



Folkhälsomyndigheten
PUBLIC HEALTH AGENCY OF SWEDEN

Risk and protective factors for problem gambling

Results from in-depth Swelogs study



Summary

The In Depth study is one part of a longitudinal project named the Swedish Longitudinal Gambling Study (Swelogs) directed by the Swedish National Institute of Public Health. The In Depth study has three aims:

- to identify risk and protective factors for problem gambling
- to study movements between different levels of problem gambling
- to identify recovery factors for problem gambling

The In Depth study has a case control design with a sample of 2400 respondents. Data collection took place between January and October 2011. Diagnostic instruments were used to establish the health and health related behaviours of the respondents.

Areas that have been investigated in the study include: the gambling context and motivations for gambling, demographic and socioeconomic factors, childhood conditions and socio-economic background, as well as individual factors such as health status and substance abuse. For every area of factors, respondents with a reported lifetime gambling problem are more vulnerable than non-problem gamblers. The following factors co-varied with problem gambling:

The gambling context and motivations

- Low levels of knowledge of chance
- Poorer ability to cope with negative emotions and poorer ability to relax
- Poorer ability to resist the impulse to gamble

Demographic and socioeconomic factors

- Economic difficulties and record of non-payment
- An upbringing without parents
- An insecure upbringing
- Victim of child abuse
- Having a family member with mental health issues or with an alcohol or drug addiction (only significant for women)
- Living in an unsafe residential area
- Gambling important among friends
- More or less socially active than peers
- Discrimination and violence

Individual factors

- Lower levels of self-efficacy
- Impulsivity
- Poorer general and mental health
- Depression
- Anxiety
- Suicidal inclinations
- Use of sleeping pills, anti-depressives and/or sedatives
- Alcohol abuse or dependence
- Substance abuse
- Negative life events

A multivariate analysis showed that impulsivity, substance abuse, and an insecure childhood were the factors that best explained differences between problem gamblers and non-problem gamblers.

Developmental trajectories for problem gambling were analysed using data from two earlier measurements. This data comes from the first and the second measurement of the epidemiological study of Swelogs. The analysis resulted in a total of five different trajectories, three trajectories for respondents without any problem gambling at baseline and two trajectories for respondents with problem gambling at baseline. Potential risk and protective factors for belonging to the different developmental trajectories were also examined in the analysis. Previous problem gambling and alcohol problems were factors that increased the probability of belonging to a trajectory that went from no problem gambling initially to problem gambling at the end of the follow-up. Being female was a factor that decreased this probability. Previous gambling problems and alcohol problems were also factors that decreased the probability of recovery from current gambling problems. The absence of previous gambling problems and substance problems are recovery factors for current problem gambling.

Risk and protective factors

Upcoming Swelogs analyses, which will be able to use more measurement points, will give more secure estimates and a clearer picture of risk and protective factors for problem gambling in Sweden. However, this report has already found several probable risk factors:

- Impulsivity
- Substance problems
- Previous gambling problems
- An insecure upbringing.

No protective factors were identified at this stage of the study that fulfilled our criteria. Further measurement points and analysis will yield more reliable information about protective factors. The absence of substance problems and previous gambling problems are probable recovery factors for problem gambling.

General conclusions in relation to prevention

The new research in this report has implications for the development of prevention strategies aimed at reducing problem gambling and related harms. Some examples and potential areas of use are presented below.

- Since impulsivity, substance problems, previous gambling problems and an insecure childhood are probable risk factors for problem gambling it is likely that prevention that aims at lessening the impact of those factors could be effective in reducing problem gambling related harms. Those prevention strategies could include elements from the entire prevention palette, including restricting availability to risky gambling forms and targeting alcohol problems.
- The research finding that the factors “gambling important among friend” , “lower levels of self-efficacy” , and “lower levels of social activity” co-vary and are associated with problem gambling, provides a foundation for the argument that there is an increased vulnerability for people who are affected by these factors at the same time. Taking these factors into account when developing and implementing prevention programmes could therefore give positive results.
- The association between detrimental childhood conditions and problem gambling shows that problem gambling shares risk factors with other addictions and lifestyle problems. Prevention that aims at supporting childhood conditions could therefore also lessen the risk for problem gambling later in life.
- In order to de-normalise gambling among school friends and colleagues, prevention at schools and work places could be directed towards decreasing availability and changing attitudes toward gambling. This example is based on the research finding that people who have friends that value gambling are more at risk of developing gambling problems. We have also previously reported on the association between gambling during working hours or school hours and problem gambling.
- The multiple health problems that many problem gamblers experience, for example alcohol problems, drug problems, poorer general and mental health, and suicidal tendencies, suggest that prevention and health promotion in the problem gambling area could be developed in a wider setting. For example, problem gambling prevention could be developed together with prevention efforts aimed at reducing the use of alcohol, tobacco, and drugs. For the same reasons, problem gambling could also benefit from general health promotion efforts. Another strategy could be to include problem gambling in screening in primary care settings or other relevant arenas.

- The longitudinal analysis showed that previous (lifetime) problem gambling increases the risk of developing gambling problems as well as decreases the chance of recovery from problem gambling. This finding underscores the importance of prevention. Developing and spreading methods aiming at reducing relapses could also decrease problem gambling related harm in the longer term.

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