

**PROBLEM GAMBLING STUDY**

**Final Report**

**September, 1995**

# CRITERION

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# 1. INTRODUCTION

In July, 1995, Criterion Research Corp., in partnership with Dr. Rachel Volberg of Gemini Research, Pennsylvania, was commissioned by the Manitoba Lotteries Corporation (MLC) to conduct a study to determine the prevalence of problem gambling in the province of Manitoba.

## 1.1 DEFINING PROBLEM AND PATHOLOGICAL GAMBLING

Since the 1970s, legalized gambling has become a popular recreational pastime throughout North America. The majority of people who participate in legal gambling do so responsibly for entertainment and as a means to socialize with friends and family. These individuals typically do not risk more than they can afford to lose and, if they should *chase* their losses to get even, they do so only briefly.

The term *problem gambling* has been used in different ways in literature on gambling and problem gambling. The term is sometimes used to refer to individuals who fall short of the diagnostic criteria for pathological gambling but may be in a preliminary stage in the development of such a pathology (Lesieur & Rosenthal 1990). The term has also been used to refer to individuals who lose excessive amounts of money through gambling relative to their income, although without reference to specific difficulties that they may experience (Rosecrance 1988). The National Council on Problem Gambling uses this term to indicate *all of the patterns of gambling behaviour that compromise, disrupt, or damage personal, family, or vocational pursuits* (National Council on Problem Gambling 1994).

*Pathological gambling* lies at one end of a spectrum of problematic involvement in gambling and was first recognized as a psychiatric disorder in 1980 (American Psychiatric Association 1980). Recent changes have been made to the psychiatric criteria for pathological gambling to incorporate empirical research that links pathological gambling to other addictive disorders like alcohol and drug dependence. *The essential features of pathological gambling are a continuous or periodic loss of control over gambling; a progression, in gambling frequency and amounts wagered, in the preoccupation with gambling and in obtaining monies with which to gamble; and a continuation of gambling involvement despite adverse consequences* (American Psychiatric Association 1994).

## 2. METHODOLOGY

### 2.1 QUESTIONNAIRE DESIGN

Only one survey of gambling and gambling-related difficulties in the general population was conducted in the United States prior to 1980. Between 1984 and 1990, state-wide surveys of gambling and problem gambling were carried out in California, Connecticut, Iowa, Maryland, Massachusetts, Minnesota, New Jersey, New York, and Ohio, as well as in the Canadian province of Quebec.

Since 1990, prevalence surveys of gambling and problem gambling have been completed in Georgia, Louisiana, Montana, North Dakota, South Dakota, Texas, and Washington State, as well as in the Canadian provinces of Alberta, British Columbia, Manitoba, New Brunswick, Nova Scotia, Ontario, and Saskatchewan. A national prevalence survey of gambling and problem gambling has been completed in New Zealand. All but three of the prevalence surveys carried out since 1980 have been based on the South Oaks Gambling Screen (Lesieur & Blume 1987).

Surveys of gambling and problem gambling completed since 1990 have used a revised version of the South Oaks Gambling Screen developed in New Zealand (Abbott & Volberg 1991, 1992). To determine if the changes made to the South Oaks Gambling Screen had any impact on reported prevalence rates, the revised South Oaks Gambling Screen was tested in Iowa in 1991. The difference in the prevalence rates for these two questionnaires was 0.1 percent (Volberg & Stuefen 1991).

The South Oaks Gambling Screen is a 20-item scale developed at South Oaks Hospital in New York State and based on the diagnostic criteria for pathological gambling (American Psychiatric Association 1980). Weighted items on the South Oaks Gambling Screen include hiding evidence of gambling, spending more time or money gambling than intended, arguing with family members over gambling, and borrowing money to gamble or to pay gambling debts. In developing the South Oaks Gambling Screen, specific items as well as the entire screen were tested for reliability and validity with a variety of groups, including hospital workers, university students, prison inmates, and inpatients in alcohol and substance abuse treatment programs.

In prevalence surveys, individuals are categorized as *problem gamblers* or *probable pathological gamblers* on the basis of their responses to the questions included in the South Oaks Gambling Screen. The term *probable* distinguishes the results of prevalence surveys where classification is based on responses to questions in a telephone interview, from a clinical diagnosis. Respondents scoring three or four out of a possible 20 points on the South Oaks Gambling Screen items are classified as "problem gamblers," while those scoring five or more points are classified as "probable pathological gamblers."

## 2.2 SAMPLING DESIGN

The sample for the study was stratified proportional to the population of each Census Division in Manitoba as defined by Statistics Canada to ensure that each part of the province was equitably covered.

Telephone numbers were selected at random from the Winnipeg Telephone Directory and from the Manitoba Telephone Directory. The last birthday method was used to randomly select individuals within each household.

<b>EXHIBIT 1 COMPARISON OF SURVEY SAMPLE TO 1991 CENSUS DEMOGRAPHICS</b>		
	<b>1991 Census %</b>	<b>Survey Sample %</b>
<b>Sex</b>		
Male	49	48
Female	51	52
<b>Age</b>		
18 - 24 years old	14	12
25 - 29 years old	11	11
30 - 34 years old	12	15
35 - 39 years old	15	14
40 - 44 years old	10	10
45 - 49 years old	7	8
50 - 54 years old	6	7
55 - 59 years old	6	5
60 - 64 years old	6	6
65 years old or older	18	11
Not stated	--	<1
<b>Marital Status</b>		
Married/cohabitating	58	64
Single/widowed/divorced	42	36
Not stated	--	<1

## 2.3 RESPONSE RATES

The response rate on this survey was 60 percent, while the refusal rate was 24 percent. These response rates fall within the range of other gambling studies in which response rates ranged from 76 percent in Iowa to 60 percent in Washington and refusal rates ranged from 24 percent in Iowa to 39 percent in New Jersey.

## 3. RESULTS

### 3.1 GAMBLING BEHAVIOR AND ATTITUDES

After being screened for eligibility, respondents were asked a series of questions pertaining to their gambling activities and attitudes. For each of the eighteen activities, questions were posed to determine if they had participated in the activity. Then, respondents were asked a series of questions pertaining to usage and awareness of treatment for those experiencing gambling problems. This section of the report summarizes the results.

Chi-square analysis was used to test for statistical significance, and p-values smaller than .01 are considered *statistically* significant while p-values at the more conventional .05 level are considered *somewhat* significant. Chi-square tests assist in establishing whether or not there is a statistically significant relationship between two independent variables. Chi-square can be used to support the rejection of the assumption of independence between two characteristics. If the assumption is rejected, then the researcher can state with 95 percent certainty that the two characteristics do not occur independently of each other. That is, knowing something about one characteristic to a degree enhances the likelihood of making an accurate statement about the other characteristic.

### 3.1.1 Gambling in the General Population

Ninety-two percent of adult Manitobans report having participated in at least one gambling activity in their lifetime.

The demographic differences between gamblers (those who have participated in any gaming activity in their lifetime) compared to those who have never gambled are presented in Exhibit 2.

Respondents who had gambled at some time in the past on at least one activity were similar in terms of gender, age, and marital status to non-gamblers. There was a significant difference, however, in terms of education and household income. Gamblers are significantly more likely to have at least a high school education and annual household incomes in excess of \$25,000 than non-gamblers.

<b>EXHIBIT 2</b> <b>DEMOGRAPHIC CHARACTERISTICS OF GAMBLERS</b> <b>AND NON-GAMBLERS IN MANITOBA</b>		
<b>Demographics</b> <b>(Base)</b>	<b>Gamblers</b> <b>(1106)</b> <b>%</b>	<b>Non-gamblers</b> <b>(101)</b> <b>%</b>
Male	49	42
Female	51	58
Under 30	24	19
Over 30	77	81
High school or more	84	70*
Less than high school	16	30*
Not married	36	42
Married	64	58
Household income over \$25,000	72	54*
Household income under \$25,000	48	26*

\* Highly significant ( $p \leq .01$ )



### 3.1.2 Participation by Activity

By activity, the percentage of involvement in the overall population varied considerably. Eighty-two percent of the total sample at least once in their lifetime reported buying a lottery or scratch ticket. The lowest participation rate was registered for craps (in and out of a casino) and off-track betting (6% each).

### 3.1.3 Reasons for Gambling

Respondents who had participated in any type of gambling were asked why they gambled. The reasons cited are summarized in Exhibit 3. The most frequently mentioned reason given for involvement in gambling among Manitoban residents is "for fun or entertainment" (71%). Sixty percent each of the total sample say they gamble "to win money" or "to support worthy causes."

<b>EXHIBIT 3</b> <b>REASONS FOR GAMBLING</b> <b>n=1106</b>	
	<b>Total %</b>
Entertainment or fun	71
Win money	60
Support worthy causes	60
Excitement/challenge	42
Curiosity	36
To socialize	33
As a hobby	12
Other	2
Not stated	3

### 3.1.4 Favourite Gambling Activities

Respondents who had participated in more than one type of gambling activity were asked to indicate which activity was their favorite. The results to this question are presented in Exhibit 4 by total.

The types of activities which were reported as the favorite by the largest percentage of respondents were buying lottery or scratch tickets (22%), VLTs (18%), and bingo (10%).

<b>EXHIBIT 4 FAVOURITE TYPE OF GAMING ACTIVITY</b>	
<b>Activity (Base)</b>	<b>Total (897) %</b>
Lottery or scratch ticket	22
VLTs	18
Bingo	10
Casino slots	8
Cards not in casino	8
Raffle tickets	4
Casino tables	4
Sport Select	3
Betting on games of skill	2
Informal bets	2
Racetrack betting	2
Sport pools	2
Speculative investments	1
Breakopen tickets	1
None	2
Not stated	10

### 3.2 SOUTH OAKS GAMBLING SCREENING RESULTS

In the section on Methodology, the development of the South Oaks Gambling Screen was discussed in detail. Following the established criteria for discriminating between non-gamblers and individuals with moderate to severe gambling problems, respondents' scores were tallied. Prevalence rates for the following were tallied:

- **Problem Gamblers:** Those who scored 3 or 4 points on the current SOGS items. Problem gamblers represent individuals whose everyday life may be affected by their gambling behaviour. However, they cannot be diagnosed as in immediate need of treatment.
- **Probable Pathological Gamblers:** Those who scored 5 or more points on the current SOGS items. These individuals represent those who may be in need of treatment.

#### 3.2.1 Prevalence of Problem and Probable Pathological Gamblers in Manitoba

The rate of problem gambling has remained statistically unchanged from the 1993 study (see Exhibit 5). The results of the SOGS screening in 1995 reveals that overall in Manitoba 4.3 percent of the population are problem or pathological problem gamblers. Of that percentage, 1.9 percent of the population are probable pathological gamblers. A further 2.4 percent scored as problem gamblers.

When the same study was completed in 1993, the overall prevalence rate of problem and probable pathological gambling in Manitoba was 4.2 percent (1.3% probable pathological gamblers and 2.9% problem gamblers).

The total sample size of 1,207 has a precision of 2.8 percentage points, 19 times out of 20 (95% confidence level). The overall increase of .1 percentage point for problem and probable pathological gamblers is not statistically significant. Nor is the .6 percentage point increase for probable pathological gamblers nor the .5 percent decrease for problem gamblers significant.

EXHIBIT 5 COMPARISON OF PREVALENCE RATES BETWEEN 1993 AND 1995		
	1993	1995
Problem gamblers	2.9	2.4
Probable pathological gamblers	1.3	1.9
Total	4.2	4.3

### 3.2.2 Demographic Profile of Problem and Probable Pathological Gamblers

Exhibit 6 presents the demographics of problem and probable pathological gamblers. Problem and probable pathological gamblers are significantly more likely than the total sample to be under 30 years of age and have household incomes in excess of \$25,000.

<b>EXHIBIT 6</b> <b>DEMOGRAPHICS OF PROBLEM AND</b> <b>PROBABLE PATHOLOGICAL GAMBLERS</b>	
<b>Demographics</b>	<b>Problem &amp; Probable Pathological Gamblers (52) %</b>
<b>(Base)</b>	
Male	56
Under 30	50*
Less than high school	23
Not married	40
Household income over \$25,000	56*

\* Highly significant ( $p \leq .01$ )

### 3.3 USAGE AND AWARENESS OF TREATMENT FOR THOSE EXPERIENCING GAMBLING PROBLEMS

Prior to asking demographic questions, respondents were asked a series of questions related to treatment for gambling problems. First, all those respondents who had participated in some kind of gaming activity in the past were asked if they have ever desired or sought treatment to help them stop gambling. Ten respondents or .9 percent of gamblers or .8 percent of the total sample said "yes" they had.

When asked what kind of treatment they had desired or sought, four individuals mentioned Gambler's Anonymous, two mentioned the Addictions Foundation on Portage Avenue, one mentioned phoning an 800 hotline, and one saw a doctor.

The same sample of gamblers ( $n=1106$ ) were asked if they are aware of any treatment services for people who have a gambling problem. Over three-quarters (76%) said they were aware that treatment services are available. Gamblers Anonymous had the highest awareness (40%), followed by the Addictions Foundation (37%).