

research snapshot

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Predicting quality of life due to gambling harm at a population level

What this research is about

Previous studies have usually assessed the monetary impact of gambling. These studies often fail to consider the non-financial impact of gambling, such as the impact on quality of life. Furthermore, most of these studies have focused on problem gamblers. However, non-problem gamblers may also experience harm due to gambling. Any measure of the impact of gambling at a population level will need to consider gamblers who are at-risk but are not yet problem gamblers.

To measure the impact on quality of life at a population level, the researchers suggest the use of “years of life lost to disability” (YLD). This measure takes into account the prevalence of at-risk and problem gambling in a population and disability weights. Disability weight assesses the impact of a disease or health condition on an individual’s quality of life, ranging on a scale from 0 (perfect health) to 1 (death). The aim of this study was to apply the YLD assessment to determine the burden of gambling-related harm in Victoria, Australia.

What the researcher did

The researchers used prevalence data from the 2014 Study of Gambling and Health in Victoria, Australia. This survey study examined gambling problems among adults aged 18 and over. The researchers also used prevalence data for a variety of health conditions from several previous studies. Using the data obtained, they calculated the annual years lost due to disability (YLD). YLD was calculated by first multiplying the population estimate by the prevalence of a condition, and then multiplying that product by the disability weight. The researchers used a population estimate of 4,390,438 for Victoria, Australia. Disability weight was based on how severe an individual’s gambling problems were. Non-

What you need to know

This study investigated the impact of gambling on quality of life at a population level. It was estimated that about 101,675 years of life was lost due to gambling harm in one year in Victoria, Australia. At-risk and problem gambling resulted in more harm compared to many major health conditions, such as diabetes and eating disorders. Problem gamblers suffered more individually. But low-risk and moderate-risk gamblers accounted for most of the harm at the population level. This was because there were many more low-risk and moderate-risk gamblers in the population than problem gamblers. These results show that there is a need to examine the burden of gambling harm across different risk levels, not just problem gamblers.

gamblers and recreational gamblers who gambled occasionally were not expected to experience harm from gambling. Thus, they were excluded from analyses.

What the researcher found

Low-risk gambling was more common than major depressive disorder, but less prevalent than arthritis. Moderate-risk gambling was more common than alcohol dependence. Low-risk, moderate -risk and problem gambling together resulted in more harm than many major health conditions, such as diabetes, eating disorders and lung diseases.

Gambling harm caused a significant burden on the quality of life of the population in Victoria, Australia. In the year 2014, it was estimated that gambling harm was associated with 101,675 years of life lost (YLD). Problem

gamblers suffered more individually. But low-risk and moderate-risk gamblers accounted for most of the harm at the population level. This was because there were many more low-risk and moderate-risk gamblers in the population than problem gamblers.

How you can use this research

Currently, there is a lack of measure of gambling harm at the population level. This study provides a simple and suitable tool to measure the impact of gambling harm on quality of life. The results of this study also reveal that a large proportion of gambling harm comes from at-risk gamblers rather than problem gamblers. Thus, researchers should further explore the characteristics and behaviours of at-risk gamblers.

About the Researcher

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Citation

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Gambling, population, harm, burden of disease, quality of life

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