To obtain expert advice to assist with identifying key gambling related harms for the Province of Ontario.

These harms could be targeted for measurement and evaluation over time, in a coordinated and integrated way, with the goal of reducing gambling related harms at the individual, family, community, and provincial levels.
Gambling harms

Conceptual Framework of Gambling Harms

DIMENSIONS OF HARM (CLASSIFICATION)

GENERAL HARMES
FINANCIAL HARM
RELATIONSHIP DISTRIBUTION CONFLICT OR BREAKDOWN
EMOTIONAL OR PSYCHOLOGICAL DISTRESS
DECREMENTS TO HEALTH
CULTURAL HARM
REduced PERFORMANCE AT WORK OR STUDY
CRIMINAL ACTIVITY

LIFECOURSE, GENERATIONAL, AND INTERGENERATIONAL HARM

Who participated and how

- **10 leading research experts** on gambling-related harm
  - Published as first author about gambling-related harm in an academic journal during the past three years; And/or received government funding to study gambling-related harm; Conducted research related to gambling-related harm for at least three years
  - 100% participation in Delphi process (3 rounds) and in-depth interviews

- **9 policy leaders** from the provincial Ministries and provincially-funded agencies involved in establishing public policy, operating, regulating and reducing harm related to gambling in Ontario
  - In-depth interviews, KTE workshops

- Guarantee of anonymity

- Ethics approval University of Waterloo Office of Research Ethics (ORE #22826)

- **Knowledge translation workshops** to translate results into provincial strategy
Data collected, KTE underway

Data collection completed with:

- Researchers – January 2019
- Policy makers – February, 2019

1st KTE Workshop (Policy maker) January 31, 2019

- Policy informants from: Several departments in three government Ministries, OLG, AGCO, YGAP, RGC, CAMH, DATIS
- Presented results from Researcher data: Delphi and Interviews
- Discussed political context in each organization and best directions for this project

2nd KTE Workshop (Researcher) March 11, 2019

3rd KTE Workshop: combined preliminary results for feedback and next steps
Combined Preliminary Results of the Harms Measurement Project
Identifying priorities

Of six harm dimensions
- Financial
- Emotional or psychological distress
- Relationship conflict or breakdown

Identifying for each
- Rationale
- Primary actors
- Potential interventions

Co-morbidity

Priority populations

Stakeholder roles
Addressing financial harm

Data examples

“The most immediate and severe, initial harms at least are the financial consequences of gambling or financial harms from gambling and then the other harms tend to develop from that and cascade from that”

(Robin - researcher)

“I would say that financial harms are probably...more significant than some of the others, partly because financial harms underpin or exacerbate many other harms such as interpersonal, physical, emotional, etc. Also, from a public health perspective at least, better prevention around financial harms may help to reduce the need to pour more resources into the management and prevention of downstream harms.”

(Stacey - policy maker)
Addressing financial harm

Rationale

- Financial harm is the foundation of other harms
- Chasing money to gamble drives neglect of responsibilities and potentially, criminal activity
- Harm that can extend to family, employers and communities
- Intervention at any stage can reduce longer-term impact
- Amenable to intervention: behavioural (safe gambling practices) and cognitive (correct fallacies and magical thinking)
- Ease of measurement – expenditure, revenue distribution, and other financial indicators are continuous variables that show change or stability over time; and may offer a straightforward way to identify and measure proxies for harm
Primary responsibility lies with regulators to require controls and monitoring, and with operators to create a supportive environment (including tools) and to monitor and intervene as appropriate.

Additional actors include:
• Policy makers financial, health and education
• Financial sector (financial institutions, credit counselling, bankruptcy courts, accountants and financial planners)
• Educators and prevention specialists
• Possibly courts, probation officers and those involved in rehabilitation of criminals
Addressing financial harm

Potential interventions

**On site:**
- Limit setting tools – mandatory being optimal
- Restrictions on credit and access to cash in casinos and online
- Play behaviour analysis, feedback and intervention
- Increased or universal use of identification or player card
- Consider a national self-exclusion system
- Player Education and consumer protection areas

**External:**
- Financial sector
  - Responsiveness to early signs or requests by gambler
  - Pilot study of available data, e.g., financial hardship requests
- School-based Education: PG, RG, financial and statistical literacy
- Social economic context of gambling venue distribution (avoid increased accessibility in lower economic areas)
Addressing emotional or psychological distress

Data examples

“We see this really close connection between mental distress and gambling problems. They seem to both feed on each other.”

(Devon- researcher)

“The regret that they feel, they have less time with the family… the isolation, the shame that they may feel. So, if they come up with the strategies that would solve financial harm, then it’s not going to get to any of these, but I think if we prioritize emotional harm, then the financial harm of it is going to be mitigated.”

(Cameron- policy maker)
Addressing emotional or psychological distress

Rationale

- Emotional and psychological health is the primary determinant of quality of life, your subjective experience
- Precursor to harms in physical health and relationships
- Often co-occurring with addictions and mental health issues
- Predicts treatment seeking
- Shame and damage to self-esteem are lasting and linked to recovery and rehabilitation, and to longer-term ability to repair and form healthy relationships
Primary actors

- Education and prevention agencies
- Regulator - across multiple lines of business
- Mental health and addictions treatment providers
Addressing emotional or psychological distress

Potential interventions

In communities:
- Strengths or assets-based approach - provide healthier alternative settings. Target communities with relative deprivation

In health and mental health settings:
- Screening for gambling in mental health and addictions settings
- Integrated treatment programs
- Add recovery and rehabilitation to treatment

At gambling venues:
- Staff training and responsibility for proactive intervention for signs of PG and emotional distress
- Monitor indicators of player distress such as repeated self exclusion

Helpline and Self-Exclusion support resources:
- Both linked to online treatment and direct booking of referrals
Addressing relationship harm

Data examples

“If you’re so occupied with hunting money to gamble, you probably don’t care as much as you should about your closest, if you have a family you probably don’t have energy off to be a good parent or a good spouse.”

(Devon - researcher)

“It can be harmful if you’re spending a lot of, you know the bulk of your free time on activities away from family and doing gambling. It may not be financially ruining you, but it might be damaging the relationship.”

(Lee – policy maker)
Addressing relationship harm

Rationale

- Harm that extends beyond gambler to innocent victims, especially partners and children
- Can be the cause of violence (with the problem gambler as perpetrator, victim or both)
- Lasting generational and intergenerational harms, largely unknown and difficult to measure
Addressing relationship harm

Primary actors

- Regulators and operators
- Families
- Financial institutions
- Prevention specialists
- Social services
- Health, including treatment providers
Addressing relationship harm

Potential interventions

- **Banking transparency and responsiveness** to early signs or requests by joint account holder, such as to refuse credit, to call joint owner if gambling expenditure surpasses an agreed-upon limit

- **Support and clear set of tools for family members** to identify the problem, have the conversation with the gambler, and ultimately protect themselves

- Financial literacy

- Third-party exclusion

- Treatment, recovery, and rehabilitation focused on couples and on family members’ individual recovery
targeting Comorbidity

- **Integration** with efforts targeting comorbid disorders
- **Prevention** – educating health professionals and others about co-occurrence of disorders
- **Assessment and screening** – routine screening for problem gambling by mental health agencies including whether people are being impacted by gambling in some way
- Pilot **integrated treatment**
- Provide them with a voice
- Consider adding ADHD, and prison populations as groups with high co-morbidity
Alignment with the Conceptual Framework of Gambling Harm

Alignment with the Conceptual Framework of Gambling Harm

Where did policy makers differ from research experts?

- Identified a broader range of harm dimensions
- Indicated a need for consistently measured, up-to-date, centrally located information
  - Players - prevalence, participation rates, community profiles
  - Operators - adherence to RG standards
  - Treatment - provision and integration
- More comprehensive understanding of local gambling issues and policy environment (e.g., expansion)
- Extended intervention strategies to address local setting
- Strong emphasis on comorbidity and integrated treatment, but greater awareness of need for training to recognize, record, and refer people for appropriate treatment
- Expanded stakeholder groups to people who work in risk and protective factors (e.g., social services, employers, and researchers)
Next Steps

1. Propose a provincial strategy
   - priorities for reducing gambling related harm in ON

2. Engage advisory groups for key sectors
   - banking & financial
   - public health
   - education
   - mental health providers

GREO will be working in the coming weeks on a strategy to carry this work forward
How can community stakeholders contribute?
Mental Health Providers

• Screening and assessment for gambling problems at intake
• Recommendation to add more rehabilitation, including relapse prevention
• Integration of treatment, pilot approaches

“Another stakeholder group is the mental health and addiction sector, in terms of considering problem gambling as a mental health and addiction issue and to integrate problem gambling harm reduction, prevention, and promotion intervention within larger mental health and addiction interventions”.

(Brett – policy maker)
I know public health units are involved with mental health and addiction. I'm not sure what their involvement really is on the problem gambling side of things, but those are definitely good community partners to leverage because they already have connections with their communities, and they have staff members who are knowledgeable about mental health and addiction. I think if we broaden their scope and include problem gambling that could be really beneficial.

(Jordan - policy maker)

Public Health

- Encourage the addition of gambling to the public health mandate
- Conceptually apply the public health approach that tackles issues upstream and focuses on supply
- Shift the focus from individual treatment to the supply and provision of gambling and healthy environments

“I think it is useful for it to be formally on public health agendas because public health authorities, they understand these issues from a public health point of view. They get it very quickly. They see it as similar to alcohol, tobacco.”

“Public health units are involved with mental health and addiction. I’m not sure what their involvement really is on the problem gambling side of things, but those are definitely good community partners to leverage because they already have connections with their communities, and they have staff members who are knowledgeable about mental health and addiction. I think if we broaden their scope and include problem gambling that could be really beneficial.”

(Jordan - policy maker)
Communities

- Provide support for employers to educate and support employees, and engage Employee Assistance Plan (EAP) providers
- Consult communities, especially host communities

“We’ve got all these different elements within the community that sort of recognize the loss of connection, the loss of opportunities and I think if you actually engage communities more, there’s a lot they would come up with.”  

(Darcy – researcher)

“a good first step would be community consultation… bringing health service providers, but also social service providers, people with a bunch of experience, maybe people from the corrections system and just like having all these different voices at the table so we can figure out how to identify the most optimal solutions for each community… you need to consult with your communities first”
Case study: Libraries after dark
A presentation to

Gambling Harm Conference 2018, Geelong

Narelle Stute, Moreland City Council
Susan Rennie, Victorian Local Governance Association

Melbourne, Australia 15 August 2018
PROJECT SITES

4 communities in Melbourne’s north each have:

- a public library
- a high loss gambling venue/s
- relative socio-eco disadvantage
- few accessible evening recreation options
- Local council committed to gambling harm prevention
Social isolation is a key risk factor we seek to address.

From the gambling lounge to the community lounge.
The Preston library is located midway between two areas with high exposure to EGMs.
Library Returns

NOW OPEN LATE
THURSDAYS TILL 10 PM
Our key engagement tool is a PR postcard with a return call-to-action distributed in strategic (coded) locations:

- tobacconists & liquor outlets
- payday lenders
- health and welfare service centres
- gambling venues
- cafes, Coles supermarkets and other retail outlets
For further information:

nstute@moreland.vic.gov.au and
susan@vlga.org.au
Case study: treatment integration
Addressing the Needs of Problem Gamblers With Co-Morbid Issues: Policy and Service Delivery Approaches

• Gambling treatment is relatively isolated from mental health, substance abuse and social services in many jurisdictions.

• Funded a “cross-sector collaboration” to have PG services develop collaborative relationships with other sectors.

• “no wrong door” approach

Kathya Martyres, Department of Justice & Regulation, Melbourne, Victoria, Australia &
Phil Townshend, Drug and Alcohol Rehabilitation Asia (DARA), Koh Chang, Thailand
Goals and strategies

Outreach to “other sector” services already engaged with clients

- Secondary consultations to clinicians
- Single sessions with PG counsellor
- Co-counselling sessions
- Co-location- PG counsellors spend time at another agency
Success

- Establishing positive relationships with other agencies (94%)
- Up-skilling staff in other agencies to provide PG interventions (78%)
- Providing secondary consultation (72%)
- Uptake of screening questions in other agencies (61%)
Success

- Establishing positive relationships with other agencies (94%)
- Up-skilling staff in other agencies to provide PG interventions (78%)
- Providing secondary consultation (72%)
- Uptake of screening questions in other agencies (61%)
Learning

For future integration efforts

Most difficult strategies to implement
• Providing co-counselling or single sessions in other agencies (69%)
• Co-location (62%)
• Providing outreach to agencies with the primary relationship with the client (56%)

Barriers
• Lack of appreciation of PG as an issue (67%)
• Lack of engagement from other agencies (33%)
• Lack of authority to approach other agencies (33%)
• Limited peer support (feeling isolated) (33%)
ON BEHALF OF
GAMBLING RESEARCH EXCHANGE ONTARIO

Thank You