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Fifth Social and Economic Impact Study of Gambling in Tasmania 2021

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Figures may not sum to 100 per cent due to non-integer weighting and decimal rounding.

EXECUTIVE SUMMARY

Background and Overview

- This research forms part of the Fifth Social and Economic Impact Study of Gambling in Tasmania and was commissioned by the Tasmanian Department of Treasury and Finance.
- The project had two principal aims: Firstly, analysis of key trends and comparisons with other states and territories, including, but not limited to: an update of the gambling industry structure and characteristics; changes and trends in gambling behaviour; and revenue. Secondly, undertake a gambling prevalence study to enable comparisons with previous Tasmanian prevalence studies.
- This research was undertaken by a consortium of researchers: the South Australian Centre for Economic Studies (SACES) in conjunction with the School of Psychology at the University of Adelaide and ENGINE.
- The timelines for the project and referencing of questions were adjusted to accommodate the occurrence of the COVID-19 pandemic.
- This research is the 8th dedicated prevalence survey to be conducted in Tasmania since 1994 (excluding the national survey conducted by the Productivity Commission, 1999).

Contextual Overview

- Tasmania has lower net per capita expenditure on gambling compared with other States and Territories ($733 per adult) compared with $1,593 in New South Wales, $825 in South Australia and the Australian average of $1,277.
- The level of expenditure on gambling has generally fallen over the last 20 years after reaching a peak around 2009 ($1,250 in 2008-09).
- Just over a third of net player expenditure (losses) comes from electronic gaming machines (EGMs) (35 per cent); another 27 per cent from casino activities; 23 per cent from various lottery products; and only 14 per cent from racing and sports (1 per cent) respectively.
- Previous studies indicate a decline in gambling participation in Tasmania over the past 10-15 years (72 per cent of the adult population in 2007 to 59 per cent in 2017 to 47 per cent in the present survey).
- In the 2017 prevalence study: 0.6 per cent of the adult population in Tasmania were classified as problem gamblers; 1.4 per cent as moderate-risk gamblers; and, 4.8 per cent as low risk gamblers.
- The survey takes a public health approach to gambling. Several innovative features incorporated into this survey to enhance its policy relevance include: (a) a more extensive analysis of gambling-related harm; (b) analysis of the effects of COVID-19 on gambling behaviour; (c) questions on the convergence of gaming and gambling; (d) positive play and protective behaviours; (e) help-seeking; and (f) online gambling and advertising in sports.

Methodology

- The research involved 5,009 respondents who were recruited using computer-assisted telephone interviews (CATI) in a sampling frame that extended from 22 October 2020 to 29 November 2020. Participants were adults aged 18 years and over living in Tasmania.
- The survey involved a 100 per cent mobile design (all calls used mobile numbers) using sample sourced from the Integrated Public Number Database (IPND). The IPND is a centralised database containing all telephone numbers issued by Carriage Service Providers (CSPs) to their customers in Australia. The sample comprised a random selection of listed and unlisted mobile numbers for Tasmanian residents.
- The questionnaire was developed by The University of Adelaide in consultation with the Tasmanian Department of Treasury and Finance. To allow for comparability with previous prevalence surveys, item content was kept the same wherever possible. The survey included gambling participation, problem gambling risk status, gambling-related harms, gambling behaviours, help-seeking behaviours and gambling attitudes. The survey also included a section on the impact of COVID-19 on gambling behaviour.

A sub-sampling design was used in this section to reduce the overall average survey length. Under this design, all respondents were administered a core set of questions. A further set of questions was then administered to a randomly selected 50 per cent of the total sample.

- The prevalence results reported was weighted to reflect non-response rates and enable weighted estimates for the adult Tasmanian population to be obtained.

Overall Participation Rate

- All respondents were asked to indicate which gambling activities, from a list of twelve, they had spent money on during the 12 months preceding COVID-19 (that is, between March 2019 to February 2020) just before COVID was declared a pandemic.
- Overall, just under half (47 per cent) of Tasmanian adults had participated in at least one gambling activity in the12 months prior to March 2020. Men were significantly more likely to participate in at least one gambling activity (49 per cent, compared with 45 per cent of women).
- The prevalence of 'non-lottery gambling' (i.e. participation in gambling activities excluding lotteries, TasKeno, instant scratchies and bingo) was 18 per cent. Again, men were significantly more likely than women to participate in at least one non-lottery gambling activity (23 per cent, compared with 13 per cent of women).
- Older respondents were more likely to gamble overall (56 per cent aged 55 to 64 years, compared with 47 per cent overall). However, the rate of non-lottery gambling was highest among the youngest respondents, aged 18-24 years (24 per cent) and lowest among those aged 65 years and over (13 per cent).
- The most prevalent gambling activity was lottery ticket buying (37 per cent). The next most popular activities were: TasKeno (17 per cent), instant scratchies (11 per cent), and EGM gambling (9 per cent).
- Further analysis based on gender showed that men were more likely than women to have participated in five of the twelve activities: betting on horse or greyhound races (10 per cent versus 4 per cent); betting on sporting events (7 per cent versus 1 per cent); playing casino tables games (6 per cent versus 2 per cent); informal private betting sessions (5 per cent versus 2 per cent); and playing poker games online for money (1 per cent versus 0.3 per cent).
- Half (49 per cent) of Tasmanian adults who had gambled in the past 12 months had participated in only one activity, a quarter (25 per cent) had participated in two activities, and a quarter (25 per cent) had participated in three ormore activities[1].
- Almost a third (31 per cent) of gamblers had gambled once a week or more. Over a quarter (28 per cent) gambled one to three times a month, and 41 per cent had gambled less than once a month. Men and older respondents were more likely to gamble once a week or more (35 per cent of men, 43 per cent of people aged 55 years and over, compared with 31 per cent overall).
- In relation to internet gambling, one in twenty (5 per cent) Tasmanian adults had gambled online in the 12 months preceding COVID-19.

Impact of Covid-19 on Gambling

- Tasmania imposed significant restrictions on indoor gatherings, stay-at-home orders, and a closure of gaming venues towards the end of March 2020. Closure of gambling venues lasted for several months.
- A series of questions examined the reported impact of the COVID-19 pandemic on gambling behaviour.
- Of those people who reported being engaged with venue-based gambling, almost two-thirds reported no change in expenditure; almost a third reported a decrease; and, only around 4 per cent reported spending morethan before.

[1] The results do not sum to 100% due to rounding.

- Just over 70 per cent of the people who gambled online reported no change in expenditure; around 20 per cent reporteda decrease; and, around 9 per cent reported spending more than before.
- Very few people reported adopting any new forms of gambling and this includes online gambling. Respondents were more likely to report having ceased gambling on several activities, with EGMs, lotteries, and keno being the activities most likely to have ceased due to COVID-19.
- In relation to self-reported expenditure by venue-based gamblers, it was found that non-problem gamblers were most likely to remain the same, whereas higher risk gamblers were more likely to report spending less than before.
- In relation to online gambling, a total of 75 per cent of non-problem gamblers reported having not changed their expenditure as compared with 57 per cent of moderate-risk gamblers and those classified as problem gamblers. Higher risk gamblers generally reported having spent less on gambling (pre and post COVID-19) as compared to the other groups.
- Further analysis based on gender showed that women who gambled at venues were more likely to report having spent less than before, whereas men were more likely to stay the same. For online gambling, men were more likely than women to report having increased their expenditure.
- Younger people were generally more likely to report having spent less on venue-based gambling, but were significantly more likely to report an increase in expenditure on online gambling as compared with the other groups. Older people were more likely to report that their gambling had not changed due to COVID-19.
- The results showed that COVID-19 has generally led to a decline in reported expenditure on gambling and no clear evidence of a migration to online gambling. People have most likely decreased their involvement in activities that are venue based (e.g. EGMs, keno or casino table games). There was some trend towards men and younger people reporting an increase in expenditure on online gambling during the COVID-19 period. However, there was little evidence of higher risk gamblers gravitating towards online gambling or increasing their gambling.

Gambling Activities

- Participants were asked to indicate whether they had spent money on 12 different gambling activities in the period preceding the COVID restrictions imposed in March 2020.[2]

Electronic Gaming Machine (EGM) gambling

- Overall, 6 per cent of Tasmanian adults had played EGMs less than once a month (but at least once) in the 12 months before COVID-19. A further 3 per cent had played one to three times a month, and 1 per cent had played once a week or more. Nine in ten Tasmanian adults (91 per cent) did not participate in EGM gambling during the 12 months in question.
- Analysis of EGM gamblers (i.e. excluding non-EGM gamblers) indicated that 64 per cent had played EGMs less than once a month, 27 per cent had played one to three times a month, and 8 per cent had played once a week or more.
- EGM participation was more frequent among older gamblers (EGM gamblers aged 65 years and over played 23.21 times per year, on average) and gamblers who were not working or studying (17.47 times per year, compared with 14.09 times per year overall).

Horse or greyhound races

- Overall, 3 per cent of Tasmanian adults had bet on horse or greyhound races less than once a month (but at least once). A further 2 per cent had bet between one to three times a month, and 1 per cent had bet once a week or more. Over nine in ten (93 per cent) did not bet on horse or greyhound races during the reference period.

[2] Occasionally the displayed results will not sum to 100%, due to rounding or the exclusion of don't know or refused responses.

- Analysis of race bettors (i.e. excluding non-race bettors) indicated that 53 per cent had bet on races less than once a month, 24 per cent had bet one to three times a month, and 23 per cent had bet once a week or more. Men were more likely than women to bet on races once a week or more (29 per cent compared with 7 per cent).

Lottery ticket buying

- Overall, 11 per cent of Tasmanian adults had bought lottery tickets once a week or more in the 12 months preceding COVID-19. A similar proportion (10 per cent) had purchased lottery tickets one to three times a month and 16 per cent had purchased lottery tickets less than once a month (but at least once). Nearly two thirds of Tasmanian adults (63 per cent) had not bought a lottery ticket during the 12 months reference period.
- Analysis of lottery ticket buyers indicated that three in ten (29 per cent) had bought lottery tickets once a week or more during the 12 months in question. A further 27 per cent had bought lottery tickets one to three times a month and 44 per cent had bought lottery tickets less than once a month. Men were more likely than women to buy lottery tickets once a week or more (34 per cent compared with 25 per cent).
- Lottery ticket buying tended to attract older gamblers (lottery ticket buyers aged 55 to 64 years purchased lottery tickets 34.55 times per year, on average), those who lived alone (30.94 times per year) or couples without children (29.11 times per year, compared with 25.38 times per year overall).

Instant scratch tickets

- Overall, 8 per cent of Tasmanian adults had purchased instant scratchies less than once a month (but at least once). A further 2 per cent had purchased instant scratchies one to three times a month and 1 per cent had purchased instant scratchies once a week or more. Nine in ten Tasmanian adults (89 per cent) had not bought instant scratch tickets during the 12 months in question.
- Analysis of instant scratch ticket buyers indicated that 73 per cent had bought instant scratchies less than once a month, one in five (20 per cent) had bought instant scratchies one to three times a month and 6 per cent had bought instant scratchies once a week or more.
- Instant scratchies were popular among older people (instant scratch ticket buyers aged 65 years and over purchased instant scratchies 13.43 times per year, on average) or people who were not working or studying (12.24 times per year, compared with 9.98 times per year overall).

TasKeno

- Around one in ten (11 per cent) Tasmanian adults had played TasKeno less than once a month (but at least once). A further 4 per cent had played one to three times a month and 2 per cent had played TasKeno once a week or more. Just over four in five (83 per cent) had not participated in TasKeno during the reference period.
- Analysis of TasKeno players indicated that 68 per cent had played TasKeno less than once a month, 23 per cent had played one to three times a month and 9 per cent had played once a week or more.
- TasKeno tended to attract older people (TasKeno players aged 55 to 64 years played 20.45 times per year, on average), those who lived alone (21.05 times per year) or those who were not working or studying (18.46 times per year, compared with 14.07 times per year overall).

Casino table games

- Overall, the majority of Tasmanian adults (96 per cent) had not participated in casino table games during the 12 months in question. Three percent (3 per cent) had played casino tables games less than once a month (but at least once). A further 0.3 per cent had played one to three times a month and 0.1 per cent had played once a week or more.
- Analysis of casino table game players (i.e. excluding non-gamblers) indicated that 89 per cent had played casino table games less than once a month during the reference period, 9 per cent had played one to three times a month and 2 per cent had played once a week or more.

Sports betting

- Overall, the majority of Tasmanian adults (96 per cent) had not bet on sporting events in the 12 months preceding COVID-19. Two percent (2 per cent) had bet on sporting events less than once a month (but at least once). A further 1 per cent had bet one to three times a month and the same proportion (1 per cent) bet once a week or more.
- Analysis of sports bettors (i.e. excluding non- bettors) indicated that half (50 per cent) had bet on sporting events less than once a month, 28 per cent had bet one to three times a month and 22 per cent had bet once a week or more.

Bingo

- Overall, the majority of Tasmanian adults did not participate in playing bingo (99 per cent). Only 0.4 per cent of Tasmanian adults had participated in bingo less than once a month (but at least once). A further 0.2 per cent had played bingo one to three times a month and 0.2 per cent had played once a week or more during the 12 months in question.
- Analysis of bingo players (i.e. excluding non-players) indicated that 47 per cent had played bingo less than once a month, 23 per cent had played one to three times a month and 30 per cent had played once a week or more.

How People Gamble

Expenditure

- For each activity undertaken in the 12 months before COVID-19, respondents were asked to estimate the 'average' amount they had spent during a 'typical' session of that activity.
- Self-reported gambling expenditure data remains inherently problematic (most often under represented, poor recollection, etc.) but is reported as an indication of gambling volume or intensity.
- Respondents who gambled were estimated to spend the highest per session amounts playing table games on-site at a casino($75 median, $161 mean). This was more than double the next highest median spend ($30 per session) for each of: EGM gambling ($51 mean), online poker ($58 mean), and online casino games ($48 mean).
- Estimates of respondents' annual spend per activity was derived from reported spend and reported frequency of participation. Apart from the small sample of online poker players (n=21, $250 median, $820 mean), the largest annual amounts were reportedly spent race betting, by respondents who placed race bets via the internet ($240 median, $4,127 mean), playing bingo ($240 median, $818 mean), and playing table games at a casino ($200 median, $1,539 mean).
- Estimates of respondents' total annual gambling expenditure was also calculated from the sum of the amounts they had spent on each activity. The median annual amount spent gambling was $240 ($1,659 mean). Men reported spending more on gambling than women ($310 median, compared with $165).
- Annual gambling expenditure also increased with age (up to 64 years), decreased as education-level increased, and was higher among gamblers of Aboriginal and Torres Strait Islander origin.

EGM gambling

- The majority of EGM gamblers had played EGMs in hotels (60 per cent). A little under half (47 per cent) of EGM playershad played casino EGMs.
- The most common options among EGM gamblers were: 1c or 2c units of credit (62 per cent), maximum lines (49 per cent), single credit per line (68 per cent never/rarely/sometimes played multiple credits per line), 71c average spend per spin (50c median).
- Men were significantly more likely than women to play higher stake options. This included: maximum lines (55 per cent compared with 43 per cent), multiple credits per line (32 per cent often/always, compared with 21 per cent), and over $1per spin, on average (14 per cent compared with 7 per cent).

Wagering

- Over two-thirds (68 per cent) of race bettors had placed racing bets at a venue or via a phone call. The most popular venues for placing race bets were clubs and hotels (32 per cent of race bettors).
- Forty-six percent (46 per cent) of race bettors had placed racing bets over the internet, most commonly via a mobile device (39 per cent of race bettors). Online race betting was more common among men than women (50 per cent compared with 37 per cent).
- The majority (80 per cent) of sports bettors had bet on sporting events over the internet, most often using a mobile device (72 per cent of sports bettors).
- Over three-quarters (77 per cent) of sports bettors said that special deals and promotions had no effect on the amount they bet. A similar proportion (78 per cent) said that sports betting advertising had no effect on how muchthey bet.

Internet Gambling

- Over one in ten gamblers (11 per cent) had participated in internet gambling in the 12 months before COVID-19.This was equivalent to one in 20 respondents overall (5 per cent).
- Online sports betting, and online race betting were the most common internet gambling activities (3 per cent of respondents overall, for each).
- Internet gambling was significantly more prevalent among men (8 per cent, compared with 3 per cent of women), 18-24 year olds (11 per cent, compared with 3 per cent of respondents over 54 years), respondents of Aboriginal and/or Torres Strait Islander origin (10 per cent, compared with 5 per cent of respondents overall), and employed respondents (7 per cent, compared with 5 per cent of respondents overall).
- Men and younger gamblers were also more likely to only gamble via the internet (and not in person). Six percent (6 per cent) of male gamblers only gambled via the internet, compared with 1 per cent of female gamblers. Eight percent (8 per cent) of gamblers aged 18-24 years only gambled online, compared with 4 per cent of gamblers overall.
- University-educated respondents were significantly less likely to be online gamblers (4 per cent, compared with 5 per cent of respondents overall). However, those who were online gamblers were significantly more likely to only gamble online (6 per cent of university-educated gamblers, compared with 4 per cent of gamblers overall).

Problem Gambling

- Respondents who participated in at least one gambling activity in the 12 months before COVID-19 were asked the nine-item Problem Gambling Severity Index (PGSI) questions.
- Results based on the total sample indicated that 0.4 per cent of Tasmanian adults were classified as problem gamblers, 1.7 per cent as moderate-risk gamblers and 4.3 per cent as low-risk gamblers. Respondents classified as moderate-risk or problem gamblers comprised 2.1 per cent of the Tasmanian population (4.5 per cent of gamblers).
- Analysis of those who reported gambling on at least one activity in the past 12 months indicated that the majority (86.4 per cent) of gamblers were classified as non-problem gamblers under the PGSI. Nine percent (9.1 per cent) of gamblers were considered low-risk gamblers, 3.7 per cent were moderate-risk gamblers, and 0.8 per cent were classified as problem gamblers.
- Rates of low-risk to problem gambling have remained relatively stable in Tasmania since 2011. In 2011 the figure was 2.4 per cent as compared with 2.1 per cent in the present survey.

- Compared with the results of recent gambling prevalence surveys in South Australia, Victoria, and New South Wales, Tasmania had the lowest prevalence rates recorded for all three gambling-risk categories: low-risk, moderate-risk and problem gambling.
- Men were significantly more likely than women to be categorised in the higher PGSI risk categories (3.0 per centwere classified as moderate-risk or problem gamblers, compared with 1.3 per cent of women).
- Moderate-risk or problem gambling was also more prevalent among younger adults (3.4 per cent of 25-34 year olds, compared with 2.1 per cent overall), single respondents (3.5 per cent compared with 1.3 per cent of respondents in married or in de facto relationships), and respondents with a trade qualification or diploma (3.0 per cent comparedwith 2.1 per cent overall).
- Moderate-risk and problem gamblers were significantly more likely than gamblers overall to have participated in each gambling activity, except lottery ticket buying and betting on non-sporting events.
- Not surprisingly, the frequency of gambling participation increased with PGSI risk level. This was the case both for gambling generally (all activities undertaken), and for all five of the most popular activities: playing EGMs, race betting, buying lottery tickets, buying scratchies, and playing TasKeno.
- Moderate-risk and problem gambling prevalence was lowest among participants of the most popular gambling activity, lottery ticket buying (4 per cent). In contrast, 18 per cent of sports bettors, 17 per cent of bingo players, and 15 per cent of in-venue casino table game players were categorised as moderate-risk and problem gamblers (compared with 5 per cent of gamblers overall).
- For all individual gambling activities, apart from bingo, the reported median expenditure per gambling session was higher for respondents classified as moderate-risk and problem gamblers than for participants in the activity overall.
- The largest annual median amount reportedly spent by moderate-risk and problem gamblers on an individual activity was $2,600 on race betting (compared with $240 spent by race bettors overall). The second largest annual median amount spent by moderate-risk and problem gamblers was associated with EGM playing ($2,400, compared with $120 spent by EGM players overall).
- Moderate-risk and problem gamblers were significantly more likely to be online gamblers than gamblers overall (41 per cent compared with 11 per cent). Notably, half (51 per cent) of problem gamblers had participated in internet- based gambling activities.
- Over a quarter (26 per cent) of moderate-risk and problem gamblers had bet on sporting events via the internet, compared with 7 per cent of gamblers overall. Just under a fifth (19 per cent) had placed racing bets via the internet, compared with 6 per cent of gamblers overall.
- Online poker players were significantly more likely to be moderate-risk or problem gamblers than online gamblers overall (41 per cent compared with 16 per cent).
- A multivariate analysis confirmed that the demographic ‘predictors’ of moderate-risk or problem gambling included being male, 25-34 years old, single, unemployed, or educated to a trade certificate or diploma level.
- Sports betting and EGM gambling were the activities most significantly associated with moderate-risk and problem gambling.

Gambling Harm

- The nature and severity of gambling harm was measured in six dimensions: financial; psychological; relationships; physical health; work and study; and legal (committing crimes to fund gambling). With the exception of the final category, respondents were asked to indicate the severity of harm at three levels: (a) over-prioritisation; (b) strains and pressures; and (c) severe harms.

Harm measured in all gamblers

- **Financial harm**: It was found that 1.41 per cent of people who gambled reported over-prioritising gambling ahead of other things, 1.10 per cent experienced pressures or strains and 0.34 per cent experienced severe impacts or harms associated with gambling (which could include a loss of essential services, bankruptcy or selling assets).
- **Psychological harm**: 1.49 per cent of the people who gambled reported putting gambling ahead of their psychological health, 1.74 per cent experienced psychological strain or distress due to gambling and 0.47 per cent experienced severe psychological consequences.
- **Relationship harm**: 0.64 per cent of the people who gambled were prioritising gambling ahead of important relationships. 1.15 per cent had experienced pressures or strains on their relationship and 0.47 per cent had experienced significant relationship harms (e.g. loss of relationships) due to gambling.
- **Physical health harm**: A total of 1.19 per cent of people who gambled reported putting gambling ahead of theirphysical health, 0.81 per cent reported impacts on their physical health due to gambling, but only 0.04 per cent (only one person) reported that gambling had led to severe physical harm.
- **Work and study harm**: 0.81 per cent of people who gambled reported prioritising gambling over work or study; 0.3 per cent reported that gambling was leading to reduced performance; and, 0.08 per cent (two people) reported severework/study consequences because of gambling (e.g. loss of job).
- **Legal**: Only five (or 0.21 per cent of the sample) reported having committed illegal acts to gamble.

Harm by risk level (PGSI categories)

- **Over-prioritisation** (in at least one area of harm): This behaviour was very rare in non-problem gamblers (0.7 per cent), reported by just over one in 20 low-risk gamblers, by 28 per cent of moderate-risk gamblers and more than nine in 10 problem gamblers. Inspection of the data showed that 57 per cent of problem gamblers and 5.9 per cent of moderate-risk gamblers over-prioritised gambling in three of the five areas investigated.
- **Pressures and strains**: These were very rare in non-problem (0.4 per cent) and low risk gamblers (2.4 per cent), but were reported by 29 per cent of moderate-risk gamblers and 90 per cent of problem gamblers.
- **Severe harms**: These were almost non-existent in the low-risk groups, were reported by 7 per cent of moderate-risk gamblers and by 60 per cent of problem gamblers.
- **Financial harm**: 60 per cent of problem gamblers reported over-prioritisation; 75 per cent reported pressures and strains and 30 per cent reported severe harms. The figures for moderate-risk gamblers were: 15 per cent, 9 per cent and 1 per cent respectively.
- **Psychological harm**: 80 per cent of problem gamblers reported over-prioritisation; 80 per cent reported pressures andstrains; and 30 per cent reported serious psychological harm due to gambling. The figures for moderate-risk gamblers were: 16 per cent, 19 per cent and 6 per cent respectively.
- **Relationship harm**: 55 per cent of problem gamblers reported over-prioritisation; 70 per cent reported pressures and strains; and 40 per cent reported severe relationship harm. The figures for moderate-risk gamblers were: 10 per cent, 2 per cent and 12 per cent respectively.
- **Physical health harm**: 70 per cent of problem gamblers reported over-prioritisation; 40 per cent reported strains and pressures; and 50 per cent reported severe physical health harm due to gambling. The figures for moderate-risk gamblers were: 2 per cent, 12 per cent and 7 per cent respectively.
- **Work and study harm**: 40 per cent of problem gamblers reported over-prioritisation; 30 per cent reported pressures and strains and 50 per cent reported severe harm to work or study.
- **Harm in lower risk gamblers**: In support of Browne et al. (2016), the results show that harm is not solely confined to the higher risk groups (around 21 per cent comes from the lower risk groups), but much of this appears to relate to over-prioritisation rather than strains, pressures or serious harm.

- **Overall distribution of harm**: Using weighted aggregate harm scores, it was found that 48.8 per cent of the totalsum of harm is contributed by problem gamblers, 30 per cent by moderate-risk gamblers, 8.66 per cent by low-risk gamblers and 12.56 per cent by non-problem gamblers. In other words, almost 79 per cent of the total harm score totalis attributable to moderate and problem gambling.
- **Demographics and harm:** Younger people and men were significantly more likely to report over-prioritising gambling over other areas of life and to report strains or pressures due to gambling.
- **Activities and gambling harm**: The odds of people who bet on sports prioritising gambling ahead of other activities was four times higher than for those who did not bet on sports. The odds of over- prioritisation were 2.63 times higher for those who gambled on EGMs. The odds of men reporting strains or pressures were 1/0.53 or 1.89 times higher; EGM participation increased the odds three times and sports gambling increased the odds almost three times.

Positive Play and Gambling

- The Positive Play Scale (PPS) examines the extent to which people are feeling honest with others and in control of their gambling (the Honesty and Control Subscale); whether they are setting a budget before they gamble (Pre-commitment); if they are taking responsibility for their actions (Personal Responsibility); and, whether theyare viewing gambling in an objective manner (Gambling Literacy).
- **Honesty and control**: Problem gamblers indicated significant difficulties in being able to stay in control or be honest about their gambling (as indicate by a mean score of 12 versus a possible maximum score of 21).
- **Pre-commitment**: The analysis for pre-commitment showed a similar trend. Problem gamblers, in particular, reported being much less likely to set budgets before they gambled.
- **Personal responsibility**: The results for personal responsibility revealed smaller differences between the groups, but showed that problem gamblers and, to a lesser degree, moderate-risk gamblers, were less likely to believe themselves to be responsible for their actions as compared with non-problem gamblers.
- **Gambling literacy**: Higher risk gamblers also reported lower gambling literacy compared with the lower risk groups which indicates that they were more likely to see gambling as a way to make money or that they held erroneous beliefs about their chances of winning.
- **Demographic differences**: Women were more likely to take personal responsibility and to have better scores on the Gambling Literacy subscale. The results showed that older people tended to have less positive play than younger people. The 65+ age group scored lower on honesty and control and also personal responsibility than the younger age group.
- **Harm**: those who reported over-prioritising gambling had significantly poorer scores on Honesty and Control and Pre-commitment, but did not differ on the two belief subscales.

Gambling and Gaming

- A number of questions were included to capture video gaming, loot box use (i.e. consumable virtual item that provides a randomised reward), problem gaming and the association between these variables and gambling. This section of the study was included to address theconcept of digital convergence.
- Around 40 per cent of the total sample reported playing video games at least once per week. Just over a quarterreported moderate usage and around 6 per cent played 30 or more hours per week.
- 218 people in the total sample (or 4.4 per cent) could be classified as having at least some signs of problems with gaming.
- A total of 38 per cent people who played video games indicated that they played games that contained loot boxes. However, only 150 (or 9 per cent) reported having purchased a loot box. Of these people, 83 (57 per cent) indicated that they usually spent (per month) less than $10; 37 (24 per cent) indicated between $10 and $20; 5 per cent indicated $21-30; and 14 per cent said that they spent more than $30. Only 24 people indicated that they had used skins to gamble, which represents 1 per cent of video gamers

and less than 1 per cent of the total sample.

- There was little indication that video gaming had any influence on their gambling. When asked: 93 per cent indicated 'Not at all'; 4 per cent said 'Very little'; 1 per cent said 'Moderate' and 1 per cent said 'Strong influence'. In other words, video games were generally not seen as a pathway to gambling. Only around 2 per cent of video gamers suggested some influence, which represents around 1 per cent of the total sample of 5,009 people.
- Loot boxes are rarely purchased by occasional gamers, but over one in five very regular gamers (those who play 30 hours per week) reported purchasing them.
- The prevalence of signs of problem gaming was significantly higher in problem gamblers as compared with other groups: 15 per cent of problem gamblers displayed at least one sign of problematic gaming comparedwith only around 4 per cent of the lower risk groups.
- Problem and moderate-risk gamblers were also significantly more likely to report having purchased a loot box compared with the lower risk groups: 25 per cent of problem gamblers reported buying loot boxes and that this behaviour increased with the level of risk (as based on the PGSI). This is consistent with internationalstudies.
- Men were more likely to report higher intensities of gaming than women. The percentage of men reporting 30 or more hours of video-gaming per week was more than double that of women (8 per cent to 4 per cent).
- Video gaming was most common in the youngest age groups. Over 50 per cent of people in the youngest age group (under 40 years) played 10 or more hours per week, with 11 per cent reporting 30 or more hours.
- Of those who gambled on online gaming activities (casino games), 13 per cent reported having purchased a lootbox compared with 3 per cent of those who had engaged in this form of online gambling.

Help-Seeking

- Gamblers' help-seeking behaviour during the past 12 months was examined. This included gamblers' self-exclusion behaviour, the type of help and the reason for seeking or not seeking any help. Due to the small sample of help seekers, findings should be treated with caution.

Formal self-exclusion

- Eleven gamblers said they had used the formal self-exclusion process to exclude themselves from entering gambling venues; seven men and four women. Three out of the seven male gamblers tried to re-enter venues during self-exclusion period and all of them succeeded, while no female gamblers tried to re-enter.
- Nine out of the eleven gamblers who formally self-excluded were classified as moderate-risk or problem gamblers.

Online self-exclusion

- Only 18 gamblers said they had excluded themselves from an online gambling provider; 14 men and four women. Five out of the 14 self-excluded male gamblers tried to re-access the online provider and three succeeded, while one female gambler tried to re-access but did not succeed.
- Thirteen out of the 18 who had self-excluded from online providers were classified as moderate-risk or problem gamblers.

Help-seeking

- Thirteen gamblers sought help for their gambling related problems; seven men and six women. Twelve out the 13 help seekers were classified as moderate-risk or problem gamblers.
- Help seekers (n=13) were asked their reasons for seeking help. Most commonly, they had realised that they had a problem and that things had to change (n=8). Other reasons included: wanting support and advice from friends (n=5), wanting professional advice (e.g. GP, n=3), and experiencing a family or

financial crisis (both n=2).

- Nine help seekers said they sought professional help, in the form of a counselling service or social worker. Personal help had been sought by six help seekers, and self-help by two. The Gambler's Help 24-hour hotline had been accessed by one respondent, and Gambler's Help face-to-face counsellors had also been used by one respondent.
- **Professional help awareness**: Those who sought professional help (n=10) were asked how they found out about it. The most common means was via referral from another professional service (n=4). This was followed by advertising material or a sign in a pub, hotel, club or casino (n=2). One respondent had directly contacted an independent counsellor or community organisation, and one had found professional help via the Tasmanian Gambler's Help Website.
- **Type of personal help**: Those who sought personal help (n=6) were asked what type of personal help they had sought. Family members were preferred (n=3). Two respondents said they talked to a friend or work colleague.
- Respondents who did not seek any help and had a PGSI score of 2 or more (n=157) were asked why they had not sought help for their gambling problem. More than four fifths (82 per cent) said that they did not have a gambling problem, while one in ten (10 per cent) believed they could sort the problem out themselves, and 2 per cent felt that counselling 'is not helpful'.
- Moderate-risk and problem gamblers were significantly more likely than low-risk gamblers to believe they could 'sort the problem out themselves' (14 per cent compared with 3 per cent).

Health-Related Correlates and Community Attitudes Towards Gambling

- The prevalence of co-morbidities, including alcohol, cigarettes and other substances, and the psychological wellbeing of all respondents were assessed in the study.

Alcohol consumption

- Using a brief alcohol screen, all respondents were asked about the frequency and volume of their alcohol consumption. Four levels of harm related to alcohol consumption were derived: a) no risk of harm; b) low-risk of harm; c) medium risk of harm; and d) high risk of harm.
- Men were significantly more likely than women to be classified as having a high risk of alcohol harm (51 per centcompared with 32 per cent).
- Two thirds (67 per cent) of moderate-risk and problem gamblers (combined) were classified as having a high riskof alcohol related harm. Among problem gamblers alone, the rate reached 90 per cent.

Smoking

- All respondents were classified into five smoking frequency categories: a) never smoked; b) ex-smoker; c) less than weekly; d) at least weekly and e) daily.
- Two thirds (66 per cent) of Tasmanian adults had never smoked. Seventy percent (70 per cent) of women had never smoked, 62 per cent of men had never smoked.
- Three in ten (31 per cent) moderate-risk and problem gamblers (combined) reported that they smoke daily, compared with 10 per cent of non-gamblers.

Other substances, such as anti-depressants, sleeping pills, marijuana and any other illicit substances

- Almost four fifths (78 per cent) of Tasmanian adults reported that they had not consumed any medication or illicit substances in the past four weeks. A quarter (26 per cent) of women, and 18 per cent of men, said they had taken at least one medicine or illicit substance.
- Anti-depressants were most common, taken by 14 per cent of the Tasmanian adults.
- Almost two fifths (37 per cent) of moderate-risk and problem gamblers (combined) reported having used

one ormore medical or illicit substances.

The Kessler Psychological Distress Scale (K6)

- All respondents were asked to respond to six statements (K6) relating to the experience of psychological distress within a past 30-days time-frame. Items related to: feeling nervous, hopeless, restless or fidgety, worthless, depressed, or that everything was an effort.
- Three levels of distress (no or low distress, moderate, and high) were calculated, based on respondents' responses to the K6.
- Feeling nervous was the most commonly reported statement, with 53 per cent of Tasmanian adults saying that they had felt nervous during the past 30 days. This was followed by feeling restless or fidgety (49 per cent), and finding everything to be an effort (48 per cent).
- Almost half (45 per cent) of moderate-risk and problem gamblers (combined) were classified as 'moderate distress' based on the K6, and a further 20 per cent were classified as 'high distress'.

Overall attitudes towards the impact of gambling on the community

- Two statements were used to measure attitudes towards the impact of gambling on the community. Half the sample was asked their level of agreement with the statement that 'gambling has done more good than harm for the community'; while the other half was asked the inverse (i.e. whether gambling has done more harm than good). Responses to these two questions were combined for analysis of the sample overall, and are reported in terms of agreement with the statement, 'Gambling has done more harm for the community than good'.
- Four fifths (80 per cent) of the Tasmanian population strongly agreed or agreed with the statement, including 77 per cent of gamblers and 83 per cent of non-gamblers.
- Bingo players (56 per cent), and EGM players (70 per cent) were significantly less likely than other gamblers (77 per cent) to agree with the statement.

Gamblers' enjoyment of gambling

- More than four in five (85 per cent) gamblers indicated that gambling had made no difference to their life. One inten (10 per cent) reported that gambling had made their life a lot or a little more enjoyable, and 4 per cent said that gambling had made their life a lot or a little less enjoyable.
- Moderate-risk and problem gamblers were divided in opinion: 28 per cent felt that gambling had made their life alot or a little more enjoyable, while 31 per cent of them said gambling had made their life less enjoyable.

1 BACKGROUND AND INTRODUCTION

In this chapter we outline the principal aims and scope of the research described in this report as well as a summary of the report structure.

1.1 PROJECT SPECIFICATIONS

This research forms part of the Fifth Social and Economic Impact Study of Gambling in Tasmania and was commissioned by the Tasmanian Department of Treasury and Finance. Under Subsection 151(5) of the Gaming Control Act 1993, the Department is required to conduct an independent review of the social and economic impact of gambling in Tasmania every three years. This program of work is designed to comprise:

- Analysis of key trends and comparisons with other states and territories, including, but not limited to: an update of the gambling industry structure and characteristics; changes and trends in gambling behaviour; and revenue.
- Undertake a gambling prevalence study to enable comparisons with previous Tasmanian prevalence studies.

The project was designed to be completed by the end of 2020 (although with contract adjustments to accommodate the COVID-19 pandemic) to allow tabling of a final report in each house of Parliament within 20 days of completion in 2021. The research reported in this volume comprises the prevalence study component that was principally designed to obtain individual perceptions of the impact of gambling on individuals, their families and the broader community.

1.2 PROJECT TEAM

This research was undertaken by a consortium of researchers: the South Australian Centre for Economic Studies (SACES) in conjunction with the School of Psychology at the University of Adelaide and ENGINE. All three parties were involved in the conceptualization of the project, survey design and reporting, with all fieldwork undertaken using a phone-based methodology by ENGINE in 2020. The time-lines for the project and referencing of questions was adjusted to accommodate the occurrence of the COVID-19 pandemic.

1.3 TASMANIAN PREVALENCE RESEARCH

This research is the 8th dedicated prevalence survey to be conducted in Tasmania since 1994 (excluding the national survey conducted by the Productivity Commission, 1999). A summary of previous studies are provided in Table 1. As Table 1 indicates, all studies since 2000 have involved samples of approximately 4000-6000 adults and have involved a telephone-based methodology. The Problem Gambling Severity Index (or PGSI) has been the principal index used to assess the prevalence of the level of gambling risk.

Table 1. Summary of Tasmanian prevalence studies

Year	n	Consultants
1994	1,220	AIGR; Roy Morgan Research
1996	1,211	AIGR: Roy Morgan Research
2000	1,223	Roy Morgan Research
2005	6,048	Roy Morgan Research
2008	4,051	SACES
2011	4,303	ACIL Allen Consulting, Social Research Centre, Problem Gambling Treatment and Research Centre
2014	5,000	ACIL Allen Consulting, Social Research Centre, Problem Gambling Treatment and Research Centre
2017	5,000	ACIL Allen Consulting, Social Research Centre, Deakin University and Central Queensland University
2020	5,009	SACES; University of Adelaide and ENGINE

AIGR (Australian Institute for Gambling Research); SACES (SA Centre for Economic Studies)

1.4 PROJECT APPROACH: REPLICATION, INNOVATION AND POLICY IMPACT

This project follows a similar methodology to that employed in previous surveys so as to allow comparisons of prevalence results. As explained in Chapter 3 (Methodology), the study used a telephone-based methodology, similar measures to capture the frequency of gambling as well the same standardized measure of problem gambling (the PGSI or Problem Gambling Severity Index). As with the 2017 survey, the study was also designed to include elements of research innovation as informed by developments in the national and international literature. For example, as outlined in Chapter 2, this study provides a more comprehensive assessment of gambling harm than in previous surveys; the inclusion of a measure of Positive Play; increased focus on gaming-gambling convergence; the impact of sports advertising; and additional questions on facilitators and barriers to help-seeking. The study also included a dedicated module on the perceived impact of the COVID-19 pandemic of gambling in Tasmania. The principal aim was to position the study as strongly as possible within contemporary national debates of policy concern and to apply a strong public health focus. The aim was to generate findings that would be of practical value to the Department and broader areas of government.

1.5 REPORT STRUCTURE

The report is structured around a series of chapters that are designed to enable clear, topic-specific insights into the findings; transparent details of the methodological and sampling approach; and justification for some of the measure inclusions.

- Chapter 2 provides a brief literature review relating to the principal measures or questions included in this research. It summarises the broad results of previous surveys to benchmark these results against previous Tasmanian surveys as well as against other recent national surveys. It also summarises the major theoretical and policy issues in the contemporary field of gambling studies and how this work has been used to inform specific areas of focus in this study.
- Chapter 3 summarises the telephone sampling methodology that was used to recruit 5,009 adults who responded to the survey.
- Chapter 4: Provides an overview of the overall trends in gambling participation across time as well as for particular activities.
- Chapter 5: Provides a specific analysis of the apparent impact of COVID-19 on the gambling behaviours of Tasmanians in 2020.
- Chapter 6: Provides detailed analysis of the frequency with which people gamble on specific activities and how this varies by specific demographic characteristics, including gender, age, location and other relevant variables.
- Chapter 7: Examines the context of gambling: how much people spent on different activities, where they gamble, the nature of Internet versus land-based gambling activities. A section on electronic gaming machines (EGMs) is provided in this section.
- Chapter 8: Provides a summary of the results from the PGSI screen: the percentage of low, moderate-risk and problem gambling in Tasmania; demographic and activity correlates and best predictors of higher risk status.
- Chapter 9: This chapter summarises the prevalence of various types and severities of harm based on the recently developed Gambling Harm Measure (GHM). The chapter highlights the prevalence of harm by PGSI status, demographics as well as by gambling activity.
- Chapter 10: This chapter reports the findings from administering the Positive Play Subscales to the sample. This measure captures the use of protective strategies (e.g. budgeting, staying in control, being gambling literate) that previous studies have shown to mitigate the potential harms of gambling.
- Chapter 11: Provides a summary of the extent to which Tasmanians are engaging in gambling-like activities (e.g. loot boxes) and the inter-relationship between gambling and gaming/ problem gambling and problem gaming.

- Chapter 12: Provides a summary of the main sources of help for gambling problems and the barriers and facilitators of help-seeking
- Chapter 13: Summarises the co-morbidity or other health-related or risky behaviours that correlate with higher risk gambling.
- Chapter 14: Provides a summary of the findings and implications.

2 LITERATURE REVIEW

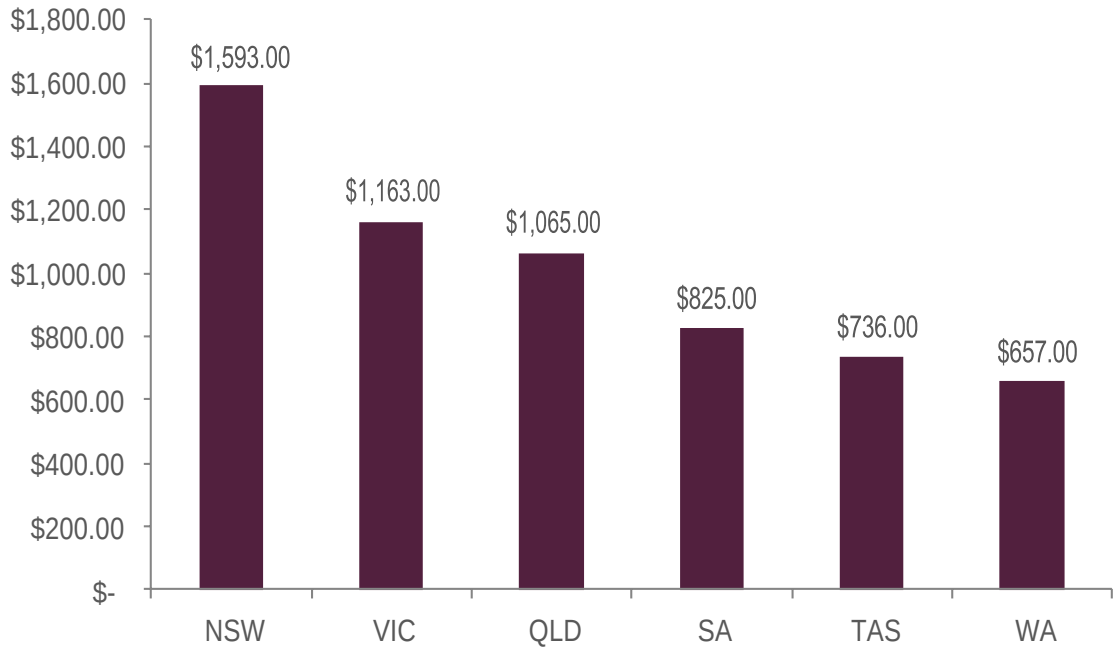
2.1 OVERVIEW

This chapter provides a summary of the contextual and conceptual background to the prevalence survey. The first part provides details of the Tasmanian gambling market to place the findings from research into a national context. Included is a discussion of the types of gambling opportunities in Tasmania and long-term trends. Many of these issues are covered in detail in the other reporting that forms part of the Fifth Social and Economic Impact study (Volume 1). A second section summarises the major national developments in prevalence research, including longer-term trends in participation and problem gambling. The third section reviews a range of contemporary frameworks, research finding and policy issues that were used as the basis for some of the question inclusions in the 2020 survey.

2.2 GAMBLING IN TASMANIA

Tasmania shares many similarities with other States. There is a long-standing legalized land-based gambling industry. There are two casinos in Tasmania (Wrest Point Hotel Casino, Hobart) and the Country Club Casino in Launceston. People can also gamble on electronic gaming machines (EGMs) at various hotels and clubs, place bets on wagering activities (sports, racing) at venues or via the telephone or online, and there are a range of lottery products (draw-based products, scratch tickets and keno). Other miscellaneous activities include betting on private games or sports, or charity lotteries. As shown in Figure 1, the annual net per capita expenditure[3] on gambling in Tasmania is generally lower than most other jurisdictions (in the NT it is over $11,000 per capita per year) (Queensland Treasury, 2019).

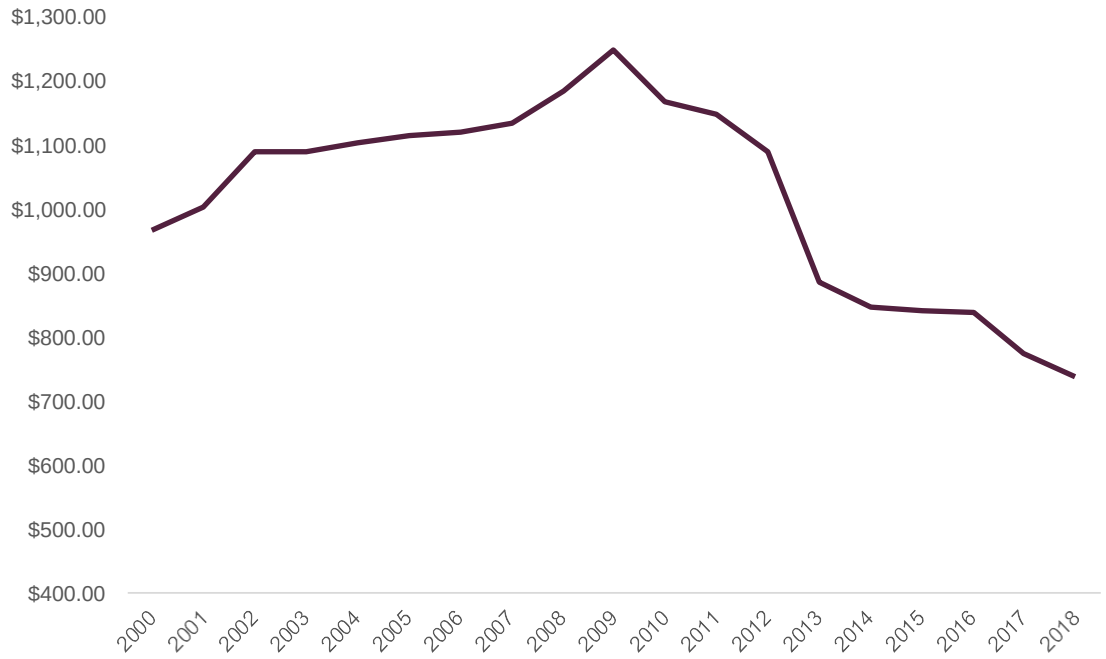
Figure 1. Net gambling expenditure per capita: 2017-18 (Qld Treasury, 2019)



The level of expenditure on gambling has generally fallen over the last 20 years after reaching a peak around 2009 ($1250 in 2008-09). This is evident in Figure 2 which shows the total real net gambling expenditure per capita for Tasmania. At the end of the 2018 financial year, the figure was $736 as compared with $1003 for 2000-01.

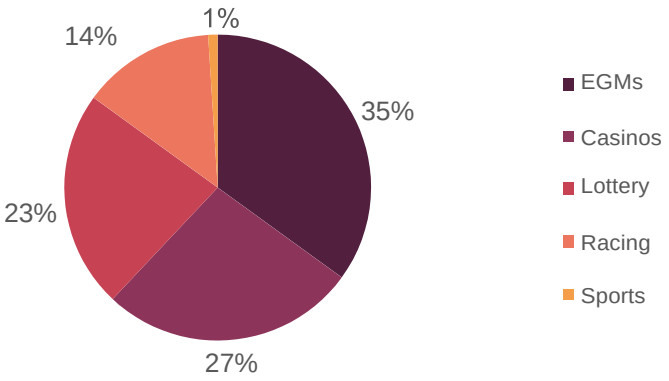
[3] Expenditure refers to the total amount gambled (turnover) less the amount won by gamblers (winnings). It is often referred to as net gaming revenue (NGR) or player losses. Per capita figures are obtained by dividing the total net expenditure by the total adult population.

Figure 2. Trend in real gambling expenditure per capita in Tasmania



The breakdown in gambling expenditure (ie.net gambling revenue) in Tasmania for 2017-18 is shown in Figure 3. Just over a third of all revenue comes from EGMs (35 per cent); another 27 per cent from casino activities (including EGMs); 23 per cent from various lottery products; 14 per cent from racing and only 1 per cent from sports betting. In other words, most revenue in Tasmania is derived from gaming (EGMs,casino games) rather than wagering activities.

Figure 3. Breakdown in total net revenue 2017-18 (per cent)



2.3 PREVALENCE STUDIES AND NATIONAL TRENDS

Gambling prevalence studies have been conducted in Australia since the 1990s. Almost all of the surveys since 2000 have been conducted using telephone-based Computer Assisted Telephone Interviewing (CATI) surveys and the majority since 2010 employ a dual-frame methodology. A dual-frame methodology means that calls to land-based numbers have to be combined with calls to mobile phones due to the increasing proportion of the population that has discontinued a land-line service. However, such methods face many problems, particularly when the sample has to be drawn from smaller states. Mobile phone numbers are not state-specific and so research has to rely upon lists of numbers which may, or may not, be entirely representative of the population of people who own mobile phones. Increasingly complex weighting procedures have to be applied to ensure that the demographic composition of the sample is representative of the broader population. In chapter 3, a summary is provided of the sampling and weighting methodology that had to be applied to obtain the sample for the present study.

Evidence suggests that the overall downward trends in gambling expenditure, particularly for activities such as EGM gambling are being reflected in decreasing overall participation rates for gambling and also stabilisation in the proportion of people identified as being higher risk gamblers. This is evident in Table 2 which provides a summary of the major Australian prevalence studies that have been conducted over the last 15 years. Inspection of the figures within states or territories show clear declines in the proportion of people reporting having gambled at least once per year (e.g. NSW is down from 69 per cent in 2006 to 53 per cent in 2019). The prevalence of higher risk gambling is also quite stable, with the problem gambling percentage remaining consistently below 1 per cent (with only NSW in 2019 as the exception): the weighted average percentage (which takes the sample sizes into account) is 0.7 per cent across all the studies.

Table 2. Summary of major Australian prevalence surveys using the Problem Gambling Severity Index (PGSI): 2005-2020: sample details and participation rates expressed as percentage prevalence estimates

			Percentage			
State	**Year**	**n**	**Gambled**	**Low Risk**	**Medium Risk**	**Problem Gambler**
ACT	2014	7,068	55.0	3.9	1.1	0.4
NSW	2006	5,026	69.0	2.1	1.6	0.8
NSW	2012	10,000	65.0	8.4	2.9	0.6
NSW	2019	10,012	53.0	6.6	2.8	1.0
NT	2015	4,945	76.0	8.2	2.9	0.7
QLD	2007	30,000	65.3	5.7	1.8	0.5
QLD	2009	30,000	74.7	4.7	1.6	0.4
QLD	2012	15,000	74.0	5.2	1.9	0.5
QLD	2017	15,000	70.8	6.4	2.5	0.5
SA	2005	17,000	70.0	2.3	1.2	0.4
SA	2012	9,402	68.8	7.1	2.5	0.6
SA	2018	20,017	65.0	4.6	2.2	0.7
TAS	2007	4,051	71.6	1.0	0.8	0.5
TAS	2011	4,303	64.5	5.3	1.8	0.7
TAS	2014	5,000	61.2	3.9	1.8	0.5
TAS	2017	5,000	58.5	4.8	1.4	0.6
VIC	2014	13,554	61.1	8.9	2.8	0.8
VIC	2019	10,930	69.0	6.7	2.4	0.7

Sources: ACT (Davidson, Rodgers, Taylor-Rogers, Suomi, & Lucas, 2015); NSW (2006)- AC Nielsen (2006); NSW (2012)- Sproston, Hing, & Palankay, 2012); NSW (2019): Browne, Rockloff, Hing, Russell, Murray-Boyle, & Rawat, 2019); NT (2015): Stevens, Thoss, & Barnes (2017): QLD (2006, 2009, 2012, 2017) Queensland Government; SA (2005) –Department for Families and Communities (2005); SA (2012): Department of Communities and Social Inclusion; SA (2018): Woods, Sproston, Brook, Delfabbro, & O'Neil, 2018); TAS (2011-2017): ACIL Allen Consulting et al. (2011, 2014, 2017); Tas (2007); SA Centre for Economic Studies; VIC (2014): Schottler Consulting (2014); VIC (2019): Rockloff et al. (2019).

A clear sense of how gambling participation has changed in Tasmania is evident in Figure 4 which shows a decline from 72 per cent of the adult population in 2007 to 59 per cent in 2017.

Figure 4. The decline in overall gambling participation in Tasmania

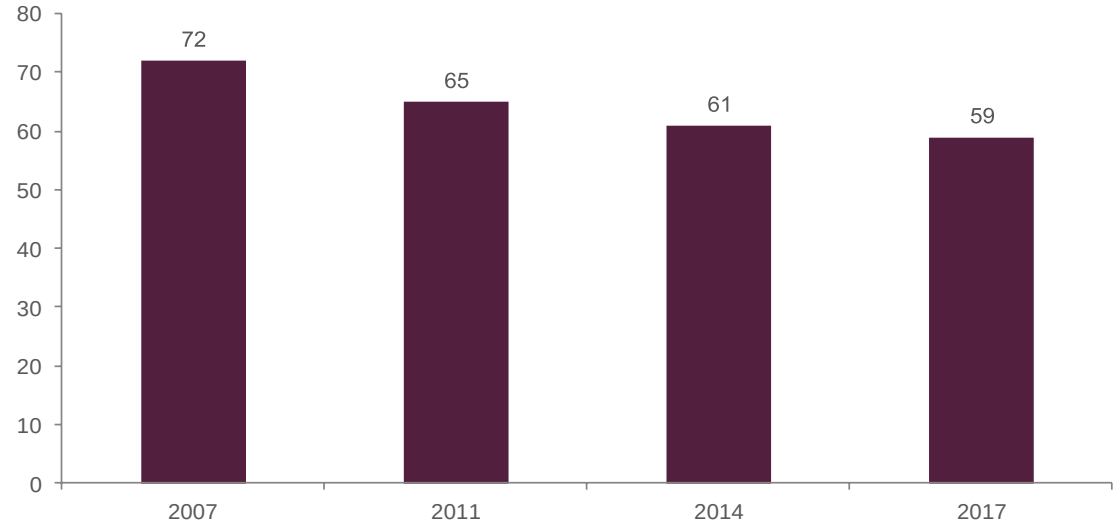
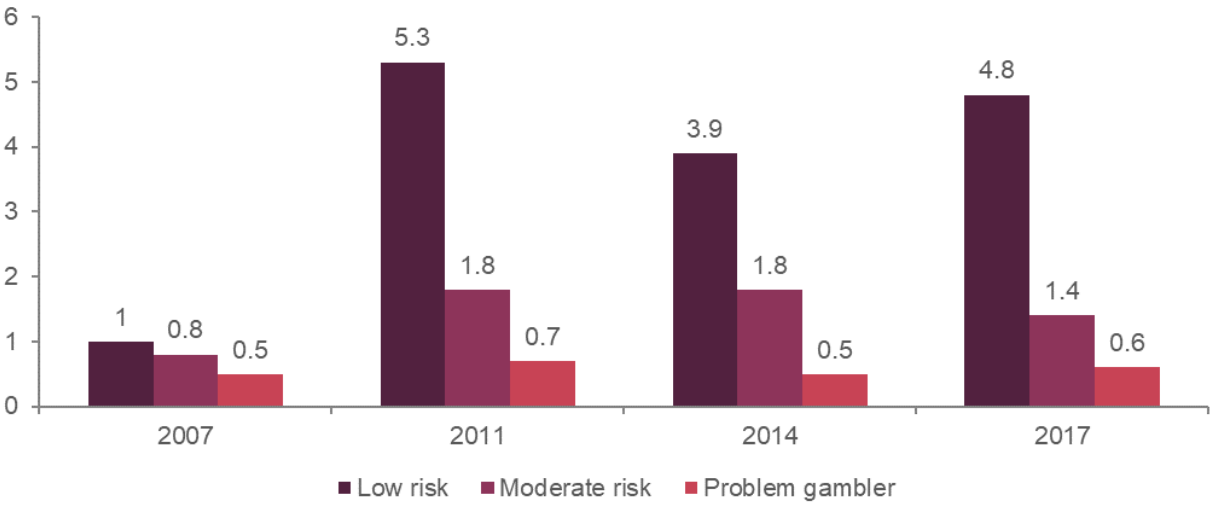


Figure 5 shows the percentage of respondents classified using the PGSI over the last four surveys. It shows that the percentage of problem gambling has remained very stable for more than a decade and that there has been little change in the percentage of low and moderate-risk gamblers over the past three surveys. The comparisons also highlight the difference of methodology between the 2011-2017 surveys and the 2008 and earlier surveys. In 2008, the PGSI was only administered to regular (or weekly) gamblers on non-lottery-based products, whereas later surveys administered the PGSI to all gamblers. Many low-risk and moderate gamblers clearly gambled less often than weekly and have been detected by the more recent surveys. This difference in methodology is important to take into account when comparing the pre and post 2010 surveys. It should almost be noted that earlier surveys (e.g. pre mid 2000s) did not use the PGSI and relied on the South Oaks Gambling Screen which had different risk criteria and scoring methods.

Figure 5. PGSI classification across time in Tasmania (Low risk, moderate risk and problem gambling)



2.4 POSITIONING THE SURVEY WITHIN CONTEMPORARY FRAMEWORKS AND RESEARCH

In this section, we summarise some of the important frameworks and research areas that are receiving national and international attention. These developments were used to inform some of the new questions that were incorporated into the 2020 survey.

2.4.1 Public health approach and measuring harm

Most jurisdictions in Australia as well as several other countries have now adopted a public health approach to gambling (Abbott et al., 2013; Korn & Shaffer, 1999; Shaffer & Korn, 1999; Wardle, Reith, Best, McDaid, & Platt, 2018; Victorian Responsible Gambling Foundation (VRGF, 2015). The public health approach essentially refers to a "whole of population" intervention strategy that assumes that the most severe problems can be best averted by prevention and early intervention. As Delfabbro and King (2020) point out, this is well summarized by the Victorian Responsible Gambling Foundation (VRGF):

> *"A public health approach is, in essence, a practice which focuses on improving the health of populations- that is, population groups or subgroups - rather than the health of individuals. It is based on the accumulation of a body of evidence demonstrating that even small improvements in health, when conferred across large numbers of people, results in substantially reduced total burden of disease, including reduced economic and social costs." (p. VRGF, 2015, p. 6)*

In policy and practical terms, this has seen a move away from a strict focus on gambling pathology to finding ways to capture the consequences or harms associated with gambling on individuals, families and communities. For prevalence studies, this means that there is now greater attention on capturing harm in addition to the percentages of cases identified as being at risk on the PGSI. A principal challenge has been that harm has generally not been well captured in many previous prevalence studies. For example, the PGSI (Ferris & Wynne, 2001) is hybrid measure with only three to four of the total nine items are arguably harm items. These limitations also apply to rival measures such as the South Oaks Gambling Screen (Lesieur & Blume, 1987). Possible exceptions include the Victorian Gambling Screen (VGS) (Ben-Tovim et al., 2001); the Problem and Pathological Gambling Measure (PPGM) developed by Volberg and Williams (2012) which contains a dedicated set of harm questions; and the national survey conducted by the Productivity Commission (1999) that included a set of dedicated harm measures.

However, many of these measures (e.g. PPGM) are limited in that questions tend to focus on only the most severe harms. For example, people might be asked whether they had lost jobs, relationships, become bankrupt or suffered legal problems because of gambling and such experiences were rarely reported. Such experiences would only be reported by a small percentage of problem gamblers and be rarely (if ever endorsed by lower risk gamblers). As a result, it was not possible to capture the sort of 'continuum of harm' that might be useful for informing public health approaches to gambling (Abbott et al., 2013; Korn & Shaffer, 1999; Shaffer & Korn, 2002; Wardle et al., 2018).

In response to these limitations, the VRGF funded research into the nature of gambling harm to identify a wider range of harm that might usefully inform a public health approach (see Browne et al. 2016; Browne et al., 2017; Browne & Rockloff, 2018; Langham et al., 2016; Li et al., 2017). The Browne et al. (2016) report describes the findings from a large survey conducted to measure the endorsement of harm items across the different PGSI levels. According to Langham et al., harm could be divided into six major categories: financial; social; psychological; physical health; work/ occupational; and other, which included illegal activities, cultural impacts and other behaviours such as neglecting child-minding duties. A total of 72 harm items were developed across these categories capturing harms from the more minor to the most severe. For example, financial harm could range from 'reduced savings' and leisure expenditure to bankruptcy; work-related harm could vary from being late to work to losing a job; and, relationship or social harm could vary from spending less time with friends and family to serious conflicts and the loss of relationships.

Browne et al. (2016) showed that the endorsement of harm items was positively related to Problem Gambling Severity Index (PGSI) scores.[4] They showed that more severe harms were generally only endorsed by the highest risk gamblers, e.g. 7 per cent had bankruptcies; 11 per cent had lost jobs; 7.5 per cent had suicide attempts; 32 per cent had feelings of worthlessness; and 20 per cent had experienced the threat of a relationship ending. Low-risk gamblers rarely endorsed items relating to serious harms: Bankruptcy/ Going on welfare: 0.0 per cent; Loss of assets/ Utilities: 0.6 per cent; Lost job/ work conflict: 0.0 per cent; Suicide attempt/ Decline in living: 0.6 per cent; Self-harm: 1.3 per cent; Feeling worthless: 3.4 per cent; or threat of ended relationship: 2.5 per cent. The forms of 'harm' most commonly endorsed by low-risk gamblers tended to be financial and included such items as: reduced other recreational expenditure: 19.7 per cent; reduced savings: 21 per cent; or reduced spending on other things: 30.6 per cent. Moderate-risk gamblers generally tended to endorse items relating to 'pressures' associated with gambling, including being late on bills, neglecting other family or work responsibilities, but they were less likely than problem gamblers to endorse serious consequences arising from gambling.

Many of these findings were intuitively logical and uncontroversial. One of the important insights from this work was that harm was not solely confined to the most severe cases. Results showed that lower risk, including some recreational gamblers, reported some harms associated with gambling. Such harm had been previously overlooked by studies because the harm items had generally been directed towards measuring the sorts of serious harm reported by clinical cases. In this sense, the findings provided a useful and important contribution to the literature and have strengthened the focus on public health approaches to gambling that:

(a) direct attention away from gambling pathology to capture the broader spectrum of gambling behaviour;

(b) try to capture the broader burden of harm associated with gambling; and,

(c) focus on prevention of problem gambling rather than just the treatment once it has developed. The possibility that one could capture a broader construct such as harm rather than the rarer quality of disordered or pathological gambling provided an opportunity for population studies to capture a construct (harm) that might more meaningfully indicate changes in the impacts of gambling at a community level.

The surprising, and perhaps most controversial, element of this research arose from supplementary analyses that attempted to calculate the burden of harm associated with different levels of gambling risk as classified by the PGSI. The researchers compiled each person's harm responses into vignettes and then asked them to rate them against the severity of other conditions or diseases (e.g. diabetes, schizophrenia, major depressive disorder, the so-called 'visual analogue method') or to rate how many years of life in a 10-year period that they would be willing to give up to be free of the problems (the "time-trade off method"). Using these methodologies and other previous work they calculated Disability Weights to estimate the burden of disease associated with low, moderate and problem gambling. Browne et al. (2016) reported that 85 per cent of the total harms associated with gambling were associated with low and moderate-risk gambling. Further analysis by Rockloff and Browne (2018) showed that the greatest burden of harm was in recreational and low-risk gambling because recreational and low-risk gamblers were much more numerous. Thus, even if each gambler only reported a modest level of harm, this equated to a number larger than the total burden or harm reported by problem gamblers, who were generally less numerous in the population. These observations were compared to other literature that has reported a so-called 'prevention paradox' associated with gambling; or a greater burden or risk arising from the larger population of lower risk gamblers (Canale, Vieno & Griffiths, 2016; Raisamo, Makela, Salonen, & Lintonen, 2014).

In critiques of this work, Delfabbro and King (2017) as well as Delfabbro, King, and Georgiou (2020a, b) raised concerns about a number of elements of the methodology that had been applied in the Browne et al. (2016) report and which was also applied in New Zealand by Rawat et al. (2018). The first concern relates to the issue of harm. Some of the harm items included in the research and which feature very prominently in lists of harms most endorsed by low-risk gamblers are items relating to the redirection of expenditure or time: reduced savings; increased credit card debt; less time doing X; reduced spending money; reduced engagement in other leisure activities. Although such items are not invalid and many indeed refer to genuine impacts associated with gambling, they could also, in their milder manifestations, be considered forms of simple opportunity cost or substitution effects (Delfabbro et al., 2020a). That is, when people make leisure choices, they have to

[4] The PGSI has 9 items and a scoring range of 0-27. It classifies people into 4 groups: non-problem, low risk, moderate risk and problem gamblers.

choose between gambling or something else. This means that directing time and money towards gambling does not make it harmful; instead, it could be a legitimate leisure choice. Some sense that this may have been a problem is evident, for example, in qualitative work undertaken as part of the previous Tasmanian prevalence survey which features the results of interviews with lower risk gamblers (ACIL Allen Consulting 2017). A number of the responses appeared to indicate that items relating to 'reduced savings' or 'spending money' were interpreted as substitution effects rather than harms by some gamblers (e.g. some reported that if they were spending it on gambling rather than other things, then they endorsed the item). The fact that these substitution effects were by far the most strongly, and often the predominant form of harm, endorsed by lower risk gamblers raised the concern that the estimates of harm associated with lower risk gambler could have been strongly influenced by the nature of the items in the survey.

A second problem was that the items were scored using a binary method and did not ask the extent to which the problems were due to gambling as opposed to other factors. This is likely to have increased the possibility that some forms of harm were easy to endorse. To investigate the extent to which this might have been the case, Delfabbro et al. (2020b) conducted a study of over 500 gamblers who were administered the majority of the Browne et al. (2016) harm items and scored using a method developed by Blaszczynski et al. (2015). For each harm item, respondents were asked to complete two questions. The first question asked them how severe the problem had been in the previous 12 months: not at all, slightly, moderately, up to a very severe problem. A second question then asked to what extent this was due to gambling: slightly through to entirely due to gambling. This method made it possible to score harm based on any endorsement of the items versus at least moderate endorsement (moderate problem plus at least moderately due to gambling). The results showed that the pattern of endorsement observed by Browne et al. could largely be replicated when the harm items were scored using the more lenient methodology, but that the distribution of harms reversed (85 per cent were due to moderate-risk and problem gamblers) when the more stringent scoring method was applied. Delfabbro et al. (2020b) also observed that care needs to be taken in ensuring adequate data quality. A number of recreational gamblers were found to endorse harm in an illogical way in that harm items would be endorsed in one part of the survey even though almost the identical item was not endorsed on the PGSI. Inspection of the tables presented by Browne et al. (2016) indicate that this problem may have also arisen in that study in that recreational gamblers (PGSI scores = 0) are: (a) shown to endorse a higher percentage of harms on many items than low-risk gamblers on a range of items; and (b) endorse harm items that should have led to at least a score of one (i.e. low-risk gambling) on the PGSI.

A third issue with the Browne et al. (2016) study was the burden of harm methodology. The visual analogue scale requires that people rate bundles of gambling harm against disorders (e.g. diabetes) that they have not even experienced. Delfabbro and King (2017) also questioned whether it made sense to add up minor harms and compare them with less common serious harms. As they point out: this almost seemed equivalent to arguing that 50 x 1/10 ratings = 50 units represents more harm than 3 x 9/ 10 = 27 units of harm; the former may have been a reduction in spending money whereas the latter may have been three bankruptcies. Although it is acknowledged (Browne & Rockloff, 2017) that the aim of the Browne et al. (2016) work was to move away from a sole focus on clinically significant harm or cases, there still remains some issues of validity. This is illustrated, for example, in the application of a similar methodology in the most recent *Tasmanian Social and Economic Impact Study* (SEIS 2017) in which it was shown that the total harm associated with recreational gambling was greater than moderate-risk and problem gambling combined. A question has to be raised as to how much of this result was due to the binary scoring of harm items which - when answered by low risk or non-problem gamblers - may constitute more of a substation effect rather than a behaviour that decreases a person's quality of life. In other words, while reduced savings and leisure choices may be a serious problem for higher risk gamblers and therefore a legitimate indicator of risk, there is a danger that milder manifestations of these behaviours can be over-classified as harms. Such problems are less likely to be an issue for harm items relating to debts, loss of assets, utilities or relationship problems. As an analogy: one could encounter similar problems if the item "I feel sad" was included in a depression scale and used as the basis to estimate widespread sadness in the population. The item is probably valid. Endorsement of the item would very likely correlate with depression severity (clinically depressed people would be sad all the time). However, many people feel sad everyday (they lost something or their team lost) and so, by the same logic used in burden of harm estimates, it might be possible to show that there is more 'sadness' in people who are low in depression simply because they are more numerous in the population than clinically depressed people.

In a recent paper, Browne et al. (2020) have acknowledged some of the challenges associated with measuring harm and proposed a new schematic approach based on propensity matching or indirect elicitation methods. In essence, this involves identifying people who (e.g. demographically) are similar to people identified as having higher scores on the PGSI or gambling harm and comparing them with gamblers. The aim is then to examine the extent to which gambling problems are predictive of broader life-outcomes (e.g. quality of life outcomes) after controlling for known co-morbidities (e.g. cross-addictions, personality disorders, and other concomitant conditions). This appears to be a sensible approach, but there are many methodological and conceptual challenges that will need to be addressed, including how to conduct the propensity matching, what level of harm or PGSI score indicates a valid case for comparison and how to disentangle broader quality of life outcomes from gambling-related ones that are often about the same topics (e.g. social or psychological impacts).

Measuring harm

The Browne et al. (2016) work led to the development of the Short Gambling Harms Scale (SGHS) which has been employed in some of the recent prevalence studies: South Australia in 2018; Tasmania in 2018; Victoria in 2019 are some examples. This measure, developed by Browne, Goodwin and Rockloff (2018) has nine items with binary scoring. As indicated in Table 3, it can be observed that the first three items are arguably substitution effects rather than true harm items (30 per cent of items). Even 'increased credit card debt' or 'spent less time with people you care about' come close to being forms of substitution. The SGHS does not feature any of the serious harm items (e.g. losing significant assets, bankruptcy, loss of employment or relationships) that are likely to be indicative of problem gambling and the potential need for services. Instead, most items fall into the category of what might be termed pressures rather than harmful impacts with likely ongoing consequences (What Langham et al., 2016 referred to as 'legacy harms'). These qualities do not make the SGHS an invalid measure. In fact, it has good psychometric properties, correlates positively with PGSI scores and yields similar results when used with binary or more graded responding (see Browne et al., 2020). However, a concern is that endorsement of some items might not really indicate harm.

Table 3. Short Gambling Harms Scale (SGHS)

Response	Yes	No
Reduction of your available spending money	1	2
Reduction of your savings	1	2
Less spending on recreational expenses such as eating out, going to movies or other entertainment	1	2
Had regrets that made you feel sorry about your gambling	1	2
Felt ashamed of your gambling	1	2
Sold personal items	1	2
Increased credit card debt	1	2
Spent less time with people you care about	1	2
Felt distressed about your gambling	1	2
Felt like a failure	1	2

The Gambling Harm Measure (GHM)

In this study, we will apply a new approach to measuring harm which we believe will be more informative for addressing the combined need to assess broader community level harm as well as the likely demand for services. An attempt to address the public health imperative to identify and prevent the emergence of harm while also capturing the presence of severe harm led to the development of the GHM. The GHM was developed based upon the work of Browne et al. (2016) and Delfabbro et al. (2020a) to address the short-comings of existing harm measures such as the Short Gambling Harm Screen (SGHS). The GHM was designed to address the limitations of the SGHS. First, it avoids items that measure substitution effects rather than harm (e.g. savings reduced, spending money reduced, reduction in other leisure activities) (Delfabbro et al., 2020b). Second, it captures variations in the severity of gambling harm (e.g. mild versus moderate versus severe harm). Such information is important for informing public health approaches to gambling as well as being able to identify serious harm that might be of clinical significance. In a recent analysis of South Australian prevalence data and help-seeking data, it was found that the SGHS was not clinically useful because it contains very few,

if any, items that help to describe the types of serious harm experienced by gamblers in treatment. Hence it is difficult for policy-makers to be able to estimate how well the prevalence data captured the sorts of harms identified in service populations (a potential future strategic area for informing service design). The GHM also captures all relevant forms of harm, e.g. legal issues, physical health, work/study related issues.

The GHM measure was developed by Professor Delfabbro in collaboration with Professor Robert Williams in Canada and Dr. Jonathan Parke in the UK. The measure is currently being used in a major international study of online gambling. The measure captures all relevant measures of gambling-harm using a standard set of questions: financial, psychological, social, physical health, work/occupational and legal. It uses a stepped Q approach that commences with mild harm, proceeds to moderate harm and then asks about severe harm. It draws a distinction between over-prioritization; pressures caused by gambling; and, direct harms associated with harm and this provides an over-arching conceptual framework that enhances the construct and face validity of the measure. Lower risk gamblers will not need to be asked the more severe harm questions if they do not endorse the earlier ones and so the questions are appropriately calibrated to target the different populations: low, moderate and problem gamblers.

The measure can provide Tasmania with a profile of overall severity, but also of the type of harm experienced by different gamblers. Importantly, the questions are worded in a way that enables comparisons to be drawn between the 2020 questions and the SGHS scale items from the previous survey (e.g. the Q about psychological harms refers to shame, failure, etc. and so this can be compared with the previous survey). The inclusion of the measure will position the Tasmanian survey as the one with the most comprehensive coverage of harm and enable comparisons with future studies and also internationally.

Table 4. Gambling Harm Measure (GHM): areas of harm addressed

	Mild	Moderate	Severe
Financial	x	x	x
Psychological	x	x	x
Physical health	x	x	x
Social harm	x	x	x
Work/Occupational	x	x	x
Legal			x

Delfabbro, Williams, & Parke (2020)

2.4.2 Convergence of gaming and gambling

Another important topic that is attracting considerable national public debate is the changing nature of gaming. Many modern video games now contain features (e.g. loot-boxes) that have gambling-like elements and simulated gambling games are readily available on mobile or PC platforms. There are also practice or demo modes on Internet sites, realistic video gambling modules, or mobile social casino games where people play for credits (Gainsbury, Hing, Delfabbro, & King, 2014). A number of studies have shown people who play loot boxes are statistically much more likely to experience problems with gaming and/or gambling (Zendle & Cairns, 2019; Zendle, Meyer, & Over, 2019; Zendle, Cairns, Barnett, & McCall, 2020). In addition, there are other studies that show an association between an interest in simulated gambling activities and gambling for money (e.g. Gainsbury et al., 2016; King & Delfabbro, 2016, 2018, 2019, 2020; Molde et al., 2019)

Most of this evidence does not necessarily demonstrate causality. It may be that people who gamble tend to gravitate towards loot-boxes or other gambling-like features when they play video games. Similarly, people who like simulated games may also already have an interest in gambling. However, given that virtual prizes obtained from loot-boxes (e.g. skins) can be sometimes traded outside the game for real money and used as currency for online gambling (on third party sites), there is interest in the potential influence of loot boxes on gambling (Drummond & Sauer, 2018; Drummond, Sauer, & Hall, 2019; Drummond Sauer, Ferguson, & Hall, 2020). For these reasons, questions relating to engagement in video games, gaming related problems and loot box use were included in the 2020 survey because of the potential contribution to Tasmanian policies and national debates.

2.4.3 Strength-based approaches: responsible gambling strategies and positive play

In recent years, there has been growing interest in the role of potential factors that can protect people against the harms associated with gambling. Such work has served as a counter-point to a greater volume of research that has focused on risk factors, including chasing losses, excessive time and money; using credit to gamble; or selling assets to gamble (amongst many others) (Petry, 2005). The new work takes a strengths-based approach and assumes that there are behaviour or strategies that many low or no risk gamblers use to avoid developing problems with gambling. Although some of these strategies essentially involve not engaging in riskier behaviours, some also involve adaptive strategies that could counteract or mitigate the consequences of risky behaviour. These protective behaviours have been given various names, including 'responsible gambling behaviours' or 'safe gambling practices' (Hing, Russell, & Hronis, 2018). Safe gambling practices can include sticking to a budget, diversifying leisure activities, avoiding gambling when feeling depressed, as well as not using credit for gambling. Research into these practices is considered important because it could provide policy-makers and practitioners with strategies, educational information and advice that could be promoted to individual gamblers or the community to reduce the occurrence of harm.

Internationally, particularly in Canada, this work has taken the form of interest in the concept of positive play. Positive play essentially refers to behaviours or knowledge that indicate that a person is gambling in an informed and adaptive way. To investigate this concept, a dedicated psychometric measure called the Positive Play Scale (PPS) has been developed and this has been applied in a number of major international studies (Wood, Wohl, Tabri, & Philander, 2017). Positive play has a number of elements. It is usually characterized by gambling with control; setting a budget in advance; having realistic beliefs about gambling. Positive players also take responsibility for their actions and recognise that they have some ownership over the decisions that can lead to excessive expenditure. The term 'positive', in this context, does not refer to positive reinforcement (i.e. enjoyment or excitement) from gambling which are experiences which could potentially exist with or without the presence of the behaviours and attitudes described in the PPS.

According to Wood et al. (2017), positive play is not merely an absence of risky or problematic play, but a set of behaviours which can exist independently of other behaviours. Thus, while avoiding the use of a credit card or not spending more than one can afford could be seen as being something akin to the reverse of a risk factor, there are other aspects of positive play, e.g. staying in control, setting a budget, being realistic about one's chances which are not usually captured by common screening tools (e.g. the Problem Gambling Severity Index (PGSI); Ferris & Wynne, 2001). The authors argue that measurement of positive play is useful for two reasons. First, it switches the focus of analysis towards the types of behaviour which are likely to be amenable to change across a wider population of gamblers. Second, positive play focuses on behaviours which are likely to be more common and measurable than risky behaviours that tend to be rarely endorsed by non-problem gamblers. In their validation of the Positive Play Scale (PPS), Wood et al. made several observations. Positive play is negatively related, but only modestly related, to PGSI scores. In other words, as was hypothesised by Wood et al. (2017): (a) people who experience problems with gambling tend to score lower on the PPS and (b) positive play appears to share only modest variance with PGSI, which supports the view that it is measuring something other than merely the reverse of high-risk behaviour.

The potential value of positive play was demonstrated in a study by Delfabbro, King and Georgiou (2020) in which the PPS was administered to 554 respondents who completed a survey that included the PGSI and other gambling measures. PPS scores were found to be negatively associated with gambling harm. Two of the behavioural Positive Play subscales relating to pre-commitment and honesty and control explained additional variation in harm after controlling for PGSI scores. Higher levels of positive play also moderated and reduced the relationship between the PGSI and gambling harm. The results suggested that having more positive play behaviours appeared to reduce the risk of harm in those who displayed riskier behaviours.

2.4.4 Online gambling

Much of the gambling that occurs around the world now occurs online. In Australia, under the *Interactive Gambling Act 2003 (Cwth)*, Australians are legally allowed to gamble on wagering products (sports, racing), but not on online gaming activities. Despite this, it is estimated that a significant proportion of people in Australia gamble each year on international gaming activities (Gainsbury, 2012, 2013, 2014 a, b). The percentage of people who gamble on the Internet is likely to be steadily increasing. Gainsbury et al. (2014b), for example, conducted a national survey of 15,006 residents and found that 8 per cent of adults reported having gambled interactively at least once in the previous 12 months. Of those identified as interactive gamblers, 62 per cent were male (62 per cent); younger (mean age of 37 years versus 45 years for non-interactive gamblers); had higher levels of education; and were more likely to be in full-time employment. They were also more likely to gamble on a wider range of activities, to gamble more frequently and to spend more money (which is consistent with younger male profile of this group). The most common types of interactive gambling reported was poker (61 per cent); games of skill (15 per cent); and EGMs (9.9 per cent). The study also showed that problem and moderate-risk gambling was more prevalent in interactive gamblers (2.71 per cent and 13.57 per cent) than in non-interactive gamblers (0.87 per cent and 5.69 per cent), although this would be expected given that interactive gamblers are likely to be younger, male and more involved in gambling. Around half of the interactive problem gamblers identified EGMs (very likely in land venues) as the principal cause of their difficulties and 87 per cent of people who had developed a problem after commencing interactive gambling believed that it had made their problems worse.

The general conclusion to be drawn from the findings is that interactive gambling tends to attract a higher proportion of people who tend to be at greater risk of gambling-related problems (younger males). However, it is unclear whether interactive gambling is any more likely to lead to gambling problems that traditional land-based activities such as EGMs. This is because relatively few people gamble exclusively on the Internet. Most engage in both land-based and online activities.

The figure from the 2017 Tasmanian survey is generally in line with the national figures obtained in the early 2010s, with 8 per cent of adults reported having gambled on the Internet. This figure compared with 3.9 per cent for the 2013 survey. Other surveys in recent years have reported varied participation rates. In 2019, in Victoria, 19.4 per cent of respondents indicated having made wagers on the Internet (Rockloff et al., 2019) as compared with 8 per cent in NSW (Browne et al., 2019). The 2020 Tasmanian survey and reporting therefore provides further opportunities to investigate the ongoing growth of online gambling and its association with higher risk gambling.

2.4.5 Sports advertising and inducement

A further topic of policy interest is the saturation of sports advertising in Australia in live sports broadcasts, at venues and the range inducements available to encourage people to engage in race or sports wagering. Concerns about the growth of this form of advertising have been raised at both State and Federal level, with particular issues raised about the availability of in-play betting and exotic betting because of its potential impact on the integrity of sport. The growth of sports advertising and its potential impact on young people and the normalization of gambling on sport has been the subject of a number of papers over the past decade (Thomas et al., 2012a, b, 2018). Few of these studies have shown whether exposure to sports betting leads to an increase in gambling or problem gambling in young people, but the evidence certainly supports the view that young people are aware of this advertising and see it as intrinsically linked to sport.

Several studies have been conducted to examine whether exposure to sports advertising and inducements has an influence on subsequent gambling behaviour. In one major study, Hing, Russell, Li and Vitartas (2018) conducted a survey study of 1,816 sports bettors and asked them to classify what percentage of their bets were planned in advance or made on impulse either before or during sporting events. The authors also profiled the various incentives offered to gamblers on betting sites (e.g. bonus bets, multi-bet offers, deposit incentives and various cash-out offers). The study showed that a greater proportion of problem gamblers reported placing bets during the matches (20 per cent versus 7.5 per cent for moderate-risk gamblers and 3.6 per cent for low-risk gamblers). The study did not, however, find an obvious relationship between exposure to advertising and differences in betting, and found that a better predictor was the volume of sports viewing. Another analysis by

Russell et al. (2019) based on the same data showed that 78 per cent of microbets placed during matches were made by people with gambling problems. Although such bets represented only the minority of bets placed by people with gambling problems (only 20 per cent of all bets were in-match in general), this suggested an important area for policy attention.

Another study by Browne et al. (2018) and Hing, Russell, Thomas, and Jenkinson, (2019) used an 'ecological momentary assessment' methodology to examine how exposure to inducements and advertising seemed to affect subsequent betting behaviour in race (n = 402) and sports bettors (n = 320) (Browne et al., 2019). The methodology essentially involved mobile-based surveys that were filled out during the week to record perceived exposure to various inducements and advertising and planned / actual gambling behaviour. Participants were asked how much the exposures had influenced their behaviour, by how much and in what ways. The results showed that people who bet more and also more than intended had seen more advertisements on websites and that direct messages seemed to be the more influential form of promotion. However, there was no evidence that problem gamblers were especially influenced by advertisements. Race bettors, in particular, appeared to be influenced by the advertising and inducements. Those who reported 'being influenced' by the bets, reported consistently betting larger amounts, more bets, and riskier ones. Sports-bettors who were influenced tended to bet large amounts and placed more bets.

A few caveats have to be applied to these results. Relatively very few people reported being influenced by any of the inducements. The average percentage of being influenced across all the EMA surveys (some people did as many as 15) was 3.9 per cent to 21.1 per cent. In other words, for any one inducement, people only reported being influenced at most 20 per cent of the time for an inducement. The study also did not ask people how much they might have increased their bets anyway irrespective of any inducement from one survey to another (the 'uninfluenced' increase). As with the previous study, no effect was found for problem gambling status. One reason for this lack of effect is that a lot of the deals or inducements might just be rational choices. The gambler gets an offer of a deal and takes it. It may be beneficial and not necessarily associated with harm (e.g. better odds) if riskier bets are made in conjunction with other less risky bets (spreading the risk). In other words, the study did not differentiate between irrational decisions and rational ones in relation to people's responses to inducements.

Nevertheless, the study suggests that advertising and inducements do appear to be effective. Whether the deals are good ones, or bad ones, people appear to respond to them on some occasions and this usually results in riskier gambling choices. Further investigation of the potential role of advertising is possible in the 2020 Tasmanian study because of the investigation of some questions relating to the potential role of advertising and wagering activities.

2.4.6 COVID-19 and gambling (March 2020 onwards)

A significant factor that needs to be taken into account in the design of the 2020 survey is the occurrence of the COVID-19 pandemic. Tasmania, as with other States and Territories in Australia had a little over a three month period during the year where land-based venues were not able to operate for an extended period, commencing in March 2020. Many sporting and racing events were either not held or were postponed. As a result, the opportunities to gamble were limited. One of the important questions, therefore, was whether people counteracted the closure of land-based venues with greater online gambling, particularly on international gaming sites.

A number of national and international studies have been conducted during the year to assess the impact of the pandemic on gaming. International studies have generally shown little change. For example, a study of online gambling by Auer, Maliscshnig, and Griffiths (2020) compared the pre and post 'lockdown' online gambling behaviour of 5,396 sports-bettors drawn from a major operator in Europe. The researchers conducted pre and post comparisons of how many people were gambling on sports; the total wagered; and, whether they had transitioned to online casino gambling (given the loss of sporting events on which to gamble). The results revealed significant declines in sports betting (both in terms of the number of active players as well as the total amount being wagered). There was also evidence of a decline in online casino gambling. Before the lockdown, 76 per cent of sports-betters were also gambling on online casinos, but this dropped to 60 per cent in the COVID-19 period. Highest intensity players showed only a modest drop in wagers (down 3 per cent), but lower frequency sports-bettors decreased their online casino wagers by 40-50 per cent in the COVID-19 period.

Overall, the study suggested that the loss of international sport had significantly decreased sports gambling and was also leading to general reductions in online gambling expenditure.

Hakansson (2020) asked a panel of 2,016 people in Sweden whether their online gambling habits had changed before and after the COVID-19 had commenced in early 2020. A total of 4 per cent reported gambling more, 51 per cent about the same and 7 per cent reported a decrease. In other words, the overall pattern was of little change, with a slight trend towards a decrease in gambling. On the other hand, 60 per cent gamblers in the sample reported decreasing their engagement in sports-betting. The study also indicated, however, that the percentage reporting increases in gambling was greater for higher risk gamblers. For example, whereas only 1.8 per cent of non-problem (PGSI = 0) reported increases, this percent was 12.4 per cent for low-risk; 21 per cent for moderate-risk and 27 per cent for problem gamblers. Unfortunately, the authors do not report what percentage had decreased, so these figures are potentially misleading. For example, based on the principle of the regression to the mean, one might expect greater declines as well from those who started off (before COVID-19) with greater involvement in gambling.

The pattern of results is similar in Australia. Brown and Hickman (2020) surveyed an online panel of 1,000 adults during April 2020 and asked them about their gambling behaviour. Respondents were asked to indicate whether they had gambled on various activities during the previous month and how this compared with January and February. A total of 235 people reported online gambling in the previous month and 11 per cent reported having increased their online gambling while 14 per cent had decreased online gambling. Betting on national sports had decreased more than it had increased (7 per cent difference between the decreased and increased percentage changes); international sports (14 per cent difference between the decreased and increased percentage changes). In other words, a greater percentage of people reported having decreased their online gambling than increased. Overall, 60 per cent of current online gamblers had decreased their gambling in at least one form of online gambling. Thus, although the methodology was limited to the use of retrospective self-report methods, it showed similar trends to the Auer et al. (2020) paper above.

Another study by Gainsbury and Blaszczynski (2020) surveyed 764 Australian adults using an online panel (85 per cent male, aged 18-82 years) who had gambled in the past 12 months. Approximately three quarters of the respondents reported gambling less frequently during the COVID-19 shutdown and there was little evidence of an increase in online gambling frequency. The authors reported that “individuals at moderate-risk of gambling harms were more likely to report increases in gambling frequency, and higher problem gambling severity was associated with increases in gambling expenditure. However, the majority of participants reporting past-year gambling problems indicated that their gambling problems had decreased during the shutdown”.

Jenkinson et al. (2020) conducted a retrospective survey of 2,009 gamblers using convenience sampling from a variety of sources. Many of these respondents gambling frequently and the sample contained a high proportion of higher risk gamblers. The results indicated declines in nearly all the major forms of gambling: EGMs, lottery products, but a slight increase in race-betting. The authors claim to have shown an increase in the frequency of regular gambling (the percentage reported 4+ times per week increased from 23 per cent to 32 per cent), but the overall percentage reporting having gambled 2-3 times per month or more often showed little change. In other words, both the overall participation rates and frequency of gambling figures indicated either little change or a decline in gambling during COVID-19. There was some evidence that younger males (aged 18-34 years) increased their gambling expenditure during the COVID-19 period. It is not clear whether there were increases in the frequency of gambling online; the only percentage reported was the percentage of activity conducted online, but increases in this figure (as would be expected to the closure of EGM venues) does not indicate whether the volume of online activity changed.

In summary, the literature so far suggests that COVID-19 is unlikely to have had a significant impact on gambling during 2020 at the time when venues were closed due to COVID-19 restrictions, but emerging evidence from NSW and other States indicates that gambling behaviour is likely to be higher or at least match 2019 levels when venues have reopened. This survey contained a number of specific questions to capture the reported impact of COVID-19 on gambling in Tasmania to allow comparisons with other national and international findings.

2.4.7 Engagement with services and help-seeking

Questions concerning help-seeking are common to nearly all prevalence surveys. Such information is important because it can help to gain insights into people's awareness of services and which services are most likely to be utilized, and by which individuals (e.g. as based on demographics, level of gambling risk). However, relatively few surveys ask specific questions about the potential barriers or facilitators to help-seeking. A number of studies have been conducted both nationally and internationally to examine these topics (Bellringer e al., 2008; Clarke et al., 2007; Evans & Delfabbro, 2005; Hing, Nuske, & Gainsbury, 2011; Rockloff & Schofield, 2004). The principal barriers to help-seeking include: stigma and shame (Hing, Nuske, Gainsbury, & Russell, 2016); denial or not being willing to admit to a problem; the belief that one can gamble one's way out of trouble; and, a belief that services will not be beneficial or are not available. Facilitators to help-seeking include: recognizing the problem; having a strong motivation for change and realistic expectations; social support; and, an awareness of services.

It is known that, of those who have gambling problems at any particular point in time, only a relatively small proportion of people will seek formal help. Estimates suggest that this figure is as low as 10-15 per cent of all peoplewith gambling problems (Evans & Delfabbro, 2005; Productivity Commission, 1999). It is therefore of some policy interest to examine whether similar barriers and facilitators operate in Tasmania. To this end, some dedicated questions relating to help-seeking have been included in the 2020 survey and can be analysed in relation to demographic characteristics and other gambling-related variables.

3 METHODOLOGY

The project was carried out in compliance with ISO 20252 and membership requirements for Association of Market and Social Research Organisations (AMSRO) and the Research Society.

3.1 OVERVIEW

The prevalence study involved 5,009 computer-assisted telephone interviews (CATI) with adults aged 18 years and over living in Tasmania. The fieldwork period was from 22 October 2020 to 29 November 2020.

The questionnaire was developed by The University of Adelaide in consultation with ENGINE and the Tasmanian Department of Treasury. To allow for comparability with previous prevalence surveys, item content was kept the same wherever possible. The questionnaire can be found in Appendix A.

The final draft questionnaire, CATI programming and operational procedures were tested prior to the main fieldwork through a pilot survey (n=56) between 8–13 October 2020. A list-based mobile sample from SamplePages was used in the pilot (as Australian Government approval to access the Integrated Public Number Database [IPND] was not granted in time for the pilot). A detailed debrief with interviewers was conducted at the completion of the pilot and feedback was provided on the questionnaire length, content and sequential order.

Ethics approval for the study was obtained from The University of Adelaide Human Research Ethics Subcommittee in the School of Psychology (Application Reference #20/71).

3.2 METHODOLOGICAL APPROACH

All respondents aged 18 years and over, living in Tasmania, were eligible for the survey, regardless of whether or not they were gamblers.

In response to the COVID-19 public health restrictions, ENGINE's CATI call centre was closed and the full call centre was run remotely with interviewers working from home (with a configured ENGINE laptop).

To maximise the potential for all respondents to participate, interviews were conducted on weekdays (between 12:30pm and 8.00pm) and weekends (between 12:30pm and 5:00pm) Australian Eastern Standard Time (AEST).

The main survey involved a 100 per cent mobile design using sample sourced from the IPND. The IPND is a centralised database containing all telephone numbers issued by Carriage Service Providers (CSPs) to their customers in Australia. The sample comprised a random selection of listed and unlisted mobile numbers for Tasmanian residents.

Each number received up to six calls at different times on different days to obtain an interview.

The questionnaire included a section on the impact of COVID-19 on gambling behaviour. A sub-sampling design was used in this section in order to reduce the overall average survey length. Under this design, all respondents were administered a core question module (a question about government support during COVID-19) and the additional set of questions (impact of COVID-19 on gambling behaviour) was administered to a randomly selected 50 per cent of respondents. The core data items constituted the short version of the questionnaire, whereas the core data items plus the additional set of questions (relating to the impact of COVID-19) constituted the long version of the questionnaire.

A flowchart detailing who was asked which sections of the survey can be found in Section 3.7.

3.3 DISPOSITION OF SAMPLE

The IPND is a record of all public Australian phone numbers and owner details. It contains listed numbers (which can be published in directories) and unlisted numbers (sometimes referred to as 'silent' numbers that are not listed in directories). It includes all mobile and landline numbers that have been issued to customers by carriage providers. When telephone services are connected, the service provider must provide the connection details to the IPND Manager (currently Telstra Corporation Ltd). One field in the database captures

the type of service, although this is not always complete (values include: residential, business, government, charity, or an indicator that the type of service has not been provided).

The sample used for this survey comprised a random selection of listed Tasmania mobile phone numbers recorded as 'residential' or 'unknown service type', and a random selection of unlisted Tasmania mobile phone numbers recorded as 'residential' or 'unknown service type', in proportions relative to the proportion of listed and unlisted 'residential' or 'unknown' Tasmania mobile phone numbers contained in the IPND. The proportion of unlisted numbers far outweighed listed.

There are different regulations covering the release of listed and unlisted IPND data for research purposes, and what details can be included in the sample records provided for each.

The records within the listed sample used for this survey contained the customer's mobile number, postcode (to identify location), and the type of service (98 per cent were residential, or an indicator that the type of service was unknown, 2 per cent, and not provided).

The records within the unlisted sample contained only the mobile phone number and postcode. For unlisted sample, ENGINE was not authorised to access the IPND data field that captures type of service, so the IPND service provider filtered sample records by this field and provided ENGINE with two separate files: one filtered to unlisted 'residential' records, and one filtered to unlisted records where the service type was not known.

The IPND sample was thus obtained from three IPND Tasmanian mobile phone lists (frames): (1) Listed numbers; (2) Unlisted residential numbers; (3) Unlisted numbers with unknown service type (residential, business etc.).

The applied sample design is shown in Table 5.

Table 5. Sample design

IPND sample list	Quota
Unlisted residential (and unknown service type)	4,700
Listed residential	100
Unlisted unknown	200
TOTAL	**5,000**

3.4 RESPONSE RATES

The response rates and cooperation rates were calculated based on the internationally recognised American Association for Population Opinion Research (AAPOR) standards.

The cooperation rate is the number of completed interviews as a proportion of all contacted who were known to be eligible. The response rate is the number of completed interviews as a proportion of those estimated to be eligible whether contact was made or not.

The overall cooperation rate was 87.5 per cent and the response rate was 7.5 per cent. The IPND comprised three different sample sources: unlisted residential, listed residential and unlisted unknown. The response rate is comparable to the recent Victorian prevalence study (8.5 per cent), but the consent rate appears to be considerable higher. The Victorian survey reports a consent rate of only 16 per cent as based on a much higher refusal rate. The high consent rate for Tasmania is possibly due to the COVID-induced limitations on people's activities and may have created a greater willingness to take part in surveys. The call outcomes for each sample source are shown in Table 6, whereas Table 7 displays the cooperation rate and the response rates for these categories.

The response rates observed for this survey is consistent with a global decline in response rates from telephone surveys. A 2017 AAPOR task force on this very topic reported that:

"Landline response rates declined from an average of 15.7 percent in 2008 to an average of 9.3 percent in 2015 (a relative decline of 41 percent), and cell phone response rates declined at the same rate, from an average of 11.7 percent to an average of 7.0 percent (a relative decline of 40 percent)."[5]

Table 6. Call outcomes

Call outcome category	Mobile Sample			
	Overall	Unlisted residential	Listed residential	Unlisted unknown
A. Contact Not Made - Eligibility Unknown	**76,920**	**70,817**	**2,259**	**3,844**
Voicemail	40,291	37,155	1,320	1,816
No answer	36,629	33,662	939	2,028
B. Contact not made - Not eligible	**377**	**370**	**2**	**5**
Invalid	377	370	2	5
C. Contact made - Eligibility Unknown	**35,787**	**33,113**	**1,083**	**1,591**
Refusal	29,017	27,100	695	1,222
Call Back	4,046	3,643	214	189
Appointment	1,652	1,465	78	109
Language Barrier	613	556	4	53
Incapable	272	255	5	12
Over Quota	92	9	81	2
Not Main User	53	44	6	3
No Answer	41	40	-	1
Voicemail	1	1	-	-
D. Contact made - Not eligible	**4,815**	**4,479**	**73**	**263**
Out of scope - Not residing in Tas	1,741	1,612	26	103
Out of Scope - Other	1,718	1,570	47	101
Out of Scope - Aged under 18	1,332	1,273	-	59
Invalid	24	24	-	-
E. Contact made - Eligible (non-complete)	**714**	**672**	**19**	**23**
Refusal	319	293	12	14
Not available during fieldwork	281	277	3	1
Call Back	43	40	1	2
Appointment	24	19	2	3
Incapable	15	14	-	1
No Answer	15	13	1	1
Language Barrier	13	13	-	-
Voicemail	4	3	-	1
F. Contact made - Eligible (completed interview)	**5,009**	**4684**	**124**	**201**
Completed	5,009	4684	124	201
Total	123,622	114,135	3,560	5,927

[5] Lavrakas P., (2017) Report from the AAPOR task force on "The Future of U.S. General Population Telephone Survey Research"

Table 7. Response rate

	Overall	Unlisted residential	Listed residential	Unlisted unknown
Eligible sample contacted (K=E+F)	5,723	5,356	143	224
Cooperation rate (F/K) (%)	**87.52%**	**87.45%**	**86.71%**	**89.73%**
Eligibility rate (G=(E+F)/(D+E+F)) (%)	54.31%	54.46%	66.20%	46.00%
Estimated eligible of contacts/non-contacts with unknown eligibility(H=(G x (A+C)))	61209.16	56598.79	2212.528	2499.877
Estimated total eligible (J=(H+E+F))	66932.16	61954.79	2355.528	2723.877
Response rate (F/J) (%)	**7.48%**	**7.56%**	**5.26%**	**7.38%**

3.5 WEIGHTING PROCEDURE

The survey data was weighted to account for the sampling strategy and to adjust for non-response bias. This enabled weighted estimates to be more representative of the adult Tasmanian population.

The weight calculations for the Fifth SEIS Prevalence Survey had two stages. In stage 1 initial weights, based on the selection probabilities, were calculated. In stage 2, the initial weights were calibrated so that weighted estimates were consistent with ABS Estimated Resident Population (ERP) data classified by Age, Gender and Region.

The use of sub-sampling (for the impact of COVID-19 section) meant that two sets of weights were required. Questions Q57-Q60 (found in Section B Impact of COVID-19) were not asked of the full sample but of a randomly selected 50 per cent of the sample. To account for this, it was necessary to calculate two sets of weights.

One set of weights (the “main weights”) was calculated from the full sample, and another set of weights (the “sub-sample weights”) was calculated from the sub-sample responding to questions Q57-Q60. These main weights were used for all data, except data arising from Q57-Q60. The sub-sample weights were only applied for analyses of data arising from Q57-Q60.

Stage 1 – calculating initial weights based on probabilities of selection

The IPND sample comprised an overlapping triple frame design, as sample was obtained from three IPND Tasmanian mobile phone lists (frames): (1) Unlisted Residential numbers; (2) Unlisted numbers with Unknown type (Residential, Business etc); (3) Listed Residential numbers. As respondents could potentially own more than one mobile phone, the probability of selection was calculated from the population counts for each of the three frames (the total number of mobile phone numbers on the full IPND list, under each of the three frame categories), the in-scope rate (derived from CATI call outcome data), and the number of mobile phones used by respondents (collected during the survey).

Second stage – calibration of the weights to ABS demographic variables

In the second stage of weight calculations, the final first stage weights were calibrated to the December 2020, ABS Estimated Resident Population (ERP) data classified by Age, Gender and Region. In the calibration process the weights were pro-rated so that their weighted aggregates for each calibration weighting table cell were identical to the respective population values.

The Age and Sex categories were identical to those used for the 2017 survey. The 2017 survey used Tasmanian Health Regions (South, North and North West) for weighting. The SA4 regions used for the 2020 weighting provided a finer regional split than used in 2017.

The 2020 regions (the Tasmanian SA4 areas) are equivalent to using the 2017 regions with South being further split into SA4 601 (Hobart) and SA4 603 (South East). This approach enabled the 2020 weighted estimates to be consistent with the estimates that would have arisen under the 2017 regional definition. Additionally, it also enables weighted estimates to be consistent with ABS ERP values at the GCCSA (Hobart, Rest of Tasmania) level. This would not have been possible if the 2017 regions were used.

Consistency with the weighting used for the 2017 survey

Description of the 2017 weighting approach is based on the brief weighting documentation contained in Volume 2 of the 2017 survey report.[6]

The 2017 SEIS survey used a similar weighting approach to that applied for the 2020 survey, with the following differences:

1. The 2017 survey used a multi-frame design with three frames: (1) a landline sample; (2) an RDD mobile phone sample pre-screened to Tasmania; (3) a listed mobile frame. Whilst the initial stages of the 2017 weighting approach also calculated initial weights based on selection probabilities, the different design necessitated a different approach to the calculation of selection probabilities.
2. The 2017 survey applied a calibration weight based on telephone status (mobile only, landline only, both landline and mobile) based on ACMA and ABS National Health Survey 2014-15. No such calibration was required for the 2020 survey, which was 100 per cent mobile.
3. For the 2017 survey, the calibration to Age, Sex and Region was not carried out using interlocking weighting cells (Age x Sex x Region), as was used for the 2020 survey, but rather with two sets of calibrations: firstly, an Age x Sex calibration, followed by a Region calibration. A fully interlocking approach could have been used for the 2017 survey as suitable ABS ERP data was available at this level, and, it appears that there would have been adequate sample to carry out this form of calibration.
4. The 2017 approach used five independent calibration weight calculations based on (1) Telephone status; (2) Age x sex; (3) Region; (4) Education and (5) Country of Birth. The documentation implies these calibrations were applied iteratively. In this way the final weights would have been consistent with all the calibration variables used. No such iterations were required for the 2020 survey as only a single calibration (Age x Sex x Region) was used.
5. As noted in the previous point, the 2017 weights included calibration to Educational Attainment (Not University, University) and Country of Birth (English speaking country, Non-English speaking country). These variables were not used to weight the 2020 survey.[7]

3.6 DETAILS OF FINAL SAMPLE (WEIGHTED DATA)

The demographic profile of the final sample (weighted) by gender, age, marital status, household structure, work status, education status, annual personal income, location, identification as Aboriginal or Torres Strait Islander and main language spoken at home is shown in Table 8.

- Overall, 49 per cent of males and 51 per cent of females participated in the survey.
- One quarter (26 per cent) of Tasmanian adults were aged 65 years and over.
- In terms of marital status, nearly three in five (57 per cent) were married or living with a partner.
- More than one half of Tasmanian adults (54 per cent) were employed full-time, part-time or casual.
- One in five (19 per cent) had not completed Year 12 and 37 per cent had a university degree.
- Just over one in ten (13 per cent) adults responded “don’t know” or refused to provide their personal annual income.
- More than two in five (44 per cent) adults resided in Hobart.
- Five percent (5 per cent) of Tasmanians identified as being of Aboriginal and Torres Strait Islander descent.
- Six percent (6 per cent) spoke a language other than English at home.

[6] Fourth Social and Economic Impact Study of Gambling in Tasmania (2017) Volume 2: Prevalence Survey

[7] ABS advice was that the statistical concept of English-Speaking Background is problematic because, while countries may have a national language, individual use of English varies enormously within countries (even those with English as the official language). Country of birth was not collected, nor used in weighting in the 2020 survey. Analyses conducted by Dr Phil Hughes, ENGINE, also found little evidence that weighting to educational attainment would address non-response bias, which would have been the sole purpose for calibrating survey data by Education attainment.

Table 8. Demographic profile of the final sample

Demographic characteristics	Unweighted %	Weighted %
Gender		
Male (n=2,389)	48%	49%
Female (n=2,620)	52%	51%
Age group		
18 to 24 years (n=458)	9%	10%
25 to 34 years (n=594)	12%	15%
35 to 44 years (n=564)	11%	15%
45 to 54 years (n=681)	14%	16%
55 to 64 years (n=1,001)	20%	18%
65 years and over (n=1,711)	34%	26%
Marital status		
Married or living with partner (n=2,910)	58%	57%
Separated or divorced or widowed (n=801)	16%	14%
Single (n=1,267)	25%	28%
Household structure		
Single person (n=1,164)	23%	22%
One parent family with children (n=332)	7%	7%
Couple with children (n=1,172)	23%	27%
Couple with no children (n=1,781)	36%	32%
Group household (n=430)	9%	10%
Adult living with parents (n=44)	1%	1%
Carer (n=8)	0.2%	0.1%
Other relatives/family configuration (n=38)	1%	1%
Other (n=13)	0.3%	0.3%
Work status		
Working (n=2,447)	49%	54%
Studying (full/part-time) (n=227)	5%	5%
Not working or studying (n=2,323)	46%	41%
Education		
Less than year 12 (n=1,031)	21%	19%
Completed year 12 (n=815)	16%	16%
A trade, technical certificate or diploma (n=1,321)	26%	27%
University degree (n=1,813)	36%	37%
Annual personal income		
Nil or negative (n=216)	4%	5%
$1 to $19,999 (n=703)	14%	14%
$20,000 to $39,999 (n=1,247)	25%	24%
$40,000 to $59,999 (n=722)	14%	15%
$60,000 to $79,999 (n=570)	11%	12%
$80,000 to $119,999 (n=541)	11%	11%
$120,000 or more (n=334)	7%	7%
Refused/Don't know (n=676)	13%	13%

Demographic characteristics	Unweighted %	Weighted %
Location		
Hobart (n=2,265)	45%	44%
Launceston and North East (n=1,360)	27%	27%
South East (n=340)	7%	7%
West and North West (n=1,044)	21%	21%
Aboriginal and/or Torres Strait Islander origin		
Yes (n=203)	4%	5%
No (n=4,773)	95%	95%
Speaks language other than English (LOTE) at home		
LOTE (n=252)	5%	6%
English only (n=4,756)	95%	94%

3.7 FLOW CHARTS OF WHO WAS ASKED WHICH SECTIONS

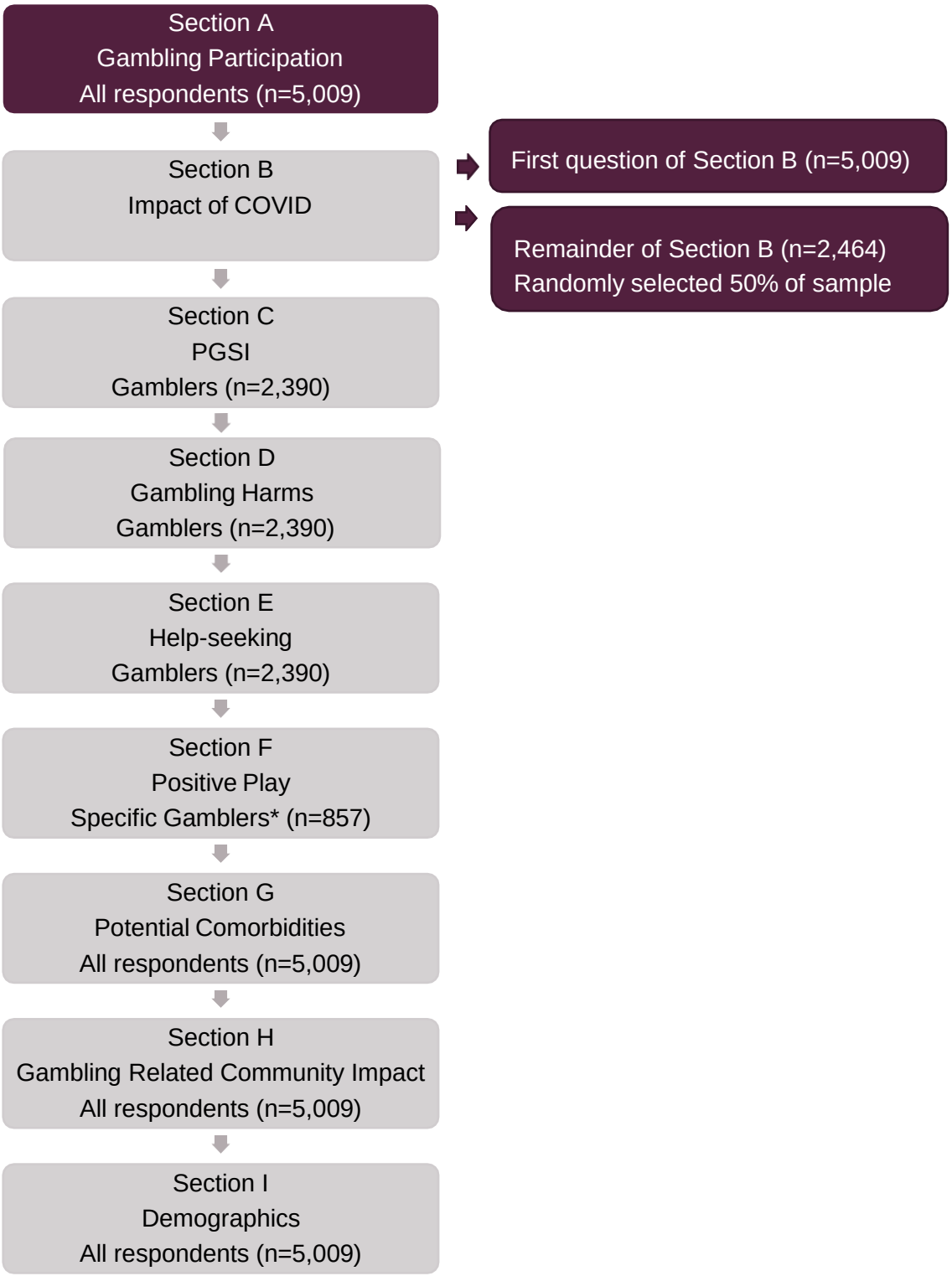
Figure 6 indicates which sections respondents were asked in the survey, the section title and the number of respondents that were asked. As described in Section 3.2, all respondents were administered a core 'Impact of COVID-19' data item (a question about government support during COVID-19), while the additional set of questions in that section (impact of COVID-19 on gambling behaviour and any new activities taken up or ceased since COVID-19) were administered to a randomly selected 50 per cent of the total sample.

The average survey length was 17 minutes, slightly longer than the 15 minute average achieved in 2017. In 2020, emphasis on the time period ("the 12 months before COVID") in the main questions, the addition of the Impact of COVID questions, and the explanation of the IPND are likely to have contributed to the slightly longer survey. The length did not appear to have any adverse effect on the response rate (detailed in Section 3.4), and remained below 20 minutes, as is generally considered best practice.[8]

A copy of the questionnaire can be found in Appendix A.

[8] Williams, R.J. & Volberg, R. A. (2010), "Best Practices in the Population Assessment of Problem Gambling", Guelph: Ontario Problem Gambling Research Centre, p.58.

Figure 6. Survey routing



*Asked of gamblers who spent money on pokies, horse or greyhound races, table games at a casino, sporting events, non-sporting events, casino games on the internet, poker games online and informal private betting

3.8 REPORTING CONVENTIONS

This report presents the findings for the prevalence study for the Fifth SEIS of Gambling in Tasmania.

Results are presented as the percentage of respondents who provided a response to each coding frame category, based on the weighted data. Unless otherwise specified, all of the results are based on weighted data, and are therefore representative of the population of Tasmania.

The quantitative results are usually reported overall, by age and by gender. Other breakdowns have been reported where a segment breakdown was of particular relevance to the question being reported and/or where there was a statistically significant difference in the results for key derived or demographic segments.

The key analysis variables included:

- Gender
- Age group (18-24, 25-34, 35-44, 45-54, 55-64, 65 and over)
- Marital status (married or living with partner, separated/divorced/widowed, single)
- Household structure (single, one parent family with children, couple with children, couple with no children, group household)
- Work status (working: full-time, part-time or casual; studying, not working or studying)
- Education (less than year 12, completed year 12, a trade or technical certificate, university degree)
- Annual personal income (nil or negative income, less than $20,000, $20,000-$39,999, $40,000-$59,999, $60,000-$79,999, $80,000-$119,999, $120,000 or more, refused/don't know)
- Language other than English (LOTE) spoken at home versus only English
- Aboriginal and Torres Strait Islander (ATSI) origin versus non-Aboriginal and Torres Strait Islander origin
- PGSI categories (problem gambler, moderate-risk gambler, low-risk gambler, non-problem gambler). Often moderate-risk and problem gamblers are reported together, in one combined category.

Statistical differences (e.g. most commonly chi-squared tests to compare percentage differences) have been tested at the 95 per cent confidence level, which is best practice. In charts and tables, statistically significant differences are shown as follows:

- an asterisk '*' indicates a difference between binary segments, e.g. men compared with women
- a plus sign '+' indicates a significantly higher result for a segment, compared with the result for respondents overall.
- a minus sign '-' indicates a significantly lower result for a segment, compared with the result forrespondents overall.

In charts and tables, data labels have been rounded to the integer, except for results between zero and half a percent (0 per cent-0.5 per cent) and results for the Problem Gambling Severity Index (PGSI) which have been rounded toone decimal point. Results for the Gambling Harm Measure (GHM) have been rounded to two decimal points.Occasionally the displayed results will not sum to 100 per cent, due to rounding or the exclusion of don't know or refused responses; or because multiple responses were permitted.

Sample sizes vary between questions because: (a) not all questions were asked of every respondent; (b) the exclusion of refused or don't know responses; and, (c) the filtering of questions. The results for some sections and questions are based on small samples, and caution should be taken when interpreting these figures. Such cases are noted in the document.

The majority of the findings in this report are the result of bivariate analyses (e.g. a behaviour is analysed by gender or age or another single variable). However, a number of multivariate analyses were also conducted in the form of logistic regressions. These examine the strength of association between the independent (or 'predictor') variables and the dependent variable, after taking account of all of the other variables in the equation.

For example, the series of regression analyses reported in Chapter 6 used participation in the gambling activity (yes/no) as the dependent variable.

The independent variables in each model included:

- Gender
- Age group
- Marital status
- Work status
- Education status
- Annual personal income
- Location (Hobart/ Launceston and North East/ South East/ West and North West)
- Whether of Aboriginal and/or Torres Strait Islander origin
- Whether mainly speaks a language other than English at home.

The results are presented in the form of odds ratios. In the case of the analyses in Chapter 6, the odds ratio indicates the relative odds of participating in the gambling activity, in terms of the independent variable, relative to the reference category, after taking account of all the other independent variables included in the regression model. That is, for each of the independent variables, a reference category was established (value = 1) as a comparison point to indicate how values of other levels of the independent (predictor) variable are related to the prediction of the dependent (outcome) variable.

The p value indicates whether there is a statistically significant association between the dependent and the independent variable overall, after taking account of all of the other independent variables. Asterisks after the independent variable category name indicate statistical significance at one of three confidence levels: one asterisk for $p<0.05$; two for $p<0.01$; and three for $p<0.001$.

The report also compares the findings from the Fifth SEIS (2020) with the previous Fourth SEIS (2017).[9] It is important to consider the methodological differences between the two studies when interpreting any differences in results:

- The Fourth SEIS used a dual frame sample design (50 per cent mobile and 50 per cent landline). The sample was drawn from three sources, random digit dial (RDD) landline, pre-screened RDD mobile sample and listed mobile sample.
- The Fifth SEIS used a 100 per cent mobile frame design using the IPND as the sample source.
- The Fifth SEIS collected information on gambling participation during the 12 months prior to COVID-19 (i.e. between March 2019 and February 2020) rather than the 12 months prior to the interview (which took place in October and November 2020).
- Although the weighting approaches for both surveys accounted for non-response bias by age, sex and region, there were some differences in how non-response bias adjustments were calculated and applied to weights in the Fourth SEIS and Fifth SEIS, as outlined in Section 3.5.
- Significance testing has been carried out between the 2017 and 2020 survey years.[10]

[9] Fourth Social and Economic Impact Study of Gambling in Tasmania (2017) Volume 2: Prevalence Survey

[10] The standard error of the difference in the two estimates, used in the calculation of the test statistic, was adjusted to account for the impact of weighting. This adjustment used the weighing effect (WEFF) values for the 2020 survey, and an estimated WEFF for the 2017 survey. Sensitivity testing was undertaken on the impact of using the estimated WEFF for the 2017 survey. It confirmed that adjusting the estimated WEFF up or down slightly did not reverse the significant/not significant findings and that, therefore, its approximate nature was not of concern.

4 OVERALL GAMBLING PARTICIPATION

4.1 OVERVIEW

Respondents were asked to indicate which gambling activities, from a list of twelve, they had spent money on during the 12 months preceding COVID-19 (that is, between March 2019 to February 2020). This question is usually asked in relation to the 12 months preceding the interviews (which took place in October to November 2020). However, given the outbreak of COVID-19 and its impact on gambling venues, a decision was made to collect information on the more 'typical' 12-month period prior to the pandemic. This enables the comparison of results with previous surveys of the Tasmanian population (and with other jurisdictions). It should be noted that, while respondents are still answering in relation to a 12-month period, the beginning of that period could be up to 20 months in the past (from March 2019 to the end of fieldwork in November 2020) so for those who had not gambled regularly this may have impacted on recall.

A number of questions were also asked about the impact of COVID-19 on gambling behaviour; and these results can be found in Section 5.

This chapter presents: an overview of gambling participation rates in the Tasmanian adult population; the average number of gambling activities participated in by gamblers; and, gambling frequency.

Gambling participation is also examined by demographic characteristics for individual activities as well as the overall participation rate for non-lottery gambling (which excludes lottery tickets, TasKeno, instant scratchies and bingo).

This chapter compares the findings from this survey (the Fifth SEIS) with results from the previous survey conducted in 2017.

4.2 OVERALL PARTICIPATION RATE

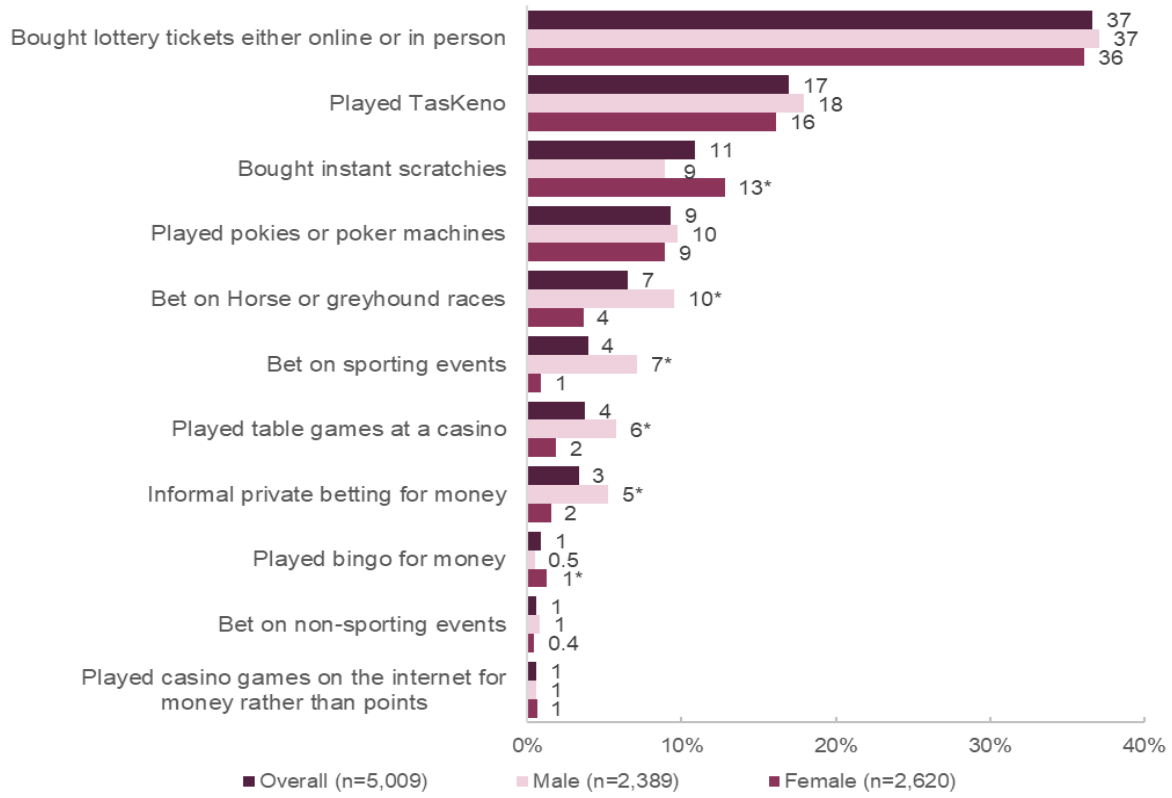
Overall, just under one half (47 per cent) of Tasmanian adults had participated in at least one gambling activity in the12 months prior to COVID-19. The prevalence of 'non-lottery gambling' (i.e. participation in gambling activitiesexcluding lotteries, TasKeno, instant scratchies and bingo) was 18 per cent[11] (see Section 4.4 for further discussion).

The most prevalent gambling activity was buying lottery tickets either online or in person (37 per cent) and this included Lotto or any other lottery game like Powerball, Lucky Lotteries or Set for Life. The next most popular activities were: playing TasKeno at a club, hotel or casino (17 per cent); buying instant scratchies (11 per cent) and playingpokies or poker machines (9 per cent). The proportion of the Tasmanian adult population who participated in each gambling activity in the last 12 months is shown in Figure 7.

Respondents were also asked if they had spent any money on any other type of gambling activity that was not one of the twelve popular gambling activities listed. Less than one percent (0.3 per cent) mentioned other activities.

[11] Respondents who participated in lottery ticket buying, TasKeno, instant scratchies and bingo may have also participated in other gambling activities. If they participated in an activity.

Figure 7. Participation in gambling activities (weighted) in the last 12 months before COVID-19, overall and by sex



Base: All respondents (n=5,009). *Q1. I'm going to read out a list of popular gambling activities. Could you please tell me which of these you have spent money on during the **12 months before COVID-19 (e.g. March 2020)?*** Played poker games online for money rather than points (1% overall, 1% of males (this finding was significant) and 0.3% of females) and Participated in any other gambling activity not included above (0.3% overall, 0.5% of males and 0.2% of females) not shown in Figure.

Analysis by gender using chi-squared tests, showed that men were more likely than women to have participated in betting on horse or greyhound races (10 per cent versus 4 per cent); betting on sporting events (7 per cent versus 1 per cent); playing casino tables games (6 per cent versus 2 per cent); informal private betting sessions (5 per cent versus 2 per cent); and, playing poker games online for money (1 per cent versus 0.3 per cent). Conversely, women were more likely to have bought instant scratchies (13 per cent compared with 9 per cent of men).

4.2.1 Average number of gambling activities among gamblers

As shown in Table 9, 49 per cent of Tasmanian adults who had gambled in the last 12 months had participated in only one activity; 25 per cent had participated in two activities; and, 25 per cent had participated in three or more activities.

The median number of gambling activities was 2.0 and the mean was also 2.0.

Table 9. Average number of gambling activities

Number of gambling activities (n=2,390)	Respondents who gambled in the last 12months Percentage (%)
1 activity	49
2 activities	25
3 activities	13
4+ activities	12
Median number of activities	**2.0**
Mean number of activities	**2.0**

Base: Respondents who gambled in the last 12 months (n=2,390)

4.2.2 Comparison with the Fourth SEIS survey

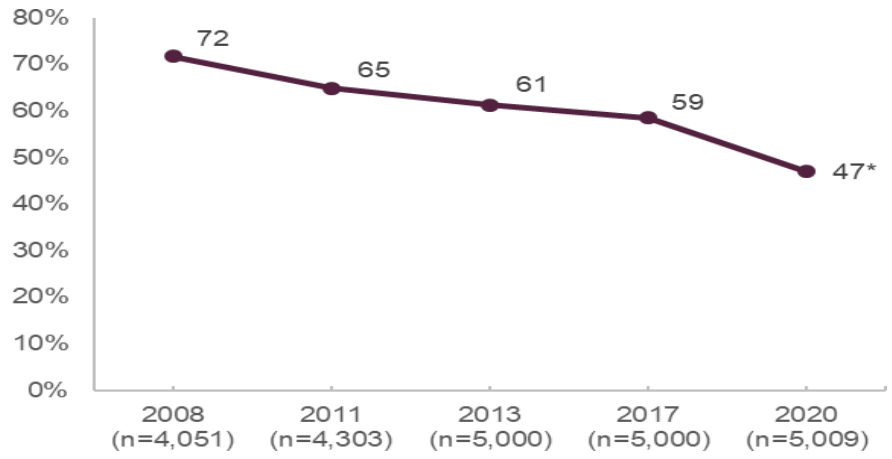
The section compares the findings from the Fifth SEIS survey (2020) with the Fourth SEIS survey (2017)[12]. It is important to note that there are methodological differences between the two studies which should be taken into account when interpreting any differences in results:

- The Fourth SEIS used a dual frame sample design (50 per cent mobile and 50 per cent landline). The sample was drawn from three sources, random digit dial (RDD) landline, pre-screened RDD mobile sample and listed mobile sample.
- The Fifth SEIS used a 100 per cent mobile design using the IPND as a sample source.
- The Fifth SEIS collected information on gambling participation during the 12 months prior to COVID-19 (i.e. between March 2019 and February 2020) rather than the 12 months prior to the interview (which took place in October and November 2020).
- Although the weighting approaches for both surveys accounted for non-response bias by age, sex and region, there were some differences in how non-response bias adjustments were calculated and applied to weights in the Fourth SEIS and Fifth SEIS, as outlined in Section 3.5.

Table 10 presents the participation rates in individual gambling activities among the population as a whole as well as in any gambling activity among the Tasmanian adult population across the six survey years.

As shown in Figure 8, the proportion of Tasmanian adults participating in any gambling activity has steadily declined since 2008 (from 72 per cent in 2008, to 65 per cent in 2011, 61 per cent in 2013, 59 per cent in 2017 down to 47 per cent in 2020).

Figure 8. Participation in any gambling activities over time, 2008, 2011, 2013, 2017, 2020[13]



Asterisk *indicates a statistically significant difference between 2017 and 2020

Although lottery ticket gambling remains the most prevalent gambling activity, its popularity has steadily decreased over time (from 52 per cent in 2005 down to 37 per cent in 2020).

The same is true for each of the individual activities, with the exception of sports betting which has remained unchanged since 2005.

The most marked decreases have been in the purchasing of instant scratchies (which has almost halved from 21 per cent in 2017 to 11 per cent in 2020) and electronic gaming machines (EGMs) which has also halved from 19 per cent in 2017, to 9 per cent in 2020. These results were statistically significant.

Playing Keno remained largely unchanged between the survey years 2008, 2011, 2013 and 2017, but the proportion of Tasmanian adults playing Keno significantly declined from 26 per cent in 2017 to 17 per cent in 2020.

[12] Fourth Social and Economic Impact Study of Gambling in Tasmania (2017) Volume 2: Prevalence Survey
[13] The data for 2005 was not available.

Betting on horse or greyhound races was undertaken by one in ten (10 per cent) Tasmanian adults in 2011, significantly decreasing to 7 per cent in 2020.

From a low starting point there were small decreases in the rates of participation in casino table games (5 per cent in 2017 to 4 per cent in 2020) and bingo (2 per cent in 2017 to 1 per cent in 2020).

Table 10. Participation in gambling activities over time, 2008, 2011, 2013, 2017, 2020

Percentage (%)					
Gambling activity	**2008 (n=4,051)**	**2011 (n=4,303)**	**2013 (n=5,000)**	**2017 (n=5,000)**	**2020 (n=5,009)**
Electronic Gaming Machine(EGM)	29	21	19	19	9-
Horse or greyhound races	17	15	11	10	7-
Instant scratchies	31	24	21	21	11-
Lotteries	51	46	43	39	37
Keno	26	24	26	26	17-
Casino table games	7	6	6	5	4-
Bingo	2	2	2	2	1-
Sporting or other events	4	4	4	4	4
Informal private games	5	3	3	3	3
Any other gambling activity	2	0.4	1	0.4	0.3
Any of the above gambling activities	72	65	61	59	47-

Source: Fourth Social and Economic Impact Study of Gambling in Tasmania (2017) Volume 2: Prevalence SurveyThe minus sign '-' indicates a statistically significant reduction between 2017 and 2020

Table 11 presents participation rates in each gambling activity among the subgroup of gamblers (those who gambled on any activity in the 12 months in question) for the four survey years since 2011[14].

The three most popular gambling activities among gamblers since the 2011 survey were lotteries, Keno and instant scratchies.

The proportion of gamblers buying lottery tickets declined slightly from 72 per cent in 2011, to 70 per cent in 2013, to 66 per cent in 2017, and then significantly increased to 78 per cent in 2020.

The proportion of gamblers buying instant scratchies has remained largely unchanged between 2011 and 2017 (38 per cent in 2011, 34 per cent in 2013 and 35 per cent in 2017). However, buying instant scratchies significantly decreased from 35 per cent in 2017 to 23 per cent in 2020.

The proportion of gamblers playing EGMs also remained largely unchanged between 2011 and 2017 (at around a third) but has recently declined from 32 per cent in 2017 to 20 per cent in 2020. This result was statistically significant.

The proportion of gamblers betting on horse or greyhound races has significantly declined from 17 per cent in 2017 to 14 per cent in 2020.

The proportion of gamblers playing casino table games and bingo have remained similar since 2011. However, there was a small but significant decrease in the number of bingo players, from 3 per cent in 2017 to 2 per cent in 2020.

While participation in major activities (EGMs, wagering) has generally been declining since 2011, there has been a small but significant increase in sports betting (from 6 per cent in 2017 to 8 per cent in 2020) and informal private betting, such as playing cards at home for money (from 5 per cent in 2017 to 7 per cent in 2020).

[14] The data for 2005 and 2008 was not available.

Table 11. Participation in gambling activities over time among gamblers, 2011, 2013, 2017, 2020

	Percentage (%)			
Gambling activity	**2011 (n=2,796)**	**2013 (n=3,145)**	**2017 (n=2,873)**	**2020 (n=2,390)**
EGMs	32	30	32	20-
Horse or greyhound races	22	17	17	14-
Instant scratchies	38	34	35	23-
Lotteries	72	70	66	78+
Keno	38	43	44	36-
Casino table games	9	10	9	8
Bingo	3	3	3	2-
Sporting or other events	6	7	6	8+
Informal private games	5	4	5	7+
Any other gambling activity	1	1	1	1

Source: Fourth Social and Economic Impact Study of Gambling in Tasmania (2017) Volume 2: Prevalence SurveyThe plus sign '+' indicates a statistically significant increase between 2017 and 2020
The minus sign '-' indicates a statistically significant decrease between 2017 and 2020

4.2.3 Average number of gambling activities over time

As shown in Table 12, nearly a quarter of Tasmanian adults (23 per cent) reported participating in one gambling activity. Just over one in ten Tasmanian adults (12 per cent) reported participating in two gambling activities (significantly down from 16 per cent in 2017), 6 per cent said three gambling activities (significantly down from 10 per cent in 2017) and 6 per cent said four or more gambling activities (significantly down from 9 per cent in 2017).

Table 12. Average number of gambling activities over time, 2011, 2013, 2017, 2020

	Percentage (%)			
Number of gambling activities	**2011 (n=4,303)**	**2013 (n=5,000)**	**2017 (n=5,000)**	**2020 (n=5,009)**
None	35	39	42	53+
One gambling activity	24	25	24	23
Two gambling activities	18	16	16	12-
Three gambling activities	12	11	10	6-
Four or more gambling activities	11	10	9	6-

Source: Fourth Social and Economic Impact Study of Gambling in Tasmania (2017) Volume 2: Prevalence SurveyThe plus sign '+' indicates a statistically significant increase between 2017 and 2020
The minus sign '-' indicates a statistically significant decrease between 2017 and 2020

4.3 PARTICIPATION IN AT LEAST ONE GAMBLING ACTIVITY BY DEMOGRAPHIC CHARACTERISTICS

Table 13 shows participation in at least one gambling activity by demographic subgroups and also participation in each of the 12 gambling activities.

Overall, 47 per cent of Tasmanian adults participated in at least one gambling activity in the 12 months before COVID-19. Men were significantly more likely to participate in at least one gambling activity (49 per cent, compared with 45 per cent of women).

Gambling participation (in at least one activity) was highest among people aged 55 to 64 years (56 per cent) and lowest among people aged 18 to 24 years (34 per cent).

Gambling participation was significantly higher among those who were separated or divorced or widowed (54 per cent) and married or living with a partner (49 per cent) compared with single adults (41 per cent).

Analysis by employment and education status indicated that gambling was higher among those who said they were in employment (full-time, part-time or casual) (49 per cent); those who had not completed Year 12 (55 per cent) and those with a trade, technical certificate or diploma (54 per cent).

Gambling participation tended to increase with personal income, from 41 per cent of those who earned between $1 to $19,999, to 55 per cent of those who earned between $60,000 to $79,999, to 54 per cent of those who earned $120,000 or more.

People residing in Launceston and the North East region (50 per cent) and West and North West region (50 per cent) were more likely than those residing in Hobart (44 per cent) to say that they had gambled in at least one activity.

Gambling participation was also higher among those who were of Aboriginal and/or Torres Strait Islander (ATSI) origin (57 per cent compared with 47 per cent overall) and those who only spoke English at home (49 per cent compared with 20 per cent who spoke a language other than English (LOTE).

Table 13. Participation in gambling activities by demographic characteristics

Demographic characteristics	At least one gambling activityPercentage (%)
Overall (n=5,009)	**47**
Gender	
Male (n=2,389)	49*
Female (n=2,620)	45
Age group	
18 to 24 years (n=458)	34-
25 to 34 years (n=594)	40-
35 to 44 years (n=564)	46
45 to 54 years (n=681)	51+
55 to 64 years (n=1,001)	56+
65 years and over (n=1,711)	48
Marital status	
Married or living with partner (n=2,910)	49+
Separated or divorced or widowed (n=801)	54+
Single (n=1,267)	41-
Household structure	
Single person (n=1,164)	47
One parent family with children (n=332)	45
Couple with children (n=1,172)	46
Couple with no children (n=1,781)	50+
Group household (n=430)	44
Work status	
Working (n=2,447)	49+
Studying (full/part-time) (n=227)	28-
Not working or studying (n=2,323)	47
Education	
Less than year 12 (n=1,031)	55+
Completed year 12 (n=815)	49
A trade, technical certificate or diploma (n=1,321)	54+
University degree (n=1,813)	37-
Annual personal income	
Nil or negative (n=216)	37-
$1 to $19,999 (n=703)	41-
$20,000 to $39,999 (n=1,247)	48
$40,000 to $59,999 (n=722)	48
$60,000 to $79,999 (n=570)	55+
$80,000 to $119,999 (n=541)	52+
$120,000 or more (n=334)	54+
Refused/Don't know (n=676)	40-

Demographic characteristics	At least one gambling activityPercentage (%)
Location	
Hobart (n=2,265)	44-
Launceston and North East (n=1,360)	50+
South East (n=340)	46
West and North West (n=1,044)	50+
Aboriginal and/or Torres Strait Islander origin	
Yes (n=203)	57*
No (n=4,773)	47
Speaks language other than English (LOTE) at home	
LOTE (n=252)	20
English only (n=4,756)	49*

Base: All respondents (n=5,009)

4.4 OVERALL NON-LOTTERY GAMBLING PARTICIPATION, BY DEMOGRAPHIC CHARACTERISTICS

As mentioned in 4.2, nearly half of Tasmanian adults had participated in at least one form of gambling in the 12 months prior to COVID-19, with lottery being the most popular activity. As purchasing lottery tickets, TasKeno, instant scratchies and bingo are not typically associated with problem gambling (Binde, 2011), analysis has also been carried out on the subgroup excluding those who only gambled on these four activities. For the sake of parsimony, this rate has been labelled 'non-lottery gambling'. The rate of participation in non-lottery gambling among Tasmanian adults was 18 per cent. The constituent activities are listed below.

- Played EGMs (often referred to as poker machines or 'pokies').
- Bet on horse or greyhound races
- Bet on sporting events
- Played table games at a casino
- Bet on non-sporting activities
- Played casino games online
- Played poker games online for money rather than points
- Informal private betting for money

The overall non-lottery gambling participation rate was compared across demographic categories in the Tasmanian adult population. The results are shown in Table 14.

Men were significantly more likely than women to participate in at least one non-lottery gambling activity (23 per cent, compared with 13 per cent of women).

When non-lottery gambling was analysed by age group, the pattern was reversed (compared to the rate for all gambling activities). The overall participation rate in any gambling activity (detailed in Section 4.3) was higher among the older age groups, whereas the rate of non-lottery gambling was highest among the youngest group (24 per cent) and lowest among those aged 65 years and over (13 per cent).

Non-lottery gambling participation was significantly higher among those who were single (20 per cent) and those who said that they lived in a shared household (23 per cent), which is likely to be related to the age difference described above.

Analysis by employment status indicated that people in employment (full-time, part-time or casual) were more likely than those who said that they were not working or studying to participate in non-lottery gambling (20 per cent compared with 16 per cent). In relation to education status, non-lottery gambling participation was lowest among those with a university degree (12 per cent compared with 18 per cent overall). This replicated the findings for participation for all gambling.

People who earned more personal income tended to participate in non-lottery gambling, from 16 per cent of those who earned between $1 to $19,999, to 21 per cent of those who earned between $60,000 to $79,999, to 22 per cent of those who earned $80,000 to $119,999.

There were no significant differences observed by location.

As with the overall rate discussed in Section 4.3, non-lottery gambling participation was again higher among those with an ATSI background (31 per cent compared with 17 per cent of non-ATSI background) and those who only spokeEnglish at home (19 per cent compared with 5 per cent who spoke a LOTE).

Table 14. Participation in non-lottery gambling activities by demographic characteristics

Demographic characteristics	Non-lottery gamblingPercentage (%)
Overall (n=5,009)	**18**
Gender	
Male (n=2,389)	23*
Female (n=2,620)	13
Age group	
18 to 24 years (n=458)	24+
25 to 34 years (n=594)	20
35 to 44 years (n=564)	21
45 to 54 years (n=681)	18
55 to 64 years (n=1,001)	16
65 years and over (n=1,711)	13-
Marital status	
Married or living with partner (n=2,910)	17-
Separated or divorced or widowed (n=801)	18
Single (n=1,267)	20+
Household structure	
Single person (n=1,164)	17
One parent family with children (n=332)	21
Couple with children (n=1,172)	18
Couple with no children (n=1,781)	16-
Group household (n=430)	23+
Work status	
Working (n=2,447)	20+
Studying (full/part-time) (n=227)	13
Not working or studying (n=2,323)	16-
Education	
Less than year 12 (n=1,031)	22+
Completed year 12 (n=815)	23+
A trade, technical certificate or diploma (n=1,321)	21+
University degree (n=1,813)	12-

Demographic characteristics	Non-lottery gamblingPercentage (%)
Annual personal income	
Nil or negative (n=216)	11-
$1 to $19,999 (n=703)	16
$20,000 to $39,999 (n=1,247)	18
$40,000 to $59,999 (n=722)	20
$60,000 to $79,999 (n=570)	21+
$80,000 to $119,999 (n=541)	22+
$120,000 or more (n=334)	19
Refused/Don't know (n=676)	14-
Location	
Hobart (n=2,265)	17
Launceston and North East (n=1,360)	19
South East (n=340)	16
West and North West (n=1,044)	19
Aboriginal and/or Torres Strait Islander origin	
Yes (n=203)	31*
No (n=4,773)	17
Speaks language other than English (LOTE) at home	
LOTE (n=252)	5
English only (n=4,756)	19*

Base: All respondents (n=5,009)

4.5 OVERALL MONTHLY AND WEEKLY PARTICIPATION, BY DEMOGRAPHIC CHARACTERISTICS

Table 15 presents the overall monthly and weekly gambling participation rates among gamblers by demographic characteristics. Frequencies that were recorded as weekly or monthly were converted into equivalent annual participation rates. The following frequency categories were derived:

- Less than once a month (equivalent to one to 11 times per year)
- One to three times a month (equivalent to 12 to 51 times per year)
- Once a week or more (equivalent to 52 times a year or more)

Overall, two in five gamblers (41 per cent) said that they participated at least once a year, but less than once per month in any gambling activity; 28 per cent participated one to three times per month; and, 31 per cent participated once per week or more.

Those most likely to participate in any gambling activity at least once in the 12-month period but less than once per month were:

- Women (46 per cent compared with 36 per cent of men)
- People aged under 35 years (63 per cent of people aged 18-24 years and 50 per cent of people aged 25 to 34 years)
- Couples with children (47 per cent)
- People working (either full-time, part-time or casual) and people studying full or part-time (44 per cent and 63 per centrespectively)
- People with a university degree (50 per cent)
- People residing in Hobart (44 per cent), SE Region 46 per cent. Launceston and North East region 36 per cent)
- LOTE speakers (65 per cent).

Gamblers who were more likely to participate one to three times per month tended to be from the following groups:

- People aged 25 to 34 years and 35 to 44 years (34 per cent and 36 per cent respectively)
- People working full-time, part-time or casual (30 per cent)
- People of ATSI origin (38 per cent compared with 27 per cent of people from non-ATSI origin).

The segments most likely to gamble once per week or more were:

- Men (35 per cent, compared with 27 per cent of women)
- People aged 55 to 64 years and 65 years and over (42 per cent and 44 per cent respectively)
- Couple with no children (38 per cent) and those who live in a single household (36 per cent)
- People who were not working or studying (39 per cent)
- People who had not completed Year 12 (43 per cent)
- People who live in Launceston and North East region (34 per cent; NW Region 32 per cent)
- People who only spoke English at home (31 per cent).

Table 15. Monthly and weekly participation in any gambling activity by demographic characteristics

Demographic characteristics	Percentage (%)		
	Less than once per month	1 to 3 times per month	Once per week or more
Overall (n=2,386)	**41**	**28**	**31**
Gender			
Male (n=1,193)	36	29	35*
Female (n=1,193)	46*	27	27
Age group			
18 to 24 years (n=158)	63+	24	12-
25 to 34 years (n=241)	50+	34+	16-
35 to 44 years (n=249)	46	36+	17-
45 to 54 years (n=351)	44	29	27
55 to 64 years (n=556)	32-	25	42+
65 years and over (n=831)	32-	24-	44+
Marital status			
Married or living with partner (n=1,422)	40	28	31
Separated or divorced or widowed (n=424)	39	27	34
Single (n=525)	43	28	28
Household structure			
Single person (n=558)	37	27	36+
One parent family with children (n=152)	41	26	32
Couple with children (n=537)	47+	31	22-
Couple with no children (n=888)	36-	26	38+
Group household (n=192)	47	31	22-
Work status			
Working (n=1,213)	44+	30+	26-
Studying (full/part-time) (n=63)	63+	22	14-
Not working or studying (n=1,107)	35-	26	39+
Education			
Less than year 12 (n=573)	30-	27	43+
Completed year 12 (n=412)	41	29	30
A trade, technical certificate or diploma (n=699)	40	30	30
University degree (n=686)	50+	26	24-
Annual personal income			
Nil or negative (n=81)	45	27	25
$1 to $19,999 (n=289)	41	26	33
$20,000 to $39,999 (n=615)	40	26	34
$40,000 to $59,999 (n=356)	36	31	32
$60,000 to $79,999 (n=313)	45	25	30
$80,000 to $119,999 (n=281)	41	33	26
$120,000 or more (n=177)	36	30	34
Refused/Don't know (n=274)	44	26	28
Location			
Hobart (n=996)	44+	26	29
Launceston and North East (n=705)	36-	29	34+
South East (n=150)	46	31	23
West and North West (n=535)	38	30	32

Demographic characteristics	Percentage (%)		
	Less than once per month	1 to 3 times per month	Once per week or more
Aboriginal and/or Torres Strait Islander origin			
Yes (n=109)	34	38*	28
No (n=2,264)	41	27	31
Speaks language other than English (LOTE) at home			
LOTE (n=52)	65*	22	11
English only (n=2,333)	40	28	31*

Base: Respondents who gambled in the last 12 months (n=2,386)

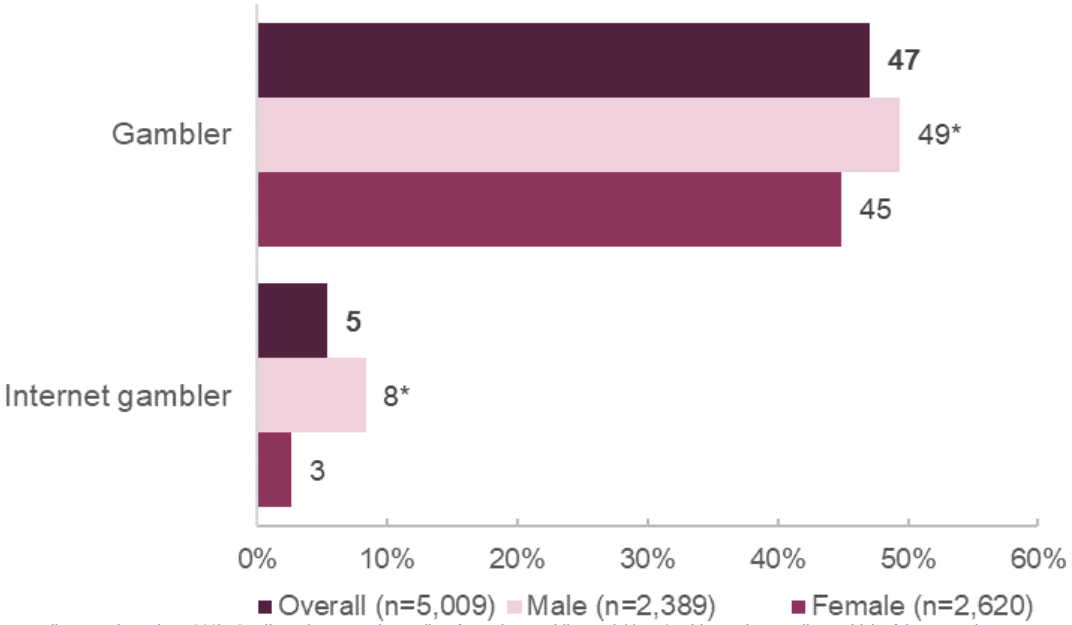
4.6 INTERNET GAMBLING

Internet gamblers were classified as gamblers who had spent money doing one or more of the following online gambling activities[15]:

- Played casino games, such as Blackjack, Roulette, or EGMs, on the internet (including via a mobile phone), for money
- Played poker games online for money
- Betting on horse or greyhound races, by placing bets on the internet from a computer or with a mobile app
- Betting on sporting events, by placing bets on the internet from a computer or with a mobile app
- Betting on non-sporting events, by placing bets on the internet from a computer or with a mobile app.

Overall, one in 20 (5 per cent) Tasmanian adults had gambled online in the 12 months preceding COVID-19. This is a sub-set of gamblers (47 per cent). Further details on internet gambling can be found in Section 7.5.

Figure 9. Proportion of Tasmanian adults who gambled and used the internet to gamble, overall and by sex



Base: All respondents (n=5,009). *Q1. I'm going to read out a list of popular gambling activities. Could you please tell me which of these you have spent money on during the **12 months before COVID-19 (e.g. March 2020)?*** [Internet gambling variables derived from questions about location of gambling, or online gambling, per gambling activity.]

[15] Buying lottery tickets either online was excluded because it was not possible to separate out in person vs online purchase'

4.7 SUMMARY

Overall, 47 per cent of Tasmanian adults participated in at least one gambling activity in the 12 months prior to COVID-19. The 'non-lottery gambling' rate (i.e. excluding the purchase of lottery tickets, TasKeno, instant scratchies and bingo) was 18 per cent. One in 20 (5 per cent) Tasmanian adults gambled online in the 12 months preceding COVID-19.

Men (49 per cent) were more likely than women (45 per cent) to participate in at least one gambling activity and at least one non-lottery gambling activity (23 per cent for men compared with 13 per cent of women).

The overall participation rate in any gambling activity was higher among the older age groups, whereas the rate of non-lottery gambling was highest in the youngest age group and lowest among those aged 65 years and over. Gambling participation tended to increase along with personal income.

Analysis of monthly and weekly participation rates among gamblers indicated that men were more likely than women (35 per cent compared with 27 per cent), and older people were more likely than people in the youngest age category (42 per cent of people aged 55 to 64 and 44 per cent of people aged 65 years and over compared with 12 per cent of people aged 18 to 24 years) to gamble once per week or more on any activity.

Comparisons conducted across time indicated that gambling participation rates have steadily declined since 2008. This was true for most gambling products, with the exception of sports betting (which has remained largely the same since 2004) and informal private betting, which has remained unchanged since 2011.

Whilst the purchase of lottery tickets is consistently the most prevalent gambling activity, its popularity has steadily declined over time (from 52 per cent in 2005, down to 37 per cent in 2020). The most marked decreases were in the purchase of instant scratchies and playing EGMs, both of which have roughly halved since the 2017 survey.

5 COVID-19 AND GAMBLING

5.1 OVERVIEW

The survey included a number of questions to capture the impact of the COVID-19 restrictions on people's perceptions of their gambling behaviour. These questions related to: (a) whether people believed that the amount they were spending on gambling had increased, decreased or remained the same due to the shutdown periods; and (b) whether people's participation in gambling had changed. For example, were there any gambling activities which they adopted during the pandemic or ceased? Of particular interest in this set of analyses was to examine whether there was any differential impact of COVID-19 restrictions on venue versus online gambling; and if closure of venues, or if the curtailment of sports events, had led to any migration towards online gambling. This chapter includes analyses which examine whether any changes differed according to the level of gambling risk (as indexed by the PGSI) and by gender and age-group. The questions summarised in this chapter were administered to a random sample of the total sample. Analyses are based on weighted data.

5.2 COVID-19 SUPPORT

Participants were asked if they had received any government support during the pandemic (e.g. JobSeeker, JobKeeper or other similar payments). Only seven respondents indicated that they had received this support. It is noted that Tasmania did not experience a re-emergence of the virus after the initial wave of infections. The number of cases for this variable are too low to allow meaningful analyses.

5.3 PERCEIVED CHANGES IN VENUE-BASED GAMBLING

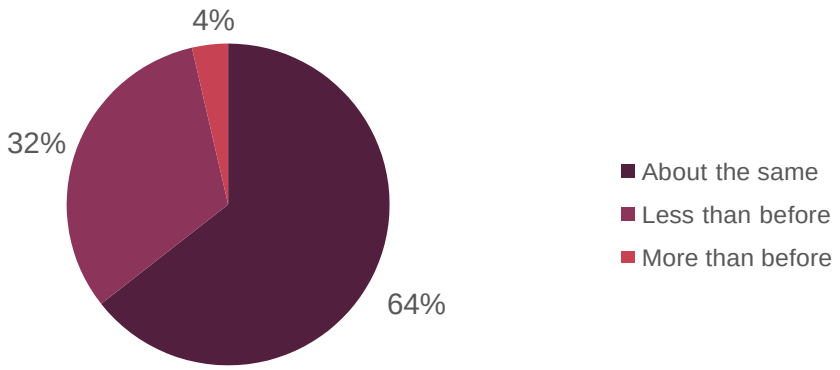
Table 16 summarises how respondents believed their venue-based gambling expenditure had been affected by the pandemic. Figure 10 then summarises the breakdown of the changes based only on those who reported being engaged with venue-based gambling. Almost two-thirds of the people who gambled at venues before COVID-19 reported no change in expenditure since venues reopened, almost a third reported a decrease and only around 4 per cent reported spending more than before.

Table 16. Impact of COVID-19 on venue-based gambling

	Percentage (%)
About the same as before COVID-19 (n=578)	22
Less than before (n=272)	11
More than before (n=30)	1
Do not gamble at venues (n=1,580)	65

Base: Respondents who were randomly selected (n=2,464). *Q57. How would you compare how much money you spend on venue-based gambling activities such as pokies, keno, lotto, casino gaming, and TAB before COVID-19 and now? Would you say...?*

Figure 10. Changes in gambling at venues: pre and post COVID-19 (per cent)



Base: Respondents who engaged in venue-based gambling only (n=884).

5.4 PERCEIVED CHANGES IN ONLINE GAMBLING

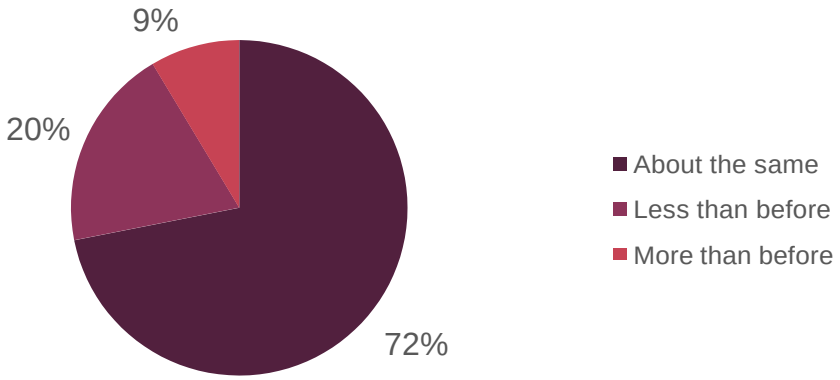
Table 17 summarises how respondents believed their online gambling expenditure had been affected by the pandemic. Figure 11 summarises the breakdown of the changes based only on those who reported being engaged with online gambling. As indicated, over 70 per cent of the people who gambled online reported no change in expenditure, around 20 per cent reported a decrease and around 9 per cent reported spending more than before.

Table 17. Impact of COVID-19 on online gambling

	Percentage (%)
About the same (n=204)	9
Less than before (n=61)	2
More than before (n=24)	1
Do not gamble online (n=2,172)	88

Base: Respondents who were randomly selected (n=2,464). *Q58. How would you compare how much money you spend on online gambling activities before COVID-19 and now?*

Figure 11. Changes in online gambling: pre and post COVID-19 (per cent)



Base: Respondents who engaged in venue-based gambling only (n=292).

5.5 ACTIVITIES ADOPTED OR CEASED DUE TO THE PANDEMIC

Table 18 indicates the number and percentage of the respondents who reported having adopted or ceased different forms of gambling during the COVID-19 shutdown period. As indicated, very few people reported adopting any new forms of gambling and this includes online gambling. Respondents were more likely to report having ceased gambling on several activities, with EGMs, lotteries, and keno being the activities most likely to have ceased due to COVID-19. In other words, the responses for this series of questions based on specific activities were generally consistent with the overall responses presented above. The pandemic was much more likely to lead to a reduction in gambling post reopening of gambling venues.

Table 18. Activities taken up or ceased due to COVID-19

	Taken up (n = 940)		Ceased (n = 1,182)	
	n	Percentage (%)	n	Percentage (%)
EGMs	2	0.2	35	4
Horse or greyhound races	4	0.4	12	1
Lotteries	6	1	37	4
Instant Scratch tickets	2	0.2	16	2
TasKeno	0	0	54	6
Bingo	0	0	2	0.2
Casino table games	1	0.1	15	2
Sporting events	3	0.3	5	1
Non-sporting events	1	0.1	0	0.0
Online casino games	0	0	4	0.4
Poker games online	0	0	2	0.3

	Taken up (n = 940)		Ceased (n = 1,182)	
	n	Percentage (%)	n	Percentage (%)
Sporting events	3	0.3	5	1
Non-sporting events	1	0.1	0	0.0
Online casino games	0	0	4	0.4
Poker games online	0	0	2	0.3

Taken up. Base: Respondents who were randomly selected and did not participate in venue-based gambling and did not gamble online (n=940). *Q59. Are there any new gambling activities you have taken up since the COVID-19 crisis began? Note 2 responded to play EGMs prior to period of shutdown*
Ceased. Base: Respondents who were randomly selected and status was gambler (n=1,182). *Q60 Are there any gambling activities you have ceased playing since the COVID-19 crisis began?*

The number (n) refers to the number of people who responded to these questions.

5.6 CHANGES IN RELATION TO GAMBLING RISK (PGSI STATUS)

Overall changes in perceived gambling expenditure before and after COVID-19 restrictions for venue-based and online gambling was analysed by gambling risk status (or PGSI classification). Table 19 shows that for venue-based gamblers, the non-problem gamblers were most likely to remain the same, whereas gamblers with higher risk behaviour were more likely to report spending less than before. In relation to online gambling, a total of 75 per cent of non-problem gamblers reported having not changed their expenditure as compared with 57 per cent of moderate-risk gamblers and those classified as problem gamblers. Higher risk gamblers generally reported having spent less on gambling (pre and post COVID-19) as compared to the other groups.

Table 19. Changes in perceived gambling expenditure before and after COVID-19 restrictions by PGSI status

	n	The samen (%)	Less than before n (%)	More than before n (%)
Venue-based gambling				
Non-problem	666	455 (67.5)	202 (31.4)	9 (1.1)
Low-risk	80	36 (43.4)	36 (45.8)	8 (10.8)
Moderate-risk	39	19 (45.9)	17 (45.9)	3 (17.6)
Problem gambler	8	3 (37.5)	4 (50.0)	1 (12.5)
Online gambling				
Non-problem	186	136 (75.0)	41 (19.9)	9 (5.1)
Low-risk	36	21 (53.7)	7 (22.0)	8 (24.4)
Moderate-risk	23	13 (59.1)	8 (31.8)	2 (15.4)
Problem gambler	6	3 (50.0)	2 (33.3)	1 (16.7)

Base: Shown in table. *Q57. How would you compare how much money you spend on venue-based gambling activities such as pokies, keno, lotto, casino gaming, and TAB before COVID-19 and now? Would you say...?*
Q58. How would you compare how much money you spend on online gambling activities before COVID-19 and now?

5.7 GENDER DIFFERENCES IN COVID-19-RELATED GAMBLING CHANGES

There was a significant association between gender and perceived changes in gambling expenditure for both venue-based, $\chi 2(DF= 2, N = 860) = 21.7$, $p < .001$, and online gambling, $\chi 2(df= 2, N = 303) = 12.5$, $p < .05$. Inspection of Table 20 indicates that, in relation to venue-based gambling, women were more likely to report having spent less than before, whereas men were more likely to stay the same. For online gambling, men were more likely than women to report having increased their expenditure.

Table 20. Changes in perceived gambling expenditure before and after COVID-19 restrictions by gender

	n	The same n (%)	Less than before n (%)	More than before n (%)
Venue-based gambling				
Men	450	312 (68.0)	118 (27.9)	20 (4.1)
Women	430	266 (60.5)	154 (36.8)	10 (2.8)
Online gambling				
Men	166	116 (69.9)	30 (17.9)	20 (12.1)
Women	123	88 (74.2)	31 (22.7)	4 (3.1)

5.8 AGE DIFFERENCES IN COVID-19-RELATED GAMBLING CHANGES

Analyses focused on three principal age groups: younger (age 18-39 years); middle-aged (age 40 to 64 years) and older (age 65+). Analysis showed significant association between age group and changes in venue-based gambling, $\chi 2(df= 4, N = 860)= 33.5$, $p < .001$, and online gambling, $\chi 2(df= 4, N = 860)= 14.7$, $p < .05$. Younger people were significantly more likely to report an increase in expenditure on online gambling as compared with the other groups. Older people were more likely to report that their gambling had not changed due to COVID-19.

Table 21. Changes in perceived gambling expenditure before and after COVID-19 restrictions by age

	n	The same n (%)	Less than before n (%)	More than before n (%)
Venue-based gambling				
18-39 years	248	128 (51.6)	103 (41.5)	17 (6.9)
40-64 years	382	255 (66.8)	118 (30.9)	9 (2.4)
65+ years	230	171 (74.3)	55 (23.9)	4 (1.7)
Online gambling				
18-39 years	124	77 (62.1)	29 (23.4)	18 (14.5)
40-64 years	129	99 (76.7)	22 (17.1)	8 (6.2)
65+ years	49	41 (83.7)	8 (16.3)	0 (0.0)

5.9 SUMMARY AND CONCLUSIONS

The results showed that COVID-19 restrictions have generally led to a decline in reported expenditure on gambling and no clear evidence of a migration to online gambling. People have most likely decreased their involvement in activities that are venue based (e.g. EGMs, keno or casino table games). There was some trend towards men and younger people reporting an increase in expenditure on online gambling during the COVID-19 restriction period. However, there was little evidence of higher risk gamblers gravitating towards online gambling or increasing their gambling.

6 GAMBLING ACTIVITIES

6.1 OVERVIEW

Respondents who indicated that they had spent money on any of 12 gambling activities listed (during the 12 months preceding COVID-19) were asked how often they participated in each one. The frequency for each gambling activity was recorded as either weekly, monthly or annually. Frequencies that were recorded as weekly or monthly were converted into equivalent annual participation rates. The following frequency categories were derived:

- Less than once a month (equivalent to one to 11 times per year)
- One to three times a month (equivalent to 12 to 51 times per year)
- Once a week or more (equivalent to 52 times a year or more)

This chapter reports on the eight most popular gambling activities: EGM gambling, horse or greyhound racing, lottery ticket buying, instant scratch ticket buying, TasKeno, bingo, casino table games and sports betting.

For each activity, the frequency of participation based on the total population is presented first, followed by the corresponding frequency among gamblers on each activity.

Multivariate analyses (logistic regression) were also conducted to explore the demographic predictors of participation in each of these gambling activities.

A logistic regression looks at the strength of association between the independent (or 'predictor') variables and the dependent variable (in this case, participation in the gambling activity), after taking account of all the other variables in the equation.

The independent variables included:

- Gender
- Age group
- Marital status
- Work status
- Education status
- Annual personal income
- Location Hobart/Launceston and North East/South East/West and North West
- Whether of Aboriginal and/or Torres Strait Islander origin
- English predominant language at home

The results are presented in the form of odds ratios (OR). In the case of these analyses, the odds ratio for each independent measure indicates the relative odds of participating in the activity relative to the reference category (a particular level of the variable), while holding all the other variables in the regression model constant. For example, an Odds ratio (OR) of 2.34 for a level of variable indicates that people with that characteristic had 2.34 times the odds of gambling on the specified activity (the dependent measure) as compared with those in the reference category.

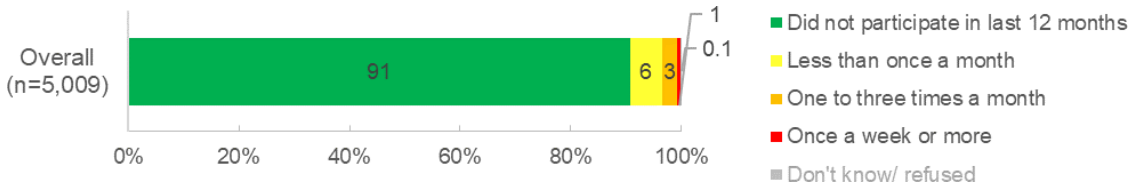
The p value indicates whether there is a statistically significant association between the dependent and the independent variable overall after taking account of all of the other independent variables. Asterisks after the independent variable category name indicate statistical significance at one of three confidence levels: one asterisk for $p<0.05$; two for $p<0.01$; and three for $p<0.001$.

6.2 ELECTRONIC GAMING MACHINE GAMBLING

6.2.1 Breakdown of overall frequency of participation based on total sample and for EGM players only

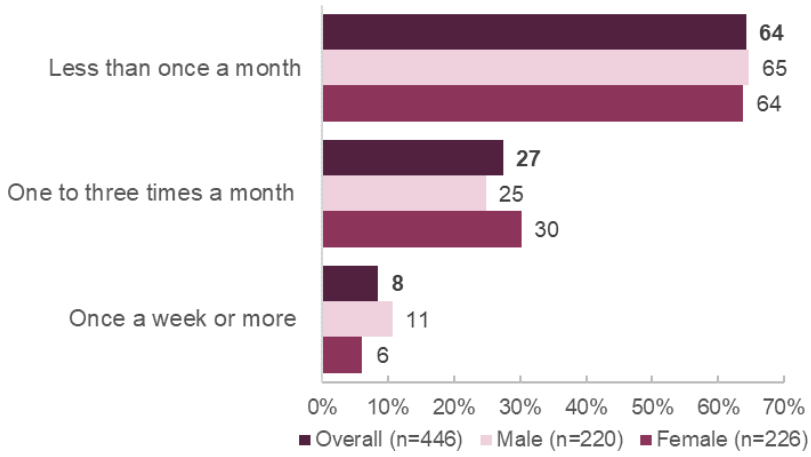
Overall, 6 per cent of Tasmanian adults played EGMs at least once during the 12-month period but less than once a month (equivalent to 1 to 11 times per year) in the 12 months preceding COVID-19. A further 3 per cent said that they participated one to three times a month and 1 per cent said once a week or more. Nine in ten Tasmanian adults (91 per cent) did not participate in EGM gambling during the 12 months in question.

Figure 12. Frequency of EGM gambling - based on total sample



Analysis of EGM gamblers (i.e. excluding non-EGM gamblers), indicated that almost two thirds (64 per cent) said they played EGMs less than once a month during the reference period; 27 per cent said one to three times a month; and, 8 per cent said once a week or more. No significant differences were observed between men and women in relation to the frequency of participation on EGMs.

Figure 13. Frequency of EGM gambling, overall and by sex – based on EGM gamblers



Base: Respondents who spent money on EGMs excluding don't knows (n=446). *Q3. In the 12 months before COVID-19, how often did you play the pokies or poker machines NOT including similar games played on the internet?*

6.2.2 EGM gambling by demographic characteristics

Table 22 shows the mean annual frequency of EGM gambling by demographic subgroups. Overall, EGM gamblers participated in EGMs, on average, 14.09 times per year.

The frequency of EGM participation tended to increase with age, with EGM gamblers from the youngest age group playing 8.29 times per year, whereas gamblers aged 65 years or older participated an average of 23.21 times per year.

Analysis by marital status indicated that those who were separated or divorced or widowed participated in twice as many sessions as those who were single (22.18 times per year compared with 11.90 times per year). However, this result was not statistically significant as based on a one-way ANOVA.[16]

In terms of employment status, EGM gamblers who said that they were not working or studying gambled more frequently those in employment (full-time, part-time or casual) (17.47 times per year compared with 11.81 times per year).

[16] ANOVA or Analysis of Variance is a statistical method used to show whether mean values (usually observed across groups) are significantly different or likely to be drawn from the same population (not significantly different).

Table 22. Mean annual frequency of EGM gambling by demographic characteristics – based on EGM gamblers

Demographic characteristics	EGM gamblers(n=446)
Overall (n=446)	**14.09**
Gender	
Male (n=220)	14.92
Female (n=226)	13.21
Age group	
18 to 24 years (n=54)	8.29-
25 to 34 years (n=62)	13.00
35 to 44 years (n=48)	11.38
45 to 54 years (n=62)	11.30
55 to 64 years (n=93)	14.02
65 years and over (n=127)	23.21+
Marital status	
Married or living with partner (n=234)	12.90
Separated or divorced or widowed (n=77)	22.18
Single (n=129)	11.90
Household structure	
Single person (n=98)	20.59
One parent family with children (n=41)	9.53
Couple with children (n=80)	8.51-
Couple with no children (n=152)	15.15
Group household (n=56)	15.00
Work status	
Working (n=222)	11.81-
Studying (full/part-time) (n=12)	5.49
Not working or studying (n=212)	17.47+
Education	
Less than year 12 (n=122)	15.00
Completed year 12 (n=102)	11.20
A trade, technical certificate or diploma (n=141)	17.32
University degree (n=79)	9.99-
Annual personal income	
Nil or negative (n=16)	10.95
$1 to $19,999 (n=55)	14.26
$20,000 to $39,999 (n=129)	18.37
$40,000 to $59,999 (n=71)	16.31
$60,000 to $79,999 (n=60)	11.41
$80,000 to $119,999 (n=41)	11.00
$120,000 or more (n=21)	15.04
Refused/Don't know (n=53)	6.58-
Location	
Hobart (n=177)	11.30
Launceston and North East (n=133)	17.03
South East (n=23)	8.28
West and North West (n=113)	15.98

Demographic characteristics	EGM gamblers(n=446)
Aboriginal and/or Torres Strait Islander origin	
Yes (n=39)	7.18-
No (n=404)	15.05
Speaks language other than English (LOTE) at home	
LOTE speaker (n=6)	6.57
English only (n=440)	14.17

Base: Respondents who spent money on EGMs excluding don't knows (n=446). *Q3. In the 12 months before COVID-19, how often did you play the pokies or poker machines NOT including similar games played on the internet?*

6.2.3 Odds ratios for demographic predictors of EGM participation

Table 23 presents the odds ratios for the different demographic predictors of EGM participation.

Table 23 indicates that there were no gender differences in EGM participation, but that Tasmanian adults aged 18 to 24 years were 1.73 times higher odds and those aged 25 to 34 years had 2.07 times higher odds of being EGM gamblers.

Significant effects were observed for education status, with people who had completed Year 12 or below found to have 2.99 times the odds of people with a university degree of reporting that they gamble on EGMs.

People of Aboriginal and Torres Strait Islander origin had 2.42 times the odds of participating in EGM gambling than non-ATSI people.

People who speak only English at home had 3.65 times the odds (as compared with LOTE speakers) of participating in EGM gambling.

Table 23. Odds ratio for demographic predictors of EGM participation

Independent variable	Statistical significance(*p*)	Odds ratio	95% CI
Gender			
Male (n=2,389)	0.553	1.07	0.86 – 1.32
Female (n=2,620) *(Reference)*	-	1	-
Age group			
18 to 24 years (n=458) *	0.030	1.73	1.05 – 2.84
25 to 34 years (n=594) ***	0.001	2.07	1.37 – 3.11
35 to 44 years (n=564) *	0.016	1.66	1.10 – 2.49
45 to 54 years (n=681) *	0.048	1.49	1.00 – 2.20
55 to 64 years (n=1,001) **	0.007	1.62	1.14 – 2.30
65 years and over (n=1,711) *(Reference)*	-	1	-
Marital status			
Married or living with partner (n=2,910)	0.281	0.86	0.66 – 1.13
Separated or divorced or widowed (n=801)	0.958	0.99	0.69 – 1.43
Single (n=1,267) *(Reference)*	-	1	-
Work status			
Working (n=2,447) *(Reference)*	-	1	-
Studying (full/part-time) (n=227) *	0.035	0.46	0.23 – 0.95
Not working or studying (n=2,323)	0.111	1.27	0.95 – 1.71
Education			
Year 12 or less (n=1,846) ***	0	2.99	2.19 – 4.07
A trade, technical certificate or diploma (n=1,321) ***	0	2.42	1.78 – 3.30
University degree (n=1,813) *(Reference)*	-	1	-

Independent variable	Statistical significance(*p*)	Odds ratio	95% CI
Annual personal income			
Less than $20,000 (n=919) *(Reference)*	-	1	-
$20,000 to $39,999 (n=1,247)	0.155	1.26	0.92 – 1.74
$40,000 to $59,999 (n=722)	0.071	1.42	0.97 – 2.08
$60,000 to $79,999 (n=570)	0.053	1.50	0.99 – 2.27
$80,000 to $119,999 (n=541)	0.119	1.43	0.91 – 2.25
$120,000 or more (n=334)	0.482	1.21	0.71 – 2.07
Location			
Hobart (n=2,265) *(Reference)*	-	1	-
Launceston and North East (n=1,360)	0.106	1.24	0.96 – 1.60
South East (n=340)	0.236	0.76	0.48 – 1.20
West and North West (n=1,044)	0.339	1.14	0.87 – 1.50
Aboriginal and/or Torres Strait Islander origin			
Yes (n=203) ***	0	2.42	1.70 – 3.45
No (n=4,773) *(Reference)*	-	1	-
Speaks language other than English (LOTE) at home			
English only (n=4,756) **	0.006	3.65	1.45 – 9.18
LOTE (n=252) *(Reference)*	-	1	-

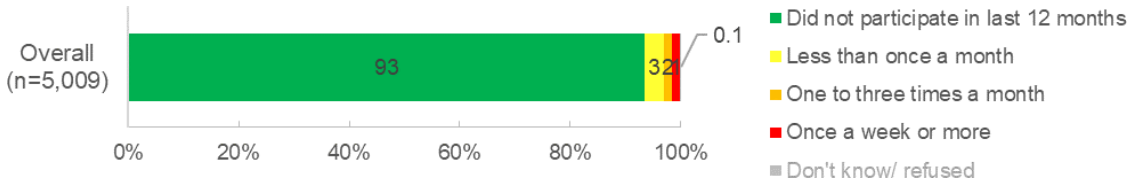
Base: All respondents (n=5,009). Logistic regression model included derived 'Q1 Gambling activities - 1. played pokies' (Y/N) as the dependent variable. Independent variables included key demographic variables. Household structure had little variation therefore, was removed from the analysis. Statistical significance is indicated at three confidence levels: *p<0.05. **p<0.01, ***p<0.001

6.3 HORSE OR GREYHOUND RACING

6.3.1 Breakdown of overall frequency of participation based on total sample and race bettors

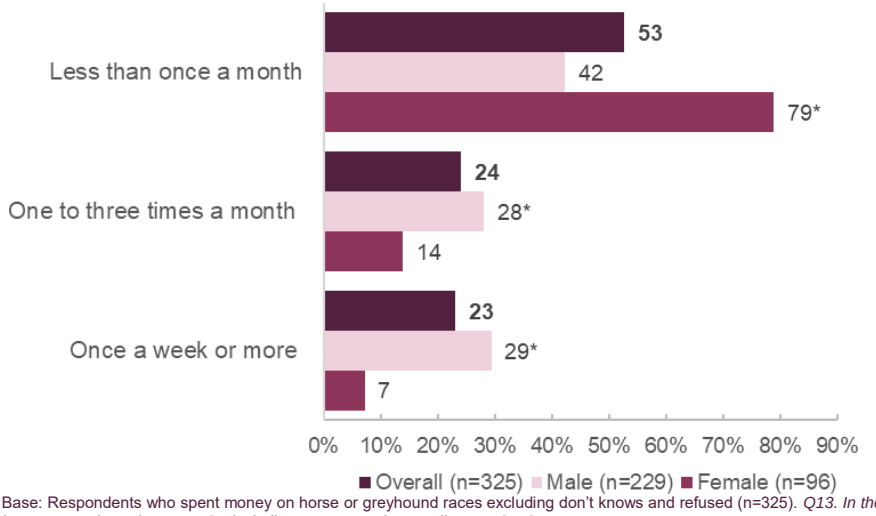
Overall, 3 per cent of Tasmanian adults bet on horse or greyhound races at least once but less than once a month inthe 12 months preceding COVID-19. A further 2 per cent said that they bet between one to three times a month and1 per cent said they bet once a week or more. Over nine in ten (93 per cent) did not bet on horse or greyhound races duringthe 12 months in question.

Figure 14. Frequency of horse or greyhound racing - based on total sample



Further analysis of race bettors (i.e. excluding non-race bettors) indicated that just over one half (53 per cent) said that they bet on races less than once a month during the reference period; 24 per cent said one to three times a month; and, 23 per cent said once a week or more. A chi-squared test showed that men were more likely than women to bet on races once a week or more (29 per cent compared with 7 per cent).

Figure 15. Frequency of race betting, overall and by sex – based on race bettors



Base: Respondents who spent money on horse or greyhound races excluding don't knows and refused (n=325). *Q13. In the 12 months before COVID-19, how often have you bet on horse or greyhound races, NOT including sweeps such as Melbourne Cup?*

6.3.2 Horse or greyhound racing by demographic characteristics

Table 24 describes the mean annual participation rate and how this differed by demographic categories. Overall, race bettors bet on horses or greyhound races on average 37.33 times per year, with a t-test showing that men were observed to participate significantly more often than women (48.33 versus. 8.11 times per year).

Table 24. Mean annual frequency of horse or greyhound racing by demographic characteristics – based on race bettors

Demographic characteristics	Race bettors(n=325)
Overall (n=325)	**37.33**
Gender	
Male (n=229)	48.83*
Female (n=96)	8.11
Age group	
18 to 24 years (n=31)	32.09
25 to 34 years (n=44)	32.03
35 to 44 years (n=35)	37.92
45 to 54 years (n=44)	32.38
55 to 64 years (n=72)	33.45
65 years and over (n=99)	49.50
Marital status	
Married or living with partner (n=193)	33.26
Separated or divorced or widowed (n=50)	45.10
Single (n=79)	43.65
Household structure	
Single person (n=74)	40.15
One parent family with children (n=17)	83.20
Couple with children (n=83)	37.21
Couple with no children (n=110)	34.13
Group household (n=30)	25.13
Work status	
Working (n=197)	32.57
Studying (full/part-time) (n=8)	75.77
Not working or studying (n=120)	43.97

Demographic characteristics	Race bettors(n=325)
Education	
Less than year 12 (n=82)	38.81
Completed year 12 (n=63)	21.03-
A trade, technical certificate or diploma (n=98)	37.05
University degree (n=80)	49.29
Annual personal income	
Nil or negative (n=8)	55.55
$1 to $19,999 (n=29)	26.61
$20,000 to $39,999 (n=77)	50.88
$40,000 to $59,999 (n=44)	20.64-
$60,000 to $79,999 (n=56)	32.48
$80,000 to $119,999 (n=44)	30.85
$120,000 or more (n=33)	55.73
Refused/Don't know (n=34)	33.66
Location	
Hobart (n=127)	33.21
Launceston and North East (n=108)	45.45
South East (n=16)	11.68
West and North West (n=74)	37.70
Aboriginal and/or Torres Strait Islander origin	
Yes (n=14)	28.80
No (n=309)	37.94
Speaks language other than English (LOTE) at home	
LOTE (n=1)	104.00
English only (n=324)	37.06

Base: Respondents who spent money on horse or greyhound races excluding don't knows and refused (n=325). *Q13. In the 12 months before COVID-19, how often have you bet on horse or greyhound races, NOT including sweeps such as Melbourne Cup?*

6.3.3 Odds ratios for demographic predictors of horse or greyhound racing

Table 25 presents the results for a logistic regression for race betting. The results indicate that men had 2.66 times higher odds than women to bet on horse or greyhound races, after controlling for all of the other variables in the equation.

People who had left education after Year 12 or earlier had 1.8 times higher odds than people with a university degree to bet on horse or greyhound races.

Participation in horse or greyhound racing increased with annual personal income. People earning between $20,000 to $39,999 had 1.24 times higher odds of betting on horse or greyhound races whereas people earning at least $60,000 per year were twice as likely.

People who only speak English at home had 12.46 times higher odds than LOTE speakers to bet on horse or greyhound races.

Table 25. Odds ratio for demographic predictors of horse or greyhound racing

Independent variable	Statistical significance(*p*)	Odds ratio	95% CI
Gender			
Male (n=2,389)***	0	2.66	2.02 – 3.50
Female (n=2,620) *(Reference)*	-	1	-
Age group			
18 to 24 years (n=458) *(Reference)*	-	1	-
25 to 34 years (n=594)	0.086	1.61	0.94 – 2.76
35 to 44 years (n=564)	0.843	0.94	0.53 – 1.68
45 to 54 years (n=681)	0.627	0.87	0.49 – 1.55
55 to 64 years (n=1,001)	0.671	1.13	0.64 – 1.98
65 years and over (n=1,711)	0.803	1.08	0.59 – 1.98
Marital status			
Married or living with partner (n=2,910) *(Reference)*	-	1	-
Separated or divorced or widowed (n=801)	0.261	1.25	0.85 – 1.83
Single (n=1,267)	0.533	1.10	0.81 – 1.51
Work status			
Working (n=2,447)	0.256	1.23	0.86 – 1.77
Studying (full/part-time) (n=227)	0.704	0.85	0.37 – 1.95
Not working or studying (n=2,323) *(Reference)*	-	1	-
Education			
Year 12 or less (n=1,846) ***	0	1.80	1.30 – 2.50
A trade, technical certificate or diploma (n=1,321) *	0.016	1.49	1.08 – 2.06
University degree (n=1,813) *(Reference)*	-	1	-
Annual personal income			
Less than $20,000 (n=919) *(Reference)*	-	1	-
$20,000 to $39,999 (n=1,247)	0.324	1.24	0.81 – 1.92
$40,000 to $59,999 (n=722)	0.207	1.37	0.84 – 2.24
$60,000 to $79,999 (n=570) **	0.004	2.07	1.27 – 3.38
$80,000 to $119,999 (n=541) **	0.004	2.15	1.28 – 3.64
$120,000 or more (n=334) **	0.003	2.35	1.34 – 4.10
Location			
Hobart (n=2,265) *(Reference)*	-	1	-
Launceston and North East (n=1,360) *	0.010	1.47	1.10 – 1.98
South East (n=340)	0.240	0.71	0.40 – 1.26
West and North West (n=1,044)	0.090	1.32	0.96 – 1.82
Aboriginal and/or Torres Strait Islander origin			
Yes (n=203) *(Reference)*	-	1	-
No (n=4,773)	0.909	1.03	0.59 – 1.81
Speaks language other than English (LOTE) at home			
English only (n=4,756) **	0.005	12.46	2.18 – 71.13
LOTE (n=252) *(Reference)*	-	1	-

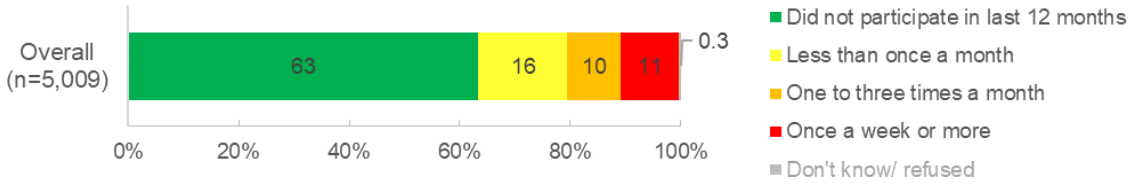
Base: All respondents (n=5,009). Logistic regression model included derived 'Q1 Gambling activities - 2. Bet on Horse or greyhound races, NOT including sweeps such as Melbourne Cup' (Y/N) as the dependent variable. Independent variables included key demographic variables. Household structure had little variation therefore, was removed from the analysis. Statistical significance is indicated at three confidence levels: *p<0.05. **p<0.01, ***p<0.001

6.4 LOTTERY TICKET BUYING

6.4.1 Breakdown of overall frequency of participation based on total sample and lottery ticket buyers

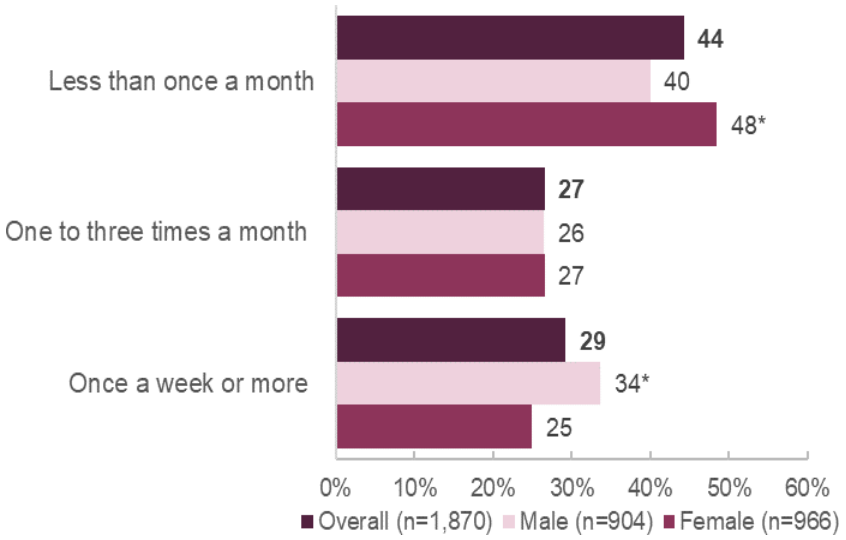
Overall, 11 per cent of Tasmanian adults reported buying lottery tickets once a week or more in the 12 months preceding COVID-19. A similar proportion (10 per cent) said one to three times a month and 16 per cent said they purchased lottery tickets at least once but less than once a month during the year in question. Nearly two thirds of Tasmanian adults (63 per cent) had not bought a lottery ticket during the 12 months reference period.

Figure 16. Frequency of lottery ticket buying - based on total sample



Further analysis of lottery ticket buyers indicated that three in ten (29 per cent) bought lottery tickets once a week or more during the 12 months in question. A further 27 per cent bought lottery tickets one to three times a month and 44 per cent bought lottery tickets less than once a month. Men were more likely than women to buy lottery tickets once a week or more (34 per cent compared with 25 per cent).

Figure 17. Frequency of lottery ticket buying, overall and by sex – based on lottery ticket buyers



Base: Respondents who bought lottery tickets excluding don't knows and refused (n=1,870). *Q17. In the 12 months before COVID-19, how often did you buy tickets for Lotto or any other lottery game like Powerball, Lucky Lotteries or Set for Life?*

6.4.2 Lottery ticket purchase by demographic characteristics

Table 26 shows the mean annual frequency of lottery ticket purchase by demographic subgroups. Overall, lottery tickets were bought by all Tasmanian adults, on average, 25.38 times per year.

T-test comparisons showed that men were more likely than women to buy lottery tickets (28.98 times per year compared with 21.85 times peryear).

Analysis undertaken using ANOVA showed that the frequency of buying lottery tickets tended to increase with age, with people from the youngest age group buying lottery tickets on average 7.29 times per year, whereas the equivalent figure among people aged 65 years was 32.08.

In relation to household structure, single adults, and couples with no children, purchased lottery tickets more frequently (30.94 times per year and 29.11 times per year respectively) than adults living in shared households, and couples with children (17.66 times per year and 18.46 times per year respectively).

ANOVA showed that people in the lowest personal income category ($1 to $19,999) bought lottery tickets more frequently than those with a higher personal income of $80,000 to $119,999 (27.11 times per year compared with 18.08 times per year).

Table 26. Mean annual frequency of lottery ticket buying by demographic characteristics – based on lottery ticket buyers

Demographic characteristics	Lottery ticket buyers(n=1,870)
Overall (n=1,870)	**25.38**
Gender	
Male (n=904)	28.98*
Female (n=966)	21.85
Age group	
18 to 24 years (n=56)	7.29-
25 to 34 years (n=139)	11.52-
35 to 44 years (n=187)	16.68-
45 to 54 years (n=294)	20.29-
55 to 64 years (n=495)	34.55+
65 years and over (n=699)	32.08+
Marital status	
Married or living with partner (n=1,140)	24.96
Separated or divorced or widowed (n=365)	26.99
Single (n=352)	25.57
Household structure	
Single person (n=463)	30.94+
One parent family with children (n=110)	25.04
Couple with children (n=411)	18.46-
Couple with no children (n=714)	29.11+
Group household (n=130)	17.66-
Work status	
Working (n=928)	21.50-
Studying (full/part-time) (n=31)	9.79-
Not working or studying (n=908)	31.00+
Education	
Less than year 12 (n=467)	30.82+
Completed year 12 (n=304)	24.80
A trade, technical certificate or diploma (n=551)	27.06
University degree (n=536)	19.51
Annual personal income	
Nil or negative (n=61)	23.63
$1 to $19,999 (n=220)	27.11+
$20,000 to $39,999 (n=480)	27.78
$40,000 to $59,999 (n=281)	28.45
$60,000 to $79,999 (n=255)	22.21
$80,000 to $119,999 (n=228)	18.08-
$120,000 or more (n=142)	29.89
Refused/Don't know (n=203)	24.03

Demographic characteristics	Lottery ticket buyers(n=1,870)
Location	
Hobart (n=756)	24.79
Launceston and North East (n=567)	27.24
South East (n=119)	22.57
West and North West (n=428)	24.82
Aboriginal and/or Torres Strait Islander origin	
Yes (n=82)	24.26
No (n=1,777)	25.45
Speaks language other than English (LOTE) at home	
LOTE (n=36)	9.08*
English only (n=1,834)	25.79

Base: Respondents who bought lottery tickets excluding don't knows and refused (n=1,870). *Q17. In the 12 months before COVID-19, how often did you buy tickets for Lotto or any other lottery game like Powerball, Lucky Lotteries or Set for Life?*

6.4.3 Odds ratios for demographic predictors of lottery ticket buying

Table 27 presents the odds ratios for the different demographic predictors of lottery ticket buying.

Tasmanian adults who had left education after Year 12 or before had 2.20 times the odds (as compared with people with a university degree) of reporting that they buy lottery tickets.

Tasmanian adults residing in Launceston and the North East region had 1.26 times the odds of reporting lottery ticket purchases compared with those residing in Hobart.

People of Aboriginal and Torres Strait Islander origin had 1.59 times the odds of buying lottery tickets as compared with non-ATSI people.

People who speak only English at home had 2.19 times the odds of buying lottery tickets as compared with LOTE speakers.

Table 27. Odds ratio for demographic predictors of lottery ticket buying

Independent variable	Statistical significance(*p*)	Odds ratio	95% CI
Gender			
Male (n=2,389) *(Reference)*	-	1	-
Female (n=2,620)	0.257	1.08	0.95 – 1.24
Age group			
18 to 24 years (n=458) *(Reference)*	-	1	-
25 to 34 years (n=594) ***	0	2.83	1.96 – 4.08
35 to 44 years (n=564) ***	0	4.02	2.80 – 5.79
45 to 54 years (n=681) ***	0	5.57	3.88 – 8.00
55 to 64 years (n=1,001) ***	0	7.30	5.08 – 10.48
65 years and over (n=1,711) ***	0	5.40	3.69 – 7.88
Marital status			
Married or living with partner (n=2,910)	0.885	1.01	0.85 – 1.20
Separated or divorced or widowed (n=801)	0.442	1.10	0.87 – 1.39
Single (n=1,267) *(Reference)*	-	1	-
Work status			
Working (n=2,447) *(Reference)*	-	1	-
Studying (full/part-time) (n=227)	0.458	0.85	0.56 – 1.30
Not working or studying (n=2,323)	0.895	1.01	0.84 – 1.22

Independent variable	Statistical significance(*p*)	Odds ratio	95% CI
Education			
Year 12 or less (n=1,846) ***	0	2.20	1.85 – 2.61
A trade, technical certificate or diploma (n=1,321) ***	0	1.85	1.56 – 2.19
University degree (n=1,813) *(Reference)*	-	1	-
Annual personal income			
Less than $20,000 (n=919) *(Reference)*	-	1	-
$20,000 to $39,999 (n=1,247)	0.241	1.13	0.92 – 1.39
$40,000 to $59,999 (n=722) **	0.004	1.41	1.11 – 1.79
$60,000 to $79,999 (n=570) ***	0	1.88	1.46 – 2.42
$80,000 to $119,999 (n=541) ***	0	1.77	1.35 – 2.31
$120,000 or more (n=334) ***	0.001	1.68	1.24 – 2.28
Location			
Hobart (n=2,265) *(Reference)*	-	1	-
Launceston and North East (n=1,360) **	0.005	1.26	1.07 – 1.48
South East (n=340)	0.968	0.99	0.77 – 1.28
West and North West (n=1,044)	0.656	1.04	0.87 – 1.24
Aboriginal and/or Torres Strait Islander origin			
Yes (n=203) **	0	1.59	1.18 – 2.16
No (n=4,773) *(Reference)*	-	1	-
Speaks language other than English (LOTE) at home			
English only (n=4,756) ***	0	2.19	1.47 – 3.24
LOTE (n=252) *(Reference)*	-	1	-

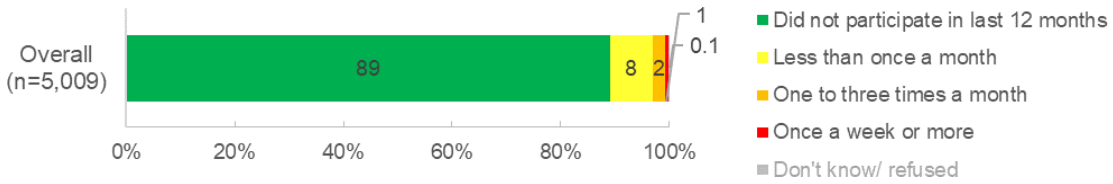
Base: All respondents (n=5,009). Logistic regression model included derived 'Q1 Gambling activities - 3. Bought lottery tickets either online or in person, including Lotto or any other lottery game like Powerball, Lucky Lotteries or Set for Life - do not include scratchies' (Y/N) as the dependent variable. Independent variables included key demographic variables. Household structure had little variation therefore, was removed from the analysis. Statistical significance is indicated at three confidence levels: *p<0.05. **p<0.01, ***p<0.001

6.5 INSTANT SCRATCHIE TICKETS

6.5.1 Breakdown of overall frequency of participation based on total sample and instant scratch ticket buyers

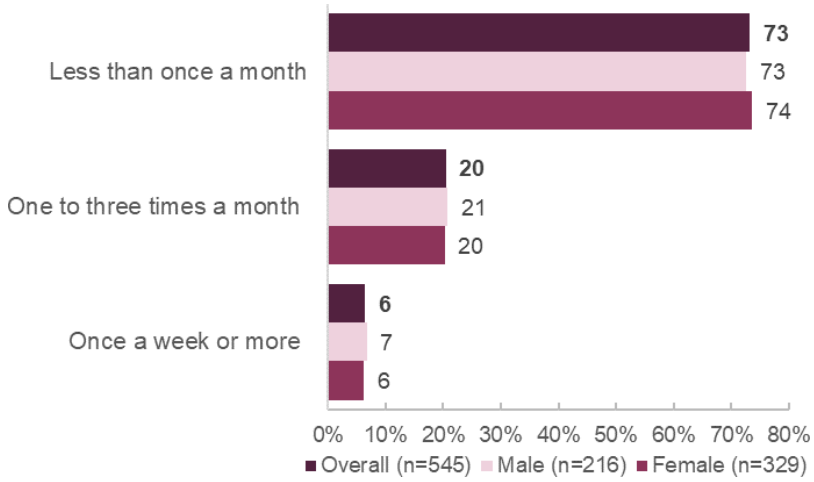
Overall, 8 per cent of Tasmanian adults bought instant scratchies at least once, but less than once a month, in the 12 months preceding COVID-19. A further 2 per cent said that they bought instant scratchies one to three times a month and 1 per cent said once a week or more. Nine in ten Tasmanian adults (89 per cent) did not buy instant scratch tickets during the 12 months in question.

Figure 18. Frequency of instant scratchie ticket buying - based on total sample



Analysis of instant scratch ticket buyers only (i.e. excluding non-purchasers), it was observed that nearly three quarters (73 per cent) said that they bought instant scratchies less than once a month during the reference period, one in five (20 per cent) said one to three times a month and 6 per cent said once a week or more. No significant participation differences were observed between men and women.

Figure 19. Frequency of instant scratch ticket buying, overall and by sex – based on instant scratch ticket buyers



Base: Respondents who bought instant scratchies excluding don't knows (n=545). *Q19. In the 12 months before COVID-19, how often did you buy INSTANT scratchies for your own use?*

6.5.2 Instant scratch ticket purchase by demographic characteristics

Table 28 shows the mean annual frequency of instant scratch ticket buying by demographic subgroups. Overall, instant scratchies were bought, on average, 9.98 times per year.

The frequency of buying instant scratchies generally increased with age, 7.65 times per year among people aged 25 to 34, compared with 13.43 times per year among those aged 65 years and over.

Analysis by employment status, using ANOVA, indicated that instant scratch ticket buyers who said that they were not working or studying were more frequent purchasers than those in full-time, part-time or casual employment (12.24 times per year compared with 8.03 times per year).

Table 28. Mean annual frequency of instant scratch ticket buying by demographic characteristics – based on instant scratch ticket buyers

Demographic characteristics	Instant scratch ticket buyers(n=545)
Overall (n=545)	**9.98**
Gender	
Male (n=216)	10.02
Female (n=329)	9.96
Age group	
18 to 24 years (n=40)	6.65
25 to 34 years (n=73)	7.65-
35 to 44 years (n=76)	7.21-
45 to 54 years (n=72)	8.17
55 to 64 years (n=118)	13.61+
65 years and over (n=166)	13.43+
Marital Status	
Married or living with partner (n=301)	8.73
Separated or divorced or widowed (n=90)	13.51+
Single (n=147)	10.46
Household Structure	
Single person (n=118)	12.69
One parent family with children (n=48)	12.07
Couple with children (n=115)	7.27-
Couple with no children (n=189)	10.34
Group household (n=58)	8.21
Single person (n=118)	12.69

Demographic characteristics	Instant scratch ticket buyers(n=545)
Work status	
Working (n=275)	8.03-
Studying (full/part-time) (n=14)	14.90
Not working or studying (n=256)	12.24+
Education	
Less than year 12 (n=137)	11.57
Completed year 12 (n=91)	9.33
A trade, technical certificate or diploma (n=166)	10.43
University degree (n=142)	8.44
Annual personal income	
Nil or negative (n=19)	14.47
$1 to $19,999 (n=90)	9.06
$20,000 to $39,999 (n=130)	13.13+
$40,000 to $59,999 (n=75)	8.04
$60,000 to $79,999 (n=80)	10.59
$80,000 to $119,999 (n=66)	5.27-
$120,000 or more (n=23)	12.84
Refused/Don't know (n=62)	10.19
Location	
Hobart (n=227)	9.95
Launceston and North East (n=159)	11.44
South East (n=32)	10.77
West and North West (n=127)	7.96
Aboriginal and/or Torres Strait Islander origin	
Yes (n=29)	13.57
No (n=512)	9.42
Speaks language other than English (LOTE) at home	
LOTE (n=8)	10.66
English only (n=537)	9.97

Base: Respondents who bought instant scratchies excluding don't knows (n=545). *Q19. In the 12 months before COVID-19, how often did you buy INSTANT scratchies for your own use?*

6.5.3 Odds ratios for demographic predictors of instant scratch ticket buying

Table 29 presents the odds ratios for the different demographic predictors of instant scratch ticket buying. The results indicate that women had 1.62 times the odds of reporting that buy instant scratch tickets as compared with men.

In terms of marital status, single adults had 1.29 times the odds of reporting scratch ticket purchases as compared with those who were married or living with a partner.

In relation to education status, people who had left education after Year 12 or before had 2.10 times the odds as people with a university degree to report buying instant scratch tickets.

People who speak only English at home had 3.29 times the odds (as compared with LOTE speakers) to report buying instant scratch tickets.

Table 29. Odds ratio for demographic predictors of instant scratch ticket buying

Independent variable	Statistical significance (*p*)	Odds ratio	95% CI
Gender			
Male (n=2,389) *(Reference)*	-	1	-
Female (n=2,620) ***	0	1.62	1.33 – 1.99
Age group			
18 to 24 years (n=458) *(Reference)*	-	1	-
25 to 34 years (n=594) ***	0	2.42	1.51 – 3.87
35 to 44 years (n=564) ***	0	2.45	1.52 – 3.93
45 to 54 years (n=681)	0.053	1.62	0.99 – 2.64
55 to 64 years (n=1,001) *	0.041	1.66	1.02 – 2.70
65 years and over (n=1,711)	0.109	1.52	0.91 – 2.55
Marital status			
Married or living with partner (n=2,910) *(Reference)*	-	1	-
Separated or divorced or widowed (n=801)	0.867	1.03	0.76 – 1.40
Single (n=1,267) *	0.042	1.29	1.01 – 1.64
Work status			
Working (n=2,447) *(Reference)*	-	1	-
Studying (full/part-time) (n=227)	0.120	0.61	0.32 – 1.14
Not working or studying (n=2,323)	0.563	1.09	0.82 – 1.44
Education			
Year 12 or less (n=1,846) ***	0	2.10	1.60 – 2.74
A trade, technical certificate or diploma (n=1,321) ***	0	1.83	1.41 – 2.38
University degree (n=1,813) *(Reference)*	-	1	-
Annual personal income			
Less than $20,000 (n=919)	0.211	1.39	0.83 – 2.32
$20,000 to $39,999 (n=1,247)	0.907	1.03	0.63 – 1.69
$40,000 to $59,999 (n=722)	0.466	1.20	0.73 – 1.97
$60,000 to $79,999 (n=570) *	0.043	1.65	1.02 – 2.69
$80,000 to $119,999 (n=541) *	0.014	1.84	1.13 – 3.01
$120,000 or more (n=334) *(Reference)*	-	1	-
Location			
Hobart (n=2,265) *(Reference)*	-	1	-
Launceston and North East (n=1,360)	0.145	1.19	0.94 – 1.51
South East (n=340)	0.777	0.94	0.64 – 1.40
West and North West (n=1,044)	0.754	1.04	0.80 – 1.35
Aboriginal and/or Torres Strait Islander origin			
Yes (n=203)	0.109	1.38	0.93 – 2.04
No (n=4,773) *(Reference)*	-	1	-
Speaks language other than English (LOTE) at home			
English only (n=4,756) ***	0.001	3.29	1.63 – 6.64
LOTE (n=252) *(Reference)*	-	1	-

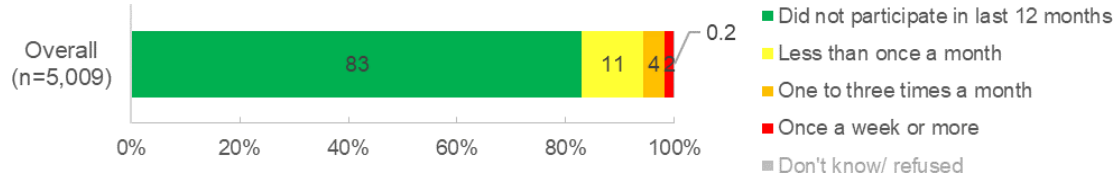
Base: All respondents (n=5,009). Logistic regression model included derived 'Q1 Gambling activities - 4. Bought instant scratchies for your own use' (Y/N) as the dependent variable. Independent variables included key demographic variables. Household structure had little variation therefore, was removed from the analysis. Statistical significance is indicated at three confidence levels: *p<0.05. **p<0.01, ***p<0.001

6.6 TASKENO

6.6.1 Breakdown of overall frequency of participation based on total sample and TasKeno players

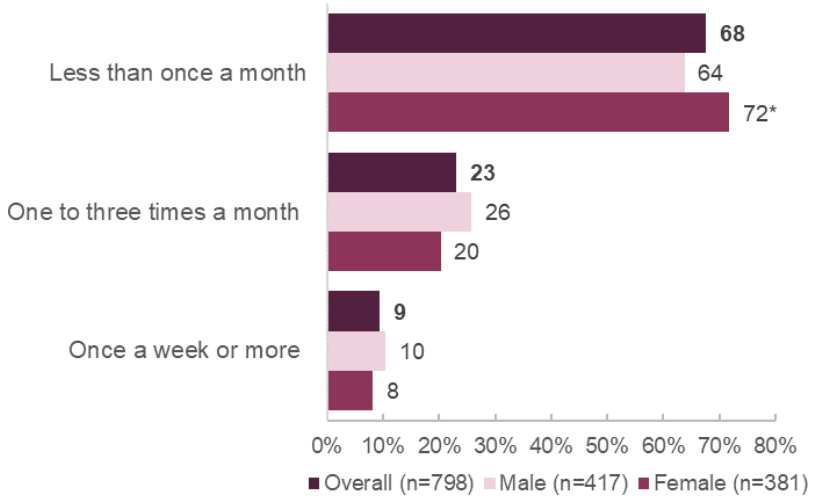
Around one in ten (11 per cent) Tasmanian adults played TasKeno at least once but less than once a month in the 12 months preceding COVID-19. A further 4 per cent said that they played one to three times a month and 2 per cent said once a week or more. Just over four in five (83 per cent) did not participate in TasKeno during the 12 months in question.

Figure 20. Frequency of playing TasKeno - based on total sample



Analysis of TasKeno players (i.e. excluding non-players) indicated that over two thirds (68 per cent) said that they played TasKeno less than once a month during the reference period, 23 per cent said one to three times a month and 9 per cent said once a week or more. Women were more likely than men to say that they play TasKeno less thanonce a month (72 per cent compared with 64 per cent).

Figure 21. Frequency of playing TasKeno, overall and by sex – based on TasKeno players



Base: Respondents who played TasKeno excluding don't knows and refused (n=798). *Q21. In the 12 months before COVID-19, how often did you play TasKeno at a club, hotel or casino?*

6.6.2 TasKeno by demographic characteristics

Table 30 shows the mean annual frequency of TasKeno by demographic subgroups. Overall, TasKeno players gambled, on average, 14.07 times per year. Several statistical comparisons were undertaken using both t-tests and ANOVA.

TasKeno participation tended to increase with age, with TasKeno players from the youngest age group playing 6.28 times per year, while those aged 55 to 64 years played, on average, 20.45 times per year.

TasKeno players living in a single household played more TasKeno sessions on average (21.05 times per year compared with 14.07 times per year overall).

Analysis by employment status indicated that TasKeno players who said that they were not working or studying participated in more sessions compared than their counterparts (18.46 times per year compared with 14.07 overall).

Table 30. Mean annual frequency of TasKeno by demographic characteristics – based on TasKeno players

Demographic characteristics	TasKeno players(n=798)
Overall (n=798)	**14.07**
Gender	
Male (n=417)	15.12
Female (n=381)	12.96
Age group	
18 to 24 years (n=65)	6.28-
25 to 34 years (n=103)	10.75
35 to 44 years (n=99)	10.19-
45 to 54 years (n=135)	11.97
55 to 64 years (n=198)	20.45+
65 years and over (n=198)	18.88+
Marital status	
Married or living with partner (n=498)	13.35
Separated or divorced or widowed (n=102)	20.87
Single (n=194)	12.37
Household structure	
Single person (n=141)	21.05+
One parent family with children (n=59)	9.96
Couple with children (n=201)	12.38
Couple with no children (n=296)	13.68
Group household (n=74)	11.78
Work status	
Working (n=461)	11.96
Studying (full/part-time) (n=23)	7.82
Not working or studying (n=313)	18.46+
Education	
Less than year 12 (n=210)	15.20
Completed year 12 (n=141)	11.24
A trade, technical certificate or diploma (n=273)	14.48
University degree (n=171)	14.39
Annual personal income	
Nil or negative (n=23)	12.88
$1 to $19,999 (n=92)	15.00
$20,000 to $39,999 (n=189)	19.45
$40,000 to $59,999 (n=131)	14.81
$60,000 to $79,999 (n=118)	9.09-
$80,000 to $119,999 (n=106)	12.42
$120,000 or more (n=62)	16.13
Refused/Don't know (n=77)	7.71-
Location	
Hobart (n=327)	11.86
Launceston and North East (n=228)	14.67
South East (n=38)	20.42
West and North West (n=205)	15.37

Demographic characteristics	TasKeno players(n=798)
Aboriginal and/or Torres Strait Islander origin	
Yes (n=45)	6.90*
No (n=749)	14.60
Speaks language other than English (LOTE) at home	
LOTE (n=5)	5.83
English only (n=793)	14.15

Base: Respondents who played TasKeno excluding don't knows and refused (n=798). *Q21. In the 12 months before COVID-19, how often did you play TasKeno at a club, hotel or casino?*

6.6.3 Odds ratios for demographic predictors of TasKeno players

Table 31 presents the odds ratios for the different demographic predictors of TasKeno participation.

Tasmanian adults who had left education after Year 12 or before had almost three times the odds (2.77) than people with a university degree of reporting that they played TasKeno.

Tasmanian adults with a personal income from the highest income category had 2.18 times the odds of playing TasKeno than those with an income of less than $20,000.

People of Aboriginal and Torres Strait Islander origin had 1.48 times the odds of reporting TasKeno participation than non-Aboriginal people.

People who speak only English at home had 10.88 times the odds (as compared with LOTE speakers) to report playing TasKeno.

Table 31. Odds ratio for demographic predictors of TasKeno players

Independent variable	Statistical significance (*p*)	Odds ratio	95% CI
Gender			
Male (n=2,389)	0.985	1.00	0.85 – 1.18
Female (n=2,620) *(Reference)*	-	1	-
Age group			
18 to 24 years (n=458)	0.172	1.33	0.88 – 2.02
25 to 34 years (n=594) ***	0	1.87	1.35 – 2.60
35 to 44 years (n=564) ***	0.001	1.75	1.28 – 2.40
45 to 54 years (n=681) ***	0	1.84	1.37 – 2.48
55 to 64 years (n=1,001) ***	0	1.79	1.36 – 2.35
65 years and over (n=1,711) *(Reference)*	-	1	-
Marital status			
Married or living with partner (n=2,910)	0.088	1.20	0.97 – 1.49
Separated or divorced or widowed (n=801)	0.909	0.98	0.73 – 1.33
Single (n=1,267) *(Reference)*	-	1	-
Work status			
Working (n=2,447)	0.816	1.03	0.81 – 1.30
Studying (full/part-time) (n=227)	0.108	0.64	0.37 – 1.10
Not working or studying (n=2,323) *(Reference)*	-	1	-
Education			
Year 12 or less (n=1,846) ***	0	2.77	2.21 – 3.48
A trade, technical certificate or diploma (n=1,321) ***	0	2.31	1.85 – 2.88
University degree (n=1,813) *(Reference)*	-	1	-

Independent variable	Statistical significance (*p*)	Odds ratio	95% CI
Annual personal income			
Less than $20,000 (n=919) *(Reference)*	-	1	-
$20,000 to $39,999 (n=1,247)	0.124	1.23	0.94 – 1.61
$40,000 to $59,999 (n=722) **	0.007	1.52	1.12 – 2.07
$60,000 to $79,999 (n=570) ***	0	1.78	1.29 – 2.45
$80,000 to $119,999 (n=541) ***	0.001	1.80	1.28 – 2.53
$120,000 or more (n=334) ***	0	2.18	1.50 – 3.16
Location			
Hobart (n=2,265) *(Reference)*	-	1	-
Launceston and North East (n=1,360)	0.248	1.12	0.92 – 1.37
South East (n=340) *	0.012	0.63	0.44 – 0.91
West and North West (n=1,044)	0.205	1.15	0.93 – 1.41
Aboriginal and/or Torres Strait Islander origin			
Yes (n=203) *	0.020	1.48	1.06 – 2.06
No (n=4,773) *(Reference)*	-	1	-
Speaks language other than English (LOTE) at home			
English only (n=4,756) ***	0	10.88	3.95 – 29.97
LOTE (n=252) *(Reference)*	-	1	-

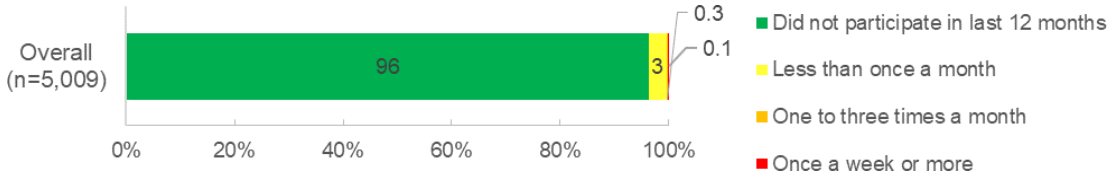
Base: All respondents (n=5,009). Logistic regression model included derived 'Q1 Gambling activities - 5. Played TasKeno at a club, hotel or casino' (Y/N) as the dependent variable. Independent variables included key demographic variables. Household structure had little variation therefore, was removed from the analysis. Statistical significance is indicated at three confidence levels: *p<0.05. **p<0.01, ***p<0.001

6.7 PLAYING CASINO TABLE GAMES

6.7.1 Breakdown of overall frequency of participation based on total sample and playing casino table games

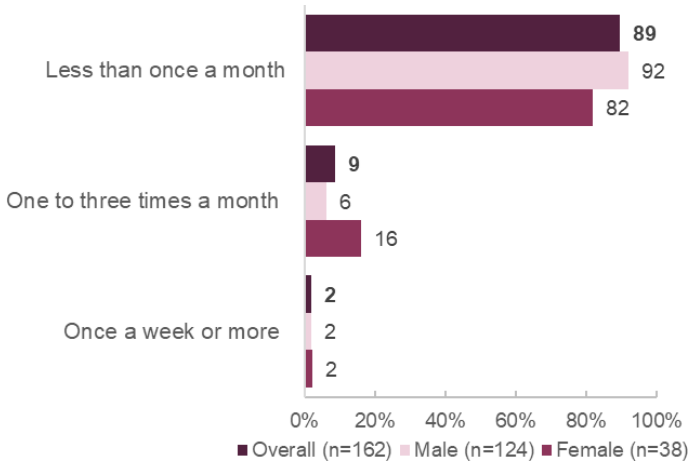
Overall, the majority of Tasmanian adults (96 per cent) had not participated in casino table games during the 12 months in question. Three percent (3 per cent) said that they played casino tables games less than once a month, afurther 0.3 per cent said one to three times a month and 0.1 per cent said once a week or more.

Figure 22. Frequency of playing casino table games - based on total sample



Further analysis of casino table game players (i.e. excluding non-gamblers), indicated that nine in ten (89 per cent) said that they played casino table games less than once a month during the reference period, 9 per cent said one tothree times a month and 2 per cent said once a week or more. There were no significant differences observed between men and women.

Figure 23. Frequency of playing casino table games, overall and by sex – based on casino table game players



Base: Respondents who played casino table games excluding don't knows (n=162). *Q25. In the 12 months before COVID-19, how often did you play table games at a casino such as Blackjack or Roulette, NOT including casino games played on the internet?*

6.7.2 Playing casino table games by demographic characteristics

Table 32 shows the mean annual frequency of playing casino table games by demographic subgroups. Overall, casino table game players gambled on casino table games, on average, 5.49 times per year. There were no significant differences of note. However, because of the small sample size in some of the demographic categories, the results should be interpreted with caution.

Table 32. Mean annual frequency of playing casino table games by demographic characteristics – based on casino table game players

Demographic characteristics	Casino table game players(n=162)
Age group	
18 to 24 years (n=46)	10.16
25 to 34 years (n=40)	4.43
35 to 44 years (n=26)	3.98
45 to 54 years (n=23)	2.07
55 to 64 years (n=16)	2.02
65 years and over (n=11)	7.23
Marital status	
Married or living with partner (n=79)	3.79
Separated or divorced or widowed (n=13)	2.38
Single (n=67)	8.32
Household structure	
Single person (n=23)	4.51
One parent family with children (n=13)	8.40
Couple with children (n=45)	3.85
Couple with no children (n=42)	3.74
Group household (n=33)	4.11
Work status	
Working (n=123)	5.37
Studying (full/part-time) (n=10)	6.09
Not working or studying (n=29)	5.80
Education	
Less than year 12 (n=23)	4.16
Completed year 12 (n=43)	9.96
A trade, technical certificate or diploma (n=58)	3.61
University degree (n=38)	4.09
Annual personal income	
Nil or negative (n=1)	12.00
$1 to $19,999 (n=16)	2.62
$20,000 to $39,999 (n=25)	4.64
$40,000 to $59,999 (n=29)	6.31
$60,000 to $79,999 (n=30)	11.15
$80,000 to $119,999 (n=27)	3.80
$120,000 or more (n=16)	2.64
Refused/Don't know (n=18)	5.20
Location	
Hobart (n=87)	6.94
Launceston and North East (n=49)	4.44
South East (n=5)	3.45
West and North West (n=21)	3.05
Aboriginal and/or Torres Strait Islander origin	
Yes (n=11)	4.54
No (n=151)	5.56
Speaks language other than English (LOTE) at home	
LOTE (n=3)	6.70
English only (n=158)	5.48

Base: Respondents who played casino table games excluding don't knows (n=162). *Q25. In the 12 months before COVID-19, how often did you play table games at a casino such as Blackjack or Roulette, NOT including casino games played on the internet?*

6.7.3 Odds ratios for demographic predictors of playing casino table games

Table 33 presents the odds ratios for the different demographic predictors of playing casino table games.

The results indicate that men had nearly three times (2.67) the odds of reporting that they played casino table games as compared with women.

People in the youngest age group had 13.43 times the odds of reporting participation in casino table games as compared with people from the oldest age group.

Analysis by education status indicated that people with a trade, technical certificate or diploma had 2 times the odds of reporting participation in this activity than those with a university education.

People residing in Launceston and the North East region had 2.32 times the odds of reporting casino table game participation than people living in the West and North West region.

People who speak only English at home had 5.11 times the odds (as compared with LOTE speakers) to report participation in casino table games.

Table 33. Odds ratio for demographic predictors of playing casino table games

Independent variable	Statistical significance (*p*)	Odds ratio	95% CI
Gender			
Male (n=2,389) ***	0	2.67	1.84 – 3.86
Female (n=2,620) *(Reference)*	-	1	-
Age group			
18 to 24 years (n=458) ***	0	13.43	5.33 – 33.84
25 to 34 years (n=594) ***	0	8.43	3.60 – 19.75
35 to 44 years (n=564) ***	0.001	4.35	1.84 – 10.30
45 to 54 years (n=681)	0.098	2.13	0.87 – 5.24
55 to 64 years (n=1,001)	0.110	2.04	0.85 – 4.90
65 years and over (n=1,711) *(Reference)*	-	1	-
Marital status			
Married or living with partner (n=2,910) *(Reference)*	-	1	-
Separated or divorced or widowed (n=801)	0.108	1.65	0.89 – 3.06
Single (n=1,267)	0.466	1.16	0.78 – 1.73
Work status			
Working (n=2,447)	0.308	1.34	0.76 – 2.36
Studying (full/part-time) (n=227)	0.519	0.75	0.31 – 1.81
Not working or studying (n=2,323) *(Reference)*	-	1	-
Education			
Year 12 or less (n=1,846)	0.122	1.44	0.91 – 2.30
A trade, technical certificate or diploma (n=1,321) **	0.001	2.00	1.32 – 3.04
University degree (n=1,813) *(Reference)*	-	1	-
Annual Personal Income			
Less than $20,000 (n=919) *(Reference)*	-	1	-
$20,000 to $39,999 (n=1,247)	0.400	0.76	0.41 – 1.43
$40,000 to $59,999 (n=722)	0.293	1.42	0.74 – 2.73
$60,000 to $79,999 (n=570)	0.076	1.85	0.94 – 3.67
$80,000 to $119,999 (n=541) **	0.007	2.61	1.30 – 5.27
$120,000 or more (n=334) **	0.009	2.78	1.30 – 5.96

Independent variable	Statistical significance (*p*)	Odds ratio	95% CI
Location			
Hobart (n=2,265) **	0.003	2.17	1.31 – 3.59
Launceston and North East (n=1,360) **	0.002	2.32	1.37 – 3.93
South East (n=340)	0.879	0.93	0.38 – 2.31
West and North West (n=1,044) *(Reference)*	-	1	-
Aboriginal and/or Torres Strait Islander origin			
Yes (n=203)	0.736	1.12	0.57 – 2.22
No (n=4,773) *(Reference)*	-	1	-
Speaks language other than English (LOTE) at home			
English only (n=4,756) **	0.007	5.11	1.56 – 16.73
LOTE (n=252) *(Reference)*	-	1	-

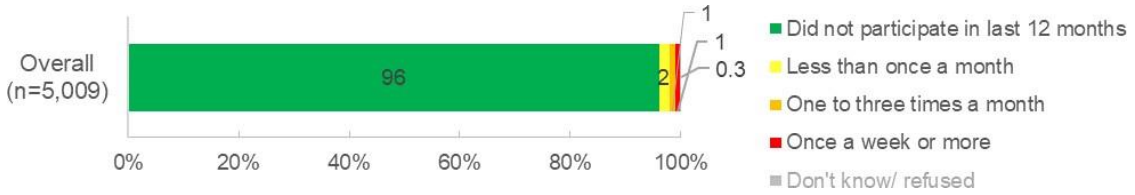
Base: All respondents (n=5,009). Logistic regression model included derived 'Q1 Gambling activities - 7. Played table games at a casino such as Blackjack or Roulette, NOT including casino games played on the internet' (Y/N) as the dependent variable. Independent variables included key demographic variable s. Household structure had little variation therefore, was removed from the analysis. Statistical significance is indicated at three confidence levels: *p<0.05. **p<0.01, ***p<0.001

6.8 SPORTS BETTING

6.8.1 Breakdown of overall frequency of participation based on total sample and sports bettors

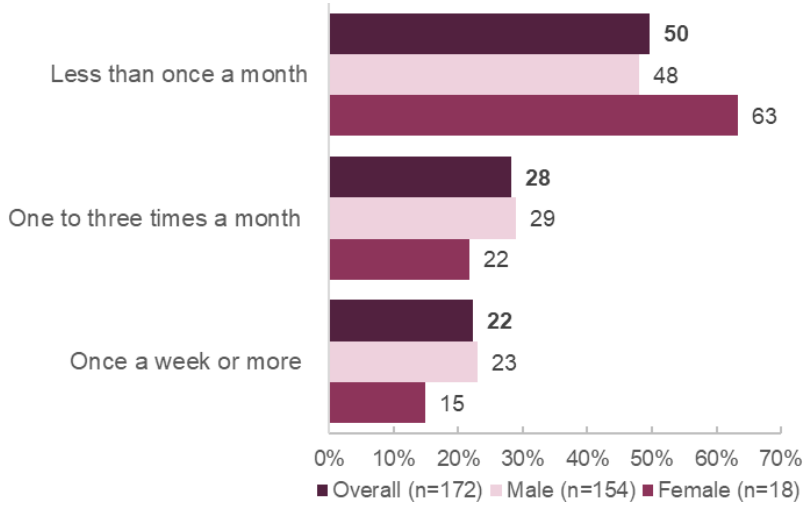
Overall, the majority of Tasmanian adults (96 per cent) did not bet on sporting events in the 12 months preceding COVID-19. Two percent (2 per cent) said that they bet on sporting events at least once but less than once a month, a further 1 per cent said one to three times a month and the same proportion (1 per cent) said once a week or more.

Figure 24. Frequency of sports betting - based on total sample



In further analysis of sports bettors (i.e. excluding non-bettors) one half (50 per cent) said that they bet on sporting events less than once a month during the reference period, 28 per cent said one to three times a month, and 22 per cent said once a week or more. No significant participation differences were observed between men and women.

Figure 25. Frequency of sports betting, overall and by sex – based on sports bettors



Base: Respondents who spent money betting on sporting events don't knows and refused (n=172). *Q27. In the 12 months before COVID-19, how often did you bet on a sporting event like football, cricket or tennis?*

6.8.2 Sports betting by demographic characteristics

Table 34 shows the mean annual frequency of sports betting by demographic subgroups. Overall, sports bettors wagered on sporting events, on average, 28.30 times per year. However, because of the small sample size in some of the demographic categories, the results should be interpreted with caution.

Table 34. Mean annual frequency of sports betting by demographic characteristics – based on sports bettors

Demographic characteristics	Sports bettors(n=172)
Overall (n=172)	**28.30**
Gender	
Male (n=154)	30.05
Female (n=18)	12.49
Age group	
18 to 24 years (n=43)	17.74-
25 to 34 years (n=48)	22.86
35 to 44 years (n=29)	61.27
45 to 54 years (n=16)	24.87
55 to 64 years (n=18)	13.27
65 years and over (n=18)	19.28
Marital status	
Married or living with partner (n=85)	31.14
Separated or divorced or widowed (n=9)	14.92
Single (n=76)	27.80
Household structure	
Single person (n=35)	38.59
One parent family with children (n=14)	14.96
Couple with children (n=50)	36.90
Couple with no children (n=41)	20.21
Group household (n=26)	22.42
Work status	
Working (n=128)	30.79
Studying (full/part-time) (n=12)	24.22
Not working or studying (n=32)	18.17
Education	
Less than year 12 (n=28)	37.76
Completed year 12 (n=43)	16.28-
A trade, technical certificate or diploma (n=48)	20.28
University degree (n=53)	39.61
Annual personal income	
Nil or negative (n=3)	20.65
$1 to $19,999 (n=14)	13.42
$20,000 to $39,999 (n=25)	13.53
$40,000 to $59,999 (n=35)	20.82
$60,000 to $79,999 (n=36)	33.19
$80,000 to $119,999 (n=30)	57.86
$120,000 or more (n=17)	21.98
Refused/Don't know (n=12)	14.59

Demographic characteristics	Sports bettors(n=172)
Location	
Hobart (n=81)	34.07
Launceston and North East (n=54)	27.49
South East (n=8)	8.79
West and North West (n=29)	24.66
Aboriginal and/or Torres Strait Islander origin	
Yes (n=9)	9.71
No (n=162)	29.75
Speaks language other than English (LOTE) at home	
LOTE (n=3)	17.53
English only (n=169)	28.50

Base: Respondents who spent money betting on sporting events don't knows and refused (n=172). *Q27. In the 12 months before COVID-19, how often did you bet on a sporting event like football, cricket or tennis?*

6.8.3 Odds ratios for demographic predictors of sports bettors

Table 35 presents the odds ratios for the different demographic predictors of sports betting.

The results indicate that men had eight times the odds of reporting wagers on sporting events as compared with women.

People in the youngest age group had 7.92 times the odds of reporting this form of gambling than those in the oldest age group.

People who speak only English at home had 4.06 times the odds of reporting this activity than LOTE speakers.

Table 35. Odds ratio for demographic predictors of sports bettors

Independent variable	Statistical significance (p)	Odds ratio	95% CI
Gender			
Male (n=2,389) ***	0	8.04	5.02 – 12.89
Female (n=2,620) *(Reference)*	-	1	-
Age group			
18 to 24 years (n=458) ***	0	7.92	3.44 – 18.24
25 to 34 years (n=594) ***	0	7.31	3.47 – 15.40
35 to 44 years (n=564) ***	0	3.90	1.84 – 8.28
45 to 54 years (n=681)	0.255	1.60	0.71 – 3.61
55 to 64 years (n=1,001)	0.210	1.64	0.76 – 3.54
65 years and over (n=1,711) *(Reference)*	-	1	-
Marital status			
Married or living with partner (n=2,910) *(Reference)*	-	1	-
Separated or divorced or widowed (n=801)	0.650	1.16	0.60 – 2.25
Single (n=1,267)	0.174	1.30	0.89 – 1.90
Work status			
Working (n=2,447)	0.669	1.12	0.66 – 1.91
Studying (full/part-time) (n=227)	0.537	1.28	0.58 – 2.84
Not working or studying (n=2,323) *(Reference)*	-	1	-
Education			
Year 12 or less (n=1,846)	0.190	1.32	0.87 – 2.00
A trade, technical certificate or diploma (n=1,321)	0.868	1.04	0.69 – 1.56
University degree (n=1,813) *(Reference)*	-	1	-

Independent variable	Statistical significance (p)	Odds ratio	95% CI
Annual personal income			
Less than $20,000 (n=919) *(Reference)*	-	1	-
$20,000 to $39,999 (n=1,247)	0.146	1.62	0.85 – 3.10
$40,000 to $59,999 (n=722) **	0.002	2.98	1.50 – 5.92
$60,000 to $79,999 (n=570) ***	0	4.06	1.99 – 8.29
$80,000 to $119,999 (n=541) ***	0	4.67	2.22 – 9.82
$120,000 or more (n=334) ***	0	4.57	2.07 – 10.09
Location			
Hobart (n=2,265)	0.878	1.03	0.68 – 1.57
Launceston and North East (n=1,360)	0.974	1.01	0.64 – 1.59
South East (n=340)	0.933	1.03	0.52 – 2.02
West and North West (n=1,044) *(Reference)*	-	1	-
Aboriginal and/or Torres Strait Islander origin			
Yes (n=203)	0.458	1.27	0.68 – 2.39
No (n=4,773) *(Reference)*	-	1	-
Speaks language other than English (LOTE) at home			
English only (n=4,756) **	0.006	4.06	1.48 – 11.12
LOTE (n=252) *(Reference)*	-	1	-

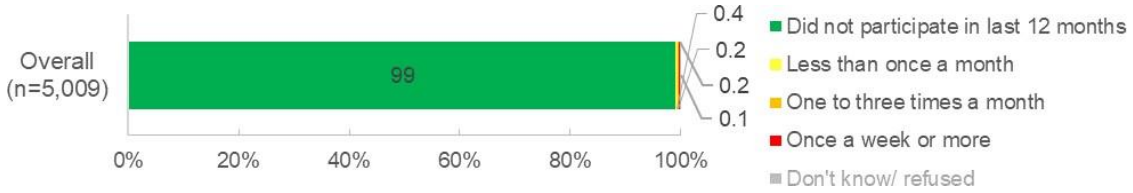
Base: All respondents (n=5,009). Logistic regression model included derived 'Q1 Gambling activities - 8. Bet on sporting events like football, cricket or tennis but NOT including sweeps, fantasy sports, and eSports' (Y/N) as the dependent variable. Independent variables included key demographic variables. Household structure had little variation therefore, was removed from the analysis. Statistical significance is indicated at three confidence levels: *p<0.05. **p<0.01, ***p<0.001

6.9 BINGO

6.9.1 Breakdown of overall frequency of participation based on total sample and bingo players

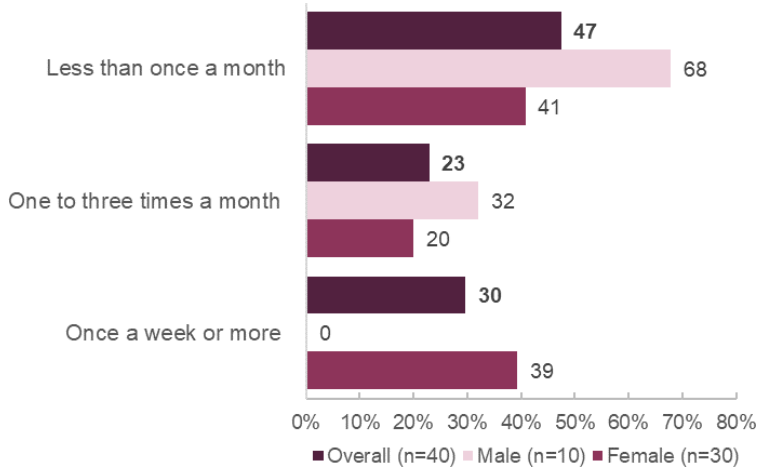
Overall, the majority of Tasmanian adults did not participate in playing bingo (99 per cent) during the 12 months before COVID-19. Only 0.4 per cent of Tasmanian adults participated in bingo less than once a month, a further 0.2 per cent said that they participated one to three times a month and 0.2 per cent said once a week or more during the 12 months in question.

Figure 26. Frequency of playing bingo - based on total sample



Further analysis of bingo players (i.e. excluding non-players) indicated that nearly one half (47 per cent) said that they played bingo less than once a month during the reference period, 23 per cent said one to three times a month and 30 per cent said once a week or more. However, because of the small number of bingo players (n=40), the results should be treated with caution.

Figure 27. Frequency of playing bingo, overall and by sex – based on bingo players



Base: Respondents who played bingo excluding don't knows and refused (n=40). *Q23. In the 12 months before COVID-19, how often did you play Bingo for money?*

6.9.2 Bingo by demographic characteristics

Table 36 shows the mean annual frequency of playing bingo by demographic subgroups. Overall, bingo players played, on average, 26.75 times per year. However, these figures should be treated with considerable caution because of the low numbers.

Table 36. Mean annual frequency of bingo by demographic characteristics – based on bingo players

Demographic characteristics	Bingo players(n=40)
Overall (n=40)	**26.75**
Gender	
Male (n=10)	6.34
Female (n=30)	33.37
Age group	
18 to 24 years (n=4)	7.59
25 to 34 years (n=4)	17.49
35 to 44 years (n=7)	43.31
45 to 54 years (n=5)	13.98
55 to 64 years (n=9)	19.42
65 years and over (n=11)	31.95
Marital status	
Married or living with partner (n=16)	37.56
Separated or divorced or widowed (n=7)	31.69
Single (n=17)	14.54
Household structure	
Single person (n=11)	32.99
One parent family with children (n=7)	6.59
Couple with children (n=7)	57.12
Couple with no children (n=7)	11.12
Group household (n=5)	10.69
Work status	
Working (n=22)	27.78
Studying (full/part-time) (n=1)	12.00
Not working or studying (n=17)	25.89
Education	
Less than year 12 (n=11)	40.49
Completed year 12 (n=8)	11.47
A trade, technical certificate or diploma (n=13)	12.20
University degree (n=8)	45.83
Annual personal income	
Nil or negative (n=0)	
$1 to $19,999 (n=4)	28.63
$20,000 to $39,999 (n=16)	20.65
$40,000 to $59,999 (n=7)	6.85
$60,000 to $79,999 (n=5)	13.34
$80,000 to $119,999 (n=1)	1.00
$120,000 or more (n=3)	67.84
Refused/Don't know (n=4)	35.02
Location	
Hobart (n=20)	13.75
Launceston and North East (n=12)	42.49
South East (n=2)	29.54
West and North West (n=6)	23.66
Aboriginal and/or Torres Strait Islander origin	
Yes (n=6)	22.24
No (n=34)	27.62
Speaks language other than English (LOTE) at home	
LOTE (n=1)	12.00
English only (n=39)	27.13

Base: Respondents who played bingo excluding don't knows and refused (n=40). *Q23. In the 12 months before COVID-19, how often did you play Bingo for money?*

6.9.3 Odds ratios for demographic predictors of playing bingo

Table 37 presents the odds ratios for the different demographic predictors of playing bingo. The results indicate that women had 3.28 times the odds of reporting bingo participation as compared to men.

People residing in Launceston and the North East region had 3.25 times the odds of reporting participation in this activity as compared with people living in the West and North West region.

People of Aboriginal and Torres Strait Islander origin had 3.43 times higher odds of reporting this activity than non-ATSI people.

Table 37. Odds ratio for demographic predictors of playing bingo

Independent variable	Statistical significance (*p*)	Odds ratio	95% CI
Gender			
Male (n=2,389) *(Reference)*	-	1	-
Female (n=2,620) **	0.002	3.28	1.57 – 6.85
Age group			
18 to 24 years (n=458) *(Reference)*	-	1	-
25 to 34 years (n=594)	0.877	1.13	0.23 – 5.53
35 to 44 years (n=564)	0.147	2.88	0.69 – 12.05
45 to 54 years (n=681)	0.700	1.36	0.29 – 6.35
55 to 64 years (n=1,001)	0.431	1.84	0.40 – 8.36
65 years and over (n=1,711)	0.542	1.68	0.31 – 9.01
Marital status			
Married or living with partner (n=2,910) *(Reference)*	-	1	-
Separated or divorced or widowed (n=801)	0.849	1.10	0.41 – 2.99
Single (n=1,267)	0.089	1.94	0.90 – 4.15
Work status			
Working (n=2,447)	0.430	1.46	0.57 – 3.70
Studying (full/part-time) (n=227)	0.749	0.70	0.08 – 6.23
Not working or studying (n=2,323) *(Reference)*	-	1	-
Education			
Year 12 or less (n=1,846)	0.211	1.77	0.72 – 4.32
A trade, technical certificate or diploma (n=1,321)	0.140	1.89	0.81 – 4.42
University degree (n=1,813) *(Reference)*	-	1	-
Annual personal income			
Less than $20,000 (n=919) *(Reference)*	-	1	-
$20,000 to $39,999 (n=1,247)	0.206	2.08	0.67 – 6.51
$40,000 to $59,999 (n=722)	0.490	1.60	0.42 – 6.02
$60,000 to $79,999 (n=570)	0.431	1.76	0.43 – 7.24
$80,000 to $119,999 (n=541)	0.637	0.63	0.09 – 4.26
$120,000 or more (n=334) **	0.010	6.28	1.56 – 25.28
Location			
Hobart (n=2,265)	0.107	2.37	0.83 – 6.77
Launceston and North East (n=1,360) *	0.029	3.25	1.13 – 9.36
South East (n=340)	0.796	0.75	0.08 – 6.70
West and North West (n=1,044) *(Reference)*	-	1	-
Aboriginal and/or Torres Strait Islander origin			
Yes (n=203) *	0.012	3.43	1.32 – 8.94
No (n=4,773) *(Reference)*	-	1	-
Speaks language other than English (LOTE) at home			
English only (n=4,756)	0.576	1.80	0.23 – 14.32
LOTE (n=252) *(Reference)*	-	1	-

Base: All respondents (n=5,009). Logistic regression model included derived 'Q1 Gambling activities - 6. Played Bingo for money' (Y/N) as the dependent variable. Independent variables included key demographic variables. Household structure had little variation therefore, was removed from the analysis. Statistical significance is indicated at three confidence levels: *p<0.05. **p<0.01, ***p<0.001

6.10 SUMMARY

The most prevalent gambling activity was lotteries, with 11 per cent of Tasmanian adults buying lottery tickets once a week ormore.

The results in this chapter showed that participation in non-lottery activities at least once (EGM gambling, horse or greyhound racing, casino table games and sports betting) was relatively low among Tasmanian adults, all under 9 per cent.

The main differences in participation in gambling activities related to gender and age. A higher percentage of men were found to report betting on horse or greyhound racing and buy lottery tickets than women. A higher percentage of women than men reported playing TasKeno. Older people participated in EGM gambling, lotteries, instant scratchies, TasKeno and bingo more frequently than younger people. Conversely, playing casino table games and betting on sporting events were more common among younger people.

Logistic regression models indicated that people who had not completed Year 12 had higher odds than people with a university degree to report gambling on the following activities: EGMs, horse or greyhound racing, lotteries, instant scratchies and TasKeno after controlling for other demographic factors.

The findings also suggest that people with higher personal incomes were more likely to participate in most of the gambling activities covered in this chapter even after controlling for other demographic variables.

People who speak a language other than English at home were less likely to participate in all of the gambling activities discussed in this chapter.

7 HOW PEOPLE GAMBLE: GAMBLING EXPENDITURE ON EGM GAMBLING, WAGERING AND ONLINE GAMBLING

7.1 OVERVIEW

This chapter outlines the amount of money that respondents reported spending on gambling in the 12 months before COVID-19 along with analysis of how people gambled. The first sections examine overall reported expenditure, including analyses by individual activities and demographic differences. The sections that follow provide a more specific analysis of behaviours specific to EGM gambling and race and sports betting, including where people gamble (e.g. in-venue and online). A final section discusses the prevalence and frequency of internet-based gambling. The findings in this chapter were based on weighed data and can be generalised to the broader Tasmanian population.

7.2 GAMBLING EXPENDITURE

For each activity respondents had undertaken in the 12 months before COVID-19, respondents were asked to estimate the 'average' amount they had spent during a 'typical' session of that activity. It was explained that, "by spend we mean the difference between what you took with you (including any additional money withdrawn or borrowed during the period of play) and what you had left when you finished playing". Interviewers were advised that each visit to a venue, for example, to play EGMs, was to be interpreted as one 'session', and that 'spend' did not include other non-gambling expenditure such as meals or drinks. Interviewers were also instructed to record any average per session amounts that respondents spontaneously provided in terms of winnings (i.e. negative 'spend'), as '$0' spent.

This approach of collecting net expenditure (as opposed to the amount staked, the outlay, or turnover), being precise about the definition of 'session' and focusing on the type of expenditure is probably closest to best practice in this area. However, it is recognised that estimating gambling expenditure using self-report methods remains inherently problematic. Respondents are likely to display a range of heuristic and cognitive biases when answering questions about gambling spend, including, for example, being more likely to remember wins than losses. This typically results in over-estimations of wins and under-estimations of losses, especially for frequently undertaken activities.[17] Other tendencies (like social desirability) and variability in the way that respondents answer questions about gambling expenditure mean that expenditure data can sometimes be used more as a proxy for gambling volume or intensity than an actual quantification of money lost to gambling.[18]

In addition, rather than being asked about their spending in the last 12 months, as is more usual, in this survey respondents were asked to report on their gambling expenditure during the 12 months before COVID-19; that is, the 12 months before March 2020. As interviews were conducted in October and November 2020, recall is likely to have been even more difficult for respondents than usual.

The following sections present the results for gambling expenditure, based on the data reported by respondents. Bearing in mind the above caveats around self-reported gambling expenditure, the findings can be generalised to the broader Tasmanian population, as they were based on weighed data.

7.2.1 Expenditure by activity, per session

When asked about their pre-COVID-19 average spend, in a typical session, for each activity they had participated in, respondents reported spending the highest per session amounts playing table games at a casino (Table 38). Among in-venue casino table game players, the median reported spend per casino game session was $75. This was more than double the next highest median spend, of $30 per session, for online poker, EGM gambling and online casino games. Over a quarter (26 per cent) of in-venue casino game players reported spending between $101-$500 in a typical session, and 3 per cent spent over $501 per session. This brought the average reported session spend up to $161 among all in-venue casino game players, although the reported amount varied widely, with a standard deviation of $373.

[17] For explanations of the four basic interpretations of spend (*stake, outlay, turnover* and *net expenditure*), and further discussion on the development of gambling expenditure questions, and the difficulties of collecting spend data, see Wardle, H., Sproston, K., Orford, J., Erens, B., Griffiths, M., Constantine, R. and Pigott, S. 2007. *British Gambling Prevalence Survey 2007*. Source: http://www.nationalcasinoforum.co.uk/wp-content/uploads/2013/11/British-Gambling-Prevalence-Survey-2007.pdf. Last accessed: 16 February2021. pp.39-45.

[18] Wardle, H., Moody, A., Spence, S., Orford, J., Volberg, R., Jotangia, D., Griffiths, M, Hussey, D. and Dobbie, F. 2010. *British Gambling Prevalence Survey 2010*. Source: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/243515/9780108509636.pdf. Last accessed: 16 February 2021. pp.55-56

The average reported spend for a typical session playing online poker was $58 (with a standard deviation of $113, and a median of $30). It was $48 for a typical session playing online casino games (with a standard deviation of $57, and a median of $30).

Respondents who had played EGMs reported spending $51 per session, on average (with a standard deviation of $64, and a median of $30).

Among bingo players, there was relatively little variation in the amount reportedly spent during a typical session. Respondents who had played bingo reported a median spend of $25, and an average spend of $27, with a standard deviation of $14.

The activities with the lowest reported, per session, spend amounts included betting on non-sporting events ($10 median, $23 average, $28 standard deviation), TasKeno ($10 median, $18 average, $47 standard deviation), and buying scratchies ($9 median, $10 average, $9 standard deviation).

Table 38. Expenditure by activity, typical spend per session

Gambling activity	TYPICAL SESSION SPEND (before COVID-19)					
	Percentage of participants (%)			Dollars spent by participants ($)		
	$100 or less	$101-$500	More than $500	Mean	Standard deviation	Median
Played table games at a casino (n=164)	69	26	3	$160.57	$373.19	$75.00
Played poker games online for money rather than points (n=21)	92	5	-	$58.06	$112.60	$30.00
Played pokies or poker machines (n=451)	90	8	-	$51.01	$64.42	$30.00
Played casino games on the internet for money rather than points (n=24)	65	9	-	$47.94	$57.34	$30.00
Played bingo for money (n=45)	95	-	-	$27.14	$14.14	$25.00
Informal private betting for money (n=156)	91	1	1	$59.52	$402.33	$20.00
Bet on Horse or greyhound races, by respondents who placed race bets via the internet (n=148)[19][13]	94	3	1	$40.55	$80.00	$20.00
Bet on sporting events (n=184)	93	4	-	$34.60	$58.93	$20.00
Bought lottery tickets either online or in person (n=1,886)	99	0.5	0.1	$24.52	$136.70	$18.00
Bet on non-sporting events (n=34)	89	-	-	$23.30	$28.44	$10.00
Played TasKeno (n=811)	98	1	0.2	$18.35	$46.92	$10.00
Bought instant scratchies (n=552)	99	-	-	$9.60	$9.29	$9.00

Base, per row: Respondents who participated in the gambling activity. [Question asked per gambling activity, regarding the 12 months before COVID-19] *How much money, ON AVERAGE, did you SPEND on [gambling activity] during A TYPICAL [session].*

[19] Due to a routing error in the questionnaire, only respondents who had bet on races over the internet, using a computer or mobile device, were asked about their spend during a typical race betting session (n=148). Spend was not captured for race bettors who had *only* bet on races by other means (at tracks, clubs, TABs, or via phone calls), or who refused/didn't know how they placed their racing bets (n=182).

7.2.2 Expenditure by activity, per year

An estimate of the total amount that respondents had spent on each gambling activity during the 12 months before COVID-19 was derived by multiplying each participant's reported typical session spend by the number of times they had participated in the activity. While annual expenditure estimates are inherently problematic (for reasons previously mentioned), this provides an indication of the activities that Tasmanian gamblers tended to say they had spent most on, annually, taking both session spend and frequency into account. The results are listed in Table 39.

Respondents reported spending most on online poker games during the 12 months before COVID-19, a median amount of $250 ($820 on average, with a standard deviation of $1,394). However, the sample of online poker players was small (n=21), so this result should be interpreted with additional caution. The small number also means that the total likely expenditure on online poker at a community level will be quite low relative to other forms of gambling.

The next largest annual amounts were reportedly spent betting on horse and greyhound races (by respondents who placed race bets via the internet;[20] $240 median, $4,127 average, $27,096 standard deviation), playing bingo ($240 median, $818 average, $1,321 standard deviation), and playing table games at a casino ($200 median, $1,539 average, $7,807 standard deviation).

As well as having the lowest reported typical session spend amounts, playing TasKeno, buying scratchies and betting on non-sporting events comprised three of the four activities with the lowest annual spends (median spends of $50, $30 and $20 respectively).

[20] See previous footnote, on page 31.

Table 39. Expenditure by activity, spend per year

Gambling activity	SPENT OVER 12 MONTHS (before COVID-19)						
	Percentage of participants (%)				Dollars spent by participants ($)		
	$100 or less	$101-$500	$501-$1,000	More than $1,000	Mean	Standard deviation	Median
Played poker games online for money rather than points (n=21)	32	38	7	20	$819.94	$1,394.17	$250.00
Bet on Horse or greyhound races, by respondents who placed racebets via the internet (n=148)[14]	16	11	4	14	$4,127.11	$27,095.70	$240.00
Played bingo for money (n=45)	38	23	13	21	$817.84	$1,320.78	$240.00
Played table games at a casino (n=164)	45	28	12	13	$1,539.11	$7,806.55	$200.00
Bought lottery tickets either online or in person (n=1,886)	37	35	12	15	$664.84	$3,702.38	$180.00
Bet on sporting events (n=184)	43	27	8	18	$877.68	$2,291.85	$150.00
Played pokies or poker machines (n=451)	46	25	10	18	$1,189.51	$4,304.68	$120.00
Played casino games on the internet for money rather than points (n=24)	38	14	-	22	$3,044.34	$9,499.27	$100.00
Played TasKeno (n=811)	63	24	5	7	$363.07	$1,446.12	$50.00
Informal private betting for money (n=156)	62	20	6	5	$3,920.59	$41,801.14	$45.00
Bought instant scratchies (n=552)	77	19	2	1	$101.33	$260.96	$30.00
Bet on non-sporting events (n=34)	84	2	-	3	$140.22	$621.71	$20.00
Gamblers overall (n=2,386) - Total annual amount spent on all undertaken gambling activities	**35**	**31**	**13**	**22**	**$1,659.49**	**$14,104.32**	**$240.00**

Base, per activity row: Respondents who participated in the gambling activity; Base, final row: Respondents who had participated in at least one gambling activity, excluding 'refused'/'don't know' to frequency or expenditure for an activity. [Amount spend annually per respondent derived from frequency and expenditure per session questions, asked per gambling activity] *In the 12 months before COVID-19, how often did you [participate in gambling activity]? How much money, ON AVERAGE, did you SPEND on [gambling activity] during A TYPICAL [session].*

7.2.3 Expenditure overall, and by major demographic categories

For indicative purposes, a pre-COVID-19 total annual gambling expenditure figure was derived for each respondent who had participated in at least one gambling activity (and who had answered the relevant frequency and expenditure questions). This was calculated as the sum of the annual amounts they had spent on each activity.[21]

Overall, the median amount reportedly spent on gambling over the 12 months before COVID-19 was $240. Gamblers reported spending an average of $1,659 over that year, with a standard deviation of $14,104. Over one in five gamblers (22 per cent), reported spending more than $1,000 over that year (18 per cent had spent $1,001-$5,000; 4 per cent had spentmore than $5,000).

Table 40 lists the total annual gambling expenditure estimates by key demographic categories.

Men reported spending more on gambling than women. Over a quarter (26 per cent) of men reported spending over $1,000 during the 12 months before COVID-19 (20 per cent had spent $1,001-$5,000, 6 per cent had spent more than $5,000). Women were significantly less likely to report spending this amount, 17 per cent had spent over $1,000 (15 per cent had spent $1,001-$5,000; 2 per cent had spent more than $5,000). Men's median spend was $310, compared with $165 for women.

Reported gambling spend increased with age, up to 64 years (around the age of retirement). Gamblers aged 18-24 years had a median spend of $100, which quadrupled to $400 for gamblers aged 55-64 years.

There was an inverse relationship between reported gambling spend and educational attainment; spend decreased as education-level increased. The median spend for gamblers who left formal schooling before year 12 was $445, while it was $135 for gamblers with a university degree.

Gamblers of Aboriginal and Torres Strait Islander origin were significantly more likely than other gamblers to report spending over $1,000 during the 12 months before COVID-19 (28 per cent compared with 21 per cent). They had a median spend of $470 for the year, more than double the $226 equivalent for gamblers not of Aboriginal and Torres Strait Islander origin.

[21] Total annual gambling expenditure excludes amounts spent on race betting by race bettors who did *not* place race bets via the internet. This was due to a routing error in the questionnaire, whereby only respondents who had bet on races *over the internet* were asked about their spend during a typical race betting session. It is likely to have had a negligibleimpact on the indicative annual gambling expenditure estimate.

Table 40. Total annual gambling expenditure, by major demographic categories

Demographic characteristics	SPENT ON ALL GAMBLING ACTIVITIES, OVER 12 MONTHS (before COVID-19)							
	Percentage of participants (%)					Dollars spent by participants ($)		
	$100 or less	$101-$500	$501-$1,000	$1,001-$5,000	More than $5,000	Mean	Standard deviation	Median
Gamblers overall (n=2,386)	35	31	13	18	4	$1,659.49	$14,104.32	$240.00
Gender								
Male (n=1,193)	30	30	14	20*	6*	$2,570.27	$19,459.99	$310.00
Female (n=1,193)	40*	31	12	15	2	$702.63	$2,907.33	$165.00
Age group								
18 to 24 years (n=158)	53+	22-	10	11-	4	$1,835.65	$11,159.24	$100.00
25 to 34 years (n=241)	42+	28	10	15	5	$3,763.24	$32,036.01	$150.00
35 to 44 years (n=249)	38	38+	7-	12-	5	$1,435.50	$6,205.42	$150.00
45 to 54 years (n=351)	35	34	12	16	2	$990.66	$3,923.44	$226.00
55 to 64 years (n=556)	27-	30	16+	22+	5	$1,452.76	$4,465.39	$400.00
65 years and over (n=831)	30-	30	16+	22+	3	$1,323.16	$12,985.88	$300.00
Marital status								
Married or living with partner (n=1,422)	34	32	13	16	4	$1,369.10	$10,362.35	$240.00
Separated or divorced or widowed (n=424)	34	31	12	20	3	$1,168.26	$4,603.04	$240.00
Single (n=525)	37	26-	13	19	5	$2,658.14	$23,200.52	$204.00
Household structure								
Single person (n=558)	34	28	13	21	5	$2,320.61	$23,529.10	$276.00
One parent family with children (n=152)	36	27	12	22	4	$2,527.66	$11,899.29	$192.00
Couple with children (n=537)	39+	34	10	12-	5	$1,049.44	$3,616.94	$180.00
Couple with no children (n=888)	31-	32	14	20	3	$1,328.92	$11,815.92	$264.00
Group household (n=192)	37	27	15	17	4	$2,272.13	$12,988.68	$180.00
Work Status								
Working (n=1,213)	37+	32	11-	16	4	$2,084.08	$18,478.00	$212.00
Studying (full/part-time) (n=63)	57+	27	3-	10	3	$544.71	$1,583.29	$100.00
Not working or studying (n=1,107)	30-	30	15+	20+	4	$1,162.57	$4,238.58	$280.00

Demographic characteristics	SPENT ON ALL GAMBLING ACTIVITIES, OVER 12 MONTHS (before COVID-19)							
	Percentage of participants (%)					Dollars spent by participants ($)		
	$100 or less	$101-$500	$501-$1,000	$1,001-$5,000	More than $5,000	Mean	Standard deviation	Median
Education								
Less than year 12 (n=573)	24-	31	15	27+	4	$2,924.83	$27,879.16	$444.60
Completed year 12 (n=412)	35	29	14	20	3	$1,198.98	$5,610.47	$252.00
A trade, technical certificate or diploma (n=699)	33	33	11	18	5	$1,583.05	$7,210.13	$240.00
University degree (n=686)	44+	30	12	10-	4	$1,083.50	$5,051.11	$135.00
Annual personal income								
Nil or negative (n=81)	46+	30	6	14	4	$738.38	$1,778.40	$140.00
$1 to $19,999 (n=289)	33	31	13	18	5	$862.46	$1,683.45	$209.00
$20,000 to $39,999 (n=615)	35	28	15+	19	3	$1,010.47	$3,369.01	$240.00
$40,000 to $59,999 (n=356)	33	30	12	20	5	$1,550.65	$5,296.63	$320.00
$60,000 to $79,999 (n=313)	35	33	12	17	3	$1,737.01	$9,627.91	$180.00
$80,000 to $119,999 (n=281)	34	34	10	18	4	$1,262.46	$4,327.29	$260.00
$120,000 or more (n=177)	28	32	18	15	8+	$2,800.21	$13,819.95	$300.00
Refused/Don't know (n=274)	39	32	10	16	3	$3,955.10	$38,557.88	$180.00
Location								
Hobart (n=996)	38+	31	11	16	4	$1,977.70	$20,444.76	$184.00
Launceston and North East (n=705)	32	29	15	19	5	$1,753.60	$8,834.75	$291.00
South East (n=150)	36	38	9	15	2	$920.03	$3,116.38	$165.00
West and North West (n=535)	33	30	15	19	3	$1,195.69	$4,435.57	$270.00
Aboriginal and/or Torres Strait Islander origin								
Yes (n=109)	23	31	18	26*	2	$2,133.07	$13,207.55	$470.00
No (n=2,264)	35*	31	12	17	4	$1,637.34	$14,194.98	$226.00
Speaks language other than English (LOTE) at home								
LOTE (n=52)	64*	20	4	8	3	$496.72	$1,198.91	$63.00
English only (n=2,333)	34	31	13	18	4	$1,691.89	$14,296.12	$240.00

Base: Respondents who had participated in at least one gambling activity, excluding 'refused'/'don't know' to frequency or expenditure for an activity (n=2,386). [Amount spend annually per respondent derived from frequency and expenditure questions asked per gambling activity] *In the 12 months before COVID-19, how often did you [participate in gambling activity]? How much money, ON AVERAGE, did you SPEND on [gambling activity] during A TYPICAL [session].*

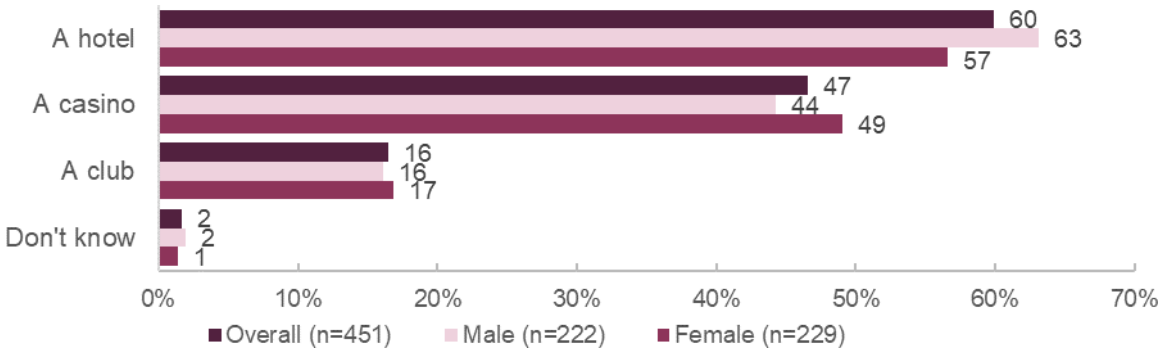
7.3 ELECTRONIC GAMING MACHINE (EGM) GAMBLING

Respondents who had played EGMs in the 12 months before COVID-19 were asked a series of questions about where they played EGMs, how far they usually travelled to play them, and their EGM betting preferences.

7.3.1 Location of EGM playing

Hotels were the most popular venue for playing EGMs; 60 per cent of EGM players said that they had played them in ahotel. A little under half (47 per cent) of EGM players had played EGMs in a casino, and 16 per cent had played them in a club,as shown in Figure 28.

Figure 28. Location of EGM playing, overall and by sex



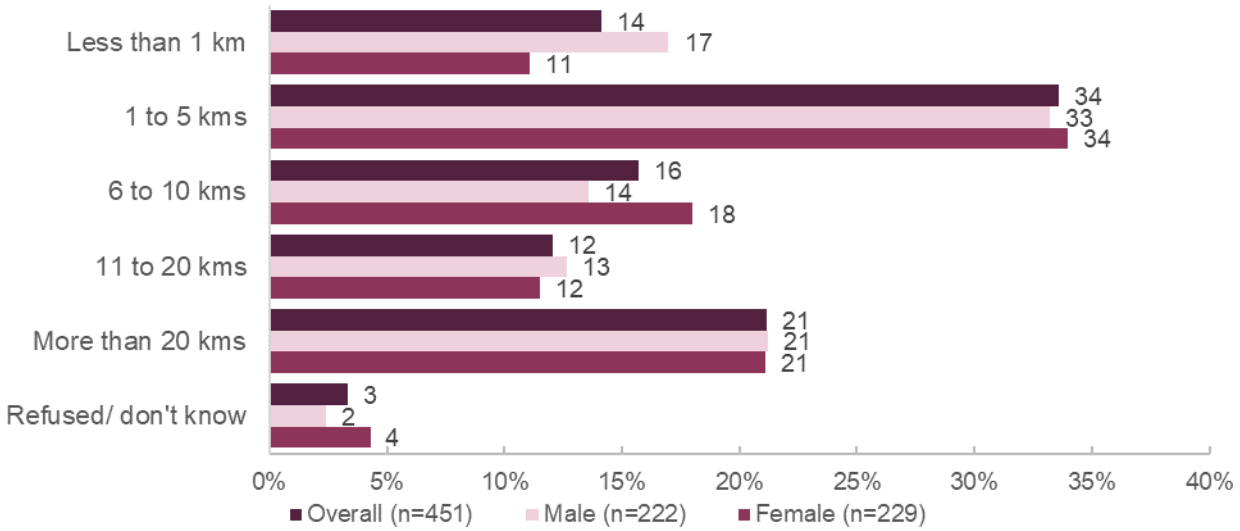
Base: EGM players (n=451). *Q5. Where do you play poker machines?*

7.3.2 Distance travelled to play EGMs

EGM players travelled a variety of distances to play EGMs, with no distinct patterns by distance.

A third (34 per cent) of EGM players usually travelled between one and five kilometres to play. A fifth (21 per cent) travelled over 20 kilometres, as shown in Figure 29.

Figure 29. Distance travelled to play EGMs, overall and by sex



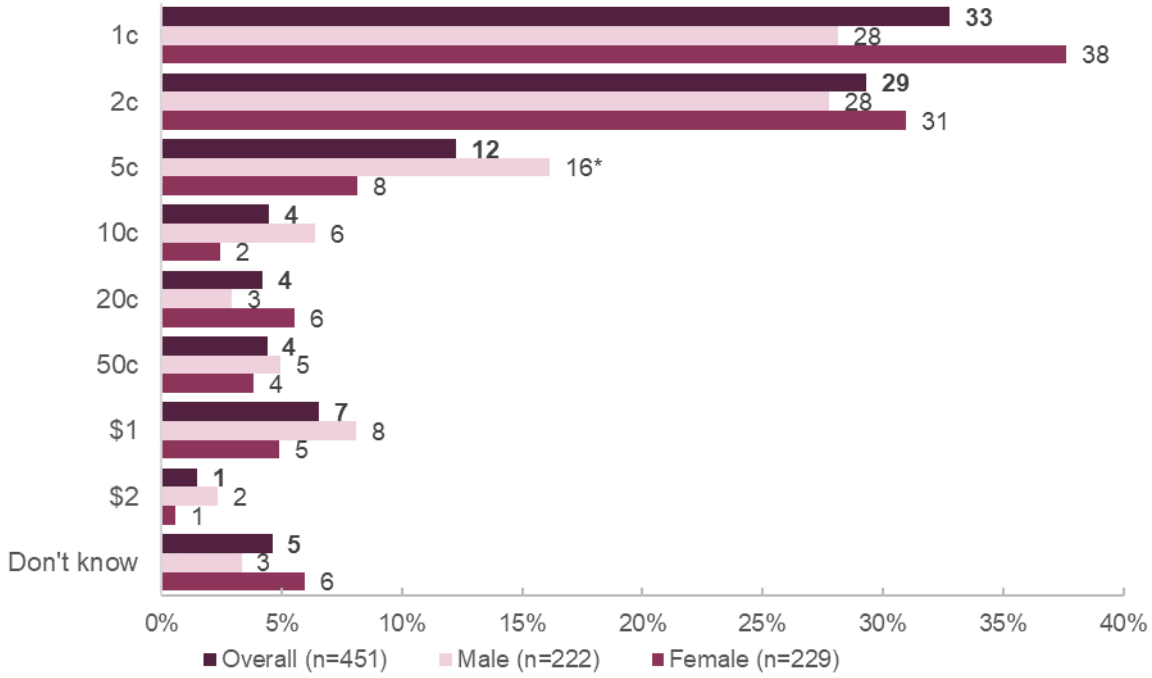
Base: EGM players (n=451). *Q6. How far would you usually travel to play pokies?*

7.3.3 EGM gambling preferences

Smaller units of credit (one or two cents) were favoured by the majority (62 per cent) of EGM players; a third (33 per cent) usually played in once cent units, and another 29 per cent in two cent units.

Male EGM players were significantly more likely than female EGM players to play five cent machines (16 per cent compared with 8 per cent).

Figure 30. Unit or amount of credit usually played by EGM players, overall and by sex

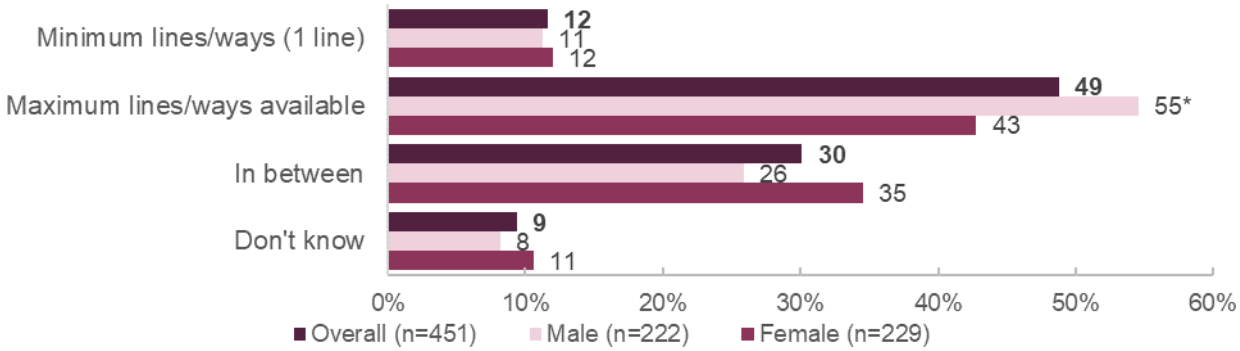


Base: EGM players (n=451). *Q7. What unit or amount of credit do you usually play (cents per credit)?*

Half (49 per cent) the EGM players usually played the maximum number of lines available, while 30 per cent preferred to playa number of lines somewhere in between the minimum and maximum available.

Male EGM players were significantly more likely than female EGM players to usually play the maximum numberavailable (55 per cent compared with 43 per cent).

Figure 31. Maximum and minimum lines on EGMs, overall and by sex

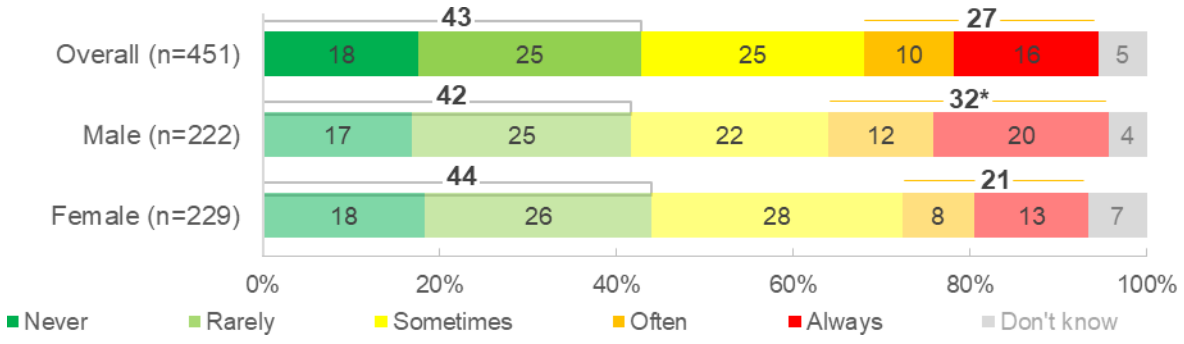


Base: EGM players (n=451). *Q8. Do you usually play?*

Forty-three percent (43 per cent) of EGM players ‘never’ or ‘rarely’ bet multiple credits per line, while over a quarter (27 per cent) did so ‘often’ or ‘always’, as shown in Figure 32.

Again, male EGM players were significantly more likely to play the higher stake option; 32 per cent bet on more thanone credit per line often/always, compared with 21 per cent of female EGM players.

Figure 32. Frequency of betting more than one credit per line on EGMs, overall and by sex



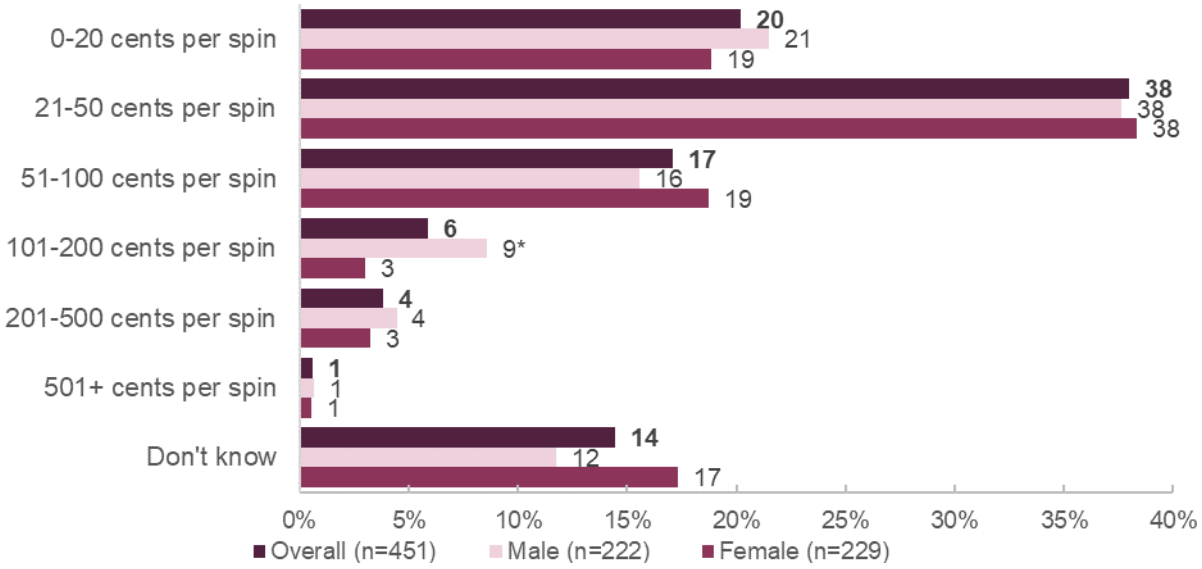
Base: EGM players (n=451). *Q9. How often do you bet more than one credit per line? Would you say…*

When EGM players were asked to nominate the average amount they spent, per spin, the average response was 71 cents (75 cents for males, 67 cents for females; median 50 cents, overall and for both sexes).

Thirty-eight percent (38 per cent) of EGM players spent between 21 cents and 50 cents per spin, on average, as shown in Figure 33.

Male EGM players were significantly more likely than female EGM players to spend over $1 per spin, on average (14 per cent compared with 7 per cent).

Figure 33. Average amount spent per spin on EGMs, overall and by sex

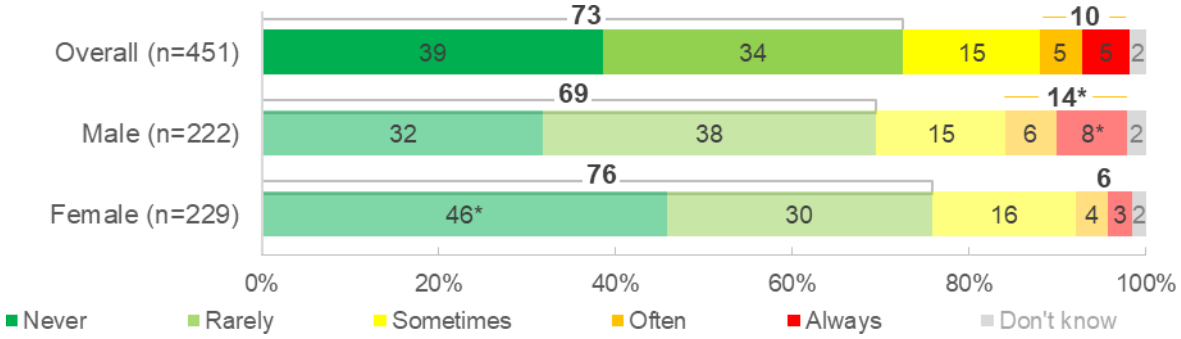


Base: EGM players (n=451). Q10. What would be the average amount you spend per spin in cents?

Almost three-quarters (73 per cent) of EGM players indicated that they ‘never’ or ‘rarely’ spent more than $1 per spin. One in ten (10 per cent) did so ‘often’ or ‘always’, as shown in Figure 34.

Replicating the results from the previous question (average per spin amount), 14 per cent of male EGM players said they often/always spent more than $1 per spin, compared with 6 per cent of female EGM players. This difference was,again, statistically significant.

Figure 34. Frequency of spending more than $1 per spin on EGMs, overall and by sex

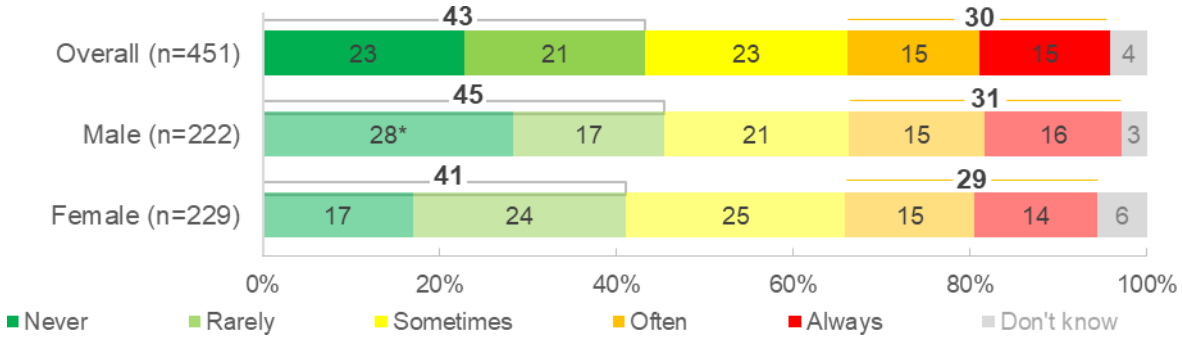


Base: EGM players (n=451). *Q11. How often do you spend more than $1 per spin? Would you say…*

Thirty percent (30 per cent) of EGM players ‘often’ or ‘always’ played minimum credit with maximum lines per spin.

This combination was played often/always by similar proportions of male and female EGM players (31 per cent and 29 per cent respectively). However, female EGM players were more likely to play it occasionally (‘rarely’ or ‘sometimes’, 49 per cent compared with 38 per cent of male EGM players); male EGM players were significantly more likely to ‘never’ select that option (28 per cent compared with 17 per cent of female EGM players).

Figure 35. Frequency of playing minimum credits with maximum lines/ways per spin on EGMs, overall and by sex



Base: EGM players (n=451). *Q12. How often do you play minimum credit with maximum lines/ways per spin? Would you say…*

7.4 WAGERING

The survey asked race and sport bettors about how or where they had placed their racing or sports bets, in the 12 months before COVID-19. Sports bettors were also asked to self-assess the extent to which sports betting inducements and advertising had affected the amounts they had wagered, and to indicate whether they had placed micro-bets during sporting events (a micro-bet is a secondary bet during the course of a sporting event).

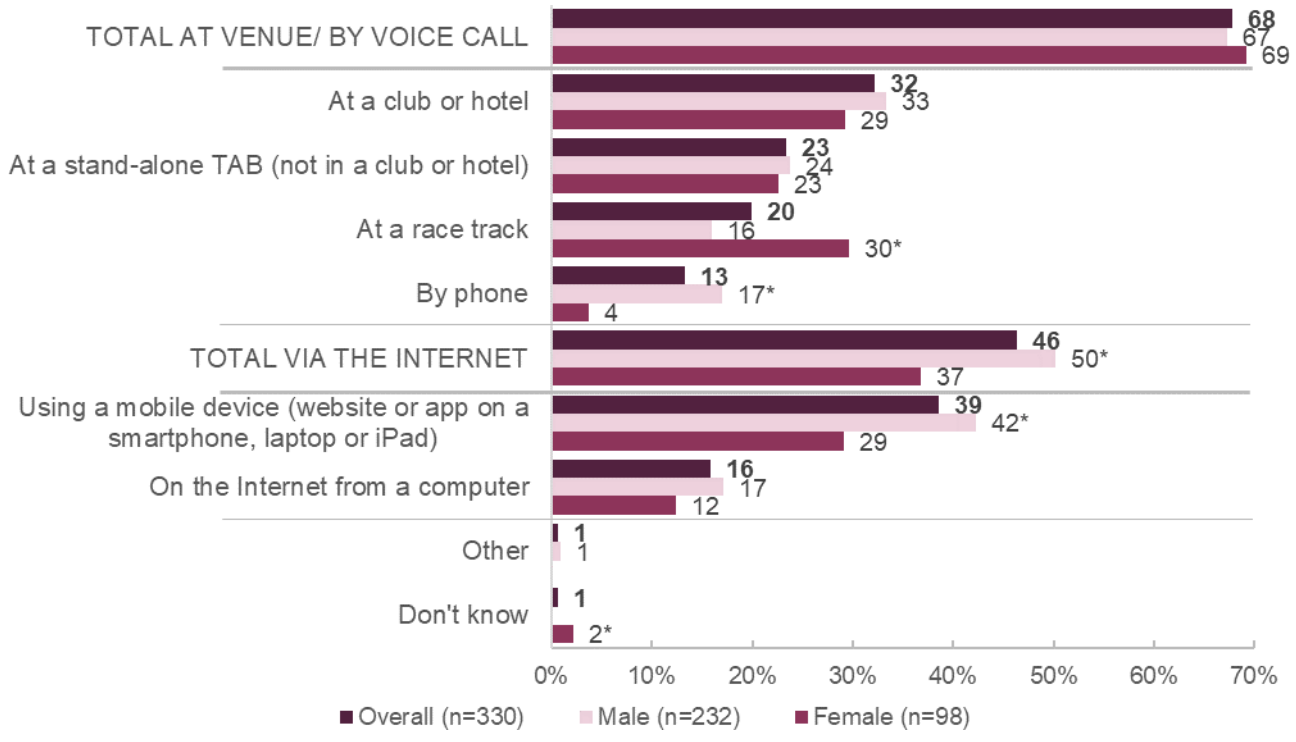
7.4.1 Location of race and sports betting

Over two-thirds (68 per cent) of race bettors had placed racing bets at a venue or via a phone call. The most popular venues for placing race bets were clubs and hotels (32 per cent of race bettors). A fifth (23 per cent) of race bettors had used stand-alone TABs, and a fifth (20 per cent) had placed bets on-site, at racetracks. Thirteen percent (13 per cent) of race bettors had used the older method of phoning bets in (had made voice calls), as shown in Figure 36.

Forty-six percent (46 per cent) of race bettors had placed racing bets over the internet, most commonly via a mobile device (39 per cent of race bettors).

Male race bettors were significantly more likely than female race bettors to place their bets over the internet (50 per cent compared with 37 per cent). Female race bettors were significantly more likely to have placed bets on-site, at racetracks (30 per cent compared with 16 per cent).

Figure 36. Location of race betting, overall and by sex

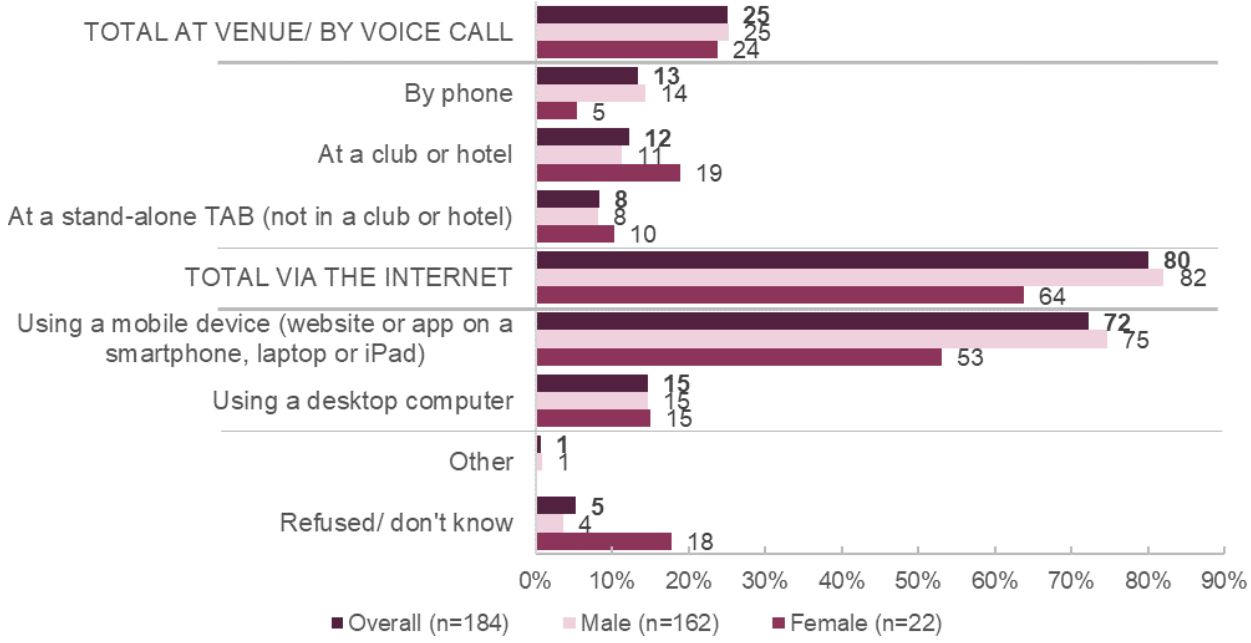


Base: Race bettors (n=330). *Q14. In the 12 months before COVID-19, did you place your racing bet…*

The majority (80 per cent) of sports bettors had bet on sporting events over the internet, mostly using a mobile device (72 per cent of sports bettors), as shown in Figure 37.

A quarter (25 per cent) of sports bettors had placed sports bets at a venue, or by phone.

Figure 37. Location of sports betting



Base: Sports bettors (n=184). *Q29. In the 12 months before COVID-19, did you place bets on a sporting event…*

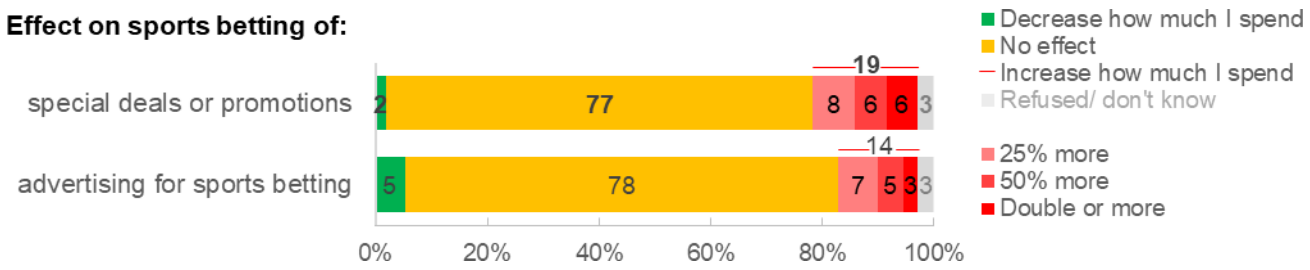
7.4.2 Impact of sport betting inducements or advertising, and sports micro-betting

Over three-quarters (77 per cent) of sports bettors said that special deals and promotions had no effect on the amountthey spent on sports bets. A similar proportion (78 per cent) said that sports betting advertising had no effect on how much they spent (see Figure 38).

Just under a fifth (19 per cent) of sports bettors indicated that they increased their sports bets after seeing special dealsor promotions. Twenty-eight percent (28 per cent) of these sports bettors (6 per cent of sports bettors overall) said that they increased their bets by half as much again, after seeing special deals or promotions. Another 29 per cent (6 per cent of sportsbettors overall) bet double or more the amount they otherwise would have.

After seeing sports betting advertisements, fourteen percent (14 per cent) of sports bettors reported that they increasedtheir sports bets. A third (32 per cent) of these bettors (5 per cent of sports bettors overall), increased their bets by half as much again, and 18 per cent (3 per cent of sports bettors overall) indicated that they bet twice as much, or more, as result of the advertising.

Figure 38. Effect of special deals or promotions and advertising on sports betting



Base: Sports bettors (n=184). *Q30. What effect do special deals or promotions for sports betting have on how much you usually spend after you have seen them? Q31. If the amount increases, by how much (what would be closest), would you say… Q32. What effect does advertising for sports betting have on how much you usually spend after you have seen them? Q33. If the amount increases, by how much (what would be closest), would you say…*

Sports bettors were also asked whether they ever placed any micro-bets during the course of a sporting event, for example, on who is going to take the next wicket, or kick the next goal.

Fifteen percent (15 per cent) answered in the affirmative.

7.5 INTERNET GAMBLING

Respondents were classified as 'internet gamblers' if they had spent money on at least one of the following activities in the 12 months before COVID-19:

- betting on horse or greyhound races, by placing bets online or with a mobile app
- betting on sporting events, by placing bets online or with a mobile app
- betting on a non-sporting event, such as who will win an Academy Award, a political event, or a reality TVshow, by placing bets online or with a mobile app
- playing casino games, such as blackjack, roulette, or pokies, on the internet (including via a mobile phone), for money rather than points
- playing poker games online, for money rather than points.[22]

According to this definition, over one in ten gamblers (11 per cent) had participated in internet gambling in the 12 months before COVID-19. This represented one in twenty respondents (5 per cent) overall.

Betting on sporting events, and race betting, were the most common internet gambling activities, as listed in Table 41. Seven percent (7 per cent) of gamblers (3 per cent of respondents overall) had participated in online sports betting. Six percent (6 per cent) of gamblers (3 per cent of respondents overall) had placed racing bets via the internet.

Table 41. Participation rates for internet gambling, overall and by activity

	Percentage (%)	
	Overall (n=5,009)	**Gamblers (n=2,390)**
Internet gamblers overall (participated in at least one of the activities below)	5.4	11.4
Bet on horse or greyhound races, by placing bets online or with a mobile app	3.0	6.4
Bet on sporting events, by placing bets online or with a mobile app	3.1	6.7
Bet on a non-sporting event, such as who will win an Academy Award, a political event, or areality TV show, by placing bets online or with a mobile app	0.4	0.9
Played casino games, such as Blackjack, Roulette, or pokies, on the internet (including via amobile phone), for money rather than points	0.6	1.3
Played poker games online for money rather than points	0.5	1.2

Base: Respondents overall (n=5,009); Respondents who had participated in at least one gambling activity (n=2,390). *Q1. I'm going to read out a list of popular gambling activities. Could you please tell me which of these you have spent money on during the* ***12 months before COVID-19 (e.g. March 2020)?*** [If: Bet on Horse or greyhound races, Bet on sporting events like football, cricket or tennis, or Bet on a non-sporting event] *Q14. In the 12 months before COVID-19, did you place your racing bet…; Q29. In the 12 months before COVID-19, did you place bets on a sporting event…; Q37. In the 12 months before COVID-19, did you place bets on a non-sporting event…*

7.5.1 Frequency of internet gambling

Respondents who had bet on races via the internet were asked how often they had made online racing bets. Similarly, respondents who had played online casino games, or who had played online poker, were asked about the frequency of their participation in those internet gambling activities.[23] The results are listed in Table 42.

Almost four in ten respondents (39 per cent) who had placed racing bets via the internet in the 12 months before COVID- 19 had done so less than once a month. A third (34 per cent) had gambled this way more than once a week. Online race bettors, on average, placed online race bets 53 times during that 12-month period.

On average, online casino game players played online casino games 29 times during the 12 months before COVID-19, and online poker players played online poker 34 times. However, these results should be interpreted with caution due to the small samples (n=20 online casino players; n=19 online poker players). Players would be playing games from offshore websites that are not regulated in Australia.

[22] Buying lottery tickets online was not included in the classification of internet gamblers. Lottery ticket buying was captured in Q1 as, *either online or in person*, so the results for onlinelottery ticket buying could not be disaggregated from in-person lottery ticket buying.

[23] The equivalent information was not collected for the frequency of betting on sporting, or non-sporting, events specifically *via the internet.*

Table 42. Frequency for internet gambling

Internet gambling activity	Percentage of respondents who participated in the activity (%)			Mean
	Less than once a month	1 to 3 times a month	Once a week or more	Number of times in the year
Betting on horse or greyhound races, by placing bets online or with a mobile app (n=142)	39	27	34	53
Played casino games, such as Blackjack, Roulette, or pokies, on theinternet (including via a mobile phone), for money rather than points(n=20)	55	16	28	29
Played poker games online for money rather than points (n=19)	47	34	19	34

Base: Respondents who participated in the internet gambling activity and provided details on the frequency of their participation. *Q15. In the 12 months before COVID-19, how often haveyou used the Internet or an app to place bets on horse or greyhound races? Q38. In the 12 months before COVID-19, how often did you play casino games, such as Blackjack, Roulette and poker machine games, on the internet, FOR MONEY rather than points? Q41. In the 12 months before COVID-19, how often did you play poker games online, FOR MONEY rather than points?*

7.5.2 Internet gambling by major demographic characteristics

Men were significantly more likely than women to partake in internet gambling (8 per cent compared with 3 per cent), as listed in Table 43.

Perhaps unsurprisingly, given the relatively recent availability of internet-based gambling technologies, online gambling declined significantly with age. More than one in ten 18-24 year olds (11 per cent) had gambled via the internet in the 12 months before COVID-19, compared with 3 per cent of respondents aged over 54 years.

One in ten respondents of Aboriginal and/or Torres Strait Islander origin (10 per cent) had gambled via the internet. The prevalence among respondents of Aboriginal and/or Torres Strait Islander origin was significantly higher than among respondents overall (10 per cent compared with 5 per cent).

Employed respondents (7 per cent) were significantly more likely to be online gamblers than respondents who were studying (4 per cent), or not working or studying (3 per cent).

Respondents with the highest levels of formal education were significantly less likely than other respondents to be online gamblers (4 per cent of university educated respondents, compared with 5 per cent of respondents overall).

Respondents who spoke a language other than English at home were also significantly less likely to be online gamblers (1 per cent compared with 5 per cent of respondents overall).

Table 43. Internet gambling among respondents overall, by major demographic categories

Demographic characteristics	Percentage of respondents (%)
Overall (n=5,009)	**5**
Gender	
Male (n=2,389)	8*
Female (n=2,620)	3
Age group	
18 to 24 years (n=458)	11+
25 to 34 years (n=594)	8+
35 to 44 years (n=564)	7
45 to 54 years (n=681)	5
55 to 64 years (n=1,001)	3-
65 years and over (n=1,711)	3-
Marital status	
Married or living with partner (n=2,910)	5
Separated or divorced or widowed (n=801)	3-
Single (n=1,267)	7+
Household structure	
Single person (n=1,164)	4

One parent family with children (n=332)	7
Couple with children (n=1,172)	6
Couple with no children (n=1,781)	4
Group household (n=430)	8+
Work status	
Working (n=2,447)	7+
Studying (full/part-time) (n=227)	4
Not working or studying (n=2,323)	3-
Education	
Less than year 12 (n=1,031)	5
Completed year 12 (n=815)	7+
A trade, technical certificate, or diploma (n=1,321)	6
University degree (n=1,813)	4-
Annual personal income	
Nil or negative (n=216)	3
$1 to $19,999 (n=703)	3-
$20,000 to $39,999 (n=1,247)	5
$40,000 to $59,999 (n=722)	6
$60,000 to $79,999 (n=570)	8+
$80,000 to $119,999 (n=541)	7
$120,000 or more (n=334)	9+
Refused/Don't know (n=676)	3-
Location	
Hobart (n=2,265)	5
Launceston and North East (n=1,360)	6
South East (n=340)	5
West and North West (n=1,044)	5
Aboriginal and/or Torres Strait Islander origin	
Yes (n=203)	10*
No (n=4,773)	5
Speaks language other than English (LOTE) at home	
LOTE (n=252)	1
English only (n=4,756)	6*

Base: Respondents overall (n=5,009). [Internet gambling status derived from participation in at least one of the five activities: betting on horse or greyhound races, by placing bets online or with a mobile app; betting on sporting events, by placing bets online or with a mobile app; betting on a non-sporting event, such as who will win an Academy Award, a political event, ora reality TV show, by placing bets online or with a mobile app; playing casino games, such as Blackjack, Roulette, or pokies, on the internet (including via a mobile phone), for money rather than points; or playing poker games online, for money rather than points.]

7.5.3 Internet-based and land-based gambling by demographic characteristics

Four percent (4 per cent) of gamblers whose mode of gambling could be determined (n=1,479)[24] had bet solely via the internet (and not in person) in the 12 months prior to COVID-19. Another 14 per cent had participated in both internet and land-based gambling, as listed in Table 44. The remaining 82 per cent had bet in person.

As well as being more likely to use the internet to gamble generally (see previous section), male gamblers were significantly more likely than female gamblers to only gamble via the internet (6 per cent compared with 1 per cent).

[24] Respondents who bought lottery tickets were not asked about the mode or location of the lottery ticket buying, so there was no way to determine whether these purchases were made in person, or via the internet. Similarly, respondents were not asked about mode or location of any activity they said that they had participated in that was not included in the pre-coded activity list at Q1 (any activity recorded as 'Other, specify'). Therefore, gamblers who *only* bought lottery tickets or did 'other' activities were excluded from this analysis of internet versus land- based gambling.

Similarly, younger gamblers, aged 18-24 years, were significantly more likely than older gamblers to gamble only via the internet (8 per cent compared with 4 per cent of gamblers overall).

While university-educated respondents were less likely than other respondents to be online gamblers (see previous section), those who were online gamblers were significantly more likely to have this as their only mode of gambling (6 per cent compared with 4 per cent of gamblers overall).

Gamblers living in South East Tasmania were also significantly more likely than other gamblers to use only theinternet to gamble (11 per cent compared with 4 per cent overall).

Table 44. Internet-based gambling and land-based gambling among gamblers, by major demographic categories

Demographic characteristics	Percentage of gamblers (%)		
	Internet-based gambling only	Internet and land-based gambling	Land-based gambling only19
Gamblers overall (excluding respondents who *only* bought lotterytickets or did non-predefined activities)[25] (n=1,479)	**4**	**14**	**82**
Gender			
Male (n=767)	6*	20*	74
Female (n=712)	1	8	91*
Age group			
18 to 24 years (n=145)	8+	27+	65-
25 to 34 years (n=186)	5	23+	72-
35 to 44 years (n=177)	3	19	78
45 to 54 years (n=205)	3	12	85
55 to 64 years (n=333)	3	7-	90+
65 years and over (n=433)	3	7-	90+
Marital status			
Married or living with partner (n=853)	4	13	84
Separated or divorced or widowed (n=228)	3	7-	90+
Single (n=386)	4	19+	76-
Household structure			
Single person (n=318)	5	11	84
One parent family with children (n=106)	1	20	79
Couple with children (n=348)	4	14	81
Couple with no children (n=518)	3	12	85
Group household (n=145)	3	22+	76
Work status			
Working (n=792)	4	17+	78-
Studying (full/part-time) (n=47)	4	17	78
Not working or studying (n=639)	3	9-	88+
Education			
Less than year 12 (n=369)	2-	12	86
Completed year 12 (n=273)	3	18	79
A trade, technical certificate, or diploma (n=452)	4	14	82
University degree (n=373)	6+	13	81
Annual personal income			
Nil or negative (n=48)	3	11	86
$1 to $19,999 (n=183)	2	9-	89+
$20,000 to $39,999 (n=377)	4	12	84
$40,000 to $59,999 (n=229)	2	15	83
$60,000 to $79,999 (n=202)	5	18	77
$80,000 to $119,999 (n=179)	4	17	79
$120,000 or more (n=103)	7	21	72-
Refused/Don't know (n=158)	2	12	87

[25] Land-based gambling includes in-person gambling at venues and placing bets via phone calls.

Demographic characteristics	Percentage of gamblers (%)		
	Internet-based gambling only	Internet and land-based gambling	Land-based gambling only19
Location			
Hobart (n=632)	3	16	81
Launceston and North East (n=432)	4	14	82
South East (n=77)	11+	7	82
West and North West (n=338)	2-	15	84
Aboriginal and/or Torres Strait Islander origin			
Yes (n=75)	4	19	77
No (n=1,393)	4	14	82
Speaks language other than English (LOTE) at home			
LOTE (n=26)	–	14	86
English only (n=1,452)	4	14	82

Base: Respondents who participated in at least one gambling activity, excluding those who only participated in lottery ticket buying or 'other' gambling activities (n=1,479) [Internet-based gambling determined by participation in one or more one of the five online activities: betting on horse or greyhound races, by placing bets online or with a mobile app; betting on sporting events, by placing bets online or with a mobile app; betting on a non-sporting event, such as who will win an Academy Award, a political event, or a reality TV show, by placing bets online or with a mobile app; playing casino games, such as Blackjack, Roulette, or pokies, on the internet (including via a mobile phone), for money rather than points; or playing poker games online, for money rather than points. Land-based gambling determined by participation in any other gambling activities, excluding lottery ticket buying or 'other' activity (not pre-coded at Q1).]

8 PROBLEM GAMBLING

8.1 OVERVIEW

In order to assess the prevalence and risk of problem gambling, respondents who participated in at least one gambling activity in the 12 months before COVID-19 were asked the nine-item Problem Gambling Severity Index (PGSI) questions. The PGSI is a subset of questions drawn from the larger Canadian Problem Gambling Index questions; a standardised screening tool that is used widely in international and Australian gambling surveys.[26] Respondents were classified under the standard PGSI categories, based on their responses to the nine PGSI questions.

This section lists the percentage of respondents, and percentage of gamblers, classified under each PGSI category, and provides a breakdown of the responses to each PGSI question. The prevalence of at-risk gambling, by PGSI category, is compared with equivalent results from previous Tasmanian gambling prevalence surveys, as well as those from similar interstate surveys. A breakdown of PGSI categories by demographic characteristics is also provided.

An analysis of participation in activities by PGSI status, the frequency of participation by PGSI status, and moderate-risk and problem gambling prevalence among participants of each gambling activity follows. Next, is a discussion of gambling intensity, as measured by reported expenditure and PGSI status, EGM gambling preferences by PGSI status, and internet gambling prevalence by PGSI status.

The final section of this chapter reports on the 'predictors' of moderate-risk and problem gambling, based on two multivariate analyses. The first examined the demographic characteristics associated with moderate-and problem gambling, and the second examined the relationship between moderate-risk and problem gambling and participation in different gambling activities.

8.2 PROBLEM GAMBLING SEVERITY INDEX (PGSI) CATEGORIES

Problem gambling and level of risk for problem gambling was assessed based on responses to the PGSI. Specifically, each 'never' response received a score of zero, 'some of the time' received a score of one, 'most of the time' received a score of two and 'almost always' received a score of three, which accords to standard grading criteria. A total score was calculated by summing together all responses to the nine-item scale. Gamblers were subsequently split into one of four categories: problem gamblers, moderate-risk gamblers, low-risk gamblers or non-problem gamblers. It is important to note that the PGSI is a screening measure that requires people to reach a certain score before they are said to exhibit problem or moderate-risk gambling behaviour. Thus, it would be incorrect to interpret any score above zero on this measure as being indicative of 'some problems'. To do this would be diagnostically incorrect because, as with any measure, endorsing one out of eight symptoms does not mean that one has 1/8 of the illness or the disorder. A number of relevant symptoms or indicators would need to be present to classify someone as having a condition, and this includes problem gambling.

The following sub-sections list the overall results, by PGSI category, then a breakdown of the results for the nine PGSI questions.

8.2.1 PGSI categories overall

As listed in Table 45, the majority (86.4 per cent) of gamblers were classified as non-problem gamblers under the PGSI. Nine percent (9.1 per cent) of gamblers were considered low-risk gamblers, 3.7 per cent were moderate-risk gamblers, and 0.8 per cent were classified as problem gamblers.

Respondents classified as moderate-risk or problem gamblers comprised 2.1 per cent of the population (4.5 per cent of gamblers).

[26] Ferris, J. and Wynne, H. 2001. The Canadian Problem Gambling Index: Final report. CanadianCentre on Substance Abuse.

Table 45. PGSI risk categories

PGSI score	PGSI category	Percentage (%)	
		Respondents overall (n=5,009)	Gamblers(n=2,390)
–	Non-gamblers	52.9	–
0	Non-problem gamblers	40.7	86.4
1-2	Low-risk gamblers	4.3	9.1
3-7	Moderate-risk gamblers	1.7	3.7
8+	Problem gamblers	0.4	0.8
3+	**Moderate-risk and problem gamblers**	**2.1**	**4.5**

Base: All respondents (n=5,009); Respondents who participated in at least one gambling activity (n=2,390). [Derived PGSI categories].

8.2.2 Breakdown of the nine-item PGSI

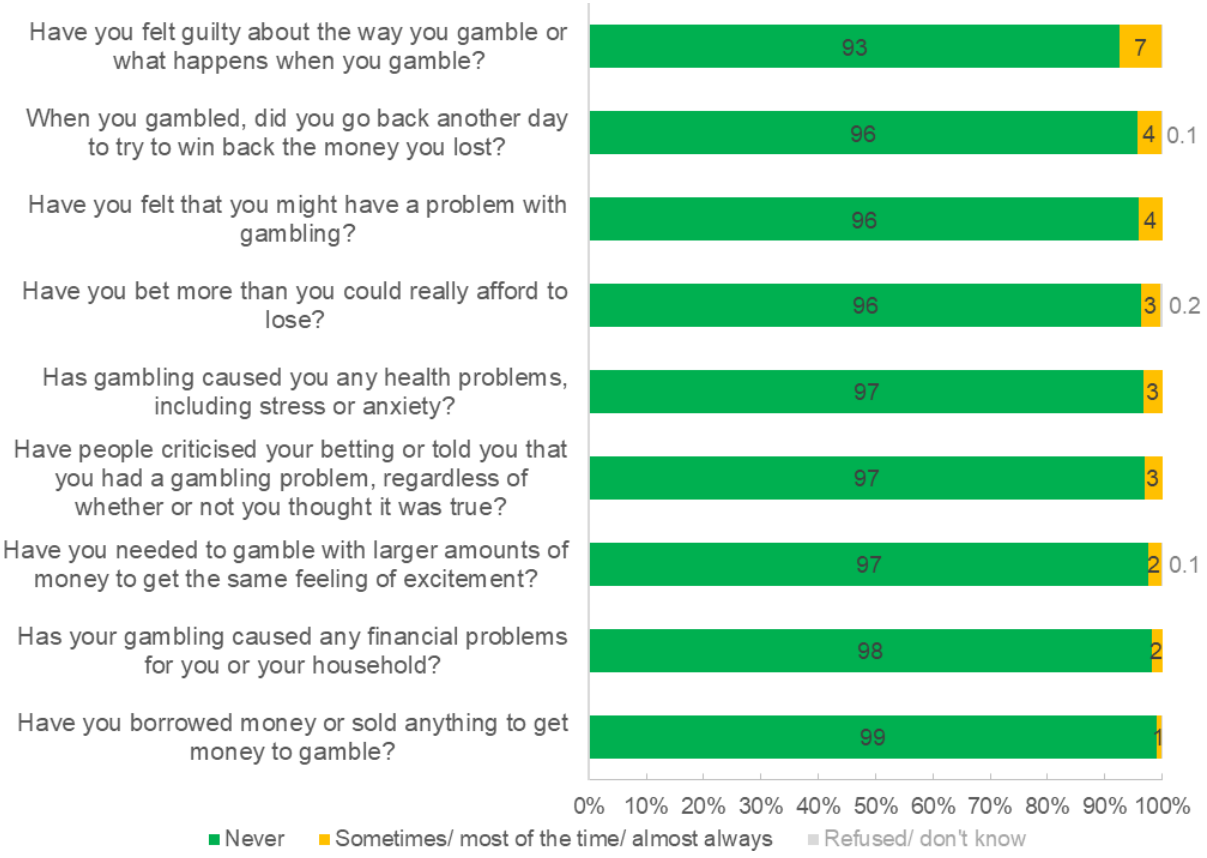
As illustrated in Figure 39, between 1 per cent and 7 per cent of gamblers indicated that they had experienced each of the PGSI items (‘sometimes’, ‘most of the time’, or ‘almost always’).

Of the nine PGSI items, feeling guilt as a result of gambling was most common. Seven percent (7 per cent) of gamblersindicated that they had felt gambling-related guilt in the 12 months before COVID-19 (6.2 per cent ‘sometimes’, 0.5 per cent ‘most of the time’, 0.7 per cent ‘almost always’).

Attempting to recoup gambling losses through more gambling, and feeling they might have a gambling problem, had each been experienced by 4 per cent of gamblers (respectively: 3.8 per cent ‘sometimes’, 0.2 per cent ‘most of the time’, 0.2 per cent ‘almost always’; and 3.5 per cent ‘sometimes’, 0.2 per cent ‘most of the time’, 0.4 per cent ‘almost always’).

The items least likely to be experienced were the consequences of personal or household financial problems (2 per cent), or borrowing money or selling possessions to gamble (1 per cent).

Figure 39. The nine-item PGSI questions. Thinking about the 12 months before COVID-19



Base: Respondents who had spent money on at least one gambling activity (n=2,390). *Q62-Q70. Thinking about the 12 months before COVID-19…*

8.3 COMPARISONS WITH PREVIOUS TASMANIAN SURVEYS

Due to the changes in sample source and weighting design (see Chapter 3, Methodology), the differences between the current and previous survey results should be interpreted with caution.

Overall, gambling prevalence in Tasmania has been declining since 2011 (64.8 per cent in 2011, to 47.1 per cent in 2020), with rates of low-risk to problem gambling correspondingly decreasing, as listed in Table 46. Between 2011 and 2020 moderate-risk and problem gambling prevalence reduced from 2.4 per cent to 2.1 per cent.

Compared with 2017, 2020 saw a significantly lower percentage of non-problem gamblers (40.7 per cent, from 51.8 per cent in 2017) and a significantly higher percentage of non-gamblers (52.9 per cent, from 41.5 per cent). The rate of moderate-risk and problem gambling combined remained relatively constant from 2017 to 2020 (2.0 per cent and 2.1 per cent respectively).However, moderate-risk gambling prevalence increased slightly (from 1.4 per cent to 1.7 per cent), while problem gambling decreased slightly (0.6 per cent to 0.4 per cent).[27]

Table 46. PGSI categories over time

PGSI category	Percentage of respondents overall (%)				2020 Standard error (%)
	2011 (n=4,303)	2013 (n=5,000)	2017 (n=5,000)	2020 (n=5,009)	
Non-gamblers	35.2	38.8	41.5	52.9+	0.8
Non-problem gamblers	56.7	54.9	51.8	40.7-	0.8
Low-risk gamblers	5.2	3.9	4.8	4.3	0.3
Moderate-risk gamblers	1.6	1.8	1.4	1.7	0.2
Problem gamblers	0.7	0.5	0.6	0.4	0.1
Moderate-risk and problem gamblers	**2.4**	**2.4**	**2.0**	**2.1**	0.2

Base: Respondents overall. [Derived PGSI categories.] Source of 2011-2017 data: Fourth Social and Economic Impact Study of Gambling in Tasmania Report (2017). Differences between 2017 and 2020 were tested for statistical significance at the 95% confidence level.

8.4 COMPARISONS WITH OTHER RECENT MAJOR PREVALENCE STUDIES

Comparisons with other states should also be interpreted with caution, given the differences in sample design, years conducted, and the larger samples obtained in other state surveys. It was earlier noted that the response rate is comparable to the recent Victorian prevalence study, but the consent rate appears to be considerably higher. The high consent rate for Tasmania is possibly due to the COVID induced limitations on people's activities and may have created a greater willingness to take part in surveys

Of the four states included in Table 47, Tasmania had the lowest prevalence rates recorded for all three gambling-risk categories: low-risk, moderate-risk and problem gambling. Low-risk gambling prevalence was highest in Victoria (6.7 per cent compared with 4.3 per cent in Tasmania). Moderate-risk and problem gambling rates were highest in New South Wales (2.8 per cent and 1.0 per cent respectively, compared with 1.7 per cent and 0.4 per cent in Tasmania).[28]

[27] These differences did not reach statistical significance.

[28] These differences were significant at the 95% confidence level.

Table 47. PGSI categories compared with other recent, Australian state-based gambling prevalence studies

Prevalence survey details		(n=)	Percentage of respondents overall (%)					Sampling frame
		Sample size	Non-gamblers	Non-problem gamblers	Low-risk gamblers	Moderate-risk gamblers	Problem gamblers	
a.	**South Australia**,2018 (ENGINE and SA Centre for EconomicStudies)	20,017	35.3	57.2	4.6	2.2	0.7	Dual frame (50% landline, 50% mobile)
b.	**Victoria**, 2018-19 (ENGINE and Central Queensland University)	10,638	31.0	59.2	6.7	2.4	0.7	Dual frame (50% landline, 50% mobile)
c.	**New South Wales,** 2019 (ENGINE and Central Queensland University)	10,012	46.7	42.9	6.6	2.8	1.0	Dual frame (30% landline, 70% mobile)
Tasmania, 2020 (ENGINE and SA Centre forEconomic Studies)		**5,009**	**52.9**[abc]	**40.7**[abc]	**4.3**[bc]	**1.7**[abc]	**0.4**[abc]	**100% IPND (100% mobile?)**

Base: Respondents overall. [Derived PGSI categories.] (Reports for the listed South Australian, Victorian and New South Wales gambling prevalence surveys are all publicly available.) Differences between the results from this survey and the results from other states' surveys were tested for statistical significance at the 95% confidence level. Significant differences are marked with superscript 'a' for SA 2018,'b' for Vic 2018-19, and 'c' for NSW, 2019. All differences reached statistical significance, with the exception of the result for low-risk gambling prevalence in SA, 2018, compared with low-risk gambling prevalence in Tas, 2020.

8.5 PGSI CLASSIFICATIONS BY DEMOGRAPHIC CHARACTERISTICS

Men were significantly more likely than women to be categorised in all three PGSI risk categories from low-risk to problem gambler, as listed in Table 48. One in 20 men (5.2 per cent) were classified as low-risk gamblers under the PGSI (compared with 3.4 per cent of women); and 3.0 per cent were classified as moderate-risk or problem gamblers (compared with 1.3 per cent of women).

Younger adults, particularly in the 25-34 years age group, were more likely than older adults to be moderate-risk or problem gamblers (3.4 per cent of 25-34 year olds, significantly more than the 2.1 per cent overall).

Singles were also significantly more likely than other respondents to be classified as moderate-risk or problem gamblers (3.5 per cent). In contrast, respondents in married or in de facto relationships were significantly less likely to be moderate-risk or problem gamblers (1.3 per cent).

Moderate-risk and problem gambling prevalence was also significantly higher among respondents with a trade qualification or diploma (3.0 per cent compared with 2.1 per cent overall).

Table 48. PGSI classifications by major demographic characteristics

Demographic characteristics	Percentage of respondents (%)				
	Non-problem gamblers	Low-risk gamblers	Moderate-risk gamblers	Problem gamblers	Moderate-risk and problem gamblers combined
Overall (n=5,009)	**40.7**	**4.3**	**1.7**	**0.4**	**2.1**
Gender					
Male (n=2,389)	41.2	5.2*	2.4*	0.6*	3.0*
Female (n=2,620)	40.1	3.4	1.1	0.2	1.3
Age group					
18 to 24 years (n=458)	23.7-	7.0+	2.1	0.8	2.9
25 to 34 years (n=594)	32.1-	4.3	2.6	0.8	3.4+
35 to 44 years (n=564)	38.4	5.3	1.8	0.4	2.2
45 to 54 years (n=681)	45.6+	4.0	1.5	0.3	1.8
55 to 64 years (n=1,001)	50.5+	3.2	2.4	0.2	2.6
65 years and over (n=1,711)	44.0+	3.5	0.8-	0.2	0.9-
Marital status					
Married or living with partner (n=2,910)	44.4+	2.9-	1.1-	0.2-	1.3-
Separated or divorced or widowed (n=801)	46.2+	4.8	2.2	0.4	2.6
Single (n=1,267)	30.9-	6.7+	2.8+	0.8+	3.5+
Household structure					
Single person (n=1,164)	39.0	4.7	2.8+	0.7	3.5+
One parent family with children (n=332)	34.3-	7.2+	2.4	1.2+	3.5
Couple with children (n=1,172)	41.3	2.8-	1.3	0.3	1.5
Couple with no children (n=1,781)	45.1+	3.5	1.0-	0.2	1.1-
Group household (n=430)	34.3-	7.5+	2.1	0.5	2.6
Work status					
Working (n=2,447)	42.6+	4.3	1.6	0.4	2.0
Studying (full/part-time) (n=227)	20.7-	4.5	1.7	0.7	2.3
Not working or studying (n=2,323)	40.9	4.2	1.9	0.4	2.3
Education					
Less than year 12 (n=1,031)	47.3+	5.2	1.8	0.6	2.3
Completed year 12 (n=815)	41.2	5.9+	2.1	0.4	2.5
A trade, technical certificate, or diploma (n=1,321)	46.1+	4.4	2.5+	0.5	3.0+
University degree (n=1,813)	33.0-	3.1-	1.0-	0.2	1.3-
Annual personal income					
Nil or negative (n=216)	32.0-	2.8	1.8	0.3	2.1
$1 to $19,999 (n=703)	34.4-	4.0	2.0	0.2	2.2
$20,000 to $39,999 (n=1,247)	39.2	5.9+	1.9	0.7	2.6
$40,000 to $59,999 (n=722)	40.9	4.8	2.0	0.2	2.2
$60,000 to $79,999 (n=570)	49.5+	3.0	2.3	0.3	2.6
$80,000 to $119,999 (n=541)	46.6+	3.4	1.7	-	1.7
$120,000 or more (n=334)	49.1+	2.5	1.4	0.7	2.1
Refused/Don't know (n=676)	34.9-	4.4	0.4-	0.7	1.1
Location					
Hobart (n=2,265)	37.2-	4.6	1.5	0.3	1.9
Launceston and North East (n=1,360)	43.1	5.4+	1.5	0.5	2.0
South East (n=340)	40.5	2.4	2.9	0.5	3.4
West and North West (n=1,044)	44.9+	3.0-	2.0	0.4	2.4

Demographic characteristics	Percentage of respondents (%)				
	Non-problem gamblers	Low-risk gamblers	Moderate-risk gamblers	Problem gamblers	Moderate-risk and problem gamblers combined
Aboriginal and/or Torres Strait Islander origin					
Yes (n=203)	47.4	6.8	2.0	0.4	2.4
No (n=4,773)	40.4	4.1	1.7	0.4	2.1
Speaks language other than English (LOTE) at home					
LOTE (n=252)	16.5	3.2	0.5	-	0.5
English only (n=4,756)	42.3*	4.4	1.8	0.4	2.2

Base: Respondents overall (n=5,009). [Derived PGSI categories].

8.6 PARTICIPATION IN ACTIVITIES BY PGSI STATUS

Moderate-risk and problem gamblers were significantly more likely than gamblers overall to have participated in each gambling activity in the 12 months before COVID-19, except lottery ticket buying and betting on non-sporting events (and 'other' gambling activities, which none reported doing). Participation in each activity by PGSI status is listed in Table 49.

Two-thirds (67 per cent) of moderate-risk and problem gamblers had played TasKeno, compared with 36 per cent of gamblers overall. Almost four in ten (39 per cent) had bought scratchies, compared with 23 per cent of gamblers overall.

Over half (54 per cent) of moderate-risk and problem gamblers had played EGMs, compared with a fifth (20 per cent) of gamblers overall.

A third (34 per cent) moderate-risk and problem gamblers had placed racing bets, and a third (34 per cent) had bet on sportingevents, compared with 14 per cent and 8 per cent of gamblers overall, respectively.

Buying lottery tickets was the only activity that non-problem gamblers were significantly more likely to have done than gamblers overall (79 per cent compared with 78 per cent).

Table 49. Participation in activities, by PGSI status

Gambling activity	Percentage of gamblers (%)					
	Gamblers overall (n=2,390)	Non-problem gamblers (n=2,080)	Low-risk gamblers (n=203)	Moderate-risk gamblers (n=87)	Problem gamblers (n=20)	Moderate-risk and problem gamblers (n=107)
Bought lottery tickets either online or inperson	**78**	79+	68-	76	64	**74**
Played TasKeno	**36**	34-	38	68+	63	**67+**
Bought instant scratchies	**23**	21-	34+	38+	42	**39+**
Played EGMs	**20**	16-	36+	54+	53	**54+**
Bet on horse or greyhound races	**14**	12-	25+	29+	51	**34+**
Bet on sporting events	**8**	6-	21+	31+	43	**34+**
Played table games at a casino	**8**	6-	16+	26+	32	**27+**
Informal private betting for money	**7**	6-	14+	17+	30	**19+**
Played bingo	**2**	1-	3	5	16	**7+**
Bet on non-sporting events	**1**	1-	3+	2	8	**3**
Played casino games on the internet formoney rather than points	**1**	1-	3+	10+	17	**11+**
Played poker games online for money ratherthan points	**1**	0.4-	4+	9+	17	**10+**
Participated in 'other' gambling activity	**1**	1	2+	–	–	**–**

Base: Respondents who had participated in at least one gambling activity (n=2,390). [Derived PGSI categories].

8.7 FREQUENCY OF PARTICIPATION BY PGSI STATUS

The frequency of participation in gambling, by PGSI category, is discussed in this section. Firstly, for gambling overall, then for the individual gambling activities.

8.7.1 Frequency of gambling participation by PGSI status

Not surprisingly, the frequency of gambling participation increased with PGSI risk level. Non-problem gamblers were significantly more likely than gamblers overall to gamble less than once a month (44 per cent compared with 41 per cent). Moderate-risk and problem gamblers were more than twice as likely as gamblers overall to gamble once a week or more (64 per cent compared with 31 per cent).

As listed in Table 50, the average number of times that moderate-risk and problem gamblers had gambled (on all forms of gambling activities) in the 12 months before COVID-19 was significantly higher than the average number for gamblers overall (150 compared with 40).

Table 50. Frequency of gambling participation, by PGSI status

	Percentage of gamblers (%)			Mean
	Less than once a month	1 to 3 times a month	Once a week or more	Number of times in the year
Gamblers overall (n=2,386)	**41**	**28**	**31**	**40**
Non-problem gamblers (n=2,076)	44+	28	28-	32-
Low-risk gamblers (n=203)	26-	34	40+	60+
Moderate-risk gamblers (n=87)	14-	26	60+	122+
Problem gamblers (n=20)	11	5	80	280
Moderate-risk and problem gamblers (n=107)	**13-**	**22**	**64+**	**150+**

Base: Respondents who participated in at least one gambling activity who provided details on the frequency of their participation in the activities that they participated in (n=2,386). [Sum of frequencies of all activities participated in, by derived PGSI categories]. Mean refers to the most common value

8.7.2 Frequency of participation in activities by PGSI status

The frequency of participation also increased with PGSI status for all five of the most popular activities (with larger sample sizes): playing EGMs, race betting, buying lottery tickets, buying scratchies, and playing TasKeno.

As listed in Table 51, the average number of times that moderate-risk and problem gamblers had participated in each of these activities was significantly higher than the overall average:

- 36 times, compared with 14 times for EGM players overall
- 129 times, compared with 37 times for race bettors overall
- 43 times, compared with 25 times for lottery ticket buyers overall
- 16 times, compared with 10 times for instant scratchie buyers overall
- 29 times, compared with 14 times for TasKeno players overall.

Table 51. Frequency of participation in activities, by PGSI status

Gambling activity	Percentage of respondents who participated in the activity (%)			Mean
	Less than once a month	1 to 3 times a month	Once a week or more	Number of times in the year
Played EGMs (n=446)	**64**	**27**	**8**	**14**
Non-problem gamblers (n=317)	73+	21-	6-	11-
Low-risk gamblers (n=70)	52-	43+	5	13
Moderate-risk gamblers (n=49)	32-	42+	27+	36+
Problem gamblers (n=10)	25	42	32	39
Moderate-risk and problem gamblers (n=59)	30-	42+	28+	36+
Bet on horse or greyhound races (n=325)	**53**	**24**	**23**	**37**
Non-problem gamblers (n=236)	61+	24	15-	19-
Low-risk gamblers (n=52)	36-	30	34	55
Moderate-risk gamblers (n=28)	30	21	49	82
Problem gamblers (n=9)	10	–	90	255
Moderate-risk and problem gamblers (n=37)	25-	15	60+	129+
Bought lottery tickets either online or in person (n=1,870)	**44**	**27**	**29**	**25**
Non-problem gamblers (n=1,659)	45+	26	29	25
Low-risk gamblers (n=136)	38	32	30	25
Moderate-risk gamblers (n=63)	34	33	33	39+
Problem gamblers (n=12)	24	24	52	61
Moderate-risk and problem gamblers (n=75)	32	32	36	43+
Bought instant scratchies (n=545)	**73**	**20**	**6**	**10**
Non-problem gamblers (n=444)	77+	18-	6	9-
Low-risk gamblers (n=65)	65	27	7	14
Moderate-risk gamblers (n=29)	52	36	12	16
Problem gamblers (n=7)	44	38	18	17
Moderate-risk and problem gamblers (n=36)	50-	37+	13	16+
Played TasKeno (n=798)	**68**	**23**	**9**	**14**
Non-problem gamblers (n=651)	71+	20-	8-	12-
Low-risk gamblers (n=78)	61	30	9	19
Moderate-risk gamblers (n=58)	38-	43+	19+	28+
Problem gamblers (n=11)	36	37	26	37
Moderate-risk and problem gamblers (n=69)	38-	42+	20+	29+
Played bingo (n=40)	**47**	**23**	**30**	**27**
Non-problem gamblers (n=25)	50	13	37	32
Low-risk gamblers (n=7)	50	31	19	17
Moderate-risk gamblers (n=5)	65	18	18	13
Problem gamblers (n=3)	–	100	–	15
Moderate-risk and problem gamblers (n=8)	37	53	10	14
Played table games at a casino (n=162)	**89**	**9**	**2**	**5**
Non-problem gamblers (n=104)	92	7	1	4-
Low-risk gamblers (n=30)	96	4	–	3-
Moderate-risk gamblers (n=22)	73	24	4	17
Problem gamblers (n=6)	66	21	13	11
Moderate-risk and problem gamblers (n=28)	71	23	6	16

Gambling activity	Percentage of respondents who participated in the activity (%)			Mean
	Less than once a month	1 to 3 times a month	Once a week or more	Number of times in the year
Bet on sporting events (n=172)	**50**	**28**	**22**	**28**
Non-problem gamblers (n=99)	56	24	20	22
Low-risk gamblers (n=38)	47	37	17	44
Moderate-risk gamblers (n=27)	36	36	28	23
Problem gamblers (n=8)	27	10	64	43
Moderate-risk and problem gamblers (n=35)	34	30	37+	28
Bet on non-sporting events (n=30)	**97**	**3**	**–**	**3**
Non-problem gamblers (n=19)	100	–	–	2
Low-risk gamblers (n=7)	100	–	–	2
Moderate-risk gamblers (n=2)	100	–	–	1
Problem gamblers (n=2)	47	53	–	21
Moderate-risk and problem gamblers (n=4)	76	24	–	10
Played casino games on the internet for money rather than points (n=20)	**55**	**16**	**28**	**29**
Non-problem gamblers (n=4)	87	–	13	7
Low-risk gamblers (n=7)	34	23	43	43
Moderate-risk gamblers (n=6)	58	31	12	16
Problem gamblers (n=3)	39	–	61	67
Moderate-risk and problem gamblers (n=9)	52	21	27	32
Played poker games online for money rather than points (n=19)	**47**	**34**	**19**	**34**
Non-problem gamblers (n=5)	44	29	27	34
Low-risk gamblers (n=4)	41	59	–	10
Moderate-risk gamblers (n=7)	50	25	25	66
Problem gamblers (n=3)	61	–	39	22
Moderate-risk and problem gamblers (n=10)	53	18	29	53
Informal private betting for money (n=138)	**75**	**16**	**9**	**13**
Non-problem gamblers (n=97)	80	15	5-	7-
Low-risk gamblers (n=24)	69	22	9	12
Moderate-risk gamblers (n=11)	73	16	11	35
Problem gamblers (n=6)	22	14	64	75
Moderate-risk and problem gamblers (n=17)	55	16	29	49

Base: Respondents who participated in the gambling activity and provided details on the frequency of their participation. [Frequency question per activity] *In the 12 months before COVID-19, how often did you [participate in the activity?* [Derived PGSI categories].

8.8 MODERATE-RISK AND PROBLEM GAMBLING AMONG PARTICIPANTS IN GAMBLING ACTIVITIES

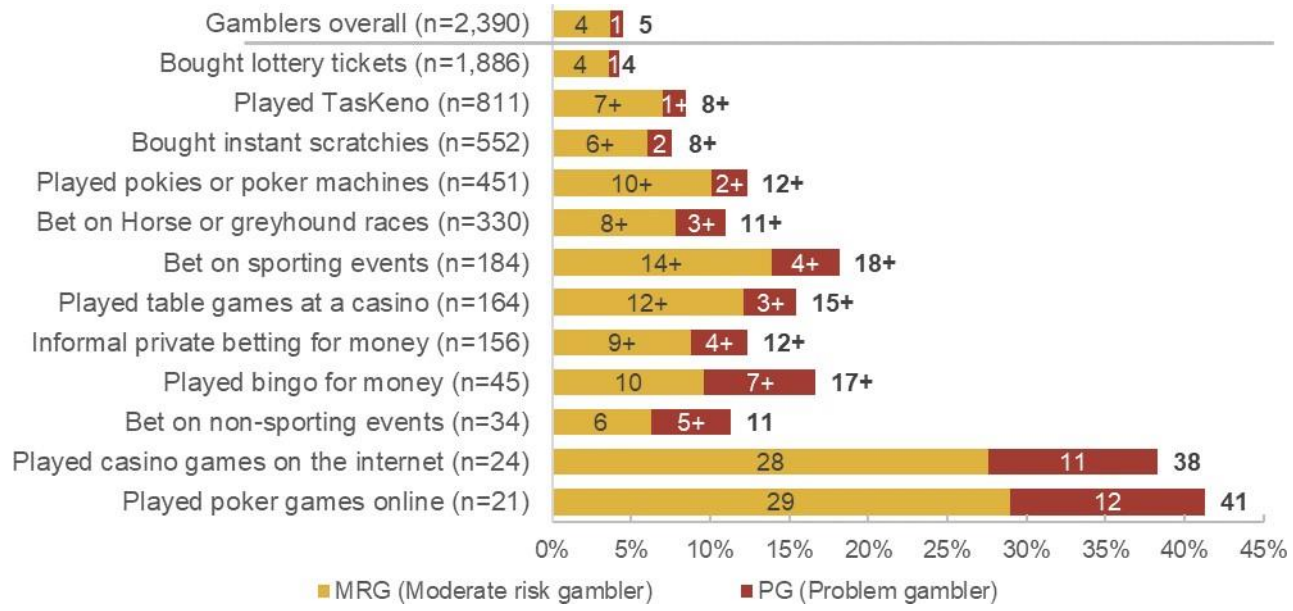
Moderate-risk and problem gambling prevalence was lowest among participants in the most popular gambling activity, lottery ticket buying (4 per cent), and highest among participants of the less common activities, online casino games (38 per cent) and online poker (41 per cent), as shown in Figure 40. However, due to the small samples of online casino game players (n=24) and online poker players (n=21), these differences did not reach statistical significance.

Eighteen percent (18 per cent) of sports bettors were categorised as moderate-risk and problem gamblers under the PGSI. This was significantly higher than the equivalent figure (5 per cent) among gamblers overall.

Moderate-risk and problem gambling prevalence was also significantly higher among bingo players (17 per cent), and in-venue casino table game players (15 per cent, compared with 5 per cent among gamblers overall).

Twelve percent (12 per cent) of EGM players, and informal private bettors, were classified as moderate-risk and problem gamblers. These rates were also significantly higher than the overall prevalence of moderate-risk and problem gambling among gamblers generally (5 per cent).

Figure 40. Moderate-risk and problem gambling among gambling activity participants



Base: Respondents who participated in the gambling activity. [Derived PGSI categories].

8.9 GAMBLING INTENSITY: EXPENDITURE BY PGSI

As previously discussed in Section *7.2* Gambling expenditure, the problematic nature of respondent-reported gambling expenditure data means that it can be used as a proxy for gambling volume or intensity (rather than an actual quantification of money lost to gambling). Using expenditure as an indication of gambling intensity, this section summarises the median and annual expenditure, per gambling activity, as reported by respondents. Respondents are grouped by PGSI category.

8.9.1 Expenditure per session on activities, by PGSI

For all individual gambling activities, apart from bingo, the reported median expenditure per gambling session was higher for respondents classified as moderate-risk and problem gamblers than for participants in the activity overall.

As listed in Table 52, the activity with the highest median session expenditure, for both participants overall and moderate-risk and problem gamblers, was playing table games at a casino. The median expenditure reported by moderate-risk and problem gamblers who played in-venue casino table games was $200, compared with $75 for casino table game players overall.

The median reported session expenditure for EGM players increased from $30 for EGM players overall, to $100 for EGM players categorised as moderate-risk and problem gamblers.

Bingo was the only gambling activity for which the median amount spent per session by non-problem gamblers was higher than the median amount spent by bingo players overall ($28 compared with $25).

Table 52. Median expenditure per session for each gambling activity, by PGSI status

Gambling activity	Median dollar amount spent by participants in activity ($)					
	Activity participants overall	**Non-problem gamblers**	**Low-risk gamblers**	**Moderate-risk gamblers**	**Problem gamblers**	**Moderate-risk and problem gamblers**
Played table games at a casino (n=160)	**$75**	$50	$100	$200	$500	**$200**
Played EGMs (n=438)	**$30**	$20	$30	$100	$200	**$100**
Played casino games on the internet for money rather than points (n=19)	**$30**	$10	$20	$30	$150	**$50**
Played poker games online for money rather than points (n=20)	**$30**	$3	$30	$30	$50	**$50**
Played bingo for money (n=42)	**$25**	$28	$15	$20	$30	**$20**
Bet on Horse or greyhound races, via the internet (n=144)[29]	**$20**	$20	$20	$50	$50	**$50**
Bet on sporting events (n=178)	**$20**	$20	$20	$25	$50	**$25**
Informal private betting for money (n=145)	**$20**	$15	$30	$20	$100	**$20**
Bought lottery tickets either online or in person (n=1,863)	**$18**	$17	$17	$20	$40	**$25**
Played TasKeno (n=804)	**$10**	$10	$10	$20	$30	**$20**
Bet on non-sporting events (n=30)	**$10**	$10	$30	$50	$100	**$50**
Bought instant scratchies (n=548)	**$9**	$5	$9	$10	$15	**$10**

Base, per row: Respondents who participated in the gambling activity and provided session spend data. [Question asked per gambling activity, regarding the 12 months before COVID-19] *How much money, ON AVERAGE, did you SPEND on [gambling activity] during A TYPICAL [session].*

8.9.2 Total expenditure per year, by PGSI

As mentioned in Section 7.2.2 Expenditure by activity, per year, annual expenditure can provide an indication of gambling intensity that takes into account both session spend, and the frequency of participation.

The largest annual median amount reportedly spent by moderate-risk and problem gamblers on an individual activity was $2,600, on race betting. This was over ten times the annual median amount spent by race bettors overall ($240), as listed in Table 53.

The second largest annual median amount spent by moderate-risk and problem gamblers was associated with EGM playing ($2,400). This median amount was 20 times greater than the annual median for EGM players overall ($120).

Moderate-risk and problem gamblers spent a total median amount of $2,640, across all their gambling activities over the twelve-month period. This was over ten times the equivalent spent by gamblers overall ($240).

There was also a noticeable increase in the median total annual gambling expenditure of problem gamblers, compared with moderate-risk gamblers. The median for problem gamblers was about four times that for moderate-risk gamblers ($10,060 compared with $2,580).

[29] Due to a routing error in the questionnaire, only respondents who had bet on races over the internet, using a computer or mobile device, were asked about their spend during a typical race betting session (n=148). Spend was not captured for race bettors who had *only* bet on races by other means (at tracks, clubs, TABs, or via phone calls), or who refused/didn't know how they placed their racing bets (n=182).

Table 53. Median annual expenditure for each gambling activity, and overall, by PGSI status

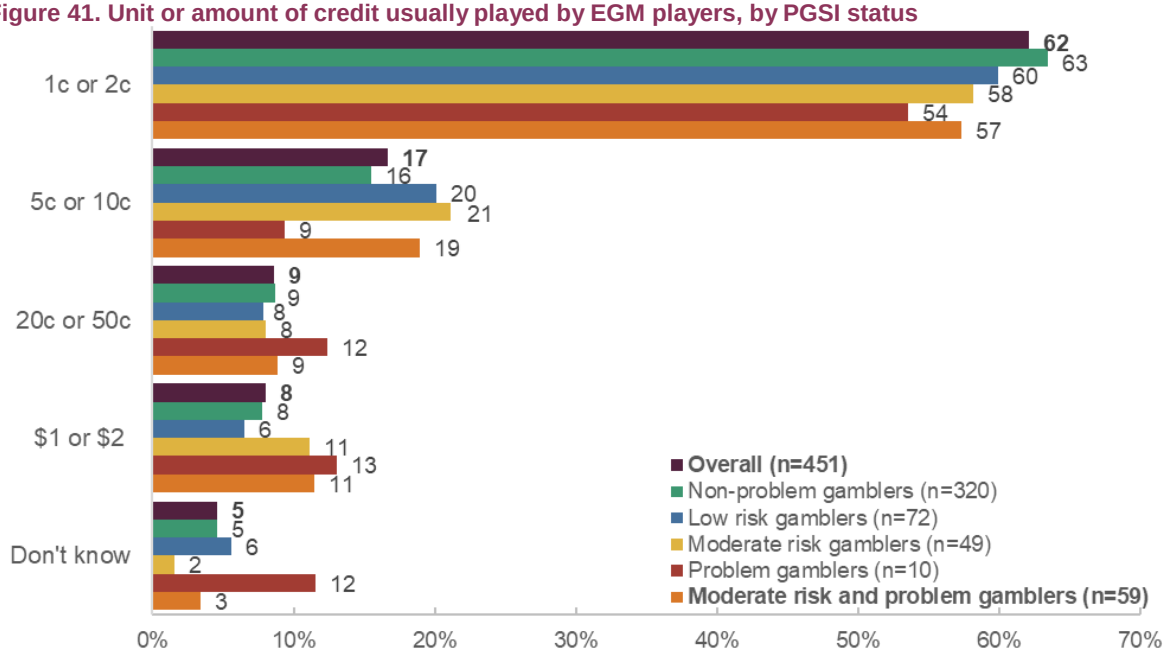
Gambling activity	Median annual dollar amount spent by participants ($)					
	Overall	Non-problem gamblers	Low-risk gamblers	Moderate-risk gamblers	Problem gamblers	Moderate-risk and problem gamblers
Played poker games online for money rather than points (n=20)	**$250**	$250	$360	$900	$200	**$900**
Bet on Horse or greyhound races, via the internet (n=144)[30]	**$240**	$150	$520	$2,600	$2,600	**$2,600**
Played bingo for money (n=42)	**$240**	$240	$45	$175	$600	**$240**
Played table games at a casino (n=160)	**$200**	$100	$200	$600	$2,000	**$600**
Bought lottery tickets (n=1,863)	**$180**	$180	$240	$360	$960	**$456**
Bet on sporting events (n=178)	**$150**	$100	$180	$600	$960	**$600**
Played pokies or poker machines (n=438)	**$120**	$100	$240	$1,200	$3,600	**$2,400**
Played casino games on the internet for money rather than points (n=19)	**$100**	$10	$360	$100	$7,800	**$200**
Played TasKeno (n=804)	**$50**	$40	$60	$312	$300	**$300**
Informal private betting for money (n=145)	**$45**	$30	$150	$60	$5,200	**$120**
Bought instant scratchies (n=548)	**$30**	$30	$48	$100	$300	**$120**
Bet on non-sporting events (n=30)	**$20**	$15	$45	$50	$3,600	**$50**
Gamblers overall (n=2,386) **- Total annual amount spent on all undertaken gambling activities**	**$240**	**$200**	**$537**	**$2,580**	**$10,060**	**$2,640**

Base, per activity row: Respondents who participated in the gambling activity, excluding 'refused'/'don't know' to frequency or expenditure; Base, final row: Respondents who had participated in at least one gambling activity, excluding 'refused'/'don't know' to frequency or expenditure for an activity. [Amount spend annually per respondent derived from frequency and expenditure per session questions, asked per gambling activity] In the 12 months before COVID-19, how often did you [participate in gambling activity]? How much money, ON AVERAGE, did you SPEND on [gambling activity] during A TYPICAL [session].

8.10 PGSI BY EGM GAMBLING PREFERENCES

Moderate-risk and problem gamblers were more likely than EGM players overall to gamble in higher units, at $1 or $2 per credit (11 per cent compared with 8 per cent). However, the difference did not reach statistical significance, as shown in Figure 41.

Figure 41. Unit or amount of credit usually played by EGM players, by PGSI status

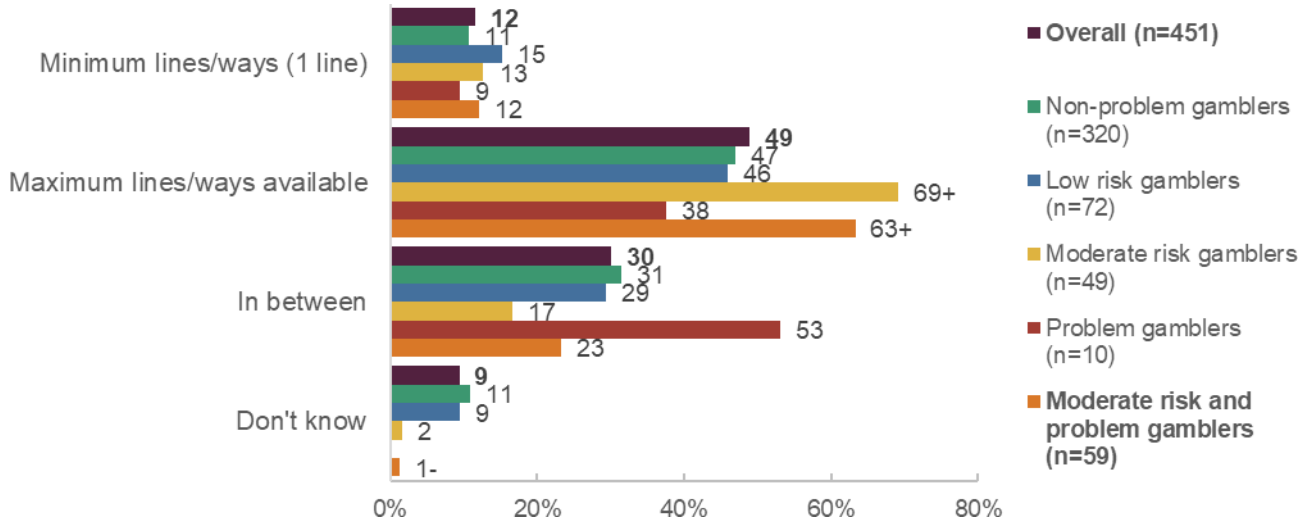


Base Respondents who spent money on EGMs (n=451). *Q7. What unit or amount of credit do you usually play (cents per credit)?*

[30] See previous footnote, on page 59.

Moderate-risk and problem gamblers were significantly more likely to play the maximum lines available (63 per cent compared with 49 per cent of EGM players overall), as shown in Figure 42.

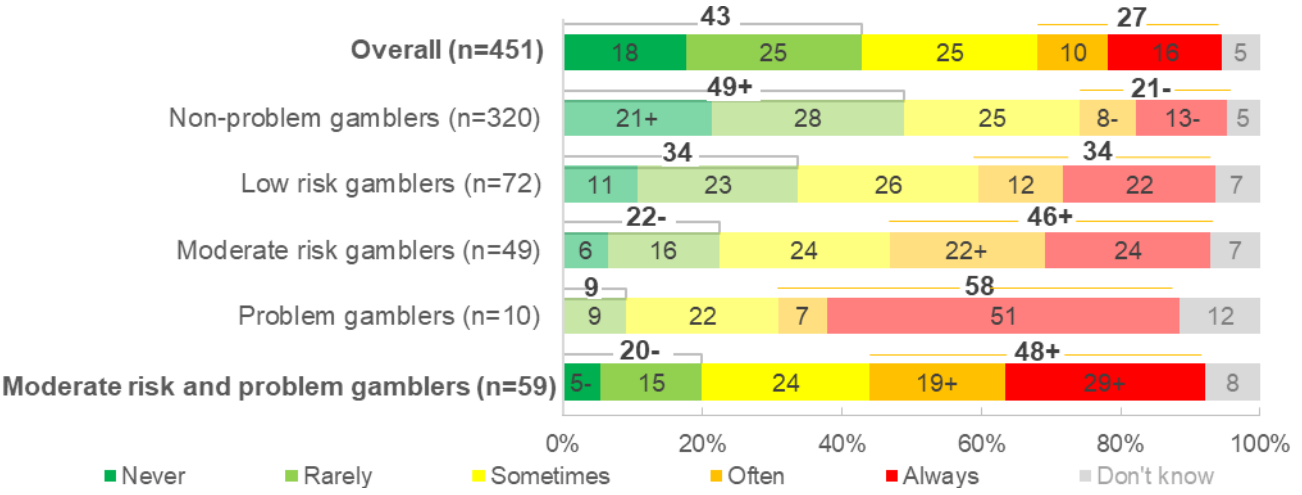
Figure 42. Maximum and minimum lines on EGMs, by PGSI status



Base: Respondents who spent money on EGMs (n=451). *Q8. Do you usually play…?*

The frequency of betting more than one credit per line increased with PGSI category risk-level, as shown in Figure 43. Almost half (48 per cent) of moderate-risk and problem gamblers bet multiple credits per line 'often' or 'always', compared with 27 per cent of EGM players overall. The difference was statistically significant.

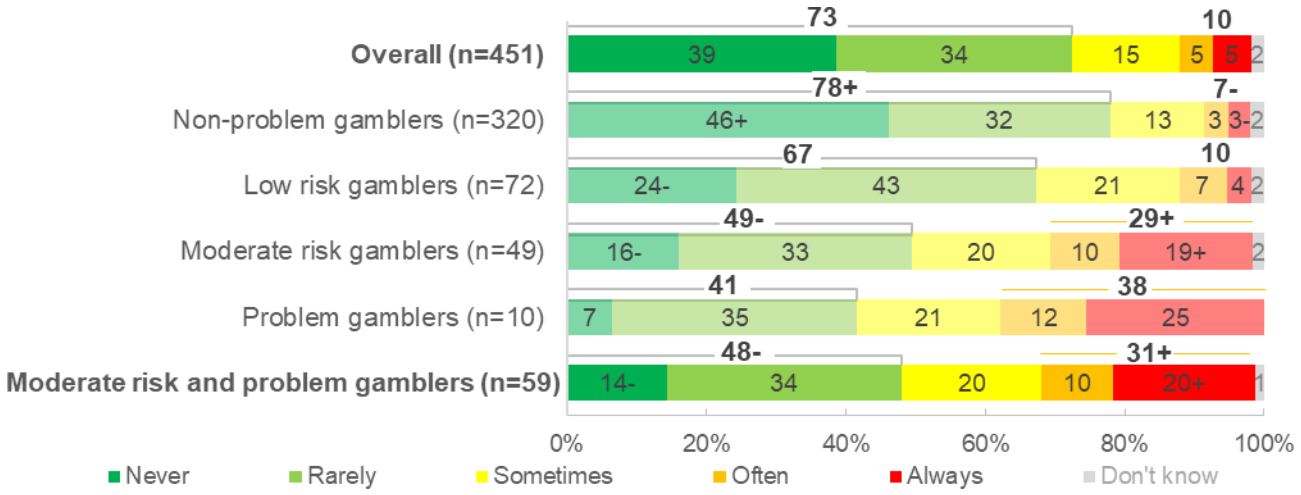
Figure 43. Frequency of betting more than one credit per line on EGMs, by PGSI status



Base: Respondents who spent money on EGMs (n=451). *Q9. How often do you bet more than one credit per line? Would you say…*

The frequency of betting more than $1 per spin also increased with PGSI category risk-level. Almost a third (31 per cent) of moderate-risk and problem gamblers 'often' or 'always' wagered more than $1 a spin, compared with 10 per cent of EGM players overall. This difference was also statistically significant.

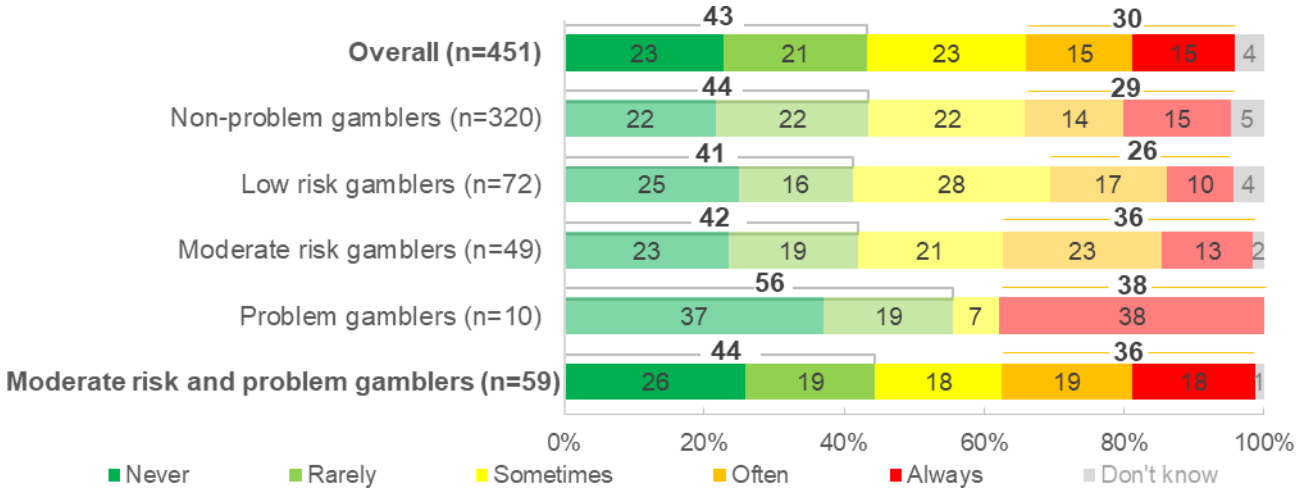
Figure 44. Frequency of spending more than $1 per spin on EGMs, by PGSI status



Base: Respondents who spent money on EGMs (n=451). *Q11. How often do you spend more than $1 per spin? Would you say…*

There were minimal differences between how often moderate-risk and problem gamblers played minimum credit with maximum lines per spin and how often this combination was played by EGM players overall (36 per cent compared with 30 per cent, for often/always), as shown in Figure 45.

Figure 45. Frequency of playing minimum credits with maximum lines/ways per spin on EGMs, by PGSI status



Base: Respondents who spent money on EGMs (n=451). *Q12. How often do you play minimum credit with maximum lines/ways per spin? Would you say…*

8.11 INTERNET GAMBLING AND PGSI STATUS

This section looks firstly at the rates of participation in each internet-based gambling activity, among respondents from each PGSI category; and secondly, at the prevalence of moderate-risk and problem gambling, among respondents who had participated in each internet-based gambling activity.

8.11.1 Participation in internet-based activities by PGSI status

Moderate-risk and problem gamblers were significantly more likely to be online gamblers than gamblers overall (41 per cent compared with 11 per cent). Notably, half (51 per cent) of problem gamblers had participated in online gambling activities during the 12 months before COVID-19. Thirty-nine per cent of moderate-risk gamblers had gambled online.

Moderate-risk and problem gamblers were more likely to participate in all five of the individual internet-based gambling activities, as listed in Table 54. The difference was statistically significant in all cases, except for betting on non-sporting events via the internet (4 per cent compared with 1 per cent of gamblers overall).

Over a quarter (26 per cent) of moderate-risk and problem gamblers had bet on sporting events via the internet, compared with 7 per cent of gamblers overall. Just under a fifth (19 per cent) had placed racing bets via the internet, compared with 6 per cent of gamblers overall.

Table 54. Participation in internet-based gambling activities, by PGSI status

Online gambling activity	Percentage of gamblers (%)					
	Gamblers overall (n=2,390)	Non-problem gamblers (n=2,080)	Low-risk gamblers (n=203)	Moderate-risk gamblers (n=87)	Problem gamblers (n=20)	Moderate-risk and problem gamblers (n=107)
Online gamblers overall (participated in at least one of the activities below)	**11**	**8-**	**28+**	**39+**	**51+**	**41+**
Betting on horse or greyhound races, by placing bets online or with a mobile app	**6**	5	17+	16+	30+	**19+**
Betting on sporting events, by placing bets online or with a mobile app	**7**	4-	19+	23+	40+	**26+**
Bet on a non-sporting event, such as who will win an Academy Award, a political event, or a reality TV show, by placing bets online or with a mobile app	**1**	1	2	2	10	**4**
Played casino games, such as Blackjack, Roulette, or pokies, on the internet (including via a mobile phone), for money rather than points (a)	**1**	1-	3+	10+	17	**11+**
Played poker games online for money rather than points	**1**	0.4-	4+	9+	17	**10+**

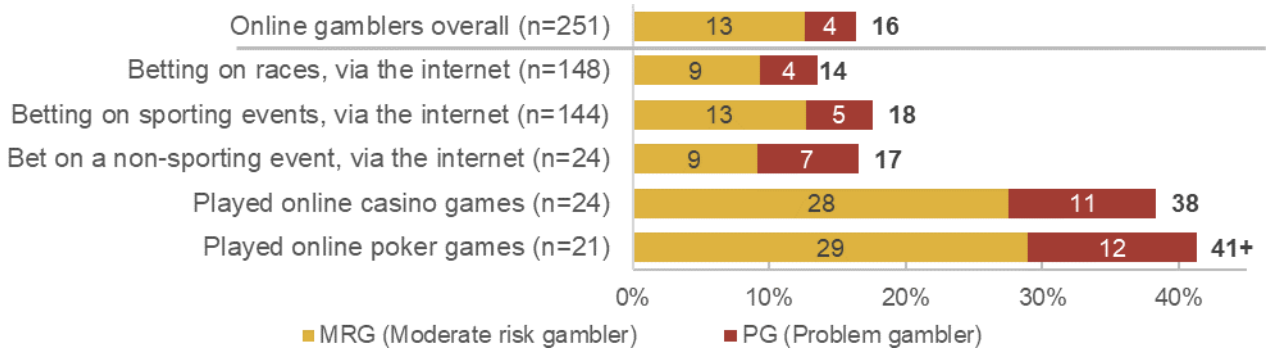
Base: Respondents who had participated in at least one gambling activity (n=2,390). [Derived PGSI categories].
(a) These are not able to be offered by operators licensed in Australia and hence this indicates gambling through an offshore website

8.11.2 Moderate-risk and problem gambling among participants in internet-based gambling activities

Sixteen percent (16 per cent) of online gamblers were classified as moderate-risk or problem gamblers, as shown in Figure 46.

Online poker players were significantly more likely to be moderate-risk or problem gamblers than online gamblers overall (41 per cent compared with 16 per cent).

Figure 46. Moderate-risk and problem gambling among internet-based gambling activity participants



Base: Respondents who participated in the internet-based gambling activity. [Derived PGSI categories].

8.12 PREDICTORS OF MODERATE-RISK AND PROBLEM GAMBLING

Two logistic regressions were conducted to explore the 'predictors' of moderate-risk and problem gambling. (See Section 6.1 Overview, for a summary of regression models and how to interpret the reported results.)

The first logistic regression model included demographic characteristics as independent variables. For the second, a binary variable was constructed for each gambling activity, to indicate participation versus non-participation, and these formed the independent variables. Both models used moderate-risk and problem gambling (combined) as the dependent variable.

8.12.1 Demographic predictors of moderate-risk and problem gambling

After taking into account all the other key demographic characteristics, men had 2.27 times greater odds than women to be classified as moderate-risk or problem gamblers.

As shown in Table 55, respondents aged 25-34 years were particularly at-risk; they were 6.68 times more likely to be moderate-risk or problem gamblers than respondents aged 65 years or older (who were least likely to be moderate/problem gamblers).

Being single was also a significant, independent 'predictor' of moderate-risk and problem gambling. Single respondents had 2.27 times the odds of being classified as moderate-risk or problem gamblers than those living with a spouse. Separated, divorced or widowed respondents had 2.28 times greater odds of being moderate-risk or problem gamblers than partnered respondents.

Another 'predictor' of moderate-risk and problem gambling was having a trade-level education. Respondents who had achieved a trade, technical certificate, or diploma had 1.98 times the odds of being moderate-risk or problem gamblers than university educated respondents.

Unemployed respondents were also at-risk and had 1.9 times greater odds than employed respondents to be scored as moderate-risk or problem gamblers.

Table 55. Odds ratio for demographic predictors of moderate-risk and problem gambling

Independent variable	Statistical significance(p)	Odds ratio	95% CI
Gender			
Male (n=2,389) ***	0.000	2.27	1.45 - 3.54
Female (n=2,620) *(Reference)*	–	1	-
Age group			
18 to 24 years (n=458) *	0.011	3.83	1.35 - 10.82
25 to 34 years (n=594) ***	0.000	6.68	2.82 - 15.79
35 to 44 years (n=564) **	0.007	3.50	1.41 - 8.68
45 to 54 years (n=681) *	0.016	3.01	1.23 - 7.37
55 to 64 years (n=1,001) **	0.001	3.78	1.71 - 8.36
65 years and over (n=1,711) *(Reference)*	–	1	-
Marital status			
Married or living with partner (n=2,910) *(Reference)*	–	1	-
Separated or divorced or widowed (n=801) *	0.013	2.28	1.19 - 4.35
Single (n=1,267) **	0.001	2.27	1.38 - 3.75
Work status			
Working (n=2,447) *(Reference)*	–	1	-
Studying (full/part-time) (n=227)	0.486	1.41	0.54 - 3.72
Not working or studying (n=2,323) *	0.027	1.90	1.08 - 3.37
Education			
Year 12 or less (n=1,846)	0.190	1.48	0.82 - 2.65
A trade, technical certificate, or diploma (n=1,321) *	0.016	1.98	1.14 - 3.43
University degree (n=1,813) *(Reference)*	–	1	-
Annual personal income			
Less than $20,000 (n=919) *(Reference)*	–	1	-
$20,000 to $39,999 (n=1,247)	0.319	1.37	0.74 - 2.55
$40,000 to $59,999 (n=722)	0.484	1.32	0.60 - 2.90
$60,000 to $79,999 (n=570)	0.208	1.68	0.75 - 3.77
$80,000 to $119,999 (n=541)	0.560	1.31	0.53 - 3.28
$120,000 or more (n=334)	0.410	1.52	0.56 - 4.12

Independent variable	Statistical significance(p)	Odds ratio	95% CI
Location			
Hobart (n=2,265)	0.790	0.93	0.53 - 1.62
Launceston and North East (n=1,360)	0.645	1.15	0.64 - 2.04
South East (n=340)	0.136	1.77	0.84 - 3.73
West and North West (n=1,044) *(Reference)*	–	1	-
Aboriginal and/or Torres Strait Islander origin			
Yes (n=203)	0.491	0.73	0.30 - 1.79
No (n=4,773) *(Reference)*	–	1	-
Speaks language other than English (LOTE) at home			
English only (n=4,756) *(Reference)*	–	1	-
LOTE (n=252)	0.098	0.26	0.05 - 1.28

Base: All respondents (n=5,009). Logistic regression model included 'Moderate-risk and problem gambling' (Y/N) as the dependent variable. Independent variables included key demographic variables. Statistical significance is indicated at three confidence levels: *p<0.05. **p<0.01, ***p<0.001

8.12.2 Activities associated with moderate-risk and problem gambling

The second regression model investigated the relationship between moderate-risk and problem gambling and participation in different gambling activities (Table 56).

Taking participation in other gambling activities into account, participation in sports betting was a significant 'predictor' of moderate-risk and problem gambling. Sports bettors had 3.76 times greater odds of being moderate-risk or problem gamblers than other gamblers.

EGM players were also significantly at-risk and had 3.04 times greater odds of being moderate-risk or problem gamblers than gamblers who had not played EGMs.

Respondents who had played TasKeno had 2.09 times greater odds of being moderate-risk or problem gamblers than gamblers who had not played TasKeno.

The two purely internet-based activities of online poker and casino games were each also significantly associated with moderate-risk and problem gambling. Even when taking participation in other gambling activities into account, respondents who had bet on online poker games had 4.47 times greater odds of being moderate-risk or problem gamblers than gamblers who had not bet on online poker games.

Similarly, respondents who had played online casino games for money had 3.77 times greater odds of being moderate-risk or problem gamblers than other gamblers.

Table 56. Odds ratio for moderate-risk and problem gamblers by gambling activity

Independent variable	Statistical significance (p)	Odds ratio	95% CI
Bet on sporting events ***	0.000	3.76	2.04 - 6.94
Played pokies or poker machines ***	0.000	3.04	1.92 - 4.81
Played TasKeno **	0.002	2.09	1.30 - 3.37
Played poker games online for money **	0.006	4.47	1.53 - 13.02
Played casino games on the internet for money **	0.006	3.77	1.46 - 9.76
Bought instant scratchies	0.257	1.31	0.82 - 2.08
Informal private betting for money	0.302	1.41	0.73 - 2.73
Played bingo for money	0.304	1.70	0.62 - 4.68
Bet on non-sporting events	0.510	0.63	0.16 - 2.50
Played table games at a casino	0.647	1.16	0.62 - 2.15
Bought lottery tickets either online or in person	0.777	1.07	0.66 - 1.74
Bet on Horse or greyhound races	0.961	1.01	0.57 - 1.81

Base: Respondents who participated in at least one gambling activity (n=2,390). Logistic regression model included 'Moderate-risk and problem gambling' (Y/N) as the dependent variable. Independent variables included a variable for each activity, to indicate participation (Y/N). Statistical significance is indicated at three confidence levels: *p<0.05. **p<0.01, ***p<0.001

9 GAMBLING HARM

9.1 OVERVIEW

This chapter presents the findings from the questions relating to gambling-related harm for people who indicated they had gambled. The results provide insights into the type and severity of gambling-related harm and the extent to which this differs according to the level of gambling risk (PGSI classifications). Some analysis is also provided concerning the distribution gambling- harm (e.g. the proportion of harm attributable to different gambling risk groups) and the relationship between harm and demographic characteristics (age, gender) and gambling participation.

9.2 GAMBLING HARM MEASURE

As indicated in Chapter 2, the Gambling Harm Measure (GHM) was developed by Delfabbro, Williams and Parke (2020) as a tool to capture different dimensions of harm as well as harm severity. The measure uses a graded series of questions to capture the severity of five main types of harm: financial, psychological, relationship, physical health, and work/ study with an additional item included to capture engagement in illegal activities. Within each of the main categories, there are three sub-questions or measures: over-prioritisation; strains and pressures; and severe harms. Over-prioritisation refers to putting gambling ahead of other important parts of life and captures the indirect or opportunity cost of gambling, but tries to reduce conflating harm with what might be merely simple substitution effects in lower risk gamblers. We recognise that there may be some differences of opinion about whether over prioritisation is a form of harm or a precursor to harmful impacts, but we believe that is consistent, however defined, with the broader public health approach to gambling and the work of Langham et al. (2016) in that it extends the focus beyond very severe and rare harmful impacts to capture behavioural patterns that might be targeted in intervention strategies.

The structure of the GHM is summarised in Table 57. There are 10 binary (Yes/No) items which are administered to all respondents based on the previous 12 months in the pre-COVID-19 time-frame. Only those who endorse the strains and pressures question will proceed to the extra severe harm questions for each category of harm because it is highly unlikely and almost logically inconsistent to endorse the most severe questions without having endorsed an earlier question. In additional to ratings of severity for each type of harm, each participant can be assigned a total score out of five for over-prioritisation, strains and pressures and severe harm. These can be then summed to yield a total score out of 15. By assigning up to three points to illegal acts, a total harm score out of 18 could be calculated.

Table 57. Structure of the Gambling Harm Measure (GHM)

Items	Over-prioritization	Strains/ Pressures	Severe harm
Financial harm	x	x	x
Psychological harm	x	x	x
Relationship harm	x	x	x
Physical health harm	x	x	x
Work/Study harm	x	x	x
Illegal acts			x
TOTALS	**/5**	**/5**	**/8**

Total harm = The sum of the bottom row + 3 points for illegal acts gives a total harm score out of 18

Internal reliability analysis (KR-20) for binary scored items indicated a KR-20 index of 0.89 for the primary 10 items and 0.90 if all the items were included. Thus, the measure appeared to have very good internal consistency. People who endorsed one harm item tended to endorse other harm items, so that there was a positive association between items measuring a related construct. Pearson correlation analysis indicated that the GHM total score was positively related to PGSI scores (r = 0.75) and that this value changed very little even after removing obvious outliers in the scatterplot. Further analysis showed that the relationship between the GHM score and PGSI had both a linear and quadratic component. As will be show in the following sections, this appears to be the result of there being a J-shaped relationship between harm and PGSI scores, i.e. the endorsement of harms rises in a non- linear or increasing rate as one moves up the PGSI categories.

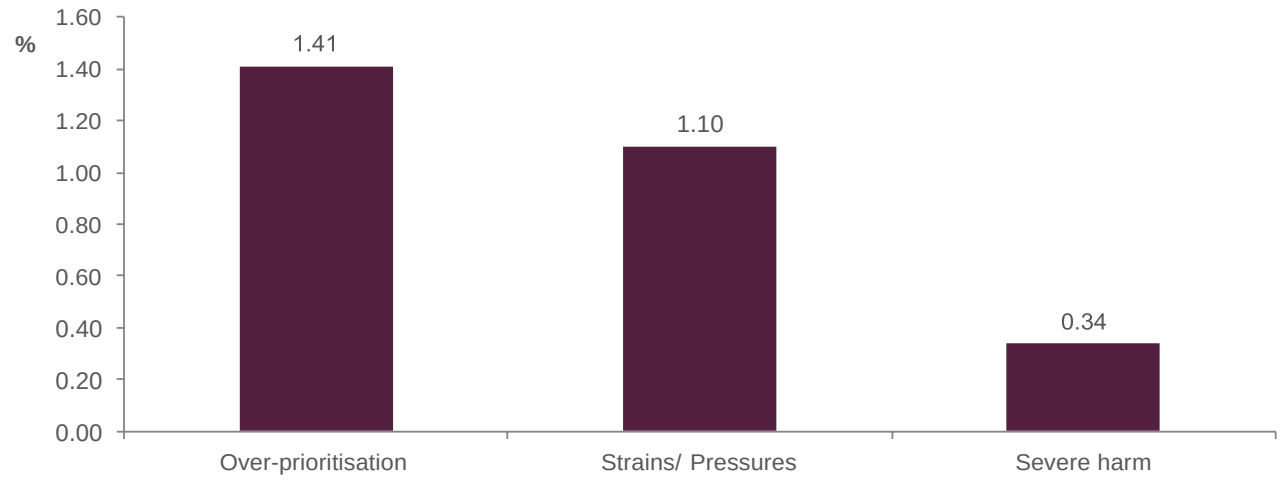
9.3 PREVALENCE OF DIFFERENT FORMS OF GAMBLING HARM[31]

A summary of the overall prevalence of each type and severity of harm is provided in the figures which follow along with a descriptive explanation of what each type of harm entails.

9.3.1 Financial harm

It was found that 1.41 per cent of people who gambled reported over-prioritising gambling ahead of other things, as shown in Figure 47. A further 1.10 per cent experienced pressures or strains and 0.34 per cent experienced severe impacts or harms associated with gambling, which could include a loss of essential services, bankruptcy or selling assets.

Figure 47. Prevalence of financial harm



Base: Respondents who had participated in at least one gambling activity (n=2,390).

Table 58. Explanation: Financial harm

OP	Has gambling led you prioritise or put gambling ahead of other important financial expenditures? *For example, has yourgambling reduced money available for household or other important expenses?*
SP	Have you experienced any financial pressures due to your gambling? *For example, have you been building up debt; or found ithard to pay bills; or had to borrow money; or taken on extra work to finance gambling?*
Severe	Have you experienced any serious financial consequences because of your gambling? *For example, have you had to sell important assets; or been unable to pay rent or meet essential daily expenses; or had utilities disconnected; or lost your home;or filed for bankruptcy?*

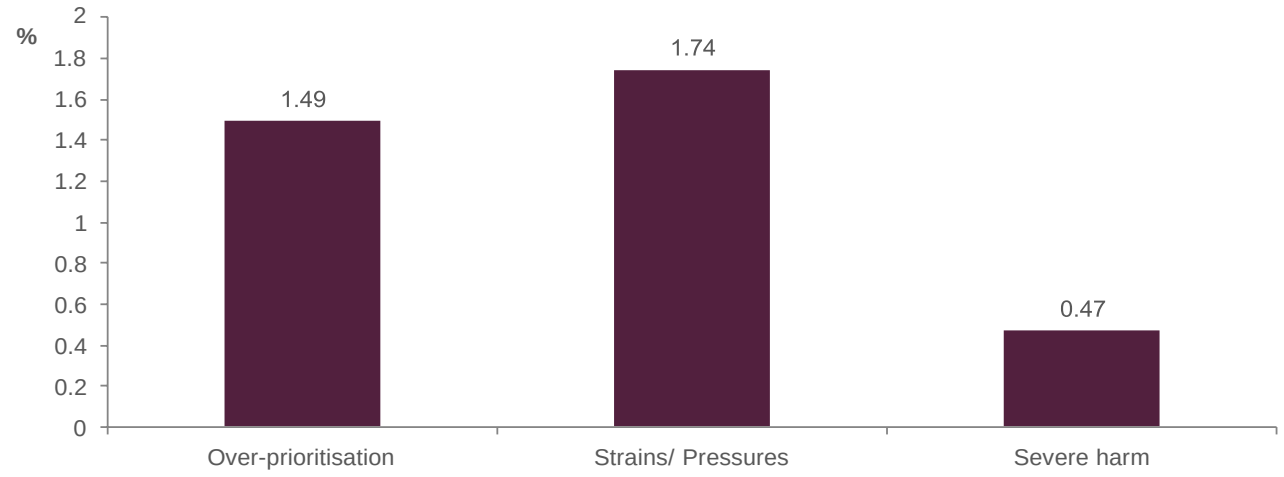
OP= Over-prioritisation; SP = Strains and pressures

9.3.2 Psychological harm

Figure 48 indicates that 1.49 per cent of the sample reported putting gambling ahead of their psychological health, 1.74 per cent experienced psychological strain or distress due to gambling and 0.47 per cent experienced severe psychological consequences.

[31] The term 'harm' will be used for all items in the interests of parsimony, but over-prioritisation strictly speaking refers to behaviours which might be considered precursors to harm.

Figure 48. Prevalence of psychological harm



Base: Respondents who had participated in at least one gambling activity (n=2,390).

Table 59. Explanation: Psychological harm

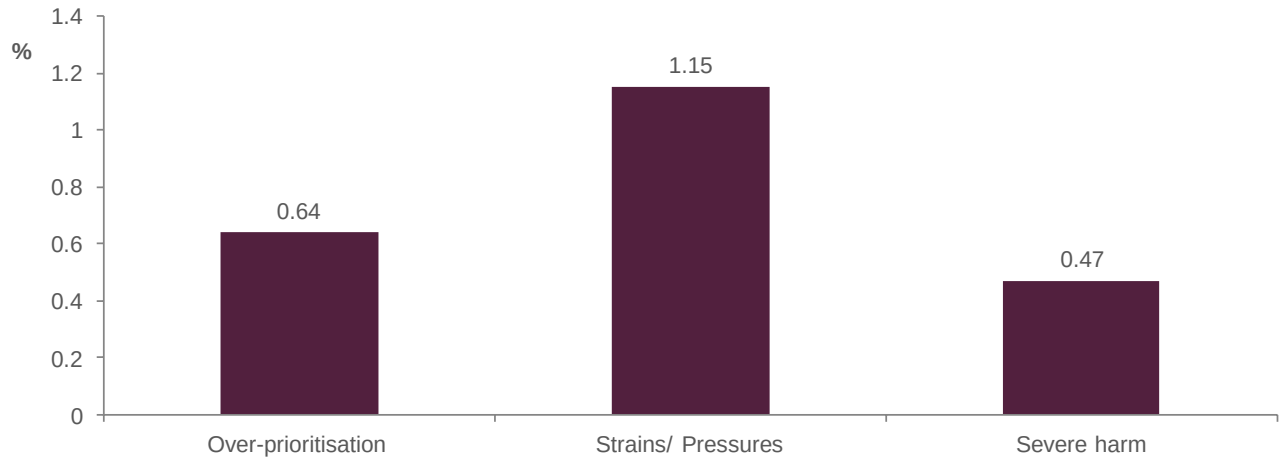
OP	Have you prioritised, or put gambling ahead of your psychological health? *For example, have you felt guilty or worried aboutthe time or money you are spending gambling or become preoccupied with gambling?*
SP	Have you experienced any psychological strain due to your gambling? *For example, have you felt like you've lost control ofthings; or become quite distressed or unhappy; or felt like a failure?*
Severe	Have you experienced any serious psychological consequences due to your gambling? *For example, have you become severely depressed or suicidal; or developed panic attacks; or needed to seek treatment?*

OP= Over-prioritisation; SP = Strains and pressures

9.3.3 Relationship harm

Figure 49 indicates that 0.64 per cent of the sample were prioritising gambling ahead of important relationships. 1.15 per cent had experienced pressures or strains on their relationship and 0.47 per cent had experienced significant relationship harms (e.g. loss of relationships) due to gambling.

Figure 49. Prevalence of relationship harm



Base: Respondents who had participated in at least one gambling activity (n=2,390).

Table 60. Explanation: Relationship harm

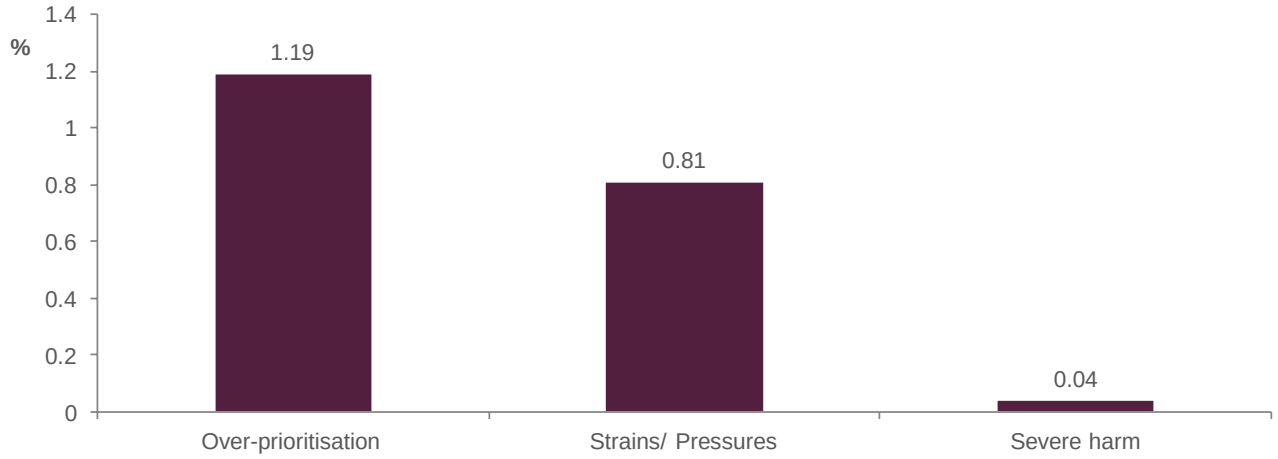
OP	Has gambling led you prioritise or put gambling ahead of the important relationships in your life? *For example, have to youput gambling ahead of commitments with family, friends or your partner*?
SP	Have you experienced any strain in your relationships due to your gambling? *For example, has your gambling led toarguments; or having to hide your gambling; or resulted in reduced contact with others?*
Severe	Have you experienced any serious relationship consequences because of your gambling? *For example, have you lost friendsor family; or experienced separation or divorce; or engaged in physically violent arguments?*

OP= Over-prioritisation; SP = Strains and pressures

9.3.4 Physical health harm

A total of 1.19 per cent of people who gambled reported putting gambling ahead of their physical health, 0.81 per cent reported impacts on their physical health due to gambling, but only .04 per cent (only 1 person) reported that gambling had led to severe physical harm (Figure 50).

Figure 50. Prevalence of physical health harm



Base: Respondents who had participated in at least one gambling activity (n=2,390).

Table 61. Explanation: Physical health harm

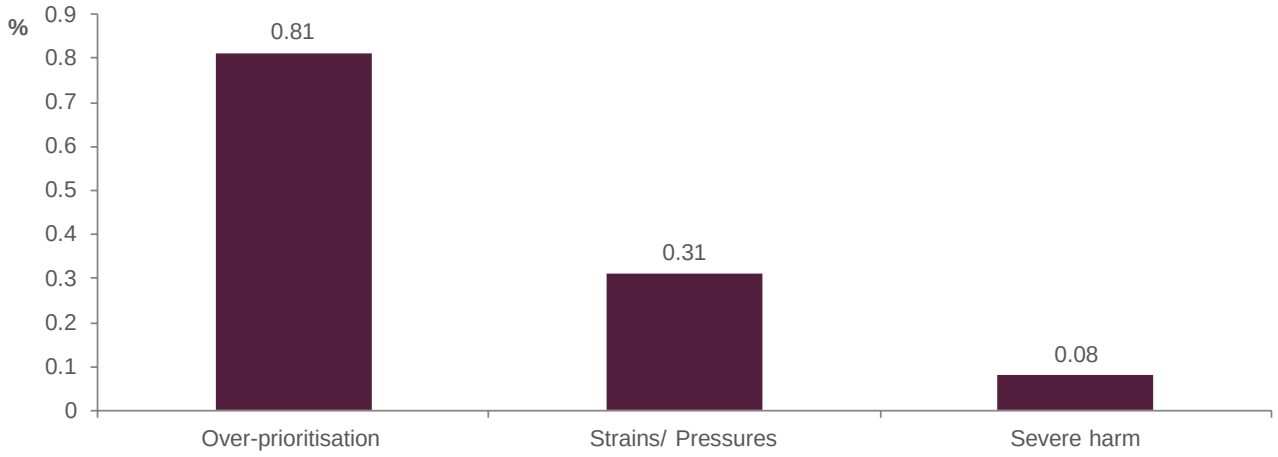
OP	Have you prioritised or put gambling ahead of your physical health? *For example, has gambling caused you to get lesssleep; or eat more unhealthy food; or exercise less; or neglect personal hygiene?*
SP	Has your physical health declined due to your gambling? *For example, has gambling led to excessive smoking, drinking ormedication use; or problems sleeping; or feeling unwell more often; or missing important health appointments?*
Severe	Have you experienced any serious physical health consequences due to your gambling? *For example, has gambling led to asignificant worsening of any existing physical health problem; or caused any accidents, injuries or physical illnesses; or resulted in you going to hospital or seeking physical health treatment?*

OP= Over-prioritisation; SP = Strains and pressures

9.3.5 Work/study harm

As indicated in Figure 51, 0.81 per cent of people who gambled reported prioritising gambling over work or study; 0.31 per cent reported that gambling was leading to reduced performance; and, .08 per cent (2 people) reported severe work/study consequences because of gambling (e.g. loss of job).

Figure 51. Prevalence of work/study harm



Base: Respondents who had participated in at least one gambling activity (n=2,390).

Table 62. Explanation: Work/study harm

OP	Have you prioritised or put gambling ahead of your work or school commitments? *For example, have you gambledwhen you knew you had work or study OR have you gambled while at work or school?*
SP	Have you experienced any work or study-related pressures due to your gambling? *For example, has gambling led topoorer performance or reprimands at work or school; or less attendance; or conflicts?*
Severe	Have you experienced any serious work or study consequences due to your gambling? *For example, has gamblingled you to being demoted at work; or lose a job; fail courses; or drop out of school?*

OP= Over-prioritisation; SP = Strains and pressures

9.3.6 Illegal acts

Only five respondents, 0.21 per cent of those who had gambled during the 12 months preceding COVID-19, reported having committed illegal acts to gamble. A potential issue with this question is that it may have included online gambling activities that are not regulated in Australia, so endorsement of this item might not constitute criminal activity in the sense intended. In other words, although the examples should make it clear what was intended, it is not clear whether respondents answered the question in that way. Three of the endorsements were by non-problem gamblers; the other two by problem gamblers.

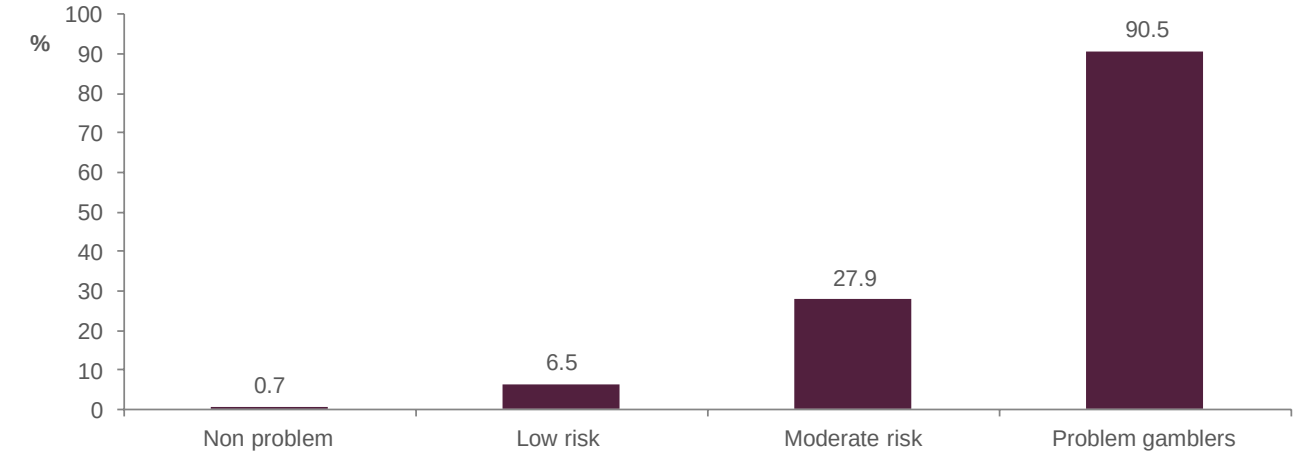
Table 63. Explanation: Illegal acts

Severe	Have you done anything illegal due to your gambling? *For example, have you stolen money or valuables, or committed fraud or embezzlement, etc.?*

9.4 PREVALENCE OF HARM BY PGSI CATEGORIES

The first set of analyses examined the prevalence of over-prioritisation of gambling (irrespective of category of harm) across the PGSI categories. As shown in Figure 52, this behaviour was very rare in non-problem gamblers, reported by just over one in 20 low-risk gamblers, by 27.9 per cent of moderate-risk gamblers and more than nine in 10 problem gamblers. Closer inspection of the data showed that 57.0 per cent of problem gamblers and 27.9 per cent of moderate-risk gamblers over-prioritised gambling in three of the five areas investigated.

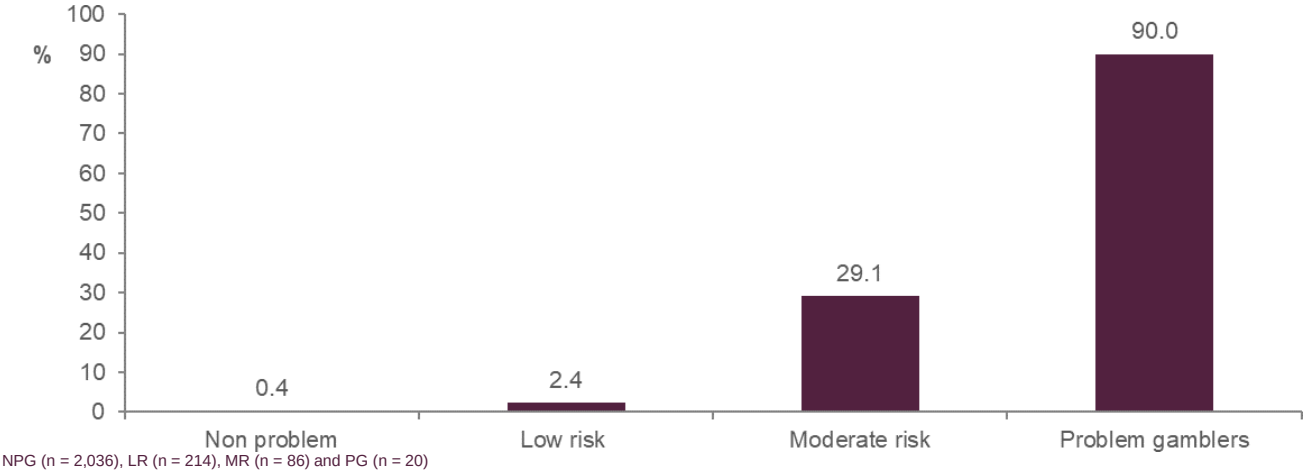
Figure 52. Percentage of gamblers in each risk group who reported prioritising gambling ahead other things



NPG (n = 2,036), LR (n = 214), MR (n = 86) and PG (n = 20)

A similar plot was produced for the percentage of people in each PGSI category who reported at least some strain or pressure across one or more of the five domains of harm. Figure 53 shows that pressures and strains were very rare in non-problem and low-risk gamblers, but were reported in 29.1 per cent of moderate-risk gamblers and 90.0 per cent of problem gamblers.

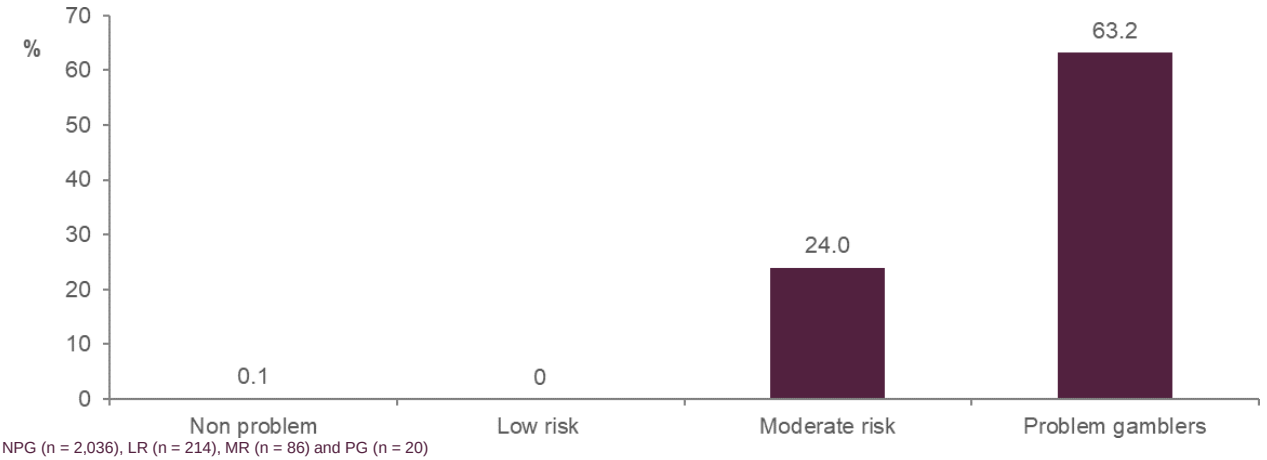
Figure 53. Percentage of gamblers in each risk group who reported strains or pressures caused by gambling



NPG (n = 2,036), LR (n = 214), MR (n = 86) and PG (n = 20)

A final plot depicted the percentage of each group who reported at least one severe harm or impact due to gambling (Figure 54). Severe harms were almost non-existent in the low-risk groups, were reported by 24.0 per cent of moderate-risk gamblers and by 63.2 per cent of problem gamblers.

Figure 54. Percentage of gamblers in each risk group who reported severe harms associated with gambling



NPG (n = 2,036), LR (n = 214), MR (n = 86) and PG (n = 20)

Table 64 shows how the total counts on the over-prioritisation and pressures/harms items differed between the four PGSI groups. A total harm score was also calculated by summing the fifteen items (those who did not proceed to the severe questions were scored as 0 by default) and +3 if respondents endorsed having committed illegal acts due to gambling. The results confirm the differences observed in the figures above. Over-prioritisation, strains and pressures and total harm is rare in the lower risk groups, many times higher in moderate-risk gamblers, and much higher again in problem gamblers. In fact, as comparisons of the total scores indicate, moderate-risk gamblers score nine times higher than low-risk gamblers and problem gamblers score seven times higher again.

Table 64. Mean (SD) Harm score comparisons between PGSI groups

	Over-prioritisationM (SD)	Strains-pressuresM (SD)	Total scoreM (SD)
Non-problem	.007 (.08)	.006 (.11)	.018 (.213)
Low-risk	.083 (.35)	.037 (.30)	0.12 (.57)
Moderate-risk	0.46 (.89)	0.46 (0.88)	1.02 (1.91)
Problem gambler	2.86 (1.56)	2.96 (1.48)	7.22 (4.24)
F (3, 2350)	**897.2*** **	**966.2*** **	**1055.1*** **

***p < .001. Scores for over-prioritisation and strains and pressures are out of 5; the total score is out of 18. SD = Standard deviation

A complete summary of comparisons of endorsement across all items in the GHM is provided in Table 65. This table shows the level of endorsement increases as the level of gambling risk increases. Genuine harm (strains/ pressures) and severe harm is very rare in lower risk gamblers, but moderately common in moderate-risk gamblers. Psychological, financial and health related harms are most common. Severe harm of varying kinds is present in 30-50 per cent of problem gamblers for several individual domains: financial, psychological and physical health and for relationships. Severe work/study related impacts or illegal acts tend to be less common.

Table 65. Endorsement on individual harm items in GHM

	Percentage (%)			
	Non-problem	**Low-risk**	**Moderate-risk**	**Problem Gambler**
Financial				
Over-prioritisation	0.4	2.3	14.7	60.0
Pressure/strains	0.1	0.5	9.2	75.0
Severe	<.1	0	1.1	30.0
Psychological				
Over-prioritisation	0.1	1.9	15.9	80.0
Pressure/strains	0.2	1.9	18.6	80.0
Severe	0	0	5.7	30.0
Relationship				
Over-prioritisation	0	0	10.3	55.0
Pressure/strains	0.1	0.9	2.3	70.0
Severe	0	0	11.5	40.0
Physical health				
Over-prioritisation	0	0	2.3	70.0
Pressure/strains	0.1	3.3	11.5	40.0
Severe	0	0.5	7.0	50.0
Work /Study				
Over-prioritisation	0.1	1.4	5.7	40.0
Pressure/strains	0	0	1.1	30.0
Severe	0	0	1.1	5.0
Illegal acts	0.1	0	0	10

9.5 WEIGHTED TOTAL HARM DISTRIBUTION

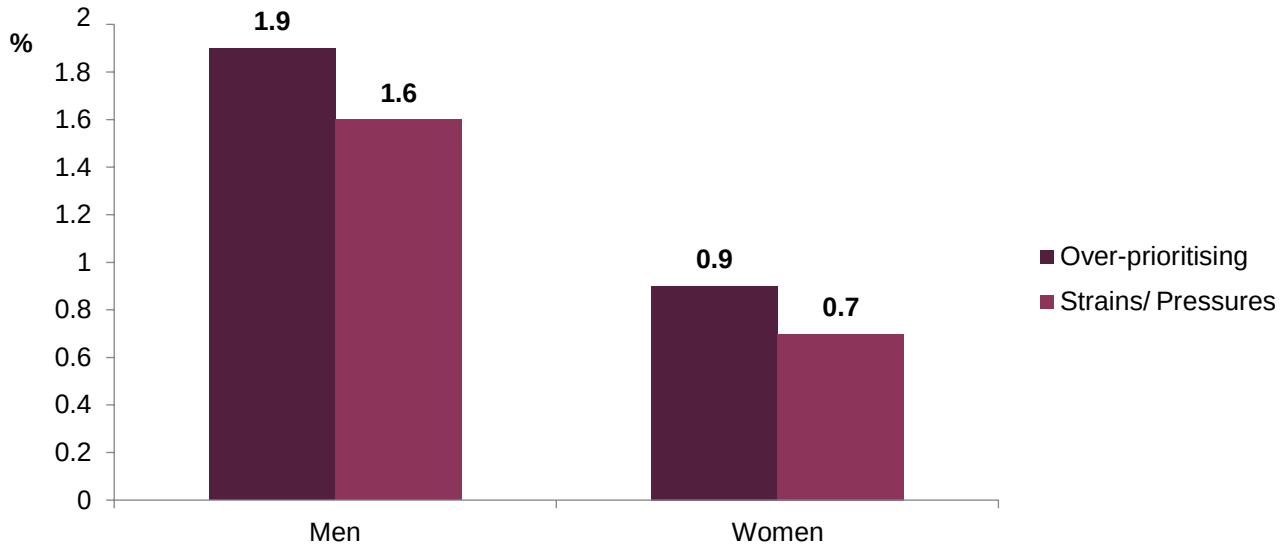
A question that has been investigated in a number of recent studies (e.g. Browne et al., 2016 and Delfabbro et al. 2020) is whether most harm is to be found in higher risk or lower risk groups. One way this issue can be examined in this study is to multiply the mean total harm scores by the total numbers of cases falling into the four groups. Thus, one can take the final column from Table 64 to obtain the means and then calculate a weighted total of harm scores: 0.0183 x 2036 for non-problem gamblers; 0.1199 x 214 for low-risk gamblers, 1.022 x 87 for moderate-risk gamblers; and 7.22 x 20 for problem gamblers. All of this totals 296.24. Of this total: 48.8 per cent of the total sum is contributed by problem gamblers, 30 per cent by moderate-risk gamblers, 8.66 per cent by low-risk gamblers and 12.56 per cent by non-problem gamblers. In other words, almost 79 per cent of the total harm score total is attributable to moderate and problem gambling. In support of Browne et al. (2016), the results show that harm is not solely confined to the higher risk groups (around 21 per cent comes from the lower risk groups), but much of this appears to relate to over-prioritisation rather than genuine harm. Nevertheless, this is important from a public health perspective because it suggests that there are pre-harm behaviours which can be targeted in a meaningful proportion of lower risk gamblers as a potential way to halt the progression of harm.

9.6 GENDER AND AGE DIFFERENCES IN HARM

To conduct these analyses, two new binary variables were created: Over-prioritisation and Strains/ Pressures based on whether respondents reported at least one of these experiences or behaviours for at least one type of harm: scoring 0 = No, 1= Yes. (e.g. if a person reported over-prioritising finances towards gambling and in no other area) then the person was scored a 1. The same held for the second variable. These variables were then used in a series of cross-tabulation analyses to ascertain which people were more likely to be at risk of harm or experiencing harm. Gender and age were the focus of analyses because these two variables are known to be the dominant demographic influences on variations in gambling behaviour. Analyses were not conducted using the severe harm variable because the prevalence of this level of harm is too low to allow statistically meaningful analyses by demographic characteristics.

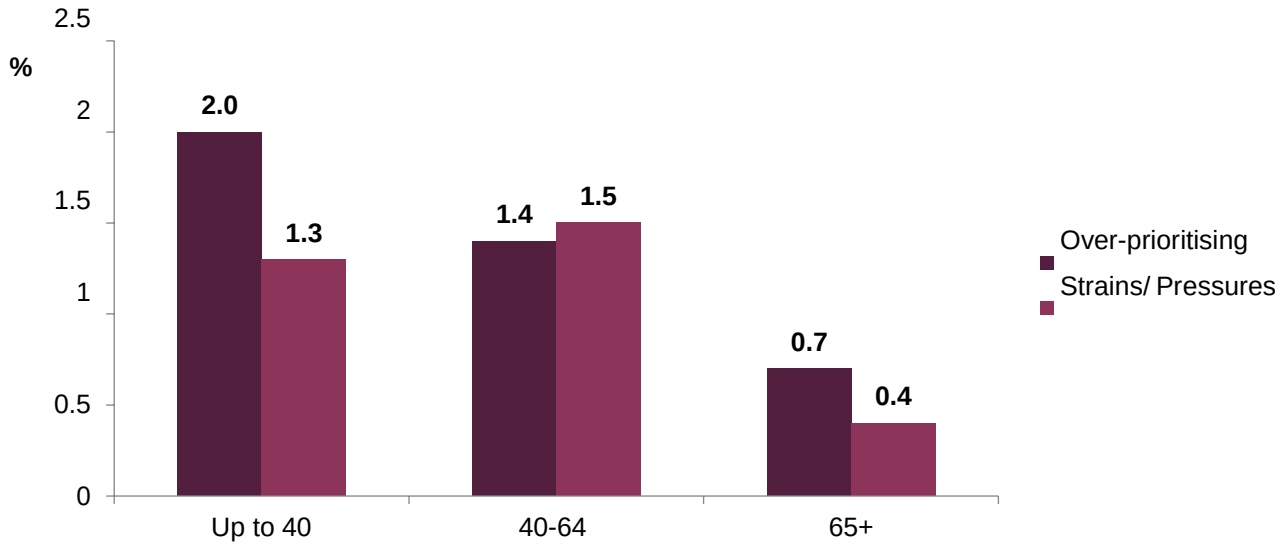
Figure 55 shows that men were significantly more likely to report over-prioritising gambling ahead of other things, $\chi 2(1,5009) = 10.4$, $p < .001$, and pressures and strains than women, $\chi 2(1,5009) = 10.5$, $p < .001$ (more than double). Although such experiences were rare in the general population, this is consistent with the general prevalence of higher risk gambling in the sample (1.7 per cent moderate-risk and 0.4 per cent problem gambling). In other words, a substantial proportion of higher risk gamblers are reporting over-prioritisation or genuine harm from gambling.

Figure 55. Over-prioritisation and gambling strains/ pressures from gambling: Gender differences



Similar analyses conducted using the three main age bands indicated significant associations for both variables, $\chi 2(2,5009) = 8.9$, $p < .001$ for OP and $\chi 2(1,5009) = 9.0$, $p < .001$ for SP (Figure 56). The results indicated that younger people were more likely to report over-prioritising gambling than the other groups, and that older people were significantly less likely to report over-prioritising and experiencing strains and pressures due to gambling.

Figure 56. Over-prioritisation and gambling strains/ pressures from gambling: Age differences



9.7 HARM AND GAMBLING BEHAVIOUR

Another series of analyses examined the prevalence of over-prioritisation and strains and pressures in relation to participation in the principal gambling activities reported in the study. Table 66 indicates that over-prioritisation and strains/ pressures were higher for participants in all of the activities as compared with non-participants, but that the largest differences were observed for continuous activities such as EGMs, racing, sports and casino table games. This is likely because males and younger people are more likely to participate in these activities and both gender and age is associated with higher risk gambling.

Table 66. Over-prioritisation and strains and pressures by gambling participation

	No %	Yes %	X^2
Over-prioritisation			
EGMs	0.9	6.6	100.5***
Racing	0.9	8.3	117.6***
Lotteries	0.8	2.4	21.1***
Scratchies	1.1	4.4	38.9***
Keno	0.8	4.2	59.7***
Casino table games	1.1	9.0	81.3***
Sports betting	0.9	12.8	190.9***
Strains and pressures?			
EGMs	0.6	6.4	124.8***
Racing	0.8	6.7	94.8***
Lotteries	0.6	2.1	23.7***
Scratchies	0.8	4.0	44.1***
Keno	0.5	4.6	105.1***
Casino table games	0.9	8.0	79.4***
Sports betting	0.8	9.6	128.2***

*** p<.001

To determine the best predictors of over-prioritisation and strains and pressures, two logistic regression analyses were conducted. Over-prioritisation (0, 1) and strains/ pressures (0, 1) were the dependent measures and gender, age and participation in activities were entered as the predictors. Table 67 indicates that the odds of people who bet on sports prioritising gambling ahead of other activities was four times higher than for those who did not bet on sports. The odds of over-prioritisation was 2.63 times higher for those who gamble on EGMs.

Table 67. Logistic regression: predictors of over-prioritisation of gambling

	B	Wald	Odds ratio	95% CI
Gender	-0.41	2.12	0.66	0.38 – 1.15
Age	-0.23	1.47	0.80	0.54 – 1.15
EGMs	0.97	9.01***	2.63	1.40 – 4.95
Racing	0.62	2.81	1.80	0.90 – 3.84
Lotteries	0.43	2.13	1.53	0.86 – 2.72
Scratchies	0.58	3.48	1.78	0.97 – 3.25
Keno	0.36	1.23	1.43	0.76 – 2.69
Casino table games	0.03	< 1	1.03	0.49 – 2.20
Sports betting	1.48	15.67***	4.41	2.12 – 9.19
Constant	-4.21			

***p < .001. The OR indicates the change in the odds of person over-prioritising based on participation in each activity. 1.40 for EGMs means that the odds are 1.4 times higher than for someone who did not play EGMs.

Table 68 indicated that there were three significant predictors of strains/ pressures attributed to gambling: gender, EGM and sports participation. The odds of men reporting strains or pressures were 1/.53 = 1.89 times higher; EGM participation increased the odds three times and sports gambling increased the odds almost three times.

Table 68. Logistic regression: predictors of pressures/ strains of gambling

	B	Wald	Odds ratio	95% CI
Gender	-0.63	< 1	0.53	0.29 - 0.99
Age	-0.12	< 1	0.89	0.59 – 1.34
EGMs	1.10	10.73***	3.01	1.56 – 5.81
Racing	0.25	< 1	1.29	0.59 – 2.81
Lotteries	0.35	1.16	1.42	0.75 – 2.72
Scratchies	0.54	2.79	1.72	0.91 – 3.26
Keno	1.24	12.13**	3.47	1.72 – 6.97
Casino table games	0.17	< 1	1.18	0.54 – 2.62
Sports betting	1.09	6.82**	2.97	1.31 – 6.74
Constant	-4.63			

** p < .01 ***p < .001

9.8 SUMMARY

The analyses in this chapter showed that gambling-related harm and harm risk, as indicated by over-prioritisation of gambling over activities, is generally rare in the community. This is generally consistent with the findings from the chapter on prevalence (Chapter 8) which showed that around 2 per cent of the adult population are classified as moderate-risk or problem gamblers based on the PGSI. On the whole, only a very small percentage of people in the lower risk groups experience any meaningful harm from gambling. Harm is much more likely to be observed in the moderate-risk and problem gambling groups. For example, almost 30 per cent of moderate-risk gamblers reported over-prioritising gambling or experiencing some strains or pressures from gambling, with 90 per cent of problem gamblers reporting either over-prioritisation or strains and pressures. Severe harm was rarely observed in any group apart from problem gamblers. However, the figures here, albeit based on a small sample, indicate that 60 per cent of problem gamblers were experiencing some form of severe harm. The most commonly observed forms of harm are financial and psychological, which is consistent with Browne et al.'s (2016) findings, and other recent harm studies (e.g. Delfabbro, King, & Georgiou, 2020).

The study also provides additional insights into the distribution of harm across the levels of gambling risk. One of the principal changes in this study, as compared with the 2017 study, is to provide a wider appraisal of harm than provided by the Short Gambling Harm Scale which includes several items (up to four) which, at least for some low risk gamblers with low engagement in gambling, could be considered closer to substitution effects rather than genuine forms of harm. When such items are removed and the measure includes only true opportunity costs (over-prioritisation) and moderate to severe harms, then the results show that the distribution of harm is predominantly in the higher risk groups, consistent with the national definition of problem gambling (Neal, Delfabbro and O'Neil, 2005) and the official clinical diagnosis of Disordered Gambling. Nevertheless, as is also shown, there is merit in the argument advanced by Browne et al. and also Browne and Rockloff (2019) that public health approaches should direct attention beyond clinical cases to consider the lower risk cases. Simple weighted estimates indicate that around 20 per cent of the total weighted harm scores arise from lower risk groups and that moderate-risk gamblers, who do not meet the official screening cut-off, comprise 30 per cent of the total harm because they are four times more common than problem gamblers. Over-prioritisation is an early sign that a person is likely to be at risk of negative consequences due to gambling.

10 POSITIVE PLAY

10.1 OVERVIEW

This chapter summarises the findings obtained using the newly developed Positive Play Scale (PSS) which was designed to capture protective behavioural strategies, attitudes and gambling literacy. Scores on the subscales can be used to target potential areas for community education or building resilience. The PPS examines the extent to which people are feeling honest with others and in control of their gambling (the Honesty and Control Subscale); whether they are setting a budget before they gamble (Pre-commitment); if they are taking responsibility for their actions (Personal Responsibility); and, whether they are viewing gambling in an objective manner (Gambling Literacy). The following sections summarise the details of the PPS; how positive play varies by the level of gambling risk (PGSI classifications); by age and gender; and by gambling participation.

10.2 THE POSITIVE PLAY SCALE (PPS)

There are four PPS subscales. Items on the subscales were scored 1 (Strongly disagree) to 7 (Strongly agree) and except for the final two items of the Gambling Literacy subscale (which are reverse scored). Higher scores on all subscales indicate more positive play. Details of the four subscales and the scoring range are provided in Table 69. Honesty and control refers to feeling in control of gambling and being honest and transparent with others about the level of gambling involvement; precommitment refers to setting budgets and limits in advance; personal responsibility refers to acceptance that outcomes are influenced by one's own actions; and gambling literacy refers to whether the person is able to avoid common biased beliefs (e.g. that a win is due after a string of losses).

Table 69. Positive Play Subscales

	Number of items	Scoring range
Honesty and control	3	3-21
Pre-commitment	4	4-28
Personal responsibility	4	4-28
Gambling literacy	3	3-21

10.3 POSITIVE PLAY AND LEVEL OF GAMBLING RISK

The first set of analyses examined how gambling varied by the level of gambling risk. Table 70 indicates the differences in mean scores across the four PGSI groupings. The results for Honesty and Control show that being able to stay in control of gambling and be honest about it with others was more strongly characteristic of low-risk gamblers. Problem gamblers indicated significant difficulties in being able to stay in control or be honest about their gambling (as indicate by a mean score of 12 versus a possible maximum score of 21). The analysis for pre-commitment showed a similar trend. Problem gamblers in particular reported being much less likely to set budgets before they gambled. The results for personal responsibility revealed smaller differences between the groups, but showed that problem gamblers and, to a lesser degree, moderate-risk gamblers were less likely to believe themselves to be responsible for their actions as compared with non-problem gamblers. Higher risk gamblers also reported lower gambling literacy compared with the lower risk groups which indicates that they were more likely to see gambling as a way to make money or that they held erroneous beliefs about their chances of winning.

Positive play was negatively related to PGSI scores: r= -0.27[32] with Honesty and Control; r= -0.24 with Pre-commitment; r= -0.11 with Personal responsibility; and, -0.09** with Gambling Literacy subscales. Although these effects are small, they indicate that higher PGSI scores tend to be associated with less positive playing strategies.

[32] A Pearson's r-value indicates the strength of the relationship between two variables, where 0 indicates no relationship and 1.0 the maximum relationship. Correlates less than 0.30 are generally considered small, whereas values of 0.30-0.60 are considered moderate.

Table 70. Positive play and level of gambling risk (PGSI classifications)

	n	M (SD)	F-value and post-hoc tests (3, 872)[33]
Honesty and control			
Non-problem	593	17.0 (2.99)	
Low-risk gambler	135	16.3 (3.63)	
Moderate-risk gambler	65	14.5 (4.68)	
Problem gambler	16	12.5 (5.37)	19.56***
			NPG>LR>MR>PG
Pre-commitment			
Non-problem	586	22.7 (3.54)	
Low-risk gambler	137	21.9 (3.62)	
Moderate-risk gambler	65	20.8 (4.31)	
Problem gambler	16	16.9 (6.65)	17.25*** NPG>LR>MR>PG
Personal Responsibility			
Non-problem	647	26.7 (2.14)	
Low-risk gambler	146	26.4 (2.88)	
Moderate-risk gambler	66	26.1 (2.53)	
Problem gambler	17	24.8 (4.5)	4.94*** MR< NPG, PG < the rest
Gambling Literacy			
Non-problem	648	19.0 (3.24)	
Low-risk gambler	146	18.0 (3.24)	
Moderate-risk gambler	66	17.9 (3.48)	
Problem gambler	77	17.5 (1.23)	7.17*** MR and PG < NPG

Note: The F-test (ANOVA) tests whether the mean differences between the groups were likely due to chance or were systematic differences. A significant value implies a systematic difference.

10.4 POSITIVE PLAY AND DEMOGRAPHIC CHARACTERISTICS

Positive play scores were compared between men and women and revealed no significant differences for Honesty and Control or Pre-commitment subscales, but women were more likely to take personal responsibility and to have better scores on the Gambling Literacy subscale (see Table 71). The results showed that older people tended to have less positive play than younger people. The 65+ age group scored lower on honesty and control and also personal responsibility than the younger age group. This may reflect less confidence in older people's perceptions of their gambling or may also indicate greater confidence (or over-confidence) in younger people.

Table 71. Gender differences in positive play

	Men	Women	t-test[34]
Honesty and control	16.6 (3.39)	16.6 (3.52)	< 1
Pre-commitment	22.2 (3.85)	22.5 (3.67)	1.05
Personal responsibility	26.5 (2.58)	26.8 (2.00)	2.22*
Gambling literacy	18.5 (2.97)	19.11 (2.62)	3.22**

*p<.05 ** p <.01

[33] Analysis of variance (ANOVA) indicates whether the means are significantly different. A F-test is used to test for significance.
[34] T-tests compare whether 2 means are significantly different (belong to 2 different populations) or whether the differences are non-significant (scores drawn from the same population).

Table 72. Age differences in positive play

	Honesty and ControlM (SD)	Pre-commitmentM (SD)	Personal Responsibility M (SD)	Gambling LiteracyM (SD)
Under 40	16.8 (3.22)	22.5 (3.56)	26.9 (1.99)	18.8 (2.80)
40-64	16.9 (3.02)	22.4 (3.67)	26.6 (2.41)	18.9 (2.83)
65+	15.5 (4.40)	21.7 (4.54)	26.0 (2.97)	18.3 (3.12)
F-value	**9.37*** **	**2.55**	**8.06*** **	**2.29**

df for F-tests (3, range 806 to 878)

10.5 POSITIVE PLAY AND GAMBLING ACTIVITIES

Comparisons of positive play scores by gambling participation indicated few differences. Gamblers betting on racing scored higher on personal responsibility; casino table gamblers scored higher on honesty and control and sports betters lower on gambling literacy. However, caution needs to be applied to these results because of the large number of comparisons conducted and the possibility of at least one of these results being due to chance.

10.6 POSITIVE PLAY AND HARM

Positive play subscale scores were compared across groups defined by whether they had reported over-prioritisation (Table 73) or strains and pressures due to gambling (Table 74). Table 73 shows that those who reported over-prioritising gambling had significantly poorer scores on Honesty and Control and Pre-commitment, but did not differ on the two belief subscales.

Table 73. Positive play scores in relation to whether people reported over-prioritisation of gambling over other important areas in life (Yes/No)

	No M (SD)	Yes M (SD)	t-test
Honesty and control	16.8 (3.21)	13.7 (5.15)	4.18***
Pre-commitment	22.4 (3.09)	20.1 (4.93)	3.30***
Personal responsibility	26.6 (2.33)	25.9 (3.16)	1.62
Gambling literacy	18.8 (2.83)	18.1 (3.54)	1.41

***p<.001

Table 74 showed similar results. Those who had experienced strains or pressures due to gambling had significantly poorer scores on the first two subscales.

Table 74. Positive play scores in relation to whether people reported strains and pressures due to gambling (Yes/No)

	No M (SD)	Yes M (SD)	t-test
Honesty and control	16.7 (3.26)	13.5 (4.90)	4.13***
Pre-commitment	22.4 (3.70)	20.3 (5.12)	2.62**
Personal responsibility	26.6 (2.33)	25.8 (3.22)	1.59
Gambling literacy	18.7 (2.86)	18.1 (3.22)	1.36

**p<.01 ***p<.001

10.7 SUMMARY

The results were generally consistent with previous studies that have used the Positive Play Scale (PPS). Most people score towards the higher end of the PPS which indicates that they are able to stay in control, set budgets, take responsibility and understand that they should generally not expect to be able to make money from gambling. However, those who scored as higher risk on the PGSI generally reported less positive playing strategies, with markedly lower scores on the subscales that measured control or honesty and budgeting. The results further showed that men had slightly less responsible or objective beliefs about gambling compared with women and that young people appeared to express greater confidence in their ability to take responsibility or earn money from gambling. Positive play was found to be negatively associated with PGSI scores and there was clear evidence that those who experienced some form of gambling harm or who were at risk of harm (over-prioritising) reported being less in control and less likely to set a budget when they gambled.

11 GAMBLING - GAMING CONVERGENCE

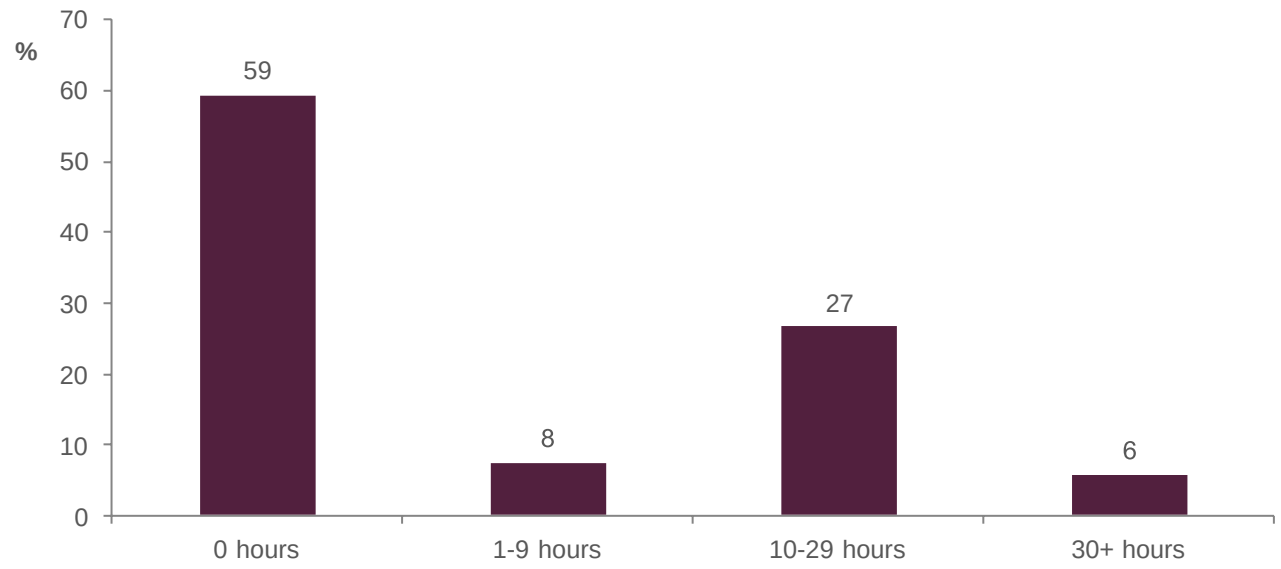
11.1 OVERVIEW

This chapter summarises the findings from a set of questions relating to video gaming, the use of loot-boxes and the association between gaming and gambling that could include activities based on phone Apps as well as PC based activities. It is noted that these gaming activities are not captured by gambling regulation in Australia. The results focus on the several principal gaming variables of interest: the intensity of gaming per week (hours); symptoms of problem gaming; the use of loot boxes; and the use of skins to gamble. These variables are examined in relation to gambling risk (PGSI classifications) as well as key demographic characteristics such as gender and age. The findings in this chapter were based on weighed data and can be generalised to the broader Tasmanian population.

11.2 THE PREVALENCE OF GAMING ACTIVITY AND SYMPTOMS OF PROBLEM GAMING

The number of hours reported per week was used to create four levels of gaming intensity: 1 (no gaming); 2 = 1-9 hours per week (low); 10-29 hours per week (moderate) and 30+ hours per week (high). As indicated by Figure 57, around 40 per cent of the sample reported playing video games, which can be console, PC or mobile based, at least once per week. Just over a quarter reported moderate usage and 6 per cent played 30 or more hours week.

Figure 57. Prevalence of video gaming: hours per week



Base: All respondents excluding don't know (n=4,967). *Q46. In the 12 months before COVID-19, how many hours per week would you play video-games, including games on your phone?*

Respondents who played at least 10 hours per week were also asked if they experienced any symptoms of problem or excessive gaming. These results are summarised in Table 75. The items captured the key elements of behavioural addictions (impaired control: loss of control, difficulties in stopping); excessive prioritisation and salience of the activity; harm to other areas of life[35].

[35] Dr. Daniel King, who is an advisor to the WHO on gaming disorder criteria, provided these items

Table 75. Signs of problem gaming

	Respondents who played videogames for >=10 hours per week Percentage (%)
Hard to control gaming	17
Prioritisation over other activities	15
Causing problems in life	7
Difficulties in stopping playing	19

Base: Respondents who played video games for 10 hours or more per week (n=585).
Q52. In the 12 months before COVID-19, have you regularly found it hard to control how often or how long you play video games? Respondents who said yes (n=87)
Q53. In the 12 months before COVID-19, have you increasingly prioritised playing video games over other important activities? Respondents who said yes (n=87)
Q54. In the 12 months before COVID-19, has your video gaming caused problems in your life? (e.g. with your parents/family, school, work, general health) Respondents who said yes (n=42)
Q55. In the 12 months before COVID-19, have you continued to play video games despite experiencing problems? Respondents who said yes (n=109)

When these responses were recoded into a single binary variable (0 = No signs of problem gaming and 1 = At least one sign), it was found that 218 people in the total sample (or 4.4 per cent) could be classified as having at least some signs of problems with gaming. Only 12 or 0.2 per cent however endorsed all four criteria. These figures are only indicative of higher risk and should not be used to indicate the prevalence of gaming disorder.

11.3 LOOT BOXES, SKINS AND INFLUENCE OF GAMING ON GAMBLING

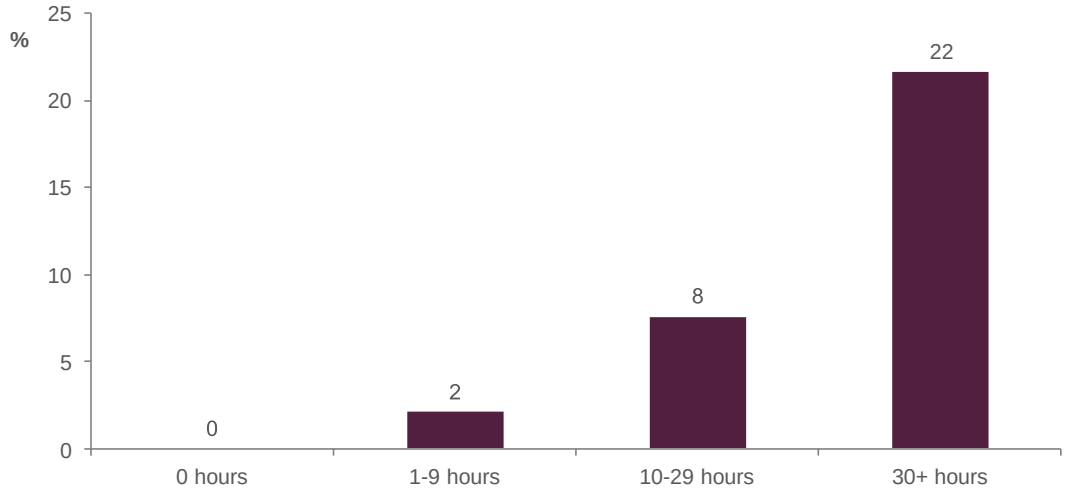
A total of 38 per cent people who played video games indicated that they played games that contained loot boxes. As discussed earlier in the literature review section of the report, loot boxes are in-game items that can be won or purchased. Outcomes are based on chance-determined algorithms that make them similar to a form of digital "lucky dip" prize. However, only n=150 or 9 per cent reported having purchased a loot box. Of these people, 83 (57 per cent) indicated that they usually spent (per month) less than $10; 37 (24 per cent) indicated between $10 and $20; 5 per cent indicated $21-30; and 14 per cent said that they spent more than $30. Only 24 people indicated that they had used skins to gamble, which represents 1 per cent of video gamers and less than 1 per cent of the total sample. Skins are usually cosmetic features in games (e.g. clothing, armour colour, character appearance) that can be purchased in games, traded or even bought and sold on exchanges.

When asked if their video gaming had any influence on their gambling, 93 per cent indicated 'Not at all'; 4 per cent said 'Very little'; 1 per cent said 'Moderate' and 1 per cent said 'Strong influence'. In other words, video games were generally not seen as a pathway to gambling. Only around 2 per cent of video gamers suggested some influence, which represents around 1 per cent of the total sample of 5,009 people.

11.4 RELATIONSHIP BETWEEN GAMING VARIABLES

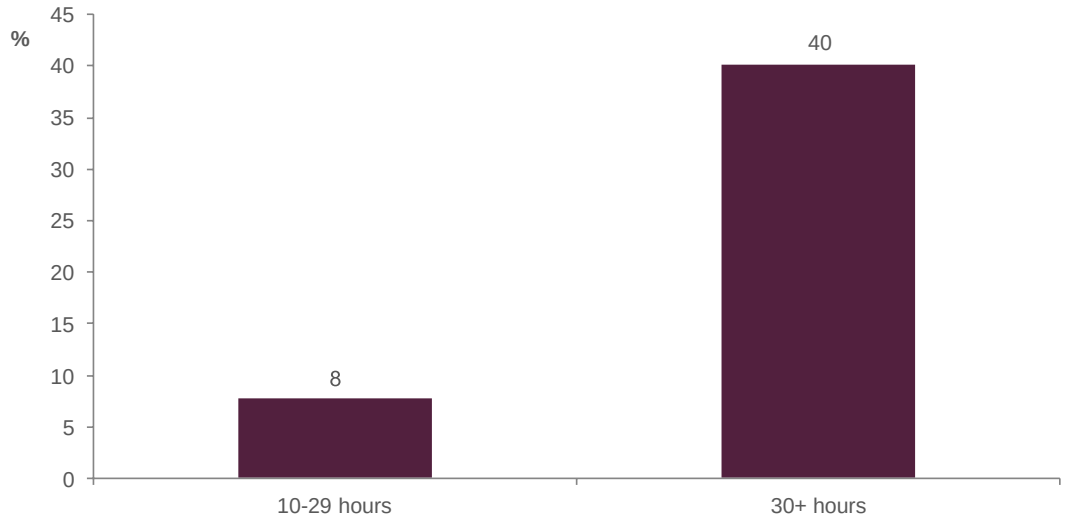
The three main video gaming variables (usage level, loot box purchases and problem gaming) were significantly associated. Figure 58 shows the probability of loot box use in relation to the level of video game playing (usage) per week; these two variables were significantly associated, $\chi 2$(df=3) = 462.7, p < .001. Figure 58 shows that loot boxes are rarely purchased by occasional gamers, but that over one in five very regular gamers report purchasing them.

Figure 58. Loot box purchasing in relation to video-gaming hours per week



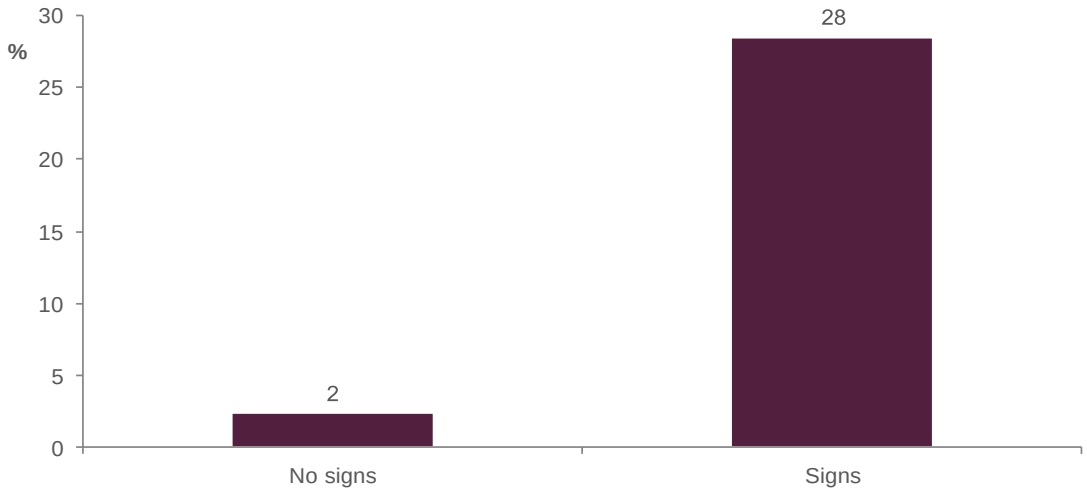
Signs of problem gaming were also more common in those who played video games at least 30 hours per week (Figure 59).

Figure 59. Signs of problem gaming in relation to hours of video gaming per week



Loot box playing was also significantly more present in those who showed symptoms of problem gaming, χ^2(df=3) = 432.9, p < .001 (Figure 60). Those who showed signs of problem gaming were seven times more likely to report having purchased loot boxes.

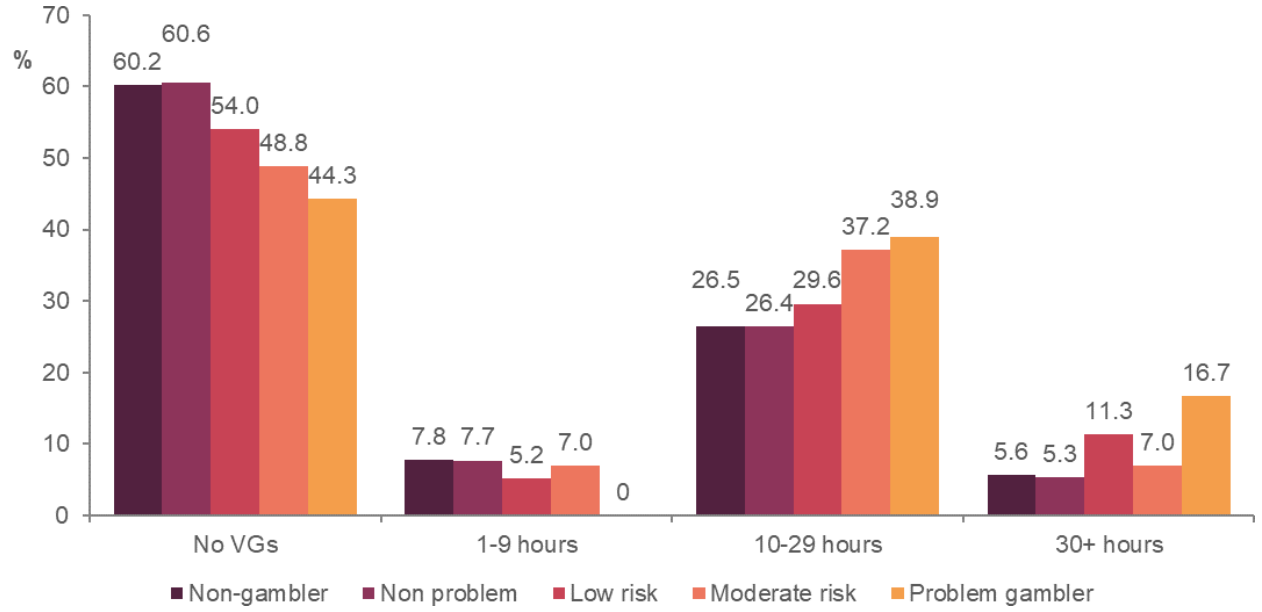
Figure 60. Loot box purchasing in relation to presence of signs of problem gaming



11.5 GAMBLING RISK AND VIDEO GAMING

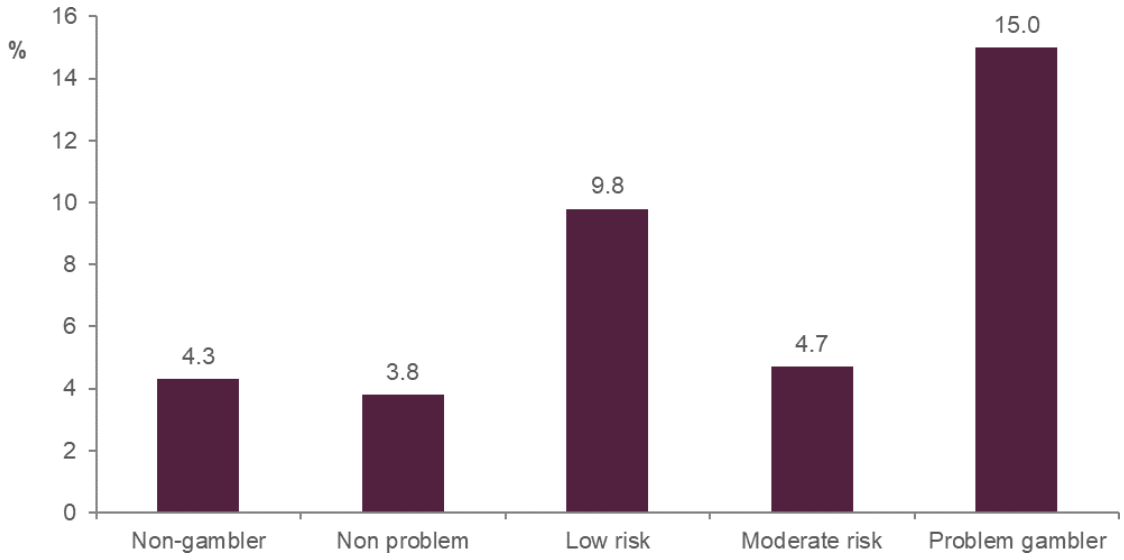
Analysis was conducted to examine the relationship between gambling risk (as determined by the PGSI) and the three principal gaming variables. The number of hours of video gaming per week was significantly associated with PGSI classifications, χ^2(df=12) = 28.4, p < .01. As shown in Figure 61, the percentage of more intense video-gaming increases as one progresses up the PGSI classifications. Over 50 per cent of problem gamblers also play videogames for many hours per week.

Figure 61. Video game participation per week in relation to PGSI status



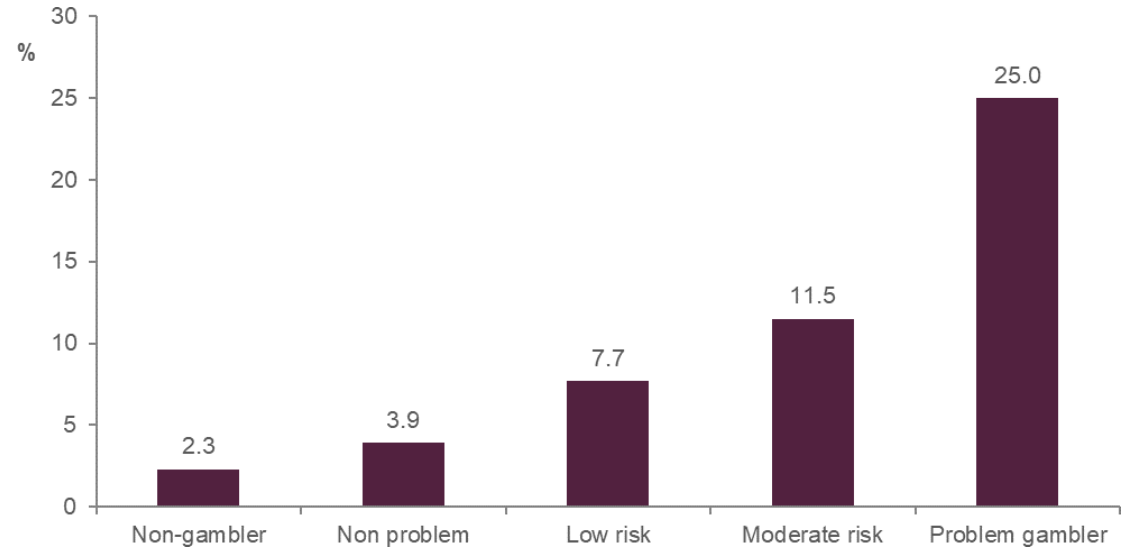
The prevalence of signs of problem gaming was also significantly higher in problem gamblers as compared with other groups, $\chi^2(df = 4) = 22.1$, $p < .01$. As indicated in Figure 62, 15.0 per cent of problem gamblers displayed at leastone sign of problematic gaming compared with only around 4 per cent of the lower risk groups.

Figure 62. Problem gaming signs in relation to PGSI status



Problem and moderate-risk gamblers were also significant more likely to report having purchased a loot box compared with the lower risk groups, $\chi^2(df = 4) = 67.4$, $p < .01$. Figure 63 shows that 25.0 per cent of problem gamblers reported buying loot boxes and that this behaviour increased with the level of risk (as based on the PGSI).

Figure 63. Loot box purchasing in relation to PGSI status

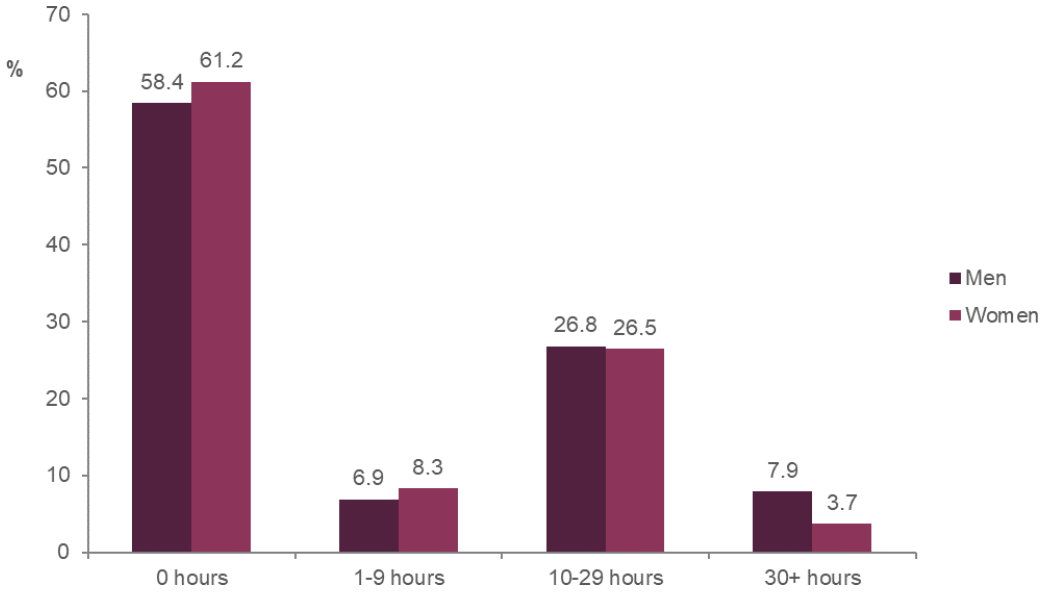


It was not possible to investigate any association between skins gambling and PGSI classifications due to the low numbers of cases.

11.6 GENDER AND AGE DIFFERENCES IN GAMING

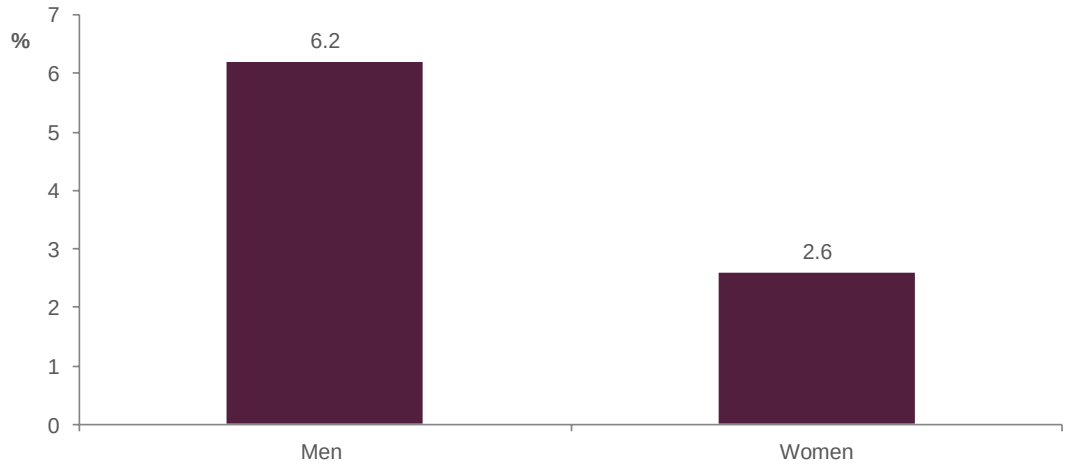
Men were more likely to report higher intensities of gaming than women (Figure 64), $\chi^2(df = 3) = 42.8$, $p < .001$. The percentage of men reporting 30 or more hours of video-gaming per week is over double that of women.

Figure 64. Gender differences in hours spent gaming per week



Men were more than twice as likely than women to report signs of problematic video- gaming, $\chi^2(df = 1) = 38.8$, $p < .001$ (Figure 65).

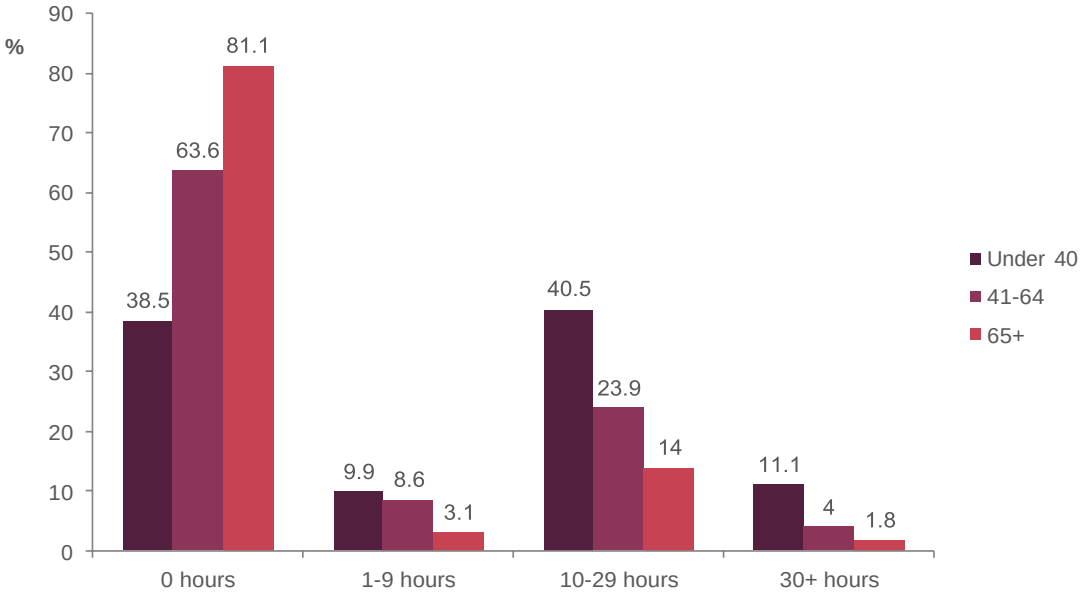
Figure 65. Gender differences in the prevalence of signs of problem video-gaming



A final analysis examined the association between purchasing loot boxes and gambling online on casino games. Engagement in these two activities were found to be associated, χ^2(df = 1) = 51.8, p < .001. Of those who gambled on online gaming activities (casino games), 12.8 per cent reported having purchased a loot box compared with 3.0 per cent of those who had engaged in this form of online gambling.

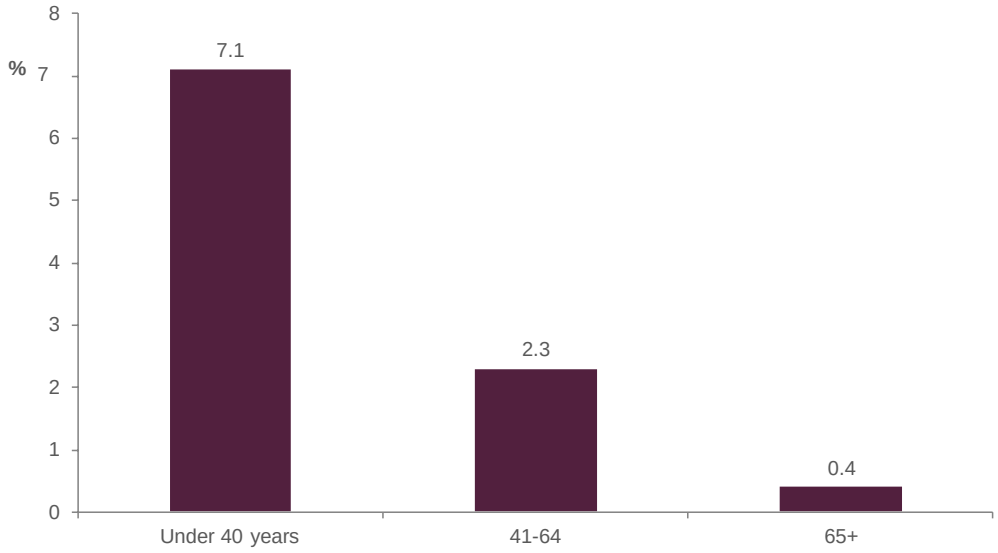
Similar analyses were conducted by age and showed (as might be expected) that video gaming was more common in younger age groups, χ^2(df = 6) = 602.0, p < .001 (Figure 66). Over 50 per cent of people in the youngest age group played 10 or more hours per week, with 11 per cent reporting 30 or more hours.

Figure 66. Age differences in engagement in video-gaming



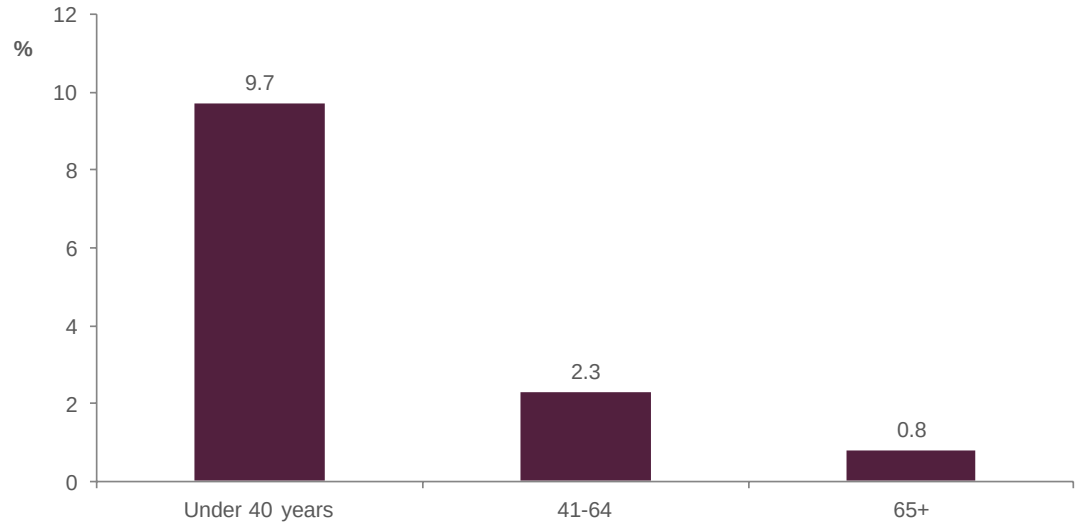
Younger people were significantly more likely to report buying loot boxes, χ^2(df = 2 = 114.0, p < .001 (Figure 67).

Figure 67. Age differences in loot box purchasing



Younger people were significantly more likely to report symptoms of problem gaming, χ^2(df = 2 = 133.0, p < .001 (Figure 68).

Figure 68. Age differences in signs of problem gaming



11.7 SUMMARY

The results in this chapter show that video gaming is a common activity in Tasmanian adults, with many people playing more than 30 hours per week. High levels of video game use tends to be more common in younger people and males. Purchasing loot boxes is significantly more common in those who play 30 or more hours per week and who show signs of problem gaming. Higher risk gambling is associated with higher video game use, a greater probability of purchasing loot boxes and displaying signs of problem gaming. These findings do not necessarily mean that loot boxes, gaming and gambling are related. Instead, it is more likely that the same type of people who like to play video games at very high intensities are also likely to be higher risk gamblers. Very few respondents indicated any evidence of an ‘exposure effect’; namely, that video gaming had an influence on their gambling behaviour.

12 HELP-SEEKING BEHAVIOUR

12.1 OVERVIEW

Gamblers' help-seeking behaviour for problems associated with gambling during the last 12 months before COVID-19 was examined. All gamblers were asked whether they had sought any help relating to gambling problems and, if so, what type they had sought; or, if not, why not. Gamblers were then asked whether they had used a formal self-exclusion process to exclude themselves from venues and online wagering providers. If the self-exclusion process was used, respondents were asked how many venues/online providers they were excluded from, whether they had attempted to re-enter the venue or re-access the online provider and, if so, whether they had been able to do so. All results are presented by gender, age and PGSI status. Due to the small sample size, findings for this chapter should be treated with caution.

12.2 NATURE OF HELP-SEEKING

This section discusses formal and online self-exclusion.

12.2.1 Formal self-exclusion

Formal self-exclusion is a voluntary program that allows people with a gambling problem to ban themselves from the gaming areas of hotels, clubs and the casino. All gamblers were asked whether they had used the Tasmanian Gambling Exclusion Scheme (a formal self-exclusion process) to exclude themselves from gambling venues in the past 12 months before COVID-19. Only one percent (n=11) said they had; seven men and four women. Three out the seven self-excluded male gamblers reported having tried to re-enter the venues during self-exclusion and all of them succeeded, while none of the female gamblers had tried to re-enter the venues.

All formally self-excluded gamblers were asked how many venues they self-excluded from. Two said they excluded themselves from one venue, and the remaining nine said they were self-excluded from three or more venues.

Of the eleven respondents who had formally self-excluded, nine were moderate-risk or problem gamblers. Six of these moderate-risk or problem gamblers had self-excluded from three or more venues in the past 12 months before COVID-19.

12.2.2 Online self-exclusion

In addition to being asked about self-exclusion from venues, all gamblers were asked whether they had formally excluded themselves from an online gambling provider through their website or mobile app, in the past 12 months before COVID-19. Only one percent (n=18) said they had, including 14 men and four women. Five out of the 14 self-excluded male gamblers tried to re-access the provider(s), and three succeeded. Only one female gambler tried to re-access, and did not succeed.

As with formal self-exclusion from venues, gamblers were also asked how many online providers they had excluded themselves from. A similar pattern was found when the results were analysed by PGSI status. Thirteen out of the 18 respondents who had self-excluded from online providers were moderate-risk or problems gamblers, and more than half of them (n=7) were self-excluded from three or more providers.

12.3 BARRIERS AND FACILITATORS

All gamblers were asked whether they had tried to seek help for problems relating to their gambling in the past 12 months before COVID-19. The small sample (n=13) who had were then asked their reasons for seeking help. Respondents were read a list of pre-coded reasons for seeking help. The results are shown in Table 76.

The need to change was the most common; reported by eight per cent help seekers. There were also mentions of wanting support and advice from friends per cent, wanting professional advice (e.g. GP per cent) and experiencing a family or financial crisis per cent.

Table 76. Why help was sought (multiple responses permitted)

Why help was sought	Percentage of respondents who said they got help for problemsrelating to their gambling (%)
Realised you had a problem and that things had to change (cognitive change)	63
Support and advice from friends	36
Professional advice (e.g. GP)	19
Family crisis	14
Financial crisis	14

Base: Respondents who said they got help for problems relating to their gambling (n=13). *Q88. What things made you seek help?*

All help-seekers were asked about the type of help they sought, and a list of pre-coded types was read out to them.

As shown in Table 77, professional help was favoured. Nine respondents (64 per cent) said they used 'other professional help, including counselling service or social worker'. Six respondents (43 per cent) had sought personal help, such as speaking with family/friends/a work colleague, and two (16 per cent) said they had used self-help online tools and manuals. The Gambler's Help 24-hour hotline had been used by one respondent (11 per cent), and Gambler's Help face-to-face counsellors had been used by one respondent (6 per cent).

No help seekers reported accessing Gambler's Help Online.

Table 77. Type of help sought (multiple responses permitted)

Type of help sought	Percentage of respondents who said they got help for problemsrelating to their gambling (%)
Other professional (Including counselling service or social worker)	64
Gambler's Help 24-hour hotline	11
Gambler's Help face-to-face counsellors	6
Gambler's Help Online	–
Personal (Such as speaking with family/friends/work colleague)	43
Self-help (such as online tools, manuals)	16

Base: Respondents who said they got help for problems relating to their gambling (n=13). *Q.89. What kind of help did you seek?*

Those who sought professional help were asked how they found out about the professional service. As shown in Table 78, the most common means was via referral from 'other professional service' (37 per cent, n=4), followed by advertising material or sign in a pub, hotel, club or casino (27 per cent, n=2). One of the ten (10 per cent) had directly contacted an independent counsellor or community organisation, and one had used Tasmanian Gambler's Help Website (7 per cent).

Table 78. Professional help awareness (multiple responses permitted)

Professional help awareness	Percentage of respondents who said they sought professionalhelp (%)
Referral from other professional service	37
Advertising material or sign in a pub, hotel, club or casino	27
Directly contacting independent counsellor or community organisation	10
Tasmanian Gambler's Help Website	7
Through an online wagering provider's website	0
Staff member at a pub, hotel, club or casino	0
Television/Radio advertisement from a wagering operator	0
Gambler's Help phoneline	0
National Gambling Help Online website	0
Tasmanian Gambler's Help Social Media Channel	0

Base: Respondents who sought professional help (n=10). *Q.90. How did you find out about the professional service?*

For those who sought personal help, a question about the type of personal help was asked. As shown in Table 79, family members were preferred (53 per cent, n=3), while around one third (34 per cent, n=2) said they talked to friends or work colleagues.

Table 79. Type of personal help (multiple responses permitted)

Type of help sought	Percentage of respondents who said they sought personal help(%)
Talking to family members	53
Taking to friends/work colleague	34
Talking to religious/community leader	–

Base: Respondents who said they sought personal help (n=6). *Q.92. What type of personal help did you mainly seek?*

Respondents who reported that they had not sought help for their gambling problems in the preceding 12-month period, were asked why not. As shown in Table 80, more than four fifths (82 per cent) said that they did not have a gambling problem, while one in ten (10 per cent) believed they could sort the problem out themselves and 2 per cent felt that counselling is not helpful. Less than one percent (0.4 per cent) said that their reason for not seeking help was associated with shame or stigma.

Table 80. Reasons for not seeking help (multiple responses permitted)

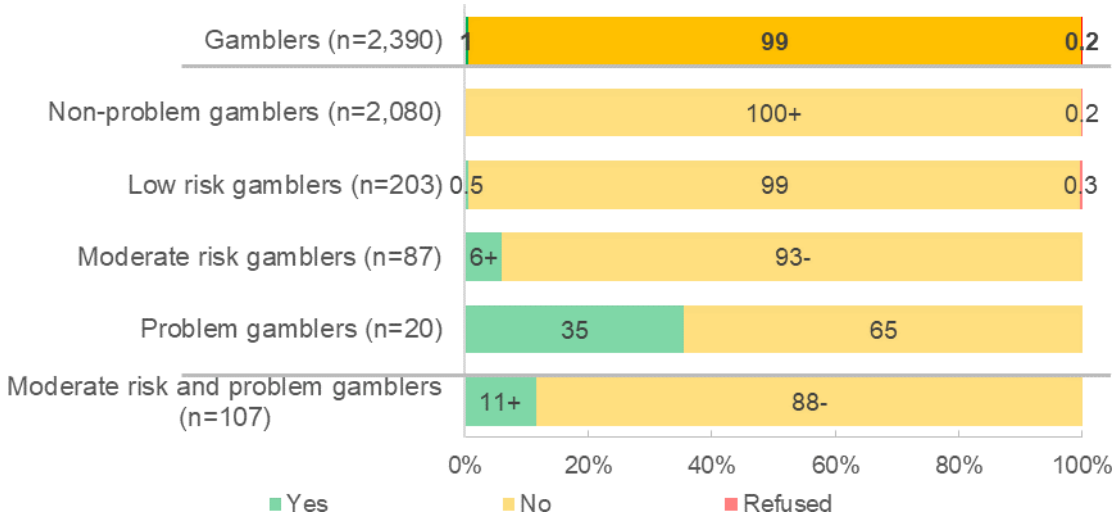
Reasons for not seeking help	Percentage of respondents who said they did not get any sort ofhelp and had a PGSI score ≥ 2 (%)
Didn't think you had a problem	82
Believed you could sort the problem out yourself	10
Don't believe that counselling is helpful	2
Felt shame or stigma	0.4
Too overwhelmed to seek help	0
Thought about it, but did not get around to it	0
Couldn't find a service at the right time or place	0
Language or cultural issues	0

Base: Respondents who said they did not get any sort of help and had a PGSI score ≥ 2 (n=157). *Q94. May I ask why didn't you seek help for problems relating to gambling?*

12.4 HELP-SEEKING BY PGSI STATUS, AGE AND GENDER

There were 13 respondents who said that they had sought help for their gambling problems during the past 12 months before COVID-19; seven were male and six were female. Help-seeking behaviour by PGSI status is shown in Figure 69. One percent (n=13) of gamblers had sought help during the time period in question. This rate was significantly higher among moderate-risk and problem gamblers (11 per cent). More than a third (35 per cent) of problem gamblers had sought help during the 12-month period before COVID-19, but this did not reach statistical significance (due to the small sample).

Figure 69. Help-seeking, by PGSI status



Base: Gamblers (n=2,390). *Q87. In the 12 months before COVID-19, have you tried to get any sort of help for problems relating to your gambling, such as professional or personal help like talking to family or friends?*

Table 81 shows the unweighted number of respondents who had sought help, by age group.

Table 81. Help-seeking by age

Age groups	Number of respondents who said theysought help
18 to 24 years	3
25 to 34 years	3
35 to 44 years	3
45 to 54 years	2
55 to 64 years	2
65 years and over	0

Base: Gamblers (n=2,390). *Q87. In the 12 months before COVID-19, have you tried to get any sort of help for problems relating to your gambling, such as professional or personal help like talking to family or friends?*

12.5 BARRIERS AND FACILITATORS, BY PGSI STATUS, AGE AND GENDER

Gamblers who indicated that they had sought help for gambling-related problems in the 12 months before COVID-19, were asked what had prompted them to seek help. They were read out a list of potential motivators, from which they could nominate all that applied.

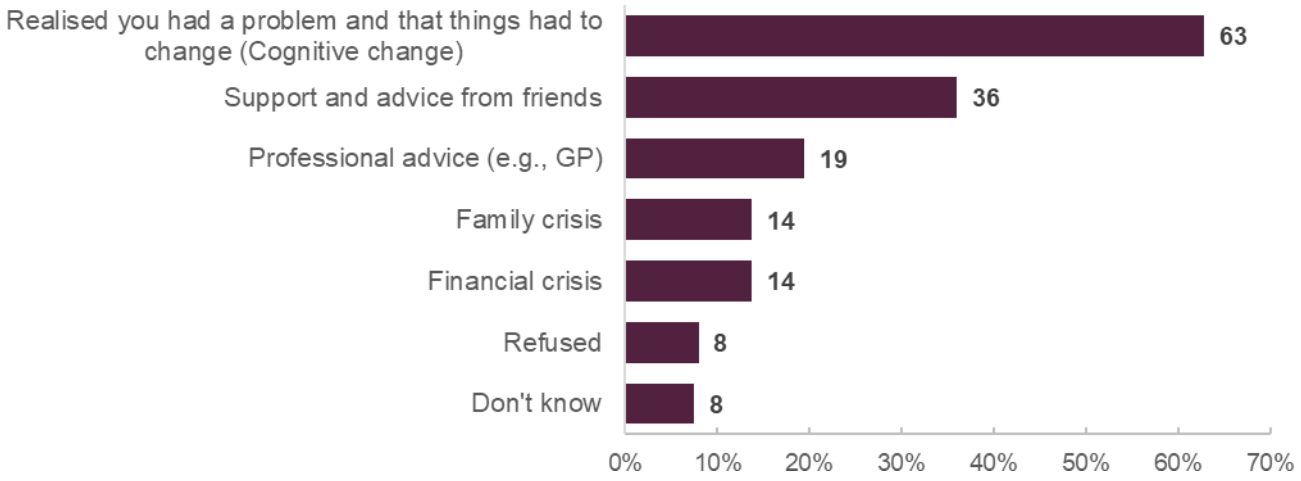
Of the 13 gamblers who had sought help, eight (63 per cent) agreed that they had done so because they had realised that they had a problem which they needed to address.

Five gamblers (36 per cent) said that support and advice from friends had facilitated their help-seeking.The other nominated reasons for seeking help are shown in Figure 70.

All the respondents who provided their reasons for seeking help were moderate-risk or problem gamblers. (The one low-risk gambler who had sought help did not say what had motivated them to do so.)

The sample of respondents who had sought help (n=13) included 7 men and 6 women, and two or three respondents in each of the five age groups between 18-64 years. However, the sample was too small to analyse the facilitators to help-seeking by PGSI status, gender or age.

Figure 70. Reasons help was sought



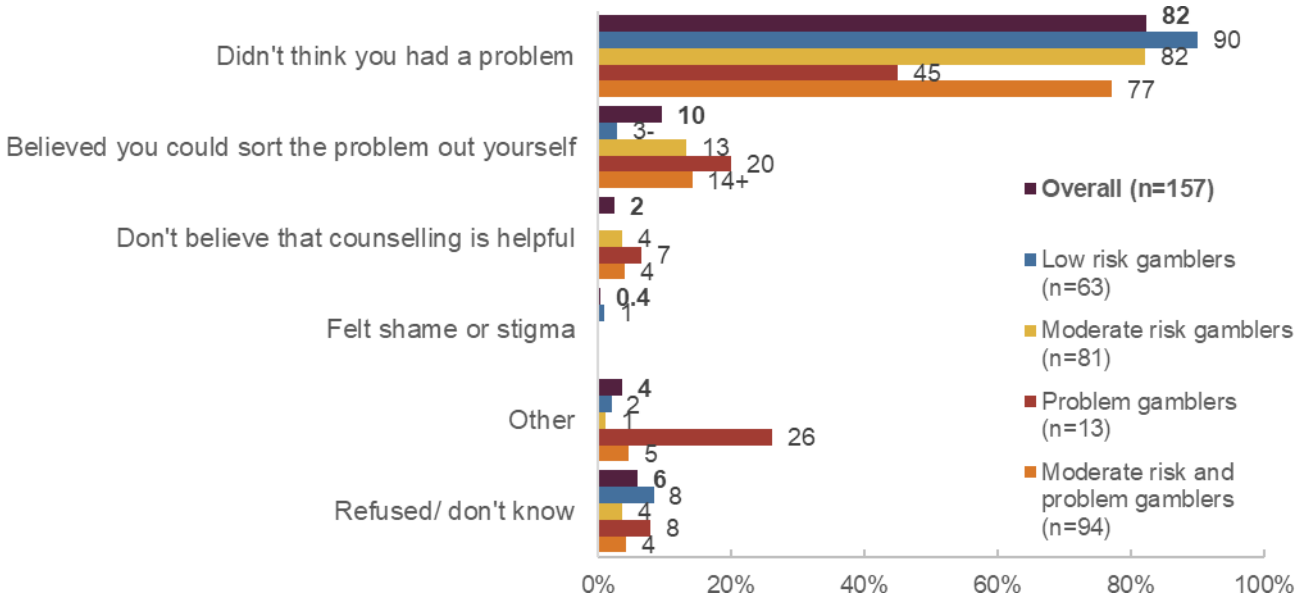
Base: Respondents who sought help for gambling-related problems (n=13). *Q88. What things made you seek help?*

Gamblers who indicated that they had not sought help for gambling-related problems in the 12 months before COVID-19, and who scored 2 or more on the PGSI, were asked their reasons for not seeking help. (This meant that non-problem gamblers and some low-risk gamblers, with PGSI scores of 1, were not asked this question.) Pre-coded responses were not read out, but respondents were encouraged to provide as many reasons as were applicable.

More than four out of five gamblers (82 per cent) replied that they did not seek help because they did not think they had a problem, as shown in Figure 71.

One in ten gamblers (10 per cent) expressed a belief that they could deal with the problem themselves. Moderate-risk and problem gamblers were significantly more likely than low-risk gamblers to mention this belief (14 per cent compared with 3 per cent).

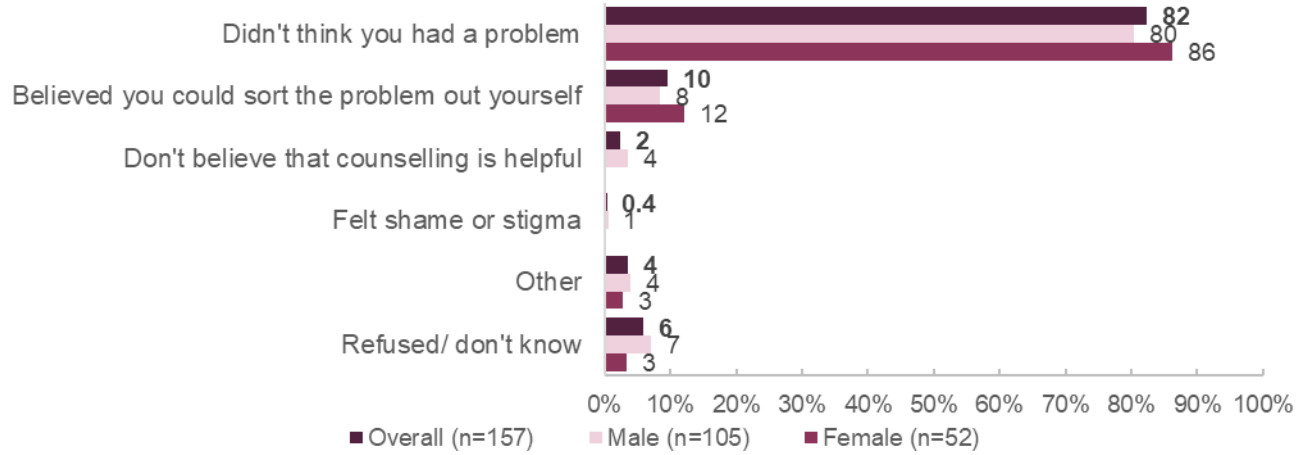
Figure 71. Reasons for not seeking help, by PGSI status



Base: Respondents who said they did not get any sort of help and had a PGSI score ≥ 2 (n=157). *Q94. May I ask why didn't you seek help for problems relating to gambling?*

Female gamblers were slightly more likely than male gamblers to indicate that they did not have a problem (86 per cent compared with 80 per cent), or that they could sort the problem out themselves (12 per cent compared with 8 per cent), but the differences did not reach statistical significance (see Figure 72.)

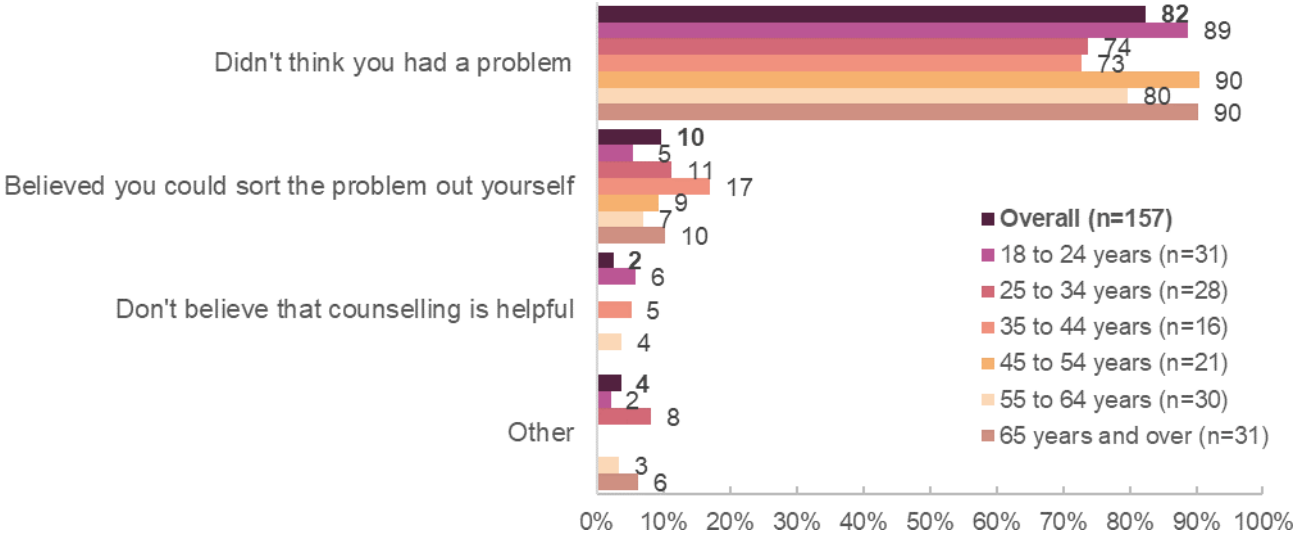
Figure 72. Reasons for not seeking help, by gender



Base: Respondents who said they did not get any sort of help and had a PGSI score ≥ 2 (n=157). *Q94. May I ask why didn't you seek help for problems relating to gambling?*

Gamblers aged between 25 and 44 years were less likely to mention not having a gambling problem than gamblers overall (74 per cent of 25-34 year olds, 73 per cent of 35-44 year olds, compared with 82 per cent overall). They were more likely to mention being able to sort the problem out themselves (11 per cent of 25-34 year olds, 17 per cent of 35-44 year olds, compared with 10 per cent overall). However, these differences did not reach statistical significance, as shown in Figure 73.

Figure 73. Top four reasons for not seeking help, by age



Base: Respondents who said they did not get any sort of help and had a PGSI score ≥ 2 (n=157). *Q94. May I ask why didn't you seek help for problems relating to gambling?*

13 HEALTH-RELATED CORRELATES AND COMMUNITY ATTITUDES

13.1 OVERVIEW

All respondents were asked about their smoking status, alcohol and any other substances (including anti-depressants, sleeping tablets, marijuana and any other illicit substances) consumption during the past 12 months before COVID-19. The Kessler Psychological Distress Scale (K6) was also included to assess respondents' psychological distress. Respondents' attitudes towards the impact of gambling on the community were measured through their level of agreement with a single statement on whether gambling does more harm than good.

The findings in this chapter were based on weighed data and can be generalised to the broader Tasmanian population.

All gamblers (respondents that had done at least one gambling activity in the 12 months preceding COVID-19) were also asked about the extent to which they enjoyed gambling.

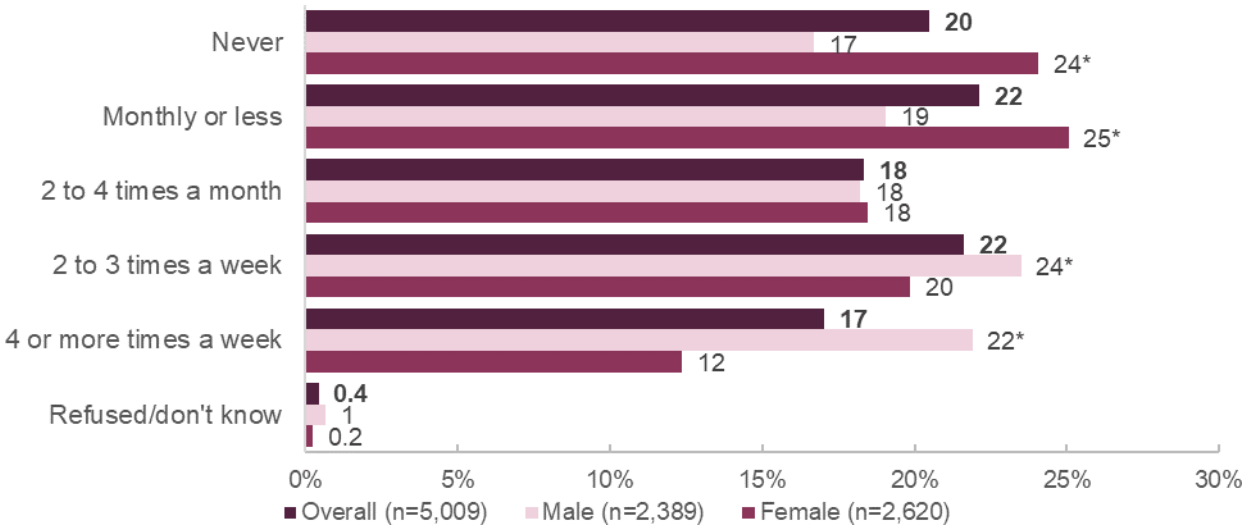
13.2 SUBSTANCE USE AND PSYCHOLOGICAL DISTRESS

This section discusses alcohol consumption, smoking, use of other substances, and the results from the K6 psychological distress assessment.

13.2.1 Alcohol screen

A brief screening test consisting of three questions taken from the Alcohol Use Disorders Identification Test (AUDIT-C) was used to assess the risk of alcohol-related harm. All respondents were firstly asked how often they drank alcohol in the past 12 months before COVID-19. One fifth (20 per cent) said they never did, and this rate was higher among women (24 per cent) than men (17 per cent). As shown in Figure 74, men also drank more frequently than women, with almost a quarter (24 per cent) of men drinking two to three times per week and more than one fifth (22 per cent) men drinking four or more times per week, compared to 20 per cent and 12 per cent respectively among women.

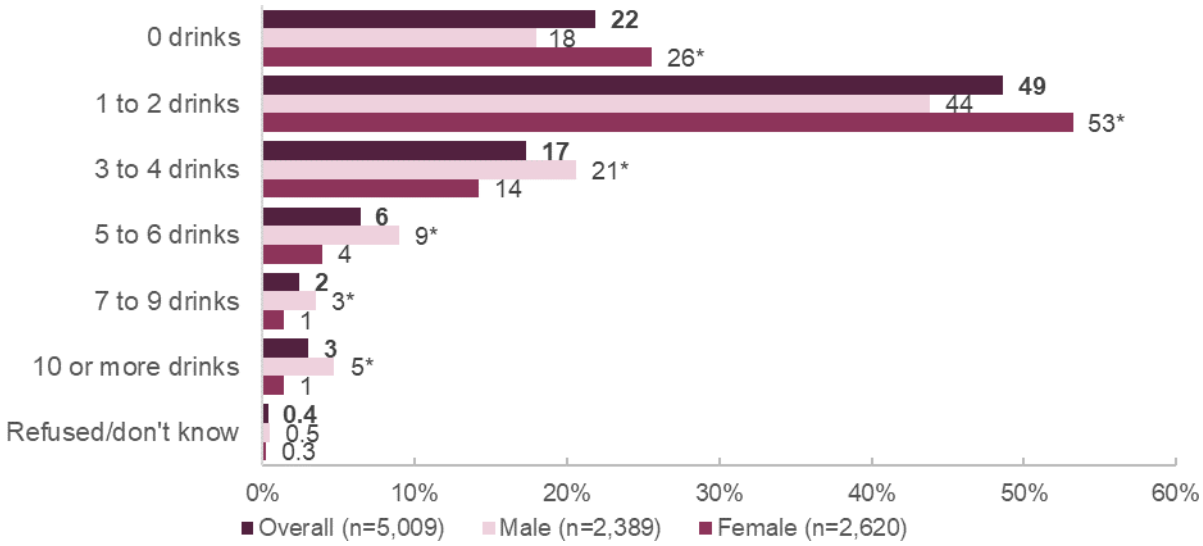
Figure 74. Alcohol drunk the in the last 12 months, overall and by sex



Base: All respondents (n=5,009). *Q108. How often did you have a drink containing alcohol (in the last 12 months)? Consider a "drink" to be a "pot" of full strength beer, a small glass of wine, a wine cooler, or a shot of liquor (like scotch, gin, or vodka).*

Respondents who had drunk during the 12-month period were asked how many drinks they had on a typical day when they were drinking (those who never drank were coded as 0). As shown in Figure 75, almost half of the sample (49 per cent) said they had one to two drinks on a typical day when drinking, and this rate was higher among women than men (53 per cent and 44 per cent respectively). Conversely, men were more likely to drink three or more drinks.

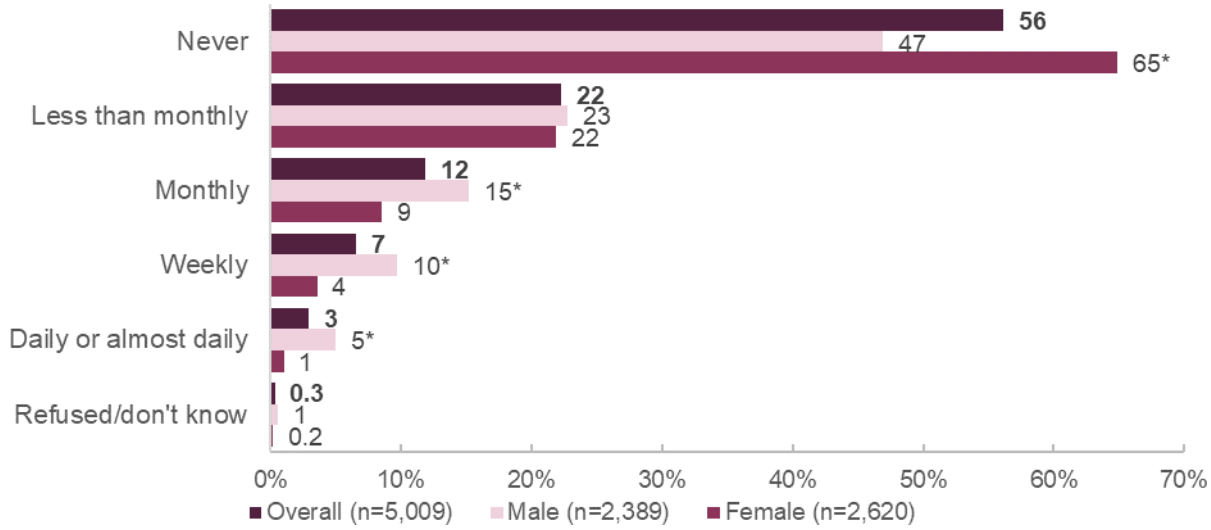
Figure 75. Alcohol drunk on a typical day when drinking (in the last 12 months), overall and by sex



Base: All respondents (n=5,009). *Q109. How many drinks did you have on a typical day when you were drinking (in the last 12 months)?*

Respondents were then asked how often they had five or more drinks in one occasion in the 12 months before COVID-19. Again, women's alcohol intake was lower than men, with females less likely to drink five or more drinks in a single sitting. As shown in Figure 76, 65 per cent of women had never drunk five or more drinks in one occasion, compared with 47 per cent of men. Conversely, men were significantly more likely than women to drink at least monthly.

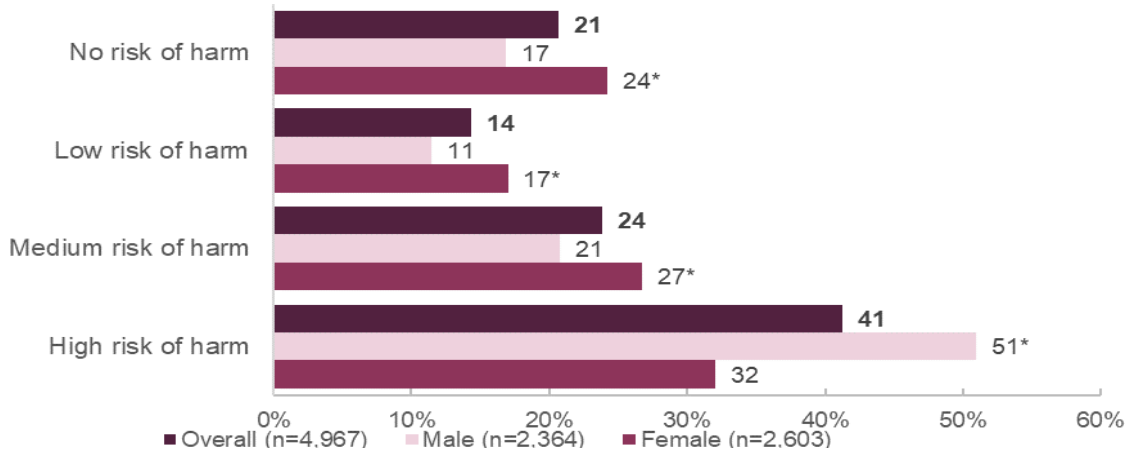
Figure 76. Five or more drinks in one occasion (in the last 12 months), overall and by sex



Base: All respondents (n=5,009). *Q110. How often do you have five or more drinks in one occasion (in the last 12 months)?*

Four levels of risk of harm were derived from the responses to these three questions (no risk, low-risk, medium risk and high risk of harm). As shown in Figure 77, over half of male respondents (51 per cent) were classified as havinghigh risk of alcohol harm, while the rate among women was significantly lower at around one third (32 per cent). Conversely, women were significantly more likely than men to be in the other three categories.

Figure 77. Alcohol screen, overall and by sex

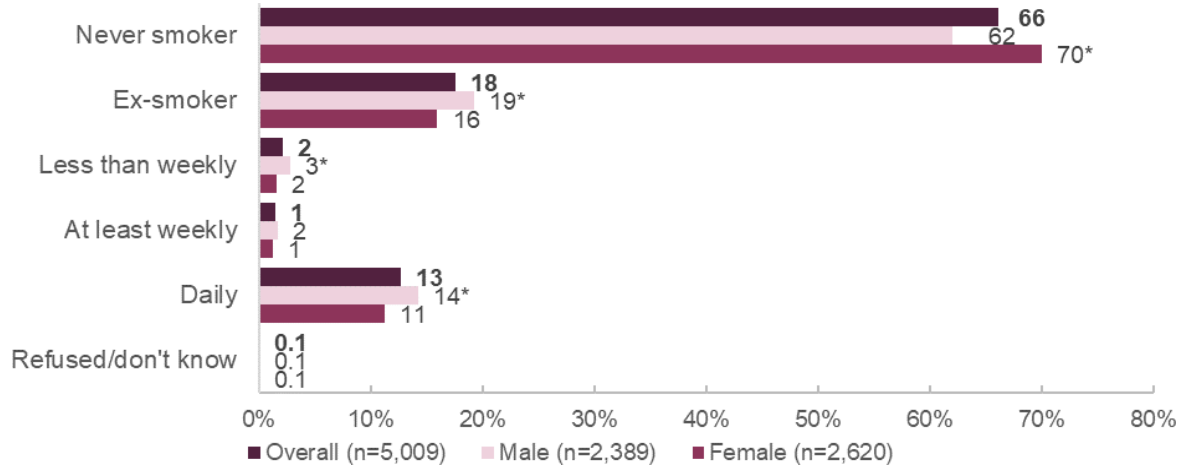


Base: All respondents, excluding 'don't know'/refused (n=4,967). [Derived from responses to three alcohol consumption questions: *Q108. How often did you have a drink containing alcohol (in the last 12 months)? Consider a "drink" to be a "pot" of full strength beer, a small glass of wine, a wine cooler, or a shot of liquor (like scotch, gin or vodka). Q109. How many drinks did you have on a typical day when you were drinking (in the last 12 months)? Q110. How often do you have five or more drinks in one occasion (in the last 12 months)?*]

13.2.2 Smoking

A brief summary measure of smoking status was also included in the survey. All respondents were asked how often they smoke. Almost two thirds (66 per cent) said they never smoked. Women were more likely than men to be non-smokers (70 per cent compared with 62 per cent). At the other end of the spectrum, men were significantly more likely than women to smoke daily (14 per cent compared with 11 per cent), as shown in Figure 78.

Figure 78. Frequency of smoking, overall and by sex

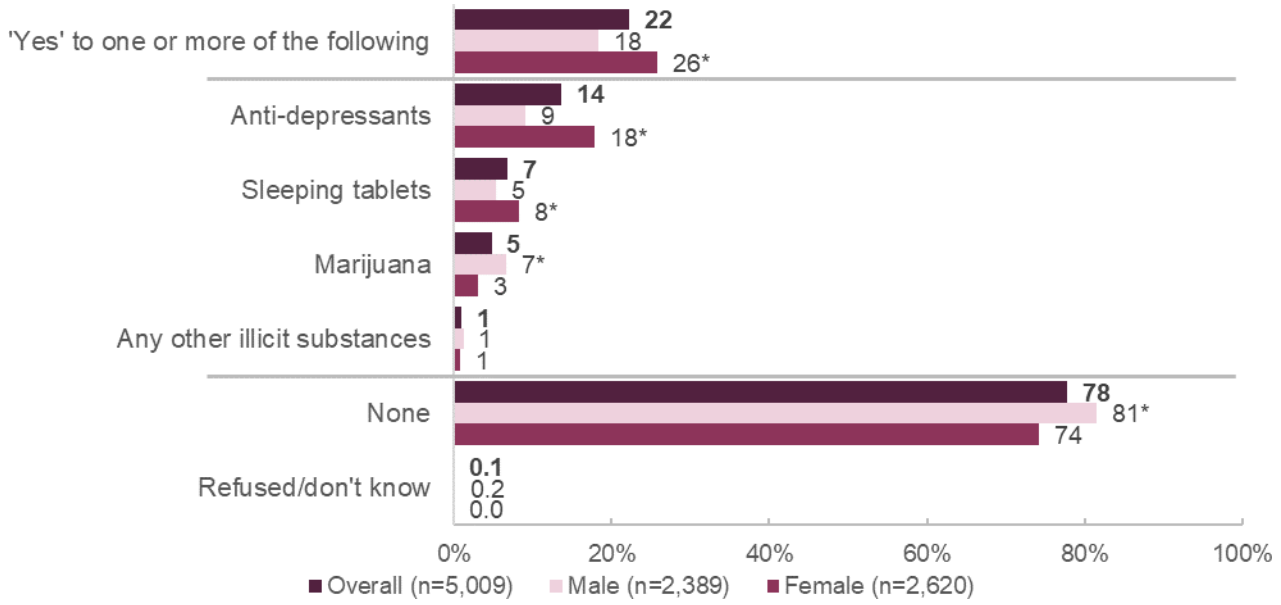


Base: All respondents (n=5,009). *Q111. How often do you smoke?*
Note: 'Never smoker' has smoked less than 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life; 'Ex-smokers' have smoked at least 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life, and reported no longer smoking.

13.2.3 Other substance use

All respondents were then asked whether they had consumed any medicines or illicit substances (excluding alcohol or cigarettes) during the four weeks preceding the interview. Almost four fifths (78 per cent) said they had not consumed any during this time. In contrast to alcohol and tobacco, women were more likely than men to report having taken at least one medicine/substance (26 per cent versus 18 per cent of men). As shown in Figure 79, anti-depressants were the most prevalent (18 per cent of women, 9 per cent of men), followed by sleeping tablets (8 per cent of women, 5 per cent of men) and marijuana (3 per cent of women and 7 per cent of men).

Figure 79. Any other substance use, overall and by sex



Base: All respondents (n=5,009). *Q112. During the last 4 weeks have you consumed or used any of the following medicines or substances?*

13.2.4 Psychological distress

The Kessler Psychological Distress Scale (K6) is designed to measure level of psychological distress. The screen asks how often people have experienced the following six symptoms: felt nervous, hopeless, restless or fidgety, worthless, depressed, and felt that everything was an effort during the past 30 days. Each of the K6 symptoms are rated on a five-point scale, from zero to four. The K6 was scored using scores of none of the time were zero and all of the time are scored four. Within a range of 0-24, respondents were classified as 'no or low distress (0-4 points), of moderate distress (5-12) and high distress (13+).

Table 82. Kessler Psychological Distress Scale (K6) classification

	Percentage (%)
No or low distress (n=3,485)	68
Moderate distress (n=1,184)	26
High distress (n=263)	6

Base: All respondents excluding 'don't know'/refused (n=4,932) [Derived from Kessler Psychological Distress Scale (K6): *Q107. About how often during the past 30 days did you [insert statement] - would you say all of the time, most of the time, some of the time, a little of the time, or none of the time? Feel nervous; Feel hopeless; Feel restless or fidgety; Feel so depressed that nothing could cheer you up; Feel that everything was an effort; Feel worthless*]

The K6 was asked of all respondents. The proportion of respondents endorsing each statement is shown in Table 83. About half of the sample reported they felt nervous, felt restless or fidgety or felt that everything was an effort in the past 30 days, the rates were at 53 per cent, 48 per cent and 49 per cent respectively. Respondents were somewhat less likely to report that they feel hopeless (28 per cent), feel so depressed that nothing could cheer them up (25 per cent) or feel worthless (22 per cent).

Table 83. Kessler Psychological Distress Scale (K6)

Statement	Percentage (%)				
	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Feel nervous	47	24	21	5	2
Feel hopeless	72	14	10	3	1
Feel restless or fidgety	52	20	19	5	3
Feel so depressed that nothing could cheer you up	75	12	9	3	1
Felt that everything was an effort	51	21	18	5	4
Felt worthless	78	10	8	2	1

Base: All respondents (n=5,009). *Q107. About how often during the past 30 days did you **[insert statement]** - would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?*

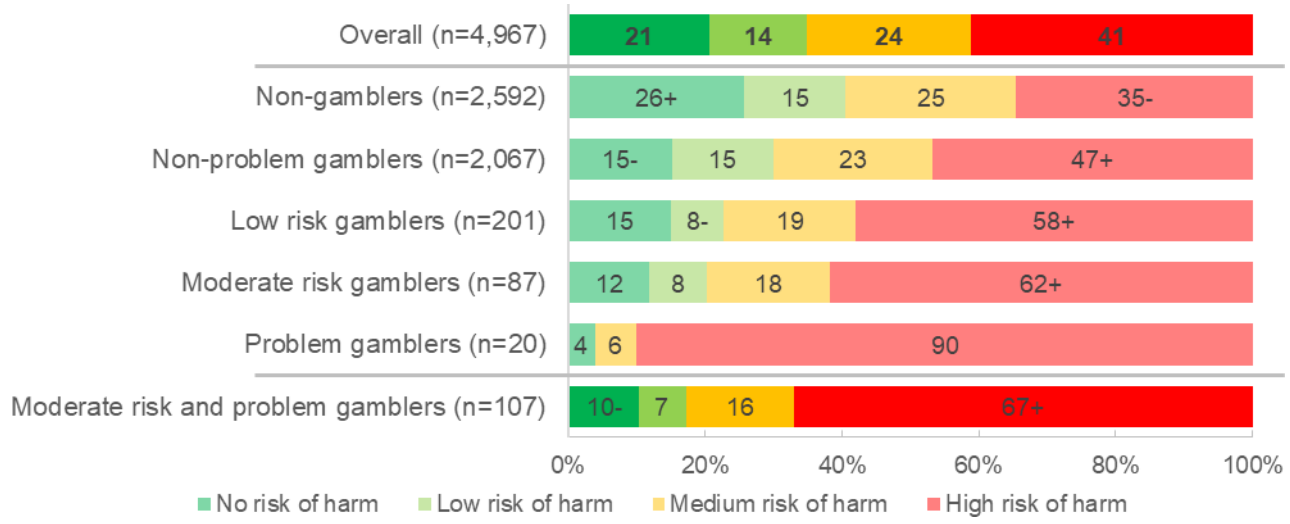
13.3 SUBSTANCE USE BY PGSI STATUS

The measures reported above were analysed in relation to PGSI status, to examine comorbidities.

13.3.1 Alcohol screen by PGSI status

An association was found between alcohol-related harm and PGSI status. As shown in Figure 80, more than two thirds (67 per cent) of moderate-risk and problem gamblers (combined) were classified as having a high risk of alcoholrelated harm, and this figure rose to 90 per cent of problem gamblers. Figure 80 clearly shows that, as risk of problem gambling decreases, so does the level of alcohol-related risk.

Figure 80. Alcohol screen, overall and by PGSI status

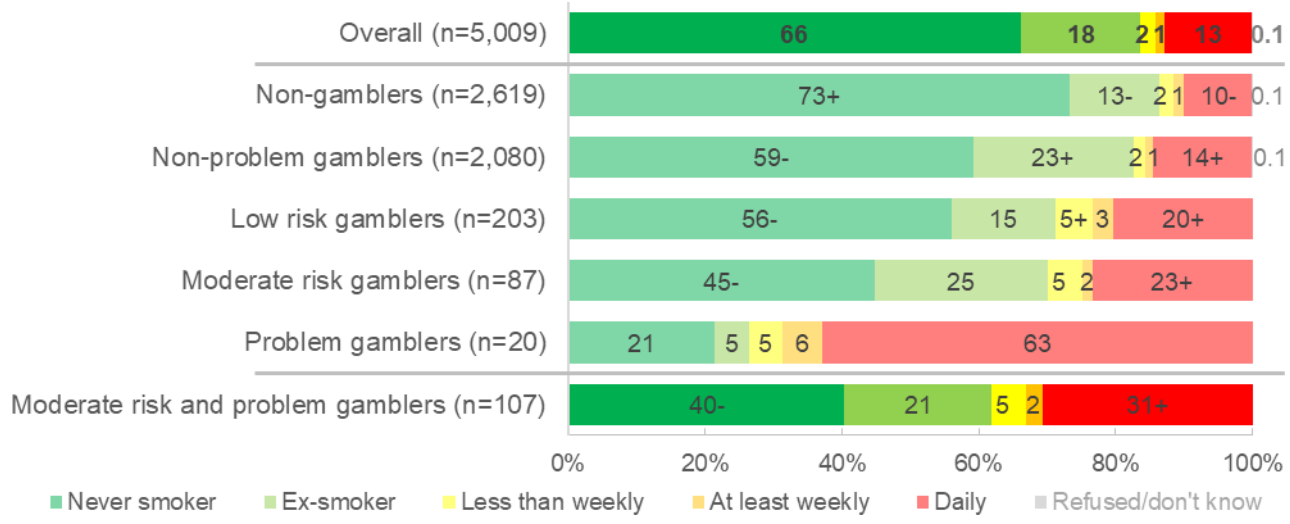


Base: All respondents, excluding 'don't know'/refused (n=4,967). [Derived from responses to three alcohol consumption questions: *Q108. How often did you have a drink containing alcohol (in the last 12 months)? Consider a "drink" to be a "pot" of full strength beer, a small glass of wine, a wine cooler, or a shot of liquor (like scotch, gin or vodka). Q109. How many drinks did you have on a typical day when you were drinking (in the last 12 months)? Q110. How often do you have five or more drinks in one occasion (in the last 12 months)?*]

13.3.2 Frequency of smoking by PGSI status

A similar pattern of association was found between PGSI level and smoking status, as shown in Figure 81. Almost a third (31 per cent) of problem/moderate-risk gamblers reported that they smoke daily, compared with one in ten (10 per cent) of non-gamblers.

Figure 81. Frequency of smoking, by PGSI status

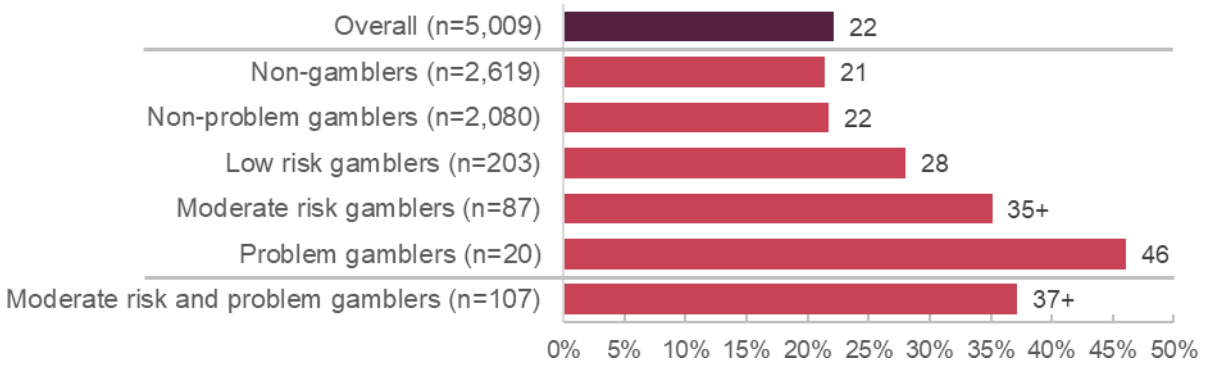


Base: All respondents (n=5,009). *Q111. How often do you smoke?*
Note: 'Never smoker' has smoked less than 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life; 'Ex-smokers' have smoked at least 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life, and reported no longer smoking.

13.3.3 Other substance use by PGSI status

Similarly, the use of other substances was associated with problem gambling risk, as shown in Figure 82. More than one third (37 per cent) of the category of moderate-risk and problem gamblers reported having used one or more substances during the past four weeks. This compared with 22 per cent overall.

Figure 82. Any other substance use, by PGSI status



Base: All respondents (n=5,009). *Q112. During the last 4 weeks have you consumed or used any of the following medicines or substances?* ['Yes' to one or more of: Sleeping tablets; Anti-depressants; Marijuana; Any other illicit substances]

The results are presented for each substance separately in Table 84, which shows that moderate-risk and problem gamblers were significantly more likely to use marijuana (15 per cent), sleeping tablets (12 per cent), and other illicit substances (7 per cent). They were also more likely to use anti-depressants (19 per cent) but this difference did not reach statistical significance.

Table 84. Other substance use, by PGSI status

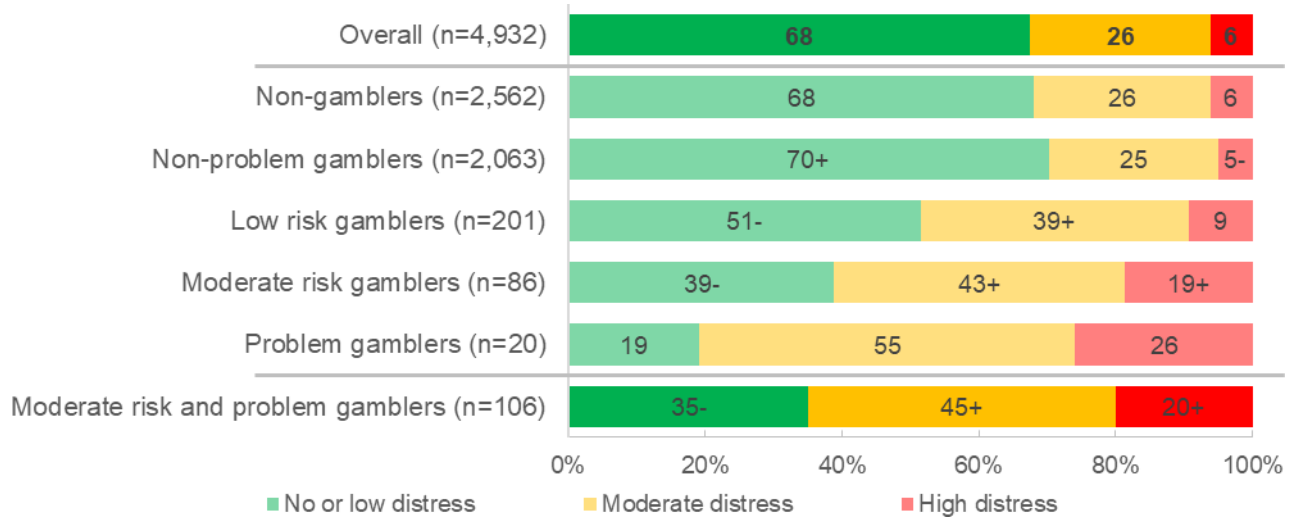
	Percentage (%)						
	Overall (n=5,009)	**Non-gamblers (n=2,619)**	**Non-problem gamblers (n=2,080)**	**Low-risk gamblers (n=203)**	**Moderate-risk gamblers (n=87)**	**Problem gamblers (n=20)**	**Moderate-risk and Problem gamblers (n=107)**
'Yes' to one or more of the below	**22**	**21**	**22**	**28**	**35+**	**46**	**37+**
Anti-depressants	**14**	13	14	18	20	12	**19**
Sleeping tablets	**7**	7	6	10	12	12	**12+**
Marijuana	**5**	5	4	6	12+	29	**15+**
Any other illicit substances	**1**	1	1-	3	5+	19	**7+**
None	**78**	**79**	**78**	**72**	**65-**	**54**	**63-**

Base: All respondents (n=5,009). *Q112. During the last 4 weeks have you consumed or used any of the following medicines or substances?*

13.4 PSYCHOLOGICAL DISTRESS BY PGSI STATUS

As shown in Figure 83, an association between level of psychological distress and PGSI status was observed with almost half (45 per cent) moderate-risk and problem gamblers being classified as 'moderate distress on the K6, a further one fifth (20 per cent) being classified as in 'high distress'. The equivalent figures among non-gamblers are 26 per cent and 6 per cent respectively.

Figure 83. K6 level of psychological distress, by PGSI status



Base: All respondents excluding 'don't know'/refused (n=4,932) [Derived from Kessler Psychological Distress Scale (K6): *Q107. About how often during the past 30 days did you [insert statement] - would you say all of the time, most of the time, some of the time, a little of the time, or none of the time? Feel nervous; Feel hopeless; Feel restless or fidgety; Feel so depressed that nothing could cheer you up; Feel that everything was an effort; Feel worthless*]

13.5 COMMUNITY ATTITUDES

Two statements were used to measure attitudes of all respondents towards the impact of gambling on the community. To control the framing of the question, half of the sample was randomly assigned to questions which asked their level of agreement that gambling has done more good than harm for the community; while the other half was asked the inverse (i.e. whether gambling has done more harm than good (Q114 in Appendix A)). Responses to these two questions were combined to indicate levels of agreement for the sample overall.

Gamblers were also asked to rate their enjoyment of gambling.

This section looks at community attitudes overall, by participation in gambling activities, by PGSI status, gender and age. Enjoyment of gambling is then analysed.

13.5.1 Community attitudes to gambling overall

Respondents' attitudes towards the impact of gambling on the community tended to be negative, with the majority (80 per cent) of the sample endorsing the statement 'gambling has done more harm than good for the community'.

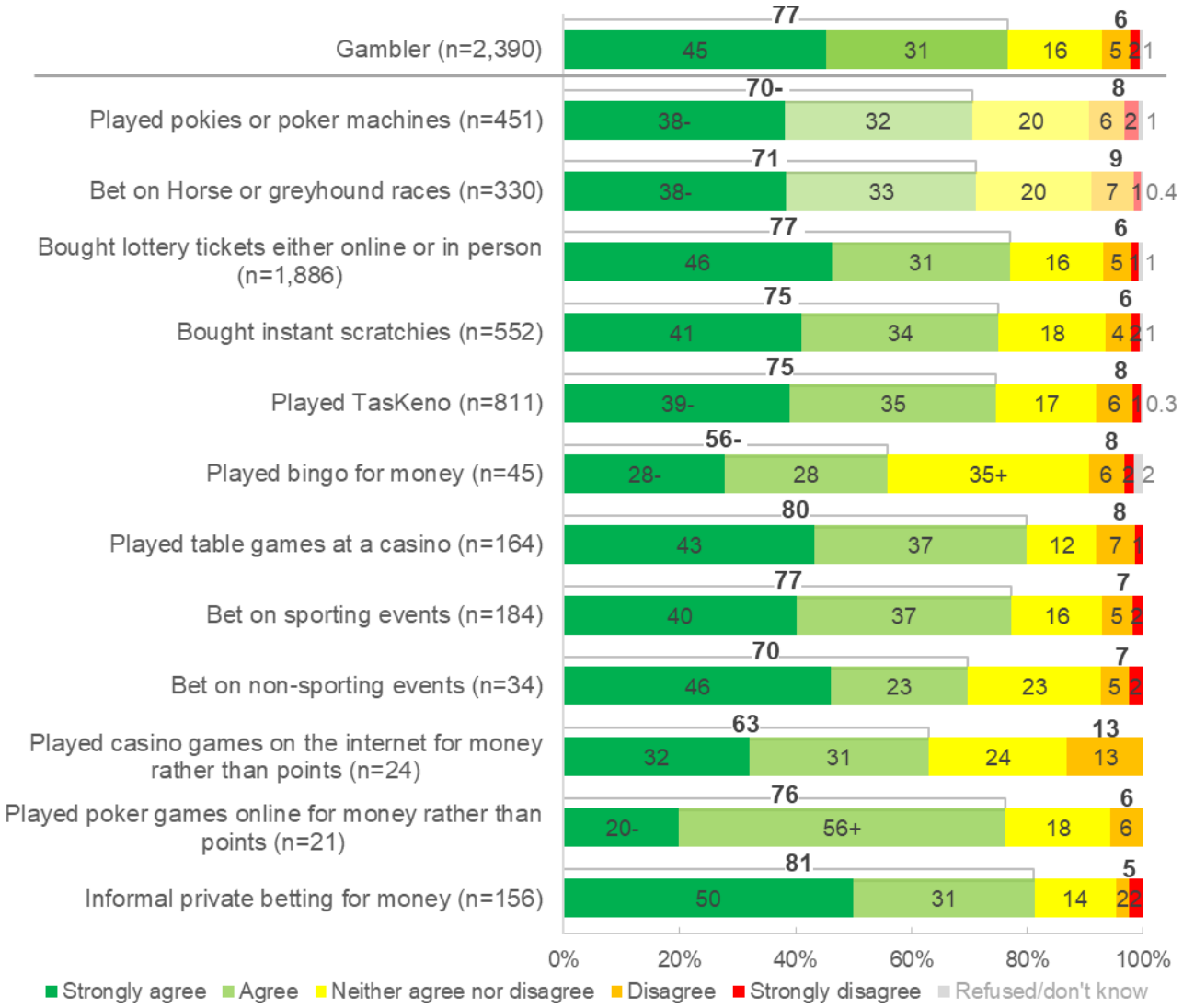
Gamblers were less likely to be negative (77 per cent) than non-gamblers (83 per cent). In other words, gamblers were less likely to think that gambling has done more harm than good for the community.

13.5.2 Community attitudes by gambling participation

Attitudes among all gamblers, as well as a breakdown by participation activities, is shown in Figure 84. More than three quarters (77 per cent) of gamblers strongly agreed or agreed gambling has done more harm than good for the community while less than one in ten (6 per cent) strongly disagreed or disagreed.

Bingo players (56 per cent) and EGM players (70 per cent) were significantly less likely than other gamblers (77 per cent) to agree that gambling is harmful to the community. Online casino game players were also less likely to believe that gambling is harmful to the community (63 per cent compared with 77 per cent overall), but this difference did not reach statistical significance.

Figure 84. Effect on community – more harm than good, by gambling activity

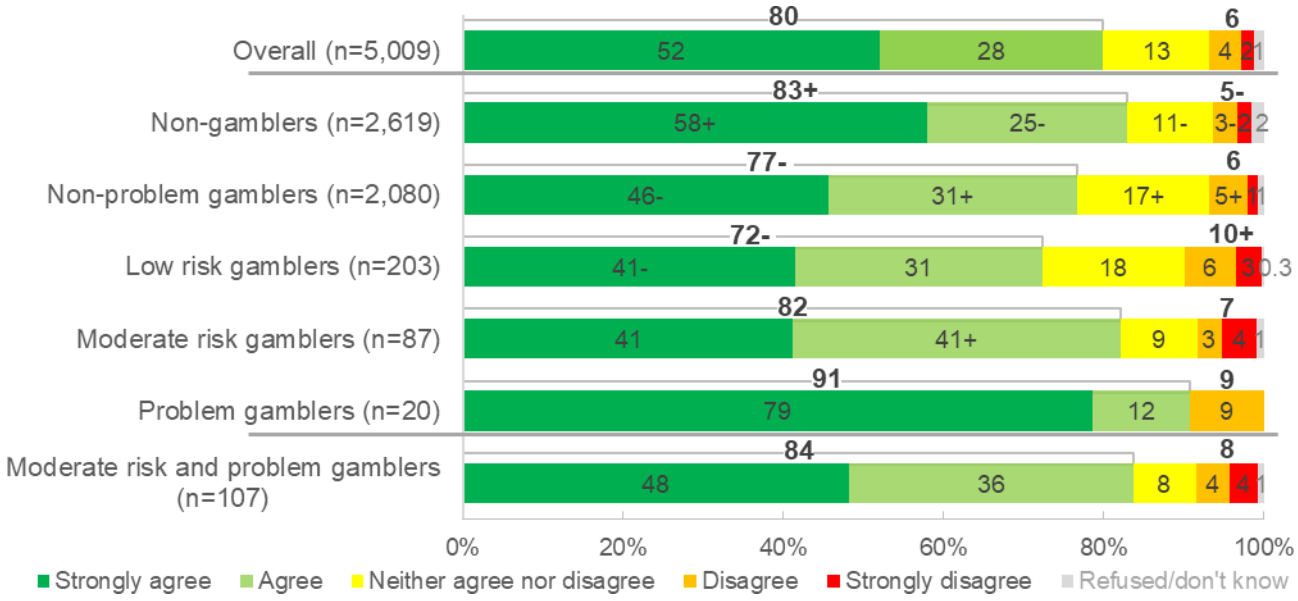


Base: Respondents who participated in at least one activity (n=2,390); participants in the listed activity (n indicated in chart). *Q113/114. Gambling has done more harm for the community than good. Would you say you…*

13.5.3 Community attitudes by PGSI status

Respondents' attitudes towards the impact of gambling on the community by PGSI status is shown in Figure 85. Problem gamblers were the most likely to believe that gambling causes community harm (91 per cent), but the samplewas small, and this finding did not reach statistical significance. At the other end of the spectrum, non-gamblerswere significantly more likely to believe that gambling is harmful (83 per cent, compared with 80 per cent overall).

Figure 85. Effect on community – more harm than good, by PGSI status

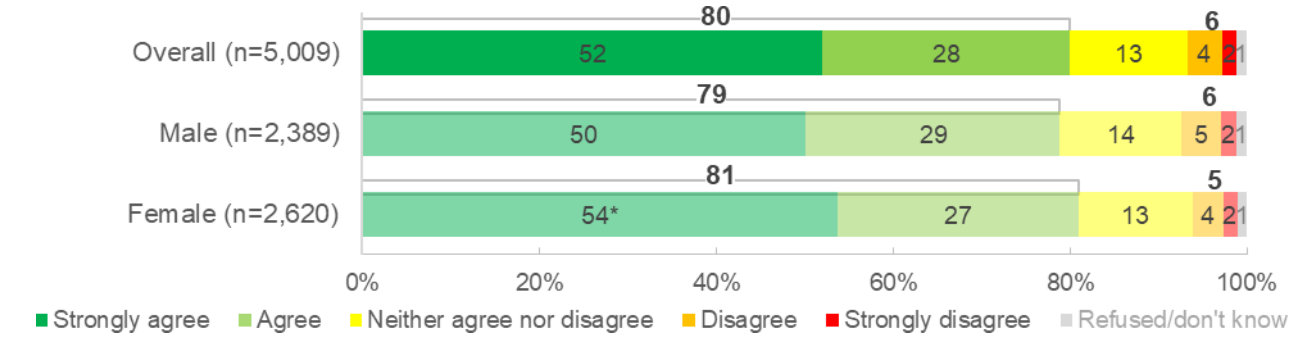


Base: All respondents (n=5,009). *Q113/114. Gambling has done more harm for the community than good. Would you say you…*

13.5.4 Community attitudes by gender and age

Respondents' attitudes towards the impact of gambling on the community by gender is shown in Figure 86. Women were more likely than men to strongly agree that gambling has done more harm for the community than good (54 per cent compared with 50 per cent).

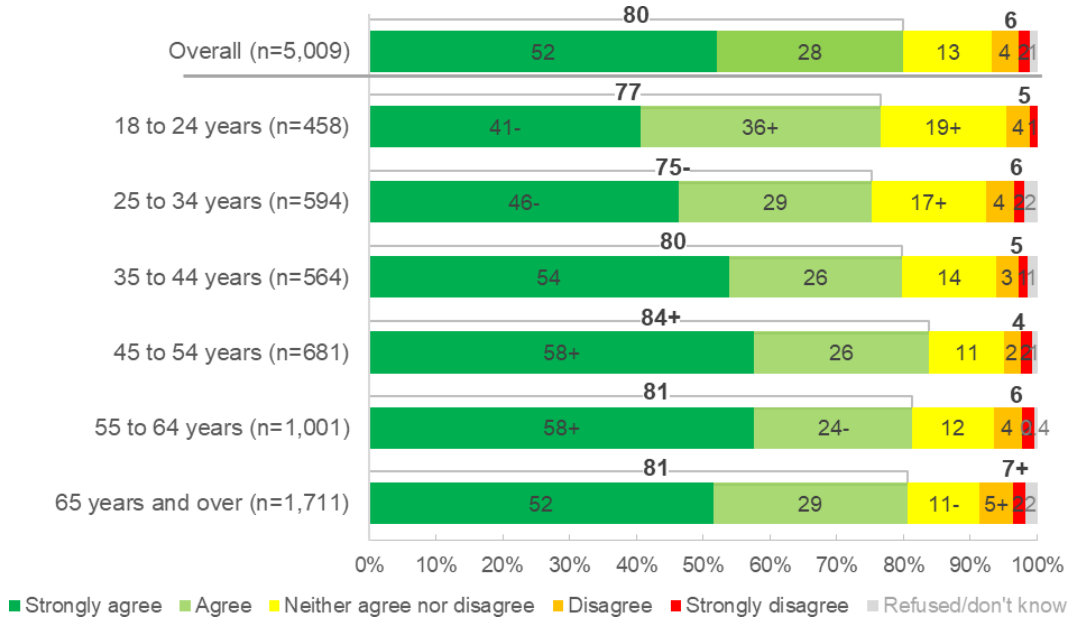
Figure 86. Effect on community – more harm than good, overall and by sex



Base: All respondents (n=5,009). *Q113/114. Gambling has done more harm for the community than good. Would you say you…*

Respondents' attitudes towards the impact of gambling on the community by age is shown in Figure 87. Tasmanian adults aged 45 to 54 years were most likely to believe that gambling causes more harm than good (84 per cent compared with 80 per cent overall).

Figure 87. Effect on community – more harm than good, overall and by age



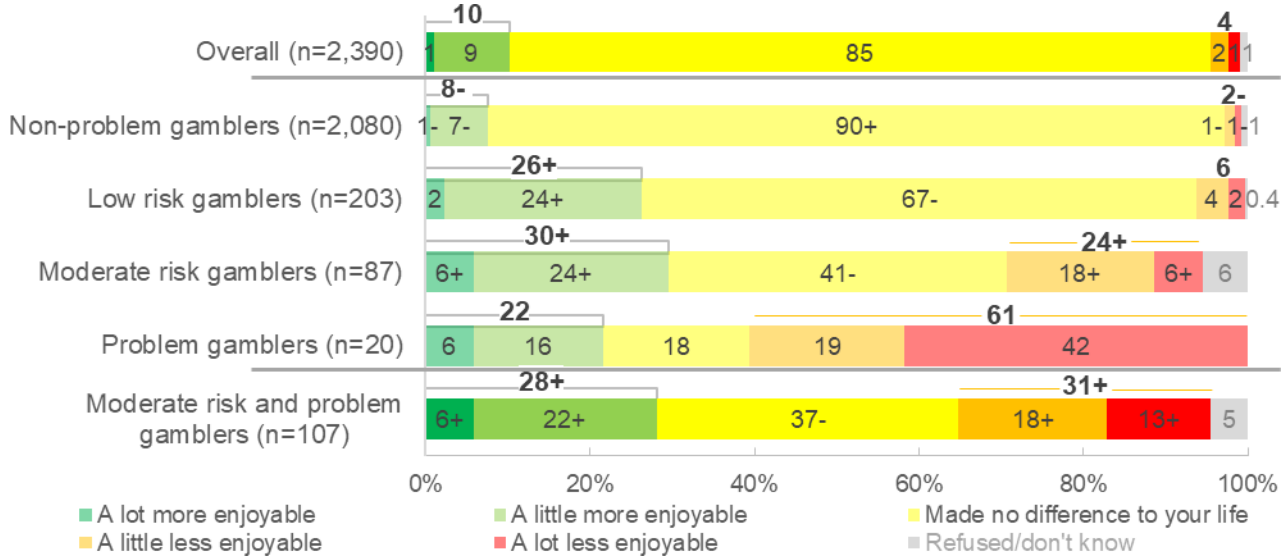
Base: All respondents (n=5,009). *Q113/114. Gambling has done more harm for the community than good. Would you say you…*

13.5.5 Enjoyment of gambling

All Gamblers were asked to rate the extent to which gambling had brought them enjoyment. One in ten gamblers (10 per cent) reported that gambling has made their life a lot or a little more enjoyable, 4 per cent said that gambling has made their life a lot or a little less enjoyable, while the majority (85 per cent) indicating gambling has made no difference to their life.

Figure 88 shows these results by PGSI status. More than a quarter (28 per cent) of the combined group of moderate- risk and problem gamblers felt that gambling has made their life a lot or a little more enjoyable. This was significantly higher than the overall figure among all gamblers (10 per cent). The results for this at-risk group were polarised, with 31 per cent (compared with 4 per cent overall) reporting that gambling has made their life less enjoyable.

Figure 88. Enjoyment of gambling, by PGSI status



Base: Gamblers (n=2,390). *Q115. Looking back over the 12 months before COVID-19, would you say gambling has made your life…*

14 SUMMARY OF FINDINGS

14.1 OVERVIEW

This final chapter provides an overview of the principal findings in each area of the study and their significance in the context of broad trends and research findings.

14.2 TRENDS IN GAMBLING PARTICIPATION

The findings from Chapter 4 indicate that many of the changes observed around Australia in relation to gambling participation rates are also being observed in Tasmania. There has been a marked decrease in overall reported gambling participation over the past 10-15 years from a participation rate of 72 per cent in 2008 to 47 per cent in the present survey. This is down from 59 per cent in 2017. Reported participation rates in most individual activities have also declined. For example, lottery participation has decreased from 52 per cent in 2005 to 37 per cent in 2020, while poker machine gambling only attracted 9 per cent of adults in the 12 months prior to COVID-19 as compared with 18 per cent in 2017. Sports gambling (6 per cent) remains relatively stable, but is still a less commonly reported activity. Similarly, there was no strong evidence of a move towards online gambling, with only 5 per cent of the sample reporting using the Internet to gamble.

Most of the demographic (gender and age) patterns observed in previous Tasmanian and other Australian surveys were observed in this survey. Men were more likely to gamble on a wider range of activities, most notably on activities such as racing, sports and casino games, whereas women were more likely to report playing scratch cards.

IMPLICATIONS: Relatively fewer people are now gambling in Tasmania, so that it is possible that the total expenditure and harm is becoming more concentrated in certain groups and is associated with fewer individuals. EGM and sports gambling appear to emerge from this study as two of the most important groups of interest.

14.3 COVID-19 AND GAMBLING

The results indicated that the COVID-19 pandemic generally had only a relatively small impact on gambling in Tasmania and these findings are generally consistent with other Australian and international studies (e.g. Gainsbury & Blaszczynski, 2020). Only 4 per cent of people who reported gambling at venues reported an increase in gambling and only 9 per cent reported spending more. The most common outcome was for people's reported gambling to remain the same or decrease. Consistent with these findings, little evidence was found that Tasmanians had adopted any new forms of gambling or migrated to online gambling.

However, the study did note some differences based upon the characteristics of individual gamblers. The lowest risk gamblers were more likely to report that they were spending the same amount as before COVID-19, whereas higher risk gamblers were more likely to report spending less than before. There was some evidence that younger males were more likely to have spent more on online gambling than before which mirrors similar results reported by Jenkinson et al. (2020) in a study conducted by the Australian Institute of Family Studies.

IMPLICATIONS: COVID-19 did not have a significant effect on gambling in Tasmania, but the resumption of gambling after the shutdown period in 2020 may have led to a strong re-emergence of gambling. A trend towards greater online gambling in younger males may be a trend to watch over the next three years.

14.4 GAMBLING ON SPECIFIC ACTIVITIES

The analysis of individuals indicated that Tasmanians rarely engage in non-lottery gambling on a regular basis (i.e. weekly). For example, only 1 per cent of the population gambles on EGMs at least once per week. EGM participation was generally more frequent amongst older people or those who were not in formal paid employment. Lottery gambling tended to attract older people, those who lived alone or who were couples without children. These findings are generally consistent with other prevalence studies that show that lottery gambling tends to be more common in older people. Another finding that was consistent with other studies was the tendency for men to be more likely to report engagement in skill-based gambling (racing, sports), but, in contrast to some other recent Australian studies, young people did not necessarily gamble more often on these activities than older people.

In drawing these conclusions, however, it important to be mindful that this study differed from previous Tasmanian surveys in that COVID-19 required that people had to recall their gambling from an earlier period. Although there is nothing to indicate that this may have biased the results in a particular direction, one cannot rule out that this may have influenced people's ability to recall all of their gambling from before the COVID period. As a result, there can be a danger that the results presented here could be slightly under-stated (i.e. under-estimate the level of gambling involvement).

IMPLICATIONS: Regular gambling is quite rare in Tasmania. Weekly gamblers have the highest probability of experiencing harm from gambling. Gambling expenditure appears to now be concentrated in a smaller proportion of the population than before.

14.5 INSIGHTS INTO EGM AND SPORTS GAMBLING

The study provided a number of insights into how people gamble in Tasmania. Analysis of expenditure showed that people typically spend the largest amounts per session when they gamble on casino games (usually over $100). EGM sessions average around $58, whereas smaller amounts (around $20-30) are spent when people gamble on lottery products. Higher expenditure appears to be associated with younger males, those who are more educated, live in Hobart, or who are in paid employment. This suggests that general expenditure levels are related to affordability and disposable income.

Specific questions relating to EGMs showed that around 50 per cent of people travel five kilometres or less to play EGMs. Most people tend to prefer low denomination one cent or two cent machines, with higher risk gamblers more likely to play the higher denomination machines. People tend to adopt a maximum lines / minimum credit, which is consistent with what has been observed in other Australian studies (e.g. in South Australia). Importantly the results showed that 73 per cent of EGM gamblers typically spend $1 per spin or less.

Analysis of specific questions relating to sports betting showed that most people gamble on racing using voice call at venues (68 per cent) and that 50 per cent place bets on the Internet. Most sports bets are placed using the Internet or mobile phone. When asked about the impact of inducements on their risk-taking, 77 per cent of sports gamblers indicated that it made no difference, but 20 per cent said that they did increase their bets. Of these people who increased their sports bets (the 20 per cent), 28 per cent indicated that they increased their bets by 1.5 times and 29 per cent said that they at least doubled them. In other words, 0.2 x 0.29 = 6 per cent of sports bettors significantly increased their bets due to the influence of inducements. These findings are consistent with the previous Australian findings of Hing et al. (2019), but showed that the proportion of sports bettors who are influenced is quite small. Similar questions about the impact of advertising showed that 78 per cent reported that they were not influenced and 14 per cent increased their bets: 32 per cent by 1.5 times and 18 per cent by 2 times) which represents 3 per cent of sports bettors. A total of 15 per cent of all sports bettors indicated that they placed wagers on microbets or events other than the overall outcome of matches.

A series of questions relating to Internet gambling showed that 11 per cent of people who gambled used the Internet as their means for doing so. The most common forms of Internet activity were placing bets on wagering activities. Only around 1 per cent of all gamblers reported placing bets on online gaming activities (e.g. online casinos or slot games) which suggests little interest in offshore activities which are illegal in Australia under the Interactive Gambling Act. Consistent with previous Australian research (Gainsbury et al., 2012), Internet gamblers were significantly more likely to be male, younger, more educated and with higher incomes.

IMPLICATIONS: Sports advertising and inducements may be having a small overall impact on gambling, but there is still insufficient evidence as to whether these marketing methods have a differentially large effect on higher risk gamblers. Internet gambling tends to attract people with a higher risk of problem gambling and harm, but net-based activities may not necessarily be the cause of this harm because the participants also tend to engage in a range of land-based activities.

14.6 PROBLEM GAMBLING

This study showed the proportion of Tasmanian adults with moderate to problematic levels of gambling had remained largely unchanged since 2017. The levels were found to be lower than in other recent prevalence studies, including those conducted in New South Wales and Victoria. Problem gamblers were found to be more likely to be male, younger, to be single and to have lower levels of educational attainment.

Analysis of the gambling habits showed that problem gamblers gambled on a wider range of activities; were statistically more likely to gamble on nearly all of the activities (e.g. 54 per cent played EGMs and 32 per cent did so once per week). Problem gambling rates were found to be highest for those who gambled online which is consistent with previous national Australian studies (Gainsbury et al., 2012). These findings do not necessarily mean that exposure to Internet gambling necessarily leads to greater problem gambling. Instead, it is more likely that higher risk groups (which include younger males) are more likely to gravitate towards this activity. Higher rates were also observed for casino games and EGMs, but generally lower rates for lottery products. Problem gamblers were estimated to spend five times more than moderate-risk gamblers who, in turn, spent five times more per year than low-risk gamblers.

When questions relating to styles of play on EGMs were analysed in relation to gambling risk, it was found that problem gamblers were more likely to report gambling on $1 or $2 per denomination machines; to adopt different strategies for playing (more likely to play a middle strategy rather than maximum lines - minimum credits) and they were more likely to bet more than one credit per line. Around 25 per cent of problem gamblers and 19 per cent reported sometimes spending more than $1 per spin as compared with under 5 per cent for the lower risk groups.

IMPLICATIONS: A relatively large proportion of expenditure on gambling is likely to arise from higher risk gamblers. Findings relating to the amounts spent per spin on EGMs may have implications for appropriate or safe levels of expenditure for lower risk or less harmful gambling.

14.7 GAMBLING HARM

An innovative feature of this study was the introduction of a new harm index to capture a clearer sense of the prevalence and severity of particular forms of gambling harm across the levels of gambling risk. The hope was this measure would avoid the problems inherent in previous studies which have either been too narrowly focused on the most extreme harms or been unable to differentiate between harmful impacts and simple substitution effects (i.e. choosing to spend money and time on gambling rather than other leisure activities). Being able to detect harm and measure how it changes across time is central to modern public health approaches and can be used to assess the impact of potential changes in regulatory and policy responses in the future.

Consistent with other Australian prevalence studies, the findings showed that gambling-related harm was generally rare in the Tasmanian community. Only around 1-1.5 per cent of the population described harmful experiences resulting from gambling. In general, this is consistent with what might be expected from the overall PGSI prevalence figures; namely, figures of 0.4 per cent for problem gambling and 1.7 per cent for moderate-risk gambling. However, the newly designed index (the Gambling Harm Measure) proved effective in detecting harm or the onset of harm for problem gamblers as well as in moderate-risk gamblers. For example, it showed that nearly all problem gamblers (over 90 per cent) were either over-prioritising gambling ahead of other important areas of life or were experiencing strains or pressures due to gambling in at least one area. Moreover, 60 per cent of problem gamblers were experiencing severe harms associated with gambling. These findings are important because they validate the fact that harm is a central feature of problem gambling as consistent with the national definition of problem gambling (Neal, Delfabbro, & O'Neil, 2005) which defines the condition as being one arising from impacts to the self, others or the broader community. At the same time, the new measure detected harm in moderate-risk gamblers; with just under 30 per cent were over-prioritising gambling or experiencing pressures or strains and 7 per cent were experiencing severe harms.

The findings also made a further contribution to understanding whether harm is a feature of lower risk gambling categories. Overall, it was found that very few low-risk gamblers experience significant harm associated with gambling. A small proportion (one in 10) of low-risk gamblers and around 1 per cent of non-problem gamblers show some signs of over-prioritisation, but strains and pressures and severe harm are largely not present in these lower risk groups. However, it also shows that previous estimates of the presence of harm in low-risk categories are likely are likely to be over-stated because of the over-representation of questions in measures that score substitution effects as forms of harm. When such items are excluded and the focus is more clearly upon behaviours or events that are likely to decrease the quality of life, then harm appears to be much more a feature of higher risk gambling. The vast majority of harm was not estimated to exist in the lower risk categories, but in moderate-risk and problem gambling (79 per cent of harm). This is consistent with the diagnostic criteria of the

PGSI; namely, as a measure of gambling pathology that leads to harm. At the same time, a finding that 21 per cent of risk can be attributed to lower risk groups (albeit in mostly over-prioritisation) strengthens the need for greater focus on lower risk groups in prevention measures.

The most common forms of harm appear to be financial and psychological in nature (as Browne et al., 2016 also showed) and this suggests that services that focus upon the financial needs of problem gamblers and their families (financial counselling, debt management) and psychological services (particularly those which deal with reducing stress, depression and anxiety) are essential. Relationship harms and harm to physical health are also common in problem gamblers (up to 50 per cent report severe problems) and this supports the ongoing need for services that deal with interpersonal challenges (e.g. family and relationship counselling), but also the potential need for medical support to deal with the significant health impacts of problem gambling. On the other hand, we found less evidence of significant or severe harm associated with work or study or legal harm in any of the groups, which is generally consistent with other previous prevalence studies.

The predictors of harm tended to be consistent with those which predicted higher PGSI scores. Analyses that examined gambling activities showed that gambling on sports and EGMs were the strongest risk factors for gambling harm in Tasmania and this was consistent with recent reviews (e.g. Delfabbro et al., 2020). EGMs are known to be problematic because of the short event frequency (stake to outcome), high accessibility and continuity (the short interval between stakes). Sports betting, on the other hand, is increasingly mirroring these characteristics with the advent of in-play and more frequent betting opportunities (see Hing et al., 2019). Although relatively few Tasmanians gamble on sports betting, new sports platforms allow people to place more frequent and large bets on single wagers and this increases the risk of excessive gambling and financial losses. Both EGMs and sports betting therefore remain areas of focus to examine the best strategies for mitigating harm while not over-regulating the broader population of lower risk participants.

It is important to recognise that the measurement of self-reported harm used in this study still shares some of the inherent limitations shared by other measures; namely, that is based on self-report and principally focuses on the harms reported by individuals. Broader harmful impacts on the community (e.g. how gambling might affect community cohesion, donations to charity, homelessness, inter-generational impacts) are not captured by these measures. Although some of the broader social and economic impacts are considered in Volume 1 of this report, it is not always possible to capture all of the ways that gambling influences Australian society.

IMPLICATIONS: Younger people, males and those who gamble on EGMs and sports-betting are most likely to be experiencing harm. There is justification for broader measures that address the early onset of harm as manifested by a tendency for people to over-prioritise gambling over other activities.

14.8 POSITIVE PLAY

The Positive Play Scale was included in this study because it offers a strengths-based perspective and can help to identify areas of skill and knowledge that might be targeted in responsible gambling initiatives. The scale measured people's ability to control their gambling; pre-commit to certain amounts (set limits on budgets), whether they take responsibility for their actions; and, if they can avoid general erroneous beliefs about gambling. In this study, we found that problem gamblers scored considerably lower than other groups on Honesty and Control which suggests difficulties with being able to control how much or how long they spend gambling. They also reported more difficulties in making pre-commitments to gamble as well as poorer gambling literacy. Smaller differences were observed for attributions of personal responsibility. Lower risk groups appear to have a number of strengths that may shield them from developing more serious problems associated with gambling. By contrast, these findings indicate that higher risk groups could benefit from policy and regulatory initiatives that might enhance perceptions of control, setting limits or budgets, as well as dispelling misperceptions relating to gambling. Poorer scores on both Honesty and Control and Pre-commitment measures were associated with higher scores of self-reported harm on the Gambling Harm Measure.

The results indicated some demographic differences. Men were generally less likely to report wanting to take responsibility for their actions and also tended to obtain poorer scores on gambling literacy. The results suggest that initiatives that target some of these areas could focus on men, in particular, because men are potentially more vulnerable to believing that they can use skill to gamble their way out of trouble as based on various strategies and systems (Baggio et al., 2018; Delfabbro, 2000).

IMPLICATIONS: There may be benefits of greater community awareness and education around the nature of gambling products, strategies for staying in control, but also practical and psychological ways to set budgets or limits when people gamble.

14.9 GAMING AND GAMBLING

A further innovative feature of this study was to include a greater focus on gaming and its relationship with gambling. In this way, the Tasmanian surveys are better positioned within national debates relating to the increasing encroachment of gambling into gaming activities which are often popular amongst younger people. The study examined video game playing, some symptoms of problem gaming, and the use of loot boxes. The results showed that around 40 per cent Tasmanian adults reported playing video games, with 6 per cent reporting playing 30 or more hours per week. Around 4 per cent of the sample were showing some signs of problems associated with their gaming.

Just under 40 per cent of those who reported playing video games indicated that they had played games with loot boxes, but only 8.5 per cent reported having purchased a loot box (or around 3 per cent of the total adult population). Only 25 or 1.3 per cent of gamers indicated that had used skins to gamble. In general, the amount being spent on video games per respondent appeared to be modest at a population level, with only 14 per cent of video-gamers reporting a monthly expenditure of more than $30. Respondents generally did not believe that gaming had any influence on their likelihood of gambling (93 per cent effectively said no) with only 1 per cent of video games (under 0.5 per cent of the total population) said that it had a strong influence. Loot boxes were rarely purchased by gamers, but one in five of the regular or high intensity gamers who played 30+ hours per week reported having purchased them.

Analyses relating to the association between gambling and gaming confirmed what has been observed in other studies (e.g. Zendle et al., 2019, 2020); namely, that those who show signs of problem gaming also tend to report problems with gambling (Delfabbro & King, 2020). It was also found that problem and moderate-risk gamblers were significantly more likely to report having purchased a loot box compared with the lower risk groups: 25 per cent of problem gamblers reported buying loot boxes and that this behaviour increased with the level of risk (as based on the PGSI). Another relevant finding was that those who reported online gambling activities were significantly more likely to report loot box purchasing (13 per cent versus 3 per cent who did not gamble online). As Delfabbro and King observed, this is very likely because those with an interest in gambling (often younger males) tend to gravitate towards both activities. In support of this view, it was found that men were more likely to report higher intensities of gaming than women, with the percentage of men reporting 30 or more hours of video-gaming per week was double that of women (8 per cent to 4 per cent). Video gaming was also, as might be expected, significantly higher in those respondents under 40 years of age.

IMPLICATIONS: People who engage in both video-gaming and gambling appear to be attracted to gambling-like content in gaming and this may include younger people. Loot box purchasing is associated with higher risk gambling and gaming behaviour.

14.10 HELP-SEEKING BEHAVIOUR

The 2020 survey introduced several questions to examine help-seeking or the lack of help-seeking for those respondents with higher risk gambling. Some caution has to be applied to this data because of the low number of cases who reported help-seeking, but some general insights were obtained into factors which appear to act as facilitators and barriers to help-seeking. The most common reason for people seeking help was cognitive in nature; namely, a person recognizing that they had a problem (63 per cent). At the same time, the reverse of this (denial: 'I do not believe I have a problem') was the most common reason for not seeking assistance (82 per cent). People appeared to report to trusted or close supports if they experienced problems (friend, family and GPs) rather than formal services. Of interest, was that shame and stigma was not strongly endorsed as one of the primary barriers, but not all of those who were asked the question about help-seeking barriers were necessarily seriously affected by gambling. For them, stigma and shame may not have been a consideration, so it is important to issue caution in generalizing these findings (based on quite a small number of respondents) to problem gamblers in general. In general, however, the findings here are consistent with previous Australian studies on help-seeking (e.g. Evans & Delfabbro, 2005; Rockloff & Schofield, 2004), although the telephone

format did not allow for the inclusion of an extensive list of potential facilitators and barriers.

IMPLICATION: The findings suggest that further attention could be directed towards the importance of family and friends (social networks) as critical factors in encouraging help-seeking and providing support. GPs may also have a role and this might include asking questions about gambling and being more aware of the formal services which are available. More broadly, the findings emphasise the importance of community education and awareness, in particular, how to recognize the signs and harms associated with problem gambling on oneself and other people.

14.11 COMORBIDITIES AND COMMUNITY ATTITUDES

A final part of the survey replicated questions from the 2017 survey in order to examine the prevalence of comorbidities in the sample. These included cross-addictions or associated health-related behaviours (e.g. smoking, level of alcohol consumption, drug use) and psychological wellbeing. Questions were also asked about people's attitudes towards gambling and to what extent this related to their demographics and level of gambling involvement.

Analysis of the comorbidity questions showed that men were much more likely to report higher levels of alcohol consumption than women (45 per cent drank two or more drinks per week) as compared with 32 per cent of women. Men were also more likely to report high levels of drinking (5+ drinks) on single occasions (53 per cent versus 35 per cent for women). Men were more likely to smoke than women (14 per cent to 11 per cent). These findings are generally consistent with other major prevalence studies conducted in Australia in other States (e.g. in South Australia, New South Wales and Victoria).

Cross tabulation of these questions about gambling status showed that people with gambling problems were significantly more likely to smoke: 67 per cent had high levels of alcohol consumption, 46 per cent had other substance use and 63 per cent were smokers. The level of psychological distress measured by the K6 also rose according to the level of gambling risk, with the highest levels observed in problem and moderate-risk gamblers.

The final analysis in the study (namely, of community attitudes) showed that people were generally negatively disposed towards gambling. A total of 77 per cent indicated that it caused more harm than good. This finding generally accords with other international and Australian studies which have examined gambling attitudes (e.g. see Delfabbro & King, 2020 for recent review of these studies). Delfabbro and King argue that attitudinal findings are often seem paradoxical in that many people still gamble, despite having a negative attitude towards it. A possible reason for this which they discuss is that the actual rates of non-lottery gambling are quite low. This means that relatively few people probably consider themselves genuine "gamblers" (e.g. the person who buys a lottery ticket each week). Thus, overall participation rates for gambling do not really capture the fact that gambling on activities such as EGMs and wagering is undertaken by only a minority of the population. Indeed, regular gambling is, in fact, relatively rare compared with other recreational activities such as drinking alcohol.

There was mixed evidence as to whether attitudes varied by the level of gambling risk, but those who gambled on casino games or online wagering (statistically, these people are more likely to be younger and male) had more positive attitudes. Interestingly, as shown in the previous Tasmanian study, there was a paradoxical relationship between the perceived enjoyment of gambling and the level of gambling risk. Higher risk gamblers were more likely to report that gambling was an enjoyable part of their life, but they were also more likely to report that it made their life less enjoyable. In other words, higher risk gamblers were less likely to be indifferent to gambling. These findings are consistent with the work of Blackman et al. (2019) who observed that those who engage in higher intensity gambling probably do so because they are more motivated and gain benefits from it. The cost, however, is that they are more likely to experience harm. For this reason, the authors argued for more detailed analysis into the potential trade-off between the harms and risks associated with gambling.

IMPLICATION: Gambling is highly comorbid with other conditions and may need to be assessed or screened in other health services.

APPENDIX A: QUESTIONNAIRE

TASMANIAN GAMBLING PREVALENCE SURVEY 5TH SEIS

AU3000685

16 October 2020

Tasmanian Government

PROGRAMMING INSTRUCTIONS RE SAMPLE

There will be three IPND sample types:

- 11. Unlisted residential
- 12. Unlisted unknown
- 13. Listed residential

One of the questions and some of the text for interviewers will be filtered/displayed according to the SAMPLE TYPE.

Introduction

"Good morning/afternoon/evening, my name is [interviewer name] from Engine, an independent social research company." On behalf of the Tasmanian Government, we are conducting some important research with Tasmanian residents aged 18 years and over about their health and lifestyle choices. Would that be you?

IPND INTRO (FOR MAIN DO SOFT LAUNCH)

The results will be used by the Tasmanian Government to prioritise resources and assist in planning for various social issues. Your answers will be de-identified and remain strictly confidential. You can withdraw at any time during the call."

This phone number has been randomly selected from the Integrated Public Number Database (IPND), which contains most Australian phone numbers. The Australian Communications & Media Authority (the ACMA) has authorised the random selection of some mobile phone numbers from that database for this study.

The survey usually takes about 15 minutes, but I will let you know if it's going to be any longer. Would you be willing to help us out?

If necessary:

The Integrated Public Number Database (IPND) is a record of most Australian phone numbers and associated customer information. It has listed and unlisted phone numbers. When telephone services are connected, the service provider must provide the connection details to the IPND Manager.

Researchers like us can apply to the ACMA to use numbers from the IPND for permitted research, such as public health research. In September, Engine was granted authorisation to use numbers from the IPND for this study for the Tasmanian Government.

If asked who is IPND Manager:

Telstra Corporation Ltd (Telstra) is currently the contracted IPND Manager.

If asked what numbers are in the IPND:

The IPND contains almost all phone numbers in use in Australia, including landlines, mobiles, 1800 numbers, faxes

X1. Firstly, may I just check are you able to take this call at the moment? You're not driving are you?

Yes, able to take call	1
No, not able to take call – but OK to call back	2
Refused	98

ASK IF CODE 1 at X1

If safe/convenient to continue on mobile

X1b. Can I just check, are you the main user of this mobile phone?

Yes	1	Continue
No	2	Ask to speak to main user

If main user is not available, say you'll phone again. If main user is available, re-introduce as necessary

ASK IF CODES 2 or 98 AT X1

X2a. And, are you a permanent resident of Tasmania?

Yes	1	Continue
No	2	Thank & Close
Refused	98	Thank & Close

[TERMINATE & THANK] - Thank you for your time, however for this survey we wish to talk to people who are living in Tasmania.

ASK IF X2a =1

X2b. Are you aged 18 years or over?

Yes	1	Make appointment or thank & close as appropriate
No	2	Thank & Close
Refused	98	Thank & Close

[TERMINATE & THANK] - Thank you for your time, however for this survey we wish to talk to people aged 18 years and over who are living in Tasmania.

ASK IF X1b =1

X3. Can I please continue?

"Let me know if you need to go somewhere private to talk"

Yes	1	Continue
No	2	Thank & Close

Monitor

Before we start, I need to let you know that this call may be monitored by my supervisor for quality control and training purposes.

OK to be monitored	1
Refuses to be monitored	2

TS1 TIMESTAMP1

Record Start

We would like to record this interview for our own quality purposes. Is this okay?

Yes - Interviewer begin recording and say "I'm now recording as you agreed"	1
No – "Ok, I understand"	2

Screener

There are a few quick questions to start with, to see if you qualify for the survey, and your answers will be strictly confidential.

ASK ALL

S1. What is your age please?

SR/NUM

RECORD AGE IN YEARS

Age given _ _ _(RANGE 18 TO 120)	1	Continue
RESPONDENTS IS 17 OR YOUNGER	2	Thank & Close
Refused	3	Go to S2

Thank and close - Thank you for your time, but for this survey we only wish to speak to people 18 and over.

ASK IF S1 = Refused (3), OTHERS GO TO S3

S2. What is your broad age-group please?

SR

PROBE TO CLARIFY

18 to 24	1	Continue
25 to 29	2	Continue
30 to 34	3	Continue
35 to 39	4	Continue
40 to 44	5	Continue
45 to 49	6	Continue
50 to 54	7	Continue
55 to 59	8	Continue
60 to 64	9	Continue
65 to 69	10	Continue
70 and over	11	Continue
Refused	98	Thank & Close

Thank and close - "Sorry this study is only for people who can answer this question about their age. Thanks for your time."

ASK ALL

S3. Record gender

DO NOT READ OUT

SR

Male	1	Continue
Female	2	Continue
Other (DO NOT PROMPT)	96	Continue

***** not displayed ****

S4. What is your postcode at home?

SR/NUM

_ _ _ _ (WILL BE AUTO-FILLED FROM SAMPLE)	1

TS2 TIMESTAMP2

Section A Gambling Participation – Gambling Product/s

ASK ALL

Now to begin with, we'd like to get an idea of your participation in gambling activities in the 12 months before COVID.

Q1. I'm going to read out a list of popular gambling activities. Could you please tell me which of these you have spent money on during the **12 months before COVID (e.g. March 2020)?**

IF NECESSARY: Non-gambler

I realise you've said that you don't gamble, however, in order for us to ensure our data is complete, I need to ask you the following questions. If you would please give me a yes or no for each of the following…

READ OUT

MR

PROGRAMMER: RANDOMISE CODES 1-12

Activity	CODES
Played Pokies or poker machines, not including similar games played on the internet	1
Bet on Horse or greyhound races, NOT including sweeps such as Melbourne Cup	2
Bought lottery tickets either online or in person, including Lotto or any other lottery game like Powerball, Lucky Lotteries or Set for Life - do not include scratchies	3
Bought instant scratchies for your own use	4
Played TasKeno at a club, hotel or casino	5
Played Bingo for money	6
Played table games **at a casino** such as Blackjack or Roulette, NOT including casino games played on the internet	7
Bet on sporting events like football, cricket or tennis but NOT including sweeps, fantasy sports, and eSports	8
Bet on a non-sporting event, such as who will win an Academy Award, a political event, or a reality TV show	9
Played casino games, such as Blackjack, Roulette, or poker machine games, **on the internet** (including via a mobile phone), FOR MONEY rather than points	10
Played poker games online FOR MONEY rather than points	11
Informal private betting FOR MONEY like playing cards, Mahjong or betting on sports with family, friends or colleagues	12
Played any other gambling activity I haven't mentioned NOT including raffles or sweeps - First Other Mention - Single Code **(SPECIFY)** DO NOT READ OUT	94
All Other Mentions. Second mention **(SPECIFY)** DO NOT READ OUT	95
All Other Mentions. Third mention **(SPECIFY)** DO NOT READ OUT	96
None of the above/ no gambling in last 12 months DO NOT READ OUT	97

TS3 TIMESTAMP3

PROGRAMMER:

IF Q1 = 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 94, 95 OR 96, STATUS = GAMBLER

IF Q1 = 97 (NONE OF THE ABOVE/NO GAMBLING IN THE LAST 12 MONTHS), STATUS = NON-GAMBLER

If Q1 = 97 GO TO Q46

ASK IF Q1 All other mentions = Codes 94, 95, 96, OTHERS GO TO Q3

GAMBLING PARTICIPATION – MOST COMMON GAMBLING PRODUCT

Q2. Of all those activities we just discussed, which one have you done the **most** in the **12 months before COVID**?

PROGRAMMER: Display activities specified in 'all other mentions' (Q1= Codes 94, 95, 96)

SR

Display activities specified in 'all other mentions' **(SPECIFY)**	96
Can't say DO NOT READ OUT	99

TS4 TIMESTAMP4

ASK IF Q1 = 1 (Pokies), OTHERS GO TO PRE Q13

GAMBLING PARTICIPATION – FREQUENCY PLAYED GAMING MACHINES

Q3. In the 12 months before COVID, how often did you play the pokies or poker machines NOT including similar games played on the internet?

SR/NUM

(INTERVIEWER NOTE: this refers to number of sessions of playing poker machines NOT number of individual machines played)

PROGRAMMER NOTE: VALIDATED TO MINIMUM OF 1

_ per week	1
_ _ per month	2
_ _ per year	3
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q4. How much money, ON AVERAGE, did you SPEND on poker machines during A TYPICAL VISIT to a poker machine venue?

By SPEND we mean the difference between what you took with you (including any additional money withdrawn or borrowed during the period of play) and what you had left when you finished playing.

(INTERVIEWER NOTE: Each visit = one session (i.e., betting during a discrete period of time at one location) | Spend – does not include counter meals, drinks etc.)

(INTERVIEWER NOTE: If respondent spontaneously says their AVERAGE per visit results in winnings, then enter $0 spent. This will be very rare. Do not prompt)

SR/NUM

Enter money spent (RANGE 0 TO 100000)	1
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q5. Where do you play poker machines?

READ OUT

MR

At a hotel	1
At a club	2
At a casino	3
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q6. How far would you usually travel to play pokies?

READ OUT

SR

< 1 km	1
1- 5 km	2
6-10 km	3
11-20km	4
More than 20km	5
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q7. What unit or amount of credit do you usually play (cents per credit)?

READ OUT

SR

1c	1
2c	2
5c	3

10c	4
20c	5
50c	6
$1 machine	7
$2 machine	8
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q8. Do you usually play?

INTERVIEWER NOTE: On pokies, you can win on different lines (e.g., if the symbols line up in a row, in columns, diagonals or various other patterns) to give yourself more chances of winning, but this costs more. Some machines can have 20 of these lines or more and people can play all of the lines and bet credits on each. This compares with a person who just bets on the middle row (usually Line 1).

READ OUT

SR

Minimum lines/ways (1 line)	1
Maximum lines/ways available	2
In between	3
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q9. How often do you bet more than one credit per line? Would you say…

READ OUT

SR

Never	1
Rarely	2
Sometimes	3
Often	4
Always	5
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q10. What would be the average amount you spend per spin in cents?

SR/NUM

<Insert NUMERIC>	1
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q11. How often do you spend more than $1 per spin? Would you say…

READ OUT

SR

Never	1
Rarely	2
Sometimes	3
Often	4
Always	5
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q12. How often do you play minimum credit with maximum lines/ways per spin? Would you say…

READ OUT

SR

Never	1
Rarely	2
Sometimes	3
Often	4
Always	5
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

TS5 TIMESTAMP5

GAMBLING PARTICIPATION –BET ON HORSES OR GREYHOUNDS

PRE Q13

ASK IF Q1 = 2 (Horses or greyhound), OTHERS GO TO PRE Q17

Q13. In the 12 months before COVID, how often have you bet on horse or greyhound races, NOT including sweeps such as Melbourne Cup?

SR/NUM

PROGRAMMER NOTE: VALIDATED TO MINIMUM OF 1

_ per week	1
_ _ per month	2
_ _ per year	3
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q14. In the 12 months before COVID, did you place your racing bet…

MR

READ OUT

At a race track	1
At a club or hotel	2
At a stand-alone TAB (not in a club or hotel)	3
On the Internet from a computer	4
Using a mobile device (website or app on a smartphone, laptop or iPad)	5
By phone	6
Other **(SPECIFY)**	96
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

ASK IF Q14= CODES 4 or 5, OTHERS GO TO Q17

Q15. In the 12 months before COVID, how often have you used the Internet or an app to place bets on horse or greyhound races?

DO NOT READ OUT

SR/NUM

PROGRAMMER NOTE: VALIDATED TO MINIMUM OF 1

_ per week	1
_ _ per month	2
_ _ per year	3
Refused	98

Don't know	99

Q16. How much money, ON AVERAGE, did you SPEND betting on horse or greyhound races during A TYPICAL SESSION?

By SPEND we mean the difference between what you took with you (including any additional money withdrawn or borrowed during the period of play) and what you had left when you finished playing.

(INTERVIEWER NOTE: Each session means betting during a distinct period of time

(INTERVIEWER NOTE: If respondent spontaneously says their AVERAGE per session spend results in winnings, then enter $0 spent. This will be very rare. Do not prompt)

SR/NUM

Enter money spent (RANGE 0 TO 100000)	1
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

GAMBLING PARTICIPATION – FREQUENCY BOUGHT LOTTO/LOTTERY TICKETS

PRE Q17

ASK IF Q1 = 3 (Lotto or lottery tickets), OTHERS GO TO PRE Q19

Q17. In the 12 months before COVID, how often did you buy tickets for Lotto or any other lottery game like Powerball, Lucky Lotteries or Set for Life?

INTERVIEWER NOTE: If someone buys a multi-week lotto ticket, record the frequency of the draws.

DO NOT READ OUT

SR/NUM

PROGRAMMER NOTE: VALIDATED TO MINIMUM OF 1

_ per week	1
_ _ per month	2
_ _ per year	3
Refused	98
Don't know	99

Q18. How much money, ON AVERAGE, did you SPEND in a typical transaction on buying lotto or lottery tickets?

DO NOT READ OUT

SR/NUM

Enter money spent (RANGE 0 TO 100000)	1
Refused	98
Don't know	99

GAMBLING PARTICIPATION – FREQUENCY BET ON SCRATCHIES

PRE Q19

ASK IF Q1 = 4 (Instant scratchies), OTHERS GO TO PRE Q21

Q19. In the 12 months before COVID, how often did you buy INSTANT scratchies for your own use?

DO NOT READ OUT

SR/NUM

PROGRAMMER NOTE: VALIDATED TO MINIMUM OF 1

_ per week	1
_ _ per month	2
_ _ per year	3
Refused	98
Don't know	99

Q20. How much money, ON AVERAGE, did you SPEND in a typical transaction on buying INSTANT scratchies for your own use?

DO NOT READ OUT

SR/NUM

Enter money spent (RANGE 0 TO 100000)	1
Refused	98
Don't know	99

GAMBLING PARTICIPATION – FREQUENCY BET ON KENO

PRE Q21

ASK IF Q1 = 5 (Played Keno), OTHERS GO TO PRE Q23

Q21. In the 12 months before COVID, how often did you play TasKeno at a club, hotel or casino?

DO NOT READ OUT

SR/NUM

PROGRAMMER NOTE: VALIDATED TO MINIMUM OF 1

_ per week	1
_ _ per month	2
_ _ per year	3
Refused	98
Don't know	99

Q22. How much money, ON AVERAGE, did you SPEND in a typical session playing TasKeno?

By SPEND we mean the difference between what you took with you (including any additional money withdrawn or borrowed during the period of play) and what you had left when you finished playing.

(INTERVIEWER NOTE: Each session means betting during a distinct period of time)

DO NOT READ OUT

SR/NUM

Enter money spent (RANGE 0 TO 100000)	1
Refused	98
Don't know	99

GAMBLING PARTICIPATION – FREQUENCY PLAYED BINGO FOR MONEY

PRE Q23

ASK IF Q1= 6 (Played Bingo for money), OTHERS GO TO PRE Q25

Q23. In the 12 months before COVID, how often did you play Bingo for money?

DO NOT READ OUT

SR/NUM

PROGRAMMER NOTE: VALIDATED TO MINIMUM OF 1

_ per week	1
_ _ per month	2
_ _ per year	3
Refused	98
Don't know	99

Q24. How much money, ON AVERAGE, did you SPEND in a typical session playing Bingo for money?

By SPEND we mean the difference between what you took with you (including any additional money withdrawn or borrowed during the period of play) and what you had left when you finished playing.

(INTERVIEWER NOTE: Each session means betting during a distinct period of time)

DO NOT READ OUT

SR/NUM

Enter money spent (RANGE 0 TO 100000)	1
Refused	98
Don't know	99

GAMBLING PARTICIPATION – FREQUENCY PLAYED CASINO TABLES GAMES

PRE Q25

ASK IF Q1 = 7 (Played Casino tables games), OTHERS GO TO PRE Q27

Q25. In the 12 months before COVID, how often did you play table games at a casino such as Blackjack or Roulette, NOT including casino games played on the internet?

DO NOT READ OUT

SR/NUM

PROGRAMMER NOTE: VALIDATED TO MINIMUM OF 1

_ per week	1
_ _ per month	2
_ _ per year	3
Refused	98
Don't know	99

Q26. How much money, ON AVERAGE, did you SPEND in a typical session playing casino table games?

By SPEND we mean the difference between what you took with you (including any additional money withdrawn or borrowed during the period of play) and what you had left when you finished playing.

(INTERVIEWER NOTE: Each session means betting during a distinct period of time)

DO NOT READ OUT

SR/NUM

Enter money spent (RANGE 0 TO 100000)	1
Refused	98
Don't know	99

GAMBLING PARTICIPATION – FREQUENCY BET ON SPORTING EVENT

PRE Q27

ASK IF Q1 = 8 (Bet on sporting event), OTHERS GO TO PRE Q35

Q27. In the 12 months before COVID, how often did you bet on a sporting event like football, cricket or tennis?

DO NOT READ OUT

SR/NUM

PROGRAMMER NOTE: VALIDATED TO MINIMUM OF 1

_ per week	1
_ _ per month	2
_ _ per year	3
Refused	98
Don't know	99

Q28. How much money, ON AVERAGE, did you SPEND in a typical session betting on sporting events?

By SPEND we mean the difference between what you took with you (including any additional money withdrawn or borrowed during the period of play) and what you had left when you finished playing.

(INTERVIEWER NOTE: Each session means betting during a distinct period of time)

DO NOT READ OUT

SR/NUM

Enter money spent (RANGE 0 TO 100000)	1
Refused	98
Don't know	99

GAMBLING PARTICIPATION – MODE USED TO BET ON SPORTING EVENT

Q29. In the 12 months before COVID, did you place bets on a sporting event…

READ OUT

MR

At a club or hotel	2
At a stand-alone TAB (not in a club or hotel)	3
Using a mobile device (website or app on a smartphone, laptop or iPad)	4
Using a desktop computer	5
By phone	6
Other **(SPECIFY)**	96
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q30. What effect do special deals or promotions for sports betting have on how much you usually spend after you have seen them?

READ OUT

SR

Decrease how much I spend	1
No effect	2
Increase how much I spend	3
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

ASK IF Q30 = Increase how much I spend (3), OTHERS GO TO Q32

Q31. If the amount increases, by how much (what would be closest), would you say

READ OUT

SR

25% more	1
50% more	2
Double or more.	3
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q32. What effect does advertising for sports betting have on how much you usually spend after you have seen them?

READ OUT

SR

Decrease how much I spend	1
No effect	2
Increase how much I spend	3
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

ASK IF Q32 = Increase how much I spend (3), OTHERS GO TO Q34

Q33. If the amount increases, by how much (what would be closest), would you say

READ OUT

SR

25% more	1
50% more	2
Double or more.	3
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q34. Do you ever place any micro-bets during the course of a sporting event (e.g., who is going to take the next wicket, kick the next goal or anything like that)?

SR

Yes	1
No	2
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

GAMBLING PARTICIPATION – FREQUENCY BET ON NON-SPORTING EVENT

PRE Q35

ASK IF Q1 = 9 (Bet on non-sporting event), OTHERS GO TO PRE Q38

Q35. In the 12 months before COVID, how often did you bet on a non-sporting event like who will win an Academy Award, a political event, or a reality tv show?

DO NOT READ OUT

SR/NUM

PROGRAMMER NOTE: VALIDATED TO MINIMUM OF 1

_ per week	1
_ _ per month	2
_ _ per year	3
Refused	98
Don't know	99

Q36. How much money, ON AVERAGE, did you SPEND in a typical session betting on a non-sporting events?

By SPEND we mean the difference between what you took with you (including any additional money withdrawn or borrowed during the period of play) and what you had left when you finished playing.

(INTERVIEWER NOTE: Each session means betting during a distinct period of time)

DO NOT READ OUT

SR/NUM

Enter money spent (RANGE 0 TO 100000)	1
Refused	98
Don't know	99

GAMBLING PARTICIPATION – MODE USED TO BET ON NON-SPORTING EVENT

Q37. In the 12 months before COVID, did you place bets on a non-sporting event…

READ OUT

MR

Using a mobile device (website or app on a smartphone, laptop or iPad)	1
Using a desktop computer	2
By phone	3
Other **(SPECIFY)**	96
Refused DO NOT READ OUT	98

Don't know DO NOT READ OUT	99

GAMBLING PARTICIPATION – FREQUENCY PLAYED CASINO GAMES ON THE INTERNET

PRE Q38

ASK IF Q1 = 10 (Bet on casino games on the internet), OTHERS GO TO PRE Q41

Q38. In the 12 months before COVID, how often did you play casino games, such as Blackjack, Roulette and poker machine games, on the internet, FOR MONEY rather than points?

DO NOT READ OUT

SR/NUM

PROGRAMMER NOTE: VALIDATED TO MINIMUM OF 1

_ per week	1
_ _ per month	2
_ _ per year	3
Refused	98
Don't know	99

Q39. How much money, ON AVERAGE, did you SPEND in a typical session playing casino games on the internet?

By SPEND we mean the difference between what you took with you (including any additional money withdrawn or borrowed during the period of play) and what you had left when you finished playing.

(INTERVIEWER NOTE: Each session means betting during a distinct period of time)

DO NOT READ OUT

SR/NUM

Enter money spent (RANGE 0 TO 100000)	1
Refused	98
Don't know	99

Q40. In the 12 months before COVID, did you play casino games on-line…

READ OUT

MR

Using a mobile device (website or app on a smartphone, laptop or iPad)	1

Using a desktop computer	2
Other **(SPECIFY)**	96
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

GAMBLING PARTICIPATION – FREQUENCY PLAYED POKER ONLINE

PRE Q41

ASK IF Q1 = 11 (Bet on poker on the internet), OTHERS GO TO PRE Q44

Q41. In the 12 months before COVID, how often did you play poker games online, FOR MONEY rather than points?

DO NOT READ OUT

SR/NUM

PROGRAMMER NOTE: VALIDATED TO MINIMUM OF 1

_ per week	1
_ _ per month	2
_ _ per year	3
Refused	98
Don't know	99

Q42. How much money, ON AVERAGE, did you SPEND in a typical session playing poker games online, FOR MONEY?

By SPEND we mean the difference between what you took with you (including any additional money withdrawn or borrowed during the period of play) and what you had left when you finished playing.

(INTERVIEWER NOTE: Each session means betting during a distinct period of time)

DO NOT READ OUT

SR/NUM

Enter money spent (RANGE 0 TO 100000)	1
Refused	98
Don't know	99

Q43. In the 12 months before COVID, did you play poker games on-line…

READ OUT

MR

Using a mobile device (website or app on a smartphone, laptop or iPad)	1
Using a desktop computer	2
Other **(SPECIFY)**	96
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

GAMBLING PARTICIPATION – FREQUENCY PLAYED PRIVATE GAMES

PRE Q44

ASK IF Q1 = 12 (Informal private betting for money), OTHERS GO TO Q46

Q44. In the 12 months before COVID, how often did you bet informally for money at home, on games like cards or Mahjong?

DO NOT READ OUT

SR/NUM

PROGRAMMER NOTE: VALIDATED TO MINIMUM OF 1

_ per week	1
_ _ per month	2
_ _ per year	3
Refused	98
Don't know	99

Q45. How much money, ON AVERAGE, did you SPEND in a typical session gambling informally at home, FOR MONEY?

By SPEND we mean the difference between what you took with you (including any additional money withdrawn or borrowed during the period of play) and what you had left when you finished playing.

(INTERVIEWER NOTE: Each session means betting during a distinct period of time)

DO NOT READ OUT

SR/NUM

Enter money spent (RANGE 0 TO 100000)	1
Refused	98
Don't know	99

TS6 TIMESTAMP6

GAMBLING PARTICIPATION – NON-MONETARY GAMBLING

ASK ALL

We'd now like to ask a few questions about related activities

Q46. In the 12 months before COVID, how many hours per week would you play video-games, including games on your phone?

INTERVIEWER NOTE: Focus on video games as video games (not necessarily gambling). Video games are activities where you earn points, credits, status or levels based on your performance on the game rather than real money. They can include Fortnite, Minecraft, Candy Crush, Animal Crossing etc.

DO NOT READ OUT

SR/NUM

Enter hours spent (RANGE 0 TO 168)	1
Refused	98
Don't know	99

ASK IF Q46>0 HOURS, OTHERS GO TO Q56

Q47. Do any of the games you play have loot boxes/ cards or prizes which you can purchase?

SR

Yes	1
No	2
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q48. In the 12 months before COVID have you purchased a loot box for your own use?

INTERVIEWER NOTE: Microtransactions where there is a chance element count as loot boxes. You can purchase them, but you can win them as well.

SR

Yes	1
No	2

Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

ASK IF Q48 = 1 (Yes), OTHERS GO TO Q50

Q49. On average how much would you spend a month on loot boxes?

READ OUT

SR

< $10	1
$10-20	2
$21-30	3
More than $30	4
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q50. Has your involvement in video games had any influence on your involvement with gambling? Would you say…

READ OUT

SR

Not at all	1
Very little	2
Moderate influence	3
Strong influence	4
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q51. In the 12 months before COVID have you gambled with skins obtained through video gaming?

SR

Yes	1
No	2
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

ASK IF Q46 >=10 hours, OTHERS GO TO Q56

Q52. In the 12 months before COVID, have you regularly found it hard to control how often or how long you play video games?

SR

Yes	1
No	2
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q53. In the 12 months before COVID, have you increasingly prioritised playing video games over other important activities?

SR

Yes	1
No	2
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q54. In the 12 months before COVID, has your video gaming caused problems in your life? (e.g., with your parents/family, school, work, general health)

SR

Yes	1
No	2
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q55. In the 12 months before COVID, have you continued to play video games despite experiencing problems?

SR

Yes	1
No	2
Refused DO NOT READ OUT	98

Don't know DO NOT READ OUT	99

TS7 TIMESTAMP7

Section B Impacts of COVID

ASK ALL

IMPACTS OF COVID

COVID-19 has disrupted many aspects of normal life, even now many of the restrictions on venues and activities have been lifted. We are interested in how your activities have changed since the partial re-openings.

Q56. Did you receive any of the following at any time since April?

IF NECESSARY: To help us understand the impacts of COVID and to make sure that we are speaking to a good cross-section of people, we have to ask everyone. Your answers will of course be treated in the strictest of confidence.

READ OUT

MR

JobSeeker	1
JobKeeper	2
Any other COVID government support	3
None of the above	97
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

PROGRAMMER: ONLY HALF THE SAMPLE WILL BE ASKED REMAINDER OF SECTION

CREATE "RAND2" A RANDOM NUMBER BETWEEN 0 AND 1 FOR EACH RECORD.

IF RAND2<=0.5 go to Q57, if RAND2>0.5 ask SECTION C

Q57. How would you compare how much money you spend on venue-based gambling activities such as pokies, keno, lotto, casino gaming, and TAB before COVID and now? Would you say…

INTERVIEWER NOTE: venue-based gambling means gambling at a venue (and excludes all gambling done online)

READ OUT

SR

About the same as before COVID	1
Spend less than before COVID	2
Spend more than before COVID	3

Do not participate in venue-based gambling	4
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q58. How would you compare how much money you spend on online gambling activities before COVID and now?

READ OUT

SR

About the same as before COVID	1
Spend less than before COVID	2
Spend more than before COVID	3
Do not gamble on-line	4
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

IF Q57 = 4 (Did not participate in venue-based gambling) AND Q58 = 4 (Do not gamble online), SKIP Q59 AND GO TO PRE Q60

Q59. Are there any new gambling activities you have taken up since the COVID crisis began?

INTERVIEWER: If yes, ASK "Which ones?"

DO NOT READ OUT

MR

Activity	CODES
Played Pokies or poker machines, not including similar games played on the internet	1
Bet on Horse or greyhound races, NOT including sweeps such as Melbourne Cup	2
Bought lottery tickets either online or in person, including Lotto or any other lottery game like Powerball, Lucky Lotteries or Set for Life - do not include scratchies	3
Bought instant scratchies for your own use	4
Played TasKeno at a club, hotel or casino	5
Played Bingo for money	6
Played table games **at a casino** such as Blackjack or Roulette, NOT including casino games played on the internet	7
Bet on sporting events like football, cricket or tennis but NOT including sweeps, fantasy sports, and eSports	8

Bet on a non-sporting event, such as who will win an Academy Award, a political event, or a reality TV show	9
Played casino games, such as Blackjack, Roulette, or poker machine games, **on the internet** (including via a mobile phone), FOR MONEY rather than points	10
Played poker games online FOR MONEY rather than points	11
Informal private betting FOR MONEY like playing cards, Mahjong or betting on sports with family, friends or colleagues	12
Other	94
None	97
Refused	98
Don't know	99

PRE Q60: ASK IF STATUS = GAMBLER, IF STATUS = NON-GAMBLER (Q1=99) GO TO SECTION G

Q60. Are there any gambling activities you have ceased playing since the COVID crisis began?

INTERVIEWER: If yes, ASK "Which ones?"

DO NOT READ OUT

MR

Activity	CODES
Played Pokies or poker machines, not including similar games played on the internet	1
Bet on Horse or greyhound races, NOT including sweeps such as Melbourne Cup	2
Bought lottery tickets either online or in person, including Lotto or any other lottery game like Powerball, Lucky Lotteries or Set for Life - do not include scratchies	3
Bought instant scratchies for your own use	4
Played TasKeno at a club, hotel or casino	5
Played Bingo for money	6
Played table games **at a casino** such as Blackjack or Roulette, NOT including casino games played on the internet	7
Bet on sporting events like football, cricket or tennis but NOT including sweeps, fantasy sports, and eSports	8
Bet on a non-sporting event, such as who will win an Academy Award, a political event, or a reality TV show	9
Played casino games, such as Blackjack, Roulette, or poker machine games, **on the internet** (including via a mobile phone), FOR MONEY rather than points	10
Played poker games online FOR MONEY rather than points	11

Informal private betting FOR MONEY like playing cards, Mahjong or betting on sports with family, friends or colleagues	12
Other	94
None	97
Refused	98
Don't know	99

TS8 TIMESTAMP8

Section C PGSI

ASK IF STATUS = GAMBLER

READ OUT: The next questions measure the risk of problematic gambling. I understand that the following questions may not apply to you but we have to ask everyone. The answers you provide are still important information for us to capture. Your answers will of course be treated in the strictest of confidence.

Q62. Thinking about the 12 months before COVID . . . have you bet more than you could really afford to lose?

WOULD YOU SAY… (REPEAT ONLY IF NEEDED FOR SUBSEQUENT ITEMS)

READ OUT

SR

Never	0
Sometimes	1
Most of the time	2
Almost always	3
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Still thinking about the 12 months before Covid…

Q63. Have you needed to gamble with larger amounts of money to get the same feeling of excitement?

IF NECESSARY: The next questions measure the risk of problematic gambling. I understand that the following questions may not apply to you but we have to ask everyone. The answers you provide are still important information for us to capture. Your answers will of course be treated in the strictest of confidence.

WOULD YOU SAY…

READ OUT

SR

Never	0
Sometimes	1
Most of the time	2
Almost always	3
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q64. When you gambled, did you go back another day to try to win back the money you lost?

IF NECESSARY: The next questions measure the risk of problematic gambling. I understand that the following questions may not apply to you but we have to ask everyone. The answers you provide are still important information for us to capture. Your answers will of course be treated in the strictest of confidence.

WOULD YOU SAY…

READ OUT

SR

Never	0
Sometimes	1
Most of the time	2
Almost always	3
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q65. Have you borrowed money or sold anything to get money to gamble?

IF NECESSARY: The next questions measure the risk of problematic gambling. I understand that the following questions may not apply to you but we have to ask everyone. The answers you provide are still important information for us to capture. Your answers will of course be treated in the strictest of confidence.

WOULD YOU SAY…

READ OUT

SR

Never	0
Sometimes	1

Most of the time	2
Almost always	3
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q66. Have you felt that you might have a problem with gambling?

IF NECESSARY: The next questions measure the risk of problematic gambling. I understand that the following questions may not apply to you but we have to ask everyone. The answers you provide are still important information for us to capture. Your answers will of course be treated in the strictest of confidence.

WOULD YOU SAY…

READ OUT

SR

Never	0
Sometimes	1
Most of the time	2
Almost always	3
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q67. Has gambling caused you any health problems, including stress or anxiety?

IF NECESSARY: The next questions measure the risk of problematic gambling. I understand that the following questions may not apply to you but we have to ask everyone. The answers you provide are still important information for us to capture. Your answers will of course be treated in the strictest of confidence.

WOULD YOU SAY…

READ OUT

SR

Never	0
Sometimes	1
Most of the time	2
Almost always	3
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q68. Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?

IF NECESSARY: The next questions measure the risk of problematic gambling. I understand that the following questions may not apply to you but we have to ask everyone. The answers you provide are still important information for us to capture. Your answers will of course be treated in the strictest of confidence.

WOULD YOU SAY…

READ OUT

SR

Never	0
Sometimes	1
Most of the time	2
Almost always	3
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q69. Has your gambling caused any financial problems for you or your household?

IF NECESSARY: The next questions measure the risk of problematic gambling. I understand that the following questions may not apply to you but we have to ask everyone. The answers you provide are still important information for us to capture. Your answers will of course be treated in the strictest of confidence.

WOULD YOU SAY…

READ OUT

SR

Never	0
Sometimes	1
Most of the time	2
Almost always	3
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q70. Have you felt guilty about the way you gamble or what happens when you gamble?

IF NECESSARY: The next questions measure the risk of problematic gambling. I understand that the following questions may not apply to you but we have to ask everyone. The answers you provide are

still important information for us to capture. Your answers will of course be treated in the strictest of confidence.

WOULD YOU SAY…

READ OUT

SR

Never	0
Sometimes	1
Most of the time	2
Almost always	3
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

TS9 TIMESTAMP9

IF STATUS = "Non-gambler" THEN PGSI = NG (Non-gambler)

IF STATUS = "Gambler" Then sum the responses to the 9 questions Q62-Q70, excluding 98 or 99 values, and use this sum to create the PGSI as follows:

If SUM = 0, PGSI = NPG (NON-PROBLEM GAMBLER)

If SUM = 1-2, PGSI = LRG (LOW RISK GAMBLER)

If SUM = 3-7, PGSI = MRG (MODERATE RISK GAMBLER)

If SUM = 8-27, PGSI = PG (PROBLEM GAMBLER)

PROGRAMMER: IF SOMEONE RESPONDS TO ALL OF Q62-Q70 WITH EITHER 98 OR 99 THEN THE PGSI VALUE SHOULD BE 99 (REFUSED/DON'T KNOW). HOWEVER, IF SOMEONE PROVIDES AT LEAST ONE VALUE FOR Q62-Q70 THEN ALL THE 98 OR 99 VALUES SHOULD BE TREATED AS ZERO WHEN CALCULATING THE PGSI

Section D Gambling Harms

ASK IF STATUS = GAMBLER

These next questions are about how gambling can affect people in a negative way.

IF NECESSARY: I understand that the following questions may not apply to you but we have to ask everyone. The answers you provide are still important information for us to capture. Your answers will of course be treated in the strictest of confidence.

Q71. GHM_F1. In the 12 MONTHS before COVID restrictions, has gambling led you to prioritise or put gambling ahead of other important financial expenditures? For example, has your gambling reduced money available for household or other important expenses?

SR

Yes	1
No	2
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q72. GHM_F2. In the 12 MONTHS before COVID restrictions, have you experienced any financial pressures due to your gambling? For example, have you been building up debt; or found it hard to pay bills; or had to borrow money; or taken on extra work to finance gambling?

SR

Yes	1
No (go to Q74 GHM_P1)	2
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

ASK IF Q72 = 1, OTHERS GO TO Q74

Q73. GHM_F3. In the 12 MONTHS before COVID restrictions, have you experienced any serious financial consequences because of your gambling? For example, have you had to sell important assets; or been unable to pay rent or meet essential daily expenses; or had utilities disconnected; or lost your home; or filed for bankruptcy?

SR

Yes	1
No	2
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q74. GHM_P1. In the 12 MONTHS before COVID restrictions, have you prioritised, or put gambling ahead of your psychological health? For example, have you felt guilty or worried about the time or money you are spending gambling or become preoccupied with gambling?

SR

Yes	1
No	2

Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q75. GHM_P2. In the 12 MONTHS before COVID restrictions, have you experienced any psychological strain due to your gambling? For example, have you felt like you've lost control of things; or become quite distressed or unhappy; or felt like a failure?

SR

Yes	1
No (go to Q77 GHM_R1)	2
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

ASK IF Q75 = 1, OTHERS GO TO Q77

Q76. GHM_P3. In the 12 MONTHS before COVID restrictions, have you experienced any serious psychological consequences due to your gambling? For example, have you become severely depressed or suicidal; or developed panic attacks; or needed to seek treatment?

SR

Yes	1
No	2
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q77. GHM_R1. In the 12 MONTHS before COVID restrictions, has gambling led you to prioritise or put gambling ahead of the important relationships in your life? For example, have you put gambling ahead of commitments with family, friends or your partner?

SR

Yes	1
No	2
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q78. GMH_R2. In the 12 MONTHS before COVID restrictions, have you experienced any strain in your relationships due to your gambling? For example, has your gambling led to arguments; or having to hide your gambling; or resulted in reduced contact with others?

SR

Yes	1
No (go to Q80 GHM_PH1)	2
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

ASK IF Q78 = 1, OTHERS GO TO Q80

Q79. GMH_R3. In the 12 MONTHS before COVID restrictions, have you experienced any serious relationship consequences because of your gambling? For example, have you lost friends or family; or experienced separation or divorce; or engaged in physically violent arguments?

SR

Yes	1
No	2
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q80. GHM_PH1. In the 12 MONTHS before COVID restrictions, have you prioritised or put gambling ahead of your physical health? For example, has gambling caused you to get less sleep; or eat more unhealthy food; or exercise less; or neglect personal hygiene?

SR

Yes	1
No	2
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q81. GHM_PH2. In the 12 MONTHS before COVID restrictions, has your physical health declined due to your gambling? For example, has gambling led to excessive smoking, drinking or medication use; or problems sleeping; or feeling unwell more often; or missing important health appointments?

SR

Yes	1
No (go to Q83 GHM_WS1)	2
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

ASK IF Q81 = 1, OTHERS GO TO Q83

Q82. GHM_PH3. In the 12 MONTHS before COVID restrictions, have you experienced any serious physical health consequences due to your gambling? For example, has gambling led to a significant worsening of any existing physical health problem; or caused any accidents, injuries or physical illnesses; or resulted in you going to hospital or seeking physical health treatment?

SR

Yes	1
No	2
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q83. GHM_WS1. In the 12 MONTHS before COVID restrictions, have you prioritised or put gambling ahead of your work or school commitments? For example, have you gambled when you knew you had work or study OR have you gambled while at work or school?

SR

Yes	1
No	2
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q84. GHM_WS2. In the 12 MONTHS before COVID restrictions, have you experienced any work or study-related pressures due to your gambling? For example, has gambling led to poorer performance or reprimands at work or school; or less attendance; or conflicts?

SR

Yes	1
No (go to Q86 GHM_L1)	2
Refused DO NOT READ OUT	98

Don't know DO NOT READ OUT	99

ASK IF Q84= 1, OTHERS GO TO Q86

Q85. GHM_WS3. In the 12 MONTHS before COVID restrictions, have you experienced any serious work or study consequences due to your gambling? For example, has gambling led you to being demoted at work; or lose a job; fail courses; or drop out of school?

SR

Yes	1
No	2
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q86. GHM_L1. In the 12 MONTHS before COVID restrictions, have you done anything illegal due to your gambling? For example, have you stolen money or valuables, or committed fraud or embezzlement, etc.?

SR

Yes	1
No	2
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

TS10 TIMESTAMP10

Section E Help Seeking

GAMBLING HELP SEEKING BEHAVIOUR – SOUGHT HELP

ASK IF STATUS = GAMBLER

IF NECESSARY: I understand that the following questions may not apply to you but we have to ask everyone. The answers you provide are still important information for us to capture. Your answers will of course be treated in the strictest of confidence.

Q87. In the 12 months before COVID, have you tried to get any sort of help for problems relating to your gambling, such as professional or personal help like talking to family or friends?

DO NOT READ OUT

SR

Yes	1
No	2
Refused	98
Don't know	99

GAMBLING HELP SEEKING BEHAVIOUR – TYPE OF HELP

ASK IF Q87 =1 (YES), OTHERS GO TO PRE Q94

Q88. What things made you seek help?

READ OUT

MR

Realised you had a problem and that things had to change (Cognitive change)	1
Family crisis	2
Financial crisis	3
Legal crisis	4
Professional advice (e.g., GP)	5
Support and advice from friends	6
Influenced by pamphlet or online information provided by an organization	7
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q89. What kind of help did you seek?

READ OUT

MR

CODING NOTE: NEED LINK TO CONTACT DETAILS FOR GAMBLER'S HELP IN CASE REQUESTED (IF NECESSARY TEXT TO BE DISPLAYED AS BUTTONS)

Gambler's Help 24-hour hotline	1
Gambler's Help Online	2
Gambler's Help face-to-face counsellors	3
Other professional (Including counselling service or social worker)	4
Personal (Such as speaking with family/friends/work colleague)	5
Self-help (such as online tools, manuals)	6

Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

GAMBLING HELP SEEKING BEHAVIOUR – PROFESSIONAL HELP AWARENESS

ASK IF Q89 = Professional (CODES 1, 2, 3 OR 4), OTHERS GO TO Q92

Q90. How did you find out about the professional service?

DO NOT READ OUT

SR

INTERVIEWER NOTE: If respondent says website, probe "What website?"

Referral from other professional service	1
Tasmanian Gambler's Help Website	2
Gambler's Help phoneline	3
National Gambling Help Online website	4
Tasmanian Gambler's Help Social Media Channel	5
Directly contacting independent counsellor or community organisation	6
Advertising material or sign in a pub, hotel, club or casino	7
Through an online wagering provider's website	8
Staff member at a pub, hotel, club or casino	9
Television/Radio advertisement from a wagering operator	10
Other (**SPECIFY**)	96
Refused	98
Don't know	99

GAMBLING HELP SEEKING BEHAVIOUR – DID IT HELP? (PROFESSIONAL)

Q91. And would you say that it [the professional help] helped a lot, a little, or not at all?

READ OUT

SR

A lot	1
A little	2
Not at all	3
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

GAMBLING HELP SEEKING BEHAVIOUR – TYPE OF PERSONAL HELP

ASK IF Q89 = Personal (Such as speaking with family/friends (5)), OTHERS GO TO PRE Q94

Q92. What type of personal help did you mainly seek?

READ OUT

SR

Talking to family members	1
Taking to religious/community leader	2
Talking to friends/work colleague	3
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

GAMBLING HELP SEEKING BEHAVIOUR – DID IT HELP? (PERSONAL)

Q93. And would you say that it [the personal help] helped a lot, a little, or not at all?

READ OUT

SR

A lot	1
A little	2
Not at all	3
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

GAMBLING HELP SEEKING BEHAVIOUR – WHY DIDN'T SEEK HELP

PRE Q94

ASK IF Q87 = No (2) and PGSI≥2, OTHERS GO TO Q95

Q94. May I ask why didn't you seek help for problems relating to gambling?

DO NOT READ OUT

MR

PROBE: What else?

Didn't think you had a problem	1
Believed you could sort the problem out yourself	2
Too overwhelmed to seek help	3

Thought about it, but did not get around to it	4
Felt shame or stigma	5
Couldn't find a service at the right time or place	6
Language or cultural issues	7
Don't believe that counselling is helpful	8
Other (SPECIFY)	96
Refused	98
Don't know	99

TS11 TIMESTAMP11

GAMBLING REGULATION – FORMAL SELF-EXCLUSION

Q95. Have you ever excluded yourself from gambling using the Tasmanian Gambling Exclusion Scheme?

SR

Yes	1
No	2
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

GAMBLING REGULATION – FORMAL SELF-EXCLUSION VENUE (COUNT)

ASK IF Q95= Yes (1), OTHERS GO TO Q100

Q96. How many venues did you self-exclude from?

SR/NUM

INTERVIEWER NOTE: If respondent says > 10, enter 10

_ _ [ALLOWABLE RANGE 1-10]	1
All venues in Tasmania	97
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

GAMBLING REGULATION – FORMAL SELF-EXCLUSION VENUE (ATTEMPT TO RE-ENTER)

Q97. Did you ever attempt to re-enter that / those venue(s) during the self-exclusion period?

SR

Yes	1
No	2
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

GAMBLING REGULATION – FORMAL SELF-EXCLUSION VENUE (RE-ENTER SUCCESS)

ASK IF Q97= Yes (1), OTHERS GO TO Q100

Q98. Did you succeed in re-entering that / those venue(s)?

SR

Yes	1
No	2
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

GAMBLING REGULATION – FORMAL SELF-EXCLUSION VENUE (OTHER VENUES)

ASK IF Q95= Yes (1), OTHERS GO TO Q100

Q99. Did you go to gamble at other venues instead of venues from which you were excluded?

SR

Yes	1
No	2
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

GAMBLING REGULATION – FORMAL SELF-EXCLUSION ONLINE PROVIDER

Q100. In the last 12 months have you ever tried to formally exclude yourself from an online gambling provider using their website or mobile app?

SR

Yes	1
No	2
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

GAMBLING REGULATION – FORMAL SELF-EXCLUSION ONLINE PROVIDER (COUNT)

ASK IF Q100= Yes (1), OTHERS GO TO SECTION F

Q101. How many online providers did you self-exclude from?

SR/NUM

INTERVIEWER NOTE: If respondent says >10, enter 10

_ _ [ALLOWABLE RANGE 1-10]	1
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

GAMBLING REGULATION – FORMAL SELF-EXCLUSION ONLINE PROVIDER (ATTEMPT TO RE-ACCESS)

Q102. Did you attempt to access that / those provider(s)' website or mobile app during the self-exclusion?

SR

Yes	1
No	2
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

GAMBLING REGULATION – FORMAL SELF-EXCLUSION ONLINE PROVIDER (RE-ACCESS SUCCESS)

ASK IF Q102= Yes (1), OTHERS GO TO Q104

Q103. Did you succeed in gambling via that / those provider(s)' website or mobile app during the self-exclusion?

SR

Yes	1
No	2
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

GAMBLING REGULATION – SELF-EXCLUSION ONLINE PROVIDER (OTHER ONLINE PROVIDERS)

Q104. Did you gamble at another online gambling provider instead of that provider?

SR

Yes	1
No	2
Refused DO NOT READ OUT	98

Don't know DO NOT READ OUT	99

TS12 TIMESTAMP12

Section F Positive Play Index

ASK IF Q1 = 1 (POKIES), 2 (HORSE OR GREYHOUND RACES), 7 (TABLE GAMES AT A CASINO), 8 (SPORTING EVENTS), 9 (NON-SPORTING EVENTS), 10 (CASINO GAMES ON THE INTERNET), 11 (POKER GAMES ONLINE) OR 12 (INFORMAL PRIVATE BETTING), OTHERS GO TO SECTION G

Q105. Thinking about your gambling over the last month, please respond to the following statements. In the last month [INSERT STATEMENT]. Would you say never, rarely, occasionally, sometimes, frequently, usually or always?

READ OUT STATEMENT IN FULL

REPEAT SCALE ONLY IF NECESSARY FOR SUBSEQUENT ITEMS)

READ OUT

SR

PROGRAMMER: **DO NOT** RANDOMISE STATEMENTS

	Never	Rarely	Occasionally	Sometimes	Frequently	Usually	Always	Refused DO NOT READ OUT	Don't know DO NOT READ OUT	Not applicable DO NOT READ OUT
B1a: I felt in control of my gambling behaviour.	0	1	2	3	4	5	6	98	99	97
B1b: I was honest with my family and/or friends about the amount of MONEY I spent gambling.	0	1	2	3	4	5	6	98	99	97
B1c: I was honest with my family and/or friends about the amount of TIME I spent gambling.	0	1	2	3	4	5	6	98	99	97
B2a: I only gambled with MONEY that I could afford to lose.	0	1	2	3	4	5	6	98	99	97
B2b: I only spent TIME gambling that I could afford to spend.	0	1	2	3	4	5	6	98	99	97
B2c: I considered the amount of MONEY I was willing to lose BEFORE I gambled.	0	1	2	3	4	5	6	98	99	97

B2d: I considered the amount of TIME I was willing to spend BEFORE I gambled.	0	1	2	3	4	5	6	98	99	97

Q106. How much do you agree with the following statements? I believe that…[INSERT STATEMENT]. Would you say strongly disagree, disagree, somewhat disagree, neither agree nor disagree, somewhat agree, agree or strongly agree?

READ OUT STATEMENT IN FULL

REPEAT SCALE ONLY IF NECESSARY FOR SUBSEQUENT ITEMS

READ OUT

SR

PROGRAMMER: RANDOMISE STATEMENTS

	Strongly disagree	Disagree	Somewhat disagree	Neither Agree nor disagree	Somewhat agree	Agree	Strongly agree	Refused DO NOT READ OUT	Don't know DO NOT READ OUT
C1a: I should be able to walk away from gambling at any time.	1	2	3	4	5	6	7	98	99
C1b: I should be aware of how much MONEY I spend when I gamble.	1	2	3	4	5	6	7	98	99
C1c: It's my responsibility to spend only money that I can afford to lose.	1	2	3	4	5	6	7	98	99
C1d: should only gamble when I have enough money to cover all my bills first.	1	2	3	4	5	6	7	98	99
C2a: Gambling is not a good way to make money.	1	2	3	4	5	6	7	98	99
C2b: My chances of winning get better after I have lost. (should be reverse coded)	1	2	3	4	5	6	7	98	99
C2c: If I gamble more often, it will help me to win more than I lose. (should be reverse coded)	1	2	3	4	5	6	7	98	99

TS13 TIMESTAMP13

Section G Potential Comorbidities

ASK ALL

Kessler Psychological Distress Scale (K6)

The next questions are about health and wellbeing and ask how you have been feeling during the past 30 days.

Q107. About how often during the past 30 days did you **[insert statement]** - would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?

INTERVIEWER NOTE: Feeling during the past 30 days means how they feel in general

READ OUT STATEMENT IN FULL

REPEAT QUESTION FOR STATEMENT D TO REMIND RESPONDENT: Still thinking about the past 30 days

REPEAT SCALE IF NECESSARY

SR

PROGRAMMER: DO NOT RANDOMISE CODES

	Statement	All	Most	Some	A little	None	Refused DO NOT READ OUT	Don't know DO NOT READ OUT
		1	2	3	4	5	98	99
A	Feel nervous	1	2	3	4	5	98	99
B	Feel hopeless	1	2	3	4	5	98	99
C	Feel restless or fidgety	1	2	3	4	5	98	99
D	Feel so depressed that nothing could cheer you up	1	2	3	4	5	98	99
E	Feel that everything was an effort	1	2	3	4	5	98	99
F	Feel worthless	1	2	3	4	5	98	99

TS14 TIMESTAMP14

ASK ALL

Alcohol Screen

{INTERNAL NOTE: used scale from the latest National Drug Strategy Household Survey}

Now I am going to ask you some questions about your use of alcoholic beverages during **the last 12 months…**

Q108. How often did you have a drink containing alcohol (in the last 12 months)? Consider a "drink" to be a "pot" of full strength beer, a small glass of wine, a wine cooler, or a shot of liquor (like scotch, gin or vodka).

READ OUT

SR

Never	0
Monthly or less	1
2 to 4 times a month	2
2 to 3 times a week	3
4 or more times a week	4
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

IF Q108 =0 (never), AUTO-CODE "0 drinks" AT Q109

Q109. How many drinks did you have on a typical day when you were drinking (in the last 12 months)?

READ OUT

SR

0 drinks	0
1 to 2 drinks	1
3 to 4 drinks	2
5 to 6 drinks	3
7 to 9 drinks	4
10 or more drinks	5
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

IF Q108 =0 (never), AUTO-CODE "never" AT Q110

Q110. How often do you have five or more drinks in one occasion (in the last 12 months)?

READ OUT

SR

Never	0
Less than monthly	1

Monthly	2
Weekly	3
Daily or almost daily	4
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

TS15 TIMESTAMP15

ASK ALL

Smoking

Q111. How often do you smoke?

READ OUT

SR

Don't smoke Never smoker has smoked less than 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life}	0
Ex-smoker Note: Ex-smokers have smoked at least 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life, and reported no longer smoking.	1
Daily	2
At least weekly	3
Less than weekly	4
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

ASK ALL

Other Substance use

Q112 During the last 4 weeks have you consumed or used any of the following medicines or substances?

READ OUT

MR

Sleeping tablets	1

Anti-depressants	2
Marijuana	3
Any other illicit substances	4
None	97
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

TS16 TIMESTAMP16

Section H Gambling related community impact

ASK ALL

PROGRAMMER: IF STATUS = GAMBLER, DISPLAY "I now have some statements to read out. How much do you agree with…"

PROGRAMMER: IF STATUS = NON-GAMBLER, DISPLAY "I now have one statement to read out. How much do you agree with…"

CREATE "RAND2" A RANDOM NUMBER BETWEEN 0 AND 1 FOR EACH RECORD.

ASK IF RAND2 <=0.5 OTHERS GO TO Q114

Q113. Gambling has done more good for the community than harm. Would you say you …

READ OUT

SR

Strongly agree	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Strongly disagree	5
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

Q114. Gambling has done more harm for the community than good. Would you say you…

READ OUT

SR

Strongly agree	1
Agree	2
Neither agree nor disagree	3

Disagree	4
Strongly disagree	5
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

ASK IF STATUS = GAMBLER

ATTITUDE – GAMBLING RELATED POSITIVE IMPACT ON SELF

Q115. Looking back over the 12 months before COVID, would you say gambling has made your life…

READ OUT

SR

A lot more enjoyable	1
A little more enjoyable	2
Made no difference to your life	3
A little less enjoyable	4
A lot less enjoyable	5
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

TS17 TIMESTAMP17

Section I Demographics

ASK ALL

These last few questions are now about you, to make sure that we are speaking to a good cross-section of people. Your answers will of course be treated in the strictest of confidence.

DEMOGRAPHICS – ATSI

D1. Are you of Aboriginal or Torres Strait Islander origin?

SR

Aboriginal	1
Torres Strait Islander	2
Both Aboriginal and Torres Strait Islander	3
Neither	4
Refused DO NOT READ OUT	98

Don't know DO NOT READ OUT	99

DEMOGRAPHICS – LOTE

D2. Is English the main language spoken in your household?

SR

Yes	1
No	2
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

DEMOGRAPHICS – LOTE TYPE

ASK IF D2= 2 (NO), OTHERS GO TO D4

D3. What is the main language spoken in your household?

DO NOT READ OUT

SR

Arabic	1
Cantonese Chinese	2
Chinese	3
Croatian	4
Dutch	5
French	6
German	7
Greek	8
Hindi	9
Indonesian	10
Italian	11
Korean	12
Macedonian	13
Mandarin Chinese	14
Polish	15
Portuguese	16
Russian	17
Serbian	18

Spanish	19
Tagalog (Filipino)	20
Turkish	21
Vietnamese	22
Other	96
Refused	98
Don't know	99

DEMOGRAPHICS – MARITAL STATUS

D4. What is your current marital status?

DO NOT READ OUT

SR

Married or living with a partner	1
Separated or divorced	2
Widowed	3
Single	4
Refused	98
Don't know	99

DEMOGRAPHICS – HOUSEHOLD

D5. Which of the following best describes your household?

READ OUT

SR

Single person	1
One parent family with children	2
Couple with children	3
Couple with no children	4
Group household	5
Other **(SPECIFY)**	96
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

DEMOGRAPHICS – NUMBER OF CHILDREN

ASK IF D5 = 2 OR 3 OR 96, OTHERS GO TO D7

D6. How many children under 18 years of age usually live in your household?

SR/NUM

PROGRAMMER NOTE: VALIDATED TO MINIMUM OF 0

_ _ _ Children	96
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

DEMOGRAPHICS – WORK STATUS

D7. Which of the following best describes your current work status?

READ OUT

SR

Working full-time	1
Working part-time	2
Home duties	3
Full-time student	4
Retired (self-supporting, in receipt of superannuation)	5
Pensioner	6
Unemployed (or looking for work)	7
Other DO NOT READ OUT **(SPECIFY)**	96
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

DEMOGRAPHICS – SHIFT WORK

ASK THOSE IN WORK, D7= Working full-time (1) OR Working part time (2) OR Other (96), OTHERS GO TO D10

D8. Does your job involve shift work?

DO NOT READ OUT

SR

Yes	1
No	2
Refused	98
Don't know	99

DEMOGRAPHICS – WORK INDUSTRY

D9. Which industry do you work in?

DO NOT READ OUT

PROBE FOR CORRECT CODE

SR

Agriculture, forestry, fishing and hunting	1
Mining	2
Manufacturing	3
Electricity, gas and water supply	4
Construction	5
Wholesale trade	6
Retail trade	7
Accommodation, cafes and restaurants	8
Transport and storage	9
Communication services	10
Finance and insurance	11
Property and business services	12
Government administration and defence	13
Education	14
Health and community services	15
Cultural and recreational services	16
Personal and other services (including hair dressing)	17
Other (**SPECIFY**)	96
Refused	98
Don't know	99

DEMOGRAPHICS – EDUCATION

D10. What is the highest education qualification you have received?

DO NOT READ OUT, PROBE FOR CORRECT CODE

SR

Post graduate qualifications	1
A university or college degree	2

A trade, technical certificate or diploma	3
Completed senior high school (Year 12)	4
Completed junior high school (Year 10)	5
Completed primary school	6
Did not complete primary school	7
No schooling	8
Other (**SPECIFY**)	96
Refused	98
Don't know	99

DEMOGRAPHICS – INCOME

D11. Could you please tell me your personal annual income from all sources before tax – including any government payments?

SR/NUM

RECORD VALUE TO WHOLE NUMBERS

Nil or negative income	0
$_ _ _ _ _ _ _ PER WEEK	1
$_ _ _ _ _ _ _ PER FORTNIGHT	2
$_ _ _ _ _ _ _ PER YEAR	3
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

ASK IF D11 = Refused (98) or Don't know (99), OTHERS GO TO D13

D12. Could you please tell me the income band that includes your personal annual income from all sources before tax – including any government payments?

READ OUT CATEGORIES

SR

Less than $10,000	1
$10,000 - $19,999	2
$20,000 - $29,999	3
$30,000 - $39,999	4
$40,000 - $49,999	5
$50,000- $59,999	6

$60,000-$69,999	7
$70,000-$79,999	8
$80,000-$89,999	9
$90,000-$99,999	10
$100,000-$109,999	11
$110,000-$119,999	12
$120,000-$129,999	13
$130,000-$139,999	14
More than $140,000	15
Refused DO NOT READ OUT	98
Don't know DO NOT READ OUT	99

QUESTIONS REQUIRED FOR WEIGHTING

ASK ALL

D13. Do you have another mobile phone that you regularly take calls on, apart from this one?

DO NOT READ OUT

SR

Yes	1
No	2
Refused	98
Don't know	99

ASK IF D13= YES (1)

D14. How many other mobile phones do you regularly take calls on?

DO NOT READ OUT

RECORD NUMBER

SR/NUM

Number given __	1
Refused	98
Don't know	99

ASK IF D14= has a number given (at code 1) AND the number given is >0

D14A. The number we have phoned you on is **{programmer: if SAMPLE TYPE=Listed display** "listed,"**; if SAMPLE TYPE=Unlisted residential OR Unlisted unknown display** "unlisted,"**}** meaning that it **{programmer: if SAMPLE TYPE=Listed display** "can appear"**; if SAMPLE TYPE=Unlisted residential OR Unlisted unknown display** "cannot be included"**}** in public directories, like the White Pages online. **{programmer: if D14] Number given = 1 display** "Is"**; if Number given >1 display** "Are"**}** your other mobile phone **{programmer: if D14 Number given = 1 display** "number"**; if Number given >1 display** "numbers"**}** also **{programmer: if SAMPLE TYPE=Listed display** "listed,"**; if SAMPLE TYPE=Unlisted residential OR Unlisted unknown display** "unlisted,"**}**?

Programmer: please display the number of rows according to the number of other phones given at D14.

PROMPT FOR WHETHER EACH OTHER PHONE IS LISTED OR UNLISTED

DO NOT READ OUT

SR per row

	Other phones	Unlisted	Listed	Refused	Don't know
1	Other phone 1	1	2	98	99
2	Other phone 2	1	2	98	99
3	Other phone 3	1	2	98	99
4	Other phone 4	1	2	98	99
5	Other phone 5	1	2	98	99
6	Other phone 6	1	2	98	99

If necessary:

Most Australian mobile numbers are unlisted (private), but some people choose to have their mobile number listed so that it is publicly available, for example, if they are self-employed and want people to contact them for work.

TS18 TIMESTAMP18

ASK ALL

FOLLOW-UP RESEARCH

D15. There is a possibility that the Tasmanian Government might want to contact you again in the future to invite you to participate in follow up research. Do we have your permission to pass on your contact details to them?

DO NOT READ OUT

SR

Yes - If yes, record contact details	1

No	2
Refused	98

Record if D15 = Yes (1)

D16.

a. Name: [enter text]

b. Phone number: [pre-load phone number from sample but can be edited if providing something different]

QUALITY ASSURANCE

D17. Thank you very much for taking the time to answer the questions. In case my supervisor needs to call back to check my work, would you mind giving me your first name?

a. Name: [enter text]

b. And may I confirm that I've called you on is: [pre-load phone number from sample]

TS19 TIMESTAMP19

IF NECESSARY:

Would you like details for free confidential services through Gambler's Help? GAMBLING HELPLINE – 1800 858 858 or https://www.gamblinghelponline.org.au/

Thank and close

"Thank you for participating in this survey. This research is being conducted in keeping with the Australian Privacy Principles and the industry Privacy Code and the market research industry's Code of Professional Behaviour.

Our privacy policy is available on our website (www.enginegroup.com/apac) It explains how you can access or correct your personal information, and the process for making a privacy related complaint.

IF REQUIRED: If you would like to check any of these details further, I can direct you to the Association of Market and Social Research Organisations' website or if you have any queries you can call Engine directly. Would you like any of these details?

IF YES, SAY: The website is http://www.amsro.com.au/directory/, or if you have any queries you can call Engine on (03) 8639 5200.

Thank you, and just in case you missed it, I'm <INTERVIEWER NAME> calling from Engine on behalf of the Tasmanian Government"

"Thanks again."

RESPONDENT LEVEL OF COOPERATION

D18. TO BE COMPLETED BY THE INTERVIEWER

PLEASE RATE THE LEVEL OF THE RESPONDENT'S CO-OPERATION WITH THE SURVEY. HOW WILLING WAS THE RESPONDENT TO BE INTERVIEWED?

SR

High	1
Medium	2
Low	3

TS20 TIMESTAMP20

If necessary texts

Programmer note: display at top of CATI screen

BUTTON 1: Attrition risk

I know this intrudes on your time, but this is important for understanding an important social issue and the Tasmanian Government needs the community's views. We'd really appreciate you taking part. Would you help me out?

Doesn't gamble

We're just as interested in people who don't gamble, as this study is also exploring why some people prefer not to gamble.

OR if explanation needed

I appreciate that because you don't gamble, many of these questions don't seem relevant to you. However, to us your responses are just as relevant as those of someone who does gamble. This survey is about the prevalence of gambling participation in Tasmania so, in order for us to gather an accurate picture of what's happening across the state, it is vital we collect the zero, never, or "no" responses along with the "yes" responses. The only way we can do that is by asking everyone the same questions.

BUTTON 2: What is the study about?

This is a major study on gambling participation and gambling related harm in Tasmania. The study will look at both people who don't gamble as well as those who do to see how gambling affects well-being. This is an anonymous study, the data collected will only be presented in aggregated form so no one will be able to tell what your individual answers were.

BUTTON 3: Which Government department?

Department of Treasury and Finance

BUTTON 4: How did you obtain my number?

The Integrated Public Number Database (IPND) is a record of most Australian phone numbers and owner details. It contains listed numbers (which can be published in directories, like White Pages) and unlisted numbers (which are withheld from directories). When telephone services are connected, the service provider must provide the connection details to the IPND Manager.

The ACMA has authorised the use of a random selection of listed and unlisted mobile phone numbers for this study, as public health research. We have not been provided with owners' names.

A public notice of the authorisation, and more information on the IPND, can been found on the ACMA's website, at https://www.acma.gov.au/accessing-ipnd

If asked who is IPND Manager: Telstra Corporation Ltd (Telstra) is currently the contracted IPND Manager.

If asked what numbers are in the IPND: The IPND contains almost all phone numbers in use in Australia, including landlines, mobiles, 1800 numbers, faxes

BUTTON 5: Do not call list

We'd really appreciate you taking part but if you wish to be removed, we can add you to our do not call register. This means you won't receive calls from our company but this doesn't stop other market research companies from contacting you.

BUTTON 6: Gambler's Help

Details for free confidential services through Gambler's Help
GAMBLING HELPLINE – 1800 858 858 or https://www.gamblinghelponline.org.au/

Youth Healthline - 6777 4422

Lifeline – 13 11 14

1800RESPECT – 1800 737 732

Suicide Call Back Service on - 1300 659 467 or https://www.suicidecallbackservice.org.au/

Family Violence Counselling Support Service - 1800 608 122

BUTTON 7: COVID reference date

March 2019-Feb 2020 or the 12 months prior to March 2020

BUTTON 8: Listed vs unlisted number

The number we have called you on is recorded as {programmer: if SAMPLE TYPE=Listed display "listed,"; if SAMPLE TYPE=Unlisted residential OR Unlisted unknown display "unlisted,"} in the IPND, meaning that it {programmer: if SAMPLE TYPE=Listed display "can appear"; if SAMPLE TYPE=Unlisted residential OR Unlisted unknown display "can not be included"} in public directories, like the White Pages online.

If necessary:

If you'd like to change the listed/unlisted status of your number, please contact your mobile phone service provider and ask them to change it in the IPND.

BUTTON 9: IPND data – what details do you have?

The Integrated Public Number Database (IPND) contains various details about the service provided with each number, and the number's owner. (Full details can be found the IPND Manager's website: https://www.telstra.com.au/consumer-advice/ipnd)

We have been provided with limited details from the IPND in order to contact Tasmanian residents, specifically for the purposes of this research.

We have not been provided with your name, or any other personal details associated with this phone number, except for the {programmer: if SAMPLE TYPE=Listed display "directory"; if SAMPLE TYPE=Unlisted residential OR Unlisted unknown display "service"} address postcode (for the purposes of contacting only Tasmanian residents).

If you would like to check or change any of the details recorded in the IPND for this number, please contact your service provider.

If necessary:

The IPND details we have been provided with for this number include: the mobile phone number, and the owner's postcode (only) from the {programmer: if SAMPLE TYPE=Listed display "directory"; if SAMPLE TYPE=Unlisted residential OR Unlisted unknown display "service"} address. {programmer: if SAMPLE TYPE=Listed display "We have also been provided with the 'carriage service type', which shows us if the service provider has recorded how the number will be used, for e.g. 'residential' or 'business'."}

BUTTON 10: Postcode

The postcode associated with this mobile number is recorded as {programmer: display postcode from sample}

If necessary:

This postcode is recorded in the IPND as part of the {programmer: if SAMPLE TYPE=Listed display "directory address"; if SAMPLE TYPE=Unlisted residential OR Unlisted unknown display "service address"} for this mobile phone number. Please contact your mobile phone service provider if you would like any of your details to be changed in the IPND.

BUTTON 11: Additional study information

The Tasmanian Government has appointed the South Australian Centre for Economic Studies, in partnership with ENGINE to conduct this study about health and lifestyle choices. This is the Fifth Social and Economic Impact Study (SEIS) of Gambling in Tasmania. Four subsequent SEIS (2008, 2010, 2013 and 2017) have been conducted and can be found here: https://www.treasury.tas.gov.au/liquor-and-gaming/gambling/reduce-harm-from-gambling/social-and-economic-impact-studies

The results will be used by the Tasmanian Government to prioritise resources and assist in planning for various social issues. The phone survey you are invited to participate in is part of this study.

This is a major study on gambling participation and gambling related harm in Tasmania. The study will look at both people who don't gamble as well as those who do to see how gambling affects well-being. All information is strictly confidential and no individuals will be

identified in the reporting for this study. Information will only be reported through summary numerical trends which represent how people feel overall or their overall attitudes.

The study is totally voluntary and there is no obligation to take part.

Ethical approval for this project has been received from The University of Adelaide School of Psychology Human Research Ethics Subcommittee (Project number:20/71)

APPENDIX B: REFERENCES

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