Alberta Gambling Research Institute Conference 2019: Blurred Lines in Gambling Research

Browne, Matthew; Clark, Luke; Cunningham, John; Hilbrecht, Margo; Johnson, Mark R.; Quilty, Lena C.; Rodda, Simone; Sanders, James; Tavares, Hermano; Tremblay, Joël...

Alberta Gambling Research Institute

http://hdl.handle.net/1880/110151
conference proceedings

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Learning from the Experts: Developing Priorities for Policy Setting to Reduce Harm from Gambling

Margo Hilbrecht, PhD | Gambling Research Exchange Ontario
Judith Glynn, MSc | Strategic Science

Alberta Gambling Research Institute 2019 Conference
Disclosure of Potential Conflict of Interest

**PRESENTER DISCLOSURE**

**Margo Hilbrecht, PhD**
- I have no potential conflicts of interest for my presentation. Gambling Research Exchange Ontario (GREO) occasionally receives knowledge translation project funding from outside organizations, including gambling operators and regulators. No such funds were received in relation to this project.
- GREO is funded by the Ontario Ministry of Health and Long-Term Care, which had no involvement in this project. The views expressed in this presentation are the authors’ and do not necessarily reflect those of the Ministry of Health and Long-Term Care.

**Judith Glynn, MSc**
- I have no potential conflicts of interest for my presentation.
- Strategic Science has received funding from public sector and broader public sector organizations that include crown corporations that operate and/or regulate gambling. No such funds were received in relation to this project.
Background to the project
How we got here

GREO led Research and Policy Forum, Oct. 2017

• What do we mean by gambling harms?
• What do harms look like in Ontario?
• What are the priority harms to target?
• How do we measure impact of investment in PG and RG programming?
• How will addressing harm be linked to comorbidities?
What does the evidence tell us about harm and comorbidity?

- Harm occurs across the risk spectrum
  - Low to moderate risk gamblers responsible for most harm at the population level
  - Prevention paradox
- Not limited to gamblers, but also affects significant others, communities, society
- Extends across multiple life domains and can be transmitted across generations
- Public health model addresses whole population with a goal of healthy communities, resilient and healthy individuals, focuses on behaviours and environments, and develops evidence-based policy

- Some harms result from or are worsened by a combination of mental health and addiction disorders
- 96% of problem gamblers will have at least one co-occurring mental health or addiction disorder in their lifetime, 64% will have more than three co-occurring disorders
- Most common mental health and addiction disorders comorbid with problem gambling are substance use (76%), anxiety (60%), depression (56%) and impulse control (42%)

(Browne et al, 2016; Langham et al., 2016; Browne & Rockloff, 2018; Dowling et al., 2015; Kessler et al, 2008; Lorains et al., 2011; Productivity Commission, 2010 Yakovenko & Hodgins, 2018)
Project purpose

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, with the goal of reducing gambling related harms at the individual, family, community, and provincial levels.
1. How do researchers conceptualize gambling-related harm?
2. Which harms are seen as priorities for policy intervention?
3. What are the most effective ways to measure gambling-related harm and evaluate interventions?
4. Which organizations are best positioned to prevent, reduce, and/or mitigate harm from gambling?
5. What strategies are most effective in mitigating harm?
Stage One: Consulting with Research Experts

1. How do researchers conceptualize gambling-related harm?
2. Which harms are seen as priorities for policy intervention?
3. What are the most effective ways to measure gambling-related harm and evaluate interventions?
4. Which organizations are best positioned to prevent, reduce, and/or mitigate harm from gambling?
5. What strategies are most effective in mitigating harm?
Theoretical underpinnings

Conceptual Framework of Gambling Harm

The study: How do we identify, measure, and monitor gambling-related harm in Ontario?
Participants

• 10 leading international experts on gambling-related harm
  • First author of article about gambling-related harm in an academic journal published during the past three years
  • And/or received government funding to study gambling-related harm
  • Conducted research related to harm for at least three years
• Ethics approval from University of Waterloo Office of Research Ethics (ORE #22826)
• 100% participation in both phases
Phase One: Delphi

To achieve consensus on solutions to complex problems

- Invites anonymous expert input
- Controlled feedback of opinions
- Structured, anonymous group communication
- Statistical measures of group responses

Guided by Delphi health research approach (Trevelyan & Robinson, 2015) and policy Delphi (Bonnemaizon, Cova & Louyot, 2015)

- Three rounds of questionnaires
- Consensus: along a 7-point scale, group median = 5 or 6 (disagreement median = 2 or 3); inter-quartile range at $\leq 2.0$

- Of 40 statements, achieved consensus on 23, no consensus on 14, and ambivalent on 3.
Phase Two: In-depth interviews

- Priority harms
- Follow up on areas of Delphi disagreement
- Measuring harm
- Attributing change to policy setting
- Other health challenges and conditions that could benefit from addressing gambling harm
- Stakeholder roles in harm prevention strategies

DATA ANALYSIS:
- Qualitative description, as outlined by Sandelowski (2000, 2010)
- Focus on descriptive and interpretive validity
- Most relevant to intended final audience of policy makers
- Participants assigned gender neutral pseudonyms
What we learned
Insight #1: Delphi findings

• Agreement on harms definition

• Continue to use the Conceptual Framework of Gambling Harm to guide the project

  “There is no reason to assume Ontario differs from other western jurisdictions on the harmful impact of gambling.”
  (Morgan, R1)

• Selected harms should be seen to affect quality of life

  “Defining harms as decrements to health and wellbeing should avoid the inclusion of trivial inconveniences.”
  (Robin, R2)

• Consideration of context

  “We also need to be careful about who gets to decide what is ‘trivial’. There is a subjective element to the experience of harm.”
  (Darcy, R2)

• Attributing change in harm levels is difficult to due complexity and interrelatedness of causal influences and comorbid conditions

  “Co-morbidity and causality are legitimate challenges.”
  (Jamie, R2)

• Targeting generational and intergenerational harm is important, but difficult to measure

• Some tension surrounding who to include – all gamblers or maintain focus on people with gambling problems, priority populations
If you went mathematically, you'd actually go for the low risk because it's the biggest group contributing the most harm and if you can capture it at low risk, then you stop it escalating. However, when you've got people whose lives are literally on fire in terms of problematic gambling, how do you walk away from that?

- Darcy
Who should be prioritized in harm reduction efforts?

If you try to push too hard towards some specific groups, then you might get others to think that it's not their problem.

- Sandy
As best we can tell, there is as much or more harm being experienced by the people around the gamblers and the spouse, if they have one, or their immediate family members, but mostly the spouse.

- Sandy
Insight #2: Priority harms for policy intervention: A detour

1. Financial
2. Emotional or psychological distress
3. Relationship conflict or breakdown
   • Then, decrements to health, reduced performance at work or study, criminal activity

Disagreement
• Cultural harm
I think it's the economic consequences because that leads to mental health deterioration… Money rules, it’s sad but I think it's true.

- Devon

If you don't have the unsustainable financial losses, you almost certainly won't have the sort of harms in some of these other domains.

- Sandy
I would pick reducing excessive expenditure and excessive amounts of time. And my pause is really around the fact that the adjectives are not well defined [excessive]. But those would be the two areas that, if you were successful at impacting those areas, then the emotional consequences and the family consequences, and some of the other consequences would, because of the association with those factors, be reduced.

- Terry
What they couldn’t reconcile, or normalize, or accept, or make peace with was the emotional harms … The shame, the feelings of low self-worth, and the harm they did to the people they loved, and the damage to the relationships, the trust that could never be repaired... those things, I don’t think we even begin to understand how impactful they are, or how pervasive they are over time.

-Darcy
Insight #3: Use a systems-level approach

Begin by assessing political will

“What sort of interest and impetus and efforts do policy makers have right now in this initiative?”

(Taylor)
Insight #3: Use a systems-level approach

Begin by assessing political will

“I think if you get a few key health people on board and politicians, of course, they then experience an interest and some influence in it being picked up fully by health...I mean the one or two key officials can, I am sure, make it so the advocating works.”

(Chris)
Insight #3: Use a systems-level approach

Then integrate stakeholder roles for maximum impact

“I still think the biggest thing that can be done is around the regulation of the provision of the products... so you can put all the public health things out there in the world, but if the regulation isn't consistent with the harm reduction approach, then it's sort of working against you”

(Darcy)
“I think the value of this project is the attempt to facilitate an overall strategy that incorporates involvement with different stakeholders and I think for an issue as complex as this, that’s the right approach. So I think the different stakeholder groups are going to have a different role in that but I wouldn’t want to develop different strategies for different stakeholders. It’s more like—how are they all participating in this overall strategy?...I think it all needs to be connected somehow.

- Terry
Addressing gambling harm by targeting comorbid conditions

“I think that depression, stress related problems… they are the keys issues.”
- Morgan

“Tobacco use and alcohol use and then the third on the list would be depression”.
- Kelly

“Well, if you look at inequality, marginalization, more so deprivation, I mean that really is the driver of the drivers. That is an underlying factor that is powerfully influential.”
- Chris

Work toward integrated care strategies
“Dealing with the mental health issues would have a more pervasive impact. It would be a more indirect way of dealing with problem gambling, but a more direct way of dealing with mental health issues and, to some extent, other addiction issues. And it really has a major impact on chronicity. So, ramping up all mental health intake systems, alert systems, and offering interventions in a more pervasive way would, in fact, have a more pervasive impact on harms across all sectors.”

- Taylor
“It’s hard, isn’t it, because I guess you could focus on gambling participation and attitudes towards gambling, and try to focus your messaging and your harm reduction efforts to affect and reduce gambling participation, but that doesn’t really tell you whether you’re affecting gambling related harm, it just tells you if you’re driving gambling participation down. So I think that’s why you need a whole basket of measures, you can’t just look at one thing.”

- Kelly
An indicators approach to measurement

• Recommended an **indicators of harm** approach rather than harm measurement

• **Potential measures – general population**
  - Gambling Participation Instrument, risk prevalence (PGSI) → CCHS-RR module
  - Gambling expenditure – Survey of Household Spending, operator data
  - PPGM (harms questions), Short Gambling Harm Screen (SGHS)
  - Ontario Student Drug Use and Health Survey (OSDUHS)

• **A multi-sectorial approach:**
  - Gambling helpline calls, credit bureau, financial institution, Superintendent of Bankruptcy, OLG loyalty card data, RG Check accreditation data, CAMH Monitor
  - Look for evidence related to the drivers of gambling and gambling related harm that could inform interventions (e.g. health treatment data)
  - Measure **safe gambling** practices
“I don’t think I have any [suggestions] that are easy.”

(Chris)

Harm from gambling is one part of a complex puzzle with links to social determinants, comorbid conditions, and other vulnerabilities.

Little attribution to specific initiatives, but support for a multi-pronged approach.

The need for ongoing prospective research.
Insight #5: Evaluation and Attribution

Harm from gambling is one part of a complex puzzle with links to social determinants, comorbid conditions, and other vulnerabilities.

Little attribution to specific initiatives, but support for a multi-pronged approach

The need for ongoing prospective research

“Separating it out, getting the attributable fractions for it is incredibly difficult. That’s actually used against a lot of these strategies, to say ‘Oh, well how do you know it’s the gambling?’”

(Darcy)
Insight #5: Evaluation and Attribution

Harm from gambling is one part of a complex puzzle with links to social determinants, comorbid conditions, and other vulnerabilities.

Little attribution to specific initiatives, but support for a multi-pronged approach

The need for ongoing prospective research

“I do believe in a lot of these inoculation things, it’s just that exposure to these things creates more wariness and knowledge and aversion, and that’s the prime driver. But I’ve got to believe that some of the responsible gambling initiatives have helped accelerate this decline, but they don’t seem to get much credit for that.”

(Taylor)
Insight #5: Evaluation and Attribution

"The longitudinal studies are important because partly you’re sorting out the issue of chemical sequence, the chicken or egg, which in a cross-sectional study is virtually useless… So I think the other longitudinal studies are very important and of course if you can get experiments or natural experiments too, that can be helpful."

(Chris)

Harm from gambling is one part of a complex puzzle with links to social determinants, comorbid conditions, and other vulnerabilities.

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The need for ongoing prospective research.
Stage One Summary

• The Delphi phase provided **focus and direction**; interviews gave a **deeper and more nuanced understanding** of potential challenges and possibilities

• **Conceptual Framework of Gambling Harm** – useful for study framing, but not all dimensions addressed equally
  
  o Financial, psychological/emotional distress, and relationship conflict most central
  
  o Temporal resources overlooked in model
  
  o Generational and intergenerational harm very important but difficult to measure

• Sensitivity to challenges when considering priority populations – stigma, “it’s not my problem”

• Strong recommendations for **integrated harm reduction strategies** from multiple stakeholders

• Possible and preferable to reduce gambling harm while **addressing other health conditions and behaviours**

• Focus on measuring **indicators** of harm

• Close alignment with the **Public Health model** for understanding gambling policy
Progress to date

• Summary of research experts’ advice presented to policy makers
• Follow-up interviews with policy makers to gauge interest, priorities, and potential hurdles
• Preliminary strategy to connect harm dimensions to indicator measures
• Generative discussion about indicators and stakeholder roles with policy makers
• Ongoing Researcher Advisory Group and Policy Advisory Groups formed
References


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ON BEHALF OF
GAMBLING RESEARCH EXCHANGE ONTARIO

Thank You

For more information contact margo@greo.ca