

COLLABORATIVE GAMBLING HARM REDUCTION PLAN DEVELOPMENT AND IMPLEMENTATION

Public Health Approaches to Gambling: Theory and Practice

December 5, 2018

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North Bay Parry Sound District

Health Unit

Background

- Anticipated casino development in North Bay
- Board of Health Resolution
- Presentation to North Bay City Council
- Community response needed
- Engagement of key partners for application to GREO

Key Partners



**Canadian Mental
Health Association**
Mental health for all

**Association canadienne
pour la santé mentale**
La santé mentale pour tous

Community Counselling
Centre of Nipissing



Centre communautaire
de counselling du Nipissing

District of Nipissing
Social Services
Administration Board



Conseil d'administration
des services sociaux
du district de Nipissing

North Bay Parry Sound District
Health Unit



Bureau de santé
du district de North Bay-Parry Sound

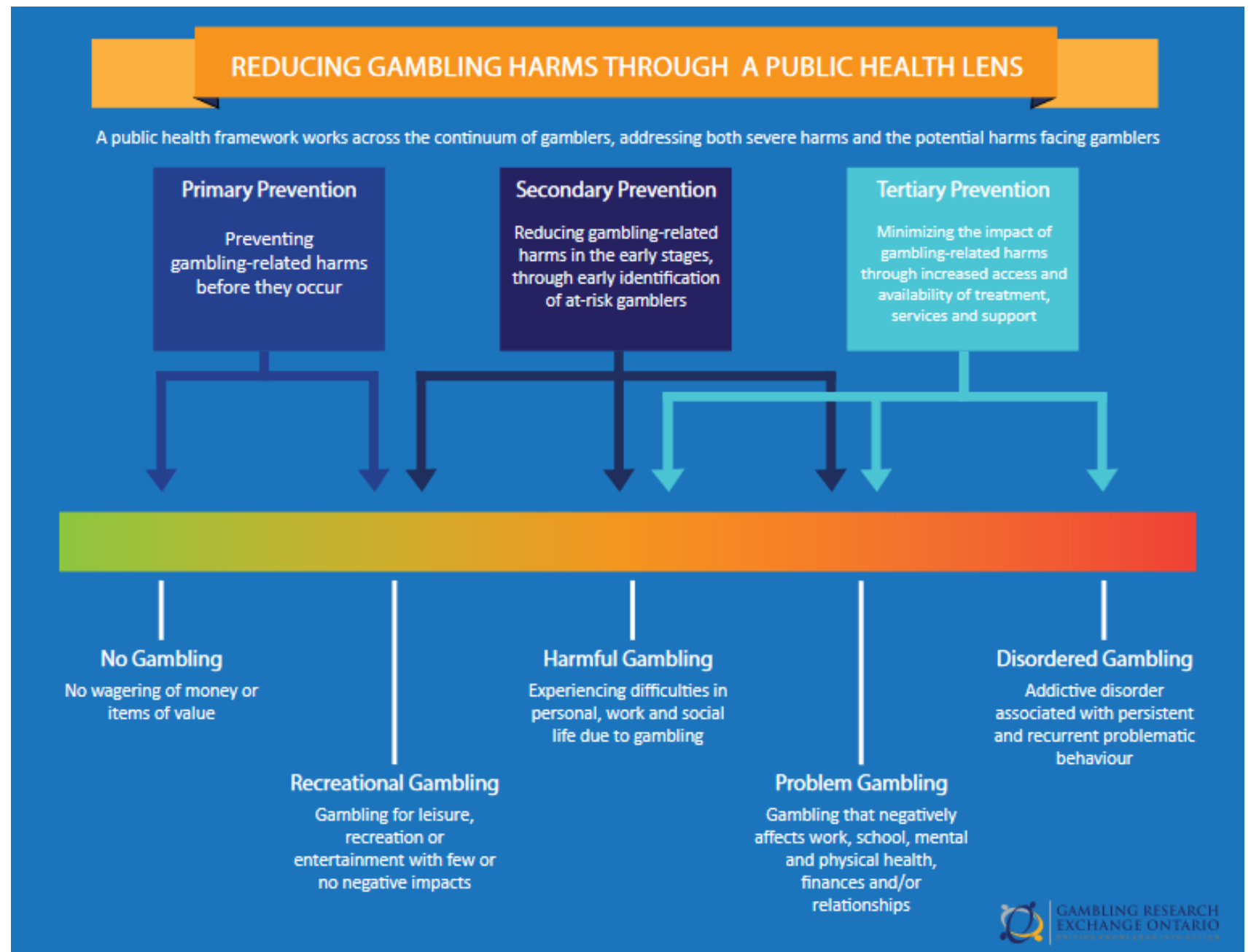
Project Goal

To develop a Gambling Harm Reduction Partnership of health and social service providers who will develop a(n):

- Gambling Harm Reduction Plan for Nipissing District and area
- Educational campaign

Our Vision for the Plan

To identify priority actions under primary, secondary, and tertiary prevention.





LIVING CONDITIONS

Gambling harm is associated with:

- Higher neighbourhood disadvantage
- Unstable housing conditions
- Homelessness

Adolescents whose parents gamble are 3-12 times more likely to report at-risk or problem gambling.



EDUCATION

A person's education influences how they gamble and their risk of developing a gambling problem.

Poor academic performance and lower educational attainment are risk factors and strong predictors for problem gambling behaviour.

People with higher education are more likely to gamble online.



SOCIOECONOMIC STATUS

People with lower income spend proportionately more of their income on gambling activities.

Land-based gambling opportunities are generally more readily available in lower income areas.

People who are unemployed are 3 times more likely to experience a gambling problem than those with secure employment.



HEALTH BEHAVIOURS AND RISK FACTORS

Gamblers are more likely to be sedentary than non-gamblers, and physical activity is associated with a decreased risk for problem gambling. People with a gambling problem are:

- 2 times more likely to report a lack of regular exercise
- 3 times more likely to watch 20+ hours of TV per week

People who gamble problematically are also 3 times more likely to be obese when compared to recreational or non-gamblers.



ETHNICITY

People of colour are significantly more likely to gamble and experience gambling harm.

Cultural differences, stressful living conditions, and social inequities experienced by Indigenous peoples contribute to a higher community prevalence of problematic gambling compared to the general public.



AGE

Gambling influences community health and wellbeing across the lifespan. Youth, young adults and older adults are particularly vulnerable to experiencing gambling harms.

Early gambling behaviour is a risk factor for harm. Free-to-play apps with gambling content continue to grow in popularity, making young people particularly vulnerable.

Older adults are more vulnerable to gambling harms as they may be less able to recover from financial loss.



MENTAL HEALTH

As many as 32% of those who gamble problematically struggle with major depression (national average = 4.7%).

Gambling can serve as a coping mechanism for people who are emotionally vulnerable.

Gambling harm is often associated with social anxiety, ADHD, impulsiveness, mood and anxiety disorders, and other mental health outcomes.



SUBSTANCE USE AND ADDICTION

People who struggle with a gambling problem are 2-4 times more likely to have a tobacco use disorder, and 3-6 times more likely to have an alcohol use disorder.

High school students in Ontario who struggle with problem gambling behaviour are 11 times more likely to report a cannabis use disorder compared to other students.

Key Activities

- **Recruit** key stakeholders
- **Engage** health and social service providers
- **Develop** a Gambling Harm Reduction Plan
- **Inform** the general population and priority populations of harms associated with gambling, encourage help-seeking, and prompt the public to support policy action
- **Connect and share** the plan through a community forum

Recruit and Engage



**LET'S
CHANGE
THE ODDS**

November 6, 2018, 10 a.m. - 4 p.m.
The Grande Event Centre, 192 Main St E, North Bay
For more information, contact Tawnia Healy at
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Purpose

- Provide a venue for conversation
- Capacity-building among health and social service providers
- Recruit members for Gambling Harm Reduction Partnership

Content

- Dr. Chirico, Medical Officer of Health
- A Public Health Approach to Gambling Harm Reduction - GREO
- What Makes an Effective Education Campaign – Responsible Gambling Council
- Facilitated discussion

What we heard

- Lack of local commentary, organizing, and communication
- Recognition that our communities are vulnerable
- Clear desire for collaboration

Low-hanging fruit

- Networking and partnership
- Data sharing
- Public education
- Improving screening practices
- Promoting treatment services

Long-term goals

- Improved SDOH
- Reduced stigma
- Comprehensive services for those affected
- Ongoing relationship with municipalities and casino operator
- Advocacy on provincial level for improved regulation of advertising

Next Steps

- Grow Gambling Harm Reduction Partnership
- Learn from other casino host communities
- Build relationships with stakeholders outside of health and social service sector, e.g. people with lived experience, community activists, municipalities
- Establish priority populations based on local data
- Identify target audience and key messages for our educational campaign
- Plan development and plan for sustainability

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