



Swedish National Institute
of **Public Health**

Problem gambling as a continuum

- efforts to include a public health perspective in a Swedish population study on gambling and health

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Helsinki, Marina Congress Centre**

Outline

- Why a public health perspective?
- SWELOGS (Swedish longitudinal gambling study)
- Efforts to integrate a public health perspective
 - Bringing in the social context
 - Focus on determinants (Longitudinal design, stratified sample, use of register data...)
 - Measurement development
- Conclusion



Traditional “medical” perspective

- Problem gambling is a progressive and chronic disease
- There are clear-cut borders between problem gamblers and non problem gamblers
- Focus is on probable pathological gamblers and problem gamblers
- This perspective could be adequate for developing treatment



The Swedish Public Health Policy

“The over-arching aim of Swedish Public Health policy is to create social conditions for a good health, on equal terms for the entire population”



The SNIPH is commissioned by the government to...

- take measures to prevent negative consequences of problem gambling
- develop efficient and evidence-based methods for prevention
- develop education programs for professional groups
- support selfhelp groups and other associations working with problem gambling

Regleringsbrevet 2009



...and further...

- to conduct a longitudinal population study on gambling and problem gambling
- to develop an Internetbased self-help program for children, adolescents and their parents
- to develop specific measures in order to reach vulnerable groups

Folkhälsopropositionen 2008



Problem gambling – a public health problem

- Problem gambling is defined as a public health problem since
 - more than 1 per cent of the population is affected
 - the problem is unevenly distributed in the population
 - negative consequences can be prevented with structural means such as regulations



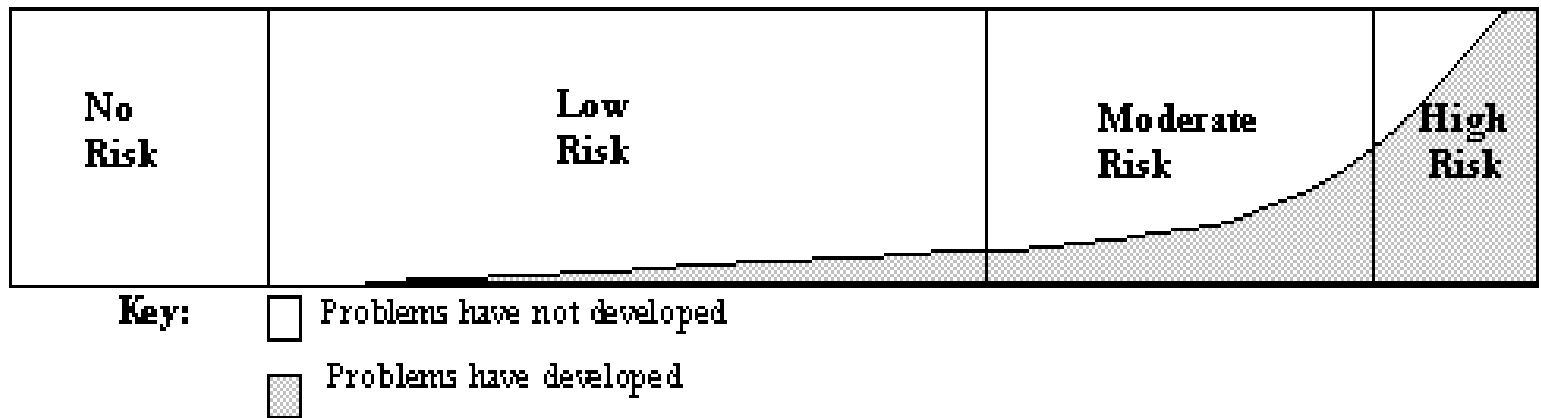
A modern perspective on PG

- continuum without clear-cut borders between problem free gambling and problem gambling
- focus on contexts of gambling behaviour and consequences rather than on the diagnosed states of illness
- the scale of severity of gambling problems should be understood dynamically



Problem Gambling Continuum

Figure 2
The Problem Gambling Continuum



OPGRC (Ontario Problem Gambling Research Center)



A Public Health perspective on PG

- Holistic perspective, analyse health factors in relation to their context
- Focus on the decisive factors which lies behind a good or poor public health (risk and protective factors)
- Develop evidence based methods for prevention and change



Purposes of SWELOGS

- to measure the prevalence and incidence of problem gambling with comparability to other jurisdictions
- to describe problem gambling in relation to changes in gambling behaviour and environment
- to identify relevant target groups for preventive measures
- to analyse health related, social and economic consequences
- to identify risk and protective factors
- develop an improved PG-instrument which is sensitive also to mild forms of problem gambling



SWELOGS – Swedish longitudinal gambling study

	1997/ 98 and 1999/01	2008	2008/09	2009/10	2010	2011/12	2012	2013/14
Epidemiological panel - EP Representative sample for the population		Pilot study N= 2000 16-85	EP1 16-84 år N=12- 15000	EP 2 16-85 år N~11- 14000		EP3 16-87 år N~11- 14000		EP4 16-89 år N~11- 14000
In-depth panel ID Sample: persons with different degree of PG severity.				IDA1 25-84 N=750 IDY1 16-24 N=1000	IDY2 16-25 N=1000	IDA2 25-86 N=750 IDY3 16-26 N=1000	IDY4 16-27 N=1000	IDA3 25-88 N=750 IDY5 16-28 N=1000
Wave of data collection	Wave0		Wave 1	Wave 2	Wave 2	Wave 3	Wave 3	Wave 4



Data collection SWELOGS 2008/09

- Sample
 - 15000 persons 16-85, representative to the population
 - stratification based on predicted probabilities for having gambling problems
 - PG probabilities were calculated on data from the pilot study-> over sampling of young persons and women
- Method
 - telephone interviews conducted 24 Nov 2008 –26 April 2009
 - questionnaire for those who could not be reached by phone, concluded in June 2009



Efforts to integrate a public health perspective in SWELOGS

- Bringing in the social context
- Focus on determinants
- Measurement development
 - Evaluating the short instrument FORS
 - Pooling items from several PG-measurement instruments



Bringing in the social context

- Questions on...
 - detailed gambling forms
 - role of gambling in family background and current social relations
 - current social network/social capital
 - socio-economic status in neighbourhood,
 - geographical distance to gambling venues



Focus on determinants

- Longitudinal design
- Stratified sample
- Use of register data
- Use knowledge on risk- and protective factors from related fields



Measurement development

- Use of several PG-instruments
 - SOGS-R
 - PGSI
 - FORS
 - JAS
- Evaluate FORS
- Form an item pool with items from existing PG-instruments as well as new items on binge gambling and at-risk gambling



FORS: In the past 12 months, how many times have you...

1. ... tried to cut down on your gambling?
2. ... feel restless or irritable if you were not able to gamble?
3. ... lied about how much you gambled?

Never = 0; Once or twice = 1;

At least three times = 2

FORS sum > 0 => Risk of gambling problems



FORS vs PGSI

PGSI	Not at risk according to FORS	At Risk according to FORS
No problems	3640 (98%)	75 (2%)
Low risk	337 (83%)	71 (17%)
Moderate risk	87 (59%)	61 (41%)
Problem gambling	4 (21%)	15 (79%)



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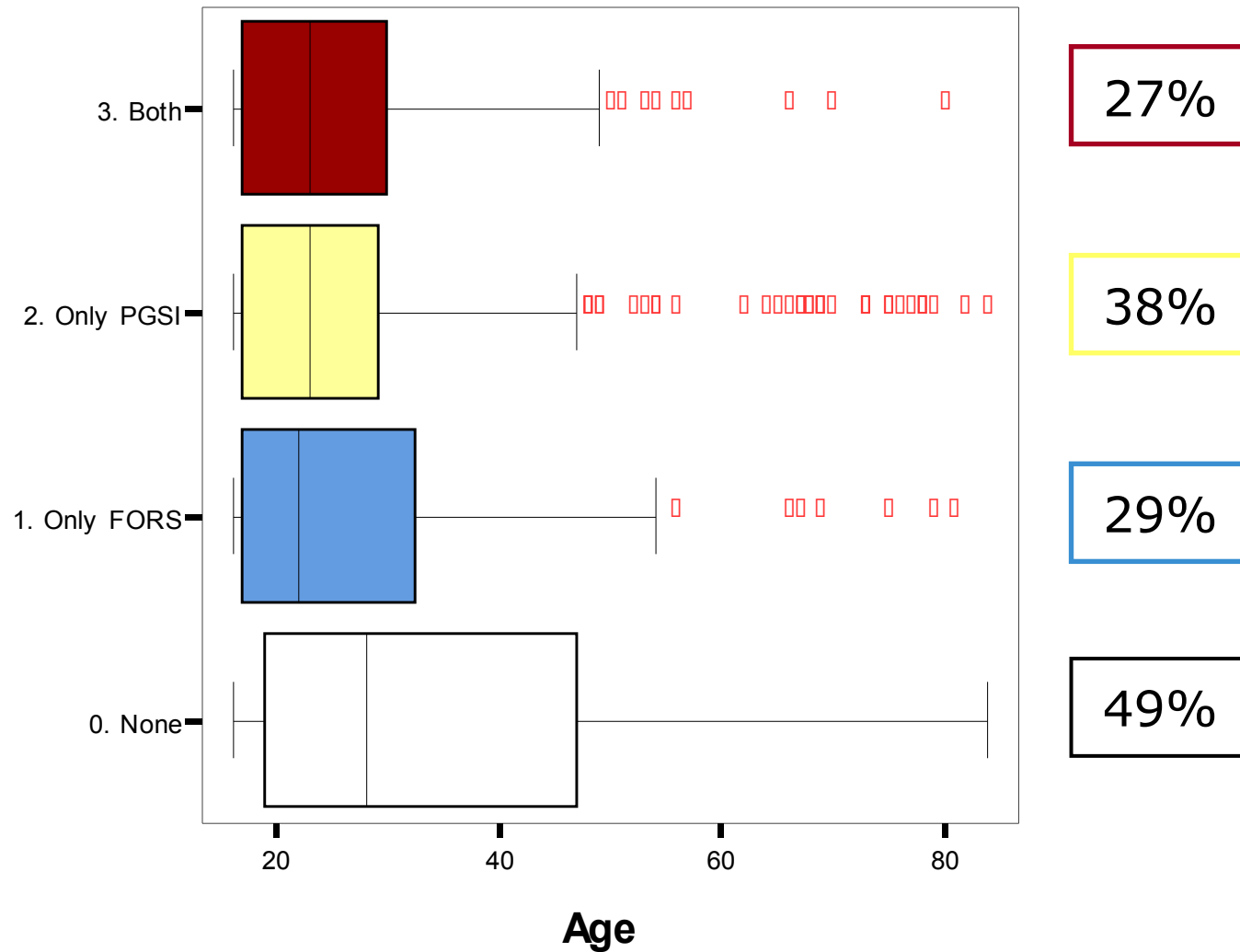


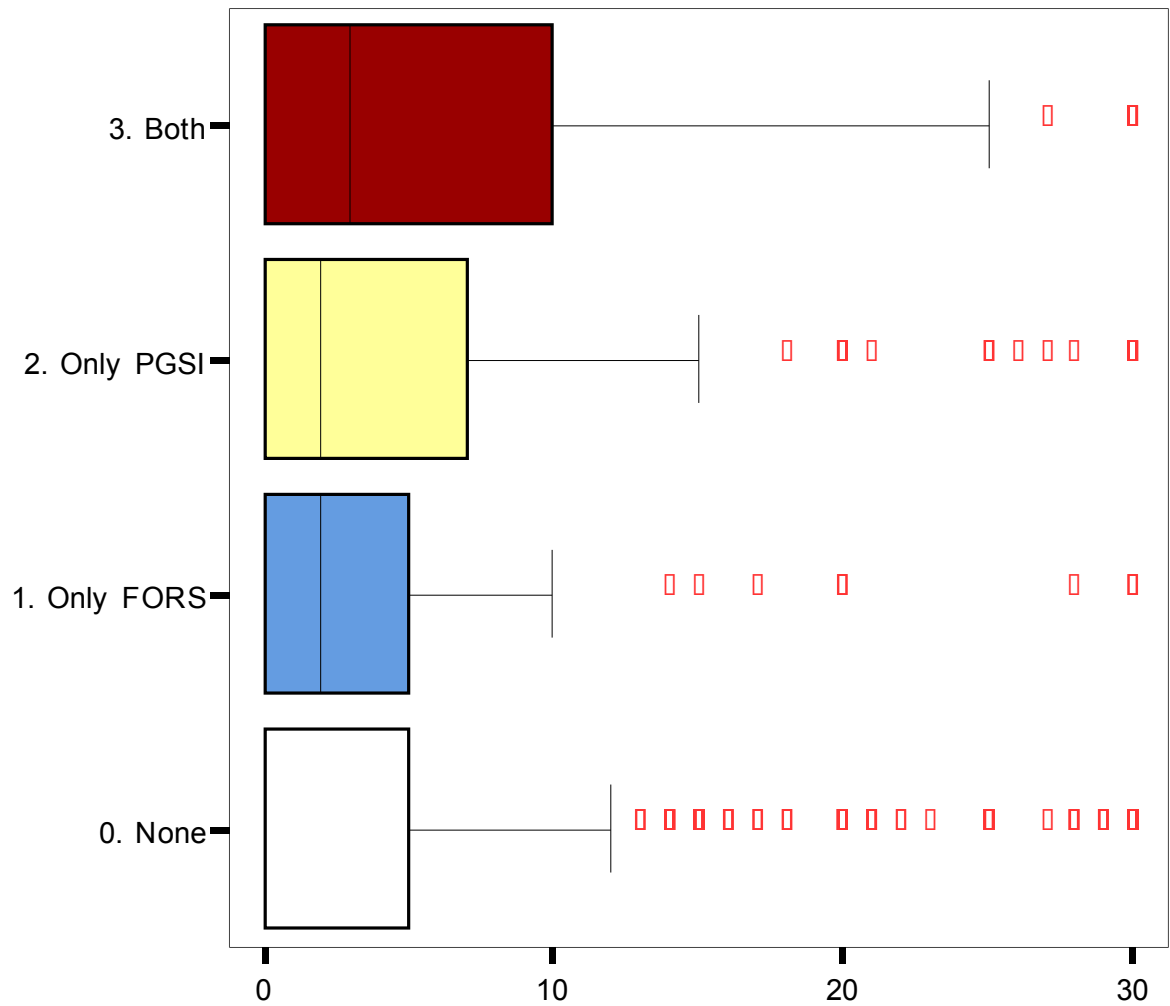
4 categories

<p>0. <u>None</u>: No problems according to PGSI, not at risk according to FORS</p> <p>n=3640</p>	<p>1. <u>Only FORS</u>: No problems according to PGSI, at risk according to FORS</p> <p>n=75</p>
<p>2. <u>Only PGSI</u>: Problems according to PGSI, not at risk according to FORS</p> <p>n=428</p>	<p>3. <u>Both</u>: Problems according to PGSI, at risk according to FORS</p> <p>n=147</p>



Women





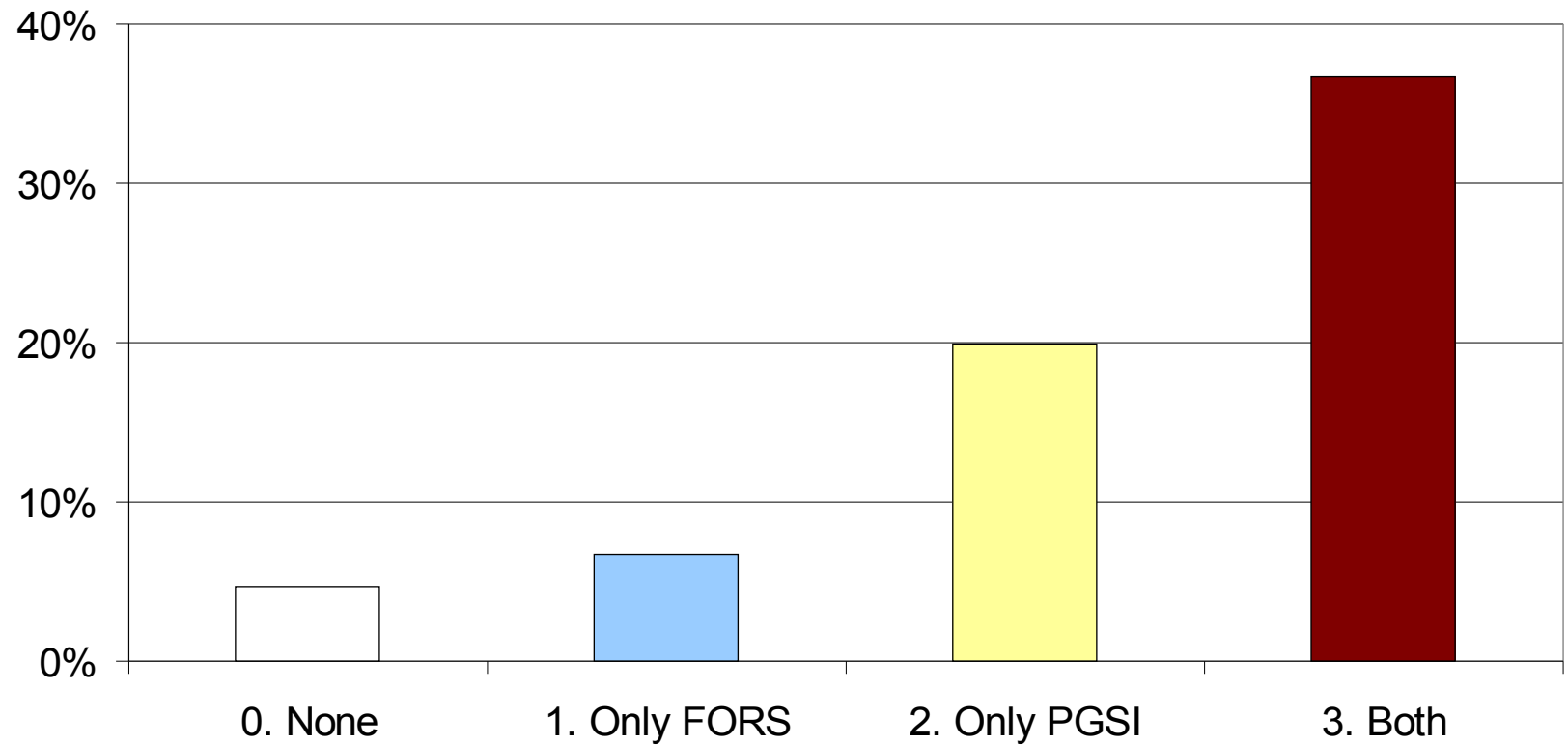
Days of reduced mental health last 30 days



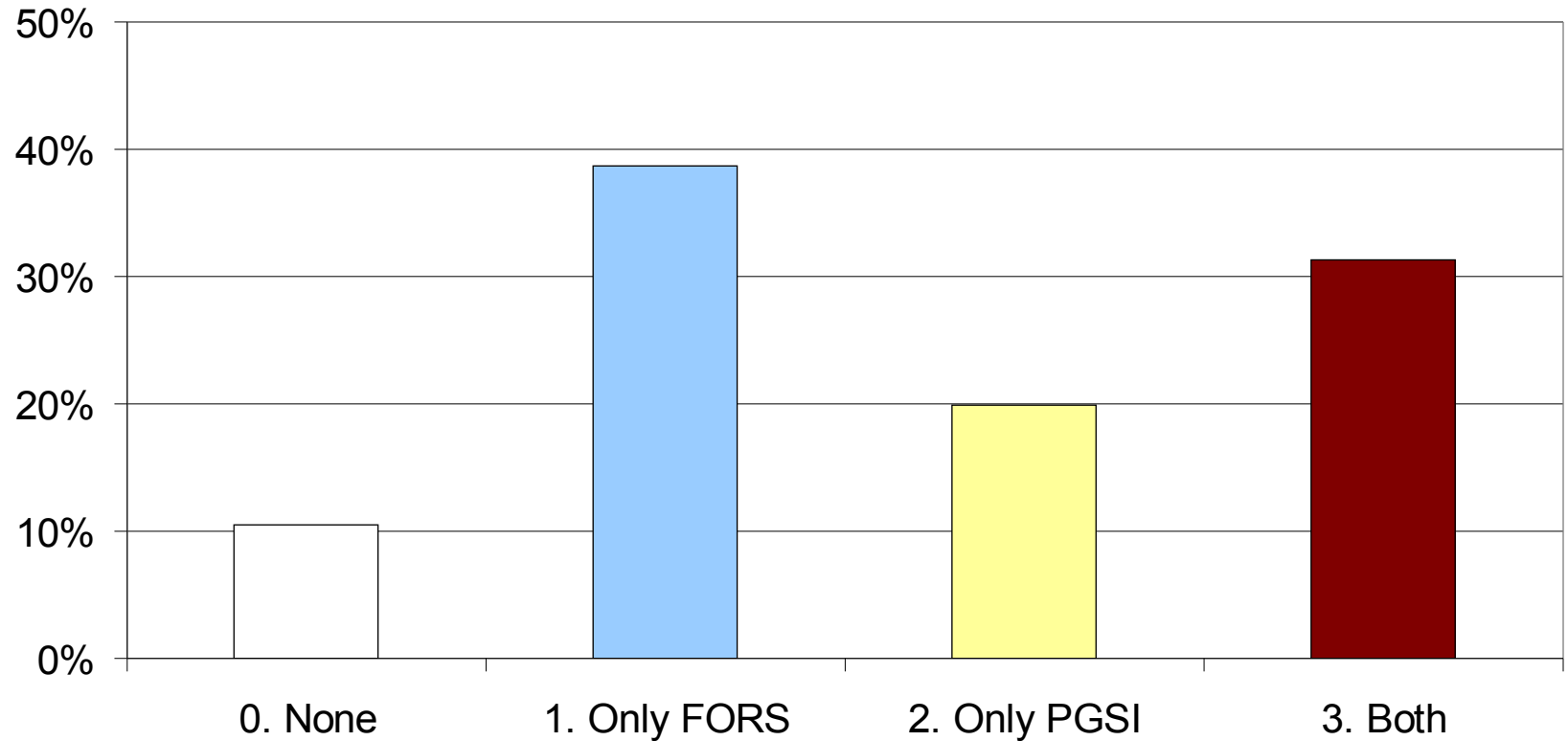
Type of gambling (last 12 months)	0. None	1. FORS only	2. PGSI only	3. Both	P (1-3)
Betting on horses	12%	13%	16%	21%	n.s
Playing bingo	2%	8%	8%	17%	.008
Playing lotto etc	15%	27%	28%	33%	n.s
Betting on sports	14%	24%	40%	51%	<.001
Playing on lottery	39%	56%	67%	69%	n.s
<i>Playing on slot machines</i>	11%	41%	36%	48%	.029
Playing poker	11%	24%	47%	55%	<.001
Playing casino games	6%	15%	28%	40%	<.001
Playing on line poker	1%	1%	12%	25%	<.001
Calling TV shows	8%	15%	24%	25%	n.s



Excessive gambling in time or money last 12 months



TV- or computer gaming daily or almost daily last 12 months



Conclusions

- Further develop efforts on contextualization - collaborating with local and regional stakeholders
- Improve measurement development - collaborating across jurisdictions and disciplines
- Focus on decisive factors – more longitudinal studies
- Expand resources and political legitimization – collaborating with policymakers, ngo:s and regulators

