

REPORT

on

A Study of Hong Kong People's Participation in Gambling Activities

Social Sciences Research Centre
The University of Hong Kong

Commissioned by The Ping Wo Fund

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Executive Summary

Study commissioning

1. The Ping Wo Fund (“the Fund”) was set up in 2003 to help prevent and alleviate gambling-related problems, through publicity and education, and provision of counselling and treatment services to gamblers with gambling disorder. The Fund considered that it was an opportune time to commission another round of study in 2021 to monitor the latest development in gambling participation and the prevalence of problem or pathological gambling in Hong Kong, to provide the basis for the Fund to introduce corresponding alleviation measures. The Secretary for Home Affairs Incorporated, as the Trustee of the Fund, commissioned the Social Sciences Research Centre of The University of Hong Kong (“HKUSSRC”) to conduct the Study through an open bidding exercise.

Study methodology

2. In this Study, four distinct research methods were used to collect information from different targets with different emphases. They were:
 - a) a telephone survey of the general public aged 15 and above to collect the general public’s views on gambling in Hong Kong;
 - b) a school survey of secondary school students to collect the youth’s views on gambling in Hong Kong;
 - c) individual interviews with problem gamblers and significant others to understand the perception, motivation of gambling, pathways of developing gambling disorder (GD), etc.;
 - d) focus group interviews with gamblers, at-risk (gambling) youths, young people and the general public (aged 30-67) to understand the perception, motivation of gambling, pathways of developing GD, etc.

Measures

3. The following measurements were used in either the surveys or interviews or both.
4. **Gambling behaviours:** types of gambling activities participated and reasons for participating (including legal and illegal gambling), frequency of gambling, source and amount of betting money, channels and venues of gambling and situation of credit betting

Prevalence of GD Measures

5. **DSM-5:** salient features of DSM-5 are that compulsive gambling is characterized as GD as gambling is a behavioral addiction; the threshold for pathological diagnosis is based on 4 of the 9 items in DSM-5. The level of severity is mild (4-5 items), moderate (6-7 items) or severe (8-9 items).

6. South Oaks Gambling Screen (**SOGS-RA**): revised for adolescents. This is a well-established instrument to find gambling severity among adolescents and is widely used round the world by all researchers and the SOGS-RA cutoffs are: 0 = No problem with gambling; 1-4 = Some problems; 5 or more = Probable pathological gambler.
7. Gambling motivation is measured with the modified Chinese version of the Gambling Motivation Scale (**C-GMS**) which was developed from the Gambling Motivation Scale (GMS). A higher score (over 75) indicates higher attribution to the motivation to gamble.
8. Gambling belief in terms of cognitive distortion, is measured with the modified Chinese version of the Gambling Belief Scales (**GBQ-C**) which was developed from Gambling Belief Scales (GBQ). It has two closely related factors, namely Luck/Perseverance subscale (9 items) and Illusion of Control subscale (5 items). A higher score (over 85) indicates a higher gambling belief distortion. GD gamblers score higher than non-problem gamblers on GBQ-C and its factors (viz., Luck/Perseverance and Illusion of Control). Its scores are moderately correlated with the duration of gambling sessions among GD gamblers.

Other risk or protective factors associated with GD:

9. Depression Anxiety Stress Scales 21 (**DASS-21**) is used to measure the mental health status (well-being) of the person. It is a quantitative measure of distress along the 3 axes of depression, anxiety and distress, with 21 questions. The cutoff scores of severity of each subscale are as follows: (1) Depression: 21 or above, (2) Anxiety: 15 or above, (3) Stress: 26 or above.
10. Family functioning is measured with **APGAR** and has been widely used in western countries to measure family functioning. This Study adopts the Chinese version of APGAR.
11. The 20-item Internet Addiction Test (**IAT**) is used to measure the presence and severity of Internet dependency among adults and adolescents. Total scores that range from 0 to 30 points are considered to reflect a normal level of Internet usage; scores of 31 to 49 indicate the presence of a mild level of Internet addiction; 50 to 79 reflect the presence of a moderate level; and scores of 80 to 100 indicate a severe dependence upon the Internet. It is used to measure the at-risk youth and others if they are addicted to the Internet, that makes them easier to be tempted to surf in the Internet gambling sites.

Telephone Survey of the General Public

12. **Survey Objectives:** As the telephone survey provides information from a representative sample of the general population aged 15 and above, it is relevant for all the following study objectives that relate to the general population.
13. **Telephone Survey Methodology:** The telephone survey covering both domestic fixed lines and mobile lines was designed to include a representative sample of the population aged 15 and above and able to speak Cantonese, Putonghua or English, excluding foreign domestic helpers. The coverage of domestic fixed lines in Hong Kong is about 50%, while the coverage of mobile lines in Hong Kong is at least 95%. After using the dual frame of

mobile and fixed line telephones in Hong Kong, HKUSSRC believes that the coverage exceeds 99% (see Appendix D). The sample was weighted to account for the dual frame, as explained in Appendix D. It was then weighted to match the gender and age characteristics published by the Census and Statistics Department for the population aged 15 or above. All tables use this weighting in order to minimize non-response bias and maximize representativeness of the findings for the population aged 15 or above. All fieldwork was undertaken by trained interviewers, with supervision, and a random sample of 5% of interviews received callbacks to check. An unanswered telephone number had at least three contact attempts before classifying as non-contact case.

14. **Response Rates of the Telephone Survey:** Fieldwork of the telephone survey was undertaken on weekdays from 6pm to 10pm and Saturdays from noon to 6pm over the period from August 5th to September 15th, 2021. Overall, there were 2,006 completed interviews, of which the number of domestic and mobile telephone survey respondents were both 1,003. This yields an overall sampling error of at most 1.2% (i.e. a 95% confidence interval width of at most +/- 2.4%) using standard statistical formulae. Response rate is calculated by dividing the number of complete interviews by the total number of all cases with some form of contact (Complete, Partials, Refusals and respondent non-contact cases), yielding 31.6% for mobile and 25.4% for domestic. While this response rate is lower than planned, this is unavoidable, given that many individuals now block all telephone calls from numbers that they do not recognize.
15. **Demographics of Survey Respondents:** Among the 2,006 respondents, more females participated than males, representing 55.1% of the whole sample. The largest proportion of respondents are aged between 60-69, representing 19.2% of all the respondents, followed by those aged from 50 to 59 (18.0%) and from 40 to 49 (15.8%), while groups with age between 15 and 17, and 18 and 21 contribute the smallest proportions of 1.5% and 3.1% respectively. In terms of education level, 29.1% and 28.4% of respondents had completed the senior secondary school only and obtained a bachelor's degree or above respectively. 58.5% of respondents were married and 27.4% of them were single, while separated/ divorced persons and widows/ widowers accounted for a total of 10.6%. As for the housing types, 39.2% of the whole sample lived in private housing, followed by public rental housing (28.6%). For monthly household income, 23.4% of respondents reported a household income of at least \$50,000 per month, followed by 8.0% between \$20,000 and \$24,999. 39.2% of the respondents were employees, followed by retirees (28.1%), full-time carers (13.3%), self-employed (6.6%), students (5.7%), unemployed/ job seekers (3.2%) and employers (2.1%). Among the 995 working respondents, 18.2% of them reported working in public administration/ social and personal services. The other three industries reported by more respondents were finance (9.4%), construction (8.4%) and retail (7.9%). The highest proportion of working respondents were managers and administrators (27.0%). 24.4% of working respondents were clerical staff and 13.5% of them were service workers and salespersons. Among working respondents, the highest proportion reported a monthly income from \$20,000 to \$24,999 (15.0%), followed by \$50,000 and above (14.9%) and \$15,000 to \$19,999 (12.4%).
16. **Participation in gambling activities:** the overall gambling prevalence rate for the past year was 39.5%. This is significantly lower than the prevalence in the period 2001 to 2016 reported in chapter 2, which varied from a minimum of 61.5% in 2016 up to a maximum of 80.4% in 2005. However, at least some of this decrease is due to COVID-19 and it seems likely that the rate will increase when the epidemic situation is under control.

17. **Age when first gambled:** 30.4% of the respondents reported that they first gambled before the age of 18.
18. **Types of gambling activities participated in during the past year:** amongst gamblers, the Mark Six was the most common form of gambling during the past year reported by participants (73.0%), followed by social gambling (50.6%), betting on Hong Kong Jockey Club (“HKJC”) horse racing (29.5%) and HKJC football (16.3%). Less than 1% reported online gambling less than 0.5% reported participation in online casinos (4 counts), online football betting (1 count) and online games for money (1 count).
19. **Frequency of participation in gambling in the past year:** the form of gambling with the highest frequency is HKJC horse race betting, for which the median frequency is once or more per week; followed by HKJC football betting, for which the median frequency is once every two weeks; for Mark Six gamblers, the median frequency is once every three to four weeks; finally, for social gamblers, the median frequency is once every six to twelve months.
20. **Money bet gambling in the past year:** HKJC horse race betting and football betting have the highest median amounts bet of HK\$201-\$500 per month, followed by social gambling and Mark Six lottery with median amounts of HK\$51-\$100 per month.
21. **Summary of the prevalence by demographics for different forms of gambling:** 48% of males gambled in the past year, compared to only 31% of females, while among gamblers, social gambling is more common for females (60% of female gamblers), while gambling on HKJC horse racing and football are more common for males (42% and 29% of male gamblers). Gambling is most common amongst those aged 22-69 (40%-45%), while among gamblers, social gambling is more common among younger gamblers (100% of gamblers aged 15-17); Mark Six is more common among middle aged gamblers (81% of gamblers aged 40-49), gambling on HKJC horse racing is more common among older gamblers (49% of gamblers aged 80 and above); gambling on HKJC football is more common among gamblers aged 50-59 (26%). Gambling is most common among the married persons and the separated and divorced persons (42%-43%), while among gamblers, gambling on HKJC horse racing is more common amongst the separated and divorced gamblers (40%). When we examine housing type, people not living in single buildings are more likely to gamble (39%-45%), while among gamblers, those living in public housing or single buildings are most likely to bet on HKJC horse racing (39%-40%). As regards employment status, employers are the most likely to gamble (59%), while among gamblers, students are most likely to be social gamblers (83% of student gamblers), while gamblers who are employers or retired are most likely to bet on HKJC horse racing (42%-43%), while unemployed gamblers are most likely to bet on HKJC football (33%). People employed in the construction or finance industries are most likely to be gamblers (57%-59%), while among gamblers, those working in logistics or construction are most likely to bet on Mark Six (88%-90%) and those working in catering are most likely to bet on HKJC horse racing (59%). People employed in craft and related occupations are most likely to be gamblers (67%). Workers with personal income between \$20,000 and \$44,999 are most likely to be gamblers (58%-62%), while among gamblers, those with personal income between \$35,000 and \$39,999 were most likely to gamble on the Mark Six (85%).

Participation in illegal gambling activities

22. **Online gambling:** among the respondents who have gambled in the past year, only seven respondents (0.9%) reported that they have participated in online gambling. Four of those have gambled through online casinos. For the frequency of online gambling, three respondents reported that they have gambled at least once a week. For the amount involved in online gambling, three respondents stated that they had spent over \$1,000 per month in online gambling. This small number of respondents is not sufficient to draw reliable conclusions about the nature of online gambling activities in Hong Kong (as the 95% confidence interval width is about +/-40%) or the background of those who engage.
23. **Illegal gambling other than online gambling:** only four respondents who had gambled in the past year (0.5% of gamblers) reported that they had taken part in gambling activities other than those provided by the HKJC, online or playing mahjong with friends or relatives, so these numbers are not sufficient to provide reliable information about the nature of these other gambling activities or the background of those who engage.

Opinion on the current provision of legal gambling activities

24. **Mark Six Lottery:** before COVID-19, the drawing of the Mark Six Lottery occurred two to three times a week. Among the respondents who engaged in the Mark Six Lottery, 86.6% of them agreed that the current number of draws per week was sufficient, followed by 11.0% who did not know, while only 2.4% of the respondents wish to increase the frequency of Mark Six Lottery draws and/or the number of bet types.
25. **HKJC horse race betting:** before COVID-19, the HKJC normally held horse racing twice a week during the racing season. Amongst gamblers who participated in HKJC horse race betting, 89.5% thought the opportunities were sufficient, another 8.3% did not know, while only 2.2% wanted higher frequency or more variety.
26. **HKJC football betting:** among gamblers on HKJC football in the past year, 88.6% thought the opportunities were sufficient, while 8.1% wanted either more frequency or variety.
27. **HKJC betting overall:** among all gamblers, 76.2% thought that the overall gambling opportunities offered by the HKJC were sufficient, while 5% thought they were not sufficient, of whom the majority wanted a greater variety of sport events covered.
28. **Participation in credit betting:** amongst the respondents gambling in the past year, only 12 respondents (1.5%) reported that they had borrowed to gamble. Of those 12 respondents, only one admitted to borrowing more than once; five respondents used credit cards, four borrowed from family members or friends, two took out private loans and one borrowed from a licensed finance company. Borrowing to gamble was associated with betting on HKJC horse racing, HKJC football and online gambling using statistical significance of 1%.
29. **Reasons for Participation in Gambling Activities:** the most popular reasons given by respondents were entertainment (28.6%), luck (22.8%), socialisation (16.3%) and wanting to win (12.2%).

30. **Gambling Disorder (GD) as measured by the DSM-5 scale:** of the 767 gambling respondents who completed the DSM-5 assessment, 9 respondents scored 4 or above (with one scoring 9), i.e. 1.17% of gambling respondents and 0.45% of the whole sample of 2,006 respondents. This means that the prevalence of GD for Hong Kong residents aged 15 and above is 0.45%. This is a major drop from the 1.4% prevalence in the 2016 sample, using the same measure. Evidence from many other jurisdictions suggests that this drop may be largely a temporary consequence of COVID-19 and it is not safe to conclude that the drop is either permanent or reflects educational or enforcement success. Betting on HKJC football and online gambling are the two forms of gambling associated with GD prevalence using statistical significance of 1%. Respondents were also asked whether the problems highlighted in the DSM-5 scale were associated with specific forms/contexts of gambling and the most common contexts reported for their gambling problems were HKJC racing (7.0% of gamblers), gambling with relatives or friends (6.0% of gamblers) and HKJC football (5.2%). Of all the demographic variables in the survey, the only one which shows a statistically significant relationship with DSM-5 score at $p < 5\%$ when using an appropriate nonparametric statistical test is Gender. DSM-5 scores are much lower for females, with no female gamblers scoring 4 and above, compared to 1.7% of male gamblers scoring 4 and above (i.e. only males were assessed as having GD).

Support Services for Gambling Problems in the Community

31. **Gambling Counselling Hotline (183 4633):** a majority of respondents (72.9%) were aware of the gambling counselling hotline. However, of the respondents aware of the hotline, only four respondents (0.3%) had called it, of whom three agreed that the hotline service was useful, while the other respondent expressed strongly disagreement. The only statistically significant predictors of awareness of the hotline were gambling in the past year (85.0% for gamblers, 62.2% for non-gamblers) and age, which is lowest for those aged 80 and above (27%), 14-17 (33%), 22-39 (40%) and 70-79 (41%)
32. **Counselling and treatment services for gamblers and their significant others:** of all respondents, 50.1% were aware of the counselling and treatment services provided for gamblers and their family members and friends while only four of them (0.4%) used these services. The views on the counselling and treatment services are divided with 2 respondents strongly agreed and agreed that the services were useful while the remaining two respondents shared the opposite view. Among the four respondents who had used the counselling and treatment services for gamblers and their significant others, only one respondent was aware of and had used the virtual counsellor under the Project i-Change and strongly disagreed that it was useful. There are no statistically significant predictors of who used the services. Of all respondents who answered this question, 56.8% thought the current legal age of 18 for gambling was appropriate, 30.3% suggested that the legal gambling age should be raised whereas 2.3% of the respondents suggested that it should be lowered. Amongst the other responses, there were another 26 respondents (1.3%) who expressed the view that gambling should be banned at all ages in Hong Kong.

General Public Overall Findings

33. The overall gambling prevalence rate for the past year was 39.5%, significantly lower than the previous minimum of 61.5% in 2016, however, at least some of this decrease is due to COVID-19 and it seems likely that the rate will increase when the epidemic situation is under control. 30.4% of the respondents reported that they first gambled before the age of

18. Mark Six was the most common form of gambling during the past year reported by participants, followed by social gambling, betting on HKJC horse racing and HKJC football. Less than 1% reported online gambling or other forms of illegal gambling. The form of gambling with the highest frequency and money bet is HKJC horse race betting, followed by HKJC football betting. The overwhelming majority of gamblers were happy with all the provisions offered for legal gambling. The prevalence of GD for Hong Kong residents aged 15 and above is 0.45%, a major drop from the 1.4% prevalence in the 2016 sample, using the same measure, although evidence from many other jurisdictions suggests that this drop may be largely a temporary consequence of COVID-19 and it is not safe to conclude that the drop is either permanent or reflects educational or enforcement success. Betting on HKJC football and online gambling are the two forms of gambling associated with GD prevalence. DSM-5 scores are much lower for females, with only males in the sample assessed as having GD. Awareness of counselling and treatment services for gamblers was high (over 50%) and almost no respondents supported lowering the gambling age of Hong Kong.

Secondary School Gambling Survey

34. **Survey Objectives:** As the secondary school survey provides a representative sample of youth aged 12-19, nearly all of whom are underage for gambling, it is relevant for the objectives relating to youth.
35. **School Survey Methodology:** The school survey aims at collecting information on the gambling behaviour of young people (secondary school students) and their perception towards gambling activities as well as the prevalence of gambling disorder. Despite HKUSSRC efforts in following up with all secondary school principals and persuading them to participate in the survey, only 20 secondary schools agreed in principle to participate. The number of participating schools is low as all schools were very concerned about lagging teaching progress due to COVID-19 restrictions and hence less willing to participate in any school survey. Nevertheless, these 20 secondary schools cover various types of schools in Hong Kong such as government schools, aided schools, direct subsidy scheme schools and private schools and are representing the student population of Hong Kong. As such, the gambling situation among the youth population, including the underage, could be investigated, i.e. the objectives of the Study concerning the youth population could be met. As the outbreak of COVID-19 in Hong Kong affected all schools, there is no reason to believe that this low response will have introduced bias. In each school, the school was asked to select one class at each level from Form 1 to Form 5 to participate in the self-administered paper questionnaire survey. Of the 20 schools who agreed in principle to participate, 16 schools (i.e. a 80% response rate) invited their students to complete a questionnaire which was designed to meet the objectives stated in Chapter 1. A total of 1,564 questionnaires were collected by the schools for HKUSSRC's analysis. The received questionnaires were scanned and verified using a computer system that automatically recognizes the completed bubbles on the form. Note that students can decide which questions (not) to answer, so the total number of responses will vary across questions. We exclude responses which are not appropriate, e.g. questions about gambling for those not gambling. If we assume that the sample of 1,564 is broadly representative of secondary school students in Form 1 to Form 5 in Hong Kong, the sampling error is at most 1.26%, so that the 95% confidence interval width for any proportion is at most +/- 2.5%. The number of questionnaires collected by each participating secondary school

varied from 59 to 168, with the exception of 1 school which only returned total of 20 questionnaires.

36. **Background of respondents:** gender was in general evenly distributed with 54.8% of the responses from male students and 45.2% of the responses from female students. The majority of respondents were children aged between 13 and 14 and adolescents aged between 15 and 16. The respondents' education level is representative of the form levels sampled, with at least 19.5% of students from each of the five form levels sampled. 30.1% of the 1,327 respondents reported that their monthly disposable income was \$1,001 and above. The majority of the respondents (88.4%) reported that their monthly disposable income mainly came from family members, followed by 12.4% of the respondents said that their disposable income came from themselves such as savings or part-time/ full-time job. Most of the respondents did not provide information on their household monthly income. 24.4% of students reported that they were religious. 36.1% of the 1280 students who answered the question on housing reported living in private owned housing, followed by 29.0% for public rental.
37. **Participation in Gambling Activities and Gambling Behaviour:** 15.9% of the secondary school students reported that they had gambled in the past year. The comparison with previous studies with the similar target group (students from Form 4 and Form 5) shows that the prevalence rate of the underage dropped from 33.5% in 2012 and 21.8% in 2016 to 15.9% in 2021. Nevertheless, the pandemic situation has decreased gambling prevalence globally, so this decrease may not last. Gambling prevalence did not show a statistically significant relationship at $p < 5\%$ with any of the demographic variables. Amongst the 220 secondary school students who reported that they had participated in gambling activities in the past year, less than 5% of students (i.e. less than 10 students) reported that they had gambled on Hong Kong Jockey Club (HKJC) football, HKJC local horse race, HKJC non-local horse race or other non-HKJC betting. However, 93.1% of gamblers reported gambling on poker/mahjong or similar in the past year and 23.8% of gamblers reported gambling on the Mark Six Lottery in the past year.
38. **Age started to gamble:** amongst the 186 students who gambled in the past year and reported the age at which they started gambling, 40 secondary school students (21.5%) reported they had the onset of gambling before the age of 10. Another 143 students (76.9%) reported that they started gambling between the age of 10 and 17.
39. **Channels for gambling:** among the 220 students who reported gambling in the past year, the only channels reported by more than 5 gamblers were family (22.3%), relatives (8.6%), the HKJC app (4.1%) and friends (2.7%).
40. **Locations of gambling:** the most common locations of placing bets as reported by the students who gambled were friend's residence (51.4%), followed by own residence (40.5%) and relative's home (33.3%).
41. **Gambling Problems as Measured by DSM-5:** of the 198 secondary students who gambled in the past year and completed the DSM-5 assessment, 97.5% of them were categorised as no risk gamblers and 2.5% of them (i.e. five students) was diagnosed as GD gamblers. Among these five GD gamblers, three attained mild level, two attained moderate level and none attained severe level. Among the whole sample of 1,383, the prevalence rate of GD is 0.4%, which is a large drop from the rate of 0.7% reported in the 2016 study.

However, this may be due to the COVID-19 restrictions. Comparisons with estimates of GD prevalence in studies earlier than 2016 are not meaningful due to the change in assessment tool from DSM-IV to DSM-5. GD status did not show a statistically significant relationship at $p < 5\%$ with any of the demographic variables, so comparing the demographics of gambling and non-gambling students is of no value.

42. **Sources of Betting Money:** regarding the sources of betting money, the most common source among gamblers was from themselves (49.6%), followed by borrowing from family or relatives or friends or classmates (5.0%). Only seven gambling students reported that they had borrowed money for placing bets. In particular, three of them reported that they had borrowed for gambling more than 50 times in the past year. Five of them reported that they had borrowed more than \$100 for placing bets and two students stated that they had borrowed more than \$100 on an occasion. Only one student still had an unpaid loan.
43. **Football Betting:** among the eight students who reported participating in HKJC football betting in the past year, the most common reasons were to support favourite teams/players and boost excitement when watching matches (both 50%). Of the six students who reported betting on HKJC football in the past year and who reported how much they spent on football gambling per month, three reported \$500 or more.
44. **Channels and locations of placing football bets:** among the eight students who reported betting on HKJC football in the past year, the most common channels of football gambling were placing bets through HKJC apps, family members and friends (all 38%), while the most common locations of placing football bets as reported by the students who gambled last year were one's home or relative's home (both 38%). When students gambled on HKJC football, many of them were accompanied by family members, relatives or friends (all 38%).
45. **Online Gambling:** only four students reported engaging in online gambling in the past year and of those, only one student answered the detailed questions on online gambling.
46. **Gambling Motivation Scale (C-GMS):** a total of 156 gambling students completed all the items on C-GMS. The C-GMS overall score has a positive Spearman's rank correlation with the DSM-5 score for gamblers. GD gamblers scored on average 63 higher than non-GD gambling students on the C-GMS scale.
47. **Gambling Beliefs Scale (GBQ-C):** the GBQ-C overall score has a median of 1.9 and a mean of 2.3; the Luck/ Perseverance subscale has a median of 1.7 and a mean of 2.2; the Illusion of Control subscale has a median of 1.9 and a mean of 2.3. The GBQ-C overall score and subscales all have a positive rank correlation with DSM-5 score which is statistically significant at 5%. GD gamblers score about 2.2 units higher than non-GD gamblers on all scales.
48. **Family Functioning:** the family functioning was measured by APGAR. The higher scores indicate higher satisfaction with family function, where 1 421 students completed all 5 items. The score is 0 for rarely, 1 for sometimes and 2 for always, with the overall scale calculated as the sum over the 5 items. The Family APGAR score had a median of 5.0 and mean of 6.0, with no statistically significant relationship with whether students gambled in the past year or with DSM-5 score.

49. **Perception on Legal Age for Gambling in Hong Kong:** 45.7% of respondents agreed with the current legal age for gambling, and 23.4% expressed the view that the legal gambling age should be changed. Amongst the respondents who did not support the current age limit for gambling (excluding those who chose the current legal age), 52.4% supported an age of 21 or older, 21.3% supported an age of 19 or 20, for a total of 73.7% supporting an increased legal age; while 26.3% supported a reduction in legal age to under 18.
50. **Youth summary findings:** 15.9% of the secondary school students reported that they had gambled in the past year, a substantial drop from 21.8% in 2016. Among the whole sample, the prevalence rate of GD is 0.4%, which is a large drop from the rate of 0.7% reported in 2016. However, the drop in both gambling and GD prevalence may both be due to the COVID-19 restrictions, so this decrease may not last. Less than 5% of gambling students (5%) reported that they had gambled on Hong Kong Jockey Club (HKJC) football, HKJC local horse race, HKJC non-local horse race or other non-HKJC betting, while more than 90% of gamblers reported gambling on poker/mahjong or similar in the past year and more than 20% of gamblers reported gambling on the Mark Six Lottery in the past year. About 20% of gamblers reported they had started gambling before the age of 10 and the only channels reported by more than 5% of gamblers were family (22%) and relatives (9%), while the most common locations of placing bets as reported by the students who gambled were friend's residence (51%), followed by own residence (41%) and relative's home (33%). The most common source of funds among gamblers was from themselves (50%), followed by borrowing from family or relatives or friends or classmates (5%), with less than 5% of gamblers reporting that they had borrowed money for placing bets. Less than a quarter of respondents expressed the view that the legal gambling age should be changed, of whom nearly three quarters supported an increased age limit. GD gamblers scored on average 63 higher than non-GD gambling students on the C-GMS scale and about 2.2 units higher on average than non-GD gambling students on all GBQ-C scales with all these scales showing a strong nonparametric correlation with DSM-5 score. The Family APGAR score showed no statistically significant relationship with whether students gambled in the past year or with DSM-5 score.

Qualitative Interviews

51. Interviews were conducted to supplement the quantitative findings.
52. **Interview Conclusions:** There are a number of prominent predictors to gambling disorder: (i) early age onset of gambling is a good predictor, evidenced by interviewing the people with gambling disorder, the majority have started their gambling as early as 6-11 years old; (ii) gambling motivation, personal needs (coping with low moods) are important, with their own given reasons for gambling like boredom, curiosity, for monetary gains, social interaction and feeling of accomplishment; (iii) many have reported the erroneous illusion of control and perception of luck/perseverance on the outcomes of their bets; (iv) perception of family functioning and support; (v) parental influences on gambling and lack of monitoring also can played an important role in the early developmental phases of heavy gambling; (vi) accessibility of venues, or via internet/mobile access to gambling; and (vii) availability helps towards the development of GD.

53. With the availability of easy loans from banks, financial companies, the amount of debts accumulated by GD gamblers, as disclosed in the interviews were alarming, from \$150,000 to \$30M. Many gamblers borrowed from family members, and significant others of the gamblers re-mortgage or sold their flat (e.g. \$5M in one case) to bail out the gamblers.
54. The interviews have shown the GD gamblers followed a pattern from the initial winning phase of fun and pleasure play, progressing to a losing phase, where they were greedy, hoping for more money by increasing the wagering as well as their tolerance level was increased, by betting more (like a bigger dosage) in order to maintain the pleasure or excitement. As a result, a desperate phase having a bigger debt, with the urgency to gamble more heavily in order to recoup the debts. These 3 phases of gambling can be heard from their interviews, these phases have been coined by Robert Custer in the early eighties.
55. For many GD gamblers, football betting and horse race were among the most popular type of gambling, next came Baccarat, in Macao casinos. Throughout the interviews, there were mention of illegal gambling (football betting, Pai Gow and basketball betting) via the internet or illegal venues. Some youths using internet sites to access free games, and some games with payment.
56. Consequences of gambling have led to many break-ups in the family, arguments, poor communication, poor family functioning and support as the family members were often shocked, disappointed and worried about repayment of debts. The gamblers interviewed agreed with the family's attitudes towards them as they have caused many of the problems and breakdown in marriages and in family relationships. The effects on the family and partners were often disastrous, leading to some psychological pains, stress, depression and anxiety symptoms.
57. Many participants in the individual interviews have accessed counselling from our local counselling centres and have found them helpful and supportive, even for the significant others who have found them useful.
58. None of the gamblers nor the significant others wanted HKJC to make changes to increase number of races or the betting choices and varieties on the races and football betting; nor did they advocate any change of legal gambling age.
59. In conclusion, out of ten gamblers recruited from the local three counselling centres financed by the Fund, 4 out of 10 met the severity criteria on the DSM-5, having GD, and 1 out of 10 met the criteria for moderate GD, with 2 others met the criteria for having mild GD. Therefore 4 out of 10 (40%) are diagnosed with severe level of GD.

Focus Groups Interviews

60. Focus groups interviews were also conducted to supplement the quantitative findings.
61. **Focus Groups Conclusions:** Evidence from this qualitative data showed that gamblers, adolescents and at-risk youths began gambling as a pleasurable activity. Various risk factors emerging from this study: (i) early age start, before 11 to be introduced to gambling by family members or friends; (ii) their reasons for gambling: boredom, past times, for

money, peer group social support; interests and good knowledge in sports; (iii) perception of family functions and monitoring; (iv) with availability of funds; and (v) accessibility of free internet gambling casino sites/ games with gambling elements, offering with free access may progress to having GD later; (vi) has high gambling motivation; and (vii) erroneous gambling beliefs of an illusion of control of the outcome of the bets/belief in luck and perseverance. These risk factors may turn a pleasurable activity into a disorder: from initial phase of fun, manageable finance, to intermediate stage of borrowing; with accumulated debts in the desperate stage of non-stop gambling to chase losses. Thus, causing family distress, poor academic results and breakdown of relationships.

62. Specifically, 6 out of 27 (22% of the participants interviewed) of the younger focus group participants scored mild (FG-Y6, FG-Y7, FG-Y8) to moderate (FG-Y4, FG-Y5) level of GD in the DSM-5 criteria. These six gamblers are at risk of developing more serious levels of gambling disorder.
63. Also, one adolescent (FG-C6) scored in the severe range of the SOGS-RA, suggesting he is a probable problem gambler. Three of the adolescents (FG-C7, FG-C9, FG-C10) showed mild problems in gambling as measured by SOGS-RA.
64. All of the five adolescents (FG-C6, FG-C7, FG-C8, FG-C9, FG-C10) and two children (FG-C2, FG-C3) scored mild in the Internet Addiction Test (IAT). One college student (FG-CS3) scored in the severe level in the IAT test.
65. Many of the participants in the focus groups (gamblers, at-risk youths) have received help and support from the counselling centres. The centres used groups and cognitive behavioral therapy to educate, help and support the gamblers and at-risk youths as well as family members (FG-G7, FG-Y4, FG-6, FG-7, FG-8).
66. A couple of the significant others in the group suggested that more manpower and resources should be directed to educate the community about the negative effects of gambling. However, only two members from the public (FG-P2, FG-P4) of the 65 participants hoped that the Jockey Club would increase the variety of gambling channels. Many (FG-G1, FG-Y7, FG-P3, FG-P5) thought the existing varieties of gambling activities are enough, no need to change, nor the legal age to gamble. Some never replied or has no views on this question.
67. **Qualitative studies combined:** Overall, in the qualitative part of the study, with a total sample of 65 adults and youths in the interviews individually or in focus groups, those who scored (6-7) moderate to (8-9) high on DSM-5 scores amounted to 9 out of 18 gamblers (50% of the focus group interviewed) who would be diagnosed as having a moderate to severe gambling disorder. For the youth groups 6 out of 27 youngsters (22% of the young focus group interviewed) have mild and moderate level of gambling disorder) and may be at risk of moving towards a GD path in the future. We need to be aware and help the young people before they get more addicted.

Recommendations

68. Public education

- (a) Support more public education on the harms and dangers of GD and prevention of problem gambling to the community, particularly to parents, children, adolescents and youth, including greater publicity through public transport and digital marketing/advertising on mobile devices including YouTube, TikTok and Instagram.
- (b) Support workshops on
 - i) Public health promotion of safer gambling which means you are using low risk strategies, sticking to a budget when you play.
 - ii) Psychological techniques to control urges and prevention.
 - iii) Responsible gambling morals - a set of social responsibility initiatives by the gambling industry, including governments and gaming control boards, operators and vendors to ensure integrity and fairness of the operations and to promote awareness of harms associated with gambling disorders.
 - iv) Train teachers to look out for the addictive behavior of internet gambling and illegal gambling after school in the park, playgrounds as the overseas findings show that the youth gambling is an issue of increasing concern internationally.
 - v) Train parents/ family members to look out and monitor the addictive behaviors of their children/spouses and its dangers and how they should not introduce their children to gambling, as the study showed the early age of gambling started with family members showing them the gambling activity.
 - vi) Teach 5-steps approach to help supporting family members affected by addiction problems. The five steps to support family members affected by addiction problems are (a) Listen, reassure and explore concerns; (b) Provide relevant, specific and targeted information; (c) Explore coping responses; (d) Discuss social support; and (e) Discuss and explore further needs.

69. Counselling Centres

- (c) Support follow-up on the drop-out clients as well as for the unmotivated GD.
- (d) Support more training workshops on psychological approaches to help the young and GD gamblers develop self-esteem, moral obligations/education, and responsible gambling.
- (e) Support more psychological treatment programmes for youth gambling, counselling for the needs of young adolescents, for preventing the development of GD.
- (f) Support the families (children, parents, partners) of GD gamblers, by organizing more family support groups, coping workshops for parents of GD, children support and activities.

- (g) Support more manpower/staff to assist clients and family members in other needs (sudden relapses and follow-ups). More 24/7 hotlines, using WhatsApp, easier access (24/7 by one person) with chatbox, video chats, emails to encourage the younger at-risk gamblers to access help or ask for advice and support throughout Hong Kong. Once the link is established the client is willing to come to face-to face counselling. Make sure the numbers are advertised widely in Hong Kong, on public transport adverts (on trams, MTR, Buses, taxis) that everyone can see.
- (h) Advertise powerful reminders of safer gambling and help seeking venues and numbers (WhatsApp, chatbox) throughout sports centres, on toilet doors, on HKJC sites when they place their bets.

70. HKJC as the licensed betting operator

- (i) Advertise and support projects aiming at the younger group (aged between 11 and 17) and at-risk youths in schools on preventing internet gaming and gambling. Support videos about dangers of sports and football gambling that appeal to these groups.
- (j) Take action on more responsible gambling policies on internet gambling for the younger groups. Though data in this survey did not show women gamblers were worse than male gamblers, it is suggested that the needs of female gamblers should not be neglected. Education and promotion to help female gamblers might be considered, as there is evidence from the UK, where recent data from the National Gambling Treatment Service has shown that the number of women receiving treatment for gambling in the UK has doubled in the past five years.

71. Other Government regulation and enforcement

- (k) Support tighter controls and review of checks on registration of online gambling sites that lure the young by giving away free chips or points to play (rewards).
- (l) Support tracing and fast action on all illegal gambling advertising, venues and sites together with the police. Look into how best to take action to shut illegal gambling sites.
- (m) As surveys show strong support of the existing legal age and minimal support for reducing the legal age, continue to monitor the situation of gambling in Hong Kong and assess the appropriateness of the current legal gambling age.
- (n) Investigate with the financial sector how best to limit the availability of easy loans to GD gamblers.

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Chapter 1: Introduction

1.1 Background

Gambling, in particular social gambling (e.g. playing mahjong and poker), is a form of recreation among Hong Kong people. However, people may not be fully aware of the potential problems associated with excessive gambling, which may have negative impact at individual level (e.g. huge debt, poor mental health), family level (e.g. destruction of family relations, breakdown of family), and societal level (e.g. crime, loss of productivity). The Government established the Ping Wo Fund (“the Fund”) in 2003 to finance preventive and remedial measures to address the gambling-related problems, through publicity and education, and provision of counselling and treatment services to gamblers with gambling disorder. The Fund commissions local tertiary institutions to conduct studies to keep track of the prevalence of gambling among Hong Kong people, which provide the basis for the Fund to introduce corresponding alleviation measures.

Four studies of this kind titled “Study on Hong Kong People’s Participation in Gambling Activities” (“the Study”) were conducted in 2005, 2008, 2011 and 2016¹. The Fund considered that it was an opportune time to commission another round of study in 2021 to monitor the latest development in gambling participation and the prevalence of problem or pathological gambling in Hong Kong. The then Secretary for Home Affairs Incorporated, as the Trustee of the Fund, commissioned the Social Sciences Research Centre (“SSRC”) of The University of Hong Kong to conduct the Study through an open bidding exercise.

1.2 Study Objectives

The objectives of the Consultancy Study are:

1. Gauging the gambling behaviour and perception towards gambling activities among both the general and youth population (including the underage) in Hong Kong;
2. Gauging the degree of participation in gambling activities, including by frequency, average amount of money involved, forms of gambling and demographic characteristics of gamblers who participated in the more popular types of gambling activities;
3. Gauging the perception of both the general public and the younger generation towards the current authorised betting opportunities;
4. Gauging the perception of both the general public and the younger generation towards the unauthorised gambling channels (including online gambling) and causes underlying the participation in unauthorised gambling activities;
5. Gauging the prevalence of problem and pathological gambling among the adult and youth population in Hong Kong and compare findings with overseas studies;
6. Identifying the common risk factors and causes (in particular the channels or circumstances through which people get in contact with and become addicted to gambling) underlying (i) youth gambling (ii) credit betting, and (iii) gambling disorder in general;
7. Identifying the characteristics and needs of problem and pathological gamblers in Hong Kong and the problems facing them and their significant others;

¹ The earlier study reports could be downloaded from the Fund’s website at <https://www.donotgamble.org.hk/en/resource1.php>.

8. Identifying the extent and channels of emerging types of gambling and related activities in recent years in Hong Kong;
9. Gauging the knowledge of and perception towards counselling and treatment services for problem and pathological gamblers among the population, in particular among the gamblers;
10. Conducting analysis on the effectiveness of the counselling and treatment services funded by the Fund from the services seekers' perspective;
11. Conducting trend analysis on the matters and issues as set out in the above objectives (where applicable) with studies commissioned by the Fund and conducted in 2005, 2008, 2011 and 2016;
12. Identifying ways and recommending SHYAI, the Fund and relevant parties on strategies to alleviate or prevent problems associated with gambling in light of survey findings and overseas experience.

1.3 Earlier Gambling prevalence studies in Hong Kong

Similar studies were commissioned in 2005 to the SSRC and in 2008, 2011 and 2016 to the Department of Applied Social Sciences of The Hong Kong Polytechnic University, which we can use as comparisons.

As regards gambling prevalence, the table below, copied from the 2016 Report shows that the gambling prevalence has generally been decreasing over time, although the measurement instrument changed in 2016, as explained below, making comparisons of prevalence before 2016 with prevalence in 2016 of limited validity.

Table 1.1 Overall gambling prevalence over past year, by year of study

Year of study	2001	2005	2008	2011	2016
Prevalence rate of gambling (past year)	77.8%	80.4%	71.3%	62.3%	61.5%

To measure the prevalence of gambling disorder in Hong Kong, DSM-5 was only used starting in 2016. Table 1.2 is copied from the 2016 Report, yielding a 1.4% prevalence for Gambling Disorder (GD), using the protocol explained in Chapter 2.

Table 1.2 DSM-5 Score distribution amongst Hong Kong gamblers for 2016

Score	Count
0	964
1	182
2	58
3	21
4	12
5	8
6	5
7	1
8	3
9	0
Total	1,254

Note: Sample size of gamblers and non-gamblers: 2,045

1.4 COVID-19 Impact Internationally

Hodgins et al (2021) examined 17 independent assessments of the impact of COVID-19 on gambling around the world that are available as of 2021. Despite the variability, a number of trends are clear.

- i) In every one of the 17 studies reviewed, the expected reduction in gambling frequency and expenditure occurred during the first pandemic lockdown period. Post pandemic follow-ups will reveal who and who does not return to previous levels of gambling involvement.
- ii) A subgroup of individuals increased their gambling by starting or increasing online gambling. A consistent predictor was higher gambling severity, including younger age groups, males, and those with mental health concerns.
- iii) Financial pressures, boredom were frequent motivators. Follow-up data identified potential predictors who maintained elevated gambling post lockdown, individual with ethnic backgrounds, lower education, non-student status.
- iv) It is too early to tell how gambling frequency, expenditure and problems will change after lockdowns are all removed.

Overall, this review makes clear that COVID-19 lockdowns led to reduced gambling participation globally, although it seems that the mechanism (reason) is the reduced gambling availability, which will not last after COVID-19 restrictions are lifted. As the exact nature and timing of COVID-19 restrictions differ by jurisdiction, it is not possible to predict exactly how much impact the restrictions in Hong Kong (or their eventual lifting) will have on the gambling situation in Hong Kong in the long run.

Chapter 2: Methodology

2.1 Introduction

In this Study, four distinct research methods were used to collect information from different targets with different emphases. They were:

- a) a telephone survey of the general public aged 15 and above (see Chapter 3);
- b) a school survey of secondary school students (see Chapter 4);
- c) individual interviews with problem gamblers and significant others (see Chapter 5);
- d) focus group interviews with gamblers, at-risk (gambling) youths, young people and the general public (aged 30-67) (see Chapter 6).

2.2 Measures

The following measurements were used in either the surveys or interviews or both.

- 1) **Gambling behaviours:** types of gambling activities participated and reasons for participating (including legal and illegal gambling), frequency of gambling, source and amount of betting money, channels and venues of gambling and situation of credit betting.
- 2) **Prevalence of Gambling Disorder (GD) Measures:**
 - i) **DSM-5** (The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders) is used in this Study as it is the current legitimate tool (published by American Psychiatric Association in 2013). Some researchers, such as Petry et al. (2013), found that it is more accurate than DSM-IV in defining GD and has good internal consistency (Cronbach's $\alpha = 0.95$). Salient features of DSM-5 are as follows:
 - a) Compulsive gambling is now characterized as GD instead of "pathological gambling".
 - b) Gambling is a behavioral addiction.
 - c) Threshold for pathological diagnosis is based on 4 of the 9 items in DSM-5.
 - d) Level of severity is mild (4-5 items), moderate (6-7 items) or severe (8-9 items).
 - ii) **South Oaks Gambling Screen-Revised for Adolescents (SOGS-RA):** There are 12 items asking for similar criteria as the DSM-IV. SOGS-RA is developed by Winters, K.C., Stinchfield R.D. and Fulkerson J. (1993). This is a well-established instrument to find gambling severity among adolescents and is widely used round the world by all researchers and the SOGS-RA cutoffs are as follows: 0 = No problem with gambling; 1-4 = Some problems; 5 or more = Probable pathological gambler. The SOGS-RA is used for children and adolescents internationally, comparable to DSM-5 used for adults.

- iii) Gambling motivation is measured with the modified **Chinese version of the Gambling Motivation Scale (C-GMS)** (Wu, 2010) which was developed from the Gambling Motivation Scale (GMS) (Chantal, Vallerand, & Villiers, 1994). It consists of 28 items scored on a 7-point Likert scale anchored by the endpoints ‘does not correspond at all (1)’ and ‘corresponds exactly (7)’, and with a midpoint of ‘corresponds moderately (4)’ and then summed. A higher score (over 75) indicates higher attribution to the motivation to gamble. It comprises seven subscales that correspond to seven types of motivation, including Intrinsic Motivation of knowledge, stimulation, and accomplishment; Extrinsic Motivation of identified regulation, introjected regulation and external regulation; and Amotivation. However, in this study, only the total score was used, not the sub-scales. C-GMS has been validated with satisfactory internal consistency (Cronbach’s $\alpha = 0.75$) (Wu, 2010).
 - iv) Gambling belief in terms of cognitive distortion, is measured with the modified **Chinese version of the Gambling Belief Scales (GBQ-C)** (Wong & Tsang, 2010) which was developed from Gambling Belief Scales (GBQ) (Steenbergh, Meyers, May and Whelan, 2012). GBQ-C had been validated and used among the population in Hong Kong (Wong, 2013). In Wong’s study, GBQ-C showed a good internal consistency (Cronbach’s $\alpha = 0.92$) and adequate test-retest reliability ($r = 0.77$). It has two closely related factors, namely Luck/Perseverance subscale (9 items) and Illusion of Control subscale (5 items). Respondents rate each item on a 7-point Likert scale from (1) ‘Strongly disagree’ to (7) ‘Strongly agree’ and then summed. A higher score (over 85) indicates a higher gambling belief distortion. GD gamblers score higher than non-problem gamblers on GBQ-C and its factors (viz., Luck/Perseverance and Illusion of Control). Its scores were moderately correlated with the duration of gambling sessions among the GD gamblers.
- 3) Other risk or protective factors associated with GD:
- i) **Depression Anxiety Stress Scales 21 (DASS-21)** (Lovibond & Lovibond, 1995) is used to measure the mental health status (well-being) of the person. The DASS-21 is a quantitative measure of distress along the 3 axes of depression, anxiety and distress, with 21 questions. The emotional syndromes are intrinsically dimensional and vary along a continuum of severity. It has a 4-point Likert scale from 0 ‘Never’ to 3 ‘Almost always’ which are summed. The Chinese version of it is used in this Study as it has been validated and widely used as an instrument for assessing mental health status in research in Hong Kong and China (Wang et al., 2015; Cheung & Yip, 2015; Chaw et al., 2014; Oei et al., 2013). The cutoff scores of severity for each subscale are as follows: (1) Depression: 21 or above, (2) Anxiety: 15 or above, (3) Stress: 26 or above. It had been validated by Wang et al. (2016) with good internal consistency (Cronbach’s of 0.83, 0.80, and 0.82 for depression, anxiety, and stress subscales respectively, with Cronbach’s α of 0.92 for the total scale).
 - ii) Family functioning is measured with **APGAR** (Smilkstein et al., 1982) and has been widely used in western countries to measure family functioning. This assessment tool is composed of 5 questions with 3-point Likert scale from 0 ‘Hardly ever’, 1 ‘Some of the time’ to 2 ‘Almost always’. A higher score indicates higher satisfaction on family function.

APGAR is the abbreviation of: “A” which represents “Adaptation” - utilizing familial resources for problem solving in family disequilibrium; “P” represents “Partnership” - sharing of decision making and nurturing responsibility by family members; “G” represents Growth - physical and emotional maturation; The second “A” represents “Affection” - caring or loving relationship; and “R” represents “Resolve” - commitment to devote time to family. This Study adopts the Chinese version of APGAR, which has been developed and validated (Chen & Chen, 1980; 1991; Hsu et al., 1973; Lu et al., 1999) and has been used in studies among Chinese population with good reliability and consistency (Cao et al., 2013 (Cronbach’s $\alpha = 0.82$); Chau et al., 1991 (Cronbach’s $\alpha = 0.84$); Nan et al., 2014 (Cronbach’s $\alpha = 0.82$)).

- iii) The 20-item **Internet Addiction Test (IAT)** (Young, 1998) is used to measure the presence and severity of Internet dependency among adults and adolescents. The questionnaire consists of 20 statements, based on the 5-point Likert scale, which best describes one. The maximum score is 100 points, with the higher the score representing the higher level of severity of Internet compulsivity and addiction. Total scores that range from 0 to 30 points are considered to reflect a normal level of Internet usage; scores of 31 to 49 indicate the presence of a mild level of Internet addiction; 50 to 79 reflect the presence of a moderate level; and scores of 80 to 100 indicate a severe dependence upon the Internet. It was hypothesized in this Study that GD and Internet addiction had a relationship. Using DSM-IV diagnostic criteria of pathological gambling as the prototype, Young developed a short 8-item questionnaire for measuring addictive Internet use. It is used to measure the at-risk youth and others if they are addicted to the Internet, that makes them easier to be tempted to surf in the Internet gambling sites.

2.3 Telephone Survey Methodology

The telephone survey covering both domestic fixed lines and mobile lines was designed to include a representative sample of the population aged 15 and above and able to speak Cantonese, Putonghua or English, excluding foreign domestic helpers.

The target sample sizes were a minimum of 1,000 completed interviews with domestic fixed line users and 1,000 completed interviews with mobile line users.

The coverage of domestic fixed lines in Hong Kong is about 50%, while the coverage of mobile lines in Hong Kong is at least 95%. After using the dual frame of mobile and fixed line telephones in Hong Kong, HKUSSRC believes that the coverage exceeds 99% (see [Appendix D](#)).

For the mobile line users, the sampling frame is random within the blocks allocated by Office of the Communications Authority for mobile use.

For the domestic fixed line users, telephone numbers were drawn from a sampling frame generated from the online White Pages residential directory (English and Chinese). Within each sample household, one eligible person was selected by an interviewer for interview using the “Modified Next Birthday” rule (i.e. to choose the person present in the household who next has a birthday).

The sample was weighted to account for the dual frame, as explained in [Appendix D](#).

It was then weighted to match the gender and age characteristics published by the Census and Statistics Department for the population aged 15 or above.

All tables in subsequent chapters use this weighting in order to minimize non-response bias and maximise representativeness of the findings for the population aged 15 or above. Note that this use of non-integer weights means that totals may vary across tables due to rounding error.

All fieldwork was undertaken by trained interviewers, with supervision, and a random sample of 5% of interviews received callbacks to check.

An unanswered telephone number had at least three contact attempts before classifying as non-contact case. A case will be classified as non-contact case if the telephone number is unanswered after at least three contact attempts.

2.4 School Survey Methodology

The school survey aims at collecting information on the gambling behaviour of young people (secondary school students) and their perception towards gambling activities as well as the prevalence of GD.

HKUSSRC sent invitation kits to all secondary schools in Hong Kong in April/May 2021 to solicit their support to the survey. Despite HKUSSRC efforts in following up with the school principals and persuading them to participate in the survey, only 20 secondary schools agreed in principle to participate. The number of participating schools is low as all schools were very concerned about lagging teaching progress due to COVID-19 restrictions and were hence less willing to participate in any school survey. Nevertheless, these 20 secondary schools cover various types of schools in Hong Kong such as government schools, aided schools, direct subsidy scheme schools and private schools and are representing the student population of Hong Kong. As such, the gambling situation among the youth population, including the underage, could be investigated, i.e. the objectives of the Study concerning the youth population could be met. As the outbreak of COVID-19 in Hong Kong affected all schools, there is no reason to believe that this low response will have introduced bias.

In each school, the school was asked to select one class at each level from Form 1 to Form 5 to participate in the self-administered paper questionnaire survey.

Of the 20 schools who agreed in principle to participate, 16 schools (i.e. a 80% response rate) invited their students to complete a questionnaire which was designed to meet the objectives stated in Chapter 1. A total of 1,564 questionnaires were collected by the schools for HKUSSRC's analysis. The received questionnaires were scanned and verified using a computer system that automatically recognizes the completed bubbles on the form. The findings of the secondary school survey is detailed in Chapter 4. Please note that students can decide which questions (not) to answer, so the total number of responses will vary across questions. We exclude responses which are not appropriate, e.g. questions about gambling for those who did not report gambling.

2.5 Qualitative study methodology

Semi-structured interviews together with completion of various measuring instruments were used for both individual gamblers with GD (10 gamblers with GD) and the 10 spouses/partners of the gamblers with GD (see Chapter 5), and the 10 focus groups of gamblers, youths, at-risk youths, adolescents and members of the public (see Chapter 6).

A total of 65 individuals participated in the qualitative study. They were:

- (a) **Individual interviews:** 10 gamblers with GD and 10 significant others of gamblers recruited by the three counselling and treatment centres financed by the Fund, namely Tung Wah Group of Hospitals Even Centre, Caritas Addicted Gamblers Counselling Centre and Sunshine Lutheran Centre, Hong Kong Lutheran Social Service, LC-HKS;
- (b) **Focus groups:** 45 individuals were recruited by purposive sampling from schools, tertiary institution, counselling and treatment or NGO centres and the public at large to form the following 10 focus groups:
 - i) 2 groups of gamblers with GD (aged 26-53),
 - ii) 2 groups of at-risk (gambling) youths (aged 15-26),

From 2 schools and 2 tertiary institutions:

- iii) 1 group of children (aged 12-14)
- iv) 1 group of adolescents (aged 14-18),
- v) 2 groups of college students (aged 18), and
- vi) 2 groups from the general public (aged 30-67) from different venues (club, church, tertiary institution).

Chapter 3 Telephone Survey of the General Public

3.1 Survey Objectives

As the telephone survey provides information from a representative sample of the general population aged 15 and above, it is relevant for all the following study objectives that relate to the general population, namely:

- a) gauging the gambling behaviour and perception towards gambling activities among the general population in Hong Kong;
- b) gauging the degree of participation in gambling activities, including by frequency, average amount of money involved, forms of gambling and demographic characteristics of gamblers who participated in the more popular types of gambling activities;
- c) gauging the perception of the general public towards the current authorised betting opportunities;
- d) gauging the perception of the general public towards unauthorised gambling channels (including online gambling);
- e) gauging the prevalence of problem and pathological gambling among the adult population in Hong Kong and compare findings with overseas studies using comparable measures;
- f) identifying the extent and channels of emerging types of gambling and related activities in recent years in Hong Kong; and
- g) gauging the knowledge of and perception towards counselling and treatment services for problem and pathological gamblers among the population.

The questionnaire used in the telephone survey can be found in [Appendix E](#).

3.2 Response Rates of the Telephone Survey

Fieldwork of the telephone survey was undertaken on weekdays from 6pm to 10pm and Saturdays from noon to 6pm over the period from August 5th to September 15th, 2021. A total of 45,688 telephone numbers including 28,046 mobile numbers and 17,642 domestic fixed lines were dialed. The breakdown of the contact attempts for both the mobile and domestic telephone surveys using standard outcomes for telephone surveys are set out in Table 3.1.

Overall, there were 2,006 completed interviews, of which the number of domestic and mobile telephone survey respondents were both 1,003. This yields an overall sampling error of at most 1.2% (i.e. a 95% confidence interval width of at most +/- 2.4%) using standard statistical formulae.

Table 3.1 Final outcomes of the telephone survey

Final Outcome	Mobile	Domestic
Complete (C)	1,003	1,003
Partial (P)	31	8
Refusal (R)	131	48
Non-contact with respondent (R)	2,014	2,888
No answer after 3 attempts (NC)	15,895	6,969
All except IE (C+P+R+NC)	19,074	10,916
Business (IE)	40	623
Fax/data line (IE)	3	529
Invalid number (IE)	8,867	5,561
Invalid because of language (IE)	27	13
No eligible respondent (IE)	35	0
All ineligible (IE)	8,972	6,726
Total	28,046	17,642
Contact Rate: (C+P+R)/(C+P+R+NC)	16.7%	36.2%
Response Rate: C/(C+P+R)	31.6%	25.4%

As shown in Table 3.1, the response rate is calculated by dividing the number of complete interviews by the total number of all cases with some form of contact (Complete, Partials, Refusals and respondent non-contact cases), yielding 31.6% for mobile and 25.4% for domestic. While this response rate is lower than planned, this is unavoidable, given that many individuals now block all telephone calls from numbers that they do not recognize. As mentioned in Chapter 2, the sample has been weighted by age and gender to reduce non-response bias.

3.3 Demographics of Survey Respondents

As noted in Chapter 2, the results have all been weighted by gender and age to match the Census and Statistics Department tables for the population aged 15 and above.

3.3.1 Gender

Among the 2,006 respondents, the number of females participating in the telephone survey was greater than that of the male counterparts, representing 55.1% of the whole sample.

Table 3.2 Gender

	Count	Percentage
Male	901	44.9%
Female	1,105	55.1%
Total	2,006	100.0%

3.3.2 Age

As shown in Table 3.3, the largest proportion of respondents are aged between 60 and 69, representing 19.2% of all the respondents. This was followed by those aged from 50 to 59 (18.0%) and from 40 to 49 (15.8%). The groups with age between 15 and 17, and between 18 and 21 contribute the smallest proportions of 1.5% and 3.1% respectively.

Table 3.3 Age

Years	Count	Percentage
15-17	30	1.5%
18-21	62	3.1%
22-29	199	9.9%
30-39	255	12.7%
40-49	316	15.8%
50-59	362	18.0%
60-69	386	19.2%
70-79	240	12.0%
80 and above	133	6.6%
Refused to answer	23	1.1%
Total	2,006	100.0%

3.3.3 Education level

In terms of education level, 29.1% and 28.4% of respondents reported that they had completed the senior secondary school only and obtained a bachelor's degree or above respectively (Table 3.4).

Table 3.4 Education level

	Count	Percentage
No formal education	86	4.3%
Kindergarten/ Primary school	214	10.7%
Junior secondary school (Form 1 to Form 3)	211	10.5%
Senior secondary school (Form 4 and Form 5)	583	29.1%
Matriculation (Form 6/ Form 7/ IVE)	91	4.5%
Tertiary (Non-degree)	227	11.3%
Bachelor's degree or above	570	28.4%
Refused to answer	24	1.2%
Total	2,006	100.0%

3.3.4 Marital status

58.5% of respondents were married and 27.4% of them were single. Separated/ divorced persons and widows/ widowers accounted for a total of 10.6% (Table 3.5).

Table 3.5 Marital status

	Count	Percentage
Single	550	27.4%
Married	1 174	58.5%
Separated/ Divorced	81	4.0%
Widowed	133	6.6%
Cohabit	14	0.7%
Refused to answer	54	2.7%
Total	2,006	100.0%

3.3.5 Housing type

As for the housing types of the respondents, 39.2% of the whole sample lived in private housing, followed by public rental housing (28.6%) (Table 3.6).

Table 3.6 Housing type

	Count	Percentage
Public Rental Housing	574	28.6%
Home Ownership Scheme	282	14.1%
Private housing	786	39.2%
Single building	140	7.0%
Staff quarter/ Dormitory	23	1.1%
Village house	110	5.5%
Other	3	0.1%
Refused to answer	88	4.4%
Total	2,006	100.0%

3.3.6 Monthly household income

Regarding the monthly household income, 23.4% of respondents reported it as at least \$50,000, followed by 8.0% of them reporting it as between \$20,000 and \$24,999, as seen in Table 3.7.

Table 3.7 Monthly household income

(HK\$)	Count	Percentage
Under \$5,000	235	1.17%
\$5,000-\$9,999	95	4.7%
\$10,000-\$14,999	85	4.2%
\$15,000-\$19,999	113	5.6%
\$20,000-\$24,999	161	8.0%
\$25,000-\$29,999	110	5.5%
\$30,000-\$34,999	118	5.9%
\$35,000-\$39,999	92	4.6%
\$40,000-\$44,999	80	4.0%
\$45,000-\$49,999	52	2.6%
\$50,000 and above	469	23.4%
Do not know/ Uncertain/ Cannot recall	174	8.7%
Refused to answer	222	11.1%
Total	2,006	100.0%

3.3.7 Employment status

As seen in Table 3.8, 39.2% of the respondents were employees, followed by retirees (28.1%), full-time carers (13.3%), self-employed (6.6%), students (5.7%), unemployed/ job seekers (3.2%) and employers (2.1%).

Table 3.8 Employment status

	Count	Percentage
Employee	787	39.2%
Employer	43	2.1%
Full-time carer	267	13.3%
Retiree	564	28.1%
Self-employed	132	6.6%
Student	114	5.7%
Unemployed/ job seeker	65	3.2%
Other	1	0.1%
Refused to answer	33	1.6%
Total	2,006	100.0%

3.3.8 Industry of employment

Among the 995 working respondents, 18.2% of them reported working in public administration/ social and personal services. The other three industries reported by more respondents were finance (9.4%), construction (8.4%) and retail (7.9%) (Table 3.9).

Table 3.9 Industry of employment

	Count	Percentage
Catering	57	5.7%
Retail	79	7.9%
Finance	94	9.4%
Transportation and logistics	83	8.3%
Tourism	8	0.8%
Real estate	26	2.6%
Manufacturing	39	3.9%
Construction	84	8.4%
Education	68	6.8%
Accommodation services	11	1.1%
Professional and business services	54	5.4%
Information and communications	55	5.5%
Public administration/ social and personal services	181	18.2%
Import, export and wholesale trade	63	6.3%
Refused to answer	93	9.3%
Total	995	100.0%

3.3.9 Occupation

As shown in Table 3.10, the highest proportion of working respondents were managers and administrators (27.0%). 24.4% of working respondents were clerical staff and 13.5% of them were service workers and sales persons.

Table 3.10 Occupation

	Count	Percentage
Managers and administrators	269	27.0%
Professionals	53	5.3%
Associate Professionals	94	9.4%
Clerical staff	243	24.4%
Service workers and sales persons	134	13.5%
Craft and related workers	47	4.7%
Plant and machine operators and assemblers	36	3.6%
Non-skilled workers	53	5.3%
Refused to answer	66	6.6%
Total	995	100.0%

3.3.10 Monthly personal income

Among working respondents, the highest proportion reported a monthly income from \$20,000 to \$24,999 (15.0%), followed by \$50,000 and above (14.9%) and \$15,000 to \$19,999 (12.4%) (see Table 3.11).

Table 3.11 Monthly personal income

	Count	Percentage
Under \$5,000	6	0.6%
\$5,000-\$9,999	38	3.8%
\$10,000-\$14,999	103	10.4%
\$15,000-\$19,999	123	12.4%
\$20,000-\$24,999	149	15.0%
\$25,000-\$29,999	81	8.1%
\$30,000-\$34,999	83	8.3%
\$35,000-\$39,999	39	3.9%
\$40,000-\$44,999	32	3.2%
\$45,000-\$49,999	28	2.8%
\$50,000 and above	148	14.9%
Do not know/ Uncertain/ Cannot recall	8	0.8%
Refused to answer	157	15.8%
Total	995	100.0%

3.4 Participation in gambling activities

Table 3.12 Participation in gambling activities in the past year

	Count	Percentage
Yes	793	39.5%
No	1,212	60.4%
Refused to answer	1	0.1%
Total	2,006	100.0%

As seen in the Table 3.12, the overall gambling prevalence rate for the past year was 39.5%. This is significantly lower than the prevalence in the period 2001 to 2016 reported in Chapter 2 (please see the table below), which varied from a minimum of 61.5% in 2016 up to a maximum of 80.4% in 2005.

However, as discussed in Chapter 1, at least some of this decrease is due to COVID-19 and it seems likely that the rate will increase when the epidemic situation is under control. Further analysis of prevalence by demographics can be found in the ensuing paragraphs.

Year	2001	2005	2008	2012	2016	2020
Percentage gambling	77.8%	80.4%	71.3%	62.3%	61.5%	39.5%
Sample size	2,004	2,093	2,093	2,088	2,024	2,006

3.4.1 Age when first gambled

As shown in Table 3.13, 30.4% of the respondents reported that they first gambled before the age of 18.

Table 3.13 Age when first gambled

Years	Count	Percentage
Below 10	20	3.0%
10-17	180	27.4%
18 or above	458	69.6%
Total	658	100.0%

3.4.2 Types of gambling activities participated in during the past year

Overall, amongst gamblers (see Table 3.14), the Mark Six was the most common form of gambling during the past year reported by participants (73.0%), followed by social gambling (50.6%), betting on HKJC horse racing (29.5%) and HKJC football (16.3%). Less than 1% reported online gambling and less than 4 respondents reported participation in online casinos (4 counts), online football betting (1 count) and online games for money (1 count).

Table 3.14 Types of gambling activities participated in the past year

Types of gambling activities	Percentage of gamblers	Percentage of all aged 15+
Social gambling	50.6%	19.4%
Mark Six Lottery	73.0%	28.0%
HKJC horse race betting	29.5%	11.3%
- <i>Local races only</i>	20.6%	7.9%
- <i>Both local and overseas races</i>	8.8%	3.4%
HKJC football betting	16.3%	6.3%
Online gambling	0.9%	0.3%
Others	0.5%	0.2%
Sample size	770 gamblers	2,006 respondents

Note: These questions were only asked of those who reported gambling in the past year.

3.4.3 Frequency of participation in gambling in the past year

As seen in Table 3.15, the form of gambling with the highest frequency is HKJC horse race betting, for which the median frequency is once or more per week; followed by HKJC football betting, for which the median frequency is once every two weeks; for Mark Six gamblers, the median frequency is once every three to four weeks; finally, for social gamblers, the median frequency is once every six to twelve months.

Table 3.15 Frequency of participation in the past year amongst those who participate in different types of gambling

Types of gambling activities	Sample size	Level of frequency (see Note)					
		1	2	3	4	5	6
Social gambling	401	10.0%	6.0%	14.5%	19.5%	<u>38.7%</u>	11.5%
Mark Six Lottery	1,427	27.3%	6.7%	<u>10.5%</u>	15.0%	14.3%	26.1%
HKJC horse race betting	<u>232</u>	<u>51.7%</u>	7.3%	5.2%	15.5%	20.3%	0.0%
HKJC football betting	129	31.8%	<u>8.5%</u>	13.2%	11.6%	12.4%	22.5%

Note: 1 = Once or more per week; 2 = Once every two weeks; 3 = Once every three to four weeks; 4 = once every two to three months; 5 = Once every six to twelve months; 6 = No regular time/ Occasionally. The median frequency of different types of gambling activities is underlined. The sample size (less than 10 respondents) is too small to provide reliable results for online and other illegal betting.

3.4.4 Money bet gambling in the past year

As seen in Table 3.16, HKJC horse race betting and football betting have the highest median amounts bet of HK\$201-\$500 per month, followed by social gambling and Mark Six lottery with median amounts of HK\$51-\$100 per month.

Table 3.16 Average monthly money bet in different types of gambling in the past year

HK\$	Social gambling	Mark Six Lottery	HKJC horse race betting	HKJC football betting
\$50 and less	22.0%	49.1%	14.2%	20.8%
\$51-\$100	33.0%	22.4%	12.3%	12.5%
\$101-\$200	2.5%	11.5%	9.0%	13.3%
\$201-\$500	24.2%	10.1%	22.6%	21.7%
\$501-\$1,000	9.1%	5.9%	14.2%	10.8%
\$1,001 and more	9.3%	1.0%	27.8%	20.8%
Median amount bet	\$51-\$100	\$51-\$100	\$201-\$500	\$201-\$500
Sample size	364	576	212	120

Note: The sample size is too small to provide reliable results for online and other illegal betting.

3.4.5 Summary of the prevalence by demographics for different forms of gambling

As seen in Table 3.17, 48% of males gambled in the past year, compared to only 31% of females, while among gamblers, social gambling is more common for females (60% of female gamblers), while gambling on HKJC horse racing and football are more common for males (42% and 29% of male gamblers).

Gambling is most common amongst those aged 22-69 (40%-45%), while among gamblers, social gambling is more common among younger gamblers (100% of gamblers aged 15-17); Mark Six is more common among middle aged gamblers (81% of gamblers aged 40-49), gambling on HKJC horse racing is more common among older gamblers (49% of gamblers aged 80 and above); gambling on HKJC football is more common among gamblers aged 50-59 (26%).

Gambling is most common among the married persons and the separated and divorced persons (42%-43%), while among gamblers, gambling on HKJC horse racing is more common amongst the separated and divorced gamblers (40%).

When we examine housing type, people not living in single buildings are more likely to gamble (39%-45%), while among gamblers, those living in public housing or single buildings are most likely to bet on HKJC horse racing (39%-40%).

As regards employment status, employers are the most likely to gamble (59%), while among gamblers, students are most likely to be social gamblers (83% of student gamblers), while gamblers who are employers or retired are most likely to bet on HKJC horse racing (42%-43%), while unemployed gamblers are most likely to bet on HKJC football (33%).

People employed in the construction or finance industries are most likely to be gamblers (57%-59%), while among gamblers, those working in logistics or construction are most likely to bet

on Mark Six (88%-90%) and those working in catering are most likely to bet on HKJC horse racing (59%).

People employed in craft and related occupations are most likely to be gamblers (67%).

Workers with personal income between \$20,000 and \$44,999 are most likely to be gamblers (58%-62%), while among gamblers, those with personal income between \$35,000 and \$39,999 were most likely to gamble on the Mark Six (85%).

Table 3.17 Prevalence for gambling and different types of gambling in the past year

Demographic		All	Social	Mark	HKJC	HKJC
		gambling	gambling	Six	Horse	Football
		%	%	%	%	%
Sex	Male	48%	46%		42%	29%
	Female	31%	60%		16%	3%
Age	15-17	5%	100%	0%	0%	0%
	18-21	20%	82%	58%	18%	23%
	22-29	40%	77%	51%	13%	16%
	30-39	41%	56%	74%	20%	18%
	40-49	44%	51%	81%	29%	17%
	50-59	45%	46%	75%	36%	26%
	60-69	44%	44%	73%	43%	14%
	70-79	30%	42%	64%	44%	8%
	80 and above	21%	41%	71%	49%	17%
Marital status	Single	37%			19%	
	Married	43%			35%	
	Separated/Divorced	42%			40%	
	Widowed	17%			19%	
Housing type	Public housing	42%			40%	
	HOS	39%			18%	
	Private	40%			27%	
	Single building	29%			39%	
	Village	45%			25%	
Household income	Under \$5,000	23%		70%	40%	
	\$5,000-\$9,999	36%		57%	21%	
	\$10,000-\$14,999	23%		72%	20%	
	\$15,000-\$19,999	28%		76%	45%	
	\$20,000-\$24,999	44%		81%	40%	
	\$25,000-\$29,999	41%		87%	39%	
	\$30,000-\$34,999	40%		84%	34%	
	\$35,000-\$39,999	54%		74%	33%	
	\$40,000-\$44,999	57%		47%	23%	
	\$45,000-\$49,999	43%		92%	34%	
	\$50,000 and above	50%		68%	26%	
Employment status	Employee	46%	55%		28%	21%
	Employer	59%	49%		43%	17%
	Full-time carer	23%	57%		12%	0%
	Retired	35%	42%		42%	12%
	Self-employed	48%	56%		39%	20%
	Student	19%	83%		10%	18%
	Unemployed/ job seeker	40%	39%		34%	33%
Industry	Catering	45%		78%	59%	

Demographic	All gambling	Social gambling	Mark Six	HKJC Horse Racing	HKJC Football
	%	%	%	%	%
	Retail	54%	81%	18%	
	Finance	57%	69%	29%	
	Transportation and logistics	55%	90%	52%	
	Construction	59%	88%	23%	
	Education	30%	45%	22%	
	Professional and business services	47%	64%	22%	
	Information and communications	51%	80%	24%	
	Public administration/ social and personal services	38%	74%	22%	
	Import, export and wholesale trade	38%	42%	22%	
Occupation	Managers and administrators	51%			
	Professionals	36%			
	Associate Professionals	46%			
	Clerical staff	49%			
	Service workers and sales persons	45%			
	Craft and related workers	67%			
	Plant and machine operators and assemblers	53%			
	Non-skilled workers	35%			
Personal income	Under \$5,000	0%	0%		
	\$5,000-\$9,999	24%	69%		
	\$10,000-\$14,999	41%	77%		
	\$15,000-\$19,999	43%	72%		
	\$20,000-\$24,999	60%	73%		
	\$25,000-\$29,999	61%	81%		
	\$30,000-\$34,999	58%	66%		
	\$35,000-\$39,999	61%	85%		
	\$40,000-\$44,999	62%	64%		
	\$45,000-\$49,999	45%	64%		
\$50,000 and above	46%	72%			

Notes: 1) the prevalence rates other than all gambling are amongst gamblers.

2) cells are left blank if the differences are not statistically significant at 1% .

3.5 Participation in illegal gambling activities

3.5.1 Online gambling

As seen in Table 3.18, among the respondents who have gambled in the past year, only seven respondents (0.9%) reported that they have participated in online gambling. Four of those have gambled through online casinos. For the frequency of online gambling, three respondents reported that they have gambled at least once a week. For the amount involved in online gambling, three respondents stated that they had spent over \$1,000 per month in online gambling. This small number of respondents is not sufficient to draw reliable conclusions about

the nature of online gambling activities in Hong Kong (as the 95% confidence interval width is about +/-40%) or the background of those who engage.

Table 3.18 Number of respondents who participated in online gambling in the past year

Level	Count	Percentage
Yes	7	0.9%
No	786	99.1%
Total	793	100.0%

3.5.2 Illegal gambling other than online gambling

As seen in Table 3.19, only four respondents who had gambled in the past year (0.5% of gamblers) reported that they had taken part in illegal gambling activities other than online gambling, so these numbers are not sufficient to provide reliable information about the nature of these other gambling activities (as the 95% confidence interval width is about +/-50%) or the background of those who engage.

Table 3.19 Number of respondents who participated in illegal gambling activities other than online gambling in the past year

	Count	Percentage
Yes	4	0.5%
No	789	99.5%
Total	793	100.0%

3.6 Opinion on the current provision of legal gambling activities

3.6.1 Mark Six Lottery

Before COVID-19, the drawing of the Mark Six Lottery occurred two to three times a week. Among the respondents who engaged in the Mark Six Lottery, Table 3.20 shows that 86.6% of them agreed that the current number of draws per week was sufficient, followed by 11.0% who did not know, while only 2.4% of the respondents wish to increase the frequency of Mark Six Lottery draws and/or the number of bet types.

Table 3.20 Views on current gambling opportunities of Mark Six Lottery

	Count	Percentage
Sufficient	496	86.6%
Prefer more draws per week	3	0.5%
Prefer more bet types	10	1.7%
Prefer more draws and bet types	1	0.2%
Do not know/ No particular views/ Hard to say	63	11.0%
Total	573	100.0%

3.6.2 HKJC horse race betting

Before COVID-19, the HKJC normally held horse racing twice a week during the racing season.

Amongst gamblers who participated in HKJC horse race betting, Table 3.21 illustrates that 89.5% thought the opportunities were sufficient, another 8.3% did not know, while only 2.2% wanted higher frequency or more variety.

Table 3.21 Views on current gambling opportunities of HKJC horse race betting

	Count	Percentage
Sufficient	205	89.5%
Prefer more horse racing days	2	0.9%
Prefer more bet types	2	0.9%
Prefer more horse racing days and more bet types	1	0.4%
Do not know/ No particular views/ Hard to say	19	8.3%
Total	229	100.0%

3.6.3 HKJC football betting

Among gamblers on HKJC football in the past year, Table 3.22 illustrates that 88.6% thought the opportunities were sufficient, while 8.1% wanted either more frequency or variety.

Table 3.22 Views on current gambling opportunities of HKJC football betting

	Count	Percentage
Sufficient	109	88.6%
Prefer more football matches for betting	0	0.0%
Prefer more bet types	6	4.9%
Prefer more football matches and more bet types	4	3.3%
Don't know	4	3.3%
Total	123	100.0%

3.6.4 Overall gambling opportunities offered by HKJC

Among all gamblers, Table 3.23 shows that 76.2% thought that the overall gambling opportunities offered by the HKJC were sufficient, while 5% thought they were not sufficient, of whom the majority wanted a greater variety of sport events covered.

Table 3.23 Views on current overall gambling opportunities of HKJC

	Count	Percentage
Sufficient	604	76.2%
Not sufficient	40	5.0%
No comment	149	18.8%
Total	793	100.0%

3.7 Participation in credit betting

Amongst the respondents gambling in the past year, Table 3.37 illustrates that only 12 respondents (1.5%) reported that they had borrowed to gamble. Of those 12 respondents, only one admitted to borrowing more than once; five respondents used credit cards, four borrowed from family members or friends, two took out private loans and one borrowed from a licensed

finance company.

Table 3.24 Whether gamblers have taken part in credit betting

	Count	Percentage
Yes	12	1.5%
No	781	98.5%
Total	793	100%

Borrowing to gamble was associated with betting on HKJC horse racing, HKJC football and online gambling using statistical significance of 1%. The prevalence of borrowing is shown for these types of betting in Table 3.25.

Table 3.25 Prevalence of borrowing to gamble by different types of betting

	Percentage
HKJC horse racing	4.9%
HKJC football	7.6%
Online gambling	32.9%

3.8 Reasons for Participation in Gambling Activities

When the reasons for gambling were grouped into meaningful categories, as shown in Table 3.36, the most popular reasons given by respondents were entertainment (28.6%), luck (22.8%), socialisation (16.3%) and wanting to win (12.2%).

Table 3.26 Reasons for participation in gambling activities

Reasons	Count	Percentage
Addiction	4	0.5%
Boredom	30	3.8%
Brain activity	4	0.5%
Charity	15	1.9%
Entertainment	227	28.6%
Excitement	6	0.8%
Want to get rich	14	1.8%
Happiness	11	1.4%
Hope	1	0.1%
HKJC offers	1	0.1%
Leisure	33	4.2%
Luck	181	22.8%
No reason	12	1.5%
Other	23	2.9%
Relax	4	0.5%
Socialisation	129	16.3%
Too easy	1	0.1%
Want to win	97	12.2%
Total	793	100.0%

3.9 GD as measured by the DSM-5 scale

This section covers the GD characteristics in the DSM-5 gambling scale. As noted in Chapter 2, using the DSM-5 scale, a score of 0 to 3 is assessed as no GD, a score of 4 or 5 indicates mild GD, a score of 6 or 7 refers to moderate GD and 8 or 9 belongs to the severe category. Table 3.28 shows that of the 767 gambling respondents who completed the DSM-5 assessment, 9 respondents scored 4 or above (with one scoring 9), i.e. 1.17% of gambling respondents and 0.45% of the whole sample of 2,006 respondents. This means that the prevalence of GD for Hong Kong residents aged 15 and above is 0.45%. This is a major drop from the 1.4% prevalence in the 2016 sample, using the same measure. As noted in Chapter 1, evidence from many other jurisdictions suggests that this drop may be largely a temporary consequence of COVID-19 and it is not safe to conclude that the drop is either permanent or reflects educational or enforcement success.

Table 3.27 Percentage of gamblers showing GD characteristics in the DSM-5 scale

Item	Percentage
1. Is often preoccupied with gambling (e.g. having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble)	5.3%
2. Needs to gamble with increasing amounts of money in order to achieve the desired excitement	2.5%
3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling	3.7%
4. Is restless or irritable when attempting to cut down or stop gambling	1.3%
5. Often gambles when feeling distressed (e.g. helpless, guilty, anxious, depressed)	1.6%
6. After losing money in gambling, often returns another day to get even (“chasing” one’s losses)	13.2%
7. Lies to conceal the extent of involvement with gambling	3.8%
8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling	0.3%
9. Relies on others to provide money to relieve desperate financial situations caused by gambling	0.3%

Table 3.28 DSM-5 scores of the respondents who gambled in the past year

Level of severity	DSM-5 score	Count	Percentage
No risk	0	619	80.7%
	1	93	12.1%
	2	30	3.9%
	3	16	2.1%
Mild	4	6	0.8%
	5	2	0.3%
Severe	9	1	0.1%
Total		767	100.0%

Betting on HKJC football and online gambling are the two forms of gambling associated with GD prevalence using statistical significance of 1%, as shown in Table 3.29.

Table 3.29 Types of gambling activities by no-risk gamblers and gamblers with GD

	No-risk gamblers	Gamblers with GD
	Percentage	Percentage
HKJC football betting	94.6%	5.4%
Online betting	71.4%	28.6%
All gamblers	98.8%	1.2%

Of all the demographic variables in the survey, the only one which shows a statistically significant relationship with DSM-5 score at $p < 5\%$ when using an appropriate nonparametric statistical test is gender. As seen in Table 3.30 below, the DSM-5 scores are much lower for females, with no female gamblers scoring 4 and above, compared to 1.7% of male gamblers scoring 4 and above (i.e. only males were assessed as having GD).

Table 3.30 DSM-5 classification by demographics

Demographic	No-risk gamblers	Gamblers with GD
	Percentage	Percentage
Gender		
Male	98.3%	1.7%
Female	100.0%	0.0%

Further investigation of the DSM-5 associations with demographics among gamblers through in-depth individual interviews and focus group interviews are detailed in Chapters 5 and 6.

3.10 Support Services for Gambling Problems in the Community

3.10.1 Gambling Counselling Hotline (183 4633)

At present, the four counselling and treatment centres for gamblers with GD and the significant others financed by the Fund jointly operate a Gambling Counselling Hotline (183 4633). A majority of respondents (72.9%) were aware of the gambling counselling hotline (Table 3.31). However, Tables 3.31 and 3.32 show that of the respondents aware of the hotline, only four respondents (0.3%) had called it, of whom three agreed that the hotline service was useful, while the other respondent expressed strongly disagreement (see Table 3.33).

Table 3.31 Awareness of Gambling Counselling Hotline

	Count	Percentage
Yes	1,463	72.9%
No	543	27.1%
Total	2,006	100.0%

Table 3.32 Use of the Gambling Counselling Hotline to seek help

	Count	Percentage
Yes	4	0.3%
No	1,458	99.7%
Refusal	1	0.1%
Total	1,463	100.0%

Table 3.33 Agreement that the Gambling Counselling Hotline was useful

	Count	Percentage
Agree	3	75.0%
Strongly disagree	1	25.0%
Total	4	100.0%

The only statistically significant predictors of awareness of the hotline were gambling in the past year (85.0% for gamblers, 62.2% for non-gamblers) and age, which is lowest for those aged 80 and above (27%), 15-17 (33%), 22-39 (40%) and 70-79 (41%).

Table 3.34 Awareness of Gambling Counselling Hotline by Age

Demographic	Aware of hotline Percentage
Age	
15-17	33%
18-21	48%
22-29	40%
30-39	40%
40-49	54%
50-59	57%
60-69	57%
70-79	41%
80 and above	27%

3.10.2 Counselling and treatment services for gamblers and their significant others

Of all respondents, Table 3.35 illustrates that 50.1% were aware of the counselling and treatment services provided for gamblers and their family members and friends while only 4 of them (0.4%) used these services (see Table 3.36). The views on the counselling and treatment services are divided with 2 respondents strongly agreed and agreed that the services were useful while the remaining 2 respondents shared the opposite view (Table 3.37). Table 3.38 shows that among the 4 respondents who had used the counselling and treatment services for gamblers and their significant others, only 1 respondent was aware of and had used the virtual counsellor under the Project i-Change² and strongly disagreed that it was useful. There are no statistically significant predictors of who used the services.

Table 3.35 Respondent aware of the counselling and treatment services for gamblers

	Count	Percentage
Yes	1,004	50.0%
No	1,002	50.0%
Total	2,006	100.0%

² Project i-Change, which features a virtual counsellor, is a pilot project funded by the Fund and operated by Evangelical Lutheran Church Social Service to fill the gap of existing operation hours of counselling services by providing simulated counselling support service to problem gamblers 24 hours a day, 7 days a week. The virtual counsellor serves as an initial contact point to offer preliminary advice and encourage problem gamblers to seek further telephone and face-to-face counselling.

Table 3.36 Respondent had used the counselling and treatment services for gamblers and their significant others

	Count	
Yes	4	0.4%
No	999	99.5%
Refusal	1	0.1%
Total	1,004	100.0%

Table 3.37 Respondent considered the counselling and treatment services for gamblers and their significant others useful

	Count	Percentage
Strongly agree	1	25.0%
Agree	1	25.0%
Disagree	1	25.0%
Strongly disagree	1	25.0%
Total	4	100.0%

Table 3.38 Aware of virtual counsellor

	Count	Percentage
Yes	1	25.0%
No	3	75.0%
Total	4	100.0%

3.11 Perception on Current Legal Gambling Age in Hong Kong

As seen in Table 3.39, of all respondents who answered this question, 56.8% thought the current legal age of 18 for gambling was appropriate in Hong Kong, 30.3% suggested that the legal gambling age should be raised whereas 2.3% of the respondents suggested that it should be lowered. Amongst the other responses, there were another 26 respondents (1.3%) who expressed the view that gambling should be banned at all ages in Hong Kong.

Table 3.39 Is 18 years old the appropriate legal gambling age in Hong Kong?

	Count	Percentage
Appropriate	1,139	56.8%
Not appropriate, the legal gambling age should be raised	607	30.3%
Not appropriate, the legal gambling age should be lowered	47	2.3%
Don't know/ It is hard to say/ Doesn't matter	180	9.0%
Others	31	1.5%
Refusal	2	0.1%
Total	2,006	100.0%

3.12 Overall Findings of the Survey of the General Public

The overall gambling prevalence rate for the past year was 39.5%, significantly lower than the previous minimum of 61.5% in 2016, however, at least some of this decrease is due to COVID-19 and it seems likely that the rate will increase when the epidemic situation is under control. 30.4% of the respondents reported that they first gambled before the age of 18. Mark Six was the most common form of gambling during the past year reported by participants, followed by social gambling, betting on HKJC horse racing and HKJC football. Less than 1% reported online gambling or other forms of illegal gambling. The form of gambling with the highest frequency and money bet is HKJC horse race betting, followed by HKJC football betting. The overwhelming majority of gamblers were happy with all the provisions offered for legal gambling. The prevalence of GD for Hong Kong residents aged 15 and above is 0.45%, a major drop from the 1.4% prevalence in the 2016 sample, using the same measure, although evidence from many other jurisdictions suggests that this drop may be largely a temporary consequence of COVID-19 and it is not safe to conclude that the drop is either permanent or reflects educational or enforcement success. Betting on HKJC football and online gambling are the two forms of gambling associated with GD prevalence. DSM-5 scores are much lower for females, with only males in the sample assessed as having GD. Awareness of counselling and treatment services for gamblers was high (over 50%) and almost no respondents supported lowering the gambling age of Hong Kong.

Chapter 4: Survey of Secondary School Students

4.1 Survey Objectives

As the secondary school survey provides a representative sample of youth aged 12-19, nearly all of whom are underage for gambling, it is relevant for gauging (a) the gambling behaviour and perception towards gambling activities in the youth population (including the underage) in Hong Kong; (b) the degree of participation in gambling activities, including by frequency, average amount of money involved, forms of gambling and demographic characteristics of underage gamblers who participated in the more popular types of gambling activities; (c) the perception of the younger generation towards the current authorised betting opportunities; (d) the perception of the younger generation towards unauthorised gambling channels (including online gambling) and causes underlying the participation in unauthorised gambling activities; (e) the prevalence of problem and pathological gambling among the youth population in Hong Kong; and (f) identifying the extent and channels of emerging types of gambling and related activities in recent years in Hong Kong.

4.2 Sampling Error

If we assume that the sample of 1,564 is broadly representative of secondary school students in Form 1 to Form 5 in Hong Kong, the sampling error is at most 1.26%, so that the 95% confidence interval width for any proportion is at most +/- 2.5%.

Table 4.1 below shows that the number of questionnaires collected by each of the 16 participating secondary school varied from 59 to 168, with the exception of one school which only returned a total of 20 questionnaires.

Table 4.1 Number of questionnaires collected from each participating secondary school

Subject	Count	Percentage	Subject	Count	Percentage
SG001	168	10.7%	SG009	116	7.4%
SG002	118	7.5%	SG010	73	4.7%
SG003	76	4.9%	SG011	87	5.6%
SG004	144	9.2%	SG013	173	11.1%
SG005	73	4.7%	SG014	108	6.9%
SG006	121	7.7%	SG015	61	3.9%
SG007	59	3.8%	SG018	66	4.2%
SG008	20	1.3%	SG020	101	6.5%

4.3 Background of respondents

Table 4.2 shows that the gender was in general evenly distributed with 54.8% of the responses from male students and 45.2% of the responses from female students.

Table 4.2 Gender

Gender	Count	Percentage
Male	826	54.8%
Female	682	45.2%
Total	1,508	100.0%

Table 4.3 shows that majority of respondents were children aged between 13 and 14 and adolescents aged between 15 and 16.

Table 4.3 Age

Years	Count	Percentage
8-10	4	0.3%
11-12	259	17.3%
13-14	597	40.0%
15-16	517	34.7%
17-18	114	7.6%
19	1	0.1%
Total	1,492	100.0%

Table 4.4 illustrates that the respondents' education level is representative of the form levels sampled, with at least 19.5% of students from each of the five form levels sampled. Among the 16 participating schools, eleven of them returned questionnaires from all five form levels, while the remaining five schools returned questionnaires from four of the five form levels.

Table 4.4 Education level

Education level	Count	Percentage
Form 1	296	19.9%
Form 2	315	21.1%
Form 3	297	19.9%
Form 4	293	19.7%
Form 5	290	19.5%
Total	1 491	100.0%

Table 4.5 shows that 30.1% of the 1,327 respondents reported that their monthly disposable income was \$1,001 and above. The majority of the respondents (88.4%) reported that their monthly disposable income mainly came from family members, followed by 12.4% of the respondents said that their disposable income came from themselves such as savings or part-time/ full-time job (Table 4.6). Most of the respondents did not provide information on their household monthly income.

Table 4.5 Monthly disposable income

HK\$	Count	Percentage
Up to \$100	293	22.1%
\$101-\$500	352	26.5%
\$501-\$1,000	282	21.3%
\$1,001 and above	400	30.1%
Total	1,327	100.0%

Table 4.6 Sources of disposable income

Level	Count	Percentage
Self	192	12.4%
Family	1,372	88.4%
Relatives	73	4.7%
Friends	9	0.6%
Classmates	9	0.6%
Other	33	2.1%
Total	1,552	100.0%

Table 4.7 shows that 24.4% of students reported that they were religious.

Table 4.7 Religion

Level	Count	Percentage
Yes	363	24.4%
No	1,123	75.6%
Total	1,486	100.0%

Table 4.8 illustrates that 36.1% of the 1,280 students who answered the question on housing reported living in private owned housing, followed by 29.0% for public rental.

Table 4.8 Housing type

Level	Count	Percentage
Dormitory	13	1.0%
Former Public Rental	170	13.3%
HOS Rental	47	3.7%
Other Owned	3	0.2%
Other Rental	10	0.8%
Private Owned	462	36.1%
Private Rental	169	13.2%
Public Rental	371	29.0%
Subdivided	35	2.7%
Total	1,280	100.0%

4.4 Participation in Gambling Activities and Gambling Behaviour

As seen in Table 4.9, 15.9% of the secondary school students reported that they had gambled in the past year. The comparison with previous studies with the similar target group (students from Form 4 and Form 5) shows that the prevalence rate of the underage dropped from 33.5% in 2012 and 21.8% in 2016 to 15.9% in 2021. Nevertheless, as discussed in Chapter 1, the pandemic situation has decreased gambling prevalence globally, so this decrease may not last. Gambling prevalence did not show a statistically significant relationship at $p < 5\%$ with any of the demographic variables (i.e. background of respondents) in paragraph 4.3.

Table 4.9 Participation rate of gambling in the past year

	Count	Percentage
No	1,163	84.1%
Yes	220	15.9%
Total	1,383	100.0%

Amongst the 220 secondary school students who reported that they had participated in gambling activities in the past year, Table 4.10 illustrates that less than 10 students (less than 5% of the gamblers) reported that they had gambled on Hong Kong Jockey Club (HKJC) football, HKJC local horse race, HKJC non-local horse race or other non-HKJC betting. However, 93.1% of gamblers reported gambling on poker/ mahjong or similar in the past year and 23.8% of gamblers reported gambling on the Mark Six Lottery in the past year.

Table 4.10 Frequency of gambling by types of gambling activity among gamblers

Frequency	HKJC						
	Football betting	Local horse race betting	Overseas horse race betting	Mark Six Lottery	Poker, mahjong, etc.	Online gambling	Others
Never	96.2%	95.7%	99.5%	76.2%	6.9%	98.1%	95.7%
Once per 7-12 months	0.5%	1.9%	0.0%	8.4%	43.3%	0.5%	1.0%
Once per 4-6 months	0.5%	1.0%	0.0%	2.5%	15.7%	1.0%	0.5%
Once per 2-3 months	0.5%	0.5%	0.5%	4.0%	16.1%	0.5%	0.5%
Once per month	1.0%	0.0%	0.0%	2.0%	6.5%	0.0%	1.9%
Once per 2 weeks	0.5%	1.0%	0.0%	4.0%	5.5%	0.0%	0.0%
Weekly or more	1.0%	0.0%	0.0%	3.0%	6.0%	0.0%	0.5%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Number gambling	8	9	1	48	212	4	9
% of gamblers	3.8%	4.3%	0.5%	23.8%	93.1%	1.9%	4.3%
% of all students	0.6%	0.7%	0.1%	3.5%	15.3%	0.3%	0.7%

Note: The frequency data is not reliable for types of activity with less than 10 participants and these questions were only asked for those who had gambled in the past year

4.4.1 Age started to gamble

Amongst the 186 students who gambled in the past year and reported the age at which they started gambling, Table 4.11 shows that 40 secondary school students (21.5%) reported they had the onset of gambling before the age of 10. Another 143 students (76.9%) reported that they started gambling between the age of 10 and 17.

Table 4.11 Age started to gamble

Age	Count	Percentage
5 or below	12	6.5%
6	3	1.6%
7	7	3.8%
8	7	3.8%
9	11	5.9%
10	34	18.3%
11	24	12.9%
12	29	15.6%
13	15	8.1%
14	17	9.1%
15	10	5.4%
16	13	7.0%
17	1	0.5%
18	2	1.1%
20	1	0.5%
Total	186	100.0%

4.4.2 Channels for gambling

As seen in Table 4.12, among the 220 students who reported gambling in the past year, the only channels reported by more than 5 gamblers were family (22.3%), relatives (8.6%), the HKJC apps (4.1%) and friends (2.7%).

Table 4.12 Ways of placing bets

		Count	Percentage
In person	HKJC telebet	1	0.5%
	HKJC apps	9	4.1%
	HKJC website	3	1.4%
	Non-HKJC website (e.g. online casino)	1	0.5%
	Non-HKJC betting apps	3	1.4%
	Other	3	1.4%
Through other people	Family members	49	22.3%
	Relatives	19	8.6%
	Friends	6	2.7%
	Classmates	2	0.9%
All gamblers		220	100.0%

Note: This question allowed multiple responses.

4.4.3 Locations of gambling

Amongst gamblers, the most common locations of placing bets as reported by the students who gambled were friend's residence (51.4%), followed by own residence (40.5%) and relative's home (33.3%) (Table 4.13).

Table 4.13 Locations of placing bets

		Count	Percentage
Residence	Self	89	40.5%
	Friends	113	51.4%
	Relatives	71	33.3%
	Classmates	22	10.0%
Non-residence	School/ Campus	9	4.1%
	Bar/ Pub	1	0.5%
	Park	1	0.5%
	Restaurant	1	0.5%
	Internet Café	9	4.1%
	Clubhouse	12	5.5%
	Other	8	3.6%
	Total	220	100.0%

Note: This question allowed multiple responses.

4.5 Gambling Problems as Measured by DSM-5

As explained in Chapter 2, the DSM-5 gambling scale, which is a widely used clinical measure to identify GD gamblers, is adopted to measure the prevalence of GD in students who gambled in the past year.

Tables 4.14 and 4.15 show the DSM-5 gambling scale items and the overall DSM-5 scores attained by the secondary school students who gambled last year. As explained in Chapter 2, the respondents who exhibited four or more criteria would be diagnosed as GD gamblers. Of the 198 secondary students who gambled in the past year and completed the DSM-5 assessment, 97.5% of them were categorised as no risk gamblers and 2.5% of them (i.e. five students) was diagnosed as GD gamblers. Among these five GD gamblers, three attained mild level, two attained moderate level and none attained severe level.

Among the whole sample of 1,383, the prevalence rate of GD is 0.4%, which is a large drop from the rate of 0.7% reported in the 2016 study. However, as discussed in Chapter 1, this may be due to the COVID-19 restrictions. Comparisons with estimates of GD prevalence in studies earlier than 2016 are not meaningful due to the change in assessment tool from DSM-IV to DSM-5. GD status did not show a statistically significant relationship at $p < 5\%$ with any of the demographic variables, so comparing the demographics of gambling and non-gambling students is of no value.

Table 4.14 Replies of the respondents on the DSM-5 items

Item	Percentage of respondents replying "Yes"
1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement	16.7%
2. Is restless or irritable when attempting to cut down or stop gambling	6.4%
3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling	2.5%
4. Is often preoccupied with gambling (e.g. having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble)	2.0%
5. Often gambles when feeling distressed (e.g. helpless, guilty, anxious, depressed)	2.5%
6. After losing money in gambling, often returns another day to get even ("chasing" one's losses)	30.3%
7. Lies to conceal the extent of involvement with gambling	3.5%
8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling	1.5%
9. Relies on others to provide money to relieve desperate financial situations caused by gambling	1.5%

Table 4.15 DSM-5 Scores

Level of severity	Score	Count	Percentage
No risk	0	128	64.6%
	1	38	19.2%
	2	18	9.1%
	3	9	4.5%
Mild	4	1	0.5%
	5	2	1.0%
Moderate	6	1	0.5%
	7	1	0.5%
Total		198	100%

4.6 Sources of Betting Money

Regarding the sources of betting money, the most common source among gamblers was from themselves (49.6%), followed by borrowing from family or relatives or friends or classmates (5%), as illustrated in Table 4.16. Only 7 gambling students reported that they had borrowed money for placing bets. In particular, 3 of them reported that they had borrowed for gambling more than 50 times in the past year, as shown in Table 4.17.

Table 4.16 Sources of betting money

	Count	Percentage
Self (savings or pocket money)	109	49.6%
Borrowing from family/ relatives/ friends/ classmates	11	5.0%
Borrowing from illegal money lender	2	0.9%
Re-sale of valuable items	7	3.2%
Other	6	2.7%
Total	220	100.0%

Table 4.17 Frequency of borrowing money for gambling in the past year

	Count	Percentage
None	39	84.8%
One time	2	4.3%
Two times	2	4.3%
52 times	1	2.1%
100 times	2	4.3%
Total	46	100.0%

Only twelve gambling students reported the total amount they borrowed for gambling in the past year. Five of them reported that they had borrowed more than \$100 for placing bets, as illustrated in Table 4.18.

Table 4.18 Total amount of money borrowed for gambling in the past year

	Count	Percentage
None	36	75.0%
\$1-\$100	7	14.6%
\$101-\$200	1	2.1%
\$401-\$500	1	2.1%
\$501-\$600	1	2.1%
\$50,001-\$100,000	1	2.1%
\$100,001-\$200,000	1	2.1%
Total	48	100.0%

Only nine students reported the maximum amount they borrowed on an occasion including two students who stated that they had borrowed more than \$100 on an occasion as illustrated in Table 4.19. As seen in Table 4.20, of the 18 students who answered, only one student still had an unpaid loan.

Table 4.19 Maximum amount borrowed for gambling in the past year

	Count	Percentage
None	36	80.0%
\$1-\$100	7	15.6%
\$201-\$300	1	2.2%
\$50,001-\$100,000	1	2.2%
Total	45	100.0%

Table 4.20 Whether the amount borrowed for gambling had been paid off

	Count	Percentage
Yes	17	94.4%
Not yet	1	5.6%
Total	18	100.0%

4.7 Football Betting

Among the 8 students who reported participating in HKJC football betting in the past year, Table 4.21 shows that the most common reasons were to support favourite teams/ players and boost excitement when watching matches (both 50%).

Table 4.21 Reasons for participating in football betting

	Count	Percentage
To support my favourite football team(s)/ player(s)	4	50%
There are many football matches for placing bets	1	13%
There is a variety of bet types	1	13%
The gambling formats/ rules are relatively simple	3	38%
It is legal to participate in football betting	2	25%
Football is one's favourite sport	2	25%
To boost the excitement when watching football matches	4	50%
Football is a popular sport as compared with other sports	1	13%
Influenced by family members/ relatives	1	13%
HKJC football gamblers	8	100%

Note: This question allows multiple responses.

Of the 6 students who reported betting on HKJC football in the past year and who reported how much they spent on football gambling per month, 3 reported \$500 or more, as illustrated in Table 4.22.

Table 4.22 Amount of bet placed on football betting per month

	Count	Percentage
\$1-\$100	3	50%
\$500	2	33%
\$1,000	1	17%
Total	6	100%

4.7.1 Channels and locations of placing football bets

Among the 8 students who reported betting on HKJC football in the past year, the most common channels of football gambling were placing bets through HKJC apps, family members and friends (all 38%), as seen in Table 4.23, while the most common locations when placing football bets as reported by the students who gambled last year were his/her home or relative's

home (both 38%), as seen in Table 4.24.

Table 4.23 Channels of placing football bets

		Count	Percentage
In person	HKJC apps	3	38%
	Non-HKJC website	1	13%
	Other	1	13%
Through other people	Family members	3	38%
	Friends	3	38%
Total		8	100%

Note: This question allows multiple responses.

Table 4.24 Locations when placing football bets

		Count	Percentage
Residence	Self	3	38%
	Friends	2	25%
	Relatives	3	38%
	Classmates	1	13%
Non-residence	School/ Campus	1	13%
	Bar/ Pub	1	13%
	Park	1	13%
	Internet cafe	1	13%
Total		8	100%

Note: This question allows multiple responses.

When students gambled on HKJC football, many of them were accompanied by family members, relatives or friends (all 38%), as seen in Table 4.25.

Table 4.25 Companion when participating in football betting

	Count	Percentage
Alone	1	13%
Family members	3	38%
Relatives	3	38%
Friends	3	38%
Classmates	2	25%
Colleagues	1	13%
Total	8	100%

Note: This question allows multiple responses.

4.8 Online Gambling

Only four students reported engaging in online gambling in the past year and of those, only one student answered the detailed questions on online gambling.

4.9 Gambling Motivation Scale (C-GMS)

This section covers the overall score of the C-GMS which is discussed in Chapter 2 (the subscales were not used in this Study). The overall score is the sum of the 28 item scores, using scores of 1-7 for each item. A total of 156 gambling students completed all the items on C-GMS. As seen in paragraph 4.14, the C-GMS overall score has a positive Spearman's rank correlation with the DSM-5 score for gamblers. Table 4.26 shows the mean and standard deviation (SD) for the scales for GD and non-GD gamblers, showing that the GD gamblers score on average 63 higher than non-GD gambling students.

Table 4.26 C-GMS scale for GD and non-GD gamblers

	Non-GD Gamblers' Mean	Non-GD Gamblers' SD	GD Gamblers' Mean	GD Gamblers' SD
Overall	43	25	106	6

4.10 Gambling Beliefs Scale (GBQ-C)

This section covers the GBQ-C, which is discussed in Chapter 2, the Luck/ Perseverance and Illusion of Control subscales and total scale (scored by averaging all the items), where higher scores indicate higher distortions in gambling beliefs.

Table 4.27 Summary of GBQ-C scales

	Max.	3rd Quartile	Median	1st Quartile	Min.	Mean	Standard deviation	Standard error
Luck/ Perseverance	5.9	3.7	1.7	1.0	1.0	2.2	1.4	0.08
Illusion of Control	6.3	3.8	1.9	1.0	1.0	2.3	1.4	0.08
Overall	5.8	3.5	1.9	1.0	1.0	2.3	1.4	0.08

The GBQ-C overall score has a median of 1.9 and a mean of 2.3; the Luck/ Perseverance subscale has a median of 1.7 and a mean of 2.2; the Illusion of Control subscale has a median of 1.9 and a mean of 2.3. The Luck/ Perseverance subscale has a similar distribution to the 2016 result, while the Illusion of Control subscale is lower (with a statistically significant difference). As seen in paragraph 4.13 below, the GBQ-C overall score and subscales all have a positive rank correlation with DSM-5 score which is statistically significant at 5%. As seen in Table 4.28, GD gamblers score about 2.2 units higher on average than non-GD gamblers on all scales.

Table 4.28 GBQ-C scales for GD and non-GD gamblers

	Non-GD Mean	Non-GD SD	GD Mean	GD SD
Luck/ Perseverance	2.5	1.3	4.7	0.7
Illusion of Control	2.7	1.4	4.9	0.8
Overall	2.6	1.3	4.8	0.8

4.11 Family Functioning

The family functioning was measured by APGAR which is discussed in Chapter 2. The scores obtained by the respondents are set out in the Tables 4.29 and 4.30. The higher scores indicate higher satisfaction with family function, where 1,421 students completed all 5 items. The score is 0 for rarely, 1 for sometimes and 2 for always, with the overall scale calculated as the sum over the 5 items.

Table 4.29 Family APGAR items

	Rarely	Sometimes	Always	Total
I am satisfied with the help I receive from my family when something is troubling me	14.9%	49.8%	35.3%	100%
I am satisfied with the way my family discusses items of common interest and shares problem solving with me	21.9%	48.5%	29.6%	100%
I find that my family accepts my wishes to take on new activities or make changes in my life	12.4%	47.4%	40.2%	100%
I am satisfied with the way my family expresses affection and responds to my feelings	23.2%	49.6%	27.2%	100%
I am satisfied with the amount of time my family and I spend together	11.5%	46.0%	42.6%	100%

Table 4.30 Family APGAR Score

	Max.	3rd Quartile	Median	1st Quartile	Min.	Mean	Standard deviation	Standard error
APGAR scores	10.0	8.0	5.0	4.0	0.0	6.0	2.9	0.08

The Family APGAR score had a median of 5.0 and mean of 6.0, with no statistically significant relationship with whether students gambled in the past year or with DSM-5 score, as seen in paragraph 4.13.

4.12 Perception on Legal Age for Gambling in Hong Kong

Table 4.31 shows that 45.7% of respondents agreed with the current legal age for gambling in Hong Kong, and 23.4% expressed the view that the legal gambling age should be changed.

Table 4.31 Is it appropriate to set the legal gambling age at 18?

	Count	Percentage
Yes	675	45.7%
No	346	23.4%
Don't Know	455	30.8%
Total	1,476	100.0%

Amongst the respondents who did not support the current age limit for gambling (excluding those who chose the current legal age), 52.4% supported an age of 21 or older, 21.3% supported an age of 19 or 20, for a total of 73.7% supporting an increased legal age; while 26.3% supported a reduction in legal age to under 18, as illustrated in Table 4.32.

Table 4.32 If not appropriate, which age is the proper legal age for gambling?

Age	Count	Percentage
Less than 15	41	12.1%
15	13	3.8%
16	35	10.4%
19	3	0.9%
20	69	20.4%
Above 20	177	52.4%
Total	338	100.0%

4.13 Correlations of scales with DSM-5

As seen in Table 4.33, all the scales discussed above, except for Family APGAR, have statistically significant positive Spearman correlations with the DSM-5 scores for gamblers (in the range of 0.43 to 0.55), indicating meaningful associations of these scales with GD in secondary school students who gamble.

Table 4.33 Spearman's ρ Correlation

Variable	by Variable	Spearman's ρ	Significance
Q5 DSM-5 Score	Q29 C-GMS Score	0.5505	<.0001*
Q5 DSM-5 Score	Q30 GBQ-C Score	0.4282	<.0001*
Q5 DSM-5 Score	Q30 GBQ-C Luck/ Perseverance	0.4301	<.0001*
Q5 DSM-5 Score	Q30 GBQ-C Illusion of control	0.4452	<.0001*
Q5 DSM-5 Score	Q31 Family APGAR Score	-0.0889	0.1202

4.14 Youth Survey summary findings

15.9% of secondary school students reported that they had gambled in the past year, a substantial drop from 21.8% in 2016. Among the whole sample of 1,383, the prevalence rate of GD is 0.4%, which is a large drop from the rate of 0.7% reported in 2016. However, the drop in both gambling and GD prevalence may both be due to the COVID-19 restrictions, so this decrease may not last. Less than 5% of gambling students (5%) reported that they had gambled on HKJC football, HKJC local horse race, HKJC non-local horse race or other non-HKJC betting, while more than 90% of gamblers reported gambling on poker/mahjong or similar in the past year and more than 20% of gamblers reported gambling on the Mark Six Lottery in the past year. About 20% of gamblers reported they had started gambling before the age of 10 and the only channels reported by more than 5% of gamblers were family (22%) and relatives (9%), while the most common locations of placing bets as reported by the students who gambled were friend's residence (51%), followed by own residence (41%) and relative's home (33%). The most common source of funds among gamblers was from themselves (50%), followed by borrowing from family or relatives or friends or classmates (5%), with less than 5% of gamblers reporting that they had borrowed money for placing bets. Less than a quarter of expressed the view that the legal gambling age should be changed, of whom nearly three quarters supported an increased age limit. GD gamblers scored on average 63 higher than non-GD gambling students on the C-GMS scale and about 2.2 units higher on average than non-

GD gambling students on all GBQ-C scales with all these scales showing a strong nonparametric correlation with DSM-5 score. The Family APGAR score showed no statistically significant relationship with whether students gambled in the past year or with DSM-5 score.

Chapter 5 Qualitative Study - Individual Interviews

5.1 Qualitative study Objectives

The aim of conducting a qualitative study is to obtain supplementary information not covered in the telephone survey and the school survey. The supplementary information includes gambling behaviours, situation at home and social lives. Of interest were gamblers' reasons, motivation, beliefs and views on gambling. Demographic data of respondents include their age, gender, educational attainment, monthly income, religion, married status, work status. The last section includes views on legal age of gambling, any changes to the frequencies of gambling activities held by HKJC. Also sought were whether or not the gamblers had adopted remedial measures to moderate their gambling, as well as the effectiveness of counselling services gamblers had received. This component is particularly relevant for the study objectives 7-12:

7. Identifying the characteristics and needs of problem and pathological gamblers in Hong Kong and the problems facing them and their significant others;
8. Identifying the extent and channels of emerging types of gambling and related activities in recent years in Hong Kong;
9. Gauging the knowledge of and perception towards counselling and treatment services for problem and pathological gamblers among the population, in particular among the gamblers;
10. Conducting analysis on the effectiveness of the counselling and treatment services funded by the Fund from the services seekers' perspective;
11. Conducting trend analysis on the matters and issues as set out in the above objectives (where applicable) with studies commissioned by the Fund and conducted in 2005, 2008, 2011 and 2016;
12. Identifying ways and recommending SHYAI, the Fund and relevant parties on strategies to alleviate or prevent problems associated with gambling in light of survey findings and overseas experience.

5.2 Participants

Ten gamblers with GD and 10 significant others of gamblers were recruited by the three counselling and treatment centres financed by the Fund, namely Tung Wah Group of Hospitals Even Centre, Caritas Addicted Gamblers Counselling Centre and Sunshine Lutheran Centre, Hong Kong Lutheran Social Service, LC-HKS.

5.2.1 Procedure

- a) Preparing all questionnaires and semi-structured formats from January to March 2021, which were finalized by the then HAB in May 2021.
- b) Recruitment of interviewees – the HKUSSRC staff visited various NGOs, counselling centers and social workers at NGO centres, starting in April 2021.
- c) All individual interviews started on 1st June and completed in September 2021, focus groups started on 1st August and completed on 30th October 2021.

- d) Semi-structured interview format was used for the individual interviews, to collect information about individual views on gambling and their gambling experiences. The information collected were genres of gambling participated (including online gambling), gambling behaviours, gambling motivation and beliefs. Participants were invited to comments on current/ future arrangement of gambling activities. There were questions about whether or not they had adopted measures to moderate their gambling. The GD were given all the measurements (as listed in Chapter 2).
- e) Each signed a consent form, the interview took one and a half hours and was recorded.
- f) At the end, each would fill in the measures, which the interviewer mark afterwards.

5.3 Qualitative Results

5.3.1 Individual interview data of ten gamblers with GD

a) Profiles of ten gamblers with GD

Table 5.3.1 Profiles of in-depth interviewees - Gamblers with GD

No./ age Gender/	Marital Status (no. of children)	Education Level	Work Status / Occupation	Monthly Income (HK\$)	Religion	Duration of Receiving Counselling	DSM-5 Score	APGAR Score
G1/ 64 Male	Married (1)	Senior secondary school	Self- employed	10,000 - 14,999	No	1 year	3	3
G2/ 37 Male	Single (0)	Senior secondary school	Self- employed	15,000 - 19,999	No	6 months	5	4
G3 /52 Male	Divorced (1)	Junior secondary school	Self- employed	5,000 - 9,999	No	3 months	8	4
G4/ 46 Male	Married (1)	Associate degree	Employer / Catering	45,000 - 49,999	No	9 years	1	8
G5/ 53 Male	Divorced (0)	Associate degree	Catering	20,000 - 24,999	Christian	None	3	7
G6/ 38 Male	Single (0)	Bachelor's degree and above	Employer	30,000 - 34,999	No	1 year	4	7
G7/ 34 Male	Single (0)	Bachelor's degree and above	Civil servant	Over 50,000	No	6 months	9	6
G8/ 46 Male	Married (1)	IVE	Airport staff	30,000 - 34,999	No	6 months	6	7
G9/ 57 Male	Married (1)	Senior secondary school	Refused to say	25,000 - 29,999	Christian	10 years (a few intervals)	9	6
G10/ 56 Male	Married (2)	Senior secondary school	Unemployed	15,000 - 19,999	Christian	8 years	9	4

Key: DSM-5 (GD): Mild (score 4-5), Moderate (score 6-7) and Severe (score 8-9)
APGAR (good family functioning above a score of 4): Low functioning (score 4 and below)

From Table 5.3.1, 10 male gamblers age ranges from 34 to 64 years old were interviewed. Two have scored mild GD, one has scored moderate and four have been diagnosed with severe GD scores on the DSM-5 measure of GD. It does not appear that religion or income or work status/ occupation/ education level/ marital status has any link with GD severity. However, the more family functions and support the gambler perceived (measured with APGAR) with higher scores as seen in Table 5.3.1, the more willing they seek counselling. 9 out of the 10 gamblers are receiving counselling ranging from 3 months to 10 years.

For the gamblers with DSM-5 scores ranged from 1 to 3, they have received support and counselling from the centres, they were recovering from GD at the time of interview.

b) Gamblers' gambling patterns

Table 5.3.2 Gamblers' types of gambling, frequency of gambling, debts, age when they first gambled and reasons for gambling

Subjects/ DSM-5 scores*	Types of gambling	Frequency of gambling	Gambling Debts (HK\$)	Age when they first gambled, experience	Reasons for Gambling
G1/ <u>3</u>	Horserace & football betting	2-3 times a week	0.5M	Under 10, with father (horse race betting)	Socializing
G2/ <u>5</u>	Horseracing & football betting, casino wagering	Weekly	0.7M	19 (football betting)	Financial gain, Sensation seeking and excitement
G3/ <u>8</u>	Horserace & football betting, online fishing game	Daily	20M	18 years old casino wagering, football betting, including illegal ones	Financial gain, Sensation seeking and excitement
G4/ 1	Horse race & football betting	3 times a week	2M	15, learned from father (played Mahjong, illegal football betting)	Financial gain
G5/ 3	Horse race betting, Macao casino wagering	Daily	3M	8-9, as father gambled	Socializing
G6/ 4	Horse race betting	No information	No information	20, with colleagues	Socializing
G7/ <u>9</u>	Football betting, warrants, stock market trading	Daily	30.6M	11 (stock market (blue chip) using family account)	Enjoyment, Financial gain
G8/ 6	Horse race & football, Macao casino wagering	4-5 times a week	0.3M	18, with friend after the end of a relationship (casino wagering)	Socializing, Enjoyment
G9/ <u>9</u>	Pai Gow (illegal)	Daily	Over 1M	6-7 years old, play with school friend (illegal games)	Enjoyment
G10/ <u>9</u>	Football betting	Every night with football matches	0.15M	15-16, with friends, horse race betting, football betting	Sensation seeking and excitement

*The DSM-5 scores underlined belong to the "severe" category. DSM-5 (GD): Mild (score 4-5), moderate (score 6-7) and Severe (score 8-9).

5.3.2 Types of Gambling

These gamblers participated in one or more types of gambling activities daily, weekly or whenever there was horse racing or football matches. From Table 5.3.2, seven gamblers (G1, G2, G3, G4, G5, G6, G8) gambled on horse races. Seven (G1, G2, G3, G4, G7, G8, G10) also bet on football matches, three (G2, G5, G8) in casino wagering; G9 was into illegal betting (Pai Gow); one (G3) went on fishing game (online betting) and G7 also bet on warrants and stock trading.

Gambling Disorder

From Table 5.3.2, four gamblers (G3, G7, G9, G10) were diagnosed with severe GD, 2 (G2, G6) with mild GD and one (G8) with moderate degree of GD (using DSM-5 criteria). The gamblers with severe GD tended to gamble daily on most of the games and had accumulated heavy gambling debts which were in the region of HK\$0.15M to HK\$30M.

5.3.3 Risk Factors contributing to Disorders in Gambling

a) *Starting gambling at an early age*

Four (G1, G5, G7, G9) have started gambling before the age of 11. Three learned horse racing from their fathers, G9 began illegal gambling with his friends. G7 used his father's account to trade stocks and shares. Some (G2, G3, G6, G8, G10) started in their teens.

Gamblers' (G3, G7, G9, G10) DSM-5 scores lied in the severe range of gambling disorder. The earlier they (G7, G9) started gambling before 11, or in their teens (G3, G10), the higher chances they would develop their GD problem and accumulate large gambling debts (G3, G7, G9, G10).

b) *Reasons for gambling*

i) Socializing

G1: *"I go with my good friend who loves gambling"*

G5: *"With colleagues going to Macau with my first pay"*

G6: *"for social reasons, go with friends"*

G8: *"peer influence"*

ii) Enjoyment

G8: *"I am bored and gambling is fun"*

G9: *"Gambling is a leisure, it is fun and enjoyable"*

iii) Financial gain

G2: *"I want to win"*

G3: *"I am happy when I won"*

G4: *"I need to win for my spending as I gave my salary to my wife"*

G7: *"It shows that I have the ability to win, I am also greedy"*

iv) Sensation seeking and excitement

G2: *"wants to gamble for sensation seeking"*

G3: *"people treat me differently"*

G7, G10: *"I go for the excitement"*

c) Frequency

From Table 5.3.2, it can be seen that out of the 10 GD, the four severe GD gamblers (G3, G7, G9, G10) and one other (G5), tended to gamble daily, on almost everything (football, horse races, stocks, casino and illegal gambling). Two (G1, G4) gambled two to three times a week, one (G8) gambled 4-5 times a week and one (G2) gambled weekly and one did not disclose any preferences.

d) Debts

The accumulated gambling debts range from HK\$0.15M (G10), to HK\$0.3M-\$0.7M (G1, G2, G8); between HK\$1M-\$3M (G4, G5, G9); HK\$20M (G3) to HK\$30.6M dollars (G7).

e) Motivation in gambling and gambling beliefs

An individual’s gambling motivation was measured with the C-GMS. High scores (above 75) indicate an individual is motivated seeking excitement, avoiding loneliness (G3, G6, G7, G8, G9, G10). Most interviewees of the individual interviews were motivated to seek monetary gains, feelings of accomplishment, social recognition and excitement (less bored) refer to Table 5.3.3.

For gambling beliefs, the GD gamblers (G7, G9, G10) have high scores in the GBQ-C that they tended to believe in their luck and have distorted beliefs in illusion of control, and that they have the skills in gaming and would win back their losses.

Table 5.3.3 Gambling motivation scores and gambling beliefs scores

	Motivation in gambling (measured by C-GMS, scores over 75 is regarded as high scores)	Gambling beliefs (measured by GBQ-C, scores over 85 is regarded as high scores)
G1	(42) “I need to repay my debts”	(42) belief
G2	(68) “I bet for monetary gains”	(80) belief-in control of the game
G3	(104) “I want to learn more about the game, for accomplishment, excitement, monetary gain and for recognition)	(82) belief-in control of the game
G4	(58) “I bet for monetary gains”	(57) belief-in control of the game
G5	(62) “Gambling for me is for excitement, and winning will change my life”	(46) belief-in control of the game
G6	(101) “I gamble for more knowledge, accomplishment, excitement, monetary gains, more money to spend with family”	(100) belief-in luck and control of the game
G7	(135) “For excitement, monetary gains”, “can get quick money, and I like the sensation of winning”	(121) belief-in luck and control of the game
G8	(91) “I gamble for excitement, monetary gains, quick money and I enjoy winning”	(71) belief-in control of the game
G9	(133) “I get to know more about the game, excited, feeling good, winning to repay my debt”	(103) belief-in control of the game
G10	(78) “Gambling is for making quick money to pay for heavy debt but is also exciting”	(122) belief-in control of the game

Statistically there is a close correlation (see Table 5.3.4) between (a) high C-GMS scorers and (b) those gamblers with high DSM-5 severity scores (G3, G6, G7, G8, G9, G10). The C-GMS scores are correlated significantly ($\rho = 0.720$) with the DSM-5 scores, that the motivation and need to gamble have made their gambling habits problematic to the point of being addictive, being unable to stop gambling despite their debts.

G7: *“I believed in my insight when I won, feeling satisfied and excited. When I lost, I wanted to chase back my losses. I can’t seem to be able to stop.”*

G8: *“It’s a way to deal with my loneliness and boredom.”*

G3: *“I felt happy when I won, others treat me better and different. I felt so proud when spending and betting a lot, a feeling of being prestigious. I can win and earn money from gambling sometimes and I don’t know how to stop.”*

Table 5.3.4 Significant Spearman’s rho of DSM-5 scores, C-GMS scores and GBQ-C scores

DSM-5 scores and C-GMS scores	correlated with each other (0.720)	statistically significant*** at <.0001 level), that means the relationship is not due to chance.
DSM-5 scores and GBQ-C scores	correlated with each other (0.571)	statistically significant*** at <.0001 level) that means the relationship is not due to chance.
Gambling Beliefs and its luck/perseverance	correlated with each other (0.917)	statistically significant*** at <.0001 level that means the relationship is not due to chance.
Gambling Beliefs and its illusion of control	correlated with each other (0.895)	statistically significant at <.0001 level that means the relationship is not due to chance.

Note: Luck/ Perseverance and Illusion of Control are the two closely related factors of the Chinese version of the GBQ-C.

f) Distortions in their gambling beliefs

The interviews revealed that the gamblers had belief distortions. They thought they were in control of gambling outcomes and they believed in luck would benefit them if they persevered. These distortions contributed to their GD (see Table 5.3.4), as indicated by the correlation ($\rho = 0.571$) between (a) GBQ-C scores and (b) GD. The gamblers with more distorted beliefs had more problems associated with their gambling.

Illusion of control refers to erroneous belief that the gamblers held, that they have the skills of the game, they knew how to succeed and win the game. These gamblers have told us that they believed that they have a “formula” and knowledge/ skill of their specific gambling activity, believed that they can control the outcome (winning) of the game. Thus, continue chasing the “near misses” of their skills. For this illusion in controlling the gambling activity has led to excessive chasing and incurring debts, based on their cognitive distortions that they “eventually will win” and cannot stop gambling. This can account for the irrational gambling behavior (Griffiths 1990).

G8: *“I have a strategy, I know I can win back my losses. Give me another \$10,000 and I am sure I can do it again.”*

G10: *“I am a good football player, I know the games well. I am sure my plans and skills are correct. One day I will recoup.”*

Belief in luck/ perseverance refers to investing in superstitious behavior, thinking the gambling outcomes are based on luck (Langer 1975). Gamblers tended to follow rituals (like sitting in certain seats in front of the poker machines; or at the roulette table), they tend to wear the same clothing as when they won last time. In the morning waking up, they can get the feelings that they can win today as they “feel lucky”.

G6: *“I believe in luck and when I wake up I can feel it is my lucky day.”*

G7: *“I have good skills and luck on my side. It will be ok at the end.”*

G8: *“When I lose... I put it down to bad luck. My formula should work.”*

5.3.4 Effects of disordered gambling

a) Financial difficulties and burden

All gamblers incurred heavy debts, as can be seen in Table 5.3.2. Their debts range from HK\$0.3M (G8) to over HK\$20M (G3), HK\$30M (G7). The interviews revealed that the gamblers were able to borrow from friends, relatives, bank loans, credit cards or other financial companies. In fact, many of them had borrowed from all of them instead of just from one source. Ultimately with their own heavy financial burden, the disordered gamblers resorted to using deceit, lying or criminal behaviour (G2 stole the management fees in Korea which was repaid by his family members and G3 stole from his employer and received a suspended sentence from the judge, apart from using up his mother’s retirement fund).

b) Effects on family members

Family members (such as partners and parents) were supportive when they found out the amount of gambling debts of their partners and children. They helped to bail the gamblers out the first time. However, the family members became despondent, distrustful and upset (see Table 5.3.5) when they were overwhelmed by the enormity of the debts and associated issues. Arguments, distrust and divorces were among many of issues in their relationships, shown by their perception of family function and support (low score measured by APGAR shown in Table 5.3.1)

The gamblers interviewed agreed and understood why their family members were angry and upset. Often with numerous relapses they said that they tended to blame themselves as “*being stuck*” in their gambling habits and “*do not seem to be able to stop or pull out from the situation*”.

Table 5.3.5 Perception of satisfaction with family functioning and support

G1	<i>“My wife didn’t support, and others refused to help”</i>
G2	<i>“My family helped and took out a second mortgage on our flat to pay for my debts”</i>
G3	<i>“Parents are supportive”</i>
G4	<i>“My family is still supportive to me”</i>
G5	<i>“My family member helped with my debts”</i>
G6	<i>“My wife is not supportive anymore”</i>
G7	<i>“My family helped to repay my loans”</i>
G8	<i>“Family’s financial situation is unstable”</i>
G9	<i>“My wife is tolerating my gambling”</i>
G10	<i>“My wife is supportive, she also came to counselling with me”</i>

When the gamblers relapsed, with their broken promises, the gamblers eventually lost the support they initially enjoyed from their family (see Table 5.3.5).

Table 5.3.6. How the gambling affects their family life

G1	<i>“Separating” from his wife</i>
G2	<i>“Partner left, my family is not on speaking terms with me”</i>
G5	<i>“Our relationship is bad”</i>
G6	<i>“She gave up on me”</i>
G7	<i>“My wife is angry with me, she doesn’t trust me”</i>
G8	<i>“My family is stressed, family and friends lost trusts”</i>
G9	<i>“She lost trust, my wife nearly divorced me”</i>
G10	<i>“Now my wife is distressed, a loss of trust”</i>

Only two have felt fine:

G3: *“We all are still coping”*

G4: *“We will not let grandfather know, I won’t want to upset grandfather”*

c) Mental health and low self-esteem (measured by DASS-21)

Mental health issues like stress, anxiety and depression, low self-esteem can be a risky factor for excessive gambling, DASS-21 is used to measure the mental health of the gamblers interviewed.

Table 5.3.7 DASS-21 results for GD gamblers

DASS-21 Scores	Depression	Anxiety	Stress
G1	32	26	18
G2	1	2	5
G3	10	10	12
G4	2	2	10
G5	0	0	0
G6	0	2	4
G7	2	4	9
G8	4	4	6
G9	4	0	9
G10	7	12	9

Key: The cutoff scores of severity for (1) Depression: over 21; (2) Anxiety: over 15; (3) Stress over 26.

Many of the disordered gamblers with heavy financial burdens have mental health issues like low self-esteem, stress, depression and anxiety. Their DASS-21 scores (refer to Table 5.3.7) showed that 3 gamblers have some symptoms of depression with low self-esteem (G1, G3, G10) and only one (G1) met the criteria for depression, anxiety.

The interviewees' responses were:

G1: *"I couldn't seem to experience any positive feelings at all"*

G3: *"Nothing to look forward to"*

G8: *"I have no initiatives to do things"*

G10: *"I felt that I wasn't worth much as a person"; "my life was meaningless"*

Often the gamblers experienced anxiety symptoms like tension, trembling and panicky. They expressed that they are tense and *"can't wind down"* and felt *"breathlessness in the absence of physical exertion"* with small panic symptoms. Some felt stressed most of the times, *"getting irritated easily with family members"*, *"more intolerant, and touchy in general"*. These symptoms could be due to the results of their worries (of debts) or due to the discomfort of gambling urges.

d) Less time socialising with family or friends

Many gamblers were so busy working overtime to get more money to cover their debts that they ignored their family and friends.

G3: *"I am so obsessed in getting to place my bets that I cannot attend the birthday celebration of my father-in-law, and my wife has to make excuses on my behalf"*

G4: *"No time to talk or meet up with family and friends"*

5.4. Comments on Counselling services

The Fund has financed the operation of four dedicated counselling and treatment centres for provision of counselling, treatment and other support services for problem gamblers and those affected by them. The existing operators of these four centres are the Tung Wah Group of Hospitals Even Centre, Caritas Addicted Gamblers Counselling Centre, Zion Social Service Yuk Lai Hin Counselling Centre and Sunshine Lutheran Centre, Hong Kong Lutheran Social Service, LC-HKS. The centres jointly operated a centralised gambling counselling hotline service (183 4633) since 2003.

In 2020, the Fund funded a pilot project titled Project i-Change which features a virtual counsellor serving as an initial contact point to offer preliminary advice and encourage problem gamblers for further telephone and face-to-face counselling. The project aims to fill the gap of existing operation hours of counselling services and is operated by Evangelical Lutheran Church Social Service - Hong Kong.

5.4.1 Views on services provided at the dedicated counselling and treatment centres

According to Table 5.3.1, 9 out of 10 gambler-participants had received counselling treatment. They sought help to curb their heavy gambling patterns and remained in counselling for over 3 months. G9 had counselling on and off for 10 years. G4 and G10 each received 9 years and 8 years respectively. They have commented on the help and benefits they received.

The interviewees considered that the counselling services were helpful. They felt that counselling helped them to learn to be more insightful into their own problem gambling. Group activity in particular was welcomed and some psychological techniques helped with stopping their urges. Some significant others also entered into mutual support groups organized by the counselling and treatment centres. They felt relieved in sharing their pains. They benefited also from receiving constructive comments. They would like more follow-up services, more public education, being taught more skills, or more manpower resources should be allocated to assist/ counsel the family members.

G1: *“Half a year in counselling, group sharing helped me a lot”*

G2: *“Both counsellor and my partner helped me control and supported me”*

5.4.1.2 Aware of provision of counselling services through other online means

Among the 10 gamblers with GD interviewed, only 2 GD gamblers had heard of WhatsApp, WeChat or Chatbox platforms set up for counselling gamblers.

G1: *“Yes, but it does not work, only chatting/ language, no emotional expression, no interpersonal interaction.”*

G8: *“I found WhatsApp a good way for support, online diary about gambling habit and mood. Not heard of WeChat/ Chatbox”*

5.4.1.3 Views on existing legal gambling age and gambling opportunities

All 10 gamblers with GD saw no need to change the legal gambling age or varieties on betting choices.

G3: *“There are many ways to gamble legal and illegally and HKJC has no need to change for more varieties”*

G5: *“I think HKJC has more than enough varieties”*

5.5 Individual interviews with significant others of the gamblers with GD

Ten significant others of the gamblers were interviewed individually.

a) Profiles of ten significant others of the gamblers with GD

Table 5.4.1. Profiles of in-depth interviewees - Significant others of gamblers with GD

No./ Gender	Age	Marital Status (no. of children)	Education Level	Work Status / Industry	Monthly Income (HK\$)	Religion	Duration of Receiving Counselling
SP1/ Female	29	Cohabitee (0)	Bachelor's degree	Sales	30,000-34,999	No	None
SP2/ Male	67	Married (1)	Primary school	Retired	None	No	None
SP3/ Female	40	Married (2)	Bachelor's degree	Secretary	25,000-29,999	Christian	None
SP4/ Male	67	Married (1)	Senior secondary school	Self-employed	Unstable	No	None
SP5/ Female	54	Married (2)	Senior secondary school	Part-time	below 4,999	Christian	7 years
SP6/ Female	52	Married (1)	Senior secondary school	Retail	25,000-29,999	No	3 years
SP7/ Male	29	Cohabitee (0)	Bachelor's degree	Catering	35,000	Christian	0
SP8/ do not wish to be disclosed/ 33		Married (1)	Matriculation	Tourism	5,000-9,999	Christian	0
SP9/ Female	57	Married (1)	IVE	Retail	10,000-14,999	Christian	Refused to disclose
SP10/ Female	47	Married (2)	Senior secondary school	Retail	10,000-14,999	Christian	Refused to disclose

The Table 5.4.1 shows there are 3 men, 6 women and 1 chose not to answer. Their age ranges from 29 to 67 years old. Two were cohabitees and eight were married. Nine said that they are working and earning in order to support their family. Two interviewees admitted that they have received counselling for their suffering as partners of the gamblers with GD. Six were Christians, they said they were desperate to seek help and support from their religious belief.

5.6. Consequences of gambling on significant others

a) *Effects on their Mental Health well-being*

The mental well-being of the significant others were important as they have a lot of worries on their mind. DASS-21 was used to assess their level of depression, anxiety and stress. From Table 5.4.2, only one (SP1) has fulfilled the criteria of anxiety and stress symptoms, three (SP3, SP7, SP8) have experienced some stress symptoms and SP7 also has some depressive signs and expressed low self-esteem. All of the significant others of the gamblers with GD showed that they perceived dissatisfaction with the family functioning and support.

Table 5.4.2 Results of DASS-21 for the significant others

No./ Age	Gender/	No. of Children	DASS-21 scores			APGAR scores
			Depression (over 21)	Anxiety (over 15)	Stress (26 and over)	
SP1/ F/ 29		0	14	16	26	0
SP2/ M/ 67		1	8	4	4	0
SP3/ F/ 40		2	6	8	16	0
SP4/ M/ 67		1	3	4	0	4
SP5/ F/ 54		2	1	3	0	1
SP6/ F/ 52		1	0	0	0	0
SP7/ M/ 29		0	18	6	18	0
SP8/ F/ 33		1	4	0	10	0
SP9/ F/ 57		1	0	0	0	0
SP10/ F/ 47		2	0	0	0	0

Key: DASS-21: The cut off scores of severity of (1) Depression: over 21; (2) Anxiety: over 15; (3) Stress: over 26.

APGAR: Under score 4 = perception of satisfaction with family not functioning/ no support; score 5-10 = perception of more satisfaction of family functioning and support.

Table 5.4.3 How the significant others are affected

	Relationship to Gamblers	Effects on Significant Others	Role of the Significant Others
SP1	Girlfriend, "My Boyfriend, knew him for 3 years, found out 6 months ago of his debts"	Carried loans, stressful, disappointment, sadness	Supporting him and reminding him of family, instilling hope. Found counselling online for self.
SP2	Father (his son is a gambler, 23 years old) sold flat to repay loans	Son filed bankruptcy, lots of loans and sold own flat (\$5M) Temporary accommodation from council.	Supportive, reminding son not to gamble. Attended counselling for both.
SP3	Wife. Knew in 2013 of his debts (\$1M) then 2016 (\$1M), 2018 (\$0.7M), 2020 (\$0.8M)	Distrust. Emotionally drained. Planning for divorce.	Supporting, limit his money. Has counselling for herself – helpful
SP4	Father (his son is a gambler, 28 years old, football betting with debts. 6 years ago in Switzerland while studying abroad. Expensive life style) Borrowed from financial company to repay his debts	Anxious on how to repay debts. Father is not telling his wife and be the middle-man holding information causing a lot of stress.	Seek counselling help, due to son's relapse in 2018. His mother was also depressed and anxious.
SP5	Wife. Macao Baccarat. Claimed to get money for daughter' study abroad. Knew in 2007 of his	Felt angry and hit herself sometimes, daughter won't speak to him. Losing hope as he relapsed again.	Religion is supporting her distress, accepting the worst, no future.

	Relationship to Gamblers	Effects on Significant Others	Role of the Significant Others
	debts. Used his pension money to repay debts but relapsed again		
SP6	Wife. Her GD husband worked in China, in 2013 she knew of his debts. His parents helped, in 2018 debts amounting at \$1M and she had to borrow from financial company. Applied for self-exclusion now from casino.	Sold flat (valued at \$7M) to repay debts and living with in-laws. Son is angry with father.	Attended counselling services for both.
SP7	Son (his GD father who gambled when he was 13). Knew his father had debts and went bankrupt. In 2016, debts of \$0.5M	Distrusting father, with his brother felt helpless, always worried, mother was also ill.	Worried child, angry with father and mother was not able to support them.
SP8	Wife. GD husband whose mother was a problem gambler. Gambling since he was 14, Baccarat, lying. In 2016 had \$1M debt, cannot stop, heavier debts, wanting to commit suicide.	Wife felt helpless, disappointed, also went bankrupt, relationship went bad, eventually left him and went to shelter home.	Wife and daughter were only ones to support him. Attended counselling centre was helpful.
SP9	Wife. GD husband, 13 years ago he asked her for money, re-mortgaged home (\$1M) to repay for debts.	Son was angry his parents, didn't know his gambling (Pai Gow), family very disappointed, loss of trust, hopeless, silent at home.	Attended church that supported the wife. Husband also became a Christian.
SP10	Wife. GD husband. He gambled over 20 years. Football betting with his peers, accumulated debts (\$0.4M-0.5M) Her father helped to pay debts.	No trust left wife want to divorce him, gambling destroyed the family. Financial crisis all the time.	Local counselling service was supportive and he also attended. But when he relapsed again, they couldn't help. Wife was disappointed.

5.7 Gambling problems of gamblers with GD and the effects on significant others

- a) **Disappointment:** All significant others of GD gamblers felt upset or disappointed once they found out their gamblers had accumulated heavy debts. They tried to persuade the gamblers to stop gambling or seek counselling. Yet, time after time the gamblers relapsed. Consequently, the partners became angry. Separation or divorce was the final outcome.

SP9: "He told me a few years after marriage"; "the family was very disappointed; we tried to persuade him to stop over 20 years now", "family was shocked, all expressed disappointment"

SP4: "My son was very angry with me as we had to sell our home"

- b) **Financial loss:** The significant others became financially burdened. They had to help pay the debts for the gamblers. Many had re-mortgaged or sold the flat or had to incur loans (SP1 and SP2). They felt helpless and anxious that they could not pay the debts and loan sharks would throw red paints.

- c) **Anxiety:** The scores of (SP1) reached the criteria for anxiety and stress as measured by DASS-21 in Table 5.4.2. The others' scores did not fulfil the criteria of stress, anxiety or depression, but SP3, SP7 seemed to be affected by their gambling family members, as they worried about the debt burdens.

SP3, SP7: "We were stressed all the time, worrying how to pay our next bill"

- d) **Broken relationships:** occurred as the significant others lost trust of their gamblers. They were in despair over the years and had thought of separation or divorce.

SP1: "I am collapsing, feeling emotionally fatigue and felt helpless when my boyfriend is trapped in the cycle of gambling. I am not sure my relationship could continue"

SP10: "Gambling destroys my family, almost breaking it up. My daddy left me money so I can solve my husband's financial problem"

- e) **Support:** At the same time the significant others felt they had to support the gamblers. They hoped for change. A few of the significant others have sought counselling treatment themselves and felt supported by the counsellors.

SP1: "I need to tell him the importance of self-control."

5.8 Comments on counselling services, legal gambling age and current gambling opportunities in Hong Kong

5.8.1 Views on services provided at the dedicated counselling and treatment centres

SP3: "Counselling has a supportive role only. My husband left after 2 sessions. The centre needs to give more regular follow-up to monitor change, be more active to chase drop-out cases."

SP2: "Counselling services is important, hope my son can learn to have own responsibility to change. The counselling services can be more beneficial if similar cases can be grouped for assistance, if the service can reach every district and if more education can be provided to the public."

SP4: "Our family came with our son who gets individual counselling until recently. Parents joined group to listen to sharing from other family members."

SP6: "Counselling service provides support to me though it cannot change my husband's gambling behavior. The sessions also helped me emotionally and guided him to see the distress he caused the family. It's more passive service, waiting for help seeking gamblers, it should offer more skills, training and systems to monitor gamblers."

SP9: "He relapsed, but the support from the service was not sufficient. I was disappointed. Social worker was not ready to help me again."

SP10: “Current support is effective, group sharing helped me to get relieved. However, there is insufficient manpower to assist the family in need.”

5.8.2 Aware of provision of counselling services through other online means

SP5: “Yes heard of it, but never used it.”

SP7: “Notice that there is something like a chatbox that can give help. However, I have never wanted to try.”

SP8: “Yes, I heard of it. Typing words and characters is not convenient for me as a housewife.”

SP4, SP6, SP9, SP 10: “Never heard of it.”

5.8.3 Views on legal gambling age and HKJC current gambling types/varieties

None have expressed any views on HKJC’s operations or on legal gambling age changes.

5.9 Qualitative Interview Conclusions

Interviews were conducted to supplement quantitative findings. There are a number of prominent predictors to GD: (i) early age onset of gambling is a good predictor, evidenced by interviewing the people with GD, the majority have started their gambling as early as 6-11 years old; (ii) gambling motivation, personal needs (coping with low moods) are important, with their own given reasons for gambling like boredom, curiosity, for monetary gains, social interaction and feeling of accomplishment; (iii) many have reported the erroneous illusion of control and perception of luck/ perseverance on the outcomes of their bets; iv) perception of family functioning and support; v) parental influences on gambling and lack of monitoring also can played an important role in the early developmental phases of heavy gambling; vi) accessibility of venues, or via internet/ mobile access to gambling; and vii) availability helps towards the development of GD.

With the availability of easy loans from banks, financial companies, the amount of debt accumulated by GD gamblers, as disclosed in the interviews were alarming, from \$150,000 to \$30M. Many gamblers borrowed from family members, and significant others of the gamblers re-mortgage or sold their flat (e.g. \$5M in one case) to bail out the gamblers.

The interviews have shown the GD gamblers followed a pattern from the initial winning phase of fun and pleasure play, progressing to a losing phase, where they were greedy, hoping for more money by increasing the wagering as well as their tolerance level was increased, by betting more (like a bigger dosage) in order to maintain the pleasure or excitement. As a result, a desperate phase having a bigger debt, with the urgency to gamble more heavily in order to recoup the debts. These 3 phases of gambling can be heard from their interviews, these phases have been coined by Robert Custer in the early eighties.

For many GD gamblers, football betting and horse race were among the most popular type of gambling, next came Baccarat, in Macao casinos. Throughout the interviews, there were

mention of illegal gambling (football betting, Pai Gow and basketball betting) via the internet or illegal venues. Some youths using internet sites to access free games, and some games with payment.

Consequences of gambling have led to many break-ups in the family, arguments, poor communication, poor family functioning and support as the family members were often shocked, disappointed and worried about repayment of debts. The gamblers interviewed agreed with the family's attitudes towards them as they have caused many of the problems and breakdown in marriages and in family relationships. The effects on the family and partners were often disastrous, leading to some psychological pains, stress, depression and anxiety symptoms.

Many participants in the individual interviews have accessed counselling from the local counselling centres and have found them helpful and supportive, even for the significant others who have found them useful.

None of the gamblers nor the significant others wanted HKJC to make changes to increase number of races or the betting choices and varieties on the races and football betting; nor did they advocate any change of legal age.

In conclusion out of ten gamblers recruited from the three counselling centres financed by the Fund, 4 out of 10 gamblers interviewed met the severity criteria on the DSM-5, having GD, and 1 out of 10 of them met the criteria for moderate GD, with 2 others met the criteria for having mild GD. Therefore 4 out of 10 gamblers interviewed (40%) are diagnosed with severe level of GD.

Chapter 6 Qualitative Study - Focus Groups

6.1 Introduction

The second part of the qualitative study is to find out more from the focus groups, the information collected were genres of gambling participated (including online gambling), gambling behaviours, gambling motivation and beliefs. Participants were invited to comments on current/ future arrangement of gambling activities and express views on the preventive and remedial measures that might be used to prevent problem gambling in Hong Kong. They introduced themselves in the group, signed consent forms, filled in the measurements individually and the interview began and lasted one and a half hour. The findings and observations of the focus groups are presented in detail in Chapter 6.

We recruit from various venues (viz., schools, tertiary institutions, and counselling centres for at-risk (gambling) youths). Ten focus groups were formed and the total number of participants were 45 as follows:

- i) Two groups of 4 gamblers with GD (N1= 8)
- ii) Two groups of 5 school children and adolescents (N2=10)
- iii) Two groups of 4 at-risk (gambling) youths (N3= 8)
- iv) Two groups of 4-5 college students (N4= 9)
- v) Two groups of 5 members of the general public (N5=10)

This component is particularly relevant for the study objectives 7-12:

- 7. Identifying the characteristics and needs of problem and pathological gamblers in Hong Kong and the problems facing them and their significant others;
- 8. Identifying the extent and channels of emerging types of gambling and related activities in recent years in Hong Kong;
- 9. Gauging the knowledge of and perception towards counselling and treatment services for problem and pathological gamblers among the population, in particular among the gamblers;
- 10. Conducting analysis on the effectiveness of the counselling and treatment services funded by the Fund from the services seekers perspective;
- 12. Identifying ways and recommending SHYAI, the Fund and relevant parties on strategies to alleviate or prevent problems associated with gambling in light of survey findings and overseas experience.

6.2 Demographic Data

6.2.1 Focus Groups of Gamblers

Eight gamblers were recruited from the counselling centres and formed into two focus groups to explore their profiles: marital, work status and whether they had received counselling on their gambling habits.

Table 6.2.1 Profiles of respondents in two focus groups of gamblers

No./ Gender/ Age.	Marital Status (no. of children)	Education Level	Work Status/ Industry	Monthly Income (HK\$)	Religion	Duration of Receiving Counselling services
FG-G1/ M/ 44	Divorced (1)	Bachelor's degree	Employee	Uncertain	No	6 months
FG-G2/ M/ 29	Single (0)	Associate degree	Employee / Logistics	5,000-9,999	Christian	7 years
FG-G3/M/ 37	Married (1)	Senior secondary school	Employee	30,000-34,999	No	0 year
FG-G4/ M/ 44	Married (1)	Senior secondary school	Employee / Catering	20,000-24,999	Christian	6 months
FG-G5/M/ 53	Single (0)	Senior secondary school	Employee / Catering	5,000 -9,999	No	10 years
FG-G6/ M/ 34	Single (0)	Senior secondary school	Employee / Catering	35,000-39,999	No	2 years
FG-G7/ M/ 34	Married (2)	Senior secondary school	Employee / Catering	40,000-44,999	No	3 years
FG-G8/ M/ 26	Single (0)	Bachelor's degree	Employee / Catering	25,000-29,999	No	1 Year

There were 8 male gamblers aged between 26 and 53 years of age. Three were married, one was divorced with children, and the other four were single. The majority of them had secondary education; two had a degree and one had an associate degree. They were all working, mostly in catering industry, earning between \$5,000 and \$44,999 per month. Except for one (FG-G3), they all have attended counselling services. (Refer to Table 6.2.1)

6.2.2 Focus Groups of children and adolescents

Five children and five adolescents were recruited from two different schools and formed into 2 focus groups to explore their understanding and habits on gambling, profiled in Table 6.2.2. There were 5 school children (3 males and 2 females) from Form 1 to Form 3 aged between 13 and 14 in the first focus group. The second focus group was of 5 adolescents (2 females and 3 males) in senior form 4-5, aged between 15 and 18.

Table 6.2.2 Profiles of respondents in two focus groups of children and adolescents

No./ Gender/ Age.	Class	Internet Addiction Test scores (severity)	Religion	SOGS-RA
FG-C1/ F/ 13	Form 1	21 (normal)	Christian	0
FG-C2/ F/ 13	Form 2	35 (mild)	No	0
FG-C3/ M/ 14	Form 3	36 (mild)	No	0
FG-C4/ M/ 14	Form 3	30 (normal)	No	0
FG-C5/ M/14	Form 3	25 (normal)	No	0
FG-C6/ M/ 15	Form 4	37 (mild)	Christian	7
FG-C7/ F/ 15	Form 4	42 (mild)	Christian	1
FG-C8/ F/ 16	Form 5	43 (mild)	No	0
FG-C9/ M/ 18	Form 5	47 (mild)	No	1
FG-C10/ Male / 16	Form 5	44 (mild)	No	1

6.2.3 Focus groups of at-risk youths

They were recruited/ referred from the three counselling centres funded by the Fund, that these youths experiencing some problems with gambling control, as referred by the social workers in the centres.

Table 6.2.3 Profiles of respondents in two focus group of at-risk youths

No./ Gender/ Age.	Marital Status	Education Level	Religion	Work Status/ Industry	Monthly Income (HK\$)	Counselling
FG-Y1/Female/ 15	Single	Junior secondary school	No	Student	0	0
FGY2/Female/19	Single	Bachelor's degree	Christian	Student	0	0
FG-Y3/Female/19	Single	IVE	No	Employee/ Catering (Part-time)	5,000-9,999	0
FG-Y4/ Male /26	Single	IVE	No	Employee/ Delivery	20,000-24,999	0
FG-Y5/Male/25	Single	Junior secondary school	No	Employee / Sales	15,000-19,999	0
FG-Y6/do not wish to say/21	Single	Junior secondary school	No	Do not wish to be disclosed	5,000-9,999	0
FG-Y7/Male/22	Single	Bachelor's degree	No	Employee/ Catering	5000-9,999	2 months
FG-Y8/Male/19	Single	IVE	No	Employee / Retail	10,000-14,999	6 months

Table 6.2.3, profiles the 8 at-risk youth ranging from 15 to 26 years old participating in the focus group. There were 4 females (though one would not choose to say) and 4 males. Two were students, while the rest worked in the catering, retail, sales, delivery industry. They earned a monthly income ranging from \$5,000 to \$24,999 per month.

6.2.4. Focus groups of College students

The college students were recruited from tertiary institutions aged between 18 and 23 years old, doing matriculation, IVE or degrees. They had a monthly allowance of \$5,000 per month. No one received or needed counselling.

Table 6.2.4 Profiles of respondents in two focus groups of college students

No./ Gender/ Age.	Education Level	Marital Status	Religion	Monthly allowances (HK\$)
FGCS1/M/ 22	IVE	Single	No	5,000
FG-CS2/ M/ 20	Matriculation	Single	No	5,000
FG-CS3/ F/ 20	Matriculation	Single	No	5,000
FG-CS4/ F/ 23	IVE	Single	No	5,000-9,999
FG-CS5/ F/ 21	Bachelor's degree	Single	No	5,000
FG-CS6/ F/ 18	IVE	Single	No	5,000
FG-CS7/ M/ 18	IVE	Single	Christian	5,000
FG-CS8/ M/ 19	Bachelor's degree	Single	No	5,000
FG-CS9/ F/ 23	Bachelor's degree	Single	No	5,000

6.2.5. Focus groups of the general public

Ten persons were recruited from the members of the public, from leisure clubs, churches and tertiary institution to form 2 focus groups to explore their profiles: marital status, education and work status, monthly income and religion, attitudes towards gambling.

Table 6.2.5 Profiles of respondents in two focus groups of the general public

No./ Gender/ Age.	Marital Status (no. of children)	Education Level	Religion	Work Status/ Industry	Monthly Income (HK\$)
FG-P1/ M/ 64	Divorced (0)	Primary school	No	Construction	10,000-14,999
FG-P2/ M/ 40	Single (0)	Bachelor's degree	Christian	Catering	25,000-24,999
FG-P3/ M/ 36	Single (0)	Bachelor's degree	No	Finance	No information
FG-P4/ Binary/ 40	Married (0)	Bachelor's degree	Christian	Employer	Uncertain
FG-P5/ F/ 66	Married (3)	Matriculation	Christian	Construction	5,000-9,999
FG-P6/ M/ 63	Married (2)	Senior secondary school	No	Retired	0
FG-P7/ M/ 60	Single (0)	Senior secondary school	No	No information	10,000 -14,999
FG-P8/ M/ 66	Married (1)	Primary school	No	Retail	5,000-9,999
FG-P9/ Binary/ 67	Married (1)	Primary school	No	Retired	0
FG-P10/ Binary/ 52	Married (1)	Senior secondary school	No	Catering	30,000-34,999

From Table 6.2.5 participants in the focus group for the general public consisted of 6 males, 1 female and 3 are gender binary. Their ages ranged from 36 to 67 years old. Six were married (5 had children), one divorced and three singles. Their education levels varied from primary education, to secondary to degree levels. They worked in catering, construction, retail areas. One chose not to disclose and two were retired. They earned between \$5,000 and 34,999; two preferred not to say.

6.3 Findings from the Focus Group of Gamblers

Here we examine the types of gambling activities, frequency, reasons, motivation and belief system and how normal gambling progress into a gambling disorder.

Table 6.3.1 Gambling pattern of two focus group of gamblers

Subject/ DSM-5 score)*	Types of gambling	Frequency of gambling	Gambling Debts (HK\$)	Age when they first gambled, experience	Reasons for gambling
FG-G1/ 0	Football betting	Daily	0.6M	Under 10, with family members, (poker machines in Australia)	With friend socially when working in Australia Sensation seeking
FG-G2/ 0	Macao casino wagering, Baccarat	Used to be daily	0.1 M	18, gambled with friends	Unemployed, leisure, urges
FG-G3/ 4	Horse race & football betting	5 times a week	1M	18, with friends and colleagues	Leisure activity, social
FG-G4/ 0	Horse race betting	Weekly	0.0 M	18, with friends	Social, excitement
FG-G5/ <u>8</u>	Horse race betting	Weekly	0.0 M	16, with friends	Excitement, curiosity
FG-G6/ 7	Horse race & Football betting, casino wagering	Chasing once having money on hand	1M	18 (illegal gambling in the Mainland)	For money Success, social
FG-G7/ <u>2</u>	Horse race & football betting	Weekly	No information	Teenager, with friend	Excitement Kill time
FG-G8/ <u>8</u>	Football betting	Whenever there are football matches	Over 1M	15, (illegal horse race &, football betting, Pai Gow)	Excitement Urges, sensation seeking

*The DSM-5 scores underlined belong to the “severe” category.

Overall, from Table 6.3.1, 3 (FG-G5, FG-G7, FG-G8) met the criteria of severe GD, 1 (FG-G6) met the criteria of moderate GD and 1 (FG-G3) met the mild criteria of GD.

6.3.1 Types of gambling

From the Table 6.3.1, 2 (FG-G4, FG-G5) only gambled on horse races, 2 (FG-G1, FG-G8) just gambled on football matches. Two of the gamblers (FG-G3, FG-G7) said they involved in both horse race and football betting whereas FG-G2 involved in casino wagering in Macao. FG-G6 said he involved in horse race and football betting and casino wagering.

6.3.2 Factors contributing to disorders in gambling

a) *Starting gambling at an early age* (refer to Table 6.3.1)

From the Table 6.3.1, FG-G1 started gambling on poker games before 10 years old with his family members in Australia. Three interviewees have met the criteria of DSM-5, with the diagnosis of GD, namely FG-G5, FG-G7 and FG-G8. All three of them started gambling at their teenage years (i.e. around 15 or 16 years old) and two of them first gambled with friends. The major types of gambling involved by these gamblers with GD are horse race and football betting. In particular for FG-G8, he had first placed bets (illegally with adults and on internet gambling using an adult’s account) on horse race and football betting and Pai Gow.

b) Reasons for gambling (refer to Table 6.3.1)

This group of gamblers talked about why they gambled:

Table 6.3.2 Reasons for gambling

FG-G6	“gamble for money and success”
FG-G4, FG-G5, FG-G7, FG-G8	“for excitement”
FG-G1, FG-G8	“for sensation seeking”
FG-G1, FG-G3, FG-G4, FG-G6	“to socialise”
FG-G2, FG-G3	“for fun”, “for leisure”
FG-G2	“I am unemployed and for leisure”
FG-G7	“to kill time”
FG-G8	“I have an urge to gamble and can’t stop”

Comparing Table 6.3.2 with Table 5.3.2 the reasons for gambling for the GD group, the gamblers expressed similar reasons to that of gamblers with GD. The more problematic gamblers gave reasons that they cannot control their urges to gamble (FG-G8).

c) Frequency

Three interviewees in the focus group said they bet on a weekly basis (FG-G4, FG-G5, FG-G7). Two gamblers (FG-G1, FG-G2) said they start off with gambling weekly and gradually had the urge to continue betting on a daily basis. FG-G6 said he would bet whenever he got money and would continue to bet and chase his losses. FG-G8 would bet whenever there was a football match, either online illegally or if it happens locally with HKJC. FG-G3 said he would bet five times a week.

d) Debts

Five members of the focus group of gamblers admitted they had accumulated heavy debts from \$0.1M to over \$1M. One interviewee refused to disclose any debt amount incurred.

e) Motivation in gambling and gambling beliefs

The motivation and beliefs of focus group members were very similar to those individuals with GD interviewed in Chapter 5 (Table 5.3.3).

Table 6.3.3 Gambling motivation and gambling beliefs scores for focus group gamblers

	Motivation in gambling (measured by C-GMS, score over 75 is regarded as high score)	Gambling beliefs (measured by GBQ-C, score over 85 is regarded as high score)
FG-G1	(28) “I bet for monetary gains”	(21) belief-in control of the game
FG-G2	(57) “I gamble for more knowledge, accomplishment, excitement, monetary gains and recognition”	(77) belief-in control of the game
FG-G3	(64) “I want to learn more about the game, for accomplishment, monetary gain”	(81) belief-in control of the game
FG-G4	(70) “I like to know more about gaming, it is exciting and I can make some money”	(82) belief-in luck
FG-G5	(50) “I gamble for money”	(27) belief-in control of the game
FG-G6	(151) “I gamble for more knowledge, accomplishment, excitement, monetary gains”	(125) belief-in luck and control of the game

	Motivation in gambling (measured by C-GMS, score over 75 is regarded as high score)	Gambling beliefs (measured by GBQ-C, score over 85 is regarded as high score)
FG-G7	(74) "I like the excitement and quick money"	(51) belief-in luck and control of the game
FG-G8	(112) "I like to know more about the game, I like the feeling of achievement when I won and the excitement"	(103) belief-in control of the game

From Table 6.3.3 two of them (FG-G6, FG-G8) had high C-GMS scores (151 and 112 respectively). They were motivated in gambling because they said they played football well and they knew how to bet on football matches; they had confidence that they could win. In the Gambling Beliefs questionnaire, they also believed that they had a strategy and could control the outcome of the game. FG6's GBQ-C score is 125; and FG8's GBQ-C score is 103.

f) Perception of satisfaction with family functioning

The gamblers in the focus group were asked how they see their family functioning and support, with their gambling. With better support from family, many gamblers can be open and discuss their problems with the family.

Table 6.3.4 DSM-5 and APGAR scores of the gamblers from the focus group

	DSM -5 scores	APGAR scores
FG-G1	0	4
FG-G2	0	6
FG-G3	4	8
FG-G4	0	5
FG-G5	8	5
FG-G6	7	4
FG-G7	9	5
FG-G8	8	4

Key: APGAR scores 4 and above = perceived higher satisfaction of family function and support. DSM-5 (GD): mild (score 4-5), moderate (score 6-7) and severe (score 8-9).

Higher APGAR scores indicate higher satisfaction with family function. However, as shown in Chapter 4, there was no statistically significant correlation between APGAR and DSM-5 scores.

One (FG-G3) perceived very good support from family and their family functioning well together. The other 4 (FG-G2, FG-G4, FG-G5, FG-G7) perceived some family functioning and 3 (FG-G1, FG-G6, FG-G8) perceived less support and family functioning.

g) Mental health status

Mental health status is another risk factor for developing severe GD, when the gambler is depressed, highly stressed or anxious, he or she tends to act more impulsively without thinking through the consequences of his or her actions.

This focus group of gamblers have expressed feeling sad. Some said they were stressed due to the debt situation, and there were 3 (FG-G5, FG-G6, FG-G8) who reached the criteria of anxiety, but none have reached the criteria for depression or stress, but FG-G5, FG-G8 have shown depressive and stress symptoms on the DASS-21 test (see Table 6.3.5).

Table 6.3.5 DASS-21: Depression, Anxiety and Stress scores of gamblers in focus group

	Depression	Anxiety	Stress scores
FG-G1	0	0	0
FG-G2	2	0	0
FG-G3	0	4	0
FG-G4	6	12	14
FG-G5	18	20	18
FG-G6	10	21	14
FG-G7	0	0	0
FG-G8	8	17	18

Key: DASS-21 The cutoff scores of severity of (1) Depression: over 21; (2) Anxiety: over 15; (3) Stress over 26.

h) External influences

i) Increased accessibility and availability of lending and gambling channels

With availability of bank loans and financial companies, the gamblers were able to access more readily cash to chase their losses or to satisfy their urges to gamble. The increased accessibility and availability resulted in GD and/or huge gambling debts.

The gamblers could gamble while at work because of availability and accessibility of gambling using modern technology (viz., HKJC)'s telephone betting, online betting services of many gambling sites). They could do so even without ready cash, but set up their own accounts linking up to bank accounts or credit cards.

FG-G7: "It was very convenient to access online during my break at work."

FG-G2: "I have an account with HKJC for my football bets so convenient."

ii) Media and advertising

Showing gambling in a glamorous light, movies like Gambling God (賭神) (though first shown some 30 years ago) are being replayed on televisions from time to time, have influences on youngsters. These movies foster an illusion that skill renders winning possible, if not inevitable, in gambling. Glamorous casinos and mahjong parlors are exciting places to be in when one is bored. Many illegal sites are advertised on the internet. During the pandemic since 2020, more people reported receiving SMS/ text messages via mobile messaging apps which promoted online casinos and other gambling apps/ websites. Some people might think that it was harmless to just play a few games. However, they got addicted to these gambling activities.

There is a strong correlation between advertising free gambling sites and GD, particularly for children and some adults (e.g. FG-G2, FG-G8). Live telecast of football matches of major football leagues and mega football events, such as the Federation Internationale de Football Association World Cup (FIFA World Cup)

and Union of European Football Associations European Football Championship (UEFA EURO), encouraged or enticed more betting behaviors, as many gamblers expressed their opinions in the focus group as well as individual interviews.

iii) Popularity of football gambling

Football fever has led to football gambling in Hong Kong. Since the 2003 football betting legislation, many football lovers and local people have begun wagering on football matches. Some participants had the illusion that, as they played football, they knew the rules of the game, they knew the players well, they loved watching the football matches and they have an illusion they know how to win the bets. Many gamblers in Hong Kong, young and old, got into huge debts because of the 2018 FIFA World Cup and the recent UEFA EURO 2020. It may be seen from Table 6.3.1 that the majority of gamblers interviewed (5 out of 8 gamblers interviewed) were addicted to football betting.

FG-G8: “betting on football is easy, I can do a continuous bet throughout the match”

iv) Rewards and incentives for betting

Macau casinos, as well as casino boats, offer many perks (e.g. free boat fares, reward point for hotel stay, membership discounts, etc.). Their reward systems entice gamblers to attend.

FG-G2: “I get free hotel stay when I go there”, “can accumulate points for free stay or tea”

6.3.3 Effects on family members

Gambling and debts incurred have negative effect on the family. For example, FG-G1 described being cut off from the family as he is divorced and not able to see his children. FG-G3 and his wife were constantly having arguments; the rest of the group said their family members had lost trust in them.

6.3.4 Comments on counselling services, legal gambling age and current gambling opportunities in Hong Kong

6.3.4.1 Views on services provided at the dedicated counselling and treatment centres

FG-G1: “Yes, chat with counsellor, I feel good after session”

FG-G2: “I can talk to the counsellor in a private way. Those contents are difficult to share to others”

FG-G6: “I think the service is helpful”

6.3.4.2 Aware of provision of counselling services through other online means

None of the gamblers in this focus group heard of WhatsApp, WeChat or counselling services being provided online.

6.3.4.3 Views on legal gambling age and HKJC current bet types/ varieties

The focus group of gamblers generally did not want any more changes on gambling varieties offered by HKJC.

FG-G1: “Too much already, no need to increase any more varieties.”

No one wanted to comment on the legal gambling age, “but said leave it as it is”.

6.3.5 Summary of the focus group interviews with gamblers

Results from the focus group interviews show that factors which render the progression from social gambling to GD are (i) early age start, (ii) frequency of gambling, (iii) gambling motivation, (iv) irrational belief that they can control the outcome of the game, (v) early start in the gambling habits, (vi) chasing the losses and accumulated heavy debts, (vii) mental health, (viii) perception of family support and functioning, (ix) availability and accessibility of gambling venues. Similar factors shown as gamblers with GD in the individual interviews. From this focus group of gamblers there were 3 respondents who scored severe GD, 1 moderate GD and 1 mild GD, using DSM-5 scores.

6.4 Focus Group of At-risk young gamblers

Table 6.4.1 shows the profiles of the 8 young at-risk gamblers recruited from the three counselling centres funded by the Fund. These 8 youths formed two focus groups of 4 members each and shared with the interviewers on their gambling pattern and experiences.

Table 6.4.1 Gambling pattern of the at-risk youths’ types of gambling, frequency of gambling, debts, reasons for gambling

Subjects/ DSM-5 score	Types of gambling	Frequency of gambling	Gambling debts (HK\$)	Age when they first gambled, experience	Reasons for gambling
FG-Y1/ 1 Female	Mahjong	Infrequent	No	12, with parents (mahjong)	Social interaction with family, bored
FG-Y2/ 1 Female	Mahjong	Seldom	No	16-17, with family (mahjong)	Social interaction
FG-Y3/ 3 Female	Mahjong	1-2 times a week	No	16, with friends & relatives (mahjong)	Excitement, interaction
FG-Y4/ 6 Male	Horse race & football betting, online casino	Daily	Heavy debts, family helped and borrowed from a second financial company	21, with friends (horse race)	Curiosity, leisure, to kill time
FG-Y5/ 7 Male	Football betting	Daily	Do not wish to disclose		Excitement
FG-Y6/ 4 Binary	Horse race & Football betting, mahjong, online fishing game	Whenever free	Borrowed from friend, banks, financial companies. Bankrupt	7-8, with family members (mahjong & horse race)	Leisure, social interaction with family, bets with boyfriend

Subjects/ DSM-5 score	Types of gambling	Frequency of gambling	Gambling debts (HK\$)	Age when they first gambled, experience	Reasons for gambling
FG-Y7/ 4 Male	Online football betting	Frequently	No, but used all salary (\$10,000 a day for football bets)	16, with friends (football betting)	Leisure, social interaction, when low mood
FG-Y8/ 4 Male	Football betting, casino gaming (Baccarat)	Daily	\$2M (Started from borrow \$60,000 from family)	17, with work colleagues (football betting)	Socialization, bet at workplace

From the above Table 6.4.1 this group of at-risk young gamblers consists of 3 females, 4 males and one binary, aged between 15-26 years old. All are single. Using the DSM-5 criteria to diagnose gambling disorder, Table 6.3.1 shows that 2 youths (FG-Y4, FG-Y5) met the moderate criteria of GD (with scores 6-7), and three (FG-Y6, FG-Y7 and FG-Y8) met the criteria of mild level GD (with scores 4-5) of GD. They are at-risk young gamblers.

6.4.1 Types of gambling (refer to Table 6.4.1)

Four youths (FG-Y1, FG-Y2, FG-Y3, FG-Y6) played mahjong from young age. FG-Y3 continued to gamble in mahjong, while the other three (FG-Y1, FG-Y2, FG-Y6) seldom played. Five youths (FG-Y4, FG-Y5, FG-Y6, FG-Y7, FG-Y8,) participated in football betting, horse race betting, online betting or casino.

6.4.2 Reasons for gambling

Table 6.4.2 Reasons for gambling

FG-Y4:	Mentioned “that he was curious. He wanted to experience what gambling was like. He gambled to kill time”.
FG-Y8, FG-Y3, FG-Y5:	“When I started to win the first time, I got more excited” and pursued
FG-Y1, FG-Y2, FG-Y6, FG-Y7, FG-Y8:	“gambling is for socializing with friends”

These reasons for gambling are similar to all gamblers, for fun, excitement, curiosity initially, socializing with friends (refer to Tables 5.3.2 and 6.4.1) and gradually got addicted.

6.4.3 Factors contributing to Disorders in Gambling

a) *Starting gambling at an early age (refer to Table 6.4.1)*

From Table 6.4.1, 1 youth (FG-Y6) started gambling at 7-8 years old, another (FG-Y1) started at 12 years old and the third (FG-Y3) said he started at 16 years, playing mahjong, learning from parents, relatives or friends. They told us how they progressed from the initial stage of harmless social gambling for fun to develop into problem gambling. They said they did not manage to control their urges. Three youths (FG-Y6, FG-Y7, FG-Y8) engaged in horse race

betting and football betting before reaching the age of 18. They used their friends' or relatives' accounts to bet illegally online. Very often the family members placed bets for them.

The young lady (FG-Y6) said she started at 7-8 years old with parents playing mahjong. In the initial phase, she remembered the family went to Macao casino and she had to stay outside when she was young. Later, in the intermediate stage, she gambled online "fishing game" on her mobile and started to borrow money from friends and financial company. Now she spent all her salary on the game and accumulated bad debts that she had to declare bankrupt at 21 years old. Her family did not comment on her problem. She still thinks it is for leisure.

The next youth (FG-Y7) said he started gambling at 16. He engaged in football betting with friends for pastimes; he did not spend too much. Then suddenly one day he placed a bet of \$6,000, and another time spent \$10,000 on online football gambling through legal channel (but illegally using his friend's account). He said now he spent 60% of his monthly salary on football betting. At the moment, he has no debts. He thinks it is a habit; he cannot stop although he has tried before. He gambles more when his mood is low and feels guilty when he lost.

He (FG-Y8) started gambling at 17 with football betting. He had an early win once of \$1,000. Over a period, he placed bets with friends and won a total of \$18,000. He is looking for easy money. He won \$80,000 from Baccarat, used \$1,000 cumulative over 14 games. He believes that he can always win. Presently, he realizes that he cannot stop. He bets daily, and wagers \$2,000-7,000 per bet. He has accumulated debts to \$2 million now at age 19, even after he had borrowed \$60,000 from his family.

b) *Motivation in gambling and gambling beliefs*

They (FG-Y1, FG-Y2, FG-Y3, FG-Y4) first started off with curiosity; they participated in social gambling with parents. With first wins and randomness of winning in subsequent gambling, FG-Y8 found gambling very excited. FG-Y7 used gambling to soothe low moods. Boredom is another factor for many young persons, they did not have much to do, so gambling fills the gap.

On gambling motivation, 4 youths (FG-Y4, FG-Y5, FG-Y6, FG-Y8) have high C-GMS scores (see Table 6.4.3). They wanted to win money, to seek excitement or social recognition. Gambling makes them feel more accomplished. They were convinced that they knew gambling well.

c) *Distorted belief of control and luck/ perseverance for gambling*

Table 6.4.2 showed that the participants scored high GBQ-C score held distorted beliefs that (a) they had control over the game, (b) they could predict the outcomes of a game, (c) they (FG-Y4, FG-Y5, FG-Y6, FG-Y8) have the winning skills or a plan to win, and (d) they had luck and persisting.

d) *Perception of family function and support/ guidance*

Parents of 3 youths (FG-Y1, FG-Y2, FG-Y6) were either gamblers themselves or they were the ones who introduced the youths into gambling (see Table 6.4.1). Even though 3 (FG-Y4, FG-Y5, FG-Y7) perceived the family function and support were high, said that when parents realized that they were into heavy debts, they were angry and disappointed. 5 (FG-Y1, FG-Y2,

FG-Y3, FG-Y6, FG-Y8) young at-risk gamblers perceived their parents were not supportive and family functioning was poor (refer to the APGAR low scores in Table 6.4.3).

Table 6.4.3 C-GMS scores, GBQ-C scores and APGAR scores

Subject	C-GMS scores (cutoff score is 75)	GBQ-C scores (cutoff score is 85)	APGAR score (4 and above = perception of better support and family functioning)
FG-Y1	29	40	0
FG-Y2	30	58	0
FG-Y3	69	16	1
FG-Y4	106	95	7
FG-Y5	97	89	6
FG-Y6	129	115	4
FG-Y7	70	28	6
FG-Y8	108	95	4

e) Frequency of gambling (refer to Table 6.4.1)

Three out of the 8 of this group of at-risk youths (FG-Y4, FG-5,FG-8) were gambling daily and FG-Y6 would gamble “whenever I am free”. FG-Y7 gambled “frequently”, whereas FG-Y3 gambled “once or twice a week”.

f) Financial difficulties (debts) and easy access to borrowing

From Table 6.4.1, 3 of this group of at-risk youths (FG-Y4, FG-Y6, FG-Y8) disclosed that they have accumulated heavy debts. They have had family helping to pay off the debts by getting second loans or by declaring bankruptcy. FG-Y7 had no debts but spent a lot of his monthly salary on football betting. FG-Y5 did not choose to say. The youths borrowed money from friends, relatives or family (FG-Y4, FG-Y8). The rest of youths also managed to borrow from financial companies (FG-Y4, FG-Y5, FG-Y6, FG-Y7, FG-Y8).

g) Easy access to online gambling

Current internet technology (viz., websites, mobile phones and computers provide quick access to online gaming and gambling) make it easy to access many illegal overseas online gambling sites or platforms. At-risk youths in the group have admitted using them and are addicted to online gambling (FG-Y6 online fishing gambling game, FG-Y5 and FG-Y7 on internet football betting, FG-Y4 and FG-Y8 online casino gambling).

h) Popularity of football betting

Many of the youth in the group (5 out of 8 youth interviewed) claimed that they either played football or knew the game well.

FG-Y7: “I played football and it is fun to gamble together with my friends on football matches”.

FG-Y8: “I thought it is easy to make a profit from my knowledge of football game”

6.4.4 Comments on counselling services, legal gambling age and current gambling opportunities in Hong Kong

6.4.4.1 Views on services provided at the dedicated counselling and treatment centres

FG-Y4: “I think the service is helpful. I joined CBT group and I realised much more about how the gambling games are uncontrollable”

FG-Y6: “My first time using the counselling centre, good to talk”

FG-Y7: “Not sure about the usefulness of the service. He thinks he can stop gambling himself”

FG-Y8: “Counsellor sees me once a month, very helpful to remind me to be careful”

6.4.4.2. Aware of provision of counselling services through other online means

FG-Y3: “Yes, heard of WeChat, whatsapp chatbox, but they couldn’t answer my questions, it is better with a real person, face to face”

FG-Y6: “I have never heard about such services. With chatbox is too general and not specific to each help seeking target”

FG-Y7: “Yes, I have tried before. It’s useless as the chatbox could not answer a long question. Needs human.”

FG-Y8: “Yes, I heard of it, some organisation in Macau used WeChat, face to face, but phone is better.”

FG-Y1, FG-Y2, FG-Y5: “No, never heard of it”

6.4.4.3 Views on legal gambling age and HKJC current bet types/ varieties

Some did not reply, but those who replied did not want any changes.

FG-Y7: “No need to increase the services of HKJC. As gamblers will gamble no matter how many types or varieties. On the other hand, Government should stop illegal betting”

6.4.5 Summary of findings for focus group with at-risk youth

Some respondents of this group of young people started gambling early in their childhood (age 12 or under) in mahjong making easy wins. Liking the feelings of winning, they ultimately seeking further excitement. They were further motivated by the belief of “knowing the game” and of being able to control the outcomes. They indulged further and chasing the losses, ending with heavy debts. Parental guidance was often missing, some parents had to help to solve the debt crises.

Among the 8 at-risk youths in the focus group (see Table 6.3.1), three (FG-Y6, FG-Y7, FG-Y8) had mild score (4-5) GD in the DSM-5 criteria, and two (FG-Y4, FG-Y5) reached the criteria of moderate GD (6-7) in the DSM-5. Four (FG-Y4, FG-Y5, FG-Y6, FG-Y8) have high C-GMS scores and GBQ-C scores (refer to Table 6.3.2). These four at-risk youths need to be monitored as they are likely to have GD problems. Their family members were not all supportive, with less parental guidance (FG-Y8) (refer to Table 6.3.2).

It appears that parental guidance and monitoring of their gambling is important in the early years of their children. Parents should not teach children any gambling activities. Nor should they let the children use their accounts or place bets for them. Parents should also monitor the children playing gaming or gambling on the internet. This calls for more parental education on understanding of GD.

6.5 Focus groups of school children and adolescents

This section looks at the younger groups of school children (13-14 years old) and adolescents (15-18 years old) from 2 schools in Kowloon for both groups. A few schools were invited but two schools responded to help us with this project.

a) Focus group with school children (13-14 years old)

Table 6.5.1 Focus groups of school children and their gambling activities

Subject	IAT Scores	Types of activities	Reasons for playing
		Online card games with no money involved	
FG-C1	normal 21	Online card game (Dou-dizhu 鬥地主) using free points, less than 20 mins a day.	Boredom, for fun
FG-C2	mild 35	Real card game online with father, 10 mins per game, no money involved, loser will do washing-up.	Interaction with father, for fun
FG-C3	mild 36	Online gaming with no money involved. Parents not monitoring or stopping his online activities.	Excitement, wants to win. Likes the games
FG-C4	normal 30	Online gaming with no money involved.	For fun
FG-C5	normal 25	They said they can quit easily.	Excitement

Key: IAT denotes Internet addiction test score and the IAT scores (level of addiction to the internet) is as follows: 31-49 (mild), 50-79 (moderate), 80-100 (severe).

The school children (13-14 years) disclosed that they all played online card games with no money involved. Four children (FG-C1, FG-C3, FG-C4, FG-C5) played internet games using points only. Parents of two children (FG-C2, FG-C3) even played online card games with them. Moreover, they did not monitor their children's online activities. Two (FG-C2, FG-C3) showed mild internet addiction (as measured with the IAT, Kimberley).

Common reasons mentioned by the children are boredom, for fun, excitement and interaction with father (refer to Table 6.5.1).

b) Focus group of school adolescents (15-18 years)

Two (FG-C7, FG-C8) of the 5 school adolescents (refer to Table 6.5.2) did not gamble or play internet game. Three other adolescents (FG-C6, FG-C9, FG-C10) disclosed a different picture. At the age of 11 or 12, they started online betting on card games (Big2, Uno, Flying chess, Mahjong). Now they are using Lai-see or pocket money, playing online card games with money.

Table 6.5.2 Focus group of school adolescents and their gambling activities

Subject	SOGS-RA	IAT Score	Types of games	Age when they first engaged in gaming activities, experience	Reasons for playing
FG-C6	7	mild 37	Card games (Big 2, Joker, Mahjong)	11, (betting 10-20 cents per game using laisee money during CNY)	Boredom, something to do. Feels happy when won. Feels negative when lost (biggest loss was \$30) Did try one hotline for gambling addiction (unsure of what it does)
FG-C7	1	mild 42	Did not gamble	Not applicable (N/A)	N/A
FG-C8	0	mild 43	Did not gamble	N/A	N/A
FG-C9	1	mild 47	Card games, Big 2	12, with classmates & friends (betting for 5 hours (\$1-2 per card), mahjong for 2 hours at friend's party; using pocket money)	Desire to win, responding to urges (fun, socially)
FG-C10	1	mild 44	Card games, UNO, Flying chess	12, with sister at home (betting for 1-2 hours, (\$1-2 per game), using pocket money)	Idle at home, bored, desire to win

Key: The SOGS-RA score is as follows: 0 = No problem with gambling; 1-4 = Some problems; 5 or more = Probable pathological gambler.

IAT scores is as follows: 31-49 (mild), 50-79 (moderate), 80-100 (severe).

i) Reasons for gambling

Three adolescents (FG-C6, FG-C9, FG-C10) have a desire to win. FG-C6 said he felt depressed when he lost (\$30); he even tried to contact counselling agency once. The adolescents said they gambled because they said they were idle and bored. FG-C9 said he had to respond to his urges to gamble.

ii) Addiction to Internet

Using IAT (Kimberley) to assess these school adolescents, their IAT scores suggested that all the 5 adolescents in this focus group had a mild addiction to Internet. Three (FG-C6, FG-C9, FG-C10) used Internet gambling games, betting with some small amount of money, but did not incur any debts yet.

iii) Problem gambling status

For adolescents, SOGS-RA measures were used instead of DSM-5 to measure whether or not an individual has gambling problem. Three adolescents (FG-C7, FG-C9, FG-C10) scored 1

which indicates they have some problems with gambling, even though FG-C7 admitted no betting now, one (FG-C6) showed an indication of probable pathological gambler status (with a score of 7 on SOGS-RA). Only one (FG-C8) did not have any problem and she did not gamble at all.

6.5.1 Views on services provided at the dedicated counselling and treatment centres

The respondents from this group have no knowledge or views on counselling centres.

6.5.2 Aware of provision of counselling services through other online means

The respondents from this group have no idea of the provision of counselling services through other online means.

6.5.3 Views on legal gambling age and HKJC current bet types/ varieties

No one from this group expressed any views on the legal gambling age and HKJC current bet types/ varieties.

6.5.4 Summary of findings for focus group of children and adolescents

Five children in this focus group indulged in free internet gaming, card games, sometimes with their father (FG-C2) or no parental monitoring of the game (FG-C3). Two (FG2-C2, FG2-C3) have mild scores for internet addiction. None of the children showed any problem with gambling on SOGS-RA criteria (equivalent to DSM-5 criteria developed for adolescents by Winters et al 1993 as a measure of gambling severity).

Many of the children addicted to the internet games (free casino games, and later paid casino games) may progress to GD later on (King et al 2017).

From Table 6.5.2, 3 out of 5 adolescents in the focus group gambled with money on card games. They have shown mild internet addiction on Kimberley's Internet Addiction Test. On the SOGS-RA, FG2-C6 met the criteria for a probable problem gambler. The other 3 (FG2-C7, FG2-C9, FG2-C10) showed some problem with gambling.

This focus group of children and adolescents have boredom and idle time, and they gambled for excitement and fun, one FG-C9 said he had an urge to gamble. Three (FG-C6, FG-C9 and FG-C10) had a desire to win.

6.6 Focus Groups of College Students

Table 6.6.1 looks at focus groups of 9 college students (3 males, 6 females) recruited from tertiary institutions. Their ages range from 18-23 years old. They are all single.

Table 6.6.1 Focus groups of college students and their gaming activities

Subject	Types of gambling activities	IAT score	Gambling Motivation (GMS-C score)	Gambling Belief (GBQ-C score)	DSM-5 Score
FG-CS1	Horserace & football betting, Mark Six Lottery	mild 41	42	22	0
FG-CS2	Horserace, football & basketball betting, Mark Six Lottery	mild 44	36	51	0
FG-CS3	Football betting, Mark Six Lottery	severe 72	106	112	1
FG-CS4	Internet card games, mahjong, Korean electronic game team player	mild 45	28	79	0
FG-CS5	No gambling	N/A	N/A	N/A	0
FG-CS6	Mark Six Lottery	N/A	N/A	N/A	0
FG-CS7	Mark Six Lottery	N/A	N/A	N/A	0
FG-CS8	Mark Six Lottery	N/A	N/A	N/A	0
FG-CS9	Mahjong	N/A	N/A	N/A	0

Note: N/A denotes that the interviewee had not needed the test, given little or no gambling.

6.6.1 Types of Gambling

Major gambling activities were Mark Six Lottery (FG-CS1, FG-CS2, FG-CS3, FG-CS6, FG-CS7, FG-CS8), football betting (FG-CS1, FG-CS2 and FG-CS3), electronic games (FG-CS4) and mahjong (FG-CS4 and FG-CS9). Only 1 out of 9 did not gamble.

Table 6.6.1 shows that 2 out of 9 college students (FG-CS1, FG-CS2) bet on horse race, football betting and Mark Six Lottery. Six (FG-CS1, FG-CS2, FG-CS3, FG-CS6, FG-CS7, FG-CS8) bet on Mark Six weekly; one (FG-CS9) played mahjong, one (FG-CS5) never gambled. None of them admitted having any debts.

See from Table above, 3 (FGCS1, FG- CS2 and FG-CS4) were mildly addicted to Internet and 1 (FG-CS3) was severely addicted as shown on Kimberley's IAT score.

6.6.2 Gambling Motivation and Gambling Beliefs

FG-CS3 also has a high C-GMS score (106). She wanted to win, as she thought she had good knowledge of football betting. She felt that she has achieved and excited if she won. She also had a high GBQ-C score (112). She had an illusion of being in control, her distorted belief that she could control the outcome of bets. Even though she did not declare she has problems in gambling, she could be an at-risk problem gambler, even though her DSM-5 score was insignificant (she could be lying about her gambling pattern).

FG-CS4 was mildly addicted to her internet gambling on card games and played mahjong with a Korean group. She did not disclose if she has any debts.

6.6.3 Comments on counselling services

FG-CS5, FG-CS6, FG-CS7, FG-CS8: "I heard of Ping Wo Fund, but don't know the counselling centres"

6.6.4 Aware of provision of counselling services through other online means

This group of college students did not know of the counselling centres or counselling services through other online means.

6.6.5 Views on legal gambling age and HKJC current bet types/ varieties

No one from this focus group commented on this. They were happy for the legal gambling age to remain at 18.

6.6.6 Summary of findings for focus group of college students

From the college student group, 1 (FG-CS3) has high C-GMS and GBQ-C scores that she wanted to win and believed that she can control the outcome of the bets as she knew football game well. She is also addicted to Internet on the IAT score from Table 6.6.1. One other adolescent in this group (FG-CS4) also has an illusion of control believing she can control the outcome of the gambling activities.

6.6.7 Focus Groups of all 6 groups of youth

The results of the focus groups of youth (5 children, 5 adolescents, 8 at risk youths, 9 college students) showed that out of the interviewed sample of 27 young persons, 5 showed mild and moderate GD on the DSM-5 criteria, and 1 adolescent on severe SOGS-RA score. A total of 6 out of 27 youth interviewed (or 22%) with problem in gambling: 3 at-risk young gamblers (FG-Y6, FG-Y7, FG-Y8) had score (4-5) showing mild GD in the DSM-5 criteria, and two (FG-Y4, FG-Y5) reached the criteria of moderate GD (6-7) in the DSM-5. One adolescent (FG-C6) scored 7 on SOGS-RA.

These 6 in the sample showed a risk of developing into gambling disorder. For reference, according to other overseas studies, there is a growing problem internationally as the adolescent problem gambling rates have increased to 17-20% (Calado et al 2017).

On the Internet addiction measured by Kimberley's IAT test, a total of 11 young people showed being addicted to the Internet gaming. It is noted that 2 children (FG-C2, FG-C3), 5 adolescent (FG-C6, FG-C7, FG-C8, FG-C9, FG-C10) and 3 college students (FG-CS1, FG-CS2, FG-CS4) scored mildly addicted to the internet and 1 college student (FG-CS3) severely addicted to Internet games and/or gambling.

6.7 Focus groups of the general public

The members of the general public were approached from various general public venues (teachers, exercise clubs, church, tertiary institutions). The counsellors went up to the public in those venues and asked for volunteers to join two focus groups of five people from the public.

Table 6.7.1 Gambling pattern of the focus groups of the general public

Subject/ DSM-5 score	Types of gambling	Age when they first gambled, experience	Reasons for gambling	Frequency	Effects on Family
FG-P1/ M/ 1	Horse race & dog race betting, mahjong, casino wagering in Macau, Pai Gow, Dice, Baccarat	8, (Pai Gow, horse race & dog race betting)	Wanting to win Felt happier when he won	Not gambled for 10 years, had debts before \$500,000	Some effects on family members, they keep reminding me not to gamble, supportive
FG-P2/ M / 0	Horse race & football betting, online fishing game	12, (Mark Six Lottery)	Social interaction, as a game, for fun	Seldom	N/A
FG-P3/ M/ 0	Horse race & football betting	18-19, with family betting on vacation	Fun, excitement with friends	Occasionally	N/A
FG-P4/ Binary/ 0	Horse race betting, casino wagering in Macau	14-15, with friends	Socializing	Occasionally	N/A
FG-P5/ F/ 1	Horse race betting, mahjong	20, with friends (horse race betting)	Earn more money	At random occasionally	Husband was not happy when I came home and said I lost, but was supportive
FG-P6/ M/ 1	Horse race betting	16, (horse race betting)	Earn more money	Daily \$230	I don't tell my family avoiding dispute
FG-P7/ M/ 4	Horse race	12, with mother (horse race betting)	Interaction with mother	Daily \$300-\$500	Irritable when I lost and have conflicts at home
FG-P8/ M/ 1	Card games	17-18 (card games)	Earn more money	Stopped	Suppress any negative feelings of loss
FG-P9/ Binary/ 1	Mahjong	16 (mah-jong)	Entertainment	Stopped/ retired	Sum lost is too small to argue about it
FG-P10/ Binary/ 0	Never gambled	N/A	N/A	N/A	N/A

From Table 6.7.1, there were 3 binary (FG-P4, FG-P9, FG-P10), 1 female and 6 men, aged between 36 and 67 years old. One (FG-P1) was divorced, 3 were single and 6 were married. It can be seen that except one (FG-P10) who never gambled, they all said they started gambling when they were young (between 8 and 20 years old), often they were introduced by family members. One (FG-P1) started gambling at 8, admitted having a heavy debt through his gambling but he stopped gambling 10 years ago after “being burnt”. Two (FG-P6, FG-P7) still gambled daily, 4 (FG-P2, FG-P3, FG-P4, FG-P5) gambled occasionally, and 3 have stopped.

a) Types of gambling

The people in this focus group participated in horse race, football betting, online fishing game, card games, casino and mahjong.

b) DSM-5 criteria of GD

There is no evidence of anyone in this group of public members having the diagnosis of GD. Only 1 out of the 10 members of the public (FG-P7) has a mild DSM-5 score. There was no need to give any of them C-GMS or GBQ-C questions because they were not regular gamblers. Three of them (FG-P5, FG-6, FG-P7) said they had little arguments at home when they felt irritable after losing in their gambling activity and they perceived support from their spouse and the family functions well.

Members in this focus group discussions demonstrated that they knew how to manage and control their gambling in a sensible way. Most did gamble for fun and for social reasons and has not encountered difficulties related to gambling. They were in good control of not having any problems.

c) Reasons for gambling

Table 6.7.2 Reasons for gambling

<i>FG-P2, FG-P3:</i>	<i>"I gamble mostly for fun, and excitement"</i>
<i>FG-P9:</i>	<i>"Gambling is for entertainment"</i>
<i>FG-P3, FG-P4, FG-P7:</i>	<i>"I gamble because I stay and interact with mum", "I gamble with friends"</i>
<i>FG-P6, FG-8:</i>	<i>"I can earn more money"</i>

6.7.1 Comments on counselling services, legal gambling age and current gambling opportunities in Hong Kong

6.7.1.1 Views on services provided at the dedicated counselling and treatment centres

The people of this focus group of the general public have not used the counselling service, their comments were purely their own.

Table 6.7.3 Views on counselling services

<i>FG-P4, FG-P5:</i>	<i>They felt "counselling is effective for the family member who suffer really bad and they need support from the counselling centres"</i>
<i>FG-P1, FG-P5, FG-P6:</i>	<i>"Counselling has no effect for problem gamblers only if they want to stop"</i>
<i>FG-P2, FG-P3:</i>	<i>"The counselling services need to be advertised more because no people know of such services"</i>
<i>FG- P7:</i>	<i>"I think that psychological adjustment is more important than supporting the gamblers in sorting out debts"</i>

6.7.1.2 Aware of provision of counselling services through other online means

This focus group of the public members did not seem to be aware of any new online means for counselling.

6.7.1.3 Views on legal gambling age and HKJC current bet types/ varieties

The whole group felt the legal age should remain the same. There is no need to change.

One (FG-P2) out of 10 members in this focus group of members of the public felt HKJC can increase more variety for Mark Six Lottery as he likes lottery.

One member (FG-P4) in this group said “in other countries there are many other types of gambling. Hong Kong can have more with reference to other countries.”

Eight interviewees in this focus group felt there is no need to change, two made comments below:

FG-P5, FG-P3: “There are too many ways to gamble already in HKJC, no need to increase varieties and it can be less variety”

6.7.2 Summary of the focus groups of the public members

Only one member of this focus group had a mild DSM-5 score gambling problem. The reasons for gambling by the members of this focus group are similar to other focus groups. Members also gambled on horse race, football betting, online fishing game, card games, casino and mahjong. They mentioned that they controlled their gambling well, except one had been in debt 10 years ago and has now stopped gambling. Three have also stopped gambling and one never gambled.

6.8 Overseas findings that are relevant

Research elsewhere (St Pierre 2014) has shown that availability is an important enabler towards the development of GD and that free access to internet gambling sites have been shown to facilitate progress to GD later (King et al 2017).

A study in Canada (Delfabbro et al 2016) evaluated the prevalence of pathological gambling and related problems among 3,426 students in junior and senior high schools in Quebec City. Results indicate that 87% of adolescents had gambled in their lifetime, 77% had gambled in the last twelve months, and 13% gambled at least once a week. More than twice as many boys (18.8%) than girls (8%) gambled every week. The prevalence rate of pathological gamblers among adolescents was 2.6%. This rate was higher among boys (3.7%) than girls (1.5%). Pathological gambling was associated with drug and alcohol use, poor grades and delinquent behaviours. There is a growing problem internationally, another study also found the prevalence rate of adolescent problem gambling is increasing to 0.2-12.3 % (Calado et al 2017).

In a school survey in Italy (2017), 40.2% of respondents under 18 years old said they had gambled at least once in their lives, and 33.6% of underage students gambled in the last year

of the survey, whereas the percentage of players aged 15 to 19 with a ‘problematic’ gambling profile was found to be 7.1%, and 13.5% were peers with a ‘problematic’ and ‘at-risk’ gaming profile. It was estimated that between 1.9% and 15% of adolescents report gambling activities, and, of these, about 28% could be at risk of developing problematic gambling behavior (Bozzato et al 2020).

6.9 Focus Groups Conclusions

Evidence from this qualitative data showed that gamblers, adolescents and at-risk youths began gambling as a pleasurable activity. Various risk factors emerging from this study: (i) they gamble from an early age, before 11, often introduced to gambling by family members or friends; (ii) gave reasons for gambling: because of boredom, used gambling as past times, gambling for money, for peer group social support, interests and has good knowledge in sports; (iii) poor perception of family support and monitoring; (iv) with availability of funds; and (v) accessibility of free internet gambling casino sites/ games with gambling elements, offering free access which may progress to having GD later; (vi) have high gambling motivation; and (vii) having erroneous gambling beliefs of an illusion of control (of the outcome of the bets) and a belief in luck and perseverance. These risk factors may turn a pleasurable activity into a disorder: from initial phase of fun, manageable finance, to intermediate stage of borrowing; with accumulated debts in the desperate stage of non-stop gambling to chase losses. Thus, causing family distress, poor academic results and breakdown of relationships.

Specifically, 6 out of 27 (22%) of the younger focus group participants scored mild (FG-Y6, FG-Y7, FG-Y8) to moderate (FG-Y4, FG-Y5) level of GD in the DSM-5 criteria. Also, one adolescent (FG-C6) scored in the severe range of the SOGS-RA, suggesting he is a probable problem gambler. Three of the adolescents (FG-C7, FG-C9, FG-C10) showed mild problems in gambling (as measured by SOGS-RA).

Out of 27 interviewed in the focus group, 6 appeared to be problem gamblers, 3 are having mild problems. There is a risk of developing into more problematic GD given the above risk factors.

Five adolescents (FG-C6, FG-C7, FG-C8, FG-C9, FG-C10) and two children (FG-C2, FG-C3) scored mild in the IAT. One college student (FG-CS3) scored in the severe level in the IAT.

Many of the participants in the focus groups (gamblers, at-risk youths) have received help and support from the counselling centres. The centres used groups and cognitive behavioral therapy to educate, help and support the gamblers and at-risk youths as well as family members as well as the gamblers (FG-G7, FG-Y4, FG-6, FG-7, FG-8).

A couple of the significant others in the group suggested that more manpower and resources should be directed to educate the community about the negative effects of gambling. However, only two members from the focus group for the general public (FG-P2, FG-P4) of a total of 65 participants hoped that HKJC would increase the variety of gambling channels. Many (FG-G1, FG-Y7, FG-P3, FG-P5) thought the existing varieties of gambling activities are enough, no need to change, nor the legal age to gamble. Some never replied or has no views on this question.

In conclusion in the qualitative part of the study, with a total sample of 65 adults and youths interviewed individually or in focus groups, 9 gamblers (out of 18) scored moderate (6-7) to severe level (8-9) on DSM-5 criteria of GD and 5 at-risk youths have mild (4-5) to moderate (6-7) level on DSM-5 criteria of GD; one adolescent scored as a probable problem gambler and three adolescents showed mild gambling problems measured by the SOGS-RA. We need to be aware and help the young people before they become more addicted to gambling.

Chapter 7: Recommendations

7.1 Recommendations

The prevalence rates of gambling and GD among the general public and the youth were all found to be lower as compared with previous studies. At least some of this decrease is due to COVID-19 and the prevalence may increase when the epidemic situation becomes more stable. To prevent a sharp increase in the post COVID-19 period, it is necessary to reinforce and enhance the measures to prevent the problems relating to gambling. Based on the findings from this Study and after drawing reference from other countries, some recommendations have been drawn up for consideration and reference.

7.1.1 Public education

The Study has identified certain predictors and influencing factors leading to GD which includes early age start, social factors including parental and peer influences. Public education and publicity should be continued and cover the following aspects and targets. It is recommended to –

- (a) Support more public education on the harms and dangers of GD and prevention of problem gambling to the community, particularly to parents, children, adolescents and youth, including greater publicity through public transport and digital marketing/ advertising on mobile devices including YouTube, TikTok and Instagram. *Best practice elsewhere: using videos in Canada Lavoie and Ladoucer (2004) Dickson, Derevensky, J. & Gupta (2002), Turner et al (2008) for adolescents; education program for prevention of problem gambling for the elderly (2021) (Northern Europe, Norway, Sweden); in the UK, Hilbrecht, M (2021) Prevention and education evidence review: Gambling related harm, report prepared in support of the National Strategy to reduce gambling harms in Great Britain.*
- (b) Support workshops on
 - i) Public health promotion of safer gambling which means one is using low risk strategies, sticking to a budget when you play. *Best practice elsewhere: Ottawa Charter for Health Promotion as a prevention model and framework for action (2005), Korn, D., Murray, M., Morrison, M., Reynolds, J., & Skinner, H. A. (2006), Engaging youth about gambling using the internet, the YouthBet.Net website.*
 - ii) Psychological techniques to control urges and prevention. *Best practice elsewhere: Lupu, I. R., & Lupu, V. (2013), Gambling prevention program for teenagers, Todirita, I., & Lupu, V. (2013), Gambling prevention program among children.*
 - iii) Responsible gambling morals - a set of social responsibility initiatives by the gambling industry, including governments and gaming control boards, operators and vendors to ensure integrity and fairness of the operations and to promote awareness of harms associated with gambling disorders. *Best practice elsewhere: used in Australia, Canada, Gamcare UK.*

- iv) Train teachers to look out for the addictive behavior of internet gambling and illegal gambling after school in the park, playgrounds as the overseas findings show that the youth gambling is an issue of increasing concern internationally. *Best practice elsewhere: Young Gamers and Gamblers Education Trust, UK.*
- v) Train parents/ family members to look out and monitor the addictive behaviors of their children/ spouses and its dangers and how they should not introduce their children to gambling, as the Study showed the early age of gambling started with family members showing them the gambling activity. *Best practice elsewhere: Andrews, C.A., Derevensky, J.(2011) Parents' perceptions of adolescents.*
- vi) Teach 5-steps approach to help supporting family members affected by addiction problems. *Best practice elsewhere: Orford et al 2010 on "The Stress-Strain-Coping-Support Model" helping the parents of young gamblers and partners of GD. It has been used around the world, Australia, India, UK for significant others of gamblers/ addicts on how to cope with the gamblers' behaviors. The five steps to support family members affected by addiction problems are (a) listen, reassure and explore concerns; (b) provide relevant, specific and targeted information; (c) explore coping responses; (d) discuss social support; and (e) discuss and explore further needs.*

7.1.2 Counselling centres

While many gamblers who have received counselling from the counselling centres found the help and support useful, the Study has found some areas for improvements from the perspective of the significant others of gamblers. The interviews and focus groups also revealed that apart from the gambling counselling hotline, there was less people aware of the counselling services provided through other means. In light of the findings, it is recommended to –

- (c) Support follow-up on the drop-out clients as well as for the unmotivated GD. *Best practice: Singapore counselling centres.*
- (d) Support more training workshops on psychological approaches to help the young and GD gamblers develop self-esteem, moral obligations/ education, and responsible gambling. *Best practice elsewhere: CAMH, Toronto.*
- (e) Support more psychological treatment programmes for youth gambling, counselling for the needs of young adolescents, for preventing the development of GD. *Best practice elsewhere: Gamcare UK, Australian programmes in Gainsbury et al.(2014).*
- (f) Support the families (children, parents, partners) of GD gamblers, by organizing more family support groups, coping workshops for parents of GD, children support and activities. *Best practice elsewhere: Mexico, UK, Spain.*
- (g) Support more manpower/ staff to assist clients and family members in other needs (sudden relapses and follow-ups). More 24/7 hotlines, using WhatsApp, easier access (24/7 by one person) with chatbox, video chats, emails to encourage the younger at-risk gamblers to access help or ask for advice and support throughout Hong Kong. Once the link is established the client is willing to come to face-to face counselling. Make sure the numbers are advertised widely in Hong Kong, on public transport adverts (on trams, MTR, Buses, taxis) that everyone can see.

- (h) Advertise powerful reminders of safer gambling and help seeking venues and numbers (WhatsApp, chatbox) throughout sports centres, on toilet doors, on HKJC sites when gamblers place their bets.

7.1.3 HKJC as the licensed betting operator

As the licensed betting operator, HKJC is in the best position to help disseminate messages on potential risks of gambling and responsible gambling. HKJC is recommended to –

- (i) Advertise and support projects aiming at the younger group (aged between 11 and 17) and at-risk youths in schools on internet gaming and gambling. Support videos about dangers of sports and football gambling that appeal to these groups. *Best practice elsewhere: Gamcare UK.*
- (j) Take action on more responsible gambling policies on internet gambling for the younger groups. Though data in this survey did not show women gamblers were worse than male gamblers, it is suggested that the needs of female gamblers should not be neglected. Education and promotion to help female gamblers might be considered, as there is evidence from the UK, where recent data from the National Gambling Treatment Service has shown that the number of women receiving treatment for gambling in the UK has doubled in the past five years. As stated by Benson (2022), “it is not uncommon for women to struggle with problem gambling, but it is so underrepresented in the media and even in studies about gambling, that women feel very alone in their addiction. Some female gamblers have even expressed that it would feel less “embarrassing” to have a problem with alcohol than with gambling, since it appears to be a more common thing to struggle with”. *Best Practice elsewhere: new initiative to help female gamblers, project has already started throughout UK by Gamcare.*

7.1.4 Other Government regulation and enforcement

The government’s efforts in regulation and enforcement should be maintained. It is recommended to –

- (k) Support tighter controls and review of checks on registration of online gambling sites that lure the young by giving away free chips or points to play (rewards).
- (l) Support tracing and fast action on all illegal gambling advertising, venues and sites together with the police. Look into how best to take action to shut illegal gambling sites. *Best practice elsewhere: Canada has advertised a set of phone numbers for reporting illegal venues and sites.*
- (m) As surveys show strong support of the existing legal gambling age and minimal support for reducing the legal gambling age, the Government should continue to monitor the situation of gambling in Hong Kong and assess the appropriateness of the current legal gambling age. *Best practice elsewhere: Ontario has established new order in 2022 to tackle the Gray Areas of igaming: iGaming Ontario, the subsidiary of Alcohol and Gaming Commission of Ontario (AGCO).*
- (n) Investigate with the financial sector how best to limit the availability of easy loans to GD gamblers.

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Appendix A: References

- Andrews, C.A., Derevensky, J. (2011) Parents' perceptions of adolescent. Gambling : a Canadian national study June 2011 *Journal of Gambling Issues* 25,(25) 36-53
- Benson, R. (2022) Female gamblers and mental health. <https://www.algamus.org/blog/female-gamblers-mental-health>
- Bozzato, P; Longobardi,C., Fabris, M.A. (2020) Problematic gambling behavior in adolescents: prevalence and its relation to social, self regulatory, and academic self efficacy. *International Journal of Adolescence and Youth* Volume 25, 2020 - [Issue 1](#)
- Calado, F., and Griffiths, M. (2016). Problem gambling worldwide: an update and systematic review of empirical research (2000-2015). *J. Behav. Addict.* 5, 592–613. doi: 10.1556/2006.5.2016.073
- Calado F, Alexandre J, Griffiths MD. Prevalence of adolescent problem gambling: a systematic review of recent research. *J Gambl Stud.* 2017;33:397–424
- Chau, T. T., Hsiao, T. M., Huang, C. T., & Liu, H. W. (1991). A preliminary study of Family APGAR index in the Chinese. *Gaoxiong Yi Xue Ke Xue Za Zhi*, 7(1), 27-31.
- Custer, R. L., & Milt, H. (1985). *When luck runs out*. New York: Facts on File.
- Delfabbro, P., King, D.L. & Derevensky, J.L.(2016) Adolescent Gambling and Problem Gambling: Prevalence, Current Issues, and Concerns. *Curr. Addict Rep* 3, 268–274. <https://doi.org/10.1007/s40429-016-0105-z>
- Derevensky, J., Gupta, R., Messerlian, C. and Gillespie, M. (2004) Youth gambling problems: a need for responsible social policy. In Derevensky, J. and Gupta, R. (eds) *Gambling Problems in Youth: Theoretical and Applied Perspectives*. Kluwer Academic Publishers, New York.
- Dickson,L.M., Derevensky, J., Gupta, R. (2002) The prevention of gambling problems in youth: A conceptual framework. *Journal of Gambling studies*, 2002 – Springer
- DSM-5 Implementation and Support. (2014) *American Psychiatric Association (APA) DSM-5 Development*. Retrieved from [DSM-5.org/Pages/Default.aspx](https://www.dsm5.org/Pages/Default.aspx).
- Gainsbury, S.M., Blankers, M., Wilkinson, C. (2014) Recommendations for international gambling harm-minimisation guidelines: Comparison with effective public health policy. *Journal of Gambling* Springer
- Griffiths, M. D. (1994). The role of cognitive bias and skill in fruit machine gambling. *British Journal of Psychology*, 85, 351-369.
- Hakansson A. (2020) Impact of COVID-19 on online gambling- a general population survey during the pandemic, *Front. Psychol.*, <https://doi.org/10.3389/fpsyg.2020.568543>

Hilbrecht, M (2021) Prevention and education evidence review: Gambling related harm. Report prepared in support of the National Strategy to reduce gambling harms in Great Britain. Guelph, Canada

Hodgins, D., Stevens, C., Rhys, M.G. (2021). The impact of COVID-19 on gambling and gambling disorder: emerging data. *Current Opinion in Psychiatry*. Vol 34, issue 4, 332-343.

iGaming Ontario, the subsidiary of Alcohol and Gaming Commission of Ontario (AGCO) see Ontario iGaming website

King, D., Delfabbro, P.H., Perales, J.C., Deleuze, J., Kiraly, O., Krossbakken, E., Billieux, J. (2017). Maladaptive player-game relationships in problematic gaming and gaming disorder. A systematic review. *Clinical Psychology Review* Vol 73

King, D. L., Delfabbro, P. H., Billieux, J., and Potenza, M. N. (2020). Problematic online gaming and the COVID-19 pandemic. *J. Behav. Addict.*

Kourgiantakis, T., Pont, L., Sanders, J.E., McNeil, S. (November 2017) Adolescent Problem Gambling: A Guide for Parents (Book) CAMH centre for Addiction and mental Health, Toronto.

Korn, D., Murray, M., Morrison, M., Reynolds, J., & Skinner, H. A. (2006). Engaging youth about gambling using the internet: The YouthBet.Net website. *Canadian Journal of Public Health*, 97(6), 448–453

Langer, E. J. (1975). The illusion of control. *Journal of Personality and Social Psychology*, 32, 311- 328.

La Tour, K., Cotte, J. (2008) New online gambling is more addictive than casino gambling. University of Nevada, Las Vegas

Lavoie, M. P., & Ladouceur, R. (2004). Prevention of gambling among youth: Increasing knowledge and modifying attitudes toward gambling. *Journal of Gambling Issues*.

Lupu, I. R., & Lupu, V. (2013). Gambling prevention program for teenagers. *Journal of Cognitive & Behavioural Psychotherapies*, 13(2), 575–584.

Messerlian, C., Derevensky, J., Gupta, R (2005) Youth gambling problems: a public health perspective *Health Promotion International*, Volume 20, Issue 1, March 2005, 69–79

Oei, T. P. S., Lin, J., & Raylu, N. (2008). Relationship between gambling cognitions, psychological states, and gambling: A cross-cultural study of Chinese and Caucasians in Australia. *Journal of Cross-Cultural Psychology*, 39, 147-161.

Orford, J., Copello, A., Vellerman, R., Templeton, L. (2010). [Family members affected by a close relative's addiction: The stress-strain-coping-support model](#), *Drugs: Education Prevention and Policy*, 17(s1):36-43, DOI: 10.3109/09687637.2010.514801

Orford et al 2010 (“The Stress-Strain-Coping-Support Model”), The Alcohol, Drugs and the Family Research Group: The 5-Step Method: A research based programme of work to help family members affected by a relative’s alcohol or drug misuse, *Drugs: Education, Prevention and Policy*, Volume 17, Supplement No. 1, December AFINet (Addiction and the Family International Network) www.afinetwork.info

Ottawa Charter for Health Promotion, World Health Organization (1986) as a prevention model and framework for action 2005 in Canada

Parrado-Gonzalez, A., Fernandez-Calderon, F., Leon-Jariego, J.C. (Jan 2022) Perceived Gambling availability and adolescent gambling behavior: the moderating role of self-efficacy. *International Journal of Mental health and Addiction*.

Scottish Gambling Education Hub (SGEH) 4, Bernard St, Edinburgh EH6 6PP Gambling education toolkit (2021)

Sharman S., Roberts A., Bowden-Jones, H., Strang, J. (June 2021) Gambling and COVID-19: Initial Findings from a UK Sample. *International Journal of Mental health and Addiction*.

Singapore counselling centres :National council for Problem gambling (NCPG) free counselling services and other support services, and paid counselling services

Smilkstein, G., Ashworth, C., & Montano, D. (1982). Validity and reliability of the family APGAR as a test of family function. *The Journal of Family Practice*, 1592, 303-11.

Steenbergh, T. A., Meyers, A. W., May, R. K., & Whelan, J. P. (2002). Development and validation of the Gamblers’ Beliefs Questionnaire. *Psychology of Addictive Behaviors*, 16, 1414

Sun, Y., Li, Y., Bao, Y., Meng, S., Sun, Y., Schumann, G., et al. (2020). Increased addictive internet and substance use behavior during the COVID-19 pandemic in China. *Am. J. Addict.*

Tang, C., & Wu, A. (2011). Gambling-related cognitive biases and pathological gambling among youths, young adults, and mature adults in Chinese Societies. *Journal of Gambling Studies*. Advance online publication, doi: 10.1007/s10899-011-9294-x

Todirita, I., & Lupu, V. (2013). Gambling prevention program among children. *Journal of Gambling Studies*, 29(1), 161–169.

Turner, N. E., Macdonald, J., & Somerset, M. (2008b). Life skills, mathematical reasoning and critical thinking: A curriculum for the prevention of problem gambling. *Journal of Gambling Studies*, 24(3), 367–380.

Womens programme (2022), Outreach training , Gamcare UK

Wong, S. K., & Tsang, K. M. (2012). Validation of the Chinese version of the Gamblers’ Belief Questionnaire (GBQ-C). *Journal of Gambling Studies*, 28(4), 561-572.

Wu, A. M., & Tang, C. S. (2011). Validation of the Chinese version of the Gambling Motivation Scale (C-GMS). *Journal of Gambling Studies*, 27(4), 709-24.

Young, K.S. (1996) Internet Addiction. The emergence of a new clinical disorder. *Cyberpsychology and Behavior* (1),3, 237-244.

Young, K.S. (1998) Centre for Internet addiction. Internet Addiction Test (IAT).

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Appendix B: Abbreviations

APGAR	Adaptation, Partnership, Growth, Affection, and Resolve Scale
DASS21	Depression, Anxiety and Stress Scales - 21 items
DSM-5	Fifth edition of the Diagnostic and Statistical Manual of Mental Disorder
GBQ-C	Gambling Belief Questionnaire Chinese version
GBQ	Gambling Belief Questionnaire
GD	Gambling Disorder
C-GMS	Chinese version of the Gambling Motivation Scale
HKJC	Hong Kong Jockey Club
IAT	Internet Addiction Test
SOGS	South Oaks Gambling Screen

Appendix C: List of Research Team Members

Professor John Bacon-Shone, Honorary Professor, SSRC

Dr. Gracemary Leung, Honorary Professor, SSRC

SSRC team:

Sonny Chan and Dicky Yip, Telephone Survey Supervisors

Mr Kelvin Ng, Fieldwork Oversight and Special Help

Ms Linda Cho, Centre Manager (until retirement)

Special help with the School surveys:

Ms Elaine Cheong

Qualitative Interviewers (Qualified Counsellors)

Mr. Chiu Fai Chan

Mr. Kevin Kwan

Mr. Lawrence Lee (PhD candidate in gambling studies)

Ms Winning Chan (Clinical Psychologist)

Appendix D: Dual Sampling Survey Frame Calculations

Dual frame weighting for mobile and fixed line telephones

Professor John Bacon-Shone
Social Sciences Research Centre
The University of Hong Kong
September 14, 2018

Key assumptions:

1. Assume that all residents have either a fixed line or a mobile or both (in all our fieldwork with households, we have yet to find a counter-example, so the total coverage is indeed high)
2. Ignore household size (this is because most fixed line telephone surveys in Hong Kong do not collect good data on the number of eligible respondents in the household as it takes valuable time, but if it is available, then apply an initial correction by down-weighting by the inverse of the number of eligible respondents in the household).
3. Ignore the issue of more than 1 fixed line in a household (this is increasingly rare, given the increasing relative costs of fixed lines)
4. Ignore the issue of multiple mobile numbers for an individual (should really be accounted for, but can be added as an initial correction by down-weighting by the inverse of the number of numbers in the mobile survey)

For the fixed line survey, let N_f be the number of respondents who only have a fixed line and N_{mf} be the number who have fixed and mobile.

For the mobile line survey, let N_m be the number of respondents who only have a mobile line and N_{fm} be the number who have fixed and mobile.

For the whole population, let p_f be the proportion with fixed lines only, p_m be the proportion with mobile only and p_{mf} be the proportion with both.

Under assumption 1:

$$p_m + p_f + p_{mf} = 1 \quad (1)$$

Under assumptions 2 and 3, with a random sample for the fixed line survey:

$$X_f = \frac{N_f}{N_f + N_{mf}}$$

should be an unbiased estimate of the proportion of the fixed sample with fixed only:

$$\frac{p_f}{p_f + p_{mf}} \quad (2)$$

Similarly, under assumption 4, with a random sample for the mobile line survey:

$$X_m = \frac{N_m}{N_m + N_{mf}} \quad (2)$$

should be an unbiased estimate of the proportion of the mobile sample with mobile only:

$$\frac{p_m}{p_m + p_{mf}} \quad (3)$$

Combining equations (1), (2), (3), we obtain

$$p_m = \frac{(1 - X_f) X_m}{(1 - X_m X_f)} \quad (4)$$

$$p_f = \frac{X_f (1 - X_m)}{(1 - X_m X_f)} \quad (5)$$

$$p_{mf} = 1 - p_m - p_f \quad (6)$$

For example, if in the mobile survey, 30% are mobile only and if in the fixed survey, 5% are fixed only, then our estimates from (4), (5) and (6) are approximately:

$$\begin{aligned} p_m &= 29.0\% \\ p_f &= 3.5\% \\ p_{mf} &= 67.5\% \end{aligned}$$

This means that the three groups (mobile only, fixed only and fixed and mobile) in the combined dataset should be weighted so that the proportions of the three groups in the weighted sample match these three proportions.

In other words, the weightings for the 3 groups should be (where N_t is the total sample size across both frames = $N_f + N_m + N_{mf} + N_{mf}$):

$$W_m = p_m \times N_t / N_m$$

$$W_f = p_f \times N_t / N_f$$

$$W_{mf} = p_{mf} \times N_t / (N_{mf} + N_{mf})$$

It is then possible to apply a second level of weighting to match the relevant age and gender distribution (as we do not have sufficient information to apply the age and gender weighting within the 3 groups, it is sensible to apply it at the second stage, after combining the groups).

香港大學
社會科學研究中心
《香港人參與賭博活動情況研究 2021》
香港人參與賭博活動情況電話問卷調查

第一部份 選出被訪者

午安／晚安，我姓 XX 係香港大學社會科學研究中心嘅訪問員。我哋受民政事務局委託進行一項問卷調查，目的係了解香港人參與賭博活動嘅情況。因為我哋要隨機抽樣，所以請問你依家屋企有幾多位 15 歲或以上嘅香港居民喺度住而依家又喺屋企？依家唔喺屋企同埋同住嘅家庭傭工並不計算在內。

喺呢幾位人士當中，邊一位係將會生日，而依家亦都喺屋企？麻煩請他／她接聽電話。
(訪問員: 如被訪者有疑問，請解釋: 這是用生日日期來揀選被訪者的方法)

根據香港大學嘅研究操守指引，如使用固網電話與15-17歲嘅被訪者進行訪問前，必須先徵詢佢哋嘅家長或監護人嘅同意。

第二部份 自我介紹

午安／晚安，我姓____係香港大學社會科學研究中心嘅訪問員。我哋受民政事務局委託進行一項問卷調查，目的係了解香港人參與賭博活動嘅情況。整個問卷調查需時大約 [15] 分鐘。為方便日後核對資料，訪問會被錄音。所有收集到嘅資料係會絕對保密，而所收集到嘅數據將被安全地以密碼保護儲存。你可隨時終止訪問，不會有任何不良後果。個別身份亦不會被披露或識別。收集到嘅資料會在刪除所有個人識別資料後被保存三年。如閣下對是項研究有任何查詢，請於辦公時間早上十時至下午六時致電 3917-1600 與本研究中心嘅中心經理曹女士聯絡。如你想知道更多有關研究參與者的權益，請聯絡香港大學研究操守委員會 (2241-5267)。香港大學研究操守委員會參考編號是_____。請問你是否同意被錄音？如同意，我哋依家就開始進行問卷調查。

第三部份 問卷開始

A 部分：參與合法賭博活動情況

[v1] 喺過去一年內，請問你有無曾經參與賭博活動（包括去馬會投注或同朋友打麻雀／玩啤牌而有金錢上嘅得益或損失等）？

【訪問員請直接輸入答案，如受訪者唔清楚或唔記得，請輸入「997」，而拒絕回答則輸入「998」。】

- 1 有
- 2 無 (跳至 v52)
- 3 唔記得 (跳至 v52)
- 4 拒絕回答 (跳至 v52)

[v2] 請問你第一次參與賭博活動嘅年齡大概係幾多歲？

大概年齡：_____

- 1 唔清楚或唔記得
- 2 拒絕回答

[v3] 喺過去一年內，請問你有無試過同親戚朋友賭博（例如：打麻雀、玩啤牌而有金錢嘅得益或損失）呢？

- 1 有
- 2 無 (跳至 v6)
- 3 唔記得 (跳至 v6)
- 4 拒絕回答 (跳至 v6)

[v4] 請問你有幾經常同親戚朋友賭博呢？

- 1 每星期一次或以上
- 2 兩個星期一次
- 3 每月一次 (註：三至四個星期一次也視作一個月一次)
- 4 兩至三個月一次
- 5 半年至一年一次 (註：三至四個月一次也視作半年一次)
- 6 其他：_____
- 7 不定期
- 8 拒絕回答

[v5] 喺過去一年內，請問你平均每個月用咗幾多錢喺哩種活動呢？

平均每個月嘅花費：_____

- 1 唔清楚 / 唔記得
- 2 拒絕回答

[v6] 請問你自上年 9 月馬會重開六合彩攪珠後，有無投注過六合彩？

- 1 有
- 2 無 (跳至 v10)
- 3 唔記得 (跳至 v10)
- 4 拒絕回答 (跳至 v10)

[v7] 請問你有幾經常買六合彩？

- 1 每星期一次或以上
- 2 兩個星期一次
- 3 每月一次 (註：三至四個星期一次也視作一個月一次)
- 4 兩至三個月一次
- 5 半年至一年一次 (註：三至四個月一次也視作半年一次)
- 6 其他：_____
- 7 不定期
- 8 拒絕回答

[v8] 請問你平均每個月用咗幾多錢嚟買六合彩？

平均每個月嘅花費：_____

- 1 唔清楚 / 唔記得
- 2 拒絕回答

[v9] 你覺得現時馬會提供的六合彩投注活動是否足夠？

- 1 足夠
- 2 唔足夠：需要增加六合彩攪珠次數
- 3 唔足夠：需要增加六合彩附加玩法
- 4 唔足夠：需要增加六合彩攪珠次數及附加玩法
- 5 無意見 / 好難講 / 唔知道
- 6 拒絕回答

[v10] 喺過去一年內，請問你有無試過向香港賽馬會投注賽馬呢？

- 1 有
- 2 無 (跳至 v15)
- 3 唔記得 (跳至 v15)
- 4 拒絕回答 (跳至 v15)

[v11] 請問你投注嘅係本地賽事還是海外轉播嘅賽事，定係兩樣都有呢？

- 1 本地賽馬
- 2 海外轉播嘅賽事
- 3 本地同海外轉播嘅賽事都有
- 4 拒絕回答 (跳至 v14)

[v12] 請問你有幾經常向馬會投注賽馬呢？

- 1 每星期一次或以上
- 2 兩個星期一次
- 3 每月一次 (註：三至四個星期一次也視作一個月一次)
- 4 兩至三個月一次
- 5 半年至一年一次 (註：三至四個月一次也視作半年一次)
- 6 其他：_____
- 7 不定期
- 8 拒絕回答

[v13] 喺過去一年內，請問你平均每個月用咗幾多錢喺馬會投注賽馬？

平均每個月嘅花費：_____

- 1 唔清楚 / 唔記得
- 2 拒絕回答

[v14] 你覺得現時馬會提供的賽馬投注活動是否足夠？

- 1 足夠
- 2 唔足夠：需要增加賽馬博彩嘅次數
- 3 唔足夠：需要增加賽馬博彩嘅玩法
- 4 唔足夠：需要增加賽馬博彩嘅次數及玩法
- 5 無意見 / 好難講唔知道 / 唔知道
- 6 拒絕回答

[v15] 喺過去一年內，請問你有無試過向香港賽馬會投注足球賽事？

- 1 有
- 2 無 (跳至 v20)
- 3 唔記得 (跳至 v20)
- 4 拒絕回答 (跳至 v20)

[v16] 請問你有幾經常向馬會投注足球賽事？

- 1 每星期一次或以上
- 2 兩個星期一次
- 3 每月一次 (註：三至四個星期一次也視作一個月一次)
- 4 兩至三個月一次
- 5 半年至一年一次 (註：三至四個月一次也視作半年一次)
- 6 其他：_____
- 7 不定期
- 8 拒絕回答

[v17] 喺過去一年內，請問你平均每個月用咗幾多錢喺馬會投注足球賽事？

平均每個月嘅花費：_____

- 1 唔清楚 / 唔記得
- 2 拒絕回答

[v18] 你覺得現時馬會提供的足球投注活動是否足夠？

- 1 足夠
- 2 唔足夠：需要增加足球博彩嘅次數
- 3 唔足夠：需要增加足球博彩嘅玩法
- 4 唔足夠：需要增加足球博彩嘅次數及玩法
- 5 無意見／好難講／唔知道
- 6 拒絕回答

[v19] 你覺得現時香港賽馬會提供的博彩活動種類是否足夠？

- 1 足夠
- 2 唔足夠，請註明：_____
- 3 無意見／好難講／唔知道
- 4 拒絕回答

B 部分：參與非法賭博活動情況

[v20] 睇過去一年內，請問你有無參與網上賭博？(例如：網上賭場、網上遊戲或非經馬會投注體育賽事；馬會提供的網上投注方式除外)

- 1 有
- 2 無 (跳至 v24)
- 3 唔記得 (跳至 v24)
- 4 拒絕回答 (跳至 v24)

[v21] 請問你最常參與的網上賭博活動是？

- 1 網上賭場
- 2 網上獎券
- 3 網上落注賽馬賽事
- 4 網上落注足球賽事
- 5 網上落注除足球外的體育賽事
- 6 玩網上遊戲獲取金錢
- 7 其他 (請註明：_____)

[v22] 請問你有幾經常參與網上賭博？

- 1 每星期一次或以上
- 2 兩個星期一次
- 3 每月一次 (註：三至四個星期一次也視作一個月一次)
- 4 兩至三個月一次
- 5 半年至一年一次 (註：三至四個月一次也視作半年一次)
- 6 其他：_____
- 7 不定期
- 8 拒絕回答

[v23] 喺過去一年內，請問你平均每個月用咗幾多錢喺網上賭博？

平均每個月嘅花費：_____

- 1 唔清楚 / 唔記得
- 2 拒絕回答

[v24] 喺過去一年內，除了網上賭博外，請問你有無在香港參加過非馬會舉辦嘅博彩活動，例如：非經馬會投注六合彩、賽馬或球賽等？(訪問員請註明：外圍投注即非經馬會投注六合彩、賽馬或球賽；社交賭博，例如：與家人朋友打麻雀；在麻雀館打麻雀除外)

- 1 有
- 2 無 (跳至 v28)
- 3 唔記得 (跳至 v28)
- 4 拒絕回答 (跳至 v28)

[v25] 除了網上賭博外，請問你在香港參與過邊啲非馬會舉辦嘅博彩活動？

- 1 六合彩
- 2 賽馬博彩
- 3 足球博彩
- 4 體育賽事博彩
- 5 其他：(請註明) _____
- 6 拒絕回答

[v26] 請問你有幾經常參與過以上提及嘅活動呢？

- 1 每星期一次或以上
- 2 兩個星期一次
- 3 每月一次 (註：三至四個星期一次也視作一個月一次)
- 4 兩至三個月一次
- 5 半年至一年一次 (註：三至四個月一次也視作半年一次)
- 6 其他：_____
- 7 不定期
- 8 拒絕回答

[v27] 喺過去一年內，請問你平均每個月用咗幾多錢喺哩種活動呢？

平均每個月嘅花費：_____

- 1 唔清楚 / 唔記得
- 2 拒絕回答

C 部分：其他賭博情況事宜

[v28] 請問你點解會參與賭博活動呢？

[v29] 請問你有無試過借貸賭博？

- 1 有
- 2 無 (跳至 v35)
- 3 唔記得 (跳至 v35)
- 4 拒絕回答 (跳至 v35)

[v30] 請問你曾經借過幾多次錢去賭博？

_____次 (訪問員直接輸入整數)

- 88 唔記得
- 99 拒絕回答

[v31] 請問你通常透過乜嘢途徑借貸去賭博呢？【訪問員讀出選項 1-5，受訪者可選多項。】

- 1 銀行/信用卡
- 2 持牌嘅財務公司
- 3 私人放高利貸 (俗稱放數)
- 4 向親友借錢(包括家人、親戚、朋友、同事等)
- 5 其他 (請註明)：_____
- 6 唔清楚/好難講
- 7 拒絕回答

D 部分：病態賭博情況 DSM- V

【留意：v32 至 v40 不適用於 v3, v6, v10, v15, v20 及 v24 全部都答「無」或「唔記得」或「拒絕回答」之受訪者，只適合有參與過任何一種賭博活動之受訪者。如受訪者從不參與賭博活動，請輸入「5」及跳至 v52】

我想了解你喺過去一年內有沒有發生以下的情況？

[v32] 我常常想著以往的賭博經驗，計劃下一次怎去再賭，或如何找到賭本

- 1 有
- 2 無
- 3 唔記得
- 4 拒絕回答
- 5 不適用- 受訪者從來沒有參與過任何一種賭博活動／或全部作答「唔記得」／「拒絕回答」 (跳至 v52)

[v33] 我需要不斷增加賭博的注碼來得到刺激

- 1 有
- 2 無
- 3 唔記得
- 4 拒絕回答

[v34] 我曾經嘗試控制，減少或停止賭博，但都不成功

- 1 有
- 2 無
- 3 唔記得
- 4 拒絕回答

[v35] 當我停止賭博，我會感到心緒不寧，或容易發怒

- 1 有
- 2 無
- 3 唔記得
- 4 拒絕回答

[v36] 當感到無助、內疚、焦慮或失意時，我會寄情於賭博

- 1 有
- 2 無
- 3 唔記得
- 4 拒絕回答

[v37] 當我賭輸錢後，我常希望追回輸了的錢

- 1 有
- 2 無
- 3 唔記得
- 4 拒絕回答

[v38] 為了隱瞞自己的賭博行為，我不會對親人說真話

- 1 有
- 2 無
- 3 唔記得
- 4 拒絕回答

[v39] 我因賭已危及或已令我失去重要的家庭或人際關係、工作、學業或事業發展的機會

- 1 有
- 2 無
- 3 唔記得
- 4 拒絕回答

[v40] 我要依靠他人提供金錢協助，來解決因賭博所引起的財政困境

- 1 有
- 2 無
- 3 唔記得
- 4 拒絕回答

[v41] 請問以上曾經出現嘅情況，通常係喺你參與以上提到嘅邊一種賭博活動時發生嘅呢？【留意：此題不適用於全部都無試過上述情況之受訪者，受訪者可選多項。訪問員不必讀出任何選項。】

- 1 向香港賽馬會投注六合彩
- 2 投注外圍六合彩
- 3 向香港賽馬會投注足球賽事
- 4 投注外圍足球賽果
- 5 向香港賽馬會投注賽馬
- 6 投注外圍賽馬
- 7 投注(香港賽馬會以外的)網上賭博 (例如：網上賭場、參與網上遊戲獲取金錢或網上投注體育賽事)
- 8 同親戚朋友賭博 (例如：打麻雀、賭啤牌)
- 9 其他 (請註明)： _____
- 10 唔清楚／好難講
- 11 拒絕回答
- 12 不適用 (全部都無試過上述情況)

D 部分：對 預防病態賭博措施之認知

[v42] 你有冇聽過戒賭熱線 1834 633?

- 1 有
- 2 冇 (跳至 v45)
- 3 拒絕回答 (跳至 v45)

[v43] 你或者你嘅家人有冇試過致電呢條熱線求助?

- 1 有
- 2 冇 (跳至 v45)
- 3 拒絕回答 (跳至 v45)

[v44] 你同唔同意戒賭熱線對你或者家人有幫助?

- 1 非常同意
- 2 同意
- 3 唔同意
- 4 非常唔同意
- 5 唔清楚／好難講
- 6 拒絕回答

[v45] 你有冇聽過戒賭輔導服務？

- 1 有
- 2 冇 (跳至 v48)
- 3 拒絕回答 (跳至 v48)

[v46] 你或者你嘅家人有冇接受過戒賭輔導服務？

- 1 有
- 2 冇 (跳至 v48)
- 3 拒絕回答 (跳至 v48)

[v47] 你同唔同意戒賭輔導服務對你或者家人有幫助？

- 1 非常同意
- 2 同意
- 3 唔同意
- 4 非常唔同意
- 5 唔清楚／好難講
- 6 拒絕回答

[v48] 你有冇聽過可以透過 WhatsApp, WeChat, 或 Chatbot(聊天機械人) 等程式以文字接受戒賭輔導服務？

- 1 有
- 2 冇
- 3 拒絕回答

[v49] 你有冇試過以上的戒賭輔導服務模式？

- 1 有
- 2 冇
- 3 拒絕回答

[v50] 你同唔同意以上的戒賭輔導服務模式對你或者家人有幫助？

- 1 有
- 2 冇
- 3 拒絕回答

[v51] 你認為現時香港參與賭博嘅合法年齡定為 18 歲是否合適呢？

- 1 合適
- 2 不合適，應該提高合法年齡
- 3 不合適，應該降低合法年齡
- 4 唔清楚／好難講／無所謂
- 5 拒絕回答

E 部分：受訪者之個人資料

[v52] 記錄被訪者嘅性別

- 1 男
- 2 女

[v53] 請問你嘅年齡係：

- 1 15-17
- 2 18-21
- 3 22-29
- 4 30-39
- 5 40-49
- 6 50-59
- 7 60-69
- 8 70-79
- 9 80 或以上
- 10 拒絕回答

[v54] 請問你嘅教育程度去到邊度呢？

- 1 無受過正規教育
- 2 幼稚園／小學
- 3 初中（中一至中三）
- 4 高中（中四至中五）
- 5 預科程度（中六至中七／(IVE)香港專業教育學院／其他職業訓練機構）
- 6 大專：非學士學位
- 7 大專：學士學位或以上（包括碩士／博士等）
- 8 拒絕回答

[v55] 請問你嘅婚姻狀況係乜呢？

- 1 未婚
- 2 已婚
- 3 分居／離婚
- 4 鰥寡
- 5 同居
- 6 拒絕回答

[v56] 請問你嘅住屋類型係乜呢？

- 1 公屋（無論是租或自置）
- 2 居屋或夾屋
- 3 私人屋苑（無論是租或自置）
- 4 單棟式住宅大廈／唐樓（無論是租或自置）
- 5 員工宿舍／學生宿舍
- 6 村屋（無論是租或自置）
- 7 其他（請註明）：_____

8 拒絕回答

[v57] 請問你屋企依家每月嘅總收入大概有幾多呢？【訪問員不必讀出答案】

- 1 5,000 元以下
- 2 5,000-9,999 元
- 3 10,000-14,999 元
- 4 15,000-19,999 元
- 5 20,000-24,999 元
- 6 25,000-29,999 元
- 7 30,000-34,999 元
- 8 35,000-39,999 元
- 9 40,000-44,999 元
- 10 45,000-49,999 元
- 11 50,000 或以上
- 12 唔記得／唔知道／唔定
- 13 拒絕回答

[v58] 請問你既工作狀況係乜呢？

- 1 僱主
- 2 僱員
- 3 自僱人士
- 4 失業／待業 (問卷完成)
- 5 退休人士 (問卷完成)
- 6 全職家庭照顧者(問卷完成)
- 7 學生 (問卷完成)
- 8 拒絕回答

[v59] 請問你從事邊種行業呢？【訪問員不必讀出答案】

- 1 飲食業
- 2 零售業
- 3 金融業
- 4 運輸業
- 5 旅遊業
- 6 地產業
- 7 製造業
- 8 建造業
- 9 教育
- 10 住宿服務
- 11 專業及商用服務
- 12 資訊及通訊業
- 13 公共行政／社會及個人服務
- 14 進出口及批發貿易業
- 15 其他（請註明）：_____
- 16 拒絕回答

[v60] 請問你嘅職位係邊類呢？【訪問員不必讀出答案】

- 1 經理及行政人員(僱主、董事等)
- 2 專業人員(醫生、律師、會計師等)
- 3 輔助專業人員(社工、護士、消防、警察等)
- 4 文員／支援人員(文員、秘書、接待員等)
- 5 服務工作及商店銷售人員(侍應、售貨員、理髮員等)
- 6 工藝及有關人員(建築、三行、裝修工人等)
- 7 機台及機器操作員及裝配員(司機、海員等)
- 8 非技術工人(保安、跟車工人、辦工室助理等)
- 9 其他(請註明)：_____
- 10 拒絕回答

[v61] 請問你個人依家平均每月嘅收入大概有幾多呢？【訪問員不必讀出答案】

- 1 5,000 元以下
- 2 5,000-9,999 元
- 3 10,000-14,999 元
- 4 15,000-19,999 元
- 5 20,000-24,999 元
- 6 25,000-29,999 元
- 7 30,000-34,999 元
- 8 35,000-39,999 元
- 9 40,000-44,999 元
- 10 45,000-49,999 元
- 11 50,000 或以上
- 12 唔記得／唔知道／唔定
- 13 拒絕回答

問卷調查已經完成，多謝閣下為我哋提供寶貴嘅資訊。

問卷編號：_____

香港大學

社會科學研究中心

《香港人參與賭博活動情況研究 2021》

青少年參與賭博情況調查

民政事務局委託香港大學社會科學研究中心進行一項有關《香港人參與賭博活動情況的研究》，當中包括一項青少年參與賭博情況的調查。調查會收集有關年齡**12至19歲**香港學生的賭博行為、他們對賭博活動的觀感及面對賭博失調的風險的資料。此問卷調查絕不是用作考核，收集所得的所有資料將僅用於本研究，亦會以綜合方式展示，個別學校的資訊並不會被披露。你的意見和個人資料均絕對保密。研究完成後，所有填寫的問卷都會在刪除所有個人識別資料後被保存三年。你的意見對今次研究有很大幫助。謹此多謝你參與是次調查。

如對調查內容有任何查詢，請致電 3917-1600 與本研究中心聯絡。如您對作為研究參與者的權益有任何疑問，請聯絡香港大學非臨床研究操守委員會（電話：2241-5267）。

相關問卷調查以不記名方式進行。請於適當的答案之空格內填上「✓」或圈出適合的答案。

請注意！

在此問卷內所提及的「賭博」是指透過活動或行為，用金錢或有價值之物品（例如：名牌手袋、手錶、電話）作賭注，以獲得一個贏得更多金錢或有價值之物品的機會。

第一部分：個人參與賭博情況

1) 請問你在過去一年內曾否用金錢或有價值之物品（例如：名牌手袋、手錶、電話）作賭注，參與以下活動（包括親身或透過身邊的家人／朋友下注）？

從沒參與過任何賭博活動 <input type="checkbox"/> (如你從沒參與過，請跳 答題 24)	沒有 參與	七個 月至 一年 一次	四至 六個 月一 次	兩至 三個 月一 次	每月 一次	兩星 期一 次	每星 期一 次或 以上	總共用 多少錢 參與?^
投注馬會主辦的足球博彩								\$
投注馬會主辦的本地賽馬								\$
投注馬會主辦的非本地賽馬								\$
投注馬會主辦的六合彩								\$
與親友賭啤牌／打麻雀／ 賭棋局／牌九／番攤／魚 蝦蟹／大細等								\$
投注非馬會主辦的賭博活 動（例如：賽馬、體育賽 事）								\$
投注非馬會主辦的網上賭 博（包括利用互聯網／手 機的賭博應用程式進行涉 及金錢交易的網上賭博活 動）								\$
其他：(請註明:_____)								\$

2) 請問你幾多歲開始參與賭博活動? _____歲

3) 在過去一年，除了與親友賭啤牌／打麻雀／賭棋局／牌九／番攤／魚蝦蟹／大細等，請問你透過甚麼途徑參與其他賭博活動？[可選多項]

親身投注	<input type="checkbox"/> 馬會電話投注熱線 <input type="checkbox"/> 馬會的手機應用程式 <input type="checkbox"/> 馬會網站 <input type="checkbox"/> 賭博網站（例如：網上賭場）投注外圍賭博活動 <input type="checkbox"/> 手機應用程式投注外圍賭博活動 <input type="checkbox"/> 其他（請註明： _____） <input type="checkbox"/> 不適用
透過他人代為投注	<input type="checkbox"/> 家人（例如：父母、兄弟姊妹） <input type="checkbox"/> 親戚（例如：祖父母、表兄弟姊妹） <input type="checkbox"/> 朋友 <input type="checkbox"/> 同學 <input type="checkbox"/> 中介人（艇仔） <input type="checkbox"/> 其他（請註明： _____） <input type="checkbox"/> 不適用

4) 請問你在甚麼場所參與賭博？[可選多項]

私人住所	公共場所
<input type="checkbox"/> 自己 <input type="checkbox"/> 親戚 <input type="checkbox"/> 朋友 <input type="checkbox"/> 同學	<input type="checkbox"/> 學校 <input type="checkbox"/> 餐廳 <input type="checkbox"/> 酒吧 <input type="checkbox"/> 網吧 <input type="checkbox"/> 公園 <input type="checkbox"/> 會所 <input type="checkbox"/> 咖啡室
<input type="checkbox"/> 其他（請註明：_____）	

足球博彩

注意！**如在題 1 表示曾參與由馬會主辦的足球博彩，請回答以下題目；如表示沒有參與足球博彩，請跳答題 11**

5) 請問你為何參與足球博彩？[可選多項]

- 支持心儀球隊／球員 投注項目較多／每日也有賽事投注
- 投注玩法較多 玩法較簡單 可以透過合法途徑賭波
- 喜歡足球運動 觀看賽事時的刺激感
- 相比其它運動，足球較為普及和受歡迎 受家人／親戚影響
- 受朋輩影響 其它（請註明：_____）

6) 在過去一年，請問你平均每月用多少錢參與以上足球博彩賽事？ \$ _____

7) 在過去一年，請問你透過甚麼途徑參與足球博彩？ [可選多項]

親身投注	<input type="checkbox"/> 馬會電話投注熱線 <input type="checkbox"/> 馬會的手機應用程式 <input type="checkbox"/> 馬會網站 <input type="checkbox"/> 馬會以外的賭博網站投注外圍足球賭博活動 <input type="checkbox"/> 馬會以外的手機應用程式投注外圍足球賭博活動 <input type="checkbox"/> 其他（請註明：_____）
透過他人代為投注	<input type="checkbox"/> 家人 <input type="checkbox"/> 親戚 <input type="checkbox"/> 朋友 <input type="checkbox"/> 同學 <input type="checkbox"/> 中介人（艇仔） <input type="checkbox"/> 其他（請註明：_____）

8) 請問你通常在甚麼場所參與足球博彩？ [可選多項]

私人住所	公共場所
<input type="checkbox"/> 自己 <input type="checkbox"/> 親戚 <input type="checkbox"/> 朋友 <input type="checkbox"/> 同學	<input type="checkbox"/> 學校 <input type="checkbox"/> 餐廳 <input type="checkbox"/> 酒吧 <input type="checkbox"/> 網吧 <input type="checkbox"/> 公園 <input type="checkbox"/> 會所 <input type="checkbox"/> 咖啡室
<input type="checkbox"/> 其他（請註明：_____）	

9) 請問你通常與誰一起參與足球博彩？

- 自己 家人 親戚 朋友 同學
 同事 其他（請註明：_____）

網上賭博

注意！**網上賭博是指馬會網站以外的網上賭博活動，包括網上百家樂、打麻雀、啤牌等涉及金錢交易的網上賭博；如在題1表示曾參與非馬會主辦的網上賭博，請回答以下題目；如表示沒有參與，請跳答題25**

10) 在過去一年，請問你最常參與的網上賭博活動是？

- 網上賭場 玩網上遊戲獲取金錢 網上獎券
 網上落注馬會外的足球賽事 網上落注馬會外的賽馬賽事
 網上落注除足球外的體育賽事 其他（請註明：_____）

11) 在過去一年，請問你平均每月用幾多時間參與網上賭博活動? _____小時

12) 為何參與網上賭博? [可選多項]

- 投注項目較多
- 投注玩法較多
- 投注和派彩方便
- 無需親自到場
- 賭法簡單
- 投注折扣回贈吸引
- 不受時間限制
- 可以隱瞞實際年齡
- 提供歡迎獎金／積分作首輪試玩
- 輸極有限，不致傾家蕩產
- 無需即時支付現金，接受網上借貸／信用卡／電子貨幣（例如：Bitcoin）投注
- 受家人／親戚影響
- 受朋輩影響
- 其他（請註明：_____）

13) 在過去一年，請問你平均每月用多少錢投注? \$ _____

14) 在過去一年，請問你透過甚麼途徑投注網上賭博活動? [可選多項]

自己	<input type="checkbox"/> 電腦 <input type="checkbox"/> 手機 <input type="checkbox"/> 其他（請註明：_____）
透過他人代為投注	<input type="checkbox"/> 家人 <input type="checkbox"/> 親戚 <input type="checkbox"/> 朋友 <input type="checkbox"/> 同學 <input type="checkbox"/> 中介人（艇仔） <input type="checkbox"/> 其他（請註明：_____）

15) 請問你透過甚麼途徑開設網上賭博的賬戶?

- 自己的銀行戶口／信用卡
- 家人的銀行戶口／信用卡
- 親戚的銀行戶口／信用卡
- 朋友的銀行戶口／信用卡
- 同學的銀行戶口／信用卡
- 其他（請註明：_____）

16) 在過去一年，請問你是否...

		是	否
1	我常常想著以往的賭博經驗，計劃下一次怎去再賭，或如何找到賭本		
2	我需要不斷增加賭博的注碼來得到刺激		
3	我曾經嘗試控制，減少或停止賭博，但都不成功		
4	當我停止賭博，我會感到心緒不寧，或容易發怒		
5	當感到無助、內疚、焦慮或失意時，我會寄情於賭博		
6	當我賭輸錢後，我常希望追回輸了的錢		
7	為了隱瞞自己的賭博行為，我不會對親人說真話		
8	我因賭已危及或已令我失去重要的家庭或人際關係、工作、學業或事業發展的機會		
9	我要依靠他人提供金錢協助，來解決因賭博所引起的財政困境		

17) 在過去一年，請問你的賭本從何而來？[可選多項]

- 自己（例如：儲蓄、零用錢） 親友借貸（例如：家人、親友、同學）
- 高利貸（大耳窿）
- 轉售自己／家人／親友給予的物品（例如：電話、遊戲機、手錶）給親友以得到金錢
- 其他（請註明：_____）

注意！如在題 17 表示賭本是由「借貸」而來，請回答以下題目。如賭本只是「從自己而來」，請跳答題 23****

18) 在過去一年，因賭博而借貸共借過幾次？ _____

19) 在過去一年，合共借過幾多錢？ \$ _____

20) 在過去一年，最大的一次借貸金額大約多少？ \$ _____

21) 請問借貸已還清了嗎？ 已還清 未（請問尚欠多少：\$ _____）

第二部分：賭博動機

22) 你為甚麼喜歡賭博? 請圈出你對下列各項來形容你參與賭博的貼切程度

(數字越偏向 1，即你越是不同意這項原因，如數字偏向 7，即你越是同意這項參與賭博的原因)

		完全不貼切	少少貼切		有點貼切	很貼切		完全貼切
1	賭博令我感到興奮	1	2	3	4	5	6	7
2	賭博令我感到我很重要	1	2	3	4	5	6	7
3	賭博令我有自我勝任的感覺	1	2	3	4	5	6	7
4	賭博是令我完全放鬆的最佳方法	1	2	3	4	5	6	7
5	我為贏錢而賭博，但有時我會問自己是否應該繼續	1	2	3	4	5	6	7
6	為贏錢而賭博可以讓我測試我的自制能力	1	2	3	4	5	6	7
7	我是為贏錢而賭博，但有時我會問自己在當中得到甚麼	1	2	3	4	5	6	7
8	賭博令我發達	1	2	3	4	5	6	7
9	賭博可使其他人知道我是一個精力充沛的人	1	2	3	4	5	6	7
10	我可從認識更多關於某種賭博活動的技巧而獲得愉快的感覺	1	2	3	4	5	6	7
11	賭博可以買到我夢寐以求的物品	1	2	3	4	5	6	7
12	我在賭博中感到極大的享受	1	2	3	4	5	6	7
13	賭博是我認識最能減壓的方法	1	2	3	4	5	6	7
14	我賭博是為了從中得到強烈的官能感覺	1	2	3	4	5	6	7
15	我可從認識某種賭博活動的新玩法而獲得滿足感	1	2	3	4	5	6	7
16	賭博可令人妒忌我	1	2	3	4	5	6	7
17	賭博是我用以消除煩惱的消遣活動	1	2	3	4	5	6	7
18	當我知道自己玩某種賭博活動的能力，我會感到愉快	1	2	3	4	5	6	7
19	當我覺得我可以控制某種賭博活動，我會感到滿足	1	2	3	4	5	6	7
20	我賭博是為了滿足好奇心	1	2	3	4	5	6	7

		完全不貼切	少少貼切		有點貼切	很貼切		完全貼切
21	我是為贏錢而賭博，但有時我覺得我在當中所得的並非這麼多	1	2	3	4	5	6	7
22	賭博是一個快捷和容易的賺錢方法	1	2	3	4	5	6	7
23	賭博是我認識最能與我朋友碰面、消遣的活動	1	2	3	4	5	6	7
24	賭博能帶給我控制的感覺	1	2	3	4	5	6	7
25	我為贏錢而賭博，但有時我會問自己賭博對我是否有好處	1	2	3	4	5	6	7
26	當我贏錢的時候，我會覺得自己是一個重要的人	1	2	3	4	5	6	7
27	我賭博是為了贏很多錢	1	2	3	4	5	6	7
28	賭博能給我很刺激的官能感覺	1	2	3	4	5	6	7

第三部分：賭博行為、態度及認知

23) 請問你同意以下各項說法嗎? 請圈出你的同意程度 (數字越偏向 1, 即你越是不同意這項說法, 如數字 偏向 7, 即你越是同意這項說法)

		完全不同意	不同意	少不同意	中立 / 沒意見	少許同意	同意	完全同意
1	我認為賭博是一項挑戰	1	2	3	4	5	6	7
2	我的賭博技術及知識可能導致我贏錢	1	2	3	4	5	6	7
3	我的選擇及行為影響我每局的輸贏	1	2	3	4	5	6	7
4	如果我輸錢, 我應繼續賭下去, 因為我不想失去任何贏的機會	1	2	3	4	5	6	7
5	我會留意過往每局的賽果, 因這有助我將來的落注	1	2	3	4	5	6	7
6	賭博時, 若我認為我差一點就勝出, 我是會繼續賭下去的	1	2	3	4	5	6	7
7	賭博不只是靠運氣的	1	2	3	4	5	6	7
8	我在賭博中贏錢, 證明我有這方面的知識及技術	1	2	3	4	5	6	7
9	當我賭博時, 我會運用一些為我帶來運氣的方法	1	2	3	4	5	6	7
10	長遠來說, 我是會贏錢多於輸錢的	1	2	3	4	5	6	7
11	儘管我的賭博策略或計劃未能成功, 我一定會繼續運用這些策略或計劃, 因為我知道這些做法最終會幫我贏錢	1	2	3	4	5	6	7
12	當我賭博時, 我會做一些行為(例如:手握吉祥物, 摸左手)以增加我贏的機會	1	2	3	4	5	6	7
13	如果我輸錢, 我應嘗試再賭以贏回輸掉的金錢	1	2	3	4	5	6	7
14	不常賭博的人不會明白賭博的成功是需要“酬身”及願意付出一些金錢的	1	2	3	4	5	6	7
15	我從哪裡得到賭本是不重要的, 因為我將會贏錢並可歸還	1	2	3	4	5	6	7
16	我頗能準確預測我會何時贏錢	1	2	3	4	5	6	7
17	對我而言, 賭博是最佳的方法感受刺激	1	2	3	4	5	6	7
18	如果我繼續賭下去, 我最終是有收獲而能贏錢的	1	2	3	4	5	6	7
19	我比其他人認識更多有關賭博的知識及技術	1	2	3	4	5	6	7
20	若我沒有告之身邊的人有關我輸錢的事, 我覺得我的失落感會較少	1	2	3	4	5	6	7
21	雖然近來落注的號碼沒有贏出, 我仍保留相同的落注號碼, 因我相信這些號碼“遲早”會贏的	1	2	3	4	5	6	7

第四部分：精神健康狀況及上網行為

24) 除了因工作及學業需要外，請問你**每星期**平均用幾多時間上網？

_____小時

25) 請問你是否....

		是	否
1	覺得被網絡所佔據？		
2	需要花更多的時間在網絡才能獲得滿足？		
3	多次努力嘗試去控制或停止使用網絡，但總是失敗？		
4	當要中止連線時，覺得悶悶不樂、情緒低沉、易怒？		
5	你上網時間是否往往比原先預期要來得更長？		
6	為了上網，你寧願冒重要的人際關係、工作或教育機會損失的危險。		
7	你曾向家人或朋友說謊，以隱瞞你使用網絡的程度？		
8	你上網是為了逃避問題或釋放一些感覺，例如無助、罪惡、焦慮、沮喪。		

26) 請問你在過去一星期，有沒有出現／感到以下情況？請圈出你出現以下情況的程度

		沒有	間中	經常	常常
1	我覺得很難讓自己安靜下來	0	1	2	3
2	我感到口乾	0	1	2	3
3	我好像不能再有任何愉快、舒暢的感覺	0	1	2	3
4	我感到呼吸困難(例如：不是運動時也感到氣促或透不過氣來)	0	1	2	3
5	我感到很難自動去開始讀書	0	1	2	3
6	我對事情往往作出過敏反應	0	1	2	3
7	我感到顫抖(例如：手震)	0	1	2	3
8	我覺得自己消耗很多精神	0	1	2	3
9	我憂慮一些令自己恐慌或出醜的場合	0	1	2	3
10	我覺得自己對將來沒有甚麼可盼望	0	1	2	3
11	我感到忐忑不安	0	1	2	3
12	我感到很難放鬆自己	0	1	2	3

		沒有	間中	經常	常常
13	我感到憂鬱沮喪	0	1	2	3
14	我無法容忍任何阻礙我繼續讀書的事情	0	1	2	3
15	我感到快要恐慌了	0	1	2	3
16	我對任何事也不能熱衷	0	1	2	3
17	我覺得自己不甚麼配做人	0	1	2	3
18	我覺得自己很容易被觸怒	0	1	2	3
19	我察覺到自己在沒有明顯的體力勞動時，也感到心律不正常	0	1	2	3
20	我無緣無故地感到害怕	0	1	2	3
21	我感到生命毫無意義	0	1	2	3

第五部分：家庭關係及對現時香港賭博情況的觀感

27) 請圈出你對家人的滿意程度

		幾乎很少	有時	經常
1	我滿意於當我遇到困難時，可以求助於家人	0	1	2
2	我滿意於家人和我討論事情及分擔問題的方式	0	1	2
3	我滿意於當我希望從事新活動，或是有新的發展方向時，家人能接受並給予支持	0	1	2
4	我滿意於當家人對我表達情感的方式，以及對我的情緒（如憤怒、悲傷、愛）的反應	0	1	2
5	我滿意於家人與我共處的方式	0	1	2

父母監管

28a) 當你在網上賭博時，你的父母是否知道嗎？

- 知道
- 不知道，請跳答題 30

28b) 當你的父母知道你在網上賭博時，他們的反應是

- 批准
- 不批准，請跳答題 29f
- 忽略，請跳答題 30

28c) 如果你的父母容許你在網上賭博，他們會否監控你使用互聯網的時間嗎？

- 會
- 不會，請跳答題 30

28d) 你的父母是怎樣監控你使用互聯網的時間？

28e) 父母的監控是否對你控制在網上賭博有幫助？

有幫助，請跳答題 30

沒有幫助，請跳答題 30

28f) 當你的父母不批准你在網上賭博時，他們會做什麼？

28g) 當你的父母不批准你在網上賭博時，你的感覺是怎樣？

29) 你覺得現時香港的合法賭博年齡定於十八歲是否合適？

合適

不合適，請跳答題 30a

不知道 / 不清楚 / 沒意見

30) 你覺得最合適的合法賭博年齡是 _____ 歲

第六部分：個人資料

- 1) 性別 男 女
- 2) 年齡 _____ 歲
- 3) 教育程度 中一 中二 中三 中四 中五
- 4) 你每月可用的金額／收入為\$_____
- 5) 你的每月可用金額／收入來源 [可選多項]
- 自己 家人 親戚 朋友 同學
- 其他（請註明：_____）
- 6) 請問你的家庭每月總收入大概多少？\$_____ 不知道
- 7) 你有沒有宗教信仰？ 有 沒有
- 8) 你現時所住的居所為

租住	自置／家人自置
<input type="checkbox"/> 公屋 <input type="checkbox"/> 劏房／工廈 <input type="checkbox"/> 居屋 <input type="checkbox"/> 私人樓宇／唐樓／村屋 <input type="checkbox"/> 員工／學生宿舍 <input type="checkbox"/> 其他（請註明：_____）	<input type="checkbox"/> 公屋 <input type="checkbox"/> 私人樓宇／居屋／唐樓／村屋 <input type="checkbox"/> 其他（請註明：_____）
<input type="checkbox"/> 不知道	

訪問完成，謝謝！

病態及問題賭徒聚焦小組及深入訪談大綱

第一部份 研究員自我介紹

你好！我叫XX，係負責今次研究的同事，多謝你抽時間接受今次訪問。今次民政事務局委託香港大學進行一項有關香港人參與賭博活動情況嘅研究，以了解沉迷賭博人士的歷程及沉迷賭博帶來的影響，你嘅意見對今次研究會有很大的幫助。訪問需時大約一至兩小時。為準確記錄訪問內容，整個訪問過程會進行錄音。請放心，你嘅分享同意見係絕對保密。研究完成後，所有資料同錄音帶都會燒毀。請在訪問前，填一份不記名嘅評估表格以作研究之用。

如果你對調查內容有任何查詢，你現時可告訴我，或者可以稍後致電(3917-1600) 給我 (XX)。如果你對作為研究參與者的權利有任何疑問，可聯絡香港大學非臨床研究操守委員會 (2241-5267)。

完成訪問後，我們會有 XX 超市禮券以答謝你嘅支持。請問有無任何疑問？如果無嘅話依家就開始訪問。

受訪者染上賭癮的歷程

I. 初次參與賭博的經驗

- 1.1 請問你幾多歲開始參與及怎樣開始參與賭博活動？你參與哪一項賭博活動？請描述一下當時的賭博情況。
- 1.2 當時有什麼因素令你開始參與賭博活動？

II. 染上賭癮的不同階段

- 2.1 請按照你的個人賭博經驗，分辨出你個人不同的賭博階段。
- 2.2 請你就每個階段的賭博經歷加以分享。
 - 參與賭博的初期（包括繼續參與賭博的原因；賭博的情況：參與的賭博活動、地點、習慣、賭本來源、次數、金額、與誰一起參與賭博；贏或輸的反應；對賭博想法和感受）
 - 參與賭博的中期（包括繼續賭博的原因；賭博的情況：開始沉迷賭博的跡象、參與的賭博活動、地點、賭本來源、次數、金額、與誰一起參與賭博；對賭博想法和感受；家人的反應及感受等）
 - 現時參與賭博的情況？（包括繼續賭博的原因；沉迷賭博的情況：沉迷的賭博活動、金額、次數、賭本來源、與誰一起參與賭博；對賭博想法和感受；家人的反應及感受；曾否有減少或停止賭博的念頭或行動？如有，你如何減少或停止自己賭博？家人有沒有幫你解決因沉迷賭博所帶來的問題？如有，如何協助？結果如何？）
- 2.3 綜觀你的分享，你認為自己是根據什麼準則劃分你的個人賭博階段？

III. 對賭博的整體看法

- 3.1 為何賭博如此吸引你去參與？
- 3.2 你認為沉迷賭博跟什麼最有關（例如：個人喜好尋求刺激、對賭博的想法、個人不快經驗、受家人及／或朋友影響等等）？
- 3.3 贏到錢時，通常如何處理這些贏回來的錢？
- 3.4 請分享一下你賭得最厲害的一次經驗？例如：何時發生、賭什麼活動、賭多大？當時的賭本從何而來？結果是怎樣？

IV. 賭博的影響

- 4.1 賭博對你及／或家人的生活帶來什麼影響（例如：經濟、家庭關係、人際關係、工作、身心健康）？

V. 尋求協助情況及對戒賭輔導服務的成效意見

- 5.1 在什麼情況下（例如：離婚、家人逝世等）令你決定戒賭？是你自己決定戒賭？還是你接受家人及／或朋友的勸告決定戒賭？
- 5.2 請問你接受了什麼戒賭輔導服務？你如何得知該服務？
- 5.3 請受訪者就各種曾參與的戒賭輔導服務作出描述及分享，包括以下：
 - 該服務是怎樣的？
 - 如何協助你？
 - 該服務是否有效？
 - 該服務最能協助你的是什麼？
 - 在過程中遇到什麼困難？

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- 5.4 請問你家人有沒有接受戒賭輔導服務？如有，是什麼戒賭輔導服務？
- 5.5 如有，請受訪者就家人接受過的各種戒賭輔導服務作出描述及分享，包括以下：
- 該服務是怎樣的？
 - 如何協助你的家人？
 - 該服務是否有效？
 - 該服務最能協助你家人的是什麼？
 - 這些服務也能協助你嗎？
 - 在過程中遇到什麼困難？
- 5.6 你有冇聽過可以透過 WhatsApp, WeChat, 或 Chatbot(聊天機械人) 等程式以文字接受戒賭輔導服務？如有，該服務是否有效？該服務最能協助你家人的是什麼？這些服務也能協助你嗎？在過程中遇到什麼困難？
- 5.7 你覺得戒賭服務（輔導員）在你的戒賭過程重要嗎（重要角色／輔助角色）？為什麼？
- 5.8 你覺得家人的角色在你的戒賭過程重要嗎（重要角色／輔助角色）？為什麼？
- 5.9 有沒有其他因素（例如：親人的支持）能令你堅持戒賭？
- 5.10 你認為戒賭輔導服務有什麼改善之處？

問卷調查

背景資料

1. 被訪者的性別 男 女

2. 被訪者的年齡是：_____ 歲

3. 被訪者的教育程度？
 - 無受過正規教育
 - 幼稚園／小學
 - 初中（中一至中三）
 - 高中（中四至中五）
 - 預科程度（中六至中七／(IVE)香港專業教育學院／其他職業訓練機構）
 - 大專：非學士學位
 - 大專：學士學位或以上（包括碩士／博士等）
 - 拒絕回答

4. 被訪者有沒有宗教信仰？ 有 沒有

5. 請問你的婚姻狀況
 - 未婚
 - 已婚
 - 分居／離婚
 - 鰥寡
 - 再婚
 - 拒絕回答

6. 請問你有無子女？ 有（請問有幾多位子女？_____位）
 沒有

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7. 被訪者現時的工作狀況係：

- 僱員 →〔 全職 兼職 散工〕請問你的職業係是：

- 僱主 →〔請註明從事的行業：_____〕
- 自僱人士
- 失業／待業
- 全職家庭照顧者
- 退休人士
- 學生
- 領取綜援／傷殘津貼／其他社會福利津貼
- 其他（請註明：_____）

8. 請問你每個月平均收入大概幾多？

- 無收入
- 1-4,999 元
- 5,000-9,999 元
- 10,000-14,999 元
- 15,000-19,999 元
- 20,000-24,999 元
- 25,000-29,999 元
- 30,000-34,999 元
- 35,000-39,999 元
- 40,000-44,999 元
- 45,000-49,999 元
- 50,000 或以上
- 唔記得／唔知道／唔定
- 拒絕回答

9. 請問你接受戒賭輔導服務達幾年？_____年

訪問完成，多謝合作！

賭博失調者聚焦小組訪談大綱

第一部份 研究員自我介紹

你好！我叫XX，係負責今次研究的同事，多謝你抽時間接受今次訪問。今次民政事務局委託香港大學進行一項有關香港人參與賭博活動情況嘅研究，你嘅意見對今次研究會有很大的幫助。訪問需時大約一至兩小時。為準確記錄訪問內容，整個訪問過程會進行錄音。請放心，你嘅分享同意見係絕對保密。研究完成後，所有資料同錄音帶都會燒毀。請在訪問前，填一份不記名嘅評估表格以作研究之用。

如果你對調查內容有任何查詢，你現時可告訴我，或者可以稍後致電(3917-1600) 給我 (XX)。如果你對作為研究參與者的權利有任何疑問，可聯絡香港大學非臨床研究操守委員會（2241-5267）。

完成訪問後，我們會有 XXX 超市禮券以答謝你嘅支持。請問有無任何疑問？如果無嘅話依家就開始訪問。

I. 受訪者參與賭博的過程、動機及看法

- 1.1 請問你幾多歲開始參與賭博活動。
- 1.2 請描述一下當時的賭博情況。
(例如：當時參與甚麼賭博活動、與誰參與、賭多大、賭本從何而來？在甚麼地方、透過甚麼途徑、當時賭了多久等。)
- 1.3 當時有什麼因素令你參與賭博活動？

II. 受訪者繼續參與賭博的情況、動機及看法

- 2.1 為甚麼會繼續賭博？
- 2.2 請描述一下繼續參與賭博的情況。
(例如：你通常參與那種賭博活動？通常會在甚麼地方（例如：學校、家中、公園）及跟誰（例如：家人、親戚、同學、朋友或同事）參與？大約每次投注幾多？透過甚麼途徑投注（例如：自己／已成年朋友或家人）？賭本從何而來？賭本佔你的收入大約幾多百分比？)
- 2.3 你介不介意讓你的家人知道你參與賭博？為甚麼？

IIa. 參與足球博彩的情況、動機及看法

[如受訪者在題 2.2 曾提及參與足球博彩，請問此題]

- 2a1) 請描述一下參與足球博彩的情況。
(例如：通常你每次參與幾多場賽事？每月用多少錢參與？與誰一起參與足球博彩？從那裡得知足球博彩的資訊？在甚麼地方參與？通常你係透過馬會投注足球博彩還是透過其他途徑進行投注？)
- 2a2) 賭本從何而來？
- 2a3) 如遇到大賽，例如世界盃／歐國盃，會否比平時投注多些？如會，請問會比平時多幾多？
- 2a4) 為甚麼參與足球博彩？

IIb. 參與賽馬博彩的情況、動機及看法

[如受訪者在題 2.2 曾提及參與賽馬博彩，請問此題]

- 2b1) 請描述一下參與賽馬博彩的情況，如同時參與本地賽事及海外賽事博彩，請分別說明。
(例如：通常你每次參與幾多場賽事？每月用多少錢參與？與誰一起參與賽馬博彩？從那裡得知賽馬博彩的資訊？在甚麼地方參與？通常你係透過馬會投注賽馬博彩還是透過其他途徑進行投注？)
- 2b2) 賭本從何而來？
- 2b3) 每次海外賽事的投注額、借貸金額會否跟本地賽事不一樣？如會，請問會比平時多或少？
- 2b4) 為甚麼參與賽馬博彩？

IIc. 參與網上賭博情況、動機及看法。

[如受訪者在題 2.2 曾提及參與網上賭博，請問此題]

- 2c1) 請描述一下參與馬會以外的網上賭博的情況。
(例如：從何時開始？參與甚麼網上賭博活動？如何參與（例如：如何開設網上賭博戶口／賬戶）？從何得知網上賭博的資訊？大約每次投注額多少？每月平均用幾多錢參與？每月通常用多少時間參與網上賭博？每次玩多久？與誰參與？通常在何時？何地參與？)
- 2c2) 賭本從何而來？
- 2c3) 為甚麼參與網上賭博？
- 2c4) 如馬會日後能提供現時網上博彩營運者的博彩玩法及／或種類，你會否改向馬會投注？

III. 賭博的影響。

- 3.1 你曾否因為賭博（特別是賭輸時）影響到你及你的家人？
(例如：情緒問題、學業／工作問題、社交問題？)
- 3.2 如有，當時你有何感覺？如何處理？
- 3.3 你身邊的人有否協助你？如有，是誰？他／她如何協助你？成效如何？

- 3.4 請問你曾否想過戒賭？如有，為甚麼要戒賭呢？共戒過幾次？是怎樣實行？結果如何？如沒有，為甚麼？

IV. 借貸賭博情況

- 4.1 請問你曾否因參與賭博而要向你的親友借錢？如有，參與什麼賭博活動令你欠債？那位親友借款給你？借了多少？能否將借貸還清？（如未還清），請問還欠多少？
- 4.2 除了親友外，請問你曾否因賭博向其他人／機構（例如財務公司、銀行、大耳窿等）借錢？如有，請問欠債多少？借款人是誰？如何獲得貸款？借了多少？能否將借貸還清？（如未還清），請問還欠多少？

V. 討論對戒賭輔導服務的認知及意見

- 5.1 請問你有沒有聽過戒賭輔導服務中心（如東華三院平和坊、明愛展晴中心、錫安社會服務處勗勵軒或路德會青亮中心）及戒賭熱線 1834633？如有，從甚麼途徑得知有關服務？知道什麼服務？
- 5.2 你有有聽過可以透過 WhatsApp, WeChat, 或 Chatbot(聊天機械人) 等程式以文字接受戒賭輔導服務？如有，該服務是否有效？該服務最能協助你家人的是什麼？這些服務也能協助你嗎？在過程中遇到什麼困難？
- 5.3 你覺得戒賭服務能夠幫助到人戒賭及賭徒的親人嗎？為甚麼？有何建議？

VI. 對香港現時的合法賭博情況的看法及意見

- 6.1 請問你覺得香港現時的合法賭博種類及途徑是否足夠？為甚麼？如建議增加合法賭博活動及途徑，你覺得應該增加那些種類／途徑？如何增加？

問卷調查

背景資料

1. 被訪者的性別 男 女

2. 被訪者的年齡是：_____ 歲

3. 被訪者的教育程度？
 - 無受過正規教育
 - 幼稚園／小學
 - 初中（中一至中三）
 - 高中（中四至中五）
 - 預科程度（中六至中七／(IVE)香港專業教育學院／其他職業訓練機構）
 - 大專：非學士學位
 - 大專：學士學位或以上（包括碩士／博士等）
 - 拒絕回答

4. 被訪者有沒有宗教信仰？ 有 沒有

5. 請問你的婚姻狀況
 - 未婚
 - 已婚
 - 分居／離婚
 - 鰥寡
 - 再婚
 - 拒絕回答

6. 請問你有無子女？
 - 有（請問有幾多位子女？_____位）
 - 沒有

7. 被訪者現時的工作狀況：

- 僱員〔全職 兼職 散工〕請問你的職業是：_____
- 僱主〔請註明從事的行業：_____〕
- 自僱人士
- 失業／待業
- 全職家庭照顧者
- 退休人士
- 學生
- 領取綜援／傷殘津貼／其他社會福利津貼
- 其他（請註明：_____）

8. 請問你每個月平均收入大概幾多？

- 無收入
- 1-4,999 元
- 5,000-9,999 元
- 10,000-14,999 元
- 15,000-19,999 元
- 20,000-24,999 元
- 25,000-29,999 元
- 30,000-34,999 元
- 35,000-39,999 元
- 40,000-44,999 元
- 45,000-49,999 元
- 50,000 或以上
- 唔記得／唔知道／唔定
- 拒絕回答

訪問完成，多謝合作！

青少年及公眾聚焦小組及深入訪談大綱

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I. 受訪者參與賭博的過程、動機及看法

- 1.1 請問你幾多歲開始參與賭博活動。
- 1.2 請描述一下當時的賭博情況。
(例如：當時參與甚麼賭博活動、與誰參與、賭多大、賭本從何而來？在甚麼地方、透過甚麼途徑、當時賭了多久等。)
- 1.3 當時有什麼因素令你參與賭博活動？

II. 受訪者繼續參與賭博的情況、動機及看法

- 2.1 為甚麼會繼續賭博？
- 2.2 請描述一下繼續參與賭博的情況。
(例如：你通常參與那種賭博活動？通常會在甚麼地方（例如：學校、家中、公園）及跟誰（例如家人、親戚、同學、朋友或同事）參與？大約每次投注幾多？透過甚麼途徑投注（例如：自己／已成年朋友或家人）？賭本從何而來？賭本佔你的收入大約幾多百分比？)
- 2.3 你介不介意讓你的家人知道你參與賭博？為甚麼？

IIa. 參與足球博彩的情況、動機及看法

[如受訪者在題 2.2 曾提及參與足球博彩，請問此題]

- 2a1) 請描述一下參與足球博彩的情況。
(例如：通常你每次參與幾多場賽事？每月用多少錢參與？與誰一起參與足球博彩？從那裡得知足球博彩的資訊？在甚麼地方參與？通常你係透過馬會投注足球博彩還是透過其他途徑進行投注？)
- 2a2) 賭本從何而來？
- 2a3) 如遇到大賽，例如世界盃／歐國盃，會否比平時投注多些？如會，請問會比平時多幾多？
- 2a4) 為甚麼參與足球博彩？

IIb. 參與賽馬博彩的情況、動機及看法

[如受訪者在題 2.2 曾提及參與賽馬博彩，請問此題]

- 2b1) 請描述一下參與賽馬博彩的情況，如同時參與本地賽事及海外賽事博彩，請分別說明。
(例如：通常你每次參與幾多場賽事？每月用多少錢參與？與誰一起參與賽馬博彩？從那裡得知賽馬博彩的資訊？在甚麼地方參與？通常你係透過馬會投注賽馬博彩還是透過其他途徑進行投注？)
- 2b2) 賭本從何而來？
- 2b3) 每次海外賽事的投注額、借貸金額會否跟本地賽事不一樣？如會，請問會比平時多或少？
- 2b4) 為甚麼參與賽馬博彩？

IIc. 參與網上賭博情況、動機及看法

[如受訪者在題 2.2 曾提及參與網上賭博，請問此題]

- 2c1) 請描述一下參與馬會以外的網上賭博的情況。
(例如：從何時開始？參與甚麼網上賭博活動？如何參與（例如如何開設網上賭博戶口／賬戶）？從何得知網上賭博的資訊？大約每次投注額多少？每月平均用幾多錢參與？每月通常用多少時間參與網上賭博？每次玩多久？與誰參與？通常在何時？何地參與？)
- 2c2) 賭本從何而來？
- 2c3) 為甚麼參與網上賭博？
- 2c4) 如馬會日後能提供現時網上博彩營運者的博彩玩法及/或種類，你會否改向馬會投注？
- 2c5) 當你在網上賭博時，你的父母是否知道？
- 2c6) 當你的父母知道你在網上賭博時，他們的反應是批准／唔批准／忽略？
- 2c7) 如果你的父母容許你在網上賭博，他們會否監控你使用互聯網的時間嗎？怎樣監控你使用互聯網的時間？父母的監控是否對你控制在網上賭博有幫助？

- 2c8) 如果唔批准你係網上賭博時，他們會做什麼？你的感覺是怎樣？

III. 賭博的影響

- 3.1 你曾否因為賭博（特別是賭輸時）影響到你及你的家人？(例如：情緒、經濟、學業／工作、社交問題？)
- 3.2 如有，當時你有何感覺？如何處理？
- 3.3 你身邊的人有否協助你？如有，是誰？他／她如何協助你？成效如何？
- 3.4 請問你曾否想過戒賭？如有，為甚麼要戒賭呢？共戒過幾次？是怎樣實行？結果如何？如沒有，為甚麼？

IV. 借貸賭博情況

- 4.1. 請問你曾否因參與賭博而要向你的親友借錢？如有，參與什麼賭博活動令你欠債？那位親友借款給你？借了多少？能否將借貸還清？（如未還清），請問還欠多少？
- 4.2 除了親友外，請問你曾否因賭博向其他人／機構（例如：財務公司、銀行、大耳窿等）借錢？如有，請問欠債多少？借款人是誰？如何獲得貸款？借了多少？能否將借貸還清？（如未還清），請問還欠多少？

V. 討論對戒賭輔導服務的認知及意見

- 5.1 請問你有沒有聽過戒賭輔導服務中心（如東華三院平和坊、明愛展晴中心、錫安社會服務處勗勵軒或路德會青亮中心）及戒賭熱線 1834633？如有，從甚麼途徑得知有關服務？知道什麼服務？
- 5.2 你有冇聽過可以透過 WhatsApp, WeChat, 或 Chatbot(聊天機械人) 等程式以文字接受戒賭輔導服務？如有，該服務是否有

效？該服務最能協助你家人的是什麼？這些服務也能協助你嗎？在過程中遇到什麼困難？

- 5.3 你覺得戒賭服務能夠幫助到人戒賭及賭徒的親人嗎？為甚麼？有何建議？

VI. 對香港現時的合法賭博情況的看法及意見

- 6.1 請問你覺得香港現時的合法賭博種類及途徑是否足夠？為甚麼？如建議增加合法賭博活動及途徑，你覺得應該增加那些種類／途徑？如何增加？

問卷調查

背景資料

1. 被訪者的性別 男 女

2. 被訪者的年齡是：_____ 歲

3. 被訪者的教育程度？
 - 無受過正規教育
 - 幼稚園／小學
 - 初中（中一至中三）
 - 高中（中四至中五）
 - 預科程度（中六至中七／(IVE)香港專業教育學院／其他職業訓練機構）
 - 大專：非學士學位
 - 大專：學士學位或以上（包括碩士／博士等）
 - 拒絕回答

4. 被訪者有沒有宗教信仰？ 有 沒有

5. 請問你的婚姻狀況
 - 未婚
 - 已婚
 - 分居／離婚
 - 鰥寡
 - 再婚
 - 拒絕回答

6. 請問你有無子女？
 - 有（請問有幾多位子女？_____位）
 - 沒有

7. 被訪者現時的工作狀況係：

- 僱員 → [全職 兼職 散工] 請問你的職業是： _____
- 僱主 → [請註明從事的行業： _____)
- 自僱人士
- 失業／待業
- 全職家庭照顧者
- 退休人士
- 學生
- 領取綜援／傷殘津貼／其他社會福利津貼
- 其他（請註明： _____)

8. 請問你嘅職業係：

- 經理及行政人員(僱主、董事等)
- 專業人員(醫生、律師、會計師等)
- 輔助專業人員(社工、護士、消防、警察等)
- 文員／支援人員(文員、秘書、接待員等)
- 服務工作及商店銷售人員(侍應、售貨員、理髮員等)
- 工藝及有關人員(建築、三行、裝修工人等)
- 機台及機器操作員及裝配員(司機、海員等)
- 非技術工人(保安、跟車工人、辦工室助理等)
- 其他（請註明）： _____
- 拒絕回答

9. 請問你每個月平均收入大概幾多？

- 無收入
- 1-4,999 元
- 5,000-9,999 元
- 10,000-14,999 元
- 15,000-19,999 元

- 20,000-24,999 元
- 25,000-29,999 元
- 30,000-34,999 元
- 35,000-39,999 元
- 40,000-44,999 元
- 45,000-49,999 元
- 50,000 或以上
- 唔記得／唔知道／唔定
- 拒絕回答

訪問完成，多謝合作！