

Advanced Ethical Issues in the Field of Problem Gambling

Lori Rugle, PhD, ICGC-II/BACC, IGDC

Lrugle@hotmail.com



The Maryland Center of Excellence
on Problem Gambling

Welcome



Agenda

- International Problem Gambling and Gaming Certification Organization (IPGGC) Ethical Guidelines and Case Examples*
- Responsible Gambling, Harm Reduction and Ethical Issues
- Public Health Approach to Ethical Gambling

* Case examples do not contain any personally identifying information and are based on composites of several cases

Ethical Values

American Counseling Association (2014)

- **Autonomy** – the right to control the direction of one’s life
- **Beneficence** – working for the good of the individual and society by promoting mental health and well being
- **Nonmaleficence** – avoiding actions that cause harm
- **Justice** – treating individuals equitably and fostering equality and fairness
- **Fidelity** – honoring commitments and keeping promises, fulfilling one’s responsibilities of trust in professional relationships
- **Veracity** – dealing truthfully with individuals with whom counselors come into professional contact

International Problem Gambling and Gaming Certification Organization (IPGGC) Ethical Guidelines - I

Principle 1: Confidentiality

All clinical professionals, regardless of licensure or certification, shall hold client information acquired during their practice in the strictest confidence.

- **Informed Consent:** Provide clients with clear, written information regarding confidentiality and HIPAA-compliance rights, including limitations (e.g., mandated reporting, duty to warn). This includes informing them about the potential for information sharing with insurance providers, clinical supervisors, or for training/research purposes with appropriate de-identification.
- **Record Keeping:** Ensure all client records, whether physical or electronic, are stored securely and disposed of appropriately in accordance with legal and IPGGC guidelines. Data collection must be limited to information necessary for providing services.
- **Limits to Confidentiality:** Understand the legal and ethical obligations to disclose information when necessary to protect the client or others from serious harm (e.g., self-harm, threats of violence, child/elder abuse).
- **Technology and Confidentiality:** Exercise caution when using technology for client communication or record keeping. Adhere to best practices to ensure client privacy and data security in online platforms and telehealth services.

Case Studies

- You are counseling a couple, both of whom have a gambling disorder. They have been making some progress and have reduced the amount of money and time they spend gambling. However, over the past weekend they report spending the whole weekend at the casino and maxing out all of their credit cards. They have power of attorney for their elderly mother who is in a nursing home with dementia and to make mortgage payments they “borrowed” money from her savings account. They admit that they are worried they may not be able to pay for current nursing home expenses and may have to move her.

Case Studies

- You are counseling a client with a gambling disorder who tells you she has been taking money from her work setting for gambling. Her employer does not know. She works for a small family owned business that operates on a narrow profit margin. The whole family depends on the business income for their livelihood. She is not sure she can stop gambling or taking money. What is your duty to warn? What do you do? How do you feel?

International Problem Gambling and Gaming Certification Organization (IPGGC) Ethical Guidelines –II

Principle 2: Non-Discrimination

IPGGC certified professionals value diversity and shall not discriminate against clients or colleagues based on:

- Age
- Gender Identity
- Sexual Orientation
- Race
- Ethnicity
- Religion/Spirituality
- Socioeconomic Status
- Disability Status
- Cultural Background
- Immigration Status
- Type of Gambling/Gaming
- Severity of Disorder

International Problem Gambling and Gaming Certification Organization (IPGGC) Ethical Guidelines –II (cont.)

Principle 2: Non-Discrimination

IPGGC certified professionals value diversity and shall not discriminate against clients or colleagues based on:

- **Cultural Sensitivity:** Develop cultural sensitivity and awareness to avoid imposing personal biases or stereotypes on clients.
- **Respectful Treatment:** Treat all clients with dignity and respect, regardless of their background or the nature of their gambling or gaming involvement.
- **Individualized Care:** Recognize the unique experiences and needs of each client, tailoring treatment plans and interventions accordingly.

Case Studies

- Joe has a long criminal history with several felony convictions and incarcerations. He is currently seeking residential treatment for a gambling problem. During an initial assessment he meets criteria for a gambling disorder, severe, and also meets criteria for antisocial personality disorder. He acknowledges being in significant debt and in trouble with some “rough” characters involved in organized crime. In a team meeting about making a decision on admission, team members expressed concern that he did not really have a gambling problem, but was only looking for a place to hide out and because of his criminal record would be a negative influence to the therapeutic environment.

Case Studies

- Beth is a 40 year old with a history of sexual trauma from childhood and while in the military. Her medical record indicates a history of “non-compliance” with a variety of treatment recommendations. She is in treatment for her gambling disorder. A strong recommendation of this program is attendance at GA. She states she doesn’t like GA and doesn’t want to go to meetings. What ethical issues might be considered?

International Problem Gambling and Gaming Certification Organization (IPGGC) Ethical Guidelines -III

Principle 3: Counselor Responsibility

Certified professionals shall maintain the highest standards of professional conduct and integrity.

- **Competence:** Maintain and enhance professional knowledge and skills through ongoing education, training, and supervision. Stay abreast of current research and best practices in gambling and gaming disorder treatment.
- **Professional Development:** Actively participate in continuing education activities to meet IPGGC recertification requirements and enhance professional growth.
- **Supervision and Consultation:** Seek appropriate supervision and consultation to ensure ethical practice and address any challenges or concerns that may arise in client care.
- **Accurate Information:** Provide accurate and current information to clients regarding treatment options, resources, and potential outcomes.
- **Self-Care:** Prioritize personal well-being and engage in self-care practices to prevent burnout and maintain professional effectiveness.

Case Studies

- You are counseling individuals who have gambling disorders. You have multiple credit cards that are at their limits, and you are a month behind on your car payment. What if any ethical issues might this raise for your work with your clients? How would you resolve them?

Case Studies

- You have a client who is in a great deal of debt and is likely to lose their home if they do not file for bankruptcy. Their GA group has told them that they should never file bankruptcy. They ask for your advice? What is the most ethical way to respond?

Case Studies

- You make a test call to your local helpline. You ask for help with a gambling problem, but state you do not want to stop gambling, you just want help to limit your gambling. The helpline counselor seems not to know what to say to this and states that the counselors on their referral list work with people on the goal of stopping gambling.
- What ethical issue(s) is involved here?

International Problem Gambling and Gaming Certification Organization (IPGGC) Ethical Guidelines -IV

Principle 4: Client Welfare

The primary responsibility of IPGGC certified professionals is to promote the well-being of their clients.

- **Informed Consent:** Obtain informed consent from clients before initiating any assessment or treatment. Ensure clients understand the nature and purpose of services, potential risks and benefits, and alternative options.
- **Beneficence and Non-Maleficence:** Strive to provide services that benefit clients and do no harm.
- **Respect for Autonomy:** Respect clients' right to self-determination and involve them in decision-making about their care.
- **Dual Relationships:** Avoid dual relationships and conflicts of interest that could impair professional judgment or exploit clients.
- **Termination and Referral:** Provide appropriate termination procedures and referral options when necessary.

Case Studies

- Tony is a 78 year old who is referred from GA as they are “fed up” with his continuing to gamble. Tony states he has never really wanted to quit gambling, he just wants to be able to control it and make some money. Tony has been involved with GA on and off for many years and acknowledges that he has never been able to control his gambling and it has created financial problems for him and disrupted his family. He meets criteria for gambling disorder, moderate. He lives on a very limited income and wants to be able to play poker at the casino to supplement his income. What ethical concerns might you have in setting treatment goals with Tony?

Case Study

- You are working with a client who is on a disability income. He has been gambling for over 15 years and has won considerable sums of money. He has had periods of limited gambling, but currently has barely enough money to pay for living expenses. He has attended GA in the past but had difficulty relating to other members due to racial differences. You have been working on harm reduction strategies but he has not engaged in activities that he acknowledges would increase his ability to keep to limits (exercising, mindfulness practices, social interaction, money protection planning etc). He states he has no interest in quitting gambling; feels counseling is beneficial and does not want to see a different counselor. You are wondering if continuing to work on harm reduction goals is realistic or may be harmful in perpetuating gambling behaviors.

Case Studies

- You are counseling a client who has repeatedly relapsed and has continued lying to both you and their family about whether they are gambling. They have been inconsistent in following through on treatment recommendations. You and the family are both pretty fed up with their continued lying and gambling. The spouse is considering a divorce and you are thinking of discontinuing treatment with them and seeing only the family for ongoing counseling.

Case Studies

- You are counseling a person with a gambling disorder who has 6 months of recovery. You are also a person in recovery for gambling. The GA community in your area is very small and all group members are quite early in their recovery. Your client asks if you will be their temporary sponsor since no one in GA feels qualified.

International Problem Gambling and Gaming Certification Organization (IPGGC) Ethical Guidelines -V

Principle 5: Professional Relationships

IPGGC certified professionals shall maintain ethical and respectful relationships with colleagues and other professionals.

- **Collaboration:** Collaborate effectively with other professionals involved in the client's care, including family members, support groups, and financial counselors.
- **Respect for Colleagues:** Treat colleagues with respect and courtesy, fostering a collaborative and supportive professional environment.
- **Professional Boundaries:** Maintain appropriate professional boundaries with colleagues to avoid conflicts of interest or dual relationships.

International Problem Gambling and Gaming Certification Organization (IPGGC) Ethical Guidelines -VI

Principle 6: Responsibility to the Profession

Certified professionals have a responsibility to uphold the integrity of the IPGGC and the profession of gambling and gaming disorder counseling.

- **Adherence to Standards:** Adhere to the IPGGC Code of Ethics and all applicable laws and regulations.
- **Professional Conduct:** Maintain a professional demeanor and represent the IPGGC and the profession in a positive manner.
- **Continuing Education:** Fulfill continuing education requirements to maintain certification and stay current with advancements in the field.

International Problem Gambling and Gaming Certification Organization (IPGGC) Ethical Guidelines -VII

Principle 7: Responsible Use of Technology

IPGGC certified professionals recognize the impact of technology on gambling and gaming behaviors and shall use technology ethically and responsibly.

- **Client Privacy:** Protect client privacy and confidentiality when using technology for communication, record keeping, or treatment.
- **Online Counseling:** Adhere to professional guidelines for online counseling and telehealth services.
- **Social Media:** Use social media professionally and responsibly, maintaining appropriate boundaries with clients and avoiding online conduct that could damage professional reputation.

Case Studies

- You have just started working with a client who tells you rather extreme stories about her life history. You are finding these rather difficult to believe, so you go online and google her name and the details she has provided for these stories. You also check her facebook page. You find out that she has been lying and you also find pictures of her at casinos during the time she has stated that she hasn't been gambling.

Case Studies

- You have given your clients your business mobile phone # to be used during normal business hours. You have informed them of the need to call 911 in emergency situations. A 33 year old client sends you a text at 2 am that she is at the casino after having nightmares at home. She has lost all the cash she brought with her and is trying not to use the ATM. She is asking for your help. She has sent you texts before during daytime hours generally showing how she has been engaged in recovery oriented activities. You have responded briefly to such messages, sometimes right away and sometimes later.

International Problem Gambling and Gaming Certification Organization (IPGGC) Ethical Guidelines -VIII

Principle 8: Financial Responsibility

Certified professionals shall maintain ethical and transparent financial practices in their professional activities.

- **Fees:** Clearly communicate fee schedules to clients and provide accurate billing statements.
- **Financial Agreements:** Establish clear financial agreements with clients to avoid misunderstandings or disputes.
- **Conflicts of Interest:** Avoid conflicts of interest related to financial matters that could compromise client care.

International Problem Gambling and Gaming Certification Organization (IPGGC) Ethical Guidelines -IX

- **Principle 9: Research and Publication**

IPGGC certified professionals engaged in research or publication shall adhere to ethical principles and guidelines.

- **Informed Consent:** Obtain informed consent from research participants and ensure their privacy and confidentiality.
- **Accuracy and Objectivity:** Conduct research and report findings accurately and objectively.
- **Plagiarism:** Avoid plagiarism and properly cite sources.

International Problem Gambling and Gaming Certification Organization (IPGGC) Ethical Guidelines - X

- **Principle 10: Advocacy**

Certified professionals shall advocate for the rights and well-being of individuals affected by gambling and gaming disorder.

- **Public Awareness:** Promote public awareness and understanding of gambling and gaming disorder.
- **Access to Services:** Advocate for increased access to prevention, treatment, and recovery services.
- **Policy and Legislation:** Support policies and legislation that promote responsible gaming and address the social and economic impact of gambling and gaming disorder.

Case Studies

- One of your clients has gotten very involved in advocacy and legislative issues to prohibit gambling. They would like you to testify about the harmful outcomes of gambling and in favor of not legalizing sports betting in your state. What ethical issues are involved?

Case Studies

- A local TV station has gotten your name and number as a gambling disorder expert. They would like to interview you and would also like you to have one of your clients agree to be interviewed. What are some ethical concerns?

Responsible Gambling and Harm Reduction

Responsible Gambling

- Responsible gambling refers to gambling that minimizes risk and harm to players. It also involves informed players who enjoy gambling as recreation and play within limits they can afford.
- Responsible gambling occurs through the collective actions and shared responsibility among many stakeholders, including government, gaming operators, regulators, treatment providers, community groups and individual gamblers.

Consumer/Self Responsibility Model

- Gambling purely as a service product or consumer good offered by the marketplace and selected by consumers to maximize their utility
- Assumes consumers are informed, rational agents with access to all information and options need
- Emphasizes the freedom and responsibility of the individual to make effective decisions
- Many current RG initiatives fall in this category

Reno Model (Blaszczynski et al, 2004)

- Safe levels of gambling participation are possible
- Gambling provides a level of recreational, social and economic benefit to individuals and communities
- Provide evidence based RG interventions to inform players
- Total social benefits must exceed total social costs

Some Generally Agreed on RG Practices

- Age verification and prohibiting underage gambling
- Provide accurate information about the nature of games, odds and payouts
- Provide information about problem gambling and how to access help
- Conduct research and evaluation on RG practices
- Allow for voluntary play/loss limits
- Allow for voluntary self-exclusion/time outs
- Game and equipment features – such as displaying time and amount spent/loss on machines/devices

Some Generally Agreed on RG Practices - II

- Responsible Advertising
 - Should not encourage people to play excessively or beyond means
 - Do not present gambling as an alternative to employment, a financial investment strategy or a way to achieve financial relief or security
 - Should not misrepresent a person's chance of winning
 - Should not denigrate individuals who do not gamble or overly praise those who do, or try to trigger FOMO
 - Not present gambling activities as "free" or risk free
 - Persons depicted should not appear underage
 - Should not include images or characters designed to appeal primarily to those under age
 - Should display a responsible gambling message and help information

Ethical Gambling

- The responsibility of companies and governments is to create environments conducive to reducing gambling harm
- Moral obligation to take actions to prevent harm (Choliz, 2018)
- Ethical gambling develops environmental conditions that allow gambling as an economic activity with the emphasis on preventing harm
- Preventing harm comes first, economic activity comes 2nd

Public Health and Regulatory Approaches

	Legal Drugs	Illegal Drugs	Gambling
Age Limits			
Operating Hours			
Outlet Density or Proximity			
Pricing & Taxation			
Information and Warnings			
Early & Brief Interventions			

Recommended Messages for Selected Groups of Gamblers

Gainsbury et al., 2018

Group	Generic	Message 1	Message 2
Young Adults	Only spend what you can afford to lose. Check out the play management tools	Are you a gambling expert? Test your knowledge of gambling odds.	Keep it a game. Check out these 7 tips to become a more responsible gambler.
Seniors	Only spend what you can afford to lose. Check out the play management tools	How much have you spent gambling? Check out your play summary here?	Stick to your limits and keep gambling fun. Have you set a spending limit?
Skill Game Gamblers	Only spend what you can afford to lose. Check out the play management tools	Check out your gambling odds. Test your game knowledge here.	Check out your play summary. Click here to see your spending habits.
Frequent Gamblers	Only spend what you can afford to lose. Check out the play management tools	What kind of a gambler are you? Take this short assessment quiz here.	Even frequent players should have limits. Have you set your spend limit?

Defining a Public Health Approach to Gambling

Health Promotion

World Health Organization's 1986 Ottawa Charter for Health Promotion (WHO, 2018):

- Building health public policy
- Creating supportive environments
- Strengthening community action / capacity building
- Developing personal skills
- Reorienting health services toward prevention of illness



Create Supportive Environments

(WHO, 2018)

- Health cannot be separated from other societal goals
- Strong relationship between health and environment (physical and social)
- Work and leisure should support health

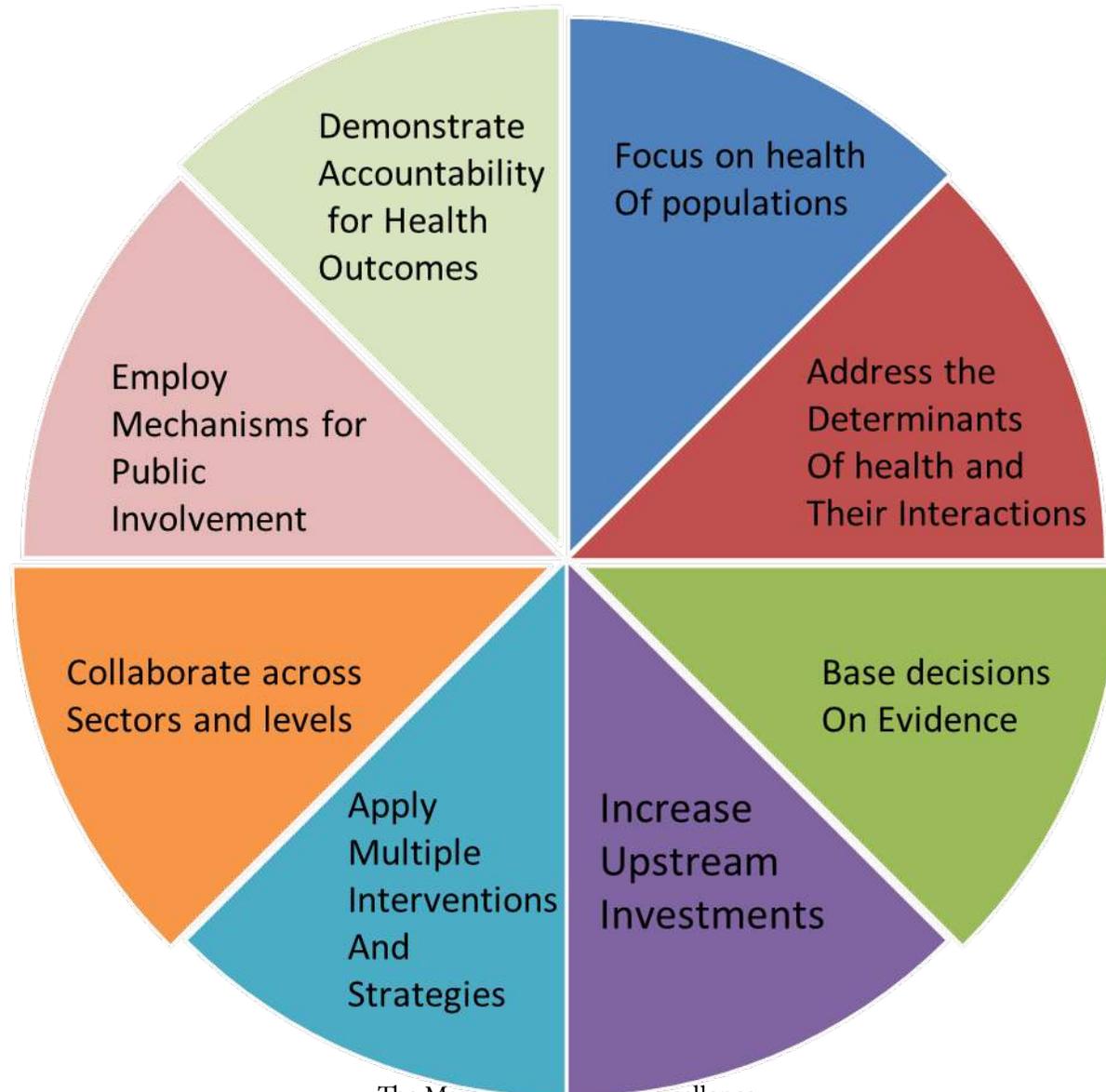


Defining a Public Health Approach to Gambling

Elements of the Public Health Approach

- Moving away from PG and emphasis on individual responsibility
- A combination of population wide and targeted initiatives for high-risk groups
- Acknowledgement of the complex interplay between determinants of health and health behaviours and outcomes
- Interventions and strategies delivered across a range of settings and the life course
- Simultaneously implemented multi-pronged interventions

Public Health Approach

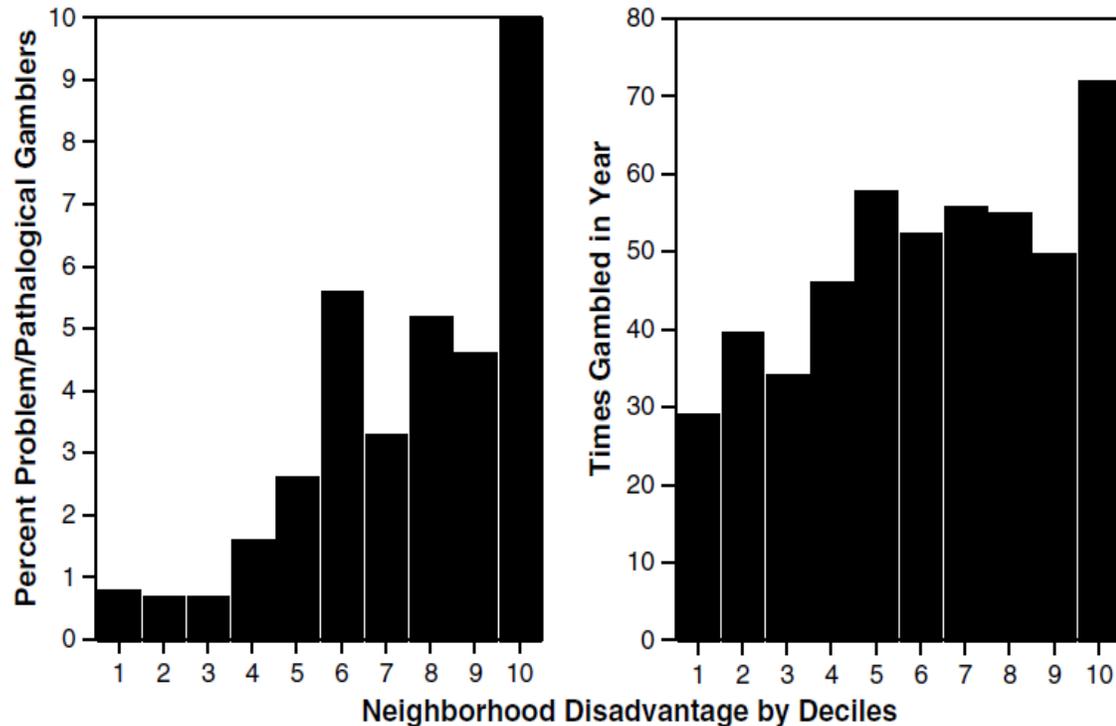


The Maryland Center of Excellence
on Problem Gambling

Public Health Agency of Canada (2013)

Socioeconomic Status and Gambling Harmn

Gambling involvement by neighborhood disadvantage.



Criteria Neighborhood Disadvantage

- % households receiving public assistance
- % households headed by female
- % adults unemployed
- % persons in poverty

Socioeconomic Status Criteria

- Occupational prestige (U.S. census categories)
- Family income

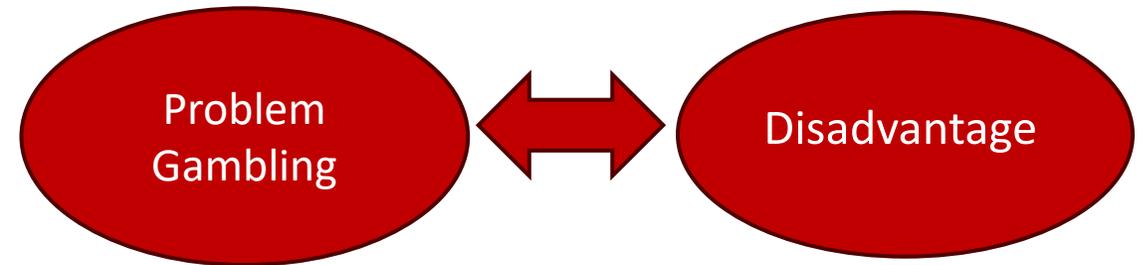
Gambling and Homelessness

(Vandenberg et al., 2022; Roberts, 2017)

- Disproportionate rate of problem gambling among those experiencing homelessness
- Disproportionate rate of homelessness among those experiencing problem gambling
- Severity of homelessness associated with higher prevalence of problem gambling
- Severity of problem gambling associated with higher prevalence of homelessness

Which Comes First?

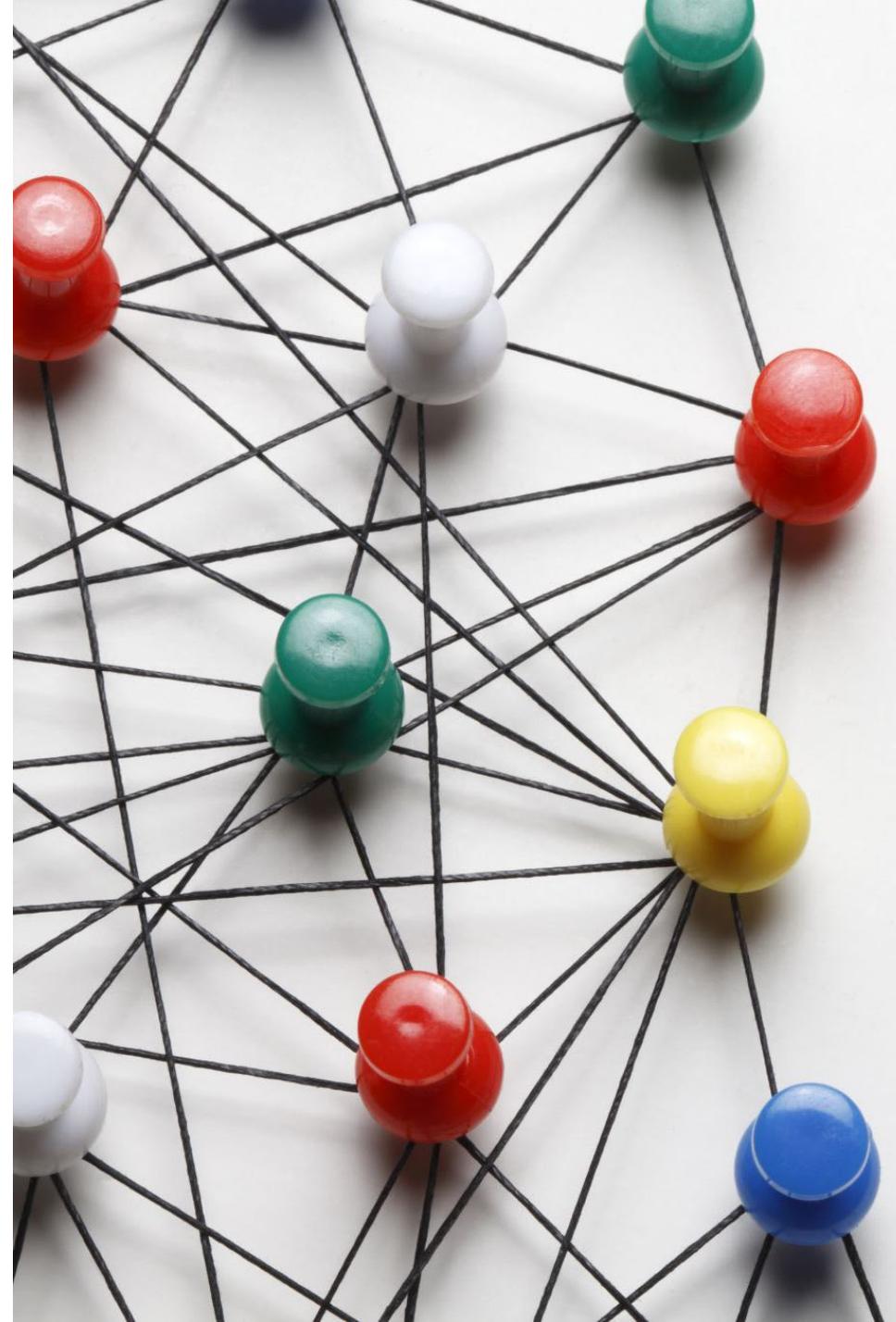
- People of lower SES spend proportionally more on gambling and are more likely to experience gambling problems.
- “While individuals in these disadvantaged groups are more likely to suffer the consequences of PG (financial distress, loss of employment etc) regardless of their participation in gambling, research indicates gambling may exacerbate underlying issues and increase the likelihood of such consequences. This suggests that gambling may contribute to increased socioeconomic inequality.”
- (Cruickshank & Casey, 2013)



Gambling Disorder and Minority Populations

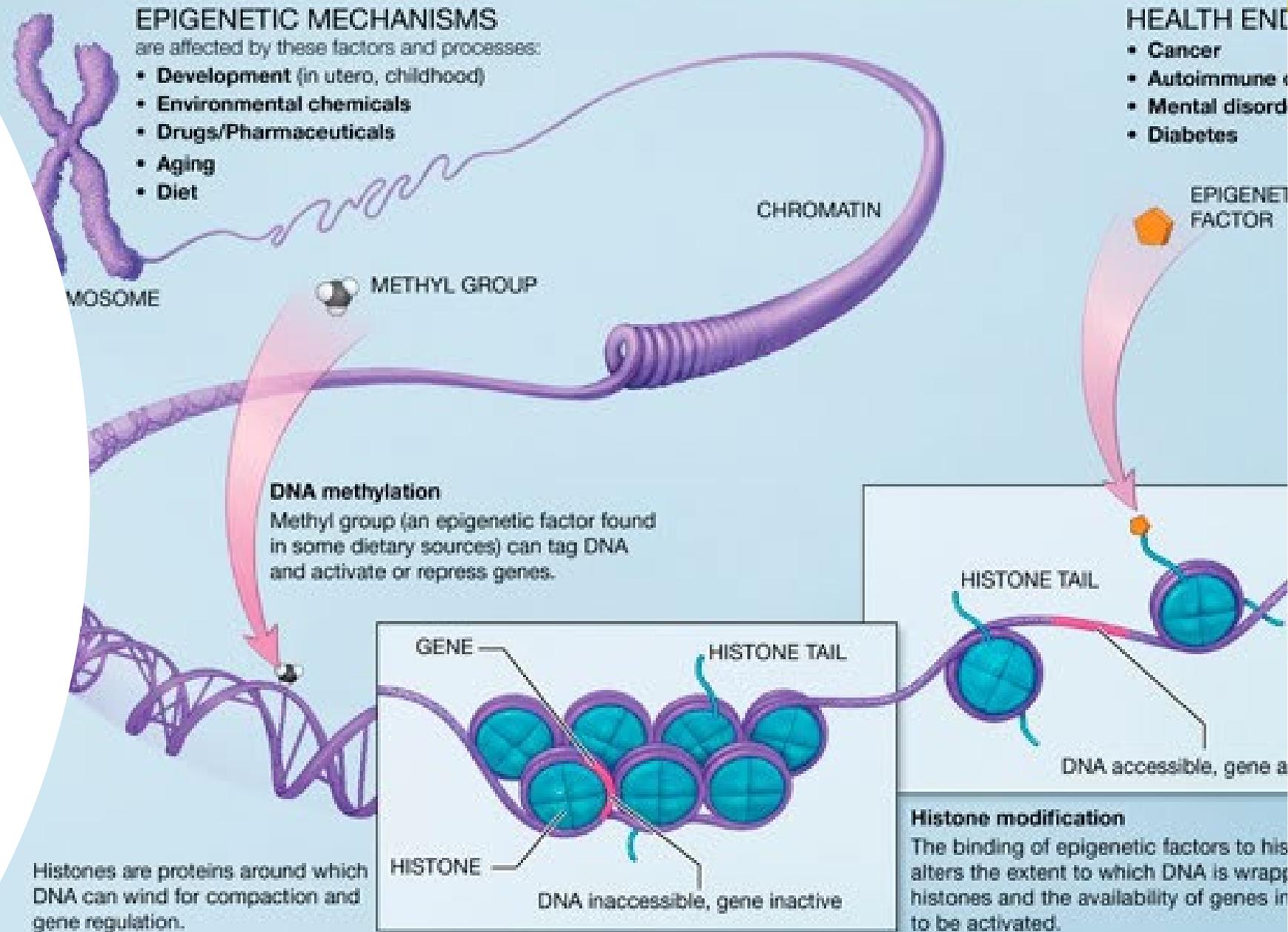
Racial and ethnic minority status may simply be a proxy for underlying potential risk factors such as social economic disadvantage, gambling availability, stress and acculturation processes, as well as cultural variations in values and cognitions. The contribution of these different factors in the development of GD is still an area under research. The need for prevention and treatment programs for different cultural group remains unmet (Okuda et al., 2016)

No evidence that effect of income on gambling disorder varies by race/ethnicity. For all race/ethnicity groups combined, low income was associated with increased odds of gambling disorder. (Day et al., 2020)

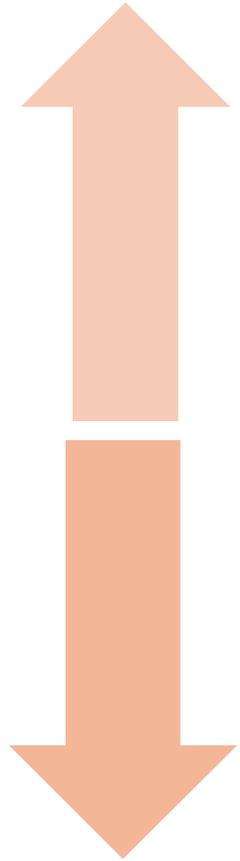


Epigenetics

- Science of gene expression
- Chemical compounds (i.e., methyl groups) on or attached to DNA
- Can be environmentally influenced by things like diet, pollutants, and trauma
- Research has established that trauma response can be inherited through generations contributing to depression, anxiety, addiction as well as physical disorders such as heart disease, obesity, and cancer



Epigenetics, Stress Response, Generational Trauma



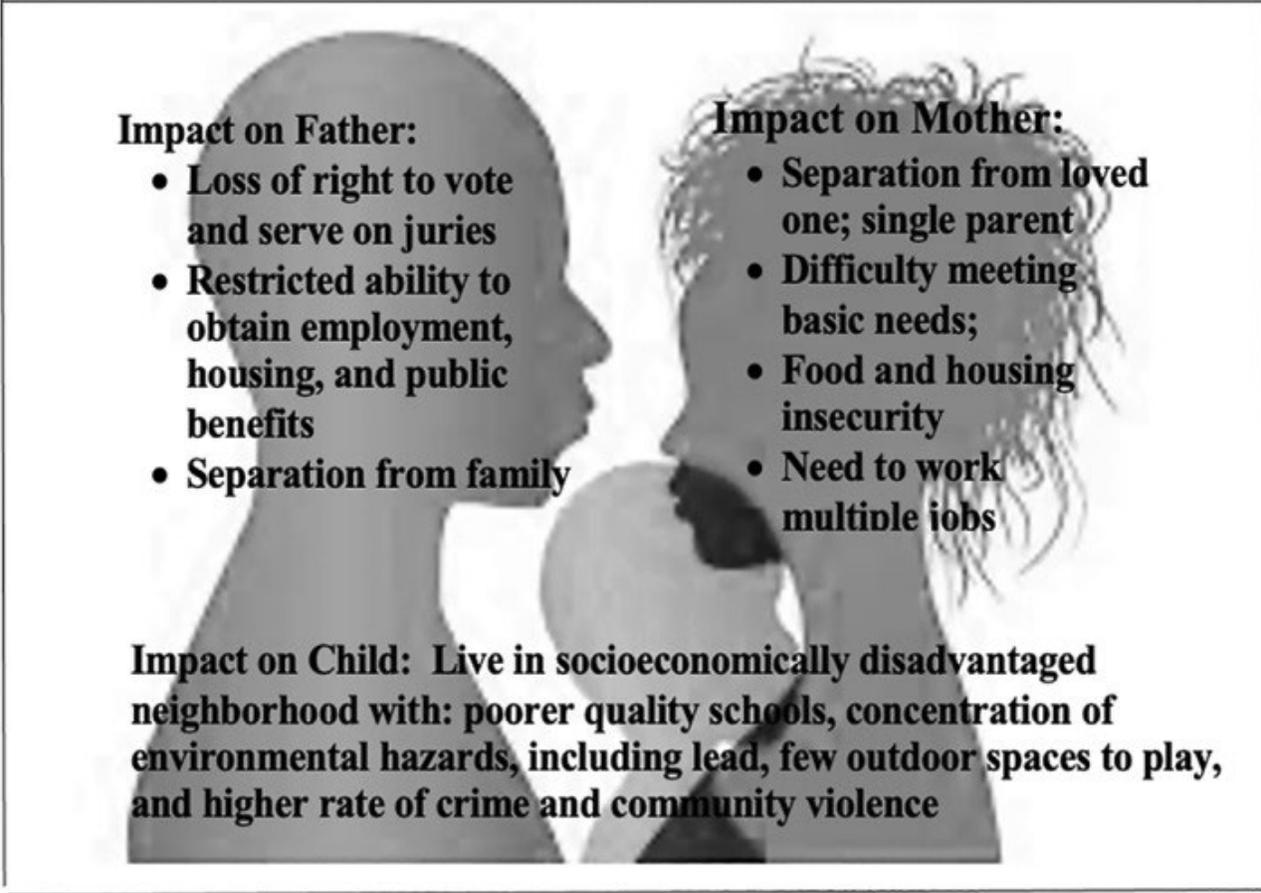
overactive
amygdala
(emotional
center)

underactive
prefrontal cortex
(thinking center)

underactive anterior
cingulate cortex
(attending center)



Impact of incarceration



Impact on Father:

- Loss of right to vote and serve on juries
- Restricted ability to obtain employment, housing, and public benefits
- Separation from family

Impact on Mother:

- Separation from loved one; single parent
- Difficulty meeting basic needs;
- Food and housing insecurity
- Need to work multiple jobs

Impact on Child: Live in socioeconomically disadvantaged neighborhood with: poorer quality schools, concentration of environmental hazards, including lead, few outdoor spaces to play, and higher rate of crime and community violence

Gambling, Genetics and Environment

- Slutske et al, 2015
 - A portion of the genetic risk to gamble was explained by moving to or remaining in a disadvantaged area
 - The genetic risk associated with gambling involvement and disordered gambling is associated with greater sensitivity to the effects of being exposed to living in a disadvantaged area
 - The relationship between local area disadvantage and gambling involvement and disorder was stronger in regions where there was a greater density of gambling venues (availability of EGMs)



Gambling, Genetics and Environment

“Disadvantaged neighborhoods provide environments that are high in risk [and stress] and low in protective influences, and when combined with the increased access for gambling opportunities, could potentially create a ‘perfect storm’ environment [and epigenetic impact] that fosters the development of gambling problem.”

(Slutske et al, 2019)



ETHNICITY

People of colour are significantly more likely to gamble and experience gambling harm.

Cultural differences, stressful living conditions, and social inequities experienced by Indigenous peoples contribute to a higher community prevalence of problematic gambling compared to the general public.



AGE

Gambling influences community health and well-being across the lifespan. Youth, young adults and older adults are particularly vulnerable to experiencing gambling harms.

Early gambling behaviour is a risk factor for harm. Free-to-play apps with gambling content continue to grow in popularity, making young people particularly vulnerable.

Older adults are more vulnerable to gambling harms as they may be less able to recover from financial loss.



MENTAL HEALTH

As many as 32% of those who gamble problematically struggle with major depression (national average = 4.7%).

Gambling can serve as a coping mechanism for people who are emotionally vulnerable.

Gambling harm is often associated with social anxiety, ADHD, impulsiveness, mood and anxiety disorders, and other mental health outcomes.



SUBSTANCE USE AND ADDICTION

People who struggle with a gambling problem are 2-4 times more likely to have a tobacco use disorder, and 3-6 times more likely to have an alcohol use disorder.

High school students in Ontario who struggle with problem gambling behaviour are 11 times more likely to report a cannabis use disorder compared to other students.



LIVING CONDITIONS

Gambling harm is associated with:

- Higher neighbourhood disadvantage
- Unstable housing conditions
- Homelessness

Adolescents whose parents gamble are 3-12 times more likely to report at-risk or problem gambling.



EDUCATION

A person's education influences how they gamble and their risk of developing a gambling problem.

Poor academic performance and lower educational attainment are risk factors and strong predictors for problem gambling behaviour.

People with higher education are more likely to gamble online.



SOCIOECONOMIC STATUS

People with lower income spend proportionately more of their income on gambling activities.

Land-based gambling opportunities are generally more readily available in lower income areas.

People who are unemployed are 3 times more likely to experience a gambling problem than those with secure employment.



HEALTH BEHAVIOURS AND RISK FACTORS

Gamblers are more likely to be sedentary than non-gamblers, and physical activity is associated with a decreased risk for problem gambling. People with a gambling problem are:

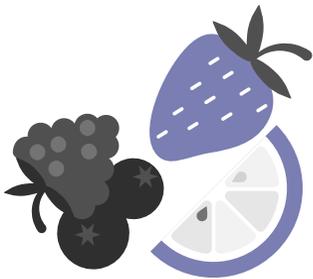
- 2 times more likely to report a lack of regular exercise
- 3 times more likely to watch 20+ hours of TV per week

People who gamble problematically are also 3 times more likely to be obese when compared to recreational or non-gamblers.



Epigenetics and Neuroplasticity

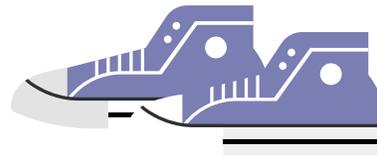
Environment can also heal epigenetic changes



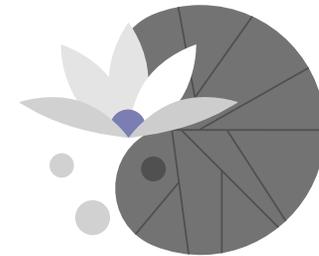
Healthy diet



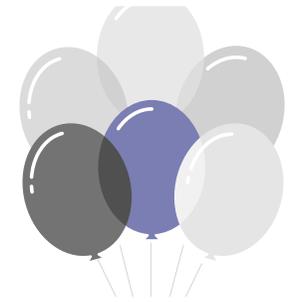
Nurturing environment



Exercise



Mindfulness and meditation



Play and creativity



This Photo by Unknown Author is licensed under [CC BY-SA-NC](https://creativecommons.org/licenses/by-sa/4.0/)

References

- Blaszczynski, A., Collins, P., Fong, D., Ladouceur, R., Nower, L., Shaffer, H. J., ... & Venisse, J. L. (2011). Responsible gambling: General principles and minimal requirements. *Journal of Gambling Studies*, 27(4), 565–573. doi: 10.1007/s10899-010-9214-0
- Blaszczynski, A., Ladouceur, R., & Shaffer, H. J. (2004). A science-based framework for responsible gambling: The Reno Model. *Journal of Gambling Studies*, 20(3), 301–317. doi: 10.1023/B:JOGS.0000040281.49444.e2
- Chóliz M (2018) Ethical Gambling: A Necessary New Point of View of Gambling in Public Health Policies. *Front. Public Health* 6:12. doi: 10.3389/fpubh.2018.00012
- Day B, Rosenthal G, Adentuji F, Monaghan A, Scheele C, Tracy KJ (2020). Evaluating for differences by race/ethnicity in the association between income and gambling disorder. *Journal of Gambling Studies* (2020) 36:1093–1105
- Gainsbury SM, Abarbanel BLL, Philander KS, Butler JV (2018). Strategies to customize responsible gambling messages: A review and focus group strategy. *BMC Public Health*, 18:1381. <https://doi.org/10.1186/s12889-018-6281-0>
- Gambling Research Exchange of Ontario. <https://www.greo.ca/en/index.aspx>
- Okuda M, Weiwei L, Cisewski JA, Segura L, Storr CL, Martins SS (2016). Gambling disorder and minority populations: prevalence and risk factors. *Curr Addict Rep*. 2016 September ; 3(3): 280–292. doi:10.1007/s40429-016-0108-9.

References

- Public Health Agency of Canada. <https://www.canada.ca/en/public-health.html>
- Roberts, A., Sharman, S., Cold, J., Murphy, R., Bowden-Jones, H., Cowlshaw, S., et al. (2017). Gambling and negative life events in a nationally representative sample of UK men. *Addictive Behaviors*, 75, 95–102. <https://doi.org/10.1016/j.addbeh.2017.07.002>
- Slutske WS, Deutsch AR, Statham DJ, & Martin NG (2015). Local area disadvantage and gambling involvement and disorder: Evidence for gene-environment correlation and interaction. *Journal of Abnormal Psychology*, 124, 606–622. [PubMed: 26147321]
- Slutske WS, Piasacki TM, Deutsch AR, Statham DJ, Martin NG (2019). Potential causal influence of neighborhood disadvantage on disorder gambling: evidence from a multilevel discordant twin design. *Clin Psychol Sci*. 2019 May ; 7(3): 582–596. doi:10.1177/2167702618812700.
- Vandenberg B, Livingstone C, Carter A, O'Brien K (2022). Gambling and Homelessness: A systematic review and meta-analysis of prevalence. *Addictive Behaviors*, 125.
- Welte JW, Wieczorek WF, Barnes GM, Tidwell MC, & Hoffman JH (2004). The relationship of ecological and geographic factors to gambling behavior and pathology. *Journal of Gambling Studies*, 20, 405–423. [PubMed: 15577275]
- World Health Organization. <https://www.who.int/initiatives/who-public-health-and-social-measures-initiative>