The burden of gambling harm in New Zealand: summary of main findings

This project undertook a public health approach to try to understand and measure harm associated with gambling in New Zealand.

<u>What we found</u>

We found six main areas of harm:
- Decreased health.
- Emotional or psychological distress.
- Financial harm.
- Reduced performance at work or education.
- Relationship disruption, conflict or breakdown.
- Criminal activity.

These areas can be organised into three stages, depending on when the harms occur relative to the problematic gambling:
- Possibly minor harms experienced from any level of gambling (e.g. increased credit card debt).
- Crisis harms, those extreme harms that tend to prompt help-seeking (e.g. relationship breakdown)
- Legacy harms, harms that continue after the gambling has stopped (e.g. lower quality of life due to loss of significant assets).

We measured quality of life impacts between zero and one, with zero being no impact at all, and one being the worst quality of life possible. We found that the average low-risk, moderate-risk, and problem gambler in New Zealand suffers a 'quality of life impact' of 0.18, 0.37, and 0.54 respectively. This means that a low-risk gambler typically has about 20% of their quality of life 'subtracted' by gambling. A problem gambler experiences about half the quality of life compared to ideal health and wellbeing, which is about the same as a person with severe alcohol problems.
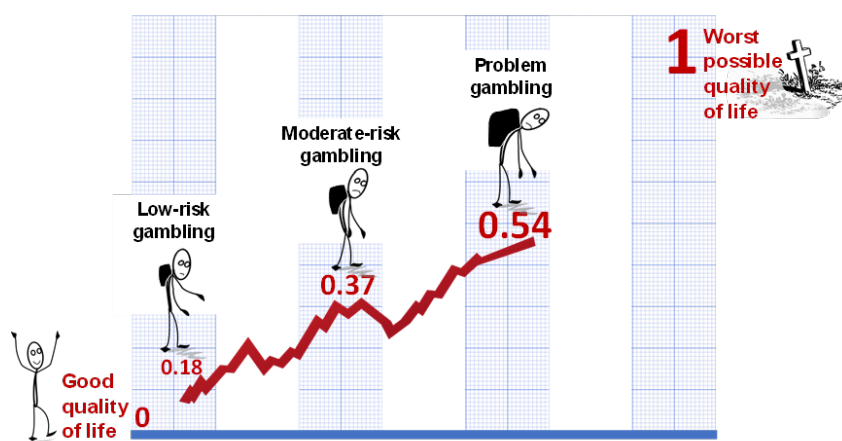
The figures above show the per-person quality of life impact. However, there are many more low-risk gamblers in New Zealand than problem gamblers. When we combined per-person impact with the number of gamblers in each category, we found that 48%, 34%, and 18% of the total harm resulting from gambling in New Zealand can be divided amongst low-risk, moderate-risk and problem-gamblers, respectively. Thus, although low-risk gamblers are harmed comparatively less per-person than problem gamblers, they contribute much more to the total harm in the community.
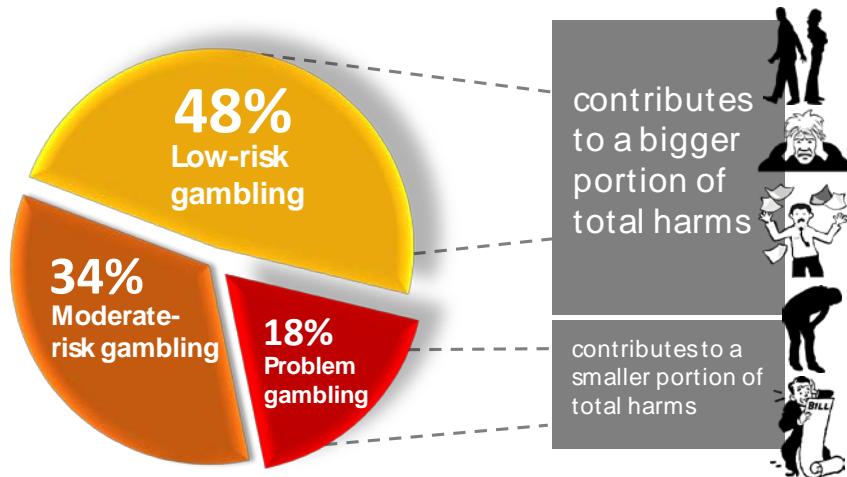
At a national level, and taking into account both the number of people affected, and how badly they were affected, we found that gambling causes over twice the amount of harm than chronic conditions such as osteoarthritis (2.1x) and diabetes (2.5x), and three times the amount of harm from drug use disorders. However, gambling causes less total harm to the community than anxiety and depression (0.63x) and hazardous alcohol drinking (0.77x).

[The figure above is available as an .eps and .jpg file on request].

What we concluded

The larger portion of gambling related harm is associated with people who are not necessarily problem gamblers. Annually, gambling problems generate significantly more ongoing harm than other key health conditions such as osteoarthritis, diabetes, and drug use disorders. The evidence suggests that this burden of harm is primarily due to damage to relationships, emotional / psychological distress, disruptions to work / study, and financial impacts. It appears that we should focus not just on reducing the incidence of problem gambling. Rather, the focus should be on minimising gambling-related harm across the entire spectrum of problematic gambling behaviour.

Harms from gambling

Emotional / psychological distress

Financial hardships

Work / study disruptions

Damaged relationships

How we came to these conclusions

This was a large project with a number of stages:

- *We considered all existing knowledge* regarding the nature and prevalence of gambling-related harms.
- *We consulted with the community.* Three group interviews were conducted with 26 people who were counsellors or support workers, and other professionals with expertise in gambling. Eight groups, including two Māori groups, and six individual interviews were conducted with people from the community and those affected by gambling problems.
- *1,542 people completed a survey about the harms typically experienced by people with gambling problems.* We asked them to complete a detailed checklist of harm symptoms to find out about how many people were experiencing different harms.
- *We used 552 of these cases to create plain English descriptions of what is was like for them to live with gambling problems.* These summarised the negative aspects of living with gambling problems in an easily understandable format.
- *324 professionals and members of the public rated these descriptions.* They completed tasks that allowed us to estimate how bad the condition was, between zero (no impact at all) and one (worst possible impact).
- *We used this information to calculate the average per-person impact of gambling.* We estimated the impact for different levels of gambling problems.

- *We calculated a measure of impact of gambling harms on the population.* The number of people in New Zealand with different levels of gambling problems was multiplied by the per-person quality of life impact. Similar calculations were done for a number of other diseases and conditions and we compared these to gambling.