Research as a Foundation for Action on Gambling

David A. Korn, MD, CAS, DTPH

Shaffer and Hall continue to make a significant contribution to the gambling research field. Their initial path-breaking work in 1997 and 1999 provided estimates of prevalence rates for disordered gambling in the United States and Canada, using a meta-analysis of 119 studies of gambling behaviour. In this edition of the Canadian Journal of Public Health, they update their findings to 1999, based on 160 studies and refined methodological techniques.

Public health perspectives and strategies had not been applied to gambling-related problems until the recent publication of a monograph on gambling and the health of the public. Epidemiology is a fundamental science that underlies public health practice. It is unusual to find such quality prevalence estimates so early along in the evolution of an emerging mental health and addictive disorder. From a public policy and planning perspective, it is invaluable to have baseline data to analyze the impacts of gambling expansion.

Over the last decade, there has been a dramatic expansion of legalized gambling in North America. There appear to be three primary driving forces: 1) the desire of governments for new revenue streams; 2) the introduction of new gambling technologies such as video lottery terminals and internet casino gambling; and 3) the desire to stimulate economic development in the leisure and entertainment sector. In Canada, both the types of gambling activity available and the locations where adults can gamble legally have increased substantially. There are now more than 50 permanent casinos (in 7 provinces), 21,000 slot machines, 38,000 video lottery terminals, 20,000 annual bingo events and 44 permanent horse race tracks. Canada has a public ownership model for gambling activities under the Criminal Code, with delegated responsibilities to the provinces and territories for the ownership and operation of a wide variety of gambling products.

In 1996, 82% of Canadian households spent money on at least one of the following legal gambling activities: lotteries, raffles, casinos, slot machines, and bingo. In 1997, Canadians wagered $6.8 billion on some form of government-run gambling activity, 2.5 times the amount wagered in 1992. By 1997, all provinces were receiving at least 3% of government revenues from gambling.

Gambling activities generate both costs and benefits for society. Public health practitioners are familiar with costs in terms of the health, criminal justice, and social service systems, and lost work productivity. But gambling also provides recreational benefits, economic development opportunities and government revenues. A recent study by the Canadian Tax Foundation in 2000, utilizing economic methodologies, concluded that the societal benefits of gambling activities outweighed the costs by a ratio of 1.8 to 1.

It is instructive to compare Shaffer and Hall’s prevalence estimates reported here for studies up to 1999 with their earlier estimates up to 1997. In the general adult population, the past year prevalence of level 3 gambling (clinically termed “pathological gambling”) rose from 1.14 to 1.46, a 28% increase. The evidence suggests that adults from the general population have a low but increasing rate of pathological gambling. For the adolescent population, the prevalence rate of past year level 3 gambling dropped from 5.77 to 4.80, about 17% lower. The prevalence rate for youth pathological gambling remains considerably higher than for the general adult population.

The author believes that public health practitioners have a contribution to make in the debate concerning the impacts of gambling expansion. There is considerable value in adopting a public health perspective on the matter. It offers a broad view of gambling in society, recognizing that there are both costs and benefits to gambling activities. This approach is similar to that taken in alcohol studies. By appreciating the health, social and economic dimensions of gambling, public health professionals can develop strategies that minimize gambling’s negative impacts while recognizing its potential benefits.

The Canadian Public Health Association (CPHA) has been engaged in the issue of gambling since the early 1990s. At its Annual General Meeting in 2000, a position paper entitled “Gambling Expansion in Canada: An Emerging Public Health Issue”, authored by Korn and Skinner, was unanimously endorsed. The paper identified a number of public health issues: gambling problems in the general adult population; youth gambling; gambling problems in vulnerable and special need populations (e.g., older adults, Aboriginals, ethnocultural groups, women); and family and community impacts. The paper noted the emergence of internet gambling and gambling in financial markets as also worthy of attention. It recommended that CPHA adopt a strategic framework for public health action and accountability. It identified goals for CPHA, as follows:

- Prevent gambling-related problems in individuals and groups at risk of gambling addiction;
- Promote balanced and informed attitudes, behaviours, and policies towards gambling and gamblers by both individuals and communities; and
- Protect vulnerable groups from gambling-related harm. To generate momentum and focus attention, the position paper recommended that a public health think tank be convened. This forum would

Department of Public Health Sciences, University of Toronto, Toronto, ON M5S 1A8
EDITORIAL

bring together participants from the stakeholder groups such as governments, gaming industry, health professionals including those from the addictions, mental health and primary care, not-for-profit organizations and citizen groups interested in the issue. The position paper also looked to the longer term and advocated for a national public policy review similar to that undertaken recently in the United States and Australia.\textsuperscript{11,12}  Such a review in Canada could analyze the effectiveness of our public ownership model; develop Canada-wide prevalence estimates of disordered gambling; study variations in prevalence rates by region, age, gender, ethnicity, and other sub-populations; explore the relationship between disordered gambling and other mental health and addictive disorders; and assess the associated costs and benefits to Canadians of legalized gambling.

A comprehensive research agenda is needed for the gambling field. There remain formidable conceptual and methodological challenges regarding definitions, screening instruments, and natural history. The next phase of gambling research needs to provide us with longitudinal studies, information on vulnerable populations, a better understanding of the biological, behavioural and broad social determinants of gambling problems, and the effectiveness of public awareness, prevention and harm-reduction strategies.

Shaffer and Hall have broken ground on using meta-analysis to estimate prevalence. This integrative epidemiologic method seems to provide stable and perhaps more precise estimates than more expensive large-scale studies. Through quality research efforts, they have set the stage for achieving this challenging public health research agenda.

**REFERENCES/BIBLIOGRAPHIE**


**La recherche comme pierre angulaire de la lutte contre les jeux d’argent**

**David A. Korn, MD, CAS, DTPH**

Shaffer et Hall continuent d’apporter une contribution importante à la recherche consacrée aux jeux d’argent. Leurs travaux d’avant-garde parus respectivement en 1971\textsuperscript{1} et 1992\textsuperscript{2} ont permis d’obtenir des estimations des taux de prévalence du jeu pathologique aux États-Unis et au Canada, à l’aide d’une méta-analyse de 119 études sur le comportement des joueurs. Dans ce numéro de la *Revue canadienne de santé publique*, on peut lire une mise à jour des conclusions de leurs travaux de 1999, basée sur 160 études, réalisée cette fois-ci à l’aide de techniques méthodologiques plus pointues.\textsuperscript{3}

Jusqu’à la récente publication d’une monographie sur les jeux d’argent et la santé du grand public,\textsuperscript{4} les perspectives et les stratégies de la santé publique n’avaient pas été prises en considération dans l’étude de la problématique des jeux d’argent. L’épidémiologie est une science fondamentale à la base de la pratique en santé publique. Il est en effet inhabituel de disposer d’estimations de la prévalence aussi fiables, si tôt dans l’évolution d’un problème emergent de santé mentale et de comportement de dépendance. Pour la politique publique et pour la planification, il est extrêmement utile de disposer de données de base pour analyser les effets de l’expansion des jeux d’argent.

Au cours de la dernière décennie, on a constaté une expansion spectaculaire des jeux d’argent autorisés par la loi en Amérique du Nord. Ce phénomène semble résulter de trois grandes forces convergentes : 1) le désir des gouvernements de trouver de nouvelles sources de revenus; 2) l’introduction de nouvelles technologies de jeu comme les appareils de loterie vidéo et les casinos Internet; et 3) le désir de stimuler la croissance économique dans le secteur des loisirs et des divertissements.\textsuperscript{5} Au Canada, tant les différents types de jeu d’argent que les endroits où les adultes peuvent y jouer en toute légalité se sont multipliés rapidement. Il existe maintenant plus de 50 casinos permanents (dans 7 provinces), 21 000 machines à sous, 38 000 appareils de loterie vidéo, 44 champs de courses permanents, et 20 000 bingos sont organisés chaque année.\textsuperscript{6} En vertu du Code criminel, le gouvernement fédéral a le contrôle des jeux d’argent au Canada, et délègue des responsabilités aux provinces et aux territoires en matière de contrôle et d’exploitation d’une vaste gamme de types de jeu.

En 1996, 82 % des ménages au Canada ont dépensé de l’argent en jouant à au moins un des jeux d’argent suivants : loteries, tombolas, casinos, machines à sous, et bingos. En 1997, les Canadiens ont parié...