

Text for gambling tables

Table 1

Table 1 each year shows the participation rates for each game type split by gender. The pattern of findings is broadly the same each year, with the top five gambling types with respect to participation being the national lottery, scratch cards, 'other' lottery, betting on horses, and fruit/slot machines. Compared to 2007 and 2010 though, the use of fruit/slot machines was lower in 2012, falling from 14.5% in 2007 to just 7.3% in 2010.

With the exception of scratch cards and 'other' lottery, there are significant gender differences in participation rates per game type, with those differences being maintained consistently across the three survey years.

Table 2

Table 2 shows gender stratified prevalence rates for gambling-related problems reported by individuals who participated in various types of gambling. For all three survey years, individuals who participated in spread betting and used virtual gaming machines had consistently higher than average likelihoods of reporting any DSM gambling symptoms during the past 12 months, as well as reporting 3+DSM gambling symptoms. These types of games were also associated with high levels of general gambling involvement (measured as the total number of types of gambling participated in over the past year).

In 2007 the top five prevalence rates of 3+DSM gambling symptoms by type of game were: spread betting; virtual gaming machines; other types of betting; casino table games; and betting on dogs. In 2010 the top five were: virtual gaming machines; football pools; spread betting; other types of betting; and casino table games. And in 2012 the top five were: spread betting; other sports betting; other types of betting; virtual gaming machines; and casino table games.

Table 3

Table 3 for each year shows a series of logistic regressions illustrating how well each type of gambling contributes to the prediction of gambling-related problems.

The first data column of each table shows the simple bivariate relationship between the type of gambling and problem gambling. For instance, in 2007, the odds of being a problem gambler if an individual participated in spread betting were 21.8 times higher than if the individual gambled but did not participate in spread-betting. For gamblers who used VGMs in the year prior to the 2007 survey, the odds of being a problem gambler were 24 times higher than for other gamblers.

The second data column shows these odds after controlling for the level of gambling involvement (measured as the total number of types of gambling participated in over the past year). The interpretation of these 'regression-adjusted' odds is that they reflect the increased odds of being a problem gambler associated with a game type *when comparing individuals who have the same level of involvement*. For example, in 2007, the odds of being a problem gambler if the gambler used VGMs was 4.3 times higher than for other gamblers, after controlling for involvement. This suggests that, if two gamblers are compared who have the same level of involvement, and the first used

VGMs and the second did not, then, on average, the odds of being a problem gambler was 4.3 times higher for the first person relative to the second.

The 2007 data showed that the level of involvement itself was a highly significant factor in the prediction of problem gambling (the final data column of Table 3), and this association holds true in the 2010 and 2012 data. However, *having controlled for the level of involvement*, the 2007 data suggested that there was no statistically significant relationship between problem gambling and particular game types, with the exception of VGMs.

Repeating the analysis with the 2010 and 2012 data the same broad pattern holds, with no consistent evidence that particular game types are predictive of problem gambling after controlling for the level of involvement. Importantly, the 2007 finding that VGMs are the exception, does not persist into 2010 and 2012. In both those survey years the relationship between VGMs and problem gambling is not statistically significant after controlling for level of involvement.