

# SYNOPSIS

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### Problem gambling “like a new disease”

A new study on gambling draws a correlation between problem gambling and the number of permanent casinos and video lottery terminals (VLTs) in a province.

The authors of the first National Survey of Gambling Problems in Canada [*Can J Psychiatry* 2005;50(4):213-7] are urging medical practitioners to become more involved in assessing patients with potential gambling problems, which the authors identify as a public health issue.

Problem gambling can give rise to mental conflict, family problems, uncontrolled spending, multiple addictions and alcohol and drug abuse, and can increase the risk of suicide, the authors report.

According to Statistics Canada, 76% of Canadians gambled in 2002. Casinos and lotteries are the most popular gambling outlets, but the increase in problem gambling has largely been attributed to VLTs. Four of the 5 provinces that had both VLTs and permanent casinos reported the 4 highest prevalence figures for gambling problems, the research paper reports.

The highest rates of self-identified problem gambling are in Manitoba (2.9%), Saskatchewan (2.9%), Alberta (2.2%) and Nova Scotia (2%). These same provinces also had the highest number of VLTs per 1000 population as well as permanent casinos. At the other end of the scale, New Brunswick had the lowest proportion of problem gamblers, at 1.5%, a high proportion of VLTs, but no permanent casinos.

Dr. Brian Cox, lead author of the study, says he was not surprised by the results. “There is a long history of exposure [to gambling] on the prairies, and they have a high presence of VLTs,” he told *CMAJ*.

The survey was informed by a previous study, conducted by Dr. David A. Korn, which suggested a possible relation between provincial policy and gambling addiction. Korn and Cox are calling on physicians to treat gambling as a potential public health issue, to help assess the scope of the problem, and to be aware of its potential to affect patients. “It’s like a new disease,” says Cox.

Cox and his coauthors used data from the Canadian Community Health Survey: Cycle 1.2 — Mental Health and Well-being, conducted in 2002. The survey was sent to 34 770 Canadian residents aged 15 and over, selected at random. Of those, 77% responded and proceeded with an interview. They were asked to describe their gambling habits.

The authors used the Canadian Problem Gambling Index to assess the results over a 12-month period and compared them to the availability of VLTs per 1000 population and the presence of permanent casinos in the province where respondents resided.

Cox says governments need to consider the social costs of encouraging gambling. In 2000, government in Canada netted revenues from gambling totalling \$5.5 billion — the same as what was garnered from alcohol and tobacco taxes com-



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bined, according to the Canadian Centre on Substance Abuse (CCSA). Currently, Canada has 50 casinos, 44 race-tracks and nearly 60 000 slot machines and VLTs. The CCSA estimates that between 600 000 and 1 million Canadians are “grappling with problems related to gambling.”

The Public Health Agency of Canada estimates that the annual cost associated with compulsive gambling ranges from \$20 000 to \$56 000 through loss of work, court costs and treatment. It calls for methods to explore the effects of gambling expansion on specific populations, including youth, older adults, the indigent people, Aboriginal people, women and ethno-cultural populations.

A separate study conducted by the New Brunswick government identified addiction to VLTs and other forms of gambling as a factor in 5 of 102 suicides that occurred between Apr. 1, 2002, and May 31, 2003. — *Christine Chéné, Ottawa*