To prevent gambling problem. Effectiveness of different preventive interventions 2001-2015

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Purpose

In 2015 the Public Health Agency published a systematic review of the effectiveness of preventive methods in the field of problem gambling prevention. The review was based on scientific reviewed articles published 2001-2015 and 38 studies were included. The aim of the review and this presentation is:

• To present the contemporary research on the effect of preventive methods in gambling or problem gambling

• To identify knowledge gaps

• To discuss the findings in relation to earlier research and the implications for policy, consumer protection and programmes of education and information.
What is a systematic review?

‘A review of a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise relevant research, and to collect and analyse data from the studies that are included in the review. Statistical methods (meta-analysis) may or may not be used to analyse and summarise the results of the included studies’

(Cochrane Collaboration, 2014).
The diversity of interventions

<table>
<thead>
<tr>
<th>Gambling form</th>
<th>Area of interest</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gambling machines</td>
<td>Availability</td>
<td>Frequency of gambling</td>
</tr>
<tr>
<td>Horses</td>
<td>Taxes och prize</td>
<td>Attitudes towards gambling</td>
</tr>
<tr>
<td>Poker</td>
<td>Gambling environment</td>
<td>Bet size</td>
</tr>
<tr>
<td>Lottery, bingo, sports</td>
<td>Information/education</td>
<td>Money lost</td>
</tr>
<tr>
<td>betting</td>
<td>Gambling design, pre-committment</td>
<td>Problem gambling</td>
</tr>
</tbody>
</table>
Research on prevention of gambling problem

- Rodgers B, Soumi A, Davidsson T, Lucas N, Taylor-Rodgers, E. Preventive Interventions For Problem Gambling: A Public Health Perspective. Centre for Gambling Research, School of Sociology, Research School of Social Sciences, College of Arts & Social Sciences, Australian National University


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Best practice

- Strive for optimal design and evaluation of new initiatives
- Recognize that effective problem gambling prevention requires decreased revenue and some inconvenience to non-problem gamblers (Williams)
- Employ a wide array of educational and policy initiatives
- Coordinate these multiple educational and policy initiatives
- Involve the local community in the interventions (Roger, Smith)
- Decrease the general availability of gambling (venues, age limits, vulnerable populations, number of gambling forms, remove reward cards, restrict the use of tobacco and alcohol while gambling)
- Eliminate, reduce, and/or constrain higher-risk forms of gambling.
- Impart knowledge, attitudes, and skills to gamblers
- Keep prevention initiatives in place for a sustained period because population-wide behavioural change takes a long time
- Policy plan and monitoring
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General principles and minimal requirements

(Blaszczynski et al 2011)

- Staff training
- Providing information on help-lines and treatment as well as on the risks of gambling
- Limit marketing to underage populations, self-excluded gamblers and those of social welfare payments
- Environmental factors (ATMs, location)
- Restrict the sale to minors, patrons gambling and visibly intoxicated persons
- Accessible self-exclusions
- Modify structural features and environmental variables that might contribute to excessive gambling
- Evaluation and dissemination of programs outcomes
Swedish systematic reviews

Swedish Agency for Health Technology Assessment and Assessment of Social Services “To prevent misuse of alcohol, drugs and gambling among youth” 2016.

Sid 14. 27/09/2016
Methods

• Studies published in peer reviewed papers 2001-2015
• No treatment studies
• Outcomes: gambling and problem gambling
• Effects sizes for every outcome
• Four areas:
  – Accessibility
  – Gambling environment
  – Game design
  – Education and information
Assessing methodological quality
38 studies

Availability 4
Gambling environment 6
Game design 24
Information/Education 4
## Information/education (4 studies)

<table>
<thead>
<tr>
<th>Included studies</th>
<th>Gambling</th>
<th>Problem gambling</th>
</tr>
</thead>
<tbody>
<tr>
<td>School interventions (3 Canadian, 1 German)</td>
<td>4</td>
<td>Certain effect 0,11 (CI 0,05-0,16) p 0,002</td>
</tr>
</tbody>
</table>

- No studies: information campaigns, general school interventions
References


### Availability (4 studies)

<table>
<thead>
<tr>
<th></th>
<th>Included studies</th>
<th>Gambling</th>
<th>Problem gambling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geografic</td>
<td>2</td>
<td>Possible some effect</td>
<td>Possible some effect</td>
</tr>
<tr>
<td>Taxes and prizes</td>
<td>1</td>
<td>Effect</td>
<td>-</td>
</tr>
<tr>
<td>Prohibition</td>
<td>No effect</td>
<td>No effect</td>
<td>No effect</td>
</tr>
</tbody>
</table>

No studies: advertising, supervision, age limits, opening hours, regulation (monopoly or licenses)
References availability


# Gambling environment

<table>
<thead>
<tr>
<th>Light and sounds</th>
<th>Included studies</th>
<th>Gambling</th>
<th>Problem gambling</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3</td>
<td>No or contradicting effects</td>
<td>-</td>
</tr>
</tbody>
</table>

| No alcohol consumption during gambling sessions | 3 | Possible some effect | - |

No studies: information in gambling venue, self exclusions, ATMs
References


## Game design

<table>
<thead>
<tr>
<th>Feature</th>
<th>Included studies</th>
<th>Gambling</th>
<th>Problem gambling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Game design as near miss</td>
<td>2</td>
<td>Possible some effect</td>
<td>-</td>
</tr>
<tr>
<td>Game design as erroneous thoughts</td>
<td>3</td>
<td>Possible some effect</td>
<td>-</td>
</tr>
<tr>
<td>Limit money or time in design (game design)</td>
<td>2</td>
<td>Effect</td>
<td>Effect</td>
</tr>
<tr>
<td>Limit time or money (pre-commitment)</td>
<td>2</td>
<td>Effect</td>
<td></td>
</tr>
<tr>
<td>Credits</td>
<td></td>
<td>Possible some effect</td>
<td></td>
</tr>
<tr>
<td>Speed</td>
<td></td>
<td>Possible some effect</td>
<td></td>
</tr>
<tr>
<td>Warning messages</td>
<td>7</td>
<td>Possible some effect</td>
<td></td>
</tr>
<tr>
<td>No jack pot</td>
<td>1</td>
<td>Possible some effect</td>
<td></td>
</tr>
<tr>
<td>Not offering free play</td>
<td>1</td>
<td>Possible some effect</td>
<td></td>
</tr>
</tbody>
</table>

No studies: player/customer card, clocks at machines, light or sound
References


References


Knowledge gaps

- Licenses versus monopoly
- Permits and how they are applied
- Gambling advertisement
- Opening hours
- Age limits
- Player cards
- Self exclusions
- Campaigns
- Clocks and ATM
What to do while waiting for evidence?

• Build evidence
• Work with risk- and protective factors
• Try methods with support in other areas such as the field of alcohol or tobacco
• Test earlier theories and research, evaluate and publish
• Work with health promotion
Health promotion

• Build Healthy Public Policy
• Create Supportive Environments
• Strengthen Community Actions
• Develop Personal Skills
The key component of a health promotion strategy

• A comprehensive and co-ordinated strategy
• It not just problem gambling – a dynamic perspective
• Universal selective and indicated prevention, and preventive paradox
• Risk and protective factors
• Responsible gambling
• Addressing multiple harms
• Comorbidity and coordination across services and professionals
• Community cost and response
• An ecological perspective
Thanks

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