

**“Every gamble is doing you
harm....or is it?”**

Professor Paul Delfabbro
School of Psychology
University of Adelaide

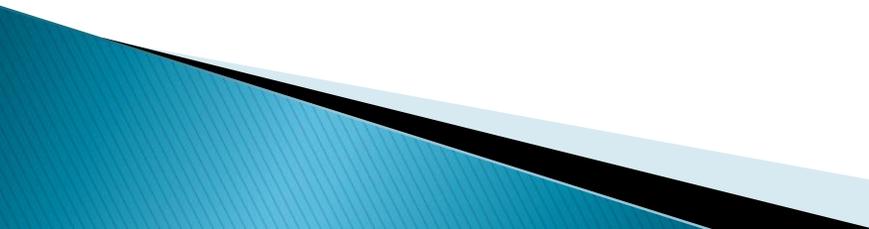
Public health approaches

- ▶ The potential value of public health approaches are supported in the gambling field
 - ▶ Encourages multi-level responses: primary; secondary; tertiary
 - ▶ Focus on early intervention and prevention
 - ▶ Reduce front-end/ primary risk to bring about reduction in at-risk and affected cases
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Prevention logic

- ▶ With alcohol, smoking and gambling, there is often a total consumption argument
- ▶ Reductions in total consumption/
involvement = reduction in regular
consumption = reduction in problem cases
- ▶ **Caveats:** But does a small amount of low risk gambling lead to harm in the same way that smoking does? Are all people really 'at risk' as might be the case with the flu?

The Prevention Paradox

- ▶ This argument states that the burden of disease is greater in low risk populations because there are more low risk cases.
 - ▶ Those who support this view could, for example, draw upon some very good recent Australian research on harm (Browne et al., 2016, Victorian Responsible Gambling Foundation). This report measured various forms of harm across all the PGSI categories.
 - ▶ The report concluded: “50.24% of years of disability were from low risk gambling”
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My concerns about the PP

- ▶ Harm is considered to be a quantity that can be added up across individuals
- ▶ But if the consequences reported by low risk gamblers are mild (more on this presently), can you really say that they are ‘harmed individuals’?
- ▶ 1 symptom doesn’t mean you have 1 / 10 of a disorder; 1 sneeze does not make a head-cold or really part of a head-cold
- ▶ Can you really say that 50 people with a slight sneeze = 1 person with a miserable cold?

What is harm?

- ▶ There is a World Health Organisation definition of healthy functioning?
- ▶ The World Health Organization (WHO) defined **health** in its broader sense in its 1948 constitution as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."
- ▶ It would seem reasonable to argue that your functioning actually has to be affected to some measurable degree for you to be a 'harmed person'.

Harm (continued)

- ▶ How many low risk gamblers are actually 'harmed' to the point that you might say that their psychological, social and physical health is significantly affected?

What did the research show?

- ▶ The Browne et al. (2016) study provides an excellent summary of different harms
 - ▶ But the % endorsement of serious harm items is 0% (or close to it) for low risk gamblers
 - ▶ Other items: a lot of figures are < 2–3%.
 - ▶ What ‘harm’ items do low risk gamblers endorse?
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Harms in low risk gamblers

- ▶ Increased credit card debt;
 - ▶ Less spending on other recreational expenses such as eating out;
 - ▶ Reduction in my savings;
 - ▶ Reduction of my available spending money;
 - ▶ Spent less time attending non-gambling social events
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- ▶ But wouldn't this also apply to going to the football or going shopping?
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No inclusion of positive items

- ▶ If low risk gamblers spend less time with other friends in non-gambling activities, might they now be spending more time with friends while gambling?
 - ▶ Recreational gambling will have social benefits?
 - ▶ It gets people out of the house (may be benefits to the elderly?)
 - ▶ Social drinking may have benefits?
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Conclusions

- ▶ This new focus on harm is very important and emerging research in Australia is very good.
 - ▶ But I have questions about the validity / one-sidedness of Prevention Paradox approaches
 - ▶ May need to over-regulation and over-reach into low risk populations
 - ▶ Longitudinal evidence does not support a high probability of being going from low risk to high risk groups
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**Thank you, any
questions?**

Paul.delfabbro@adelaide.edu.au