

Tremendous Commercial Expansion

Gambling a significant public health issue

Comprehensive prevention strategies, based on public health principles and experience, not in place

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In the past two to three decades there has been a tremendous expansion in commercial gambling in many countries, with the result that gambling is now a global, corporate industry with tremendous financial and marketing power. Governments have been an active partner in this expansion due to the revenue-generating potential of gambling.

The result in many jurisdictions, including Nova Scotia, is that gambling has become socially normalized and continuous electronic forms of gambling (e.g. VLTs) have, to a great extent, replaced older forms of gambling such as bingo and horse racing. These newer forms of gambling have a much higher risk of problem development and occur in increasingly socially dislocated environments. Furthermore, the commercialization of gambling means that profits go to large corporations rather than being left in communities. The outcome has been that gambling is now a significant public health issue with substantial health, social and financial impacts on Nova Scotian communities.

In most jurisdictions, including Canadian provinces, the response to gambling harms has consisted mainly of a focus on individual education, corporate “social responsibility” and problem gambling treatment services. There has not been the adoption of comprehensive prevention strategies based on public health principles and experience.

Health promotion and prevention research for addressing harms resulting from alcohol and other substance use has had a longer history than gambling. The evidence for what works and what does not is increasingly clear in these areas; consequently, it has been suggested that gaps in the younger science of gambling problem prevention are best filled by findings from this closely-related field. The evidence is conclusive. Education campaigns and social responsibility messaging alone are not effective strategies. A comprehensive approach must entail population-level policies and approaches. Additionally, efforts to develop treatment responses to problem gambling need to be balanced with equal efforts in developing public health responses.

Researchers and advocates in New Zealand have developed a public health framework to minimizing gambling harms⁽¹⁾ and the Department of Health Promotion and Protection used this framework in guiding the health system’s input into the recent consultations on the renewal of Nova Scotia’s gaming strategy.

Within the framework are three main areas of activity: harm minimization, health promotion, and structural determinants.

Harm minimization initiatives that apply evidence-informed strategies for modifications to:

- the gambling environment (e.g. decreasing the changing the number or location of VLTs)
- the product (e.g. slowing VLT speeds; lowering bet limits; requiring the use of player card technology)
- consumer knowledge that facilitates reductions in hazardous play (e.g. social marketing that de-normalizes the high-risk gambling forms)

Health promotion emphasizes the building of community capacity, knowledge, and resilience on the basis that an empowered community will be able to respond to issues and make recommendations that improve the health outcomes for their community. This work is directed at building the ability of communities to use their collective voter and consumer power to enact change.

Structural determinants focus directly upon government's responsibility to protect health in an environment of government-directed revenue generation. Advocacy from within and outside of government, surveillance on gambling patterns as well as impacts, tracking the amount and flow of gambling profits and building greater structural accountability into regulatory processes underpin action on the structural determinants. Ultimately, there is a need for governance and policy development structures that allow for a better balance of revenue-generation and protection of the public.

As evidenced with tobacco-control, the individual and collective voices of physicians can be a powerful influence in gambling policy discussions.

References

1. Adams P J. Raeburn J. deSilva K. A question of balance: prioritizing public health responses to harm from gambling. *Addiction*. 2009; 104: 688-91