WHAT IS THIS FACTOR ABOUT?
This factor presents information on resources that people can use to prevent and reduce harms from gambling. Resources include programs to prevent the development of harmful gambling behaviour and interventions to reduce harms after they occur. Other resources include tools to assess the risk associated with specific gambling products.

WHY IS THIS FACTOR IMPORTANT?
It has been estimated that only 7% to 12% of people with gambling problems seek help. People are often unaware of the resources available to them. Furthermore, people may not seek help because of practical issues such as time and financial constraints, and psychosocial issues such as shame and fear of stigma. Some cultural environments encourage self-care and individual responsibility in healthy living; thus, people may believe that they need to deal with their gambling problems on their own.

Regions vary widely in the gambling resources available to people. A number of research studies support the benefits of some of these resources, although there is limited evidence for others. This factor presents current knowledge about gambling resources and how effective they are in preventing and reducing gambling harms.

WHAT TOPICS ARE INCLUDED IN THIS FACTOR?

Harm Reduction, Prevention, and Protection
Many regions have policies and programs to limit exposure to gambling and protect people from gambling harms. At the same time, regions may allow the promotion of gambling through advertising and marketing. For instance, the broadcasting of sports events may be accompanied by gambling commercials, and gambling company logos may be displayed on the field and on players’ uniforms.

A variety of programs have been used to prevent and reduce gambling harms. Some regions have well-developed school-based programs for teens and young adults to prevent the development of gambling problems. Public awareness campaigns aim to influence people’s attitudes and knowledge about gambling. However, many of these campaigns have yet to include guidelines on safe gambling. There is weak evidence that these campaigns can influence gambling behaviours.

Stronger evidence is available for resources that target features of gambling products or venues. For example, pop-up messages that warn players of risky gambling behaviours can be effective. Messages have more impact if they are displayed in the centre of the screen, interrupt play, and require players to actively remove them.

Self-exclusion programs are available to people who have concerns about their gambling behaviours. These programs allow people to ban themselves from specific gambling venues or websites for a period of time. There is evidence that self-exclusion results in less gambling and improved well-being; however, self-exclusion programs are under-used in many regions.

Risk Assessment
A number of tools have been developed to assess the risk associated with specific gambling products. These tools rate gambling products on a scale from relatively harmless to relatively harmful. For example, AsTERiG (tool to evaluate the risk potential of different gambling types) rates gambling products based on 10 factors (e.g., frequency of play from making a bet to
knowing the outcome, size of stake, etc.). Two other commonly used tools are GamGard and TRG (Tools for Responsible Games). AsTERiG and TRG are currently used in a few European countries. GamGard is used by gambling companies belonging to the World Lottery Association.

Some gambling companies have developed computer-based systems to track gambling patterns among their customers. Feedback can then be provided to customers who appear to have gambling problems or are at risk of developing them.

**Interventions**

Treatment options for people with gambling problems vary across regions. Treatments may be offered individually or in group format, and in-person or by telephone or online. In some regions, gambling treatments may be offered as part of mental health treatment systems. In others, they are offered as part of addiction treatment or as free-standing services. This has an impact on who can access treatment and how they can access it. In general, in-person treatment is more helpful and people who participate more fully (e.g., attend more sessions) report more benefits.

**Psychotherapy**

There is strong support for cognitive behavioural therapy (CBT) in the treatment of gambling problems. In CBT, gamblers identify their thoughts and beliefs about gambling, and learn how to cope with their gambling urges and situations that can lead to excessive gambling. Motivational interviewing and mindfulness-based approaches have also gained some support. Motivational interviewing helps gamblers explore what they think and feel about gambling in order to make changes.

There is evidence that even a single session can be helpful to reduce gambling. Given that few people seek treatment for gambling problems, brief interventions can be beneficial. Research is still needed to understand the long-term effects of most psychotherapies. Also, people with gambling problems may have other mental illnesses, such as depression and substance use. Thus, there is a need to understand how co-occurring mental illness may affect response to gambling treatment.

**Pharmacotherapy**

Currently, no medication has been approved for gambling treatment. Opioid antagonists, such as naltrexone, seem to have the greatest support. Opioid antagonists target dopamine pathways in the brain, which are involved in processing information about reward. The presence of co-occurring mental illness needs to be considered when making treatment decisions. Opioid antagonists could be more suited for people who also have substance use disorders; antidepressant medications or mood stabilizers could be more appropriate for people who also have depression or bipolar disorders.

**Mutual Support**

In mutual support groups, people with gambling problems help each other recover by sharing knowledge and offering advice. Telling one’s story and listening to the stories of others are central to the recovery process. Gamblers Anonymous (GA) is the most well-known mutual support group; there is mixed evidence regarding its therapeutic effects. Combining GA attendance and psychotherapy is reported to be beneficial.

**Self-help**

Self-help tools take on various forms, including print workbooks, audio and video recordings, and telephone-based or online programs. Self-help tools are convenient, private, and inexpensive. Research suggests that self-help tools are less effective than in-person treatments, but that these options can make a difference.

This is a summary of the Gambling Resources Factor, one of eight interrelated factors that comprise the Conceptual Framework of Harmful Gambling. To learn more about this factor, please refer to the full report or visit the gambling resource factor webpage on the GREO website.