

Life Interference due to Gambling in Three Canadian Provinces

Summary Report for the Manitoba Gambling Research Program

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Research Priority:

Explore what game types and characteristics contribute to the appeal and/or increase the potential for harm.

Significance

The gambling landscape among provinces in Canada is diverse. Yet, few studies have investigated provincial differences related to life interference due to gambling.

Research Questions

1. What is the availability and prevalence of gambling in Manitoba, Saskatchewan and British Columbia?
2. What is the prevalence of life interference due to problem gambling in Manitoba, Saskatchewan and British Columbia?
3. What are the provincial differences between Manitoba, Saskatchewan and British Columbia of gambling on different types of games?
4. Among problem gamblers, are gender, family history of gambling problems, and consuming alcohol or drugs while gambling was associated with life interference due to gambling?

Methodology

Data were drawn from two cycles of the Canadian Community Health Survey (2013 and 2014; CCHS 2013/14) (Statistics Canada 2013, 2014). Data were collected from select private dwelling Canadian residents age 12 years and older in the 10 provinces and 3 territories. Surveys were conducted using face-to-face and computer-assisted personal interviews by trained interviewers. The provincial sampling frames excluded Canadians from First Nations, Inuit, or Métis Reserve communities or those living on Crown land, those living in institutions, and full-time members of the Canadian Forces (collectively less than 3% of the total Canadian population). Data were collected from Manitoba, Saskatchewan and British Columbia. The total sample size for the current analysis including data from Manitoba, Saskatchewan, and British Columbia was $n = 30,150$.

The frequencies of 13 different gambling activities in the past 12-months were assessed. Respondents were asked how often they participated in each gambling activity and could indicate daily, two to six times per week, about once a week, two to three times per month, about once a month, six to 11 times per year, one to five times per year, or never.

Problem gambling in the past 12-months was assessed using the Problem Gambling Severity Index (PGSI). The PGSI uses the frequency (never, sometimes, most of the time, almost always) to assess level of gambling problems. The scores are summed with a possible range of 0–27. The type of gambler was computed based on recommendations from Currie et al. as follows: non-gambler (i.e., no gambling activity in the past 12-months), non-problem gambler (score = 0), low risk gambler (score of 1 through 4), and problem gambler (score of 5 or higher) (Currie et al. 2013). Respondents who scored 3 or more on the PGSI were asked to indicate during the past 12-months, how much did his or her gambling activities interfere with daily activities and responsibilities at home, work, school, in relationships, and in their social life. Family history of gambling was assessed with an item that asked respondents if anyone in their family has ever had a gambling problem (yes or no). Respondents were asked if in the past 12 months they had used alcohol or drugs while gambling (yes or no). Covariates in adjusted models included: gender, age, marital status, education and income.

We used Stata Software to compute the frequency of problem gambling and different gambling types in the three provinces. Logistic regressions producing odds ratios were used to compare provincial differences and determine relationships between gender, family history of gambling problems and consuming drugs or alcohol while gambling and life interference due to gambling.

Key Findings

The key findings from the current study include: (1) provincial differences exist with regard to gambling types, (2) men and women are equally likely to experience life interference due to gambling; (3) family history of gambling is associated with life interference due to gambling.

Conclusions

The past 12-month prevalence of problem gambling among all three provinces combined was 0.5%. In Manitoba, the prevalence of problem gambling was 0.9%, in Saskatchewan it was 0.7% and in British Columbia it was 0.4%. Among all individuals scoring three or more in the PGSI, 43.2% indicated any life interference due to gambling and 12.5% experienced severe life interference.

British Columbia compared to Manitoba had decreased odds of playing VLTs outside of the casino, live horse racing at the track or off track, and sports gambling. Saskatchewan compared to Manitoba had an increased odds of gambling on coin slots or VLTs inside a casino.

Significant associations between gender and any life interference were not found in any of the three provinces. Family history of gambling problems was associated with an increased likelihood of life interference due to gambling in Manitoba (OR 10.96; 95% CI 2.44–49.33) and overall in the three provinces combined (OR 3.62; 95% CI 1.46–8.92). Family history of gambling problems also had a moderate effect size, but did not reach statistical significance in data from British Columbia (OR 3.40; 95% CI 0.99–11.68). Significant associations between alcohol or drug use while gambling and any life interference were not found in any of the provinces.

Implications

Gambling landscapes continue to expand and change across the provinces in Canada. However, research has not been adequate to understand how these changes correspond with likelihood to gambling on specific types of gambling and life interference. Research should be conducted before changes to the gambling landscapes are implemented and reassessed after changes are made so that evidence can inform decisions with the goal of reducing the likelihood of life interference and other harms related to gambling. With regard to life interference, men and women are equally likely to experience life interference due to gambling. Future research should determine if gender specific interventions to reduce life interference are necessary and effective.



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