Report Summary

Examining the social determinants of health and problem gambling in the UK (2012–2016)

What this report is about

The purpose of this project was to examine the links between social determinants of health and problem gambling in the UK. In particular, the researchers examined the extent to which problem gambling affects subpopulations who experience social inequity (e.g., youth, older adults, women, Black people, other minority ethnic groups, and people with low income). They examined whether the impact of problem gambling differs based on sociodemographic characteristics. Finally, the researchers interviewed key stakeholders to discuss the survey findings. The aim was to enhance their understanding of the data and to develop a plan to disseminate the findings.

What was done?

The data for this project were drawn from the National Health Surveys from England and Scotland. These surveys included nationally representative samples of people living in private households in England and Scotland. The researchers included data from the surveys in 2012, 2014, and 2016. A total of 32,105 responses was included in this project. Responses were from adults who completed the gambling-related questions in the surveys.

The researchers examined data that were measured in both surveys from England and Scotland. Participants who completed the surveys answered questions about the following:

- Gambling behaviour across a range of gambling activities (lotteries, bingo, race-track betting, etc.).
- Physical health, which was measured using questions about 13 health complaints. Participants answered 'yes' or 'no' to these questions.
- Obesity (body mass index >30), blood pressure, and diabetes, which were measured by asking participants to indicate 'yes' or 'no'.
- Mental health was measured with one question on whether they had a mental disorder. The response option was 'yes' or 'no'.
- The General Health Questionnaire was used to measure mental health and psychological distress. A cut off score of 20 for mental distress was used.
- Mental wellbeing was measured using the Warwick-Edinburgh Wellbeing Scale.
- Smoking, which was measured in terms of never smoked, previously smoked, and currently smoking.

Why is this report important?

The purpose of this project was to examine the links between social determinants of health and problem gambling. This report provides results from the National Health Surveys from England and Scotland (2012–2016). These surveys included nationally representative samples of people living in private households in England and Scotland. A total of 32,105 responses were included in the data analysis. This report is important because it identifies social and demographic risk factors for problem gambling, including sex, age, marital status, social class, ethnic/racial group, and education. The report also provides insight into the relationship between drinking, smoking, wellbeing, psychological distress, mental health problems, and problem gambling. The findings can inform public health strategies related to the prevention and treatment of gambling problems.

- Drinking, which was measured as non-drinking, low-risk, moderate-risk, and high-risk drinking.
- Gambling problems was measured through the Problem Gambling Severity Index (PGSI) and the DSM-IV. PGSI scores were used to group people into non-gambling problems (score of 0), low risk (score of 1–2), moderate risk (score of 3–7), and severe gambling problems (score of 8 or higher). People were labelled as non-gambling if they scored 0 on the PGSI and indicated that they did not gamble in the past year. DSM-IV scores of 5 or higher were used to identify people with pathological gambling.
- Demographics, including sex, age, country (Scotland, England), marital status, ethnical group (Black, White, Asian, and other), education, and social class (routine/manual occupation, intermediate occupation, and professional occupation).

Overall, a slightly higher number of females responded to the surveys (51%) than males (49%). Participants ranged in age from 16 to over 75 years. Most respondents were married or living in a civil partnership (62%). Most identified as White (88%). About 40% indicated that they had some higher-level education. The researchers weighted the sample based on country; there were more respondents from England (91%) than from Scotland (9%).

Finally, the researchers interviewed 10 stakeholders who were treatment providers or administrators of problem gambling services. The interviews involved a discussion of the survey findings. The aim was to help enhance understanding of the data and develop a plan to disseminate the findings. The researchers identified participants by contacting 12 treatment agencies and asking if they could interview a member of the staff. Although the researchers also invited representatives from gambling corporations to participate, no one agreed to do so.

What you need to know

Overall, the survey findings suggest that, for most people, non-problem gambling is relatively harmless as a recreational activity. However, problem gambling is associated with mental health problems, poorer well-being, smoking, and heavy drinking.

Prevalence of problem gambling

About 0.7% of adults in England and Scotland had a severe gambling problem between 2012 and 2016. There was no difference in the rate of problem gambling between country (England vs. Scotland). The PGSI was found to be equally valid for use in both England and Scotland.

Problem gambling by sociodemographic characteristics

Males were more likely to have gambling problems. As well, people who were younger (25–34 years) and single or never married were more likely to have problem gambling. People with problem gambling were more likely to have lower levels of education. They were also less likely to be in managerial work. People with problem gambling were more likely to be Black or from another ethnic group.

Gambling activities

Most participants (60%) reported gambling in the past year. The most common games played included the national lottery tickets (47%), scratch cards (21%), and other lotteries (15%). About two fifths of participants engaged in non-lottery gambling, with the most common being horse race betting (11%), slot/fruit machines (7%), and casino gambling (7%). All games were associated with a higher risk of problem gambling, except for lotteries. The highest risk was for electronic gambling machines (EGMs), followed by sports gambling, and online gambling.

On average, participants played two types of games. People with problem gambling played more types than those with non-problem gambling. Compared to participants in England, those in Scotland gambled a bit more often, especially on lotteries.

Problem gambling and health

People with problem gambling were generally physically healthy. But they had a higher risk of mental health problems. They also had a lower sense of well-being and were more likely to smoke or drink heavily. Among people with problem gambling, females were twice as likely to experience mental health problems compared to males.

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People with non-problem gambling were relatively healthy. They had better scores in terms of mental health and well-being than people who did not gamble. But the difference between these two groups was small. Compared to people who did not gamble, people with non-problem gambling were less likely to report an infectious disease, nervous system disorders, and eye complaints. But they had slightly higher rates of smoking, heavy drinking, and obesity when compared to those who did not gamble.

Stakeholder interviews

The stakeholders questioned how accurate the prevalence estimates were. They felt that the estimates should be higher. Some stakeholders felt that some ethnic communities (Chinese and Muslims) were not represented adequately in the data. Some also thought that problem gambling is more common among women who gamble than men. But the data did not support this belief.

The stakeholders suggested a few directions for future research. For example, they felt that more research is needed to understand the impact of trauma on gambling, side effect(s) of medication, and how childhood environmental factors might increase the risk of problem gambling. Several stakeholders believed that the government and industry need to increase regulation to help reduce problem gambling. But one participant cautioned that too much regulation might drive people to gamble on unregulated sites.

Who is it intended for?

This research can inform public health strategies around preventing and treating gambling problems.

What does the report recommend?

The report recommends that people who gamble recreationally should be encouraged to be more physically active. It also recommends more research to support the suggestion that non-problem gambling is relatively harmless as a recreational activity. In addition, the report recommends that public health strategies around preventing gambling-related harm should be tailored for different groups (e.g., by age, income, and ethnicity).

About the researchers

Nigel E. Turner is affiliated with the Institute for Mental Health Policy Research at the Centre for Addiction and Mental Health in Toronto, Ontario, Canada. **Nicolas Trajtenberg** and **Olga Sanchez de Ribera** are affiliated with the Department of Criminology at the University of Manchester in Manchester, UK. **Steve Cook** is affiliated with the Department of Epidemiology at the University of Michigan School of Public Health in Ann Arbor, Michigan, USA. **Jing Shi** is affiliated with Health and Social Sciences at the Singapore Institute of Technology in Singapore. **Henrietta Bowden-Jones** is an independent consultant psychiatrist. For more information about this study, please contact Nigel Turner at nigel.turner@camh.ca.

Citation

Turner, N. E., Trajtenberg, N., Cook, S., Sanchez de Ribera, O., Shi, J., & Bowden-Jones, H. (2023). *A health inequality examination of problem gambling, substance abuse, mental health, and poverty in the United Kingdom; A secondary analysis and stakeholder interview*s. Report prepared for Greo Evidence Insights (Greo), Guelph, Ontario, Canada. https://doi.org/10.33684/2024.003

Study disclosures

This study was funded by a Secondary Data Analysis Grant provided through Greo.

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