

Against the odds: A profile of at-risk and problem gamblers

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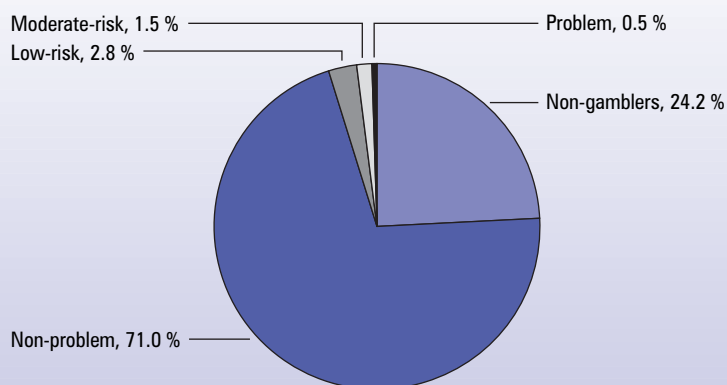
Over the past decade the gambling industry has flourished. Canadians have steadily increased their wagering — from an estimated \$2.7 billion in 1992 to about \$11.3 billion in 2002. While increased GDP, employment and government revenue may be the upside of gambling, rising social and health consequences of problem gambling are the downside.

An estimated 18.9 million Canadians aged 15 and over gambled in 2002, the great majority indulging for fun and entertainment (and the dream of a jackpot). However, 1.2 million — 5% of the adult population — exhibited behaviour that would classify them as being at-risk or problem gamblers. No trend data exist on problem gambling rates, but research has shown that the easier it is to gamble, the higher the prevalence of gambling-related problems.¹ Increased accessibility, poverty, low socio-economic status, and substance abuse have been linked with problem gambling.

This article uses data drawn from Cycle 1.2 of the Canadian Community Health Survey (Mental Health and Well-being) to examine gambling

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Gambling was problem or potential problem for 5% of the adult population



Source: Statistics Canada, Canadian Community Health Survey, Cycle 1.2, 2002.

behaviour and socio-economic characteristics of non-problem, at-risk, and problem gamblers. Issues associated with problem gambling, such as income, health, and social relations are also explored.

Gambling in its various forms

Three-quarters of Canadians aged 15 and over spent money on some form of gambling in 2002 — with 38% doing so at least once a week.² Buying lottery

tickets was by far the most popular gambling activity (65% of gamblers), followed by instant win tickets (36%),

1. Volberg, R.A. February 1994. "The prevalence and demographics of pathological gamblers: Implications for public health." *American Journal of Public Health* 84, 2: 237-241.
2. Similar to alcohol consumption, frequency and expenditure rates for gambling are regularly under-reported.

The Canadian Community Health Survey (CCHS) provides regular and timely cross-sectional estimates of health determinants, health status, and health system utilization. The initial year (2000) and every odd year thereafter (from 2001) collects generic health information from 130,000 respondents. During the even years, the survey sample is smaller (roughly 30,000) and addresses a specialized topic.

Cycle 1.2, on Mental Health and Well-Being, was held in 2002. Its main objective was to provide national and provincial estimates of major mental disorders and problems, and to illuminate the issues associated with disabilities and the need for and provision of health care. The survey contained questions on a wide range of disorders and problems, including a section on “pathological gambling.”

The target population of the CCHS Cycle 1.2 excludes those living in the three territories, individuals living on reserves or crown land, residents of institutions, full-time members of the Armed Forces, and residents of some remote regions.

The Problem Gambling Severity Index (PGSI) is part of the Canadian Problem Gambling Index, an instrument

developed in the late 1990s. Based on numerous questions on gambling involvement, problem gambling behaviour, and adverse consequences (disruption of personal, family or professional life), the PGSI assesses gambling problems using a nine-item scale in which all nine items refer to the past 12 months. Scores can range from a minimum of 0 to a maximum of 27.

Non-problem gamblers gamble infrequently (less than five times per year), declare that they are not gamblers, or score zero on the PGSI. **Low- or moderate-risk** gamblers gamble more than five times a year and show some indication of problem gambling behaviour. Low-risk gamblers scored between 1 and 2 on the PGSI and have most likely not yet experienced any adverse consequences from gambling. Moderate-risk gamblers scored between 3 and 7 on the PGSI and may or may not have experienced adverse consequences. **Problem** gamblers gamble more than five times a year, and the gambling behaviour creates negative consequences for them, others in their social network, or the community. Problem gamblers scored between 8 and 27 on the PGSI.

For full definitions of terms and concepts, please see the original article.

and going to a casino (22%).³ And although bingo was played by relatively few gamblers (8%), one in five participants played at least once a week.

About three-quarters of both men and women gambled in 2002, and the participation rate was 70% or higher among each age group over 24. Despite the legal age restriction of 18 in most provinces, a considerable number of adolescents aged 15 to 17 purchased provincially sanctioned lotteries and instant win games. Youth participation rates were highest in the “other gambling” category — predominantly betting on cards or board games outside casinos, or on games of skill such as pool or darts.

Those most at risk

Men who gambled were significantly more likely than women to be at-risk

or problem gamblers — 8% versus 5%. Some claim this difference exists because men and women tend to gamble for different reasons and in different activities. Men were more likely to play video lottery terminals (VLTs) and bet on horse racing, while women preferred to play bingo. The cultural image of a gambler may also play a role: the archetypal gambler portrayed in movies, fiction and music has always been male.

At-risk and problem gamblers were also, on average, younger than non-problem gamblers (40 versus 45 years old). While gamblers with less than postsecondary schooling were significantly more likely than those with more education to be at-risk or problem gamblers, low-income gamblers (under \$20,000) were not significantly different from higher income

gamblers.⁴ Off-reserve Aboriginal gamblers were significantly more likely to be at risk than non-Aboriginal gamblers, at 18% compared with 6%.

Almost one in three daily gamblers were either at risk or were already problem gamblers. Those who gambled two to six times a week were also significantly more likely to be at risk or to have a problem — 14% compared with 9% of those who gambled once a week.

3. Instant win tickets include Keno, Pick 3, Encore, Banco, and Extra. Lottery tickets include 6/49, Super 7, Sports Select, and Pro-Line.

4. Although at-risk and problem-gambling rates were quite similar for the various income groups, gambling participation rates differed. For example, 69% of individuals with less than \$20,000 gambled in 2002, compared with 82% of those with \$20,000 or more.

	Population aged 15 and over	At least one activity	Instant Lotteries	Instant win	Casinos	Bingos	VLTs not in casinos	Horse racing	Other*
Total ('000)	24,997	18,911	16,225	9,039	5,420	2,099	1,514	1,040	5,276
%	100	76	65	36	22	8	6	4	21
	'000				%				
Men	12,286	78	68	34	22	5	7	5	27
15 to 17	706	50	18	12	F	4 ^E	2 ^E	1 ^E	39
18 to 24	1,406	73	52	40	31	7	13	5	39
25 to 44	4,769	81	73	39	24	4	9	6	30
45 to 64	3,774	84	78	34	22	4	6	5	23
65 and over	1,632	74	65	28	19	5	3	4	15
Women	12,710	73	62	38	21	12	5	3	15
15 to 17	660	34	12	13	F	6 ^E	3 ^E	1 ^E	21
18 to 24	1,366	68	45	44	25	13	8	2 ^E	20
25 to 44	4,738	77	68	44	21	13	6	4	16
45 to 64	3,852	78	70	38	24	12	4	4	13
65 and over	2,095	70	59	29	20	12	3	3	11
Gambling frequency**	18,911	100	100	100	100	100	100	100	100
At least once a week	7,271	38	37	23	3	21	11	5	15
1-3 times a month	4,374	23	23	26	8	17	18	6	18
1-11 times a year	7,266	38	40	51	88	62	71	89	68

^E Use with caution.

^F Too unreliable to be published.

* Includes betting on cards outside casinos, Internet gambling, speculative investments or other forms of gambling.

** Of those who gambled in the specified activity.

Source: Statistics Canada, Canadian Community Health Survey, Cycle 1.2, 2002.

Finally, at-risk and problem gambling rates varied considerably by the type of game played, suggesting that some games are more alluring than others. For example, one quarter of those who played VLTs were at risk or already problem gamblers, confirming the much-reported notion that VLTs are the “crack cocaine” of gambling. By contrast, buyers of lottery tickets, the game of choice for 16 million people, had the smallest proportion of at-risk and problem players.

Gambling takes money

Inevitably, frequent gambling lightens the wallet. Overall, 6% of gamblers spent over \$1,000, but the amount depended very much on whether their

gambling behaviour was problematic. Almost two-thirds of problem gamblers spent more than \$1,000 per year, as did 43% of moderate-risk and 21% of low-risk gamblers. In contrast, only 4% of non-problem gamblers committed that much money to their gambling activities.⁵

Constant gambling and excessive spending can take its toll in many facets of life — particularly personal and family finances. The majority of problem gamblers (62%) reported that they always or most of the time spent more money on gambling than they wanted to; furthermore, 85% also said they sometimes or most of the time bet more than they could afford to lose. Without doubt, constant out-of-

control and unaffordable spending can lead to debt and unpaid bills, thus adding further emotional and financial strain.

Indeed, among problem gamblers, just over half said their gambling habits sometimes caused financial problems, and almost one fifth reported that they always or almost always did. Finally, almost 4 in 10 claimed that they sometimes borrowed money or sold things in order to continue gambling, a desperate action that risks further financial hardship.

5. Although it is not possible to identify problem gamblers from the Survey of Household Spending, gambling expenditures are available.

	Total gamblers	Non-problem gamblers	At-risk and problem gamblers
Total ('000)	18,887	17,699	1,188
%	100	93.7	6.3
	'000		%
Men	9,610	92.2	7.8
Women	9,277	95.2	4.8*
Personal income			
Less than \$20,000	6,392	93.3	6.7
\$20,000 or more	11,289	93.8	6.2
Level of education			
Less than postsecondary	9,689	92.4	7.6
Postsecondary	9,047	95.2	4.8*
Racial background			
Non-Aboriginal	18,593	93.8	6.2
Aboriginal	217	81.5	18.5*
Gambling frequency			
Daily	278	69.7	30.3*
2 to 6 times a week	2,784	85.7	14.3*
Once a week	4,198	91.3	8.7
Once a month	4,370	94.1	5.9*
Once a year	7,257	98.9	1.1*
Gambling activity			
Lotteries	16,202	93.5	6.5
Instant win	9,027	90.6	9.4*
Casinos	5,413	86.7	13.3*
Bingo	2,098	84.5	15.5*
VLTs outside casinos	1,512	74.4	25.6*
Horse racing	1,038	84.2	15.8*

* Indicates statistically significant difference from the reference group.

Note: Reference group in italics.

Source: Statistics Canada, Canadian Community Health Survey, Cycle 1.2, 2002.

Problem gamblers burdened with stress and health issues⁶

Relentless preoccupation with gambling consumes both time and money, and can also have a negative effect on physical and mental health. Problem gamblers were twice as likely (22% versus 11%) to report poor or fair health compared with non-problem gamblers. The likelihood of alcohol dependence increased as the at-risk gambling level increased. Only 2% of non-problem gamblers were afflicted with alcohol dependence, compared with 7% of low-risk and 15% of problem gamblers.⁷

Gambling can also lead to social problems. Half of all problem gamblers and one sixth of moderate-risk gamblers reported that their gambling caused relationship problems with their family or friends. Such problems were virtually unknown among non-problem gamblers. Furthermore, more than half of employed moderate-risk and problem gamblers reported that their gambling had previously interfered with their ability to do their job.

Stress is an inevitable outcome of the financial and social pressures created by problem gambling. Although gambling may not be the sole cause,

42% of problem gamblers reported a high or extreme level of stress in their life, compared with 23% of non-problem gamblers. Also, based on a number of psychological distress questions, 29% of problem gamblers were considered highly distressed, a rate three times higher than that of non-problem gamblers.

Persistent stress can be related to depression. The likelihood of ever having had a major clinical depression was significantly higher among problem gamblers. Only 11% of non-problem gamblers had ever had clinical depression during their life, compared with 24% of problem gamblers. Since major depression is a key risk factor for suicide, it is not unexpected that a significantly higher proportion of problem than non-problem gamblers had contemplated suicide in the past year (18% versus 3%).⁸

Problem gamblers know they're in trouble

In 2002, more than one third of a million Canadians (2% of all gamblers) at least occasionally thought that they might have a gambling problem. Four in 10 problem gamblers almost always

6. Please see original article for full definitions of alcohol dependence, distress and depression.
7. Although methodology and definitions vary, other studies have also found a correlation (co-morbidity) between alcohol dependence and pathological gambling. Kidman, R. 2002. "The perfect match? Co-occurring problem drinking and gambling." *The Wager* 7, 20. www.the.wager.org (accessed May 15, 2002).
8. Due to community pressure, as of June 2003, coroners across the country began coding suicides due to gambling. Although most provinces now keep track of gambling-related suicides, their methodologies and measurements differ, thus making comparability difficult. Bailey, S. October 2, 2003. "Gambling-related suicides soar five-fold in Quebec since VLTs legalized." *The Canadian Press*. <http://cnews.canoe.ca/CNEWS/Canada/2003/10/02/215489-cp.html> (accessed February 9, 2004).



Financial problems worsen as the risk of being a problem gambler increases

	Type of gambler		Problem
	Low-risk	Moderate-risk	
	%		
Spent more than \$1,000	21	43	62
Spent more than wanted to			
Sometimes	52	64	30
Always/most of time	5 ^E	24	62
Bet more than could afford to lose			
Sometimes	14	44	47
Always/most of time	0	3 ^E	38
Gambling caused financial problems			
Sometimes	F	22	53
Always/most of time	0	F	17 ^E
Borrowed money or sold things to gamble			
Sometimes	5 ^E	18	39
Always/most of time	F	F	F

^E Use with caution
^F Too unreliable to be published.
Source: Statistics Canada, Canadian Community Health Survey, Cycle 1.2, 2002.

(26%) and problem gamblers (56%) had tried to quit, but could not. It is not known what means they tried nor why they failed.

Summary

The surge in the gambling industry began in the 1990s when provincial governments began legalizing permanent casinos and VLTs. In 2002, 76% of Canadians reported gambling in the previous year — 4 in 10 on a weekly basis. The continuous expansion of the industry has led to much debate. In 2000, the Canadian Public Health Association adopted the position that the expansion of gambling is a public health issue; however, estimating the health and socio-economic costs and benefits of gambling is difficult, and no study has yet done it.

New information from the Canadian Community Health Survey identified 5% of the population as at-risk or problem gamblers. Those significantly more likely to be in this population were men, Aboriginal persons, people with less education, VLT and very frequent players.

The consequences of being an at-risk or problem gambler included higher rates of financial and relationship problems. Problem gamblers in particular suffered elevated levels of alcohol dependence, stress, emotional distress, and past episodes of depression. However, the vast majority of problem gamblers recognized they had a problem, and most had tried — unsuccessfully — to quit in the previous year.



Problems with alcohol, family and stress are significant issues among problem gamblers

Within past 12 months (unless otherwise stated)	Type of gambler				Problem
	All gamblers	Non-problem	Low-risk	Moderate-risk	
Total	18,887	17,699	697	373	118
	%				
Fair or poor health	11	11	10	14	22 ^{*E}
Alcohol dependence	3	2	7 [*]	12 [*]	15 ^{*E}
Family problems from gambling	1	F	4 ^{*E}	16 [*]	49 [*]
Gambling interfered with ability to do job ^{**}	57	55
High or extreme stress	24	23	27	21	42 [*]
High distress level in past month	10	9	16 [*]	17 [*]	29 [*]
Had ever had clinical depression	11	11	12	15	24 ^{*E}

^E Use with caution.
^{*} Statistically significant difference from the non-problem group (.05 level).
^{**} Of those employed, which included roughly 90% of all gamblers aged 25 to 55.
... Not applicable.
Source: Statistics Canada, Canadian Community Health Survey, Cycle 1.2, 2002.

felt they had a problem. In some ways it is surprising that 15% of problem gamblers did *not* think they had a problem.

The insidiousness of excessive gambling is revealed by the 27% of

moderate-risk and 64% of problem gamblers who had wanted to stop gambling in the previous year, but believed they could not. Furthermore, a strikingly high proportion of moderate-risk



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