



Gambling-related Harms

Developing Priorities for Harm Reduction Policy Setting

BACKGROUND

GREO brought together researcher and policy experts with the goal of establishing gambling research priorities for the province that would reflect emerging issues and information needs of decision makers. Considerable interest was expressed in moving beyond prevalence studies to a focus on gambling related harms and GREO was asked to obtain information and expert advice about defining and measuring harms. We are now consulting with international experts who study gambling-related harms to assist with identifying key gambling related harms for the Province of Ontario. These harms could be targeted for measurement and evaluation, with the goal of reducing gambling related harms at the individual, family, and community level.

Moving from **counting heads** (i.e., prevalence studies) to **counting harms** represents a shift in gambling research. Rather than concentrating almost exclusively on the small percentage of problem gamblers, a harms lens takes a broader public health perspective by including people across the risk spectrum and acknowledges that some gambling related harms result from or are worsened by a combination of mental health and addiction disorders.

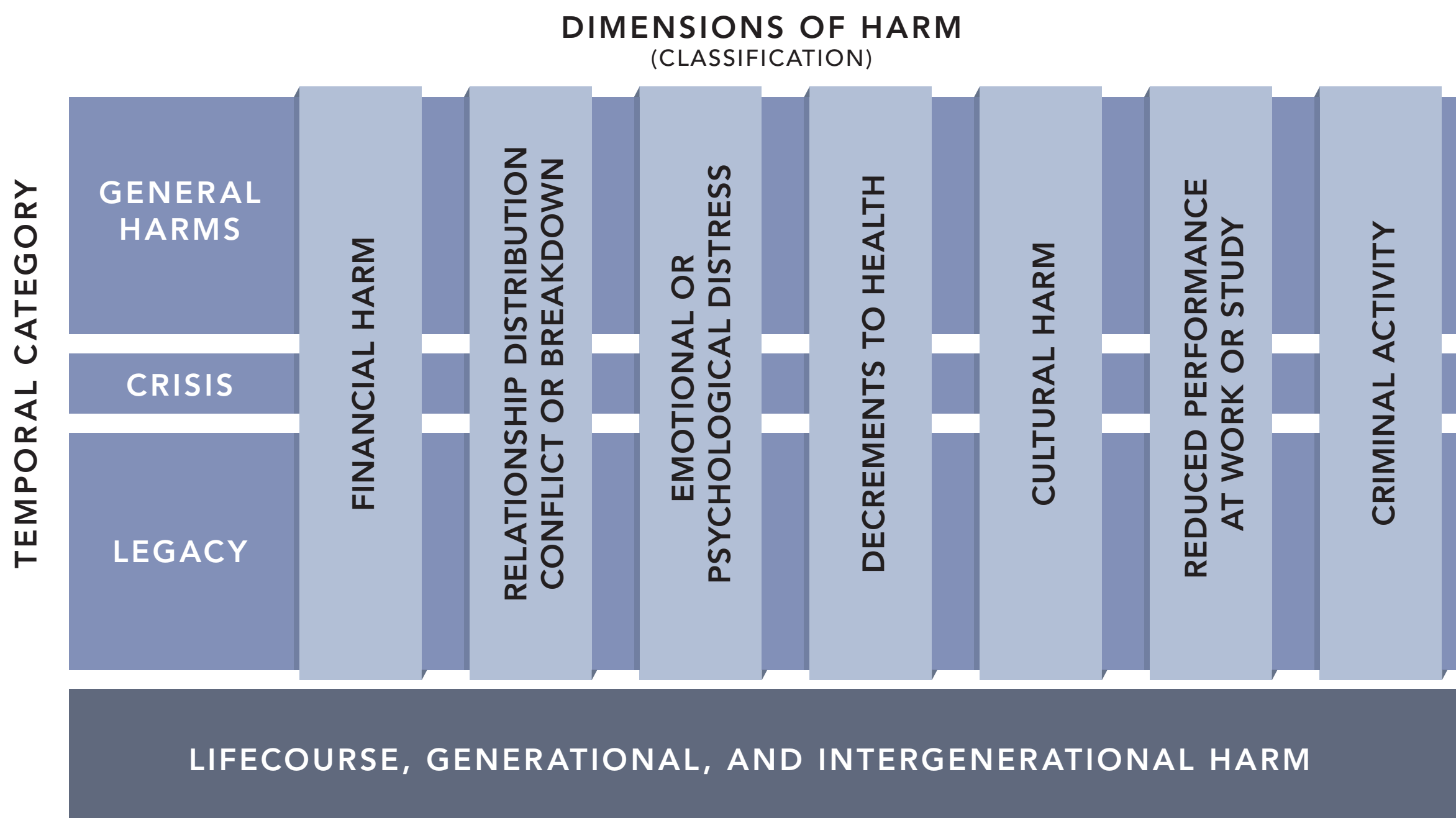


QUESTIONS FOR RESEARCHERS

Guided by the Taxonomy of Harms we asked:

1. How do researchers conceptualize gambling related harm?
2. What types of harm are seen as priorities for policy intervention?
3. What are the most effective ways to measure gambling related harm and evaluate interventions?
4. Which organizations are best positioned to prevent, reduce, and/or mitigate harm from gambling?
5. What strategies are most effective in mitigating harm?

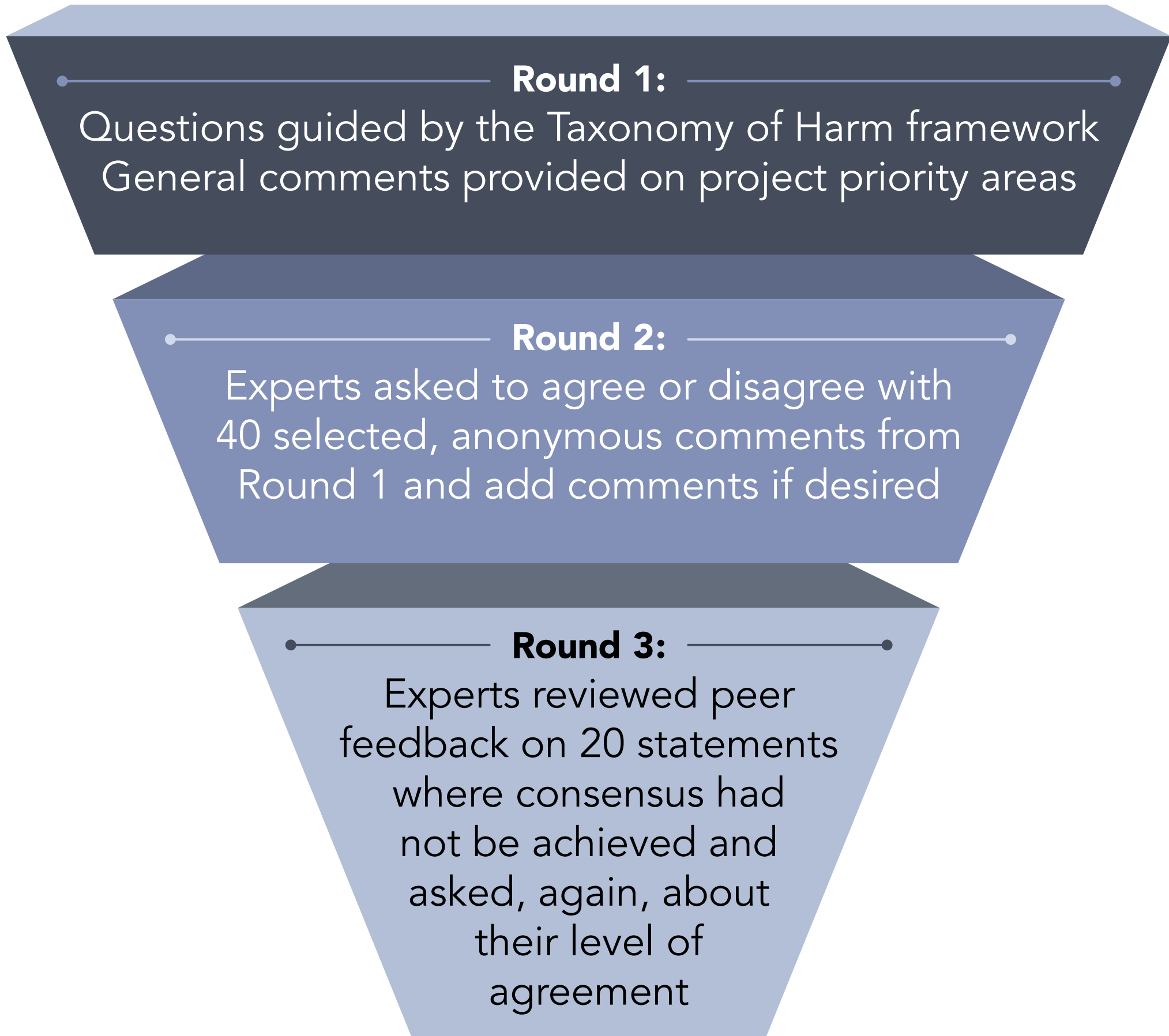
Ten international research experts volunteered to share their experiences and perspectives.



Source: Langham, E., Thorne, H., Browne, M., Donaldson, P., Rose, J., & Rockloff, M. (2016). Understanding gambling related harm: a proposed definition, conceptual framework, and taxonomy of harms. BMC Public Health, 16(1), p. 6.



Stage 1:



Stage 2: In-Depth Interviews

WHAT ARE WE DOING?

The Delphi process involved three rounds of questionnaires where expert opinion moved from general commentary about defining and measuring harms, to more specific areas to keep in mind for policy setting. This allowed us to see where experts agreed and where their opinions differed. In-depth interviews are under way to further explore the research experts' thoughts and opinions.

Moving toward priorities for harm reduction policy setting

Selected outcomes from the Delphi process that should be considered are listed below:

- The Taxonomy of Harms as a guiding framework is generalizable to Ontario.
- Consider gambling related harm at the individual, family, community and society level. Harms experienced at the provincial level would also be relevant.
- Harms to significant others, especially children, should be of high priority.
- 'Financial harm' and 'Emotional or psychological distress' dimensions should be prioritized.
- Consider contextual factors for any available evidence-based strategies.
- Identify other bodies that may have data in regard to harms from gambling (e.g., credit institutes, the legal system, health departments).
- Build on knowledge translation and health policy findings that emphasize coordinated inter-sectoral approaches in addressing public health issues.

A policy focus

Selected outcomes from the Delphi process that should be considered are listed below:

- Interviews summarized, checked by research participants, and shared with decision makers
- Workshop for policy and research experts to discuss priority harms and measurement and attribution feasibility.
- Literature review for recommended harms
- Search of Ontario data resources that could be used to measure and monitor harms
- Policy and Research recommendations

RESOURCES:

Where Can I Learn More?

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