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Prevalence studies are a vital tool used to measure pathological (level 3) gambling among the general population. However, these studies often fail to capture information about vulnerable population segments such as prisoners, heavy gamblers who might not be available to participate in prevalence research, and homeless persons (Lesieur, 1994). Research conducted by Lepage, Ladouceur, and Jacques (2000) considered some of these subgroups; specifically, the prevalence of level 3 gambling among those who depend on community organizations for food, material, and/or financial assistance.

Volunteer adult research participants (n=87) were recruited randomly from seven community organizations located throughout Quebec, Canada. Eighty-four percent of participants received some form of social assistance, and each depended upon a community organization at least once over a consecutive three-month period. All participants were administered the South Oaks Gambling Screen
(SOGS) (Lesieur & Blume, 1987) verbally to compensate for those who were illiterate.

The results of this research support the notion that prevalence rates for level 3 gambling are higher among those who receive services from community organizations than the general population. Specifically, Lepage et al. (2000) found that the lifetime prevalence of "probable pathological" gambling (i.e., a score of 5 or more on the SOGS) among those dependent upon community organizations is 17.2%; the prevalence of level 3 gambling among the general population from this area is 2.1% (Ladouceur et al., 1999). Moreover, among those identified as level 3 gamblers, 21% reported past attendance at a Gambler's Anonymous meeting. Sixty percent, however, reported they were unaware such resources existed (Lepage et al., 2000).

Lapage et al. (2000) note that level 3 gambling prevalence studies might overlook some specific high-risk subgroups within the general population. However, their estimates remain tentative due to methodological concerns. For instance, while

Lapage et al. (2000) administered the SOGS orally to include all illiterate participants, the researchers fail to address what might be the effects of orally administering a questionnaire originally designed for respondents to complete in written form. Specifically, participants-both literate and illiterate-might have experienced interviewers in a way that biased their responses, thus yielding lower estimates if social desirability was a factor and higher estimates if anti-social forces were operative.

Additionally, any estimate for level 3 gambling among persons dependent upon community organizations might not be wholly accurate since these estimates rest upon a self-selected sample that was reliant upon the organization hosting the data collection. Thus, these estimates might not apply to level 3 gamblers within community organizations in general or special population segments (e.g., homeless) that are often overlooked during epidemiological research.

Despite these methodological limitations, Lapage et al. (2000) remind us to pay closer attention to vulnerable and high-risk population segments that likely have higher than expected rates of gambling disorders. This research also encourages care providers to screen for gambling disorders in every setting that provides community services and to make recipients of these services aware of other self-help opportunities.

[1] Because a considerable number of Quebec residents speak French, the French version of the SOGS was used (Ladouceur, 1991, 1996).

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