

## **Profiling problem gambling symptoms in the ACT: Socioeconomic and demographic characteristics and gambling participation October 2011**

### **Summary of Findings**

In 2009 the Australian National University's Centre for Gambling Research was commissioned by the ACT Gambling and Racing Commission to undertake a prevalence survey of the nature and extent of gambling and problem gambling in the ACT. The initial report (2010) provided a snapshot of gambling, risk factors and harms in the ACT.<sup>1</sup> The current study was designed to build on the analysis and findings of the prevalence survey by disentangling how socioeconomic and demographic risk factors, and types of gambling activity, relate to gambling symptoms.

The key objectives were to describe problem gambling in terms of its demographic and socioeconomic profile, and associated levels and types of gambling participation. More specific aims included:

- identifying which socioeconomic and demographic factors are the most important in terms of accounting for problem gambling symptoms;
- describing high risk subgroups in the population, where problem gambling symptoms are most commonly seen;
- describing how different measures of gambling intensity (e.g. how often people gamble, their financial losses, the number of different activities they engage in and duration of gambling sessions) relate to gambling problems; and
- determining whether gambling on all activities, individual activities (e.g. electronic gaming machines(EGMs)) or specific combinations of activities best account for gambling problems in the community.

#### **Which socioeconomic and demographic characteristics are most important?**

Australian and international prevalence surveys have consistently found that a wide range of *individual* socioeconomic and demographic characteristics are associated with gambling problems. However, many demographic and socioeconomic factors are correlated with one another.

- For example, lower levels of education and lower incomes have both been found to be individually associated with gambling problems. However, people with lower levels of education have, on average, lower incomes than those with more education. It is therefore possible that people with low incomes have high levels of gambling problems *because* they have lower levels of education rather than their gambling problems being due to having a low income.

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<sup>1</sup> The report and a summary of the key findings can be found on the Commission's website at: [www.gamblingandracing.act.gov.au](http://www.gamblingandracing.act.gov.au)

This study used multivariate statistics to identify which characteristics are most important in accounting for problem gambling symptoms. After taking into account the considerable overlap between socioeconomic and demographic measures, marital history, age, sex and education were identified as the most important predictors of problem gambling symptoms. More specifically, in relation to these measures, *being younger, male, having a history of divorce or having never married, and lower qualifications* were found to be the most important predictors of problem gambling symptoms.

Lower qualifications were particularly important and may reflect a predisposition or vulnerability to gambling problems.

- After taking into account the age and sex of survey respondents, those with a year 12 education or less were more than three times as likely as those with a degree-level qualification to report symptoms of problem gambling.

### **Problem gambling amongst high risk subgroups**

It was then possible to identify socioeconomic and demographic subgroups identified as having a particularly high risk for gambling problems. The subgroups were defined by age, sex, marital history and education. The findings showed that the proportion of people with problem gambling symptoms varied greatly across different subgroups within the adult population.

- For example, only a small proportion (0.7%) of young women aged 18-24, with a bachelor degree or higher, who had married (but never been divorced) reported symptoms of problem gambling.
- In contrast, 18.1% of young men aged 25-44, with a year 12 or lower qualification and who had never married reported symptoms of problem gambling.
- The ten highest-risk subgroups in the community (accounting for 14% of the adult population) all contained men with year 12 (or a lower qualification), a trade certificate or diploma, who had either never married or had a history of divorce.

### **Gambling intensity and gambling problems**

The study looked at how gambling intensity (e.g. how often people gamble, their financial losses, the number of different activities they engage in and duration of gambling sessions) related to problem gambling in the community. The findings demonstrated that as gambling intensity increased so too did the proportion of people reporting problem gambling symptoms.

- For example, amongst people who had gambled 100 times in the last 12 months, about 30% reported some problem gambling symptoms and approximately 10% met the criteria for moderate risk/problem gambling. Amongst people who gambled 150 times in the last 12 months the proportions were higher (approximately 40% and 15% respectively).
- A group of the highest-intensity gamblers (across all forms of gambling activities) were identified based on their responses to questions about both gambling frequency and their financial losses. Amongst this group 55% reported some problem gambling symptoms with 27% meeting the criteria for moderate risk/problem gambling.

Another key finding was the importance of gambling expenditure in terms of accounting for problem gambling symptoms.

- Around half of all people who reported losing \$100 per week reported some problem gambling symptoms with around one in five meeting the criteria for moderate risk/problem gambling.

Previous research has found that people find it difficult to estimate and report how much money they have lost while gambling, especially over long periods of time. As a result, many problem gambling prevalence studies have not collected this information. The current study found that financial losses were a better indicator of problem gambling symptoms than frequency of gambling or the number of gambling activities. The findings suggest that much would be gained from prioritising the improvement and inclusion of measures of financial losses in future gambling prevalence studies.

### **Different types of gambling activities**

An aim of this report was to determine whether gambling on all activities, individual activities (e.g. EGMs) or specific combinations of activities best accounts for problems in the community. The findings demonstrated that intensity of playing EGMs was a better indicator of problem gambling symptoms than intensity of gambling across all activities.

- A group of the highest-intensity EGM players were identified based on both their frequency of play and their financial losses.<sup>2</sup> Among these players, more than 60% reported some problem gambling symptoms and approximately one third met the criteria for moderate risk/problem gambling.
- These highest-intensity EGM players accounted for 75% of all problem gamblers.

Forms of gambling other than EGMs (specifically gambling using the internet and playing table games at a casino) were also strongly associated with problem gambling symptoms. However, in the survey a comparatively small number of people took part in these activities. From a population health perspective they contributed less to problem gambling in the community than did EGMs.

### **Conclusions**

In the context of a population health approach it is immensely valuable to know what features mark out groups with a very high likelihood of problem gambling. The extremely high levels of risk found for subgroups in the population, such as the highest-intensity EGM players, and younger men with low levels of education who either were unmarried or had a history of divorce, therefore have great value in terms of informing population health approaches, including gambling education, awareness and harm reduction strategies. The clearest implications of the findings of this report are firstly that preventive messages and strategies, such as educational material, can be guided by knowing which subgroups of the population have the highest rates of problem gambling. Secondly, preventive resources can be focussed on especially high-risk groups when, otherwise, the cost of such approaches would be prohibitive for use across the general population.

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<sup>2</sup> This group comprised those who gambled on EGMs more than 100 times in the last year (eg twice a week) regardless of their losses, as well as those who lost greater than \$40 per week.