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Public perceptions of harm for nine popular gambling products

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Public perceptions of harm for nine popular gambling products

Abstract

Introduction

Gambling causes significant levels of harm globally and is recognised as a serious public health issue. To reduce gambling-related harm, various strategies and policies have been recommended, including decreasing the availability of gambling products, restricting gambling advertising, and implementing public education campaigns. Government willingness to implement such strategies will be influenced by levels of public support, which in turn will be dependent on public perceptions of the harm caused by gambling products. The aim of the present study was to assess public perceptions of the harm associated with individual gambling products to inform future gambling reform.

Methods

A sample of 2,112 Australian adults provided perceived harm ratings for nine popular gambling products that are known to be associated with gambling-related harm: electronic gambling machines, casino table games, sports betting, bingo, scratch tickets, private betting, horse/dog races, keno, and the lottery. Binary logistic regressions were used to identify factors associated with harm perceptions.

Results

Only electronic gambling machines (70%), casino table games (64%), betting on horse/dog races (59%), and sports betting (53%) were perceived by a majority of respondents as being harmful. Less frequent gambling and experiencing greater levels of gambling-related harm were associated with higher harm perceptions.

Conclusions

Many potentially harmful gambling products may not be recognised as such by the public, which is likely to reduce support for recommended harm-reduction strategies and policies. Efforts are needed to ensure Australians in general and gamblers in particular understand the levels of harm associated with popular gambling products.

Keywords: Gambling, Public Health, Problem Gambling, Prevention, Harm perceptions.

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1. Introduction

Gambling has been increasingly liberalised in Western nations, resulting in higher levels of gambling participation and gambling-related harm (Armstrong, Thomas, & Abbott, 2018; Jones, Pinder, & Robinson, 2019; Markham & Young, 2015). Recent research suggests that 4-8% of adults experience some level of gambling-related harm and around 1% have gambling issues severe enough for them to be considered ‘problem gamblers’ (Armstrong & Carroll, 2017; Filipa & Mark, 2016; Gambling Commission, 2019a). Problem gamblers are more likely to be male and younger (Castrén et al., 2013; Hing, Russell, Tolchard, & Nower, 2016; Merkouris et al., 2016). It is estimated that global gambling losses amount to approximately \$400 billion (Abbott, 2017). The combination of harm prevalence and extensive financial losses has resulted in gambling being recognised as a major public health issue (David, Thomas, Randle, & Daube, 2020; Goyder, Blank, Baxter, & van Schalkwyk, 2020; Wardle, Reith, Langham, & Rogers, 2019). There are corresponding calls for the implementation of effective harm-reduction strategies such as decreasing the availability of gambling products, restricting gambling advertising, and implementing public education campaigns (Johnstone & Regan, 2020; Livingstone et al., 2019; Thomas et al., 2017).

Democratic theories highlight the importance of public opinion in shaping policy for elected governments (Baderin, 2015; Burnstein, 2003). Public support and demand for gambling harm-reduction strategies are likely to influence whether governments choose to adopt these approaches (Buykx, Gilligan, Ward, Kippen, & Chapman, 2015; Swift et al., 2015). In turn, perceptions of harm are likely to be a key determinant of public support for such policies (Blake, Viswanath, Blendon, & Vallone, 2009). Ajzen’s (1991) Theory of Planned Behaviour follows that a person’s beliefs (e.g., gambling is harmful) shapes their attitudes and intentions in relation to specific behaviours. More stringent gambling harm-reduction policies are thus more likely to be supported if the gambling products targeted by these policies are perceived to be harmful (Diepeveen, Ling, Suhrcke, Roland, & Marteau, 2013). The corollary is that such regulation can be opposed if the products are viewed as unproblematic (Diepeveen et al., 2013).

While gambling in general tends to be recognised by the public as having a negative effect on society (Canale, Vieno, Pastore, Ghisi, & Griffiths, 2016; Donaldson et al., 2016; Salonen et al., 2014), there has been limited research on attitudes to individual gambling products. The advantages of examining the perceived harmfulness of specific gambling products are two-fold. First, such an analysis would reveal whether the public has accurate

perceptions or whether some products are inaccurately seen as non-harmful. For example, sports gambling is now heavily promoted in many countries (Jones et al., 2019; Pitt, Thomas, Bestman, Stoneham, & Daube, 2016), which could normalise use of these products and reduce harm perceptions. Second, focusing on individual gambling products can provide policy makers with information relating to how accepting the public may be of harm-reduction strategies that target specific products. For example, a growing body of research links scratch tickets to gambling-related harm (Abbott, Stone, Billi, & Yeung, 2016; Booth et al., 2020; Short, Penney, Mazmanian, & Jamieson, 2015), yet there is likely to be little support for restrictions on these products if they are perceived to be harmless.

Only two studies could be located that examined perceptions of harm for specific gambling products, both of which were conducted in Australia (McCarthy et al., 2018; Thomas et al., 2017). In these studies, participants provided perceived harm ratings for four products with known high levels of associated harm: casino gambling, EGMs, horse betting, and sports betting (McCarthy et al., 2018; Thomas et al., 2017). All four products were recognised as harmful in both studies, indicating that the Australian public has a good appreciation of the potential harm associated with these particular products. However, several commonly used gambling products were not included in these studies. Armstrong and Carroll (2017) surveyed a representative sample of Australian adults ($n = 17,606$) and found the most commonly used gambling products from most to least popular were as follows: lottery, scratch tickets, EGMs, betting on horse/dog races, sports betting, keno, casino table games, bingo, and private betting (e.g., playing cards or mah-jong with friends or family for money), all of which have been associated with gambling-related harm (Abbott et al., 2016; Binde, Romild, & Volberg, 2017; Yeung & Wraith, 2017). The aim of the present study was to extend this prior work by assessing harm perceptions across a broader range of popular gambling products, individually and in combination, to provide additional information for policy makers considering the implementation of more comprehensive harm-reduction policies.

1.1 The Australian Context

Australians are the largest per capita spenders on gambling in the world (Armstrong et al., 2018), losing \$24.9 billion (\$1,292 per person) in 2017 alone (Queensland Government Statistician's Office, 2019). It is estimated that 8% of the adult Australian population experiences harm from their gambling (Armstrong & Carroll, 2017). Growing concerns about gambling-related harms have resulted in policy reviews being undertaken to identify

appropriate harm-reduction strategies (Jenkinson, Khokhar, Tajin, Jatkar, & Deblaquiere, 2019; Livingstone et al., 2019). Recommendations resulting from these reviews include developing a national gambling exclusion register, increasing taxes on operators, limiting the promotion of gambling, restricting the availability of gambling products, and implementing education campaigns to inform the public about the harms associated with the most problematic products. These recommendations are consistent with those that have been made in other national contexts and have proven to be successful in reducing harms resulting from other harmful products such as alcohol, tobacco, and ‘junk food’ (Currie, 2019; Gambling Commission, 2019b; Ministry of Health, 2019).

To assess community understanding of the harm associated with a broad range of popular gambling products, harm perceptions were assessed for nine commonly used products that have been demonstrated to be associated with gambling-related harm. These products in order of observed levels of harm were EGMs, casino table games, sports betting, bingo, scratch tickets, private betting, horse/dog races, keno, and the lottery (Yeung & Wraith, 2017). The study aimed to (i) assess perceptions of harm associated with the examined gambling products and (ii) determine whether any population sub-groups may be in particular need of information to address misperceptions.

2.0 Method

2.1 Sample

The data for this study were gathered in 2019 as part of a larger project examining gambling and lifestyle behaviours (*blinded for review*). Quotas were used to recruit a nationally representative sample of Australian adults ($n = 2,112$). Respondent recruitment was undertaken by Pureprofile, an ISO-accredited web panel provider. Table 1 outlines the demographic characteristics of the sample. Gamblers and problematic gamblers were over-represented compared to the general population, which is common in studies that use web panels for recruitment (McCarthy et al., 2018; Mishra & Carleton, 2017; Thomas et al., 2017). The proportion of respondents that participated in the examined gambling products in a typical month ranged from 3% for private betting to 43% for the lottery. The project was approved by a University Human Research Ethics Committee.

Insert Table 1 here

2.2 Survey Instrument

Respondents reported their demographic characteristics including age, gender, postcode, relationship status, and employment status. To measure perceived harmfulness of the nine examined products, respondents were asked “*To what extent do you agree that the following products are harmful?*” (response options 1 (strongly disagree) to 5 (strongly agree) for each product). Frequency of using specific gambling products was examined by asking “*In a typical month, roughly how often do you play each of the following?*” for each product (response options 1 (never) to 5 (more than once a week)). Gambling expenditure was assessed by asking “*Any expenditure in a typical month?*” for each product (response options (yes/no), followed by “*How much per month? (on average)*” for those who answered in the affirmative. Gambling-related harm experienced over the previous 12 months was assessed using the Problem Gambling Severity Index (PGSI: Ferris & Wynne, 2001).

2.3 Analyses

For each product, a mean harm score and the percentage of respondents rating the product as harmful were calculated. Participation information for each product was assessed by determining the proportion of respondents who used it at least once per month, with mean expenditure and use frequency also calculated for users.

To identify factors associated with perceived harm, binary logistic regressions were conducted on all products combined and on each product individually. For the combined analysis, the dependent variable was perceived harm (harmful vs. not harmful) across the nine assessed gambling products in aggregate. Due to 3 representing the neutral point on the 5 point scale, respondents’ aggregated average perception scores were categorised as harmful if they were greater than 3 or not harmful if they were less than or equal to 3. The independent variables were respondent age, gender, location (metropolitan vs. rural), relationship status (in a relationship vs. not in a relationship), employment status (employed vs. not employed), socioeconomic decile (calculated using the respondent’s postcode as per the Socio-Economic Indexes for Areas 2016: Australian Bureau of Statistics, 2018), PGSI score, expenditure on the examined gambling products in a typical month, and the average frequency of product use. For the individual product analyses, this process was repeated using results relating only to the specific product.

3.0 Results

The mean harm perception scores showed that a majority of respondents rated EGMs (70%), casino table games (64%), betting on horse/dog races (59%), and sports betting (53%) as harmful (see Table 2). The remaining products were considered harmful by only a minority of respondents (range 24%-35%).

Insert Table 2 here

Comparing the products' perceived harm ranking (Table 2, column 4) to their actual harm ranking (Table 2, column 5) revealed some discrepancies. The respondents perceived bingo and scratch tickets as being significantly less harmful than the other gambling products, ranking them as being the least harmful of the examined products. However, these products are more harmful at an individual level than private betting, betting on horse/dog races, keno, and the lottery (Yeung & Wraith, 2017). By contrast, the respondents correctly recognised that EGMs, casino table games, and sports betting are more harmful than the other products. Betting on horse/dog racing was perceived to be relatively more harmful than most other products, contrary to its actual harm ranking.

The first logistic regression analysis identified two factors that were significantly associated with perceived harmfulness across the nine gambling products (see Table 3). Higher PGSI scores and less frequently gambling were associated with higher average perceived harm ratings. Table 4 displays the factors associated with the perceived harmfulness of each gambling product individually. In addition to the variables identified in the overall model, younger respondents, females, respondents with a higher socioeconomic status, and those living in regional areas were typically more likely than their counterparts to perceive individual products as harmful. Younger respondents were more likely than older respondents to perceive scratch tickets, bingo, the lottery, keno, and private betting as harmful. Females were more likely than males to perceive casino table games, EGMs, betting on horse/dog races, and sports betting as harmful. Respondents with a higher (vs lower) socioeconomic status were more likely to rate scratch tickets, casino table games, betting on horse/dog races, and sports betting as harmful. Finally, those living in regional areas were more likely than those living in metropolitan areas to perceive EGMs, horse/dog races, casino table games, and sports betting as being harmful.

Insert Table 3 here

Insert Table 4 here

4.0 Discussion

The present results provide novel insights into the perceived harmfulness of commonly used gambling products and the profiles of people who are least likely to appreciate the harm associated with specific products. Majorities of respondents recognised that EGMs, casino table games, betting on horse/dog races, and sport betting can be harmful, which is consistent with evidence of the actual harm attributable to these products (Abbott et al., 2016; Booth et al., 2020; Yeung & Wraith, 2017) and past research examining perceptions of harm for these products (McCarthy et al., 2018; Thomas et al., 2017). In line with democratic theories (Baderin, 2015; Burnstein, 2003), these results suggest that many Australians are likely to be receptive to harm reduction strategies that target these products. However, there still remains considerable potential to increase harm awareness levels. By contrast, only around a third or fewer recognised the remaining products as harmful despite evidence of associated harm in Australia and elsewhere (Abbott et al., 2016; Binde et al., 2017; Costes, Kairouz, Monson, & Eroukmanoff, 2018; Quilty, Avila Murati, & Bagby, 2014; Yeung & Wraith, 2017). Education programs may therefore be necessary to better align public perceptions and actual harm levels for all products, but especially for keno, private betting, the lottery, scratch tickets, and bingo.

The results relating to EGMs are notable in the context of these being the most harmful gambling product category due to their addictive nature attributed to rapid playing speeds, small wager size, variable reward schedules, and audio-visual effects (Binde et al., 2017; Dowling, Smith, & Thomas, 2005; Linnet, Rømer Thomsen, Møller, & Callesen, 2010; Yeung & Wraith, 2017). The high level of public awareness of the harm of EGMs identified in the present study, combined with previous research finding strong public support for harm-reduction strategies that target these products (Thomas et al., 2017), suggests they represent an ideal target for gambling reform. Regulations that govern EGMs differ across Australia's states and territories, however suggested reforms that target EGMs and have not yet been implemented include limiting the speed of play, abolishing large jackpots, capping the maximum wager at \$1, and prohibiting audio-visual effects that accompany wins (Livingstone et al., 2019; Thomas et al., 2017).

The use of casino table games, horse/dog race betting, and sports gambling is increasing in Australia and other Western nations (Armstrong et al., 2018; Sharman, Murphy, Turner, & Roberts, 2019), which is problematic given the associated levels of gambling-related harm (Abbott et al., 2016; Binde et al., 2017). The increasing availability of online gambling platforms is also of growing concern (Gainsbury et al., 2015). Online providers allow people to wager on products such as bingo, sports betting, betting on horse/dog races, and EGMs, from virtually any location at any time of the day (Hing, Russell, & Browne, 2017; Jenkinson et al., 2019). Harm-reduction strategies that can suppress the growing use of these products are therefore likely to be effective in preventing future gambling-related harms. To produce a more cohesive approach to reducing gambling harm in Australia, a recent government report recommended implementing a national regulatory framework. The proposed framework included (i) implementing a national self-exclusion register that would allow gamblers to ban themselves from using gambling platforms across Australia, (ii) more effective prohibition of offshore online gambling providers, (iii) implementing consistent spending/deposit limits across the states/territories, and (iv) providing increased evidence-based harm-reduction messaging to Australian gamblers (Jenkinson et al., 2019). The appreciation by half to two-thirds of respondents that these products can be harmful provides some assurance that such strategies will have a reasonable degree of public support.

4.1 Factors associated with perceived harm

The observed inverse relationships in both the aggregated model and most of the individual product models between the frequency of using gambling products and the perceived harm associated with these products is expected and in accordance with behavioural theories such as the Theory of Planned Behaviour (Ajzen, 1991). People are generally less likely to engage in a behaviour when they think that doing so will result in negative outcomes (Ajzen, 1991). Research examining the use of other risky products such as drugs, alcohol, and tobacco has shown that people are less likely to use products they believe are harmful (Borrelli, Hayes, Dunsiger, & Fava, 2010; Kilmer, Hunt, Lee, & Neighbors, 2007; Pettigrew et al., 2016). The present results provide evidence that this relationship extends to the use of gambling products, and thus that regular gamblers constitute a particularly important target group for effective social marketing campaigns designed to inform people about the harms associated with gambling products.

In the present sample, respondents who reported experiencing gambling-related harms were more likely to perceive gambling products as harmful. This suggests that people who

experience gambling problems understand the risks associated with using gambling products, yet continue to gamble regardless. This outcome reflects the addictive nature of gambling products (Clark et al., 2013; Yau & Potenza, 2015), and highlights the need to move beyond education for these users. The implementation of other harm reduction measures such as deposit/spending limits, increased access to support services, and temporary/permanent exclusions from betting agencies will be critical for reducing harm among this group (Jenkinson et al., 2019; Thomas et al., 2017).

4.2 Limitations and future research directions

The present study has several limitations. First, while quotas were used to recruit a sample that was nationally representative in terms of age, gender, and socioeconomic status, the recruitment of participants via a web-panel provider could have introduced bias. In particular, problematic gamblers were over-represented in the sample, which has also been identified in other studies (for a review see Mishra & Carleton, 2017). Further research in this area may seek to recruit representative samples using alternative means from multiple and diverse sources to provide a comparison to the results reported here. Second, the present study was conducted in Australia, and consequently the findings may not generalise to other geographical locations with different gambling laws and cultural contexts. Future research could examine whether the present results are replicated across different countries. Third, the single item used to measure perceived harm was designed for the current study and has not been previously validated. As the item is worded in a way that proposes the products are harmful (*"To what extent do you agree that the following products are harmful?"*), this could potentially have biased the respondents to agree with the statement. The development of a validated measure would be useful for future studies examining the perceived harmfulness of gambling products. Finally, the cross-sectional research design limits the causal inferences that can be made from the observed relationships.

4.3 Conclusion

The present findings indicate several opportunities to reduce gambling-related harm in Australia by informing decisions relating to the prioritisation of intervention efforts. The lack of understanding of the harms associated with many of the assessed products highlights the importance of identifying means of conveying relevant information to the public in general and users of these product. The recognition that EGMs, sports betting, betting on horse/dog races, and casino table games are generally are harmful coupled with the significant

gambling-related issues these products bring to the Australian community suggests that there may be sufficient impetus to further regulate them. In doing so policy makers could better protect the public and minimise the suffering that these particular harmful products cause, which should be their primary role when developing legislation concerning these products.

Declarations

Funding

This research did not receive grant funding from agencies in the public, commercial, or not-for-profit sectors.

Conflicts of interest

The authors declare that they have no known competing financial interests or personal relationships that could appear to have influenced the work reported in this paper.

Ethics approval

This study was performed in line with the principles of the Declaration of Helsinki. Approval was granted by a Human Research Ethics Committee.

Table 1: Sample profile compared to the Australian adult population

Demographic Attribute	Study sample (n = 2,112) (%)	Australian adult population ^a (%)
<i>Gender</i>		
Male	49	49
Female	51	51
<i>Age</i>		
Mean (SD)	47 (17)	
18-29	20	21
30-49	36	34
50-64	23	22
65+	20	22
<i>Location</i>		
Metropolitan	67	71
Regional	33	29
<i>SES quintile^b</i>		
Lowest	16	20
2	18	20
Middle	23	20
4	21	20
Highest	22	20
<i>PGSI^c</i>		
Non-gambler or no risk	73	92
Low risk	12	4
Moderate risk	8	3
Problem gamblers	8	1
<i>Gambling participation</i>		
Gambles in a typical month	57%	39%
Gamblers' average past year expenditure	\$1,522	\$1,292

Note: Percentages may not add to 100% due to rounding.

^aAge and gender data sourced from Australian Bureau of Statistics (2019); location data sourced from Australian Bureau of Statistics (2016); SES data sourced from Australian Bureau of Statistics (2018); gambling PGSI data and participation data sourced from Armstrong and Carroll (2017); gambling expenditure data sourced from Queensland Government Statistician's Office (2019).

^bBased on Socio-Economic Indexes for Areas 2016 (Australian Bureau of Statistics, 2018).

^cProblem Gambling Severity Index (Ferris & Wynne, 2001).

Table 2: Perceived harm, actual harm, and participation by gambling product (n = 2,112)

Gambling product	Perceived harm [^]			Actual harm		Participation	
	Mean (SD)	% of sample that agree the product is harmful	Ranking	Ranking according to normative Australian data (n = 11,177) [#]	% of sample using product in a typical month (n = 2,112)	Av \$ spent per month per gambler using this product	Av frequency of purchase per gambler using this product Mean (median)*
EGMs	4.0 (1.2) ^a	70	1	1	15	92	2.9 (3)
Casino table games	3.8 (1.2) ^b	64	2	2	4	113	2.8 (3)
Horse/dog races	3.7 (1.2) ^c	59	3	7	12	81	3.2 (3)
Sports betting	3.6 (1.2) ^d	53	4	3	11	107	3.1 (3)
Keno	3.1 (1.2) ^e	34	5	8	7	31	2.8 (2)
Private betting	3.0 (1.3) ^{ef}	35	6	6	3	46	2.9 (3)
Lottery	3.0 (1.2) ^f	32	7	9	43	44	3.2 (3)
Scratch tickets	2.9 (1.2) ^g	30	8	5	20	25	2.8 (2)
Bingo	2.7 (1.2) ^h	24	9	4	4	55	3.3 (3)

Note: Products that share the same superscript did not differ significantly in terms of perceived harm; EGMs = Electronic gambling machines. [^]“To what extent do you agree that the following products are harmful?” (response options 1 (strongly disagree) to 5 (strongly agree) for each product). Percentage represents the proportion of respondents who scored the product as a 4 (agree) or 5 (strongly agree).

[#]From Yeung and Wraith (2017) using a representative sample of gamblers from Victoria, Australia.

*Measured on a scale of 1 (never), 2 (less than once a month), 3 (1-3- times per month), 4 (weekly), and 5 (more than once a week).

Table 3: Factors associated with the perceived harmfulness of the assessed gambling products

Factor	B	Odds ratio [95% CI]
Age	-.01	1.00 [.99, 1.00]
Gender (male)	-.06	.94 [.79, 1.13]
Location (rural)	.09	1.09 [.89, 1.33]
Relationship status (not in a relationship)	.03	1.03 [.86, 1.23]
Employment status (inactive/unemployed)	-.14	.87 [.71, 1.07]
Socioeconomic status (decile)	.02	1.02 [.99, 1.06]
Severity of problem gambling	.04	1.04 [1.01, 1.06]**
Expenditure on gambling	.00	1.00 [.99, 1.00]
Frequency of gambling	-.29	.75 [.63, .90]**

Note: B represents the regression coefficients for the relationship between the examined factors and perceived harmfulness in terms of log odds.

p < .05. **p < .01. *p < .001.*

Table 4: Odds ratios for factors associated with perceived harm for each gambling product

Gambling Product	Age [95% CI]	Male Gender [95% CI]	Living in regional area [95% CI]	Not in a relationship [95% CI]	Unemployed [95% CI]	SES Decile [95% CI]	PGSI score [95% CI]	Expenditure on the product [95% CI]	Frequency of using the product [95% CI]
EGMs	1.00 [.99, 1.00]	.78 [.65, .95]*	1.38 [1.10, 1.72]**	1.13 [.93, 1.38]	1.00 [.79, 1.26]	1.03 [.99, 1.03]	1.01 [.98, 1.03]	1.00 [1.00, 1.00]	.74 [.66, .83]***
Casino Table Games	1.00 [.99, 1.01]	.76 [.63, .91]**	1.34 [1.08, 1.65]**	1.04 [.86, 1.26]	.96 [.77, 1.20]	1.04 [1.00, 1.07]*	1.01 [.99, 1.03]	1.00 [1.00, 1.00]	.83 [.71, .96]*
Horse/dog Races	.99 [.99, 1.00]	.77 [.64, .93]**	1.38 [1.12, 1.69]**	.99 [.82, 1.19]	.97 [.78, 1.20]	1.05 [1.02, 1.09]**	1.03 [1.01, 1.05]*	1.00 [1.00, 1.00]	.73 [.66, .82]***
Sports Betting	1.00 [1.00, 1.01]	.82 [.68, .98]*	1.34 [1.10, 1.64]**	.93 [.77, 1.11]	1.03 [.84, 1.27]	1.06 [1.03, 1.10]**	1.02 [1.00, 1.04]	1.00 [1.00, 1.00]	.79 [.70, .90]***
Keno	.99 [.98, 1.00]***	.87 [.72, 1.04]	1.00 [.81, 1.23]	.92 [.76, 1.11]	1.02 [.82, 1.27]	1.03 [1.00, 1.07]	1.03 [1.01, 1.05]**	1.00 [1.00, 1.01]	.89 [.77, 1.01]
Private Betting	.99 [.99, 1.00]*	.84 [.70, 1.01]	1.13 [.92, 1.39]	.97 [.80, 1.17]	1.00 [.80, 1.24]	1.04 [1.00, 1.04]	1.01 [.99, 1.04]	1.00 [1.00, 1.01]	1.12 [.97, 1.30]
Lottery	.99 [.99, 1.00]**	.88 [.72, 1.07]	1.00 [.80, 1.25]	.84 [.68, 1.02]	1.00 [.9, 1.26]	1.04 [1.00, 1.07]	1.07 [1.05, 1.1]***	1.00 [.99, 1.00]	.69 [.62, .77]***
Scratch Tickets	.99 [.98, 1.0]**	.92 [.76, 1.11]	.99 [.79, 1.23]	.96 [.79, 1.17]	1.00 [.79, 1.08]	1.04 [1.00, 1.08]*	1.07 [1.05, 1.09]***	1.00 [1.00, 1.00]	.75 [.67, .85]***
Bingo	.99 [.98, 1.00]**	.97 [.79, 1.19]	.94 [.74, 1.19]	.98 [.79, 1.21]	1.02 [.80, 1.31]	1.04 [1.00, 1.08]	1.06 [1.03, 1.08]***	1.00 [.99, 1.00]	1.2 [1.05, 1.41]**

* $p < .05$. ** $p < .01$. *** $p < .001$.

Note: Perceived harm was measure by asking respondents “To what extent do you agree that the following products are harmful?” (response options 1 (strongly disagree) to 5 (strongly agree) for each product). The odds ratios indicate likelihood of providing a score of 3+ on perceived harm for every 1-unit change in the predictor variable. EGMs - Electronic gambling machines.

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