

Understanding gambling-related harm:

Separating the behaviour from the outcomes

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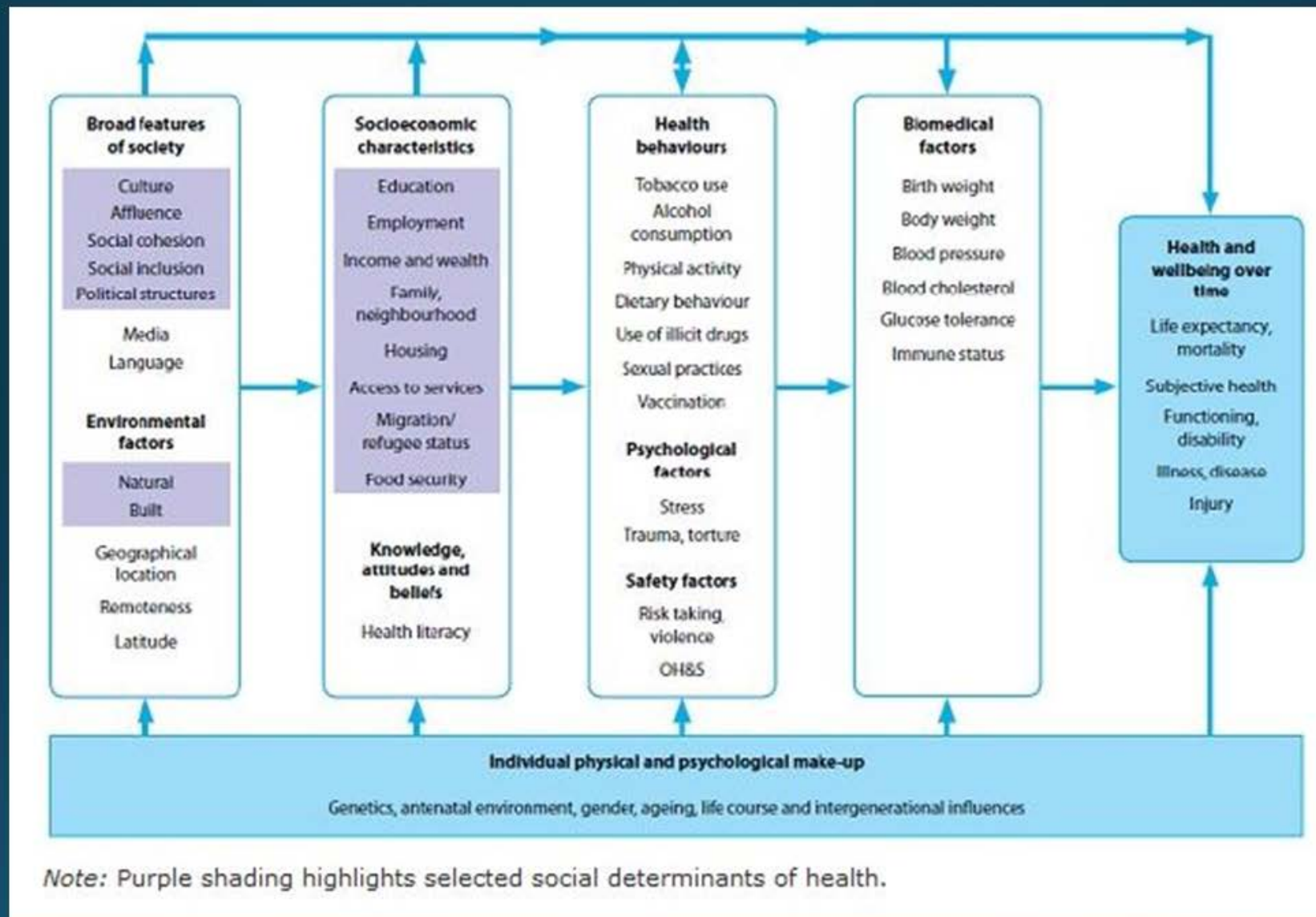
BE WHAT YOU WANT TO BE

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Background:



Note: Purple shading highlights selected social determinants of health.

Background:

- Gambling related harm:
 - Poorly defined
 - Lacked appropriate measures
 - Lack of ability to compare impacts of gambling to other public health issues
- Previous calls for measurement of harm:
 - Blaszczynski
 - Currie
 - Rodgers

Goals of project

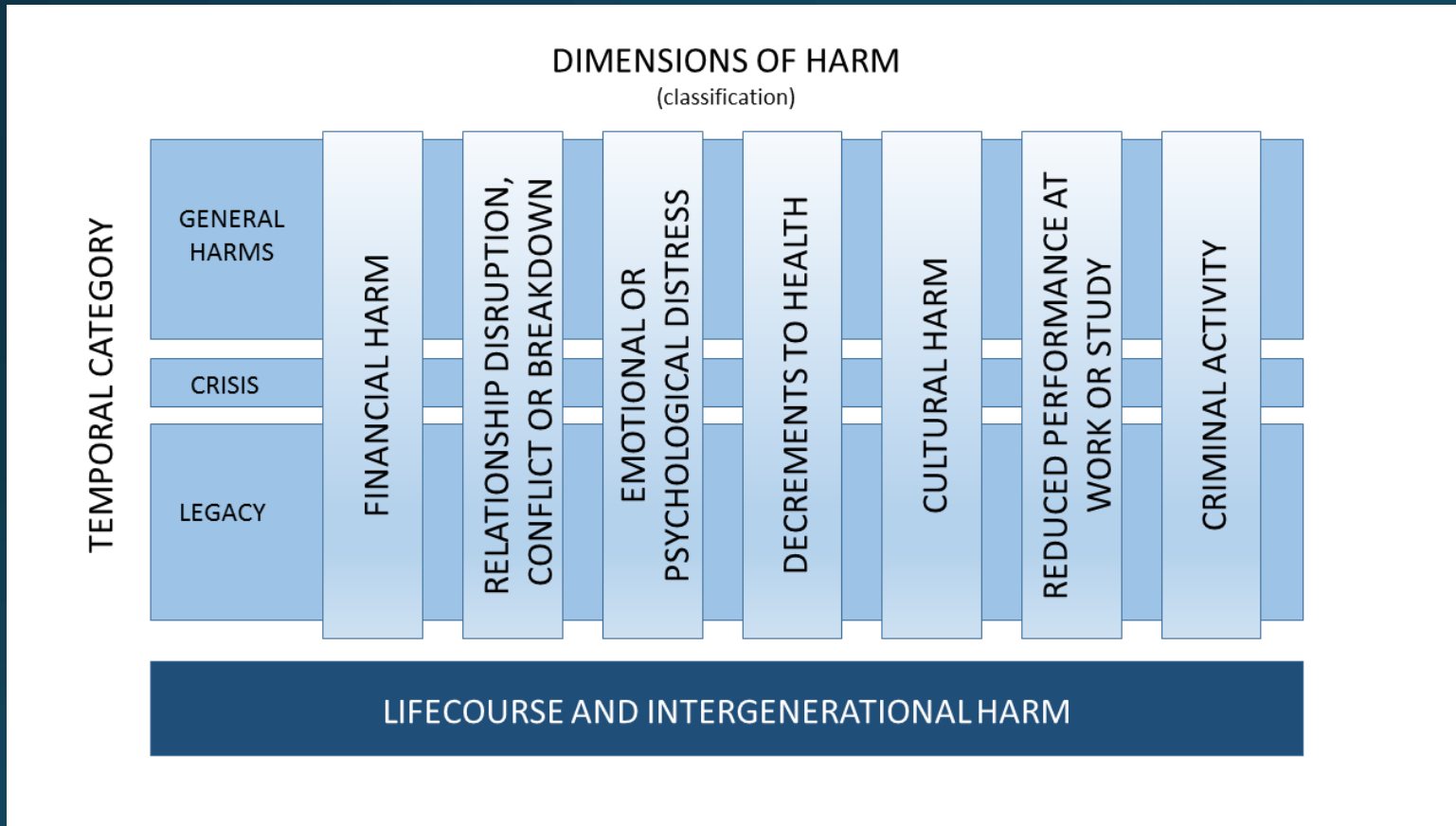
- Define gambling harm in a way that it could be operationalised
- Capture a catalogue of harms relating to gambling involvement of self or other
- Conceptualise gambling related harm to provide guiding framework
- Quantify the impact of gambling related harm to allow comparison across time and other health sequelae using HRQL

Defining harm:

- Functional definition of gambling related harm:

Any initial or exacerbated adverse consequence due to an engagement with gambling that leads to a decrement to the health or wellbeing of an individual, family unit, community or population.

Conceptualising harm:



- Conceptual framework
- Taxonomy of harms
 - Person who gambles
 - Affected others
 - Community

Measuring harm:

- Population Survey
 - Determine the occurrence of harms to PGSI categories
- Vignettes of Harm Experiences for PGSI categories
- VAS and TTO to determine decrement weightings
- Summary measure of loss of quality of life for the Victorian population for a calendar year (HRQL)

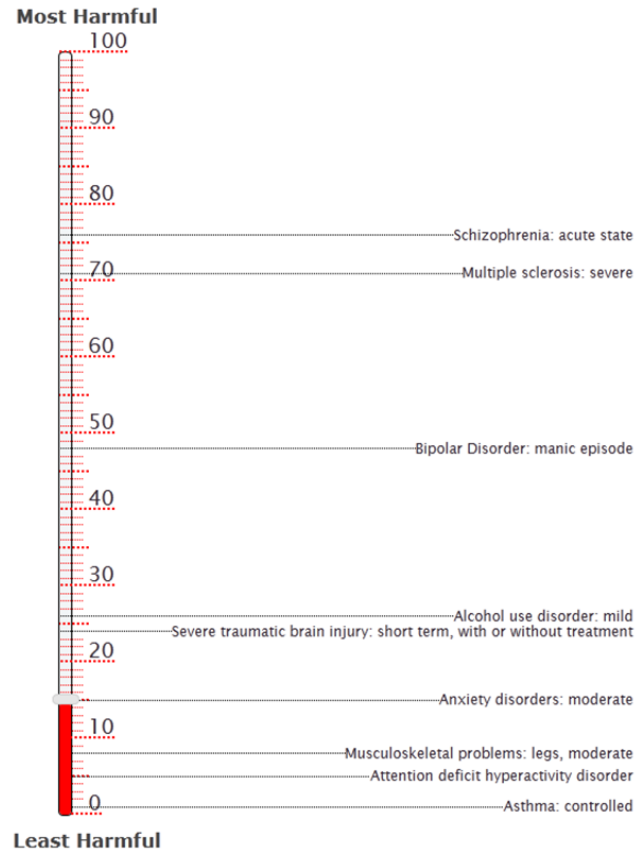
Vignettes:

- Your gambling is affecting your quality of life. Your gambling is affecting your quality of life. You have less spending money and have reduced savings. You don't get enjoyment from spending time with people you care about. (PGSI 2)
- Your gambling is affecting your quality of life. The gambling is making you feel regretful, ashamed and angry. You also feel extremely distressed. You have reduced savings and spend less recreationally (e.g. movies, eating out). You are less physically active and drinking more alcohol. Your tobacco use is increasing. You are not eating as much as you should. You spend less time with the people you care about. You neglect your relationship responsibilities. (PGSI 8)

VAS and TTO

Use your mouse or keyboard arrows to move the slider and rate how much you believe experiencing the scenario would impact your quality of life.

Your spouse's gambling is affecting your quality of life. The gambling is making you feel distressed. In your relationships you're experiencing greater tension.

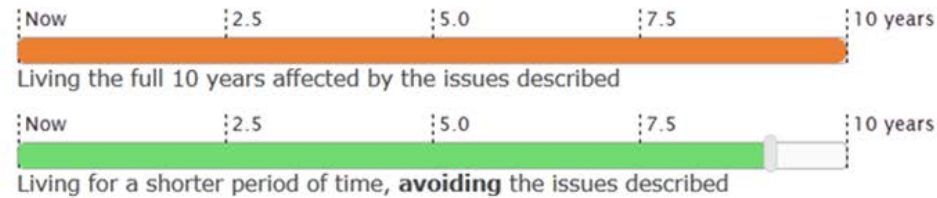


Value: **15**

SCENARIO 1

Adjust the bar until you believe Option B is equivalent to Option A. You can use your mouse or keyboard arrows to adjust the slider, or enter the value in the textbox. You may choose to enter your answer in years, days, or months by using the dropdown menu.

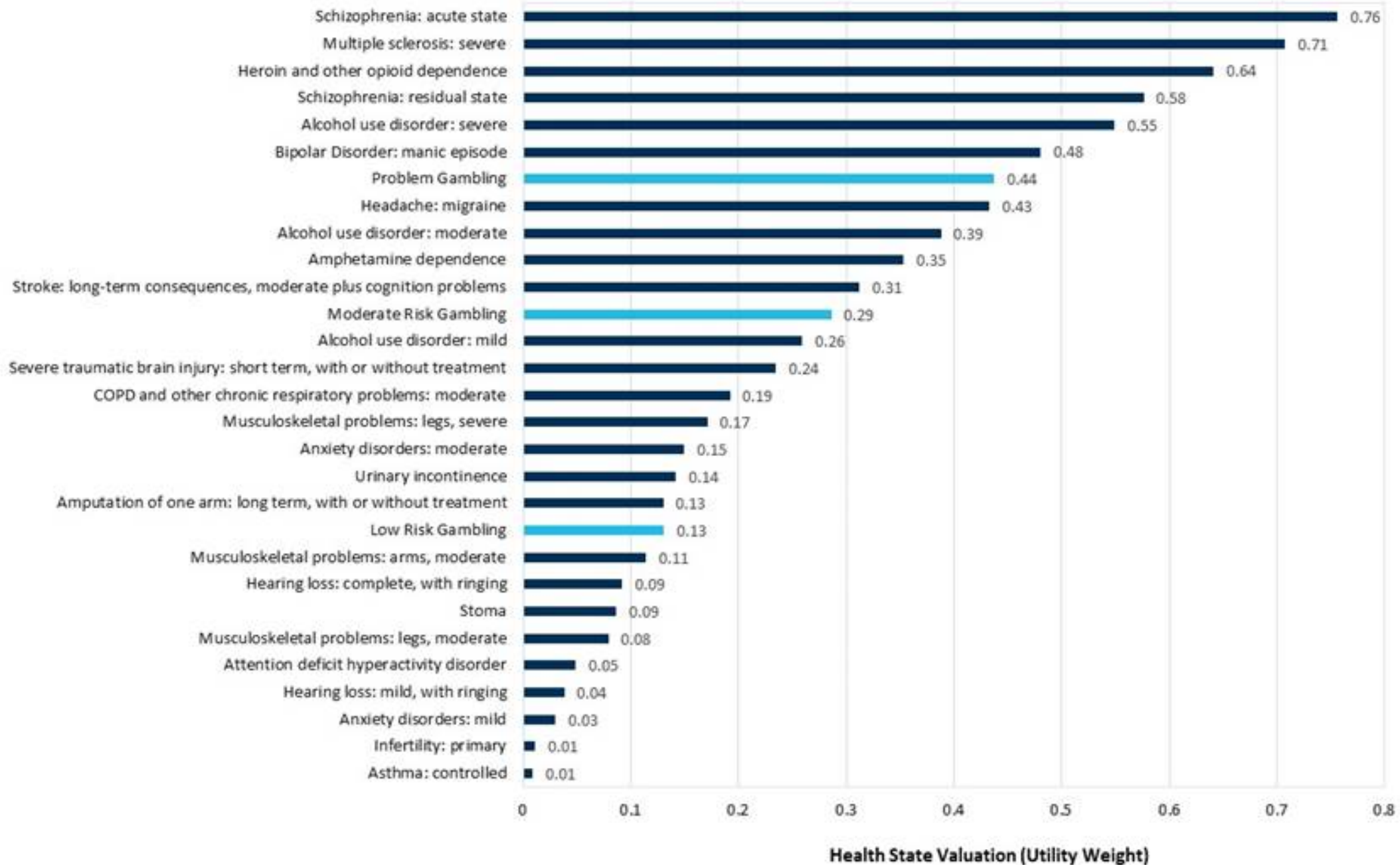
Your spouse's gambling is affecting your quality of life. The gambling is making you feel distressed. In your relationships you're experiencing greater tension.



*Value: **9.00** Years

**Living for this length of time free of the problems described in the scenario above, would have the same worth to me as 10 years of life affected by those issues.*

Health State



Measuring harm:

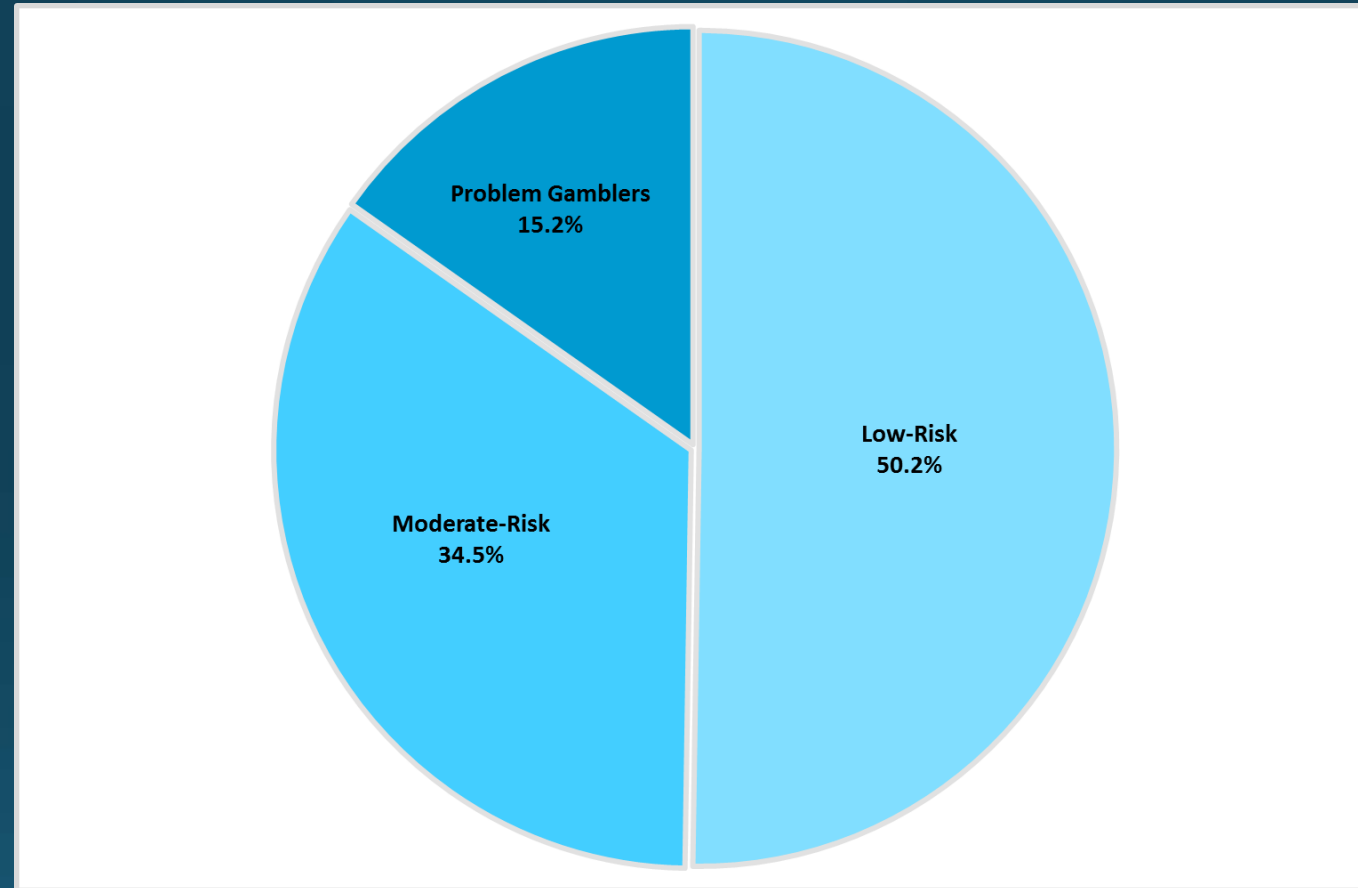
- Aim: Quantify gambling harm per year using a QALY₁ approach – the aggregate years of healthy life lost each year due to gambling in the Victorian adult population (YLD₁).

$$YLD_1 = \text{Victorian Adult Population} \times \text{Annual Prevalence for Health State (\%)} \times \text{Utility Weight of Health State}$$

How much harm?

- Annual aggregate years of healthy life lost (YLD₁) for people who gamble in Victorian adult population = **97,877 years**
 - People who gamble at **Low-Risk** levels = 49,173 years
 - People who gamble at **Moderate-Risk** levels = 33,788 years
 - People who experience problems with gambling = 14,916 years
- Aggregate years of health life lost annual (QALY₁ YLD₁) in Victorian adult population caused by another's gambling = **20,820 years**

Distribution of harm:



Answers the question raised by the Productivity Commission in 2010

What does harm look like for LR gamblers?

<p>Less spending money and reduced savings.</p> <p>Reduced spending on beneficial expenses such as insurance and essential items.</p> <p>Late on bill payments.</p> <p>Selling personal items.</p> <p>Taking items from friends and family without asking.</p>	<p>Poor dietary behaviours.</p> <p>Increased tobacco use.</p> <p>Increased alcohol consumption.</p> <p>Less physically active.</p> <p>Experiencing stress related health issues (headaches, increased blood pressure).</p>	<p>Late to work / study, absent and reduced performance.</p> <p>Conflict at work / study.</p> <p>Use work or study time to gamble.</p> <p>Less connected to religious or cultural community.</p> <p>Shamed the family name.</p>	<p>Less social events that don't involve gambling.</p> <p>Spend less time with people care about.</p> <p>Experience social isolation.</p> <p>Not fully attending to children's needs.</p> <p>Neglect relationship responsibilities.</p> <p>Relationship conflict.</p> <p>Concerns over relationships ending.</p>	<p>Feeling vulnerable.</p> <p>Feeling angry.</p> <p>Feeling ashamed, regret, distressed, hopeless, and worthless.</p> <p>Thoughts about escaping and self harm (PGSI 2)</p>
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It's not just "problem gamblers" or young men

Gender

- Males (55.9%), females (44.1%)
- Females in low-risk gambling problem category (high prevalence) contribute 28.9%
- Moderate-risk males (25.3%) and low-risk males (21.3%)

Age

- Population aged 55 years+ (41.3%)
- Followed by 35-54 years (34.8%), and 18-34 years (23.9%).

Age by Gender

- Females 55 years+ with low-risk gambling problems **accounted for the largest proportion of the harms of any single category (14.5%)**
- Followed by males 55 years+ with moderate-risk gambling problems (13.8%)

Limitations and criticisms

- Over count
 - conflation by participants of comorbid effects such as depression
- Under count
 - Single year snap shot (hence 1 subscript on QALY)
 - Legacy harms not included
 - Number of affected others
 - Mortality envelope not included
- Ongoing work to continue strengthening the measures

Implications: Changing our focus in response

- Moving away from “the ambulance at the bottom of the cliff”
- Broader concept of harm that can be addressed
- Looking beyond the person
- Prevention
- Early screening for harm not just behaviours (PGSI)
- Measuring harm as indicator of harm minimisation effect
- Ongoing development of measures

Further information:

- Langham, E., Thorne, H., Browne, M., Donaldson, P., Rose, J., & Rockloff, M. (2016). Understanding gambling related harm: a proposed definition, conceptual framework, and taxonomy of harms. *BMC Public Health*, 16(80). doi: 10.1186/s12889-016-2747-0
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- Browne, M., Langham, E., Rawat, V., Greer, N., Li, E., Rose, J., . . . Best, T. (2016). *Assessing Gambling Related Harm in Victoria*. Retrieved from Victorian Responsible Gambling Foundation
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