokie machines in non-casino gaming venues, such as pubs or bars, is the gambling activity most commonly associated with gambling harms such as spending more time or money gambling than intended (Walton, 2012). The Health Promotion Agency (HPA) works to increase awareness about gambling harm and supports communities to prevent and respond to harmful gambling. As part of this, HPA's 2012 Health and Lifestyles Survey (HLS) assessed the public's preferences for and against non-casino electronic gaming machine venues.

### Methodology

Participants in the 2012 HLS were asked the extent to which they agreed or disagreed with two statements about the desirability of pokie machines in pubs or bars. Responses were compared by problem gambling severity (non-gambler<sup>1</sup>, non-problem gambler<sup>2</sup>, low-risk gambler<sup>3</sup>, moderate-risk/problem gambler<sup>4</sup>), use of electronic gaming machines at a pub or club in the past year, gender, age and ethnicity. Because the questions referred to spending time in pubs or bars, analyses were restricted to those who said they had had a drink containing alcohol in the past year ('drinkers', n = 1,668). Only statistically significant ( $p < .05$ ) differences between groups are reported.

### Preference for drinking in pubs or bars that do not have pokies

All participants were asked how much they agreed or disagreed that, "I prefer to drink in pubs or bars that do not have pokie machines". Of 'drinkers', 4 in 10 either 'strongly agreed' (17%, 13-21%) or 'agreed' (23%, 19-27%) with this statement. Thirty-nine percent (34-43%) 'neither agreed nor disagreed', 16% (12-19%) 'disagreed', 2% (1-3%) 'strongly disagreed', and 3% (1-5%) didn't know.

Those drinkers who were more likely to agree or strongly agree that they prefer to drink in pubs or bars that do not have pokie machines were:

- non-gamblers (54%), compared with non-problem gamblers (37%) and low-risk gamblers (25%). The rate for moderate-risk/problem gamblers was 66%, however the size of this group was small (n = 14) and the rate was not significantly different from that of non-gamblers, non-problem gamblers or low-risk gamblers
- gamblers who had not played gaming machines or pokies at a pub or club in the past year (44%), compared with those who had (20%)
- females (45%), compared with males (35%)
- Pacific peoples (50%) and Māori (48%), compared with Asian people (18%). The rate for people of Europeans/Other ethnicity was 40%, however this was not significantly different than the rates for Pacific peoples, Māori or Asian people.

### Do gamblers think pokie machines make a pub or bar more enjoyable to spend time at?

Gamblers were asked how much they agreed or disagreed that, "Pokie machines make a pub or bar more enjoyable to spend time at". Of those gamblers who were also drinkers, one in seven either 'strongly agreed' (1%, 0.2-2%) or 'agreed' (13%, 11-15%) with this statement. One in five (19%, 15-22%) 'neither agreed nor disagreed', 46% (41-50%) 'disagreed', 19% (16-22%) 'strongly disagreed', and 3% (2-4%) didn't know.

Those gamblers (who were also drinkers) who were more likely to agree or strongly agree that pokie machines make a pub or bar more enjoyable were:

- moderate-risk/problem gamblers (50%) and low-risk gamblers (39%), compared with non-problem gamblers (12%)
- those who had played gaming machines or pokies at a pub or club in the past year (34%), compared with those who had not (8%); and of those who had played gaming machines or pokies at a pub or club in the past year, those who played at least once a month (58%), compared with those who played less often than once a month (21%)
- gamblers aged 15 to 24 years (27%), compared with gamblers aged 25 years and older (25 to 34 years = 15%; 35 to 44 years = 14%; 45 to 54 years = 10%; 55 years and over = 10%). However, the rates of agreement for gamblers aged 25 to 34 years and 35 to 44 years were no longer significantly different than that of 15 to 24-year-olds once likelihood of use of pokies at a pub or club was taken into account
- Māori (20%), compared with Europeans/Others (12%). However, this difference was no longer significant once likelihood of use of pokies at a pub or club was taken into account. The rates of agreement for Pacific peoples (16%) and Asians (33%) were not significantly different from that of any other ethnic group.

## Key points

- Four in 10 drinkers said they preferred to drink in pubs or bars that do not have pokie machines.
- Only a small minority of gamblers (14%) said pokie machines make a pub or bar more enjoyable to spend time at.
- Those more likely to agree that pokies make a pub or bar more enjoyable to spend time at and less likely to agree that they prefer to drink in pubs or bars that do not have pokie machines (and thus assumed to prefer pubs or bars that do have pokies), were those with a greater level of problem gambling severity, and those who had played gaming machines or pokies at a pub or club in the past year.

## References

Health Sponsorship Council (2012). *New Zealander's knowledge, views and experiences of gambling and gambling harm: Results from the 2010 Health and Lifestyles Survey*. Available at: <http://www.hpa.org.nz/research-library/research-publications/new-zealanders%E2%80%99-knowledge-views-and-experience-of-gambling-and-gambling-harm-results-from-the-2010>.

Walton D. (Ed) (2012). *Experience of gambling-related harm. [In Fact]*. Wellington: Health Promotion Agency Research and Evaluation Unit.

## Footnotes

- <sup>1</sup> Non-gambler: Those who had not participated in any gambling activities in the past 12 months.
- <sup>2</sup> Non-problem gamblers: Those who had gambled in the last 12 months, but answered “no” to all nine of the Problem Gambling Severity Index (PGSI) questions about experiencing harm, such as feeling guilty about gambling, having financial difficulties, and betting more than they could afford.
- <sup>3</sup> Low-risk gamblers: Scored 1 or 2 points on the PGSI. On the PGSI, respondents are allocated from one point for “sometimes” to three points for “almost always”, and can be allocated up to 27 points.
- <sup>4</sup> Moderate-risk/problem gamblers: Scored 3 or more points on the PGSI.

## Citation

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## About the Health and Lifestyles Survey

- The HLS is a nationwide in-home face-to-face survey conducted every two years, starting in 2008. The 2012 HLS consisted of a sample of 2,672 New Zealanders aged 15 years and over, who provided information about their health behaviours and attitudes relating to gambling, tobacco, sun safety, healthy eating, and alcohol.
- In 2012, the main sample, with a response rate of 86.3%, included 1,539 people of European/Other ethnicity, 619 Māori, 387 Pacific peoples and 127 Asian people (prioritised ethnicity).
- The data have been adjusted (weighted) to ensure they are representative of the New Zealand population.
- For this analysis, proportions and 95% confidence intervals were produced. Odds ratios were undertaken to compare responses between groups. The significance level used for statistical analyses was set to  $\alpha=0.05$ .
- Comparison groups for these analyses were as follows:
  - Problem Gambling Severity Index (non-problem gamblers, compared with low-risk gamblers and moderate-risk/problem gamblers). Refer Health Sponsorship Council (2012) for more detail
  - gender (males, compared with females)
  - age (those aged 15-24 years, compared with those aged 25-34 years, 35-44 years, 45-54 years, and 55 years and over)
  - ethnicity (Māori, Pacific peoples, and Asian people, compared with people of European/Other ethnicity).
- A full description of the 2012 HLS methodology and further HLS publications can be found at <http://www.hpa.org.nz/research-library/research-publications>.

## About HPA

The HPA is a Crown entity that leads and delivers innovative, high quality and cost-effective programmes and activities that promote health, wellbeing and healthy lifestyles, and prevent disease, illness and injury. HPA also enables environments that support health and wellbeing and healthy lifestyles, and reduce personal, social and economic harm.

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