

GPS Prevention Practice: Problem Gambling

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Gambling Overview

Background

As casinos and video lottery terminals (VLTs) at race tracks open in Ohio, state agencies have joined together to form an initiative to combat problem gambling. The Ohio Department of Alcohol and Drug Addiction Services (ODADAS), Ohio Lottery Commission (OLC), Ohio State Racing Commission (OSRC) and the Ohio Casino Control Commission (OCCC) have formed an initiative known as Ohio for Responsible Gambling.

ODADAS serves as the resource partner for the new initiative and the lead agency responsible for prevention and treatment of problem gambling. This document provides information to facilitate the prevention of problem gambling in Ohio.

Definitions & Examples

Gambling is taking the chance of losing money, belongings or anything of value and when winning or losing is decided mostly by chance (McGill University, 2012). Gambling involves both games of **chance** and games of **skill**. Games of chance include the following.

- Arcade Games
- Midway Games at the Fair
- Video Lottery Terminals
- Scratch and Win Cards
- Shell Games
- Lotteries
- Flipping Cards
- Roulette
- Rolling Dice / Craps
- Bingo
- Pull Tabs
- Internet Gambling
- Raffles
- Sweepstakes

Games of skill include the following. Games of skill still carry risk for some individuals.

- Poker and other Card Games
- Arcade and Video Games
- Pool
- Race Track Betting
- Darts
- Board Games
- Marbles
- Sports

Problem gambling refers to any gambling that goes beyond the “normal” bounds of gambling for fun, recreation or entertainment. Pathological gambling is a recognized and treatable illness (McGill University, 2012). Problem gambling rates among teens and young adults have been shown to be two to four times that of adults (Wilber & Potenza, 2006). The age that it is legal to participate in different types of gambling in Ohio varies. The legal age for playing Bingo is 16, the Lottery and Horse Racing is 18 and the Casino is 21. However, children older than 13 may go to a horse racing track if accompanied by an adult.

Prevention Implications of Ohio Problem Gambling Prevalence Survey

ODADAS, assisted by the Survey Research Lab at Kent State University, conducted a household telephone survey to determine prevalence of problem/pathological gambling in Ohio prior to the opening of casinos and video-lottery terminal (VLT) locations in the Spring/Summer 2012. The sample of 3,600 included a statewide sample of 1,200 and an oversampling of 600 in each area where a casino was planned. The Canadian Problem Gambling Index (CPGI) was used to determine level of risk. ODADAS also included community readiness items from the Minnesota Community Readiness Instrument in the survey process to assess awareness of the issue, and Ohio’s capacity to address pathological gambling addiction needs. This section provides the implications of the survey for prevention of problem gambling in Ohio. Full survey results may be found on the ORG website at <http://www.org.ohio.gov/>

Risk Level

Results of Ohio's 2012 Gambling Prevalence Survey revealed that of the 8.8 million Ohioans aged 18 and older, an estimated 3.8 million (43.3%) do not gamble. Of the Ohioans who do gamble, an estimated 4.7 million (53.8%) do not experience any risk factors. Only 2.5% (220,144) were estimated to be either at low or moderate risk for problem gambling, and only 0.3% (26,417) met DSM IV-R diagnostic criteria for problem gambling.

Individuals at **Low Risk** for problem gambling do not experience adverse consequences from gambling. *People in this group may benefit from universal and selective prevention efforts including education regarding healthy choices and awareness of gambling problem signs and symptoms.*

Individuals at **Moderate Risk** for problem gambling may experience adverse consequences from gambling; however, they do not meet diagnostic criteria for pathological gambling. *Indicated prevention services and/or brief screening and intervention services could be most beneficial if directed for these Ohioans.*

Individuals meeting criteria for **Pathological Gambling** generally exhibit loss of control over and distortions in thinking about gambling behaviors and could benefit from problem gambling treatment services. Approximately 10% of those who meet diagnostic criterion will seek treatment (Cunningham, 2005), suggesting that approximately 2,640 individuals in Ohio may seek treatment or seek out self-help such as Gamblers Anonymous.

Demographics

The statewide survey sample revealed that males were significantly more likely to have at-risk/problem gambling status than females. No significant differences were found by region regarding the relationship of gender to gambling status.

There were also significant variations by race between Ohio regions, with statistically significant associations between gambling status and race occurring in the Lucas County and Franklin County clusters. Within the Lucas County cluster, Black/African-Americans were significantly more likely to be in the at-risk/problem gambling group compared to White and Other races.

The statewide sample revealed no significant relationship between age and gambling status. However, there were variations in age by region. The Lucas, Hamilton and Franklin County cluster results all demonstrated that 18-24 year olds were significantly more likely to fall into the at-risk/problem gambling group.

Although the prevalence survey did not include youth under age 18 in the sample, the 2012 Youth Risk Behavior Survey provides some information about youth gambling. Almost a third (29.6%) of Ohio youth reported participating in some form of gambling during the past 12 months.

These survey results indicate that targeting prevention services for males and young adults across the state and for individuals who are Black/African American in certain areas may assist in keeping the prevalence of problem gambling low in Ohio.

Community Readiness

Although adolescents are two to four times more likely than adults to exhibit problem or pathological gambling (Wilber & Potenza, 2006), the majority of survey respondents considered gambling by teenagers and young adults to either not be a problem or to be a minor problem. Almost a quarter (23.4%) of respondents believe it is okay for high schools to sponsor casino nights for graduation or prom indicating a pro-social norm for underage gambling.

Only half (50.3%) of respondents believe that the community has a responsibility to set up prevention programs to help people avoid gambling problems, possibly indicating a lack of awareness that addiction is a disease that is both preventable and treatable. 65.6% of respondents believe that it is possible to reduce gambling problems through prevention, possibly indicating a lack of awareness about science-based prevention principles and evidence-based prevention interventions.

The survey results indicate that Ohio communities have much work to do around raising awareness about the high risk for engaging in gambling during adolescence; the risk and protective factors and warning signs of problem gambling; and how the effective prevention of problem gambling requires the efforts of all sectors of a community working together in a comprehensive effort.

Correlated Risk Factors

The prevalence survey process also demonstrated that at-risk/problem gambling in adults is associated with a personal history of alcohol or drug problems, seeking medical attention because of physical or emotional problems brought on by stress, and feeling seriously depressed.

The survey results indicate that primary care physicians and other health care providers as well as substance abuse and mental health treatment providers are a prime target for prevention. Impactful strategies could include information dissemination regarding risk factors and warning signs and environmental strategies that advocate for the adoption of screening and brief intervention and/or referral to assessment for treatment into routine care.

Since youth under age 18 were not included in the prevalence survey, the literature was reviewed to determine correlated risk factors for problem gambling among youth. These are provided below.

- History of gambling in family
- Family history of addiction
- Family that overemphasizes money, competition
- Exposure to gambling at young age
- Early “big win”
- Other addiction/behavior issues
- Illusion of control over outcomes
- Impulsivity
- Stress
- Low self-efficacy
- Attention deficits, ADHD, hyperactivity
- Social pressure to take risk(s)

These risk factors indicate that parents/family members and peers are a prime target population for prevention messages regarding risk factors and warning signs.

Recommended Prevention Approaches

Priorities

Our current knowledge and understanding of the considerable impact of problem gambling on the health and well-being of Ohioians compels us to set the goals of:

- Delaying participation until legal age;
- Preventing the onset of problem gambling by reducing associated risk factors; and
- Minimizing the negative consequences by improving access to intervention and treatment services.

Environmental Strategies

Population-based and environmental prevention strategies are essential to community success in preventing problem gambling. It is expected that these will be particularly effective approaches for problem gambling because of the similarities between gambling and alcohol abuse. Both are illegal for youth and may cause adverse consequences when frequency and duration increases for adults.

Changing public perception regarding this issue is critical to increasing community capacity to address adolescent and problem gambling and associated problems. A public health approach incorporates a multi-dimensional perspective that recognizes the individual and the social determinants and environmental factors that influence behaviors (Messerlian, Derevensky & Gupta, Health Promotion International 2005).

An effective environmental strategy to change public perception is **Social Norms Marketing**. A growing body of research shows that a person’s behavior is strongly influenced by incorrect perceptions of how other members of his or her social group think and act. The social norms approach gathers credible data from a specific population and then communicates the truth about the actual behaviors of the population. With repeated exposure to a variety of positive, data-driven messages, misperceptions that sustain problem behavior are cleared up, and individuals perceive more healthy behavioral norms. When properly conducted, the social norms approach is an evidence-based, data-driven process that is a cost-effective method for achieving large-scale positive behavior change and harm reduction (University of Virginia, 2012).

There is research to support that youth as a whole overestimate the frequency of the gambling of their peers of the same age and gender. The estimations were more accurate in boys than girls. It has been suggested that correcting normative misperceptions through existing individual and community level interventions is important to successfully changing the cultural norm around problem gambling. Family and school domains are central to the efforts to reach young people (Raisamo, 2012).

Community-Based Processes

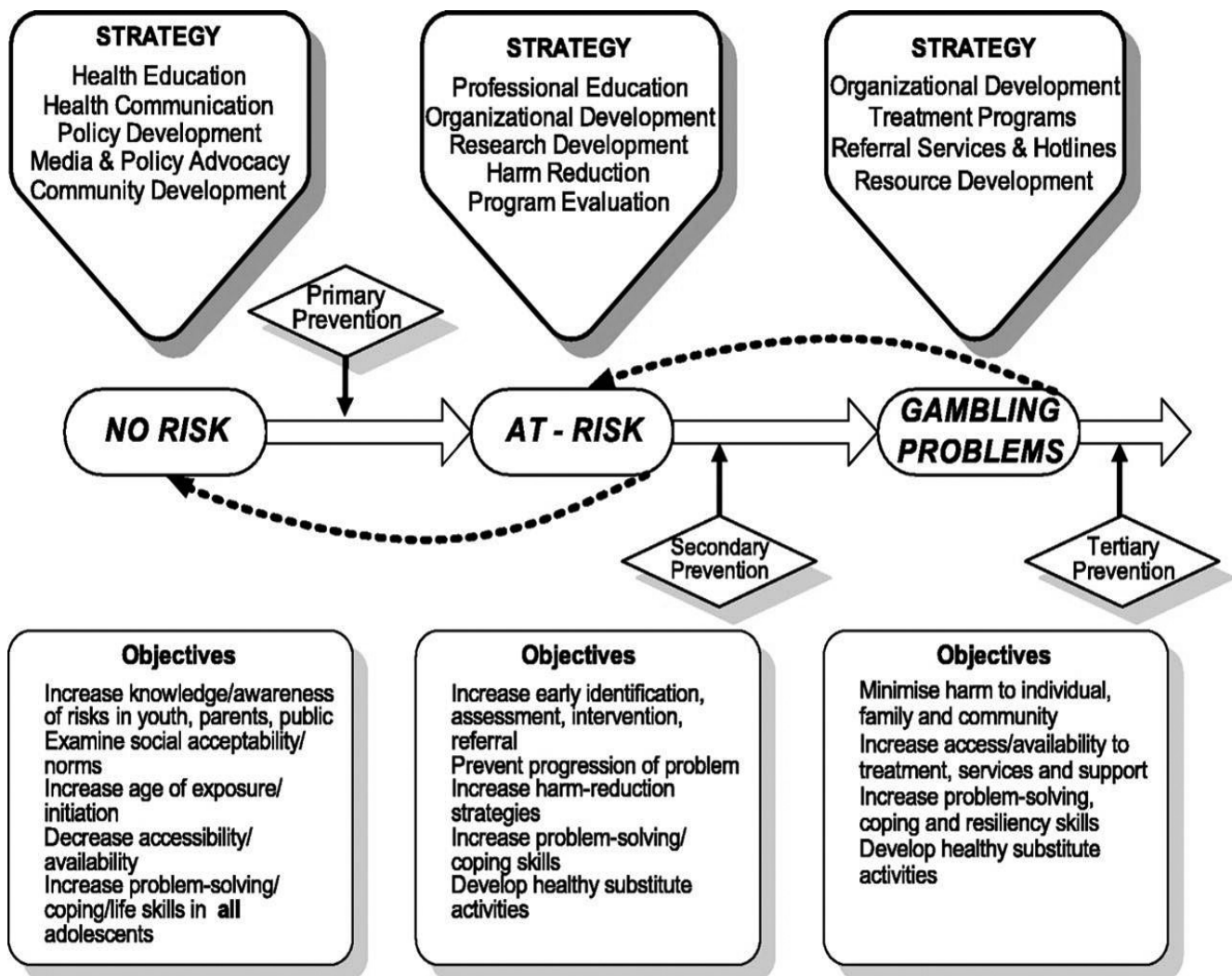
It is expected that community coalitions and other interested community groups will play a critical role in beginning the work of raising awareness about the nature and extent of problem gambling in Ohio communities and in developing data-driven plans to address at-risk populations with evidence-based prevention interventions.

While limited research is available about what protects youth from engaging in problem gambling behaviors, the Search Institute has studied factors called the “40 Developmental Assets” that help young people grow into healthy, responsible adults while helping buffer against problem behavior. Some gambling prevention experts believe that youth are more likely protected from problem gambling if they have certain assets.

Communities and families can play a critical role in promoting healthy choices around gambling by providing these assets (Messerlian, Derevensky & Gupta, Health Promotion International 2005). They include: support (from family, community and school); positive outlook; realistic boundaries and expectations; internal control; constructive use of time/contributing; high self-esteem; and good problem solving skills.

The Logic Model in Figure 1 provides suggested strategies for how community coalitions can begin the work of addressing problem gambling according to level of risk with their populations (Messerlian et al., 2005).

Figure 1:
Youth Gambling Risk Prevention Model



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