

research snapshot

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Exploring social and economic outcomes in different gambling groups

What this research is about

In Australia, problem gambling is viewed as a significant public health issue. Problematic gambling behaviours often cause many economic and social harms. These behaviours affect gamblers, families, and communities. Yet, there are not many studies that examine gambling longitudinally. Longitudinal studies follow participants over time and provide insights into how their gambling and wellbeing may change. The few studies that exist have high rates of attrition (e.g., people drop out from time 1 to time 2). Therefore, the aim of this study was to examine data from a large-scale longitudinal survey in Australia. Specifically, this study compared the economic and social outcomes of people with different levels of gambling risk. Economic outcomes included financial hardships and willingness to take financial risk. Social outcomes included life satisfaction, psychological distress, negative life events, and alcohol intake.

What the researchers did

The researchers used data from the Household, Income and Labour Dynamics in Australia (HILDA) survey. This is a large-scale representative longitudinal survey in Australia. The survey started in 2001, and included questions about gambling in 2015 for the first time. The researchers looked at data from 2002 to 2015 to assess how certain economic and social outcomes might vary by gambling risk level.

The HILDA survey included face-to-face interview and self-completion questionnaire (SCQ). To assess gambling risk, the SCQ included the Problem Gambling Severity Index (PGSI) in 2015. Scores on the PGSI indicated high risk/problem gambling, moderate risk, low risk, and no risk for gambling problems.

What you need to know

This research examined whether social and economic outcomes varied by gambling severity. The researchers used data from a large longitudinal study in Australia. The findings revealed that people with problem gambling experienced lower well-being and more financial hardships than people with lower risk or without gambling problems. People with moderate-risk and low-risk experienced worse outcomes than those without gambling problems. For people with problem gambling, poor outcomes went back a number of years, and became worse over time.

Participants were also asked how much they spent on different types of gambling in 'a typical month'.

The SCQ included questions about economic and social outcomes. Economic outcomes included hardships related to lack of money, unpaid household/personal bills, pay credit card on time, and attitudes to financial risk. Social outcomes included life satisfaction, psychological distress, experience of major life events, and risky drinking. Most questions were binary (i.e., response of yes/no). Psychological distress was measured with the Kessler-10 scale. For 'attitudes to financial risk', participants were presented with hypothetical scenarios involving different levels of financial risk and expected returns.

Based on the PGSI, the researchers determined the participants' gambling risk in 2015. Most participants (92.4%; 13,974 participants) had no risk of gambling problems. 603 participants (4%) had low-risk. 375 participants (2.5%) had moderate-risk. 159 participants (1%) had problem gambling. The

researchers then compared the economic and social outcomes of the four groups from 2002 to 2015.

What the researchers found

The researchers assessed participants' outcomes from 2002 to 2015, based on their gambling risk in 2015. The results revealed that overall, higher-risk problem gambling was associated with more adverse outcomes over the years. People with problem gambling experienced more hardships related to a lack of money than those with lower or no risk of gambling problems. They were more likely to have overdue personal or household bills, and less likely to pay credit cards on time. A higher proportion of people with problem gambling were willing to take greater financial risks.

In terms of social outcomes, people with problem gambling reported more psychological distress and drinking behaviour. They had the lowest levels of life satisfaction and experienced more negative life events, than people with lower risk or no risk. People with moderate risk and low risk, experienced worse economic and social outcomes than those with no risk. This meant that with higher severity of gambling, there were poorer outcomes.

Across the entire time (2002-2015), those with problem gambling consistently experienced more financial hardships, higher rates of overdue household and personal bills, and reported more financial risk taking. Moreover, over the years, those with problem gambling showed significantly lower life satisfaction and higher distress than the other groups. Some of the outcomes became worse over time. There were no clear patterns with respect to drinking behaviour over the years, and its relation to gambling severity.

How you can use this research

This research could be used by service providers, clinicians, and other researchers. Service providers could develop early intervention strategies to reduce gambling related harms. Clinicians could use the information in their treatment plan. For example, knowing that some social and economic factors can be more severe with gambling problems, might help them develop more targeted treatments.

Due to the nature of the data, this study could not speak to whether problem gambling causes the worsening of economic and social outcomes. Future studies could examine the direction of causation.

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.

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