A Public Health Approach to Problem Gambling

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OBJECTIVES

• Define Problem Gambling
• Define public health
• Define the nature of problem gambling in a broader societal context
• Describe the relationship of problem gambling to other problems
• Identify 3 public health approaches for problem gambling prevention
PARTICIPANT POLL

What is your primary area of work/expertise?

a) Substance misuse prevention
b) Problem gambling prevention
c) Both
d) Other
Odessa Dwarika has 25 years of experience as a public health professional working towards healthy and equitable communities. As Chief Program Officer, Odessa oversees training, technical assistance, and capacity building efforts throughout the continuum of care for disordered gambling and gaming. She works to promote a trauma informed understanding of gaming and gambling problems, particularly in communities that have high exposure to racism, economic marginalization, institutionalization, and precarious immigration status. Odessa is a graduate of Brandeis University, received her Master’s in Intercultural Relations from Lesley University in Cambridge MA. Odessa is a Certified Trauma and Resilience Practitioner.
The Nature of Problem Gambling:
Definitions and Data
WHAT IS GAMBLING?

“Gambling is wagering something of value on a random event with the intent of winning something else of value.”
TYPES OF GAMBLING

- Daily or weekly Numbers Games
- Raffles
- **Slot machines**
- Private wagering
- Racetracks (horses or dogs)
- Bingo
- Online gambling (lottery, sports, slots, etc.)
- Fantasy Sports

- **Scratch tickets**/pull tabs
- Video poker, video keno, or video blackjack
- Dice games
- Loots boxes in video games
- **Sports betting**
PROBLEM GAMBLING (U.S.)

• Approximately 3% of the U.S. population experiences problem gambling\(^4\)

• Nearly 1 in 10 young people and young adults (6-9%) experience problems related to gambling\(^5\)
DEFINITIONS

- **Gambling disorder:** “Persistent and recurrent maladaptive gambling behavior” (DSM-5)\(^2\)

- **Problem gambling:** All gambling behavior patterns that "compromise, disrupt or damage personal, family or vocational pursuits"\(^3\)
COGNITIVE DISTORTIONS

- Gamblers Fallacy
- Near Miss Phenomena
- Inaccurate Loss Recall
POPOPULATIONS AT INCREASED RISK

- Youth
- Males
- People of color
- People with a high school degree or less
- People with an annual income of less than $25,000
- People who are unemployed
- People with a disability
- Casino employees
- People who are incarcerated
- People who misuse substances
Problem Gambling Prevention:
A Public Health Perspective

A public health crisis is something that impedes individuals and communities from being healthy
PUBLIC HEALTH IS…

“The science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals.”

— CEA Winslow
HISTORY OF PERSPECTIVES

Gambling has existed since ancient times all over the globe.

Gambling disorder has often been seen as a moral issue or spiritual weakness. Pejorative term ‘degenerate gambler’ commonly used.

1999 Gambling Impact Behavior Studies were published documenting national impact of gambling disorder.

2013 DSM-5 labels Gambling Disorder as an Addiction for the first time and joins substance-based addictions.
Contemporary public health perspectives on gambling can address socioeconomic determinants such as income, employment, and poverty.

Promoting an epidemiological examination of gambling and gambling-related disorders to better understand the distribution of those harms and benefits across populations.
HARMS AND ADVERSE IMPACTS

Resources

Relationships

Health
GAMBLING HARMS

Emotional Health
- Reduced feeling of self-worth
- Feelings of inadequacy, shame, insecurity
- Vulnerability to intense mental stress, suicidal ideation

Physical Health
- Increased sedentary behavior
- Biological impacts of stress (increased blood pressure, insomnia, physical disability)

Cultural Harm
- Cultural shame in relation to culturally-based roles and expectations
- Persistent loss of connection to community
- Reduced cultural practices
GAMBLING HARMs CONT.

Financial Wellbeing
- Loss of savings
- Inability or reduced capacity to meet essential needs
- Sustained financial hardship

Relationships
- Dishonesty, disengagement in core relationships
- Separation/rejection, isolation from partner and society
- Abuse and neglect of children
- Increased risk of relapse into problematic gambling behavior due to missing social support network
“A complete understanding of the disease and its impact on society is dependent on understanding how harms are distributed across the population.”
Gambling disorder frequently co-occurs with SUDs and other behavioral health problems.

- 80 percent have a psychiatric disorder
- 38 percent had a drug use disorder,
- 60 percent had nicotine dependence,
- 50 percent had a mood disorder,
- 41 percent had an anxiety disorder
- 25 percent have a family member with Gambling Disorder
Problem Gambling Prevention:
Components of a Public Health Approach
A PUBLIC HEALTH APPROACH

Surveillance

What is the problem?

Risk & Protective Factor Identification

What is the cause?

Intervention Evaluation

What works?

Implementation

How do you do it?

Problem Response

PREVENTION SOLUTIONS@EDC A Public Health Approach to Problem Gambling
Problem behaviors share common risk factors

Exposure to more risk increases risk exponentially

Protective factors buffer exposure to risk, & build on strengths
RISK AND PROTECTIVE FACTORS FOR GAMBLING DISORDER

**Risk Factors**
- Low Socioeconomic Status
- Age (Onset and biological)
- Co-morbidity (SUD, MH)
- Friends and Family that Gamble
- Poor Support Networks
- Availability/Normalization of gambling
- Trauma/ACE

**Protective Factors**
- Low ACE’s
- Friends and Family who don’t Gamble
- Early Gambling Loss
- Availability of other Recreational activities
- Availability of Employment (Living Wage)
- Limitations on Gambling Availability
EFFECTIVE PREVENTION EFFORTS MUST:

Change conditions in the environment that support and enable the development of problem gambling.

Support populations in acquiring the knowledge and skills they need to develop healthy behaviors.
Prevention Approaches:
Three Public Health Models to Prevent Problem Gambling

- Socio-ecological approach
- Health Impact Pyramid
- Harvard Medical School – Early Model
PUBLIC HEALTH INTERVENTIONS

No Gambling

Healthy Gambling

Unhealthy Gambling

mild

moderate

severe

brief

treatment

intensive

primary prevention

harm reduction

HARVARD MODEL

Primary:

- Problem Gambling Educational curriculum in high schools
- Limiting age of participation in legal gambling activities
- Limiting number of lottery or casino outlets in an area

Secondary (Harm Reduction):

- Providing pre-commitment tools in online gambling
- Limiting access to ATM’s in a casino setting
- Screening for Gambling Disorder during behavioral health intake

Tertiary (Treatment):

- Training clinicians to treat gambling disorder
- Funding a Helpline for Problem Gambling (1-800-BETSOFF)
- Offering free treatment for residents with problem gambling
HARVARD MODEL GAMBLING INTERVENTIONS BY AREA

At the individual and community level
- Community awareness campaigns to increase awareness
- Increase gambling literacy
- Dissemination of research and information to empower community stakeholders

In the gambling environment
- Warning labels
- Design and geographical placement of gambling venues
- Informing policy to regulate density of gambling venues
- Regulate hours of operation and forms of advertising
- Offer self exclusion options

The health and welfare/support system
- Providing referral services and pathways for treatment
- Ensure there is treatment capacity
- Self-Help/Peer support
SOCIO-ECOLOGICAL APPROACH
PROBLEM GAMBLING PREVENTION

Comorbidities for Individual with a Gambling Disorder

- Depression
- Anxiety
- Substance misuse

Effects on Family and Friends of Individual

- Bankruptcy
- Child neglect
- Elder abuse
- Increased alcohol use
- Increased illicit drug use
- Domestic Violence
- Increased alcohol use
- Increased illicit drug use
- Economic challenges
- Increased obesity
- Increased tobacco use
- Increased crime
- Increased foreclosure
- Increased occupational health concerns (musculoskeletal, injury)
- Increased sexual trafficking
- Increased traffic (asthma and accidents)
- Increased violence
- Increased traffic
- Increased occupational health concerns (musculoskeletal, injury)
HEALTH IMPACT PYRAMID

- Increasing Population Impact
- Counseling and Education
- Long-Lasting Protective Interventions
- Changing the Context to Make Individuals’ Default Decision Healthy
- Socioeconomic Factors

Increasing Individual Effort needed

- Harm Reductions. Self-Exclusions, Screening, Helplines
- Parenting programs, ATODG curricula, brief interventions
- Pre-commitment tools, industry safeguards
- Housing, poverty reduction, education, addressing inequality

QUESTIONS
REFERENCES


RESOURCES

1. Your Life Iowa, this website funded by the Iowa Department of Public Health under the Division of Behavioral Health provides free provides free, confidential support and connects Iowa residents to resources on gambling. https://yourlifeiowa.org/gambling

THANK YOU