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

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Downloaded from PRISM: https://prism.ucalgary.ca
Internet interventions for gamblers

Any evidence it is a viable option to provide help?

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Centre for Addiction and Mental Health
Disclosure of Potential Conflict of Interest

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  – Canadian Institutes for Health Research
  – Manitoba Gambling Research Program of Manitoba Liquor and Lotteries
  – Canada Research Chair in Addictions
Why is this important?

• The majority of people with gambling concerns never seek help
• Waiting lists, treatment dropout
• Not all people with gambling concerns are pathological gamblers
• Many people with gambling concerns are interested in self-help materials
But do they work?


– No definitive research to-date
– Today’s presentation: Our recent work on this topic

**STUDY 1**
Purpose

- Will participants assigned to an extended online intervention show greater improvements in gambling compared to those assigned to a brief intervention?
  - Extended intervention – online version of gambling self-change tools
  - Brief intervention – Check your gambling
Extended intervention
Online Tools For The Gambler

If you feel that you might have a problem with gambling, this program will help you to explore your gambling behavior and to develop ways to change or stop it completely. Completing the following interactive exercises will help you become more self-aware and teach you skills for gaining greater control of your gambling.

Please remember that these are self-help tools. What information you enter online will be anonymous and will not be reviewed by a therapist.

2. Making Your Decision: Helps you define your goal of either cutting back or quitting.
3. Reaching Your Goal: Helps you develop and implement plans for reaching your goal.
4. Maintaining Your Goal: Discusses ways to help you stick with your goal.

You can view and complete the sections and exercises in any order you want. However, the program will make most sense if you complete them in sequence.

<table>
<thead>
<tr>
<th>Self Assessment</th>
<th>Status</th>
<th>Completed</th>
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<tbody>
<tr>
<td>Is there a problem?</td>
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<td>09/03/11</td>
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<td>Negative Consequences of Gambling</td>
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<td>In progress</td>
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<td>Understanding Your Gambling</td>
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<td>Get started</td>
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<td>Identifying Your Reasons for Gambling</td>
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<td>Get started</td>
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<table>
<thead>
<tr>
<th>Making Your Decision</th>
<th>Status</th>
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<tr>
<td>Benefits and Costs of Gambling</td>
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<td>Get started</td>
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<tr>
<td>Quitting or Cutting Back?</td>
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<td>Get started</td>
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</table>
Telling Others of Your Plan

It is very helpful to tell those around you about your goal to stop gambling. Gaining support will help you share the burden.

Make a list of people who you will tell (or have already told) about your plan and who will support you:

You have 500 characters remaining
Brief intervention

How does my Gambling Compare to Others?

Now take a look and see how the gambling activities you take part in at least once a month compare to other Canadian adult men. The highlighted section outlines where you fit:

![Pie chart showing gambling frequency]

65.6% Never in the past year
0.6% Daily
2.8% 2 to 6 times a week
5.5% About once a week
3.4% 2 to 3 times a month
5.2% About once a month
13% 1 to 5 times a year
4% 6 to 11 times a year

You told us that you buy instant win/scratch tickets or daily lottery tickets about once a week. This means that you buy instant win/scratch tickets or daily lottery tickets more often than 91.2% of Canadian adult men.
Methods

• Participants recruited through print and online media
  – Concerned about their gambling and interested in web-based self-directed treatment
  – 18 or older, PGSI of 3 or more, perceive a gambling problem, gambling in past month, not currently in treatment or GA, could access website
• Telephone baseline and follow-ups (3-, 6- and 12-months)
• $25 gift certificate for each follow-up
Baseline characteristics

• 386 assessed for eligibility
• 187 were eligible and randomized
  – 47 years old, 53% male, 89% some post-secondary education, 30% married/common-law
  – Mean PGSI score 17.0 (5.3), 37% previous treatment
  – Primary concerns
    • Casino games (37% of sample)
    • Electronic gambling machines (58% of sample)
Follow-ups

• 84% completed ≥ 1 fu; 78% completed 12-month fu
• 57% accessed their assigned intervention website
  – Extended intervention: 69% accessed at least 2 of the 6 modules
• Primary outcome variables
  – NODS
  – # days gambling in past month
NODS Scores over time

- Baseline
- 3-months
- 6-months
- 12-months

NODS Scores

- Brief Intervention
- Extended Intervention
# of days gambled in the past month over time

Baseline 3-months 6-months 12-months

# of days gambled

Brief Intervention

Extended Intervention

Baseline 3-months 6-months 12-months

**STUDY 2**
Purpose

• Pilot test extended intervention vs nothing
• To test the feasibility of recruiting for gambling Internet intervention trials through MTurk
  – Mechanical Turk is an online portal operated by Amazon
  – ‘requesters’ (individuals or businesses) can submit jobs for ‘workers’ (more than half a million people who have signed up to complete jobs on Mturk; USA) to complete for pay.
  – Essentially anonymous
Methods

• Stage 1: Advertisement and screener
  – Advertisement: ‘Survey on people’s gambling’
    • $1.50 payment, less than 15 minutes
    • Duration of recruitment: 8 days
  – Screener: 18 years or older, weekly gambler (N = 5,127)

• Stage 2: Baseline survey
  – 3016 potential participants completed baseline survey
  – 913 found eligible based on study-specific criteria (PGSI of 5 or more; thinking about cutting down or quitting)
  – 28.4% of eligible participants removed (e.g., incorrect attention checks)
Methods: RCT recruitment

• Invite to take part in follow-ups (n = 654)
  – 6-week ($5) and 6-month ($10)
  – Mention that some will be asked their impressions of additional materials
  – Those agreeing sent link and password (n = 634)

• Those using password randomized to:
  – Gambling intervention (n = 151)
  – No intervention control condition (n = 170)
    • questionnaire that asks the participant what components of an online intervention they might find useful
Baseline characteristics

- Of those who were eligible, agreed to participate, and logged onto website (N = 321)
  - 37 years old, 45% male, 70% some post-secondary education, 72% full-time employed, 50% married/common-law, 79% white
  - Mean PGSI score 11.5 (5.0), average of 17 days gambled in past 30, 48.3% ever accessed help
  - Primary concerns
    - Instant or scratch tickets (66.7% of sample)
    - Slot machines (54.2% of sample)
    - Lottery-type games (51.4% of sample)
    - Casino games (31.5% of sample)
Follow-up

• Follow-up rate: 87% 6-week; 88% 6-month
• Use of the intervention was minimal
  – 8.6% logged into intervention more than once
• Primary outcome variables
  – NODS
  – # days gambling in past month
  – G-SAS
• No evidence of impact of the intervention
NODS scores over time

- Control
- Intervention

Baseline  6-months
# days gambled in the past month over time

Control

Intervention
GSAS scores over time

Baseline 6-weeks  6-months

GSAS scores

Control
Intervention

Baseline  6-weeks  6-months

**STUDY 3**
Purpose

• Comorbidity between gambling concerns and depression and/or anxiety is common
• There is a need to develop alternative options for care for the many people who are unable or unwilling to access face-to-face treatment
• Current study:
  – Evaluated whether it was helpful to provide simultaneous access to both an online gambling intervention and an Internet intervention for mental health difficulties
GamHealth Dashboard

Welcome back to your GamHealth dashboard.

It's great that you have logged back in to access the e-couch gambling modules and the moodgym program.

Click on a link below.

e-couch gambling modules

- **Module 1. Self-Assessment**: Understand the extent and nature of your problem
- **Module 2. Making Your Decision**: Define your goal
- **Module 3. Reaching Your Goal**: Look at how your thinking patterns affect your gambling
- **Module 4. Maintaining Your Goal**: Prepare against slip-ups and develop a plan
- **Workbook**: Review exercises from the modules

moodgym program

- **Feelings module**: Unwinding module
- **Thoughts module**: De-stressing module
- **Relationships module**: Workbook

a go to the last page you visited
Feedback

The Problem Gambling Index (PGI) score shows whether a person's gambling should be considered a problem. Higher scores usually mean serious problems. The chart is in the shape of a pyramid to show that there are more people with low PGI scores than high ones.

My PGI score

Your PGI score is 11. The green area of the chart shows where your score falls.

A PGI score of 11 or more suggests that you are a problem gambler. A person scoring in this range may be gambling excessively and is experiencing a substantial level of gambling-related problems.

You told us that the problems in the last year resulting from your gambling include:

- Betting more than you could really afford to lose (Sometimes)
- Needing to gamble with larger amounts of money to get the same feeling of excitement (Somewhat)
- Going back another day to try to win back the money you lost (Sometimes)
- Borrowing money or selling anything to get money to gamble (Sometimes)
- Feeling that you might have a problem with gambling (Somewhat)
- Having people criticize your betting or tell you that you have a gambling problem, regardless of whether or not you thought it was true (Somewhat)
- Feeling guilty about the way you gamble, or what happens when you gamble (Sometimes)
- Your gambling caused you health problems, including stress or anxiety (Most of the time)
- Your gambling caused financial problems for you or your household (Most of the time)
3. Telling others of your plan

It is very helpful to tell those around you about your goal to stop gambling. Gaining support will help you share the burden.

Exercise: My support team

<table>
<thead>
<tr>
<th>Who can I tell?</th>
<th>Why have I chosen this person?</th>
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Add another

Submit
Life Whacks: Plan of action

Next you’ll draw up your plan of action for changing those Life Whacks that can be changed.

An example:

IFFY indicated that the following Life Whacks had happened to her in the last 12 months:

- You had a minor illness or injury like one needing a visit to a doctor or a couple of days off
- You became engaged or began a close relationship
- You broke off your engagement
- You broke off a close relationship
- You had increasing arguments or difficulties with your close friend
- You had a big change in the people, duties or responsibilities in your work
- You started in a completely different type of job
- You moved house in the same city
- Something you valued or cared for greatly was stolen or lost

IFFY’s Life Whacks score: 9
IFFY’s score with the distressing rating: 12

IFFY’s plan of action:

“Let me see... I couldn’t do much about getting the flat... that just happens. I had to move out of my flat because the lease finished and they wanted the place back. I was glad to move anyway because the security system was poor and some of my favourite jewellery (including an antique brooch my grandmother gave me) was stolen earlier this year.

I’ve had a bad year with boyfriends and I can see that is where most of my points come from. I broke up with two guys I really like this year. Well, to be totally honest they broke up with me.

My plan of action is to work on my own need for love and approval using the worry thoughts techniques that I’ve been practising at moodgym. Mind you I’m not hopeful... however, I know that I can avoid hassles at work if I relax and not try to get ahead yet. That way I will avoid stress even good stress at work.”
**Strategy 1: Contest those warpy thoughts**

Relationship break-ups play havoc with your self-esteem.

Remember **WUTIFAVE? What-you-think-is-what-you-feel...**

If you think your relationship failure was his/her fault, you will feel angry. If you think that the relationship was your fault you will feel either guilty or depressed. If you think more accurately about the break-up - this will improve the way you feel.

Contest warpy thoughts by replacing them with more accurate statements.

Practise replacing warpy thoughts in the interactive below.

**Interactive: Warpy thoughts and their replacements**

Warpy thought: The person can’t leave me because I don’t want them to and we were so happy...

Replace with

This person can leave me (they are leaving me) and we can’t have been happy. I may have been happy but they certainly weren’t so we didn’t have a good relationship. I must realise that they were not satisfied.

Result: You should feel less angry and more in control.

[Next Warpy Thought →](#)
Methods

• Participants who were concerned about their gambling were recruited using online advertisements
• Identified those who met criteria for current problem gambling (concerned about gambling, PGSI of ≥ 3)
• Randomized to one of two conditions – online intervention for problem gambling (G-only) VS online problem gambling intervention and an intervention for depression or anxiety (MoodGYM; G + MH)
• Baseline assessment included measures of current psychological distress
• Participants were followed up at 3- and 6-months
Baseline Characteristics

Of the 283 participants:

• Average of 40.7 years old, 45.6% male, 58.2% some post-secondary education, 72.1% full-time employed

• Average PGSI score of 16; 13.0 days gambling

• Most reported gambling concerns: 55.8% VLTs, 50.9% slot machines, 26.5% instant or scratch tickets, 25.4% casino games, 17.0% lottery-type games

• 75.6% reported psychological distress at baseline (> 22 on the Kessler 10)
Follow-up

• Follow-up rate: 38.2% (n=108) 3-month; 35.7% (n=101) 6-month

• Average logins to interventions:
  – G-only 1.6 logins (range: 0 to 13)
  – G + MH 1.7 logins (range: 0 to 19)
  – No sig. difference in logins between gamblers with comorbid MH and without comorbid MH
NODS scores over time among gamblers with co-occurring MH symptoms

- G-only
- G + MH
NODS scores over time among gamblers without co-occurring MH symptoms

- NODS scores over time among gamblers without co-occurring MH symptoms.

- Baseline, 3-months, 6-months.

- NODS scores for G-only and G + MH.

- Graph showing NODS scores over time with lines for G-only and G + MH.

STUDY 4
Purpose

• Current study:
  – Evaluated whether it was helpful to provide simultaneous access to both an online gambling intervention and an Internet intervention for unhealthy alcohol use

• Method – same as Study 3
Final Report For Trevor

The average number of drinks you reported consuming per week was 20.

How do you compare to males your age from Canada? The highlighted slice of the pie chart below is where your drinking fits compares to other males in your age range from Canada.

Average drinks per week for males aged 35 - 44 from Canada

Within the last twelve (12) months:
- You reported drinking on approximately 71.4% of days in the last year.
- You reported that you drank a total of 1040 drinks in the last year.

This also means that:
- You spent approximately $5200 in the last year, depending on where you drank (at home, in a bar, etc.).
- You consumed (on average) 400 calories from alcohol on days that you drink. Based on the total amount of drinking you had enough alcohol to add roughly 30 pounds or 14 kilograms to your weight in the last year. Note: One drink has about 100 calories and 3.500 calories roughly equals 1 extra pound of weight.
- You also reported that within the past year, the greatest number of drinks you had on one occasion was 12 drinks.

Your Drinking Patterns

The following graph outlines how your weekly alcohol consumption rates compare to other males in your age range from Canada.
Initial results

Of the 282 participants:

– Average PGSI score of 13.1; 13.0 days gambling
– 41% drinking in an unhealthy fashion at baseline
– 64.9% reported psychological distress

• 80% follow-up rate at 3-months
• Reduction in gambling over time
• No impact of CYD on gambling or drinking
Summary

• No clear evidence of effect of the intervention
• Studies are probably underpowered
  – Similar studies with unhealthy alcohol use powered for a small effect size
    • Hard to recruit problem gamblers
  – Limited use of the intervention
  – Paper and pencil materials trial had some therapist support
• How well do materials translate into online format?
• Level of psychological distress a concern

❖ Personal conclusion: Can’t see why the interventions would not work but there is no clear evidence of effect as of yet