

## FACT SHEET 2

# MEASURES AND DEFINITIONS

### PROBLEM GAMBLING

This study uses the Gambling Research Australia definition of problem gambling: "Problem gambling is characterised by difficulties in limiting time and/or money spent on gambling which leads to adverse consequences for the gambler, others, or for the community"<sup>a</sup>

### PATHOLOGICAL GAMBLING

The term 'pathological gambling' is often used in studies. It is defined by the American Psychiatric Association, in the Diagnostic and Statistical Manual of Mental Disorders as a clinically persistent and maladaptive gambling behaviour. The term pathological gambling is not used in this study, except when estimating lifetime prevalence.

### CANADIAN PROBLEM GAMBLING INDEX (CPGI)

The CPGI is a general population screen that provides a broader view of gambling than earlier instruments characterised by a clinical focus. It contains the nine item Problem Gambling Severity Index (PGSI) (refer definition) which was used to measure the prevalence of problem gambling in the current study.

### PROBLEM GAMBLING SEVERITY INDEX (PGSI).

The PGSI is comprised of nine scored questions, and forms part of the broader CPGI. The PGSI categorises gamblers into the following risk segments: problem, moderate risk, low risk and non-problem. All gamblers in this study were administered the PGSI.

### PROBLEM GAMBLERS

Problem gamblers are defined by the PGSI as those who have experienced adverse consequences as a result of their gambling and may have lost control of their gambling behaviour. Involvement in gambling may be at any level, but is likely to be heavy. Problem gamblers score 8 or more on the PGSI.

### MODERATE RISK GAMBLERS

Moderate risk gamblers are those who have responded 'never' to most of the indicators of behavioural problems in the PGSI, but are likely to score on one or more 'most of the time' or 'always' responses. This group may or may not have experienced adverse consequences from gambling. Moderate risk gamblers score 3-7 on the PGSI.

### LOW RISK GAMBLERS

This group of gamblers are unlikely to have experienced any adverse consequences from gambling and will have answered 'never' to most of the indicators of behavioural problems in the PGSI. Low risk gamblers score 1-2 on the PGSI.

a. Gambling Research Australia (2005) *Problem Gambling and Harm: Towards a National Definition* [www.gamblingresearch.org.au/](http://www.gamblingresearch.org.au/)

## NON-PROBLEM GAMBLERS

The PGSI considers respondents who have responded 'never' to all of the indicators of behavioural problems (score 0 on the PGSI). This group may still be frequent gamblers with heavy involvement in gambling in terms of time and money, but will not have experienced any adverse consequences.

## NODS-CLIP2 SCALE

The NODS-CLIP2 Scale estimates lifetime prevalence of both problem and pathological gambling. Lifetime prevalence includes the total number of persons known to have had a disease or attribute (in this case problem gambling) for at least a part of their lives. This data is useful in understanding the pathways in to and out of problem gambling and is critical to the public health aims of prevention and early intervention.

## PSYCHOLOGICAL WELL-BEING AND GENERAL HEALTH

The Kessler Psychological Distress Scale (K10) is widely used in Australia both at national and jurisdictional levels. The K10 scale is based on 10 questions about negative emotional states experienced during the four week period leading up to the survey. Scores obtained using the K10 scale categorises respondents into the following segments: likely to be well; likely to have a mild disorder; likely to have a moderate mental disorder; and likely to have a severe mental disorder. Self-reported health was also assessed through an additional single item measure.

## SUBSTANCE USE

Scales were administered to examine gambler smoking, drug and alcohol use. Clinical alcohol abuse was additionally measured through the CAGE<sup>b</sup> Alcohol Screen. This four-question test measures alcohol problems over a lifetime and is one of the oldest and shortest screening instruments available.

## SOCIAL CAPITAL ITEMS

Social Capital Items explore issues such as social support and whether people liked living in their community. These items are used in Victorian Population Health and Victorian Department of Planning and Community Development surveys.

*b. CAGE – A screening tool for alcoholism and alcohol abuse disorder. C – cut down on drinking – has tried repeatedly without success, A – annoyed by criticism about drinking habits, G – guilty feelings about drinking, and E – eye opener drink needed in the morning.*