

GambleAware

Harm Minimization conference
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What do we mean by gambling-related harm?



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THE UNIVERSITY OF
SYDNEY

- › Financial & professional dealings with gambling industry & State and Federal governments directly & indirectly over the last three years:
 - Research funding, personal fees for professional consultancy, honoraria for grant reviews & theses examination, royalties for published books, & funding & expenses covered to attend & present at conference & government meetings
 - Responsible Gambling Fund, UK

 - › Government departments or agencies funded by governments:
 - *NSW Office of Liquor, Gaming, & Racing, Australian Institute of Family Studies, Gambling Research Australia, Australian Department Social Services, Ministerial Expert Advisory Group (Federal Government)*

 - › Gambling industry operators:
 - *La Loterie Romande (Switzerland), Svenska Spel (Sweden), Club NSW (Australia), Comelot (UK), La Française des Jeux (France), Loto-Québec (Québec, Canada), Casino Austria, National Lottery (Belgium), Sportsbet, British Columbia Lottery Corporation, Aristocrat Leisure Industries*

 - › Organisations funded directly or indirectly from taxation &/or levies on industry:
 - *Victorian Responsible Gambling Foundation, Ontario Problem Gambling Research Centre, Responsible Gambling Trust, Manitoba Gambling Research Program, & honoraria & expense reimbursement for training programs & workshops conducted from government funded problem gambling counselling services*

 - › Non-industry or non-government agencies:
 - *National Association for Gambling Studies, National Council on Problem Gambling, Le Comité d'organisation Congrès international sur les troubles addictifs*

 - › All activities conducted with aim of enhancing responsible gambling policies & practices, training counsellors, & advancing knowledge of psychology of gambling
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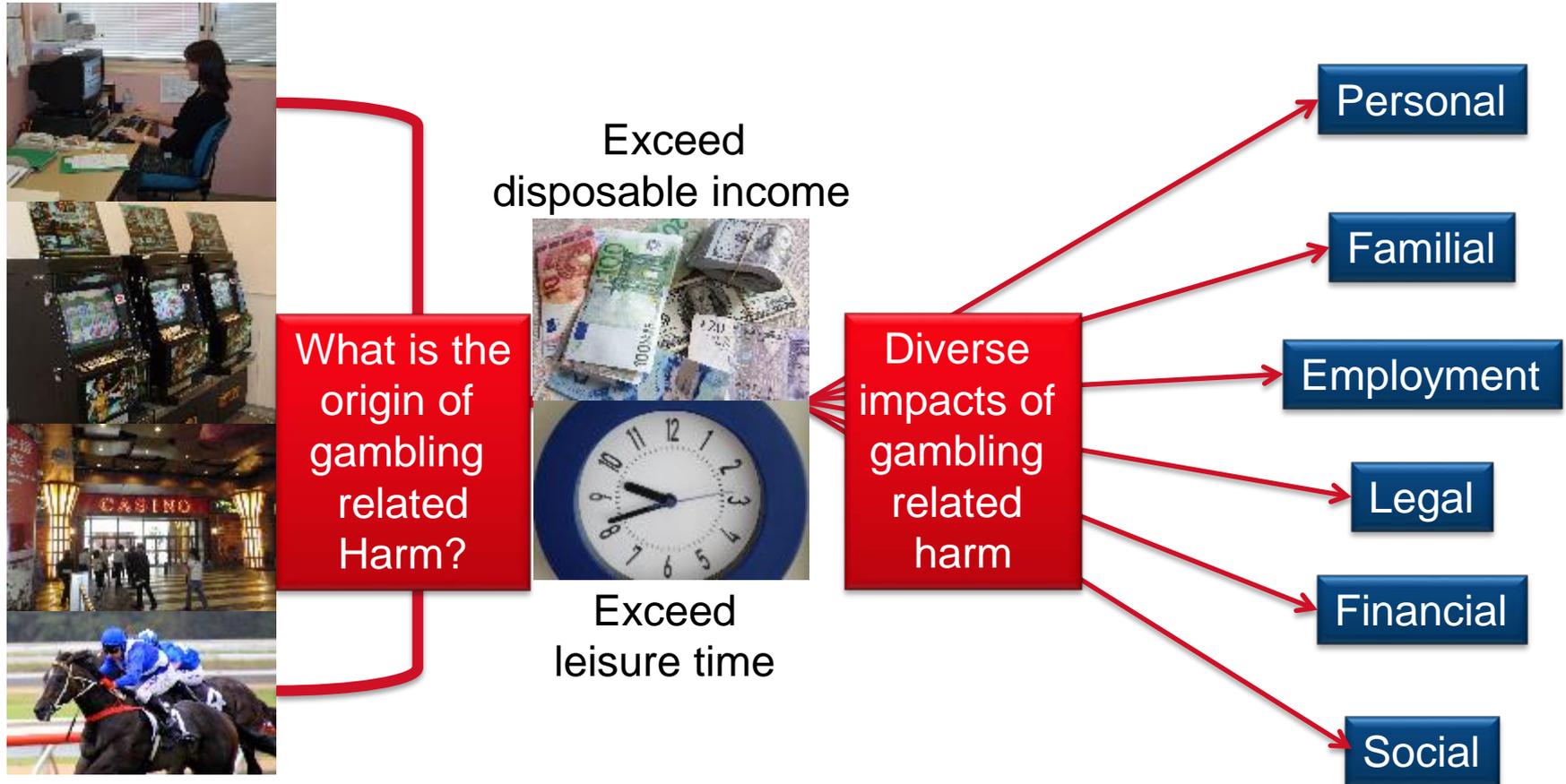


- Socio-culture determines **attitudes/acceptance**
- Government legislation shapes **availability/access**
- Industry promotion increases **attractiveness**
- Regulators manage **compliance, crime, & mitigation of harm**
- Profit & taxation = driving forces

Need to adopt a new framework

- Shift focus from counting heads to counting harm:
 - *Type & level of harms experienced across spectrum of gamblers*
- Broaden public health focus to quality of life issues

Irrefutable premise: *Excessive gambling causes harm*



Domains of harm

Personal

Depression
Substance use

Financial

Debts
Loss of assets

Familial

Conflict
Divorce

Social

Health,
welfare &
legal cost
burdens

Employment

Bankruptcy
Employment loss
Productivity loss

Legal

Offenses

Life course &
intergenerational

Long term
impact of
financial
& relationship
stresses

Morasco et al., 2006: NESARC data (2002)

- › Gambling associated with decreased self-appraisal of health status
- › Differences between pathological & non-problem significant but effect size is small

BUT

- › Gambling 5 x per year associated with adverse health consequences
 - Differing time frames: Lifetime gambling versus past year medical
 - No causal relationship – low socio-economic status associated with health morbidity

Harm defined: damage or injury that is caused by a person or an event

Origin: Old English *'hearm'* (noun), *'hearmian'* (verb), of Germanic origin; related to German *'harm'* & Old Norse *'harmr'* meaning grief, sorrow (Oxford Dictionary)

Health is a state of complete physical, mental & social well-being & not merely the absence of disease or infirmity

Absence of operational measures of direct & indirect harms

- i. Problem gambling refers to the situation in which a person's gambling gives rise to harm to the individual player, &/or to his or her family, & may extend into the community.*

*(Victorian Casino & Gaming Authority, 1997;
New Zealand Gambling Act 2003
Neal, Delfabbro, & O'Neil, 2005)*

Operational definition: *(Langham et al., 2016)*

Derived from focus group, interviews with experts & clients

- i. *Any initial or exacerbated adverse consequence due to an engagement with gambling that leads to a decrement to the **health** or **well being** of an individual, family unit, community, or population”*
 - ***Any:** Very broad & non specific*
 - ***Due to engagement:** Assumes causal &/or contributory relationship*
 - ***Decrement:** vague without specifying severity*

Harm assessed across multiple axes

- > **Severity:** Minor to substantial (within & across sessions)
 - *Upset, discomfort, anger, distress, anguish, angst/pain*
- > **Chronicity:** Isolated or sporadic, or persistent over time (chronic)
- > **Nature:**
 - i. Affects individual &/or significant others
 - ii. Contained within:
 - personal/family domain (quality of life), or
 - Involve referral to external services such as mental health services for depression, domestic violence protection, legal representation, or family therapy/relationship counselling
- > **Impact:** Outcome of losses can vary from an inconsequential transient harm through to serious persistent harms

Health, harm & quality of life

- › **Disease burden:** Impact of health problem measured by financial cost, mortality, morbidity, or other indicators.
 - Disability-adjusted life years (DALYs): years lost due to **disease**
 - › **Quality-adjusted life years:** Based on individuals' opinions about their own health state or on judgments of others about a particular health state
-

Premise of responsible gambling

Main aim of responsible gambling is to set up policies & practices designed to prevent & reduce potential **harms** associated with gambling

(Blaszczynski, Ladouceur, & Shaffer, 2004)

Primary objective is to limit individual's expenditure
(time & money) to personally affordable limits

Outcome:

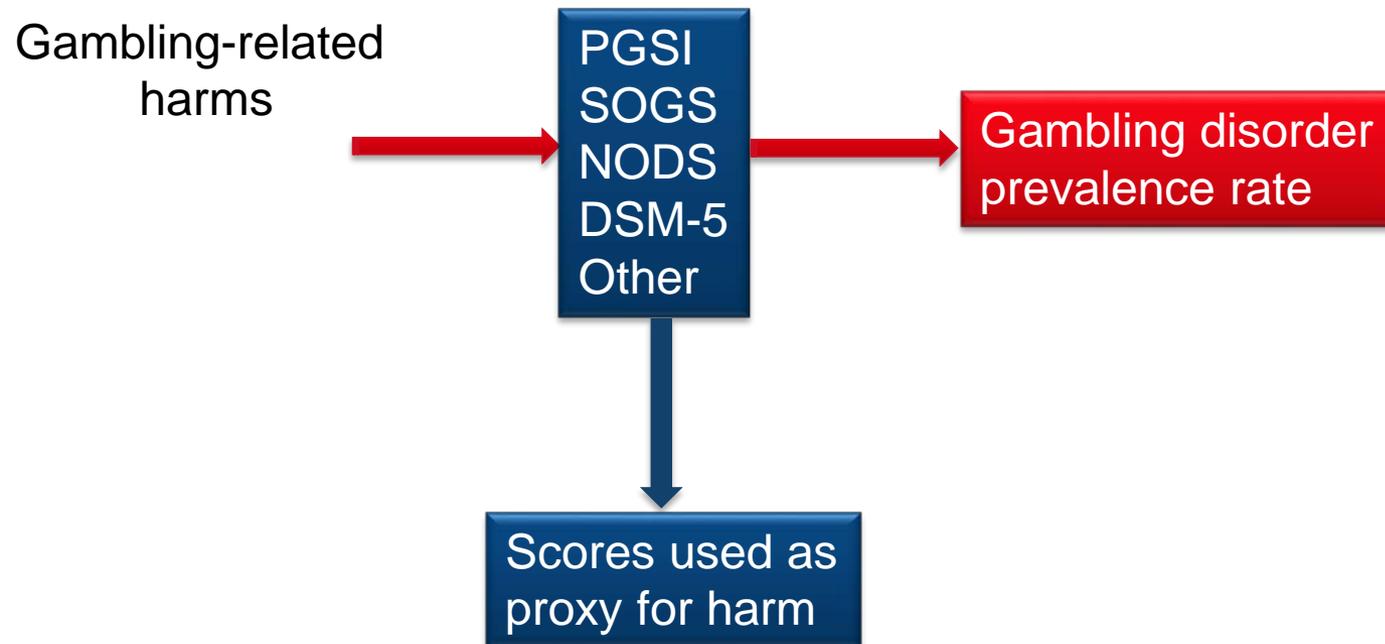
- Reduce serious harm
- Improve quality of life



Importance of harm as a metric

- Policies only considered responsible if demonstrated to *actually make* consumers gamble more responsibly
 - The *intent* to be responsible is insufficient
- What metrics should be used to evaluate short, medium & long-term policy outcomes?
 - Reduction in:
 1. Incidence → Prevalence
 2. Harm caused

Confusion: Prevalence \neq harm



DSM-5: Jeopardized relationships, job, education or career

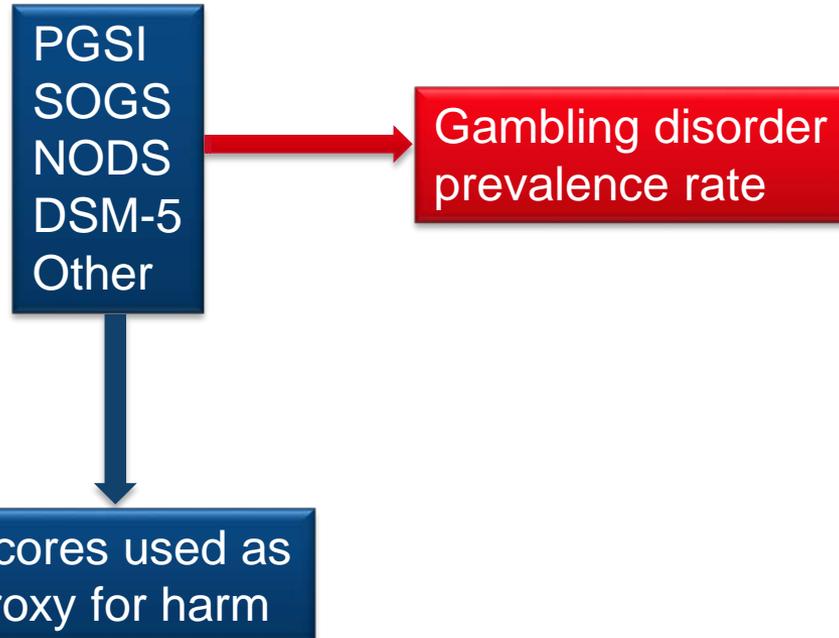
PGSI:

- Borrowed money or sold anything to get money to gamble?
- Gambling caused health problems, including stress & anxiety?
- People criticised your betting
- Felt guilty about way you gamble or what happens when you gamble?

What do prevalence instruments measure?

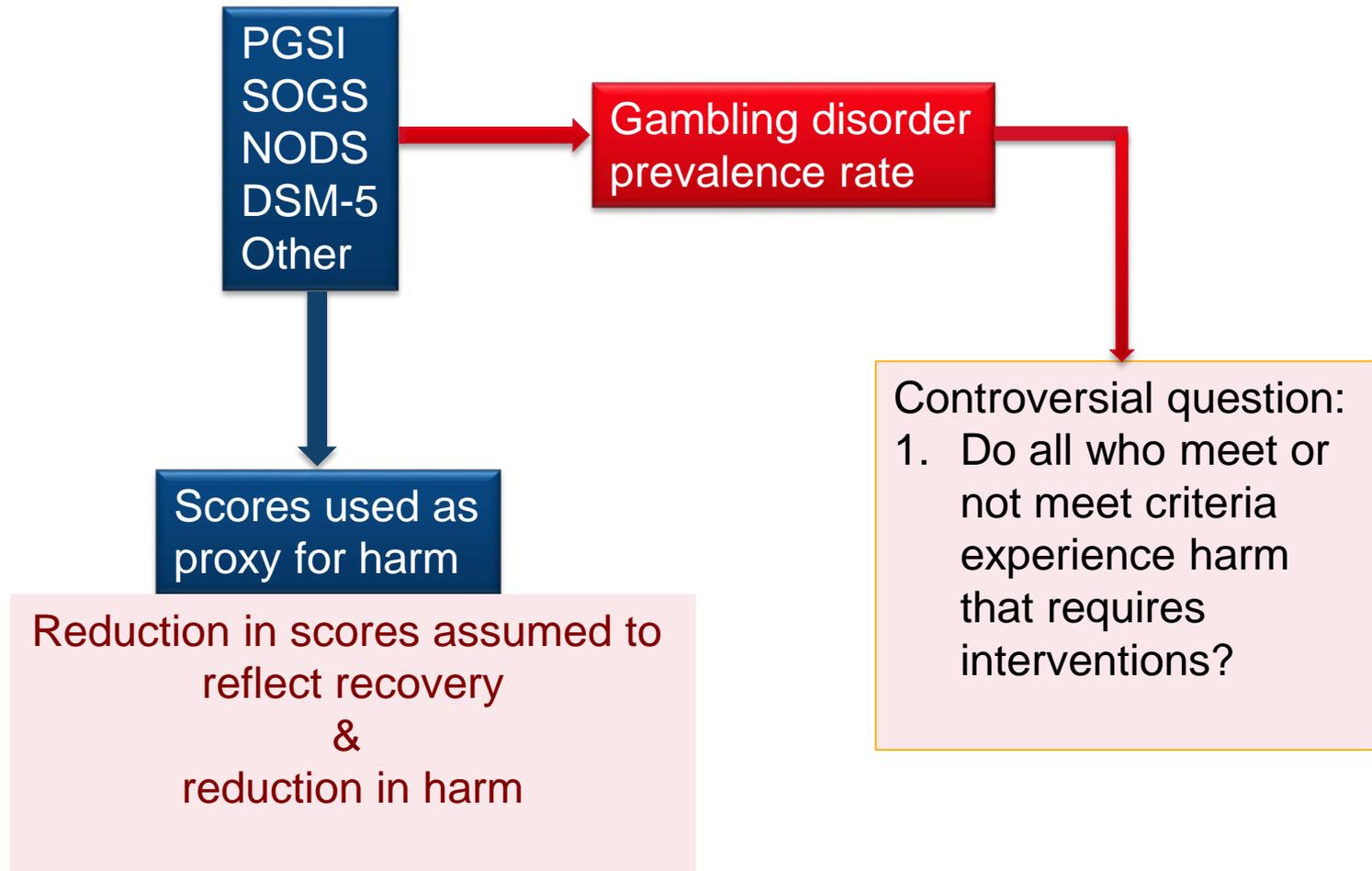
- › Scores used to discriminant subgroups:
 - Low risk, moderate risk, problem/pathological
- › Scores correlate with harm
- › Items: Assess frequency (never/sometimes/often)
 - Not severity
 - Not direction of causality (pre-existing disorders?)
 - Equal weighting for all items





Does PGSI score of 16 indicate twice as much harm as a score of 8?

What are the issues?



Prevalence Instruments:

- Lane & Sher (2014) NESARC database: multiple measures of severity of harms in a cohort of 22,177 past year drinkers
 - Severe harms experienced by some not meeting criteria
 - No severe harms for some meeting criteria

Discrepancy between screens & clinical evaluation ($r=.48$)

- Not all attending treatment exceed threshold scores
(N= 258 clinic clients: 52% did not meet formal DSM criteria)

Conclusion:

- Prevalence rates are limited in scope *(can inform policy)*
- Harms *(minor to severe)* experienced across spectrum:
From recreational to problem gamblers

Harm extends beyond diagnosed cases

“... lower risk drinkers, by virtue of their sheer numbers, account for the largest proportion of negative alcohol related consequences in the population”. (*Currie, Miller, Hodgins & Wang, 2014*).

It is widely accepted that a large portion of the population experience harms that, while possibly insignificant at the individual level, aggregate to a significant cost to the community (*Productivity Commission 2010*).



Approaches in substance abuse

- › Effectiveness of public health policies for alcohol abuse not assessed by measuring number of cases meeting criteria for alcohol abuse or dependence

- › Specific harms form the metric:
 - Physical assaults
 - Drink driving
 - Industrial & motor vehicle accidents
 - Hospital admissions (cirrhosis, injuries)
 - Domestic violence
 - Homicides



A proposed paradigm shift



Identify specific harms:

- *FOBT related violence*
- *Relationship conflicts*
- *Substance abuse*
- *Depression/stress*
- *Criminal behaviors*
- *Debts/bankruptcy*
- *Health-related*



- Met Police data: Record 613 cases of violence & assault linked to bookies last year, up more than 100 in 12 months
<http://www.mirror.co.uk/news/uk-news/crack-cocaine-gambling-machines-blamed-7007603>.
- Police called to betting offices 9,083 times last year, an increase of 1,600 incidents on the previous year
<http://www.independent.co.uk/news/uk/home-news/casino-style-gambling-machines-have-led-to-a-rise-in-crime-say-campaigners-10285659.html>
- Murder of a betting shop manager & the attempted murder of a young female employee would not have happened were it not for FOBTs
<http://www.mirror.co.uk/news/uk-news/crack-cocaine-gambling-machines-mean-8386886>



<https://www.thesun.co.uk/archives/news/859026/record-number-of-punters-smash-up-crack-cocaine-fixed-odds-betting-terminals/>

- › FOBT elevated violence rates due to:
 - Gamblers angered/frustrated by losses
 - Are losses similar in other international jurisdictions?
 - Are there similar rates in other international jurisdictions?
 - Characteristics of patrons attending FOBT venues
 - Poor control of intoxicated patrons
 - Environmental: Low security in venues (single staff)



- › Gambling Disease Kills One Australian a Day, But It's Too Lucrative to Cure: Slot machines provide billions in revenue at high social cost. www.bloomberg.com/news/articles/2016-09-27/gambling-disease-kills-one-australian-a-day-but-it-s-too-lucrative-to-cure

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Apply interventions to
reduce excessive
gambling

Outcome measures

Reduction in
targeted harms

~~Prevalence
rates~~

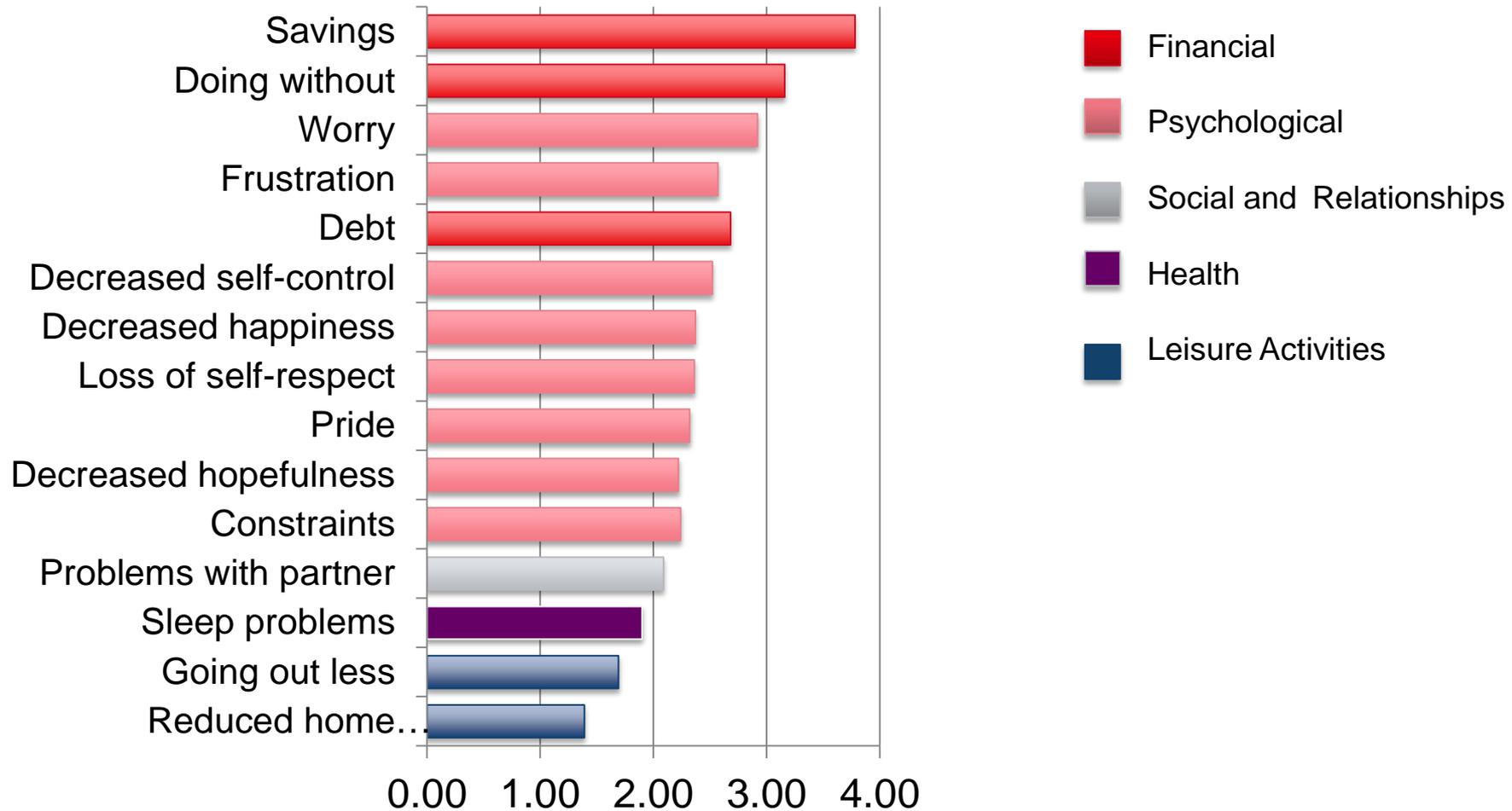
- › 390 consecutive clients at the University of Sydney Gambling Treatment Clinic administered full pool of items
 - › 151 respondents from a community sample in South Australia
 - Random digit-dialling method
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Constructed item pairs

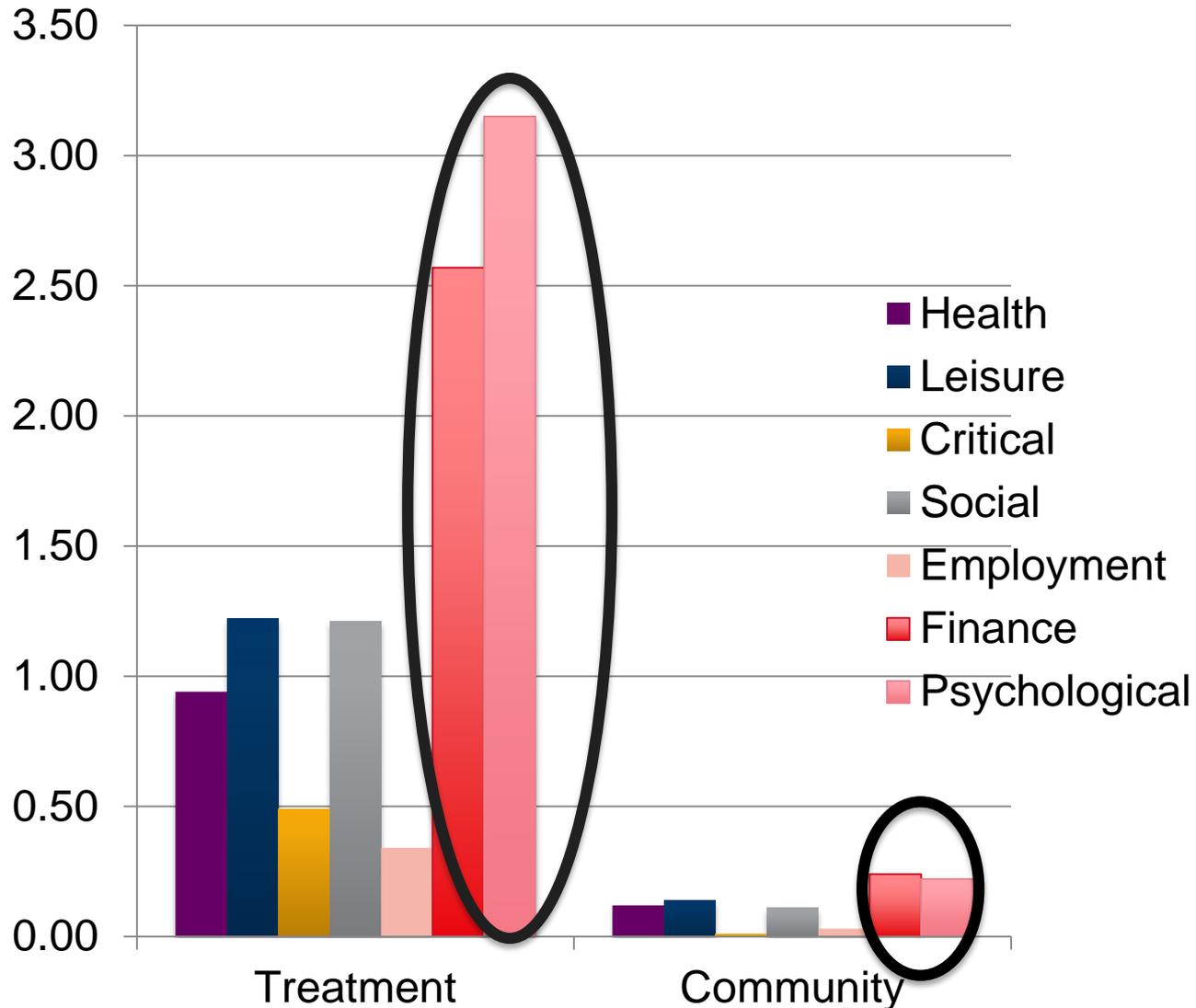
1. Extent to which the harm item has been a problem
2. Extent to which the problem is related to gambling

Q1.	During the past 6 months, drugs (including street drugs and prescription drugs) have:									
	<input type="checkbox"/>	Not been problem in my life [go to Q3]	<input type="checkbox"/>	Been a minor problem in my life	<input type="checkbox"/>	Been a moderate problem in my life	<input type="checkbox"/>	Been a major problem in my life	<input type="checkbox"/>	Been a very serious problem in my life
Q2.	My problem with drugs was:									
	<input type="checkbox"/>	Not related to my gambling	<input type="checkbox"/>	Slightly related to my gambling	<input type="checkbox"/>	Moderately related to my gambling	<input type="checkbox"/>	Strongly related to my gambling	<input type="checkbox"/>	Totally related to my gambling

Average item ratings for total sample (n=542)



Weighted average harm ratings for each domain



Common harms experienced

Top ten gambling related harms by aggregate score:
Gambling Effect Scale

Items	
1. Loss of savings	6. Hopelessness
2. Worry	7. Debt
3. Unhappiness/depression	8. Restricted leisure pursuits
4. Personal sense of loss of control	9. Relationship conflicts
5. Loss of self-respect	10. Poor sleep

Harms least commonly endorsed were:

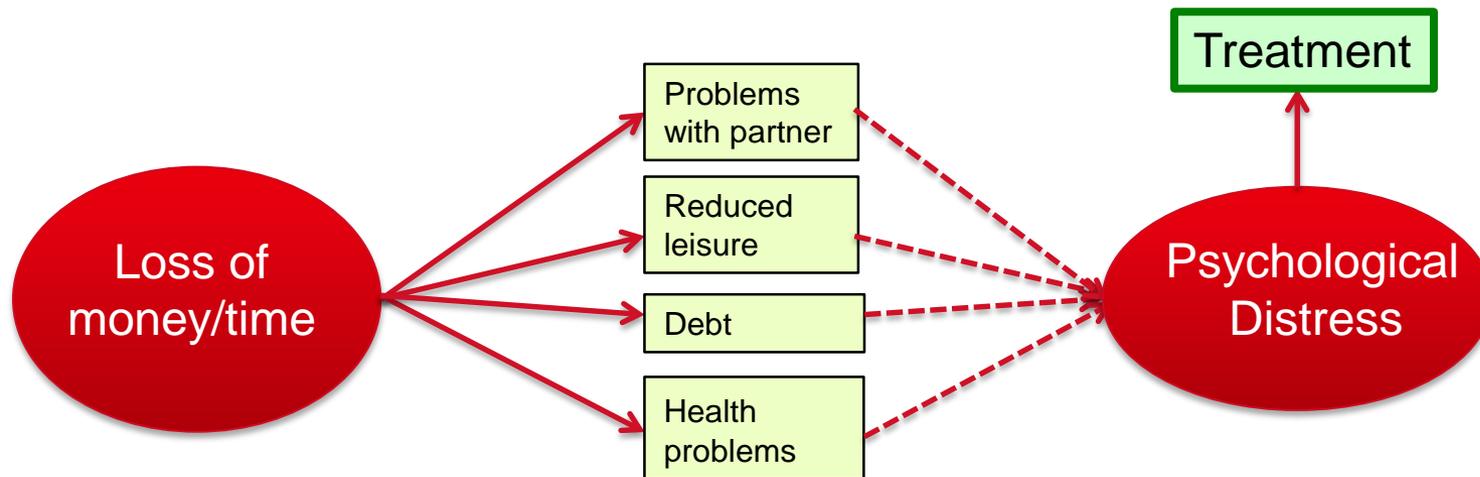
1. Self-inflicted injury & suicide attempts
2. Bankruptcy
3. Eviction/loss of home

Diminished quality of life (majority) vs serious/critical harms (minority)

- Explains why 10-30% meeting criteria seek treatment
- Severity/impact of harm does not reach threshold for treatment
- Are campaigns driven by impacts on a minority of problem gamblers?



Structural relationship between losses & distress



Proposed definition: *Harmful gambling is defined by the presence of clinically significant psychological distress caused by the total impact of gambling losses on one or more areas of daily functioning.*

Responsible gambling initiatives should determine:

- If strategies to reduce harms are effective & not just for those categorised as problem gamblers
- If prevalence of problem gambling is reduced are aggregated community harms also reduced?
- If more appropriate allocation of resources to services targeting particular harms can be offered

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