

Evidence-based interventions to address problem/disordered gambling among people experiencing homelessness

What this research is about

Homelessness and problem/disordered gambling (PDG) are serious social and public health issues. Disordered gambling is a behavioural addiction that can lead to a wide range of negative consequences. The term problem gambling has been used to describe the experience of gambling problems at a level below the clinical threshold for disordered gambling. Homelessness is recognized as a lack of stable, safe, or permanent housing.

Evidence is emerging on the relationship between PDG and homelessness. PDG has been found to be more prevalent among people experiencing homelessness than in the general population. The link between PDG and homelessness is complex, as homelessness can be a consequence of or a risk factor for PDG. This article is a commentary on evidence-based screening and interventions for addressing PDG among homelessness populations. It identifies current gaps in knowledge and practice and presents a call to action.

What the researchers did

The purpose of this commentary is to look at the current status on evidence-based screening and interventions for PDG among homeless populations. The authors searched 10 academic and 8 grey literature databases. The search spanned from January 1993 to December 2023. It was limited to articles written in the English language.

What the researchers found

Mental health practitioners often overlook PDG. This is also true for homelessness service providers and policy makers. The focus is often on more visible

What you need to know

Homelessness and problem/disordered gambling (PDG) are serious social and public health issues. PDG is more prevalent in people experiencing homelessness. The nature of the relationship between homelessness and PDG is still being explored. The purpose of this commentary is to examine the status of current evidence-based screening and interventions for addressing PDG among people experiencing homelessness. The authors found an almost complete absence of such evidence-based interventions, with only two studies identified. This article presents a call to action to address PDG in the context of homelessness.

addictions, such as drug and alcohol uses. There is a lack of awareness of the high prevalence of PDG in homeless populations.

The general lack of understanding of PDG hinders screening and intervention. Research in the UK has identified a lack of services for PDG specific to people experiencing homelessness. There is also a lack of appropriate tools for screening PDG in homeless populations. Homelessness service providers and mental health clinicians need access to tools that are short, direct, and easy to use. The authors identified two resources. The UK resource offers a screening tool with 11 items and a list of signs that can be used to identify problem gambling. The Canadian resource provides two screening tools: the 3-item NODS-CLiP and the 9-item Problem Gambling Severity Index.

Screening is most effective when it connects people to services that meet their needs. The variety and complexity of needs among people experiencing

homelessness highlight the importance of tailored interventions. Person-centred engagement is key.

The researchers found only two evidence-based PDG interventions for people experiencing homelessness. One study, published in 2022, reported on a Gambling Addiction Program (GAP) in a multi-service shelter setting. The program comprised three main elements. The first was individual case management. The second involved group sessions in cognitive behavioural therapy and life skills. The third element involved the use of voluntary trusteeship as a financial management tool. Participants of the GAP could also join regular Gamblers Anonymous (GA) meetings at the shelter, which were run separately from the program. Study findings suggest that an integrated and person-centred approach to care is crucial to address PDG in the context of homelessness.

Another study, published in 1997, described a similar program in a community-based substance use agency setting. The purpose of the program was to prevent, identify, and treat PDG among clients in treatment for substance uses. The findings suggest that integrating a gambling program within existing substance use services could address client needs. However, there were several implementation challenges. These included initial resistance from staff who felt overworked and viewed gambling as less of a priority. Clients also showed resistance, as they were not interested in addressing issues other than their substance use concerns. Some program elements were refined as a result of these challenges.

According to the authors, there is a need to adopt implementation science approaches to move the field forward. Such approaches should consider the social determinants of health to prevent and minimize gambling problems in vulnerable populations. Cross-sectoral training is key to ensuring that service providers in non-traditional gambling services can fully support their clients in addressing gambling harms. This will require mandating routine screening at the government level; developing a universal cross-sectoral definition of PDG; and improving public awareness of PDG.

How you can use this research

This commentary is for policy makers, service providers, and other stakeholders interested in addressing PDG among people experiencing homelessness.

About the researchers

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