What this research is about

Harm-minimisation recognizes a continuum of harms due to gambling. Harm-minimisation frameworks can help develop interventions to reduce gambling problems. Yet, the majority of problem gambling screens have a narrow focus on identifying problematic or at-risk gambling, rather than capturing harms from gambling.

The Short Gambling Harm Screen (SGHS) was designed to capture the continuum of gambling related harms. The harms captured by SGHS range from mild to severe. The SGHS contains 10 items answered on a “Yes/No” format. Each of the 10 items captures a specific harm as a result of gambling.

Previous studies evaluating the SGHS demonstrated excellent performance in identifying gambling harms. Recently, it has been suggested that three items in the SGHS reflect opportunity costs, rather than genuine gambling harms. The researchers tested this concern using three existing data sets. The data sets included 5,551 adults from Australia and New Zealand who gambled at least once in the past 12 months.

The researchers created several benchmarks of harm to test the SGHS including the three suspect items. The first benchmark was genuine and severe gambling harms. Ten severe harms were identified, for example, social isolation and late payment on bills. The ten items were called the "Unimpeachable adults from Australia and New Zealand who gambled at least once in the past 12 months.

What you need to know

The Short Gambling Harm Screen (SGHS) was designed to measure gambling-related harms. The SGHS measures harm on a continuum from mild to severe. It has been suggested that three items in the SGHS reflect opportunity costs, rather than genuine gambling harms. The researchers tested this concern using three existing data sets. The data sets included 5,551 adults from Australia and New Zealand who gambled at least once in the past 12 months. The SGHS, including the three suspect items, were tested against three benchmarks. The benchmarks included severe gambling harms, overall gambling harm, and problem gambling severity.

It was found that the SGHS, including the three items, were positively associated with severe gambling harms, overall gambling harm, and problem gambling severity. Including the three items improved the chance of detecting low- and moderate-risk gambling, but slightly decreased the chance of detecting problem gambling. The results suggest that SGHS, including the three items, do represent actual gambling harms and not just opportunity costs.
Gambling Harms Scale” (UGHS). The researchers also created an overall gambling harm variable using a checklist of 72 harms. The third benchmark used was the Problem Gambling Severity Index (PGSI). Scores on the PGSI reflect the degree of problem gambling risk. A score of 0 is classified as non-problem gambling. A score of 1–2 is associated with low-risk gambling. A score of 3–6 is associated with moderate-risk and 7+ is associated with problem gambling.

What the researchers found

The researchers found that both the SGHS and UGHS were reliable. Scores on the SGHS were strongly related to the UGHS, a measure of severe harms of gambling. People who scored higher on the SGHS also endorsed more severe harms on the UGHS. The SGHS was also associated with overall gambling harm and problem gambling severity. This was true when including or removing the three items in question.

The SGHS was reliably able to detect at-risk or problem gambling. Both the SGHS and UGHS were able to identify people with at-risk and problem gambling above chance. The SGHS performed better than the UGHS when differentiating non-problem, low-risk, and moderate-risk gambling. The UGHS performed better when classifying people into non-problem or problem gambling.

All items in the SGHS were positively associated with the UGHS. This was also true for the three suspect items. The three suspect items were also associated with the PGSI and overall gambling harm. Removing the three suspect items led to a small increase in the association with the UGHS and PGSI. The removal of the three items led to a decrease in the association with overall gambling harm. Both the 10-item SGHS and the three suspect items were able to detect changes in PGSI categories. About three-quarters of people with problem gambling endorsed the three suspect items.

How you can use this research

This research can be used by stakeholders to measure gambling-related harms in the general population. Clinicians can use the SGHS to measure the impacts of problem gambling among people seeking treatment.

About the researchers

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About Gambling Research Exchange (GREO)

Gambling Research Exchange (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 safer 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.