Problem Gambling from a Public Health Perspective
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Texas Behavioral Health Institute Conference

New Zealand
Gambling in the U.S. in the Early Days
Gambling Expansion

- 1931 – full scale gambling becomes legal
- After WWII there was a significant rise in gambling
- Legalized gambling mushroomed again in the early 1990's and early 2000's
- 2005 – Americans lost approximately $80Billion on legalized gambling, not including sports gambling or poker
- 360% increase from $17.4Billion lost in 1995
- Hawaii & Utah – only states without legalized gambling

The Evolution of Gambling

- Gambling is now more accessible and much more convenient than ever before
- With technological advances, gambling is no longer restricted to gambling environments
- Legalized gambling has increased as a source of public revenue
- Technology has helped gambling become more asocial and anonymous
Current Modes of Gambling in Texas

- Lottery
- Charitable gambling (bingo, raffles)
- Pari-mutuel wagering
- Indian gambling
- Casino cruises
- Eight-liners

Gambling in America

- Approximately 85% of adults have gambled at least once in their life; 60% in the past year
- 2 million (1%) of adults are estimated to meet the criteria for pathological gambling in a given year
- 4-6 million (2-3%) would be considered problem gamblers
- 2.1% of adolescents were classified as problem gamblers in 2013 and another 6.5% met the criteria for pathological gambling
Gambling as an Addiction

- Unlike addictions that require a substance, gambling is referred to as a “behavioral” or “process addiction.”
- It is a compulsion to repeatedly engage in an action in spite of physical, mental, social or financial negative consequences.


Co-occurring Disorders

- 73.2% of pathological gamblers also had an alcohol use disorder
- 60.8% had a personality disorder
- 60.4% had a nicotine dependence
- 49.6% had a mood disorder
- 41.3% had an anxiety disorder
- 38.1% had a drug disorder
- 15-20% had made a suicide attempt

In the general population an estimated 1.3 million adults aged 18 or older (0.6%) attempted suicide in 2014.
Gambling and Alcohol

► Problem gamblers who frequently use alcohol have greater gambling severity and more psychosocial problems due to their gambling than those who don’t drink
► Adolescents with moderate to high alcohol use are more likely to gamble frequently than those who do not

Common Features Between Problem Gambling and Drug/Alcohol Disorders

Pathological gambling is a behavioral addiction and shares similarities with drug/alcohol disorders
► Failure to resist an impulse that is harmful
► Onset in adolescence or young adulthood
► Occurrence of an urge or craving prior to the behavior
► A resulting high – need to increase the intensity of the behavior to achieve the same high
► Financial/marital problems and criminal behavior
Problem Gambling Definitions

- Problem Gambling: preoccupation with gambling and obtaining money to gamble; irrational thinking; and a continuation of the behavior despite adverse consequences. Has not met criteria for pathological gambling, but meets one or more of the criteria and are experiencing problems in their life due to gambling.

- Pathological gambling: Pathological gambling disorder occurs when a person gambles compulsively to such an extent that the wagering has a severe negative effect on his or her job, relationships, mental health, or other important aspects of life. The person may continue to gamble even after they have developed social, economic, interpersonal, or legal problems as a result of the gambling.

Read more: [http://www.minddisorders.com/Ob-Ps/Pathological-gambling-disorder.html#ixzz4iU3X0plx](http://www.minddisorders.com/Ob-Ps/Pathological-gambling-disorder.html#ixzz4iU3X0plx)

DSM V

- Was listed under Impulse control Disorder
- Now in Substance Use Disorder section
- Behavioral Addictions, Gambling Disorder
- Now has 9 instead of 10 criteria for diagnosis

- “In functional brain imaging—whether with gamblers or drug addicts—when they are showed video or photograph cues associated with their addiction, the same brain areas are activated”. Charles O’Brien, M.D. chair of the DSM-5 Work Group on Addictive Disorders
DSM-5 and Internet Gaming

- Internet Gaming Disorder (IGD) has been included as a condition requiring additional clinical research to determine whether it is a formal disorder.

- Research indicates “that ‘gamers’ using the internet play compulsively, and that their persistent and recurrent online activity results in clinically significant impairment or distress.”

- “Multiple studies suggest that internet gambling results in a higher incidence of gambling disorders than land-based gambling.”

2015 Gambling Revenue

- Casinos: $39.1 Billion
- Lotteries: $31.5 Billion
- Sports betting: $0.2 Billion
- Other: $29 Billion
- Total: $99.8 Billion

- The U.S. accounts for 24.5% of the global and gambling sector value.

Rhys Stephens, Research & Information Professional University of Lethbridge, personal communication, 17 April 2017
Gambling Revenue

- Gambling has become accepted as a legitimate form of entertainment.
- As it has expanded it has also become a significant source of revenue for governments.
- As a source of revenue, governments regulate gambling in a way that will both promote and sustain the economic benefits.
- The focus on revenue needs to be balanced with government’s responsibility to protect the public from potentially harmful products.

https://academic.oup.com/heapro/article/20/1/69/797595/Youth-gambling-problems-a-public-health

Treatment of Problem Gambling

- 1957 – Gamblers Anonymous was founded
- 1972 – Dr. Robert Custer, a physician working at Veterans’ Administration hospital in Brecksville, OH, coined the term compulsive gambling
- 1980 – APA included “pathological gambling” in the DSMIII, which brought this addiction into the mainstream mental health field; impulse control disorder
- Although there is strong evidence for cognitive and behavioral therapies as well as motivational enhancement, there is no well-defined evidence-based treatment for problem/pathological gambling as yet
Chart of Compulsive Gambling & Recovery

Public Health
Ottawa Charter for Health Promotion

- An international agreement signed in November 1986 in Ottawa, Canada at the First International Conference on Health Promotion, organized by the World Health Organization.

Medical Model vs. Public Health Approach

- Medical model appeared around the mid-60’s
- Followed the premise of an individual with a disease
- Progressive, irreversible
- “Medicalization of deviance”

E Conrad and J. W Schneider, Deviance & Medicalization: From Badness to Sickness (St. Louis: Mosby, 1980).
Origins of Disease Model

- Magnus Huss: 1849, coined the term “alcoholism”
- American Medical Association: 1952, classifies alcoholism as a disease
- E.M. Jellnick: 1960 published *The Disease Concept of Alcoholism*

Criticisms of the Medical Model

- Can’t account for people who have problems with gambling periodically but it doesn’t become a persistent problem
- Framing this as a medical problem may absolve people with gambling problems from taking responsibility
Abstinence vs. Harm Reduction

► With the medical model, abstinence is seen as the only way to deal with addiction
► Public health uses a “harm reduction” approach, accepting where the client wants to start in dealing with the problem

Public Health

► Public health refers to “the science and art of preventing disease, prolonging life and promoting human health through organized efforts and informed choices of society, organizations, public and private, communities and individuals.” It is concerned with threats to health based on population health analysis.

► Wikipedia
What is Public Health?

- A public health approach uses community partners, prevention programs and harm reduction efforts. Public health aims to analyze the root causes of a health issue and aid in preventing such problems from occurring in the first place.

- Public health seeks to provide services and programs that cover primary prevention as well as secondary and tertiary prevention.

- It aims to look at a broad range of factors that influence the behavior: social, cultural, political, institutional and environmental.

Why Use a Public Health Approach?

- A public health approach can lead to the use of more comprehensive and effective strategies for preventing and treating gambling problems. This is a more proactive approach.

- “This approach offers a broad viewpoint on gambling and is not restricted to a narrow focus on gambling addiction. This position is similar to public health approaches toward alcohol, tobacco, and other drugs.”

- “For communities, groups and individuals, the central question in public health is whether gambling adds to or detracts from the quality of life.”

### Levels of influence on gambling behavior

<table>
<thead>
<tr>
<th>Intrapersonal</th>
<th>Knowledge, attitudes, beliefs, skills and personality traits</th>
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</thead>
<tbody>
<tr>
<td>Interpersonal</td>
<td>Social networks and support systems, family and peers that provide social identity, support and role definition</td>
</tr>
<tr>
<td>Institutional</td>
<td>Social institutions with formal/informal rules, regulations, policies that constrain or promote behavior</td>
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<tr>
<td>Community</td>
<td>Relationships, standards and networks that exist among individuals, groups and institutions</td>
</tr>
<tr>
<td>Public policy</td>
<td>Local, state, federal policies and laws that regulate, support or constrain healthy actions and practices</td>
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A public health approach seeks to reduce risks of gambling and prevent gambling problems arising. A public health approach:

- is distinguished from approaches which focus solely on the treatment of problem gamblers
- allows for “consideration of the broad range of factors that influence individual gambling behavior, including the range of social, cultural, political, institutional and environmental factors”
- accommodates actions which address both the risks and the benefits of the gambling, including the promotion of responsible gambling
- takes into account the possible consequences of problem gambling for the individual, their families and the wider community
- has the potential to address all levels of prevention of problem gambling (primary, secondary and tertiary), including harm minimization, treatment and prevention of relapse, and the promotion of responsible gambling.
Levels of Prevention
Primary Prevention

- Primary prevention interventions are meant to prevent the problem before harm occurs from it.
- Primary prevention doesn’t just target particular individuals, such as gamblers, but takes a universal approach that will also include non-gamblers.
- Can also be interventions directed toward groups that may be considered more “at risk”.
- This level works to prevent movement into the at-risk group
  Ex: immunization against infectious diseases or seat belts
Primary Prevention

- Legislation and enforcement to ban or control the use of hazardous products (e.g. asbestos) or to mandate safe and healthy practices (e.g. use of seatbelts and bike helmets)
- Education about healthy and safe habits (e.g. eating well, exercising regularly, not smoking)
- Immunization against infectious diseases.

“What researchers mean by... primary, secondary and tertiary prevention”,
https://www.iwh.on.ca/wrmb/primary-secondary-and-tertiary-prevention

SBIRT: Screening, Brief Intervention, and Referral to Treatment

- **Screening** — a healthcare professional assesses a patient for risky substance use behaviors using standardized screening tools. Screening can occur in any healthcare setting
- **Brief Intervention** — a healthcare professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice
- **Referral to Treatment** — a healthcare professional provides a referral to brief therapy or additional treatment to patients who screen in need of additional services

http://www.integration.samhsa.gov/clinical-practice/sbirt
Ohio SBIRT for Problem Gambling

During the past 12 months:

- Have you tried to hide how much you have gambled from your family or friends?
- Have you had to ask other people for money to help deal with financial problems that had been caused by gambling?
- Have you ever felt restless, on edge or irritable when trying to stop or cut down on gambling?

Ohio Dept of Mental Health and Addiction Services, May 1 2016

Secondary Prevention

- Aims to reduce harm in the early stages through identification of at-risk individuals.
- This is about reducing the impact of harm that has already occurred.
- These interventions target settings where the risk of harm is high.
- This level seeks to prevent escalation to more severe levels of harm.

“identify and treat asymptomatic persons who have already developed risk factors or pre-clinical disease but in whom the condition is not clinically apparent”. (US Preventive Services Task Force (1996). Guide to clinical preventative services (2nd edition). Baltimore, MD: Williams & Wilkens.)

Ex: clocks in casinos
Secondary Prevention

- Modifying gambling environments in ways to minimize risk of harm
- Training staff who work in gambling environments
- Educational and training programs for primary health care professionals: physicians, nurses, school counselors, clinicians
- Developing standards of care for prevention of gambling-related harms


Tertiary Prevention

- This level of intervention aims to reduce harm through increasing access and the availability of treatment, services and support.
- Tertiary prevention also works to prevent relapse as well as addressing gambling-related harm.
### Tertiary Prevention

- Treatment services
- Helpline
- Referral services

### Public Health

- Public health favors an ecological health promotion model which goes beyond the level of the individual to include socio-environmental factors.
- An ecological approach with problem gambling factors in: interpersonal, institutional, community and public policy since these five factors impact an individual’s susceptibility to develop a gambling problem.
- This model works to make shifts in all five areas.

Looking at Ways to Help Prevent Gambling Problems

- Awareness campaigns: seem to have minimal impact on gambling behaviors
- On-site counseling/information services: don’t seem to be used much or have much impact on gambling behaviors
- Restricting More Harmful Types of Gambling: No empirical evidence about effectiveness of this
- Restricting Access to Money: Clear beneficial behavioral effects shown in one Australian study

Key components of an integrated approach

- Public health and intervention components are relevant
- Prevention
- Treatment
- Community development
- Supply reduction/industry regulation
- Consumer protection
- Workforce development
- Research, monitoring, evaluation

Integrated objectives

There is a reduction in health inequalities related to problem gambling

- People participate in decision-making about local activities that prevent and minimize gambling harm in their communities
- Healthy public policy at the national, regional, and local level prevents and minimizes gambling harm
- Government, the gambling industry, communities, family and individuals acknowledge and understand that gambling harm is a public health issue
- A skilled problem gambling workforce ensures that people receive effective problem gambling services designed to prevent and minimize gambling harm