



RESEARCH SYNOPSIS

Huang, J. & Boyer, R. (2007). Epidemiology of youth gambling in Canada: A national prevalence study. *Canadian Journal of Psychiatry*, 52 (10), 657-665.

RESEARCH QUESTIONS

What is the prevalence of youth gamblers in Canada?

PURPOSE

Youth gambling researchers have recently highlighted the need for further investigations into adolescent gamblers, especially since they are more likely to exhibit psychiatric problems and substance abuse. The current study aimed to establish national prevalence estimates of adolescent gambling in Canada, while also considering sex and geographic location.

HYPOTHESIS

None stated.

PARTICIPANTS

Data was collected from the Canadian Community Health Survey: Mental Health and Well-Being (CCHS), which is a cross-sectional, national survey on the mental health and well-being of individuals 15 years old or more living in one of ten provinces in Canada. Data included 36,984 respondents.

PROCEDURE

Data collected was organized into categories of gambling severity (non-gambling, non-problem, low-risk, moderate-to-problem), sex (male and female), age (15-24 and 25 and older), and region (British Columbia, the Prairie provinces, Ontario, Quebec, and the Atlantic provinces). All analyses used appropriate bootstrap procedures developed by Statistics Canada.

MAIN OUTCOME MEASURES

Gambling severity was assessed with the Canadian Problem Gambling Index (CPGI), which is a 12-item questionnaire that measures problem gambling behaviours and adverse consequences in the past 12 months. Demographic information was also measured, such as age, sex, and geographical region.

KEY RESULTS

The results showed that more than 3 in 5 (61%) of adolescent Canadians (aged 15-24) gambled in the past 12 months. Additionally, compared with adults (over 25 years), adolescents were at higher risk for low-risk gambling and moderate-to-problem gambling. Interestingly, the analysis found that the adolescent age group contained more non-gamblers compared to adults, more also more problematic gamblers. In terms of sex differences, there were significantly more male youth gamblers (65.5%) than females (57%). Further, the at-risk and problem gamblers were almost two times or three times (respectively) more likely to be males than females. However, the analysis did show a regional difference with the sex gap – Quebec and B.C. having a smaller sex gap than the rest of the provinces. In terms of geographical location, B.C. and Ontario showed the lowest (1.4%) and highest (2.75%) prevalence of youth gambling problems, respectively. The Prairie provinces were found to be among the highest at-risk for problem gambling once sex and age were considered (mainly being an adolescent male).

LIMITATIONS

One limitation was that the CCHS used the newly developed (at the time) CPGI to assess gambling severity, and did not include the SOGS or DSM-IV criteria. A second limitation was the cross-sectional analysis; causality cannot be used to infer potential risk factors. A third limitation was that the CCHS is a self-report measure, and biases or inaccuracies are plausible. Lastly, the problem gambling category contained few adolescent gamblers, which increased their variability and lowered statistical power.

CONCLUSIONS

This study used the CCHS to estimate the prevalence of youth gambling in Canada, while at the same time comparing adolescents to the adult population. The analysis showed that youth are at-risk for problem gambling, specifically males in the Prairie provinces. The findings suggest that youth gambling should be of great concern to Canadians and more research is needed to examine this population of gamblers, especially in the way of prevention and treatment.

KEYWORDS: youth, problem gambling, prevalence, epidemiology, sex differences

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