research snapshot
summarize | mobilize

Why a population approach may be needed to prevent gambling-related harms

What this research is about

Public health typically uses two different approaches for the prevention of addictions. High-risk approaches target small groups of individuals who are at high-risk for an addiction. Population approaches focus on the general population as a whole to decrease overall problems. Population approaches may be necessary due to the "prevention paradox". The "prevention paradox" occurs when individuals who are at low- or moderate-risk for an addiction account for most problems in the society. This is simply because there are more individuals within this group, and only a small number of individuals are at high-risk. In alcohol addiction, although heavy drinkers experience more harms from drinking, low-risk drinkers account for most problems because of the greater number of low-risk drinkers. The current study examined whether the "prevention paradox" applies to gambling-related harms in the British context.

What the researcher did

The researchers used data from the 2010 British Gambling Prevalence Survey. The dataset included information from 7,756 individuals, aged 16 years and older. The survey assessed ten gambling-related harms in the previous year. The researchers categorized 5 of the gambling-related harms as 'dependence harms'. These harms related to difficulties in controlling gambling. They included increased tolerance, impaired control, withdrawal symptoms when stopping gambling, and mood changes. The researcher categorized 4 of the gambling-related harms as 'social harms'. These included illegal acts, problems with other people, work-related problems, and financial problems. The last gambling-related harm was 'chasing losses' (i.e., continuing to bet after losses to win back money).

What you need to know

The current study examined if the "prevention paradox" occurs in gambling. It explored the distribution of gambling-related harms in a sample of 7,765 individuals living in Great Britain. Participants were categorized based on problem gambling severity and gambling volume (i.e., time and money spent on gambling per month).

Gambling-related harms were not limited to problem gamblers. Low- to moderate-risk gamblers also experienced harms, especially dependence harms (e.g., impaired control, mood changes) and chasing losses. Most gambling-related harms were reported by gamblers who did not spend a lot of time or money on gambling. These gamblers made up the majority of participants who had gambled in the past year. The results suggest that the "prevention paradox" applies to gambling-related harms. Problem gambling intervention providers should consider a population approach in addition to the traditional high-risk approach.

Based on the severity of problem gambling, the researchers grouped participants who were regular gamblers into: (a) non-problem gamblers; (b) low-risk gamblers; (c) moderate-risk gamblers; and (d) problem gamblers. Regular gamblers also reported how much time and money they spent monthly on gambling over the past year (gambling volume). The researchers used this information to categorize them into four groups: (1) "high time" regular gamblers (top 10% who spent 7+ hours/month gambling); (2) "non-high time" regular gamblers (the other 90% who did not spend time gambling or spent less than 7 hours/month gambling);

(3) "high spend" regular gamblers (top 10% who spent about £61.50 or more per month gambling); and "non-high spend" regular gamblers (the other 90% who spent less than £61.50 per month gambling). Based on gambling volume, the researchers created the following categories: (a) non-high time and spend regular gamblers; (b) high time only regular gamblers and high spend only regular gamblers; and (c) high time and spend regular gamblers.

What the researcher found

The distribution of gambling-related harms was: (a) dependence harms (16.4%); (b) social harms (2.2%); and chasing losses (7.9%). Thus, the most common gambling-related harms were dependence harms, followed by chasing losses. Overall, 17.9% of participants experienced at least one type of gambling-related harm. Males experienced more dependence and social harms than females. Younger age groups (16-34 years) experienced more harms than older age groups (35-54 years and 55+ years).

Gambling-related harms were not limited to problem gamblers only. Most low-risk gamblers exhibited at least one dependence harm (62%) and chasing losses (56%). Moderate-risk and problem gamblers experienced slightly more social harms (38% and 36%, respectively) than low-risk gamblers (25%).

Most regular gamblers reported low to moderate gambling volume (non-high time and spend, high time only, and high spend only). Heavy gamblers who were high time and high spend gamblers represented a minority. Problem gamblers were likely to be heavy gamblers (64.6% of problem gamblers were heavy gamblers). Individually, heavy gamblers experienced more harms from gambling. However, most gambling-related harms were reported by gamblers with low to moderate gambling volume. The results suggest that the "prevention paradox" applies to gambling-related harms.

How you can use this research

The findings suggest that prevention of gambling-related harms should consider a population approach (in addition to the traditional high-risk approach). Prevention providers and policy makers should develop responsible gambling approaches aimed at lowering time and money spent on gambling in the general population. For instance, these may include taxation and gambling availability control.

About the Researcher

Natale Canale and **Alessio Vieno** are affiliated with the Department of Developmental and Social Psychology at the University of Padova, Italy. **Mark D. Griffiths** belongs to the International Gaming Research Unit, Psychology Division, at Nottingham Trent University, United Kingdom. To contact the researchers about this study, please write to natalecanale4@gmail.com.

Citation

Canale, N., Vieno, A., & Griffiths, M. D. (2016). The extent and distribution of gambling-related harms and the prevention paradox in a British population survey. *Journal of Behavioral Addictions*, *5*(2), 204-212. http://dx.doi.org/10.1556/2006.5.2016.023

Keywords

Gambling, Great Britain, gambling involvement, population studies, prevention paradox, harms

Gambling Research Exchange Ontario (GREO)

Gambling Research Exchange Ontario (GREO) has partnered with the Knowledge Mobilization Unit at York University to produce Research Snapshots. GREO is an independent knowledge translation and exchange organization that aims to eliminate harm from gambling. Our goal is to support evidence-informed decision making in responsible gambling policies, standards and practices. The work we do is intended for researchers, policy makers, gambling regulators and operators, and treatment and prevention service providers.

Learn more about GREO by visiting greo.ca or emailing info@greo.ca.

This work is licensed under the Creative Commons Attribution-Noncommercial-No Derivative Works 2.5 Canada License.