OLDER ADULTS AND PROBLEM GAMBLING

LITERATURE REVIEW
Prevalence

When comparing and interpreting differences among gambling and problem gambling prevalence within and between cities, states, and countries, one should account for the methodological variations of the studies. With respect to prevalence rates reported for senior citizens in Canada and US and elsewhere have shown a fair consistency (Sassen, Kraus, & Bühringer, 2011).

Between the years of 1975 to 1999 gambling participation of the elderly population increased by 45% (NORC, 1999), and gambling was mentioned as one of the popular social activities among older adults (McNeilly & Burke, 2001). In Ontario, up to 73.5% of older adults engaged in some form of gambling activity over the last year (Wiebe, Single, Falkowski-Ham, & Mun, 2004). An eightfold increase in treating older adults with gambling problems was experienced by the Rideauwood Addiction and Family Services in Ottawa (Nicol, 2000). Montreal and Manitoba have reported 1.2% pathological and 1.6% at-risk senior gamblers (Philippe, 2007; Wiebe, 2000). In Manitoba, 77.5% of the senior population reported to have gambled in the previous year (Wiebe, 2000), and 67.8% of the seniors in Alberta engaged in some form of gambling at least once a month (Hirsh, 2000). With 12-month prevalence rates ranging from 0.3-10.4% in North America (Tse, Hong, Wang, & Cunningham-Williams, 2012), gambling among older adults could become a significant issue among seniors (Abbott et al., 2013).

Nature of problem gambling & gambling (problem & problem development)

Gambling is a socially acceptable form of recreation for seniors (Bjelde, Chromy, & Pankow, 2008) but excessive gambling may lead to developing gambling and mental health issues (Tse, et al., 2012). The lack of attention given to gambling problems among older adults has been highlighted by the literature for over a decade (Mcneilly et al., 2002; Tse et al., 2012).

2.1% of elderly gamblers in Ontario experience moderate to severe gambling problems (Wiebe et al., 2004). Although these rates are considered as low, the impact of the negative consequences of gambling are much more severe when compared to other groups (Minister of Public Works and Government Services Canada, 2006). Studies also reveal that these low rates could be a result of patterns that are peculiar to senior gamblers such as playing familiar games, relying on word-of-mouth for gambling related information (Moufakkir 2006), and limiting themselves to culture-specific schema that may increase their illusion of control (Ohtsuka & Chan, 2010). Single older adults with lower levels of income between the ages of 60 and 65 may be particularly at risk of developing a problem gambling issue (Wiebe et al., 2004).

In North America, the vulnerabilities of older adults (e.g. emotional fulfilment) are turned in to opportunities by casino promotions by offering seniors a social platform with additional amenities such as free transportation from rural areas and nursing homes, tokens, meals, and member cards (Minister of Public Works and Government Services Canada, 2006; CAMH, 2001; Gosker, 1999; Bjelde et al., 2008; Loroz, 2004; McNeilly et al., 2001, 2002; Wiebe et al., 2004). While illustrating the dangers of a marketing shift aimed at this vulnerable population, literature also shows the preventative policies and measure that could be implemented at the state (e.g. provincial and federal) and industry (e.g. nursing homes) level to restrict unfair marketing campaigns exploiting this population (Gosker, 1999).
Gambling among older adults becoming a social issue could be avoided by establishing appropriate responses (i.e., services that are dedicated to responsible gambling) such as education, increased public awareness, and preventive and treatment services (Bjelde et al., 2008). Responses geared towards educating individuals about the consequences of responsible and excessive gambling are critical. The reason being, studies show responsible gambling could be used to bring about favourable outcomes, especially with respect to older adults (Vander Bilt, Dodge, Pandav, Shaffer, & Ganguli, 2004). Studies have indicated that responsibly gambling can improve seniors’ mental and social wellbeing by providing an opportunity for social integration and social support, sense of accomplishment and excitement, and knowledge enhancement (Korn & Shaffer, 1999; Chantal, Vallerand, & Vallieres, 1995). Further, gambling types like Bingo could be used in a therapeutic way to improve cognitive performances of seniors who suffer from age-related neurodegenerative disorders such as Parkinson and Alzheimer (Laudate et al., 2012).

A review of pertinent literature indicates that addressing criteria specific to the population in question is foundational for developing effective responses aimed at reducing the chance of problem gambling among seniors. Healthcare research has demonstrated patient-centric responses (i.e., responses designed to address the problems that are specific to the concerned populations) as far more effective than blanket prevention and treatment options (Nickens, 1990; Kreuter, Lukwago, Bucholtz, Clark, & Sanders-Thompson, 2003; Sadler, Nguyen, Doan, Au, & Thomas, 1998). Literature pertinent to gambling has shown that a significant portion of harmful effects of gambling among seniors relate to gambler’s health (Ariyabuddhiphongs, 2012; Lorenz & Yaffee, 1988). Further, they suggested that responses aimed at alleviating health-related harmful effects of gambling should factor in the (in)direct influences on seniors’ gambling behaviour such as attitudes, beliefs, behaviors, and motivation (Martin, Lichtenberg, & Templin, 2010). Additionally, the current patterns of these influences and outcomes may not reflect nor stand true for the next generations of senior gamblers due to future shifts (Wiebe et al., 2004). The literature suggests that two specific aspects that should be integrated in responses and services to prevent and treat senior gambling problems. First, these responses should be designed specifically to address the factors relevant to seniors’ gambling. Second, these responses should constantly be informed of the changes over time in awareness of gambling problems and help seeking behaviors of the senior gamblers through systematic investigations (Tse et al., 2014). Such responses mandate establishing public policies that allocate long-term and dedicated funding addressing gambling and pathological gambling among seniors, which is feasible only if this issue reaches the center stage of public policy (Bjelde et al., 2008).

**Characteristics of gamblers & problem gamblers**

Research has indicated that the progression of gambling addiction is quicker for older adults and because this group usually does not discuss or recognize mental health issues, it is less likely for them to seek treatment when faced with gambling-related issues. However, when seniors do get help, they have a better recovery rate than younger adults (Bjelde et al., 2008). With respect to treatment seeking, characteristics of older adults differ from the treatment seeking youth gamblers. Some such variations were noted in gender, duration of gambling, and gambling onset (Petry, 2002). Research has also shown that escape gamblers, whose main characteristic is using gambling to relieve emotional pains, (loneliness, loss, boredom), tend to
relapse more during treatment (Bjelde et al., 2008; Centre for Addiction and Mental Health, 2001).

Seniors are usually retired or not fully employed thus have more disposable time which is a precipitating factor of becoming gamblers. In comparison to other age groups, older adults are less likely to engage in all forms of gambling and the most common activities partaken were lottery tickets, raffles, and slots in a casino (Ariyabuddhiphongs, 2012; Bjelde et al., 2008; Wiebe et al., 2004). The primary gambling motivations of North American older adults are social interaction, to relieve emotional pains, fun and excitement, and to win money (Ariyabuddhiphongs, 2012; Bjelde et al., 2008; Wiebe et al., 2004).

Research also shows that seniors from immigrant communities may have slightly different factors that influence their gambling behaviours. For Chinese Canadians, being male, having lived in Canada longer, having a higher level of social support, having more service barriers, and having a stronger level of Chinese ethnic identity were gambling precipitating factors (Lai, 2005). Dislocation from original families and access to money were the most significant gambling motivations for seniors of Chinese communities in Australia (Wong 2010; Ohtsuka 2013).

The body of literature pertinent to gambling suggests that harmful effects of gambling exhibited by seniors are usually similar to that of other groups (Ariyabuddhiphongs, 2012). Listed in the order of significance, depression and/or low self-esteem, physical health problems, financial problems, impaired relationships with family and friends, social isolation, problems at work, and criminality were reported as negative effects of senior pathological gambling (Bergh, & Kuhlhon, 1994).

Among these harmful consequences, health impairment and social and psychological issues were the classic concerns for senior gamblers (Ariyabuddhiphongs, 2012); psychological issues manifested as comorbid substance abuse/dependence, depression, anxiety disorders (Ariyabuddhiphongs, 2012), physical e.g., headaches, stomach issues (Lorenz et al., 1988), emotional e.g., depression, anxiety, isolation (Lorenz et al., 1988), and/or interpersonal forms e.g., loss of trust, (Dickson-Swift et al., 2005); feelings of resentment, (Hodgins, Shead, & Makarchuk, 2007). Depression is the most common comorbid issue among older gamblers (Bjelde et al., 2008), which is usually followed by substance abuse, grief, and physical problems (Ariyabuddhiphongs, 2012). Another harmful effect faced by these individuals is the guilt about their gambling, chased losses, and criticism for their gambling behaviours (Wiebe et al., 2004).

Impaired relationships with family and friends is a negative consequences faced by senior gamblers (Ariyabuddhiphongs, 2012). It has been reported that a large number of people who access problem gambling services are the family members and concerned significant others of problem gamblers (Kourgiantakis, Saint-Jacques, & Tremblay, 2013; McComb, Lee, & Sprenkle, 2009). Another consequence that extended beyond the gambler is financial difficulties. Older adults often have a fixed, modest monthly income (Lemay, Bakich, & Fontaine, 2006) thus they are less capable of replacing the money lost in gambling (Minister of Public Works and Government Services Canada, 2006), which may result in negative financial consequences such as debts and loans (McComb et al., 2009).


