



In This Issue

- Save the Date: Indiana Problem Gambling Awareness Month Training
- Clinical Supervision Calls
- Article: Latest National Survey of Problem Gambling Services Reveals Dramatic Inequalities Among States
- Article: Gambling disorder: Self-stigma and anticipation

Links

www.ipgap.indiana.edu

Contact Us

Mary A. Lay, MPH, MCHES
812-856-4885
maholtsc@indiana.edu

Desiree Reynolds, MPH, MCHES
812-855-7872
desiree@indiana.edu

Indiana Problem Gambling Awareness Program

501 N. Morton, Ste110
Bloomington, IN 47404
Ph: 812-855-1237
Fax: 812-855-4940

Have you ever felt the need to bet more and more and more money?

Have you ever had to lie to people about how much you gamble?

An answer “yes” to either or both of these questions may indicate a problem with gambling.

Lie Bet Screen by Johnson, E.E., et al. (1988).

FOR A CONFIDENTIAL

REFERRAL CALL

1-800-994-8448

The Indiana Problem Gambling Awareness Program (IPGAP) is funded by a contract with the Indiana Family and Social Services Administration Division of Mental Health and Addiction with funds through the Indiana Problem Gamblers' Assistance Fund.

SAVE THE DATE!

Problem Gambling Awareness Month Training

March 21st & 22nd, 2018

Location:

Hilton Garden Inn
Indianapolis South / Greenwood
5255 Noggle Way, Indianapolis, IN

Registration and agenda available soon!

Please register through the upcoming Clinical Supervision Calls link

Latest National Survey of Problem Gambling Services Reveals Dramatic Inequalities Among States

01.16.18CAIT HUBLE

FOR IMMEDIATE RELEASE

Washington, DC – The 2016 National Survey of Problem Gambling Services analysis found that despite a 20% increase from 2013 in public funding allocated for problem gambling services, ten states still do not have any public funding for problem gambling services. These extremely uneven levels of support result in huge disparities in prevention and treatment services for individuals with gambling problems across the country.

Released by the National Council on Problem Gambling (NCPG) and the Association of Problem Gambling Service Administrators (APGSA), the survey reveals that since 2013, twenty-five states increased their funding levels, seven had no change and nine reported cuts. This includes Arkansas, which eliminated all public funding for problem gambling services.

Terri Sue Canale-Dalman, APGSA President, said “While we know that gambling causes devastation for some people and families, services to minimize and stop that damage remain scarce in many states. Forty-eight of fifty states have organized gambling, so forty-eight states need to build awareness and address the human impact of gambling’s potential consequences.”

The National Survey of Problem Gambling Services is the only comprehensive survey about public funding and distribution of problem gambling services in the United States. The survey included questions about budget, staffing, and program growth or cuts during 2016. Fifty state health agencies and all thirty-three NCPG state affiliates were asked to participate. The report includes overall national spending on problem gambling programs in 2016 as well as trends over the past decade and state-by-state breakdowns. The report includes individual profiles of Problem Gambling Services in all fifty states.

Among the highlights of the 2016 survey are:

- The total amount of public funding allocated for problem gambling services increased 22% from \$60 million in 2013 to \$73 million in 2016,
- Substance use disorders are about four times more common than gambling disorders, while public funding for substance use disorder treatment is about 334 times greater than public funding for all gambling disorder or problem gambling services.
- In 2016, only about one quarter of one percent of people who needed problem gambling treatment received publicly funded care from a gambling treatment specialist.
- The Federal Government does not provide dedicated funding for problem gambling services.

“While program funding for some states has increased in 2016, overall, the lack of funding in many states creates a significant lack of services for those seeking recovery,” said NCPG Executive Director Keith Whyte. “The lack of any federal funding dedicated to problem gambling services continues to place an undue burden on an individual state’s capacity to serve and respond. If keeping people healthy and safe is a priority, then we should expand funding for problem gambling education and treatment, not keep cutting it.”

Copies of the 2016 National Survey of Problem Gambling Services in its entirety are available at: <https://www.ncpgambling.org/programs-resources/programs/2016-survey-problem-gambling-services/>.

About the National Council on Problem Gambling

NCPG is the national advocate for problem gamblers and their families. NCPG is neutral on legalized gambling and works with all stakeholders to promote responsible gaming. For more information on the 32nd National Conference on Problem Gambling, visit www.ncpgambling.org/conference.

If you or someone you know has a gambling problem, call or text the National Problem Gambling Helpline Network at 800.522.4700 or visit www.ncpg.org/chat for confidential help.

About the Association of Problem Gambling Service Administrators

The Association of Problem Gambling Service Administrators (APGSA) is a national membership organization of state administrators of public funds for problem gambling services. The organization was formed in 2000 to support development of services to reduce the impact of problem gambling in the U.S. To learn more about APGSA and problem gambling services across the nation, visit www.apgsa.org.

Contact

Cait Huble
(202) 360-4560
caith@ncpgambling.org

Stacey Frohnappfel-Hasson
(614) 644-8456
stacey.frohnappfel@mha.ohio.gov

Terri Sue Canale-Dalman
APGSA President
Chief, Office of Problem Gambling, California Department of Public Health
(916) 324-3020
terri.canale@cdph.ca.gov

COURTESY OF GAMBLIT GAMING

The WAGER, Vol. 22(13) - Gambling disorder: Self-stigma and anticipation

How society views people with addiction can produce complex consequences. Anticipating stigmatization might lead a person to deny their illness, avoid treatment seeking, or prematurely end treatment services. Self-stigmatization, when a person begins to internalize the stigmas associated with their condition, might amplify these fears and lead people to reject social support and treatment. This week, The WAGER reviews a study by Nerilee Hing and Alex Russell that explores how the anticipation of stigma influences self-stigma among people with gambling-related problems.

What is the research question?

What aspects of public attitudes toward problem gambling contribute to public stigma? How do these public attitudes, and public stigma, relate to self-stigma?

What did the researchers do?

The researchers recruited 177 respondents via two recruitment methods: (1) by inviting participants from a database of Australian gamblers who previously completed surveys with the researchers, and (2) through Google advertisements. All participants reported gambling-related problems on the Problem Gambling Severity Index (PGSI). The researchers assessed many aspects of anticipated public attitudes about problem gambling. First, a questionnaire asked participants about common stereotypes of people with gambling-related problems and the extent to which most people would separate from, look down on, or feel anger toward people with gambling-related problems (i.e., separate, status loss, anger). Second, a questionnaire asked participants how strongly most people would “think that being a problem gambler disrupts the person’s life” (disruptiveness) and “think that becoming a problem gambler is the person’s own fault” (origin). Finally, the researchers assessed how much stigma participants thought most people attach to problem gambling (anticipated public stigma) and bad feelings about their own gambling (self-stigma). The researchers used bivariate correlation and mediation analyses to learn how aspects of anticipated attitudes about problem gambling related directly to anticipated public stigma and indirectly to self-stigma.

What did they find?

Participants who anticipated a high amount of public stigma about problem gambling reported high self-stigma. In the mediational model, stereotyping and disruptiveness were particularly important. Participants who thought that most people (1) hold negative stereotypes about people with gambling-related problems and (2) think that being a problem gambler disrupts a person’s life also thought most people attached a lot of stigma to problem gambling; as a result, they felt a high degree of self-stigma (see Figure 1).¹

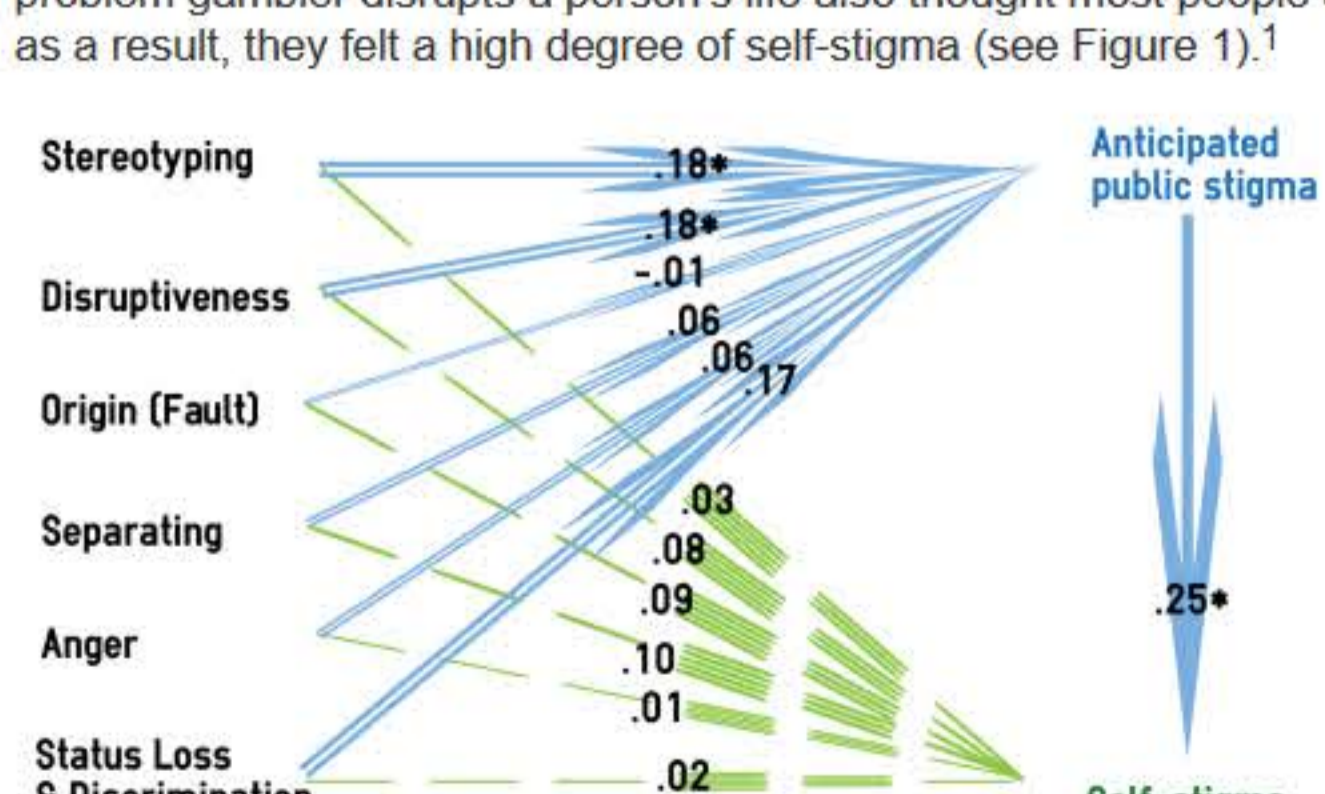


Figure 1: This figure represents a path analysis, with aspects of anticipated public attitudes about problem gambling on the left hand side and kinds of stigma on the right hand side. Numbers represent standardized coefficients. Coefficients with an asterisk are statistically significant. The green paths, marked by broken arrows, represents how well the aspects of anticipated public attitudes about problem gambling predicted self-stigma. The blue paths, marked by solid arrows, represents how well the aspects of anticipated public attitudes about problem gambling predicted self-stigma when anticipated stigma is included as a mediator. This figure has been adapted from Figure 2 in the original study. Click the image to enlarge

Why do these findings matter?

Internalizing stigma is painful and consequential. Although there is effective treatment for gambling problems, people might avoid seeking help because they expect others will judge them. This study suggests that some aspects of anticipated public attitudes are especially important. Some people experiencing problem gambling expect that most people will hold a range of negative stereotypes about them and consider problem gambling to be highly disruptive. Sharing stories about the actual, lived experiences of people with gambling-related problems might help to de-stigmatize the condition and encourage more help-seeking.

Every study has limitations. What were the limitations in this study?

This study was meant to explore the relationships between various aspects of stigma and therefore contributes ideas for future research. Exploratory studies are not guided by hypotheses, and further research is needed to determine whether the findings are replicable. Additionally, the authors note that their results might have been biased by the use of both an online sample and a convenience sample. The results might be different if this study were replicated with people without internet access and people who were taken at random from the population.

For more information:

There’s strength in reaching out. Call or text the National Problem Gambling Helpline at (800)522-4700 or chat with a counselor online.

¹The researchers also controlled for age, gender, and PGSI score.

– Pat Williams

What do you think? Please use the comment link below to provide feedback on this article.

Posted at 09:25 AM in [The Worldwide Addiction Gambling Education Report \(The WAGER\)](#) | [Permalink](#)

Wednesday, December 06, 2017