

EVIDENCE BRIEF

GAMBLING HARMS AMONG LOW-INCOME AND ETHNO-CULTURAL POPULATIONS

SOCIAL INEQUALITY AND GAMBLING HARMS

For many ethno-cultural or low-income individuals and communities, the same underlying risk factors and social inequities that create reduced health status, greater substance abuse and mental disorder frequency, and social inequities also contribute to experiencing gambling harms.¹ Individuals from ethno-cultural communities and low-income populations are overrepresented in high risk of gambling harms and problem gambling groups.

- Cultural factors shape attitudes towards, preferences for, and participation in gambling activities
- Certain ethno-cultural populations are more likely to self-report problematic gambling behaviours
- There are multiple barriers for these groups to participate in prevention or treatment services
- Community leaders should be involved in the development and implementation of prevention and treatment services

ETHNO-CULTURAL FACTORS

Culture has a strong influence on the prevalence of gambling and gambling harms within a population. Cultural factors can shape individual attitudes and beliefs about luck, risk, wealth, as well as participation in types of gambling and the experience of gambling harms.^{2, 3} Some ethno-cultural communities may view gambling as an entertainment activity for adults, and participate in the lotto, slots, and traditional card or betting games (which the majority do not view as gambling).³ Other ethno-cultural communities may view all gambling negatively and associated with heavy drinking, aggressive moods and mood swings, mental health issues, and being irresponsible.³

An investigation into problem gambling in Ontario ethno-cultural communities reported that Afghani, Filipino, Greek, Indo-Caribbean, Iraqi, Somali, Jewish, and South Asian communities viewed gambling as a recreational activity for most individuals, but that some individuals had problematic gambling habits that brought family disputes and stress.³ Another Canada-wide study indicated that individuals who identified as Polish, South Asian, East Asian (excluding Chinese), or African were more likely to endorse at least one item on the Problem Gambling Severity Index (PGSI) than the general population.⁴ This is despite the fact that South Asian, and East Asian (excluding Chinese) individuals, as well as Dutch and West Indian individuals, were less likely to report gambling in the past year than the general population.⁴

Overall, individuals from ethno-cultural communities are less likely to be aware of services or programs to reduce gambling harms than the general population, although younger generations are often more aware than older generations.⁴ Barriers to gambling harm prevention for ethno-cultural groups can include: mistrust of authority figures, not being viewed as a health problem that requires intervention, language barriers, stigma, and privacy.⁵ As such, efforts should be made to focus on decreasing stigma in these groups. By reducing the amount of blame placed on the individual, gamblers or community members may be more likely to reach out to their support network or access services and treatments.^{3, 5}

Most communities perceive problem gamblers as more likely to rely on family members and community leaders for help than for professional services.³ The most effective services for ethno-cultural groups are developed with the expertise of the community, and involve local leaders in efforts to reduce gambling harms.^{3,6} Due to their community connections these leaders can be a conduit between families in ethno-cultural communities and local resources and programs.³ For example, organizing a 'speaker's series' where community leaders from different sectors share information, resources, or networks available to the community that they can help individuals access.⁷ Similarly, another strategy to address systemic barriers or a reluctance to seek help among ethno-cultural communities is establishing a program where community members are trained as information leaders that facilitate access to knowledge and the appropriate services related to problem gambling for their communities.⁶

- Problem gambling rates can be two to three times higher in Indigenous populations
- There is low participation in treatment services
- Systemic health inequities, comorbid mental health and substance use addictions, and historical trauma influence the experience of gambling

Indigenous Peoples in Canada

Gambling is a frequent activity in many Indigenous communities, with 51%-74% of Indigenous peoples in Canada reporting gambling at least once a month.⁸ Gambling is a traditional form of entertainment or recreation tied to cultural practices for some communities, however traditional games have been replaced with modern gambling games, such as electronic gambling machines (EGMs), which research has shown have the potential to be more harmful.^{9,10} Numerous studies have reported that problem gambling rates can be two to three times higher among Indigenous individuals than in the general population, although there is high variation across Indigenous communities.^{2, 9} Indigenous individuals can experience many risk factors for problem gambling like a high level of participation in gambling, greater participation in continuous forms of gambling (EGMs), and high amounts of money spent on gambling.¹¹

The unique determinants of health that create disparities and inequities in the health status of Indigenous people are similar to the determinants that facilitate greater risk of gambling harms as well.⁹ These determinants include, but are not limited to, socioeconomic marginalization, reduced access to health services and education, and high rates of substance abuse and mental health disorders.^{1,2,8} A commonly cited motivation to gamble for some Indigenous peoples is to escape from stress and problems or to cope with difficult lifestyles, grief, and historical loss.⁹ Indigenous people who do gamble are vulnerable to developing problematic gambling behaviours in part because of high levels of the aforementioned risk factors (greater gambling participation, greater participation in high-risk continuous gambling forms (EGM's), and greater amounts of money spent on gambling), and high rates of poor social conditions, such as unemployment, lower education, and lower income.^{11,12}

Among Indigenous communities there is a need to address systems-level factors such as education, economic opportunities, addictions, and trauma as important factors in reducing problem gambling and gambling harms.¹²

- Gambling venues are more prevalent in low socioeconomic communities
- Neighbourhood disadvantage and poor social conditions are significant risk factors for experiencing harms from gambling
- The risk of experiencing gambling harms in individuals with mental health rises as income decreases
- Improved integration and access for services for low socioeconomic status populations could reduce harms from gambling

LOW-INCOME POPULATIONS

Low-income populations are more likely to experience gambling harms and exhibit problem gambling behaviours than medium- and high-income populations.^{13,14} Research shows that low-income populations are associated with spending a greater proportion of their income on gambling, being less able to buffer or absorb financial losses, and having a greater gambling frequency.^{2, 15} This may be due, in part, to the fact that gambling venues are more prevalent in lower socioeconomic communities, and increased access to gambling opportunities facilitates higher gambling frequency which is a known risk factor for experiencing gambling harms.²

Overall neighbourhood disadvantage and poor social conditions are significant risk factors for experiencing gambling harms and problem gambling habits.¹³ High- or medium-income neighbourhoods may be protective against individual-level characteristics of problem gambling, while low-income neighbourhoods may exacerbate individual-level characteristics of problem gambling.¹⁵ For example, adolescents from low-income populations are more likely to view gambling as a means of financial gain or escaping poverty.¹⁶

Co-occurring health problems and disorders such as mood and anxiety disorders are more prevalent among individuals from low-income populations.¹⁷ More specifically, there is a

dose-response relationship whereby individuals with mental health disorders experience more severe gambling problems the lower their socioeconomic status.¹⁸ This highlights the need to address co-occurring issues such as mental health disorders in tandem with efforts to address gambling harm reduction.

There is a need to increase awareness among organizations already providing services for low-income individuals about the association between gambling harms, problem gambling, and related conditions such as mental illness and substance abuse.¹⁹ Similarly, integrating information for services and supports for low-income individuals experiencing gambling harms in one location or common messaging can improve access and availability of information related to treatment for low-income communities.¹³ For example, Canadian research reports that up to 10% of people with housing instability may be problem gamblers, and that gambling related homelessness develops over time.¹⁹ So, individuals accessing social services with persistent housing issues would benefit from those social services having a greater capacity to address gambling harms, before a housing crisis occurs.¹⁹

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