Use of strategies to avoid excessive gambling

Background

While many people gamble safely, a number are harmed by their gambling behaviour, leading to significant health, social, and economic implications (Health Sponsorship Council, 2012). It is therefore important to understand and monitor how people avoid excessive gambling. 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 Health and Lifestyles Survey (HLS) monitors exposure to gambling harm and useful strategies to avoid potentially harmful gambling behaviour.

Methodology

Participants in the 2012 HLS were shown a list of strategies that can be used to avoid excessive gambling and were asked, *"Which of these ways have you used to avoid gambling too much in the past twelve months?"*. Multiple responses were allowed. Analyses were restricted to those who had gambled in the past 12 months ('gamblers', n = 1,885). Responses were compared by problem gambling severity (non-problem gambler[1], low-risk gambler[2], moderate-risk/problem gambler[3]), gambling behaviour (infrequent[4], non-continuous[5], continuous[6]), number of gambling activities participated in, gender, age and ethnicity. When looking at the differences by gambling behaviour, number of gambling activities, gender, age and ethnicity we have controlled for problem gambling severity. This means that problem gambling severity is taken into account to ensure that any differences found are not due to the rates of problem gambling severity in each group.

Gamblers' use of strategies to avoid excessive gambling

Almost one in three (30%, 27-33%) respondents were non-gamblers (and therefore excluded from the following analysis), two in three (66%, 63-68%) were non-problem gamblers, and a small minority were low-risk gamblers (3%, 2-4%) or moderate-risk/problem gamblers (1%, 1-2%).

The great majority of gamblers (88%, 86-90%) had not used any strategies to avoid excessive gambling in the past 12 months. Of those gamblers who had used a strategy (n = 252), the most common strategy used (by a large margin) was setting a dollar figure before starting (83%, 73-93%). Other common strategies, used by around 1 in 10 of those gamblers who had used a strategy, were separating betting money from other money (14%, 8-21%), keeping busy with other activities or with family or friends (12%, 5-19%), stopping gambling (10%, 4-16%), and leaving ATM and credit cards at home (9%, 4-14%). See Figure 1 overleaf.

Most gamblers who used a strategy to avoid excessive gambling used just one strategy (70%). One in five (21%) used two strategies, and 1 in 10 (9%) used three or more. Those gamblers who were significantly more likely to have used at least one strategy to avoid excessive gambling were:

- moderate-risk/problem gamblers (63%) and low-risk gamblers (51%), compared with non-problem gamblers (9%)

- continuous gamblers (43%), compared with non-continuous gamblers (13%) and infrequent gamblers (10%)

- those who participated in three (21%) or four or more (25%) gambling activities, compared with those who participated in one (4%) or two (7%) activities

- males (15%), compared with females (10%).

There were no significant differences across ethnic or age groups in likelihood of having used a strategy when problem gambling severity was taken into account.
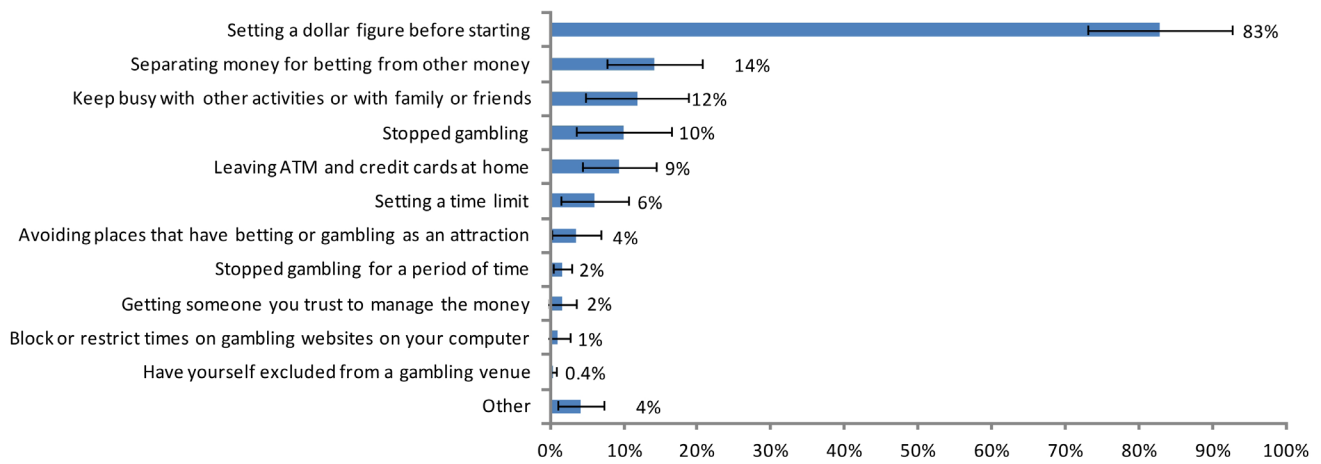
choice NOT CHANCE

Let's choose to end harmful gambling

Figure 1: Proportion of gamblers who used each strategy to avoid excessive gambling, of those who used a strategy (multiple response)

Note: Figure 1 only includes those gamblers who said they used at least one strategy to avoid excessive gambling during the previous 12 months (n = 252); therefore results are not indicative of total population proportions.

Key points

- Around 9 in 10 gamblers had not used any strategies in the past year to avoid excessive gambling.

- Of those who had used a strategy in the past year to avoid excessive gambling, the most common strategy was setting a dollar figure before starting.

- Those gamblers most likely to have used at least one strategy in the past year to avoid excessive gambling had at least a low level of problem gambling risk, and had participated in continuous types of gambling and in a greater number of gambling activities.

- Around two-thirds of moderate-risk/problem gamblers had used at least one strategy to avoid excessive gambling.

Reference

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.

Footnotes

[1] 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.

[2] 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.

[3] Moderate-risk/problem gamblers: Scored 3 or more points on the PGSI.

[4] Infrequent gamblers: Participated in any gambling activities less frequently than once a week.

[5] Frequent, non-continuous gamblers: Participated weekly or more often only in non-continuous forms of gambling. Non-continuous forms of gambling are those in which winnings cannot be immediately reinvested, and include lottery games, going to casino evenings/buying raffle tickets for fundraising, participating in sweepstakes and making bets with family/friends.

[6] Frequent, continuous gamblers: Participated weekly or more often only in continuous forms of gambling. Continuous forms of gambling are those in which winnings can be immediately reinvested, and include playing electronic gaming (pokie) machines, table games at casinos, mobile phone games for money, and online activities for money or prizes through an overseas website, as well betting on horse or dog races or sports events and playing housie or bingo.

Citation

White, J. (2014). *Use of strategies to avoid excessive gambling*. *[In Fact]*. Wellington: Health Promotion Agency Research and Evaluation Unit.

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 α=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

  ◦ gambling behaviour (infrequent gamblers, compared with non-continuous gamblers and continuous gamblers)

  ◦ number of gambling activities participated in (one activity, compared with two, three, or four or more activities)

  ◦ 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.