Results from the Swedish Longitudinal Gambling Study (Swelogs): Changes between 1998, 2009, and 2010

The 15th International Conference on Gambling and Risk-Taking

Jessika Svensson & Dr Ulla Romild, Swedish National Institute of Public Health
1. The overarching aim of Sweden’s national public health policy is to create social conditions that will ensure good health, on equal terms for the entire population.

2. The aim for society’s measures against problem gambling is to reduce harm from exaggerated gambling.

Government proposal prop 2007/08:110
Sweden

- Population in Sweden: 9.5 million
Sweden

- Population in Sweden: 9.5 million

- Gross turnover 42 billion SEK (€4.7 billion). Average 5599 SEK (€620) adult/year

- Swedish Gambling Study (SWEGS) n=10 000; Response rate 80%
Swelogs’ five main objectives

• Study changes in incidence and prevalence of problem gambling
• Describe problem gambling in relation to changes in gambling behavior and gambling related environmental factors
• Identify relevant target groups for prevention
• Examine the health-related, social and economic consequences of problem gambling
• Establish risk factors and protective factors of gambling behaviours/habits.
Swelogs’ overarching goal

Swelogs aims at producing knowledge that will contribute to the development of evidence-based methods and strategies for prevention.
Swelogs in an international context

An advisory board consisting of gambling experts both from Sweden (Ass. Prof. Per Binde, Jacob Jonsson, Dr. Anders Tengström, Anders Stymne) and from other countries (Dr. Rachel Volberg, US, and Prof. Max Abbott, New Zealand)

Contact and dialogue with the other longitudinal studies in the world
Swelogs’ plan for data collection

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Thesis on youth and problem gambling. Frida Fröberg

Thesis on gender and gambling. Jessika Svensson
# Swelogs’ plan for data collection

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The data shows the percentage of participants in each cohort for the years 2008/2009 to 2015. The in-depth track is divided into three parts, with the percentages indicating the participation rate for each year. The follow-up track includes a single cohort with a different age range.

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Questionnaire

- Gambling (lifetime and past 12 months)
- Gambling problems (SOGS, PGSI) and gambling related questions
- Computer gaming
- Health, demographics, socio-economy
- Life events

+ register variables from Statistics Sweden
Distribution of Males and females

P<0.001
Attrition according to PGSI

Swedish National Institute of Public Health

2013-06-20  Sid 14
Main results on incidence

- Problem gambling 0.18%, combined moderate risk/problem gambling 1.4%
- The *proportion* of problem gamblers the same but...
- Three quarters of the problem gamblers were replaced by new ones
- 1/5 of them had experienced problems with gambling earlier in life
Changes in different PSGI categories

- Gambling problems EP I (n=132)
- Low risk gambler EP I (n=306)
- Non problematic gambling EP I (n=3863)
- Non-gambler EP I (n=1715)
Incidence PGSI (3+)
Education and incident problem gambling
Gambling clusters and problem gambling. Implications for prevention...

- Heavy Gambling
- Social gambling
- Occasional gambling
- Regular gambling
- Seldom gambling
- No gambling

Swedish National Institute of Public Health
Prevention Paradox

Problem gambling

- Heavy gambling: 12
- Social gambling: 20
- Occasional gambling: 7
- Regular gambling: 9
- Seldom: 32
Thank you!

Jessika.svensson@fhi.se