

research snapshot

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The impact of gambling problems on quality of life in New Zealand and Australia

What this research is about

The “prevention paradox” (PP) has been proposed in public health. The PP happens when most problems of a disorder, like gambling disorder, come from a large number of people at low or moderate-risk rather than from high-risk people. This is because the number of people at high risk is very small even though they experience more harms from the disorder. Many studies have found that high-risk gamblers experience major declines in their quality of life. Less is known about gamblers at lower risk, who do not meet the criteria for gambling disorder.

A research study in Australia assessed gambling problems from a public health approach. The study determined the degree of harms a typical gambler experienced, given their level of gambling severity. To do this, it related the Problem Gambling Severity Index (PGSI) categories with health-related quality of life (HRQoL). The PGSI classifies gamblers into non-problem, low-risk, moderate-risk, and problem gamblers. HRQoL refers to an individual’s or a group’s perceived physical and mental health over time. The study found that the quality of life of problem gamblers declined by 44%. Moderate-risk and low-risk gamblers had smaller declines (29% and 13%, respectively).

The current study replicated the Australian study in New Zealand (NZ). It compared the HRQoL impacts of different levels of gambling severity among NZ gamblers to those found in Australia, as well as to other health conditions.

What the researchers did

The researchers used data collected for a population survey in NZ to create a large set of vignettes, or brief

What you need to know

This study found that the quality of life of problem gamblers in New Zealand (NZ) declined by 54%. Quality of life declined by a smaller degree for moderate-risk (37%) and low-risk gamblers (18%). Gamblers in NZ had larger declines in their quality of life compared to Australian gamblers at the same levels of gambling severity. The impact on quality of life for problem gambling in NZ was comparable to that experienced in severe alcohol use disorder.

stories. Each vignette described the real-life experience of harms reported by a gambler or a person who was affected by another’s gambling.

The researchers recruited a general population panel of 276 gamblers, affected others, and neutral persons (non-gamblers or affected others). They also invited 48 experts (gambling counsellors and support workers). The two groups of participants rated how harmful the vignettes were on quality of life using the Time Trade-Off (TTO) task and Visual Analogue Scale (VAS). The TTO involved the participants indicating how much lifetime they would give up (in years, months and days) to avoid the harms described in the story. The VAS involved the participants rating where on the scale, from 0 (least harmful) to 100 (most harmful), they would place the health state of the person in the story. Each participant evaluated six vignettes using the TTO and the VAS. This resulted in 3,888 evaluations (576 from the experts).

The TTO and VAS scores were used to generate disability weights (DW). The DW measures the harm to quality of life gambling (or another health state)

has on a person living one year with the condition, and allows comparisons to be made between health states on their impact to the population within a given time frame. DWs range from 0 (perfect health) and 1 (equivalent to death). The researchers compared the DWs assigned to NZ gamblers to those reported in the Australian study. They also compared the DWs to those reported for other health conditions in the 2010 Global Burden of Disease Study.

What the researchers found

Low-risk gamblers received a DW of 0.18. Moderate-risk gamblers received a DW of 0.37. Problem gamblers received a DW of 0.54. This suggests that problem gamblers are thought to experience a decline in quality of life by 54% (i.e., a decline in quality of life by over 5 years for every 10 years in their lifespan).

Similar to the Australian study, the DWs increased with more severe levels of gambling problems. But, the DWs for NZ gamblers were higher than those reported in the Australian study. These findings suggest that at an individual level, NZ gamblers might experience a larger decline in quality of life compared to Australian gamblers.

When the DWs were compared with the DWs reported for other health conditions, problem gambling was considered more harmful than moderate alcohol use disorder or migraine headache, as harmful as severe alcohol use disorder, but less harmful than schizophrenia or heroin/opioid addiction. Moderate-risk gambling was rated more harmful than amphetamine addiction, but less harmful than moderate alcohol use. The impact of low-risk gambling was rated similar to that of respiratory problems or anxiety disorders.

How you can use this research

This study provides insights into the individual-level harms of different levels of gambling severity. Government and policy-makers could use the information to determine how to allocate resources to minimise gambling harms. Public health could calculate the population-level impact of gambling in NZ and track it over time. The information could also be used to plan harm minimisation initiatives.

About the researchers

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Gambling, disability weights, health-related quality of life, visual analogue scale, time trade-off

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