

Gambling harm during COVID-19: risk may increase

The COVID-19 pandemic has resulted in previously unimaginable changes to all lives, considerable acute and ongoing stressors, and uncertainty for the future throughout the world. There have been few exemptions from this impact and, as such, research in one population may have considerable ability to apply to other populations, an unusual research outcome.

Whether COVID-19 increases risk for gambling harm, reduces the risk, or has no impact on risk is an important factor for those providing interventions for gambling harm. The case for increased risk could be, based upon the acknowledged research findings, that for those experiencing existing gambling harm, whether in recovery or not, increased stress can be a trigger for relapse or further harm. The case possibly supporting COVID-19 as a factor reducing harm is that many sports that gambling applies to may no longer be available as lockdowns and restrictions apply. What remains uncertain is, whether those at risk will transition to non-sports gambling options, such as casino, electronic gambling machines (online during lockdowns, land-based when lockdowns are lifted), and whether New Zealand, with its successful transition to low restrictions will simply resort to risk levels unrelated to COVID-19, as sports (including racing) recommence.

A recent paper (Price, July 2020) surveyed 2,005 (equally male/female) gamblers in Canada during restricted gambling who changed their behaviour as a result of the pandemic. Of the gamblers, 1,081 were online gamblers, as opposed to solely land-based, and behaviours during the first six weeks of the pandemic restrictions were compared with the twelve months prior to the pandemic. Respondents replied to levels of anxiety, depression, and whether gambling occurred when using alcohol or cannabis.

Prior to the pandemic restrictions, 76.7% of gamblers had gambled on land-based gambling sites, 9.7% gambled only on online, and 13.6% mixed their gambling sites.

During the pandemic restrictions, online gambling increased from 23.3% (9.7% and 13.6%) to 54%, with those recording high-risk using the PGSI screen, and those previously gambling online participating most in gambling. Risks for increasing to this high-risk level were correlated with being a moderate risk gambler, those impacted by severe anxiety and/or depression (85.2%; 71.3% having been clinically diagnosed), and the use of alcohol or cannabis during gambling. Some 70% of subjects acknowledged using alcohol during the restrictions, and of these, 41% had increased their alcohol use, while 16.4% had increased their cannabis use during this time.

The author concluded that gambling under the influence of alcohol and/or cannabis 'increased the odds of high-risk gambling status by approximately nine times', while those who gambled online were more deeply affected financially by the pandemic.

Although some of the questions (whether the problem persists post lockdown; whether the brief surveyed period gambling level persists; do gamblers resort back to previous levels of gambling post lock-down) remain unresolved, there were clear factors that raise concern. As may be expected, use of psychotropic substances adversely affect the level of gambling harm, with many moderate gamblers transitioning to high risk gamblers. In addition, high levels of common mental health problems (anxiety, depression) also were more likely to increase gambling harm.

Practice application

A sound conclusion that may be drawn is that for clients impacted by anxiety or depression, risk factors should be made clear around use of online gambling, while future assessment should include searching questions around any change in levels of gambling habits and online or land-based gambling. Gambling while influenced by alcohol or other drugs is not unexpectedly likely to increase gambling harm, while the impact of COVID-19 upon mental health, rather than simple lock-down influence, may increase ongoing risk for future gambling harm. Importantly, those gambling online are subjected to less controls (no overview by venue) and may be later help-seekers, indicating the need for public health awareness raising.

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