

Gambling harm in Finland:

A population-based analysis based on the PGSI

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The extent and distribution of gambling-harm in Finland as assessed by the Problem Gambling Severity Index (PGSI)

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Study aims

- To describe the extent and distribution of gambling harms in the Finnish population, as measured by the nine items included in the Problem Gambling Severity Index (PGSI)
- To analyze the associations of demographics and gambling involvement with various types of harm

The concept of "gambling harm"

- No consensus, controversial term
- Typically has been approached in terms of problem gambling
- No broad and valid 'gambling harm' measure exist
- Could we utilize standard valid problem gambling instruments / screens more efficiently?

Finnish Gambling 2011 survey

- A random sample of the general population aged 15-74
- Telephone interviews
- Unweighted n=4484, response rate 40%
- Data were weighted based on age, gender and region

Problem Gambling Severity Index (PGSI)

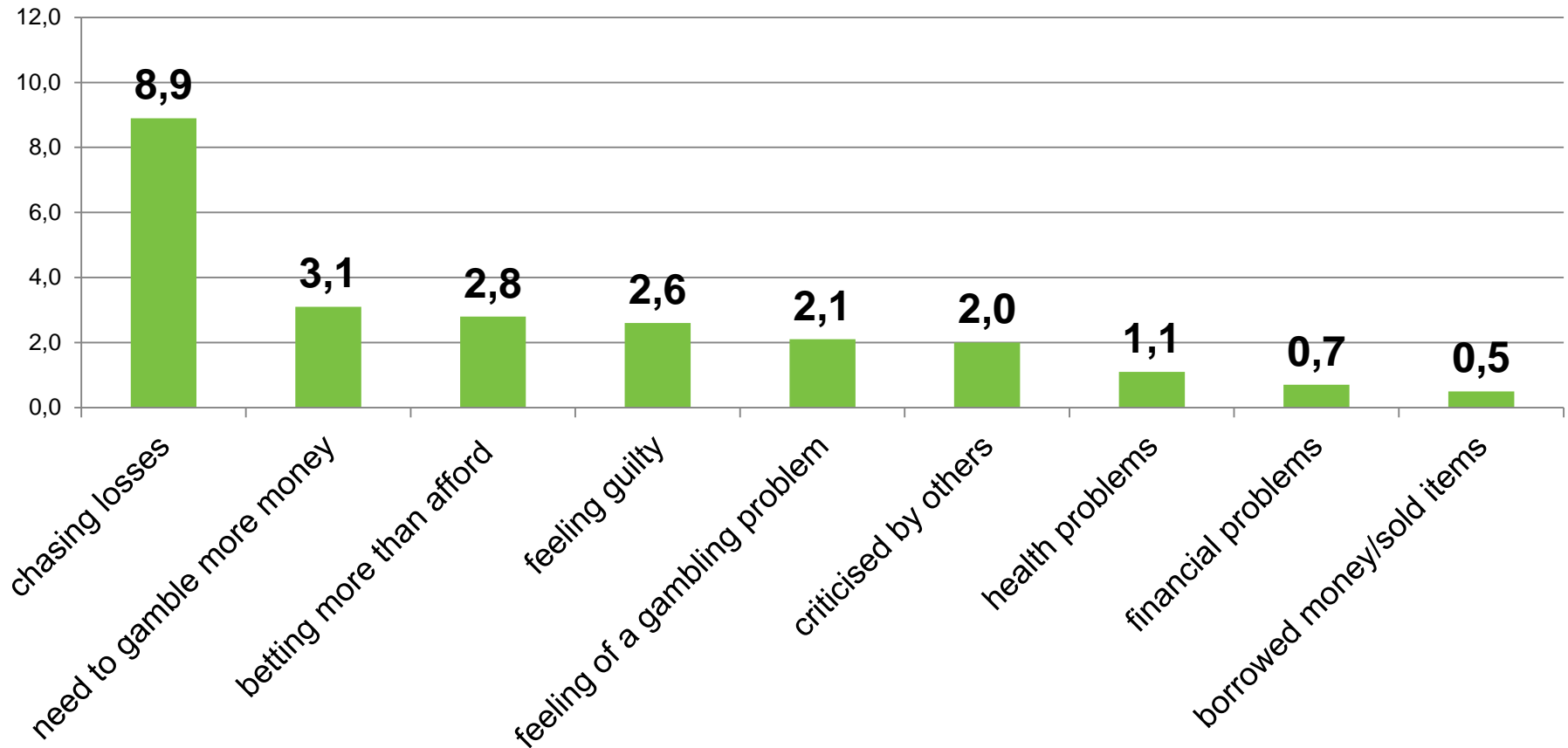
- Bet more than can afford to lose
- A need to gambling with increasing amounts of money
- Chasing losses
- Borrowed money or sold items to get money to gamble
- Felt had a problem with gambling
- Gambling causing health problems
- People criticising gambling behaviour
- Gambling causing financial problems
- Feeling guilty

PGSI (past-year), 15-74-year-olds

PGSI	Males %	Females %	Total %
Not gambled	17.0	27.1	22.1
Non-problem gambler	64.8	65.7	65.3
Low risk (scores 1-4)	16.3	6.6	11.5
Moderate risk (5-7)	0.9	0.2	0.6
Problem gambler (>7)	0.9	0.3	0.6
<i>Total unweighted N</i>	<i>2117</i>	<i>2367</i>	<i>4484</i>

Note: Scoring cut-off rules adopted here are in line with the recommendation of the Canadian Consortium for Gambling Research (2010)

Prevalence (%) of PGSI harm items



Are there any signs of the so-called "prevention paradox"?

Greatest individual risk of harms among problem gamblers.

HOWEVER, few problem gamblers - many low to moderate-risk gamblers.

Low/Moderate gambling also carries risks.

Majority of gambling harms in a population arise from low/moderate gambling.

Modified to gambling from Rose (1992)

Distribution (%) of harm items by the PGSI

PGSI category	PGSI harm item			
	Health problems	Feeling guilty	Bet more than afford	Self-perceived gambling problem
	% (n)	% (n)	% (n)	% (n)
Low-risk (n=474)	48.8 (20)	66.7 (68)	63.4 (71)	58.1 (51)
Moderate (n=22)	18.6 (8)	13.3 (14)	15.2 (16)	17.4 (15)
Problem (n=23)	32.6 (13)	20.0 (20)	21.4 (23)	24.4 (20)
	100 (41)	100 (102)	100 (110)	100 (102)

Adjusted model		2+ harms reported on the PGSI (n=177)
<i>Gender</i>		OR (95% CI)
	Female	1.0 (ref.)
	Male	1.5 (1.0-2.2)
<i>Age group</i>		
	65-74	1.0 (ref.)
	50-64	1.9 (0.9-4.1)
	35-49	2.2 (1.0-4.8)
	25-34	5.0 (2.3-10.8)
	15-24	10.9 (5.1-23.7)

Adjusted model	2+ harms reported on the PGSI (n=177)
<i>Gambling frequency</i>	OR (95% CI)
Less than monthly/ non-gambler	1.0 (ref.)
Monthly	7.1 (3.4-15.0)
Weekly	16.5 (8.1-33.7)
<i>Gambling expenditure per week (in euros)</i>	
None/non-gambler	1.0 (ref.)
0.01-5.99	0.5 (0.3-0.8)
6.00-10.99	1.1 (0.6-1.9)
11.00-20.99	1.1 (0.6-2.0)
>21.00	4.7 (2.8-7.8)

Some conclusions...

- We cannot only concentrate on the problem gamblers - although the risk of gambling harm is the highest among them, most harms can be found among the majority of low-moderate risk gamblers.
- Besides high-risk approach, directing prevention efforts to aggregate level (universal policies), and to those who do not yet meet the diagnostic criteria of problem gambling is justified

THANK YOU!

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