**Adult Gambling Poster Abstract**

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| ***Title of Presentation:*** **Investigation of Adult Gambling in Jamaica** |
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| ***Abstract***:  ***Background***:  In recent years, Jamaica has experienced extensive legalizing of gambling. This has included the entrance of two lottery companies, accompanied by their many games and an increased number of gaming lounges. There also relatively high tolerance and acceptance of gambling practices in Jamaica. Despite the growth of the games of chance industry, the establishment of gaming establishments and continued discussions on casino gambling, no general population assessment has been done to date.  The study thus aimed to provide baseline data on prevalence and incidence rates of problem and pathological gambling to inform program and treatment interventions and provide benchmark data against which future changes can be measured  ***Sample and methods:***  The study involved an island wide quantitative survey among adults aged 18yrs and older. Specifically, in order to achieve the project objectives, the project employed a household based cross-sectional survey among adults.  A total of 2001 interviews among persons 18-65yrs was completed. This yielded results projectible +/- 3% at the 95% confidence level. The sample was quota controlled by age, gender and urban/ rural status to mirror population distribution. Data was collected August to November 2021.  ***Preliminary findings***  This study has revealed that for the majority, the introductory age to gambling is under 25yrs, with approximately a quarter (26.4%) first engagement in gambling taking place before their 18th birthday.  Overall, more than half (62.5%) of respondents have gambled at least once in their lifetime with significantly fewer (34.4%) being current gamblers, indicating that they have gambled in the past year. This differs from larger populations where more of the residents are involved in gambling in the past 12 months.  Using the Problem and Pathological Gambling Measure, 13% of the sample emerged as pathological and problem gamblers. Specifically, 3% were classified as pathological gamblers and 10% problem gamblers under the PPGM classification. Using 2019 population estimates this translates into 60,981 persons being possible pathological gamblers and an additional 203,271 persons being possible problem gamblers.  Using the CPGI classification males (6.3%) were more likely to be problem gamblers than females (4.0%). Problem gambling prevalence was also highest in the youngest age cohort (18-24yrs). It was 8.3% of those 18-24yrs or 29,260 persons 18-24yrs who were classified as problem gamblers under the CPGI. While this age cohort had the lowest prevalence of ever having gambled (57.4%) or gambled in the past 12 months (34.7%) they recorded highest prevalence of problem gambling.  Currently in Jamaica, there is relatively high support for gambling overall. More than a half of respondents endorsed the statement that “Many people regard gambling as an escape from personal problems and worries”. If gambling does in fact become a way to cope with life’s difficulties, its potential for harm would be greater.  Additionally, the study also revealed that problem and/or pathological gamblers were more likely to have had an urge to gamble due to painful life situations and experienced high levels of stress.  This study has revealed that problem and/or pathological gamblers were more likely to:   * Be in the younger age cohorts *(18-29yrs)* * Experience high levels of stress * Be under a doctor’s care due to physical or emotional problems brought on by stress * Have a family history of gambling * Be exposed to intervention * Use alcohol and drugs while gambling * Be intoxicated while gambling * Have an urge to gamble due to painful life situations * Have an urge to consume alcohol due to painful life situations * Consume alcohol and be intoxicated in the past 12 months * Have an urge to use marijuana due to painful life situation * Smoke cigarette and marijuana once in their lifetime and in the past 12 months * Be involved in a physical fight in the past 12 months * Have sought professional help to speak about a problem at least once in lifetime * Socialize with friends in the past 12 months   Problem and/or pathological gamblers were less likely to:   * Display high resilience * Demonstrate strong humility-honesty on HEXACO Inventory * Demonstrate strong conscientiousness on HEXACO Inventory     Generally, age was found to be a significant risk factor and thus should be taken into consideration in regards to any policy or programs that will be implemented. Among Problem Gamblers the median age reported for gambling initiation was 17 yrs and for Pathological Gamblers was 16yrs. Thus programs should seek to target individuals before their 18th birthday and also heavily target individuals under 30yrs.  ***Implications for the field:***  Based on the findings of this study, it would be beneficial to the society at large for the BGLC and Rise Life Management to consider the following:   * *Implement a public education campaign to raise awareness and educate the general population on responsible gaming.* * *Implement targeted public education campaign and intervention, targeting players where they play and the context of play (games played, where played, motivators for play).* * *Design programs which address both non-problem gamblers and problem gamblers to minimize likelihood of non-problem transitioning to problem gamblers.* * *Continue to monitor the population prevalence of problem gambling and observe changes and respond accordingly.* * *Conduct a follow up survey to this baseline study within the next 2 years.* |
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