

Problem Gambling: Past, Present, and Future- A Need for a Public Health Response

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Introduction

- o Any social phenomenon must be understood within a historical context
- o The ever evolving growth of gambling exposures and its impact must be understood and grounded in evidence.
- o Public policy related to gambling must aim to protect the most vulnerable and at-risk in our society.

U.S. Gambling History and Expansion

Past: U.S. Gambling History and Expansion

According to noted gambling law expert I. Nelson Rose, gambling has gone through three waves of expansion in the US.

- The first wave of gambling, before the US was founded, was when lotteries were used to finance the settlement of the first colonies.
- The second wave happened during the 1800s when gambling was often tolerated (though not always legal) as we began to "go west."
- And the third wave began when Nevada legalized casinos (again) during the Great Depression in 1931.

Past: U.S. Gambling History and Expansion

- During the 1930s, 40s, and 50s, several forms of gambling were legalized in various regions of the country. These included horse tracks, charity bingo and other social games.
- Then, in 1963, New Hampshire legalized a state lottery. Over the ensuing decade and a half, 11 more states (for a total of 12) legalized lotteries; however, Nevada remained the only state with legalized casino-style gambling until New Jersey began to allow it in Atlantic City in 1976 (with the first casino opening in 1978).

Past:
U.S. Gambling History and Expansion

- o 1988- The Indian Gaming Regulatory Act (IGRA) was passed
- o 48 out of 50 states have legalized gambling (Utah, Hawaii)
- o 1996; Gambling revenues in the United States leisure economy in 1996 grossed over \$47 billion, which was greater than the combined revenues of almost \$41 billion from film box office, recorded music, cruise ships, spectator sports, and live entertainment

Past: The Field of Gambling Disorders

- o It was not until 1972 that Dr. Robert Cluster, a physician working at the Veterans' Administration hospital in Brecksville, Ohio, first proposed a clinical entity, which he termed compulsive gambling.
- o In 1980, the American Psychiatric Association incorporated "pathological gambling" into its diagnostic and statistical manual (American Psychiatric Association, 1980) and thus legitimated this entity within the mainstream mental health field.

Present:
U.S. Gambling History and Expansion

- o Global casinos had a projected gross gaming yield of around 115 billion U.S. dollars in 2016, and this figure was forecasted to reach 130 billion U.S. dollars in 2019.
- o The gambling industry contributed \$261.1 billion dollars to the American economy in 2017 and supported 1.8 million jobs, both increases from the most recent study in 2014, according to an Oxford Economics report commissioned by the American Gaming Association.
- o There are efforts to evolve the gambling experience to reflect more of the video gaming experience.

Present: U.S. and Gambling

Korn & Shaffer noted three primary forces have encouraged the growth of gambling throughout North America:

- The desire of governments to identify new sources of revenue without invoking new or higher taxes.
- Development by tourism entrepreneurs of new destinations for entertainment and leisure.
- The rise of new technologies and forms of gambling [e.g., video lottery terminals (VLTs), Powerball TM mega-lotteries, and Internet offshore gambling].

The Field of Gambling Disorders

In 1999- Korn, D. A., & Shaffer, H. J. (1999). Gambling and the health of the public: Adopting a public health perspective. *Journal of Gambling Studies*, 15(4), 289-365

In 2002 – The Annual Review of Public Health published Gambling and Related Mental Disorders: A Public Health Analysis by Drs David Korn and Howard Shaffer.

Both landmark studies were a first of its kind that analyzed gambling from a public health perspective.

Stores with past Powerball winners lure crowds



Present: U.S. and Gambling

- Profits vs Social Responsibility
 - What is Responsible Gambling?
- Message and Exposure
 - What are the risks?
- Evidence vs Opinions
 - What is evidence?



What is Responsible Gambling?

Pro

- Consumer Protection
- The need for evidence
- Engagement of stakeholders

Con

- One size does not fit all
- Who is really responsible?
- Community of color are often not engaged and overlooked .

Present: The 4th Wave

- The gambling environment is evolving
- Technologies initiatives and creations are growing
- Fantasy sports and social games (gaming vs gambling)
- Gambling is perceived as an ever more important source of public revenues
- Marginalized communities and health disparities
- Complexities and association to other related issues

National Epidemiologic Survey on Alcohol and Related Conditions: 2008

- 73.2 percent of pathological gamblers had an alcohol use disorder (73.2%)
- 38.1 percent had a drug use disorder
- 60.4 percent had nicotine dependence
- 49.6 percent had a mood disorder,
- 41.3 percent had an anxiety disorder,
- 60.8 percent had a personality disorder.

Gambling Research

Past/Present

- Problem gambling is often connected to mental health and other psycho-social and physical conditions; research shows that 90% of problem gamblers have a pre-existing mental health or other substance-related disorder prior to the onset of a gambling disorder.

Present/Future

- While we understand that problem gambling has a high level of co-morbidity to substance addiction and mental health, according to 2013, Prevalence of Recreational Gambling in MA was 57.4% Gamblers are more likely to be: ***Obese, smoke heavily, use alcohol, and use prescription drugs.***

Problem Gambling: A Need for a Public Health Response

Gambling and Public Health

Gambling studies has predominantly focused on the individualized characteristics of problem gamblers; there is an increase interest in exploring gambling from a public health perspective.

A public health approach to gambling encourages examining the **societal risk and protective factors** that encourage or discourage the transition from recreational to problem-related gambling, the identification of vulnerable demographic groups, or ethnic differences in the acceptance of gambling (*Shaffer, H. J., LaBrie, R. A., & LaPlante, D. (2004).*

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Gambling and Public Health

○ Contemporary public health perspectives are not limited to the biological and behavioral dimensions related to gambling and health, but also can address socioeconomic determinants such as income, employment, and poverty.

○ A public health view point can lead to the design of more comprehensive and effective strategies for preventing, minimizing, and treating gambling-related pathologies and encourages public policy makers to distinguish acceptable from unacceptable risks.

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Gambling and Public Health

○ It promotes an epidemiological examination of gambling and gambling-related disorders to better understand the distribution and determinants of gambling as well as the factors that influence a transition to disordered states

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Gambling Terminology

Non-Gamblers

Social Gamblers, Responsible Gamblers, Professional Gamblers
Recreational Gamblers-

At-Risk Gamblers- Problem Gamblers, Sub-Clinical Gamblers

Problem Gamblers- Pathological Gamblers, Probable Pathological Gamblers

Gambling Disorders, Disordered Gamblers, Compulsive Gamblers
Severe Problem Gamblers-

What is Public Health?

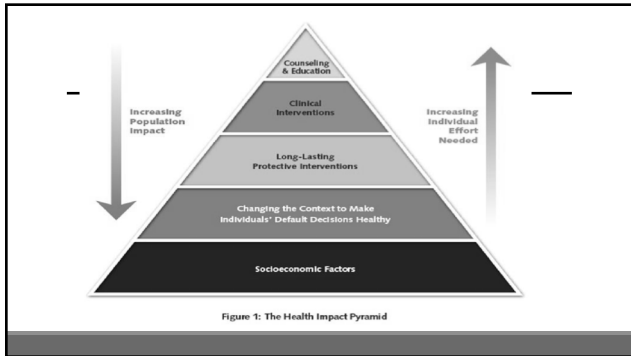
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Public Health

Public health is the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention and detection and control of infectious diseases.

Overall, public health is concerned with protecting the health of entire populations.

These populations can be as small as a local neighborhood, or as big as an entire country or region of the world.



Gambling Disorders and Suicide

The DSM-5 states that up to half of individuals in treatment for a gambling disorder have suicidal ideation and about 17% have attempted suicide.

According to the World Health Organization, factors such as mood disorders, stressful life events or circumstances and a history of physical or sexual abuse in childhood put people at increased risk for harming themselves (World Health Organization, 2002). All of these factors are common among those experiencing problems related to gambling.

Medical Problems Among Pathological Gamblers

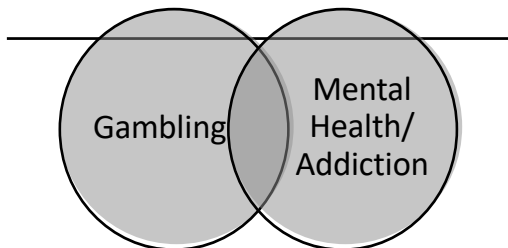
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|---------------------------|---------------------------------|
| ○Depression | ○Allergies |
| ○Intestinal Disorders | ○Respiratory Problems |
| ○Cardiovascular Problems | ○Oral-Dental Disease |
| ○High Blood Pressure | ○Nerve-Sensory System Disorders |
| ○Migraines | |
| ○Stress-related Disorders | |

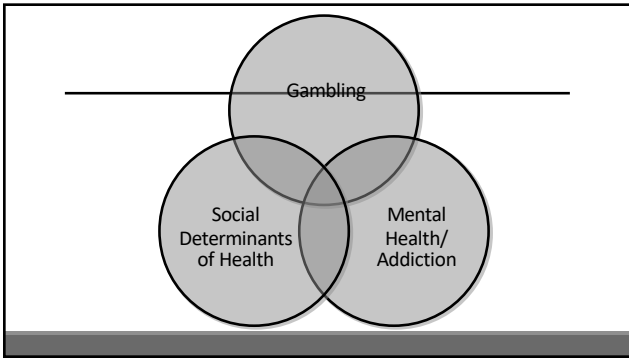
Future: A Public Health Response

- Shaffer and Korn say a public health approach uses a population “lens” to understand gambling disorders within a population and what influences a change from healthy to unhealthy gambling.
- It encourages a shift from a narrow focus on just individual gamblers to a broader consideration of the social setting; in other words, the social, cultural, and economic factors that influence the spread and patterns of a disorder (Shaffer & Korn, 2002).

Future: A Public Health Response

- A public health strategy is also proactive, according to Shaffer and Korn. Rather than a reactive stance, which waits for the disorder to emerge, a public health approach emphasizes programs and policies to prevent gambling disorders and reduce gambling related harms.
- Examples include guidelines for responsible gaming, vehicles for early identification of gambling problems, systems for monitoring and reporting disordered gambling trends, and treatment strategies that offer moderation as well as abstinence as goals (Korn & Shaffer, 1999).





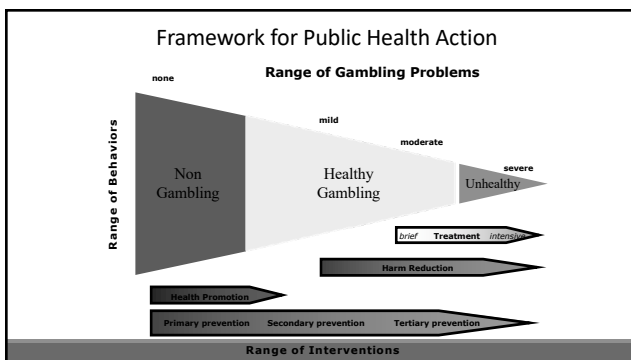
Social Determents of Health

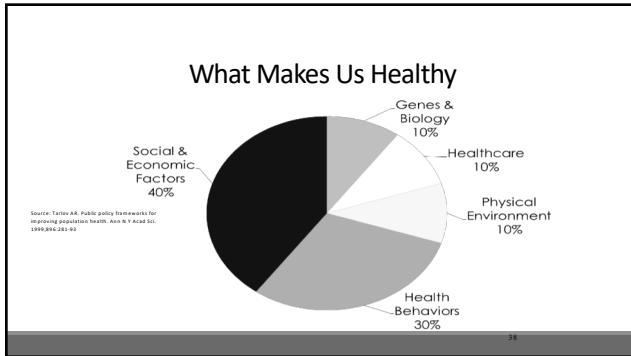
Social Determents of Health

The **social determinants of health** are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels



Social Determinants of Health	
Economic Stability <ul style="list-style-type: none"> • Poverty • Employment • Food Security • Housing Stability 	Social and Community Context <ul style="list-style-type: none"> • Social Cohesion • Civic Participation • Discrimination • Incarceration
Education <ul style="list-style-type: none"> • High School Graduation • Enrollment in Higher Education • Language and Literacy • Early Childhood Education and Development 	Health and Health Care <ul style="list-style-type: none"> • Access to Health Care • Access to Primary Care • Health Literacy
	Neighborhood and Built Environment <ul style="list-style-type: none"> • Access to Healthy Foods • Quality of Housing • Crime and Violence • Environmental Conditions





In 2012, 26% of Boston children ages 0-17 lived in households where their parent/caregiver felt that his or her child was unsafe in their neighborhood. Higher percentages of Asian, Black, and Latino children compared to White children lived in households where their parent/caregiver felt his/her neighborhood was unsafe.

*Health of Boston 2014-2015: Boston Public Health Commission Research and Evaluation Office Boston, Massachusetts 2015

Marginalized and Oppress Communities

Research shows that prevalence rates of disordered gambling among Blacks, Native, and Asian Americans are higher than Whites.

The varying prevalence rates may reflect, at least in part, cultural differences in gambling and its acceptability and accessibility.

Health Disparities

The factors that influence the socioeconomic position of individuals and groups within industrial societies also influence their health

The socioeconomic conditions of the places where persons live and work have an even more substantial influence on health than personal socioeconomic position

Health Disparities

Educational attainment and income provide psychosocial and material resources that protect **against exposure to health risks** in early and adult life

Persons with low levels of education and income generally experience increased rates of mortality, morbidity, and risk-taking behaviors and decreased access to and quality of health care

Community Profile Exercise: Springfield, Massachusetts

Springfield Population

SPRINGFIELD POPULATION DISTRIBUTION

Non-Latino White - 36.7%

Latino - **38.8%**

Non-Latino Black - 19.6%

Non-Latino Asian - 2.4%

Other Ethno-Racial Group - 2.5%

CHANGE IN SPRINGFIELD'S POPULATION COMPOSITION, 2000 TO 2010

Non-Latino White -24.3%

Latino 43.8%

Non-Latino Black 0.3%

Non-Latino Asian 26.5%

Other Ethno-Racial Group 1.4%

Mauricio Gastón Institute of the University of Massachusetts
Boston; Latinos in Massachusetts Springfield University of
Massachusetts, 2011

Latinos/as in Springfield

Labor Force

55.8% - Total workforce age 16 to 64, second lowest among all populations

20.8% - Rate of unemployment, highest among all populations

28.9- Rate of homeownership, lowest among all populations

Health

11.7% - Medical Insurance, highest among all populations

Latino rank within the highest in regards to obesity, asthma, diabetes, HIV diagnoses, and cancer

Mauricio Gastón Institute of the University of Massachusetts Boston; Latinos in Massachusetts Springfield University of Massachusetts,
2011

Latino in Springfield

Education

58% - School Population

14.4 %- Increase in student population from 2001-2011

17.5 – Amount of absent days, highest among all populations

15.6% - Out of school suspensions, second highest among all populations

49.9% -Graduation rate, lowest among all populations

Mauricio Gastón Institute of the University of Massachusetts Boston; Latinos in Massachusetts Springfield University of Massachusetts,
2011

Take Home Points.....

- Expand our normal lens that take into account the social determinates of health in the development of programs and initiatives
- Create a system to receive diverse input to gain various perspective that takes into account the following: cultural, environment, social, and community factors.

Thank you

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