



RESEARCH SYNOPSIS

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RESEARCH QUESTIONS

Does gambling behaviour mediate (i.e., account for) the relationship between demographic factors and gambling pathology? Are the relationships between substance abuse and other problem behaviours mediated by gambling behaviour?

PURPOSE

The purpose of the present study was to extend previous research related to risk factors for pathological gambling (PG). Potential risk factors for PG were assessed within 3 domains: gambling behaviours, substance abuse and other problem behaviors, and demographic factors.

HYPOTHESIS

None stated.

PARTICIPANTS

Participants were 2,168 adults who had gambled in the 12 months before the interview.

PROCEDURE

A random-digit-dial telephone survey was conducted from August 1999 to October 2000 with a representative sample of the U.S. population aged ≥ 18 years. Although there were 4,036 eligible households in which the researchers selected a respondent who was able to be interviewed (respondents within households were selected by asking to speak to the person with the next birthday), if willing, only 2,631 individuals agreed to participate and complete an interview. Interviews were conducted by trained interviewers. Gambling behaviours, demographics, the quantity and frequency of alcohol consumption, frequency of illicit drug use and criminal offending were assessed.

MAIN OUTCOME MEASURES

Past year and lifetime pathological and problem gambling were assessed via the Diagnostic Interview Schedule-IV which contains 13 items that map onto 10 criteria. Endorsement of 5 criteria was considered PG, and endorsement of 3 criteria was considered problem gambling. Gambling participation was

measured with 15 sets of questions that corresponded to the 15 types of gambling. For each type, participants were asked whether they had participated in that type in the past year, and if so, how frequently they had done so in the past year. For 3 types of gambling (i.e., pull tabs, lottery, and raffles/office pools), participants were then asked: how much they spent the last time they played that particular game, whether they won, and how much they won. For the other 12 types of gambling, participants were asked: whether they won or lost the last time they played, and how much they won or lost. Socioeconomic status was based on 3 factors: family income, years of education, and occupational prestige. Alcohol consumption was assessed via pairs of quantity and frequency questions for each of 5 types of alcoholic beverage: beer/malt liquor, fortified wine, wine, liquor, and wine cooler. Participants were asked how frequently they drank the beverage in the past year, and how much they drank on a typical occasion. The drug frequency questions asked how many times the participant used 4 different types of drugs in the past year: marijuana, cocaine, barbiturates/sedatives, and narcotics/analgesics. Alcohol abuse and dependence and drug abuse and dependence were assessed via the Diagnostic Interview Schedule for DSM-IV. Participants were also asked how many times in the past year they committed each of 12 criminal offences (e.g., larceny).

KEY RESULTS

Casino gambling was associated with a high risk of gambling pathology. Lottery, cards, and bingo were associated with a moderately high risk of gambling pathology. Participation in a greater number of types of gambling was strongly predictive of gambling pathology, even after frequency of gambling and size of win or loss were taken into account. Alcohol abuse was strongly predictive of gambling pathology, even with gambling behaviours held constant. Minority and low socioeconomic status group members had higher levels of gambling pathology than other groups after all other factors were considered.

LIMITATIONS

None stated.

CONCLUSIONS

Overall, the results of the present study suggest that diagnoses of pathological and problem gambling may have complex causes beyond mere frequent gambling or making large bets. Risk for PG is related to gambling versatility, alcohol pathology, and membership in at-risk sociodemographic groups. This

information may be of value to practitioners who work to treat those who suffer from pathological and problem gambling.

KEYWORDS: pathological gambling, substance use, adults

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