

## Document 2: A Public Health Approach to Gambling

Ottawa Public Health (OPH) uses an evidence-informed population health approach to maximize the health of the population. This approach looks at the evidence of the health impact on the whole population as well as populations at greater risk, and then works with partners to implement interventions to decrease negative health impacts and protect positive health, as well as promote health equity.

Consequently, the public health approach to addressing harms associated with gambling considers gambling across the continuum of use and seeks to implement evidence informed interventions depending on the level of gambling involvement and the harms occurring. An individual's involvement can range from no gambling (no wagering of money or item of value) to gambling for entertainment (online, casinos or other) to more problematic gambling, which can negatively affect relationships, work or school, mental and physical health and financial security.

Gambling-related harms include any adverse consequence from gambling activity that negatively affects the well-being of the individual, family or community.<sup>1</sup> Research indicates that gambling-related harms occur across the continuum of gambling from low-risk, moderate risk to problem gambling\*.<sup>2</sup> People who do not spend a lot of time or money gambling report most of the gambling-related harms. In other words, the majority of harm comes from low-risk gamblers (sometimes referred to as responsible, social or recreational gamblers) due to the larger number of people who are categorized as low-risk gamblers.<sup>3,4</sup>

Gambling related harms include loss of savings, disengagement in core relationships, biological impacts of stress such as high blood pressure and insomnia. Low to moderate risk gamblers as well as people with problem gambling also experience harms related to their mental health and physical health behaviors, and substance use.<sup>5</sup> The degree of harm can be minor or significant and is experienced briefly, frequently or in a chronic state, depending on how much money and time is spent and what the resulting harm is. Recent research has measured gambling harms against a quality of life scale. It was estimated that the quality of life for people with problem gambling decreased by 44%, 29% for moderate gamblers and 13% for low-risk gamblers. The decreases in quality of

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\* Problem gambling is defined as gambling that causes serious social harm. It includes moderate to severe gambling to the most serious form, a gambling disorder as defined in the Diagnostic and Statistical Manual-5.

life with problem gambling is similar to those seen in people with moderate to severe alcohol use.<sup>6</sup>

Finally, gambling harms intensify when an individual also struggles with substance use or lives with mental health disorders or inequities associated with the social determinants of health. In addition, according to a report from Centre for Addiction and Mental Health (CAMH), there are certain populations more vulnerable to gambling-related harms based on socioeconomic status, and age.<sup>7</sup> Populations at a greater risk of experiencing problems from gambling include adolescents, older adults, people with lower income and some ethno-cultural groups.<sup>8</sup> With this in mind, a public health approach can focus on the population as a whole while ensuring populations that may be a greater risk receive interventions that are more intensive.

Recently, Gambling Research Exchange Ontario (GREO), a not-for-profit organization funded by the Ministry of Health and Long-Term Care (MOHLTC) to support knowledge translation and exchange activities, developed a model for addressing harms at various points across the gambling continuum. GREO recommends utilizing “a public health framework” that addresses both potential harms as well as existing severe harms facing gamblers. They recommend three prevention approaches:

- Primary Prevention: Preventing gambling related harms before they occur;
- Secondary Prevention: Reducing gambling related harms in the early stages through early identification of at risk gamblers; and
- Tertiary Prevention: Minimizing the impact of gambling related harms through increased access and availability of treatment, services and support.

Putting this framework into practice, the public health approach to gambling, includes implementing a wide array of educational and policy initiatives as well as a coordinated approach among stakeholders.<sup>9</sup> Recommended public health interventions to reduce harms across the continuum of gambling include<sup>10</sup>:

- Advocating for improved regulation of gambling content, packaging and labelling
- Education and public awareness to ensure health care providers, educators, parents and the public are aware of harms related to gambling and early warning signs of problem gambling.

- Advocating for advertising, promotion and sponsorship that restricts false beliefs, prohibits sponsorship aimed at children and youth and which includes counter-marketing strategies to reduce the appeal of gambling
- Advocating for regulating access to cash and operating hours of land based gaming facilities, as well as access to online gambling sites.
- Coordinated research, surveillance and exchange of information to continue to better understand the health impacts of gambling on the population.

As well, interventions focused on more problematic gambling involvement can address barriers that prevent individuals from seeking support. The literature highlights barriers to seeking help include: stigma (shame), the desire to solve the problem oneself, the inability to recognize the existence of a gambling problem and a lack of awareness about available treatment options.<sup>11,12</sup> Recent data shows that in 2016/17, 541 individuals received gambling addiction treatment in Ottawa.<sup>13</sup> Considering the near 2% prevalence of moderate risk and problem gambling in Ontario, there could be close to 15 000<sup>†</sup> adults aged 18 and over in Ottawa experiencing harms from gambling problems. This suggests that most individuals needing treatment are not seeking support.

According to GREO, a comprehensive public health approach to address gambling-related harms could complement existing public health interventions that encompass substance use, tobacco and alcohol.<sup>14</sup> Many measures developed to promote positive mental health and address substance use, could be adapted to gambling. Therefore, as a public health unit, OPH is well positioned to:

- Promote healthy choices and protect vulnerable populations from gambling-related harm by enhanced gambling prevention messages as part of the work of the mental health and substance use team
- Work with partners to build awareness of the spectrum of harms related to gambling, reduce stigma in seeking support and improve knowledge of local treatment options

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<sup>†</sup> Based on 2% of adult population 18+ experiencing moderate to severe gambling problems in Ottawa. Population Projections 2018, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario, Date Extracted March 2018.

- Support the local efforts of the Responsible Gambling Council (RGC) and the Ontario Lottery and Gaming Corporation (OLG) to incorporate healthy public policy into the design and operations of gaming sites.

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<sup>1</sup> Langham, E., Thorne, H., Browne, M. et al. (2016). Understanding gambling related harm: a proposed definition, conceptual framework, and taxonomy of harms. *BioMed Central Public Health*, 16: 80.

<sup>2</sup> Applying a public health perspective to gambling harm (2017). Gambling Research Exchange Ontario. Retrieved from: <http://www.greo.ca/en/programs-services/resources/Applying-a-public-health-perspective-to-gambling-harm---October-2017.pdf>

<sup>3</sup> Canale, N., Vieno, A., & Griffiths, M. D. (2016). The extent and distribution of gambling-related harms and the prevention paradox in a British population survey. *Journal of Behavioral Addictions*, 5(2), 204- 212.

<sup>4</sup> Susanna U. Raisamo, Pia Mäkelä, Anne H. Salonen, Tomi P. (2015). The extent and distribution of gambling harm in Finland as assessed by the Problem Gambling Severity Index. *Lintonen European Journal of Public Health*, Volume 25, Issue 4, 1 August 2015, Pages 716–722.

<sup>5</sup> Browne, M, Langham, E, Rawat, V, Greer, N, Li, E, Rose, J, Rockloff, M, Donaldson, P, Thorne, H, Goodwin, B, Bryden, G & Best, T (2016) *Assessing gambling-related harm in Victoria: a public health perspective*, Victorian Responsible Gambling Foundation, Melbourne.

<sup>6</sup> Browne, M., Rawat, V., Greer, N., Langham, E., Rockloff, M., & Hanley, C. (2017). What is the harm? Applying a public health methodology to measure the impact of gambling problems and harm on quality of life. *Journal of Gambling Issues*, 36.

<sup>7</sup> Elton-Marshall, T., Wijesingha, R., Veselka, L., et al. (2017). A public health approach to gambling: A report prepared for Gambling research Exchange Ontario (GREO). London, ON: Centre for Addiction and Mental Health.

<sup>8</sup> Applying a public health perspective to gambling harm (2017). Gambling Research Exchange Ontario.

<sup>9</sup> Williams, R.J., West, B.L., & Simpson, R.I. (2012). Prevention of Problem Gambling: A Comprehensive Review of the Evidence, and Identified Best Practices. Report prepared for the Ontario Problem Gambling Research Centre and the Ontario Ministry of Health and Long Term Care. October 1, 2012.

<sup>10</sup> Elton-Marshall, T., Wijesingha, R., Veselka, L., et al. (2017). A public health approach to gambling: A report prepared for Gambling research Exchange Ontario (GREO). London, ON: Centre for Addiction and Mental Health.

<sup>11</sup> Suurvali, H, Hodgins, D et al. (2012). Motivators for seeking gambling related treatment among Ontario problem gamblers. *Journal of Gambling Studies*. 28:273-296

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<sup>12</sup> Miller, H. E., & Thomas, S. (2017). The “walk of shame”: A qualitative study of the influences of negative stereotyping of problem gambling on gambling attitudes and behaviours. *International Journal of Mental Health and Addiction*.

<sup>13</sup> Champlain LHIN. 2017. Addiction Treatment- problem gambling 2016/2017. Health System Information Management

<sup>14</sup> Applying a public health perspective to gambling harm (2017). Gambling Research Exchange Ontario.