



Predictors of gambling and problem gambling in Canada (2021)

What is this Research About?

This study assessed the gambling behaviour of adults and how demographics influences gambling rates in Canada. The primary goal of this study is to provide an updated profile of gamblers and problem gamblers in Canada and to identify characteristics most strongly associated with problem gambling. These characteristics specifically look into the frequency of gambling, the types of gambling, and the demographic backgrounds of gamblers.

Previous literature has shown that certain segments of society are at higher risk for problem gambling. Most typically these are males, non-white, those having a lower educational attainment, and those in a lower income bracket. The questions were administered through the 2018 Canadian Community Health Survey (CCHS). The CCHS is a survey of health determinants, health status, and health care use. A set of questions specific to gambling were implemented in the 2018 CCHS. Therefore, this study attempted to fill in the knowledge gap that persists regarding gambling behaviour and to give an updated profile about adults who partake in gambling activities in Canada.

What the Research Did

In cooperation with Statistics Canada, brief measures of gambling behaviour and problem gambling were included in the 2018 CCHS. This set of questions is known as the “Gambling Module”. The CCHS containing the Gambling Module was



administered for a 6-month period (July–December 2018) and only in the provinces (no territories). A sample of 23,952 individuals over the age of 18 years answered the questions to the Gambling Module.

The first part of the Gambling Module assessed past year frequency of engagement in eight different types of gambling. Respondents were asked about their frequency of in-person or online participation with: instant lottery tickets, lottery or raffle tickets, electronic gambling machines, casino table games, sports betting, bingo, other forms of gambling, and speculative financial market activities. The second part asked about current frequency of cigarette smoking, frequency of past year alcohol consumption, currently having a mood disorder such as depression, bipolar, mania, or dysthymia, and currently having an anxiety disorder such as a phobia. The third part questioned respondents about demographic variables including gender, age, household income, level of educational attainment, and race/ethnicity. The purpose of asking these variety of questions is to



determine how personal characteristics and use of other substances interact with gambling behaviours.

What Did the Research Find?

The researchers found that, in general, gambling participation was higher for males, those with household incomes greater than \$20,000, those having an educational attainment below a graduate degree, and those with an Indigenous, White or South-East Asian background. More specifically, they found that the highest rates of problem gambling are found in: males, those ages 18–29, those with household incomes between \$40,000 and \$80,000, those with educational attainment below a Bachelor's degree, Indigenous people, and people residing in the Prairie provinces (Manitoba, Saskatchewan, Alberta). On the other hand, the lowest rates of problem gambling are found in: females, those ages 50+, those with household incomes > \$150,000, those with Bachelor's degree or higher, Latin Americans, and people residing in Ontario and British Columbia.

Lottery and raffle tickets are most popular among those ages 50–64; instant lottery tickets among people with household incomes of \$80,000 and higher; electronic gambling machines among Indigenous people; casino table games among South-East Asians; sports betting among males; bingo among Indigenous people; and speculative financial activities among people with an Arab or multiple ethnicity heritage.

Electronic gambling machines (EGMs) were found to be an important determinant of problem gambling. The combined at-risk and problem gambling rate for each province is strongly predicted by the number of EGMs per 1000 people as well as the provincial/regional rates of EGM participation. Further evidence of the role of EGMs

in problem gambling is seen in the fact that provincial rates of at-risk and problem gambling are very strongly predicted by EGM density and EGM participation rates. It is also the case that the 45% decrease in the Canadian rate of problem gambling in the CCHS from 2002 to 2018 aligns with a 45% decrease in Canadian EGM participation rates over this same time period. It is also the case that Ontario and British Columbia are the only two provinces that do not permit EGMs outside of dedicated gambling venues (casinos, horse race tracks, bingo halls), and these are the two provinces with the lowest rates of problem gambling.

How Can You Use This Research?

This research is helpful to inform various areas of public policy and academic research related to gambling and the factors that contribute to risks for problem gambling. Policy makers can better understand what groups might benefit from targeted public education campaigns. Further, it may be important to consider the existing number of EGMs per 1000 people, density, and participation rates before approving additional EGMs in a region. Public health and clinical health practitioners can also use this information to assist in screening clients for potential gambling problems.

What You Need to Know

EGM participation is the most important predictor of problem gambling status; however, even more important was having a past history of at-risk or problem gambling. Individuals with a history of problem gambling are the most vulnerable to problem gambling in the future. Other important predictors of problem gambling include: having a



“big win” in the past year; increased frequency of casino table game participation; family members being regular gamblers; having close friends/family with gambling problems; gambling to escape or to win money; believing in gambling myths; and gambling being identified as a top leisure pursuit.

Beyond gambling-related variables, other factors that may contribute to having a gambling problem include being impulsive; having another behavioural addiction; a lifetime history of substance dependence; and a family history of mental illness. One limitation of this survey is that it may underestimate the level of gambling-related harm in the population. Many more people are harmed by gambling compared with the number of people who have a gambling disorder. This includes members of the problem gambler’s family as well as people who have experienced significant adverse consequences from their gambling but do not meet the full criteria for the disorder.

Citation

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