The WAGER, Vol. 25(4) – Are safe gambling practices really safe for everyone?

April 21, 2020

Over the years, researchers have suggested various behaviors that might help people gamble more safely. However, we don't know if these "safe gambling practices" work, or if those most susceptible to gambling problems use them. This week, The WAGER reviews Nerilee Hing and colleagues' investigation into evidence-based safe gambling practices.

What was the research question?

What are some evidence-based safe gambling practices (SGPs) that best predict non-harmful gambling among gamblers who are most susceptible to experiencing gambling harm? How widely are these SGPs used, and how are they related to self-reported experiences of gambling harm?

What did the researchers do?

The researchers conducted a literature search to compile a comprehensive list of potential SGPs (e.g., "If I'm not having fun gambling, I stop"). They then had outside experts in gambling research, treatment, training, and policy rate the practices on the basis of importance. The researchers turned the top-rated SGPs into a survey to which participants could respond "yes" or "no."

A market research company recruited participants who were at least eighteen years old and gambled at least once a month. All together, over 1,000 people met all criteria and completed the survey in full. In addition to the questions about use of SGPs, the survey also included questions about risk factors for gambling harm and measures of experienced harm. The researchers used the risk factors to identify 577 participants who were most susceptible to gambling harm. Then, they conducted additional analyses within this sub-group evaluating what SGPs were most related to experiences of gambling harm.

What did they find?

Based on their analyses of the 577 most susceptible gamblers, the researchers identified six SGPs that were rated as highly important by the experts and were

strongly associated with reduced experiences of gambling harm. These SGPs likely represent the most efficacious practices to use for non-harmful gambling. Figure 1 shows the frequency with which the high-risk group used these SGPs. The remaining three SGPs in Figure 1 were most strongly associated with increased experiences of gambling harm and likely represent practices to avoid.

Frequency of Use for Most Important SGPs among Gamblers

Associated with reduced harm:	N = 577	%
If I'm not having fun gambling, I stop.	469	81.3
My leisure time is busy with other hobbies, social activities, and/or sports	429	74.4
I keep a household buget.	415	71.9
When I gamble, I always set aside a fixed amount to spend.	412	71.4
I have a dedicated budget to spend on gambling.	261	45.2
If I'm feeling depressed or upset, I don't gamble.	258	44.7
Associated with increased harm:		
I use gambling to make money/supplement my income.	199	34.5
I research systems or strategies for success at gambling.	147	25.5
I have used cash advances on my credit card to gamble.	139	24.1

Hing et al. (2019)

Figure. Shows the top nine SGPs most related to gambling harm experiences and their frequency of use among high-risk gamblers. Click image to enlarge.

Why do these findings matter?

These findings suggest that there are a number of practices that are associated with reduced experiences of gambling-related harm among susceptible gamblers. However, a substantial proportion of these high risk gamblers are not using these practices. For example, less than half reported using a dedicated gambling budget. Moreover, 25-35% of susceptible gamblers reported using practices associated with gambling harm. Finding a set of evidence-based SGPs that best prevent harm among the most susceptible to experiencing harm is an important key to helping these individuals practice gambling safely.

Every study has limitations. What are the limitations in this study?

These SGPs, although evidence-based, need to be tested in a clinical or real-life

environment for their efficacy. This study only focused on the associations between the SGPs and experiences of harm, and therefore it cannot be stated that the SGPs themselves caused the reduction of harm experience.

For more information:
Do you think you or someone you know has a gambling problem? Visit the National Council on Problem Gambling for screening tools and resources. For additional resources, including gambling and self-help tools, please feel free to visit The BASIS Addiction Resources page.

— Karen Amichia

What do you think? Please use the comment link below to provide feedback on this article.