

Development of a Frame of Reference for the Prevention of Gambling-Related Problems: Lessons Learned From Other Addictions

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July 2008



information



formation



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de santé publique

Québec 

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Conceptualisation of Prevention in Québec

Taking action with regards to accessibility, dangerousness and information/education

➤ Epidemiological law: an increase in the supply or **accessibility** of gambling generally translates into an increase in gambling and gambling-related problems in society



➤ The **dangerousness** of the types of games available influences the effects of this accessibility: more dangerous games exacerbate gambling problems more (e.g.: VLT's or horse betting vs. bingo)



➤ Public health initiatives or actions (**public awareness campaigns, information, health education**) have the theoretical capacity to reduce the combined effects of accessibility and dangerousness (Chevalier & Papineau, 2007).

Estimated Effectiveness Potential of Problem-Gambling Prevention Initiatives.

From : Williams, R. J., West, B. L., & Simpson, R. I. (2007).
 Prevention of problem gambling: A comprehensive review of the evidence.
 Report prepared for the Ontario Problem Gambling Research Centre,
 Guelph, Ontario, Canada. August 1, 2007.

	high	moderately high	moderate	moderately low	low
EDUCATIONAL INITIATIVES			✓		
Upstream Interventions		✓			
Information/Awareness campaigns				✓	
More Sustained and Directed Educational Initiatives			?		
Statistical Instruction				✓	
Comprehensive Programs			?		
On-Site Information/Counselling Centres (RGIC)			?		
POLICY INITIATIVES			✓		
Restrictions on the General Availability of Gambling		✓ ¹			
Restricting the Number of Gambling Venues (casinos/racinos)		✓ ¹			
Restricting More Harmful Types of Gambling		✓ ¹			
Limiting Gambling Opportunities to Gambling Venues			?		
Restricting the Location of Gambling Venues		✓			
Limiting Gambling Venue Hours of Operation				? ²	
Restrictions on Who can Gamble			?		
Prohibition of Youth Gambling				? ³	
Restricting Venue Entry to Non-Residents		? ⁴			
Restricting Venue Entry to Higher Socioeconomic Classes				?	
Casino Self-Exclusion				✓ ⁵	
Restrictions on How Gambling is Provided			?		
Problem Gambling Training for Employees of Gambling Venues				?	
Automated Intervention for At-Risk Gamblers			✓		
Modifying EGM Parameters				✓ ⁶	
Maximum Loss Limits				?	
Restricting Access to Money			?		
Restrictions on Concurrent use of Alcohol and Tobacco		✓			

Prevention of Problem Gambling: “trial and error”

- Gambling has only quite recently begun to be considered a public health concern
- Prevention initiatives seldom evaluated
- If evaluated, weaknesses:
 - ✓ Limited evidence
 - ✓ Impacts and durability of effects unknown
 - ✓ Scientific underpinnings weak or missing
- Research and prevention influenced by
 - ✓ Promoters
 - ✓ Industry
 - ✓ Governments

Current tendencies

- Traditionally, emphasis on information initiatives and universal prevention.
- Generally, emphasis on development of the individual's own ability to manage gambling-related risks ("*responsible gaming*" = place burden of problem on their shoulders)
- Recent tendency towards action focused on VLTs and game characteristics: lack of scientific underpinnings
- Prevention is in reaction to commercialization of gambling and its impacts, never upstream or integrated into product R & D

Lessons Learned From Other Addictions: Alcohol-Tobacco-Drugs

Gambling and Alcohol: Some Parallels

- Extremely lucrative for the State; highly regulated
 - Widely commercialized
 - Legal for adults (prohibited for minors)
 - Progressive legitimization and normalization
 - Marketing “happiness”
 - Common problem determinants
- *According to data from an experimental Quebec program, 19 % of problem gamblers in treatment have addictions to alcohol (Chevalier & al., 2005a).*
- *40 % of VLT players say they use drugs or drink alcohol when playing (Chevalier & al., 2004b).*

Prevention Principles Based on Alcohol-Related Evidence



➤ **Public policies regarding physical, economic and legal accessibility** of alcohol are the most effective means of preventing alcoholism and alcohol abuse (Cook & More, 2002; Babor & al, 2003, OMS, 2004).

Examples

- Legal age restrictions
- Blood-alcohol level restrictions for driving
- Point-of-sale restrictions
- Product taxation

➤ **Social marketing** may succeed in improving knowledge but only under certain conditions: prevention must be interactive, appeal to people's knowledge, experiences and capacities, and present accurate and objective scientific information (Roberts et coll., 2001; Stockwell et coll., 2005).



Gambling and Drugs: Some Parallels

- Increase in product availability
 - Wide variety of products, with differing levels of dangerousness
 - Important high school consumption rates (cannabis-poker/scratch-cards)
 - Tolerant social norms in spite of prohibition
 - Neurobiological stimulation (VLT)
-
- Same biological, psychological, contextual and social risk factors

According to data from an experimental Quebec program, 9 % of problem gamblers in treatment have drug addictions (Chevalier & al., 2005a).

Prevention Principles Based on Drug-Related Evidence



- **Differentiated strategies based on the drug** (heroin, cannabis, amphetamines, etc)...
- **Promotion of optimal child development** and the building of preschoolers' social and cognitive competency shows long-term benefits (*relevant for all risk behaviours*) (Roberts & al., 2001; Stockwell & al., 2005).
- **Health education for youth**
 - ✓ Before or during time of initial exposure (Hawks, 2002)
 - ✓ In different environments (students, criminal offenders and dropouts)
 - ✓ Information regarding immediate consequences (rather than long-term consequences) of risk behaviour (Roberts & al., 2001; Stockwell et al., 2005; Vitaro, 2005)
- **Harm-reduction-based principles***: brief intervention and on-site intervention (Brochu, 2007; Loxley & al, 2004)

Overview of recommended patterns of investment in prevention of risky substance use and harm across the whole community (Loxley & al, 2004)

Table 7.5.1 Overview of recommended patterns of investment in prevention of risky substance use and harm across the whole community

Substance type	Risk patterns	Main risk populations	Harm prevalence	Recommended supply reduction strategies	Recommended demand reduction strategies	Recommended harm reduction strategies	Main recommended level of application
<i>Tobacco</i>	Regular use and dependence	General	Leading cause of drug-related harm overall	Taxation ^{***} Government Monopoly \mathcal{R}	Brief intervention ^{***} School drug education ^{**} Enforcement of minimum purchase age laws ^{**} Treatment [*]	Restrictions on smoking in public places ^{***} Smoke-free alternatives [*]	Universal
<i>Alcohol</i>	Intoxication and regular use	General, males	2 nd leading cause of harm, 1 st in some regions	Taxation ^{***} Controls on hours and density of outlets ^{**} Minimum drinking age of 21 years ^{***}	Brief intervention ^{***} Treatment ^{***} Community action on local policy ^{**}	Random breath testing of drivers ^{***} Safe glassware [*] Thiamine-fortification of drinks and flour ^{***}	Universal
<i>Cannabis</i>	Regular use and dependence	General, males	Low for health related harms, high for criminal justice costs	Prohibition with civil penalties [*]	Brief intervention ^{***} Treatment ^{***}	Use of civil penalties to reduce social harms with criminal penalties [*]	Universal and targeted
<i>Other illicit substances</i>	Overdose, intoxication, dependence	Socially and developmentally disadvantaged, males	Lower than legal drugs for health and social costs, high for law enforcement costs	Control of precursor chemicals \mathcal{R}	Treatment ^{***} Developmental prevention ^{**} Diversion from criminal justice system [*]	Needle exchanges ^{***} Hepatitis B vaccination for users ^{***} Prescribed heroin ^{**} Safe injecting rooms [*]	Targeted
<i>All substances</i>	Intoxication, regular use, dependence	General, young people, males, disadvantaged	Substantial: 12.4% of all deaths	Legal structures and practices to promote health and safety	Early life interventions: Post-natal home visits ^{**} Pre-school preparation ^{**}	Public education about the care of intoxicated persons at risk of fatal overdose [*]	Universal and targeted

Source: Adapted from Loxley, Tombourou, Stockwell, et al., 2004.

Note: *** Strong evidence for wide implementation; ** Strong evidence for implementation with evaluation; * Promising, needs further research to define best practice; \mathcal{R} Strong rationale, further research recommended.

Gambling and Tobacco: Some Parallels

State-≠ Privately-regulated

- Progressive legitimization and normalization
- Widely marketed
- Legal consumption age: 18 years...
- But widespread exposure of minors
- Rapid expansion of point-of-sale marketing
 - Premiums offered to retailers based on sales volume
- Industry involvement in “prevention”
- Difficulty of obtaining data regarding dangerousness from the industry

- Common problem determinants

Principles Based on Tobacco Prevention Evidence



- Effectiveness of **community-based intervention**: building of youth and community leadership; use of social networks and pilot projects; proper management, support and funding (Centers for Disease Control and Prevention, 2007; Siegel, 2002; Sowden & Arblaster, 2003)
- **Public policies** regarding marketing, advertising standards, accessibility and supportive environments are the most effective prevention methods : “*Contrary to popular belief, societal norms are influenced more by control policies than by mass media campaigns or educational approaches*” (Hawks et al., 2002; Canning & al., 2004).
- Active denormalization very effective (= reduction of symbolic accessibility) (Centers for Disease Control and Prevention, 2007; Jacques & al, 2004).

Challenges of the Denormalization of Gambling

- Gambling marketing and health promotion are two opposing voices in the social arena and the media
- Contrary to drugs (illegality) and tobacco (advanced denormalization), gambling is not only sold, but promoted by the State
- Which means that all types of prevention (action focused on accessibility, dangerousness and public information) are in competition (dissonance) with the marketing and normalization of gambling.





*Pokertek
PokerPro*



*Amaya Poker station
& Pokermate*



*Pokertek
Heads'up challenge
Now in bars everywhere*



Amaya Wireless Gaming

VLTs, Electronic Poker and Internet Poker: Similarities

- ✓ Speed
- ✓ Quick gratification
- ✓ Illusion of control (mental skill)
- ✓ Hope of negative gains
- ✓ Accelerated wild spending
- ✓ Environment in which alcohol is served
- ✓ Network games
- ✓ Virtually total accessibility

Geographical-temporal-symbolic-legal-economic
(it is: near and everywhere, 24/7, normalized, legal, cheap)

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Thank you!

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