INTERVENTIONS FOR PROBLEM GAMBLERS IN THE CORRECTIONAL SYSTEM

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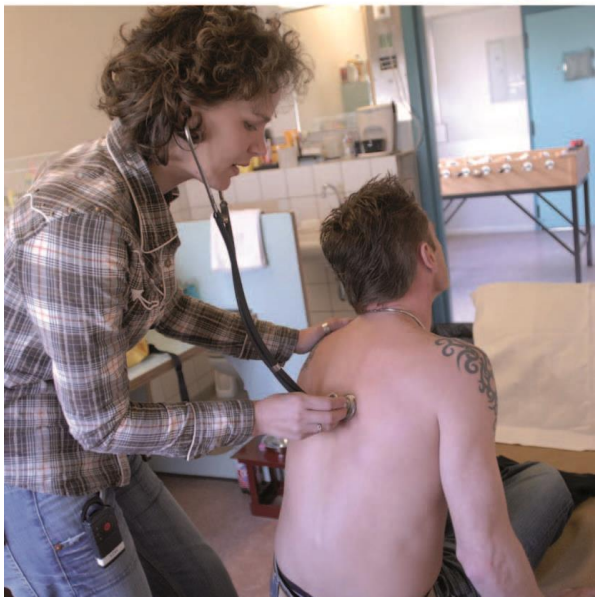
WHO: STANDARDS IN PRISON HEALTH: THE PRISONER AS PATIENT

- **People who are in prison have the same right to health care as everyone else.**
- Prison administrations have a responsibility to ensure that prisoners receive proper health care and that prison conditions promote the well-being of both prisoners and prison staff.



Standards in prison health: the prisoner as a patient -
Andrew Coyle

WHO: STANDARDS IN PRISON HEALTH: THE PRISONER AS PATIENT

- Health care staff must deal with prisoners primarily as patients and not as prisoners.
- Health care staff must have the same professional independence as their professional colleagues who work in the community.
- **Health policy in prisons should be integrated into national health policy, and the administration of public health should be closely linked to the health services administered in prisons.**

RESEARCH TOPIC

- This study was an expert interview study of the current state of services for problem gambling amongst offenders with a particular focus on the Ontario situation.
- Avoided the phrase "key informant" as informant has awkward connotations in the corrections field
- 16 people were interviewed

DEFINITION OF TERMS

- Provincial: a prison sentence of less than 2 years, typically for less serious offences.
- Federal: a prison sentence of 2 years or more often involving some degree of violence or a large number of repeated non-violent offences.

TURNER, ET AL., (2013)

Federal (N = 301) vs. Provincial (N = 121)

Male (n = 381) vs. Female (n = 41).

Federal security level: Max (N = 81) vs. Medium (N = 96) vs. Min (103)

GAMBLING SEVERITY (CPGI) BEFORE AND DURING INCARCERATION BY INSTITUTION TYPE (%)

	Non	Low	Moderate	Severe
Before incarceration				
Federal	68.7	14.0	10.0	**7.3**
Provincial	40.0	30.0	17.5	**12.5**
During incarceration				
Federal	80.1	8.8	7.4	**3.7**
Provincial	70.7	14.7	8.6	**6.0**

PREVALENCE RATES

Provincial	12.5
Federal Min security	4.9
Federal Med security	7.3
Federal Max security	8.6

FINDINGS

- High rates of PG amongst people involved in the criminal justice system
- Highest in Provincial and Max Federal
- Nearly half of males gamble while in prison
- Gambling *inside* not as frequent among female people involved in the criminal justice system

METHOD

- 16 Experts (key informants)
- Interviewed about dealing with problem gambling in a correctional setting
- Mostly people who have run a program from problem gamblers who were involved with the correctional system.
- Combined with literature review to provide two sources of data.

TYPE OF PROGRAMS

1. Gambling Treatment Court or Problem Solving Court (redirection)

- Similar to drug treatment court
- Currently few exist (one is Buffalo), but some problem solving courts will take people with gambling problems.
- Difficulties identifying the clients
- Level of fraud often too severe ($$$) to justify diversion
- Lack of a good compliance test

TYPE OF PROGRAMS

2. Gamblers anonymous

- Is allowed as a social program. AA is encouraged.
- AW reports successfully starting a number of groups in correctional institutions.
- Difficult to get a GA program set up in prison without external help – possibly due to stigma & risk of exposure
- Most often requires the input of someone from outside of the institution.
- Currently GA is underutilized

TYPE OF PROGRAMS

3A Short information oriented sessions during incarceration

- Adapt program in Guelph runs two brief psychoeducational program.
- 1 in a male institution; 1 in a female institution.
- 4 session for a total of 6 hours.
- Other programs exist
- Most have no published evaluations
- Session topics include:

    1) understanding addiction, myths, stigmas

    2) negative consequences & motivations for change

    3) family impact, relationships, & communication

    4) relapse prevention including urges, triggers, & coping skills

TYPE OF PROGRAMS

3B Group treatment programs during incarceration

1. Oregon (Brief treatment)
2. Alberta (Brief treatment)
3. Ontario (Intensive)
4. Lifestyles (Psycho-educational)

- The number of sessions & intensity of treatment varies
- The Alberta program and the Lifestyles programs have been published.

TYPE OF PROGRAMS

4A Short information oriented sessions post release

KAIROS program in Kingston

Both substance and gambling

5 sessions; 7.5 hours in total

Mostly for substance abuse

TYPE OF PROGRAMS

4b Post release treatment

1. Regular counselling often mandated as a condition of parole

- Not noticeably different than other clients
- Reports sent to parole officer

1. In patient treatment in Windsor

- Few in patient treatment services are available.

SUCCESS / EVALUATION

- Very few of the programs we examined have been scientifically evaluated formally.
- In total 2 published papers were found on the topic
- Most programs have some opinion based evaluations.
- Staff believe in these programs and utilize them.

MEETING THE NEEDS

- Programs are only available to some people in the correctional system, leaving many without services.
- Mostly available only to people who qualify for minimum security and/or escorted absences.
- People in the correctional system in maximum or medium security are currently out of luck.

WHAT ARE THE SYSTEM GAPS?

- People in maximum security have no access to problem gambling services.
- Services are very limited overall/hit and miss.
- Upon release, services are widely available in Ontario but not specifically for people leaving institutions.
- Little coordination between treatment agencies and criminal justice system.

RESISTANCE

- Some gamblers are reluctant to make their gambling known due to stigma.
- Others do not want conditions placed on their release
- Little assessment of PG occurs.
- Many people those problem gamblers inside would welcome a PG program (Turner, et al., 2009), but only if it was voluntary (rather than one that was mandated).

INTEGRATED OR SEPARATE PROGRAMS?

1. Opinions on this question were mixed.
2. Benefits of integration
    1. cost effective
    2. overlapping skills that both SUD and PG clients
    3. greater availability of programs
3. Best as separate programs
    1. stigma & confidentiality
    2. potential victimization
    3. unhappy about info. that is not relevant to them
4. Some combination of integrated and specific programming
    1. joint sessions for common needs
    2. separate sessions for unique needs

BARRIERS TO PROGRAMS

- Fear of stigma & potential exploitation
- Lack of screening & assessment & awareness in staff
- Movement issues, lock downs, and staff attitudes
- People in correctional settings would prefer a voluntary program rather than one that was mandated.

SOLUTIONS

- Need to increase awareness of the issue of problem gambling at all stages of the criminal justice system including judges, lawyers, corrections workers, and parole officers
- Promote the possibility of problem solving courts
- Assess problem gambling during intake
- Train parole officers etc. to identify people with gambling problems & how to deal with them.
- Encourage local treatment agencies to set up and run psychoeducational problem gambling services inside correctional facilities
- Encourage local GA members to help set up GA groups in correctional institutions.