The WAGER Vol. 7(51) – Disordered Gambling as an International Phenomenon

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The past few years have seen a surge in national gambling prevalence studies. This week's WAGER takes a trip around the globe to review the epidemiologic evidence on disordered gambling. Table 1 presents estimates of disordered gambling in nine countries from five continents.

Table 1. International Past Year Gambling Prevalence Estimates (95% Confidence Limits)

	Level 2 (%)	Level 3 (%)
SOGS		
New Zealand (Abbott, 2001)	0.8 (0.6-1.1)*	0.5 (0.3-0.7)*
Sweden (Volberg, Abbott, Rönnberg, & Munck, 2001)	1.4 (1.1-1.7)*	0.6 (.04-.08)*
Britain (Sproston, Erens, & Orford, 2000)	--	0.8 (0.6-1.0)*
Switzerland (Bondolfi, Osiek, & Ferrero, 2000)	2.2 (1.7-2.9)*	0.8 (0.5-1.2)*
Australia (Productivity Commission, 1999)	1.2*	0.9 (0.7-1.2)*
South Africa (Collins & Barr, 2001)	--	1.4*
DSM-IV		
Britain (Sproston, Erens, & Orford, 2000)	--	0.6 (0.4-0.8)**
Hong Kong (*Report on A Study of Hong Kong People's Participation in Gambling Activities*, 2002)	4.0**	1.9**
Meta Analysis		
United States and Canada (Shaffer & Hall, 2001)	2.5 (1.7-3.4)***	1.5 (0.9-2.0)***

* Estimate based on the SOGS measure

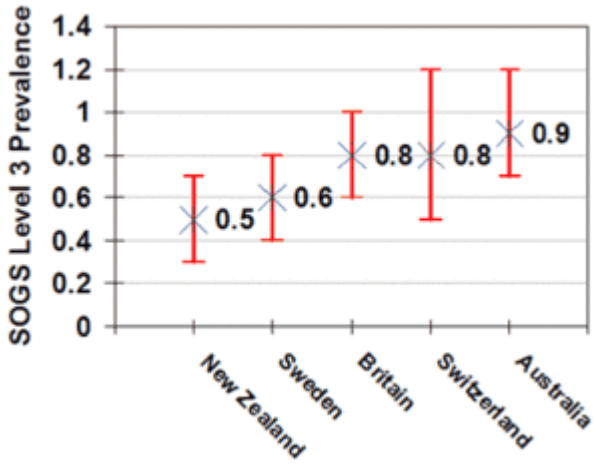
** Estimate based on DSM-IV diagnostic criteria

*** Estimate based on a meta-analysis

Researchers in different countries have observed similar rates of level 2 (i.e., problem) and level 3 (i.e., pathological) gambling. The central estimates of the prevalence of level 3 gamblers in Table 1 average 1%, ranging from a low of half a percent in New Zealand to a high of 1.9% in Hong Kong. Because measures obtained from samples of the population may vary from the true population prevalence, reported sample statistics are usually accompanied by confidence intervals that define the range of values likely to contain the true population value. The 95% confidence interval (i.e., we would estimate that the probability is 95% that the true population prevalence falls within the confidence interval) was published for survey samples in six of the studies. Figure 1 indicates the similarity of prevalence by noting that all the confidence intervals overlap, and we could not confidently consider the prevalence of Level 3 gamblers to differ across studies.

We should note that the largest prevalence estimates, from New Zealand and Hong Kong, did not provide information on the sampling variation. Although gambling participation is thought to reflect geographic differences in cultural attitudes, availability and industry maturity, estimates of disordered gambling appear to be relatively consistent across international borders.

Figure 1. Prevalence and Confidence Limits of Level 3 Gambling



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