

Someone with higher risk: Seeing through Chinese gamblers based on gambling forms

Gambling in various forms has been an important economic activity around the world. Governments are trying to balance the economic benefits of legalized gambling with its social costs. However, measuring, identifying, and preventing gambling disorder remain a constant challenge.

Segmentation of gamblers is useful for understanding their distinctive characteristics and enforcing customized harm minimization strategies. Previous studies used gambling motivation and involvement as segmentation criteria, but these criteria are implicit. Gambling forms that an individual is engaging in are more observable. An examination of segments in different gambling forms and their correlations with gambling disorder can help gambling operators, social workers, and problem gambling counselors to better identify people who might need help.

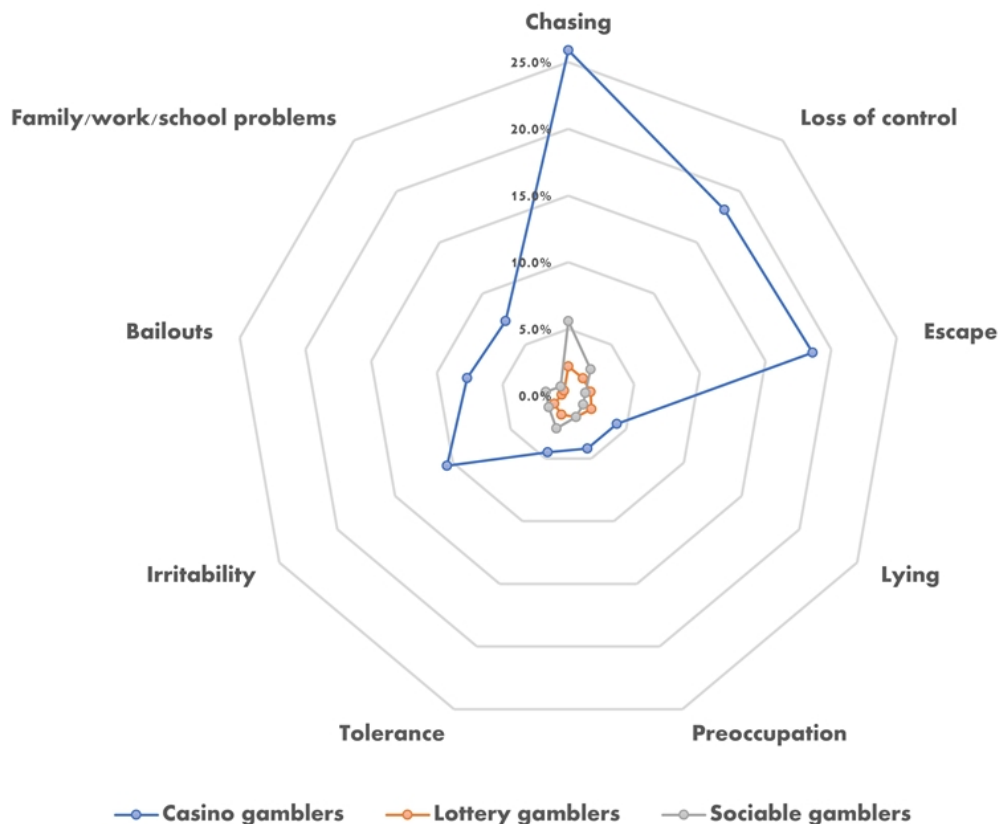


Fig. 1. DSM-V Symptoms by Gambling Form Segments.

This study investigates local Chinese gamblers in Macau, the world's leading gaming destination. Macau is the only Chinese city where casino gaming is legal. Other available gambling forms include horse racing, greyhound racing, local lottery, and sports betting. Residents also gamble among themselves and purchase Hong Kong lottery. These gambling forms were the components used to generate the segments in this study.

To explore the relationship between gambling disorder and the gambling form one engages in, we investigated the socio-demographic differences and the prevalence of Diagnostic and Statistical Manual of Mental Disorders, Fifth edition (DSM-V) gambling disorder symptoms of identified segments. We applied latent class analysis (LCA) to classify 855 Chinese gamblers based on their participation in 11 gambling forms in the previous 12 months into homogeneous subgroups. LCA refers to a technique for identifying unobservable subgroups within a population. The data were collected in July 2016.

The analysis identified three distinct segments: lottery gamblers (47.2%), casino gamblers (25.7%), and sociable gamblers (27%). Most lottery gamblers and sociable gamblers primarily pursued one form of gambling (Hong Kong lottery and social gambling respectively). Casino gamblers participated in a variety of gambling forms, though casino gaming was the major form. Gender, employment status, education, and marital status varied with the gambling form segments. Male, unemployed, or high school educated respondents were more likely to be casino gamblers than other respondents. Retirees were more likely to be casino gamblers than lottery gamblers. For students, their probability of being sociable gamblers (against lottery gamblers) was higher compared with working respondents.

Casino gamblers were more likely to have DSM-V symptoms compared with the other two segments. Lottery gamblers and sociable gamblers were very similar in the symptoms they possessed; while the latter segment was more likely to exhibit the symptom of chasing losses. In addition, casino gamblers were more likely to be subject to gambling disorder (i.e., having four or more DSM-V symptoms) than the other two segments. When we look at individual symptoms, the chance for casino gamblers to exhibit Escape (e.g. expressed the feeling of distress) was 17 times higher than sociable gamblers and it was 18 times higher than lottery gamblers for Bailouts (e.g. saying that he/she has financial problems).

These findings provide insights for policymakers and gambling operators to develop intervention programs and harm minimization strategies targeting the risk and protective factors of each gambling form segment. For example, government should require casino operators to provide training to casino workers to help them identify the gambling disorder symptoms, especially escape and bailouts; similar harm minimization initiatives can be applied to sociable gamblers and lottery gamblers, since both segments do not differ in most symptoms.

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