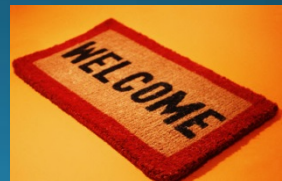


Lori Rugle, PhD, ICGC-II

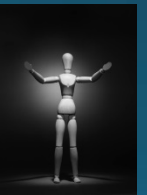
[Lrugle@som.umaryland.edu](mailto:Lrugle@som.umaryland.edu)

# Harm Reduction and Problem Gambling

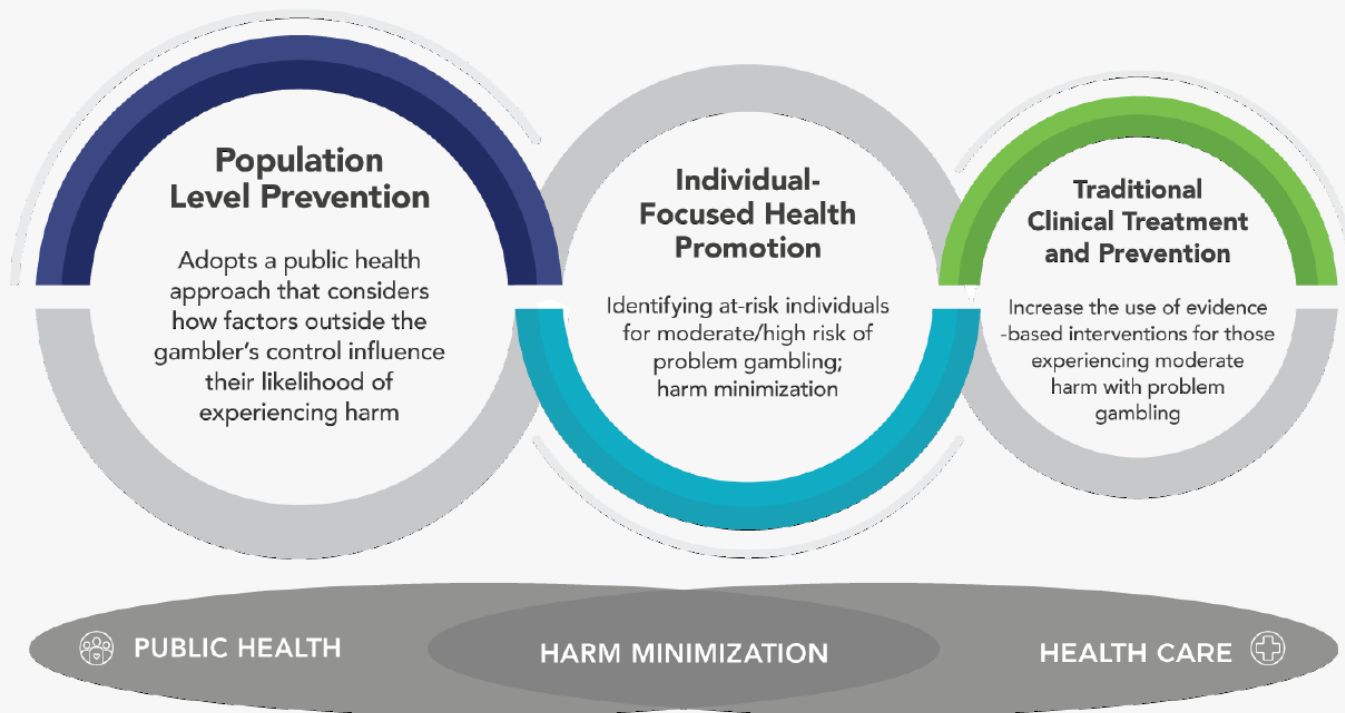


# Harm Reduction and Problem Gambling: Basic Principles

- Harm reduction is a public health alternative to the moral/criminal and disease models of addiction



## THE THREE APPROACHES OF GAMBLING HARM PREVENTION



# Common Harm Reduction

## Messages

Know your limits



UK Health Steps  
recommend adults do not  
regularly exceed

Men	3-4 units daily
Women	2-3 units daily

Avoid alcohol if pregnant or

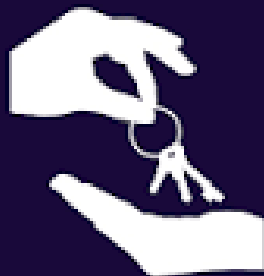


**WARNING**

1. WOMEN SHOULD NOT DRINK ALCOHOLIC BEVERAGES DURING PREGNANCY BECAUSE OF THE RISK OF BIRTH

2. CONSUMPTION OF ALCOHOLIC BEVERAGES IMPAIRS YOUR ABILITY TO DRIVE A CAR OR OPERATE MACHINERY

designated



driver



# Harm Reduction: Basic Principles

- Harm reduction recognizes abstinence one of many treatment goals and ~~accepts~~ embraces alternatives that reduce harm
  - Reality of high relapse rates
  - Illogic of abstinence as requirement for continuing or initiating treatment
  - Research that demonstrates the efficacy of moderation as well as abstinence goals (Stea et al, 2015)

# What are the Harms of Gambling

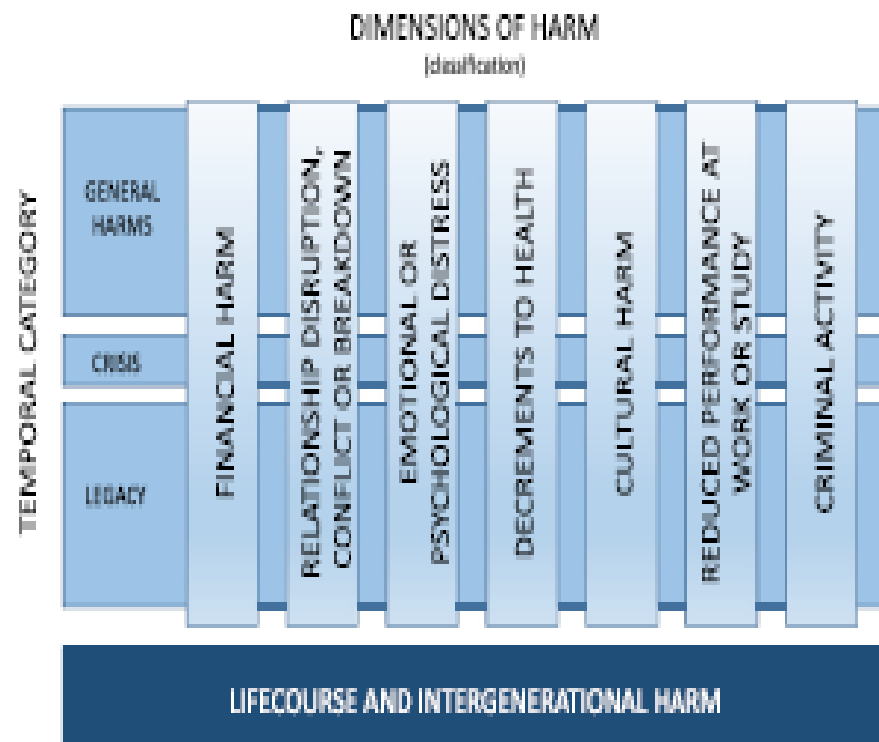
- Health Problems
- Psychological/Emotional Problems (Depression, Anxiety etc)
- Relationship breakdown (separation, divorce, isolation)
- Family members' health and well-being
- Lost productivity and workplace costs
- Unemployment
- Bankruptcy
- Foreclosure/eviction
- Homelessness
- Crime
- Suicide

(National Research Council, 1999; Neal et al, 2005)

# Impact on Concerned Others

(Svenssen et al., 2013; Wenzel et al., 2009; Lorenz & Shuttlesworth, 1983)

- Financial Problems
- Alcohol Abuse
- Depression
- Anger
- Conflict/Abuse
- Hopelessness
- Anxiety
- Isolation (Particularly women)
- Fear of Job Loss (more so men)
- Obsessive-Compulsive Sx
- Sleep problems
- Headaches
- More sick days
- GI problems
- Breathing problems



**Fig. 1** Conceptual Framework of Gambling Related Harm (insert here)



- Prevention Paradox

- A large number of people exposed to a low risk is likely to produce more cases than a small number of people exposed to a high risk

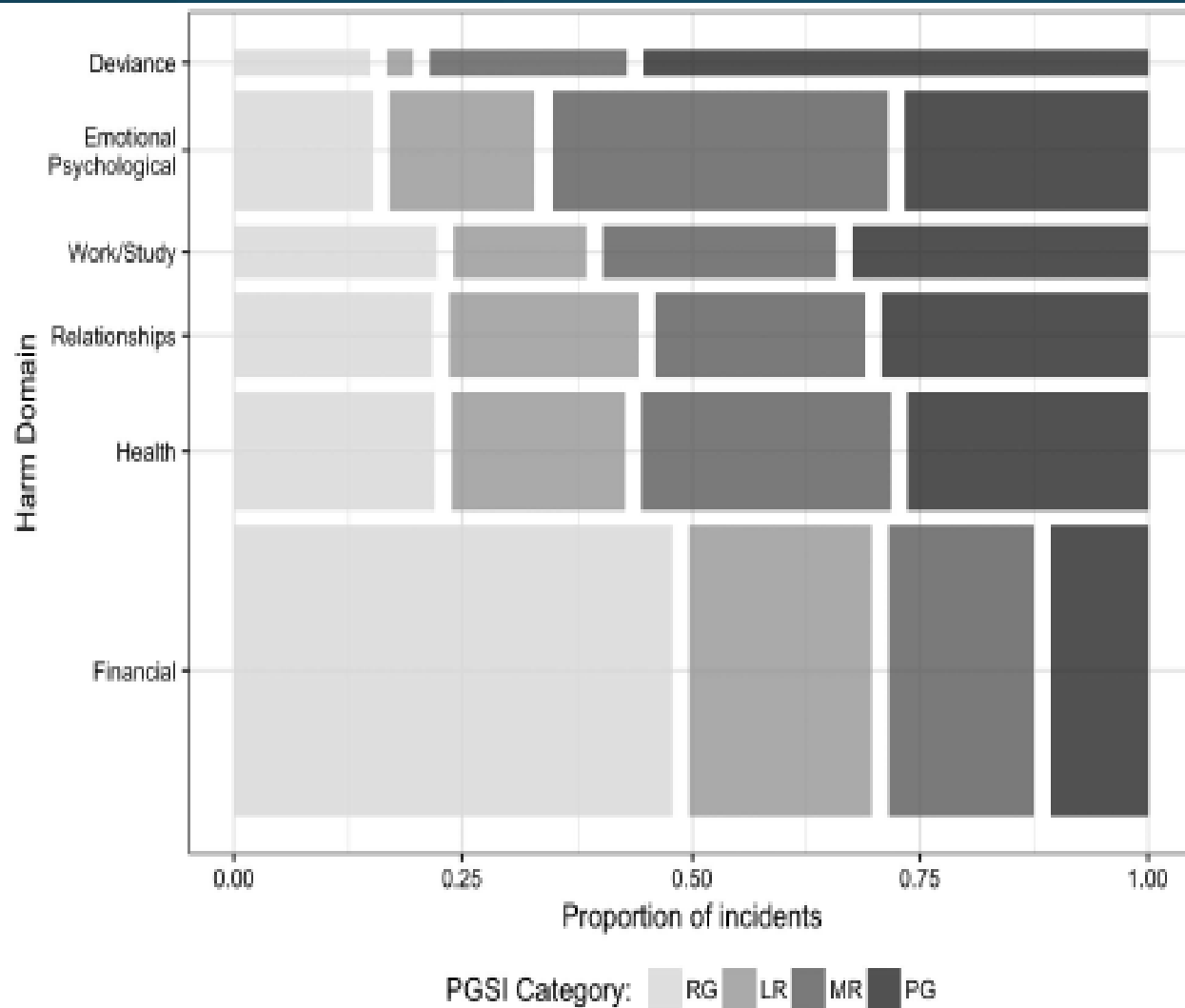


Figure 4. Mosaic plot of the proportion of harms arising from PGSI categories, by harm domain

## Consumer/Self Responsibility Model

- Gambling purely as a service product or consumer good offered by the market place and selected by consumers to maximize their utility
- Assumes consumers are informed, rational agents with access to all information and options need
- Emphasizes the freedom and responsibility of the individual to make effective decisions
- Many current RG initiatives fall in this category

## Reno Model (Blaszczynski et al, 2005)

- Safe levels of gambling participation are possible
- Gambling provides a level of recreational, social and economic benefit to individuals and communities
- Provide evidence based RG interventions to inform players
- Total social benefits must exceed total social costs

# Health Promotion

- Building healthy public policy
- Creating supportive environments
- Strengthening community action/capacity building
- Developing personal skills
- Reorienting health services toward prevention of illness/harms

# Building Health Public Policy

(WHO, 2018)

- Diverse approaches – legislative, fiscal, taxation and organization change
- Coordinated health and social policies that improve health equity
- The healthier choice as the default option (at policy level; e.g. no-smoking policies and laws)

# Create Supportive Environments

(WHO, 2018)

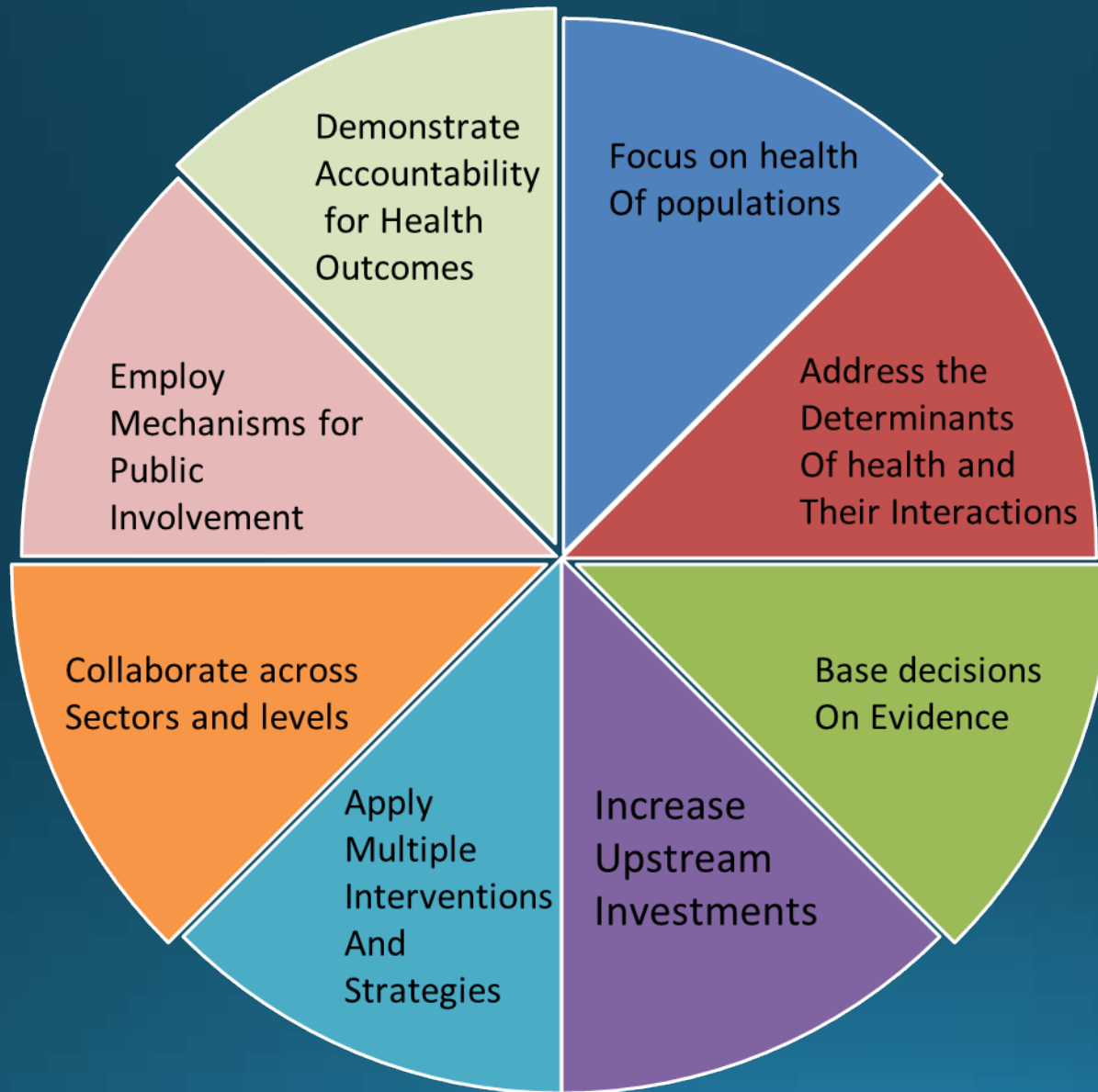
- Health cannot be separated from other societal goals
- Strong relationship between health and environment (physical and social)
- Work and leisure should support health

# Ethical Gambling

- The responsibility of companies and governments is to create environments conducive to reducing gambling harm
- Moral obligation to take actions to prevent harm (Choliz, 2018)
- Ethical gambling develops environmental conditions that allow gambling as an economic activity with the emphasis on prevention harm
- Preventing harm comes first, economic activity comes 2nd



# Public Health Approach





## ETHNICITY

People of colour are significantly more likely to gamble and experience gambling harm.

Cultural differences, stressful living conditions, and social inequities experienced by Indigenous peoples contribute to a higher community prevalence of problematic gambling compared to the general public.



## AGE

Gambling influences community health and wellbeing across the lifespan. Youth, young adults and older adults are particularly vulnerable to experiencing gambling harms.

Early gambling behaviour is a risk factor for harm. Free-to-play apps with gambling content continue to grow in popularity, making young people particularly vulnerable.

Older adults are more vulnerable to gambling harms as they may be less able to recover from financial loss.



## MENTAL HEALTH

As many as 32% of those who gamble problematically struggle with major depression (national average = 4.7%).

Gambling can serve as a coping mechanism for people who are emotionally vulnerable.

Gambling harm is often associated with social anxiety, ADHD, impulsiveness, mood and anxiety disorders, and other mental health outcomes.



## SUBSTANCE USE AND ADDICTION

People who struggle with a gambling problem are 2-4 times more likely to have a tobacco use disorder, and 3-6 times more likely to have an alcohol use disorder.

High school students in Ontario who struggle with problem gambling behaviour are 11 times more likely to report a cannabis use disorder compared to other students.



**GAMBLING RESEARCH  
EXCHANGE ONTARIO**  
DRIVING KNOWLEDGE INTO ACTION



## LIVING CONDITIONS

Gambling harm is associated with:

- Higher neighbourhood disadvantage
- Unstable housing conditions
- Homelessness

Adolescents whose parents gamble are 3-12 times more likely to report at-risk or problem gambling.



## EDUCATION

A person's education influences how they gamble and their risk of developing a gambling problem.

Poor academic performance and lower educational attainment are risk factors and strong predictors for problem gambling behaviour.

People with higher education are more likely to gamble online.



## SOCIOECONOMIC STATUS

People with lower income spend proportionately more of their income on gambling activities.

Land-based gambling opportunities are generally more readily available in lower income areas.

People who are unemployed are 3 times more likely to experience a gambling problem than those with secure employment.



## HEALTH BEHAVIOURS AND RISK FACTORS

Gamblers are more likely to be sedentary than non-gamblers, and physical activity is associated with a decreased risk for problem gambling. People with a gambling problem are:

- 2 times more likely to report a lack of regular exercise
- 3 times more likely to watch 20+ hours of TV per week

People who gamble problematically are also 3 times more likely to be obese when compared to recreational or non-gamblers.

# Impact of Gambling in At Risk Groups: Ongoing Conversation



# Harm Reduction: What it is and what it isn't

- H.R. is against harm, not against gambling.
- It is in favor of *any* positive change as defined by the client.
- Client's set their own rate of change, the best pace possible for each of us.
- Can you develop a “not knowing stance” with your clients?



## Harm Reduction:

- H.R. encompasses both abstinence and gambling in moderation goals
- H.R. isn't for use with only one age group or gender.
- H.R. isn't only for use when all else fails.

# Harm Reduction: What it is and what it isn't

- H.R. promotes low-threshold access to services as an alternative to traditional, high threshold approaches.
- This is a bottom-up rather than a top-down approach based on client advocacy rather than policy.
- H.R. is based on tenets of compassionate pragmatism vs. moralistic idealism.



# Harm Reduction: What it is and what it isn't

- **Enters** into a supportive relationship
- **Non-judging**
- **Gives** options
- **Accepts** their choices
- **Gains** awareness
- **Educates** around potential harm or risk

## *Abstinence Seems to Be Appropriate in the Following Circumstances*

- when the gambling has reached the extreme end of the continuum, high levels of gambling severity
- when the client has already made attempts to moderate without success
- when the client names his or her goal as abstinence
- when a client wants to enter an abstinence-based treatment program
- when a client is mandated by an employer or the criminal justice system
- when relationships are at risk, especially for the peace of mind of the partner, or to match the non-gambling partner's belief system about what needs to happen in order for the relationship to be saved.
- Research suggests that individuals seeking help have good insight when selecting moderation or abstinence as a goal based on gambling severity ratings (Stea et al., 2015).

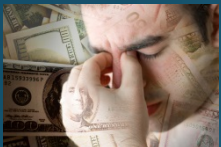


## *Disadvantages of the Abstinence-Only Approach*

- Abstinence doesn't recognize improvements or successful attempts to cut down.
- Abstinence criteria may be excessively stringent and therefore a barrier for some potential clients entering a treatment program where abstinence is a requirement — they might not be ready, it does not match their current goals and motivation, or it is too difficult to achieve now.
- An abstinence-only approach contradicts some current research that suggests moderation is appropriate and achievable goal for some clients.

# Harm Reduction: Basic Issues

- Reducing the harm of excessive gambling
  - Access to money and credit
  - Can involve family, individual or hopefully both



# HARM REDUCTION IN PRACTICE I

## Use of F.R.A.M.E.S

- Feedback
- Responsibility
- Advice
- Menu of Options
- Empathy
- Self-Efficacy

# Nick

- 36 yr. old male, 1<sup>st</sup> marriage X 6 years
- 2 children ages 2 & 4
- Gambled since age 14, primarily sports
- Income \$100,000, Debt \$55,000, getting behind on bills
- Increased marital conflict
- Drinking increasing
- Loves gambling and doesn't want to commit to total abstinence. Willing to try limiting gambling.

# Self-Monitoring: Assessment

Date/ Time	Situation (Where, With Whom, Feelings)	Time Spent	Net Win/ Loss	Consequences (Feelings, Problems, Others Reactions)
Friday	Sports bar Drinking with buddies Got paid. Feel good/lucky	4 hours	Lost \$500	Felt stupid, more tired Mad at myself Missed son's concert Wife angry Guilty
Sat	Home Argument with wife Unpaid bills Feel angry, overwhelmed	4 hours	Lost 1000	Wife more angry More arguments Didn't go to family dinner Ashamed, guilty
Sun	Home Frustrated, Depressed Worried	3 hours	Lost 1500	Isolated Family went out Anxious, Emotional roller coaster, Depressed, angry
Mon	Work Co-workers Sports Pool Excited	1 hour	Bet 500	Released Hopeful about winning

# Self-Monitoring: Assessment

Date/ Time	Situation (Where, With Whom, Feelings)	Time Spent	Net Win/ Loss	Consequences (Feelings, Problems, Others Reactions)
Tues	Busy at work Worked late Good, confident	0	0	Felt like accomplished something
Wed	Sport bar Lunch Alone Confident, lucky	2 Hours	Lost 400	Behind on work Pressured, stressed
Thurs	Track Afternoon Alone Angry at customers	6 hours	Lost 1200	Depressed, angry Anxious Boss called wife to find me Wife very angry

# HARM REDUCTION IN PRACTICE II

- Using FRAMES, be sure client:
  - Sees consequences of own behavior
  - understands alternative options
  - constantly re-clarify client's goals
  - judge client's adherence to plan as measure of motivation
  - continue feedback loop to client
  - What are next steps?



- **Feedback**

- Summarize

- ✦ Risks and problems that have emerged from assessment
    - ✦ Client's own reaction, including self-motivational statements
    - ✦ Invitation for client to correct or add to summary

- Discuss next steps - provide options





# HARM REDUCTION III

- Atmosphere conducive to change
- Has client examined risks to: Family, job, health, finances and legal status?
- Has client selected an effective limit setting strategy
  - With Time, Money, Energy and Other Resources
- Has client built in an evaluation of the effectiveness of the harm reduction strategy?
- Is there a *PLAN B* in case of need?



# Family Involvement Crucial

- Is the family willing/able to tolerate limited gambling
- How can the family feel safe – financially, emotionally, physically (Assess any history of violence, abuse)
- How can gambling be discussed honestly in the family (transparency)
- Asset Protection Planning – Financial Transparency

# My Plan for Gambling

- I will spend no more than \_\_\_\_% of my budget which is \$\_\_\_\_\_ per month.
- I will spend no more than \_\_\_\_\_ hours per time I gamble.
- I will only gamble at the following low risk activities:
- I will only gamble in the following low risk situations:
- I will be sure to be accountable to the following people about my gambling:
- I will not gamble when I am feeling:
  - Angry
  - Lonely
  - Depressed
  - Stressed
  - Other \_\_\_\_\_

# Identify Your Warning Signs

If you chose to continue to gamble review the list of warning signs below and circle the ones that you think you need to be aware of and monitor.

## Some Common Warning Signs of Gambling Problems

- Any increase in gambling behaviors
- Noticing an increase in cravings for other addictive behaviors in connection with gambling
- Using gambling as an alternative to other additive behaviors
- Gambling to relieve boredom, anxiety or depression
- Feeling the same kind of rush or high when gambling as when using substances
- What are any other signs that you might notice to indicate that gambling might be becoming a problem for you or putting your recovery at risk?
- Not being honest about money, time or gambling activities

# Making a Plan

- What is your plan if you notice any warning signs of problem gambling?
  - Talk with counselor
  - Strengthen money protection plan
  - Stop gambling or take a break from gambling
  - Attend support meeting
  - Other \_\_\_\_\_

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**I DON'T PROMOTE DRUG USE.  
I DON'T PROMOTE CAR  
ACCIDENTS EITHER, BUT I STILL  
THINK SEATBELTS ARE A GOOD IDEA.**

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Harm Reduction - practicing common sense since the 1980's.

Thanks