Gambling-related harm in UK elderly populations

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Target Group: UK Older adults 65+

Aim: Develop knowledge and understanding of gambling related harm

Background: limited empirical research - ignored

High prevalence detected
Prevalence

British Gambling Prevalence Survey (Wardle et al., 2011) identified significant increases.

Past year gambling by age estimates for 75+:
- 52% - 1999
- 57% - 2007
- 63% - 2011

Understand the increase
4yr Research Program: Aims

Understanding behaviour = intervention-screening-prevention

- PG related harm/identification of risk factors
- Development of Prediction Model
4yr Research Program: Objectives

- Observe common gambling behavioural & cognitive patterns
  1. Frequency
  2. Duration
  3. Preferences
  4. Reward
  5. Motivation

- Identify key variables & relationships
  (risk factors for Gambling-Related Harm)

- Inform future quantitative designs
Gambling behaviour and motivation across UK older adult populations: Study 1
Identifying behaviour

- Currently in a weak position
- Non UK specific data
- Amalgamated with general population (demographic factors such as age have been identified)
- Attempts
- Creates limitations
Systematic Grounded Theory (Strauss & Corbin, 1998).

Effects of gambling-related harm in late adulthood including gambling are limited across the literature.

Participants – Mean age: 76.8

Recruitment sites: Commercial and non-commercial gambling venues.

Semi structured interviews – individuals homes - diverse settings
Core Concept

Mechanism to alleviate from psychological and physical lifestyle changes associated with the ageing process
Figure 1: ABC model alleviating distress from psychological and physical lifestyle changes

- Reduced Barriers; Accessibility Availability
- Facilitates needs
- Familiarity Control Environment
- Consumer Value

Gambling

- Escapism; Psychological & Physical stressors related to ageing
- Positive social & cognitive rewards
- Heightened arousal states hedonistic voids/reduce pleasure deficits
Discussion

- How we can replace gambling to achieve these escapes

- Consider costs of gambling (social costs)

- Treatment- 3\textsuperscript{rd} sector services available

- Better than negative consequences of gambling
Future research direction

Comparative analysis of demographic & physical health differences

Psychological health differences with specific reference to affective disorders

Initiate development of a prediction model for gambling-related harm presenting factors that illuminate vulnerability
Future research

- Consider older adults that sit in the 5%
- We are now in a stronger position to look more specifically
- Identification of risk factors for problem gambling behaviour
- Prediction model
- Attempts- Accurate measurement tools
References