



# Host responsibility for pokies in pubs and clubs:

Results from the 2018 Health and Lifestyles Survey

In New Zealand, under the Gambling Act 2003, pubs and clubs with pokie machines are required to prevent their customers' gambling from becoming harmful. This includes venues having staff who are trained in gambling host responsibility practices present while pokie machines are running. Venues are also required to provide information to gamblers about problem gambling and details of where to seek support. This report presents key findings from the 2018 Health and Lifestyles Survey (HLS) concerning pokie players at pubs and clubs, and their interactions at such venues.

## Key points

- 3 in 5 (62%) pokie players in pubs and clubs were aware of the gambling hosts' responsibility at venues with pokie machines.
- 7 in 10 (69%) pokie players noticed information to help someone who might have a problem with their gambling.
- When pokie players were asked whether they had any interaction with staff at pokie venues:
  - Just over half said they had no communication with staff.
  - Fewer than 1 in 10 said staff monitor the pokie room.
  - No pokie player was spoken to by a member of staff about their gambling or given a leaflet on problem gambling support services, although 16% of these players were experiencing at least some level of gambling harm.<sup>1</sup>



In 2018

**1 in 5**

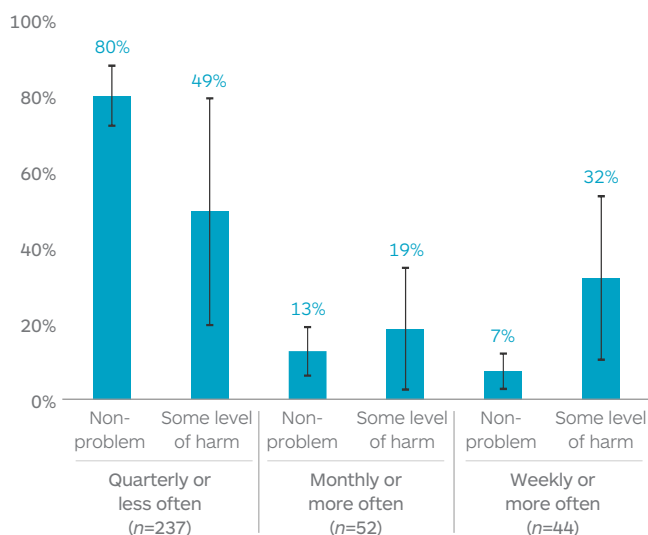
**pokie players at pubs or clubs  
spent over \$50 on average  
during a session**

<sup>1</sup> Gamblers who are experiencing at least one gambling harm on the Problem Gambling Severity Index (PGSI; Ferris & Wynne, 2001).

## Participation and harm

- 11% of New Zealand adults aged 15-years and older had played pokies at a pub or club within the last 12 months.
  - Those who played pokies were equally likely to be male or female.
  - 10% of those who played pokies were classified as moderate-risk or problem gamblers compared to 1% of other gamblers, based on the Problem Gambling Severity Index (PGSI; Ferris & Wynne, 2001).
  - Some level of gambling harm was experienced by 38% of Māori pokie players compared to 12% of non-Māori pokie players. Other ethnic groups did not experience significantly different levels of harm.
- Pokie players who play weekly or more often experience significantly greater levels of gambling harm than those who play quarterly or less often.
  - Of those experiencing some level of gambling harm, 1 in 3 (32%) played pokies weekly or more often.
  - For non-problem gamblers,<sup>2</sup> fewer than 1 in 10 (7%) played pokies weekly or more often.
  - 4 out of 5 (80%) non-problem gamblers played pokies every three months or less often (Figure 1).

**Figure 1 Frequency of playing pokie at pubs or clubs by level of harm, 2018**

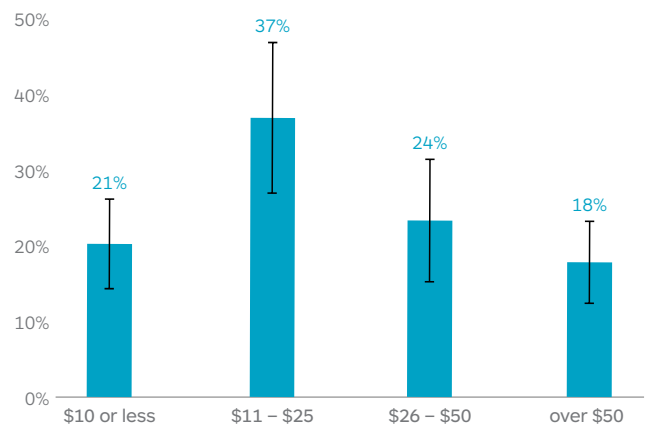


Base = pokie players at pubs or clubs (n = 333)

## Expenditure

- Nearly 1 in 5 (18%) pokie players at a pub or club on average spent more than \$50 per pokie session and over two fifths (42%) spent more than \$25 per pokie session (Figure 2).

**Figure 2 Average spend per pokie session at a pub or club, 2018**



Base = Pokie players at pubs or clubs (n = 333)

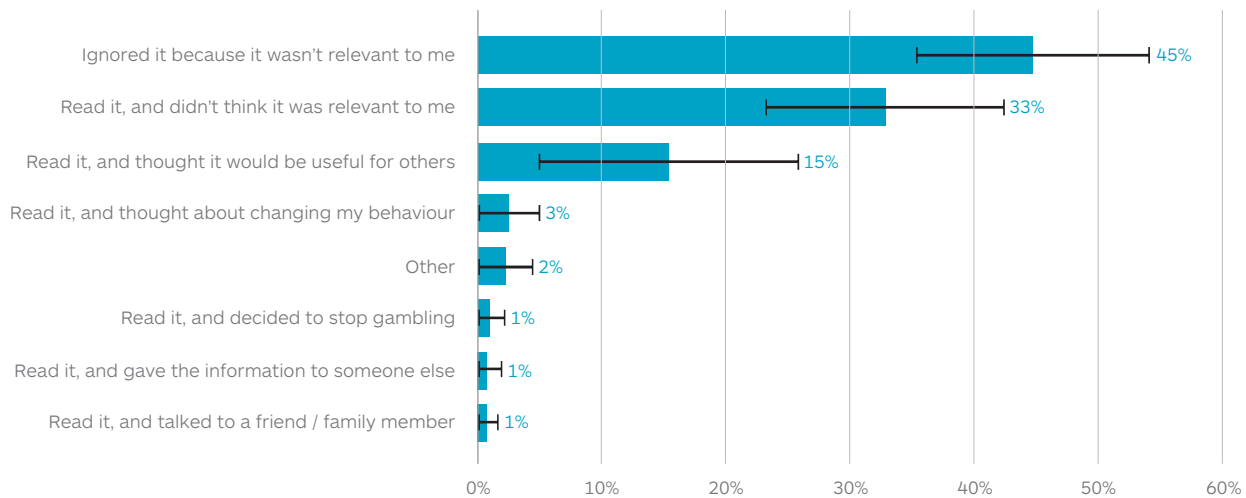
- Those who gambled on pokies in a pub or club monthly or more often were twice as likely to spend over \$50 on average compared to those who played pokies less often, after controlling for demographic factors (31% versus 14% unadjusted prevalence).

## Pokie players knowledge of pub and club host responsibilities

- 62% of pokie players at pubs or clubs were aware of the gambling hosts' responsibilities, significantly more than non-pokie players (43%).
- Pasifika peoples were less likely to be aware of gambling host responsibilities (35% versus 64%).
- 69% of pokie players at pubs or clubs noticed information at the venue to help someone who might have a problem with their gambling. Of these,
  - 45% ignored it because they thought it wasn't relevant to them
  - Only 3% thought about changing their behaviour and 1% had decided to stop gambling after reading the information (Figure 3).

<sup>2</sup> Non-problem gamblers are those who did not experience any gambling harm. They scored zero for the Problem Gambling Severity Index (PGSI; Ferris & Wynne, 2001).

**Figure 3 How participants responded to the gambling information (multiple response), 2018**

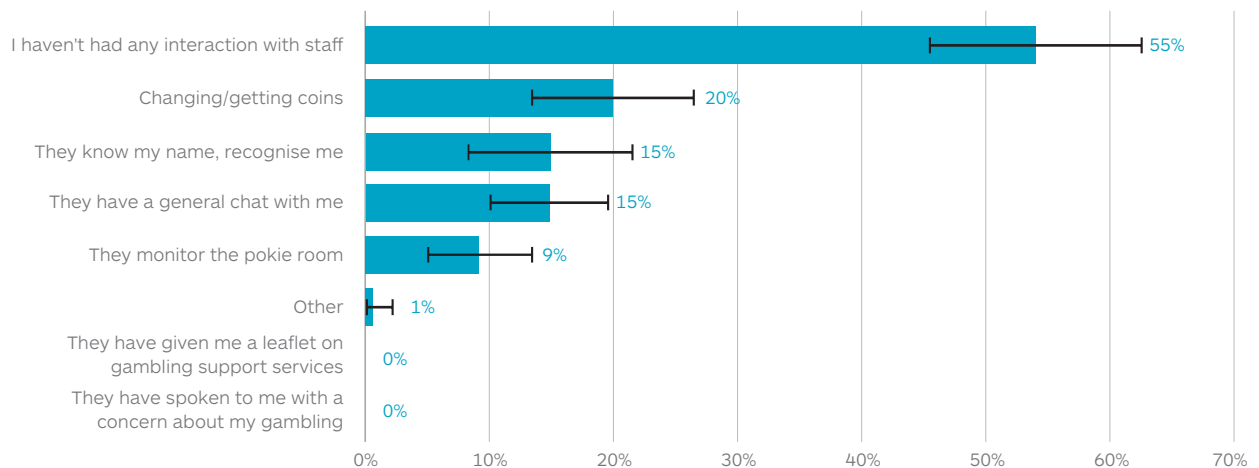


Base = Pokie players who reported noticing information about gambling help-servicers at pokie venues (n = 234)

### Interaction with staff at pubs and clubs

- 55% of pokie players at pubs and clubs had no interaction with staff, while only 15% of pokie players reported having a general chat with staff.
- No pokie player had been given a leaflet on gambling support services.
- No pokie player had been spoken to with a concern about their gambling.
- Fewer than 1 in 10 (9%) believed that staff monitored the pokie room.

**Figure 4 Reported staff interaction at pubs and clubs pokie venues (multiple response), 2018**



Base = pokie players at pubs and clubs (n = 333)

The evident low rates of reported interaction with venue staff should be seen in the context of the survey population and sample size. Problem gambling is a relatively low prevalence condition and the HLS sample size is modest, with limited power to detect low prevalence events. These findings are at a population

level and do not speak to harm minimisation practices in particular venues, which may vary considerably. That caveat aside, these data certainly suggest that there is room for improvement in the training and provision of harm minimisation practices in the pub and club sector more generally.

## References

Department of Internal Affairs (2015). *Guide: Pokies in New Zealand a guide to how the system works*. Retrieved from [http://www.gamblinglaw.co.nz/download/Research/Pokies\\_in\\_New\\_Zealand\\_a\\_guide\\_to\\_how\\_the\\_system\\_works.pdf](http://www.gamblinglaw.co.nz/download/Research/Pokies_in_New_Zealand_a_guide_to_how_the_system_works.pdf)

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## Citation

Wilson, A., Thimasarn-Anwar, T., Rendall, S., Martin, G. (2019). *Host responsibility for pokies in pubs and clubs: Results from 2018 Health and Lifestyles Survey*. Wellington: Health Promotion Agency/Te Hiringa Hauora.

## 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 of tobacco control, minimising gambling harm, nutrition and physical activity, alcohol, sun safety, immunisation 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 Zealand adults aged 15-years and over. The sample had an unweighted response rate of 75%. It consisted of 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 peoples, Asian, and European/Other.

The data have been adjusted (weighted) to ensure they are representative of the New Zealand population. Too few Asian participants reported gambling on pokies at a pub or club in the previous 12 months to allow separate analysis of this group.

To measure New Zealanders' knowledge of pubs and clubs host responsibilities, participants were asked 'Do you know if venues with pokie machines are required, by law, to prevent their customers' gambling from becoming harmful?' Options for responses were: 'Yes', 'No', and 'Don't know'.

A total of eight responses were used to measure the interaction with staff at pubs and clubs. Participants were asked 'What interaction have you had with the staff at pokie venues when you have been there to gamble?' Response options included: 'They know my name/ recognise me.'

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 number of negative consequences from gambling. For comparison purposes, the PGSI scores were grouped in two ways. Grouping one; non-problem gamblers (score 0); low-risk gamblers (scores 1 - 2); and moderate-risk or problem gamblers (scores 3 - 27). The second grouping was non-problem gamblers (score 0); and those with some level of harm (scores 1 - 27).

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](http://hpa.org.nz).

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