



research reveals...

an update on gambling research in ALBERTA

About The Alberta Gaming Research Institute

The Alberta Gaming Research Institute is a consortium of the Universities of Alberta, Calgary, and Lethbridge. Its primary purpose is to support and promote research into gaming and gambling in the province. The Institute's identified research domains include bio-psychological and health care, socio-cultural, economic, and government and industry policy and practice. The Institute aims to achieve international recognition in gaming-related research. It is coordinated by a Board of Directors working in collaboration with the Alberta Gaming Research Council. The Institute is funded by the Alberta government through the Alberta Lottery Fund.

OUR MISSION:

To significantly improve Albertans' knowledge of how gambling affects society

Your comments and queries are welcome either by e-mail abgaming@ualberta.ca or phone 780.492.2856.

The "Leisure, Lifestyle, Lifecycle" project: A progress report

IN 2004 THE ALBERTA GAMING RESEARCH INSTITUTE initiated the largest research project it had ever funded and, in fact, one of the largest gambling research studies ever undertaken anywhere. A collaborative five-year multi-disciplinary project involving all three of the universities affiliated with the Institute (Alberta, Calgary, and Lethbridge) and other agencies, it was initially entitled "Factors Influencing the Development of Responsible Gambling: A Prospective Study." The project has been renamed the "Leisure, Lifestyle, Lifecycle Project." What makes it large is not just its inter-disciplinary, multi-institutional nature, but also its scope: it involves a study of several distinct age groups ("cohorts") over an extended period of time ("longitudinal"). The project is also testing a biopsychosocial model of gambling. The "biopsychosocial" model treats biological, psychological and social issues as interlinked systems of the body in a manner similar to traditional medicine, which considers, for example, the cardiovascular system or the respiratory system. The biopsychosocial model assumes that such systems are determinants of an individual's overall well-being.

The project was undertaken in large part to answer some basic questions about gambling which had not been addressed previously in a comprehensive manner. Research Project Coordinator Dr. David Casey points out that while much research has looked into various aspects of gambling, mainly its prevalence, significantly less research has been done into the "determinants of gambling and disordered gambling." In other words, the need existed to determine, in a comprehensive manner, what factors lead people to gamble in any form and why some of them become problem gamblers.

In preparation for the study, the research team conducted an extensive literature review in the fields of mental health, sociology and addiction to provide information about design and methodology instruments commonly utilized in longitudinal studies and variables typically examined. The review also determined that much of the work that had been done to date had limitations in one way or another; many, for example, used measures that did not define specific individual, environmental, and family antecedents, while others used out-of-date data or relied primarily on self-report. In preparing for this study, the principal investigators took great care to avoid these potential pitfalls.

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In determining the parameters of the study, the researchers developed the following questions, the answers to which would be reached through the collection and analysis of data from each cohort group over the length of the project:

1. What is the prevalence of gambling behaviours (type, range and degree of involvement) across the life-cycle and in both genders?
2. What are the patterns of continuity and discontinuity (including incidence) in gambling behaviours, as well as patterns of recovery from problems?
3. What behaviour patterns constitute responsible or problem gambling?
4. What is the impact on the various age cohorts of the changes that will occur within five years in gambling legislation, public attitudes and availability of preventative programs?
5. What are the biopsychosocial variables (risk and resilience) predicting the spectrum of gambling behaviours from responsible to problematic?



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Virtually unprecedented in its size, the project is in the first year of a five-year study that will eventually involve 2,000 Albertans in three age groups—adolescents, adults, and seniors, of both genders—in five distinct age cohorts: 13-to-15-year-olds; 18-to-20-year-olds; 23-to-25-year-olds; 43-to-45-year-olds; and 63-to-65-year-olds. They are also grouped by region; about one-third of the participants are in the Calgary region, another one-third are in the Edmonton region, and the remaining one-third are in the Lethbridge and Grande Prairie regions. Using the process of random-digit-dialing (RDD), the research team is deriving 50% of each cohort from the general population, and 50% from a “high risk” sample of individuals who are at greater risk for developing gambling problems because of their greater expenditure on and frequency of gambling. The participants complete telephone and face-to-face interviews; the questions included in the study allow the researchers to assess individual and societal variables which have a potential relevance to gambling behaviour.

The original Project Coordinator, Dr. Mark Pickup, helped to facilitate the completion of the pilot study in the late spring and early summer of 2005. A total of 21 individuals from Calgary and 20 more from communities surrounding Lethbridge participated in the pilot, which allowed researchers to refine the design and focus of the study. Respondents provided overwhelmingly positive general impressions regarding their participation in the pilot study, while the most common concern expressed was the length of the overall interview. As a result of this feedback, both the telephone and face-to-face interviews were shortened for the main study.

Data collection for the full cohort project began in Calgary on February 8, 2006, followed by Lethbridge on February 14, Edmonton on March 6 and Grande Prairie on March 20. As of June 13, says David Casey, 970 participants had been recruited to the general population sample using RDD and had completed Time 1 (the first of five instances of data collection) of the study. Another 30 participants still need to be recruited to fully complete the 1,000 participants required for the general population.

A portion of the general population sample was used to provide information on both gambling expenditure and gambling frequency. Based on this data, cutoffs for the 70th percentile were established for each of the age cohorts and gender. For adults (18-20, 23-25, 43-45, & 63-65 year olds) in the high-risk sample areas set at more than \$10.00 spent on gambling in a typical month or gambling at least twice a month. The cutoffs for adolescents (13-15 year olds) were set at any amount or frequency of gambling in a typical month. Recruitment for the sample of 1,000 high risk gamblers has commenced, and as of June 13, 2006, 112 participants have completed Time 1 of the study.

With respect to data collection, David Casey explains that the phone interview of the 13-15 year old participants takes approximately 20 to 30 minutes to complete. The face-to-face component typically takes 2 to 2.5 hours, and includes having the parents answer some questions. The phone interview for adult participants takes approximately 35 to 45 minutes to complete; the face-to-face interview takes 2.75 to 3.5 hours. David notes that no unusual or severe complications or unanticipated adverse events associated with the project have occurred. Approximately 24 adults have phoned the Research Coordinator to verify the validity of the study and another 35 parents have phoned to verify it for their adolescent children.

David points out that one addendum has been made to the recruitment process, but just for the lower prevalence group of high-risk gamblers. The proposal that was reviewed by the relevant ethics committees at the Universities of Alberta, Calgary and Lethbridge indicated that all 2,000 participants in the study would be recruited through random-digit-dialing. A review of the protocol for the project, however, led to the conclusion that in order to gather data on the 2,000 participants and remain within budget, the recruitment techniques needed to be supplemented.

The supplemental techniques comprise three elements. First, the research team plans to approach gaming establishments for permission to place posters in their premises to facilitate recruitment. Second, the team plans to place newspaper ads to recruit other people for the general population sample. Finally, a press release and media interviews were completed on June 20 and 21 to help facilitate the public's awareness of the study. Television, radio, and print media covered the story in Edmonton, Calgary, and Lethbridge. People were provided with a phone number to call to see about participating in the study (1-888-897-0810). David Casey emphasizes that random-digit-dialing will still be the principal method of recruiting potential participants, and will be the only technique used to recruit for the general population sample.

All 2,000 participants will be contacted for follow-up once a year for the next four years; the contact process will allow for face-to-face interviews, mail-in, telephone or web-based assessments, to allow participants greater convenience and to maximize their retention in the study. Participants will be reimbursed for their participation.

The researchers believe that the development of a comprehensive biopsychosocial model of gambling behaviour will clarify the study's principal questions, as well as questions relating to the impact of gambling availability, legislative initiatives, and prevention programs on the development of problem and responsible gambling. They also hope to determine how all of these things vary as a function of age and



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gender. The answers will have the potential to inform effective educational and legislative initiatives to maximize the benefits of gambling and minimize its harmful aspects.

The Alberta cohort study has already attracted national interest. Using the Alberta design, similar cohort studies are at various stages of planning in Manitoba and Ontario.

For more information about the Leisure, Lifestyle, Lifecycle Project, you can reach Dr. David Casey at 403-944-2086 or dcasey@ucalgary.ca.

The Leisure, Lifestyle, Lifecycle Project's Principal Investigators include Dr. Nady el-Guebaly, Head, Addictions Centre, Foothills Medical Centre and Professor, Department of Psychiatry, Faculty of Medicine, University of Calgary; Dr. David Hodgins, Professor, Department of Psychology, Faculty of Social Sciences, University of Calgary; Dr. Garry Smith, Gambling Research Specialist, Government Studies, Faculty of Extension and Professor Emeritus, University of Alberta; Dr. Robert Williams, Professor, Addictions Counselling Program, School of Health Sciences, University of Lethbridge; Dr. Donald Schopflocher, Biostatistician, Health Surveillance, Alberta Health and Wellness and Adjunct Professor of Epidemiology, School of Public Health Sciences and Adjunct Professor, Faculty of Nursing, University of Alberta; and Dr. Robert Wood, Assistant Professor, Department of Sociology, Faculty of Arts, University of Lethbridge. Dr. David Casey, based at the University of Calgary, is the project's Research Coordinator and is supervising about 20 research assistants who are engaged in interviewing and data collection. Alberta Gaming Research Institute Executive Director Vickii Williams is a member of the Steering Committee.

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