

Examining preventive programs that address risk for problematic gambling among adults aged 60 years and greater

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BACKGROUND

- In 2015-2016, Nova Scotians wagered \$1.4 billion in gambling through lottery tickets, video lottery terminals, bingo, and casinos.¹
- Problematic gambling: the behaviours of people who are experiencing negative or harmful consequences in their daily life as a direct result of their gambling habits.²
- Unique factors increasing risks of problematic gambling by older adults: living alone, seeking social interactions, being retired and having more leisure time.^{3,4,5}
- Lack of problematic gambling prevention strategies to address the complex factors that impact older adults.^{6,7}

RESEARCH QUESTION & OBJECTIVE

- How do preventive programs address risk for problematic gambling for adults 60 years and older?
- To advance understanding of current older adult gambling prevention strategies in Nova Scotia through the perspectives of key stakeholders working in the field.

METHODS

Participants & Recruitment

- n = 9: professionals with knowledge and experience in the field of harm reduction, prevention, mental health and addictions, as it pertains to gambling.
- Locations: Kings County, Halifax Regional Municipality and Cape Breton Regional Municipality.
- Recruitment was based on purposeful sampling via email, and snowball sampling approaches.

Data Collection & Analysis

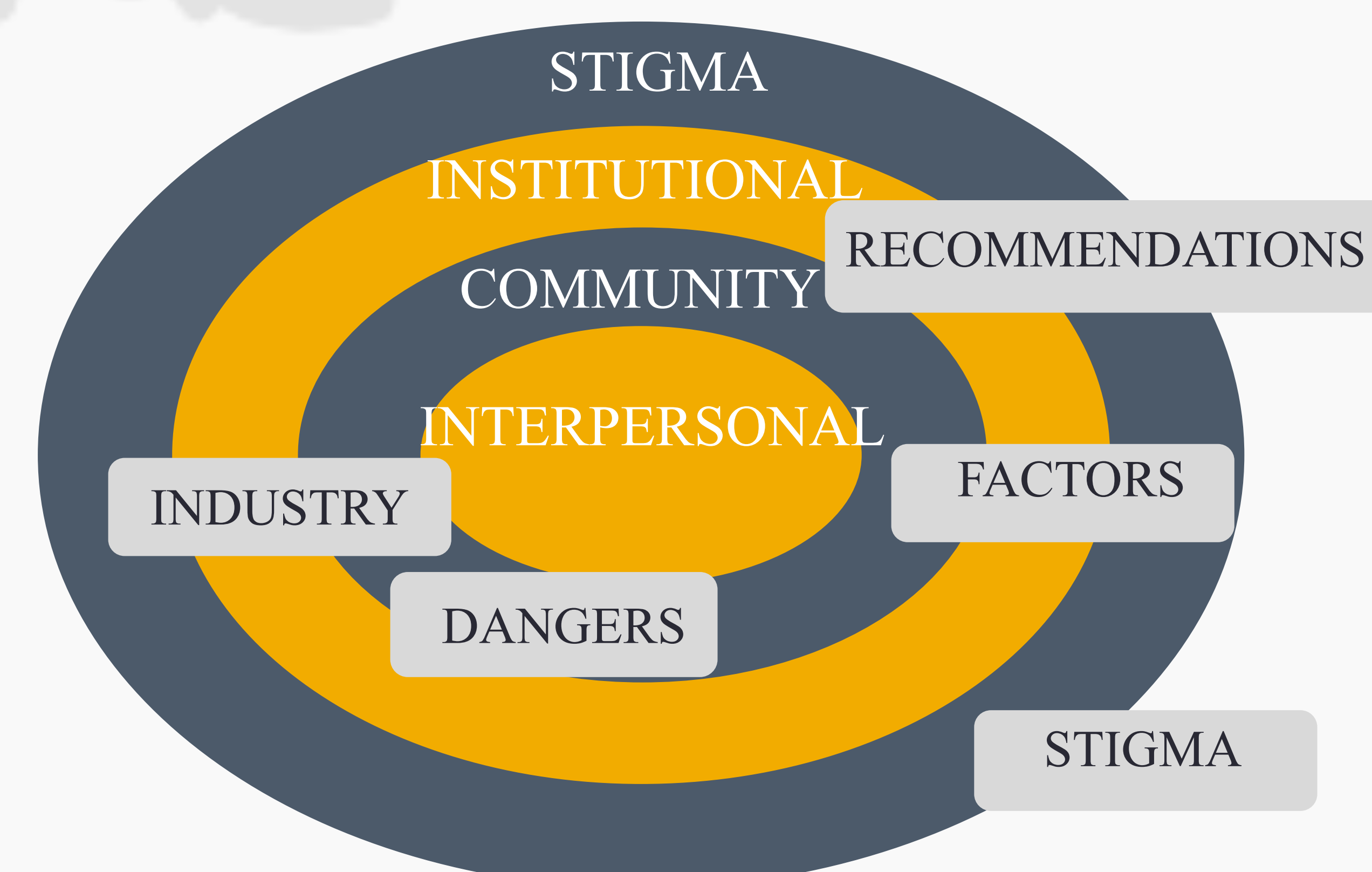
- In-person, qualitative, semi-structured interviews conducted between September and November 2017.
- Interviews were audio-recorded and transcribed.
- Thematic analysis used.

RESULTS

Table 1. Five Themes and Exemplar Quotes

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| Dangers & "Benefits" | <i>P5: "... gambling with friends and family- great way to spend time together...your risk increases just because of the pace of the activity itself and the amount of money you can wager. P9: "...you are seeing mental health issues, physical issues, injury and suicide is unfortunately one of those things, loss of relationships, loss of productivity..."</i> |
| Contributing Factors | <i>P4: "primary risk factor is social isolation...gambling becomes normalized as an opportunity for fun and excitement and I think they do initially with the casino in particular the chance to gain back a social network."</i> |
| Stigma Associated with the Hidden Problem | <i>P7: "People know about our services, they are choosing NOT to come. That's not a reflection of our services that's a reflection of the experience of shame that people have when they have problems...people are so embarrassed and shameful when they have an issue with gambling."</i> |
| Industry Motivation/Conflict of Interest | <i>P2: "Well more informed policies the biggest problem currently is the conflict of interest, the people who are regulating are making the money."</i> |
| Recommended Actions | <i>P2: "So actually bringing back something that works and having the guts to implement it and be willing to reduce revenue to reduce harm, because revenue is a measure of harm..."</i> |

Figure 1. Theme Relationships on Social Ecological Model



DISCUSSION

- Participants from all locations and professional backgrounds suggested similar strategies, recommendations and contributing factors.
- Many people discussed how gambling harm reduction strategies are often lumped in with alcohol or drug prevention programs. Of those, many of the provincial harm reduction programs are focused on youth rather than older adults.
- The stigma associated with problem gambling in Nova Scotia was a major theme. It was described as having a large impact on what makes older adults more vulnerable as well as impacting what can be done for those who need help. The belief that gambling is not a public health issue has permeated our culture.
- A major barrier to preventing program gambling among older adults is the lack of surveillance, monitoring and data collection. Stakeholders acknowledged this gap and explained that the problem cannot be fixed without the necessary evidence.
- The success of prevention strategies often relies on proper implementation. The main example of this being, the "failure" of the MyPlay system.

IMPLICATIONS FOR PRACTICE

- The conflict of interest between government revenue and best practice for health promotion must be resolved for successful implementation of harm reduction programs.
- Future changes to health promotion policy should focus on health equity, a deeper understanding and consideration of the factors making older adults more vulnerable.
- Consideration of how gambling is advertised, accessed and made available to older adults is key to properly reducing harms.

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