Gambling-related harm in UK elderly populations

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Project description

- Target Group: UK Older adults 65+
- Aim: Develop knowledge and understanding of gambling related harm
- Background: limited empirical research - ignored
- High prevalence detected
British Gambling Prevalence Survey (Wardle et al., 2011) identified significant increases in 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
Design/Methodology

- **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

Gambling

- Reduced Barriers; Accessibility Availability
- Facilitates needs
- Familiarity Control Environment
- Consumer Value
- 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 - 3rd 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
