

# Policy Discussion Paper on Problem Gambling

CCSA National Working Group on Addictions Policy

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This policy discussion document was prepared by John Topp, Ed Sawka, Robin Room, Christiane Poulin, Eric Single and Herb Thompson on behalf of the Canadian Centre on Substance Abuse (CCSA) National Working Group on Addictions Policy. The contributions of Jackie Ferris, Nady El-Guebaly, Miki Hanson, David Hewitt, Diane Jacovella and Wayne Mitic to the development of this document are also gratefully acknowledged. This paper was approved by the CCSA Board of Directors in November 1997. The views expressed in this document do not necessarily reflect those of other organizations to which members of the National Working Group on Addictions Policy belong. Communications regarding this paper should be directed to Professor Eric Single, 6 Mervyn Avenue, Toronto, Canada M9B 1M6.

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## 1. Issues

Gambling has grown extensively in recent years in Canada and elsewhere. As governments realize the profit potential of gambling activities, more and more jurisdictions have moved to state controlled gambling to generate much needed revenue. Governments are now involved in many forms of gambling, including casinos, lotteries of all sorts, video lottery terminals and slot machines. The involvement of the state has provided legitimacy to these forms of gambling and has resulted in gambling being present everywhere in Canada.

In North America, gambling has also been presented as a vehicle for financial autonomy in Native populations and as a major contributor to the financing of numerous community groups and activities.

Despite the huge influx of revenues from gambling, most legislative bodies have invested limited resources in the prevention and treatment of harm related to problem gambling. Since most gambling in Canada is regulated by government or para-governmental agencies, there is a clear responsibility for governments to adopt policies aimed at preventing and treating problem gambling. This situation is now recognized by a growing number of jurisdictions that have recently, or are in the process of, developing programmes concerning problem gambling.

Since there are similarities between problem gambling and substance abuse, policy recommendations concerning prevention and treatment often originate from the substance abuse field. It is with these considerations in mind, that the National Working Group on Addictions Policy decided to draft a policy statement on problem gambling. As with other issues, the Working Group does not adopt any moral position on gambling, but proposes policy measures aimed at preventing and/or reducing the harm associated with excessive gambling.

## 2. Definition of Problem Gambling

While gambling constitutes a harmless form of recreation for the vast majority of people, a small percentage of gamblers will experience difficulties in controlling their gambling behavior. These people can be categorized as problem or pathological gamblers. This condition was formally recognized by the American Psychiatric Association in 1980 and included in the DSM-IV.

Compulsive, pathological and addictive gambling are terms used to describe serious gambling problems. The terms are used interchangeably in the literature. A common definition of problem gambling is: "a progressive disorder characterized by a continuous or periodic loss of control over gambling; a preoccupation with gambling and with obtaining money with which to gamble; irrational thinking; and a continuation of the behavior despite adverse consequences."

In this paper, we will use the term problem gambling in referring to all the patterns of gambling behavior that compromise, disrupt or damage personal, family or vocational pursuits. This includes not only compulsive gambling but other gambling behaviour which can lead to adverse consequences.

## 3. Prevalence and Impact of Problem Gambling

Over recent years, studies have been commissioned to review gambling problems in a number of countries, including Australia, New Zealand, the United States, Germany, Holland, Spain and Canada. Most studies use a similar methodology consisting of the South Oaks Gambling Screen (SOGS) and/or the APA diagnostic criteria for pathological gambling.

In general, problem gambling prevalence rates are fairly similar throughout the provinces and are consistent with the rates observed in most countries. Combined rates of problem and pathological gambling average 3 to 5% across studies. The prevalence rates of problem gambling in youth are much higher than in adults, many studies found rates to be at least twice as high as in adult samples.

There are also indications that the prevalence rates of problem gambling increases as new forms of gambling are introduced. Thus, new forms of gambling, while providing additional revenues, also generate significant social impacts and costs. The uncontrolled spending, the resulting debts and the strategies employed to gain more money to gamble affect the individual, the family and society. Marital conflict or breakdown, and child neglect are often cited as costs to the family. Problem gambling also affects work performance. Loss of productivity and potential loss of job result from frequent lateness, absence from work, preoccupation with gambling debts and future gambling plans. These escalating losses can result in bankruptcy, crime or even suicide.

Pathological gamblers frequently have comorbid substance use disorders. Pathological gambling is also associated with significant and specific psychiatric comorbidity. A subset of pathological gamblers have comorbid antisocial personality disorder but they represent a minority when compared to those who have acquired their antisocial traits as a consequence of their gambling behaviour. A comorbidity with mood disorders is also probable.

## 4. Policy Recommendations

### 4.1 Principles

Given the social acceptance of gambling and the growth of the gaming industry, problem gambling will be an issue of increasing magnitude and concerns to Canadians.

There is a need for concerted action across jurisdictions to prevent and/or minimize the harm associated with problem gambling. The Working Group recommends that action be undertaken based on the following principles:

- **Shared responsibility:** All those with involvement in gambling, including the gaming industry, regulatory agencies, service providers and governments have a responsibility to address the negative consequences of problem gambling.
- **Enhancing individual and population health and well-being:** There is a need to offer a range of prevention strategies to the general public and treatment services to problem gamblers.
- **Commitment to communities:** To maximize access and efficiency of service, community based service delivery systems should be available. Legislation and regulation should be sensitive to community needs and values.
- **Evidence-based policies and programmes:** to ensure effectiveness and efficiency, policies and programmes to address gambling problems should be evidence-based, and should be revised on the basis of new evidence.

### 4.2 Strategies

Since gambling is a growing phenomenon and that an ever-increasing number of people are exposed to gambling, a special emphasis should be placed on prevention. The prevention of problem gambling must be aimed simultaneously at the general public and at at-risk groups, such as youth.

#### 4.2.1 Consumer education:

Consumer education on the impacts of problem gambling is a necessary first step. The general public must be made aware of the risks associated with gambling. These campaigns could aim at the general public (e.g., advertising on the television or in public transportation system) or be targeted to specific locations such as clinics and other community services. Relevant prevention strategies should be developed for specific at-risk groups and for new media such as the Internet.

#### 4.2.2 Youth

An emerging issue is that young people are especially vulnerable to problem gambling. The prevalence of high risk and problem gambling is higher in this age group and the adoption of this troublesome behavior in these formative years is a concern. Since a large and increasing number of young Canadians will be exposed at an early age to ever-increasing gambling opportunities, programs aimed at informing youth and significant adults of this phenomenon and strategies to teach them skills to counter problem gambling should be developed.

### **4.2.3 Limiting Harm**

Strategies aimed at people who are already involved in gambling should be made available. Services such as help-lines that provide information on problem gambling, counseling and referral should be accessible in all regions. Intervention training should be offered to gambling venue staff to help recognize signs of problem gambling and to intervene in a manner that is helpful and appropriate to the relationship with the patron. Pamphlets, stickers and other products on problem gambling and on related services should be visible in all gambling venues.

Self-exclusion strategies are also useful in helping people who cannot control their gambling. Problem gamblers can voluntarily have themselves barred from entrance to casinos for specified lengths of time.

Other measures aimed at reducing the development of problem gambling should also be considered. The availability of alcohol in gambling areas should be limited, since it affects judgment and can thus encourage problem gambling. Easy access to banking services should also be limited.

### **4.2.4 Treatment**

Considering the estimated prevalence figures of problem gambling and the increased availability of gambling, the requests for treatment will surely increase in future years. Access to specialized treatment will then have to be available in all regions. Since research and clinical practice in the treatment of problem gambling are evolving, new approaches should be monitored in light of emerging knowledge. The emphasis should be on cost effective outpatient approaches, matched as far as possible to the gambler's needs and circumstances. Programmes should also be available for families affected by problem gambling.

In an effort to maximize existing resources and expertise, treatment of problem gambling should be organized within the substance abuse field. There are similarities between the two target populations as a high percentage of substance abusers report problem gambling and vice-versa. In addition, the presence of substance abuse treatment services in most areas can provide an efficient and accessible response to this emerging problem.

Access to services also requires training of front-line professionals in the prevention, identification and treatment of problem gambling. Since services should be available as close as possible to the person's residence, training programs should be developed and made broadly available to addictions counselors and allied professionals in all areas.

### **4.2.5 Regulation of gambling and its promotion**

There should be a specific governmental responsibility for regulating gambling, in all its forms, and the promotion of gambling. This responsibility should be administratively separate from any government gambling enterprise. Regulators should seek a balance between the revenue and economic development goals of gambling, and their responsibilities to protect the health and well-being of individuals and the population. Explicit aims of gambling regulation should include minimizing

social and health problems arising from gambling, and the protection of those under age. All forms of promotion of gambling should be governed by regulations which require a balanced presentation of the potential harm or losses as well as potential gains for the individual from the gambling, and which minimize the appeal of gambling for those under age.

#### **4.2.6 Monitoring and research**

The response to gambling problems should be knowledge-based. As a basis for informed policy decisions, an appropriate methodology needs to be developed for evaluating the costs and benefits of gambling activities. There is a need for regular monitoring and other data collection on gambling patterns and problems and for systematic development, testing and application of improvements in treatment and prevention modalities and policy initiatives. As information is developed, it should be made publicly available.

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***[http://www.ccsa.ca  
/docs/wg-gam-4.htm](http://www.ccsa.ca/docs/wg-gam-4.htm)***