

# research snapshot

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## Does casino availability impact participation in gambling and problem gambling risk levels?

### What this research is about

Some places build casinos to increase tax revenue, employment and tourism. However, there are many different social concerns that go with living in an area with casinos. These may include crime, loss of community values, and environmental impacts. One of the biggest concerns is the development of gambling problems.

Casinos use strategies to try to prevent the development of gambling disorder. These include building casinos away from lots of people, having restrictions on advertising and marketing, and designing education programs to prevent the development of problems.

A few studies have tested whether the number of casinos in an area increased gambling problems in a local community. The findings of these studies are mixed. The current study used a large and representative health data set to examine the impact of casinos on local residents' likelihood of gambling and developing problems with gambling.

### What the researchers did

The study used data from the 2013/14 Canadian Community Health Survey (CCHS). The CCHS measures health status and health-related factors among Canadians aged 12 or older. The current study analyzed responses from 50,048 adults from Quebec, British Columbia, Manitoba and Saskatchewan.

The CCHS captured how often the adults gambled and the severity of gambling problems. Problem gambling severity was measured using the Problem Gambling Severity Index (PGSI) groups (non-gambler, low-risk, moderate-risk, and problem gambler). The researcher

### What you need to know

The relationship between the number of casinos in an area and gambling problems is unknown. The current study merged a large and representative health data set with casino location data to estimate the relationship. An increased number of casinos in an area was related to increases in both gambling participation and problem gambling risk. Hospitality and tourism planners could consider increased investment in responsible and problem gambling programs when expanding gambling venues in an area.

determined how common each PGSI group was in each of the four provinces using CCHS data from 2002 to 2013/14.

The CCHS also captured the adults' demographics (age, sex, income, etc.), self-perceived health and self-perceived and reported mental health.

The researcher merged the CCHS data with casino location and opening date data. Using this information, they calculated: (1) the number of casinos per 100,000 residents; and (2) the number of years an area has had a casino.

The researcher analyzed three relationships: (1) whether participation in gambling is related to the number of gambling venues; (2) whether gambling problems are related to the number of gambling venues; and (3) whether gambling problems are related to how long an area has had a casino.

### What the researchers found

An increased number of gambling venues was related to increased gambling participation in an area. Self-perceived health, self-perceived stress, and alcohol use were also related to gambling participation.

An increased number of gambling venues was also related to increased gambling problems in an area. For instance, if there is even one casino per 100,000 residents in an area, there was a 47.8% increased chance of a resident being in the moderate-risk or problem gambling PGSI groups versus the non-problem or low-risk groups. Self-perceived health, mental health, stress, and alcohol use were also related to gambling problems.

The number of casinos almost doubled from 2002 to 2013/14. Most casinos opened after 2002. An increased number of years with a casino was related to increased gambling problems in an area. Even though casino availability was related to increased gambling and problem gambling, though, overall levels of problem gambling fell in each province between 2002 and 2013/14 CCHS studies.

### How you can use this research

Hospitality and tourism planners could pair increased investment in responsible and problem gambling programs with expanding gambling venues in an area. Policy-makers and local governments could consider the findings when planning or casino development in new areas. Future research could study the impact of the number of gambling venues on local residents' likelihood of gambling and developing problems with gambling in other geographies.

### About the researchers

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### Citation

Philander, K. S. (2019). Regional impacts of casino availability on gambling problems: Evidence from the Canadian Community Health Survey. *Tourism Management, 71*, 173-178.

<https://doi.org/10.1016/j.tourman.2018.10.017>

### Study Funding

No external funding was received for this study.

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### Gambling Research Exchange Ontario (GREO)

Gambling Research Exchange Ontario (GREO) has partnered with the Knowledge Mobilization Unit at York University to produce Research Snapshots. GREO is an independent knowledge translation and exchange organization that aims to eliminate harm from gambling. Our goal is to support evidence-informed decision making in responsible gambling policies, standards and practices. The work we do is intended for researchers, policy makers, gambling regulators and operators, and treatment and prevention service providers.

Learn more about GREO by visiting [greo.ca](http://greo.ca) or emailing [info@greo.ca](mailto:info@greo.ca).



Information item	Value
Title	Regional impacts of casino availability on gambling problems: Evidence from the Canadian Community Health Survey
Article URL	<a href="https://www.sciencedirect.com/science/article/pii/S0261517718302528">https://www.sciencedirect.com/science/article/pii/S0261517718302528</a>
Authors	"Philander, Kahlil S."
Journal	Tourism Management
Year published	2019
Keywords	Casino gambling, exposure, adaptation, problem gambling, tourism policy
Geographic coverage	Quebec, British Columbia, Manitoba, Saskatchewan
Study population	Canadian residents (N=50,048) aged 12 or older from across four provinces.
DOI	<a href="https://doi.org/10.1016/j.tourman.2018.10.017">https://doi.org/10.1016/j.tourman.2018.10.017</a>
Citation	Philander, K. S. (2019). Regional impacts of casino availability on gambling problems: Evidence from the Canadian Community Health Survey. <i>Tourism Management</i> , 71, 173-178. <a href="https://doi.org/10.1016/j.tourman.2018.10.017">https://doi.org/10.1016/j.tourman.2018.10.017</a>
Unit of analysis	Individual and geographic unit
Sampling procedure	The Canadian Community Health Survey uses three sampling frames to select its sample of households: 40.5% of the sample of households are selected from an area frame, 58.5% are selected from a list frame of telephone numbers and the remaining 1% are selected from a Random Digit Dialling (RDD) sampling frame.
Response rate	87.3%
Study design	Observational (cross sectional)
Authored by	ES