

# YOUTH GAMBLING: THE HEALTH AND WELLBEING OF NEW ZEALAND SECONDARY SCHOOL STUDENTS IN 2012

## Summary of Key Findings

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### BACKGROUND AND AIM

Despite evidence that youth are a high-risk group with regard to unhealthy gambling, there is a dearth of information on youth gambling in New Zealand. This study involved the analysis of data from Youth’12 a national survey of secondary school students. The overall aim of the project was to provide an accurate and detailed description of the gambling behaviour of secondary school students in New Zealand, including the impacts on young people of their own, peer and familial gambling. The study also aimed to describe risk and protective factors associated with unhealthy gambling behaviours and investigate changes over time for gambling behaviour.

### AIM AND METHODS

Youth’12 is the third health and wellbeing survey of New Zealand’s secondary school students to be undertaken by the AHRG. It is a representative survey that involved 8,500 students throughout New Zealand and included a wide range of questions about issues that contribute to the health and wellbeing of young people (such as substance use, injuries and violence, home and family) and risk and protective factors. The inclusion of gambling items in the Youth’12 survey provides a unique opportunity to examine the impacts of gambling and problem gambling on secondary school students throughout New Zealand within an ecological framework.

### KEY FINDINGS

Gambling is a widely available activity in today’s society and for some, gambling causes significant harm. There is limited data and very little information about youth gambling in New Zealand. This report presents findings on youth gambling from Youth’12, the third national health and wellbeing survey of secondary school students in New Zealand. The information presented in this report was provided by 8,500 students (Years 9 to 13; 13 to 17 years of age) who took part in the survey. The report also includes findings from the 2007 national survey (the first national survey took place in 2001 but this did not include questions about gambling). For the purpose of this study, gambling was defined as having bet precious things for money on an activity.

#### **A significant minority of secondary school students are involved in gambling**

Approximately 24% of students had gambled in the last 12 months and 10% had gambled in the last four weeks. This was higher amongst males. The most common gambling activities were “Bets with friends or family”, “Instant Kiwi (scratchies)”, and “Cards or coin games (e.g. poker)”. Small, but statistically significant, decreases were observed in the amount of time and money that students spent on gambling from 2007 to 2012. In particular, the percentage of students who spent “\$20 or more per week” on gambling decreased from 5% in 2007 to 3.6% in 2012 ( $p=0.0005$ ). Similarly, a smaller proportion of students spent “30 minutes or more per day” on gambling in 2012 (2.3%) compared with 2007 (4.5%) ( $p=0.0028$ ).

## Attitudes, motivation and help seeking are mixed

Most students' who gamble usually did so with friends or with family members (especially younger students). Approximately one-third of students who had gambled (31%) indicated that gambling was not okay for people their age. The most common reasons for students gambling were to have fun, to win money, for a challenge, because they were bored, and for no particular reason (i.e. 'none of these responses'). Reasons for gambling were largely comparable across each wave of the survey. However, there appears to have been a decrease in the proportions of students who said that they gamble "to win money" (53% in 2007 and 32% in 2012) and "to get a buzz" (12% in 2007 and 4% in 2012).

Students were asked to specify who they would seek help from if they were concerned about their gambling. The most popular responses were parents, followed by friends, school guidance counsellors, other family members, and, the gambling helpline. Approximately one-fifth (17%) said they would not look for help.

## Gambling appears to be causing problems for some students

Gambling in adolescence may predict later gambling and health problems and for some will already be causing difficulties. Among students who have gambled in the past 12 months:

- 4% usually spend \$20 or more per week on gambling.
- 2% spend 30 minutes or more per day on gambling activities.
- Despite age restrictions on certain modes of gambling, small proportions of students participated in activities that are illegal for their age group. For example, a number of students aged 16 or less reported gambling on the following modes over the past year: Instant Kiwi (n=529 students); Pub/club pokies (n=73 students); Casino tables/machines (n=57 students); TAB betting (n=138 students).
- Sixteen percent (approximately four percent of all secondary school students) reported being worried about the amount of time or money that they spend on gambling.
- Fourteen percent (approximately four percent of all secondary school students) had tried to cut down or give up gambling.
- In total, 11% reported one indicator of unhealthy gambling (i.e. they had participated in gambling for reasons that centred on escapism and/or loss of control, gambled several times a week or more, had spent \$20 or more per week on gambling; gambled for one or more hours per day) and 5% reported two or more indicators.

## There are identifiable risk factors and important disparities

There are significant differences in gambling behaviour by sex and socioeconomic status; males and students from more deprived neighbourhoods are more likely to be involved in gambling or be harmed by gambling. Rates of gambling in the last 12 months were similar amongst Māori, Pacific, Asian and New Zealand European students. However, Māori, Pacific, and Asian students generally reported higher rates of gambling related harm.

In multivariate analyses we found that students with signs of unhealthy gambling were more likely to have a family member who had done something because of gambling that could have got them in serious trouble (e.g. stealing); usually gamble with someone other than friends or family members; have more accepting attitudes towards gambling; have gambled on pub/club EGMs, casino EGMs or tables, or TAB betting in the last 12 months; and, had attempted suicide in the last 12 months. We investigated a range of other risk and protective factors, but these did not show as significant in the multivariate analyses.

## CONCLUSIONS AND IMPLICATIONS

Most students have limited engagement with gambling. Family gambling behaviours appear to significantly influence youth gambling. Students who reported being impacted by family/whānau gambling, were also significantly more likely to experience gambling-related difficulties themselves. Importantly many of these young people are worried about their own gambling or have tried to cut down.

Our findings suggest that there should be interventions to:

- Support young people who are affected by adults in their family/whānau gambling;
- Support young people who are worried about their own gambling, want to cut down and/or are experiencing harmful effects of gambling; and,
- Ensure that restrictions on underage access to gambling (particularly those activities associated with an increased risk of harm such as casino gambling, TAB gambling, and non-casino EGMs) are monitored and enforced.

The findings also suggest that a focus on developmentally appropriate strategies for young people who are concerned about their own gambling and/or the impacts of gambling within their family/whānau may be more appropriate than population wide interventions. Additionally interventions will need to be effective for those in high deprivation communities and for Māori, Pacific, and Asian young people and their families.

This research indicates that Messerlian et al., (2005) public health approach to youth gambling has direct relevance to New Zealand. This approach outlines a structure to guide public health action that incorporates four public health goals: denormalisation; protection; prevention; and, harm reduction. The proposed framework entails a multi-level approach with actions required at the intra-/inter-personal, community, policy, and institutional levels. These goals have implications for all youth gambling stakeholders in New Zealand: health promotion workers, researchers, policy makers, members of the gambling industries, youth, their families/whānau, schools and communities. The current research has also identified that youth living in neighbourhoods with high levels of deprivation, and students who identify as Māori, Pacific and Asian, are disproportionately affected by gambling and unhealthy gambling. Māori, Pacific and Asian youth and their families/whānau require culturally responsive public health strategies and should be prioritised with regard to resource allocation for the delivery of public health initiatives.