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eGambling

THE ELECTRONIC JOURNAL OF GAMBLING ISSUES

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Guest editorial

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Wayne Skinner
Centre for Addiction and Mental Health
Toronto, Ontario, Canada

January 28, 2002

[The opinions expressed here are the author's and not necessarily those of the Centre for Addiction and Mental Health.]

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Phil Lange, Editor
E-mail: Phil_Lange@camh.net

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The *EJGI* is published by the Centre for Addiction and Mental Health and is fully funded by the Ontario Substance Abuse Bureau of the Ministry of Health and Long-Term Care. We welcome manuscripts submitted by researchers and clinicians, people involved in gambling as players, and family and friends of gamblers.

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research

Other research articles in this issue

[This article prints out to approximately 9 pages.]

[Correction: Figure 1 was omitted from the original article. The first paragraph of the Results section has been altered accordingly. We apologize for this error. –Ed.]

Brief Research Report

Internet Gambling Among Ontario Adults

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Abstract

The increased popularity of the Internet among the general population is of particular relevance to the area of Internet gambling. This paper describes the prevalence of Internet gambling among Ontario adults. Data are based on a random telephone survey of 1,294 Ontario adults. Overall, 5.3% of the Ontario adults interviewed in 2000 reported having gambled on the Internet during the past 12 months. Although women were more likely to gamble on-line than males (6.3% vs. 4.3%), the difference was not statistically significant. Only marital status was significantly related to Internet gambling. Those previously married (divorced, widowed) were significantly more likely to report on-line gambling compared to those who were married (10.9% vs. 4.9%). There were no dominant age, regional, educational or income differences.

Introduction

The global growth of gambling and the increased popularity of the Internet have led to a greater number of people having the ability and willingness to engage in Internet gambling (Sinclair, 2000). Although Internet gambling is considered to be at an early stage, virtually all observers assume the rapid growth of Internet gambling will continue (National Gambling Impact Study Commission, 1999). According to some estimates, $2.3 billion (US) a year is being spent on Internet gaming worldwide, and the market has more than tripled in size since 1997 (Mitka, 2001). One study, which features details on more than 1,400 gambling sites available worldwide, estimates that the number of Internet gamblers will grow from approximately 4 million people in 1999 to 15 million by the year 2004 (Sinclair, 2000).

It has been argued that new technologies are linked to "technological addictions" such as computer game playing or gambling using video lottery terminals (Griffiths, 1995, 1996, 1999). Because the Internet can be used anonymously and is open 24 hours a day, concerns have been raised regarding its potential abuse by underage gamblers, seniors and pathological gamblers (National Gambling Impact Study Commission, 1999).

In Canada, legalized gambling experienced a rapid expansion in the 1990s and recent studies show that the prevalence of gambling and gambling-related problems in the general adult population is increasing (Jacques, Ladouceur & Ferland, 2000; Korn, 2000; Shaffer, Hall & Vander Bilt, 1999). Although Internet gambling represents another emerging public health issue (Korn, 2000; Mitka, 2001), to date, there is no published research in the professional literature on prevalence of Internet gambling among adults in Canada. The purpose of this paper is to provide epidemiological estimates of Internet gambling among Ontario adults.

Method

Our data are derived from the 2000 cycle of the Centre for Addiction and Mental Health *CAMH Monitor (CM)*, an annual cross-sectional telephone survey of Ontario adults. The *CM* cycle consists of 12 independent monthly

surveys with 200 completions expected each month. The 2000 survey used random-digit dialling (RDD) methods via Computer Assisted Telephone Interviewing (CATI).

The design employed a two-stage probability selection procedure. Each month a random sample of telephone numbers was selected with equal probability in the first stage of selection (i.e. households). Within selected households, one respondent aged 18 or older (who could complete the interview in English or French) was chosen according to which household member had the most recent birthday. To increase the precision of estimates from different areas of Ontario, the sample was equally allocated among six strata by area code. The design resulted in a total sample of 2,406 respondents, representing an effective response rate of 61%. To maximize content coverage without increasing the length of any single interview, two questionnaires were employed in CM 2000: Panel A, representing interviews conducted from January to June, 2000, and Panel B, representing interviews conducted from July to December, 2000. The gambling items discussed in this study were asked only of Panel B respondents (N=1,294). Further details about the CM 2000 are available (Adlaf, Ialomiteanu & Paglia, 2001).

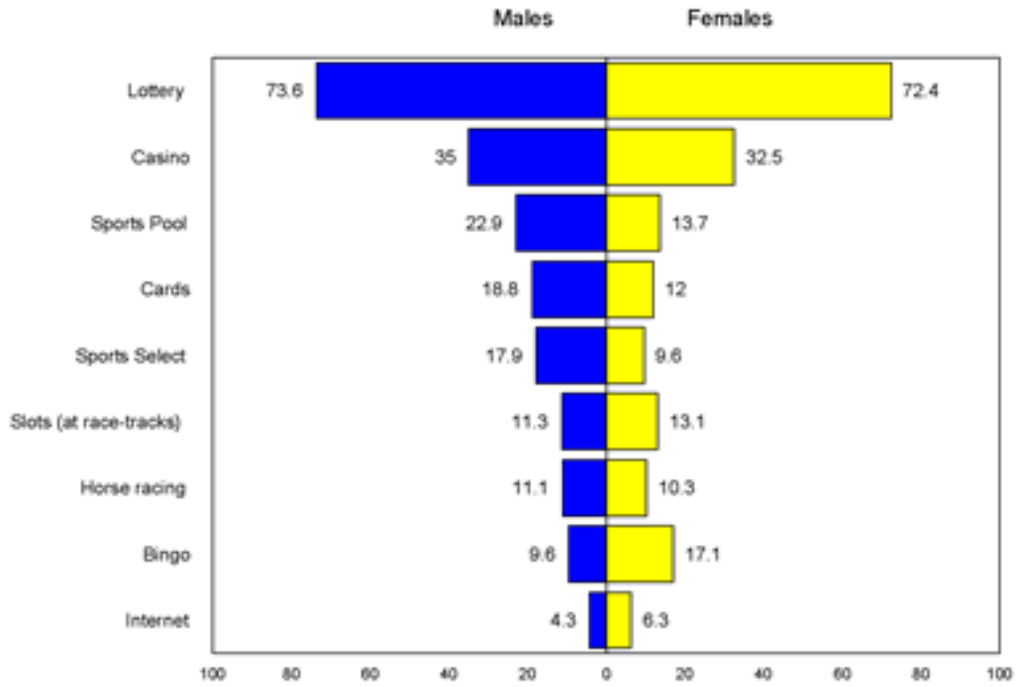
Prevalence of Internet gambling refers to betting money on-line to gamble. Respondents were asked how often, in the past 12 months, they bet money using the Internet? Because our design employed complex sampling methods, we used Taylor linearization methods in order to ensure proper variance estimation for weighted complex sampling (Stata Corporation, 1999). Subgroup analyses were conducted by gender, age, marital status, region, education and income, using logit models. The significance of the group effect was determined by adjusted Wald statistics.

Results

As seen in Figure 1, Internet gambling was the least commonly reported form of gambling for both men and women. Overall, 5.3% (4.1% to 6.9%, 95% CI) of Ontario adults interviewed in 2000 reported having gambled on the Internet during the past 12 months (see Table 1). Although women were more likely to gamble on-line than males (6.3% vs. 4.3%), the difference was not statistically significant. There was a significant univariate effect for age, with people aged 50 to 64 reporting the lowest rates of Internet gambling, and those aged 65 and over reporting the highest rates (1.5% vs.

8.1% respectively), but after controlling for other demographics this effect did not hold.

Figure 1
Types of Gambling Activities in the Past 12 Months by Gender, Ontarians Aged 18+ , 2000



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Only marital status was significantly related to Internet gambling. Previously married (widowed, divorced) people were significantly more likely to report on-line gambling compared to those who were married (10.9% vs. 4.9%). There were no dominant regional, educational or income differences.

Additional analyses revealed that 6.7 % (5.1% to 8.7%, 95% CI) of past year gamblers (N= 1,042) reported past year Internet gambling. Moreover, findings evident among the total sample also held for those who gamble among the respective demographic groups: women, people over 64, and previously married people reported the highest rates of Internet gambling. But only marital status was a significant predictor of gambling on-line after controlling for other variables (data not shown).

Table 1. Percentage reporting Internet gambling during the past 12 months, unadjusted and adjusted group differences, Ontario residents aged 18 or older, 2000

		N	%	95% CI	Unadjusted Odds Ratio	Adjusted Odds Ratio for Factors 1 to 6
Total Sample		1,294	**5.3**	(4.1, 6.9)		
1) Gender					NS	NS
Women	(Comparison Group)	722	**6.3**	(4.5, 8.6)	---	---
Men		572	**4.3**	(2.7, 6.8)	.67	.78
2) Age					*	NS
18-29	(Comparison Group)	294	**4.4**	(2.4, 8.0)	---	---
30-39		302	**6.9**	(4.3, 10.9)	1.59	1.09
40-49		266	**5.6**	(3.2, 9.6)	1.26	.86
50-64		242	**1.5**	(0.5, 4.2)	.32*	.19**
65+		205	**8.1**	(4.4, 14.5)	1.90	1.04
3) Marital Status					**	**
Married/Living with Partner	(Comparison Group)	768	**4.9**	(3.4, 6.9)	---	---
Never Married		272	**3.5**	(1.8, 6.9)	.72	.64
Previously Married		239	**10.9**	(6.4, 17.9)	2.38**	2.72**
4) Public Health Regions					NS	NS
Toronto	(vs. Provincial Average)	208	**7.7**	(4.4, 13.3)	1.63	1.79
Central South		120	**5.0**	(2.2, 10.9)	1.03	.95
Central West		167	**3.2**	(1.3, 8.1)	.66	.75
South West		224	**5.2**	(2.9, 8.9)	1.05	.98
Central East		155	**3.2**	(1.3, 7.7)	.65	.63
East		207	**7.1**	(4.3, 11.6)	1.49	1.64
North		213	**4.3**	(2.1, 8.6)	.87	.79
5) Education					NS	NS
Less than high school	(Comparison Group)	180	**6.7**	(3.3, 13.2)	---	---
Completed high school		370	**6.0**	(3.6, 10.1)	.89	.92
Some college or university		390	**5.4**	(3.5, 8.3)	.79	.77
University degree		343	**3.6**	(2.1, 6.3)	.52	.49
6) Income					NS	NS
<$30,000	(Comparison Group)	219	**6.3**	(3.3, 11.6)	---	---
$30,000-$49,000		217	**4.4**	(2.2, 8.7)	.69	.94
$50,000--$79,000		284	**6.5**	(3.9, 10.6)	1.03	1.72
$80,000+		278	**5.3**	(2.9, 9.5)	.83	1.79
Not stated		296	**4.3**	(2.4, 7.7)	.67	.97

Notes: *p<.05; **p<.01
Asterisks in shaded rows indicate the significance of the group effect, based on Wald test.
Odds greater than 1.0 indicate that gambling is more likely to occur in the group being compared to the comparison group.
Odds less than 1.0 indicate that gambling is less likely to occur in the group being compared to the comparison group.

(click figure for larger image)

Discussion

Although the data provide some unique and timely information regarding Internet gambling in Ontario, they are not without limitations. Indeed, we must recognize that the estimates of Internet gambling are potentially affected both by errors in reporting Internet gambling and errors due to missing respondents. It is likely that both types of error would understate the Internet gambling estimates. Also, no information was gathered regarding the prevalence and frequency of Internet use among Ontario adults.

Several implications and observations may be drawn from the findings. First, many traditional demographic factors, such as sex, age, region and socioeconomic factors, are not particularly forceful factors in Internet gambling. This form of gambling is robust and appears to span all configurations of individual social and economic status. Second, although rates of Internet gambling are not excessive, given the simultaneous expansion and diffusion of both Internet access and gambling, continued surveillance is important. Third, given the absence of a significant association between Internet gambling and low income, some may speculate the existence of a potential regressive influence of Internet gambling (Korn, 2000). In this context, investigations must assess the association between Internet gambling and disposable income, which was not examined in this study.

Some of the findings provide a conduit for future investigation. First, we need to assess what may be generalized and what are potential factors related to the elevated rate of Internet gambling among previously married respondents. Although this group also reported elevated rates of alcohol problems and psychological distress (Adlaf & Ialomiteanu, 2001), additional analyses indicated that such factors did not nullify the significant association between marital status and Internet gambling. Another finding worthy of attention is the elevated rate of Internet gambling among people aged 65 years and older. Although the association between age and Internet gambling was not significant, this finding still merits attention in future research.

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feature

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Treating the Person with a Gambling Problem

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Abstract

This short article presents compelling reasons for the treatment of problematic gambling from a solution-focused brief therapy (SFBT) perspective. It reviews a set of techniques designed for use by practitioners and clients who face this problem and its serious emotional, social and financial consequences. Although SFBT has theoretical and philosophical foundations, the focus of this article is the "how-to" aspect of importance to both clinicians and clients. SFBT lends itself well to self-help models and group therapy settings, since clients can benefit from asking similar questions of themselves or of one another in group settings.

Why SFBT Is Useful to Clinicians

Factory Worker Hits the Big One! Super Jackpot Now Worth $142,000,000! These stories make glamorous headlines for local papers. However, reading such stories pales in comparison to the excitement when faced with all the bells and whistles and glorious possibilities upon entering a casino, or the adrenaline of anticipation when buying bands of lottery tickets. Even these experiences pale in comparison to hearing the jingle of apparent winnings, which in turn can only be a fraction of what it must feel like to win big! On a scale of 1 to 10, if the excitement of reading thes success stories is a 1, then hitting it big must be 115!

Stories of personal destruction, which are at least as common as tales of big winnings, seem to get lost in the back pages. There is no vicarious excitement or adrenaline rush associated with reading about "Family Sells House to Pay Gambling Debt" or "Suicide the Cost of Man's Shame Over Gambling Debts." But if you are taking the time to read this article, you already know that gambling can be a serious problem. Perhaps the more relevant and important question, then, is "What are the solutions?"

It is reasonable to expect that a problem as persistent and serious as gambling, with its insidious effects on every aspect of a problem gambler's life, would take a long time and lots of money and energy to solve. Yet, our experiences have shown us that problematic gambling is not a uniform entity with a predictable course of treatment and outcome, but comes with complex, multi-faceted symptoms that make it difficult to foretell what might be the problem and the appropriate treatment. We are confident in asserting, however, that most clients' life goals are similar to those of the rest of the population. That is, they want to be competent in what they do, earn a living, raise a family and feel productive in their endeavors; they also want to feel respected for their abilities and accepted and loved for who they are. These are modest and realistic goals but they may be difficult to achieve for those with serious problems.

As will be described more in detail later, rather than "dis-solving" problems, building solutions focuses on a desirable future state of being rather than understanding what went wrong. Thus, it builds on strengths, rather than shoring up personal deficits. It is a time-sensitive, cost-effective approach that meets relevant criteria for efficient, effective and collaborative ways of working with clients.

Problem-Solving and Solution-Building Approaches

The most widely accepted perspective in the field of mental health, addiction and other human services is based on the "scientific," or medical, model. Described as a "problem-solving" approach (DeJong & Berg, 2001), this model begins with a detailed description of the problem, based on the belief that there is a causal relationship between problems and solutions.

This is typically carried out by (1) obtaining detailed information about the origin of the problems and description of symptoms to understand the nature

of the problems. The next step (2) is to assess what category the problem falls in; for example, whether it fits the mental health description of depression or compulsive behavior, or whether the origins have a genetic basis. The third step, (3) is to find the solution that matches the problem, followed by the fourth step (4) of a prescription for the appropriate remedy. It is easy to see that this problem-solving model is reasonable and sensible in many ways since we all want to know the causal relationship between problems and solutions. It is easy to recognize that this approach is heavily dependent on the expert knowledge of the professional who diagnoses the problem, makes the connection between problem and solution, prescribes the remedy and then follows up with an evaluation of whether the remedy was carried out and whether it worked.

When the nature of the problem is physical or medical, this kind of mechanistic approach makes sense and has yielded an amazing array of new remedies once thought impossible in medicine and science. However, what clients bring to the mental health or addiction treatment field is much more complex than treating physical problems where one can see the broken bones or identify the bacterium that causes fever. People, unlike germs, attach meaning to their illness, their misery or undesirable behaviors, all based on their unique personal experiences and history. This distinctive human activity of attaching meaning to events and wanting to understand what is behind them is both normal and highly individual.

The solution-building approach, in contrast, begins with eliciting clients' views of what would be a better life. By seeking professional help, clients acknowledge that their current state of affairs is unsatisfactory or unacceptable on a personal level or to the people around them, or both. Therefore, beginning with a client's views and criteria for what is a desirable state of being, therapists set the stage for goal negotiation (which is addressed later). Once the goal is negotiated, the next step is to learn about the client's frame of reference; that is, what is this person's unique way of orienting himself or herself in this world? For example, does this person view the world as hostile or friendly? Does the person view the problem as solvable, or hopeless and beyond solution? A host of other information can guide us toward understanding what might be a useful way to work with this client.

The third step is to discover the client's ability to find solutions; that is, the client's experience of exceptions to problems. For example, times when he or she could have gambled but somehow managed to stay away from it. These exceptions become the building blocks for tailoring solutions to fit a particular client. As treatment progresses, clients are asked to assess their own progress until they feel confident to carry out daily tasks in a manner they

consider satisfactory.

The solution-building process is driven by the client's view of his or her daily life in the real world outside of the therapy room. This approach further assumes that clients not only have ideas about what is good for them but also possess the beginning to their solutions, which is significant, however small. It becomes apparent why client resistance is at a minimum, thus treatment moves along rather quickly and without the need to confront denial.

We contend that these are compelling reasons for clinicians to adopt this solution-building stance. Therapists using this approach (1) employ goal-driven activities negotiated with the client; (2) recognize that only the client can change (since we follow what the client is interested in changing); (3) are highly respectful of clients' own expertise in their own life circumstances based on personal history and life experiences; and (4) build on resources already existing in the client's life, rather than filling in or eliminating deficits. When this non-pathological approach is used, (5) the treatment becomes short-term and long-lasting because we are working with the client's resources, not her or his deficits.

More detailed descriptions of the underlying assumptions and clinical postures are described and explained by writers who have worked with a wide variety of client populations from many cultural backgrounds in many settings (de Shazer, 1985, 1988, 1994; Berg & Miller, 1992; Dolan, 1992; Berg & de Shazer, 1993; Berg & DeJong, 1996; Berg & Reuss, 1997; DeJong & Berg, 1998; Berg & Kelly, 2000; Berg & Dolan, 2001; Berg & Steiner, 2002). Now we will make a more detailed description of the useful techniques that form the foundation of SFBT.

Goal Construction and Negotiation

The beginning point for working with problematic gambling (or any other presenting problem) is a goal —not just any goal, but the client's goal(s). This is a particularly important emphasis, especially in relation to such a personally value-laden topic as gambling. Therefore, a session might begin with the therapist asking the client, "So, what needs to come out of our meeting today that will let you know it was useful and helpful?" This beginning immediately sets the tone for the client by stressing that the therapist is interested in learning what she or he wants from the session and that something positive might come out of even this one meeting. This orients clients toward a positive outcome and an expectation that there will be an end to their

problems and suffering.

It is easy to assume that all clients know specifically what they want. Our experience, however, tells us that most people think of goals in vague terms and as the absolute absence of the problem. Most clients say, "I'm so tired of being in debt, being scolded or sneaking around that I just want this monkey off my back." While such desires are perfectly understandable, constructing a workable goal requires more precise definition of the beginning of a successful outcome, as the following dialogue indicates.

> **Client (C):** I am so sick of being broke, feeling guilty all the time, sneaking around.
>
> **Therapist (T):** I can imagine you are tired of living this way. So, what would you like to see yourself doing instead?
>
> **C:** I don't know ... I just want to be at peace with myself and my family.
>
> **T:** Good idea, and it sounds like you could use some of that. So, what would you do when you get this peace that you are not doing right now?

The goal of treatment should be stated as a presence of something, not the absence of the problem. That is, what will the client do with his or her time, energy, money, and so on, when no longer gambling? The goals must be concrete, measurable, behavioral and countable; an operational definition. In other words, goals must be constructed in a fashion that creates an opportunity for clients to recognize the signs that they are moving toward successful mastery over their problem. The goal must point to the beginning of a solution rather than the ending of a problem; it must be realistic and congruent with the client's lifestyle and social context.

For example, a large proportion of the initial meeting can be devoted to turning vague goals into something that is measurable so that the client can recognize the beginning of successful steps toward her or his goals. For instance, consider the following, common dialogue:

> **C:** I just want to understand why I have this problem, why do I keep doing things that are personally destructive. I feel like such a hopeless case. Why am I doing this to myself?
>
> **T:** Of course, it makes sense that you would ask that. So, suppose you somehow come to understand why you keep doing

things that are destructive to you, what will you do then that you are not doing right now?

C: I don't know, but at least I'll feel like a normal person, like everybody else, spend more time with my family, do what most people do. You know, like going out to eat, going to a movie, taking my kids to a park, going for a walk, stuff like that will make me feel normal like everybody else.

T: So, what you really want is to be normal, do normal things that other people do and feel good about doing those things.

C: Yeah, I haven't felt like that for such a long time, it seems.

In addition to respecting the client's desire to be "normal," which clearly needs further clarification in operational terms, feeling and doing "normal" things is much easier to conceptualize because "being normal" has a much longer list of activities and wider choices than "kicking the gambling habit." We want clients to find ways to feel successful immediately so that they begin to be hopeful about themselves, perhaps even as early as tomorrow morning. We also like to emphasize that the client's goal must be described in terms of his or her social context and significant social relationships because of the very nature of destructive influences on the people around the gambler. Therefore, further negotiation of goals might go like this:

T: So, suppose you are calmer, can hold your head up high, spend more time with your family and help your children with homework and these things you've been talking about. What would be different between you and your wife (children, best friends, employer, etc.)?

C: That'd be so good; we would get along, talk more, have dinner together now and then, spend more time around the house with each other. We avoid each other right now, and we hardly talk anymore, except for "Who is taking the kids to school?" and stuff like that.

At every step of the way, the clearly articulated client goal takes the center stage in subsequent contacts and becomes the guidepost for successful treatment. We believe it is important to know when to stop treatment even as the relationship begins.

Even when the client comes to treatment under coercion, or outside pressure from a spouse, court or employer, and is seemingly unmotivated, the following

dialogue shows how the therapist can find out what and who is important to the client. The approach is founded on basic respect for client competence and the belief that clients know what is good for them. We believe the client's ideas should take priority over our "expert" knowledge, since it is the client who must actually implement the necessary changes. This is illustrated in the following dialogue where a client comes to see a therapist under duress.

> **T:** What would you like to accomplish as a result of coming to see me? How can I be most helpful to you today?
>
> **C:** I don't know. My wife wanted me to come and see you. She thinks I have a problem.
>
> **T:** Oh, I see, and she wants you to do something about this problem she thinks you have?
>
> **C:** Yes.
>
> **T:** So you must agree with her, or at least want to get along with her in order for you to follow through with her request.
>
> **C:** Well, I don't know if I agree that it's a problem. But I do care about her enough to at least come here and talk to you about it.
>
> **T:** I can see that you are respectful of her ideas. Would it be helpful for me to know what this problem is that your wife wants you to change?
>
> **C:** Well, she thinks I gamble too much.
>
> **T:** I see. How is this a problem for you, her thinking that you gamble too much?
>
> **C:** Well, I don't want to fight with her all the time and she has even threatened to walk out on me and I really don't want that. I love her and we've been together for over 10 years and we've got two kids.

As you can see from this example, the client's goal shifts rather quickly from "my wife wants me to come and see you" to "I don't want to fight with her all the time," to "I love her," and the desire to keep the marriage. The client was not able to articulate this when he first walked into the meeting with the therapist, but by the end, things have become clearer to both the client and

the therapist. Keeping the marriage together and not fighting with his spouse, along with letting her know he loves her is what is important and meaningful to the client. These could easily become the primary motivating factors for the client.

Negotiating Goals When There Are Multiple Problems

Rather than assuming that a consuming, overwhelming and out of control problem such as gambling must stop before other problems can be solved, we ask the client which problems need to be addressed first to feel like he or she is taking the beginning step. Clients often come up with concrete steps that give them feelings of hope to move forward, instead of leaving them overwhelmed and paralyzed. These steps may be quite contrary to what the therapist believes should be the first step. Before the next dialogue, Mr. Taylor (a pseudonym) presented a long list of problems that he was facing: possible job loss, separation from his wife and possible divorce, foreclosure of his house, the inability to afford the uniforms and travel costs for his children to join a baseball team. Of course, he was depressed and felt discouraged; his drinking problem had become so serious that he was increasingly absent from his job. When we asked Mr. Taylor which problem he needed to solve first to feel like there was some light at the end of the tunnel, without hesitation he responded that he needed to start jogging first. Surprised at this answer, the therapist asked him further about his ideas on how jogging would be helpful, "Explain to me again, what difference would it make for you?" He described how whenever he stopped jogging, his whole outlook on life changed. Further exploration of this idea produced the information that whenever he felt physically fit, he started to take care of himself better, he reduced his drinking considerably and ate healthier, he felt more productive, his depression lifted and he was more focused on his goals, and his gambling was also under better control.

Again, we contend that when we therapists engage clients in useful conversations to recognize that every problem has an ebb and flow, then we are more likely to listen for the client's solutions. Clinicians can follow through with questions that elicit information about who in the client's social environment will support and encourage such positive behaviors and how. The following questions produced useful information about Mr. Taylor's support from those significant others.

T: So, suppose you start jogging, say, tomorrow morning, what

would your family say that tells them this is helpful for you?

C: My wife would say that I am calmer, easier to be around, and the children like it because I pay them more attention.

T: So, when she notices that you are calmer, what does she do that is helpful to you?

C: I can tell it helps her also because she herself is calmer and easier to talk to.

T: So, what else is different around the house when you are jogging regularly?

C: You know, I never thought about it but I would have to say that the children are calmer, also, and they want to be around me more, instead of avoiding me and being cranky and irritable. Boy, I never realized how much influence I have on them.

T: So, what do you need to do first? (Or what would your family say that you need to do first?)

Since the idea of getting started on jogging was initiated by Mr. Taylor, he is much more likely to invest in carrying out his own idea. You can see the ripple effect that he can create simply by getting up and jogging; not only for himself but also his entire family, and perhaps, his marriage.

Exceptions to Problems

As the client's goal(s) becomes well defined, another area of emphasis to focus on is exceptions to the problem. We have observed uncountable examples wherein workable goals or solutions were evident even before the client entered treatment. Contrary to the common language usage that implies that problems exist all the time (e.g., He's an alcoholic; she's lost control over her gambling problem; he's depressed all the time), we contend that all problems have exceptions. That is, times when a client could have gambled, but somehow managed to stay away from buying lottery tickets. For instance, perhaps the person deliberately went to a gas station that does not sell them.

Consistent with our respect for client competence, we are more interested in learning about the client's own expertise about the absence of the problem

than promoting our own "expertise" about eliminating or avoiding the problem. Accordingly, we spend considerable time and energy exploring exceptions to the problem in detail.

In problematic gambling, as in most other problems of impulse control, we find that these exceptions are bountiful. The following are some of the examples of questions that help us learn about exceptions:

- Tell me about the times when you have experienced reaching this goal you've been talking about, even a little bit.
- Tell me about the times when you don't feel the urge to gamble.
- What is different about those times?
- When you are not gambling, or don't want to gamble, what are you doing instead?
- What do you suppose your family (spouse, children, etc.) would say they like the best about you when you are not thinking about gambling?
- What do you suppose they see as different about you during those times?
- When you are more loving and a good parent, one your children would want to continue in a relationship with, what are you doing differently?

We are highly interested in *different* and *instead* questions. Answers to questions about *exceptions*, *differences* and *instead* provide us with the stepping stones to solutions. Accordingly, such questions of *difference* and *instead* open doors to other resources that a client may have forgotten about.

Exceptions point toward solutions; that is, exceptions indicate what the client is capable of doing, thus highlighting successes and suggesting what the client needs to do more of. Because these exceptions are self-generated and come from the client's own social and environmental contexts, these small successes are easier to repeat and amplify once they have been identified.

Scaling Questions

Another useful tool in this approach is the use of scaling questions. It seems

that impulses to measure, count, compare before and after, compete with oneself as well as with our neighbors, and so on, are universal. Consequently, everyone who understands the numbers 1 to 10 can respond to and benefit from scaling questions.

Language and conversation are the only true tools of therapy, which is both good and bad. We can often run into difficulties because language can be vague and uncertain. At other times, language forces us into dichotomies such as black or white; trustworthy or untrustworthy; honest or dishonest, and so on, in which we must take a position. Since language is the most common tool we have to describe and create reality, this can be limiting and liberating at the same time. In an attempt to reduce some of the ambiguities of language, we substitute numbers for concepts and constructs to make them more precise. In other words, we "make numbers talk" (Berg & de Shazer, 1993). Doing this helps clients to assess their own situation and determine what steps they need to get to the next level of achievement and success.

Described as "self-anchored measurement," numbers on scales move up and down; thus, this form of conversation is more flexible than the language we commonly use. Using numbers in a scaling fashion also assists in breaking down the erroneous perceptions of false dichotomies that many clients and professions endorse: problems vs. no problem, confidence vs. no confidence, motivated or unmotivated, and so on.

Beginning practitioners can easily misunderstand scaling questions to be assessment questions, as if the scale of 1 to 10 is based on normative standards, where the answer 7 represents something objective or has some analytical meaning. "Unlike scales that are used to measure something based on normative standards (i.e. scales that measure and compare the client's functioning with that of the general population along a bell curve), the scales we use are designed to facilitate treatment. Our scales are used to 'measure' the client's own perception, to motivate and encourage and to elucidate the goals and anything else that is important to the individual client" (Berg & de Shazer, 1993, p. 10). Here are some examples:

> **T:** OK, on a scale of 1 to 10, where 1 is your gambling when at it's worst and 10 stands for when the problem is gone, where would you say you are at today?
>
> **C:** I don't know. I haven't been gambling for the past two weeks, but I'd say I'm only at 3 or 4.
>
> **T:** A 4?! Already? This is good! How did you do that?

C: Well, I decided that it was getting out of hand and that it won't kill me if I just stay away from there for two weeks and really test if I can do it or not. Actually, it's not been that bad. I try to distract myself, I think about something else, like how much the apartment needs fixing, how I've neglected my exercise, haven't called my mother for almost a month, so I just picked up the phone and called her.

T: It sounds like you've got a great start going. What do you suppose will be different as you maintain this 4 and maybe even start moving toward a 5?

Scales can be used to measure confidence, progress toward client's goals, instill hopefulness and motivation to make life better, and a host of other intangible elements too vague to describe, thus creating incremental, small steps toward the client's goals. Further elaboration of a client's personal meanings attached to certain numbers can be made in the following ways:

- What tells you that you are at 4?
- How is your life different at 4 compared to when you were at, say, 1 or 2?
- How long have you been at 4?
- What would you say your partner (best friend, employer) likes about your being at 4?
- You have had many ups and downs with your gambling over the years. How confidently would your family say that they believe you will maintain 4 and move up to 4.5 this time?

The potential to expand on answers to these questions is limitless. We find that scaling questions not only make vague concepts more concrete but also direct the client's attention to the significant people in his or her life. The utility of scaling questions is immeasurable because clients of all intellectual abilities and cultural and ethnic backgrounds are able to make sense of this tool. We have even used it with a five-and-a-half-year-old to deal with his temper problem.

Relapses and Setbacks

Problems and solutions often occur simultaneously. Serious, long-standing problems seem to take the path of "two steps forward, one step back" or a "good days and bad days" pattern on the way to a lifelong solution. Like most compulsive behaviors, it is difficult to predict what course of recovery an individual will take at the outset of treatment. It makes sense to view problematic gambling as similar to other problems of living. Therefore, solution-building processes must account for the inevitability of "two steps forward, one step back" in the recovery process. Therapists must prepare for these setbacks and not see them as failures. Since relapses are a fact of life, we take a pragmatic stance and suggest a five-step approach to build ways to minimize the negative fallout from such setbacks. The natural temptation is to ask why again? or why this time? —for which most people have no answer. It is best not to press the "why" question since it naturally leads to a defensive posture and language.

A Five-Step Model of Relapse Management

Step 1 - Positive attitude

It is understandable that clients, their families and friends may feel disappointed and frustrated or betrayed by setbacks or relapses. It is easy to fall into blaming, anger, guilt and remorse, and thus, become discouraged enough to say, "To hell with it all!" and give up. During such times, it is particularly useful for therapists to be hopeful and positive with the client and direct attention to any period of successful control over the impulse and the temptation to slide back into gambling. Therapists should emphasize how the client stayed on course for awhile toward the goal of a gambling-free life. Sometimes, this successful exception has lasted for months, even years. We should remind the client and family of the exception and find out the details of how she or he managed to stay gambling-free during that period.

Step 2 - Control

Find out what internal or external cues the client responded to when he or she stopped gambling, or walked out of the casino, or made sure to drive right

past the gas station that sells lottery tickets. Frequently clients report that the decision to stop gambling was not their own, but that they simply ran out of money, thus denying that they have self-control over the behavior. It is useful to accept this view, but then gently lean forward with a curious expression, and ask, "I can see that you ran out of money and that was certainly a good time to stop. But tell me, how come you did not borrow money or promise the house to get more money to continue to gamble? You know that there are people who would do anything to get money, including selling their grandmother?" Implied in this curiosity is the message that it was the client who walked out or stopped the negative behavior and not just in response to the circumstances.

By finding out about the minute details of the client's self-control, whether it was thinking about the children's need for shoes or the threat of facing an angry spouse, the therapist implies that the client had control when the money ran out. This same control can be expanded to other situations related to gambling.

Step 3 - Options

The next step is to find out what the client actually did after exerting the self-control to walk away from the casino, drive the long way around to avoid the lottery counter, or turn off the TV when the commercial for a big jackpot came on. Often, a client reports going outdoors and shooting some baskets with his or her children, going directly home and spending time with the children, cutting the grass, shovelling the sidewalk or helping around the house. Obviously these solutions are what the client needs to repeat often once he or she recognizes the pattern of how the temptation to gamble slowly turns into actual behavior. Ways to divert attention to other activities that make the client feel productive and competent become a habitual activity with repetition over time.

Step 4 - Differences

"What was different about this relapse compared to the last one?" The typical language of relapse implies not only that it is constant but also that each relapse or setback is the same. We find that each setback is slightly different; each time what the client does is slightly different from other times. Finding out the details of each setback may reveal that the client is making slow progress toward his or her treatment goal or that the problem is becoming worse. Most of all we find that the details of differences between setbacks are something the client has control over. The client can learn to increase these instances, and thus, gain a sense of mastery over his or her own behavior.

Step 5 - Lessons

"What have you learned about your problematic gambling from this setback?" This question and other similar ones indicate to the client that each event in life offers us a chance to learn and improve our lives; thus, taking advantage of setbacks as an opportunity to learn. Detailed discussion of how the client will incorporate this learning into daily life is useful to make the experience more concrete and practical.

Research and Evaluation of SFBT

Because SFBT was developed inductively in a clinical setting (de Shazer, 1985; Berg, 1994; DeJong & Berg, 1998, 2001) rigorous research that shows its effectiveness is only starting to come forth. Many informal studies have been conducted worldwide in a variety of settings. However, rigorous studies with pre- and post-measurements using controlled and experimental populations are difficult to develop and are just beginning to emerge. Recently, Gingerich and Eisengart (2000) reviewed the research literature on SFBT from the last 25 years as it was being refined as a viable treatment model. An on-line review of SFBT (Macdonald, 2000) is available at http://www.enabling.org/ia/sft/evs.htm.

What is particularly encouraging about the emerging research is the assessment that SFBT is a time-sensitive, cost-effective and highly collaborative approach, with similar or better outcomes, including fewer sessions, than traditional approaches. Further studies are needed to assess the effectiveness of the SFBT approach with different client populations and several such research projects are currently underway in many corners of the world.

Conclusion

We have presented a brief examination of the SBFT approach with problem gamblers and hope that this provides additional tools for clinicians and clients faced with difficult and complex situations. At a minimum, we hope this article sparks an interest in trying some of the techniques presented here. If nothing else, we suggest therapists use scaling questions as the beginning step. Then therapists may want to add exception questions and watch how clients' faces

light up. We find that clients' responses to the many suggested questions are the most convincing argument for adopting this model. These small differences are the reasons for our endeavors.

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Characteristics of People Seeking Help from Specialized Programs for the Treatment of Problem Gambling in Ontario

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Abstract

Objectives:

The objectives of this study are to estimate the number of people seeking treatment on an annual basis in Ontario at specialized problem gambling treatment programs and describe important characteristics of clients.

Method:

Agency staff prospectively collected four broad information categories from clients: demographics, gambling activities, problem severity and services received, and submitted the data to a central database.

Sample:

The report includes submissions (total caseload equals 2224) from 44 designated problem gambling programs between January 1, 1998 and April 30, 2000.

Results:

Of the 2224 clients in treatment, 1625 (73.5%) were seeking help for their own gambling problem, and 504 (22.8%) were seeking help in dealing with a family member/significant other's gambling problem. The overall gender ratio of cases in treatment was about 1.4:1 (58.3% to 41.7%) males to females. A wide range of gambling activities was reported as problematic.

Conclusion:

Only a small percentage of people experiencing problems related to gambling are seeking help from specialized treatment programs. Population survey data are needed in Ontario to assess the potential over- or under- representation of particular sub-groups in treatment compared to the epidemiology of problem gambling in the community.

Introduction

The past decade has seen a burgeoning interest in research and policy analysis with respect to problem gambling. Despite the community focus of much of this work, there is little evaluation research at present concerning the impact of problem gambling on health and social services in general or the specialized sector of services, now in many communities for treating problem gambling. Thus, there is a need to broaden the research frame for problem gambling to include health services research and policy analysis (Aday, Begley, Lairson & Slater, 1998). One of the key aspects of services research includes "performance monitoring" of publicly funded services that provide treatment to problem gamblers. Generally, this kind of monitoring and evaluation is a fundamental part of services research in the addiction field (Dennis, 1999). To date, there have been a small number of studies about the characteristics of problem gamblers in specialized treatment services (e.g., Crisp et al., 2000); however, only one study has been done in a Canadian context (Beaudoin & Cox, 1999). The results suggest that gambling to relieve dysphoria or escape from life problems characterize a large subset of problem gamblers in treatment. In addition, in contrast to other U.S. studies where older males predominate (Volberg, 1994), their treatment sample was approximately one-third female, and 43% were between the ages of 18 and 34. Other studies in some jurisdictions suggest that female problem gamblers increasingly participate in treatment (Moore, 1998; Stinchfield & Winters, 1996). Crisp et al. (2000) report on the gender differences in the types of gambling activities and related problems that were reported at initial assessment for entry into the program.

Specialized treatment services for problem gambling have rapidly expanded across Ontario in response to needs at the community level; provincial policy since 1996 directs a proportion of gambling revenue to treatment programs for problem gambling, community information services and prevention and research. Currently, 2% of slot machine gross revenue is committed to expand the problem gambling initiatives in the province. This funding totaled $3.5 million in 1998/1999, $10 million in 1999/2000, and $17 million in fiscal 2000/2001. The share of funding that went to treatment was $2.2 million (1998/1999), $3.1 million (1999/2000) and about $6 million in 2000/2001.

As part of this funding envelope, specialized treatment services for problem gambling have been developed largely through designated funding to existing addiction treatment services. As of this writing, 43 substance-abuse programs have received supplementary funding for a service component dedicated to problem gambling. Under the auspices of general health and social services that focused specifically on the Chinese-Canadian community, another

problem gambling program was funded by the Ontario Substance Abuse Bureau (OSAB). The Mnjikaning First Nation at Rama, Ontario, also funded a specialized gambling treatment program for the First Nations community. (Data from this treatment centre are not included in the present report.) Thus, there were 45 programs in operation, and 44 of them were funded by OSAB. OSAB's commitment to specialized problem gambling treatment programs increased from three agencies and $1 million in funding in 1995/1996 to 44 agencies and just under $6 million in funding in 2001. Included in this figure is funding for seven new programs targeted at special populations (ethno-cultural, older adults, women and youth).

It should be kept in mind that OSAB-funded treatment agencies are not the only sources available to Ontario citizens seeking help for gambling related problems. This report does not consider additional guidance or treatment received from existing non-OSAB funded sources, such as Gamblers Anonymous/GAMANON, Employee Assistance Programs or religious groups.

Drug and Alcohol Treatment Information System (DATIS)

All substance-abuse services funded by OSAB (approximately 200 programs) participate in an ongoing client-based information system, which monitors the number and characteristics of clients seeking help, and an assessment of the services they have received. Ogborne, Braun and Rush (1998) provide an overview of DATIS, and a report is currently being prepared that summarizes annualized data from this provincial monitoring system for the fiscal year 1999 and 2000. Since early 1998, the 44 OSAB-funded, designated treatment programs for problem gambling have been participating in DATIS and reporting on a special component developed specifically for problem gambling services.

Objectives

The objectives of this report are to

- estimate the number of people seeking specialized treatment on an annual basis at problem gambling programs in Ontario; and

- describe the characteristics of problem gamblers entering treatment, including demographic characteristics, type of gambling behaviour and problem severity.

Method

Data Elements

There are four broad categories of data submitted by the participating agencies: client demographics, gambling activities, problem severity and services received (see Table 1). The agencies also collect the required information for the larger DATIS information system, with links to the gambling data provided by a unique client identifier, which is based on birth date, initials at birth and gender (Dalrymple, Lahti, Hutchison & O'Doherty, 1994). A person becomes a "case" in the information system when he or she has been registered in the program as a client. For the majority of programs this will mean there has been face-to-face contact with clients. One treatment program has a well-established telephone counseling service and, as a general rule, callers are registered as clients if the call is about counseling and exceeds 20 minutes. It should be noted, however, that the data collection process and data definitions will underestimate the overall involvement of agency staff with problem gamblers and their families; telephone support for people who chose not to formally enter the program, and the staff's prevention work in the community are not captured in the information system.

Table 1. Data elements in the problem gambling treatment information system

Demographic characteristics	Gambling activities
• Problem gambler or family member/significant other • Age • Gender • Ethnic/cultural background • Reason for seeking help (gambling or other treatment)	• Type and frequency of gambling activity • Type and frequency of gambling locations

Problem severity	Services received
• Length of time since last gambled • Years of negative consequences • South Oaks Gambling Screen (11)	• Duration of different service activities (e.g., Assessment, counseling)

Data Collection, Transmission and Analysis

At the agency site, the data elements are captured on three forms. Form A is completed at intake and records the client's demographic characteristics, frequency of different gambling activities and location of gambling. Form B collects the South Oaks Gambling Screen (SOGS) data (Lesieur & Blume, 1987). A third form, the Individual Activity Timesheet, is then completed after each face-to-face or telephone contact with the client. The roll-up of the data from this third form summarizes the type and duration of services received. The forms were designed using Teleform software, so that, upon completion, they are faxed to a central 1-800 number and the data is read directly into Microsoft Access database. A research clerk scans the Teleform data and implements a standard cleaning protocol involving the identification of unreadable and out-of-range data. Following the data-cleaning process, the Access database is read into Statistical Package for the Social Sciences software for analysis and generation of statistical tables. All admission records date-stamped between January 1, 1998 and April 30, 2000 were selected for this paper.

Missing Cases

In this report, we summarize the information captured in the central database as reported by the participating agencies; the data used has undergone the cleaning process. While missing data ranged from 2% to 3% for the majority of items, there was an unexpected volume of missing data on a small number of items (e.g., about 20% of the SOGS were missing). There was also a considerable amount of out-of-range data (e.g., the unscored SOGS item concerning the largest amount of money ever gambled on any one day; and

items on the data collection form that captured duration and type of services provided on an ongoing basis). Some of the problems were due to a few agencies not completing the required forms or data fields. Most of the data quality problems that resulted in machine-readable errors, however, have been traced to problems using the Teleform system that resulted in machine-readable errors. Thus, extensive cleaning processes have been applied manually to the information used for this report. With training and ongoing communication between the agencies and the new DATIS field staff, these errors in data collection and transmission have been significantly reduced.

Because the problem gambling programs have not reported all of their clients to the information system, the total use of these services will be underestimated. All agencies were contacted prior to the preparation of this report. Their participation was verified, and any outstanding issues related to their involvement, case reporting and data quality were discussed. Four programs reported that they had not yet seen any clients. For those programs that did not send in each of the required forms (e.g., the SOGS), the count of their clients will still be an accurate reflection of their total caseload. Some programs reported not sending in any forms for a small number of clients, and we estimate this number to be less than 100 for the province as a whole. Thus, we believe the data system and this first report from the database reflect a reasonably accurate estimate of the provincial caseload of Ontario's problem gambling treatment programs.

Results

Caseload

Table 2 shows 44 OSAB-funded treatment programs in operation with a total caseload of 2224 over the study period. The table also places these provincial totals into a regional context by displaying the information separately for the seven Ministry of Health and Long-Term Care (MOHLTC) regions and adjusting the data for population size. It is important to note that the treatment caseload data are based on the geographic location of the treatment program, not the residence of the client. The agency location, however, will be a reasonably close proxy for the location of the clients' residence since the treatment programs are all non-residential programs and draw the large majority of their clients from a 50 to100 kilometer radius. An exception to this group is the program with the telephone counseling service, which receives occasional calls from outside their district. On a per capita basis, the South West Region has the highest user rate of problem gambling

treatment programs in Ontario (2.98 per 10,000), a rate that is about 44% higher than the provincial average. Ontario's North Region has the second highest number of users at 2.82 per 10,000, followed by the South Central Region at 2.43 per 10,000. The West Central Region has the lowest user rate at 1.46 per 10,000.

Table 2. Regional context for specialized services for the treatment of problem gambling in Ontario

Region[1] (Largest city/ municipality)	**No. of programs funded**	**Problem gambling two-year caseload**	
		N	**Rate[2]**
Central East[3] (Oshawa)	4	251	1.50
Central South (Hamilton)	4	265	2.43
Central West (Kitchener-Waterloo)	4	265	1.46
East (Ottawa)	8	258	1.74
North (Sudbury)	15	240	2.82
South West (London)	7	429	2.98
Toronto	2	501	2.10
No region identified	-----	15	-----
Total	44	2224	2.07

[1]Planning region for Ministry of Health and Long-Term Care.

[2]Rate per 10,000 population.

[3]Excludes Mnjikaning First Nation at Rama

Figure 1 examines the total caseload reported across the study period (28 months from January 1, 1998 to April 30, 2000), as it was reported during four-month segments. There are two reasons for reporting the data in this manner. Firstly, one can clearly see the rapid increase in use of the gambling treatment programs during 1998, and the stabilization in total utilization during 1999 to the end of the study period. This reflects the growth in provincial treatment capacity through 1998, since the number of programs grew dramatically during this period. Undoubtedly, it also reflects the increasing use of the individual programs as they became established in their community. Secondly, the four-month breakdown allows one to derive a projection of the current annual caseload by taking the average of the caseload of the last four, relatively stable periods (mean= 476), and multiplying by three to yield a total annual estimate of 1428 clients.

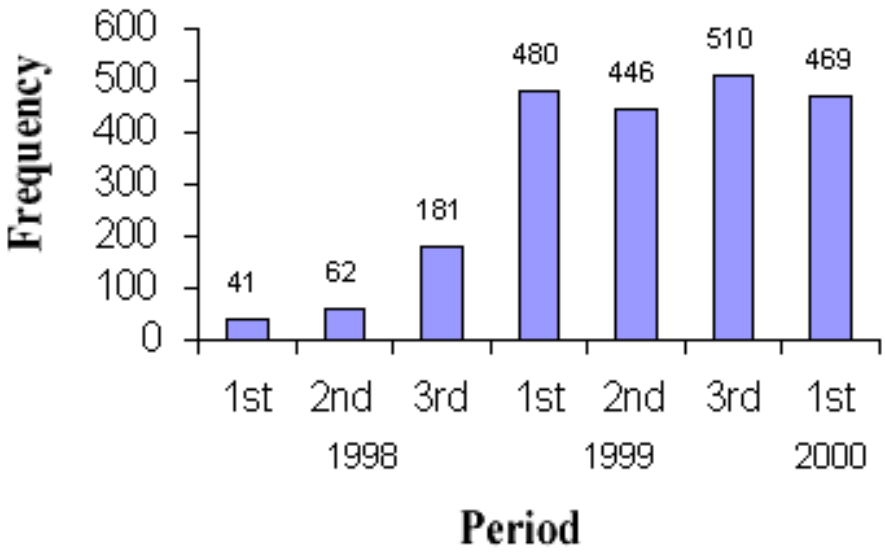

Figure 1. Frequency of use by four-month period between January 1/98 and April 30/00

These figures will still be an underestimate of total service use because four programs had not yet seen any clients during the study period. However, the estimation approach provides the necessary adjustment for the rapid increase in treatment capacity over the two-year period and the start-up phase for many of the agencies that are now fully operational.

Demographic Characteristics

Of the 2224 clients in treatment, 1625 (73.5%) were seeking help for their own gambling problem, and 504 (22.8%) were seeking help in dealing with a family member/significant other's gambling problem. The remaining 82 (3.7%) were seeking help for both their own gambling problems and dealing with a family member's. The overall gender ratio of cases in treatment was about 1.4:1 males to females (58.3% to 41.7%). A significantly higher percentage of women compared to men sought help for their difficulty with a family member/significant other (37.3% of women compared to 12.1% of men [x^2=194.45, df=2, P<.001]). Consequently, when only those clients who sought help for their own gambling problems (including a small proportion of clients seeking help for both their own and a family member/significant other's gambling problem) are considered, the gender ratio widens to 1.9:1 males to females (65.6% to 34.5%). (See Table 3.)

Table 3 shows the age distribution of male and female clients seeking help for their own problem gambling. The age distribution for both genders combined is bell-shaped, with the largest percentage (33.6%) falling within the age category of 35 to 44. The difference in the age distribution between males and females is statistically significant (x^2=68.85, df=8, p<.001); male clients tend to be younger.

Table 3. Age by gender of problem gamblers in treatment[1]

Age category	Male		Female		Total	
	N	%	N	%	N	%

<16		.3	0	0	3	.2
16-17	3	1.0	2	.4	13	.8
18-24	11	7.4	16	2.8	97	5.8
25-34	81	26.7	102	17.6	397	23.6
35-44	295	34.2	188	32.5	566	33.6
45-54	378	20.8	156	26.9	386	22.9
55-64	230	7.7	94	16.2	179	10.6
65-69	85	1.3	11	1.9	25	1.5
70-100	14	.6	10	1.7	17	1.0
Total	7					
	1104	100.0	579	100.0	1683	100.0

[1] Includes those in treatment for their own gambling problem and those in treatment for both their own problem and a family member/significant other's.

Table 4 shows the ethnic and cultural background of clients seeking treatment for their gambling problem. The largest proportion of clients seeking treatment are people of white background (83.3%). People of Aboriginal/ First Nation's heritage accounted for 4.9% of clients, and people with Asian backgrounds accounted for 7% and small percentages were drawn from several other ethnic groups.

Table 4. Ethnic/cultural background of problem gamblers in treatment[1]

Ethnic/cultural background	**Total**	
	N	**%**

Aboriginal/First Nations	74	4.9
Asian	106	7.0
White	1261	83.3
Other	72	4.8
Total	1513	100.0

[1] Includes those in treatment for their own gambling problem and those in treatment for both their own problem and a family member/significant other's.

The forms in the data-collection system record whether the client initially came for help with a gambling problem or whether the problem surfaced later in the course of providing support for substance abuse or some other issue. Almost 90% came to the agency for their gambling problem; these percentages were similar for both male and female clients.

Problem Severity

The number of years that gambling has negatively affected a client's life is also recorded. Of the clients in treatment for their own gambling problem, 27.8% have been negatively affected by their gambling for one year or less,15.2% for two years, 25.2% for three to five years, 14.3% for six to 10 years, and 17.4% for 11 years or more.

The South Oaks Gambling Screen is a widely used instrument for assessing the severity of problem gambling based on DSM-III criteria (Lesieur & Blume, 1987). A cut-off score of five or more is typically used as evidence of pathological gambling. Some researchers and clinicians use a score greater than 10 as the criterion. As shown in Table 5, about 90% of the client population seeking help for their own problem gambling scored above the cut-off score of five; 48.5% were above the more conservative cut-off of 10.

Table 5 examines the relationship between the SOGS score (combining scores 1 to 4 for "problem gambling," and five and over for "pathological gambling") and years that gambling has had negative consequences. There

was no statistically significant relationship between duration of negative consequences and problem severity as measured by the SOGS.

Table 5. Number of years gambling has negatively affected clients' lives[1] (by SOGS score)

Years	SOGS categories			
	1-4 (some gambling-related problems)		5-20 (probable pathological gambling)	
	N	%	N	%
1	31	29.8	213	20.2
2	17	16.3	174	16.5
3-5	22	21.2	296	28.1
6-10	14	13.5	166	15.7
11+	20	19.2	205	19.5
Total	104	100.0	1054	100.0

[1] Includes those in treatment for their own gambling problem and those in treatment for both their own problem and a family member/significant other's.

Gambling Activities

Each client entering the gambling treatment program was asked to identify his or her major problem gambling activity and, if appropriate, up to two additional problem activities. Table 6 shows the diversity of gambling activities that were identified as problematic by these clients. The most frequently cited problem activities were slot machines (37.7%), cards (30.6%) as well as lottery and scratch tickets (34.5% and 29.5% respectively). Bingo was cited by 22.6% and sports betting by 20%.

Table 6. Type of gambling activity reported as a problem[1]

Activity	Total (N=1197)	
	N	%
Slots	451	37.7
Lottery tickets	413	34.5
Cards	366	30.6
Scratch tickets	353	29.5
Bingo	271	22.6
Sports	239	20.0
Tear tickets	230	19.2
Horses, dogs	169	14.1
VLT [2]	101	8.4
Roulette	83	6.9
Games of skill	58	4.8
Other	39	3.3
Dice games	37	3.1
Mahjong	25	2.1
Stock options	21	1.7
Keno	19	1.6

[1] Collapsed across clients' reports of major problem activity and first and second other problem activity.

[2] As VLTs are illegal in Ontario, clients reporting this type of activity as a problem are either using the machines illegally or are gambling in a province in which VLTs are legal.

Table 7 shows what locations clients in treatment for problem gambling frequent the most. Consistent with the above data concerning gambling activities, the most common locations were casinos (58.2%), kiosks (38.3%) and bingo halls (22.8%).

Table 7. Gambling locations frequented the most

Location	Total (N=1195)	
	N	%
Casino	695	58.2
Kiosk	458	38.3
Bingo hall	272	22.8
Track	143	12.0
Off-track	95	8.0
Telephone	95	8.0
Charity casino	91	7.6
Community	78	6.5
Family	62	5.2
Social club	53	4.4
Internet	16	1.4

Television	16	1.4
School	4	0.1

[1] Collapsed across clients' reports of top three locations for gambling.

Discussion

This paper presents highlights from a client-based information system that collects and collates data from the designated programs for the treatment of problem gambling in Ontario. The primary goals of the information system are to contribute basic accountability and planning information at the agency, regional and provincial levels. A series of standard statistical tables are being prepared that summarize the complete set of data elements as well as structured feedback reports to the participating agencies, so that they can compare their client population to the provincial averages. The primary aims of this paper are to estimate the annual caseload of these problem gambling programs and describe important characteristics of clients. The data also establish a baseline of key indicators to be monitored over time.

The results of the information-collection system showed that just over 2200 people have sought help at provincial problem gambling programs since early 1998. Of this total, about one-third were seeking help for difficulties related to a family member or a significant other's gambling problem. Thus, the provision of support to people affected by someone else's gambling behaviour is an important role played by the gambling treatment programs in their community. An annualized estimate of just over 1425 total cases was projected because of a relatively stable pattern of service use over the fiscal year 1999/2000. Of this total, we estimate that about 950 to 975 problem gamblers are seeking treatment each year; the remainder of cases are family members/significant others.

This number is quite small in comparison to estimates from Canadian prevalence studies of problem gambling. A review of studies conducted in eight of Canada's 10 provinces suggested that between 2.7% and 5.4% of Canadians were problem or pathological gamblers in 1996 (National Council of Welfare, 1996). Comparable data that is specific to Ontario is difficult to find because of the lack of consensus as to what constitutes a "problem gambler." In 1993, 7.7% of Ontario respondents scored between one and four on the SOGS, indicating some gambling problems, and an additional 0.9% met the criteria for probable pathological gambling (e.g., a score of five or higher) (National Council of Welfare, 1996; Ladouceur, 1996). More recently

in 2000, 2.6% of a representative sample of Ontario respondents scored two or greater on the SOGS (Adlaf & Ialomiteanu, 2001). It should be noted that the widespread use of the SOGS in community-based studies has received some recent criticism owing in part to the lack of validation work with the general population (Ferris, Wynne & Single, 1998). There is also evidence that it may considerably overestimate the prevalence of gambling-related problems in the community (Lesieur & Blume, 1993).

These limitations aside, however, the small number of people seeking treatment for gambling-related problems in Ontario compared to the estimates reported by these prevalence studies suggests a large unmet need for treatment in the community. It also reveals the need for wider promotion of the service delivery system that has been put in place for problem gambling treatment. There is also a need for further study of the help-seeking patterns of problem gamblers and the extent to which they are either reluctant to seek help, or are seeking assistance from other, more generic health and social services in the community (e.g., family physicians, community mental health programs, family counseling, credit counseling).

The second objective of this paper is to describe the clients presenting for treatment in a way that is relevant for program and policy development and evaluation. There are a number of interesting comparisons that can be made with the data. For example, how do these clients compare to clients seeking help from substance-abuse service providers? Unpublished information from DATIS and reports from previous surveys of the addiction treatment system in Ontario (Tyas & Rush, 1994) suggest that problem gamblers are older, and a larger percentage of them are women and people who seek help for someone else's problem. The fact that problem gamblers in treatment tend to be older than their counterparts in substance-abuse services is cause for some concern. While the prevalence of problem gambling is higher among adolescents, students and young adults (Shaffer, Hall & Vander Bilt, 1999; National Council of Welfare, 1996), older gamblers appear to be under-represented in the treatment population (Adlaf & Ialomiteanu, 2000). For instance, a study conducted in 1994 found that 33% of Ontario adolescents 12 to 19 had gambling-related problems, and 4% were probable pathological gamblers (Canadian Foundation on Compulsive Gambling, 1994), making them roughly four times more likely than adults to have considerable gambling-related problems. A survey conducted in 1999 found that 13.3% of a representative sample of Ontario high-school students scored two or greater on the SOGS, compared to 2.6% of the adult population at roughly the same time (Adlaf & Ialomiteanu, 2000). Both of these studies used the revised SOGS for adolescents (SOGS-RA), which is similar to the adult version but has not been validated with young people in the community (Adlaf & Ialomiteanu, 2000). This limitation notwithstanding, the data suggest a wide

discrepancy between the prevalence of problem gambling among youth and help-seeking from specialized treatment services. This, in turn, points to the need for early detection and intervention programs in addiction and other types of community services serving young people.

The SOGS data show the full spectrum of problem severity among people seeking treatment for their gambling problem. The data also show that the number of years of negative consequences related to gambling highlight the rapid onset of these problems for a substantial proportion of clients —43% in two years or less. That there is no relationship between problem severity, as measured by the SOGS, and years of negative consequences also underscores the rapid onset of serious problems. Future studies need to explore the relationship between problem onset and type of gambling activity.

The descriptive data on the types of gambling activities identified as problematic are also of interest since they point out the diversity of these activities among problem gamblers in treatment. The sheer variety of problematic gambling activities beyond casino and racetrack venues is important for the development of policy as well as public education and prevention programs. For example, a large percentage of problem gamblers in treatment report problems related to lotteries and tear tickets; these two forms of gambling have become part of the fabric of daily life for many Canadians.

The data presented here will also be valuable in monitoring changes in the size and nature of the clientele accessing these problem gambling treatment programs. Broader stakeholder consultation is required to narrow a list of "system performance indicators." However, the selection process might usefully begin by considering some of the following: total caseload per year; proportion of female clients; mean and median age; proportion of clients from different ethnic/cultural groups known to have particular needs; and the proportion of clients reporting certain problem activities (e.g., slots, bingo) and locations (e.g., casinos, racetrack, Internet). Other indicators will need to be developed for the duration and type of various treatment activities (e.g., hours of assessment and counseling; proportion of direct versus indirect care and support). This kind of data has not been reported here because it is still undergoing a cleaning and editing process. In this regard, efforts will need to continue with the participating programs to reinforce the importance of reporting high quality and complete data into the information system. Planned enhancements to the DATIS project will build the gambling component directly into the new software to be developed and disseminated to OSAB-funded agencies.

Finally, from the perspectives of both system/program accountability and

ongoing system/program quality improvement, there is a critical need to expand the gambling monitoring system to include modules related to service costs and client outcome. A cost-outcome monitoring system has been successfully piloted within Ontario's substance-abuse services (Rush, Hobden, Aiken Harris & Shaw Moxam, 2000; Rush, Wall & Shaw Moxam, 2000), and many of the lessons learned in that project will apply to this sector of problem gambling programs.

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opinion

[This article prints out to about 11 pages.]

The Opinion section has many purposes including being a forum for authors to offer provocative hypotheses.

–The Editor

Slot Machine Gamblers —Why Are They So Hard to Study?

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The literature examining the psychology of slot machine gambling is limited. The lack of research seems surprising given the billions of dollars generated from slot machine gambling worldwide coupled with the fact that a small proportion of the population plays them pathologically (Griffiths, 1995). However, we have both spent over 10 years playing in and researching this area and we can offer some explanations on why it is so hard to gather reliable and valid data.

The explanations represent experiences of several research efforts to examine the psychology of slot machine gamblers in the United Kingdom, Canada and the United States. They are roughly divided into three categories:

- player-specific factors
- researcher-specific factors
- miscellaneous external factors.

Player-specific factors

A number of player-specific factors can impede the collection of reliable and valid data. These include such factors as activity engrossment, dishonesty, social desirability, motivational distortion, fear of ignorance, guilt, embarrassment, infringement of player anonymity, unconscious motivation, lack of self-understanding, chasing and lack of incentive to participate in research.

Activity engrossment. Slot machine gamblers can become fixated on their playing almost to the point where they "tune out" to everything else around them. We have observed that many gamblers will often miss meals and even utilise devices (such as catheters) so that they do not have to take toilet

breaks. Given these observations, there is sometimes little chance that we as researchers can persuade them to participate in research studies —especially once they are already gambling on a machine

Dishonesty and social desirability. It is well known that some gamblers are dishonest about their gambling behaviour. Social and problem gamblers alike are subject to social desirability factors and may be dishonest about the extent of their gambling activities to researchers as well as to those close to them. This obviously has implications for the reliability and validity of any data collected.

Motivational distortion. Many slot machine gamblers experience low self-esteem and when participating in research may provide ego-boosting responses that lead to motivational distortion. For this reason, many report that they win more (or lose less) than they actually do. Again, this self-report data has implications for the reliability and validity of the data.

Fear of ignorance. We have observed that many slot machine gamblers claim to understand how slot machines work when in fact they know very little. This appears to be a face-saving mechanism so that they do not appear ignorant.

Guilt and embarrassment. Slot machine gamblers may often be guilty and/or embarrassed to be in the gambling environment in the first place. They may like to convince themselves that they are not "gamblers" but simply "social players" who visit gambling environments infrequently. We have found that gamblers will often cite their infrequency of gambling as a reason or excuse not participate in an interview or fill out a questionnaire. Related to this, some gamblers just simply do not want to face up to the fact that they gamble.

Infringement of player anonymity. Some slot machine gamblers play on machines as a means of escape. Many gamblers perceive the gaming establishment in which they gamble as a private arena rather than a public one. Researchers who then approach them may be viewed as infringing on their anonymity.

Unconscious motivation and lack of self-understanding. Unfortunately, many slot machine gamblers do not themselves understand why they gamble. Therefore, articulating this accurately to researchers can be difficult. Furthermore, many gamblers experience the "pull" of slot machines, the feeling of being compelled to play despite better judgment, but they cannot articulate why.

Chasing. Many frequent gamblers do not want to leave "their" slot machine in case someone "snipes" their machine while they are elsewhere. Therefore, it

is understandable that most gamblers are also more concerned with chasing losses than participating in an interview or filling out a questionnaire for a researcher.

Lack of incentive. Some slot machine gamblers simply refuse to take part in research because they feel that there is nothing in it for them (i.e. a lack of incentive). Moreover, few gamblers view research about their gambling habits and experiences as potentially helpful to others.

Researcher-specific factors

In addition to player-specific factors, there are also some researcher-specific factors that can impede the collection of data from slot machine gamblers. Most of these factors concern research issues relating to such participant and non-participant observational techniques as blending in, subjective sampling and interpretation, and lack of gambling knowledge.

Blending in. The most important aspect of non-participant observation research while monitoring fruit machine players is the art of being inconspicuous. If the researcher fails to blend in, then slot machine gamblers soon realise they are being watched and are therefore highly likely to change their behaviour. For instance, some players may get nervous, perhaps agitated and stop playing. Others may do the opposite and try to show off by exaggerating their playing ritual. Furthermore, some gamblers will discourage spectators if they consider them to be "skimmers" (i.e. individuals who try to win by playing "other peoples machines"). Blending into the setting depends upon a number of factors, including whether the venue is crowded and easy to wander around in without looking suspicious.

The researcher's experience, age and sex can also affect the situation. In the United Kingdom, amusement arcades are generally frequented by young men and elderly women. If the arcade is not crowded and the researcher does not fit the general profile, then there is little choice but to be one of the "punters." The researcher will probably need to spend lengthy periods of time in the arcade; therefore, spending money is unavoidable unless the researcher has a job there —an approach which may have benefits (see below).

Subjective sampling and interpretation. It is impossible for the researcher to study everyone at all times and locations in the gambling environment. Therefore it is a matter of personal choice as to what data are recorded, collected and observed. This affects the reliability and validity of the findings.

Furthermore, many of the data collected during observation will be qualitative in nature and therefore, will not lend themselves to quantitative data analysis.

Lack of gambling knowledge. Lack of "street knowledge" about slot machine gamblers and their environments (e.g., knowledge of the terminology players use, machine features, gambling etiquette, etc.) can lead to misguided assumptions. For instance, non-participant observation may lead to recording irrelevant data and idiosyncratic interpretation of something that is widely known amongst gamblers. This can also lead to subjective interpretation issues.

External factors

In addition to player- and researcher-specific factors, there are also external factors that can impede the collection of data from slot machine gamblers. Most of these factors involve the gaming industry's reactions to the presence of researchers in their establishments, but there are other factors as well.

Gaming establishment design. Years of research experience have demonstrated that many arcades and casinos are not ideally designed for doing covert research. Non-participant observation is often difficult in small establishments or in places where clientele numbers are low.

Gatekeeper issues and bureaucratic obstacles. The questions of how and where access to the research situation can be gained raise ethical questions. According to Burgess (1984), access is usually determined by an informant (often an acquaintance of the researcher) or gatekeeper (usually the manager). Obtaining permission to carry out research in a gambling establishment can be difficult and is often the hardest obstacle that a researcher has to overcome to collect the required data. Many establishments do not have the power to make devolved decisions and must seek permission from the head office. The industry may prevent access for many reasons. The main ones are described below.

Management concerns. From the perspective of arcade and casino managers, the last thing they want are researchers disturbing gamblers, their customers, by taking them away from their gambling. Furthermore, they do not want researchers to give their customers any chance to feel guilty about gambling. In our experience, management sees researchers in this light, which influences whether they give permission to carry out research.

Industry perceptions. From the many years we have spent researching (and gambling on) slot machines, it has become clear that some people in the gaming industry view researchers as anti-gambling and expect research to report negatively about their clientele, establishment or organisation. As with management concerns, this also has an impact on obtaining permission to carry out research.

Practical advice for collecting data on slot machine gamblers

Having presented what we believe to be the main impediments to collecting data about slot machine gambling, we offer some practical advice in this section on how to get around these potential problems.

Network with the gaming industry. Since gaining formal access to gambling establishments is difficult, it is sensible to network with the gatekeepers in order to facilitate access. The more they know about the researchers and what their goals are, the more likely they are to make a decision based on informed choice.

Be flexible and adaptable in fieldwork. Researchers must constantly monitor their activities, and they have to be flexible and adaptable. For instance, if a researcher enters the field with certain hypotheses, misconceptions may result which will need rapid revisions. Redefining methodology and hypotheses on the basis of early observations may also be necessary (Burgess, 1984)

Collect relevant data. There are few guidelines on what are relevant data when engaged in observational work. Schatzman and Strauss (1973) suggest categorising behaviour into these categories; (a) routine events, in which activities are part of the daily round of life, (b) special events, which are fortuitous but can be anticipated and (c) untoward events, which cannot be anticipated or predicted. Alternatively, Spradley (1980) suggests three different types of observation. These are (a) descriptive observations, which describe the setting, the people and the events that took place, (b) focussed observations, which give the descriptive observations a more detailed portrait and (c) selective observations, which link the questions posed by the researcher.

Introduce incentives to take part in research. To get participants involved, it

may be useful to pay the participants, give them gifts or include them in prize draws, etc. There are of course ethical issues concerning giving potential problem gamblers more money with which to gamble, but such issues may be handled on an individual basis.

Utilise data that are already there. For observational purposes it may be possible to use observational behavioural data through such sources as surveillance footage. However, ethical issues here are paramount and may affect if such approaches can be employed at all.

Idiographic methodology. When it is difficult to recruit the appropriate participants, it may be necessary to study a smaller sample size to gain valuable insights through collecting content-rich data through means such as in-depth explorative interviews or observational analysis (see following section) rather than simply doing questionnaires. Researchers' evaluations can thus be triangulated with other methods of data collection in order to be more confident about the validity and reliability of their findings. For example, Griffiths (1995) researched adolescent gambling utilising a range of methodologies including questionnaires, interviews and participant and non-participant observation. If a participant appears to have given socially desirable responses in the questionnaire or initial interview, additional evaluations can be made through observational sessions or a more probing interview.

Observational methodologies. Fieldwork can be ideal for studying "social worlds," described by Lindesmith, Strauss and Denzin (1975) as "those groupings of individuals bound together by networks of communication or universes of discourse and who share perspectives on reality" (pp. 439-440). There are countless social worlds frequently segmented into various subworlds (Strauss, 1978), many of which go unnoticed, and so-called "invisible worlds" of socially problematic populations (Unrah, 1983).

Whenever possible, it is recommended to supplement self-report data with the use of observational methodologies. Non-participant observation usually relies on the researcher being unknown to the group under study. The one distinct advantage of non-participant observation is that the researcher can study a situation in its natural setting without altering the conditions -- but only if the researcher can blend in naturally, as previously discussed. The one obvious advantage is that non-participant observation relies only on observing behaviour. Since the researcher cannot interact in the social behavioural processes, most data collected will be qualitative, interpretative, and to some extent, limited. However, by using other methodological research tools (e.g., structured interviews), suspicions, interpretations and even hypotheses can be confirmed.

Contact treatment agencies. Recovering pathological gamblers may be more helpful in participating in research than gamblers found in gambling establishments. However, there are problems with utilising these populations. They will have distinctive viewpoints on gambling, and gamblers recruited from treatment agencies to participate in research do not represent a cross-section of the continuum of gamblers. These individuals may have gambled much more frequently and taken more risks than the average gambler. Furthermore, they may have experienced significantly higher levels of life disruption as a result of their gambling. Thus, they view gambling as a problem and are motivated and taking positive steps to combat related problems. For these reasons, their opinions and attitudes may well be different from those of the average gambler. Nevertheless, provided that conclusions and generalisations are not based solely on such a population, the data can often make a rich contribution to research findings.

Get employed in a gaming establishment. One way to collect invaluable data is to work in a gaming venue, an approach that has been taken by prominent researchers in this field. For example, Sue Fisher collected all of her observational data while employed behind the change counter of her local amusement arcade. Employment within the environment can be used to establish the researcher's identity and allow blending into the environment. Slot machine gamblers are usually unaffected by onlooking staff because there is no real risk of staff playing their machine when they have finished their gaming (see "skimming" referred to above). Hence, staff are fully permitted to observe playing behaviour and are often required to do so to be vigilant for fraudulent practices. Furthermore, while submerged in this social world, researchers can gather large amounts of relevant and fruitful information indirectly through participation in the gambling environment. We recently utilised this approach to obtain data and it proved effective.

*Become a gambler***.** By becoming a gambler, the researcher can take an auto-ethnographic approach in the collection of data. Auto-ethnography literally means the study of one's own group (Rosecrance, 1986) and involves research processes as well as research methods (Burgess, 1984). It can have a number of advantages; for instance, it may allow acceptance by the group under study, familiarisation with gambling terminology, longitudinal perspective and development of tacit knowledge. According to Hayano (1979), the criteria for auto-ethnographic research are knowledge of the people, culture and language, and the ability to pass as a "native" member of the group.

Obviously, the choice of fieldwork is dictated by the identity of the researcher and it is quite possible for researchers to use this type of methodology without knowing their approach was auto-ethnographic. However, it needs to be

remembered that the "insider role" (Rosecrance, 1986) can result in a lack of objectivity resulting in a research bias in interpreting and reporting information. Hayano (1979) countered this argument by stating that subjectivism and personal involvement may not be methodological problems but rather assets that can deepen ethnographic understanding. Furthermore, first-hand experiences of gambling used in conjunction with some form of objective analysis may enhance the researcher's understanding and outlook.

It is hoped that these proposed explanations will benefit future research in this area by providing researchers with an understanding of some of the difficulties of gathering data and offering practical advice on what can be done to facilitate data collection, and thus, improve validity and reliability. Unfortunately, identification of slot machine gamblers is often accomplished by a "search and seek" method of trawling local gambling establishments. Therefore, researchers are often limited to collecting data during playing time and not outside it. Data acquisition would be improved if gamblers were not occupied by playing their slot machine.

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first person

Other First Person Accounts in this issue
***Excerpts from* Losing Mariposa - A Memoir of a Compulsive Gambler by Doug Little**

First Person Account

[This article prints out to approximately nine pages.]

Internet Gambling

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I'm not actually much of a gambler. Up until four years ago, I had risked less than $2 on gambling in my lifetime. I couldn't see much point in it. But after winning at Casino Niagara and the Canadian Nation Exhibition in Toronto, I realized, "Hey, this is kind of fun." But my gambling is strictly professional. I make my living as a researcher specializing in problem gambling prevention, and the 20-odd times that I've risked money in the past year has been more about learning than a real attempt to make money. Well, that's my story anyway, and I'm sticking to it. Sure, I'd like to win, I've even found myself dreaming about winning enough to pay off my car and so on. It hasn't happened. What I found fascinating about winning was that even though the amount of money was so trivial and couldn't make a difference in my life (as much as a hundred dollars), the effect of winning was none-the-less exciting, even thrilling.

I've been curious about Internet gambling for a while. There's a lot of media interest in Internet gambling that appears to be grossly out of proportion to its status as a social problem. A recent study found that less than 1 per cent of the population in Canada has gambled on-line (see www.ccsa.ca/Releases/cpgirelease-e.htm), whereas in 1997, 22 per cent of adults in Ontario had been to a casino in the past year (Room, Turner & Ialomiteanu, 1999). The treatment system in Ontario records less than 2 per cent of problem gamblers who list the Internet as their primary means of gambling (Rush, Shaw Moxam & Urbanoski, 2001). Most of the people in treatment play at bricks-and-mortar casinos at games such as slots and blackjack. I'm not denying the real potential for on-line gaming as a serious social problem, but I just want to put it in perspective.

I was also curious about the appeal. Why do people go on-line to gamble? There is no socializing, no interaction, no night out. Perhaps that's part of the lure. You can feel pretty much anonymous.

Technically, on-line gaming in Canada is illegal. Here, only the government, charities and the horse industry can legally run gambling operations. However, Canadians are allowed to own gambling casinos that operate offshore. Most of the world's on-line casinos are located in the Caribbean, in the Dominican Republic for example. Several British on-line casinos were set up on the Channel Islands to avoid the U.K.'s gambling tax, and Australia recently started to license on-line casinos.

There are basically four types of gambling sites on the Web. First, there are on-line lotteries. These are ordinary lotteries where you can buy lottery tickets. Sweden has put its national lottery on-line, but limits access to Swedish citizens. Quebec plans to put its lottery on-line in the next year or so. Currently in Ontario, you can only check your numbers on-line, but you have to buy your tickets at a store.

Second, there are sports and race books where you're allowed to place bets on the outcome of sports games or races. Sports books currently make up most of on-line gaming. The advantage of sports books is that you don't have to trust a gambling site to find out if you've won; wins and losses are public information.

Third, there are on-line casinos that include slot machines, blackjack, roulette, craps and various poker games. These pretty much amount to what is available on many video lottery terminals (VLTs) in other provinces. Also available in this category are card rooms where you can play against other players rather than against the house.

The fourth type is electronic stock-trading sites, which, although not technically considered gambling, are often used as a way of gambling.

There are also a number of information sites about gambling, including on-line gambling book stores, sites that sell information about sports teams (so that the punter can determine his or her best bets) and sites that teach people how to gamble. One site, the Wizard of Odds (www.thewizardofodds.com/index.html#gambling), has an extensive library of information about gambling including rules and strategies. This site also discusses various incremental betting systems (i.e. chasing by increasing your bets), and why these strategies don't work.

After a short Web search, I found a number of gaming sites. I continued surfing to find ones with interesting games. By the summer of 2000, there were over 800 sites run by over 250 different companies. These numbers have likely doubled since then. At some sites, you have to download software. Downloading takes a few minutes, but speeds up the process of gaming and increases the potential quality of graphics and sound. Other sites run "no download" games. The no-download games run fine, but you will notice delays between actions, and occasionally, the graphics aren't updated.

Casinos usually have a tour in full-colour graphics, during which you can learn what games are available and the rules of the games. Some sites offer multiplayer games of blackjack and poker, where you can "chat" with the other players at the table. I selected PlanetLuck since they promised me multiplayer blackjack and poker. Their home site was mostly in black with flashing lights. Card symbols moved in and out around the "Open Account —Begin Winning Now" message. Across the top of the screen was a moving banner, which alternated between a picture of a car and a "Click Here to Win" message. Just below it another banner claimed, "We've already paid out $57,284,154.32." Near the bottom of my screen the following was posted —

> *INDULGE magazine says, "PlanetLuck provides clients with everything land- based casinos offer, including the sights and sounds of a real casino... www.planetluck.com is one of the best sites on-line."*

Flags indicated that the site was available in Spanish, Japanese, German and French. The graphics were spectacular, but I found the animation annoying.

Cashing in was a two-step process. I registered an account at PlanetLuck and was transferred to EzCash —an on-line bank that does the banking for a number of on-line casinos. EzCash set up my account, checked my age by

asking what year I was born and took my credit card number, e-mail address and street address. At both the casino and bank, I had to set up a user name and password. In addition to asking me my card number and name, they also asked me for the address of the bank that supported my card. I thought that perhaps this was a credit check or a way of ensuring that I was not under-aged. However, I recently found out that it relates to a case in California where a woman refused to pay her credit card. She claimed that she didn't have to pay because Internet gambling was illegal. As a result, some credit cards refuse to honour gambling purchases. Although intended to protect the casino from fraud or non-payment, asking for an address does ensure some protection for minors because it makes it a bit more difficult to get onto the site.

I set up my account with a credit card that I rarely use so that I'd be able to keep track of the charges and payouts. I recommend using a card with a low limit to curb your losses in the event of fraud. However, in general, the sites are secure and honest. According to speakers at the Global Interactive Gaming Conference in Montreal, Canada (May 10- 12, 2000), security at on-line casinos is as good as other Internet sites, such as Amazon.com, and it has yet to report any security-related fraud. They also know that cheating their customers is bad for business, so they tend to be honest. They want your money, and they know that you'll spend more if you win a bit. They know they'll win it all back eventually, so they do pay out for wins. But since much of the on-line gaming industry is unregulated, there is no guarantee that the site you've selected is legit. Some claim to be accredited or licensed, but there is no guarantee of honesty. (For more information on security issues, go to the FAQ section at www.clubchance.com.)

There is a lot of competition in the on-line gaming industry. So, many sites offer bonuses from 5% to 20% of your initial bankroll for opening an account. This dramatically cuts into their edge. But, there's a catch. You can't claim your bonus and then just cash out. You have to play two or three times the amount of the bonus, sometimes more, before you can cash out and claim your bonus. They also say that they will not pay out the bonus if the punter engages in irregular betting patterns, such as covering the whole board in a game of roulette. In addition, many sites offer prizes such as trips or bonus rewards as incentives to keep you coming back to the site.

So, on-line I went. I cashed in for $50 US. I was awarded a bonus of $5 for typing in 777, a bonus number I had found in an advertisement for a different on-line casino. I started playing blackjack for $1 a hand. I like blackjack, but I can't really afford to play at a casino where the minimum bet is often $10 or even $25. So the Internet definitely offers an inexpensive gambling alternative. Of course, small bets offer little hope of big wins, but larger bets

are available. Bets available include $1, $2, $5, $10, $25 and $50, which provide more room for incremental betting than is often available at casinos in Ontario, where allowed bets might range from $10 to $50. So on-line gaming might attract people who like to use incremental betting systems. The problem with incremental betting is that it works most of the time —not all the time. So you keep trying it until, by chance, you reach a long losing streak, and then you lose everything.

I wonder if the maximum bet is dependent on your bankroll. It would be easy to program a Web site to alter the allowable bet size to accommodate the amount of money that the person cashes in with. Coincidentally, the maximum bet equalled my cash-in bankroll, but I haven't gone back with a bigger bankroll to test this hypothesis. As it stands, a bet range from $1 to $50 per hand makes Internet gambling a relatively low-stakes game.

The game seemed to progress in a manner consistent with a random drawing of cards, while playing against a house edge of about 2.5 per cent (the expected house edge for a player that usually follows the Basic Strategy described by Thorp, 1964). The rules of play were a bit more liberal than those in our local casinos. The Web game allowed surrender (i.e. giving up half the bet when your hand is hopeless, say, a hard 16 against a dealer's ace) and hitting after splitting aces. Betting $1 per hand, I initially just intended on playing until my $5 bonus was gone. I won a few hands, then started losing. Since Internet gaming is unregulated, there is no way of knowing how valid the randomization procedure is, but the experience was not unlike my other bricks-and-mortar gambling experiences; that is, I win some, lose some, win a bit back, while slowly, but surely, see my bankroll shrink. After losing about $17 US, I cashed out. As correctly noted by www.clubchance.com, if the random number generator was biased, "An expert player could discover the bias and spread the word, quickly breaking that casino's bank." Thus, "it's in the casino's best interest to be as random and unbiased as possible."

Cashing out was also a two-step process. I first cashed out from the casino and then from EzCash. Cashing in was posted to my credit card immediately; however, cashing out took another month. This delay is apparently due to the credit card company trying to discourage credits, not to the on-line casino. I also found that the customer service of the on-line casino responded quickly to my inquiries.

If I had won more than I cashed in for, I would have received a certified cheque. Cashing out at a bricks-and-mortar casino is usually more difficult than cashing in. You have to wait in line for a cashier. If you're down to your last few chips or tokens, you may feel that it's hardly worth it and just gamble the rest away. In contrast, cashing out at an on-line casino was actually less

tedious than cashing in, except for the one-month delay in getting my cash back.

I discovered something annoying —when you exit the site another site automatically starts up. This technique is also used by the porno industry (or so I've been told) to keep customers on their sites. To get out of this loop, you need to close the new site before it finishes loading up.

Over the next few weeks, I received an average of one e-mail promotion every two days encouraging me to return to that site or to try another site. Each letter gave instructions about how to be removed from the list, but out of curiosity about the promotions, I haven't asked to be removed yet. One message encouraged me to go back to the site so that I could win a trip to Tahiti. Another told me that I could win a bonus of $1000 if I bet $100 on a roulette number. A recent message told me I could win a BMW and $100,000 in cash. Many messages mentioned bonuses for cashing in or for referring people to their on-line site. Another told me, "soon everyone would be a winner, you could be next." The last time I checked, the opening banner on their site read, "We've already paid out $61,313,471.93 (in prizes), you could be next." That is, while researching and writing this paper the amount had increased by $4 million.

The on-line industry is growing rapidly. On-line gambling revenue (not counting day trading) was a $2 billion per year industry in 2000 and is projected to rise rapidly over the next few years. However, the industry is worried about the possibility of an Internet betting ban by the U.S. government. Several attempts have been made to pass bills banning Internet gambling, but so far, none have been passed. One bill tried to extend the (American) Federal Interstate Wire Act to on-line gaming and make it illegal to bet on-line using a credit card. Another attempted to ban all other types of banking instruments for on-line gaming and to make it illegal to own shares in a company that runs on-line casinos. One recent attempt was aimed at stopping money laundering, which would have forced credit card companies to police transactions.

The Internet's betting-ban amendment was removed before the anti-money laundering bill was passed. Speakers at the Global Interactive Gaming Conference in Montreal (May 10- 12, 2000) seemed confident that a ban on Internet gambling would be ignored and that the industry would continue to grow. But some speakers noted that the ban would hurt the industry. They pointed out that currently over half of the on-line gaming revenue around the world comes from the United States. Meanwhile, the Nevada state government has taken steps that may lead to legalizing and licensing Internet gambling in Nevada. (More information about the Internet gambling industry

can be obtained at www.igamingnews.com.)

According to speakers at the same conference (www.igamingnews.com), future casino banking might be conducted by debit cards, e-cash, special Internet gaming cards or prepaid telephone cards. Security may utilize fingerprint-recognition technology, and mobile phones may become the most common way to place Internet bets.

On the plus side, on-line gambling is more affordable than casino table games. However, on-line gambling may offer a greater potential for incremental betting, which could lead to problematic play. On-line gambling offers the potential ability to monitor gamblers in order to detect problematic patterns of play, such as incremental betting and frequent re-buy-ins, which could then automatically trigger information about problem gambling. Currently, however, no on-line casino does this, although Lasseter's On-line casino in Australia offers self-selected daily betting limits. (For more about the plus side of on-line gaming, you can go to www.clubchance.com and look for their news, editorials and letters, or go to www.thewizardofodds.com and look at their information on the basics of on-line gaming.)

Overall, I found that on-line gambling was a reasonably enjoyable experience. Cheaper, but less exciting than playing live. The greatest areas of concern from my point of view are security, availability and protecting adolescents. No fraudulent charges were made to my credit card, so my security fears have been resolved.

Availability is a more difficult issue. On-line casinos are available from anywhere in the world, 24 hours a day. The automatic loading of other sites and large amounts of promotional e-mail could be particularly difficult for problem gamblers. Autolinks could encourage a winner to try to win more, or a loser to try another site to win it back, and e-mail ads could induce a relapse. Self-exclusion policies are available at Lasseter's, and links to Gamblers Anonymous and Net Nanny are available at some sites.

There are a number of gambling related sites that provide information to prevent problems. For example, www.professionalgambler.com sells information on the odds for various teams, but it also provides a list of 10 ways to throw away your money on sports bets. This list is designed to educate gamblers about bad betting strategies (e.g., using betting systems). Currently, protection for minors from these sites is inadequate. But the industry claims there is a greater potential for security problems on the Web than in other gambling venues because everyone is checked, and fake IDs are excluded (www.clubchance.com; see also www.igamingnews.com).

However, it remains to be seen if this will come to pass. For the time being, it is up to parents to use blocking devices such as Net Nanny and to keep credit cards out of their children's hands. Account names and passwords should also be kept hidden. Parents and educators must teach adolescents about their real chances of winning and dispel myths of "easy money" by showing how the games are stacked against them.

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eGambling
THE ELECTRONIC JOURNAL OF GAMBLING ISSUES

Service Profile

[This service profile prints out to about five pages]

The Problem Gambling Program at COSTI Family and Mental Health Services

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Agency Mandate and Profile

COSTI Immigrant Services is a not-for-profit agency whose mission is to provide educational, social and employment services to help all immigrants in the Greater Toronto Area attain self-sufficiency in Canadian society. To this end, COSTI's 180 staff members provide a range of services including English classes, employment counselling and settlement services in over 40

languages at 12 locations across Toronto and York region. They work in partnerships with approximately 80 mainstream and ethno-specific organizations.

Problem Gambling Program Description

The Problem Gambling Program (PGP) at COSTI Family and Mental Health Services was launched in June 2000. One program component assists Italian-Canadians in identifying and resolving personal and family problems related to gambling through ethno-specific counselling services, including individual, marital, family, support and educational groups, telephone counselling and referrals to credit counselling and psychiatric services. The program's public education component includes awareness raising workshops and presentations on prevention, responsible gambling, risk factors and services available.

Problem Gambling Treatment

COSTI's treatment component is an adapted harm-reduction model. The "mainstream" harm- reduction approach developed within the context of a North American culture is primarily urban, individualistic and literate. However, the roots of the Italian-Canadian culture are primarily rural, collective and oral. Given these realities, every aspect of intervention needs to be examined through this cultural lens. For example, when discussing bailouts, the counsellor must consider that in Italian-Canadian culture, family obligations to care for all its members are central. Parents see no other alternative and feel inadequate and guilty if they are not able to provide a bailout. Adult children contribute to family finances because of a sense of duty and obligation to a parent with gambling problems. Suggesting that spouses protect themselves financially by opening separate bank accounts goes against cultural values and norms, and therefore, needs careful consideration. In this predominantly oral culture, written materials and exercises are sometimes not useful for Italian-Canadian immigrants; counsellors have had to incorporate story telling and analogies to demonstrate concepts. Following through with written homework can be difficult. Counsellors have found that clients prefer to keep a mental log of behaviours. Clients keep track of what triggers their desire to gamble by describing situations that precipitate gambling activity. They also describe how they felt before gambling and how they feel or cope following

gambling.

Community Development

In addition to providing public education and treatment services for the Italian-Canadian community, the PGP at COSTI also has a community development component that currently works with the Spanish, Polish, Portuguese, Punjabi, Tamil and Vietnamese-speaking communities. These projects include needs assessments using focus groups and questionnaires on cultural attitudes, beliefs and perceptions on gambling and problem gambling. The data that is gathered supports public education initiatives in these communities. COSTI's community development approach in this project involves partnering with community leaders and respected ethno-specific organizations. Focus group questions and questionnaires were developed with the involvement of community leaders and agencies. These same people also help organize focus groups, distribute questionnaires and develop public education initiatives, which include talk shows on ethnic radio programs, articles in ethnic newspapers and presentations. To ensure that culturally sensitive and linguistically appropriate literature is available for public education and counselling, community leaders and organizations helped translate materials and screening tools. Information sessions for settlement counsellors heightened their awareness of problem gambling issues and were conducted along with the Problem Gambling Service (CAMH).

Please contact us for further information about COSTI and the PGP or to arrange a workshop or presentation for a specific group.

This Service Profile was not peer-reviewed.

Submitted: November 27, 2001

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eGambling
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first person

Other First Person Accounts in this issue
Internet Gambling By Nigel Turner

First Person Account

(This article prints out to approximately 12 pages.)

Excerpts from Losing Mariposa

A Memoir of a Compulsive Gambler

By Doug Little
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[All names are pseudonyms except for those of the author's family. –Ed.]

The first time I went to Windsor was, ostensibly, to get a job. I had applied to be executive director of the downtown Windsor business association. In reality, I went to gamble. It was the fall of 1995. I had quit bingo in June, but after a summer of all work and no gambling, I was ready to escape. Big time! A geographic cure had its appeal. Maybe it was because I couldn't wait for the casino in Orillia to open.

I knew I was burned out, but what could I do about it? Along with all of the other stuff I did for my 80-hour-a-week job and the festivals that summer, I

also served as Orillia's representative on the official opening ceremonies committee for the new $100-million Ontario Provincial Police General Headquarters. I was also on the steering committee of a $150,000 regional tourism study, largely overhauling an organization that I once managed. Although there were rumours, it was a little-known secret that I resigned from that position in the mid-1980s because I had been borrowing from office cash. Then I was paying for Melanie's figure skating and chasing another kind of dreamworld.

In order to maintain my control and to hide things I was doing now, I couldn't say "no" when anyone asked me to serve on committees or take on new responsibilities. I couldn't say "no" and I couldn't unload any of my responsibilities. My job, the festivals, Winter Carnival, and even Canada Day were all wrapped up together; first in my need to prove myself and then in my need to hide what I was doing with the money.

A new job and a new town, not to mention a new casino, were attractive. The plan was to kill two birds with one stone. Do the interview and win enough money to get these accounts under control. That was my goal at Casino Windsor: $1,200 and some hot luck. Then I'd be free to do whatever I wanted, even move to Windsor.

Casino Windsor, the Government of Ontario's first casino, opened in 1994. By all accounts I'd heard, it was a raving success. Downtown Windsor was looking to share in the benefits and wanted a new manager. I was asked to come to Windsor for an interview. It was a five-hour trip and although I was driving a van, it seemed like I flew.

One thing that puzzled me was the lack of billboards or road signs announcing Casino Windsor along Highway 401 from Toronto. Even within the city, directional signs were lacking. I guessed I was coming from the wrong direction to catch the casino's target marketing. It must have all been aimed across the river at Detroit, from which, I bet, the directions were exact. Attracting American gamblers and U.S. dollars was a key rationale for establishing this first casino in the border city of Windsor. Money in. Problems out. Orillia was being sold its casino on a similar basis: increasing tourism by attracting Toronto and other southern Ontario residents who would come to gamble, but also stay and shop. Less than five per cent of Casino Rama's revenue would come from the local market. Money in. Problems out. I just happened to be part of the local percentage that couldn't wait.

I tried doubling back from the U.S. border and found my way past the casino's twinkling front lights with ease. While my heart raced at the sight, I was stoic

in my patience. I had two hours. First, I wanted to find the location of the agency where the interview was to take place at two o'clock. This way I would know exactly where I had to go, how long it would take from the casino and exactly how long I had to gamble. Surprisingly I was able to park right next to the casino.

Where were the thousands of cars and jammed parking lots we kept hearing about in Orillia? It reminded me of the other big casino I'd been to in April, in Sault Ste. Marie, Michigan. There, we had to take the worst, most convoluted back roads into the middle of nowhere. The Sault casino was made up of a menagerie of buildings built like a mining town, in both haste and hesitation, not spending much money just in case it didn't last. Only the flashy Kewadin Vegas sign met my expectations of gambling paradise. However, you could park at the door, at least during the April weekends when I was there every night for four nights during that Festivals Ontario conference. And there were no traffic jams.

Casino Windsor was also stuffed into an unimpressive building, its temporary site in an old art gallery. However, its flashy, lighted facade was more reminiscent of the Las Vegas from movies I had seen, and the heat of my excitement climbed as I walked through the doors. Inside it was a palace, three floors of glitter and neon —all the bells and whistles to literally set my heart fluttering. There was even a non-smoking floor. Two hours, I reminded myself, as I dashed around the building like the proverbial kid in a candy store with a pocketful of money from his mother's purse.

I had been learning blackjack on the computer and working on a system for roulette, my first love in gambling. But just like my first casino visit at Kewadin, I couldn't get past the slot machines. The ding-ding-ding and clink-clink-clink of winning coins dropping, the spinning reels, the siren sounds and flashing lights of jackpot winners enthralled me as I wandered up and down the aisles looking for my machine. From my April visit in Kewadin I knew my favourites: the ones with Haywire icons and crazy action, where the reels go erratic, spinning out of control, racking up bonus winning credits. I couldn't find any as I sped around the casino looking from side to side, floor to floor. Maybe it was an American thing. I also couldn't waste any more precious gambling time.

I settled on the non-smoking floor, a nod to the sensitivity of my nose. Before I even started I was flushed, sweating and hyperactive. I could feel my blood boiling. I passed the next hour and forty-five minutes among these rows of slots.

I bought five $20 rolls of dollar tokens and five $10 quarter rolls from the coin change cart as soon as I hit the floor. Clang! I whacked a roll of tokens

against the side of the coin tray at the bottom of the slot machine and flipped the tokens out of the paper wrapper into the coin tray. With a crescendo of clinks and clanks, they bounced around and then settled. I deftly swooped a handful from the tray and dropped three coins in rapid succession. Click! Click! Click! If they went too fast one coin fell all the way through and I had to swoop down again, grab another token and reload. It was a precision I learned at Kewadin, and now, it seemed like second nature. The next move was to push the maximum button to play the three-coin maximum. Then I pulled the lever on the right side to crank it down and start the wheels spinning.

Whirl, whirl, whirl. Ka-chunk. One wheel stopped. Bar. Ka-chunk. Second wheel. Two bars. My heart raced, my mind blurred. Ka-chunk. Three bars. I won. I tried to keep myself cool, to keep from dancing in the aisles and making a fool out of myself. Clink, clink, clink, the coins dropped into the waiting tray, clinking on my coins that were already there.

I looked quickly to the top of the slot machine at the payout menu. Three single bars: $20. Three double bars: $40. Three triple bars: $60. I couldn't figure what I'd won until the clinking stopped and the flashing LED showed $20.

Swoop. Three more coins in. I cranked the arm and stopped breathing again as the reels spun hypnotically before my eyes. I glanced up to the menu to try to catch the various payouts without having to focus, not daring to take my concentration off the spinning wheels.

I was convinced that you have to see the reel stop in order to make it stop where you want. Ka-chunk. Right wheel. Three bars. My heart beat faster. My hand massaged the sides of the machine. "Come on," I whispered. Ka-chunk. Left wheel. Three bars. My heart was in my throat. I held my breath. "Come on baby." Ka-chunk. Three bars. "Yes!" I hollered. No. It was on the line. No clink, clink, clink. I looked over the winning menu. Close, but no cigar. Close. Next time. I could feel it. This machine was hot. It wanted to pay.

Swoop. Click. Click. Click. Whack the maximum button and crank the lever. No, you should have tried the button, just to change things. The reels spun. I needed to calm down. You can't expect to win every pull. Relax. I looked over at an elderly woman leaning from her stool in front of one machine to slap the buttons on the adjacent machine. Wow! She was playing two machines at once. She reminded me of the women at bingo who could play 24 cards on the regular games and then 36 for the jackpot game.

Ka-chunk. Ka-chunk. Ka-chunk. Nothing, except a "Wild" symbol almost in the

middle window. Breathing in deeply and blowing out like a sigh, I checked out the payout for three Wilds – $2,400. Wow!

Swoop. Click. Click. Click. Whack. Crank. Whirl. Ka-chunk. One double bar. Ka-chunk. Two double bars. Ka-chunk. Wild. Clink, clink, clink …The machine started spitting out dollar tokens as I searched the menu for what two double bars and a wild symbol meant. Eighty dollars. The tray was going to be full. While the coins were dropping, I gathered up three tokens and leaned over to the next machine. Clink, clink, clink. Whack and whack. I hit the maximum and spin buttons. Cranking the one-armed bandit had lost its novelty. The reels of the second slot spun. It was a "blazing sevens" icon, three sevens rising out of what looks like the fires of Mel Brooks' Blazing Saddles logo. One seven. Two more blazing sevens. Two more sevens. Nothing.

Back at Wild Bars my winnings were scattered all over the tray, although not nearly filling it as I had imagined. I remembered a button that I pushed in Sault Ste. Marie that retained your winnings as credits so you didn't have to keep feeding in the coins each play. No swoop. No click, click, click. I whacked the button and fed a handful of tokens down the coin slot.

Maximum, whack. Spin, whack. Whirl. Ka-chunk. Triple bar. Ka-chunk. Wild. My eyes darted up, two triple bars and a wild pay $120. Eyes back. Ka-chunk. Wild on the line. "Shit," I said under my breath. Two wilds and a triple bar: $240.

"It wants to pay," I said out loud to myself as I whacked the buttons and set the reels whirling once again. Concentrate, keep your eyes on the wheels. Ka-chunk. Wild. I felt my heat rise. Bar. Double bar on the line. Ding. Ding. Ding. Ding. Ding. Ding. The new sound confused me. Did I win? I looked up to the menu as the slot recorded six electronic credits to the four I still had left. There it was. One wild: six dollars.

Back to the buttons. Whack. Whack. Another two wilds and a third one on the line. Oh, so close. Twenty-four-hundred dollars. Instead I won 12 bucks. So the machine teased me, enticed me with the occasional win and lured me to add more coins. I went back to the change cart three times for another $300 in tokens.

My faith in Wild Bars faltered after the second trip back to the cart and I started to roam the slot corridors, pumping three dollars in each machine as I passed, staying to play out the ones that let me win a few credits. I was over the clink-clink-clink infatuation. The lucky machines eluded me as I looked from machine to machine for the one that was calling my name. The light on the top of the Wild Cherry machine was flashing. I answered its call.

Clang! I broke my last roll of tokens into the coin tray and swooped a handful of ammunition into the coin slot with one fluid motion. Click. Click. Click. Whap. Whap. Whirl., whirl, whirl. Ka-chunk. Cherry. Ka-chunk. Bar. Ka-chunk. Bar. Fifteen credits.

The only reality able to penetrate my absorption with the one-armed bandits was the two o'clock appointment, likely because it was connected to gambling, to my being able to get back here again. I checked my watch hundreds of times while I played hundreds of games, over and over, winning and losing, winning and losing. As much as I wanted to win, I didn't mind losing as long as I could stay there. I hadn't won a big jackpot, the kind where they came and gave you the money in cash and reset your machine. I was up considerably at one point but I continued to gamble until all the credits were gone and then all of the special slot coins were gone.

One forty-five. Time to go to the interview.

I got in my van and raced along my predetermined beeline to the agency in time for my two o'clock appointment with the job recruiter and her assistant. No Windsor committee. It was just a screening interview. My ego was in full bloom, bolstered by two hours of gambling action. I could do this job standing on my head. I was the former president of Ontario Downtowns, four years as president of Festivals Ontario, vice-president of the Canadian Association … blah, blah, blah. I didn't care about the job, I just wanted to gamble.

My blood pressure was still through the roof throughout the interview and I fidgeted in my chair like a schoolboy needing to pee, or worse. Let's get the questions over and get back to the real task at hand, winning back my $500, along with piles more of Casino Windsor's money. Funny, I didn't even expect I'd get a callback. Too bad. Poor Windsor. It didn't know what it would be missing. I didn't care. I came to gamble.

Another beeline back to the casino. This time it would be different. I could concentrate on the game now that the stupid interview was out of the way. The nerve of them, dragging me all the way down here and not even a member of the board there.

* * *

In June of 1996 I was at the apex of my gambling frenzy. I was $20,000 in the hole to eight different bank accounts. Anxiety and panic attacks swept over me with regularity and my concentration at work and everywhere else was shot. Sweating in bed at night I worried about getting caught, going to jail and

having my life defined by the fact that I was a gambler and a thief.

I wondered if I would even make it to the opening of Casino Rama in Orillia. On those late-night drives back home from gambling in Barrie, I worried that I would get caught first, or worse. Desperation weighed me down after three nights of losing at the charity casino, giving me the notion of ramming my van into one of the grey concrete overpasses on Highway 400 during my 23-kilometre ride home at 4:30 in the morning.

All the way back I would talk to myself, cursing my stupidity, my bad luck. Why didn't I quit when I was up? If only I hadn't run out of time. If only they hadn't changed dealers. I was on a roll, then everything changed. Oh, why didn't I quit, take my chips and go home?

The charity casinos closed at 4:00 a.m. Whether I was winning or losing, they closed. The last half-hour was pure insanity, a kind of reverse, bleak "happy hour," where instead of drinking twice as much, you bet with even greater hysteria. If I was down, I needed to get even. If I was up, it was never high enough to cover off all I had previously lost, all that I owed, all that I had stolen.

"Why didn't I go home at two o'clock?" I thought to myself as Sherrie shuffled the deck for the next shoe of cards. If I had, I would have been up a thousand on the night and only $3,000 in the hole this week. Now I was down $5,000. How the hell was I going to pay that back by Friday? Those bank deposits had to be made within a week or else there would be no plausible excuse.

How I hated the shuffle in a charity casino. That break in the action allowed the real world to come reeling into my mind. I'm here to gamble, not think. In a bona fide casino there are lots of distractions during a shuffle; drop a couple of green quarters on number 17 in roulette, slip $50 into a five-dollar slot machine on the way to the washroom, watch the Asian guys bet $20,000 a hand in the VIP Baccarat Room, playing a game that amounts to little more than high stakes card-cutting. Here, all I could do was wait.

Michael, the pit boss, knew I was down. Could he see the desperation in my face or did he just do the math? In charity casinos, the action is small enough that the house knows who is winning or losing at all times. Especially VIP players like me.

VIP blackjack: I bet all seven spots on the table, me against the dealer. It was the only way I played now, ever since partnering with Arnold went sour a few months earlier. Nothing really happened, I just couldn't win with him anymore. We'd either both lose or I'd lose alone. Earlier, he saw me at the table and

came over.

"Want to play together?" he asked, gesturing at my seven spots, searching for his three. "No," I said, avoiding his eyes. "I'm down. I gotta stay on my own. I haven't been winning lately." "It's okay, it's okay. I'll play over here. Go get 'em." He walked away. I knew he felt bad. Maybe it was recreation to him; maybe he could afford to be nice, but I couldn't. Shit. He taught me the game.

Arnold owned a local golf course and was a regular at the charity casinos when I started playing at them last year. On many nights we were a team, dominating the table, playing like we could do no wrong, stacking up the chips, breaking the house! "You're on fire," one of the guys standing around said. "It's like you can read the cards." Recalling those heady days, it's hard to understand how I could be so down, how I could owe so much money.

"Are you almost ready, Sherrie?" I asked, annoyed with my own angst. "Almost, darling, and I feel a good shoe coming on." Most of the dealers, including Sherrie, liked me. For one thing, they knew me because I sponsored the Stephen Leacock charity casino nights that their company operated. Also, I tipped. On the surface, I was a good loser. I never blamed anyone else, never got mad, swore or threw things like some of the guys. I thought that was an invitation to bad luck, negative vibes and bad karma, that sort of thing. Inside I was screaming. Did they genuinely feel sorry when I lost? I thought so, but that's how they got paid.

Having been on the other side of the table as a sponsor, I knew one hot VIP gambler like me could mean a losing night for the charity casino operators. Sure, that meant the sponsor didn't make any money either, but it really meant the operator lost because he still had to pay the staff and overhead. In Toronto, and even in Barrie, at the other casino company, they hated to lose and tried all kinds of tricks to stop a player on a roll; some of them I'd have bet were "illegal." Once, at Huronia Casino, a regular player and I were having a good night controlling a table, each of us up several hundred dollars. Then the owner of the company asked if we minded if he dealt for a while. I don't know whether she cared but I sure as hell did. I didn't want to play against the damn owner, but my gambler's ego wouldn't let me say it. I finally quit when I had about $200 left. I never went back to Huronia's events. These were the types of shenanigans that gave the government the excuse it needed to take over control of all gambling.

Finally, Sherrie was ready for me. I felt tired during the break, but now I was animated, bobbing and weaving, standing in front of the green felt table, my chips lined up along the padded sides. Watching her bury the hole card, I was wide-awake, ready for another round. Ready for redemption.

"Okay, let's do it," I said, and all the worry of the outside world, everything but Sherrie darling, and me and the cards disappeared.

I had two five-dollar chips in each of the seven circles; the maximum $10 bet allowed in charity casinos. I was really making a $70 bet per hand but let's not quibble on the fine points. I had 10 piles of five-dollar chips in front of me, $500, and a pocketful of green quarters, $25 each. Twenty. I always knew how many. It was another thing I did during the shuffle to keep my mind occupied. They were the remainder from earlier in the evening when I was up a grand.

Snap, snap, snap, snap, snap, snap and snap. Sherrie whacked my first cards beside the circles. My eyes were on her card. Snap. A seven. Good, I had a chance. I feared an ace, of course. Blackjack is an ace and ten; it didn't have to be a jack. I also feared any face card or ten. Now I could watch what she was giving me and the battle was underway.

A king on a queen. "Good," I said, as I waved her off.

"Don't want to split those tens," Sherrie joked as she gave me a three on a four on the next square. "Yuck."

"Hit me," I said, scratching on the green felt with the middle finger on my right hand, the one with the tell-tale Band-Aid covering the dried, cracked skin from too much of this very scratching.

Eight. Fifteen. "Hit me," I scratched.

Queen. Bust. "Oops, sorry," Sherrie feigned as she swooped up those cards with her right hand and slammed them in the crib, deftly sliding my $10 from that circle into her tray.

Next came an eight on a face card. "Eighteen." I waved Sherrie off.

Snap. Another three on an eight. Eleven. "Double down," I said as I placed another $10 at the back of that circle. Another card. Ten. "Yes! That's better, Sherrie, keep it up."

A six on a six. Shit, what do I do? I searched my brain for the computer prompt or the book instruction or Arnold's voice. Always split sixes or is it never split sixes? I couldn't remember.

Sixes against a seven: I split them. It's another all or nothing night. I moved

$10 more to the side of the circle. Another six. "Split," I said and moved another $10 out.

Nine. Fifteen. "Hit me." Scratch. Four. "Stay." A hand wave on the next hand.

Ten. Sixteen. "Hit." Scratch. Ten. "Too hard." Swoop cards, discard, money slides into Sherrie's tray.

Five. Eleven. "Double down." Another $10 from my tray.

Jack. Twenty-one. "That's one you're not going to get, missy," I said as I exhaled some anxiety and twisted out a kink in my neck. I could feel the heat in my blood. My throat was dry.

"Don't get cocky," Sherrie said as she slapped a five on my eleven. I paused, knowing what was next as soon as I thought it. Shit. Sixteen, I have no choice. "Hit me."

Seven. Bust. Swoosh, slam, swoop, clink into her tray. I toyed with a cyst on the back of my neck, twisting my back against my other hand. I looked, I am sure, like a straitjacket contortionist.

The sixth spot. A two. A three. Three small cards, it'll be a face.

"Hit," I said and scratched the table. Close, a nine. "Now a face," I said with resignation, regretting the prediction as soon as it passed my lips. Positive, you idiot. Ace.

"I could have used that next, Sherrie," I chided. "Hit me," I scratched.

Ten. Bust. "They're always together, eh?" Sherrie sympathized as she swooped up the cards, and my money, from the table.

My last spot. Another ten. Three. "Ten and three, thirteen," Sherrie said. I looked at her seven, thinking about what she needed, what I wanted her to have. A ten —she has to stay on seventeen. "Lucky 17," I murmured out loud, prompting Sherrie to repeat, somewhat sarcastically, "Thirteen!"

The object here was for me not to take the card I wanted her to have. This was the players' advantage in the charity casinos; you could influence the dealer's second card by taking or not taking a card on the anchor spot. When you have several experienced people playing at a table, sometimes the person at the end in the anchor seat would "take one for the table." In the big

casinos, the play is different with the dealer getting both his cards off the mark, taking away this players' edge.

I didn't want a ten. I scratched, "Hit me."

Six. Another nineteen. Six would have been good for her, giving her thirteen, I thought, second-guessing myself. No, I've seen too many thirteens topped with eights.

"What's it going to be, Dougie?" Sherrie taunted me.

I waved my hand to pass and returned the jab, "Ten, come on, Sherrie, you can do it."

She turned a four. "Eleven," my mouth said, but my mind cringed as I took the first shot of the inevitable one-two combination. I looked back at the cards already on the table, grimacing, trying to see but not wanting to think the worst, to forecast the worst. To make it happen. What would have happened if I had given her the six? Seven, six and four. Seventeen. Damn. Now we've had four, six, three. Damn, my mind moaned. Don't say it, don't even think it. But, it was too late: tens are due.

Ten. "Dealer has 21," Sherrie said succinctly, knowing I was on the ropes.

We "pushed," or tied, on three hands of 21, meaning I got to keep three $10 bets. I lost $70 more.

So it went for the remainder of the shoe and I was down another $500. My brain couldn't take the torture of watching and waiting for another shuffle so I went over to next table where there were a couple of empty spots and plopped my $10 chips on each. I was now literally running from my thoughts. I won. I lost. I won. On and on.

Finally Sherrie was ready for me. As we took our positions, aggressor and defender, or the illusion thereof, Michael stepped over and announced "Last shoe." Closing time.

I couldn't win. I'd had near-perfect shoes before. You can only win about eight hundred dollars. I was already down $1500 for the night and $5,500 for the three days. Despair washed over me. My concentration was gone. Not even the action could keep my wretched feelings at bay. I played a couple of hands on autopilot, hardly knowing what I was saying.

'That's it for me, Sherrie. I'm beat," I said, as I picked up the last of my red chips to head for the cashier's booth before the four o'clock poker crowds. The last thing I needed was a whole bunch of "How much did you win, Little?" questions from those guys.

I had $240 left. Enough to leave Roberta $100 on the kitchen table when I went to work, pretending I won, and some money for lottery tickets and Nevada to tide me over until the next weekend's charity casino in Orillia. But what was I going to do about the missing $6,000 from the bank deposit?

"Maybe I've already won the lottery," I told myself, bolstering my courage for the long, concrete-pillared drive home to Orillia.

Submitted: October 28, 2001

This account was not peer-reviewed.

Doug Little now lives and works in Ottawa where he is the Marketing and Communications Manager of the Canadian Tulip Festival. October 22, 2001, marked five years since he last gambled. Losing Mariposa *will be published in 2002 by ECW Press.*

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review

Book Review —A Classic

[This article prints out to about five pages]

The Gambler

By Fyodor Dostoyevsky. (1996;1866). Trans. by Constance Garnett. New York: Dover Publications, 117 pages, paperback, $2.00 US
ISBN 0-486-29081-6

Reviewed by Christine McKay
Problem Gambling Counselor, Lifestyle Enrichment for Senior Adults
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When I first started working in the problem gambling field in the winter of 2000, the first book I wanted to read on the topic was Fyodor Dostoyevsky's classic gambling narrative *The Gambler* (1866). I felt sure that if anyone had anything to say about gambling it would be Dostoyevsky. An inveterate gambler himself, Dostoyevsky bet his entire oeuvre that he could write *The Gambler* in a month while in the midst of writing Crime and Punishment. I was not disappointed. Dostoyevsky creates memorable characters that bristle with energy and portrays the class-conscious casino society of his day with cutting satire.

In *The Gambler*, Dostoyevsky introduces a scheming cast of characters gathered in Roulettenberg, a fictitious German spa town with a casino and international clientele. Dostoyevsky employs the literary device of a diary to reveal the tumultuous inner life of Alexei Ivanovitch, a poor but educated young man who works as a tutor for the General. As a servant and outsider, Alexei both observes and participates in the tempest that surrounds the General and his entourage of blue bloods and social climbers. Alexei, painfully aware of his social class, both envies and mocks the aristocrats' airs and pretensions. The General, despite maintaining the trappings of wealth, is impoverished and heavily indebted to the Marquis de Grieux who bailed him out when he was accused of embezzling. He desperately loves Mlle. Blanche, a "gold-digger," while Alexei moons over Polina, the General's destitute stepdaughter. All fortunes depend on the impending death of Granny, a rich 75-year-old woman who arrives in Roulettenberg, very much alive, and proceeds to the casino.

Alexei and Granny are introduced to roulette and soon become hooked, although they start gambling for different reasons: Alexei thinks that "Money is everything!" whereas Granny wants to prove to her nephew, the greedy General, that she is still very much in control of the purse strings. They both "chase their losses" and pursue a cycle of winning, losing, desperation and exhaustion. Granny eventually burns out and returns to Moscow, but almost two years later, Alexei, still in denial, drifts from casino to casino.

Alexei, the protagonist, is a crass, immature and rather despicable character driven by greed and desire (one amazon.com reviewer refers to him as a "semi-psychotic provocateur"). At the beginning of *The Gambler*, Alexei is obsessed with Polina: he debases himself in front of her; he is her slave and loves her without hope; yet he hates and fears her. Alexei is jealous of her mysterious relationships with the Marquis de Grieux and the enigmatic Mr. Astley, the only decent character in the book. Given to emotional excess, Alexei vacillates between elation and despair. A slave to Polina, first, and then the roulette wheel, Alexei is tortured by his passions.

Dostoyevsky's Alexei is a prototypical gambler who rationalizes and defends his growing obsession with roulette. For Alexei, a big win at roulette would earn him entrance into the aristocracy and transform him from outsider to insider. Deliberately baiting the General, Alexei contends that "the Russian is not only incapable of amassing capital, but dissipates it in a reckless and unseemly way," a dig at the General whose lavish lifestyle belies his mounting debt. Yet, to "act in a reckless and unseemly way" is exactly what Alexei does after his first big win at roulette. Impulsively, he runs off with Mlle. Blanche to Paris, abandoning Polina and leaving the General to pine for Mlle. Blanche.

While the plot (which I don't want to give away) borders on farce with its fantastic twists and turns, it is also a vehicle for Dostoyevsky's savage wit and social commentary.

Granny is one of Dostoyevsky's most amusing and flamboyant characters. She arrives at this gambling saloon on the Rhine amidst various plots and schemes all predicated on her death. Incensed by the General's transparent agenda to get his hands on her fortune, Granny ridicules him for wishing her dead. She heads off to the casino, retinue in tow, and impetuously bets large sums on roulette. As luck would have it, she wins, and leaves the casino in an exalted state. Later that night, restless and unable to sleep, she summons Alexei and returns to the casino where she proceeds to lose all her winnings and more. Disgusted with herself, Granny decides she must leave Roulettenberg and return to Moscow; but despite her intentions, she stays and gambles away most of her fortune.

In Dostoyevsky's hands, Granny is an outspoken eccentric who exposes the artifice and deception of the Russian aristocracy. She calls a spade a spade, unmasks hypocrisy and has a great time at the roulette wheel until she starts losing. Granny is at her best when she is defying bourgeois social conventions by breaching gambling etiquette with her fits of pique. When Granny wins at roulette, she is elated, when she loses heavily, she throws tantrums. Dostoyevsky captures the tragedy of her descent into problem gambling, yet, *The Gambler* is also a social comedy, a dark but witty lampooning of high society.

In *The Gambler*, Dostoyevsky explores the subjects of class, obsession, chance and morality. Dostoyevsky probes the conflicts and dilemmas that create and perpetuate human suffering. These themes were important in his own life. Dostoyevsky paid heavily for his early anti-monarchist activism, and in 1849, a last minute reprieve saved him from execution by firing squad for crimes allegedly committed against Tsar Nicholas I. He spent the next five years exiled in Siberia, the subject of *The House of the Dead* (1860). During his incarceration, he endured physical and mental pain and recurring epileptic seizures. *The Gambler* is based on Dostoyevsky's love affair with Apollinaria Suslova as well as his frequent casino visits to play roulette, which he began playing in 1863, at a time when he was extremely poor. He experienced first-hand the excesses of gambling so aptly described in *The Gambler*.

In the end, the wheel of fortune was kind to Dostoyevsky. He married Anna Snitkina, the stenographer who transcribed *The Gambler*, and they had a happy union and raised children. He proceeded to write literary masterpieces —*Crime and Punishment* (1866) and *The Idiot* (1868) —despite his continued heavy gambling until 1871 when he declared himself free of this delusion

(Knapp, 2000). He went on to write *The Brothers Karamazov* (1880) published a year before his death. That Dostoyevsky eventually stopped gambling should provide hope to any reader of *The Gambler* who has problems with gambling.

The Gambler is a particularly good read for those interested in the psychology of problem gambling. I sometimes felt like a voyeur —imagine your private musings, rants and raves laid bare for public consumption! Although Dostoyevsky is not known for his humour, I found *The Gambler* very funny. The first half of the novel sparkles with its behind-the-scenes plotting and snide gossip, while the second half seems quickly sketched. Still, Dostoyevsky is a masterful storyteller and a scathing social commentator. Short and engrossing, I had a hard time putting *The Gambler* down.

Reference

Knapp, B. (2000).
Gambling, Game, and Psyche. New York: State University of New York Press.

Notes

1) Sergey Prokofiev composed the opera *The Gambler* in 1915.

2) For a history of roulette, see: http://www.gamble.co.uk/roulette_history.htm

Submitted: November 15, 2001

This book review was not peer-reviewed.

issue 5 – february 2002

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(*This letter prints out to about three pages.)*

Response to a letter about "Chips, Chatter and Friends"

Playing poker can cause problems. Playing too long, too late, or losing more than one can afford are among the hazards. There are players in treatment for a gambling problem because of their involvement in poker.

The game of poker is, perhaps, the most popular form of gambling in North America. Prior to the proliferation of legalized gambling, millions of people played weekly, with friends and relatives. Playing in a public poker room in a casino has replaced many of these home games.

Playing in a public poker room can lead to gambling problems. I interviewed one player in treatment and in GA (Gamblers Anonymous - Ed.) who started as a low stakes recreational player in the casinos. His involvement increased, leading to playing at higher and higher stakes. He lost his business, his girlfriend, and wound up in treatment.

It is important to understand why some people do become problem gamblers. It is also important to understand why others can play safely. My article (http://www.camh.net/egambling/issue3/first_person/index.html) was about the pleasure that many people find in playing poker. I am sorry that my descriptions caused the reader's wife pain.

Barry Fritz
Quinnipiac University,
Hamden, Connecticut, USA

Received: December 8, 2001

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http://www.ncpgambling.org NEW

National Council on Problem Gambling : to increase public awareness of pathological gambling, ensure the availability of treatment for problem gamblers and their families, and to encourage research and programs for prevention and education.

http://www.gov.ab.ca/aadac/addictions/subject_gambling.htm

Alberta Alcohol and Drug Abuse Commission: information, brochures and survey results

http://www.responsiblegambling.org

Responsible Gambling Council (Ontario): information, publications and calendar of international gambling-related events

http://www.unr.edu/unr/colleges/coba/game

Institute for the Study of Gambling and Commercial Gaming: an academically oriented program on gambling and the commercial gaming industries

http://www.ncrg.org

National Centre for Responsible Gaming: funding for scientific research on problem and underage gambling

http://www.problemgambling.ca

Problem Gambling: A Canadian Perspective Website (Gerry

Cooper): annotated international links

http://www.youthgambling.org

Youth Gambling Research & Treatment Clinic (McGill University, Montreal, QC, Canada): information, self-quiz and FAQ's

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Invitation to Contributors

We welcome contributions on gambling and gambling-related issues. Please note that submitted manuscripts are limited to 5000 words in length, not including a 150 word abstract and references. (For First Person Accounts and Reviews please see below.) Prospective authors should always read the last issue of *EJGI* for the latest version of Invitation to Contributors. We encourage electronic submission and accept mail submissions, but cannot accept fax submissions. For details, please see the submission process below. All authors whose manuscripts are accepted will receive a standard legal form to complete, sign and return by mail.

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All submitted manuscripts (except Reviews) are reviewed anonymously by at least two people. Each reviewer will have expertise in the study of gambling and will assess and evaluate according to the criteria listed below. The editor will mediate their assessments and make the final decisions.

Submissions are either

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3. rejected. (Decisions of the editor are final and cannot be appealed.)

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We invite researchers to submit manuscripts that report new findings on gambling. All submissions will be peer-reviewed in confidence by at least two reviewers for their scientific merit, and mediated by the editor.

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All submissions will be peer-reviewed in confidence by at least two clinicians and mediated by the editor for their soundness and value to

practicing clinicians.

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Lesieur, H.R. (1984). The Chase: The Compulsive Gambler. (2nd ed.). Rochester, VT: Schenkman Books, Inc.

Book chapters

Shaffer, H.J. (1989). Conceptual crises in the addictions: The role of models in the field of compulsive gambling. In H.J. Shaffer, S.A. Sein, B. Gambino & T.N. Cummings (Eds.), Compulsive Gambling: Theory, Research, and Practice (pp.3-33). Lexington, MA: Lexington.

Journal articles

Gupta, R., & Derevensky, J. (1997). Adolescent gambling behavior: A prevalence study and examination of the correlates associated with problem gambling. Journal of Gambling Studies, 14 (4), 319-345.

Miscellaneous articles, including government publications

Ontario Ministry of Health. Schedule of Benefits, Ontario Health Insurance Plan. Kingston, Ontario: Ontario Ministry of Health; April 1987.

Papers presented at a conference, meeting or symposium presentation

Ganzer, H. (1999, June). A seven session group for couples. Paper

presented at the 1999 13th National Conference on Problem Gambling, Detroit, MI.

Signed newspaper article

Brehl, R. (1995, June 22). Internet casino seen as big risk. The Toronto Star, pp. D1, D3.

If the article is unsigned or the author's name is unavailable, begin with the title:

Man gambled crime returns at casino. (1996, February 9). The Christchurch Press, pp.32.

Electronic source

Brown, S., & Coventry, L. (1997, August). Queen of Hearts*:* The Needs of Women with Gambling Problems, (Internet). Financial and Consumer Rights Council. Available: http://home.vicnet.net.au/~fcrc/research/queen.htm.

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intro

Issue 5, October 2001

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The Biopsychosocial Approach to Gambling: Contextual Factors in Research and Clinical Interventions

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Abstract

Objective

This paper argues that adherence to a single, specialised theory of gambling is largely untenable. It highlights limitations of existing theories of gambling at three increasingly specific levels of analysis; namely, the social, psychological and biological.

Method

An overview of each level of analysis (social, psychological and biological) is provided by critically evaluating the contemporary literature on gambling. This is followed by discussions of the limitations and interdependence of each theoretical approach and the implications for research and clinical interventions.

Results

While several recent critiques of gambling research have provided considerable insight into the methodological limitations of many gambling studies, another problem is seldom acknowledged —the inadequacy and insular nature of many research paradigms. It is argued that gambling is a multifaceted behaviour, strongly influenced by contextual factors that cannot be encompassed by any single theoretical perspective. Such contextual factors include variations in gambling involvement and motivation across different demographic groups, the structural characteristics of activities and the developmental or temporal nature of gambling behaviour.

Conclusion

This paper suggests that research and clinical interventions are best served by a biopsychosocial approach that incorporates the best strands of contemporary psychology, biology and sociology.

Introduction

Gambling is one of the few activities that cuts across all barriers of race, class and culture. Although almost all surveys into gambling on a national level have concluded that there are more gamblers than non-gamblers (e.g., Blaszczynski, Walker, Sagris & Dickerson, 1997; Cornish, 1978; Kallick, Suits, Dielman & Hybels, 1979; Volberg & Steadman, 1992), most participants gamble infrequently. Estimates based upon survey data indicate that between 80% and 94% of British adults (Cornish, 1978), between 24% and 68% of American adults (Culleton, 1985; Culleton & Lang, 1985; Kallick et al.,1979) and between 81% and 92% of Australian adults (Grichting, 1986; McMillen, 1995) have gambled at some time in their life.

The introduction of national lotteries, proliferation of gaming machines and construction of casinos has greatly increased the accessibility and popularity of gambling worldwide, and as a result, the number of people seeking assistance for gambling-related problems (McMillen, 1996). Therefore, it is not surprising that there has been a large increase in research into gambling, and more specifically, into the underlying mechanisms and motivations to gamble and the differences between non-gamblers, "normal" gamblers and problem gamblers. Much of this literature has been summarised in a number of recent reviews (Dickerson, 1989; Lesieur & Rosenthal, 1991; Walker, 1992; Griffiths, 1996), all of which applaud the many useful findings yielded by recent gambling research. However, what is also evident is that considerable pessimism has been expressed regarding the extent to which researchers have adequately addressed many fundamental issues of gambling. These include the factors or characteristics which distinguish normal from problem gambling, how to classify and identify problem gamblers, and the mechanisms underlying each level of gambling involvement. Although most reviewers commonly attribute the failure to address these issues to the methodological limitations of many existing studies (e.g., sample size, lack of ecological validity, poor design) and lack of clarity in the theories, concepts and arguments advanced to explain gambling.

A more serious problem is the fragmented, insular nature of research programmes. Despite token recognition of the complexity of gambling behaviour, most research has been rigidly confined to narrow areas of specialisation. Singular theoretical perspectives (e.g., behaviourism, cognitivism, addiction theory) have been assiduously pursued with few attempts to establish links or contrast them with other research programmes. This assumes that a single explanation or theory is sufficient to explain every aspect of gambling behaviour and that rival perspectives are thereby misguided. Yet, as Brown (1986) and Griffiths (1995) recently asserted, this may not be so.

Gambling is a multifaceted rather than unitary phenomenon. Consequently, many factors may come into play in various ways and at different levels of analysis (e.g., biological, social or psychological). Theories may be complementary rather than mutually exclusive, which suggests that limitations of individual theories might be overcome through the combination of ideas from different perspectives. This has often been discussed before in terms of recommendations for an "eclectic" approach to gambling (Brown, 1986) or a distinction between proximal and distal influences upon gambling (Walker, 1992). However, for the most part, such discussions have been descriptive rather than analytical, and so far, few attempts have been made to explain why an adherence to singular perspectives is untenable. Accordingly, the aim of this paper is to highlight limitations of existing theories of gambling at three

increasingly specific levels of analysis: social, psychological and biological.

Central to this view, no single level of analysis is considered sufficient to explain either the etiology or maintenance of gambling behaviour. Moreover, this view asserts that all research is context-bound and should be analysed from a combined, or biopsychosocial, perspective. Variations in the motivations and characteristics of gamblers and in gambling activities themselves mean that findings obtained in one context are unlikely to be relevant or valid in another (Dickerson, 1993, 1995). In each of the following sections, broad details of each level of analysis are provided, followed by discussions of the limitations and interdependence of each theoretical approach and the implications for research and clinical interventions. They begin with a discussion of distal factors thought to influence gambling involvement (Walker, 1992) and continue with an analysis of the limitations of theories of ongoing behaviour.

Explanations of gambling involvement

According to economic theory, gambling is considered merely another commodity, which provides utility to the consumer in the form of entertainment, excitement and the opportunity to win money (Eadington, 1995). Therefore, to determine how many people gamble in a given society it is necessary to consider the success of the gambling industry in distributing and promoting its products (Brown, 1986). Research has consistently shown a positive relationship between the availability of gambling and both regular and problem gambling (Custer, 1982; Dickerson, 1989, 1995; Dielman, 1979; Kallick-Kaufmann, 1979; McMillen, 1995; Marcum & Rowen, 1974; Skolnick, 1978; Weinstein & Deitch, 1974). Whenever new forms of gambling are introduced, or existing forms become more readily available, there is an increase in gambling, suggesting that the demand for gambling products is closely linked to their supply. The more gambling industry infrastructure that is established (e.g., new venues), the larger the range of gambling products (e.g., through the application of new technologies), and the greater the industry's marketing efforts, the more likely people will be to gamble in the first place. For example, these factors have been critical to the success of the UK National Lottery. Not only is the lottery heavily advertised on billboards, television and in national newspapers but also accessibility is so widespread that it is difficult to avoid in most shops (Griffiths, 1997). Similar trends have emerged in Australia where slot machines have been introduced in shopping malls, hotels and suburban clubs in nearly every state (McMillen, 1995).

But why is gambling so popular? According to sociologists, gambling is an inherent component of human society (Goffman, 1967) and human beings have a natural penchant for play, risk and competition. Gambling, they argue, fits easily with cultural values, virtues and lifestyles (Abt, Smith & McGurrin, 1985), so that when gambling becomes more accessible and socially acceptable, more people will gamble. As a form of social interaction, gambling provides a means by which people can escape the boredom of everyday life, adopt new roles and enjoy the excitement of the "action"; namely, the suspense, anticipation and social reinforcement resulting from taking risks and being rewarded for one's daring (Abt & Smith, 1984).

Almost all surveys of gambling (e.g., Griffiths, 1995; Kallick-Kaufmann, 1979) have shown that these broad motivational factors are central to gambling and that attitudes towards gambling are positively related to availability and cultural acceptability. However, this perspective fails to take into account many key findings and observations in gambling research. Surveys have also shown that not everyone gambles and some people gamble more than others (e.g., pathological gamblers). Research has also shown that people often gamble for reasons other than broad social and economic reasons (Walker, 1992). These other motivations may vary according to personal characteristics of the gambler and the type of gambling activity (e.g., Chantal & Vallerand, 1996). Finally, broad social and economic theories fail to explain why certain gambling activities are more popular or "addictive" than others.

Demographic variations in gambling participation have been observed since surveys were first administered (Walker, 1992). Typically, gambling has been more popular in lower socio-economic groups (Blaszczynski et al., 1997; Crisp et al., 2000; Dickerson, Baron & O'Connor, 1994; Dickerson et al., 1996; Dickerson, Walker & Baron, 1994; Downes, Davies, Davis & Stone, 1976; Frey, 1984; Volberg & Steadman, 1992; Walker, 1992), in Catholics rather than Protestants (Grichting, 1986; Kallick-Kaufmann, 1979), among unmarried people (Lesieur, 1984; Delfabbro & Winefield, 1996; Dielman, 1979; Downes et al., 1976; Sommers, 1988), in younger age groups (Mok & Hraba, 1991; Griffiths, 1995; Morgan Research, 1997) and in men (Abbott & Volberg, 1996; Dickerson et al., 1996; Mark & Lesieur, 1992; Volberg & Steadman, 1992). In addition, there are significant demographic variations in gambling activities. Older people and women are significantly less likely than younger men to gamble on (and develop problems with) casino games and racing activities (Hraba & Lee, 1995; Mok & Hraba, 1991), but they are just as likely to gamble on lotteries and slot machines. On the other hand, lottery participation is higher in lower socio-economic groups and in older and middle-aged people (Delfabbro & Winefield, 1996; Dickerson, Walker et al., 1994; Dickerson, 1995). These variations suggest that overall increases in gambling participation (and the incidence of gambling-related problems) are not evenly

distributed across demographic groups. Not all gambling activities are accessible or appealing to certain groups.

Consistent with trends observed in overall participation rates, Australian research (e.g., Blaszczynski et al., 1997; Crisp et al., 2000; Delfabbro & Winefield, 1996; Dickerson, Baron et al., 1994; Dickerson, Walker et al., 1994; Dickerson et al., 1996) has found that the incidence of gambling-related problems is considerably higher in lower socio-economic groups and in younger people, and it is more likely to be associated with slot machines, one of the few activities which attract similar numbers of men and women. Accordingly, understanding demographic variations in overall participation is vital if one is to estimate the likely social effects of expansion or product changes in existing gambling markets. For example, in the future, Internet gambling and new sports betting facilities are likely to attract relatively more younger men, whereas an increase in slot machines or lotteries will have a significant effect upon the number of women gambling (Griffiths, 1999a). These variations exist because not all people hold the same attitudes towards gambling nor do they have the same motivations for gambling. For example, Protestants are more likely than Catholics to regard gambling as a waste of money (Grichting, 1986), whereas people in lower socio-economic groups (regardless of religious background) are more apt to view gambling positively as a way of escaping from the drudgery of uninteresting, routine work and a way to elevate one's living standards (Furnham & Lewis, 1986). By contrast, older people gamble less than younger people; they are less concerned with elevating their position in society (Mok & Hraba, 1991) and more interested in the opportunities for socialisation and relaxation that gambling provides (Morgan Research, 1997).

Variations in gambling preferences are thought to result from both differences in accessibility and motivation. Older people tend to choose activities that minimise the need for complex decision-making or concentration (e.g., bingo, slot machines), whereas gender differences have been attributed to a number of factors, including variations in sex-role socialisation (Abt & Smith, 1984), cultural differences (Walker, 1992) and theories of motivation (Delfabbro, 2000). Specifically, the underrepresentation of women in casino games, racing and sports betting has been explained in terms of the long association between these activities and male subcultures; for example, boys' childhood and adolescent games and male gambling venues. Alternatively, as suggested by recent Australian research, it may be that women have different motivations for gambling (Loughnan, Pierce & Sagris, 1997); namely, a greater desire for relaxation and escape from worries (Crisp et al., 2000). Research by Chantal and Vallerand (1996) suggests that such motivations are more likely to be satisfied by participation in chance activities, such as lotteries, rather than more skilled activities, such as racing.

Variations in motivation are also frequently observed among people who participate in the same gambling activity (Dickerson, Walker, Legg England & Hinchy, 1990; Dumont & Ladouceur, 1990; Fabian, 1995; Griffiths, 1993). For example, slot machine and video poker players may gamble to win money, for enjoyment and excitement, to socialise and to escape negative feelings (Dumont & Ladouceur, 1990; Griffiths, 1995). Some people gamble for one reason only, whereas others gamble for a variety of reasons (e.g., Lesieur, 1984; Moran, 1970). A further complexity is that people's motivations for gambling have a strong temporal dimension; that is, they do not remain stable over time. As people progress from social to regular and finally to excessive gambling, there are often significant changes in their reasons for gambling. Whereas a person might have initially gambled to obtain enjoyment, excitement and socialisation, the progression to problem gambling is almost always accompanied by an increased preoccupation with winning money and chasing losses (Lesieur, 1984).

The importance of the structural characteristics of activities

Another factor central to understanding gambling behaviour is the structure of gambling activities. As shown by Weinstein and Deitch (1974) and Griffiths (1993), gambling activities vary considerably in their structural characteristics, including the probability of winning, the amount of gambler involvement, the amount of skill that can be applied, the length of the interval between stake and outcome and the magnitude of potential winnings. Structural variations are also observed within certain classes of activities such as slot machines, where differences in reinforcement frequency, colours, sound effects and machines' features can influence the profitability and attractiveness of machines significantly (Griffiths, 1993). Each of these structural features may (and almost certainly does) have implications for gamblers' motivations and the potential "addictiveness" of gambling activities.

For example, skilful activities that offer players the opportunity to use complex systems, study the odds and apply skill and concentration appeal to many gamblers because their actions can influence the outcomes. Such characteristics attract people who enjoy a challenge when gambling. They may also contribute to excessive gambling if people overestimate the effectiveness of their gambling systems and strategies (see discussion of cognitive theories below). Chantal and Vallerand (1996) have argued that people who gamble on these activities (e.g., racing punters) tend to be more

intrinsically motivated than lottery gamblers in that they gamble for self-determination (i.e. to display their competence and to improve their performance).

People who gamble on chance activities, such as lotteries, usually do so for external reasons (i.e. to win money or escape from problems). This was confirmed by Loughman et al. (1996) in a clinical survey of problem gamblers wherein racing punters emphasised the importance of skill and control considerably more than slot machine players. Although many slot machine players also overestimate the amount of skill involved in their gambling (e.g., Walker, 1992), other motivational factors (such as the desire to escape worries or to relax) tend to predominate (Walker, 1985). Thus, excessive gambling on slot machines may be more likely to result from people becoming conditioned to the tranquilising effect brought about by playing rather than just the pursuit of money. On the other hand, racing punters tend to be more likely to gamble for excitement (Blaszczynski, McConaghy & Winter, 1986). This has important implications for the psychological study of ongoing gambling behaviour.

Another vital structural characteristic of gambling is the continuity of the activity; namely, the length of the interval between stake and outcome. In nearly all studies, it has been found that continuous activities (e.g., racing, slot machines, casino games) with a more rapid play-rate are more likely to be associated with gambling problems (Dickerson, 1989; Dickerson, 1995; Dickerson et al., 1996; Griffiths, 1995; Walker, 1992; Walker & Dickerson, 1996). The ability to make repeated stakes in short time intervals increases the amount of money which can be lost and also increases the likelihood that gamblers will be unable to control spending (O'Connor, Dickerson & Phillips, 1995). Such problems are rarely observed in non-continuous activities, such as lotteries, in which gambling is undertaken less frequently and where outcomes are often unknown for days. Consequently, it is important to recognise that the overall social and economic impact of expansion of the gambling industry will be considerably greater if the expanded activities are continuous rather than non-continuous.

Theories of gambling behaviour

Although sociological, situational and demographic factors can explain why some people are more likely to gamble than others, these theories cannot explain why some people gamble more than others or what factors contribute to behaviour maintenance in gambling. Psychological theories become

important at this level. Research in this area is remarkably diverse. Almost every major branch of psychology (e.g., cognitivism, behaviourism, Freudian theory, addiction theory), has been utilised in an attempt to understand gambling. Despite this, it is possible to distinguish two broad, general perspectives: first, theories that attribute ongoing behaviour and excessive gambling to habitual processes which are the consequences of gambling; second, theories that state that variations in behaviour result from variations in the characteristics, or "make-up," of individual gamblers. In other words, whereas the first places a stronger emphasis upon psychological determinants of gambling, the second emphasises biological differences between individuals.

Central to psychological explanations is the idea that every person who gambles has the potential to become a problem gambler. This is because gambling activities are difficult to resist by their very nature: excitement, risk-taking and the possibility of monetary gains. The more a person gambles, the more difficult it becomes to resist the temptation to commence a gambling session or stop once gambling has commenced (Dickerson, 1989). Accordingly, it has been suggested that there is no neat distinction between problem gambling and normal gambling; rather there is a continuum from social gambling to "regular" gambling to problem gambling.

People who gamble regularly may display many of the same behaviours as people with gambling problems, although to a lesser degree. This view gives rise to conceptualisations of problem gambling that emphasise the developmental and habitual nature of problem gambling behaviour rather than individual pathology. This perspective avoids terms such compulsive, addiction or pathology in preference for terms such as impaired control (O'Connor et al., 1995). Although researchers' views differ concerning the psychological mechanisms behind loss of control, three general classes of theory will be used to illustrate the limitations of psychological accounts. They are behaviourist theories that explain persistent gambling as a conditioned process; need-state models that see gambling as a form of psychological or physiological dependence; and cognitive theories that attribute excessive gambling to erroneous beliefs about the potential profitability of gambling.

Behaviourist Approaches

Both classical and operant conditioning principles have been applied to the study of gambling. In operant explanations for problem gambling (e.g., Delfabbro & Winefield, 1999a, 1999b; Dickerson, Hinchy, Legg England, Fabre & Cunningham, 1992), persistent gambling is seen as a conditioned behaviour maintained by intermittent schedules of reinforcement, most likely a variable-ratio schedule. This involves the provision of infrequent rewards after

varying numbers of responses. On the other hand, proponents of classical conditioning models (e.g., Anderson & Brown, 1984) argue that people continue to gamble as a result of becoming conditioned to the excitement or arousal associated with gambling, so that they feel bored, unstimulated and restless when they are not gambling. Both the classical and operant perspectives have been central to the development of measures of "impaired control" over gambling (Baron, Dickerson & Blaszczynski, 1995) and clinical interventions using desensitization, aversive conditioning and satiation techniques (see Griffiths, 1995, for a review). In each of these examples, it is assumed that the more a person gambles, the more his or her behaviour is dictated by factors beyond the person's control.

Despite evidence supporting both theories (see Griffiths, 1995; Walker, 1992), neither is entirely satisfactory on its own. Classical conditioning theory seems useful to explain people's motivation to commence a gambling session, but appears less useful to explain persistent gambling behaviour. Conversely, while operant conditioning might explain ongoing behaviour, it appears less useful in explaining why people commence gambling or recommence gambling after a prolonged period of abstinence (Walker, 1992). Researchers have also raised questions about the extent to which gambling behaviour adheres to operant theory at all, since gamblers lose more than they win and because reinforcement magnitudes are not independent of player responses, e.g., stake sizes (Delfabbro & Winefield, 1999a; Griffiths, 1999b). Nevertheless, the importance of subtle variations in machine characteristics upon behaviour (Griffiths, 1993) reinforces the role of operant conditioning in the maintenance of behaviour, although perhaps in more subtle ways than was envisaged.

It is important to recognise that these theories cannot stand in isolation. As with other psychological theories, conditioning theories cannot explain why people exposed to similar stimuli respond differently; why some gamble whereas others do not or why some people gamble more than others. In addition, the effectiveness, or strength of the conditioning effect may be a function of motivational factors and type of activity. Some, but not all, people gamble for excitement or relaxation, and as discussed above, people satisfy these needs by different activities (Blaszczynski, McConaghy et al., 1986). Thus, it is unlikely that classical conditioning will affect all types of gambling or gamblers. Similar difficulties plague attempts to develop general operant theories of gambling. Some activities appear to suit this form of explanation more than others. Examples include slot machines and scratch tickets where there is a short time interval between stake and outcome, and where outcomes are entirely determined by chance. It seems more difficult to apply these principles to skilled gambling games such as blackjack, poker and sports betting, where player decisions can significantly influence outcomes.

Need-State Models and Theories of Addiction

Much of the discussion relating to classical conditioning also applies to need-state theories of gambling, which assume that people gamble to escape unpleasant feeling states such as anxiety, depression and boredom. These perspectives have been applied to all facets of gambling, including involvement, ongoing behaviour and excessive gambling. They are incorporated into the DSM-IV classification for pathological gambling (i.e. gambled as a way of escaping from problems or intolerable feeling states). Although not all researchers agree that these motivations signify the existence of a physiological addiction (Walker, 1989), most agree that people can become psychologically addicted to gambling.

The concept of arousal has been studied most extensively (e.g., Anderson & Brown, 1984, 1987; Brown, 1986; Dickerson et al., 1992; Griffiths, 1995) but results have not been consistent. Arousal increases have been observed in some studies, but not in others (see Griffiths, 1995, for a review), and most increases have been relatively small. Variations in arousal have neither co-varied reliably with the persistence of behaviour (Dickerson et al., 1992) nor the onset of gambling sessions. Furthermore, Walker (1992) questioned the explanatory value of arousal theories arguing that the excitement of gambling is unlikely to be independent of people's desire to win money.

Similar problems have plagued attempts to associate gambling with anxiety and depression. While a considerable number of studies (e.g., Bergler, 1957; Blaszczynski & McConaghy, 1989; Blaszczynski, McConaghy & Frankova, 1990; Dickerson, Cunningham, Legg England & Hinchy, 1991; 1992; Greenson, 1947; McCormick, Russo, Ramirez & Taber, 1984; Moran, 1970) have revealed that negative mood states commonly accompany gambling or predict the duration of gambling sessions (Dickerson et al., 1991), most analyses have been confined to problem gamblers and high-frequency gamblers. For this reason, it is unclear whether these mood states are also associated with less frequent gambling. Moreover, it is not possible to determine whether mood states precede or arise as a consequence of gambling. Indeed, as Walker (1992) points out, it may be that gamblers become depressed as a result of losing more money than they can afford.

Again, the temporal dimension suggests that the role of mood states is unlikely to be independent of the gambler's characteristics. As with arousal, it is unlikely that avoidance of negative feeling states will be common to all activities or all gamblers. Blaszczynski, McConaghy et al. (1986) suggested that some activities satisfy these needs more than others; for example, slot machines appear to reduce anxiety, whereas racing provides arousal and excitement. In addition, variations in gambling motivation among participants

involved in the same activity suggest that not all people gamble to satisfy unfulfilled needs. It is also unclear why some people apparently have a greater need for arousal or relaxation than others, and whether this would be sufficient to explain differences between normal and excessive gambling? As suggested by McCormick et al. (1984), it is important to place behaviour in a social context to understand how gambling compensates for, or assuages, problems or deficits experienced in other areas of life. Alternatively, as will be suggested later in this paper, it may be useful to look for dispositional or biological differences to explain the varying motivations and behaviour of individual gamblers.

Cognitive Theories

Despite the fact that the odds of almost all activities are weighted strongly in favour of the house, gamblers continue to believe they can win money from gambling (Walker, 1992). This observation leads to the conclusion that gambling may be maintained by irrational or erroneous beliefs. For example, people overestimate the extent to which they can predict or influence gambling outcomes and tend to misjudge how much money they have won or lost. This hypothesis has been confirmed in numerous studies (e.g., Langer, 1975; Langer & Roth, 1983) showing that people overestimate the degree of skill or control which can be exerted in chance activities, and also, studies using the so-called "thinking aloud" method (see Gaboury & Ladouceur, 1988), which reveal high levels of irrationality in verbalised statements made during gambling sessions. These findings have been confirmed not only under laboratory conditions (e.g., roulette: Gaboury & Ladouceur, 1988; Ladouceur & Gaboury, 1988; Ladouceur, Gaboury, Dumont & Rochette, 1988) but also in ecologically valid gambling settings, using "regular" gamblers (video poker: Ladouceur, Gaboury, Bujold, Lachance & Tremblay, 1991) and in various countries (e.g., slot machines in the United Kingdom: Griffiths, 1994a; slot machines in Australia: Walker, 1992).

Based upon these findings, it has been suggested that irrational thinking may be related to problematic gambling behaviour (Ladouceur & Walker, 1996; Wagenaar, 1988), with persistent behaviour thought to be the result of people's overconfidence in their ability to win money (Griffiths, 1994a; Wagenaar, 1988; Walker, 1992). Evidence suggests that problem gamblers frequently overestimate the amount of control and skill involved in gambling (Loughnan et al., 1997). Unfortunately, these observations have also been made using students with no gambling experience (e.g., Ladouceur et al., 1988, 1991) indicating that irrational beliefs are not positively related to level of gambling involvement. A further problem is that irrationality does not appear to co-vary with other observable facets of gambling; for example, the level of risk-taking (Ladouceur & Gaboury, 1988) or reinforcement frequency

(Ladouceur et al., 1988). Alternatively, where irrationality positively relates to involvement, few differences in behaviour have been observed. Consequently, Dickerson and Baron (2000) have concluded that irrational thinking is probably more a reflection of demand characteristics than a rational underlying behaviour. A lot of what people say may only result from the difficulty of trying to come up with rational, meaningful statements in chance-determined situations.

In additional to these conceptual difficulties, it is also possible that contextual factors play a role in cognitive research. For example, Griffiths (1994a) found that regular players had greater difficulty than occasional players in verbalising their thoughts while they were gambling. Regular players seemed capable of gambling without attending to what they were doing, suggesting: (a) that cognitive processes did not play a major role in the maintenance of their behaviour, or (b) that the original justifications or rationales for behaviour were less accessible. In either case, Griffiths' observations suggested that temporal factors (namely, how long a person has been gambling) appear to be important. Therefore, all other things being equal, it appears that valid comparisons cannot be drawn between gamblers with differing levels of gambling experience; for what holds for infrequent gamblers might not hold for regular players, and vice versa.

Similar problems arise when combining samples of people who may or may not have similar motivations for gambling. Cognitive approaches assume that people overestimate their chances of winning because obtaining money is an important motivation for their gambling. However, as is clear from the previous discussion, not all people gamble for this reason. Moreover, as shown by Burger and Cooper (1979) and Burger and Smith (1985), the way in which people respond to or interpret gambling tasks may vary according to their level of control motivation. People who for whatever reason, are more motivated to seek control in their lives appear more prone to overestimate the extent to which they can influence the outcomes of chance-determined activities. Accordingly, variations in control motivation in cognitive studies of gambling would be an additional, and uncontrolled source of within-sample variation, which could influence the reliability of the statistical effects observed.

Finally, it is again important to observe that cognitive theories need to take structural variations in activities into account. Many cognitive processes thought to underlie gambling behaviour (e.g., overestimations of control, biased attributions) are more likely to be observed when activities are perceived as having some skill component (Langer, 1975). With some activities, there is a genuine possibility for skilful play (e.g., racing, blackjack, table poker). The more people play or know about these activities, the greater

their awareness of the skills involved. Thus, beliefs about control and skill are neither completely irrational nor consistent across players. Instead, in these situations, researchers must examine the quality of play; for example, to what extent the person adheres to optimal strategies, rather than look for evidence of irrational thinking (e.g., Keren & Wagenaar, 1985).

Even in activities where outcomes are chance-determined, there are likely to be variations in the extent to which gamblers' perceive that the outcomes are solely chance-determined (e.g., roulette and craps are probably more likely to be perceived as skilful than Australian slot machines because of the greater complexity of the rules and the possibility for variations in playing strategy). Therefore, it may be ineffective to compare results across studies using different chance activities without controlling for variations in perceived skill.

Biological and Dispositional Theories

Social and psychological explanations are insufficient to explain the full complexity of gambling behaviour. Whether ongoing behaviour is explained in terms of behaviourism, need-state models or cognitive theories, it remains unclear why one person gambles more heavily than another. In other words, while it seems likely that increased involvement with gambling is likely to contribute to loss of control over behaviour, development of irrational beliefs and greater psychological dependence, it is important to determine what makes some gamblers more susceptible to these factors than others. It is here that research into biological and personality factors becomes important. Central to this research is to ascertain whether pathological gamblers possess qualities which would predispose them to excessive gambling. Much of this literature was summarised by Walker (1992), so this discussion is confined to three research areas: whether problem gamblers are particularly disposed towards developing an addiction; whether they have a greater need for arousal; and whether gamblers are naturally more impulsive than non-gamblers.

Studies into the first question have been undertaken by examining overlaps between potentially addictive and problematic behaviours with alcohol, illicit drugs and gambling. This includes research into problem gamblers with psychoactive substance abuse problems (e.g., Ramirez, McCormick, Russo & Taber, 1984; Linden, Pope & Jonas, 1986; Ciarrocchi & Richardson, 1989) or those who also have drug or alcohol use problems, or both (e.g., Lesieur, Blume & Zoppa, 1986; Lesieur & Heineman, 1988; Griffiths, 1994b, 1994c). The incidence of cross-addictions in populations of pathological gamblers has been cited as evidence for the existence of an addictive personality type (Blaszczynski, 1996). In addition, research by Comings et al. (1996), for example, has suggested a genetic basis for gambling in some people. They

reported that a variant of the dopamine D2 receptor gene (DRD2), which has been associated with other addictions, including alcoholism, was found in 51% of pathological gamblers compared with only 26% of controls. The effect of this gene was more closely associated with pathological gambling than any other addiction. This suggested that the genetic variants of the DRD2 gene may play a significant role in pathological gambling, which supports the concept that variants in this gene are an important risk factor for addictive behaviours.

Although intriguing, such evidence does not provide convincing evidence for the existence of a biological basis for gambling addiction. For a start, many pathological gamblers do not have other addictions (Blaszczynski, 1996). Moreover, as Comings et al. (1996) show, only half of the problem gamblers possessed the so-called "gambling gene," suggesting that this gene is not a necessary factor in the etiology of gambling addiction. Finally, researchers (e.g., Blaszczynski, 1996; Walker, 1989) have questioned the notion of physiological addiction altogether, arguing that there is very little evidence to support the applicability of traditional addiction models to gambling. Gamblers rarely experience cravings, withdrawal symptoms or tolerance in the traditional addictions sense, suggesting that excessive gambling is more likely to arise as a result of other processes. If the term "addiction" is to be used at all, it is better used in a general sense to denote a condition broadly characterised as a repetitive and uncontrollable behaviour that has undesirable consequences for individuals and those around them (Griffiths, 1995).

Secondly, attempts have been made to associate gambling with an excessive desire for arousal or risk-taking. For example, Brown (1986) has hypothesised that pathological gamblers are habitually underaroused or understimulated and need gambling to reach an optimal level of arousal. However, the available evidence offers little support for this notion. While studies by Wolfgang (1988) and Anderson and Brown (1984) have shown that regular gamblers tend to score higher on measures of sensation-seeking than controls, other studies have failed to find any associations at all (Allcock & Grace, 1988; Ladouceur & Mayrand, 1986), or paradoxically, studies have found that problem gamblers tend to score lower than population norms on the sensation-seeking scale (Blaszczynski, Wilson & McConaghy, 1986; Blaszczynski et al., 1990; Dickerson, Hinchy & Fabre, 1987). This has been attributed to the fact that problem gamblers tend to engage in a very limited range of activities compared with other people, which limits the number of items endorsed (their scores) on the sensation-seeking scales. Consequently, it seems unlikely that this variable provides a reliable basis for distinguishing problem gamblers from other gamblers.

Thirdly, researchers have tried to associate excessive gambling with the inability to control impulses. This notion was central to the development of the first psychiatric definition of gambling in the DSM-III (American Psychiatric Association, 1980), which classified pathological gambling as a form of impulse disorder, not unlike compulsive stealing (kleptomania) and hair-pulling (trichotillimania). Gamblers were hypothesised to have experiences characteristic of other recognised impulse disorders, such as, physical and psychological tension prior to the commencement of gambling and to experience a strong sense of pleasure or release once the activity had commenced (McGurrin, 1992). Implicit in this explanation was the idea that gambling was unplanned, or involuntary, and highly repetitive.

Despite the inconsistency of psychometric evidence on this topic (Allcock & Grace, 1986), clinical observations suggest that a loss of control is common to problem gambling (Blaszczynski & McConaghy, 1989; Carlton & Manowitz, 1987; McCormick, 1994;). Researchers have argued that there are similarities between problem gambling and children with attention deficit disorder (ADD) (Goldstein, Manowitz, Nora, Swartzburg & Carlton, 1985), in that both are characterised by limited attention spans, impulsive behaviour, inability to delay gratification and insensitivity to punishment. Carlton et al. (1988) confirmed this by administering a modified ADD scale to a sample of 16 problem gamblers and found that they scored significantly higher on ADD items than a control group. This suggested the possibility that ADD during childhood may be an antecedent to the development of gambling problems in adulthood. Recent psychobiological evidence suggests that such traits can be directly linked to deficiencies in the production of certain neurotransmitters thought to be associated with impulse control. One of these substances is serotonin (5-hydroxtryptamine: 5-HT), which has an inhibitory effect upon the cortex and is associated with more controlled behaviour (McGurrin, 1992). It has been found that decreased 5-HT levels are associated with heavy alcohol consumption (Branchy, Shaw & Leiber, 1981), whereas higher levels increase the likely effectiveness of alcohol treatment programmes (Naranjo, Sellers & Lawrin, 1986). McGurrin (1992) and Griffiths (1995) have argued that this substance may also play a role in the development of problem gambling.

The question that remains, however, is how researchers will ascertain the direction of causality; namely, whether decreased 5-HT levels are the result, or cause, of excessive gambling. This problem extends to all attempts to draw associations between dispositions and gambling behaviour. This indicates the importance of a temporal dimension in gambling. Since gambling is likely to influence the characteristics of gamblers, it may be unwise to assume that observations of one sample can be generalised to other samples of gamblers with different levels of gambling experience.

Physiological accounts assume that such factors should override other environmental or contextual factors and allow for the development of a general theory of gambling addiction. However, this is clearly not so. Apart from the conceptual difficulties associated with determining a causal relationship between characteristics and behaviour, these theories are unable to account for the full diversity of gambling patterns and behaviour. They fail to explain demographic differences in the preference for activities and variations in motivation. Neither can they explain why some activities are more "addictive" than others and why the structural characteristics of specific activities (e.g., slot machines) can influence behaviour. Therefore, it appears that excessive gambling is likely to result from both dispositional and psychological factors and the complex interaction between them. Psychological explanations must play a role because of the obvious importance of external factors (e.g., environmental and situational variables) in the development of gambling habits. However, it is also clear that internal factors influence how certain individuals respond to these situations. The implications of this observation for the study and treatment of problem gambling are discussed below.

Conclusions and Implications for Research and Interventions

In summary, it seems that gamblers are first influenced by sociological factors; for example, the availability of gambling opportunities, attitudes and habits of parents, friends and peer groups as well as a lack of alternative activities. During the middle stages of development, there are many factors which heavily influence the maintenance of gambling behaviour. Three of these factors are schedules of reinforcement, the "escape" qualities of gambling and cognitive biases, all of which have been summarised in this paper. While it remains unclear exactly how some people come to gamble excessively, it is agreed that persistent gambling eventually leads to a desperate "spiral of options" (Lesieur, 1984) where gambling is largely maintained by the desire to win money, recover losses and pay back debts. Gambling is thus a complex, multidimensional activity that is unlikely to be explained by any single theory. Instead, this research is best served by a biopsychosocial model that stresses the individual and idiosyncratic nature of the development of gambling problems and emphasises the role of contextual factors internal and external to the process of gambling itself.

Recognition of this complexity has important implications for gambling research both in terms of the selection of samples and data analysis. Firstly,

the existence of structural variations in activities suggests that results obtained using one activity cannot be generalised to other activities that are not structurally equivalent. Existing research suggests that continuity and the element of skill involved are two factors that must be similar in order for valid comparisons to be made. Secondly, studies of gambling motivation are unlikely to be valid unless both individual and situational factors are taken into account. Since motivations differ across demographic groups (e.g., different genders and ages), across activities and over time, studies must ensure that these factors are controlled before drawing conclusions. Samples should contain equal numbers of men and women of a similar age with similar levels of gambling experience. Alternatively, in situations where this cannot be achieved, gender, age and experience should be used as co-variants, or as the first variables in regression analyses.

Thirdly, in recognition that personality may influence the strength of experimental effects, it is important that researchers match comparison groups in terms of these variables. For example, cognitive experiments investigating the illusion of control should include measures of "desirability for control" (Burger & Cooper, 1979), whereas arousal experiments should include measures of gambling motivation. In addition, researchers should not assume that biological differences or psychological factors will explain all gambling behaviour. Instead, it may be useful to explore the interaction between these different levels of analysis; for example, by examining whether variations in the structural characteristics of activities (e.g., reinforcement frequency) affect people with, or without, the characteristic under observation.

Implications for Prevention, Intervention and Treatment

Since sociological factors appear to be critical in the acquisition of gambling behaviour, prevention needs to be aimed at the social and situational antecedents. This can be approached from a number of levels (e.g., societal, school, family, individual, etc.), some of which may be more practical than others. Since problem gamblers start gambling at a significantly earlier age than non-pathological gamblers, an obvious step would be for governments to legislate against young people gambling (i.e. below 18 years of age). A "blanket ban" on gambling would, in most cases, reduce acquisition until at least late adolescence. Both parents and peers may model gambling; therefore, the family's role in maintaining gambling behaviour should be addressed in therapy and prevention plans should aim to increase the gambler's contact with non-gambling peers. Also, evidence or knowledge of a

gambler's own negative thoughts or feelings about gambling behaviour, and irrational biases may provide useful cues for behaviour modification (Stumphauzer, 1980).

These findings have led to suggestions to enhance educational awareness of the dangers of gambling not only amongst children and adolescents but also parents, guardians and teachers. Although recommendations of this nature have typically tended to focus upon the need for greater awareness of the "true" odds and the unprofitability of gambling, we believe that this approach needs to be applied with caution. It is quite possible for education to have the opposite effect; namely, to increase students' knowledge of how to gamble. In addition, it is questionable whether knowing the true odds has a significant effect upon dissuading people from gambling, given that many problems gamblers are well educated and have, in some cases, some knowledge of basic mathematics. For many, the belief that they are inherently lucky or different from others helps maintain their interest in gambling. Accordingly, educational campaigns that focus upon the negative consequences of gambling and alternatives to it may have greater success. While these sorts of campaigns are unlikely to prevent gambling in all young people, they might reduce (a) the total number of adolescents who start to gamble and (b) the amount of time an adolescent spends gambling.

The fact that some gamblers are socially rewarded for gambling cannot be altered directly, but more adaptive personal and social skills can be taught as responses to stress (i.e. emotional antecedents); for example, relaxation, assertion and social skills training (Stumphauzer, 1980). Alternatively, where people seek the company of other gamblers as a way to escape from unpleasant feeling states or life stress, the development of alternative interests, hobbies and social networks should be afforded priority during intervention. This approach could also be extended to people who gamble alone. An essential aspect of treatments should be to identify and address the factors that are antecedents to gambling, those that provide the underlying motivation and social and cultural context in which the behaviour has developed. Only when these are addressed can treatments be extended to more specific psychological aspects of the behaviour itself. This is because these broader social and structural factors influence a person's exposure to gambling, their opportunities to gamble and their ability to recover. Detailed analysis of the person's daily schedule and the nature and extent of available social supports is essential during this phase of treatment.

Viewing problem gambling as a biopsychosocial process recognises the diversity of psychological factors involved in maintaining the behaviour as well as the fact that problem gamblers are not a homogeneous group; in fact, there appear to be a number of subtypes. This has major treatment implications.

For instance, Griffiths (1995) outlined two very different types of gamblers. The first type appeared to be addicted to gambling itself and played to test skill, gain social rewards and mostly, for excitement (i.e. the "buzz" or "high"). This was termed a "primary addiction" and appears to be a mixture of Moran's (1970) "subcultural" and "impulsive" types of gamblers. Identifying the environmental, situational or emotional factors that precede a gambling session would be next stage in the intervention. The use of imaginal desensitization, counterconditioning and situational exposure are methods, which have been used to teach people to resist the urge to gamble. Of course, therapists differ in their view concerning the factors underlying this urge. Whereas some emphasise the learned or conditional quality of the behaviour and emphasise the role of stimulus-control, others may emphasise irrational beliefs or the person’s desire to obtain physiological stimulation from the activity.

Furthermore, as emphasized by Griffiths (1995), a second type of gambler may gamble for the reasons described earlier, such as escape. These gamblers are usually depressed and socially isolated, and could be described as having a "secondary addiction" in that the player uses gambling as an escape from a primary problem (e.g., broken home, relationship crisis, etc.). It seems that this type of "escape gambler" is not confined to the United Kingdom. This type appears to be a mixture of Moran's (1970) "neurotic" and "symptomatic" types. If the primary problem is resolved by excessive gambling, then playing should disappear. This distinction obviously has clinical usefulness and may also help explain conflicting research, some of which states that gambling is a social activity and some of which states that it is a solitary activity. As discussed above, such gamblers are likely to benefit from any intervention that tries to find alternative activities that take the place of gambling.

Conclusions

Examining gambling and problem gambling as a biopsychosocial behaviour makes it evident that individual differences and broader contextual factors must be considered and not ignored. This paper provides evidence that a narrow focus upon one theoretical perspective in research and clinical interventions may, in many cases, not be justified. Such an approach fails to consider the interrelationships between different levels of analysis. It would be of limited value to many gamblers whose problems have a different etiology, which may be multifaceted. As Gambino and Shaffer (1979) pointed out over two decades ago, individuals are self-determining agents, and therefore, a taxonomy of situations must be developed to describe the vast majority of contexts and conditions in which people use substances or engage in habitual behaviours to alter their perceived experience.

They also make the important point that these behaviours are not completely self-developed or understood by the people themselves and should be examined more broadly. This is because, gambling becomes a habitual behaviour. Since the perceived experience of the individual can change over time, it is possible that focusing upon the self-reported factors currently maintaining the behaviour does not provide insights into the factors that led to the behaviour developing. Thus, when one takes a biopsychosocial view, it becomes possible to perceive the individual gambling in terms of its broader social and cultural context. This approach also suggests that different perspectives and approaches may be beneficial, so long as they appear to apply to the particular gambler concerned. Moreover, it indicates that a variety of treatments could be beneficial simultaneously.

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The Effect of Skilled Gamblers on the Success of Less Skilled Gamblers

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Abstract

This paper uses computer simulations to examine the effect of highly skilled gamblers on the success of moderately skilled gamblers. It shows that

skilled players negatively impact the outcome for less skilled players. A player's winnings are not only affected by the house rake or vigorish but also by the skill of other players. It is concluded that less skilled players are often better off playing a game of chance than a game of skill.

It is our contention that professionals in the field of gambling studies can gain a great deal of insight into problem gambling by closely examining the games gamblers play. The purpose of this article is to examine some differences between games that involve some skill and those that involve only chance in order to help treatment and prevention workers understand the dynamics of these games. For example, understanding the nature of the game and its effects on the individual gambler can help a therapist understand a client's motives and beliefs, which may facilitate a more individualized, client-centered approach to the treatment.

Gambling games can be divided into two categories: games of chance, such as lotteries, keno, craps, roulette, baccarat, bingo and slots; and games of skill, such as horse race betting, sports betting, poker and blackjack. For example, playing bingo requires perceptual and motor skills, but winning is purely a matter of chance. In contrast, winning at poker is dependent on skills relative to the other players. The number of skills involved and the long-term prospects of financial return vary for each type of game. In Hold'em poker, skilled players can make a decent living (Warren, 1996), but in poker games played against the "house," such as Caribbean Stud Poker, players cannot beat the house edge, regardless of how skilled they are (Cardoza, 1997). Players of games based on skill are more likely to be male, with the exception of horse racing, and more likely to be younger (Kelly et al., 2001).

The relationship between skill and problem gambling is particular interesting. According to data on problem gambling treatment collected in Ontario, just over 40% of gamblers in treatment list a game of skill as their major area of concern (Rush & Shaw-Moxam, in press). Several researchers have noted that problem gamblers often have an inflated sense of their own skill (Gadboury & Ladouceur, 1989; Toneatto, Blitz-Miller, Calderwood, Dragonetti & Tsanos, 1997). Are problem gamblers who play games of skill simply unskilled players? An alternative view is that some of the "skilled" gamblers in treatment might actually be skilled but not be as skilled as other players.

Books on how to gamble successfully often portray games of skill as games in which the player has a chance of winning in the long run (e.g., Warren,

1996; Patterson, 1990). However, the mixed skills of gamblers playing these games affect the outcome for every player. Against novices the first author (Nigel), can play a successful game of poker, but against experienced players, he most often loses. The second author (Barry) fairs somewhat better against good players. The goal of this paper is to measure how skilled players affect the success of less skilled players, so that the dynamics of a game of skill can be understood.

Method

The goal of this paper is difficult since it often takes thousands of games to accurately measure skill in gambling. Furthermore, tracking enough gamblers for a sufficient amount of time is time consuming and probably not possible (casinos don't like people researching on their property). Consequently, this paper relies upon simulations.

Two games are compared: roulette (see Wong & Spector, 1996) and Hold'em poker (see Warren, 1996). One hundred thousand simulations on both poker and roulette were conducted. Conducting these simulations at exactly the same skill level is not particularly realistic because players do improve (and sometimes get worse). However, applied to the current moment in time, these simulations allow us to get an accurate estimate of a player's level of skill and their expected financial return.

Roulette is a game in which a little ball is thrown around the edge of a spinning wheel. A player places a bet on one of the 37 (or 38) numbered slots that they think the ball will land on. There are many betting options available.

Hold'em poker is a popular casino poker game where as many as 10 players can play at the same time. Players play against each other while the dealer merely deals the cards and handles the money. Each player is given two cards face down; the remaining cards are community cards that are dealt face up in the middle of the table. Players make their hands by creating the best five-card combination of their own two cards and the community cards. There are four rounds of betting. For the poker simulation, Wilson's Software Turbo Texas Hold'em was used.

Turbo Texas Hold'em is an elaborate program that allows players to teach themselves the game. In addition to basic playing instructions, the game provides extensive statistics on how players play as well as how the other characters play. The opponents in this game are not random; they have

programmed profiles that react to the many specific poker situations that they might encounter. These profiles are designed to match the types of players one might meet around an average poker table —they have names that are amusing and relevant.

The game comes with 40 pre-designed profiles. Player profiles can vary from "tight" (folds most hands) to "loose" (stays in most hands) to "passive" (checks or calls, but rarely bets or raises) to "aggressive" (often bets or raises). Specific types of players such as "loose but aggressive," or "tight but passive" can be selected, and opponents can learn how to counter their styles. Players can also create their own characters. More to the point, players can set up a line-up of characters and then run a high-speed simulation to determine the long-term outcome of various strategic moves.

In the context of poker, an operational definition of skilled play means that players adjust their play to their position in the hands (i.e. Are they first or last to bet?); they gauge the odds of making a particular hand compared to the size of the pot (the "pot odds"); they try and figure out their opponents hands by "tells" and betting patterns, and usually tend to play tight and aggressive, but must occasionally vary their play by bluffing (loose) or checking (passive) in order to avoid giving away their strength (see Warren, 1996, for details).

Three simulation studies were conducted.

Study 1

Poker

First, a line-up was constructed using an average player, a player that was neither particularly good nor bad, nor tight or loose —but fairly aggressive. This profile is called Igor (by the company's software). To see the normal spread of scores when only average-skilled players were involved, Igor was copied 10 times into the line-up. That is, Igor played against nine other copies of Igor. The game played was 10-20 Hold'em, where a blind bet (a forced bet for the first two players) and the first and second rounds of betting are in $10 increments, and the third and forth rounds ("turn" and "river") are in $20 increments.

The "rake" is the casinos way of making money. They take a percentage of each pot as profit or charge a per hour fee. The rake in casino card rooms varies from 3% to 5%. We selected 5%. The simulation data did not include

the rake, so we had to estimate the effect of the rake on each player's net balance, which was based on the average size of pots and the number of pots won.

In real life, the rake is taken off in fixed amounts (e.g., $1, $2, etc.) and is capped at a maximum (e.g., $4). Thus, sometimes the rake is more than 5%, while other times it is less. In this simulation, the rake is an exact percentage from each hand. This inaccuracy somewhat overestimates the size of the rake, but does not otherwise affect any of the conclusions that we draw from the data.

Roulette

Roulette was much easier to simulate than poker because there are few decisions to make. One of the difficulties was to determine how to create a roulette simulation that would produce the same range of scores as a poker game. To do this we first conducted 100,000 simulations of poker and obtained from the program the average investment per hand ($14.80) and average winning pot size ($86.40). It was then determined that the closest roulette bet to these numbers was a $15 bet on a "six line" or "double street" that pays 6 for 1 (i.e. returns $90).

The double street is a group of six numbers that are together on the betting table (e.g., 4, 5, 6, 7, 8, 9) but may be scattered around the wheel. The player wins if the ball lands on any of these six numbers. Poker bets, however, vary from zero to hundreds of dollars. To mimic this situation, the roulette bets were varied from $0.50 to $30, averaging at $15. A rake of 5% on a poker game would produce a house edge in poker of about 2.7%.

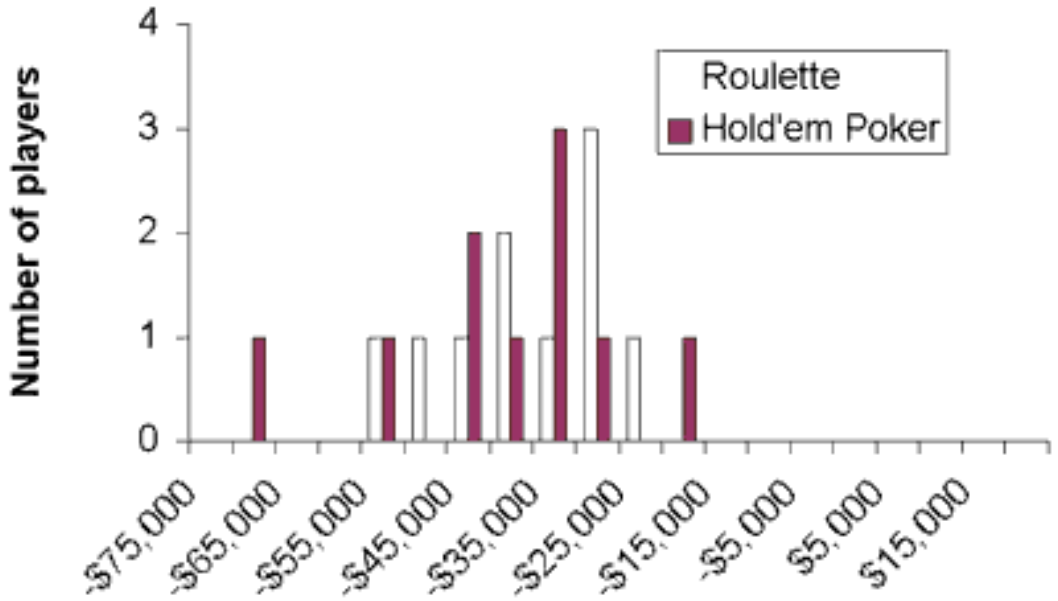
To get the equivalent edge in roulette we used the parameters of the European wheel, (one zero), which is available in Europe, Quebec and a small number of casinos in Las Vegas and has a house edge of about 2.7%. These parameters were programmed into a quick basic program similar to Turner's (1998), and then the simulation was run.

Results

Figure 1 shows a comparison of the two games. The poker range is similar, $t(18) = .45$, ns, but includes both lower and higher scores due to the greater variability of the bets. Since all 10 poker players were matched in skill, all of

the variation in their outcomes is random. That is, when a group of players are up against players of equal ability, the net outcome is random, and in the long run, only the casino wins.

Figure 1: Distribution of outcome after 100,000 spins/hands of roulette and poker.



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Study 2

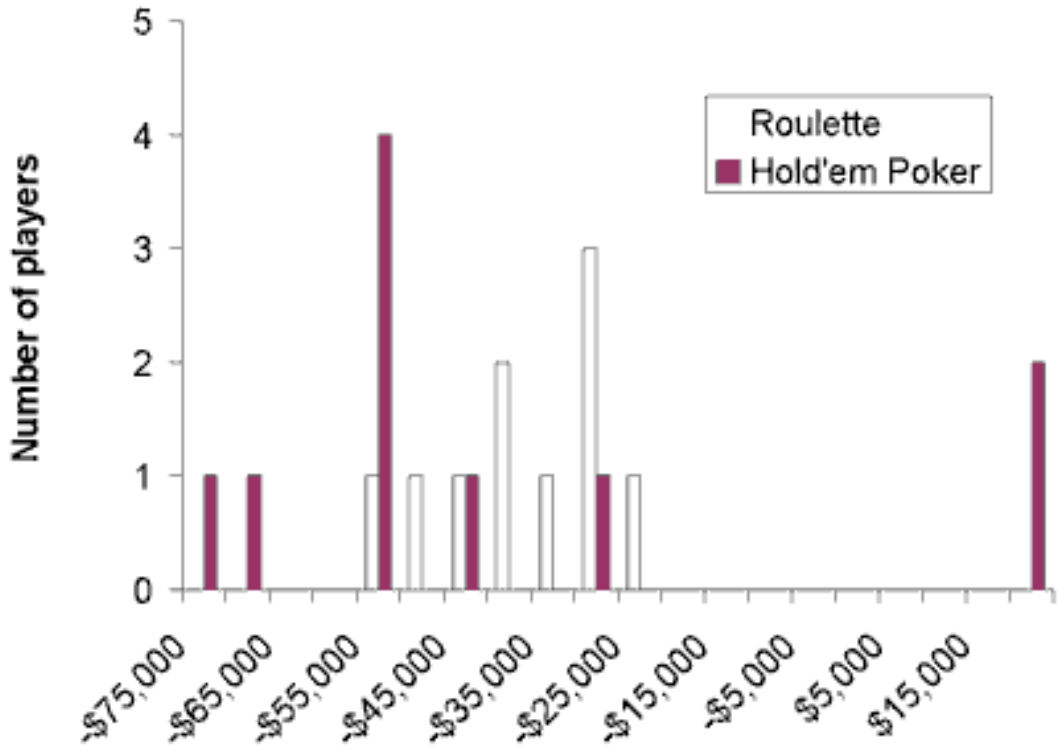
A second poker simulation was conducted where two more skilled poker players were introduced: (1) Tricky Dicky, a tight player who "slow" plays (i.e. checks acting as if he has a poor hand then raises, a strategy that is particularly effective against loose players), and (2) Advisor T., who plays "pump it or dump it" (i.e. if the hand isn't good enough to raise, he folds it, which is effective against tight players). Both of these players are tight, but they vary their strategy depending on circumstances. The roulette data is the same as the first simulation since skilled roulette play is not really possible.

For comparison, additional simulations for poker were conducted where the number of skilled players varied from 20% to 80%. Simulations were also run where even fewer skilled players were added to the mix.

Results

Figure 2 shows a comparison of the two games. The poker range is now very different from the roulette range. The two skilled players have scored large wins, while the remaining eight average-skilled players ("Igors") have racked up large losses. Since the eight average players were matched in skill, all of the variation between them is random. However, the difference between the average-skilled players and the two skilled players is not random but due to the superior playing ability of the two skilled players. What this simulation shows is that when skilled players are introduced into the mix, the average player may be better off playing a game of chance (e.g., roulette) than a game of skill, $t(16) = 3.3$, $p<.01$. As noted below, the actual outcome depends on a number of factors including the mix of players.

Figure 2: Effect on the distribution of outcomes after 100,000 spins/hands with 2 skilled poker players present.



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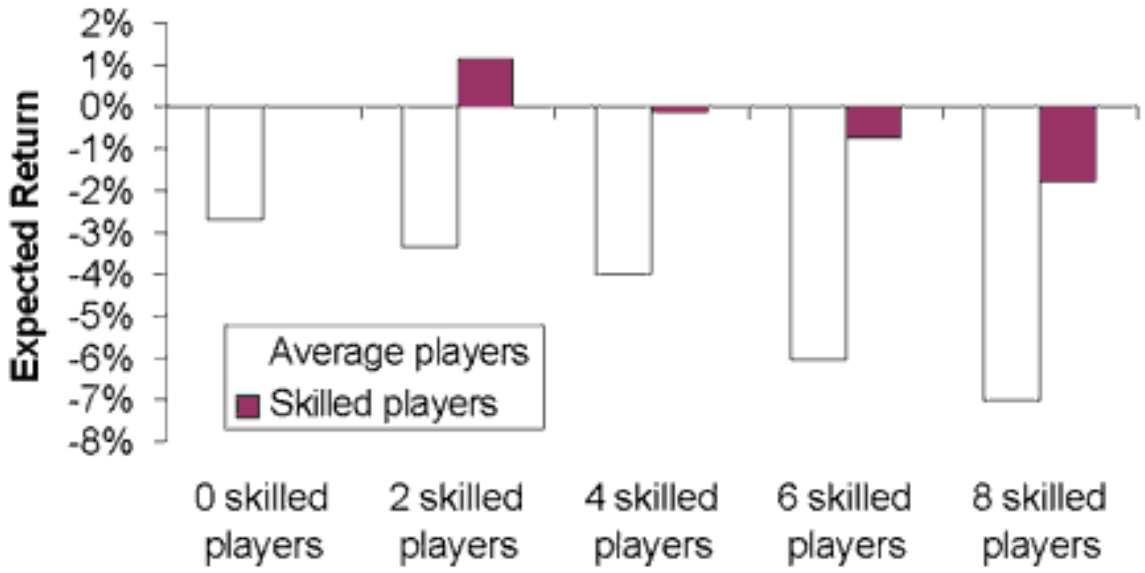
Interestingly, the skilled players did not come out ahead because they won more often. On the contrary, the skilled players won between 8,605 and 9,271 pots, while the eight average-skilled players won between 10,216

and 10,638 pots each. This illustrates an important rule in poker: skilled poker players are more selective, and therefore, enter fewer pots. They win less often, but are more likely to win the pots that they do enter. Average-skilled players tend to pursue more hands, and therefore, lose more when they do lose.

On average, these poker players played against an expected return (house edge) of -2.69%; however, when playing against skilled players the average return was -3.1% for the Igors, which is a relatively small house edge. The skilled players achieved an average return of +1.35%, approximately the same advantage card counters can achieve in blackjack.

Figure 3 shows the effect of adding additional skilled players to the game. When playing against eight skilled players, the expected return drops steadily for the average-skilled players to -7%. Interestingly, the expected return also drops for the skilled players, because they are playing against each other. In fact, according to this analysis, skilled poker players only have a positive expectation if the majority of their opponents are less skilled. If the final two Igors were replaced with skilled players, the outcome for the skilled players would be random —identical to the results of the first stimulation in which all players were of average ability.

Figure 3: The expected return for skilled and unskilled players as the number of skilled players increases.



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As stated earlier, the profile/character used to represent an average player, Igor, was not a particularly bad player, just a little too loose and aggressive. Other profiles representing players that were much too loose, too tight, too aggressive or too passive were also tried. For example, when a very loose player and a very tight player were played against the Igors, the Igors had an average return of +1.6%. The very loose player, G.A. Joe, achieved an average return of -22.3%, and the very tight player, Crusty Jack, played at a return of -10.1%. Against average players, these two particularly weak players played with an expected return that was worse than most slot machines. Alternatively, if Igor played against both weaker players and more skilled players, he tended to break even, more or less (+0.05%).

The point is that the outcome of play depends on the mix of players present; against equally matched players, the game results are random and have a return that is about the same as European roulette and somewhat better than most slots machines. However, against more skilled players, the player disadvantage for weak players can be extremely great. It should be noted that even though many average-skilled players face a negative return, they often do not have a gambling problem. They often play poker just to enjoy the game.

Study 3

A final simulation was conducted to illustrate that these findings are not restricted to poker but also apply to sports betting and other skills-based games. In sports betting the house edge averages at around 4.55%, and this is accomplished by a 9.09% vigorish or commission charged on all wins (see www.professionalgambler.com/vigorish.html for more information). For example, if an $11 bet is made, it pays $21 for a win (a bet of $11 plus a $10 win). The extra $1 is the commission.

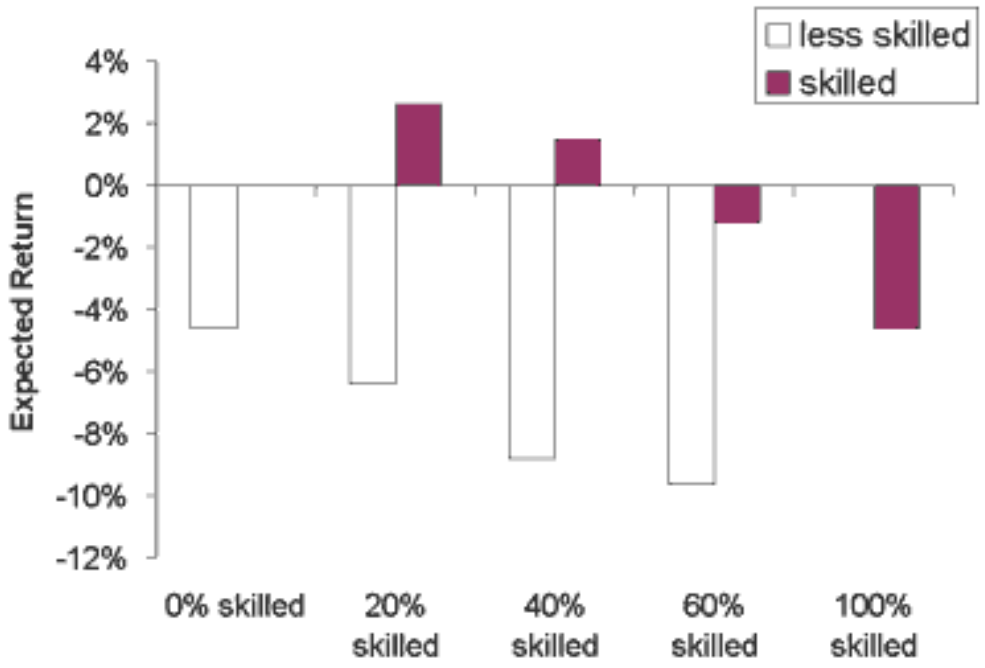
The bookie sets a "line" for the teams that turn the sport game into a situation where the player has a 50% chance of winning. For example, if the line says that the Yankees will win by one and a half runs, then a player only wins the bet if the Yankees score two runs (more than another team). If the bookie places the line with 100% accuracy, the game is random; but since bookies are only human, there is usually some opportunity to win. In addition, a bookie sometimes has to shift the line to encourage bets on an underdog that isn't getting enough action. A skilled player has to out-think both the bookies and the other players and look for opportunities.

A relatively simply program was constructed to examine this situation. In this simulation, a situation was set up where all players had an equal chance of winning. The next simulation was conducted in which 20%, 40% or 60% of the players were 5% more likely to guess the winning team than the less skilled players; but the line was adjusted to maintain the 4.55% overall house edge. This program does not really take into account the skill of the bookie. But the skills of the bookie would simply add more random variation to the data and would not otherwise affect the results.

Results

Figure 4 illustrates what happens to the expected return of the less skilled bettors as the number of skilled bettors is increased. The results are nearly identical to the results obtained in the poker simulation.

Figure 4: The expected return for skilled and unskilled sports bettors as the number of skilled bettors is increased



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Discussion

The results of this study illustrate two important aspects of playing a game of skill. Firstly, if all players are equally matched in skill, the outcome is random. Secondly, if highly skilled players are introduced into a game, the less skilled players are more likely to lose. These rules also apply to horse racing, sports betting and stock market investing. In each case, players can only make money if they have better information and strategies than other players do. If the information is shared and the strategies are the same, the outcome is random. Andrew Beyer (1983) describes how "speed handicapping" is no longer a sure-fire moneymaker. He states, "If [speed figures] have become somewhat less profitable than they used to be, it is only because so many bettors have discovered what a wonderful device they are (pg. 88)."

In sports and horse betting, players do not play directly against each other; a player's level of skill affects other players because pay-out odds in horse racing or the "line" in sports are adjusted based on the bets of other gamblers. A player's skill level is also affected by the skill of his or her bookie; a particularly good bookie will leave fewer opportunities for the astute player. Only those players who take the time to rationally evaluate all the information available, watch the races or games for subtle clues, look for games where the bookies and other bettors have underestimated horses' or teams' abilities can get an edge. "Trip handicapping" (Beyer, 1983) can help, but knowing that a second place horse from two weeks ago lost because it was "parked" in the fifth path around the last turn, and that its speed figures are underestimated, requires prodigious study and observation.

If all of the players are using the same information, no one can achieve any real long-term edge, and like roulette, in the long term, only the house (e.g., bookie, broker, casino) wins. However, some highly skilled players often have more information, and as a result, the average-skilled player in each of these games can be at a tremendous disadvantage.

Blackjack is perhaps the only game where skilled players do not immediately hurt the short-term success of less skilled players. However, the successes of card counters forced the casinos to change the rules and made it harder to win at blackjack (see Patterson, 1990; Thorpe, 1962).

In interviews with poker players, Horbay and Fritz (1998) found that poker players in treatment for gambling problems over-emphasized the luck element and under-emphasized the skill element. Successful skilled players (those that do not have a gambling problem), on the other hand, emphasized the skill factor —they see luck as having a minimal role.

Books by skilled gamblers (e.g., Warren, 1996) stress the importance of understanding the short-term influence of luck in contrast to the long-term influence of skill. This idea is key to both retaining emotional control during bad beats (e.g., losing what should have been a sure win) and keeping weaker players in the game. However, even players with problems do possess some skill. According to Browne (1989), many players have periods of problem ("tilt") and non-problematic play.

Are problem gamblers simply players who have a poor level of skill? Do they all suffer from false beliefs about their abilities? According to the data presented here, a person could be reasonably good, and yet, in the long term, still lose money. A problem gambling counsellor might conclude that a problem gambler has a distorted belief about his or her own skill, but the reality may be subtler. Moderately skilled gamblers may be caught in a rather odd net —they might know that they are above average players, and yet, may still lose money in spite of winning more often than not.

The counsellor may find that a slightly different approach is needed for such clients. Telling them, for example, that they cannot win because winning is random, would not sit well with clients who know they have the skills. Their self-appraisal may be, in fact, reasonably accurate. But they may not realize just how skilled they would have to be to beat the house edge and the edge of other players (especially in horse racing). However, if they focus instead on how the house rake and better players take their cuts, this may lead to an understanding. The point is that a counsellor should consider the game that a player frequents, and in the case of skilled games, help players understand how even skilled play does not guarantee winning in the long run.

There are a number of limitations to this study. In this simulation, skill was defined in terms of card playing skills (probabilities, pot odds and the ability to apply strategies). In real life, emotional upsets, fatigue and other psychological states also affect the outcome of a game of skill. The ability to read the non-verbal cues of other players while masking their own is also an important factor for skilled players. This simulation does not take into account these specific kinds of skills; however, for the purpose of the simulation, the specific type of skill doesn't really matter. What matters is

the difference in skill between one group of players and another. Another limitation is that this simulation treats the two groups —skilled and less skilled —as if they were distinct. In reality, skills vary continuously between individuals. It is unlikely that a table exists where all players are matched in terms of skill.

In addition, the behaviour of the individuals in this simulation are fixed, whereas the behaviour of real players vary considerably. Real players with mediocre skills may become more skilled, drop out of play, play well on one occasion, or get too emotionally involved in a game on another occasion and play badly.

The goal of this simulation is not to show how an unskilled player would fair over the course of his or her life. Instead, the goal is to make a realistic estimate of their expected return (probable long-term outcomes over three years), given their current level of skill, and the mix of skilled and less skilled players at the table. The actual results would only apply to individuals who continued to play against skilled players without improving their own skills. These results, however, are consistent with observations of a player in treatment for poker related gambling problems (Horbay & Fritz, 1998), who lost $40,000 over a three-year period.

Part of the allure of poker and other games of skill is that players feel they can win in the long term. The results of this study show that this belief is often illusory, especially if the other players are more skilled. In a game of skill, the less skilled players can be at a greater disadvantage since they are playing against both the house edge (the rake) and the skilled players' edge. It should be noted that many social players who play for fun rather than money are unlikely to develop gambling problems, even if the odds are stacked against them.

However, consider the plight of the average horse race bettor. The house edge at the track is at least 17% (see Beyer, 1983) and actually higher for some of the more exotic bets (e.g., exactas). Apparently, there are horse bettors who win and have a positive expected return (see Beyer, 1983). This means that the remaining horse bettors are not only up against a 17% house take but also contribute to the 1% or 2% positive return that the expert horse bettors take home. If 10% of the horse bettors are bringing home a positive return of 1%, then the average loss of the remaining players has to drop to around -19% to accommodate this 1% profit. Up against 17%, it would take a fair amount of skill to achieve a return of -10%. This explains why even very skilled horse bettors may end up losing money. Today, perhaps only 1% or 2% of horse bettors make money.

Consequently, when a player from a game of skill reports losing consistently, it does not necessarily indicate a lack of ability, but rather that the player has played against the house edge and the edge of more highly skilled players.

This study also has implications for prevention. The types of simulations used in this paper may have a practical application. Showing gamblers how dismal their long-term prospects are may facilitate a re-evaluation of gambling as an activity. Simulations could be used to teach various games as a form of harm reduction. Finally, simulations could also be used to correct such erroneous expectations as the belief that one is due to win.

In summary, this paper shows that an unskilled player is sometimes financially better off in a game of chance than in a game of skill. However, it should be noted that many people play poker not because they expect to make a fortune but because they enjoy playing the game. As long as there are no serious financial consequences, they will continue to play even though they may lose less money at games of chance.

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opinion

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The Opinion section has many purposes including being a forum for authors to offer provocative hypotheses, as in this article, that are not supported by science.

–The Editor

Why Don't Adolescent Problem Gamblers Seek Treatment?

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Acknowledgement:

I would like to thank Robert Ladouceur for posing the original question contained in this article and for his continued debates with me on this problem.

Abstract

Surveys have consistently shown that the prevalence rates for problematic gambling are higher in adolescents than for adults. Given this finding, why is it that so few adolescents, compared to adults, enrol in treatment programs? This paper outlines ten speculative reasons why this situation exists.

The possible reasons why adolescent problem gamblers don't seek treatment include the following:

1. More adolescents deny they have a gambling problem compared to adults, and therefore, fewer of them seek treatment.
2. Adolescents may acknowledge they have a gambling problem but do not want to seek treatment.
3. There are few or no treatment programs available for adolescents.
4. Available treatment programs are not appropriate and/or suitable for adolescents.
5. Adolescent problem gamblers may undergo spontaneous remission and/or mature out of gambling problems, and therefore, may not seek treatment.
6. Adolescent problem gamblers are constantly "bailed out" of trouble by their parents, and therefore, do not get treatment.
7. The negative consequences of adolescent problem gambling are not necessarily unique to gambling and may be attributed either consciously or unconsciously to other behaviours.
8. Adolescent gamblers may lie or distort the truth when they fill out survey questionnaires.
9. Screening instruments for assessing problematic gambling may not be valid for adolescents.
10. Researchers may consciously or unconsciously exaggerate the

adolescent gambling problem to serve their own careers.

All over the world, prevalence surveys of adolescent gambling have shown that a small but significant number of adolescents display signs of problematic gambling. Further to this, surveys consistently show that the prevalence rates for problematic gambling are higher in adolescents than in adults. Given this consistent finding, it raises the interesting paradox of why so few adolescents enrol for treatment programs compared with adults. This short paper speculates and gives 10 reasons why this situation might exist. Each reason is examined briefly in turn before conclusions are reached.

(1) More adolescents deny they have a gambling problem compared to adults, and therefore, fewer of them seek treatment

This proposition seems plausible, but there is no direct empirical evidence to support such a claim. It is well known that many adult gamblers continually deny they have any kind of gambling problem, an observation that has also been noted in adolescents (Griffiths, 1995). However, there is no evidence to indicate or even suggest that adolescents experience denial at a higher rate than adults do.

(2) Adolescents may acknowledge they have a gambling problem but do not want to seek treatment

Again, this is plausible, but there is little empirical evidence to support the claim. However, it has been noted that families of adolescent problem gamblers are often protective —if not overprotective —and try to keep the problem within the family (Griffiths, 1995). Therefore, it may be speculated that seeking formal help may be a last resort option for most adolescent gamblers.

(3) There are few or no treatment programs available for adolescents

It is true that specialized treatment programs for problem gamblers have only really started to emerge in noticeable numbers over the last 10 years, and that they have been confined to a few countries (e.g., USA, Australia, Canada, Spain, The Netherlands). Services specifically for adolescent problem

gamblers appear to be few and far between. It could be argued that this is a "Catch 22" situation: If only a few adolescents turn up for treatment, treatment programs won't be able to provide specialized service, and adolescent problem gamblers cannot turn up for treatment if it does not exist!

(4) Available treatment programs are not appropriate and/or suitable for adolescents

To some extent, this explanation is interlinked with number 3, but is, in fact, different. This explanation points out that there are gambling treatment programs available, but most of the programs are group-oriented (e.g., Gamblers Anonymous, hospital treatment programs, etc.). Adolescents may not want to be integrated into what they perceive to be an adult environment. For instance, there is some evidence from the U.K. that shows that adolescents who turn to Gamblers Anonymous feel they don't fit in and may be alienated by the dominating presence of older males (Griffiths, 1995). Also in the U.K., the majority of adolescent gambling problems concern slot machine playing; however, adult problem gambling is more likely to consist of horseracing and/or casino gambling. Adult problem gamblers, therefore, find it hard to accept gambling problems outside of their own experience and cannot understand why adolescents find slot machines to be problematic (Griffiths, 1995).

(5) Adolescent problem gamblers may undergo spontaneous remission and/or mature out of gambling problems, and therefore, may not seek treatment

There are many accounts in the literature of spontaneous remission of problematic behaviour (e.g., alcohol abuse, heroin abuse, cigarette smoking), and problematic gambling is no exception. Because levels of problem gambling are much higher in adolescents than in adults, and fewer adolescents receive treatment for their gambling problem, it is reasonable to assume that spontaneous remission occurs in most adolescents at some point, or that there is some kind of "maturing out" process. There is a lot of case-study evidence (Griffiths, 1995) highlighting the fact that spontaneous remission occurs in problem adolescent gamblers, and that gambling often ceases because of some kind of new major responsibility (job, marriage, birth of a child, etc.).

(6) Adolescent problem gamblers are constantly "bailed out" of trouble by their parents, and therefore, do not get treatment

Unlike adult problem gamblers who quite often take responsibility for themselves and their families, adolescents have no "real" responsibilities and are usually housed, fed, clothed and generally looked after. If adolescents get into trouble because of their gambling, their families will mostly likely act as a safety net and bail them out. It could be speculated that very few adolescents reach treatment programs because they are constantly "bailed out" by their parents or guardians. In addition, adolescents are typically at a rebellious phase in their lives, and to some extent, society tolerates these undesirable behaviours because in most cases the behaviour subsides over time. The same kinds of behaviours in adults aren't usually tolerated, and so they are treated differently by both family and society in general.

(7) The negative consequences of adolescent problem gambling are not necessarily unique to gambling and may be attributed either consciously or unconsciously to other behaviours

Some adolescents may attribute their undesirable and/or criminal behaviours (e.g., stealing) to other behaviours, such as alcohol abuse or illicit drugs. For instance, in the U.K., some writings (Yeoman & Griffiths, 1996; Griffiths & Sparrow, 1996) have noted that criminal behaviour attributed to a drug problem is probably more likely to result in a lighter sentence than if problematic gambling were the cause. It appears that problematic gambling as a mitigating circumstance is of less importance to judges and juries than, say, drug abuse.

(8) Adolescent gamblers may lie or distort the truth when they fill out survey questionnaires

This is a reasonable enough assumption to make and can be made against anyone who participates in self-report research — not just adolescents. All researchers who utilize self-report methods put as much faith as they can into their data but are

only too aware that other factors may come into play (e.g., social desirability, motivational distortion, etc.) that can either underscore or overplay the situation. In these particular circumstances, it may be that adolescents are more likely to lie than adults, therefore increasing the prevalence rate of problematic gambling. However, it seems unlikely that the large difference in prevalence rates would be due to this factor alone.

(9) Screening instruments for assessing problematic gambling may not be valid for adolescents

Although there are many debates about the effectiveness of screening instruments (e.g., SOGS, DSM-III-R, DSM-IV, GA Twenty Questions) for assessing problematic gambling, it could be the case that many of these question-based screening instruments are not applicable, appropriate and/or valid for assessing adolescent problem gambling. Although there is now a validated junior version of the DSM-IV (DSM-IV-J) (Fisher, 1993), most research assessing problematic gambling in adolescents has used adult screening instruments. It may be that there is little difference between adult and adolescent screening instruments. If there is a difference, the results are most likely to be under-reported as items asking about illegal behaviours, such as fraud or embezzlement, are highly unlikely to be reported by adolescents.

(10) Researchers consciously or unconsciously exaggerate the adolescent gambling problem to serve their own careers

This explanation is somewhat controversial but cannot be ruled out without at least examining the possibility. If this explanation is examined on a logical and practical level, it can be argued that those of us who have careers in the field of problem gambling could potentially have a lot to lose if there were no problems. Therefore, it could be argued that it is in the researcher's interest for problems to be exaggerated. However, there is no empirical evidence that this is the case, and all researchers are aware that their findings will be rigorously scrutinized. It's not in their best long-term interest to make unsubstantiated claims.

Concluding Comments

Although the list may not be exhaustive, it does give the main speculative reasons why adolescent problem gamblers may be under-reported in turning up for treatment. It is likely that no single reason provides more of an explanation than another does. However, there does not seem to be any empirical evidence for at least three of the assertions made (i.e. adolescents denying having a gambling problem, adolescents not wanting to seek treatment, and researchers exaggerating the adolescent gambling problem to serve their own careers). However, just because there is no empirical evidence does not mean that it is not possible.

Of the reasons remaining, some include those that are not unique to adolescents (e.g., invalid screening instruments for measuring problem gambling, lying or distorting by participants on self-report measures, denying having a gambling problem, and not wanting to seek treatment). These may therefore be more unlikely reasons why adolescents do not turn up for treatment compared to the reasons that seem to particularly refer to adolescents only (i.e. spontaneous remission and/or maturing out of adolescent gambling problems, adolescents being constantly "bailed out" by parents, lack of adolescent treatment programs, and inappropriateness of treatment programmes).

What is quite clear is that there is no single assertion in this article that provides a definitive answer to the adolescent gambling treatment paradox. It is most likely the case that many of the plausible explanations interlink to produce the obvious disparities between prevalence rates and enrolling in treatment programs.

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research

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Brief Research Report

Internet Gambling: Preliminary Results of the First U.K. Prevalence Study

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Acknowledgements:

The author would like to thank the research organization MORI who collected the data for this study.

Abstract

Technology has always played a role in the development of gambling practices, and new technologies such as Internet gambling may provide many people with their first exposure to the world of gambling. Further to this, Internet gambling could be argued to be more psychologically enticing than previous non-technological incarnations of gambling because of anonymity, accessibility and interactivity. This paper reports on the results of the first U.K. study of Internet gambling; 2098 people were interviewed for their behaviour and attitudes. Results indicated that only 1% of Internet users (n=495) had ever gambled on the Internet and that there was no evidence of problematic gambling behaviour associated with the Internet.

Introduction

What seems clear is that the field of gambling is not immune to the technological revolution taking place in other fields. Griffiths (1996a, 1999) has argued that these new technologies (e.g., Internet gambling, telephone wagering, interactive television, etc.) may provide many people with their first exposure to the world of gambling and be more psychologically enticing than previous non-technological incarnations. Further to this, it has been alleged that social pathologies are beginning to surface in cyberspace, i.e. "technological addictions" (e.g., Griffiths, 1995a, 1996b, 1996c). Technological addictions can be viewed as a subset of behavioural addictions (see Marks, 1990) and feature all the core components of addiction (e.g., salience, mood modification, tolerance, withdrawal, conflict and relapse, see Griffiths, 1995a, 1995b, 1996b, 1998). Given these assertions, Internet gambling is an issue of potential social and psychological concern.

Internet gambling

No-one is really sure how the Internet will develop over the next five to 10 years, but Internet gambling as a commercial activity has the potential for large financial rewards for its operators. The success of Internet gambling depends on many factors including diversity, accessibility and advertising. Internet gambling is provided by a network of networks that span geographical borders and are not discrete. Internet gambling is therefore global, accessible and available 24 hours a day.

The growth of the Internet raises interesting questions. Perhaps one way to think of this growth is to see the Internet as providing a medium for other addictions (e.g., gambling, computer game playing, etc.). It has been argued (Griffiths, 1996a, 1998) that the Internet could easily be a medium for obsessive and/or compulsive behaviours such as gambling. Some observers (e.g., O'Neill, 1998) have argued that Internet gambling provides "a natural fit for compulsive gamblers." Griffiths (1999) also raises the following issues:

- *Underage gambling*. How can you be sure that adolescents are not accessing Internet gambling by using a parent's credit card?
- *Problem gambling*. How can you stop problem gamblers from gambling?
- *Gambling while intoxicated*. How can you be sure that a person under the influence of alcohol or other drugs does not have access to Internet gambling?
- *Internet gambling in the workplace*. How can you be sure that a person is not wasting time at work gambling on the Internet?
- *Electronic cash*. How can a person with a credit card be prevented from spending more than they intended? It is very likely that the psychological value of electronic cash will be less than "real" cash (and similar to the use of chips or tokens in other gambling situations). This may lead to some kind of "suspension of judgment."
- *Hours of operation*. How can you prevent a person from playing all day? The Internet never closes, so it is theoretically possible to gamble all day, every day.

Internet gambling is a new phenomenon and to date no research on prevalence has been published. This study, therefore, provides the results of the first U.K. survey of Internet gambling, examining both behaviour and attitudes.

Method

A total of 2098 people (918 male and 1180 female) were interviewed across 167 different sampling points by MORI, a market research company. (MORI was founded in 1969 and is the largest independent research service agency in the United Kingdom.) People were interviewed face-to-face in their homes, and the interviewers used computer-assisted techniques. The data were weighted in order to represent the entire U.K. population. Of the 2098 participants, 495 (24%) were Internet users.

Results

Attitudes toward gambling:

Participants were asked a number of questions about their attitudes toward gambling in general. Gambling was defined as "risking money for a future reward on a particular activity," such as horse race betting, slot machine gambling, etc. Fifty-one per cent thought gambling was generally addictive, 20% described it as an unhealthy activity, 22% said it was a dangerous activity and 56% thought it was a waste of money.

Attitudes toward Internet gambling

Participants were also asked a number of questions about their attitudes toward Internet gambling compared to non-Internet gambling. Eight per cent thought Internet gambling was more addictive, 5% said it was more unhealthy, 9% claimed it was more dangerous, 13% said it was less regulated and 21% claimed it was more likely to attract children.

Gambling on the Internet:

Participants who were also Internet users (n=495) were asked about their actual Internet gambling behaviour. The results showed that no-one gambled regularly (i.e. once a week or more) on the Internet and that only 1% were occasional Internet gamblers (i.e. less than once a week). Results also showed that a further 4% had never gambled but would like to do so, whereas the remaining 95% had never gambled on the Internet and said they were unlikely to do so.

Teenage Internet gambling:

Participants who were between 15 and 19 years old (n=119) were also asked if they had ever gambled on the Internet, and if they had, whether they had used a parent's credit card. No-one in the sample had done either, although 4% said they would like to gamble on the 'Net.

Female Internet gambling:

Female participants (n=1180) were also asked about their attitudes toward gambling online as compared to gambling in a betting shop. Of those surveyed, 73% said they would never gamble on the Internet. However, 2% reported that they would rather gamble on the Internet because it's safer, 9% said it's less intimidating, 9% claimed it's more anonymous, 2% said it's more fun and 13% claimed it was more tempting.

Conclusions

The results of this first U.K. survey of Internet gambling behaviour and attitudes are interesting but not that surprising given the relatively low use of the Internet in the U.K. (Traditionally, in the U.K. most people have to pay by the minute for Internet access, which most likely inhibits use.) Interestingly, general attitudes toward gambling were quite negative (i.e.

people thought it was addictive, unhealthy, etc.), whereas attitudes toward Internet gambling appeared quite positive. However, this may be due to inexperience and/or ignorance of the issues involved. For instance, only 13% of the sample thought Internet gambling was less regulated than other forms of gambling. This is clearly not the case as there is little legislation in the U.K. concerning Internet gambling.

Although there has been speculation that Internet gambling is addictive, there is no evidence from this study. Although a problem gambling screen was not administered, the fact that no-one in the study was a regular gambler suggests that there were few problems (if any) among this particular population. However, as the number of online users in the U.K. increases, the potential for problem gambling will increase. This study should therefore be viewed in the context that it was carried out at a time when Internet use was limited in the U.K. The U.K. has a higher prevalence of Internet use than France or Germany, but its rate is much lower than the U.S. and many Scandinavian countries (Snoddy, 2001).

This survey also highlights a small minority of women who think that Internet gambling may be a more positive experience than visiting the male-dominated environment of the bookmaker. These women claimed the Internet was not intimidating, but was safer and more fun. Internet gambling may therefore (in the future) provide a safe forum for women wanting to gamble —at least from a perceived point of view.

Since many teenagers now have access to the Internet either at home or at school, there has been a pressing concern that children and adolescents will take up gambling on the Internet. This perception was partly shared by participants; one in five of those surveyed felt that Internet gambling would be more attractive to teenagers. Having said that, no teenagers in this study gambled on the Internet. However, one in 20 teenagers interviewed found the prospect of using their parent's credit card to gamble tempting.

Internet gambling is at the cutting edge of future entertainment and is an issue that must be grasped by many people (legislators, social policy analysts, psychologists, sociologists, etc.), as the number of sites and users will rise dramatically over the next decade. Gambling online, which is currently a minor activity, may be tempting because of the anonymity and accessibility of the Internet. It therefore has the potential to become a social problem in the near future, unless guidelines and legislation are introduced. It has also been speculated (Griffiths, 1993, 1995c) that structural characteristics of future software programs might promote addictive tendencies. Structural characteristics (i.e. features which manufacturers

design into their products) promote interactivity and to some extent define alternative realities to the user, allowing them feelings of anonymity. These features may be very psychologically rewarding to individuals with these tendencies. There is little doubt that Internet use among the general population will increase over the next few years, and if social pathologies exist, then there is a need for further research.

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service profile

GamCare Helpline and Counselling Service

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Programme Description

GamCare provides a "stepped-care" approach for the support and counselling of problem gamblers and their families in the United Kingdom. The first stage of this programme is the GamCare Helpline.

The GamCare Helpline provides confidential counselling services and offers advice and information for anyone in the U.K. affected by a gambling dependency. The Helpline is caller-centred and combines telephone counselling, crisis intervention, information delivery and referrals. The Helpline is specifically targeted to reach three main groups: problem gamblers; partners, parents or family members of problem gamblers; and professionals

working in the field of gambling dependency or with gambling related issues.

The GamCare Counselling Service is the second stage of the "stepped-care" programme. It provides individual and couple counselling and abides by the British Association for Counselling Code of Ethics and Practice. All counsellors receive regular supervision of their client work.

Philosophy of Service

There are still limited resources for the treatment and support of problem gamblers and their families in the United Kingdom. By offering telephone counselling along with advice and information, the Helpline helps the caller engage in the counselling process, possibly for the first time. The caller makes a significant start by addressing a gambling problem on the Helpline and developing insights for future counselling work.

If the caller wants to have individual or couple face-to-face counselling, the caller can phone the GamCare Counselling Service and arrange for an assessment session(s). In 2000, 77 per cent of all counselling referrals came through initial contact with the Helpline.

The main aims of counselling are to:

- help reduce the frequency of problem gambling
- develop ways of coping with problem gambling behaviour
- understand some of the underlying reasons why gambling has become a problem, and
- address associated issues and behaviours.

The counselling is integrative and uses a range of therapeutic interventions relevant to the needs of each person. The most effective approach is found to be a combination of cognitive behavioural therapy, which helps reduce or stop problem gambling, and developing coping skills and psychodynamic therapy, which helps clients gain insight into the reasons for their behaviour.

Profiles of our Services

Staff

The Helpline is staffed by GamCare trained and supervised Helpline counsellors. They are employed largely on a volunteer basis. Some have counselling or counselling skills training, others have personal problem gambling experience and some have both. The counselling service staff are qualified counsellors or psychotherapists and have extensive client experience. They are paid on a sessional basis.

Description of our clients

Typically, both callers to the Helpline and clients attending face-to-face counselling have long-standing gambling problems. These problems have often resulted in substantial financial loss, the breakdown or near breakdown of relationships, and impaired physical and psychological health. In 2000, only a small percentage of callers and clients were female problem gamblers. Clients under 35 tended to access the Helpline while the counselling service attracted a slightly older group. Twenty-seven per cent of clients who met with counsellors face-to-face were from ethnic minority communities.

Slot machines and on and off course betting were the most common modes of problem gambling, representing 92 per cent of calls to the Helpline and 89 per cent of counselling work. Other problem areas were casino table games, scratch cards, private card games and spread sports, and financial betting.

Programme Evaluations and Research Involvement

At assessment, clients have a semi-structured interview covering the DSM-IV criteria for pathological gambling and the South Oaks Gambling Screen. They are also evaluated across different areas of client functioning. At closure, and again at follow-up, the extent of the client's resolution or improvement across all domains is measured.

At present, there is no research involvement.

Outcomes

During 2000, 77 per cent of clients at closure had either stopped or reduced their problem gambling behaviour. There were also considerable improvements across areas of client functioning. During follow-up, many clients who had regressed in their gambling reported prior deterioration in their problem area(s) of day-to-day functioning as well.

Adrian Scarfe
Counselling Manager, GamCare

This Service Profile was not peer-reviewed.

Submitted: April 10, 2001

The Electronic Journal of Gambling Issues: eGambling invites clinicians from around the world to tell our readers about their problem gambling treatment programs. To make a submission, please contact the editor at Phil_Lange@camh.net.

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Centre for Addiction and Mental Health
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eGambling
THE ELECTRONIC JOURNAL OF GAMBLING ISSUES
first person

First Person Account

[This article prints out to about 5 pages.]

October 24 Was the Day I Took the Drastic Step

The author's name has been withheld on request, and all names have been changed.

–The Editor

Friday, April 7, 2000 was my first meeting with Gen, my gambling counsellor. I could have saved a lot of grief had I seen her sooner, or ended up in a worse predicament, had I waited any longer.

A lot of things were both good and bad for my husband Paul and I that year, and so it was the same with my new pastime: gambling. Prior to the beginning of this year, I was not sure that gambling was, in my case, bad. There were, of course, many factors and excuses leading to my problems. My life had changed —and so did my survival skills. I had retired and remarried, determined to love all of the above.

It is true I chose my new husband, but without realizing it, I married the whole Macho Group in a more real way than I was aware of at the time. Suddenly, I was no longer captain of my own ship. My new family consisted of his seven children, their mates, and my son and his lady. Grandchildren and dogs are

never an issue with me, but there are five and two, respectively. Not relations, but influential on the impact of my new life were Wilhelm, Ursula and Bohdan, the list goes on. My, no, *our* little home had so many huge egos in it that I, the Lion and King of the Castle, became a mouse. This was slow to register with me, but stress signals surfaced; stomach pains, an ulcer, insomnia, loss of joy.

Relief originally came from Paul, although I can't give him all the credit (or blame). He took me to a casino, a totally new experience for me. It did not impress me too much at first, but I learned the rudiments of what happens there. It was "take it or leave it" for some time, but it became a godsend when I needed a diversion to get away from an overbearing situation at home and to regain my car driving skills and my confidence.

The drive from west Toronto via the QEW highway to Casino Niagara became a time to listen to the radio and tapes; the short bus rides from parking lot to casino, a time to talk or listen in on conversations. I would time my trips to counteract what I considered Paul's unfair treatment of me. I now had a way out: the slots.

Paul went up north for the weekend, with Bohdan, his son for the day, then topped it off with golfing. (I would liked to have been included.) No matter, I could gamble by myself; it was safe, inconspicuous, comfortable and time passed.

Paul was often too busy to take me out. He worked on the computer, or watched endless sports on TV. I would have liked more couple stuff. (I used to keep trim and slim by dancing and I miss it so.)

Visits with kids are outings for Paul, but I am new to drinking wine and conversations that often bypassed me and reverted to a language I did not understand. I could go to the casino anytime so I would select times with less traffic, a time of day when my car wouldn't overheat, and I could watch the sunset over the Burlington Skyway. The casino is open 24 hours a day.

It is important to say here that this was quite acceptable to Paul, he was off the hook so to speak. The person hooked was me. At first I went to the casino because it was something to do, then I got to like it, and finally, I had to go. It did not happen over night, or did it? For my birthday, Paul gave me a card with some money to spend at the casino. I went for the evening and stayed past midnight, until morning. This party for one became expensive as did many others.

Paul went through his own traumatic time, his wife was out of control in more ways than could be tolerated. He had many moods. He was often just quiet when he saw how miserable I looked and felt, and would say there was nothing he could say or do. He was relieved when I got home safely. Other times he would do other stuff, be out when I got home or not answer the car phone. We did not discuss our relationship. Paul is not one to verbalize; his anger comes to the surface whenever I suggest a talk.

He did notice however that I did not realize how serious this problem had become —and I didn't. I believed I could control it; I was a strong, principled person. I tried, but I could not go home once I was in the casino. I never felt tired; money did not seem real, just tokens. It was only when I had to take some money from my RRSPs that I realized I needed help.

Typical of the way we were at that time, Paul said he would get me info on gambling on his computer, but he put off doing it. In the meantime I emptied my bank account. I asked Paul to lend me some money. I should not have asked, and he should not have said no. This was probably the first time in my life I had asked for help; usually, if I couldn't get what I needed from my own earnings, I just did without. I felt many things; I was worried, lonely, but mostly, I was unhappy.

Divorce had come up when Paul was angry, even before my gambling. I told him we could go through with it, but my way was not giving up on something as serious as marriage vows. I was still firm in that belief. My resilience was law and this time I told him that his strong personality was too much for me. Divorce may have to happen if all else failed. I did not want anything of his, and he could not have anything of mine. It would have to be final and happen very quickly, not be just a word to use in disagreements. This was a day of emotional upheaval for both of us.

Help came with a phone call to the Problem Gambling Service. I spoke to Gen who explained how I could go and speak to her in confidence as often and as long as it took me to get better. Paul came with me and waited until she met us both in the waiting room. Gen then took me to her office for the first of many hour-long consultations. Gen proved to be just the person for me. We worked together each week making plans about how to get me to slow down and control the obsession —but to no avail. I did not stop gambling until October 2000 when I went to Mohawk Race Track security and registered for self-exclusion. I am certain that I would still visit the slots if I hadn't taken this drastic step.

Paul and I moved to the country, and we developed a new understanding of each other. Divorce came up once, but we both know that our life together is

good, and with mutual respect for each other we can only get happier. I no longer look to Paul to do things with me that he does not enjoy. I have regained my life. I don't allow others to impose on my territory. My personal likes, wishes and feelings are just that —personal —and I share them with discrimination. I have cultivated bonds and respect with most of the family and our friends. I had to distance myself from a couple of people and that too feels good too, because it was necessary.

I am impressed with the achievements of my therapist who helped turn my life around —just as I am incredulous that so much harm penetrated my mature and strong personality. I fantasize about visiting the casino, just as I fantasize about losing weight or winning a lottery, but I hope these things stay as possibilities and that life goes on.

Gen suggested that I have a list of things I can do when I get the old urge to flee, and now I fantasize about these things as well. Come spring (it is now mid-February), I will look for work with animals (my first love). Paul and I will drive to the ocean (my second love). If we don't go together, then I will find a way to do it myself. Other things that I like to do include going to my room, which is totally mine (no one else goes there but me) to read, write and listen to music; going for a walk or car ride. If I'm feeling really frustrated, I can check into a friendly hotel to repair whatever ails me. Closer to home, I now have my space and lots of countryside to gaze at.

This First Person Account was not peer-reviewed.

Submitted: February 20, 2001

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eGambling
THE ELECTRONIC JOURNAL OF GAMBLING ISSUES
review

Book Review

Double Down: Reflections on Gambling and Loss

By Frederick and Steven Barthelme (1999).
New York, NY: Houghton Mifflin, 198 pages. Cloth cover.
Price: US$24.00. ISBN: 039-595-429-0.

Reviewed by Nigel E. Turner, Centre for Addiction and Mental Health, Toronto, Ontario, Canada
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Barry Fritz, Quinnipiac University, Hamden, Connecticut, USA

Double Down by Frederick and Steven Barthelme is an autobiographical account of two brothers' descent into gambling addiction. The twist is that it is not the gambling losses, but a bizarre legal hassle that form the conflict and (partial) resolution of the plot.

In the book, the Barthelme brothers describe how they started gambling casually, often going to the casino with friends for a good night out. After their mother's death, their gambling escalated and it increased to problematic levels following their father's death.

Double Down introduces gambling counsellors and researchers to the world of gamblers in action; gamblers that don't really want to quit. The book nicely illustrates to the reader that social class, education and intelligence do not necessarily immunize people against becoming problem gamblers. These brothers are not stereotypes of degenerate gamblers but rather more akin to the professor-gambler portrayed by James Caan in the film *The Gambler*.

The brothers do not gamble because they hate themselves or as a way to punish themselves. Difficulty coping with the deaths of their parents may play a role in their problem, but their main motivation appears to be the thrill of the experience rather than escape. The brothers want to win but can tolerate losing. In fact, they claim that losing is nearly as good as winning. About halfway through the book, they challenge the reader to experience a big loss in order to understand it. But perhaps the brothers' losses were little different from their wins because the losses have no real consequences for them. Through their jobs as English professors and their inheritances, the brothers have no shortage of money to gamble with. Even by the end of the story, after losing in excess of $250,000, they still appear to have enough money left to pay for a good lawyer.

The book also shows how gambling as a social activity does not necessarily protect people from developing gambling problems. Not only do the brothers encourage one another to go to the casino, but they also prevent each other from leaving. There are instances in the book where one of them is ready to leave the casino, but the other wants to stay to win back his losses, so the first one stays, and thus, continues to gamble. Sometimes, the brothers played all night since they were never ready to leave at the same time.

Another insight is the apparent awareness of the addiction and the nearly complete lack of motivation to do anything about it. The brothers appear to be "happily" addicted to gambling.

The weakest parts of the story are the stories of their childhood and their relationships with their parents. The family history is pretty ordinary —lacking any history of abuse, poverty, drug use, gambling problems or trauma that would make their family a plausible source of the problem. Perhaps their emotionally complex family history is a factor, but nothing leads the reader to say "There's the problem; there's the cause." This suggests that they were not

trying to escape from anything in particular, but instead, acting like spoiled middle-class kids that just want to have fun.

The one strong family connection is the deaths of three family members in rapid succession: their eldest brother, Don, followed by their mother, and then, their father. These deaths contributed to an acceleration of their gambling problems, but their problems appear to have started before the deaths. The main effect of the deaths and the substantial inheritance they received was to lessen the threat of any real financial consequences of gambling.

While too much space is taken up regarding their rather ordinary relationship with their parents, hardly any space is given to discussing the role of their wives and girlfriends. For instance, exactly how did Stephen's wife feel while he was throwing away his inheritance? The only hint we get from the book is a brief mention of a credit card ritual. Before heading off to a casino, Stephen would take out his credit cards and leave them on the table, which was an empty gesture since the brothers would obtain casino credit.

Also unexplained is the death of their brother Don and its effect on them. When did it occur relative to the beginning of their gambling problems? The authors hardly mention Don's death, except to say that it caused them both to quit smoking.

The main conflict that drives the plot of the story is that the brothers are accused and arrested for colluding with a dealer to try and cheat the casino. The casino had no real evidence other than a few sloppy plays by the dealer. It's a cautionary tale that suggests that you should not expect a casino to appreciate you after you gamble away your money. It is also a warning about the political power of the gambling industry in the United States.

At the end of the book, the reader is left dangling without any real resolution of the story or the gambling problems; although the flap on the book cover informs you that the case was dismissed. It is particularly interesting how the casino seemed to have so much difficulty understanding these brothers, and assumed that after gambling away so much money, the brothers must want to cheat.

We recommend this book for its insights into the motivations for problem gambling. The reasons offered for their gambling passion are varied. They include grieving, early wins and an emotionally complicated family of origin. But the brothers are most convincing when they discuss the thrill of risk and the excitement of entering a social world separated from their ordinary lives. The price the authors pay for this spice in their life, however, is excessive:

$250,000.

Why do people gamble? There is no single reason. Part of this book's value for counsellors and researchers is that it paints a picture of interconnecting dots, which journals in the field have difficulty capturing. It also left these reviewers with a desire to visit this changing part of the Mississippi landscape. We'd like to taste that Gulf seafood and see the bright lights on the beaches

This book review was not peer-reviewed.

Submitted: May 3, 2001

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***Barry Fritz** is professor of Psychology at Quinnipiac University, Hamden, Connecticut. He is a member of the board of the Connecticut Council on Problem Gambling. He graduated with a BA from the University of Vermont, an MA from Connecticut College, and a PhD from Yeshiva University.*

> "My current research interests are focused on understanding the motivation to gamble and those factors which differentiate between problem gamblers and recreational gamblers. I enjoy the game of poker and hope that my research will keep

me on the recreational side of the table."

Video Review

Winning Strategies: Slots with Video Poker (1997)

Running time: 30 minutes
Producer: Winning Strategies
Available at Amazon.com for US $17.99

Reviewed by Nigel E. Turner, PhD
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Late one Saturday night, I saw an advertisement on TV for a video about how to win at slots. My first reaction was "How can they legally sell such crap?" The advertisement promised legal "casino-busting strategies …designed to make you a better, smarter slots player." "Not possible," I said to myself, but being curious, I ordered a copy.

The big surprise was that it was actually quite good. The video is part of Frank Scoblete's Winning Strategies series and is narrated by Frank Scoblete. James Coburn briefly introduces the video and narrates a few bridging sequences. Far from being filled with misinformation, the video contains a lot of good information about slots. It includes a brief history of slots, a discussion of how slots actually work, a comparison of payouts in various cities around North America, money management strategies and popular myths about slots and why they aren't true. There is a brief section near the end on video poker, but it's mostly just a plug for yet another video devoted entirely to video poker.

My aim in writing this review is to describe the extent to which the information in the video is accurate or misleading and to evaluate the video for potential educational or counselling uses.

Overall, the video gives a number of good tips. It provides information about the nature of slot play and the different types of games available. It recommends using the spin button rather than the lever since less work is

involved. It recommends playing in your "comfort zone," only betting with money you feel comfortable about losing. It also suggests avoiding "progressive machines." A progressive machine is one in which the top prize increases each time a person plays the machine until the jackpot is won. These machines tend to have a lower payout to compensate for the large jackpot prize. The video also advises avoiding the oversized machines called "Big Berthas" that have a lower payout percentage than other slots because they take up more room.

But this video won't escape criticism completely —a few of the points were not adequately explained. In addition, the video encourages betting with "maximum coins" (i.e. the maximum bet allowed —often three or five quarters on a quarter machine) because the best payout comes with larger denominations. This is true. Typically, a slot may pay out 88 per cent for one quarter, but 92 per cent with three quarters. So, max coin does produce a higher payout, but most often the minimum bet will still ultimately lead to lower losses in spite of the lower payback. The video does state that losing 10 per cent of $10 is still less than losing two per cent of $100, but I don't feel that the point is made strongly enough. I also didn't like the way the video implies that money management strategies can help you win. They can't. They can only help you avoid losing too much money. The video may influence viewers and give them undue confidence in the strategies recommended in the video. As a result, they may gamble thinking that money management can help them win.

Many problem gamblers might benefit from watching parts of this video. However, be very selective about which parts of the video to show them because some sections promote the idea that slots are fun and exciting. The sections on how slots work and gambling myths are particularly good and would be appropriate for clients. The section about money management strategies may not be helpful because it sounds like keeping to the system will help you win. However, keeping to the system will only limit how much you lose. For a non-problem population (i.e. primary prevention and education), the entire video may be appropriate if followed by a brief discussion of the limits of money management.

This video is actually quite good and sections of it might be useful in a clinical setting, but only under supervision and with appropriate debriefing. Although it comes with criticism, it does provide better information than many other "how to gamble" books and videos. I have only two objections. First, the promised video poker section was little more than a plug for another video. (Advertising gambling in books and videos is very common.) Second, the advertisement of this video promises strategies that will help you win. Such a promise would be impossible since slot wins are purely a matter of chance; however, people will

buy the product expecting to learn how to win.

They've marketed it quite cleverly —it doesn't say you will win, but only that you "might" win since careful playing strategies —specifically money management —can stretch your playing time without stretching your risk. I suspect that the people who will buy this video after watching the advertisement will be annoyed when they realize that it doesn't tell them how to win. However, it would be interesting to survey people who purchased the video to see if the video influenced how they play.

This video review was not peer-reviewed.

Submitted: August 1, 2000

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letters

I have read the article by Barry Fritz ...

I have read the article by Barry Fritz ("Chips, Chatter and Friends") in Issue 3. As the partner of someone with a gambling problem, I would like to comment.

The article makes it sound like there can be nothing better in life than gambling. And that the "special people" one can meet while gambling are somehow more special than people met elsewhere. He seemed proud to say that the "elderly lady" defined her own character by her poker playing!

I could substitute my wife with the narrator of this article, and picture her, in the depths of her problem, validating and rationalizing her "hobby" and her newly found "friendships."

She read the article and immediately fell into the trap of "Why can't that be me?" She became irritated and provoked and was inspired to gamble!!

Other articles in EJGI address the roots of gambling and attempt to clinically analyze problem gambling. The Fritz article covers the joy of gambling!

Am I so focused on the problems that I missed something here? It has certainly promoted discussion.

Thanks for your hard work.

[Name withheld by request]

Received: February 22, 2001

"...the pain symptoms disappeared when I play poker"

I have arthritis. I noticed that the pain symptoms disappeared when I play poker.

I attributed that effect to a) distraction , b) endorphin production as a result of playing, or c) some other physiological process as a result of the excitement of gambling.

It would be interesting to have a look at people who gamble recreationally, the elderly playing bingo, for example, to see if they get pain relief from the activity. It would also be of interest to develop a laboratory analog of gambling, where we have the subjects experience a mild aversive stimulus (unpleasant noise) and see if the gaming experience blocks the unpleasantness of the noise.

Are there studies that measure endorphin production while people are gambling? This information might also be useful to have.

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Received: May 17, 2001

This letter is in reference to a discussion on gambling as analgesic (or pain reliever) in Issue 4 – the Editor <http://www.camh.net/egambling/issue4/case_conference/index.html>

Don't Repeat the Mistakes

I have worked in the treatment of substance use problems for over 20 years. In that time, I've seen numerous errors committed repeatedly by most of the many addictions workers I've known. At the time of this writing, serious thought is being given in the United States to allotting major federal funding to "faith-based" programs to provide drug and alcohol addictions treatment. As one critic put it, the public sees secular treatment programs as failures. Regardless of what one thinks about the faith-based idea, the accusation has merit. It does because of several clinical (read: crucial content) mistakes that have been made in alcohol and drug addictions treatment.

The issue of gambling is relatively new in the addictions field, and represents the chance to start afresh. Professionals working with gambling problems can learn from the errors encountered in drug and alcohol addictions treatment.

This is an outline of the more common mistakes in drug and alcohol addictions work. They are, of course, highly interrelated.

1. Lack of critical thinking

Drug and alcohol addictions treatment workers often stay with just one set of ideas throughout their professional lives, especially ideas originating with what worked in their own recoveries or what they learned in school. Many workers become defensive when asked to consider new concepts, especially those that contradict their original set of beliefs.

Addictions clinicians need to logically and objectively consider new information, regardless of their fondness for other ideas. Doing so is the only way to grow and to bring optimal benefits to our clients. New ideas may or may not be accepted finally, but

fresh information always deserves serious examination.

2. Disregard for research

Disturbingly, very little attention has been given to research findings in drug and alcohol addictions treatment. Part of this is the responsibility of the workers themselves who are too comfortable in their assumptions. Another part is on researchers who too often make little effort to speak easily understood English. However, addictions bureaucracies have also contributed to this avoidance. "Clinical supervision" usually becomes just an administrative backup job, rather than real guidance of staff in best practices.

Administrators and staff of treatment programs need to put as much emphasis on research currency as on administration. Researchers need to make increased efforts to reach out to workers to communicate empirical findings.

3. Fondness for simple answers

A "Keep it simple" approach may be helpful for some addicts in early recovery, but it's no way to think about addictions treatment. However, simplistic ideas have been remarkably popular with drug and alcohol addictions workers. Prime examples concern what works in treatment, what causes addiction and how the families of addicts behave. As recent high-profile chaos theory explains, though, we must be willing to sort through complexity to discover real patterns and cause and effect.

Addictions workers need to examine all possible factors that may contribute to the phenomena they see in their work to determine the best ways to approach the problems encountered by addicts and their friends and families. The reality of what is happening with our clients can be clarified, but only with intellectual effort.

4. Blaming the client

"She's in denial. He's not ready." These are popular responses by addictions workers to failures of treatment. Infrequently do staff realize that they are the ones in denial (about the need to

advance their clinical skills) or lacking readiness (to make changes in their work). Blaming the clients puts staff in the comfortable position of not having to question their own abilities — and of telling the public that addictions treatment failures are not due to staff practices, but to the nature of the addicts.

The drug and alcohol addictions treatment field has developed stereotypes about family members and others close to addicts, stigmatizing them as pathological people who have deliberately contributed to the continuation of the addiction. There is no well-executed research that substantiates any such profile, but the blame continues.

Mothers have also been solely blamed for alcohol- and drug-related birth defects, even though evidence exists that fathers' substance use affects their reproductive success.

In the tradition of critical thinking, addictions workers need to always question whether their treatment practices are adequate in light of the inherent resistance in addicted clients. Putting the blame on the clients is not helpful, and indeed, clinically, leaves us at a dead end. And when clients are stigmatized by professionals, objectivity and inquiry are typically absent.

Those who work with problem gamblers as well as any other type of addictive behavior or substance addiction may enjoy reading the articles listed below, which expand on the points in this letter.

Suggested readings:

Babcock, M. (1995).
Critiques of codependency: History and background issues. In M. Babcock & C. McKay (Eds.), *Challenging Codependency: Feminist Critiques* (pp.3–34). Toronto: University of Toronto Press.

Brown, J.D. (1991).
The professional ex: An alternative for exiting the deviant career. *The Sociological Quarterly, 32*, 219–30.

Chiauzzi, E.J. & Liljegren, S. (1993).
Taboo topics in addiction treatment: An empirical review of clinical folklore. *Journal of Substance Abuse Treatment, 10,* 303–16.

Cicero, T.J. (1994).
Effects of paternal exposure to alcohol on offspring development. *Alcohol Health and Research World, 18,* 37–41.

Hare-Mustin, R.T. (1994).
Discourses in a mirrored room: A post-modern analysis of therapy. *Family Process, 33,* 19–35.

Kanda, Z, & Oleson, K.C. (1995).
Maintaining stereotypes in the face of disconfirmation: Constructing grounds for subtyping deviants. *Journal of Personality and Social Psychology, 68*, 565–79.

Orford, J. (1992).
Control, confront or collude: How family and society respond to excessive drinking. *British Journal of Addiction, 87,* 1513–25.

Taleff, M.J. & Babcock, M. (1998).
Hidden themes: Dominant discourses in the alcohol and other drug field. *The International Journal of Drug Policy, 9*, 33–41.

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Received: August 3, 2001

TriCounty Addiction Services Concerned About Insufficiency of Public Education Campaign Intended to Address Gambling Issues

On May 2, 2001, the Board of Directors of the TriCounty Addiction Services

(TriCAS) of Lanark, Leeds and Grenville, Ontario, circulated a letter to the editor to newspapers, radio and TV stations, and public groups expressing our concerns:

Ontario provincial government policies about gaming are pro-gambling without thorough examination of the social, economic and personal impacts of gaming and without proper disclosure to the public of the nature and scope of policies bearing on expansion of gambling. We noted particularly the planned introduction of interactive slot machines —essentially video slot machines —to charity casinos and racetrack gaming floors, without requirement for a public approval process or announcement, and before the completion of impact studies at all charity casinos.

Designated addiction service agencies and other stakeholders dealing with gambling research and treatment were professing a "gambling neutral" position that inappropriately became "gambling policy neutral" and failed to ensure the public would be sufficiently informed to choose wisely about the processes by which the gaming industry is expanding into our communities and about personal involvement in gambling activities.

A pro-gambling shift in most media coverage accompanied that very audible silence of the addiction service agencies and other stakeholders dealing with gambling research and treatment, and there seemed to be collusion between them and the provincial government to delay release of a strong, well-researched, province-wide problem gambling awareness campaign, which addressed risks, costs to society and how to seek help.

We were concerned that we had become inadvertent partners in that silence. Such a campaign had been produced at a cost of approximately $200,000 and was ready to distribute. Advertisements in all media and glossy, coloured posters and brochures were to be distributed to designated treatment agencies in September and October 2000. Our local interest was to have that material circulated prior to municipal referendums in November 2000 to decide voter interest in building a charity casino in the 1000 Islands area east of Kingston. But that did not occur, as the campaign did not go public until mid-May 2001, after the referendums had passed and construction of the 1000 Islands Charity Casino was underway.

Organized and managed by the [then] Canadian Foundation on Compulsive Gambling (Ontario)[currently the Responsible Gambling Council (Ontario) - ed.], the Ontario Partners for Responsible Gambling campaign was diminished to some pale posters and pamphlets and black-and-white local newspaper ads that ran for 22 weeks. This is a far cry from the promised campaign that was to make "Ontarians . . . aware of the problem of and

warnings signs for problem and compulsive gambling, and the treatments available." It was also to "communicate with the target audience when they are most susceptible to receiving the message . . . ." Like before a referendum? Or before a new charity casino opens locally?

Since our original letter, little has changed, and we now have additional concerns:

- Delay of the first component of the campaign, aimed at adult treatment, makes the next components, aimed at prevention for adult, youth and older adults, untimely because research tells us that youth and seniors are the highest at-risk groups.
- Approximately $200,000 was spent to develop the educational products that we have, but is a mere drop in the bucket when approximately $39 million was spent last year by the Ontario Lottery and Gaming Corporation to promote gambling.
- Our agency has not yet received monies promised by the Ontario Substance Abuse Bureau to purchase software and projection equipment needed by our problem gambling addictions counsellor to enable use of the Community Awareness Resource Package at speaking engagements and presentations.
- Our failure to be in the minds of the public may have had repercussions in local town councils, which refused a baseline study of gambling before the 1000 Islands Charity Casino opens.

Some of the questions we are left asking ourselves are

- How do we as volunteers, who commit our time and energy out of concern for our communities, justify our work to them, and our spending of public dollars, if we do not insist on a strong public awareness and problem gambling campaign?
- Without such a campaign and the resources to disseminate it, our capacity to address problems after the fact is hardly accountable. We are aware that any public messages about problem gambling —no matter the media in which they appear —must be repeated over and over for a long time before they become part of public consciousness.
- Do we want our communities to recognize the importance of having input into policy developments that govern both the expansion and management of gaming? If so, communities must first have the information to make informed choices and decisions.

- Providing information to assist the public in making informed choices and having opportunities to give input regarding strategic planning and policy-making is an appropriate way to be accountable to the taxpayers who fund us. Where are our professional and academic colleagues in taking responsibility to promote this accountability?

Addiction service agencies work to address the development of municipal alcohol policies and workplace safety policies. We notice that such work has occurred historically after the fact of awareness about consequences of problem drinking in public places. If we are to learn from our belated response to addiction risks, we need to develop public consciousness now about problem gambling. Communities need preliminary studies prior to establishing new gambling venues, to better assess and address social and financial impacts and accomplish better strategic planning. Again, a solid problem gambling public awareness campaign is necessary.

We do not see our arguments as gambling neutral or anti-gambling, but "pro-learning" ahead of time about the benefits of gambling and the risks of problem gambling. We invite your readers to speak out on these issues and to raise these concerns in their communities.

Sincerely,
John Gill
Chairperson
Board of Directors, TriCounty Addiction Services (TriCAS) of Lanark, Leeds and Grenville

Received: October 5, 2001

We invite our readers to submit letters on gambling topics. Please note that we can publish only a fraction of the letters submitted. All letters must be signed. We cannot publish anonymous letters, or those of a libellous nature. Letters to the Editor are reviewed and chosen by the editor and members of the editorial board. Letters may be sent by e-mail or to the mail address given below. Once a letter is accepted, we will request an electronic version. Each published letter will include the writer’s first and last names, professional title(s) if relevant, city, province or state, and country. Alternatively, for good cause, the editor may confirm a letter's authorship and publish it as [Name withheld]. We reserve the right to edit each submission for uniform format and punctuation.

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Issue 4, May 2001

From the Editor

Anniversaries can be exciting, and we are elated that this fourth issue marks our first year anniversary of electronic publishing. One of our goals is to offer international coverage of gambling issues. We are glad to have articles about developments in gambling treatment and policy in Switzerland, northern Cyprus and Australia as well as from the USA and Canada.

A new section for Case Conferences begins in this issue (it's listed in the sidebar at left as **Case Study**). Alex Blaszczynski describes a case from his practice, a client whose severe back pain was relieved by gambling intensely and chasing his losses. Three other clinicians comment on the case and its ramifications for treatment in general, and Dr. Blaszczynski concludes with an overview of the discussion.

This issue presents some new ideas on how gambling can fit into our communities in a healthy manner. One article offers developments in the concept of a public health approach to both help assess the benefits of gambling and prevent and treat its negative effects (Feature; David Korn). Another describes how Swiss gaming policy requires that potential casino operators compete to offer better prevention, treatment and research facilities in order to win the right to run casinos (Policy; Daniela Dombrowski and colleagues). Another article takes the case of poor gaming policy and questions the ability of jurisdictions to manage gaming policy effectively by

examining these issues in a centre-periphery context, that of northern Cyprus (Research; Julie Scott).

I invite readers who enjoy these articles to tell their friends about the *Electronic Journal of Gambling Issues: eGambling*, and I ask those who would like to write to contact me. Please tell us what you think of our journal.

Phil Lange, Editor

E-mail: Phil_Lange@camh.net

Statement of Purpose

The *Electronic Journal of Gambling Issues: eGambling (EJGI)* offers an Internet-based forum for developments in gambling-related research, policy and treatment as well as personal accounts about gambling and gambling behaviour. Through publishing peer-reviewed articles about gambling as a social phenomenon and the prevention and treatment of gambling problems, it is our aim is to help make sense of how gambling affects us all.

The *EJGI* is published by the Centre for Addiction and Mental Health and is fully funded by the Ontario Substance Abuse Bureau of the Ministry of Health and Long-Term Care. We welcome manuscripts submitted by researchers and clinicians, people involved in gambling as players, and family and friends of gamblers.

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Examining Gambling Issues From a Public Health Perspective

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Abstract

Public health has a tradition of addressing emerging and complex health matters that affect the whole population as well as specific groups. AIDS, environmental tobacco smoke and violence are examples of contemporary health concerns that have benefited from public health analysis and involvement. This article encourages the adoption of a public health perspective on gambling issues.

Gambling has been studied from a number of perspectives, including economic, moral, addiction and mental health. The value of a public health

viewpoint is that it examines the broad impact of gambling rather than focusing solely on problem and pathological gambling behavior in individuals. It takes into consideration the wider health, social and economic costs and benefits; it gives priority to the needs of vulnerable and disadvantaged people; and it emphasizes prevention and harm reduction.

This paper looks at the public health foundations of epidemiology, disease control and healthy public policy, and applies them to gambling. Major public health issues are analyzed within a North American context, including problem gambling trends amongst the general adult population and youth, and their impact on other specific populations. There is significant opportunity for public health to contribute its skills, methodologies and experience to the range of gambling issues. By understanding gambling and its potential impacts on the public's health, policy makers, health practitioners and community leaders can minimize gambling's negative impacts and optimize its benefits.

Key Words: Gambling, public policy, prevention, public health issues, community health

Competing Interests: none

Introduction

Public health initiatives achieved remarkable successes in the last century, reducing morbidity and mortality from childhood infectious diseases such as diphtheria and measles; identifying modifiable risks associated with heart disease and cancer; and promoting healthy lifestyles and environments. At the beginning of this new millennium, public health has the opportunity to contribute understanding and solutions to a range of complex health and social issues that affect the quality of life of individuals, families and communities. The unprecedented expansion of legalized gambling is one such challenge that can benefit from a public health perspective.

In North America during the early part of the 20th century, most types of gambling were considered criminal, and legal gambling was highly restricted. Recently, an unprecedented expansion of legalized gambling has occurred within a new, expanded public policy framework. The primary driving force behind the explosion of gambling in North America is the economic necessity

of states, provinces and local governments. Organizations in the United States promote the leisure and recreational aspects of gambling, whereas in Canada, the social benefits to charities, non-profit and community service agencies are emphasized (Campbell & Smith, 1998).

Historically, gambling has been understood from moral, mathematical, economic, social, psychological, cultural, and more recently, biological perspectives. Within the health care field, interest has come primarily from mental health and addiction professionals. Until recently gambling was not viewed as a public health matter. (Wynne, 1996; Productivity Commission, 1999; Korn, 2000). The value of a public health perspective is that it applies different lenses for understanding gambling behaviour, analysing its benefits and costs as well as identifying multilevel strategies for action and points of intervention. note 1 Policy makers, researchers and practitioners in the gambling field can incorporate a public health framework to minimise harmful consequences, enhance quality of life and protect vulnerable people.

Why Use a Public Health Perspective?

A public health approach incorporates various elements that make it an attractive frame for addressing gambling issues. It offers a broad viewpoint on gambling in society — not focusing solely on individual problem and pathological gambling. It conceptualizes a range of gambling behaviours and problems at points along a health-related continuum, which is similar to the approach taken in alcohol studies.

Public health goes beyond biomedical and narrow clinical models to address all levels of ***prevention*** note 2 as well as treatment and recovery issues. It offers an integrated approach that emphasizes multiple strategies for action and points of intervention within the health system and community. A public health approach emphasizes ***harm reduction*** note 3 strategies to address gambling-related problems and decrease the adverse consequences of gambling behaviour. It addresses not only the risk of problems for the gambler but also the ***quality of life*** note 4 of families and communities affected by gambling.

Public health action reflects values of social justice and equity, and attention to vulnerable and disadvantaged people. Public health professionals often play an advocacy role or act as a bridge between local citizens and policy

makers on particular issues such as environmental tobacco smoke. One example where they play a similar role is the issue of government gambling policy acting like a regressive tax on lower income socio-economic groups.

Public health agencies exist at municipal, regional, provincial or state and federal levels. They are well suited to developing surveillance systems to track trends in problem and pathological gambling as well as the indicators to monitor social and economic impacts of gambling on communities and population groups. A public health position recognizes both costs and benefits associated with gambling. By appreciating the health, social and economic dimensions of gambling, public health professionals can foster strategies that minimize the negative effects of gambling while recognizing its potential benefits.

Public Health Foundations for Gambling

1. Gambling and Health

Public Health embraces the World Health Organization (WHO) characterization of health as the extent to which an individual or group is able, on the one hand, to realize aspirations and satisfy needs and, on the other hand, to change and cope with their environment (World Health Organization, 1984). Health is viewed as a dynamic process and as a resource for living rather than an end in itself. It is a positive concept emphasizing social and personal resources as well as physical capacities. Building on this broad definition, gambling can be conceptualized as either *healthy* or *unhealthy*.

Healthy gambling entails informed choice, including an awareness of the probability of winning, a low-risk pleasurable experience (i.e. legal, safe, regulated) and wagering sensible amounts. Healthy gambling sustains or enhances a gambler's state of well-being. Conversely, unhealthy gambling refers to various levels of gambling problems. This terminology complements the notions of healthy people, families and communities.

2. Gambling and Public Policy

During roughly the same period that gambling was beginning to be seen as health issue in the 1980s and 1990s, there was a growing interest in *healthy public policy*. This expression was embedded in the WHO Ottawa Charter for Health Promotion in 1986, followed by the Adelaide Statement on Healthy Public Policy in 1988 (World Health Organization, 1986; World Health Organization, 1988). Healthy public policy refers to the WHO's thrust that policy initiatives *in every sector* should promote health-sustaining conditions.

In Canada, gambling is regulated under federal law, the Criminal Code of Canada, adopted in 1892. Only governments can "manage and conduct" gaming ventures or authorize charitable gaming under license. Private sector ownership is prohibited. Over the years, periodic amendments to the sections on gambling have permitted its growth, but only since the 1970s have lotteries and casinos been operating legally. In 1985, computer, video and slot devices were legalized and the provinces were given exclusive control of gambling. Stakeholder and social policy groups have raised concerns about the role of government policy in encouraging gambling, while at the same time, protecting the public interest.

3. Gambling and Public Health Research

Public health is the study of the distribution and determinants of health, disease and mortality in a defined population and the of related public policy measures to prevent, eliminate or control its occurrence and spread.. Epidemiology is its central empirical research tool. Prevalence estimates of gambling-related problems in the general adult population have been carried out in numerous North America jurisdictions. Fewer epidemiological reports have described the impact of gambling on vulnerable and specific populations such as youth, women, older adults and Aboriginal people. To date, no Canadian national prevalence study of problem and pathological gambling has been commissioned. There remains a need for research on the incidence of pathological gambling and longitudinal studies on its natural history in gamblers.

A review of existing prevalence studies by the Harvard Medical School Division on Addictions revealed that 152 gambling prevalence studies have been conducted in North America as of 1997, including 35 in Canada (Shaffer, Hall et al., 1999). The estimated lifetime prevalence in the general adult population for problem and pathological gambling combined (levels 2 and 3 in Harvard study nomenclature) was reported at 5.5%. There were no significant differences in prevalence rates between the United States and Canada. Male sex, youth and concurrent substance abuse or mental illness placed people at greater risk of a gambling-related problem. Studies carried out by the United States National Research Council and the National Opinion Research Center at the University of Chicago as part of the National Gambling Impact Study Commission generally support these prevalence estimates (National Gambling Impact Study Commission, 1999; National Research Council, 1999).

4. Gambling, Public Health Theory and Practice

The communicable disease control paradigm of public health is instructive to the gambling phenomenon. It describes the causal factors and interactions of host, agent and environment that contribute to a particular infectious disease, such as AIDS, and the strategies necessary to control its spread (see Figure 1). This model resembles the addictions paradigm of drug, set and setting that illustrates the interactions amongst these components which lead to a particular drug use experience and a range of possible outcomes (Zinberg, 1984).

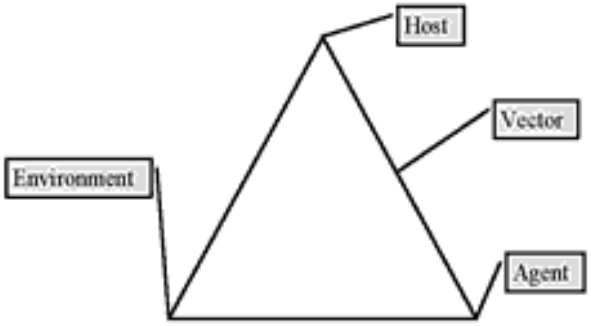

Figure 1: A Public Health Model of Communicable Disease

As applied to gambling (see Figure 2), the model can describe the multiple determinants of gambling problems and their complex interrelationships (Korn & Shaffer, 1999). The host is the individual who chooses to gamble, and who may be at risk for developing problems depending on their neurobiology, genetics, mental health and behaviour patterns. The agent represents the specific gambling activities in which players engage (e.g., lotteries, slot machines, casino table games, bingo, horse race betting). The vector can be thought of as money, credit or something else of value. The environment is not only the gambling venue but also the family, socio-economic, cultural and political context within which gambling occurs (e.g., whether it is legal, its availability and whether it is socially sanctioned or promoted). This public health paradigm invites a broad range of prevention and treatment interventions directed at various elements in the model.

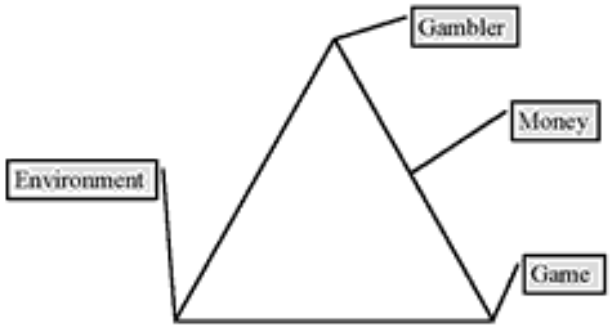

Figure 2: A Public Health Model of Gambling

Major Public Health Issues

A public health issue goes beyond consideration of the individual and their personal health to matters that affect groups of people who share common characteristics, geography or interests. The recent, dramatic growth of legalized gambling and its widespread acceptance raises concerns about its impact on the public's health and well-being. There are a range of public health issues related to populations at risk for gambling problems, suffering from gambling disorders or affected by the gambling practices of others. In addition, public policy decisions on gambling have implications for communities.

1. Gambling Expansion and Problem Gambling Trends in the Adult Population

In the last decade before the millennium, an unprecedented expansion of government-sanctioned gambling occurred throughout North America. The dominant concern is the emergence of gambling addiction, which may be stimulated by increased availability and promotion of casinos, lotteries and

VLTs. Currently, the estimated lifetime prevalence rates for problem and pathological gambling combined in the general adult population in both the United States and Canada is low; however, the Harvard meta-analysis of available studies shows that over the past 25 years there has been a rising trend.

The relationship between access to gambling and gambling problems is widely debated. A significant number of replication studies associated with the introduction of new gambling opportunities in states such as New York, Iowa, Minnesota and Texas demonstrate an increase in problem and pathological gambling (Volberg, 1995; Miller & Westermeyer, 1996; Volberg, 1996; Wallisch, 1996). Research done in the United States shows a higher prevalence rate in states with higher per-capita lottery sales and in areas within 50 miles (80 km) of casinos (Volberg, 1994; Gerstein, Murphy et al., 1999). These findings support the general conclusion that gambling expansion is associated with related to increases in problem and pathological gambling.

2. Youth and Underage Gambling

Youth is a development stage associated with experimentation, novelty and sensation seeking. However, the current youth generation is the first to grow up within a society where gambling is widely available and government sanctioned. The implication of this societal change for youth gambling behaviour and risk of developing gambling problems as adults is unclear.

Surveys in Massachusetts, Minnesota, Nova Scotia and elsewhere point to a high prevalence of problem and pathological gambling among youth, estimated to be two to three times higher than in the general adult population (Winters, Stinchfield et al., 1993; Shaffer, LaBrie et al., 1994; Poulin, 2000). A meta-analysis showed that the estimated lifetime prevalence for both problem and pathological gambling in the adolescent study population was 13.3% (14.0% for the college population), a proportion that has been relatively steady over the past 25 years (Shaffer, Hall et al., 1997). This high prevalence of gambling and gambling-related problems among youth, including sports betting at colleges and universities, is cause for concern and invites innovative approaches to prevention.

3. The Impacts of Gambling on Special Populations

A number of special populations have been identified for focused attention because of their financial vulnerability, health status or distinct needs. This review of special populations examines people from lower income socio-economic groups, women, Aboriginal people and older adults, but it is not inclusive. Other groups that deserve consideration include ethnocultural minorities, incarcerated populations, substance abuse and mental health treatment groups and gambling industry employees. In general, gambling research within special populations is in an early phase, and these groups deserve further systematic study before conclusive statements can be made.

a. **Socio-Economic Status**

There has been considerable interest in the relation between gambling and socio-economic status. Recent Statistics Canada reports indicate that although gambling participation rates and actual expenditures tend to increase with household income, lower income households spend proportionately more than do higher income households (Marshall, 1998; Marshall, 2000). For example, in households in which at least one person was involved in gambling, those with incomes of less than $20,000 spent an annual average of $296 on gambling pursuits. This sum represented 2.2% of total household income, whereas those with an income of $80,000 or more spent $536, only 0.5% of total income. Given the share of gambling revenue in Canada and elsewhere that goes to government, these data suggest that gambling expenditures may be regarded as a voluntary but regressive tax that has a proportionately greater impact on lower income groups.

2. **Women**

Women appear to have distinct gambling behaviours; and they are gambling more now than in previous years. In the United States, the percentage of women who have ever gambled rose between 1975 and

1998 from 22% to 82%. In the same period, the percentage for males increased from 13% to 86% (Gerstein, Murphy et al., 1999). Female gamblers prefer slot machines, VLTs and bingo to action table games and horse racing. Compared to males, females gamble more to escape, reduce boredom or relieve loneliness than for excitement, pleasure or financial gain (Coman, Burrows et al., 1997).

3. **Aboriginal People**

   Aboriginal Peoples deserve attention because of the evolution of gaming policy and its potentially positive economic impact on Aboriginal communities through revenue generation and employment. At the same time, Aboriginal Peoples may be particularly vulnerable to the negative impacts of gambling for a variety of complex health and social reasons.

4. **Older Adults**

   There has been considerable interest but little empirical research into the gambling behaviour of seniors who are a sizable and growing proportion of the adult population (North American Training Institute, 1997; Gerstein, Murphy et al., 1999; McNeilly & Burke, 2000). Seniors appear to be disproportionately represented at bingo halls, charitable gaming activities and day excursions to casinos. Although seniors are generally considered low risk-takers, there are concerns about their vulnerability to gambling problems springing from fixed incomes, social isolation and declining health. However, seniors may also receive health benefits from gambling activity and its impact on social connectedness. Research that examines the impact of gambling on depression, physical mobility and quality of life would enhance our understanding of the risks and benefits of gambling for seniors.

4. Effects of Gambling on Family Life

Gambling-related family problems deserve to be positioned centrally as important public health issues. A healthy family is integral to developing and sustaining individual self-worth, meaningful interpersonal relationships, mutual respect and personal resiliency. Robert Glossop of The Vanier Institute of the Family recently noted, "Families are perhaps the central determinant of health, the central influence in the lives of individuals that determine their health status and their chances of survival" (Avard, 1999). When family

members are problem or pathological gamblers, they can adversely affect their relatives and significant others. To date, researchers in the gambling field have described a range of negative health and social consequences for family members associated with adult disordered gamblers. These effects have been identified in spouses (Lorenz & Yaffee, 1988), siblings (Lorenz, 1987), children (Jacobs, Marston et al., 1989) and parents (Heineman, 1989; Moody, 1989). Family issues include dysfunctional relationships, loss of family income, neglect, violence and abuse. Both the general public and health professionals need to be better informed of these potential consequences and elaborate a full range of family support interventions.

5. Gambling Sites and Community Quality of Life

When jurisdictions face the opportunity to establish a gambling facility or expand gambling activities, there is often extensive, heated community debate regarding the social costs and economic benefits. Ideally, a community gambling assessment is shaped by consideration of local community needs, community values, strategic plans and research findings on community impact. Active participation of its citizens, involvement of key stakeholder groups and transparent decision-making are characteristics of a successful community process.

The outcome of this process should preserve or enhance the quality of community life; sustain or improve the overall health status of its members; and demonstrate local economic vitality as a result of either the presence or absence of gambling. Ongoing monitoring and impact analysis is necessary to evaluate the decision over time and to make appropriate adjustments.

6. Emerging Gambling Trends with Public Health Implications

The Internet provides a new and virtual environment for gambling. It has experienced explosive growth in the numbers of gambling Web sites, players and revenues (Adiga, 2000). It is unregulated in North America; operating offshore, it offers sports betting and casino-style gambling opportunities to individuals possessing a computer modem and a credit card. It attracts gamblers because it provides access to gambling activities at anytime in the privacy of their home or office. Underage gambling is difficult to monitor.

Technology has become a significant dimension of gambling in general. Concerns have been expressed about the wide availability and addictive potential of VLTs. On the positive side, computer- and Web-based technologies can incorporate personal risk assessment tools for gambling problems, and innovative prevention programs and monitoring instruments. One type of gambling that has received little attention to date is gambling that occurs in the financial world. Economic well-being is a significant determinant of population health. Thus, high risk or impulsive financial speculation, such as day trading, can have profound impacts on health status and social institutions.

Creating a Public Health Framework for Action

What is done to resolve a particular societal matter depends on how it is framed. Approaching gambling from a public health perspective offers a strategic vantage point to address its broad health challenges and inform related public policy.

Three primary principles guide and inform decision-making. The first is to ensure that preventing gambling-related problems is a community priority, along with the appropriate allocation of resources to primary, secondary and tertiary prevention initiatives. The second is to incorporate a mental health promotion approach to gambling; one that builds community capacity, incorporates a holistic view of mental health (including its emotional and spiritual dimensions) and addresses the needs and aspirations of gamblers, individuals at risk of gambling problems and those affected by them. The third principle is to foster personal and social responsibility for gambling policies and practices.

These principles in turn inform a set of public health goals:

- to *prevent* gambling-related problems in individuals and groups at risk of gambling addiction
- to *promote* informed and balanced attitudes, behaviours and policies

towards gambling and gamblers both by individuals and by communities

- to *protect* vulnerable groups from gambling-related harm.

An action agenda based on these public health goals and principles has been proposed. note 5

In conclusion, this public health perspective on gambling issues offers policy makers, researchers, health practitioners and community leaders a focus for public accountability and the opportunity to minimize gambling's negative impacts while balancing its potential benefits.

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Brief Policy Report

Casino Gambling in Switzerland – The Legal Situation, Politics and Prospects for Prevention and Harm Reduction

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Abstract

In April 2000, a new law came into effect in Switzerland that permits casino gambling with unlimited stakes for the first time since 1921. Casinos can now be run only with a concession granted by a newly established federal agency. In addition to economic and administrative information, each casino applying for a concession has to submit a fully developed "social concept" that includes detailed prevention measures for dealing with people with gambling problems, staff training and evaluation research, which an independent advisory board will control. In the fall of 2001, the first casino concessions will be granted based on the quality of each applicant's overall proposal.

The new legislation is creating a unique situation in Switzerland. To reduce the potential harm for gamblers that is associated with new forms of gambling, the legislation should be standardized and continuously optimized. These new measures require evaluation and government control.

The Legal Situation

On April 1, 2000, the new *Federal Law on Games of Chance and Casinos (Bundesgesetz über Glücksspiele und Spielbanken, 1998*) came into effect in Switzerland. The law is specified by the *Federal Casino Decree (Bundesrätliche Spielbankenverordnung)* and was ratified by the federal government on February 23, 2000 (see <http://www.admin.ch/> for information on Swiss legislation). note 1 This law permits gambling with unlimited stakes in Switzerland. In the corresponding decree, detailed guidelines specify the conditions under which gambling in Switzerland may take place. According to the Swiss legislative process, this law was made possible by a referendum in 1993; three-quarters of the electorate voted in favor of re-establishing casinos with high stakes (a 1920 referendum disallowed gambling in casinos where it had been allowed before 1921). In 1920, 55% of the population had supported the closing of casinos. This change in voting behavior between the 1920s and the 1990s reflects a general trend in market economies to emphasize individual liberties and decision making, which has also affected attitudes toward other public health policies (e.g., alcohol policy) .

Until the Federal Law on Games of Chance and Casinos came into effect, the maximum stake in gambling had been limited to CHF five per game. Slot machine gambling had different cantonal note 2 (state) laws that controlled the management of the amusement arcades (facilities with only machines) and small casinos. This led to a total banishment of gambling in some cantons (e.g., Zurich) while a relatively high number of machines were distributed to small casinos, amusement arcades and public places such as bars and restaurants in other cantons (e.g., Ticino). Additionally, many grand casinos note 3 in France, Italy, Austria and Germany are situated alongside the Swiss border.

This new federal law distinguishes between two kinds of gambling:

- games of skill (e.g., card games like poker, as well as machine games where the outcome depends to some degree on the skill of the player)
- games of chance that cannot be influenced by the skills of the gambler (e.g., slot machines or one-armed bandits; in the following text they are referred to as "chance amusement machines").

Games of chance will be strictly limited by law to special resorts like casinos and amusement arcades. Every person or legal entity wanting to run a gambling enterprise must apply for a concession from the federal government. The newly formed Federal Swiss Casino Commission note 4 will review the applications and make recommendations to the federal government.

The deadline for applications was September 30, 2000. The commission has promised to take about a year to review and make a decision on the applications. Two different types of concessions will be granted: Type A concessions for grand casinos (these will be taxed less), and Type B concessions for smaller casinos (these will be taxed more). Type A casinos will be allowed to offer 14 different table games with unlimited stakes, jackpots and maximum winnings at all machines. Type B casinos will only be allowed to offer three kinds of table games with limited stakes, jackpots and maximum winnings at all machines.

Taxation will be regulated as follows: Casinos of Type A pay 40% of their revenues up to CHF 20 million, and for each additional million the taxation rises by 0.5%. Casinos of Type B pay 40% of their revenues up to CHF 10 million, and for each additional million the taxation rises by 1%. The plan is to evenly distribute the concessions across Switzerland. Type A casinos will only be permitted within a catchment area of a million people or more. Overall, the intended result is to have about two to six Type A casinos and 15 to 20 Type B casinos all over Switzerland.

Gambling via telecommunications, especially the Internet, is forbidden. In Switzerland however, there are no models for prosecution in case of violation, nor does the law or the decree provide any. Cantonal law will control machines offering games of skill (in contrast to machines that solely depend on chance).

A five-year transitional law came into effect on April 1, 2000 for amusement machines depending solely on chance in both public places (restaurants, bars, waiting lounges, etc.) and amusement arcades, as well as for casinos that already exist. On April 1, 2005, operation of all games of chance amusement machines run by persons or legal entities that have not been granted a concession will be stopped.

The Social Concept – A Nationwide Approach

The legal basis for a social concept

In order to obtain a concession on the recommendation of the Swiss Federal Gambling Commission, each applicant is required to meet certain standards concerning

- measures for prevention and harm reduction of pathological and problem gambling,
- proper training of the casino staff, and
- provision of data for research.

Each applicant must describe in detail in a *social concept* how these criteria will be fulfilled.

These very strict requirements laid down by federal law create a peculiar situation; systematic, preventive and harm reduction measures have to be introduced nationally and at the beginning of grand casino gambling in Switzerland. To our knowledge, these are unique prerequisites in a nation

legalizing gambling.

Experiences in other countries

Most countries that allow large-scale gambling lack systematic, nationwide regulation for preventive measures. Though internationally there has been an increase in gambling policy development in both public and private sectors, the level of interest and the funds available for education, prevention and treatment have not kept pace with increases in legal gambling revenues or in the availability of gambling .

In some Canadian provinces, in Germany, Sweden and the U.S., as well as in some states in Australia, the government grants money for prevention, treatment and research. For instance, two U.S. federal health agencies: the National Institute of Health, and the Substance Abuse and Mental Health Services Administration have allocated funds for research and services. However, "the level of funding is often minuscule compared to similar programs for mental health, substance abuse, and other human services."

In other countries, governments do not engage in funding prevention and harm reduction measures at all. There may be some private funding either in addition to or instead of public funding. In the U.S. and the Netherlands, the private enterprises running casinos have started several initiatives. In the U.S., the gaming industry became active in the field of underage and problem gambling during the 1990s. The American Gaming Association (AGA) founded and financially supports the National Center of Responsible Gaming (NCRG), which grants funds to research projects carried out by academic institutions in North America, and to organizations providing counseling for underage and problem gambling.

In the Netherlands, gambling was legalized in 1975 and the government granted Holland Casino's exclusive rights to run casinos in the Netherlands. Part of the corresponding regulations asked for a prevention concept. Holland Casino's and VAN (the Dutch amusement machine industry) are co-operating with Jellinek Consultancy (a counseling and prevention service linked to the Amsterdam Institute for Addiction Research – Jellinekhuis) to provide prevention and harm reduction measures.

Together, they worked out a prevention plan that includes

- the display of brochures with guidelines for responsible gambling

- information about the odds of winning and losing in the casinos
- the possibility of suspending people who have gambling problems, and
- a training program for casino and amusement arcade employees, social workers and relatives on how to deal with those who have gambling problems.

In addition to the legal casinos, there are an estimated 40 to 50 illegal casinos ; most of the gambling in Dutch casinos remains uncontrolled. Furthermore, innumerable slot machines are located in eating establishments and amusement arcades throughout the Netherlands. In an attempt to reduce uncontrolled gambling opportunities, the number of amusement machines in public places was reduced, but interestingly, the number of lotteries rose at the same time. Preventive measures for amusement machines, lotteries and illegal casinos are carried out in a non-standardized way, if they are carried out at all: meaning, they do not co-operate with the Jellinek Consultancy.

The Dutch example seems to indicate that government funding for prevention and harm reduction may not be necessary and could be replaced by funding provided by the sector itself. Such efforts have to be regulated; however, it is not only government regulations that are important, but also their enforcement. If most of the casinos are not participating in a standardized, national approach, the result will not be effective.

The implementation of social concepts in Switzerland

There will probably not be a standardized concept for all casinos in Switzerland as the applicants for a concession had to submit a fully developed social concept of their own. Until the concessions are granted in fall of 2001, the applicants are effectively in competition with each other, which makes exchanging concepts and ideas highly unlikely. However, each submission is bound to contain what's required by law since the granting of the concessions will be based on quality, along with other factors such as location, local traffic and size of the catchment area. Because competition is tough, it is expected (and hoped by some) that a well-planned social concept could mean winning the bid.

For each casino or for each company representing several casinos, a social

advisory board will supervise the translation of its concept into action. Depending on the concept, its members will often be independent experts from the therapy, social services and research fields, but will also sometimes include casino executives. The advisory boards will report directly to the Swiss Federal Casino Commission.

Last but not least, the law in Switzerland creates a unique chance to collect research; providing data for research is part of the social concept. Implementing grand casinos in a country where gambling had been strictly limited has been rarely evaluated until now (see Room, Turner & Iolamiteanu, 1999 for an exception) and could be especially interesting for other countries that also wish to legalize gambling. Furthermore, comparing development in cantons where gambling had been totally abolished, and development in cantons where gambling had already taken place might prove to be interesting. However, most evaluations will require baseline data (e.g., the current level of problem gambling) in order to be able to interpret results and make valid conclusions. Unfortunately, such data has been lacking so far.

An Example of a Social Concept in Switzerland: The Social Concept of Grand Casino SA

The Addiction Research Institute in Zurich has developed a social concept that the Grand Casino SA and its partners (ACE Admiral Casino & Entertainment AG, Escor AG, German Casino Management Group) will use to apply for concessions for 10 different casinos (two of Type A, eight of Type B) all over Switzerland. To obtain a concession, the casinos have agreed to subscribe to this social concept outlined below.

After the legal requirements, the social concept has the following components:

- preventive measures
- plans for dealing with problem gambling
- training program for staff

- research
- social advisory board.

The preventive measures are divided into primary and secondary prevention. Key elements for primary prevention include information and sensitization campaigns for casino customers and the public, a Web site with relevant information, media prevention campaigns, information on odds and pathological gambling, and contact information for professional help. Information brochures and advice on responsible gambling will be openly available in the casinos. Advertising for gambling will be strictly limited. In addition, structural changes to the casino will be made: an ID control at the entrance will prevent the admission of adolescents under 18 or suspended problem gamblers. Although credit cards will be accepted, no cash dispensers will be placed in the casino and no loans will be granted to customers. To prevent staff from relying on tipping, a relatively high fixed wage will be administered, increasing their monthly allowance and allowing them to be freer and less biased when intervening with those who have problems.

As part of secondary prevention, checklists for self-diagnosis will be displayed and combined with the offer of counseling by specially trained staff in each casino. A toll-free, 24-hour telephone hotline will provide the caller with information (e.g., where to obtain professional help). Customers who feel in danger of losing control will be able to have themselves suspended from either their favorite casino or every casino across the country.

To help deal with those who have gambling problems, staff will be trained to speak with customers who are obviously having trouble. A first counseling session may be held in the casino and contact information for professional help will be provided. Problem gamblers can be suspended nationwide, even if they do not agree to that intervention. A fund supplied by the casinos' revenues and managed by the social advisory board will be established for people with gambling problems with financial problems, who wish to immediately enroll in therapy.

All casino staff will be trained in a three-day workshop before starting their job. Training will include information about pathological gambling, risk and protective factors, different types and stages of gambling problems, preventive measures and therapy for problem gamblers. Potential problematic

behaviors because of any addiction will be thoroughly examined, and social competencies in dealing with problem gamblers will be practised in role-playing. Staff will be retrained annually. Additionally, at least one supervisor will receive extra training in how to interact with problem customers. He or she will also receive regular professional supervision.

Research will focus on data collection and interpretation of gambling frequencies, the socio-demographic characteristics of casino customers, the frequencies and circumstances of suspensions, and customer turnover in the casinos. Ideally, there would be national or even international monitoring, which however, depends on the co-operation of the other casinos and government regulations. Furthermore, the effectiveness of the preventive measures and social consequences in regions around the casinos will be evaluated by studying hotline usage, co-operating therapy and counseling centers, social services and crime rates.

The social advisory board will consist of seven independent experts from the prevention, therapy, social services and research fields. Up to two casino executives will be allowed to participate in the meetings (without the right to intervene or vote). The board's main function will be to supervise the implementation and realization of the social concept and to report regularly to the Swiss Federal Casino Commission. It will examine, authorize, order and control the preventive measures, training, research and public relations. It will decide upon suspensions and have authorization to grant funds for therapeutic aids for pathological and problem gambling.

Until now, the phenomenon of problem gambling has hardly been studied in Switzerland on a large scale. With the financial support of Loterie Romande and Romande des Jeux SA (i.e. representatives of the gaming industry in the French-speaking part of Switzerland), one major study was carried out in 1998 that estimated the existing prevalence of pathological and problem gambling in Switzerland . The authors screened a representative sample of the adult population for each Swiss region with the SOGS for current problem gambling and found that 0.8% of the Swiss population were probable pathological gamblers and another 2.2% were potential pathological gamblers. These prevalence figures are slightly higher than the corresponding Swedish figures . This comparison is justified as Sweden is also about to open casinos, with the first expected to be opened in spring 2001.

In addition, the Swiss study also found a relationship between gambling and alcohol problems; the latter screened by the CAGE . The study showed a positive relationship between the availability of gambling and the prevalence of problem gambling: the higher the relative density of amusement machines per 1000 inhabitants, the higher the prevalence of probable and potential

pathological gamblers.

When comparing those with gambling problems to the total population these statistics emerged; for all sets of figures, the first percentage is that of problem gamblers and the second percentage is for the total population: 73% of the group with gambling problems were male, while only 49% of the total population was male. Those under the age of 29 were 43% of those with gambling problems, but only 20% of the total population; 76% of problem gamblers were employees compared to 55% of the total population; full time workers composed 79% of the problem gamblers compared to 52% of the total population. Among people with gambling problems 18% were of non-Swiss nationality, compared to being 8% of the total population; and 48% of the problem gamblers were unmarried, compared to 30% unmarried among the total population. A smaller group of gamblers with problems was in the low-tax category (13% vs 29%), Protestant (28% vs 46%) or spoke French as their mother tongue (7% vs 18%) compared to the total population.

The number of probable pathological gamblers in Switzerland is estimated to be between 33,000 and 78,000; the number of potential pathological gamblers is between 107,000 and 180,000. These numbers are at the lower end of the international problem gambling statistics (Evans & Hausamann, 1998), (Henriksson in press), (Petry & Armentano, 1999), (Shaffer, Hall & Vander Bilt, 1999), (Ladouceur, 1996), (Volberg, 1996), (Osiek, Bondolfi, et al., 1998), although grand casino gambling has not yet started in Switzerland. Thus, problem gambling already exists in Switzerland despite the strict restrictions that have been in force until now.

Although there are exceptions, international and Swiss results show higher rates of problem gambling in regions with more gambling opportunities. This leads to the expectation that there will be rising numbers of problem gamblers following the implementation of grand casino gambling in Switzerland. We believe that a well-founded harm reduction policy should be in place to deal with this expected increase.

Conclusion

The new legislation has created a unique situation in Switzerland regarding grand casino gambling. While gambling with unlimited stakes will become daily business in Switzerland in the near future, the casinos themselves will be legally required to implement effective prevention methods and to establish a network of consultation and therapy for problem gambling. The Swiss law

limits gambling activities strictly to casinos and forces each of the casinos to implement and carry out a social concept with detailed *a priori* stated prevention measures, measures for dealing with problem gamblers, training of staff, and associated evaluation research. An independent social advisory board will control the actual implementation and realization of the measures.

In spite of these precautions, an increase in the prevalence of pathological gamblers is expected in Switzerland. So far, this prevalence rate is at the lower end of the international statistics, but national and international research has shown that the number of people with pathological levels of gambling problems tends to rise with more gambling opportunities.

This calls for a thorough harm reduction approach. To optimize its effectiveness, standardization of the measures and strict evaluation will be very important. It also requires commitment from the government to continue the regulation and control of all the steps. As we learned from the Dutch example, not only will control and regulation be necessary, but also enforcement of the regulations.

There are currently different social concepts in Switzerland that may differ in their effectiveness. It would be in the interest of the Swiss government to put the onus on the casinos to provide evidence for the effectiveness of their concepts. This seems to be particularly possible in a situation when a new law is being implemented.

Traditional medicine and public health have often encountered the problem that evidence of effectiveness is often established *post hoc*, taking into account many historical aberrations. These problems could be avoided if evidence of the effectiveness of countermeasures is presented at the beginning of the implementation. By routine monitoring and conducting standardized comparative evaluations of the effectiveness of different social concepts, such concepts could be shaped, and ineffective concepts could be abandoned or improved. Therefore, social and public health problems related to gambling in Switzerland might be less dramatic than would otherwise be expected.

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"Everything's Bubbling, But We Don't Know What the Ingredients Are" —Casino Politics and Policy in the Periphery

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Abstract

With the global spread of commercial gambling, the casino industry is fast establishing itself in many of the world's peripheries —economically and politically marginal locations, simultaneously remote from, but dependent on metropolitan centres of finance and decision-making. Using the case of northern Cyprus, this paper examines the political and economic context of decisions by such peripheries to embark on casino tourism as a

development strategy and explores some of the problems faced in attempting to regulate and control the sector. The paper suggests that it is the condition of dependency, rather than simple resource constraints, which is the major obstacle to establishing an adequate policy and regulatory framework.

Keywords: casino tourism, dependency, periphery, policy, politics, northern Cyprus

Introduction

The title of this paper is taken from a comment made to me by the Turkish Cypriot manager of a casino in northern Cyprus during fieldwork in 1999. What was bubbling was northern Cyprus's casino sector, 20 casinos having recently opened, with another 20 applications pending in a territory with an area of 3,355 sq. kilometres (1,295 sq. miles) with a permanent population of about 250,000. His comment reflected double perplexity: firstly, that of a casino manager operating in a climate of enormous uncertainty; secondly, the concern of a Turkish Cypriot concerned at the effects he observed of the casino industry on his home. From both a professional and a personal point of view, he confessed to grave doubts about the sustainability of the sector.

In this paper I want to try to describe this bubbling mixture and identify its ingredients. I shall argue that the problems and dilemmas faced by northern Cyprus, as it seeks to come to grips with its new industry, are representative of the problems faced by peripheral regions in general when they engage in casino tourism development. And for a number of reasons, it is precisely in such peripheral regions that much of the casino development of the past decade has been concentrated. On the one hand, locating casinos in physically peripheral regions effectively isolates gambling activity, rationing the gambling opportunities for the residents of metropolitan centres and shifting many of the associated problems and costs elsewhere (Stansfield, 1996; Felsenstein & Freeman, 1998).

On the other hand, the economic marginality of many peripheral areas may make them eager to cash in on the growing demand for casino gambling. In doing so, they can turn their location into a comparative advantage, whether they are an urban economy in need of regeneration in the aftermath of industrial and economic restructuring (Goodman, 1995;

Deitrick, et al., 1999); an emerging former Soviet-bloc state seeking the means to kick-start post-communist economic activity (McMillen, 1996a; Thompson, 1998); or a small, offshore island with limited development options. Northern Cyprus, in the eastern Mediterranean, is one such island.

Northern Cyprus

The Turkish Republic of Northern Cyprus (TRNC) could be considered perhaps the quintessential peripheral location. Recognised politically and diplomatically only by Turkey, this northern third of the island of Cyprus has been literally cut off from the rest of the world since its partition in 1974, following an attempted coup engineered by the military junta in Athens and subsequent military intervention by Turkey. Boycotts put in place by the United Nations ensure that all post and telecommunications to northern Cyprus must be routed through Turkey, and there are no direct international flights to the north.

These problems of accessibility and negative image render the north artificially remote from the mass tourism markets of northern Europe, the mainstay of the Greek Cypriot tourism industry in the south. They make them triply dependent on mainland Turkey, which is their gateway to the rest of the world, the main source of aid and investment in the north, and also, the main tourist market (Scott, 2000a). The primary attractions of northern Cyprus for Turkish tourists are sun, sea, sand, shopping, and the opportunity for casino gambling.

The Development of the Casino Sector in Northern Cyprus and Turkey

Research in northern Cyprus's casino sector was undertaken as part of a wider project looking at diversity and sustainability in tourism development. The author, an anthropologist at the Business School of the University of North London, worked in collaboration with Turkish Cypriot colleagues at Eastern Mediterranean University, Famagusta, Cyprus. Using a combination of survey, interview and participant observation methods, our research explored the relationship between northern Cyprus's conventional tourism product and the casino tourism sector (Scott and Asikoglu,

forthcoming), and the impact of casinos on traditional gambling (Scott, 2000b).

At the commencement of fieldwork in spring 1999, 20 casinos were operating in northern Cyprus. All were attached to, or located within, hotels, holiday villages or other tourist accommodation, and eight were in town centre locations, the majority of these in the main tourist resort town of Kyrenia (Girne). By far the largest is the Emperyal Casino, with 22 gaming tables and 377 slot machines. This compares with an average of 10 tables and 70 slot machines per casino, although the smallest has only seven tables and 18 machines (Ministry of Tourism, 1998). The main games played are American and French roulette, Las Vegas craps, Black Jack, poker, chemin-de-fer, punto banco, baccarat and keno. However, a number of other games are also permitted on casino premises, including chug-a-lug, wheel of fortune, rummy, backgammon, and betting on horse and dog races and football matches. Casino opening hours are subject to government regulation, and operation is currently permitted from early afternoon to early morning, with seasonal adjustment from winter to summer. Alcoholic drinks are available free of charge, and may be consumed at the gaming tables. At the time of writing, citizens of northern Cyprus and students, regardless of nationality, are not permitted to gamble on casino premises (nor, technically, in any other location).

The scale of the current level of casino activity has caused enormous local controversy, yet casinos themselves are nothing new in northern Cyprus. A law permitting the licensing of premises for betting and gambling was first passed in 1975, to encourage tourism investment and diversify the north's fledgling tourism product in the aftermath of the island's partition. Casino operators were required to meet tourist bed/night targets as a condition of their licence, but this requirement was soon dropped when it became clear that none of the casinos had been able to meet their targets, and that all would face heavy penalties (Yesilada, 1994). In the face of the low level of demand, would-be operators who had received permission to open casinos bided their time. By 1991, only four small premises were in operation, although permission had been granted for 10 casinos to open.

Throughout the 1990s, however, the licensing and opening of casinos gathered pace. The development of the Israeli "casino junket" market began to ensure a steady stream of weekend gamblers, but posed enormous logistical problems in the absence of direct flights to and from Israel. Turkey presented a much more accessible and potentially much larger market.

Although casino gambling was legalised in Turkey in 1983 —again with the aim of stimulating investment in tourism and attracting overseas tourists — Turkish citizens were initially barred from the live game areas of casinos. High rollers were obliged either to play the slot machines —where some individuals would lose as much as US $2,000 to 3,000 on a daily basis (Kent-Lemon, 1988:409) —or to visit casinos outside Turkey, with northern Cyprus a convenient location only one hour by air from Istanbul or Ankara.

By 1995, a further eight casinos had been licensed in northern Cyprus, but with the liberalisation of gaming laws in Turkey, allowing Turkish nationals access to the gaming tables, the Cypriot casinos again found themselves struggling to survive. However, by 1997 the tide of public opinion in Turkey was turning against the casinos, fuelled by an apparent increase in widespread problem gambling (Duvarci, et al.,1998) as well as stories linking casinos with organised crime and corrupt politicians. The electoral success of the Islamic Welfare Party, who opposed gambling on religious and moral grounds, hastened their demise, so that by autumn 1997, Turkey's 78 casinos had been closed down.

For the biggest casino operators, however, the closure represented only a temporary hiatus. As early as March 1997 *Sabah* newspaper reported on plans to shift casino operations to locations outside Turkey —to Poland, the Czech Republic, Russia, Slovenia, Azerbaijan and France. Furthermore, six operators announced their intention to move to northern Cyprus (*Sabah*, 1997). By 1998, the Turkish Cypriot Ministry of Tourism had granted a further six casino licences, bringing the total to 24, but many more were waiting in the wings, eager to capitalise on the Turkish market for casino gambling where it had become an essential leisure activity. By the spring of 1999, a further 20 entrepreneurs were lobbying hard for casino licences. If all were successful, the total number of casinos in northern Cyprus would reach well over 40, a situation that raised a number of dilemmas for the new minister of tourism.

Policy Dilemmas

While on the one hand, giving the go-ahead to all of the casino applications might have provided a pragmatic short-term solution to many of the problems besetting northern Cyprus's tourism industry, the wholesale licensing of casinos holds threats and uncertainties for the long term.

Partisans of gambling tourism and casino expansion argued that the casinos had raised the demand for hotel accommodation and would potentially increase the demand for other tourism services, such as travel agencies, restaurants, car hire, entertainment, etc. Even some of the smaller hotels that did not have a casino claimed they had improved their chronically low occupancy rates by accommodating the overspill from the larger casino hotels. Furthermore, the casinos themselves would provide a source of local employment. Indeed, to promote this objective, legislation passed in the mid-1990s required that the proportion of foreign nationals employed in any casino should not exceed 30 per cent. Taxes and licence fees levied on casinos, it was argued, could provide a lucrative source of income for the government. Finally, from 1994 onwards, casino licences were granted only to hotel premises with a minimum four-star rating and 200 to 250 beds. After 1996, this was raised to five-star premises with a minimum of 500 beds, with the intention that casino investors should improve the level and quality of hotel stock in the north.

In addition to fears that the casinos would lead to increased crime and rates of problem gambling (the anecdotal evidence for which is so far unverified by definitive research; c.f. Scott, 2000b), critics of the casinos identified a number of negative impacts on existing tourism and its future prospects. These criticisms had two major themes: firstly, that the benefits of casino tourism were exaggerated and unevenly distributed; and secondly, that casino tourism was distorting the north's tourism product and introducing a dangerous element of dependency on the casinos.

Who benefits?

There is no doubt that large flows of money have accompanied the establishment of casinos in northern Cyprus. The casino iInvestors and operators own association estimates their annual contribution to the local economy to be in the region of US $65,000,000 (*Kibris*, 20/6/99). But it is far from clear who is benefiting from these flows, and it seems likely that the gains to the public purse are extremely modest. Certainly, the issuing of casino licences is proving less lucrative for the government (which grants two-year licences for an annual fee of between $80,000 and $100,000 US) than it is for the licence-holders who then illegally sell their (supposedly non-transferrable) licence to third parties for much larger amounts; according to one casino manager, amounts up to $2,000,000 US.

Hotel owners renting out casino premises are also reported to be charging an average rent of $100,000 US a year, although during fieldwork, amounts of up to $35,000 US *per month* were also mentioned. In the eyes of many,

this speculation in casino licences and rents functions as a secret subsidy to hoteliers, which has ensured their economic survival and enabled them to refurbish and maintain their properties in the absence of either established tourism or adequate financial assistance from the cash-strapped government. Yet it has also reinforced the casino sector's status as a largely hidden and secretive industry, and weakened central government's grip on development and their capacity to exercise effective controls.

The lack of effective government control is reflected in their inability, so far, to enforce local employment quotas. Despite the legal requirement that a minimum of 70% of the casino personnel should be local, research carried out by the Ministry of Tourism in 1998 indicated that this requirement was honoured more in the breach than in the letter. Thirteen out of 18 casinos surveyed employed fewer than 50% local staff, and four employed fewer than 20%. Only two either met or exceeded the 70% target (Ministry of Tourism, 1998). The majority of the staff are from either Turkey or Eastern Europe.

Far from boosting business for local shops, bars and restaurants, many of them claim to be suffering as a result of the casinos. Restaurateurs complain that the casino tourists seldom venture out to sample the local restaurants. What is worse, they also claim that their local business (i.e. their Cypriot clientele) is influenced by the free food, drink and entertainment offered in the casinos. This particularly hits alcohol sales, where local restaurants derive most of their profits. Although no official statistics have been gathered, anecdotal evidence from the restaurateurs' association suggests that restaurant closures have increased with the upswing in casino activity.

Relationship to tourism

Despite the fact that rents and illegal income from selling off licences provide a 'hidden subsidy' to hotels in northern Cyprus, this income benefits only a small proportion of the hotels trying to make a living from tourism. Only four- and five-star hotels are allowed to have casinos, yet 85% of the membership of the hoteliers' association is made up of one- and two-star hotel owners. Small-scale hoteliers complain that their traditional market is being squeezed out by the priority given to casino tourism. The president of the hoteliers' association claims that tour operators have stopped actively promoting northern Cyprus as a "family market," thereby changing its tourist profile. Travel agents point out that casino tourism is exacerbating the transportation bottlenecks to which the north is subject by monopolising

scarce aircraft seats at the expense of other tourists. There is also evidence that the local tourist supply chain is being distorted by the trend for casinos to deal directly with tour operators in Turkey and elsewhere, thereby cutting out local travel agents. This practice is technically illegal, but appears to be increasingly rarely policed.

A Policy Stand-Off?

The casino sector in northern Cyprus is characterised by uncertainty and lack of clarity, at least a partial consequence of the stop-and-go, contingent nature of casino tourism in northern Cyprus and its extreme dependency on developments in Turkey. The government has been criticised for being too reactive and ad hoc in relation to the casino sector. But some casino operators go further and accuse politicians of deliberately prolonging the state of uncertainty surrounding the casinos and exploiting the polarisation of public opinion for political capital. In a public statement in June 1999, the head of the Association of Casino Investors and Operators claimed: "The government does not accept us as a sector, they have classified us in the same category as gambling houses, whore houses and seedy coffee shops. Their goal is to shut us down" (*Cyprus Today*, 19/6/99, p. 2). According to this view, the government's failure so far to establish a gaming control board is symptomatic of its unwillingness to seriously engage the casino sector.

The pressures on the government to grant new licences have become so great, however, that it is finally being forced to take a position, which is proving to be no easy matter. Personal interests flourished in the previous laissez-faire climate and casino operators are now unwilling to bow to stricter regulation by government. The publication in June 1999 of a draft bill amending the Gambling Establishments, Casinos and Gambling Prevention Law provoked a strong reaction from casino operators. The bill proposed tightened restrictions on entry into casinos and an entry fee of $10 US. The bill also provided for more vigorous action against "illegal gambling" (i.e. by citizens of northern Cyprus and students), with increased fines and up to two years' imprisonment for individuals, and even stiffer penalties (fines, three years' imprisonment and possible closure) for casino management who permit illegal gambling on their premises. The Association of Casino Investors and Operators, which had been moribund up to this point, responded with a full-page public announcement in *Kibris* newspaper (20/6/99) denouncing the proposals, and threatened to close

down all of the casinos over the summer season "so it is understood how much this sector affects tourism and the economy" (*Cyprus Today*, 19/6/99: p. 2). The amendments were watered down, and the threatened closures did not occur.

Conclusion

Eadington (1995) has pointed out that places eager for the economic benefits of casino tourism development often overlook the associated costs of establishing and maintaining an adequate policy and regulatory framework. Resource constraints alone, however, do not fully explain the experience of northern Cyprus. As McMillen (1996b) points out, to approach casino tourism development solely from the angle of costs, benefits and technical management solutions ignores the radical transformations in social, cultural and economic relations into which casino tourism destinations are thrust, and in which the state, out of necessity, plays a central part as the source of legitimation, legislation and public policy. The history of northern Cyprus's involvement with casino tourism provides a telling illustration of McMillen's further observation, that governments are "constrained and complex forums for competing ideas, rather than the autonomous and single-minded organisations assumed from a paradigm of economics and public choice" (1996b: 31).

What is most striking in the northern Cyprus case are not the financial barriers to achieving regulatory efficiency, but the state's inability to reconcile conflicting internal and external political and ideological pressures (exacerbated by its symbiotic relationship with Turkey and dependence on developments there); its failure to send out clear signals to the competing interest groups and the general public and its unwillingness to engage the casino sector seriously, from a position of strength. The example of northern Cyprus suggests that the obstacles to economic development which characterise peripheral regions, and which are rooted in conditions of dependency, vulnerability and uncertainty, are likely to be intensified rather than alleviated by the relationship with the footloose, global casino industry.

Acknowledgements

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service profile

Problem Gambling Service

Centre for Addiction and Mental Health (CAMH)
175 College Street, Toronto, ON, Canada M5T 1P7
Office: 1-888-647-4414 (toll-free number) or (416)-599-1322
Fax: (416)-599-1324.
E-mail: gambling@camh.net

Programme description:

The Problem Gambling Service (PGS), a Centre for Addiction and Mental Health (CAMH) program, is the only mainstream problem gambling treatment program in the Greater Toronto Area (GTA). All services are offered on an outpatient basis. It provides counselling to gamblers and family members who are concerned about the effects of gambling on their lives.

We offer one-to-one counselling, marital and family counselling, telephone counselling (18% of our clients choose phone counselling; of these, 72% are female) and weekly groups. Family members may be seen with or without the gambler, and separate groups are available to them. The Corrections Program operates on-site at three correctional facilities, offering group and individual counselling.

Five populations (youth, older adults, women, corrections and ethno-cultural groups) receive special attention from the PGS for problem gambling awareness, education, research and clinical programming.

Philosophy of Service:

Our service is client-centred and extremely easy to access: clients need no referral and generally speak to their counsellor during their first phone contact. We use a harm reduction approach.

Treatment modalities include motivational, cognitive-behavioural and solution-focused counselling, as well as relapse prevention techniques. Weekly education and support groups have utilized a LifeSkills format, as well as a process-oriented approach.

Profiles of Our Services

Staff:

The staff come from Social Work, Addictions and Psychology backgrounds, with six full-time equivalent addiction therapists. The PGS works closely with CAMH educators, scientists, and writers to produce and disseminate information about problem gambling.

Description of Our Clients:

Last year, the PGS provded service to 25% of all Ontarians who presented for treatment. For the entire province, these were: 315 men (70%), 133 women (30%). Fifty eight percent self-reported a primary ethnic identification other than Canadian.

Games that our clients identified as problematic were: casino table games, track betting, private card games, slot machines, sports betting, lotteries, bingo, scratch cards and Nevada tickets.

Outcomes:

Based on 1999 outcome measures, 72% of clients contacted one year after treatment either maintained their goals, further reduced their gambling behaviour or experienced only minor relapses.

Research Involvement:

Four PGS staff are the principal investigators on seven funded research projects:

- youth prevention study: an interactive presentation and performance presented to approximately 450 students in the GTA
- gender study: 400 gamblers are being surveyed to determine gender-related differences in gambling populations
- research on provincial treatment needs and barriers for women gamblers
- Project Weathervane: with the Canadian Foundation on Compulsive Gambling (Ontario), this study surveys Ontarians' attitudes, beliefs, knowledge and gambling behaviours
- research on the experience of winning among non-problem and problem gamblers
- validation of the Inventory of Gambling Situations, an instrument that helps identify risk situations for relapse
- research on the efficacy of a selective serotonin reuptake inhibitor in the treatment of gambling disorders.

This Service Profile was not peer-reviewed.

Submitted: October 13, 2000

The Electronic Journal of Gambling Issues: eGambling *invites clinicians from around the world to tell our readers about their problem gambling treatment programmes. To make a submission, please contact the editor at Phil_Lange@camh.net*

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First Person Account

Chips, Chatter and Friends

By Barry Fritz
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You meet people at casinos. While you are playing for money, you can also socialize. Last week I began chatting with a woman who turns out to be a corrections officer. She and I discussed gambling problems among prison inmates (there are plenty). Another fellow player identified himself as a recovering alcoholic. He began comparing AA meetings with GA meetings. GA meetings are much longer.

A woman with a British accent tells me that her name is Barbara. I tell her that my name, Barry, was given to me to honor my grandmother whose name was also Barbara. She tells me that she was named after a racehorse. Her father had owned a betting shop in England.

Once I was explaining, in my academic style, how I had played a hand. I was talking to a professional player who began looking at me with a pained expression. "What are you —a teacher"? I nodded affirmatively. He introduced me to another teacher in the room, also a professor, now retired. It turns out that we went to college together, and played in the same poker game, week

after week. He met his present wife while playing poker in Las Vegas. It is now forty years later and we sit down to play poker, together again.

I first met Sal while he was playing cards at the low stakes poker table. Later I ran into him at my supermarket, where he was picking up groceries. We exchanged pleasantries. He told me he was getting groceries for his Friday night house game. I asked if I could join and he invited me along. I've been playing in this game for five years. Some have been playing together for 35 years. I've never laughed as hard as I did at some of those Friday night games. I'm the baby of the group, the average age being death. Some can't hear so well and some can't see, but we play on nonetheless. I imagine the day when we'll each have a nurse's aid behind us helping us bet, call and raise.

I have a special fondness for home games. Both my mother and father had weekly games, almost their whole lives. My mother played mah jong, and I remember falling asleep as a child to the sounds "one bam, two crack" and the mah jong tiles clicking across the table. There was always prime candy in the house on those nights. Years later, I was standing at a local auction and a guy held up a box and said: "I don't know what these are. Chinese dice?" I knew and bought a box of 100 mah jong tiles for $10. I later sold the box of tiles, keeping one as a keepsake. I sold them to a craftsman who makes bracelets out of them.

Once, at a tournament, I began chatting with a fellow player. Turns out he is a professional player from Canada, as is his wife. I meet him again in Las Vegas, and we become friends, and he, his wife, and I have dinner when they come to Foxwoods. Through them, I meet Roy, a retired geologist, who also travels to Foxwoods. Poker is his hobby as is collecting gambling materials (antique cards, faro equipment, etc.). We exchange phone calls and visits, and he invites me to the next International Card Collectors Convention in New Haven, Connecticut.

At the Orleans casino in Las Vegas, I was playing in a low-stakes poker game when I overheard two of the players discussing how a third person wouldn't let one of them take a nap in his hotel room. "Take a nap in my room," I interjected. "I'm too old to molest and I've got nothing to steal." Ray took me up on the offer. He is a Las Vegas dentist who plays poker regularly and his friend is a retired insurance agent. They both appreciated my offer, and began showing up every day at the casino to have coffee with me and discuss the day's gambling. Now I call Ray every time I'm in Vegas, and recently he turned up at Foxwoods to visit and play poker.

My favorite way to play poker is in tournaments. Tournaments are fixed entry-fee poker contests. You buy in for a fixed amount, are given tournament chips, and you play to win the chips sold to other players. The prize is a percentage of the total pools (all of the entries sold). People are usually in better spirits in a tournament since the risk of losing is limited to the buy-in. Some people will only play in tournaments. One told me he had been an out of control gambler and drinker. He straightened out his life, and gave up all forms of gambling, with the exception of tournaments. Tournaments can offer all of the thrills of high-stakes games without the attendant risks.

Every Sunday at the Mohegan Sun casino, you can play in a seven-card stud tournament for $20. With your entry fee the casino gives you a buffet ticket for breakfast. Over a 100 people show up each Sunday.

Most of my playing time is spent in poker tournaments. I meet the same people, week after week, playing in these tournaments. We schmooze, laugh, get irritated and try to win. At the last one, Flo leaned over and told me a delightfully raunchy joke, which you can ask me for if we ever meet.

The first tournament I played in was at Foxwoods as part of a major tournament series. They gave me a room at their hotel for $30 if I entered a $25 tournament. I lasted about five minutes in the tournament, was among the first ones knocked out, but I loved the thrill of the contest.

I travel from time to time to play in tournaments in other parts of the country. These are larger tournaments and are sponsored by the casinos; they attract thousands of people from all over the world. Often people in these tournaments get discounts on their hotel rooms and food. While I have won at smaller local tournaments, I have never won anything at these larger ones. Nevertheless, I get a big kick out of them. It is like a professional convention or a meeting of hobbyists. You will meet people from all over the world and in every walk of life. You'll meet famous players, who have the status of stars and have won million dollar prizes. And you can also meet less famous players (i.e. me). You can play against the "Tiger Woods" of the Poker World for the price of the entry. You will see them again, in Las Vegas, California and Connecticut. If you want (I never have) you can play in these events in Costa Rica, Russia, France, Austria, Finland, and at the Canadian National Exhibition.

In a recent article in the New York Times (April 30, 2000), Walter Goodman speaks out in favor of gambling. He feels that gambling transcends gaming. The other ingredient is the bonding of like-minded players who hope to outwit fate's pessimistic outcome.

As Goodman points out, all players, poker players, slot machine buffs and roulette fanatics see themselves as part of the gaming club. The rules of entry are very simple:

> *"Whatever game you favor, the casino makes it easy to join up. Women and men, blacks and whites, the disabled and the able-bodied – all are welcome…As the poker regulars like to say, all you need is a chair and a chip.*
>
> *That is the special lure of the casino, be it upstate or downstate or on the reservation. For your time at the table or at the machine, loneliness is abolished; you are among a cadre of the like minded. Win or lose, the world seems a friendlier place. All right, if you win, it is a little friendlier."*

I played daily for awhile with an elderly woman who came to the table with a walker. She played very well and now has some of my money. She was heard saying, "What would I be without poker? Just an old lady with a walker." Poker added pleasure to her life, as it does to mine, and to others.

Sex is good, but poker lasts longer. There are lots of players for whom sex is a memory, but they can still cut the cards.

Submitted: July 20, 2000

This account was not peer-reviewed.

Barry Fritz is Professor of Psychology at Quinnipiac University, Hamden, Connecticut. He is a member of the board of the Connecticut Council on Problem Gambling. He graduated with a BA from the University of Vermont, an MA from Connecticut College, and a PhD from Yeshiva University.

"My current research interests are focused on understanding the motivation to gamble and those factors which differentiate between problem gamblers and recreational gamblers. I enjoy the game of poker and hope that my research will keep me on the recreational side of the table."

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Book Review

Betting the House: Winners, Losers and the Politics of Canada's Gambling Obsession

By Brian Hutchinson. (1999).
Toronto, ON: Viking Penguin, 264 pages. Hardcover price $32
Cdn. ISBN: 067-088-586X.

Reviewed by Lisa Schmidt
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The first and only time I was in a casino, I was 12 years old. I was on holiday with my parents travelling from Vancouver to California with a stopover in Reno. There isn't much to Reno —certainly there wasn't then —but I can say that the flashing lights, and the men with shiny, studded white shirts with matching Stetson hats and heavily mascara'd wives made a huge impression

on me. So did the pair of elderly women clutching plastic margarine tubs half filled with quarters. They lunged in unison at my mother screaming "don't touch *that*, it's *ours*!" when she tentatively approached a vacant slot machine with $2 worth of coins in her hand.

That memory came back to me as I read *Betting the House*, a recent Canadian book that explores the psychology of gambling, the business interests that propel it and the not-quite-innocent relationship between all levels of government and casino developers. Written by journalist and self-acknowledged naive gambler Brian Hutchinson, the book offers a brief history of the gaming industry, a cross-country round-up of gambling's rabid grip on governments and gamblers alike, and finally, some proposals to end what Hutchinson calls "a feverish experiment that's gone wildly, madly, out of control." It also takes a peek at the ephemeral highs of winning and the more common desperation of those, like the two who accosted my mother, who in their quest to score, lose not only a respect for others, but possibly their life savings.

If Hutchinson's research has value, the citizens of Canada, along with the vast majority of its governments are slowly going mad with wager fever. As evidence, he offers anecdotes about people like Mary, a happily married, gum-chewing government worker who has lost close to $20,000 in the past two years playing the slots. When asked why she still keeps at it, Mary exclaims:"Because it's fun. It's exciting. When I walk out of here with nothing, I feel alive, like I've done something really, really naughty. My heart pounds every time. Maybe it's like a drug. After a while you kind of crave it."

No less distressing are Hutchinson's findings that governments at almost every level, strapped for cash as costs rise and revenues fall, take advantage of Mary and others like her, seeing the introduction of massive 24-hour casinos as a genie's proffered wish come true. No matter that crime rates rise when a casino is introduced to a community, or that problem gambling behaviours balloon in people who are ill-equipped to pay rent once their bets are placed and typically lost. In the mad dash to pad their coffers, Hutchison's compelling evidence that politicians of every political hue look with greedy reverence to the gaming industry to pull them out of cash-flow wreckages of their own making is cause for alarm.

I'd be bluffing if I said the book was a great read. The truth is, it's rather depressing and mildly tedious. On the one hand, Hutchinson is adept at sorting fact from fiction, much in the way a croupier neatly sorts and divvies up poker chips. But —to this reader at least —the thoroughness of his research comes at the expense of an engaging narrative. In some chapters

there are so many statistics stacked one upon the other that it's hard to stay with the story. And my hope to learn more about why so many Canadians gamble was dashed by simplistic explanations that only led me to more unanswered questions.

However, when Hutchinson shares a more personal glimpse into the world of lotteries and blackjack, either by divulging his own forays into games of chance or moves from the purely informational into tale-telling about the lengths people will go in search of a jackpot, the book takes on the slight edgy feel of a page-turning thriller. To enjoy the author's gift for rousing my interest in some chapters only lose it in others was a disappointment.

Overall, I did like much of what the book offered simply because Hutchinson writes well. With a practised ease, he can shift from quoting Freud, who claimed gambling was a "secular religion for the obsessional neurotic," to recounting how he became "a croupier's dream" by virtue of his substantial losses at the gaming tables. I enjoyed his recounting of events in the life of Don Idiens, for instance, which began in the sleepy town of BC’s Campbell River and ended in Vegas, when the small-time Canadian gambler was discovered dead, with part of his naked, battered corpse wrapped in plastic. In this sequence, Hutchinson demonstrates his talent at braiding together skeins of drama and detail into a tidy tale.

Given the depth of Hutchinson’s study and his carefully articulated evidence that government is brashly promoting gambling yet is silent on the rising tide of despair left in gambling’s wake, one would expect a militant call to action. Instead, readers are left with a handful of ideas, spelled out in less than two pages at the book's close. A moratorium on further casino development, elimination of gambling advertisements, funding of problem gaming programs and outlawing video lottery terminals are his recommended efforts to slow down expansion of Canada’s gaming industry.

In the end, families, futures and finances will continue to fall victim to gambling's greedy appetite for winning at all costs, regardless of what measures are taken. It matters not, to my mind, if another casino never sees the light of day or if all the one-armed bandits are rounded up and buried in a big, deep hole. Because on the horizon is a growing swell of Internet gambling that will likely prove difficult to suppress. And this likely means, if Hutchinson's warnings are to be believed, that governments who have walked down gambling's plush red carpets and found them dusted with gold, will find it easier to figure out how to get a piece of that action than to U-turn back to smarter, less hazardous routes for paying their bills.

This book review was not peer-reviewed.

Received: September 7, 2000

Book Review

Diary of a Powerful Addiction

By Alexandra King. (1999).
Winnipeg, MB: Crown Publishing, 256 pages.
Approximately $22.95 Cdn and $15.95 US. ISBN: 0-9685470-0-1

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Alexandra King grew up in a farming community in Manitoba, where poverty, hard work and a belief that women do not need an education were the norm. She left school at 17, worked as a waitress, then took a secretarial course and found employment at Atomic Energy of Canada Ltd. During these early years, King married. Her husband was a gambler and over time his gambling worsened. King worked, raised two children with little help, and put herself through university on a part-time basis. Ultimately she found the courage to leave her husband of 14 years, convinced that gambling was "evil" and vowed never again to marry a gambler. King married again six years later. She had completed her BA and been promoted to a position in Human Resources. Life was good and full of promise.

King's world began to crumble when she was laid off after 22 years on the job. Forty-eight years old, angry, discouraged, disappointed in job search efforts and frightened about her future, King found her self-esteem and optimism plummeting. It was then that she discovered video lottery terminals (VLTs) at a local bar. She played and won. Despite everything she had been through while living with her husband, she began to gamble. She writes, "It was like a powerful drug that altered my mood instantly…the VLTs became my escape from my present reality."

Diary of a Powerful Addiction is King's account of the next six years as an obsession with gambling creates chaos in her life. She details the financial drains, the escalating tensions and deterioration of her relationship, her aborted attempts to regain control through Gamblers Anonymous and a brief stint with the Addiction Service of Manitoba. King walks us through her lapses,

painting a landscape of emotional turmoil – depression, self-hatred, fear, anger and thoughts of suicide. Her feelings are compounded as her husband, in the face of his ineffective efforts to make her stop gambling, also begins to gamble.

King eventually stops gambling. The last section of the book contains her reflections on the gambling experience and healing process, offering advice and support to others who may encounter problems with gambling. Liberally dispersed throughout the writing is King's critical commentary on the role of the government in creating and profiting from gambling addiction.

Diary of a Powerful Addiction is well worth reading. As a candid autobiographical account of a female slot player, it is a unique and welcome addition to the gambling literature. The socio-economic pressures bearing down on King, the emotional vulnerability she experiences, the social pressure to gamble, and the rapid progression into problems are but a few of the ways in which she represents many female "escape" gamblers.

King offers some simple and poignant descriptions of intrapsychic duality, describing the conflict between the "monster" within and the logical part of herself. She notes the emotional hijacking of her reason. She describes her developing immunity to losses and her strategies to support her denial and keep her gambling a secret. She exposes the violation of her own value system to enable her gambling. She cites psychology literature to elucidate the addictive process created by intermittent reinforcement. She offers an insider report on the process that traps the gambler into the repetitive cycle of gambling, remorse and temptations. King also describes with graphic accuracy, the mental mechanics that perpetuate the problem.

While worth reading, *Diary of a Powerful Addiction* is not easy to read. The retrospective diary format of much of the book is artificial, unconvincing and lacking in passion. The most emotionally powerful piece in the book is the poem written by her daughter Nadine. The entries do not elicit empathy for King's emotional turmoil, but create a sense of disbelief at her boringly repetitive and mindless visits to the machines despite the consequences. Perhaps this underscores the horror of the addiction as we witness how unconscious and automatic gambling becomes, but the writing fails to convey a sense of struggle. Nor does King provide a clear account of the dynamics of what seems to be her almost instantaneous cessation of gambling. She mentions two critical factors – the unconditional, non-judgmental support of a feminist counsellor and the therapeutic benefits of refocusing her energy, in her case, on writing this book. While these are key and critical elements of change for many women, it would have been helpful to have more detail about the process.

The reader needs to work too hard to know what was helpful and to get around the sense that King did it on her own. Perhaps this would not be problematic if King did not assume a role of mentor, critic and adviser to others having gambling problems. She shifts from sharing personal stories in the diary to what comes across as finger-wagging – authoritatively using "you" in the last section of the book. This serves to alienate rather than invite self-awareness and change. She does not take responsibility for her gambling behaviours, but presents as critical and blaming of the government and current treatment programs for her addiction. Finally, she presents as her own models of addiction and recovery what one suspects have been seeded and influenced by her exposure to treatment and newspaper articles (her primary form of research). If she is attempting to be academic, it behooves her to acknowledge the work of others rather than present them as her thoughts.

Professionals and students who would like to walk through the experience of a woman's addiction to slots will find *Diary of a Powerful Addiction* enlightening. It is an account of a resourceful, determined woman who fought to overcome obstacles and improve her life, only to be blindsided by an addiction to gambling. The book dramatically illustrates many of the stressors that distinguish women's experience of gambling problems from men's; issues around autonomy, guilt and shame connected to children, relationship problems, the empty nest, aging and powerlessness. It speaks to the male bias inherent in current treatment programs and the special treatment needs of many women. It would serve well in a study curriculum. Whether it would effectively inspire and guide other female problem gamblers out of the woods is questionable.

This book review was not peer-reviewed.

Received: August 31, 2000

Movie review

The Flintstones in Viva Rock Vegas (2000)

By Nigel Turner, PhD, Scientist
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Length: 91 minutes
Subject: An action version of the TV cartoon series. Comedy.
Ratings: Canada: in Ontario F for Family, and in Quebec G for General
US: PG for language and innuendo

Studio: Universal Pictures
URLs:
-production information: http://movieweb.com/movie/flintstones/flintsto.htm
-promotional material: http://www.vivarockvegas.com

When I first saw ads for the movie *The Flintstones in Viva Rock Vegas*, I was rather puzzled. Las Vegas is an adult playground for sex and gambling; not a child oriented city. Is this movie a *Joe Camel*, trying to get pre-teens hooked on gambling, or could it be an attempt to prevent gambling? I was intrigued.

For my review I took along my three older children; Naomi is 11 3/4 years, Justin, 7 1/2, and Ian is nearly 4. My children do have a somewhat heightened awareness of gambling, but otherwise appear to be fairly typical for their age and gender.

The movie, released by Universal and directed by Brian Levant, is set before Fred (Mark Addy) and Wilma (Kristen Johnston) are married. As the movie begins Gazoo (Alan Cumming), a short, flying alien, is sent to earth to investigate mating rituals. Fred and Barney (Stephen Baldwin) are discussing their new jobs at the rock quarry and their future plans when Gazoo crash lands nearby and starts to follow them around. Meanwhile Wilma is dissatisfied with her life at home and runs off to Bedrock where she meets Betty (Jane Krakowski) and finds a job at the Bronto King restaurant. Fred and Barney meet Betty and Wilma and they go to a carnival where Wilma and Fred fall in love. Fred is surprised to find out that Wilma's family is rich. However, Chip Rockefeller (Thomas Gibson), Wilma's former boyfriend, wants Wilma back. Wilma's mother (Joan Collins) prefers Chip. Chip invites Fred, Wilma, Barney and Betty down to his Rock Vegas casino.

Once at the casino, Fred has a remarkable winning streak at craps. Barney tries to get him to cash out, but he continues to play, dreaming about impressing Wilma. Meanwhile, we learn that Chip needs to marry Wilma for her money to payoff the mob. Chip invites Fred to the high rollers table and offers him a casino line of credit. In the middle of Fred's winning streak Chip switches a lever and Fred starts to lose. After all his clams are gone, Fred asks Chip for more credit. Chip tells Fred that he will erase his one million

clam debt if Fred leaves without Wilma. Fred refuses so Chip has Fred framed for stealing Wilma's pearl necklace. Gazoo shows up and reveals Chip's plot to Fred and Barney who then escape and save the day. Although the plot is never actually resolved, in the end they live happily ever after.

The movie utilises the stereotype of the mob involvement in gambling. Obviously, Rock Vegas is modelled after the old Vegas of Bugsy Siegel, not the new corporate Vegas.

The movie glamorises Las Vegas and gambling. But it also suggests that casinos cheat players. The movie shows Fred lose it all, not because of random chance and a house edge, but because of cheating. Will kids come away believing it is possible to win if you can figure out the casino's scheme and quit before the 'Lose' switch is pulled?

During the movie Naomi watched attentively. Her expressions ranged from smiling to laughing. Justin, however, sat still looking somewhat bored, and Ian had trouble sitting still. At one point Ian said, "I hate this movie."

Naomi liked the movie. She liked the fact that it showed what really happens when you gamble. First you win, then you lose. She apparently believes that the portrayal of how casinos cheat was accurate. She liked the bright lights and thought that Rock Vegas looked cool. She liked the fact that everything turned out good in the end. She liked Dino and liked seeing dinosaurs being used as tools such as vacuum cleaners. She thought it was funny in parts, but there was too much mushy gushy stuff. Naomi rated it as a 6.5 out of 10. She isn't interested in going again, but would go if given a ticket. She would like to gamble in Rock Vegas.

Justin, liked the very beginning, but otherwise found it pretty boring. His favourite character was Dino. He felt there were too many gambling and love scenes. He liked the animated animal characters such as an octopus that gives backrubs, a roller coaster made up of long-neck-dinosaurs, and a pterodactyl aeroplane. Wouldn't want to see it again. On a scale of 1 to 10 he gave it a '1.7.' (Do seven year olds understand decimals?) The movie did not make him want to gamble.

Finally, Ian didn't have much to say, but when I asked if he'd like to see it again, he said 'yes.'

I'm still puzzled over exactly who the movie was aimed at. It is rated as F for family. It has little violence and no sex, so parents might find it acceptable for young children. However, it has too little action or kid-relevant humour to hold their interest. The emphasis on the love story of Fred and Wilma would

perhaps suggest a pre-teen and teenage girls' audience, but such youths would consider this "Flintstones" too juvenile.

The movie was at times funny, and the animation and puppets were integrated well into the movie. Personally, I found the movie a bit boring, but by no means the worst kids film I've had to endure. I'd give it a 6 on a scale from 1 to 10.

In general, the movie does not appear to be a Joe Camel, but it's hardly an anti-gambling message either. The gambling serves mainly as plot vehicle that allows Chip to gain control over Fred. Perhaps it is simply a sign of the times that the producers would think nothing of adding gambling as a key plot element in a children's movie. On the plus side, it portrays how wins, financial need, and the desire for respect can lead to problem gambling. It shows how gambling can lead to losing. On the other hand, the wins and the losses portrayed in the movie were the result of non-random cheating that were specific to one person and one situation; this will not help a young audience to understand gambling.

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eGambling
THE ELECTRONIC JOURNAL OF GAMBLING ISSUES

Understanding the Laws of Probabilities

We live in a world of chance or as the mathematicians call it, probability. We hear the weatherman say that the chance of rain tomorrow is 30 per cent, meaning that there is one chance in three that rain will fall. A doctor may say that a certain treatment has a 50-50 chance of success. That means in two cases, one should be successful. The chances of being killed in a commercial plane crash are one in 22 million flights.

Chance enters into gambling and some games are called games of chance. The lotteries are a form of gambling where the odds of winning the big jackpot are very poor. It is not uncommon for the odds of winning the largest prize to be one in five million or more. I will use the odds of *one in five million* chances to explain how I understand lotteries.

The chances of winning are so remote that one wonders what people are thinking when they spend their hard-earned money purchasing lottery tickets. Perhaps it takes two forms. Some may not understand chance, while others may not understand large figures – like what a million of something really is. Some may not understand either concept.

I have devised a method that may help us understand both large numbers and chance. It's a scenario where I purchase five million tongue depressors. I then take them to our local civic center and start off by pushing them into the ground an inch (2.54 centimetres) apart. I continue this over hill and dale, putting one tongue depressor in the ground every second, eight hours a day. I

continue this for many miles. Every day of the week, I push those depressors into the soil. Finally, after 173 days (or 24.6 weeks) I place the last one. The distance covered by the five million depressors is 79 miles (127 kilometers).

But I haven't told you a secret. One of the five million depressors that was inserted into the earth has red paint daubed on the end of it.

Next, I find an avid lottery player and I show him the trail of depressors. I tell him that one of the sticks has red paint on the buried end. If he gives me a dollar and then pulls up the red-daubed one, I will give him a million dollars. Can you see him looking away farther than the eye can discern? Can you see him decide and then say, "What are you trying to tell me? I am to pick out the one with red paint from those over the whole 79 miles? You must think I'm crazy."

"No, mister, I don't think you are crazy. This just shows the chance you take when you invest in the lottery. Better by far to take the dollar, roll it up and stuff it in a rat hole. It might choke the rat."

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Received June 2, 2000

On Random Musings

In Issue 2 of the *Electronic Journal of Gambling Issues: eGambling:* *http://www.camh.net/egambling/issue2/research/index.html* Nigel Turner provides an interesting and informative overview of the nature of randomness and the origins of misunderstandings surrounding aspects of randomness. There is no doubt that cognitive schemas characterised by erroneous perceptions, irrational beliefs and distorted cognitions play a primary role in the maintenance of gambling and problem gambling behaviours in particular. This view is well articulated in the publications of key researchers and clinicians such as Robert Ladouceur, Michael Walker and Tony Toneatto and presented conceptually in the cognitive model offered by Sharpe and Tarrier. There is no contentious issue for debate within this context; beliefs are important ingredients fuelling the gambling urge.

However, on reading Nigel Turner's article, I mused over the concept of

regression to the mean that was used to explain why the probability of a toss of coin gradually converged to a ratio of 50% heads and 50% tails. Turner argues that a difference of 10 heads in a series of 18 tosses is noticeable but that this difference becomes increasingly negligible with repeated tosses. After a million tosses, a difference of 10 is so small as to be meaningless. But is this explanation accurate and valid? Referring to Hayes' (1969) textbook, the concept of regression has strong roots in the work of Francis Galton. Galton noted that in the prediction of natural characteristics there was an apparent movement to the value of the group average. For example, tall parents were predicted to have children of smaller height while short parents were expected to have taller children. Consistent with the linear prediction rule, it is best-bet practice to predict that an individual will show a tendency to converge to the group average (regression to the mean) on any variable chosen. If this were not the case, we would find a gradual separation of humanity into two classes over generations as the trend continued for the tall to become taller and the short, very short. Regression to the mean is not an invariable phenomenon because exceptions to the rule are possible, tall parents can have taller children. But stated simply in statistical terms, for a value of any standard score *Zx*, the best linear prediction of the standard score *Zy* is one relatively nearer the mean of zero than is *Zx* (Hayes, 1969, p.500).

In my musings, I wondered whether the concept of regression to the mean could be validly applied to categorical random events such as coin tossing, as well as continuous data. Perhaps the phenomenon of equal probabilities for a heads/tails coin toss, I thought in this instance, was best explained by recourse to other statistical laws. By chance, I had recently re-read Wykes (1964) interesting description of the history of gambling. Contained within its pages was an attempt to set the reader on the right path to understand why the ratio of heads to tails in coin tossing approximates 50%. Alan Wykes explains that the popular view held is that in a series of tosses heads must eventually come up because of the *law of averages*. However, he goes on to state that the phrase ' law of averages' is incorrectly used and in this context is meaningless. What is really meant is the *law of large numbers* which states that all cases will happen an equal number of times as the number of tosses approaches *infinity*. In a single toss, the probability of a head is 50%. In the next toss, the probability remains 50%. The preceding outcome has no influence given that these tosses are mutually independent events. In a short series of tosses, it is common for a disproportionate run of outcomes, say heads, to occur. This is interpreted as the lucky streak by the gambler. But, as the number of tosses approach infinity, the outcome reveals a 50% probability.

While the end result is similar, the statistical principles underlying the

phenomena of the law of large numbers and the concept of regression to the mean differ.

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Response to 'On Random Musings'

Regression to the mean is actually a product of the law of large numbers, so there is no real contradiction. Regression to the mean in no case requires that the regression will happen. In fact, if you follow numbers along, then sometimes the percentage of heads and tails deviate further from 50%, but over the long term will gradually regress towards 50%. I suppose that to be precise, the law of large numbers is the principle that explains best what is happening in this situation of the number of coins, and regressing towards the mean describes what the percentage is doing —that is getting closer to 50%. Call it what you will, I argue that it is the experience of this phenomenon, that after such extreme deviations from chance as losing streaks, that subsequent experience will be more like the norm and give the person the illusion that the numbers are correcting themselves to conform to the expected average. Many gamblers call this the law of averages. I call it regression because it is a regression of the average in one instance or gambling session to another that produces this illusion. Yes, it is in fact the law of large numbers operating, with a subsequent sample that is more like the norm, but it is most likely still a

small sample of gambling experiences.

The use of regression in Galton's example of the height of different people is also an instance of this phenomenon. Height is partly determined by chance and it is the presence of the random component that produces regression over time. If an individual's score is close to an extreme, the potential range of random deviation is constrained by the maximum possible range so that the score will most likely move towards the middle. People in the middle of the distribution can have children that are either taller or shorter and thus the population's height remains stable; the number of tall people that have shorter children is matched by the number of shorter people that have taller children. Note in fact that Galton's example only really works if there is some degree of random breeding. Since height is largely determined by genes and nutrition, you can remove the random component almost completely by proper nutrition and selective breeding. Great Danes, for example, usually have offspring that are very similar to their parents, and do not regress towards the height of the average dog. However, if variation still exists amongst Great Danes they will regress towards the Great Dane mean. A Great Dane is a tall dog because its ancestors were selected for their height, not because of random chance. If random dog breeding were allowed, the Great Dane offspring would on average be smaller because most other breeds are smaller.

The following table outlines the parallel between the height example and gambling sessions to illustrate why I use the term regression to the mean to describe the experience of what happens to people.

Generation 1 Tall Man (e.g., 6 ' 8")	Random Mating →	Generation 2 Shorter Son but still tall (e.g., 6' 3")
Gambling Session one Long Losing Streak	Random Drift →	Gambling Session two Normal number of wins and losses

In the case of height, it is the random breeding that produces an offspring that is more average. In the case of gambling sessions after an unusual session of wins or losses, it is the random wins and losses that produce a session that is more like the expected average. Of course, by chance the offspring could be as tall or taller than the parents, and by chance you could have two winning or two losing sessions in a row. But if chance is operating, the most likely outcome is that extreme events will be followed by less extreme events. And I argue that it is the experience of having a great losing streak (or winning streak) followed by a more average session that produces the illusion of correction.

As for controversy, I think there is more controversy than you think. I've talked

to numerous people who believe that solving problem gambling is about helping people deal with underlying issues, rather than their experiences and beliefs. While underlying issues are extremely important, I think we need to understand the beliefs and where they come from in order to solve and prevent problems.

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issue 3 – february 2001

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calendar

Innovation 2001

Annual conference of the Canadian Foundation on Compulsive Gambling (Ontario)

April 22, 2001 - April 25, 2001, Toronto

Presentations, workshops and other sessions will focus on new ideas in research; programs in the areas of youth, special populations and public policy; the management of gambling; and public awareness / prevention. Presentations and workshops will highlight the exciting work being done across Canada, the United States and other places around the world. There will be panel discussions on online gambling, innovative methods of preventing underage youth lottery ticket purchases, screenings of new videos and television spots as well as radio messages.

Fees: General $250.00 Cdn.

Unsponsored, full-time, post-secondary students
$ 75.00 Cdn.

Contact Info:

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Web site:http://www.cfcg.org/current-events/innovation2001.html

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eGambling
THE ELECTRONIC JOURNAL OF GAMBLING ISSUES

intro

Issue 3, February 2001

From the Editor

This issue of the *Electronic Journal of Gambling Issues: eGambling* (*EJGI*) offers several challenges to conventional thinking about problem gambling.

Do you accept that problem gambling is an addiction or do you question that definition? Stanton Peele's Feature article queries whether the concept of "addiction" is even appropriate for problem gambling. Another current debate concerns the accuracy of classifying problem gambling as an impulse control disorder as found in the latest 1994 edition of the *Diagnostic and Statistical Manual of Mental Disorders*. Both the Feature article and the first Research article by Mark W. Langewisch and G. Ron Frisch also question this disease classification. These articles raise important issues and we hope readers will offer debate and comments.

If you've ever wondered about the beginnings of Las Vegas and how it got to be the way it is, you will find new insights on how this gaming centre grew out of the Mojave desert in our second Research article by David Schwartz. And to understand some non-western views that challenge mainstream assumptions about gambling and its place in society, we've reprinted an article from Australia by Diane Gabb in our Opinion section about gambling among people who may be your neighbours. Whether you love the game of poker or hate it, you may enjoy comparing your feelings to those of author Barry Fritz in First Person Accounts.

The *EJGI* also offers a new section, Service Profile, which we hope will encourage clinicians from around the world to tell our readers about their problem gambling services.

A handful of book reviews, a movie review and a debate in Letters to the Editor round out this issue. Please tell us what you think.

– Phil Lange

Disclaimer: The opinions expressed in this journal do not necessarily reflect those of the Centre for Addiction and Mental Health.

Statement of Purpose

The *Electronic Journal of Gambling Issues: eGambling (EJGI)* offers an Internet-based forum for developments in gambling-related research, policy and treatment as well as personal accounts about gambling and gambling behaviour. Through publishing peer-reviewed articles about gambling as a social phenomenon and the prevention and treatment of gambling problems, it is our aim is to help make sense of how gambling affects us all.

The *EJGI* is published by the Centre for Addiction and Mental Health and is fully funded by the Ontario Substance Abuse Bureau of the Ministry of Health and Long-Term Care. We welcome manuscripts submitted by researchers and clinicians, people involved in gambling as players, and family and friends of gamblers.

issue 3– february 2001

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eGambling
THE ELECTRONIC JOURNAL OF GAMBLING ISSUES

feature

Is Gambling an Addiction Like Drug and Alcohol Addiction?

Developing Realistic and Useful Conceptions of Compulsive Gambling

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Abstract

As compulsive gambling and problem gamblers attract continued and increasing attention —due to state reliance on gambling for revenues and government and private marketing of the gambling experience —conceptions of compulsive, or addictive, gambling have evolved. The disease model of alcoholism and drug addiction, which predominates in the U.S. and North America, has generally been widely adopted for purposes of understanding and addressing gambling problems. However, this model fails to explain the most fundamental aspects of compulsive

drinking and drug taking, so it can hardly do better with gambling. For example, people regularly outgrow addictions —often without ever labelling themselves as addicts. Indeed, gambling provides a vivid and comprehensible example of an experiential model of addiction. Elements of an addiction model that gambling helps to elucidate are the cycle of excitement and escape followed by loss and depression, reliance on magical thinking, failure to value or practice functional problem solving and manipulative orientation towards others.

News Item

On May 9, 2000 the seven-state "Big Game" lottery provided a prize of $366 million. The odds of winning were 76 million to 1. In the days before, the lottery sales outlets were overrun with people buying hundreds of dollars worth of tickets. The weekend before the lottery was held, 35 million tickets were sold. Annually, Americans spend $36 billion on lotteries.

Introduction —The Purpose and Development of Addiction Theory

In 1975, I proposed a general theory of addiction in *Love and Addiction* (Peele & Brodsky, 1975/1991): that any powerful experience in which people can lose themselves can become the object of an addiction. The result of this immersion is deterioration of the person's engagement with the rest of his or her life, which increases the person's dependence on the addictive object or involvement. Certain people are far more prone to form such addictive involvements —those with tenuous connections to other activities and relationships, and whose values do not rule out antisocial activities.

Initially, both scientists and people who misused alcohol and drugs thought that the expansion of the addiction concept to incorporate such non-substance based activities cheapened and minimized the idea of addiction. At the same time, the popularity of the idea of non-drug addictions grew through the 1980s and beyond. This trend was fueled by the growing claims by many people who gambled destructively: they were equally unable to control their habit and suffered just as much pain and loss in their lives as those destructively devoted to drugs and alcohol (and quite a few of these individuals shared gambling and substance addictions).

Since 1980, successive editions of the *Diagnostic and Statistical Manual* of the American Psychiatric Association have recognized compulsive (called "pathological") gambling, although the definitions have continued to evolve. Nonetheless, for many, the idea that gambling comprises an addiction is hard

to accept; along with notions that gamblers undergo withdrawal like heroin users and that people who gamble excessively at one point in their lives are necessarily afflicted with a lifetime malady. In fact, gambling sheds light on the fundamental dynamics of all addictions: (1) addiction is not limited to drug and alcohol use, (2) spontaneous remission of addiction is commonplace, (3) even active "non-recovered" addicts show considerable variability in their behavior, (4) fundamental addictive experiences and motivations for addiction are readily apparent in compulsive gambling, and (5) gambling even helps to clarify the motivations of drug and alcohol abusers.

In an effort to make sense of addiction, gambling researchers and theorists often fall prey to the reductionist fallacy that typifies theorizing about drugs and alcohol. Blaszczynski and McConaghy (1989), for example, referred to data showing that there is not a specific kind of pathological gambler, but rather that gambling problems occur along a continuum. This is an indication that a disease model of gambling addiction is inadequate. They then cited some preliminary findings of physiological differences that might characterize pathological gamblers as potentially strong support for the disease model. Blaszczynski (2000), in this journal, posited a typology of pathological gambling including one type that is genetically caused and incurable.

The logic that dictates that an activity must be shown to be biological or genetic in its nature to be genuinely addictive is exactly backwards —for drugs, alcohol, and gambling. If a model does not begin to explain the behavior in question, then any number of associations with biological mechanisms and measurements will fail to provide an explanation (and, by extension, a solution) to the problem. Science is built on accurate and predictive models, not laboratory exercises to demonstrate, for example, how drugs impact neurochemical systems. No work of this kind will ever explain the most basic elements of addiction; particularly that people addicted at a certain time and place cease to be addicted at a different time and place (Klingemann et al., in press/2001; Peele, 1985/1998; 1990).

Gambling is addictive; it is not a disease

Defining addiction

Saying gambling is addictive but not a medical disease begs for definitions of "addiction" and "disease." The essential element of addiction to gambling is that people become completely absorbed in an activity and then pursue it in a compulsive manner, leading to extremely negative life outcomes. These individuals often describe a sense of loss of control in which they believe they are incapable of avoiding or stopping gambling.

The disease model looks to an inescapable biological source for addictions; some neurochemical adaptation that accounts for compulsive behaviors. In addition, a disease model posits that these neurochemical adjustments lead to measurable tolerance and withdrawal. Because the biological systems underlying the addiction are thought to be irreversible, the disease model includes the idea of a progressive worsening of the habit which requires treatment in order to arrest the addiction. According to the 12-step model of addiction and therapy presented by Alcoholics Anonymous, recovery from addiction requires lifetime abstinence, acknowledgment of powerlessness over the activity in question, and submission to a higher power.

Social psychological (or social cognitive) models of addiction (Orford, 1985/1995; Peele, 1985/1998) instead emphasize social causality, psychological dynamics and the behavioral definition of addiction —which is seen as a continuum of behavior. All of the elements said to define addiction–like compulsive pursuit and preoccupation with a substance or activity, and personal disorganization and desperation after cessation —are known through behavioral, experiential, and phenomenological observation and criteria. That is, no physiological measure defines the expression of continued need for a substance. Many post-operative patients, for instance, readily abandon large narcotic regimens without notable discomfort or the desire for more of a drug. My experiential model in particular (Peele, 1985/1998) focuses on the addict's sense of him or herself, the modification of the person's experience by the substance or activity, and the way this modified experience fits in with the rest of the individual's life.

My experiential model, while rejecting a disease formulation, creates an alternative model of addictive gambling, one which recognizes the undeniable realities that people do sacrifice their lives to gambling and that they assert or believe they cannot resist the urge to do so. At Gamblers Anonymous meetings compulsive gamblers attest to sacrificing everything for their addiction and claim they have no control over their habit, providing evidence of this subjective and lived reality. On the other hand, disease-model explanations for these phenomena may be questioned, and indeed, in many cases explicitly disproved. Yet, addiction theorists and gambling researchers err by discounting gambling's genuine addictive qualities even though gambling falls short of attaining medical disease status. While discounting gambling's genuine addictive qualities, they often assume that alcohol and drug addictions fulfil criteria for an addictive disease that gambling fails to meet.

Diagnostic studies of gamblers in comparison with substance abusers

Wedgeworth (1998) found that "patients coming into treatment do not fit the

addictive disease conception of gambling behavior" (p. 5). He interviewed (both directly and through examination of autobiographies created for treatment) 12 patients admitted to a private inpatient treatment center who were diagnosed as pathological gamblers. Wedgeworth found the patients did not meet criteria of "compulsive" gambling. Rather, he found that individuals were diagnosed for practical purposes, in order to fulfill insurer criteria while allowing them to repair their personal relationships. Nonetheless, in a case extensively described, the patient "had burned all his bridges" —separated from his wife, lost his job, and faced embezzlement charges (p. 10).

Patients who receive hospital treatment for addiction frequently do not meet all the criteria for addiction, but this does not distinguish gambling from alcohol and drug patients. For decades, research has found that intakes in heroin treatment centers often reveal negligible (or sometimes no) signs of opiate consumption, and that private drug and alcohol centers commonly admit anyone who shows up for intake in order to fill their treatment rolls. In 1999, the founder of the American Society of Addiction Medicine, G. Douglas Talbott, was found liable for fraud, malpractice and false imprisonment for coercing a physician into treatment who was not alcohol dependent (Peele, Bufe & Brodsky, 2000).

Orford, Morison, and Somers (1996) compared problem drinkers with problem gamblers. Orford et al. employed an attachment scale, which found that problem drinkers and gamblers were equally devoted to their habits. However, drinkers scored significantly higher on a severity-of-dependence scale including both psychological and physical components of withdrawal. For Orford, these findings call for a refocusing on subjective states rather than on withdrawal symptoms as indicators of addiction. Orford's view that addiction is best understood from an experiential and behavioral perspective is close to the position I take. However, I believe that symptoms of addiction, including withdrawal and tolerance, are simply behavioral manifestations of the same attachment that Orford et al. measured (Peele, 1985/1998).

There are reasons not to accept that withdrawal and tolerance are absent in gambling addiction, or at least any more so than they are in alcohol and drug addictions. Wray and Dickerson (1981) claimed that gamblers frequently manifest withdrawal, although their definition of withdrawal as restlessness and irritability might be questioned. However, classic studies of withdrawal have found that even heavy narcotic users manifest extremely variable symptoms, which are highly subject to suggestion and environmental manipulation (Light & Torrance, 1929). Moreover, the recent WHO/NIH Cross-Cultural Applicability Research Project found that withdrawal and other alcohol-dependence symptoms varied tremendously from cultural site to site (Schmidt, Room & collaborators, 1999, p. 454).

Thus Orford et al.'s view that dependence symptoms exist objectively and that factors such as treatment experiences and social learning do not determine

their prevalence is not well founded (Peele, in press). Indeed, Orford and Keddie (1986) showed that a subjective scale of dependence, prior treatment and AA experiences yielded better predictive models of alcoholism treatment outcomes (particularly with regard to the achievement of controlled drinking) than did the same severity-of-dependence measure Orford et al. used for the purpose of differentiating gambling from drinking problems. In the DSM-IV (American Psychiatric Association, 1994), the manifestation of tolerance and withdrawal is not essential for a diagnosis of dependence.

Thus, while I remain highly sympathetic to Orford and his colleagues' view that an essential element of addiction is the experience of attachment; I find the distinction they draw between an attachment-based definition of addiction and manifestations of withdrawal and tolerance unjustified and unnecessary.

Distribution, continuity, and self-identification of addictive problems

If there is a disease of alcoholism, or of compulsive gambling, some people should manifest a distinct addiction syndrome. Yet population studies (as opposed to clinical studies of individuals in treatment) of alcoholism, drug addiction, and compulsive gambling regularly reveal that different people display different types of problems, and that the number and severity of these problems occur across a continuum rather than forming distinct addict and non-addict profiles. Moreover, interview studies of general populations of drinkers (or of large populations of clinical alcoholics, like the Rand studies and Project MATCH) find tremendous movement and variability in severity of problems such that over time (sometimes quite brief periods), the severity of their problems shift —including substantial numbers who are no longer found to have a diagnosable problem (cf. Dawson, 1996 and Peele, 1998, in the case of alcohol; Shaffer, Hall & Vander Bilt, 1998, reviewed in Hodgins, Wynn & Makarchuk, 1999, provide similar data for gamblers).

Obviously, some people's gambling problems are worse than others. A person can have an unhealthy gambling habit that can be termed pathological without being a fully addicted (i.e. compulsive) gambler. Blaszczynski (2000) dealt with such differences by defining a three-part typology of gamblers. He based these types on an outcome study (McConaghy, Blaszczynski & Frankova, 1991) in which the three groups are characterized by non-abstinent recovery, abstinence from gambling, and continued pathological gambling. Blaszczynski posited that the first group of problem gamblers are "normal": people who successfully reduce their gambling habits and who otherwise have normal personalities. The second group —"emotionally disturbed gamblers" —have pre-existing personality disorders to which pathological gambling is a response. The third and irremediable group of gamblers —whom Blaszczynski does not label —are highly impulsive and are

hypothesized to have a strong biological component and a specific allele at the D2 receptor gene site (Comings, Rosenthal, Lesieur & Rugle, 1996).

But the Blaszczynski model shows the same weaknesses as other such models in regards to epidemiological, typological, and etiological data and theory. In the first place, it seems quixotic and visionary to imagine that outcomes of gambling treatment will be related on a one-to-one basis to gambling types. Certainly, severity of pathological gambling could well be related to the likelihood of resumption of non-pathological gambling and of successful resolution of a gambling addiction. But that there are distinct demarcation points of severity that indicate distinct syndromes —and moreover that these are related to entirely distinct causal factors, genetic or otherwise —belies the kind of integrated bio-psycho-social model Blaszczynski (2000) endorses. And, indeed, McConaghy, Blaszczynski and Frankova (1991) did not find distinct personality differences to characterize treatment outcomes in their study. Rather, all such pathologic gamblers can be understood to use gambling as a response to some combination of personal, situational, and biological characteristics according to a social cognitive model.

Blaszczynski and his colleagues have focused on the personality trait of antisocial impulsiveness as being central to a key type of (one might say "genuine") gambling addiction. This syndrome includes other emotional disorders (Blaszczynski, Steel & McConaghy, 1997; Steel & Blaszczynski, 1998). In this research, the gamblers studied are unable to curb their urges, disregard the consequences of their actions on others, use gambling as a response to dysphoria and emotional problems, and are predisposed to substance abuse and criminality. These individuals are manipulative and readily sacrifice personal relationships to their urges —stealing or diverting money from family and friends and carrying on campaigns of duplicity.

For Blaszczynski (2000), this type of gambling addiction is genetically determined by a gene claimed to cause alcoholism and other addictions. For many genetic researchers, this connection is not only unlikely but has already been disproved (Holden, 1994). Yet, many of the traits identified by Blaszczynski et al. (1997) resemble those found in alcohol and drug abusers —particularly antisocial impulsivity (Peele, 1989/1995). Likewise, drug abusers and alcoholics frequently demonstrate manipulative and alienated relationships. Such similarities in the lives of those addicted to disparate involvements indicate common addictive patterns and motivations with different triggering events, social milieus, and personal predilections leading individuals to one or another type of addictive object. At the same time, a given individual often alternates or substitutes from among a variety of addictions, including problem drinking and gambling. For such individuals, it is the experiential similarities in these involvements that link the activities.

The movement of individuals from one group or outcome to another refutes

Blaszczynski's distinct gambling types —especially the incurable genetically based variety. Just because a person failed to benefit from treatment at one point does not mean he or she is doomed to gamble compulsively forever. Nor is the severity of a gambling problem a guarantee of its permanence. In the 12-step approach to alcohol, gambling and other addictions, the individual is required to admit that he or she is genuinely addicted. In my view such self-labeling is rarely helpful. For example, when surveys objectively measure compulsive behavior in remission (subjects who in a lifetime prevalence measure score as addicted, but do not currently score as such), many such individuals say they have never had a gambling or other addictive problem.

The failure to identify or at least to treat alcohol dependence, accompanied by remission, is more common than not for those who have been alcohol dependent (Dawson, 1996). Likewise, Hodgins et al. (1999) surveyed over 1800 Canadians and identified 42 respondents who revealed a lifetime gambling problem but who had had no problem in the last year. "Only 6 of the 42 in the target sample acknowledged ever having experienced a problem with gambling ..." (p. 93). This could be regarded as demonstrating the clinical symptom of denial. However, it may be a functional attitude when it permits people to leave a gambling or other addictive problem behind; perhaps more readily than if they identified themselves as addicts.

The addiction cycle and the proclivity to addiction

Some people have extremely destructive gambling experiences and some develop chronic gambling habits and problems. The individual loses more than she or he intended, feels bad about the losses, tries to recoup them by continuing to gamble —only to lose more, and good money follows bad. Even though the risk of gambling or the prospect of winning can be exhilarating, the aftermath of gambling losses are emotionally deflating and create increasing legal, job and family problems. At the same time, future gambling relieves the anxiety, depression, boredom and guilt that set in following gambling experiences and losses. At this point, the individual can come to feel that he or she only lives when involved in the gambling experience.

The addictive cycle is central to my experiential model of addiction (Peele, 1985/1998), and is described repeatedly in the gambling literature (cf. Lesieur, 1984). One critical element of the pathological gambling experience is money. For Orford et al. (1996, p. 47), the problem cycle begins with "negative feelings associated with gambling losses" in combination with the "person's positive experience of the gambling activity itself, shortage of money and the need to keep the extent of gambling a secret" (p. 52). The individual who is lost in this cycle relies on magical solutions —as do drug and alcohol abusers —to produce desired outcomes without following functional plans to achieve his or her goals (Marlatt, 1999; Peele, 1982).

Although Blaszczynski (2000) emphasized the diversity of pathological gambling, he identified "elements relevant to all gamblers irrespective of their subgroup." These elements include the association of gambling with "subjective excitement, dissociation, and increased heart rate" often "described as equivalent to a 'drug-induced 'high.' " Another common element is the "downward spiral of gambling ….When gamblers lose, they attempt to recoup losses through further chasing …Despite acknowledging the reality that gambling led them into financial problems, they irrationally believe that gambling will solve their problems." The subjective allure of the addiction and the self-feeding nature of the addictive process describe the addictive cycle and the predisposition to magical solutions central to the addiction experience.

Conclusions: Gambling and Society

Unlike illicit drug use, which the state prohibits, and alcohol, which is manufactured privately, the state has a central role in gambling —both administering lotteries and other gambling venues, and licensing casinos, race tracks, gambling machines, etc. This direct relationship between the state and addictive gambling versus the state's indirect role in drug and most alcohol addiction has critical implications. For one thing, gambling venues continue to expand rapidly. Yet, the third element that Blaszczynski (2000) identified as central to all pathological gambling is that prevalence "is inextricably tied to the number of available gambling outlets." There is also a special temptation to think that addiction in this area is genetically determined, since this would minimize the responsibility of governments for the incidence of the problem. Modern thinking about drug addiction and alcoholism encourages this reductive view of gambling addiction. However, it is unfounded, not useful for understanding and ameliorating addiction, and leads (as it does in the case of gambling) to dysfunctional social policy.

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Beliefs and Value Systems: Understanding All Australians

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Most explanations of problem gambling depend on British or American models, yet there are other ways of viewing the world

Governments at state and federal level are beginning to take seriously the growing evidence of problem gambling in many communities throughout Australia. This concern often takes the form of funding for strategies such as specialised counselling and the development of self-help manuals on how to handle problem gambling, that are addressed to the general public in lay terms.

These are undoubtedly very worthy measures designed in different ways to tackle the problem, the magnitude of which threatens the lives, livelihoods and

family relationships of increasing numbers of people.

Problem gambling is now being seen not only as a social and economic problem but as a serious mental health issue that has implications for mental health services and practitioner expertise in a multicultural community. A quarter of the population has origins in more than 100 countries, and the rest represent a rich heterogeneous heritage of indigenous and non-indigenous Australian born.

Counselling services for problem gambling are proliferating. Although most counsellors have mainstream backgrounds and North American theoretical perspectives, an increasing number are being recruited from ethnic minority groups and indigenous communities. Counselling agencies are starting to understand that mainstream counselling is itself a cultural artifact that is based on psychological theories developed in Europe and the United States for largely WASP populations with middle-class status and college education. Therefore we are beginning to see some efforts to modify established counselling methods to take in different cultural value systems, client expectations and help-seeking behavior.

The newest self-help books are readable, affordable and readily accessible that is, for Australians who read English and live within, or at least understand, the cultural boundaries of the mainstream Anglo-Australian culture in which there are certain shared and recognisable underlying values.

However, if you are outside the mainstream culture, if you are indigenous or from an ethnic background culturally distant from the mainstream, such books may be of little or no help. This is because the cultural values that underpin your life's path and your community may have little to do with prominent Anglo-Australian notions of individualism and the cult of self as reflected in the ever-shrinking nuclear family. In problem-gambling terms, there may be very different traditions and belief systems influencing your behavior and your thinking about games of chance and the unseen forces that control life's outcomes.

The meaning of gambling

It seems that most societies engage in some form of gambling, which is an extension of play. However, gambling takes on a new meaning because stakes are introduced, leading to risk-taking. In some cultures there are sanctions against gambling because of a prevailing view that gaining something purely through luck or chance is morally unsound.

Islam and early Protestantism adopted this view, and discouraged participation in games of chance, as it somehow represented interfering in divine law. Indeed, Islamic teaching suggests that by indulging in games of chance, human beings are attempting to meddle with "blind" fate and therefore inadvertently mock the divine plan in which nothing is left to chance.

A Persian verse suggests that gambling is a metaphor for life. Death is the croupier:

> This world is the dicing den of the devil. In it,
>
> We are the players. Fate supervises the numbers thrown.
>
> (Quoted by Hyde, in Rosenthal, 1975, p.161)

Another poet compared life's vagaries to the roll of the dice:

> Fate is the player. We the counters are.
>
> Heaven the dice, our earth the gaming board.
>
> (From Ibn Sina, quoted in Rosenthal, 1975, p.161)

Indeed institutionalised centres of gambling, like casinos, reflect the society surrounding them: elegant upper-class meeting places in parts of Europe; the great leveling experience of Las Vegas; or the stage for the machismo performance of masculinity, pride, loss and chance found in Latin America (Thompson, 1991). Indeed important values of the prevailing society are embedded in each gaming setting, allowing patrons to play a role attached to notions of leisure, daring and risk-taking all underpinned with the heady excitement of access to money.

One point seems certain: "People of the Book", whose traditions have come to them through the Judaic-Christian-Islamic heritage of monotheism, have religious and moral sanctions in place against gambling. In many instances throughout history this has been translated into formal government policy, leaving those who gamble to incur the consequences of flouting the rules and laws of church and state. Despite this, people continue to gamble, for many reasons.

One reason might be interpreted as an assertion of individuality against authority. The drive to individualism in Western cultural norms might explain why people who feel anxious or ambivalent about their gambling

transgressions tend to explain them away in terms of making a personal choice, about the need to feel a sense of excitement, the desire to take risks despite traditions that hold gambling as an undesirable activity.

A different philosophy exists in many neo-Confucian cultures, those ancient cultures in which a combination of Buddhist teachings and the writings of Confucius have given people another blueprint for understanding the world. Here we see a mixture of fatalism and activism. Strong beliefs are held simultaneously about the inevitable effect of external forces that are beyond human control, like the Buddhist precepts of fate or a former life. At the same time people must strive to achieve honorable earthly goals that are within their reach for the glory of family and ancestors (Yu, 1996).

An ancient proverb puts it this way: One's life is determined first by destiny, second by luck, third by feng shui, fourth by moral conduct, and fifth by education. So one very important goal is the achievement of personal success, both monetary and educational, which will reflect favorably on one's ancestors and family. A common New Year's greeting is: "I wish you increased wealth." In fact, the accumulation of wealth through educational success may be the main path to family honor. The concept of yuan explains a person's success or failure, as it represents the external invisible force that is beyond control. A person with du yuan exhibits an affinity with gambling, a special quality that will make winning very likely, as it harnesses those invisible outside forces. Yuan also works against feelings of guilt or hostility as it takes away the need for blame and promotes a passive acceptance of life's vicissitudes. But yuan is not fixed forever; Confucian teaching encourages people to take action to change and manipulate fate, and to work hard for a better future (Yu, 1996).

In the same vein is feng shui, the ancient science of geomancy that encourages humankind to plan buildings and surroundings to enhance opportunities for gaining luck and prosperity. This has the effect of driving out the malevolent and bringing in all that is good and life-enhancing. Part of this time-honored system is the ancient application of numerology to life's decisions and events.

Indeed people who come from neo-Confucian cultures may approach gambling and concepts of luck and chance from a different mindset which holds that those who play for money are not transgressing a moral law. Instead they are testing karma or fate. This is not to suggest that there are no sanctions against the personal and societal risks involved. We know that gambling activities often form part of New Year celebrations associated with attracting luck at an auspicious time. These are controlled within the collectivist norms of the community, thus working against the rise of the

isolated problem gambler (Nguyen, P., 1998).

Gambling in the neo-Confucian context may be contrasted to gambling in the Judaic-Christian-Islamic tradition which through received religious teachings maintains sanctions against indulging in games of chance for personal gain. In this context, people have to go outside those precepts to engage in gambling.

What is interesting is that the personal motivation for traveling the potential path to good fortune through a game of chance requires very different explanations from different cultural-value perspectives.

Beyond recreation

There are other ways of understanding gambling from a social and economic perspective. For the Tiwi people of North Australia, playing cards for money has become part of an adaptation to an imposed socio-economic system that implies a distinct division between work and leisure that did not exist in earlier times.

Tiwi women are the main "small time" gamblers, as winning small amounts of money is seen as equivalent to providing food for family members either by gathering from natural sources or by buying items at the local store. For Tiwi men it is less frequent, and the stakes are higher: once again it is seen as the equivalent of providing food, but in the same order as the occasional and successful hunt, the windfall being used for purchasing symbols of success in the white world like cars or travel to the mainland.

The inevitable consequence of the gambling paradigm is the opportunity for the family or community to share in the losses and the gains, which is a central cultural tradition of the Tiwi (Goodale, 1986). This pattern may be prevalent among other Aboriginal communities of similar size and geographical isolation.

How we explain gambling

Central to mainstream explanations of why people gamble is the notion of individualism and personal self-interest. Self-help manuals describe problem gambling as any gambling behavior that is beyond the control of the individual and causes personal, economic and social hardship for the person, the family and friends (Coman & Burrows, 1998).

As a statement of fact, this may apply in all cultures in describing a personal and social problem at a relatively superficial level. However, it says nothing about underlying value systems unfamiliar to mainstream thinking, and therefore poses several significant questions. What messages do minority cultures receive through the media about gambling as a state-sanctioned pastime? When people come from a culture that respects benevolent authority to a new country where prominent politicians openly support casino activities, what conclusions do they draw?

In addition to these, what is the result of a convincing advertising campaign aimed at particular ethnic communities showing fellow countrymen enjoying casino wins and receiving casino vouchers in lucky red New Year envelopes? The answer can be seen in the demographics: a community that represents 1% of Victorians is over-represented at Melbourne's casino making up 60% of the clientele.

Gambling and mental health

There is ample evidence of the depression-addiction cycle surrounding problem gambling in all cultures in Australia. Mental-health professionals are increasingly turning their attention to this issue among ethnic and indigenous communities, however they may be unaware of their own ethnocentric views on what constitutes rational and irrational thinking in terms of belief systems other than their own. In addition to the barrier of language in the therapeutic encounter, techniques that challenge beliefs relating to luck and chance may be used without effect when the underlying value systems of the parties are culturally distant.

Comfortable middle-class professionals may also be largely unaware of the effects that result from the migration or refugee experience. It is possible that post-traumatic stress disorder following a history of torture and trauma is a real factor in the origins of problem gambling in some communities.

Life events and stress

It is now apparent that the lowered status of unemployed Vietnamese men and the rise in independence and earning power of their employed wives has changed family roles irrevocably. This has led to severe depression, increased marriage breakdown and domestic violence. The vision of a win at the casino to redeem a man's place of honor and power in the family in an alien land may be a powerful trigger in the gambling cycle.

Latin American communities relate similar scenes of despair. Problem gambling may be associated with the frustration of machismo and its attendant values of masculinity, risk-taking, challenging fate, honor, hesitancy to delay gratification, and demonstration of bravery. These have their cultural origins in the destruction of mestizo communities over centuries of colonial oppression, but they find few outlets in the migration-settlement-unemployment cycle in contemporary Australia.

Conclusion

It is apparent from the current literature that the understanding of problem gambling and strategies for countering it are embedded in mainstream Anglo-Australian concepts of individualism, autonomy and personal responsibility. This includes approaches to counselling models, self-help manuals, advertising of opportunities for seeking help and the promotion of good mental health. There is little or no mention of understanding collectivist value systems in which the family or community is the core unit, not the individual.

This would mean a change in approach to expectations of client help-seeking, client understanding of what counselling is, and the model of counselling itself. It may require counsellors to extend their repertoire to include unfamiliar elements like subtlety and indirectness in communications, avoidance of confrontation and direct interpretation of motives and actions, and respecting different meanings in family relationships.

We also need to encourage and support members of ethnic communities to join the helping professions in much larger numbers than at present. They will provide the key to parallel beliefs and value systems, which are vital in helping us understand the gambling habits and attitudes of Australians from non-Anglo traditions. This will enable us to offer more culturally appropriate strategies to combat the same potentially destructive effects that may be visited upon all cultures. In this way there will be greater opportunity for equity in helping all Australian problem gamblers, whatever their birthright traditions.

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Classification of Pathological Gambling as an Impulse Control Disorder

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Abstract

The purpose of this paper is to examine the appropriateness of the current classification of pathological gambling as an Impulse Control Disorder. Controversy over the current categorization is as heated as it has ever been with more research suggesting that gambling is in fact not strictly an impulse-driven behaviour. Research also shows that pathological gambling is similar in presentation and treatment outcome to other addictive behaviours such as alcohol and substance abuse. Given such findings, it is arguable that pathological gambling needs to be re-examined in terms of where it fits into a psychiatric classification system.

Introduction

The Diagnostic and Statistical Manual of Mental Disorders (3rd ed., 1980) was the first to treat compulsive or pathological gambling as a separate condition labelling it a "mental disorder" (Levy & Feinberg, 1991). The DSM-III-R (1987) categorized pathological gambling as one of several Impulse Control Disorders, vaguely defined as mental disorders characterized by an irresistible impulse to perform harmful acts (McElroy, Hudson, Pope, Keck & Aizley, 1992). People with impulse control disorders have three central characteristics:

1. they fail to resist impulses to perform some act that is harmful to them or others;
2. they experience an increasing sense of tension before committing the act; and
3. they feel pleasure or release at the time the act is committed (Murray, 1993).

Pathological gambling specifically involves repeated failure to resist the urge to gamble, resulting in disruptive patterns that impair the ability to function in personal, family and occupational roles.

Personality Profiles of Pathological Gamblers

Descriptions of gamblers' personalities have been derived primarily from personality inventories. It is unclear whether the personality traits identified in the inventories preceded and contributed to pathological gambling or followed after and resulted from the gambling activities (Lesieur, 1979). In other words, if gamblers score high on scales of impulsivity, then presumably, they have difficulty controlling their impulses (hence an Impulse Control Disorder); it cannot be determined if this impulsivity trait was a cause of the gambling behaviour or caused by the gambling behaviour.

Langewisch and Frisch (1998) conducted a study in which they compared non-pathological gamblers [individuals with scores of less than five on the South Oaks Gambling Screen (SOGS) (Lesieur & Blume, 1987)] with pathological gamblers [individuals who scored five or greater on the SOGS] on measures of impulsivity. They found that the relationship between gambling and impulsivity scores were not significantly different for non-

pathological gamblers compared to pathological gamblers. Increased gambling severity (as measured by the SOGS) was not significantly related to increased impulsivity scores for pathological gamblers. They also found a strong relationship between gambling and other addictive behaviours.

Dickerson (1979) observed people betting on horses and dogs in a betting office in Scotland. He found that frequent bettors appeared to delay placing their bets until just before the start of the race. Additionally, people who follow horse racing carefully spend considerable amounts of time and energy attempting to increase their odds of winning. Studying horses, jockeys and tracks all figure into their calculations (Ladouceur, Giroux & Jacques, 1998). In the same manner, people who gamble on sporting events will often invest hours examining players, injuries, previous games and match-ups in hopes of increasing their knowledge and subsequently their odds. A reviewer for this journal pointed out that "even chasing is often a carefully calculated attempt to tap into the law of averages." Admittedly, not all gamblers (social or pathological) behave in this purposeful manner. These are just a few examples of how gambling can be a very deliberate and calculated act, rather than a rash, impulsive behaviour. These patterns of behaviour would seem to be more indicative of someone who has control over their actions rather than someone who is acting on impulse alone. In fact, when examined, this behaviour would be better labelled as compulsive rather than impulsive.

Little research has been conducted on self-control in gambling. Evidence for loss of control as an identifying or distinctive feature of gamblers (as expected in the DSM-III-R and DSM-IV, 1994) is not yet clear (Murray, 1993). Are there distinctive personality characteristics in pathological gamblers? While much has been learned about the personality traits of gamblers, both pathological and social, a personality profile distinguishing them has not yet been identified (Murray, 1993). As a result, it seems premature, even unfounded, to categorize individuals as pathological gamblers according to a behavioural pattern rooted in a personality trait. Whether or not gamblers can be split into two distinct groups, pathological or social, or those who lack control and those who do not, are issues that require further research and clarification (Dickerson, 1987; Greenberg, 1980; Murray, 1993).

The DSM category of Impulse Control Disorders is a diagnostic group that is not well understood. An "impulse" is not defined, and by placing "impulse, drive, or temptation" (DSM-IV) together any debate about what is meant by an impulse and what is meant by a drive is completely avoided. Several authors have questioned the DSM category's diagnostic validity, especially

with respect to gambling; many believe that pathological gamblers do not really experience irresistible impulses and that they retain control over their behaviour (Murray, 1993).

Pathological Gambling as an Addiction

There is no universal agreement about what exactly constitutes an addiction. The primary area of controversy surrounding the definition of an addiction is substance use versus behavioural activity (Griffiths & Duff, 1993). Most professionals in the field have little difficulty accepting the idea that the consumption of a substance (for example, alcohol and illicit drugs) is potentially addictive. In contrast, when referring to behaviours such as gambling, the definition of addiction becomes the primary focus of debate. Traditional views hold that in order for addiction to occur, a chemical substance and subsequent physiological effect must be present. However, more modern models of addiction attempt to identify components of excessive behaviour and the effects (i.e. social, occupational and personal problems) thereof. In doing so, the definition of addictions is expanding to include behaviours as well as substances.

The DSM-III-R's criteria for pathological gambling were modelled after the criteria for psychoactive substance abuse (from the DSM-III) and included notions such as "tolerance" and "withdrawal" (Lesieur & Rosenthal, 1991). Pathological gambling can also be viewed as an addiction whereby a pathological gambler appears to be completely enthralled in the gambling activity and will tend to increase bets in the same way that drug addicts increase their dosage and/or use (Jacobs, 1988; Lesieur, 1988). Similarly, pathological gambling is often treated in programs based on or modelled after other addictions, i.e. Alcoholics Anonymous and Gamblers Anonymous. Pathological gambling, clinically speaking, is generally considered analogous to alcoholism and substance abuse as they are often present in the same people, as well as in the same families (Blume, 1987; Lesieur & Rosenthal, 1991). Pathological gamblers have actually been successfully treated in treatment programs with alcoholics and substance abuse addicts (Murray, 1993). Admittedly, pathological gambling differs from substance abuse addictions because physical drugs are not consumed. However, what gamblers often describe as the sensation they experience while gambling is similar to the sensation substance abusers describe when using drugs or alcohol. Gambling, similar to drug and alcohol abuse, are all characterized by increases in tolerance, cravings and a consistent need to continue to take the drug or indulge in the behaviour.

Conclusion

Future Diagnostic and Statistical Manuals of Mental Disorder need to carefully evaluate where pathological gambling fits into a classification system. While there are arguments for and against both the current classification and the idea of gambling as an addiction, the latter seems to be gaining more and more support, from both researchers and clinicians. The implications of achieving the most applicable and "correct" classification spread into the realms of prevention, treatment and social policy.

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Ambient Frontiers

The El Rancho Vegas and Hotel

Last Frontier: Strip Pioneers

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Abstract

The first two casino resorts built on the roadway that became the Las Vegas Strip broke new ground in several ways. The El Rancho Vegas inaugurated the winning combination of gambling, dining, entertainment and vacation amenities that has become the basis of the casino gaming industry. The Hotel Last Frontier was the first truly "themed" casino that encouraged patrons to lose themselves in a fantasy world of Old West nostalgia while vacationing and gambling within the casino. These two casinos originated two concepts that would define American casino gaming into the next century: self-contained vacation pleasure within a suburban resort and the heady use of lavish theming to encourage patronage. Understanding their stories deepens appreciation of the history and current reality of casino gaming.

The casino gaming industry, particularly on the Las Vegas Strip, has historically intertwined two seemingly paradoxical ideas: the breaking of exciting new ground and an emphasis on comfort and convenience. Casinos transport patrons to a personal frontier not of hardship but of

wealth (or its lure); they vie with each other for the title of largest and most modern, but they also promise familiar vacation comforts and friendly customer service. Casinos thus offer a special kind of frontier where ambience and opportunity are subtly shuffled in a reality-blurring thematic prestidigitation. The first two casino resorts of the Las Vegas Strip pioneered in the pairing of these two conflicting concepts; though their important role in the successful selling of casino gaming as a legitimate form of public entertainment has been obscured over time.

Since the late 1940s pushing the frontiers of "the newest with the mostest" in casino design has encouraged operators on the Strip to build regenerative expansions, additions, and renovations, often sacrificing their existing physical plants. Progressive waves of "frontier-breaking" gaming operators, each of which sought to recreate the Strip in his own image, have thus inadvertently obliterated most physical signs of the Strip's history. Consequently, much of the Strip's history has been muddled. For example, the most notorious of the early casinos, the Flamingo, is often mistakenly identified as the first "real" casino on the Strip. This oversight is particularly unfortunate because the two casinos that preceded the Flamingo in breaking the frontier of the casino landscape of the Strip contributed important concepts to the evolution of the unified casino resort complex that has come to dominate American gaming.

The first, the El Rancho Vegas, represented the earliest genuine synthesis of a gaming casino, lodging and entertainment within a single, self-contained complex —the casino resort. The second, the Hotel Last Frontier, pioneered the use of Old West nostalgia in the selling of casino gaming, and its application of a themed environment as a marketing tool was a distant harbinger of the lavish theming that would be revived with the opening of Caesars Palace in 1966 and codified into the Las Vegas experience with the spate of themed casinos of the early 1990s. Together, the El Rancho and Last Frontier both foreshadowed and inspired trends that would dominate the gaming industry into the next century.

In the early 1940s, Las Vegas seemed to be a minor resort town in need of further commercial development. Though not completely insulated from the Depression, the city enjoyed the boon of a significant federal presence, first through the Hoover Dam and later through military bases. Consequently, the city did not suffer as badly as other regions of the state, particularly Reno, during the lean years of the 1930s. The town's proximity to Los Angeles more than anything else spurred its potential; as Southern California increased in population and wealth, Las Vegas's tourist base grew. The city's possibilities as a hospitality center seemed promising.

However, the primary development of resorts in Las Vegas spiraled in a suburban, rather than urban, direction. The casino resorts that would pace the region's economy were not centered on the town's downtown, but on its major southern artery, Highway 91. This roadway segued into Fifth Street to the north and meandered south about 300 miles (480 km) across the Mojave Desert to Southern California; thus its alternate designation as the Los Angeles Highway. There had been minimal development on Highway 91 before the early 1940s. The best-known club there, the Pair-o-Dice, pre-dated the 1931 decriminalization of gambling. Before that year, patrons had to knock on the front door and identify themselves before gaining admittance. After gaming decriminalization, the Pair-o-Dice ran "wide-open." Its operators, Italian immigrants Frank and Angelina Detra, were reputedly connected to Al Capone. Los Angeles's Guy McAfee bought the Pair-o-Dice in 1939 and aptly renamed it the 91 Club. Though the Pair-O-Dice/91 Club was, by all accounts, a pleasant gambling operation, it was not affiliated with a motel or hotel. The club's structure eventually became subsumed into the original Last Frontier (Wright, F., personal communication, December 28, 1999).

Las Vegas and American gaming entered a new era on April 3, 1941 when Thomas Hull opened the El Rancho Vegas just south of city limits (San Francisco Avenue, later re-christened Sahara Avenue) on Highway 91. Thomas Everett Hull had operated hotels in most of the major urban centers of California, including San Francisco, Fresno, Sacramento and Los Angeles before setting his sights on Las Vegas. As the owner of the El Rancho motel chain, Hull decided to open a franchise in Las Vegas after consulting a number of local business leaders (Castleman, 1997). It is inconceivable to believe that Hull had anything but the Los Angeles trade on his mind when he planned his casino on the highway to Los Angeles.

> Later Strip boosters parlayed Tommy Hull's decision to build on the Los Angeles Highway into an almost Biblical parable of a stranded traveler suddenly receiving a lucid vision of profit. As a Las Vegas travel guide of the mid-1950s relates:
>
> Other years saw other near ventures, but never did Las Vegas see a completed resort hotel until 1940 when hotel man Tom Hull and a friend were

Fig. 1. El Rancho Vegas in the 1940s. The unprepossessing main building doesn't seem to point towards the giantism and flash of today's Las Vegas Strip – but today's casino resorts are strikingly similar in philosophy to the El Rancho. [© University of Las Nevada-Las Vegas 2000]

(Detail - click the picture to view a larger image)

driving from Las Vegas down the now-paved Highway 91 towards Los Angeles. On the edge of city limits, Mr. Hull had a flat tire, and while his friend hitchhiked back into town for help, Mr. Hull stood on the highway and counted the cars. An hour of this and he became convinced that the mesquite and sage-stippled fright of a desert behind him was a mighty wholesome spot for a luxury hotel (Best & Hillyer, 1955).

This anecdote plays on one of the key points of the Las Vegas mystique: stumbling into riches, but belies Hull's deliberation; he had not ended up in Las Vegas by pure luck. Finally, had Hull not decided to get a jump on the Southern California trade by leapfrogging Fremont Street and building his casino on Highway 91, another enterprising casino impresario certainly would have.

Hull built his casino complex in a frontier/Spanish mission style, and its conception and execution owed a debt to the "Hollywood back-lot" school of design; the casino's structures were built primarily for impressive show rather than efficient function. The casino, in which patrons could gamble at craps, blackjack, roulette or slot machines and could enjoy an Old West ambience replete with archaic firearms and cowboy hats. The physical structure of the El Rancho set a pattern for Strip casinos until the high rise era, with a central structure housing the casino, restaurants

and theater, surrounded by motel wings. The motel had 65 bungalow-style rooms in a number of independent structures. The El Rancho was built along the lines of a suburban subdivision rather than a typical urban gaming hall. Each "cottage" was directly accessible by car via paved and lighted streets. Although the complex had public restaurants and recreation facilities, the presence of private lawns, porches and kitchens in the El Rancho's vacation cottages suggests the private space of the suburbs.

Fig. 2. El Rancho builder Thomas Hull (right) and three cowboy entertainers. This photo was taken in the 1950s at the El Rancho's first rival, the Last Frontier. [© University of Las Nevada-Las Vegas 2000]

(Detail - click the picture to view a larger image)

Fig. 3. A bird's eye view of the El Rancho Vegas in its first decade. The insular nature of the first trip casino resort is clear from this photograph, and the motel bungalows surrounding the main building recall a suburban subdivision. The then low-rise city of Las Vegas is scattered to the north. [© University of Las Nevada-Las Vegas 2000]

(Detail - click the picture to view a larger image)

The casino's casual western decor seems more a product of an undertaxed imagination than a deliberate marketing approach. Because Nevada gaming halls had catered to the "boots and jeans" crowd since the 19th century, Hull's El Rancho Vegas did as well. In retrospect, it is clear that Hull, the first real builder on the Strip, was crossing into a new frontier of casino design armed with increasingly dated ideas of what a casino should be. Still, Hull sensed that traditional western gaming halls had to be at least tweaked to pull in Southern Californians. Not content with giving his patrons recycled cowboy relics, Hull also imported showgirls from San Francisco and Hollywood to liven up the casinos (Stamos, 1979, April 1).

Hull's casino also featured a prescient focus on creating a uniformly tranquil vacation experience for his guests. The El Rancho's managers touted customer service as a premium attraction. According to Guy Landis, an El Rancho employee, the casino pioneered the idea that "all of a guest's needs could be found on the premises" (Stamos, 1979, April 1). Among the services that the El Rancho featured were a travel agency, retail shops and nightclub-

style entertainment, as well as a steakhouse, swimming pool and spacious lawns (Castleman, 1997). Employees were instructed to make guests "feel both welcome and excited about visiting the El Rancho." This, rather than keeping an eagle eye on the bottom line, was their "most important task" (Stamos, 1979, April 1). The El Rancho was successful at keeping its patrons happy. Former El Rancho cocktail waitress Goldie Spicer described in an oral history taken over thirty years later the large numbers of patrons drawn from the nearby Basic Magnesium Plant, and wartime federal projects in the area, such as the airfield north of Las Vegas, kept the motel reasonably filled (Spicer, 1977).

Although Hull had a winning idea, he was not successful in his proprietorship of the casino; and the El Rancho persisted through several ownership changes in the 1940s. By 1947, it had passed into the hands of Beldon Katleman, a UCLA mathematics major and something of a wunderkind. He was 29 when he assumed control of the El Rancho, holding a bachelor's degree, which was a point of pride for civic boosters in an era when most casino operators had not finished high school. Paul Ralli, Las Vegas attorney and booster of the early 1950s, synthesized his praise of Katleman with his adulation for the atomic bomb: "[Katleman] typifies the Atomic Age: relentless urge, overflowing imagination, bubbling ideas" (Ralli, 1953). Having inherited a share in the El Rancho Vegas from an uncle, Katleman bought out the other owners and became the casino's sole proprietor of record.

Katleman oversaw a comprehensive renovation and expansion of the facility. He imported architect Tom Douglas from Los Angeles and expanded the complex from the 22-building/144-room complex he had inherited to 69 structures with 220 rooms (Stamos 1979, April 1). Katleman did more than add rooms; he substantively changed the flavor of the complex, starting the Strip tradition of constant, phoenix-like regeneration. The stylistic revision of the El Rancho transformed its look from cowboy kitsch to French provincial pastiche. The gourmet room, for example, had its name changed from the Round-up Room to the Opera House (Ralli, 1953).

If its theming and conception borrowed from the existing vocabulary of Nevada gaming, the El Rancho's self-contained, insular nature positioned it as the first suburban casino resort in the state. The casino was never promoted as having the best service in Las Vegas; it was merely assumed that guests would never even think about going to the city with their needs already met. The El Rancho marks the dawn of the suburban casino resort both because it was physically aloof from its surrounding cityscape and

because it catered to middle-class suburbanites on vacation rather than workaday city dwellers. In a quadrant of the nation where the automobile was the pre-eminent factor in residential and commercial development, and in an age when urban gambling would come under increasing fire, this was a logical and natural adaptation. Significantly, the renovations of the late 1940s hardened the boundary between the El Rancho and its surroundings by replacing the corral fence that had originally circumscribed the property with a solid wall. This, perhaps, was an unconscious reflection of the El Rancho's shift in identity from desert frontier outpost to suburban neighbor.

The integrated casino-resort complex that Hull pioneered was smart business. Ronald Coase in his seminal essay "The Nature of the Firm," hypothesized that the real reason behind the emergence of firms as business entities was their suppression of the price mechanism. A business that integrated many functions under a single directing hand and avoided paying the market price for them would gain a competitive advantage over those that did not (Coase, 1993). By combining several functions within his self-contained suburban resort, Hull lowered the costs for patrons, thus making the El Rancho and later Strip resorts a smarter buy for the tourist dollar.

Casino resorts, as they developed on the Strip, could afford to run their hotel, entertainment, and food and beverage departments at a loss. In a perfect world, everyone would be happy: casino operators would have a captive group of patrons, and casino patrons would get cheap meals, entertainment and accommodations, thus stretching their travel budget. Indeed, this is how the Strip has been promoted, officially and unofficially, throughout its history; although, the success of retail and other tourist adjuncts on the Strip has, since the early 1990s, challenged and ultimately weakened this former iron law of casino economics.

The Hotel Last Frontier, which opened on October 30, 1942, was like the El Rancho, a self-contained roadside gambling hall and motel. However, it refined and extended the use of Nevada's frontier past as a marketing tool. Its builder, R. E. Griffith, the proprietor of a chain of movie theaters in Texas and Oklahoma, was best described as a "good-natured and likeable Texan" (Scott, 1957). His nephew, architect Bill Moore, actually designed the complex and supervised its construction. After Griffith's death in 1943, Moore became the casino's chief operator, though he transferred ownership in 1951 to a group including Guy McAfee, Beldon Katleman and Jake Kozloff (Ralli, 1953; "Last Frontier," 1951).

The story of Griffith and Moore's initial involvement in Las Vegas is similar

Fig. 4. Friendly neighbors from the Old West styling on the ground of the Last Frontier in the early 1950s. [© University of Las Nevada-Las Vegas 2000]

(Detail - click the picture to view a larger image)

to Hull's in its reliance on happenstance. The two were planning a hotel/theater building in Deming, New Mexico. Having heard promising news about Las Vegas, they stopped off in the desert town and decided "the opportunities were fabulous." They immediately canceled the Deming project and began planning the Hotel Last Frontier to the south of the El Rancho on the opposite side of Highway 91 (Moore, 1981).

With no previous gaming experience, the hoteliers found themselves in dire need of seasoned casino employees and managers. Griffith and Moore hired away many of the El Rancho's employees, beginning a bidding war that increased the bargaining power of casino workers. A cocktail waitress who worked at both the El Rancho and Last Frontier described her employers and working conditions as unconditionally "wonderful" and asserted that competition between the two gaming halls drove up wages and created opportunities for employees at both casinos (Spicer, 1977).

The frontier of the hotel's name and essence was, of course, the Old West. The complex was "conceived to be as near western as we [Griffith and Moore] could make it," Moore related in his oral history:

> The lobby had extremely high ceilings with the fireplace running right up through the middle of it—actually two fireplaces in the lobby, in the form of an octagon. The ceilings were of hewn timbers—logs—rough-sawed boards antiqued in such a way as to look many years old. And the whole structure was laid out on that basis (Moore, 1981).

The casino's western decor also featured buffalo heads, saddles and other "genuine" pioneer fixtures throughout the complex. The sandstone patios and fireplaces were hewn by Ute Indians imported from New Mexico for both their skill and the "authentic" western flavor their work would have (Best & Hillyer, 1955). In an apparent nod to the Southwest's mission tradition, the main showroom was christened the Ramona Room. Other noted attractions included the Horn Room, whose walls showcased a

Fig. 5. Last Frontier architect and operator William J. Moore. Moore, together with his uncle Robert Griffith, founded the Hotel Last Frontier and brought the Last Frontier Village to Las Vegas. [© University of Las Nevada-Las Vegas 2000]

number of animal horns, and the Gay Nineties Bar, a fin-de-siècle saloon (Stamos, 1979, April 8).

The Gay Nineties Bar was in fact much of the Arizona Club of Block 16, Las Vegas's pre-war red-light district. Moore simply bought up the bar and its leaded-glass front entrance and put it into the hotel as the Gay Nineties Bar. Though largely faithful to the original design, Moore added a "western" flourish:

> …we did add some saddle bar stools made out of leather in the form of a western saddle. Naturally, we had to make it comfortable. We didn't use the complete saddle design, but looking at the rear of the bar stool was like looking at the rear of a saddle. So in some cases there were stools big enough for two people because you would actually be—what looked like—seated on the side of the saddle (Moore, 1981).

No comment could reveal more about the theming of the Last Frontier. As "the Old West in Modern Splendor," it gave patrons the trappings of the frontier west but the comfort expected of a resort hotel. Where the real western town of Las Vegas was not "west" enough, Moore embellished without sacrificing his guests' comfort. This elevation of ambience over reality was to become a touchstone of casino resorts along the Strip.

The most outstanding feature of the casino, however, was the Last Frontier Village. Brought to life by 1950, it presaged both Disneyland and later elaborately themed casino resorts in its unabashed exploitation of a themed environment. This complete re-creation of a "genuine" western village boasted a variety of "Old West" and Chinese artifacts. Nevada gambler and casino owner Robert F. Cauldhill, better known by his colorful nickname Doby Doc, originated the village with his collection of memorabilia. In the early part of the 20th century, Cauldhill began his career cooking on a chuck wagon in Nevada cattle territory. After purchasing a joss house from the "Chinese Syndicate" of Elko, Nevada, Cauldhill discovered his passion: assembling a massive collection of relics from Nevada's frontier past (Ralli, 1953).

Fig. 6. The entrance to the Last Frontier Village. This village pre-dated Disneyland as a consumer-based themed fantasy town. [© University of Las Nevada-Las Vegas 2000]

In 1947, Griffith and Moore convinced Cauldhill to open his heretofore private collection to public view and designed the Last Frontier Village around it. The village was designed to display artifacts so that "the public would be allowed to see it and use it and actually were not charged for viewing it." But Moore did not only want to preserve the past; he admitted that he wanted to use it as "an advertising method in order to induce people to come to the hotel and stay there—patronize the hotel, patronize the village" (Moore, 1981).

The Last Frontier Village included a mix of museum pieces with working "authentic" western attractions and retail establishments. Included within in were three "complete railroad outfits with engine, tracks and the usual accessories." The village featured a drug store, general store, post office, schoolhouse and jail, as well as the "original printing plant of the venerable Reese River Reveille, Nevada's oldest newspaper" (Ralli, 1953).

Moore and his compatriots in the Last Frontier transcended dry historic preservation. The Golden Slipper Saloon and Gambling Hall, which opened in 1951 within the Village, allowed guests to wager at various games including an antique Wheel of Fortune, reportedly used in 19th century mining camps. It was considered a "genuine" reconstruction of an Old West watering hole. A group of dancers called the Flora-Dora girls, outfitted in period costumes, performed nightly in the Old Bar ("Old West," 1951). The Last Frontier Village was to provide guests with a total entertainment experience centered upon, of course, gambling. In addition, patrons could relive the Old West through purchases at retail establishments like a rock shop and an art gallery that featured paintings of western subjects: landscapes, mining towns, horses and cowboys.

A Texaco gas station on the grounds of the Village crystallized Moore's use of history to market the gaming experience. The obvious anachronism of a gas station in the Old West was assuaged by the use of "period replica" design. In other words, the gas station was a reproduction of what an Old West gas station would have looked like had the internal combustion engine been in use a generation earlier —an interesting commentary on the bottom-line oriented historicism of the Last Frontier Village. Within this gas

station, faux western design was neatly merged with customer service and astute marketing. William Moore describes the gas station's genesis:

> It was designed by [Walter] Zick and [Harris] Sharp, Las Vegas architects. Originally, because Texaco [had] been using a fire chief–old, you might say, western-type advertising on their stations and promotion–we felt that it was a good tie-in with the old fire engine and tied in with Texaco's advertising…. Part of the idea was to put showers, restrooms, and so forth that would be inducive [sic] to the people cleaning up after a drive across the desert. The restrooms were rather elaborate–quite a number of stools and lavatories–various types of equipment that we could use in promotion, where the people would have the service that could be advertised on the road (Moore, 1981).

By Moore's admission, the gas station was a tourist trap, as was the village that surrounded it.

The pithy phrase "The Old West in Modern Splendor" neatly sums up the marketing strategies of the earliest western-themed casino resorts. They wanted their patrons to see the Old West, but not necessarily smell it, so to speak. The operators of these casinos envisioned visitors "roughing it" in the ambience of the Old West while enjoying all of the "modern" amenities of the Atomic Age. There is deep historical irony in casinos like the Last Frontier simultaneously evoking the Old West frontier and offering their patrons a complete travel experience in air-conditioned comfort. A travel guide of the period captures the irony implicit in the dualistic promotion of Strip casinos:

> Tourists enjoy the Chuck Wagon suppers, served from ten in the evening till seven the next morning – price, $1.50 – and breakfast is served twenty-four hours a day. Nowhere in the world is there anything quite like it – this informal magnificence at multi-million dollar hotels at little more than motel rates; and you can take your choice of nearly a dozen of the nation's top-flight shows for the price of a drink. Of course, the casinos carry the load (Scott, 1957).

This is a unique construction of the Wild West: promiscuously free-flowing food, lodging, and quality entertainment, with nary a frontier hardship in sight. It captures, though, the freewheeling but comfortable ambience that casino operators successfully engineered on the Strip.

The constant re-creation of the Strip has left few traces of the first two casinos. The El Rancho's central structure burned to the ground in a suspicious conflagration in 1960; after languishing as a non-casino motel and eventually a storage facility —it was razed entirely and is currently a vacant lot across the Strip from the Sahara. In 1955, the Last Frontier was replaced by the space-age New Frontier, which in turn was demolished and replaced by the adjective-less Frontier in 1967.

This Frontier, too, may soon pass; its current ownership has floated the possibility of shuttering and imploding the Frontier and replacing it with a San Francisco themed resort. Given the current trend towards redevelopment of Strip casino hotels into hyper-themed megaresorts (and Steve Wynn's plans for the extravagant rebuilding of another fellow north-Strip landmark the Desert Inn), the closing of the "new" Frontier's is likely to happen sooner rather than later.

Even though these first casinos' physical presence proved ephemeral, they cast long shadows in the areas of casino design and promotion. Almost all casino gaming in North America takes place in self-contained casino resorts, and many of these resorts, particularly in crowded, competitive markets like Las Vegas and Atlantic City, use theming to attract customers and stimulate play. Although the El Rancho and Hotel Last Frontier have faded into obscurity, the basic paradigms they advanced have never been questioned. Patrons continue to negotiate the ambient frontiers of the casino as they choose from a buffet of themed, self-contained gaming destinations. The notion of casino operators as frontiersmen (and women) breaking revolutionary ground has been retold in each generation of the Strip. But, the contributions of the earliest frontier breakers cannot be underestimated. The El Rancho began the evolution of the casino as a self-contained suburban resort, while the Last Frontier's use of theming to promote gaming tourism would eventually become a Strip staple. Even as new resorts on the Strip outdo each other in opulence and casinos proliferate across the United States, the lessons to be learned from the "first frontiers" of the early Strip, like the idea of the "new frontier" itself, can be applied anew.

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David Schwartz is currently the Gaming Studies Librarian at UNLV's Lied Library. His doctoral dissertation, Suburban Xanadu (presently under revision for publication), charts the development of the casino resort as a suburban institution on the Strip and recontextualizes its effectiveness as a tool for urban redevelopment. He received his PhD in US History from UCLA in early 2000 and has taught courses in casino history, communications for casino professionals and casino management. Schwartz majored in history and anthropology as an undergraduate at the University of Pennsylvania and has worked in the casino industry in his hometown of Atlantic City, New Jersey.

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LAST FRONTIER VILLAGE


THE "GAY N ETIES" BAR

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From the Editor

The second issue of the *Electronic Journal of Gambling Issues* (*EJGI*) offers new insights into a range of gambling topics. The Feature article describes why gambling becomes a problem for some youth, the Research article uncovers the mysteries of randomness and how we often misunderstand it, and the Clinic article explains how attention-deficit hyperactive disorder can be involved in problem gambling. The First Person Accounts section presents a lively rant on e-trading as gambling and the Review section features an informative video on problem gambling. Please check the Letter to the Editor and the Calendar. If you missed the first issue you can access it through the Archive. We hope you find this issue interesting and that you tell your friends and colleagues about *EJGI.*

If you would like to receive a live-link to each future issue of the *EJGI*, please go to the bottom of any article and click on "Subscribe to our automated announcement list." You'll receive an email message with a live link to every new issue.

At this early stage in the life of the *EJGI*, it seems like the right time to thank everyone who helped begin this e-journal. Geoff Noonan, now with the Canadian Foundation for Compulsive Gambling (Ontario), was a strong presence in the beginning and so were Andrew Johnson, Nina Littman-Sharp, Robert Murray, Wayne Skinner, Tony Toneatto and Nigel Turner. We thank Mara Korkola and Alan Tang for their expertise in creating an attractive and smooth functioning Web site.

We’re excited about these first few issues – and we’re still growing. We’d appreciate your feedback on what you would like to read. We're also pleased to

include our first official link to a related Web site - the Youth Gambling Research & Treatment Clinic (McGill University, Montreal, Canada) at http://www.education.mcgill.ca/gambling: Here you'll find useful information, a self-quiz, treatment and research updates and FAQs. Our plan is to create an entire section for useful and relevant links in the very near future.

- Phil Lange

Statement of Purpose

The Electronic Journal of Gambling Issues (EJGI) offers an Internet-based forum for developments in gambling-related research, policy and treatment as well as personal accounts about gambling and gambling behaviour. Through publishing peer-reviewed articles about gambling as a social phenomenon and the prevention and treatment of gambling problems, it is our aim is to help make sense of how gambling affects us all.

The *EJGI* is published by the Centre for Addiction and Mental Health and is fully funded by the Ontario Substance Abuse Bureau of the Ministry of Health and Long-Term Care. We welcome manuscripts from researchers and clinicians, people involved in gambling as players, and family and friends of gamblers.

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Youth Gambling: A Clinical and Research Perspective

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&

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Abstract

This paper provides an overview of the current state of knowledge of youth gambling problems. The goals and contributions of the McGill University Youth Gambling Research & Treatment Clinic are highlighted. The authors integrate their clinical and research program findings within the context of the necessity of identifying risk factors associated with problem gambling amongst adolescents. Specific recommendations are made as well as a call for collaborative effort between the public, industry, legislators, clinicians and researchers to help resolve this growing problem.

With the proliferation of gambling venues worldwide, there has been a renewed interest in the social, economic and psychological costs associated with problem gamblers. While problem gambling has been primarily thought of as an adult problem, there is a growing body of empirical evidence to support examining problem gambling during adolescence (Derevensky, Gupta & Della Cioppa, 1996; Gupta & Derevensky, 1998a, 1998b; Jacobs, in press; Ladouceur & Dubé, 1994; Ladouceur, Dubé & Bujold, 1994; National Gambling Impact Study Commission, 1999; National Opinion Research Center, 1999; National Research Council, 1999; Stinchfield, in press; Volberg, 1998; Wiebe, 1999; Wynne, Smith & Jacobs, 1996).

There is little doubt that gambling and wagering remains a popular activity amongst both children and adolescents. Research conducted over the past decade suggests that gambling activities remain particularly attractive to today's youth. Moreover, its popularity is on the rise amongst both children and adolescents. Large-scale prevalence studies and reviews all confirm the high prevalence rates of youth gambling. In particular, it is estimated that between 4% and 8% of adolescents presently exhibit a serious gambling problem with another 10% to14 % of adolescents at risk for developing or returning to a serious gambling problem (Shaffer & Hall, 1996).

An alarmingly high percentage of children and adolescents have reported engaging in gambling activities. In one of our recent studies, we found 80.2% of adolescents between the ages of 12 and 17 reported having gambled (defined as wagering money) during the past 12 months, with 35.1% admitting gambling at least once per week. The data further revealed that while 55% of adolescents were casual or recreational gamblers, 13% reported having some gambling related problems and 4%to 6% had a serious problem (Gupta & Derevensky, 1998a).

It is important to note that differences in findings are often related to the sampling procedure employed (e.g., telephone interview versus school survey), the types of instruments used (e.g., SOGS-RA, DSM-IV-J, GA20), cut-off criteria established and access to both legal and illegal gambling opportunities (see Derevensky & Gupta, in press, for a more comprehensive discussion of these issues). While some discrepancies may be attributable to differences between assessment instruments, similar rates of problem/pathological gambling for older adolescents (age 17 - 19) were found comparing different instruments on the same sample (Derevensky & Gupta, in press). Independent of differences, Shaffer and Hall's (1996) Harvard meta-analysis concluded that "...compared to adults, youth have had more exposure to gambling during an age when vulnerability is high and risk-taking is a norm; consequently, these young people have higher rates of disordered gambling than their mature and less vulnerable counterparts."

The growing concern with adolescent gambling was the focus of the North

American Think Tank on Youth Gambling held at Harvard University in April 1995. It was part of the NORC gambling impact and behaviour study (NORC, 1999), and was of particular concern to the members of the Committee on the Social and Economic Impact of Pathological Gambling, U.S. National Research Council (NRC, 1999). This renewed interest in youth gambling has resulted in a significant increase in the number of funding opportunities and empirical research studies concerning youth gambling. More recently, the field has begun to go beyond merely conducting prevalence studies in an attempt to broaden our understanding of youth gambling behaviours and to identify specific characteristics and high-risk indices associated with problem/pathological gambling (Gupta & Derevensky, 1998a; Griffiths & Wood, in press).

Of significant importance is that for most adults, teens, educators and many psychologists, gambling continues to be viewed as an innocuous behaviour with few harmful or negative consequences. Our clinical experience shows that even when adolescents with serious gambling and gambling-related problems enter our treatment program they don't perceive themselves as compulsive or pathological gamblers (Gupta & Derevensky, 1999; Hardoon, Herman, Gupta & Derevensky, 1999). As one adolescent remarked, "everyone seems to think I have a gambling problem, but I don't think I have one." Their perception of a pathological gambler is a classic stereotypical picture, one that bears no resemblance whatsoever to a teenager. As a result, most adolescents often fail to present themselves for treatment.

Characteristically, most individuals perceive the typical problem gambler to be an adult, usually male, who has lost his job and family, who has committed a crime in order to support this behaviour, who has deserted his children, etc. While these gambling related problems are synonymous with adult pathological gambling, the adolescent gambler with serious problems looks somewhat different. Many are still students, who have never been married, who reside with their parents, and who have never held a full-time job or deserted their families. As a result, treatment paradigms must be modified to accommodate their developmental needs, interests, concerns, behaviours and the difficulties they experience (Gupta & Derevensky, 1999; in press).

Problematic gambling among adolescents has shown results in increased delinquency and crime, the disruption of relationships, and impaired academic performance and work activities (Ladouceur, Dubé & Bujold, 1994). While these youth present themselves differently when they compare themselves to adults, they nevertheless have similar characteristics. They repeatedly lie to family and friends, borrow and steal money to support their gambling behaviour, preoccupy themselves with gambling, sacrifice school, parents and friends in order to continue their gambling, and engage in 'chasing' behaviour (Derevensky & Gupta, in press; Fisher, in press; Gupta & Derevensky 1998a; 1998b; Wiebe, Cox & Mehmel, in

press).

Contrary to public opinion, our research and clinical work (Derevensky & Gupta, 1996; 1998; Gupta & Derevensky 1998a; 1998b; 1999) suggests that money is not the predominant reason why children and adolescents gamble. For adolescents with gambling problems, money is used as the vehicle that enables them to continue playing. Most adolescents report that the primary reasons for gambling are for the excitement and enjoyment derived from these activities. Through their gambling activities (video lottery terminals, sports betting, cards, lotteries, bingo or other forms of gambling) adolescents with gambling problems exhibit a number of dissociative behaviours, such as escaping into another world, often with altered egos (Gupta & Derevensky, 1998b). When gambling, adolescents with serious gambling problems report that nothing else matters and that all their problems disappear. They view gambling as a coping mechanism, albeit an ineffective one, for dealing with their daily stresses and feelings of depression (Gupta & Derevensky, 1998b; 1999). For an adolescent with a gambling problem, a good day is walking into a gaming room with $20, playing all day, and losing all their money. A bad day is when the $20 only lasts 10 minutes.

While parents and educators remain concerned about student smoking and use of alcohol and drugs, little attention has been focused upon youth gambling behaviour. Both elementary and secondary school students regularly engage in gambling and do so more frequently than any other potentially addictive behaviour (Gupta & Derevensky, 1998a).

Our research program has been designed to identify risk factors associated with youth gambling problems, to examine the antecedents of the problem, and to delineate effective strategies for prevention and the treatment of youth with serious gambling problems. Despite some conflicting findings, there appears to be an overall consensus that:

a. gambling is more popular amongst males than females (Fisher, 1990; Govoni, Rupcich & Frisch, 1996; Griffiths, 1989; Gupta & Derevensky, 1998a; Ladouceur, Dubé & Bujold, 1994; Stinchfield, Cassuto, Winters & Latimer, 1997; Wynne et al., 1996)

b. probable pathological gamblers are greater risk-takers (Arnett, 1994; Breen & Zuckerman, 1996; Derevensky & Gupta, 1996; Powell, Hardoon, Derevensky & Gupta 1999; Zuckerman, 1979; 1994; Zuckerman, Eysenck & Eysenck, 1978)

c. adolescent prevalence rates of pathological gamblers are two to four times that of adults (Gupta & Derevensky, 1998a; Shaffer & Hall, 1996)

d. adolescent problem/pathological gamblers have lower self-esteem (Gupta & Derevensky, 1998b)

e. problem gamblers have higher rates of depression (Gupta & Derevensky, 1998a; 1998b; Marget, Gupta & Derevensky, 1999)

f. youth problem gamblers dissociate more frequently when gambling compared with peers who have few gambling problems (Gupta & Derevensky, 1998b)

g. adolescents with gambling problems are at heightened risk for suicide ideation and suicide attempts (Gupta & Derevensky, 1998a)

h. while adolescents with gambling problems report having a support group, old friends are often replaced by gambling associates (Derevensky, 1999)

i. adolescents remain at increased risk for the development of an addiction or polyaddictions (Gupta & Derevensky,1998a; 1998b; Kusyszyn, 1972; Lesieur & Klein, 1987; Winters & Anderson, in press).

Personality correlates reveal specific at-risk traits with adolescent pathological gamblers; they are more likely to be excitable, extroverted, anxious, and have lower self-discipline and are less able to conform (Gupta & Derevensky, 1997a; Vitaro, Ferland, Jacques & Ladouceur, 1998). These personality traits have been found to be positively correlated with risk-taking behaviours (Arnett, 1994; Gupta & Derevensky, 1997b; Zuckerman, 1979). Our research and clinical data seem to suggest that these adolescents have poor coping and adaptive skills. They remain unable to successfully cope with the many adversities they experience on a daily basis, which are particularly heightened during adolescence. As such, they use gambling as a form of escape from the realities of daily life (Marget et al., 1999).

Age of onset also appears to be a risk factor. Pathological gamblers reported starting serious gambling at early ages (approximately age 10) (Gupta & Derevensky, 1997b; 1998a; Wynne et al., 1996). Of particular concern is the finding that the time between the onset of their initial gambling and problem/disordered gambling appears to be significantly decreasing. Still further, results indicate that children start gambling with family members, especially parents and grandparents. Moreover, contrary to children’s involvement with alcohol, drug and cigarette use, most of them do not feel the need to hide their gambling behaviour from their families (Gupta & Derevensky, 1997b; Ladouceur, Jacques, Ferland & Giroux, 1998). The early "big win" has also been reported to be a factor underlying problem gambling behaviour (Custer, 1982; Griffiths, 1995).

Problematic gambling during adolescence remains a growing social problem and public health concern with serious psychological, sociological, health and economic implications (Korn & Shaffer, in press). Results have shown that pathological gambling among adolescents increases delinquency and crime, antisocial behaviour, disruption of relationships, and negatively affects overall school performance and work activities. Given that there are frequently few observable signs of gambling dependence among children and adolescents, such problems have gone relatively undetected compared to other forms of addiction (e.g., smoking, substance and alcohol abuse). The psychosocial costs to the individual, his or her family and society as a result of problem and pathological gambling are numerous (Lesieur, 1998).

While occasional gambling should not necessarily be considered problematic, the probability of children and adolescents becoming problem or pathological gamblers remains worrisome. That many perceive gambling to be an innocuous behaviour with few negative consequences has been supported by findings that children and adolescents frequently gamble for money with their parents and other family members. Young children form partnerships with their parents in the purchase of lottery tickets and play cards and bingo for money with relatives (Gupta & Derevensky, 1997b).

Even in jurisdictions that prohibit sales of lottery and scratch tickets to youth, there is ample evidence that the enforcement of these laws is minimal. For example, New York State has legislation prohibiting the sale of lottery tickets to any person under the age of 18. Under state law, individuals selling even one lottery ticket to a minor can be charged with a misdemeanor. As part of its commitment to protect minors, the New York State Lottery launched Project 18+ to ensure the vigilant safeguarding of sales to minors. While improvement has occurred, a random spot check in 1998 of 65 retailers indicated a failure rate of 26%. In addition to the heightened vigilance prohibiting retailers from selling lottery tickets to minors and the threat of license revocation (after three offenses), every lottery advertisement (television, radio, print, etc.) explicitly contains a notice "You must be 18 or older to play lottery games." Public service announcements, billboards and stickers clearly visible to consumers also indicate only individuals over 18 can purchase them. In some jurisdictions no laws exist and unenforceable policies are in place. Many of the children in our research report both purchasing and receiving scratch lottery tickets as Christmas stocking stuffers. In yet another research study, we found that by the time children leave elementary school (age 12), less than 10% of children fear getting caught gambling (Gupta & Derevensky, 1999). Similar results would not be found for cigarette smoking, alcohol consumption or drug use.

Today, children and adolescents are educated about the dangers inherent in smoking, alcohol, and drug consumption. Few, however, are informed to

understand the potentially addictive qualities inherent in gambling activities. Many schools and religious groups inadvertently endorse gambling by sponsoring bingo or casino nights for both adults and youth as social events and for fund-raising. Frequently, adolescents only recognize the potential addictive quality of gambling after either they or their friends develop problematic gambling behaviours. The widely held belief that gambling is an innocuous behaviour with few negative consequences has contributed to the lack of public awareness that gambling amongst children and adolescents can lead to serious problems.

Educators have long advocated that the way to succeed in life is through hard work, study and academic achievement. Yet governments throughout the world, via state-supported lotteries, argue that for $1 you can become an instant millionaire. The fantasy of winning that Harley-Davidson motorcycle, a luxurious automobile, or an exotic vacation may be extremely tempting for many youth. While marketing arms of lottery corporations report not to gear their advertisements toward youth, they nevertheless use sophisticated and alluring advertisements particularly attractive to today's youth. Our data suggests that sports pools, sports lotteries and sports betting are extraordinarily appealing to youth, especially boys, as they believe their knowledge ensures their accurate prediction of the outcome of sports events (Gupta & Derevensky, 1998a). For children and teens, allowance and lunch money are often used to purchase these tickets. Sports wagering (both legal and illegal) continues to be a growing problem on college campuses in the United States and Canada.

State and provincial lottery associations need to adopt responsible advertising programs. Advertisements that dissuade youth from engaging in these activities should form part of their public service announcements, print, and television campaigns. Lottery associations, and state and provincial legislatures should provide severe penalties for retailers that permit underage gambling. A systematic procedure for the enforcement of laws prohibiting youth gambling must be initiated.

We need to change the focus from the "treatment of the dysfunctional" or "disease model" to a prevention model aimed at youth. While little has been done in the field of gambling prevention (there are several in development at the present time), there are ample successful models from the substance abuse literature to emulate (Baer, 1993; Baer, MacLean & Marlatt, 1998; Botvin, 1986; Shuckit, 2000; Winick & Larson, 1996).

Prevention models must incorporate:

1. the need for awareness of the problem
2. activities that increase knowledge about youth gambling problems

3. programs to help modify and change the attitude that gambling is a harmless behaviour

4. the teaching of successful coping and adaptive skills that would prevent the development of problematic gambling

5. the changing of inappropriate cognitions concerning the role of skill and luck, the illusion of control, and the misperception of the independence of events in gambling activities, and

6. the identification, assessment, and referral of students whose gambling behaviour is indicative of being at risk. These programs should be school-based and incorporated at both elementary and secondary school levels.

Gambling venues and outlets continue to grow with government agencies throughout the world sanctioning and encouraging participation despite rising social costs. The reality remains that most individuals gamble responsibly, that gambling has become a mainstream socially accepted form of entertainment, and that governments throughout the world have become dependent upon and addicted to the enormous revenues so generated. While gambling is illegal for minors in many jurisdictions, there is clear evidence that underage youth continue to gamble and many report doing so with family members.

Our research efforts have been focused upon basic issues such as assessing gambling severity; identifying physiological, psychological and socio-emotional mechanisms that underlie excessive gambling behaviour among youth; the efficacy of our treatment model; and the development of effective, empirically validated prevention programs. Why some individuals continue to gamble in spite of repeated losses is a complex problem. How to best educate, prevent and treat these problems has become the focus of our research program.

Little doubt remains that gambling amongst youth is an important area in need of further basic and applied research. It also needs a substantial infusion of funding to support empirically based studies, and the development and implementation of responsible social policy. Clinicians and researchers must advocate for stronger legislation and enforcement of laws prohibiting gambling by underage youth. Only a collaborative effort between the public, industry, legislators, clinicians and researchers will ultimately help resolve this problem.

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Phil Lange, Editor
The Electronic Journal of Gambling Issues: eGambling

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[Our Research section will occasionally have articles that combine new insights into gambling research with a popularized approach to help non-scientists understand what lies behind some principles of gambling.
–The Editor]

Randomness, Does It Matter?

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Abstract

Many gamblers hold erroneous beliefs about the nature of random events, but is understanding randomness relevant to prevention? This paper examines the nature of randomness and the origins of misunderstandings about randomness. In addition, it examines the issue of whether or not knowledge of randomness is important in terms of the prevention of problem gambling. The goal is to provide readers with better tools to address these issues with clients or in preparing prevention materials.

Introduction

Last year on the TV sitcom *Friends*, Ross, the know-it-all science guy, pointed out a woman standing around a casino and told his friends that she was a lurker, someone who keeps track of which machines have not paid out. Then, when a player leaves, she swoops in to steal the jackpot. While many of us might scoff at the idea, some undoubtedly think, "Hmm, I should try that."

In actual fact, the core idea makes sense. Surely if a machine pays off 1 out of every 10 spins, and it hasn't paid out in over 20 spins, it must be due to pay out any minute. According to our research, 70% of the population of Ontario believes that if a slot machine has just paid out three times in a row, the chance of winning on

the next pull are lower than would otherwise be the case (Turner, & Liu, 1999). The corollary that it is beneficial to look for the machines that haven't paid out recently is logical but not true.

So, Ross is wrong. Why? Slot payouts are random events. Slot machines use a computer that creates an erratic sequence of numbers generated continuously. When the player presses the spin button, these numbers determine the positions of the reels. A microsecond difference in pressing the button would result in a different outcome. Whether a machine has or hasn't paid out is irrelevant.

Considerable research suggests that gambling behaviour is associated with a wide variety of erroneous beliefs or cognitive distortions about gambling. These include mistaken myths about ways to beat the odds, superstitions and the personification of gambling machines. Since many of these errors are related to misunderstandings about the nature of randomness, or probability, it is important to consider the extent to which understanding probability contributes to the development of a gambling problem – and to treatment, recovery and prevention.

It is often said that gambling isn't about the money, it's about excitement or escape. This argument suggests that problem gamblers' erroneous beliefs are irrelevant because they aren't trying to win. However, if you took away the possibility of winning, or asked a gambler to play games without betting, there wouldn't be any escape or excitement. Gambling is only exciting because of the possibility of winning real money. And that possibility seems plausible because of erroneous beliefs. Thus, beliefs, excitement and winning aren't really separate issues and there is no clear line separating the cognitive thoughts and emotional experiences of gambling.

Does this mean that gamblers rationally weigh the pros and cons of a bet? No. In fact, when I talk about the logic of gambling, in most cases I'm talking about unconscious beliefs about the way things work – schemas or mental models. Most of our "rational" thinking, such as understanding the words in a sentence, takes place automatically. Most often our unconscious mental processes produce schemas that are accurate, but when it comes to randomness, our minds often come up with the wrong schema.

Randomness explained

Why do our minds mess up so badly when it comes to randomness? My thesis is that the nature of randomness itself messes up our minds. I'll begin by considering where randomness comes from. Every movement is caused by some force. For example, when you throw a ball it doesn't always go where you want it to go. There are always tiny little changes in how you throw it: error variance or uncertainty. Even the greatest pitcher doesn't always throw the ball accurately. In addition, randomness is the result of complexity – too many things happening to keep track of. The squareness of a dice causes it to bounce erratically. If it lands on its side it bounces one way; if it lands on an edge it bounces in a different way. In contrast, the weight and smoothness of a bowling ball make its movement fairly uncomplicated. The complexity

of the dice amplifies the tiny variations in how the dice is thrown so that rolling a dice produces a much more erratic movement than rolling a ball. Statisticians would say that a ball is more reliable than a dice.

Many people, including scientists, underestimate the impact of a little error. But mathematicians have found that under some conditions, a tiny change can have a huge and unpredictable effect on the final result. In the movie *Jurassic Park*, Jeff Goldblum's character, a self-declared chaos theorist, gives the following description of this effect, "…A butterfly flaps its wings in Central Park and then it rains in China."

Chaos is in fact a very disturbing idea to many traditional physicists (Gleick, 1987) because it suggests that prediction is not possible in some situations. However, complete randomness probably does not exist. Everything is the result of some force and if you knew exactly what those forces were and you could precisely measure all aspects of the complexity of the system, you could predict outcomes. In the early 1980s a group of California engineers spent several years building a computer to predict the outcome of roulette (Bass, 1985). In theory it is possible, however, in practice, exact measurement or control is not possible and therefore many gambling devices are very good at producing randomness.

Regression to the mean

Random numbers are erratic and unpredictable. You cannot predict which number will occur based on previous numbers because each number is independent of each other. On average a coin comes up heads 50% of the time. But coins have no memory! Even if heads come up 1000 times in a row, the next flip could be a head or a tail. If a coin flip is truly random, then it must be possible (although very unlikely) for it to come up heads 1 million times in a row. Furthermore, the number of heads and tails does not have to even out. A head is just as likely to occur after five heads as after five tails. The more flips you make the closer the average gets to 50%, but nothing can force it to even out.

Yet sometimes it seems to even out. What fools many people into believing that it is self-correcting is that the more times you flip a coin, the closer the average of heads or tails gets to 50%. After 18 flips, 10 more heads than tails is a very noticeable difference (See Figure 1).

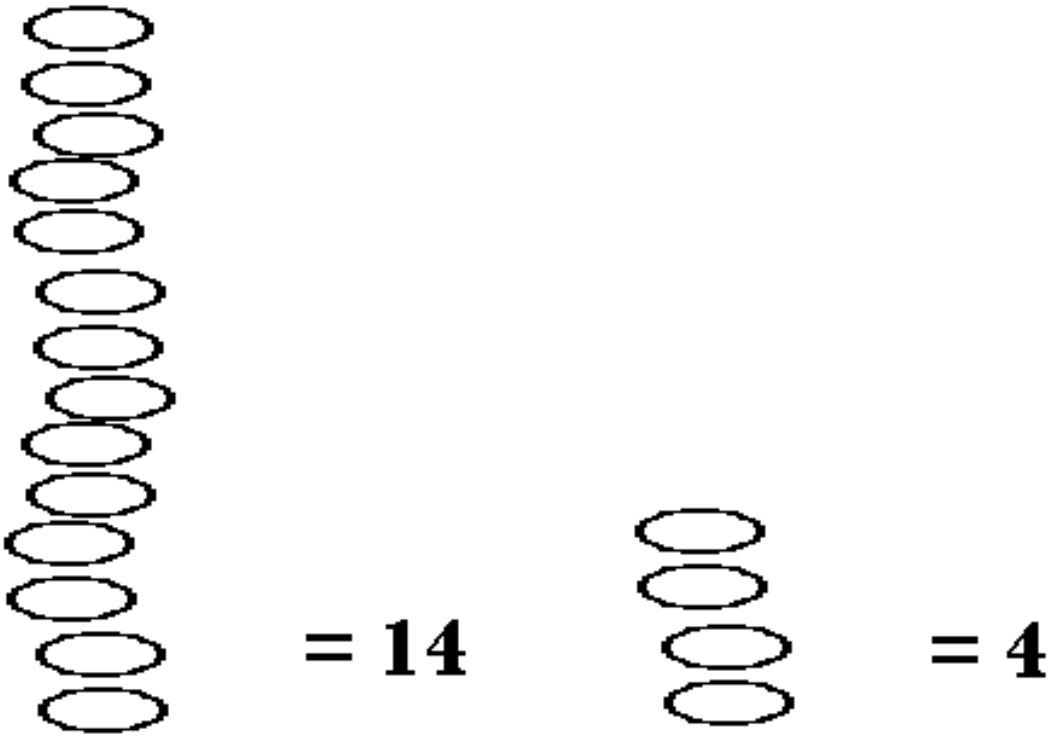

Figure 1: After flipping a coin 18 times, a difference of 10 heads is noticeable.

Even after 400 flips there could still be 10 more heads than tails, but the difference becomes less noticeable (See Figure 2). The per cent gets closer to 50 but the actual number of heads and tails doesn't have to even out. After 1 million flips a difference of 8000 would still round off to 50%. This process of gradually converging on 50% is called regression to the mean.

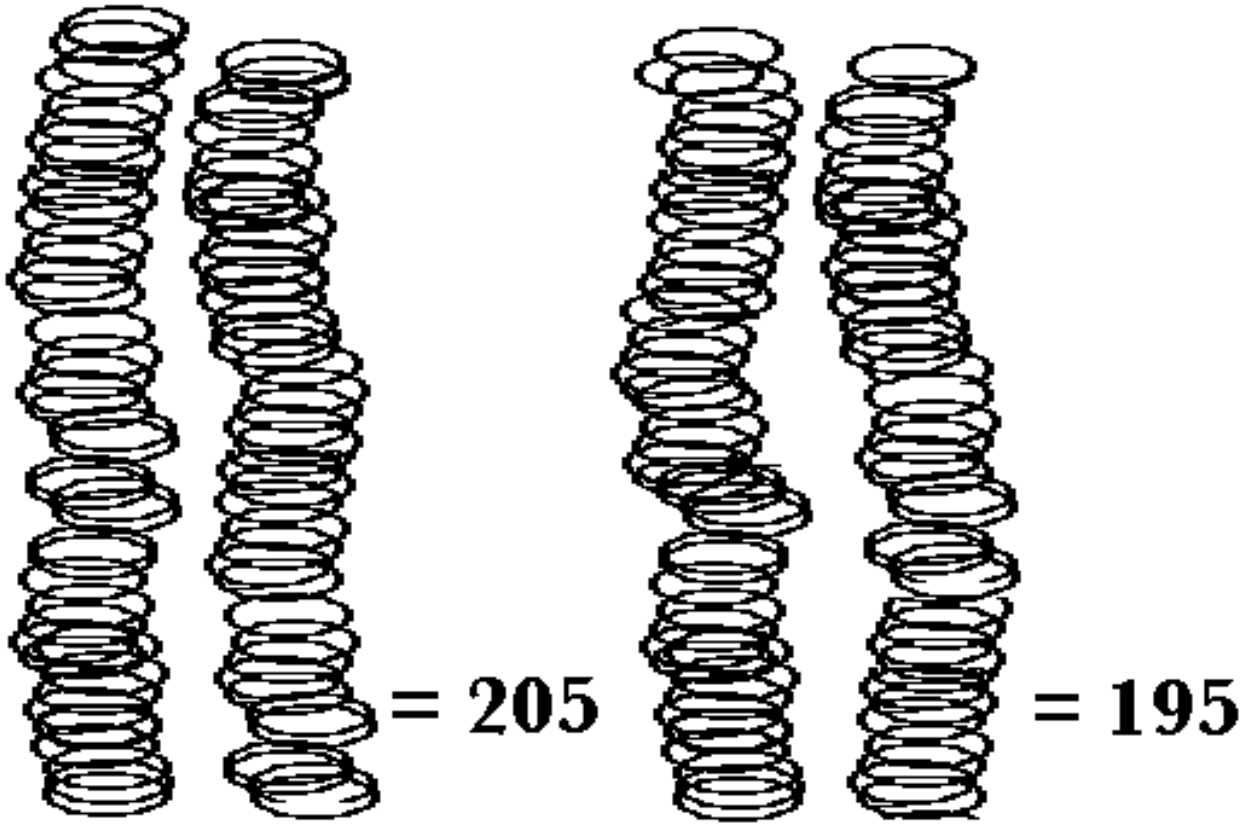

Figure 2: After flipping a coin 400 times, a difference of 10 heads is barely noticeable.

I believe that the belief that randomness is self-correcting stems from our experiences of witnessing regression to the mean. A number is never due to come up but the odds are it will sooner or later. There is a subtle but important distinction between "due" to come up and "likely" to come up in that observing the past flips of a coin will not tell you when tails will come up. So, information about past numbers, flips or spins tells you nothing, and yet it often seems to.You cannot beat the odds by lurking, looking for the machine that is "due" to come up.

Experience leads to errors

Some of my recent research indicates that problem gamblers have a poorer understanding of randomness compared to non-problem gamblers (Turner & Liu, 1999). For example, problem gamblers were more likely to believe that betting on a number that looks random gives you a better chance of winning. Random numbers don't necessarily look random. A ticket with the numbers **1 - 2 - 3 - 4 - 5 - 6** has exactly the same chance of winning as a ticket with the numbers **3 - 17 - 21 - 28 - 32 - 47** but many people have trouble believing this. Most of the time random numbers look random. In a lotto 6-49 there are only 43 possible consecutive sequenced number tickets out of approximately 14 million possible tickets. Consequently, sequenced numbers rarely seem to come up in a lottery although all ticket numbers have the same chance of winning. As a contrast, consider lotto 2/2; a lottery where the only possible

ticket numbers are **1-2, 2-1, 1-1** and **2-2**. In this case, all tickets appear to have a pattern or sequence so that whatever number is drawn, the winning ticket does not appear to be a random number.

Chasing

Another important aspect of understanding randomness is "chasing." Chasing often involves betting larger and larger sums to win back what you've lost. The problem with chasing is not that it doesn't work but that it often does. If you double your bet every time you lose, your chance of winning back what you have lost is as high as 99% depending on your bankroll and the betting limit (Turner, 1998). In contrast, betting the same amount each time gives a person at best a 45% chance of winning back what he has lost. The downside is that when chasing doesn't work the result is catastrophic.

Last year, at Casino Rama in Orillia, Ontario, I calculated that I could work out a Martingale system (doubling after each loss) starting at $5 a hand and doubling with each bet until I won, to a maximum bet of $2000. This would require changing tables occasionally since each table had a maximum bet about 10 times its minimum (e.g., min = $5, max = $50; min = $50, max = $500). I could work it so that I would have a 99% chance of winning $5 and less than a 1% chance of losing $2555. Since it works so often people may come to believe that it always works. When that one 1% event occurs, the result is as much a shock as it is a nightmare.

The role of mind

The human mind is not very good at dealing with randomness. Our minds are designed to find order, not to appreciate chaos. Ever notice how easy it is to find faces in clouds? We are wired to look for patterns and find connections, and when we find patterns we interpret them as real. Consequently, many people will see patterns in random numbers. When people see patterns in randomness (e.g., repeated numbers, apparent sequences or winning streaks) they may believe that the numbers aren't truly random, and therefore, can be predicted.

Many gamblers have experienced a wave-like roller coaster effect of wins and losses and may believe that you just have to ride out the down slope of the wave to follow the wave back up. Much of this learning process takes place unconsciously. The problem is that betting based on these patterns sometimes appears to work in the short term, reinforcing the belief. But it will not work in the long term; these patterns are flukes. Suppose you start playing roulette and you have a lucky winning streak by alternating your bets between red and black, it will actually take quite a while before you realise that the betting strategy is not working. Your initial wins may keep you on the plus side for quite a while because randomness doesn't correct for winning streaks either.

The same is true for superstitious beliefs. Because we don't understand randomness we interpret coincidences as meaningful, and consciously or unconsciously we learn associations that are merely due to chance. Implicit learning is the driving force behind both betting systems and superstitious playing strategies. Furthermore, our memory of an event is not just about what happened but about the emotional experience of what happened. An important area for future research is the interplay between emotion, experience and belief.

Randomness, prevention and treatment

My point is that these beliefs and expectations are not irrational; they are often logically induced from a person's experience with random events. In a sense we are programmed by experience, the implicit learning of expectations. Theoretically, if a person experiences enough random events, he should have a pretty good sense of its nature. However, our minds tend to focus on early experiences, and we often pay more attention to experiences that support our beliefs than to those that don't, so what we expect tends to be distorted. An early win, for example, will result in distorted expectations. Our data suggest that as many as 50% of problem gamblers have experienced a large early win (Turner & Liu, 1999). Another key factor is need. If the win fills an emotional, spiritual or practical need, the distorting effect of the win will be greater.

Our research has shown that problem gamblers tend to have a poorer understanding of random events compared to non-problem social gamblers, and that untreated recovery from gambling problems is associated with higher levels of understanding about randomness (Turner & Liu, 1999). These findings suggest that teaching people about randomness may be an important part of both treatment and prevention.

In conclusion, often problem gamblers don't have distorted thoughts, but unrepresentative experiences which have resulted in distorted beliefs. I believe that altering or preventing these erroneous beliefs is at least one important ingredient in effective prevention and treatment programs.

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Problem Gambling and Attention-Deficit Hyperactivity Disorder

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Abstract

There is evidence to suggest that a considerable subset of problem gamblers have attention-deficit hyperactivity disorder (ADHD), with characteristic features of impulsivity and difficulty sustaining attention. The two disorders, problem gambling and ADHD, interact on various levels; for instance, gambling impulses are poorly controlled and ADHD symptoms such as chronic boredom, depression and low self-esteem are relieved by the stimulus and reward of gambling. This article outlines some of the clinical issues encountered in this population and uses case studies to illustrate common ways in which these clients present. Suggestions are made with regard to identification and assessment and it touches on interventions, including medication, therapy and the use of strategies to improve functioning and reduce impulsivity.

Introduction

The article "Pathways to Pathological Gambling: Identifying Typologies" (Blaszczynski, 2000) in the first issue of the *Electronic Journal of Gambling Issues* suggests that there are three main subgroups of problem gamblers: (1) "normal," (2) emotionally vulnerable and (3) biologically-based impulsive gamblers. This last group consists of individuals who, due to the presence of neurological or neurochemical dysfunction, are impulsive and/or have difficulty sustaining attention. Blaszczynski outlines evidence suggesting that neurological differences are precursors to problem gambling. Attention-deficit hyperactivity disorder (ADHD) is one particular condition, which is often present in the third subgroup of problem gamblers.

There is no question that a percentage of clients who seek treatment for problem gambling have symptoms of ADHD. Specker, Carlson, Christenson and Marcotte (1995) found that 20% of pathological gamblers studied met the criteria for ADHD. Clinical experience suggests that at least this number are triggered to gamble by impulses and issues related to this disorder. This article will explore the interface between ADHD and problem gambling through case studies, with a focus on identification and treatment.

What Is ADHD?

ADHD, according to the Diagnostic and Statistical Manual – fourth edition of the DSM-IV (American Psychiatric Association, 1994), is the most common psychiatric disorder in childhood, with three main impairing symptoms: impulsivity, inattention and motor hyperactivity. Motor activity tends to subside by adulthood, although an individual may present as restless and fidgety. Some outcome studies (Barkley, 1990; Weiss & Hechtman, 1989) suggest that ADHD is robust into adulthood with a prevalence rate around 3% to 5% of all adults.

Common symptoms and characteristics in adults with ADHD include low self-esteem, underachievement, poor concentration, lack of organization, impulsive behaviour, emotional lability, chronic boredom, and interpersonal relationship problems. Impulsivity is a central feature of the disorder and seems to result from disruptions in the brain’s inhibitory control processes.

Individuals with ADHD have difficulty maintaining adequate levels of stimulation in some brain centres. They apparently compensate for this by having a heightened sensory arousal system that draws in more information than usual from the environment and tends to process it indiscriminately. This results in distractibility, racing thoughts and a scattered presentation. Individuals act impulsively on sensory information before they consider consequences. They also seek out novel or changing stimulation from the environment and without such stimulation they are easily bored. When they engage in this type of activity, and gambling is a good example, they tend to become excessively involved to the point of hyperfocus and the exclusion of other stimuli. Novelty seeking and high exploratory behavior, as in gambling and ADHD, can be akin to self-medication for a low mood state.

Case examples

Case examples may illustrate some of the ways in which ADHD interacts with problem gambling. These individuals all present somewhat differently, but they typify the issues found in clients with ADHD: (Note: Client names and identities have been changed.)

James, a 32-year-old man, related a story of lifelong underachievement, inability to sustain attention, frequent job changes and susceptibility to boredom. The difference between his abilities and his actual accomplishments was frustrating, depressing and continuous. He was about to embark on another attempt at a new career, but he reflected pessimistically on his inability to follow through and attend classes. He noted that his mind raced from one thing to another, making it difficult for him to focus on tasks. Throughout his school history he had struggled with boredom, had trouble focusing on reading and had a tendency to bother other children. James saw gambling as his only area of achievement since high school. Generally, he managed to make money at it, usually by hustling at poker.

Ryan, a single man aged 27, reported only a six-month history of problem gambling with a rapid financial decline. He was a bright, high-energy individual, with a great deal of drive and creativity, particularly around initiating new projects. However, he was so disorganized and bored with detail that he was poor at following his projects through to completion. He developed a business that was initially very successful until he won $25,000 at a casino, lost it within two weeks and began to gamble $1000 a week. Ryan described himself as having ADHD and wanted to address the

resulting disorganization and impulsivity.

Eve, a 37-year-old divorced woman, had a long history of problem gambling, depression, mood swings and difficulties in concentrating and making use of her considerable talents. Her extremes of mood and her feelings of vulnerability caused serious relationship difficulties and often left her living from one emotional crisis to another. Although well able to be intensively introspective on personal philosophy and psychological issues, at times she had great difficulty accomplishing day-to-day tasks. She went to bingo or casinos on impulse when depressed or upset and had failed to be consistent in her long-term plan to avoid all gambling.

Jack, a 48-year-old married man, presented as restless, talkative, and impatient when others were speaking. He changed subjects frequently. Jack described himself as "scattered" and somewhat depressed. He had poor self-esteem. He had had an alcohol problem off and on and had started gambling in his teens – it supplied "action" when he was bored. (His initial experiences with gambling was so exciting that he described it as "what he had been waiting for all his life.") His marriage was in trouble due to these and other problems, and his wife had asked him to get help. His occupational history was unstable. Jack quit gambling when he entered treatment but his resultant boredom increased the depression he was already experiencing. His fights with his wife intensified. Although relieved that he was not gambling, she complained of Jack's mood swings and his intense, negative persistence when angry.

ADHD and Problem Gambling: Clinical Issues

The depression overlap

Poor self-esteem and depression are extremely common in people with ADHD. Their poor performance and their impulsive behaviour often baffle them and those around them and may be attributed to lack of will or laziness. Constant disapproval and negativism from others creates a sense of failure. Symptoms of chronic boredom or an "I don't care" attitude are consistent with the learned helplessness model of depression. A lack of stimulation can lead to depression in individuals with ADHD.

Gambling is an antidote to depression. The variable stimulation it provides is exciting and challenging, which can lead to intense over involvement in the activity. An appearance of success, at least in the short term, counters feelings of failure and depression. Exaggerated levels of confidence (i.e. feelings of omnipotence or an "I can't lose" mentality) are common in this population of gamblers and are highly rewarding. Such feelings provide escape from a life in which lack of control and failure are common experiences. Arguably, gambling by a person with ADHD could be seen as an attempt to self-medicate.

Personality issues

ADHD of the hyperactive-impulsive or combined subtypes seems to have a connection with the dramatic cluster of personalities (Jain, 1999). There is a strong tendency to antisocial, narcissistic, histrionic and borderline personalities. Inherently, these personalities have a common feature of being self-centred, superficially omnipotent, though with fragile coping strategies. Interpersonal issues around trust, abandonment, rejection and attachment are constant factors. There are issues around emotional isolation and lack of empathy for others. When these personality issues exist, the act of gambling may be a self-serving and destructive behaviour with grave consequences for an individual's loved ones and associates.

However, it is important to note that not all individuals with ADHD behave destructively or experience chronic failure, as symptoms vary in severity. Gambling counsellors are familiar with the extroverted, optimistic, somewhat egocentric, somewhat impulsive client who is highly focused on the present and does not worry much about past gambling losses or future plans. These clients often have a great deal of success in their lives, including a loving, if exasperated, family. They may be more vulnerable than average to developing addictions or other problems but they have compensating resources and skills. Such clients appear to have milder forms of ADHD. Blaszczynski (2000) describes impulsive gamblers as having many antisocial features; however, a client who physiologically tends toward impulsivity is not necessarily antisocial.

Identification and intervention

Checklists available in self-help manuals can be helpful in identifying clients with ADHD. There are also longer screens available (e.g., Brown, 1996). It helps to take a developmental history with collateral information. At the Centre for Addiction and Mental Health, 62% of all referrals to the adult ADHD clinic were parents of children who had been recently diagnosed with ADHD. Therefore, it is worth asking gambling clients about their children's behaviour, or indeed, about any

family history of learning or impulsivity problems.

Education

When working with clients that have gambling problems with concurrent ADHD, the first strategy is always education. Of the four clients described above, only one had been diagnosed with ADHD as a child and yet all four had suffered years of frustration and failure. It was extremely helpful to discuss the possibility of a neurochemical basis for some of their experiences and to give them information about ADHD. The central issue for these individuals was the sense that some of their impulses, thoughts and feelings were simply out of their control in ways that outward circumstances, history, and so forth were insufficient to explain. It was a tremendous relief for them to have an explanation that validated their perceptions and one that offered more effective solutions than they had found to date.

Case studies continued

James was referred to a specialist, and was diagnosed as having the disorder. He was prescribed both stimulants and fluoxetine (Prozac). The results were dramatic. James found he was able to concentrate and learn steadily for the first time in his life. He was able to continue with his course, organize himself and plan ahead. His interest in gambling faded and he noted that he was much less impulsive in other ways as well. His self-esteem improved markedly.

Jack finally agreed to an assessment for ADHD at his wife's insistence. He was diagnosed and placed on stimulant medication. He experienced greatly improved levels of concentration. His relationship with his wife improved, as he was able, at least sometimes, to listen, to react more calmly to stress and to think before he acted. They began to work more successfully on managing their finances together. His impulses to gamble lessened, particularly as he experienced more success in other areas of his life.

Ryan was not unhappy with his high-energy, creative approach to life. He was interested, however, in acquiring some help in staying organized. He began looking for a business partner who could provide the solid backup and attention to detail that would complement his own vibrant salesmanship. He was not concerned that he would gamble again because he was experiencing no urges. Typical of the overly optimistic segment of this population, he tended to focus on his immediate experiences rather than on any examination of the past or anticipating problems in the future. Thus, he had no interest in relapse prevention efforts.

A lengthy counselling process was necessary with **Eve** who was preoccupied with her internal processes and had difficulty focusing on behavioural change. She finally attended an assessment with an ADHD clinic and was given a trial of Ritalin (methylphenidate). She noted that she could tolerate more stress without becoming reactive. She had to go off Ritalin for medical reasons, and began to look at antidepressant medications instead to address both her depression and her ADHD. Cognitive-behavioural strategies were somewhat successful in reducing her gambling binges. Interestingly, focus on her emotional issues tended to make her feel worse as she would become overly focused on her current misery. Like Jack, Eva tended to perseverate on negative feelings, elaborating and catastrophizing until she was exhausted. Changing the focus, although difficult, often helped her to gain some distance from her problems, and thus, deal with them more effectively through behavioural strategies.

Eve and Ryan typify two common, contrasting temperamental characteristics: one was highly ruminative and steeped in negativity, and the other was positive in outlook, no matter what the circumstances, and uninterested in the past or the consequences of his actions. Both had a characteristic affective response at either end of the continuum. Although life history may play a part in such characteristics, neurodevelopmental precursors are also likely. Helping individuals to see the other side of the seesaw is usually achievable.

Medical intervention

It is vital that a doctor who specializes in this area investigate concerns about ADHD. Self-diagnosis and self-medication are to be discouraged. Connecting to ADHD clinics may not be easy but they are available by referral from family doctors. A minimal assessment should involve a psychiatric interview to exclude other disorders, self-report questionnaires that establish a threshold for including ADHD as a diagnosis, a collateral history to establish childhood symptoms and some assessment of functioning to establish impairment in various domains.

Individuals with ADHD often seek medical treatment. Stimulants such as Ritalin are often the treatment of choice to address impulsivity. For depression, the addition of a serotonin-based medication is likely. Of course, careful monitoring and an evaluation of the efficacy of this intervention are indicated.

Other intervention approaches

The many emotional issues resulting from a history of ADHD cannot be resolved simply by identifying a neuropsychological disorder, even if treatment is

successful. Therapy in either individual or group settings can help resolve some of these issues and help the person move forward. Groups are particularly valuable as they give a person the opportunity to share experiences and cognitions that previously may have seemed unique to the individual. Due to their interpersonal relationship problems and a lack of internalized structure, a therapeutic relationship based strongly in cognitive-behavioural strategies is helpful. More importantly, the therapeutic alliance may be critical in helping clients with ADHD achieve a sense of security and trust that was missing in their childhood.

There are many ways to manage the symptoms of ADHD, apart from or in addition to medication, which address the specific nature of the problem. Self-help manuals and Web sites offer many techniques that can help someone with ADHD function more effectively. Suggestions include strategies such as reducing distractions, keeping lists and notes, and finding ways to make tasks stimulating. Some people find mentors to help them organize each day.

Gamblers need to acknowledge their requirements for stimulation and challenge and find new avenues to achieve them. Specific day-by-day planning can reduce their vulnerability to impulsive behaviour. They can benefit from practice controlling their impulses, starting with life areas easier to handle than gambling urges. For instance, one client characteristically rolled through stop signs. He took up the suggestion to come to a full stop each time and practiced this new way of driving. He found that the learning generalized; he was more able to pause and think before acting.

As mentioned above, impulsive individuals may never have developed the circuitry to effectively say "no" to impulses. Even average individuals (such as Blaszczynski’s "normal" subgroup) can experience deterioration in the inhibitory circuitry if they do not use it. It is not unusual to see gamblers with a good previous history of self-control having difficulty dealing with their impulses after a long period of self-indulgence. Gamblers with ADHD have obeyed innumerable impulses; this habit would be hard to break even if their inhibitory processes had originally been strong. These clients can benefit from changing any habit; the learning will likely carry over to other areas, and it can be used in the counselling process to promote self-efficacy.

Additional resources

There are organizations offering education and support such as the national chapter of Children and Adults with Attention Deficit Disorder (CHADD) and the local support group Attention Deficit Disorder Organization (ADDO). The ADDO has monthly meetings for adults as well as for parents of children with the disorder.

There are over 44,000 Web sites on the topic of ADHD, which can be overwhelming, however, it is a useful forum to deal with some issues. Popular texts on the subject include *Driven to Distraction: Recognizing and Coping with Attention Deficit Disorder from Childhood Through Adulthood* (Hallowell & Ratey, 1996) and *You Mean I'm Not Lazy, Crazy or Stupid?!: A Self-Help Book for Adults with Attention Deficit Disorder* (Kelly & Ramundo, 1995). Centres that offer resources on learning disabilities can be helpful with referrals and materials.

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Accepted June 21, 2000

Nina Littman-Sharp is the manager of the Problem Gambling Service of the Centre for Addiction and Mental Health. She has worked in addictions for 14 years and with gamblers for six. Nina is involved in a wide variety of clinical, research, training, outreach and public education efforts. She presents and writes on a number of topics, including strategies for change and relapse prevention, couples work and on the Inventory of Gambling Situations, an instrument which assesses areas of risk for relapse. Nina is recognized as a Certified Gambling Counsellor and Supervisor by the National Council on Problem Gambling based in Washington, D.C.

Dr. Umesh Jain is the Head of the Adult and Adolescent ADHD Program, director of the Children's Medication Clinic and Staff Psychiatrist at the Centre for Addiction and Mental Health, Clarke site. He is an Assistant Professor of Psychiatry at the University of Toronto and is completing his PhD at the Institute of Medical Sciences. Dr. Jain is a nationally recognized scientist in this area with his media appearances, publications and numerous presentations. Dr. Jain was the Scientific Head of the Organizing Committee of the Canadian Academy of Child Psychiatry (1997–1998) and a past member of the scientific boards of the Canadian and American Academies of Child Psychiatry.

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first person

We hope that the narratives in First Person Accounts *will evoke an understanding of how people experience gambling. These experiences may come from gamblers, from family or friends of gamblers, and may be positive or negative. We invite others to share their experiences as* First Person Accounts *or to a dialogue in our* Letters to the Editor.

First Person Account – An Opinion

Dot-com looniness, phantoms of avarice and appetite.

by Rex Murphy

Excerpted from the 'Magazine' portion of CBC News THE NATIONAL television broadcast for April 17, 2000.

"What lives must die; what rises must set; and what goes up must – must come down. These are axioms; self-evident truths that have been available to the generations of man since there have been generations. The birth of high-tech and the arrival of the boomers, the Yuppie incarnation, were of course to have changed all that. Rules that have obliged every other moment of history obviously cannot be held to apply to this one. The most self- regarding generation of all history is going to live forever; jog till it's 90; chemically extend its furious sexual capacity; replace and enhance all body parts and get continuously rich forever. It is this happy exceptionalism that has made the practice of building hopes and dreams on the

stock market, and in particular that portion of it known as the NASDAQ, such a delightful habit for so many North Americans.

Of course the stock market, even the new economy NASDAQ is nothing more than old-fashioned gambling. And the NASDAQ, properly understood, is nothing more than bingo for yuppies. The difference is that for this generation, bingo is a game in which everyone is entitled to win all the time. So when last week rolled in with stock declines and when Friday hit with gale force and the loss of $2 trillion, well, the response of some was desperate unbelief; shivering incredulity. A delusion had been laid waste. What had been going up was now going down. How could anyone really be surprised? The itch to dot-com the world cannot be infinitely scratched. A web site is not a gold mine. Companies going public for billions that produce nothing, make no profits, hardly exist outside the ether in which they are promoted.

The last great stock market shill was Bre-X. But at least Bre-X pretended to be something on the earth – or in the earth. These IPOs and on-line trading stores – anything in fact with the word 'Net in it that isn't made of string – are phantoms of avarice and appetite.

Dot-com looniness is the vapour of hot breathing greed, and the oldest idea in the world; that of getting something for nothing or a very great deal of something for hardly anything at all. North America has become a society of speculators; people who would rather guess their future than earn it. One large 24-hour casino – a Las Vegas of dividends and mutual funds and people who wander around muttering about their portfolios – in other words, their betting slips.

Any society that becomes intimate with the language of the stock market; where the broker is called more often than the teacher, and dips in the stock market carry more anxiety than a shortage at the grocery store, has wandered away from common sense and is waiting for a fall. There is no new economy. There never was. Riches without effort, are without effort withdrawn.

What the mouse click hath given, the mouse click will take away. Last week wasn't a glitch. It was the oldest force in the universe. It was gravity. What goes up comes down, and sometimes vice versa. For the Magazine, I'm Rex Murphy."

We gratefully acknowledge the kind permission of Rex Murphy and the CBC to republish this account. It is available at http://cbc.ca/news/national/rex/rex20000417.html and other CBC News features are at http://cbc.ca/news.

Biographical Notes

Rex Murphy was born and raised in St. John's, Newfoundland, graduating from Memorial University. A Rhodes Scholar, in l968 he went to Oxford University. Once back in Newfoundland he was soon established as a quick-witted and accomplished writer, broadcaster and teacher.

He is noted throughout Newfoundland for his biting comments on the political scene through his nightly television supper hour show "Here and Now."

Rex has worked extensively with CBC and from Newfoundland he has contributed many items on current affairs issues, including a weekly essay for THE NATIONAL, winning several national and provincial broadcasting awards.

He divides his week between Toronto and Montreal with frequent forays to St. John's.

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Romancing the Odds (1997)

By Gary Bell, Audiovisual Review Committee Co-ordinator at the Centre for Addiction and Mental Health Library, Senior Library Assistant, Centre for Addiction and Mental Health, Toronto, Ontario, Canada
E-mail: Gary_Bell@camh.net

Length: 40 minutes
Subject: Problem gamblers
Distributor: Nova Scotia Government Bookstore
(902) 424-7580, in Nova Scotia call toll-free1-800-526-6575
URL: http://www.gov.ns.ca/bacs/books/gambling.htm
Fax: (902) 424-5599, E-mail: lynchcd@gov.ns.ca
Cost: $125.00

Comedian Bette MacDonald hams it up, sings and acts her harried way through this dramatization of the lives of several problem gamblers. These gamblers deal with the economic, social and family consequences of devoting too much time and money chasing their losses. One gambler is locked into a desperate cycle and constantly rationalizes his behaviour, convincing himself he must "win big" so he can pay his debts. Yet he postpones bill payments and other important commitments. He pockets his employer's money hoping the bookkeeper won't notice before he "pays it back" and attempts to borrow from anyone against his future hopes to win. The video illustrates the struggle with relapse for gamblers in recovery and recognizes triggers in relapsing. The video conveys the difficulty some gamblers may face with ever-present advertising for lotteries and other gambling venues. Occasional brief interludes offer information on the antiquity of gambling.

Much of the gambling action takes place in a bar with video lottery terminals (VLTs). Brian, the friendly bartender, offers advice to the audience, comments about gamblers, makes change for the VLTs, polishes glassware, reads aloud from Dostoyevsky's *The Gambler* and doesn't seem to sell much alcohol. He laments that the usual social conviviality of the beverage room seems to have been reduced by the presence of the gambling machines. Interestingly, the video gives the impression that there is a sexualised component to gambling as the bettors use suggestive talk with the electronic host on the VLT screen, seemingly trying to "romance the odds." This concept is not pursued very far, and it would be interesting to know if this is a common component in problem gamblers' experiences, or just cleverness on the part of the video producer.

The video presents some basic aspects of recovery from gambling problems. A receptionist on the Problem Gambling Helpline outlines how this service works. A counsellor with the Drug Dependency Services briefly comments on his attitude to gambling therapy. He sees problem gambling as a kind of "self therapy" that not only interferes with the process of dealing with life problems, but may mask other issues. He offers four basic steps for someone seeking help: stop yourself from accessing money, begin an exercise program as a start to a lifestyle change, participate in Gamblers' Anonymous support groups and attend counselling sessions. The Helpline number is shown during the introduction and at the conclusion of the program.

One of the more compelling segments of the video involves a secondary school class doing a project on gambling. They explore questions of gambling, the role of chance and the odds of winning a lottery, for example, compared to other kinds of random events. One of the students in the class plays the part of the son of a problem gambler. He approaches the teacher at the end of the class and presents his dilemma about "a person he knows" with a gambling problem.

I believe this video would be a useful adjunct to an information session about problem gambling. The program is not without faults and some segments last rather long –"Why I gamble"– for example. Though intended to puncture the bubble of excuse making, it comes perilously close to condescending mockery. Looking at demographic characteristics, the gamblers portrayed appear to be remarkably consistent; they are all white, 30 to 40 years old and low to middle income workers. Is this the group most often experiencing gambling problems? The video covers a lot of issues though, has an offbeat sense of humour and would be appropriate for an adult audience. As an added bonus, viewers can try their hand at the recipe for "turnover chips."

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Centre de toxicomanie et de santé mentale

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{This letter resulted from a retirement tea discussion about gambling and addiction to electronic devices. – The Editor]

How I Became Famous Once

Once upon a time (in a galaxy far away) ARF's [*Addiction Research Foundation –ed.*] training department was known as the School for Addiction Studies Division ("ARF U."), and was housed in a renovated mansion in Rosedale, in downtown Toronto. I spent 13 years there as an Education Consultant.

In the early '80s video games burst upon the scene. Parents worried that their kids would fritter away time on video games to the detriment of school and family life, and their fears were justified in some cases, as usual. Eventually there was talk of kids who were "hooked" on video games, kids who were "addicted" and pursued the games to the exclusion of everything else. They even stole money from mom's purse, and ran off to play games at the video game arcade. Kids were reported to have gone to play video games at lunch and not returned for afternoon classes.

The mayor of North York, a spotlight magnet named Mel Lastman, supported a proposed bylaw that would prohibit the establishment of a video game parlour within N meters (250? 500? I forget) of a school.

A reporter for one of Toronto's newspapers got the idea that he would look into reports of video game addiction. A logical step in his research was to call up the Addiction Research Foundation, the Provincial Government agency with the responsibility in that area. The SAS receptionist knew me as a person who was willing to shoot off his mouth on any topic in the addiction field, so she put the reporter's call through to me.

"Can a person be addicted to video games?" he asked. I said that the word

'addiction' was being used loosely, because gaming obviously doesn't involve the ingestion of chemicals; a characteristic of mainstream addiction. However, there may well be changes in the brain as a consequence of repeated patterns of behaviour, and in that sense might parallel addiction. Off the top of my head I also thought that there might be other parallels.

Video games result in very rapid reinforcement compared to, say, school work. Depending on what we think the reinforcement is, it might be seen to come rapidly and frequently. For example, if your friends tell you that shooting down an alien rocket is super cool, you might be able to have that sense of accomplishment many times per minute, and with only a split-second delay after your action. Sense of accomplishment, or mastery, or achievement, can get a real workout with a video game. Rapid, high-rate reinforcement is a well-known way to instill a behaviour.

The reinforcer is available at very low economic cost, thereby reducing one of the most obvious barriers to addiction. Availability is also enhanced by the absence of age barriers and the (then) widespread appearance of game parlours.

Another barrier to addiction is missing, in that the route of administration is not aversive, as smoking is initially, and as needles are in the common mind. Becoming skilled at the game brings more challenging levels of play, with less frequent reinforcement, but most importantly, the reinforcement occurs on an unpredictable schedule. Once a behaviour has been instilled by a reliable, high-rate schedule of reinforcement, it can be amazingly resistant to extinction by shifting to an unpredictable schedule of reinforcement.

Having played out these parallels between video game addiction and historical "typical" addiction, the reporter was full of enthusiasm for the topic, and quoted me extensively in a newspaper article.

The next thing I knew there was a radio station from Hamilton, Ontario on the phone. Then a TV station called up for a session in their studio, then Homemaker's magazine, a radio station from Halifax, another from Kingston, then one from out west.

For a few weeks the topic was hot, and so was I. The Powers That Be decided that there was nothing dangerous in my philosophical ramblings, and it made ARF look good; being helpful in the midst of public controversy. Pretty soon it all died down, and the crisis of video game addiction faded away.

Unless there is a bylaw on the books of the former City of North York, I doubt that there is much left from that brief time, apart from my memories of "How I became Canada's foremost expert on video game addiction."

Doug Chaudron
Toronto, Ontario, CA
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We invite our readers to submit **Letters to the Editor** on gambling topics. Please note that we can publish only a fraction of the letters submitted. All letters must be signed. We cannot publish anonymous letters, or those of a libellous nature. Letters to the Editor are reviewed and chosen by the editor and members of the editorial board. Letters may be sent to either the e-mail or the regular mail address given below. Once a letter has been accepted, we will request an electronic version. Each published letter will include the writer's first and last names, professional title(s) if relevant, city, province or state, and country. We reserve the right to edit each submission for uniform format and punctuation.

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calendar

National Council on Problem Gambling

14th Conference on Problem Gambling
Philadelphia, Pennsylvania, US

October 6-8, 2000

- Early bird registration deadline: August 31
- Registration deadline: September 29
- Rates same as last year.
- International attendees receive 25% discount
- Full (3 day) fees:
  - NCPG member $395
  - Non-member $449
  - Student $175
  - Presenters $295
- 1 day registration also available

Over 100 presenters on topics ranging from spirituality to special populations, interventions to Internet gambling.

Contact:

(202)-547-9204
ncpg@ncpgambling.org for registration and additional info.

Call for Research Project Applications for Ontario, Canada

These notices offer details on a recent request for research applications by the Ontario Problem Gambling Research Centre. There are two documents; the first describes the call for applications, and the second details the requirements for the initial Letter of Intent including its August 18, 2000 deadline. Please note that only Canadian residents can apply, and they must conduct the research in Ontario and focus on Ontario residents.

Ontario Problem Gambling Research Centre
Research Awards Solicitation

The mission of the newly created Ontario Problem Gambling Research Centre (the Centre) is to enhance understanding of problem gambling, and strengthen treatment and prevention practices through research. The main goal of the Centre is to support the development of high quality research projects that examine various facets of problem gambling.

To achieve this goal, the Centre is requesting applications from researchers interested in conducting problem gambling research in Ontario. These submissions will be adjudicated, and successful applicants will be invited to submit full research plans in stage two.

Description of Research Projects

In general, the Centre will fund applied research projects that advance knowledge relative to the treatment and prevention of problem gambling. These projects may include:

- Research that advances the basic understanding of gambling behaviour in

general, and problem gambling behaviour in particular.

- The development and testing of specific prevention and/or treatment programs, and piloting such programs for special population groups.
- Treatment programs that focus on new models and methods of improving existing approaches, with comparisons of such methods to existing treatment approaches.
- Explorations of the gambling recovery process with and without formal treatment.
- Development and testing of models of service, gambling behaviours, or new ways of conceptualizing gambling and problem gambling behaviours.

Projects that will not be funded include the social/economic impact of gambling, attitude surveys, needs assessments, and literature reviews. Research projects that involve community collaboration and partnerships will be given priority.

Awards Amount

One-year research awards will be available to a maximum of $175,000 per project.

Eligibility

To be eligible for support, the applicant must be legally residing in Canada. Researchers throughout Canada are eligible to apply, but work must be conducted within Ontario communities and focus on Ontario residents. Collaboration with Ontario organizations/ researchers is preferred.

Application Deadline

The deadline for receiving Letters of Intent is August 18, 2000. Invitations to submit a complete research plan will be made on or about August 31, 2000.

Application guides may be requested from:
The Ontario Problem Gambling Research Centre
304 Stone Road West, Suite 403
Guelph ON, N1G 4W4

Telephone: (519) 763-8049

Toll Free: (877) 882-2204
Fax: (519) 827-9196
E-mail: opgrc@home.com

NOTE: The Centre reserves the right to modify or discontinue the awards process at its sole discretion.

Ontario Problem Gambling Research Centre
Guidelines for Letters of Intent

Background

On July 12, 2000 the Ontario Problem Gambling Research Centre (the Centre) issued a research awards solicitation for projects to be initiated in the 2000-01 operating year. Researchers who wish to apply for funding are asked to submit a Letter of Intent that complies with the following guidelines.

Cover Page

The cover page should include:

- The title of the research project
- The name of the Principal Investigator, and (if different) the project Contact Person. Include each person's institutional affiliation, title, address, telephone and fax numbers, and e-mail address
- The names, addresses, affiliations, and titles of collaborators or other members of the project team
- Indication of the status (e.g. not for profit, hospital, university) of the institutional affiliation
- Signature of the Principal Investigator and (if different) the project Contact Person.

Second and Subsequent Pages

- Describe the specific aims of the project and what you hope to accomplish
- Briefly explain how this project will extend existing knowledge and make a significant contribution to the field
- Describe the proposed methods and key activities for the project
- Provide a general timetable for the project
- Discuss the qualifications of the principal personnel and affiliated institution(s) to implement the project
- Provide an estimate of the budget for the project, broken into general categories (salaries, operating, other expenses, etc.)

Specifications

- Awards amount: one-year research awards will be available to a maximum of $175,000 for direct project costs. In addition, up to 20% of direct costs will be available to cover associated indirect costs (e.g. ethics review, legal costs, computer services, library services, etc.)
- Due Date: the deadline for receiving Letters of Intent is Friday, August 18, 2000 at 5:00 p.m. Eastern Daylight Time
- Copies: include the original Letter of Intent and three copies
- Layout: use standard letter size paper with a 12 point font, single spaced
- Length: do not exceed five pages, including the cover page
- Ethics: an ethics review will be required before research awards are finalized
- Assistance: contact the Centre by telephone, fax, mail or e-mail if you have questions or would like assistance with the completion of your Letter of Intent
- Selection Process: Letters received by the Centre will be reviewed by its Research Review Committee, and those meeting its standards for scientific merit and relevance will be invited to prepare a detailed research plan for the final round of consideration for funding.

An invitation to prepare a detailed plan is not a guarantee that funding will be granted. Rather, it is an indication that the proposal merits further consideration in a more fully described form

Key Dates

August 18, 2000 deadline for receipt of Letters of Intent

August 31, 2000 notification of review results

October 13, 2000 deadline for receipt of detailed research plans

November 28, 2000 notification of awards

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Note: the Centre reserves the right to modify or discontinue the awards process at its sole discretion.

For the **Calendar of Events** we invite our readers to submit notices of upcoming gambling-related conferences, presentations, symposiums and other educational events, civic events, and media events that are open to the public. We will gladly publish news of events that may occur years in the future.

We ask that these notices be submitted by electronic mail. With each submission we require the e-mail address of someone with whom the editor can verify details about the event. (We understand that this e-mail address may perhaps not be part of the published calendar listing.) We reserve the right to edit each submission for

uniform format, punctuation and grammar.

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Welcoming Remarks

I am pleased to extend a welcome to all whose interest in gambling-related inquiry has led them to this first edition of *The Electronic Journal of Gambling Issues* (*EJGI*), a forum for researchers, clinicians, the gambling industry, gamblers and the interested public. *EJGI* is intended to be a vehicle for ongoing dialogue about issues ranging from gambling as a social phenomenon to what constitutes responsible gambling and the most effective treatment interventions for problem gamblers. For example, the Features section contains research statements from significant thinkers in the area of gambling studies. If you work with clients with gambling-related problems, the Clinic section offers up-to-date treatment information. And our First Person Accounts section provides a unique opportunity to learn from the narratives of individuals whose lives have been affected by gambling.

The Centre for Addiction and Mental Health is itself actively involved in treating individuals who experience problems with gambling, and takes a leading role in training people who plan to work with problem gamblers or are in a position to encourage responsible gambling. In addition, the Centre is committed to gambling-related research and policy initiatives. This journal reflects the breadth of that commitment to the treatment of problem gamblers and the emerging field of gambling studies.

This initiative is especially important as gambling assumes a greater presence in more and more communities through lotteries, casinos, bingo halls and sports betting. Fully understanding the impact of this phenomenon is essential for people who choose to gamble, community leaders, the gambling industry and those involved in the treatment of problem gamblers and their families. The Centre is

particularly excited about providing leadership in understanding, prevention and treatment of problem gambling provincially, nationally, and indeed, internationally. The fact that this journal is available through the Internet to whomever has access to a computer underlines our commitment to disseminating knowledge to as wide a public as possible.

Dr. Paul Garfinkel, President and CEO of the Centre for Addiction and Mental Health

Statement of Purpose

The Electronic Journal of Gambling Issues (EJGI) offers an Internet-based forum for developments in gambling-related research, policy and treatment as well as personal accounts about gambling and gambling behaviour. Through publishing peer-reviewed articles about gambling as a social phenomenon and the prevention and treatment of gambling problems, it is our aim is to help make sense of how gambling affects us all.

The *EJGI* is published by the Centre for Addiction and Mental Health and is fully funded by the Ontario Substance Abuse Bureau of the Ministry of Health and Long-Term Care. We welcome manuscripts submitted by researchers and clinicians, people involved in gambling as players, and family and friends of gamblers.

issue 1 march 2000

Centre for Addiction and Mental Health
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Pathways to Pathological Gambling: Identifying Typologies

By Alex Blaszczynski PhD, MAPSs; Director, Impulse Control Research Clinic, School of Psychiatry, University of New South Wales, Sydney, NSW

Abstract

The majority of explanatory models of pathological gambling fail to differentiate specific typologies of gamblers despite recognition of the multi-factorial causal pathways to its development. All models inherently assume that gamblers are a homogenous population; therefore theoretically derived treatments can be effectively applied to all pathological gamblers. This article describes a comprehensive and alternative conceptual-pathway model that identifies three main subgroups: "normal," emotionally vulnerable and biologically based impulsive pathological gamblers. All three groups are exposed to common influences related to ecological factors, cognitive processes and contingencies of reinforcement. However, predisposing emotional stresses and affective disturbances for one group, and biological impulsivity for another, are additional risk factors of aetiological significance in identifying separate subtypes. The implications for treatment are discussed with particular reference to the need to match client subtype with specific treatment interventions.

Introduction

Historically, societal attitudes toward gambling were influenced by the effects of gambling on public order, the erosion of prevailing moral values and social mores, and the cheating and exploitation of the masses (Peterson, 1950; Ploscowe, 1950; Blakely, 1977). The move to medicalize pathological gambling originated from the case studies of early psychoanalytic writers (Von Hattinger, 1914; Bergler, 1957), and by the inclusion of pathological gambling in DSM-III (American Psychiatric Association, 1980), as a psychiatric disorder of impulse control. The formalization of pathological gambling as a psychiatric disorder led to recent attempts to develop theoretical models, which explain the aetiology of problem gambling (Ferris, Wynne & Single, 1998).

Contemporary psychological models include gambling as:

- an addictive disorder (Jacobs, 1986; Blume, 1987)
- an unresolved intrapsychic conflict (Bergler, 1957; Rosenthal, 1992; Wildman, 1997)
- having its causation through a biological/psychophysiological dysregulation (Blaszczynski, Winter & McConaghy, 1986; Carlton & Goldstein, 1987; Lesieur & Rosenthal, 1991; Rugle, 1993; Comings, Rosenthal, Lesieur & Rugle, 1996)
- a learned behaviour (McConaghy, Armstrong, Blaszczynski & Allcock, 1983; Anderson & Brown, 1984)
- a result of distorted/irrational cognitions (Sharpe & Tarrier, 1993; Ladouceur & Walker, 1996).

This diversity of models has led to the search for qualitative similarities and differences between social and pathological gamblers in personality traits (Blaszczynski, Buhrich & McConaghy, 1985; McCormick, Taber, Kruedelbach & Russo, 1987; Castellani & Rugle, 1995), co-morbidity (Kruedelbach & Rugle, 1994) and biological correlates (Rugle, Semple, Goyer & Castellani, 1995; Comings et al., 1996).

The fundamental assumption contained within each model is that pathological gamblers constitute a homogenous population, and that theoretically derived treatments can be effectively applied to all pathological gamblers. There is minimal evidence to support this implicit assumption. On closer inspection, learning theories (Dickerson, 1979) refer to fixed and variable schedules of reinforcement. But these learning theories fail to explain why not all gamblers suffer impaired control. Cognitive theories (Sharpe & Tarrier, 1993; Ladouceur & Walker, 1996) emphasize irrational cognitive schemas but have not demonstrated that these are of

causal significance. Heated debate continues on the validity of the addiction model of gambling, particularly by those adhering to the socio-cognitive approach.

Divergent frameworks, however, can be reconciled if gamblers are accepted as a heterogeneous group (Blaszczynski, 1996) with multi-factorial causes. It cannot be denied that the majority of gamblers seek monetary gain. But some continue to participate and persist because they are inexorably motivated to find relief from boredom, to dissociate and to escape from negative life circumstances, or to modulate negative mood states. The task confronting clinicians is to refine the categorization of problem gamblers into increasingly homogenous subgroups or typologies of gamblers.

In a series of long-term controlled outcome studies (Blaszczynski, 1988; McConaghy, Blaszczynski & Frankova, 1991), three types of responses to treatment were observed: controlled gambling, abstinence and uncontrolled gambling. Controlled gamblers were characterized by an absence of psychopathology, abstinent gamblers continued to exhibit moderate levels of affective disturbances and elevated neuroticism; while uncontrolled gamblers persisted in showing high levels of psychopathology across a number of domains. These findings matched my clinical experience. I found that some gamblers displayed integrated personalities; others showed evidence of depressive affect and situational stresses which precipitated increased gambling. Others manifested traits of impulsivity and severe disruptive behaviours in gambling and in other parts of their lives.

These findings made me question if the response to treatment was predicated on personality or demographic differences, which were present between groups prior to treatment. However, no such differences emerged when statistical comparisons were applied to group variables. An alternative possibility was therefore considered: that is, that the end results of gambling had affected their psychological profile so that it masked group differences. I argued that with gambling the common manifestation of affective disturbances (anxiety, substance use and criminality) were a complex mixture and/or interaction of both primary and secondary processes involved in gambling. In some cases, depression was instrumental in causing impaired control over gambling; while in others, gambling produced depression resulting from financial and marital difficulties. During a psychometric assessment, both groups obtained similar scores on depression. But this depression had significantly different implications in respect to etiological significance and relevance to treatment strategies. This led to the postulate that specific subgroups of gamblers existed and shared features in common, yet differed significantly in many respects.

I have proposed a prototypical model that attempts to integrate biological,

personality, developmental, cognitive, learning theory and environmental factors into one model. This model is based on clinical experience and attempts to integrate relevant research findings. It suggests the existence of three major types of gamblers: the gambler who is not pathologically disturbed, the gambler who is emotionally vulnerable, and the gambler whose impulsivity is biologically based.

There are three elements relevant to all gamblers irrespective of subgroup membership. The first relates to ecological determinants. These determinants revolve around public policy issues that promote availability and access to gambling facilities. Substantive data clearly demonstrates that the incidence of pathological gambling is inextricably tied to the number of available gambling outlets (Abbott & Volberg, 1996; Volberg, 1996; Productivity Commission, 1999).

The second element resides in the role of classical and operant conditioning. Studies have demonstrated that gambling produces a state of subjective excitement (Dickerson, Hinchy & Fabre, 1987), dissociation (Jacobs, 1986) and increased heart rate (Anderson & Brown, 1984; Leary & Dickerson, 1985; Brown, 1988; Griffiths, 1995). Wins, delivered at variable ratios that are resistant to the effects of extinctions, produce states of excitement described as equivalent to a "drug-induced high." Repeated pairings classically condition this arousal to stimuli associated with the gambling environment (Dickerson, 1979; Sharpe & Tarrier, 1993). Through second order conditioning, gambling cues elicit an urge to gamble, which results in a habitual pattern of gambling. As Rosenthal and Lesieur (1992) observe, excitement can be experienced in anticipation, during, or in response to exposure to gambling situations or cues. This process of conditioning can be used to explain gambling as an addiction produced by the effects of positive and negative conditioning, tolerance and withdrawal.

An alternative non-addiction explanation has also been offered, and is based on a neo-Pavlovian "neuronal model" of habitual behaviour, which relies on the concept of cortical excitation (McConaghy, 1980).

Superimposed on the conditioning framework and irrespective of whether or not an addiction type model is adopted, is the development of cognitive schemas. Early and repeated wins result in irrational belief structures that promote gambling as an effective source of income. These schemas shape illusions of control, biased evaluations, erroneous perceptions, superstitious thinking and faulty understandings of probability (Langer, 1975; Gilovich, 1983; Ladouceur & Walker, 1996; Walker, 1992; Griffiths, 1995).

The reinforcing properties of gambling and the irrational cognitive schemas combine to consolidate and strengthen habitual gambling practices. At this point, the downward spiral of gambling, perceptively described by Lesieur (1984), takes

its toll. When gamblers lose they attempt to recoup losses through further chasing, which results in accumulating financial debts. Despite acknowledging the reality that gambling led them into financial problems, they irrationally believe that gambling will solve their problems.

It is emphasized that the above processes are applicable to all gamblers. At this point additional factors can be invoked to differentiate between three broad subgroups of gamblers.

Subgroup one: "Normal" problem gamblers

The first subgroup can be labelled, perhaps somewhat oxymoronically, as the "normal" pathological gambling subgroup. Members of this subgroup may meet formal criteria for pathological gambling at the height of their gambling disorder. What distinguishes this subgroup is the absence of any specific premorbid psychopathology. Conceptually, these gamblers can be seen as occupying the diffuse domain between regular-heavy and excessive gambling. Excessive gambling behaviour occurs as a result of bad judgments or poor decision-making strategies, which are independent of any intrapsychic disturbance. Features of a preoccupation with gambling, chasing losses, substance dependence and depression and anxiety are all seen as the end response to the presence of financial pressures caused by continual losses. These symptoms are the consequence not the cause of excessive gambling.

Clinically, the severity of difficulties in the "normal" gambling subgroup is the lowest of all pathological gamblers. They do not manifest gross signs of major premorbid psychopathology, substance abuse or impulsivity behaviours. Placed at the low end of the problem-gambling scale, these gamblers move between heavy and problem gambling. They are more motivated to seek treatment, to comply with instructions and post treatment are able to achieve controlled levels of gambling. Counselling and minimal intervention programs are of benefit.

Subgroup two: Emotionally disturbed gamblers

The next subgroup is characterized by the presence of predisposing psychological vulnerability factors where participation in gambling is motivated by a desire to modulate affective states and/or meet specific psychological needs. This subgroup manifests a history of problem gambling in the family, negative developmental

experiences, neurotic personality traits and adverse life events. These problems may contribute in a cumulative fashion to produce an emotionally vulnerable gambler.'

Evidence in support of this contention comes from a number of sources. Jacobs (1988), Lesieur and Rothschild (1989), Gambino, Fitzgerald, Shaffer, Renner, and Courtage (1993) observed that a family history of pathological gambling was an important predisposing risk factor for children. Jacobs (1986), in his General Theory of Addiction, postulated that certain personality characteristics and life events, which interacted with physiological states of arousal, influenced the development of gambling problems. He stated that excessive gambling was produced by the interaction between abnormal physiological resting states of hyper or hypo-arousal, and a history of negative childhood experiences. Personal vulnerability was linked to negative childhood experiences of inadequacy, inferiority, low self-esteem and rejection (McCormick, et al., 1987; McCormick, Taber & Kruedelbach, 1989).

This subgroup of gamblers displays higher levels of premorbid psychopathology. In particular, they display depression, anxiety, substance dependence, and deficits in their ability to cope with and manage external stress. Gamblers within this subgroup cannot express their emotions directly and effectively, and they show a tendency to engage in avoidance or passive aggressive behaviours. Emotionally vulnerable gamblers see gambling as a means of achieving a state of emotional escape through the effect of dissociation on mood alteration and narrowed attention (Anderson & Brown, 1984; Jacobs, 1986).

The abstinent gamblers in Blaszczynski's (1988) and Blaszczynski, McConaghy and Frankova's, (1991) two-to-five year treatment outcome study appear to fall within this subgroup. In respect to psychopathology, the abstinent gamblers were placed on an intermediate position between the more adjusted controlled and severely disturbed uncontrolled gamblers. Because of their negative developmental history and poor coping skills, these gamblers were regarded as too fragile to maintain sufficient control over behaviour to permit controlled gambling.

Subgroup three: Biological correlates of gambling

The third subgroup of pathological gamblers is defined by the presence of neurological or neurochemical dysfunction reflecting impulsivity (Steel & Blaszczynski, 1996) and attention-deficit features (Rugle & Melamed, 1993). Briefly, evidence supporting neurological deficits in gamblers is found in

electrophysiological, neuropsychological and biochemical studies.

Goldstein and his colleagues (Goldstein, Manowitz, Nora, Swartzburg & Carlton, 1985; Carlton, Manowitz, McBride, Nora, Swartzburg & Goldstein, 1987) reported differential patterns of EEG activity and self-reported symptoms among gamblers found in childhood attention deficit disorder. Supporting this finding, Rugle and Melamed (1993) on the basis of neuropsychological measures of executive functions concluded that childhood differences in behaviours related to overactivity, destructibility and difficulty inhibiting conflicting behaviours were of primary importance in differentiating gamblers from controls. These authors noted that attention- deficit related symptoms reflecting traits of impulsivity were present in childhood. These traits predated the onset of pathological gambling behaviour and gave rise to the hypothesis that impulsivity precedes gambling; and that impulsivity is independent of it and is a good predictor factor for severity of involvement in at least a subgroup of gamblers.

From preliminary evidence in the field of genetics and from neurotransmitter activity comes the tentative hypothesis which links receptor genes and neurotransmitter dysregulation in reward deficiency, arousal, impulsivity and pathological gambling (Roy, De Jong & Linnoila, 1989; Lopez-Ibor, 1988; Moreno, Saiz-Ruiz & Lopez-Ibor, 1991; Carrasco, Saiz-Ruiz, Hollander, Cesar & Lopez-Ibor, 1994; Comings et al, 1996; Bergh, Eklund, Sodersten & Nordin, 1997; DeCaria, Hollander, Grossman, Wong, Mosovich & Cherkasky, 1996).

Genetic studies have recently reported that pathological gamblers, similar to substance abusers, are much more likely to have the D2A1 allele for the dopamine D2 receptor gene than controls leading Comings et al., (1996) to suggest that the D2A1 allele may be a major risk factor in pathological gambling. When gamblers were evaluated on severity, 63.8 per cent of them in the upper range carried the D2A1 allele compared to 40.9 per cent in the lower range. Of note: 76.2 per cent of pathological gamblers who were co-morbid alcohol abusers carried the gene compared to 49.1 per cent of males without co-morbid alcohol abuse or dependency.

It is argued that gamblers manifest differential responses to reward and punishment because of their biologically based impulsivity. These gamblers manifest a marked propensity for seeking out rewarding activities. They are unable to delay gratification, and have a diminished response to punishment. When the consequences of their actions are painful, they fail to modify their behaviour.

Clinically, impulsive gamblers display a broad spectrum of behavioural problems which are independent of gambling. These problems include substance abuse, suicidality, irritability, low tolerance for boredom, sensation seeking and criminal

behaviours. Poor interpersonal relationships, excessive alcohol and poly-drug experimentation, non-gambling related criminality, and a family history of antisocial behaviour and alcoholism are characteristic of this group. Gambling commences at an early age, rapidly escalates in intensity and severity, occurs in binge episodes and is associated with early gambling-related criminality. These gamblers are less motivated to seek treatment in the first instance, have poor compliance rates, and respond poorly to any form of intervention.

Discussion

The starting premise of the proposed pathway typology model is that problem gamblers form a heterogeneous population; the end result of a complex interaction of genetic, biological, psychological and environmental factors. From this population, subgroups of gamblers sharing commonalties can be extracted. The strength of this approach is that it integrates disparate findings reported in the literature. It takes into account the notion that there are groups of non-disturbed gamblers. These gamblers lose transient control over their behaviour because of irrational cognitions, which lead to a series of poor judgments and they become temporarily over-involved in gambling. Fluctuations between heavy and excessive gambling are observed; their disordered gambling may remit spontaneously or with minimal interventions. At the same time, the pathway typology recognizes subgroups of gamblers who participate for emotional reasons: to dissociate as a means of escaping painful life stresses, to reduce boredom, or to deal with unresolved intrapsychic conflicts or childhood traumas. The model also acknowledges that there are some gamblers who exhibit biological correlates of disturbed behaviours. These traits qualify them as sufferers of a medical and/or psychiatric condition characterized by impulsivity and features of attention deficit disorder.

All three subgroups are affected by environmental variables, conditioning and cognitive processes. From a clinical perspective, each pathway contains different implications for managing ement strategies and treatment interventions. "Normal" pathological gamblers require minimal interventions, counselling and support strategies and may resume controlled gambling post intervention. Self-help groups such as Gamblers Anonymous are effective, as are self-control self-help educational materials.

The needs of emotionally vulnerable gamblers who seek solace through dissociation produced by gambling (Anderson & Brown, 1984) to deal with emotional distress, life circumstances or trauma and loss (Taber, McCormick &

Ramirez, 1987) require more extensive psychotherapeutic interventions. Relevant here are stress management and problem-solving skills, as are therapeutic endeavours directed toward resolving intrapsychic conflicts and procedures designed to enhance self-esteem and self-image.

For those gamblers with biological correlates, clinicians must attend to problems related to attention and organizational deficits, emotional liability, stress intolerance, and poor problem solving and coping skills. These gamblers may require intensive cognitive behavioural interventions aimed at impulse control, which is administered over longer terms. Medication aimed at reducing impulsivity through its calming effects may be considered (for example, Prozac); although more random-controlled outcome trials are needed before the benefits of the medication can be established with confidence.

The proposed pathway model is a conceptual framework that attempts to integrate research data and clinical observation to assist clinicians in the identification of distinct subgroups of gamblers requiring different treatment strategies. It is hoped that the model will provide a practical clinical guide that will improve the effectiveness of treatment by refining diagnostic processes and matching gamblers to intervention techniques. The model is open to empirical testing.

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Gambling on the Edge in Alberta

By Harold J. Wynne, PhD, Wynne Resources, Edmonton, Alberta

Abstract

Alberta is Canada's gambling hotbed. In this article, the author explores the preoccupation of Albertans with this form of entertainment and discusses recent events related to gambling in this province. These include the divisive community video lottery terminal (VLT) debate, hotel operators lobbying for gambling expansion, the government's role in Internet gambling and the increasing reliance of charities on gambling revenues.

The author concludes by forecasting four "gambling megatrends" based on experiences from this bellwether province:

1. gambling in Canada will continue to expand in the foreseeable future;
2. a high-tech gambling future will include Internet gambling in the home;
3. special "gaming rooms" and "mini-casinos" will appear in hotels and convention centres; and
4. charitable organizations will increasingly depend on gambling revenues for their good works.

Alberta's Gambling Boom

Alberta is Canada's gambling hotbed. Nine out of ten adult Albertans gamble on some form of legally-sanctioned "game" and this province has the distinction of having the widest array of gaming entertainment options available to its citizenry of any jurisdiction in North America. Even the kids are getting into the act as seven out of ten adolescents age 12 to 17 have gambled for money, either on a legal game or informally with family or friends (Wynne, Smith, & Jacobs, 1996).

Further evidence of Albertans' preoccupation with gambling is apparent when one examines the staggering amount that is wagered in this province each year. In the research report *Gambling and the Public Interest* (Smith & Azmier, 1997), the Canada West Foundation reported that the gross amount wagered on all forms of gambling in Alberta rose from $1.6 billion in 1993 to $2.7 billion in 1996-a shocking increase of $1.1 billion, or 70%, in only three years! This translates into every Albertan over 18 spending $1,344 each year on gambling in 1996. This was the highest per capita wagering total in the country (Saskatchewan was second highest at $1,183 and British Columbia was the lowest at $589). No other industry in Alberta or in the rest of the country - not even the banking fraternity, long chided for its revenue generating propensity - has experienced this phenomenal financial growth in the past few years.

This gambling boom has translated into a windfall of revenue flowing to provincial government coffers. In crafting the 1999-2000 budget, the Alberta government projects that lottery revenue will total $770 million. This lottery revenue comes from video lottery terminals (VLTs), slot machines, and ticket lotteries only and it does not include other gambling revenues, such as licensing fees or income to non-profit organizations derived from horse racing, bingos, raffles, or charitable casino gambling. To place this in perspective, the estimated $770 million in lottery revenue compares with $1.1 billion collected annually from school property taxes, $690 million from health care insurance premiums, $570 million from fuel taxes, $452 million from liquor taxes, $350 million from tobacco taxes, and $346 million from crude oil royalties. Fully 4.5% of Alberta's estimated budget of $17 billion is expected to come from lottery revenues and this compares with 37% from combined personal and corporate income taxes and 14% from all natural resource revenues.

Clearly, as well as providing entertainment for the citizenry, gambling has become a major component in Alberta's fiscal policy. In fact in the 1999 spring cabinet shuffle, the Alberta government created the new Ministry of Gaming (www.gaming.gov.ab.ca) to oversee gambling operations throughout the province. "Gaming" now has a permanent, high profile place at the cabinet table alongside

Learning, Health and Wellness, Environment, Community Development, Children's Services and other significant portfolios.

Recent Gambling Happenings in Alberta

It is much easier to describe what is happening on the Alberta gambling scene than why gambling has been so enthusiastically embraced in this province. The latter necessitates an examination of the settlement history, socio-political climate, and economic forces at play in a diverse and bountiful environment - all considerations far beyond the scope of this article. It is, however, instructive to track recent gambling happenings in a province that is so preoccupied with this form of entertainment for two main reasons: first, as a precursor to understanding why gambling is paramount in Alberta and second, as a harbinger of gambling trends that may spread to other Canadian provinces.

The Great VLT War

There are about 6,000 VLTs in over 1,200 sites across Alberta. On October 19, 1998, Albertans in 36 communities voted on whether to keep VLTs in their villages, towns and cities or to ask the province to remove these gambling machines from bars and lounges. In the end, most communities, including the major cities of Edmonton and Calgary, voted to retain VLTs, although in Edmonton the vote margin was very narrow.

This is a watershed event in Alberta and Canada's gambling history as it represents the first time the people have exercised a direct vote on any form of gambling expansion. The proponents of the "yes" (VLT removal) side engaged in a media war with the "no" (VLT retention) advocates and the rhetoric raged for months. Those who are interested in the details of the Great VLT War can find details in the Canada West Foundation (www.cwf.ca) report entitled *Rolling the Dice: Alberta's Experience With Direct Democracy and Video Lottery Terminals* (Azmier, 1998).

In the final analysis, the people of Alberta have spoken. Petitions signed in Edmonton and Calgary that forced the VLT plebiscites garnered nearly a quarter of a million signatures, which is an extremely strong indication that many Albertans insist on having a say in gambling decisions that affect their communities. Based on this highly visible and successful experience with direct democracy, it is very

likely that the people will continue to lobby the Alberta government to be more involved in the gambling policy decision-making process.

Alberta Hotel Operators Lobby for More Gambling - Again

Several weeks ago, the Alberta Hotel Association approached the Alberta government with an idea for a "pilot study" that involves swapping VLTs for coin slot machines in 40 bars and lounges. The hoteliers are proposing giving up the VLTs in 40 establishments in return for 50 coin slots to be placed in new "gaming rooms" to be developed in these selected hotels. Interestingly, although the government has capped VLTs at 6,000 province-wide, there is no similar limit on the number of coin slots permitted (these presently number about 3,000). The hotel association proposes creating a foundation to funnel 15 per cent of the slot machine revenues into medical research with hotel operators getting another 15 per cent and the province getting the final 70 percent.

The specter of hotel operators lobbying government for more gambling business is nothing new in Alberta. In the early 1990s, the hotel lobby was a major factor in the government's decision to conduct the VLT "pilot projects" in Edmonton and Calgary that ultimately resulted in the wide distribution of VLTs in bars and lounges throughout the province.

Once again, the hotel lobby is attempting to influence the Alberta government to expand gambling to the industry's benefit. If approved, the coin slot "pilot project" suggested by the hotel industry will see some 2,000 coin slots rolled out in 40 new gaming rooms, replacing about 300 VLTs in the process. So far, government MLAs who have been quoted in the media do not favour the hotel association proposal. Ironically, both the pro- and anti-VLT spokesmen in Calgary are also quoted as being opposed. Nevertheless, history shows that the hotel lobby in Alberta is powerful, so I wouldn't bet the farm against lobbyists ultimately succeeding in getting their gaming rooms- starting with coin slots at first and, perhaps, expanding to table games in the future.

Is Internet Gambling Coming to Alberta?

Internet gambling is already available in Alberta, as it is in other provinces. On-line gambling is presently illegal and is typically operated from offshore locations, such as the Caribbean islands, which are outside the jurisdiction of Canadian governments. In our recent study *Gambling and Crime in Western Canada* (Smith & Wynne 1999) Garry Smith and I conclude that, because the present laws against Internet gambling are inadequate and unenforceable, consumers are vulnerable to crimes such as fraud, credit card theft, and cheating. Moreover, there is no way for provinces to stop under-age gamblers from playing. Consequently, we speculate that legalization of Internet gambling seems likely because prohibition is futile in the face of advanced technology and there is tremendous potential for governments to raise large revenues.

Coincidentally, the day after our study was released, provincial newspapers ran a story "Internet Gambling Could Be in the Cards" referring to the Alberta government's plans. In the Edmonton Sun, Gaming Minister Murray Smith was quoted as saying, "You never rule anything out categorically. But we're not considering it at this point. We don't see it as viable at this point" (Beazley, 1999). The story was sparked when it was learned that the Alberta Gaming and Liquor Commission (AGLC) executive was to get a briefing on Internet gambling operations in Canada and abroad. The purpose of the briefing was ostensibly to bring AGLC up to speed on which Internet gambling operators offer their product in Alberta.

This is not the first time that the prospect of Internet gambling in Alberta has surfaced. The Sun also reported that, in 1995, a Caribbean-based Internet gaming company, Internet Casinos Inc., offered to make a personal pitch to Premier Ralph Klein to set up an Internet gambling service in Alberta. The outcome of this overture was not reported. The Liberal opposition has made a Freedom of Information request for any studies and documents relating to Internet gambling and the government has promised these will be delivered in early October.

Clearly, The prospect of Internet gambling in Alberta promises to be a political hot potato in the near future. The government is in the unenviable position of having to either enforce and attempt to eradicate illegal Internet operations or sanction and regulate this form of on-line gambling. Of course, doing nothing is also a government option as is legalizing, promoting and regulating a made-in-Alberta Internet gambling operation. It will be very interesting to watch how the Alberta government deals with this difficult issue in the months ahead.

Charities Are Hooked on Gambling

Revenues

A recent Canada West Foundation study of 400 non-profit charities across Canada (Berdahl, 1999), concluded that "gambling revenues are an increasingly important source of funding for the non-profit sector, despite the facts that such revenues are often unstable and present ethical conflicts for a number of organizations." Of the 400 non-profits participating in the study, 28% rated gambling grants as their top funding source and 50% said gaming grants were in the top three sources of their funding. Furthermore, about 20% said they received over half of their annual revenues from gaming grants.

Alberta charitable organizations are especially dependent on gambling revenues. Twenty per cent of Alberta non-profits receive more than half of their revenues from charitable gambling as opposed to 10 per cent in Ontario and 5 per cent in Saskatchewan. More than 8,000 charitable organizations in Alberta currently either have a gaming licence or have conducted a gaming activity in the past two years. The list includes agricultural societies, service clubs, community associations, community leagues, and various types of groups (e.g., youth, music, multicultural, sports, religious, seniors, social action). In the current fiscal year, it is estimated that these non-profit organizations will share in $146 million in net revenue realized from four charitable gambling sources - bingo, $58 million; casinos, $60 million; pull tickets, $9 million; and raffles, $19 million (Berdahl, 1999).

Depending on gambling revenues for charitable "good works" causes an ethical dilemma for some board members and volunteers. The Canada West study found, however, that the prevailing sentiment among non-profits was that the "commitment to their cause overrides their ethical concerns about gambling" (Berdahl, 1999). In other words, most take the money and hold their nose. The study concludes by offering 10 recommendations, with the main focus being on reducing charitable organizations' reliance on gambling revenues by replacing these with government grants to organizations to meet community needs.

Gambling Megatrends

In his pop-futurist best seller *Megatrends* (1982), John Naisbitt identified "ten new directions transforming our lives." Ironically, Naisbitt ignited a trend of his own as his seminal work spawned a parade of similar futurist publications - Faith Popcorn's *The Popcorn Report* (1992) and *Clicking* (1996), Naisbitt and Aburdene's *Megatrends 2000* (1990), David Foot's *Boom, Bust and Echo* (1996)

and Angus Reid's *Shakedown* (1996) to name a few. Each of these authors uses different methods to read the tea leaves in an attempt to enlighten us as to where Western society is heading. In the original *Megatrends*, Naisbitt describes "bellwether states" as those wherein "social invention" in response to social issues and local conditions, seems to occur time and time again. He identified five bellwether states as the leaders and trendsetters in the United States - California, Florida, Washington, Colorado and Connecticut - and through monitoring local media accounts of social invention in these states, he extrapolated the first 10 "megatrends."

While other futurists use different approaches - Foot examines demographic shifts, Popcorn depends on interviews, and Reid relies on polling data and research - there is merit in Naisbitt's observation that there are bellwether states wherein socioeconomic trends are most likely to be conceived, incubated or, at least, quickly adopted.

I believe that Alberta is such a bellwether state when it comes to gambling expansion, regulation and experiencing the inevitable socioeconomic fallout. Therefore, I suggest that it is instructive to monitor the gambling happenings in Alberta for clues about emerging "gambling trends" that may ultimately be experienced in other provinces. At the risk of being labeled a gambling futurist, I offer for consideration four gambling trends inferred from these Alberta happenings:

1. Gambling in Canada will continue to expand in the foreseeable future and machine-based gambling - including VLTs, coin slots, electronic Keno and bingo, and video poker - will grow significantly and become the most pervasive gaming format.

2. This high-tech gambling future will include legalized Internet gambling where citizens will wager on the outcome of table games, horse races, sporting events, elections, and a myriad of yet-to-be determined gambling opportunities, all on their personal computer and in the privacy of their home.

3. The Canadian hospitality and tourism industry will be successful in lobbying governments to allow special "gaming rooms" or "mini-casinos" in larger hotels, convention centres, and tourist destination facilities as part of providing a better entertainment package to attract guests.

4. Canadian charitable organizations will rely heavily on gambling initiatives - lotteries, raffles, casino nights, bingos, and grants from government-sponsored gambling - to fund their programs and administration.

The Alberta people have also clearly voiced that they want a say in the government's future gambling expansion plans and other provincial governments would be prudent to involve the public in gambling decision-making lest they, too, suffer the wrath of the citizenry.

In Alberta, gambling is on the edge. But the edge of what? Proponents would argue that the province is on the leading, trendsetting edge of crafting responsible gambling expansion plans while mitigating the harmful effects of gambling - in other words, creating a healthy balance. In contrast, detractors argue that Alberta is on the edge of a precipice. They see unfettered gambling expansion as a black hole that impoverishes the vulnerable, enriches governments and a few fat-cat operators, and generally seduces people into valuing "luck" above sacrifice and hard work. Which is the true Alberta gambling edge - precipice or trend-setting? It will be interesting to watch the gambling happenings in this bellwether province as the answer to this question emerges.

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Relationship between gender and substance use among treatment-seeking gamblers

By Tony Toneatto, Senior Scientist, Centre for Addiction and Mental Health, Toronto, Ontario and *Wayne Skinner, Clinical Director, Concurrent Disorders Program, Centre for Addiction and Mental Health, Toronto, Ontario*

Abstract

Very little is known about gender differences in psychoactive substance use among gamblers. In this study, 200 individuals seeking treatment for problem gambling were assessed with respect to lifetime and current use and abuse of licit and illicit substances. As a group, they were found to have experience with psychoactive substances exceeding that reported for the general population. There were no gender differences in patterns of illicit drugs; however, the women gamblers reported greater experience with psychiatric medications over the lifetime and during the treatment and follow-up periods.

Introduction

A considerable body of research, recently reviewed by Spunt, Dupont, Lesieur, Liberty and Hunt (1998), has shown a strong relationship between substance abuse and dependence, and pathological gambling. In general, the research reports higher rates (ranging from two to three times) of alcoholism and other substance use

among gamblers than among the general population (e.g., Abbott & Volberg, 1991; Ladouceur, Dube, & Bujold, 1994; Rupcich, Frisch, & Govoni, 1997). Similarly, rates of pathological gambling seem to be higher among substance-abusing populations than the general population (e.g., Feigelman, Wallisch, & Lesieur, 1998; Roehrich, Sorensen, & Good, 1994; Steinberg, Kosten, & Rounsaville, 1992).

However, Spunt et al. (1998) note the lack of data regarding the effect of gender on substance use among pathological gamblers. Mark and Lesieur's 1992 survey of the gambling research literature found that very few studies included female gamblers; those that did rarely analyzed results according to gender. They observed that the failure to include female gamblers seriously limited the generalizability of the findings.

The purpose of the current study was to describe the relationship between gender and patterns of legal, illicit and prescribed psychoactive substance use in a sample of treatment-seeking pathological gamblers.

Method

Individuals seeking treatment for problem gambling were recruited from addiction and mental health agencies, community mental health professionals, assessment and referral agencies, credit counselling agencies, employee assistance programs as well as directly soliciting participants through advertisements in major and local daily newspapers in Toronto, Canada. Individuals who were referred to the study or responded to newspaper advertisements were invited to participate in the baseline assessment procedure.

The severity of the individual's gambling problem was measured using the Diagnostic and Statistical Manual (DSM-IV) criteria for pathological gambling (American Psychiatric Association, 1994) and the South Oaks Gambling Screen (SOGS) (Lesieur & Blume, 1987), a widely used screen for gambling problems. The Gambling Behavior Questionnaire (Toneatto, unpublished) was used to assess the types and duration of gambling problems, previous gambling treatment, family history of gambling, positive and negative perceptions of gambling and negative consequences of pathological gambling.

Lifetime use, problematic use and treatment history for up to11 psychoactive substances were also measured. Recent use (during the month pre-treatment) and use during the year following treatment were assessed. Substances were classified into two broad categories: drugs (cannabis, cocaine, hallucinogens, inhalants, opiates, stimulants) and psychiatric medications (anti-depressants, anxiolytics,

sedatives, anti-psychotics). Prescription opiates and alcohol were considered separately.

Gambling treatment consisted of one of four modalities: cognitive-behavioural therapy, brief motivational intervention, 12-step therapy and solution-focused therapy. As the treatments were administered in separate geographic locations, random assignment was not possible. All treatments were administered on an outpatient basis and averaged six sessions except for the motivational intervention, which was one session.

Frequency of gambling, money wagered and relapse (i.e. any gambling if the treatment goal was abstinence; excessive gambling if participants did not choose abstinence as the treatment goal) were assessed for the periods: a) 30 days prior to the baseline, b) six months post-treatment and c) 12 months post-treatment. Relapse was assessed as any gambling if the treatment goal was abstinence and as excessive gambling if participants did not choose abstinence as the treatment goal. At the 12-month follow-up assessment, use of psychoactive substances during the preceding year was assessed again. Additional details describing the treatments and the study can be found in Toneatto, Dragonetti and Brennan (unpublished).

Results

Sample characteristics

Table 1 describes the overall demographic and gambling-related characteristics for the sample as a whole. The sample was primarily male, middle-aged, earning a middle income, largely non-partnered, with some college education and generally employed. Almost everyone met clinical criteria for pathological gambling according to DSM-IV or SOGS. All subjects were included in the analysis, however, as these measures were not employed as inclusion criteria, but rather as indicators of the severity of the gambling problem.

At the time of seeking treatment, the individual's gambling problem was typically of several years duration, associated with multiple negative consequences (including substantial total estimated financial losses). Almost half of the sample had sought treatment for gambling previously at Gamblers Anonymous (GA). Participation in other addiction programs was not assessed.

Table 1

Description of sample

Variable	**Total** (*n*=200)
Demographic	
Mean (SD) age in years	41.3 (11.1)
% male	74.9
% married/common-law	48.2
% some college education	30.3
% full-/part-time employment	61.9
Mean (SD) income in thousands	33.0 (23.0)
Gambling-Related	
Mean (SD) SOGS score	12.1 (4.0)
% pathological gamblers, SOGS score > 4	96.0
Mean (SD) DSM-IV symptoms	6.9 (2.2)
% pathological gamblers, DSM-IV 5 symptoms	84.9
Mean (SD) years pathological gambling	7.2 (7.6)
Mean (SD) lifetime financial loss in thousands	90.0 (140.0)
% ever attended GA	47.5
Mean (SD) number of consequences[1]	6.2 (2.2)
Mean (SD) problem gambling behaviors[2]	2.4 (1.6)

[1] maximum 10 [2] maximum 12

Gender and substance use patterns

Lifetime use of psychoactive substances was extensive in this sample (see Tables 2 and 3). The highest use rates were reported for certain psychiatric medications (i.e., anti-depressants and anxiolytics), cannabis, cocaine and prescription opiates (see Table 2). Several gender differences in psychoactive substance use were observed. Females were more likely to report lifetime use of psychotropic medications, primarily anti-depressants (62% vs. 22% for males; χ^2 [1] = 27.3, $p < .0001$), anxiolytics (50% vs. 22% for males; χ^2 [1] = 14.9, $p < .0001$) and sedatives (28% vs. 13% for males; χ^2 [1] = 5.7, $p < .02$).

The women were also more likely to report drug use during the 12-month post-gambling treatment follow-up period as well; anxiolytics (19% vs. 2% for males; χ^2 [1] = 7.0, $p < .01$) and anti-depressants (37% vs. 14% for males; χ^2 [1] = 5.4, $p < .05$). There were no gender differences in the proportion of individuals reporting lifetime use of any specific drugs, history of drug problems or drug treatment, or drug use either pre-treatment or during the 12-month follow-up.

Gender and alcohol use patterns

Males were more likely than females to drink alcohol in the month prior to seeking treatment for gambling (64.3% vs. 26.0%, respectively; χ^2 [1] = 22.7, $p < .0001$) as well as during the 12-month follow-up period (59.7% vs. 24.2%, respectively; χ^2 [1] = 8.3, $p < .005$) (See Table 2.) Males also consumed significantly more alcohol drinks (M [SD] = 4.4 [6.0]) on any one day in the month prior to treatment than did females (M [SD] = 1.5 [4.3]; F [1: 197] = 9.6, $p < .005$). This margin of difference decreased in the month prior to the 12-month follow-up assessment (M [SD] = 3.6 [6.3] vs. M [SD] = 1.3 [3.1], for males and females, respectively; F [1: 91] = 4.0, $p < .05$). There were no significant differences in the proportion of males (12.9%) and females (9.1%) who reported a current alcohol problem.

Females also reported more days of abstinence in the month pre-treatment (M = 28.4, SD = 4.3) than did males (M = 23.9, SD = 8.1; t [197] = -3.72, $p < .0001$). The same was true in the month prior to the 12-month follow-up assessment (M = 28.4, SD = 4.8 vs. M = 23.7, SD = 8.7 for females; t [91] = -2.82, $p < .01$). There were no gender differences, however, in the lifetime rates of alcohol problems or treatment-seeking for problem gambling.

In addition, there was no significant gender effect of either alcohol use on gambling behaviour (21.0% of males vs. 10.0% of females reported increased gambling when drinking alcohol) or gambling on alcohol consumption (14.4% of males and 12.0% of females reported increased alcohol use when gambling).

Table 2

Patterns of use for individual psychoactive substances, by gender

Substance		**Ever used**		**Ever a problem**		**Ever treated**		**Used in 30 days pre-treatment**		**Used during follow-up period**[1]	
		M[2]	F[3]	M	F	M	F	M	F	M	F
Alcohol	%	na[4]	na	26	24	12	22	664.3	26	59.7	24.2
	n	na	na	22	8	10	7	97	13	37	8
Cannabis	%	67	54	15.3	12	6	6	8.7	8	1.3	4
	n	100	27	23	6	9	3	13	4	2	1
Cocaine	%	30	22	8	10	4	18	0.7	4	0.7	0
	n	45	11	12	5	6	2	1	2	1	0
Opiates	%	7	10	2.7	4	1.3	2	1.3	0	2	0
	n	11	5	4	2	2	1	2	0	1	0
Hallucinogens	%	31	24	6.7	6	3.3	4	0	0	0	0
	n	46	12	10	3	5	2	0	0	0	0
Inhalants	%	5	6	0.7	0	0	0	0	0	0	0
	n	7	3	1	0	0	0	0	0	0	0
Stimulants	%	21	22	6	10	1.3	8	1.3	2	0	0
	n	31	11	9	5	2	4	2	1	0	0

Anti-depressants	%	22	62	1.3	6	0	0	14.7	34	14	37
	n	33	31	2	3	0	0	22	17	7	10
Anxiolytics	%	22	50	4	14	1.3	10	4.7	22	2	19
	n	32	25	6	7	2	5	7	11	1	5
Antipsychotics	%	4	12	0	0	0	2	2.7	8	8	15
	n	6	6	0	0	0	1	4	4	4	4
Sedatives	%	13	28	3.3	16	0.7	8	4	10	6	15
	n	20	14	5	8	1	4	6	5	3	4
Prescribed opiates	%	33	46	4	16	1.3	8	9.3	10	6	15
	n	49	23	6	8	2	4	14	5	3	4

[1]*n* = 93 [2] Males, *n* = 149-150 [3]Females, *n* = 50

[4]Lifetime use of alcohol not assessed.

Gender and aggregated psychoactive substance use patterns

Table 3 describes the relationship of gender and aggregated substance use patterns. More females reported lifetime use of psychiatric medications (χ^2 [1] = 16.7, $p < .0001$), abuse of medications (χ^2 [1] = 10.2, $p < .005$), treatment for abuse of medications (χ^2 [1] = 17.0, $p < .0001$), medication use at the time of seeking treatment for the gambling problem (χ^2 [1] = 17.8, $p < .0001$) and medication use during the 12-month follow-up period post-treatment (χ^2 [1] = 10.9, $p < .001$). Frequencies for the use of psychiatric medications also showed similar, significant gender differences. There were no gender differences in the patterns or frequency of drug use.

Table 3

Lifetime, current and follow-up drug and medication use, by gender

Variable	Males	Females
Mean (SD) number of:	% *n*	% *n*
Drugs[1] ever used	70.5 (106)	60.0 (30)
Drugs ever a problem	24.0 (36)	22.0 (11)
Drugs ever treated for	9.3 (14)	10.0 (5)
Drugs used in 30 days pre-treatment	10.0 (15)	10.0 (5)
Drugs used during follow-up period[2]	6.5 (4)	3.0 (1)
Medications ever used[3]	38.7 (58)	72.0 (36)
Medications ever a problem[3]	7.3 (11)	24.0 (12)
Medications ever treated for[3]	1.3 (2)	16.0 (8)
Medications used in 30 days pre-treatment[3]	18.0 (27)	48.0 (24)
Medications used during follow-up period[2,3]	14.5 (9)	46.0 (15)

[1]excluding alcohol [2]$n = 93$

[3]chi-square significant at $p < .0001$ [4]chi-square significant at $p < .005$

Discussion

No study has systematically assessed gender differences in substance use patterns, problematic substance use and substance treatment history among pathological gamblers. The results of the present study suggest that female problem gamblers

reported significantly greater lifetime use of psychiatric medications, in particular anti-depressants, anxiolytics, and sedatives, than male problem gamblers.

This pattern parallels the relationship observed between gender and psychiatric medications in the general Canadian population. In a survey of drug use among Canadians (McKenzie, 1997), more women used tranquilizers (5.3%), sedatives (5.4%) and anti-depressants (4.2%) in the past year than did men (3.4%, 3.7%, 1.7%, respectively).

While the lifetime prevalence of illicit drug use in the Ontario population (e.g., cannabis, 26.8%, cocaine, 4.9%, heroin, 1.1%) is considerably lower than that for legal substances (e.g., nicotine, alcohol) and prescribed medications, the rates are generally twice as high for males as for females (Van Truong, Williams, Timoshenko, 1998; Adlaf, Ivis, Ialomiteanu, Walsh, Bondy, 1997). The present study found the same relationship wherein illicit drug use was higher in males, although not significantly so. While the relationship between gender and substance use appears to be consistent with what is found in the general population, the rates are considerably higher among problem gamblers seeking gambling treatment.

There were no gender differences in the reported rates for problems with, or treatment for, drug, medication or alcohol use. Furthermore, very little drug use was reported at the time that participants were seeking gambling treatment. None of the participants reported that their current substance use was problematic. Nor was there any evidence that gambling behaviour was substituted by increased use of psychoactive substances as a result of treatment, since there was no change in the use of psychoactive substance during the post-treatment period compared to substance use prior to entering gambling treatment.

The relatively high rates of medication usage among treatment-seeking female gamblers suggest higher levels of psychological dysfunction, sufficient to warrant psychopharmacological intervention. It is well-documented that women tend to suffer from mood and anxiety disorders at rates higher (approximately two to three times) than men in the general population and they are also more likely to seek treatment for anxiety and depression (Kessler, et al. 1994; Ross, 1995). Medications would frequently be a component of such treatment.

Problem gamblers have been shown to suffer considerably from concurrent psychiatric symptomatology. Reviews of the literature show that affective disorders and anxiety disorders are particularly common (Lesieur & Blume, 1991; McCormick, Russo, Ramirez & Taber, 1984; Linden, Pope and Jonas, 1986). Specker, Carlson, Edmonson, Johnson and Marcotte (1996) found that almost all of a sample of 40 problem gamblers had had a lifetime mood disorder and most female (but not male) problem gamblers had been diagnosed with an anxiety

disorder during their lifetime. In general, this literature has not examined psychopathology by gender.

The results of this study suggest that substance use among treatment-seeking problem gamblers, while highly prevalent over the course of the lifetime for both genders, does not seem to be a relevant clinical issue. However, the elevated rates of psychotropic drug use, especially among female problem gamblers, suggest that there may be considerable psychiatric comorbidity in this population, which is consistent with other research in this area.

It is not clear from the study whether such psychopathology is functionally associated with the gambling behaviour. The finding that neither gender changed greatly in their use of antidepressants and anti-anxiety medications in the year following treatment for gambling may indicate an independent psychiatric syndrome. Additional research is needed to evaluate the impact of concurrent medication use and/or psychopathology on the outcome and long-term effect of treatments for problem gambling.

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We invite submissions from clinicians - for example, from therapists, counsellors, social workers, and case managers - who work with problem gamblers and their families. We would like to hear what you have learned in your practice that can help other clinicians to better serve their clientele. If you are thinking about beginning an article for us, please see the 'Invitation to Contributors.' All submissions will be peer-reviewed in confidence by at least two clinicians and mediated by the editor for their soundness and value to practicing clinicians.

If you have questions, please contact the editor:

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first person

We hope that the narratives in First Person Accounts *will evoke an understanding of how people experience gambling. These experiences may come from gamblers, from family or friends of gamblers, and may be positive or negative. We invite others to share their experiences as* First Person Accounts *or to a dialogue in our* Letters to the Editor.

At Greenwood Racetrack

By Geri Lockwood

(written in 1996)

During the summer of '93, I occasionally talked my mother into going with me to Greenwood Racetrack in Toronto. It wasn't her favourite place, nor was it the favourite place of most of the people I knew. My daughter refused to go there "amongst the scumbags," as she so aptly put it, but it was my weekend recreation. To escape from dwelling on things of the past, which left me empty and broken, I would rush off on Friday or Saturday or both nights to spend money I didn't have, but which my bank overdraft could accommodate. A quick trip to the Green Machine and I was literally off to the races.

When my daughter moved out the first time, the support from my former husband was cut in half and my finances began to worsen. As I tried to make sense of my state of affairs, I looked back to my first gambling experience and totalled up the years: ten years of chasing a myth and living one. I had a secret life that I exposed to few people, certainly not to the people I worked with. And of course, I gave up my friends - they would not learn of my unhappy penchant for losing money.

A psychic thing I had occasionally experienced resurfaced one summer night in Guelph, where I lived in 1980. A lower downtown street in Guelph had been closed

off and a carnival set up. My husband, my daughter and I went - an affluent family secure with themselves.

As the evening progressed, the fair seemed to come into focus, unreal, and yet somehow, heightened. It was a strange experience, almost like being in a car accident when every detail is slowed down and in horror and helplessness you know you are mortal.

I shrugged off that experience, but it foretold a fascination with what was to come. Sometime after this experience, the three of us moved to Montreal. Within two months of this move, my marriage was over and my daughter and I wound up in Toronto, more aware of each other than we had ever been. In one evening, I celebrated my wedding anniversary and ended my marriage, all while eating dinner at Ruby Foo's.

It was March of '82 when we left Montreal at my husband's invitation. The train route to Toronto ended at Union Station and from there we rode the subway to Kennedy station. With our two suitcases in tow, we walked to my mother's apartment, which she shared with my dear stepfather.

I had originally intended to return to Guelph. But Mom and my stepfather talked me into staying at their Toronto apartment with my daughter, where I slept on the pullout bed in their spare room.

It was tough trying to secure an apartment, and I played the waiting game for a home of our own. I worked temporarily while I waited. I had $10,000 in the bank and was somewhat financially secure. I held off getting a permanent job until I was settled in my own place and had my furniture and possessions with me in Toronto.

I found an apartment, and my stepfather, who never let me down, saw that my furniture was delivered. I then applied for a job with a bank and after weeks of their deliberating, I was offered a permanent position. My life seemed to be settling down.

My daughter and I went to the Canadian National Exhibition on Labour Day weekend, and I was to start work the following Monday. We walked through the CNE and I don't really remember all the details, but I began to play the games of chance. It was fun. In fact, as closing time came my daughter and I were all smiles, thrilled to have enjoyed ourselves for the first time since we left Montreal.

After that I lived for the CNE, and began buying $2 instant scratch-and-win tickets. I was consumed. One of the early scratch-and-win tickets also had a number for a future draw with a prize of $100,000. I eagerly kept all these tickets in anticipation

of the future draw. One day I counted them up, I had over $200 in useless tickets. I began to realize that something was wrong. I searched for the number of Gamblers Anonymous and hesitatingly called. That night, unlike the other nights I called, someone answered.

I told him that I thought I might have a gambling problem, and that I had been buying lottery tickets. The reformed gambler on the other end of the phone scoffed at me and said buying a few lottery tickets was not gambling. He had gone to the track for years and *that* was real gambling. I told him I had bought more than a few tickets, but he was not impressed. Not being at all forceful, I hung up. I decided that I would try the racetrack and that weekend - fearful, but drawn to it, I made my way to Greenwood Racetrack.

It was overwhelming to a novice: noise, crowds and strange odds, which I would later become a master at, showing displayed on television screens beside the horses' numbers.

Thoroughbred horses were running that day, and asking help from a ticket seller, I made my first bet. The horse won and I lined up to cash my $5 winning ticket.

I asked a man in line ahead of me, obviously also a winner, how much I had won. He said the horse had been at 4 to 5 odds and I would get back $9. I was disappointed. The man showed me his winning ticket: a $100 bet. I wasn't so much impressed as in wonder at someone risking so much money when the payoff was so small. Obviously, he was adept at playing "sure things": the bane of all gamblers.

I made some other bets, but finally I made two or three at once; one of which was a show bet on a horse going off at 20 to 1 odds. I was learning about odds quickly. I went to put my tickets in my wallet and I couldn't find it. Frantically, I dug around in my purse. Of course I couldn't have lost my wallet, I told myself, but my search was fruitless. I was in a panic.

I retraced my steps, but my wallet with $17 in it and my means of getting home were gone. The track was a long way from where I lived. No one knew that I had actually come to a place like this alone. How would I get home and explain my shame, not only at having gone, but also at being the victim of a pickpocket.

A prickle of fear was all over my body, but I calmed myself and hoped that maybe one of my horses would win. Having nothing better to do, I nervously watched the race. My 20 to 1 long shot came home. I cashed the winning ticket and got back $6, enough to get home and back to real life.

I left the track sobered by my experience. But I would return to that haven of shame and compulsion many times in the years that followed and walk a tightrope of living a dual identity.

In a way, I would remain true to my nature and not be dishonest or cheat anyone involving a money transaction for the sake of gambling. But to myself, I heaped lies onto lies and my self honesty was diminished. Thus what I *was* changed forever. Changed too, was how I would look at the people who passed through my life. I regarded the addicted as fellow travellers for whom, at times, I would share an unspoken empathy that did not always produce sympathy. The unaddicted became God's chosen; just normal folks, but sometimes within me I wondered if they too harboured a secret self. I regarded anyone with a forced smile or show of gaiety with suspicion.

The compulsion to gamble took a firmer grip on me. I left reason and reality behind on the nights when I discovered that I had inadvertently brought my banking card. One night when I discovered the card, I made a frantic trip to the automatic teller to withdraw money and then raced to the betting window just in time to make a huge bet. It never mattered if I won or lost; though I usually lost. Winning just kept me in the grip and atmosphere of the racetrack, but I always left with nothing in my pocket. I would trudge out and wait by the bus stop at the Harvey's.

Sometimes, but only sometimes, I had the $1.60 to purchase one of Harvey's wonderful chocolate milkshakes and I enjoyed the reality and treat of it as I entered the real world and shook off the horror and hopelessness of the madness. The many trips I made to the banking machine drained my account, even with my overdraft, and I would steel myself to survive until my next paycheque.

As the bus moved through the darkness, I would look out the window and dwell on how secure the homeowners were, but I knew that such a luxury as a house of my own could never be mine.

Once, when the bus stopped for a light at Greenwood and Danforth, I looked up to the top window of the bank. Perched on the window ledge was a lone pigeon, which huddled on the ledge with its feathers ruffled outward, the small head turned around and buried into its back feathers as it sought shelter from the bitter night cold, and I wondered in whose grip we both were held.

Then a series of events came out of reading horoscopes, an amusing pastime for some. My sister, who was also born under the sign of Libra as I was, played a game with me during our evening telephone calls.

We speculated for what we read made us believe that soon the heavens would be

with us. We found a new horoscope that forecast hope and promises for us both. I took special meaning from a forecast that urged me to look into a relationship from far back in my past and deal with it, for there I would find the key. I remembered a love I had encountered when I was 17 and the great dysfunctioning that had begun for me with that love. I began to explore my early past and how I was still living with it.

I continued to go to the racetrack, but I carried a memory of someone I had loved, now dead. My betting frenzy increased and my feet dragged with the sheer hopelessness of it all. Then one night my gambling frenzy peaked as I sat in the smoking room, hanging my hopes on the outcome of the televised races. I bargained with God that he should let me win one time and secure enough money to walk away forever from that place and go no more. I kept making trips to the banking machine, buying more and more vouchers, only to lose.

I was in more of a fever that night than ever before. As I frantically purchased my last voucher, I believed I heard the ticket sellers talking about me, but I made a bet and sat at a table to watch the outcome of the race. The force of my need to win was so great that I called upon Heaven to let me win as a sign that I could walk away. Heaven answered with silence and I lost the race. But I got up and walked away feeling that something had left me.

In the weeks that followed I went no more to Greenwood. I told those who loved me and who grieved over my compulsion that it was gone. What took hold of me was a thirst for the beauty and caring of life - the small joys. I began to have money in my pocket and was now able to purchase the little things I had learned from gambling to do without. I looked to a future when I would have enough money to buy more expensive items.

This metamorphosis had not begun just with the horoscope. With my sister's help, encouragement and sympathy, we talked and I exposed the true horror of the gambling and my helplessness. Many factors all came together. In the end, I was someone who cared about smiling at people and listening to them. However, because of my nature I still cared too much about everything else, but not myself.

I took myself back to age 17, when my odyssey had began and then arrived at 50, still the same person. I lived the filling of those years trying to deal with the disapproval the world had heaped on me when I was 17. I sought safety in marriage and created a child. My reality for many years was to put my heart and soul into being a dutiful wife, but all that I offered my husband was rejected and I began gambling. I heaped scorn and abuse on myself by gambling, but within I knew I had been true to myself. I never stole or cheated to gamble, and if I borrowed money, I always paid it back.

I was 50 and my future was to learn to find small joys and the perks of life. I bolstered myself with daydreams of a man I once loved and a sometime belief that we could be together. Perhaps true heaven, even on earth, is the ability to dream dreams.

Our mood of the moment is how we look to our end. The gamble of life and the chances we deal with are our reality. In despair we want oblivion, but if we have ever achieved the brass ring, we cling to the pleasures of life and want more.

At 50 years of age, I cared again. I never made a mark on the world, save for those who loved me and those with whom I dealt fairly. I wondered sometimes if I even wanted to go 'round on the go 'round of life yet another time, if I had the chance. I was not certain if I wanted to go.

I took better care of myself and I laughed more; I gained my daughter's respect and I functioned and went to work everyday. I had money in my pocket and most days I lived in the reality of the world. I had come to terms with life.

But someday, if you feel a hollowness or if you're in a place and it sparks an echo within - you know - they call it deja whatchamacallit, then remember this tale and think of me. If you listen closely, you may hear me laughing as I go around again with a certain someone, reaching for the brass ring.

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Hooked: A Gambler's Nightmare (1996)

Running time: 15 minutes
Producer: Loose Change Film Associates and Alberta Alcohol and Drug Abuse Commission (AADAC)
Distributor: Kinetic Canada 511 Bloor Street West, Toronto, Ont., M5S 1Y4
Phone: (416) 538-6613, 1-800-263-6910
:http://www.kineticvideo.com
Cost: $99.00

Winning, Losing, Desperation and Exhaustion: these are the four parts of *Hooked: A Gambler's Nightmare,* a video profiling the progress of the problem gambler. This well-paced video combines professional commentary with the perspectives of both casual and problem gamblers to highlight the major elements that lead to problem gambling.

Hooked is comprehensive in the types of gambling considered - from bingo to casinos to VLTs. It shows that contributing factors to the increased risk of problem gambling are similar to those for alcohol and other drug use problems: early exposure, social difficulties, emotional or mental health problems, and for young people, problems at school.

Starting off with a montage of Las Vegas-style images of the gambling world, *Hooked* conveys some of the excitement of having the chance to win big. The high reward value of winning is another important factor, especially for beginners. The video suggests that this early phase is important; it contributes to an increasing commitment - like upping the ante in an attempt to relive the excitement of the first win. As the gambler's commitment progresses, he or she devotes more resources to

betting, and may continue or escalate betting to pay off debts. In more extreme examples, again like the problem alcohol user, the gambler becomes isolated from friends and family, may lie to hide the extent of the problem or steals money or sells valuables to finance continued gambling.

Hooked outlines two case histories and examines the destructive impact of problem gambling on family life. One family speaks of both damaged relationships and serious financial losses. The painful emotions and loss of trust are evident when the family appears together onscreen and in highly emotional moments clearly shows their great pain suffered from loss of trust. In another story, a single man relates how his inability to control his gambling, even though he knew he was in trouble, resulted in the loss of his family through divorce.

Strategies for getting help are mentioned briefly, from attending Gamblers Anonymous meetings to seeking professional counselling. More time could have been devoted to the kinds of treatment available and this area may have to be enlarged upon by a resource person. Though this is a weak point in the video, *Hooked* is never the less well-produced. Generally it moves at a fast pace, the slower segments where gamblers talk about their lives are emotional and have high impact.

Another issue some presenters may want to deal with is the close parallel made between problem gambling and alcohol or other drug use problems. The implication is that the pharmacological effects of substance use (e.g., tolerance and dependence) have some behavioural equivalent in the process of becoming a problem gambler.

This is a good video for presenting the major issues in problem gambling. Given its rather short running time, *Hooked* covers a great deal of material and would serve as a discussion-starter for general adult audiences, workplace presentations and senior students.

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Letters to the Editor

We invite our readers to submit **Letters to the Editor** on gambling topics. Please note that we can publish only a fraction of the letters submitted. All letters must be signed. We cannot publish anonymous letters, or those of a libellous nature. Letters to the Editor are reviewed and chosen by the editor and members of the editorial board. Letters may be sent to either the e-mail or the regular mail address given below. Once a letter has been accepted, we will request an electronic version. Each published letter will include the writer's first and last names, professional title(s) if relevant, city, province or state, and country. We reserve the right to edit each submission for uniform format and punctuation.

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For the **Calendar of Events** we invite our readers to submit notices of upcoming gambling-related conferences, presentations, symposiums and other educational events, civic events, and media events that are open to the public. We will gladly publish news of events that may occur years in the future.

We ask that these notices be submitted by electronic mail. With each submission we require the email address of someone with whom the editor can verify details about the event. (We understand that this e-mail address may perhaps not be part of the published calendar listing.) We reserve the right to edit each submission for uniform format, punctuation and grammar.

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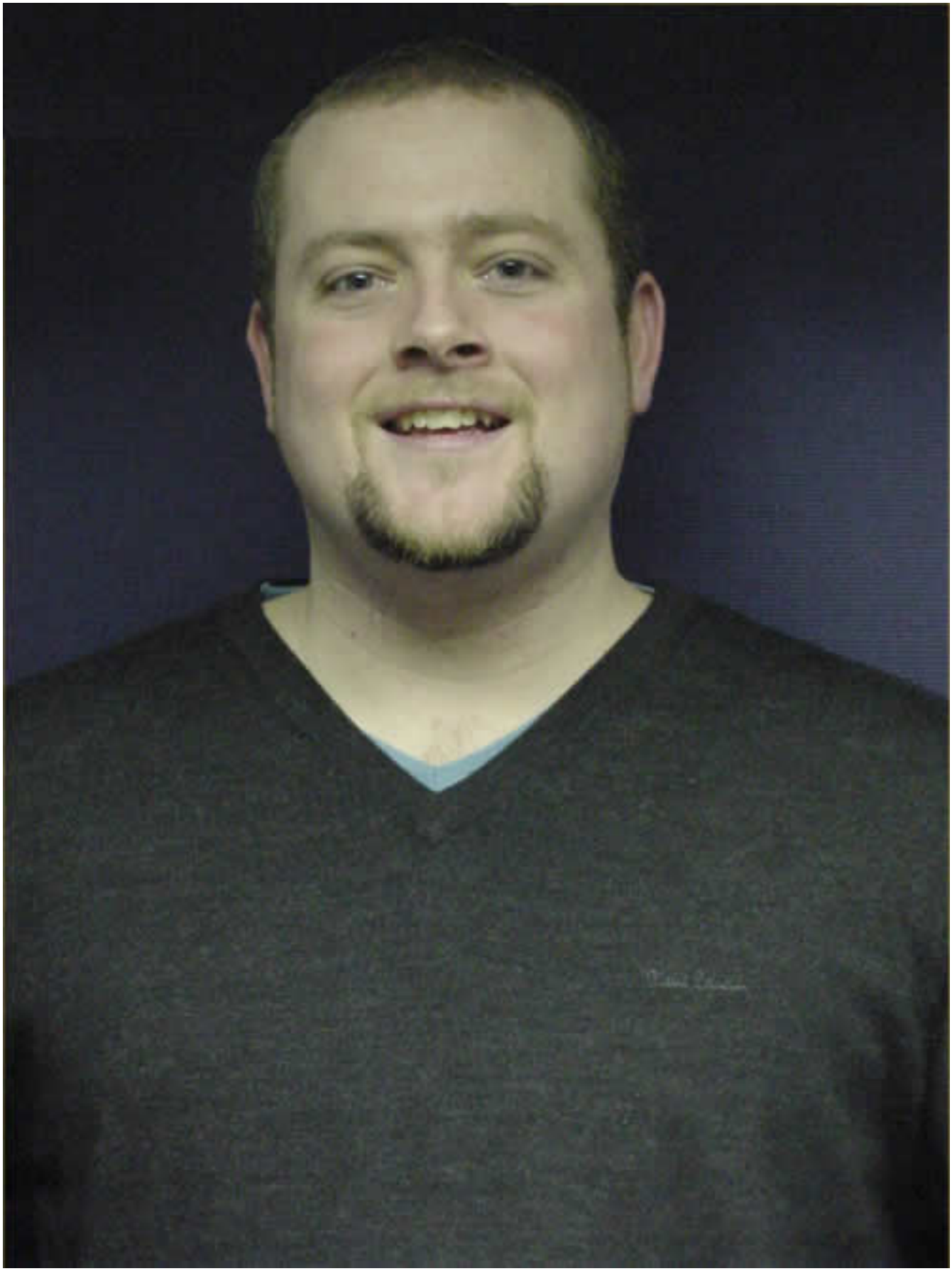

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Gambling Information and Counseling Services

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Program Description

Gambling Information and Counseling Services (GICS) is a Division of Human Technologies Corp., in Utica, NY. GICS, a not-for-profit service, provides counseling services for gamblers, their families and others affected by gambling. GICS also provides educational and informational presentations. It currently provides group services for inmates in one New York State correctional facility. The counselors, through Volunteer Services at the prison, hold a ten-week module with inmates who have been evaluated as having problems with gambling behaviors. We are the only service of this kind in the New York State prison system. Our program is one of eight funded by a grant through the New York State legislature and overseen by the Office of Mental Health. GICS services several counties in central New York.

Philosophy of Service

We work closely with the New York Council on Problem Gambling. Our objective is to provide help to those who are adversely affected by gambling. The New York legislature acknowledges that legalized gambling can be a problem for some and offers a grant for these services. We provide services regardless of one's inability to pay for services. We mainly offer weekly and hourly counseling sessions that address gambling behavior and imbalances in one's life that make it difficult to abstain from gambling (gambling is often a symptom of other problems). We also run group sessions as needed.

Profiles of Our Services

Our program staff consists of two CSW (New York State Certified Social Worker) providers. One worker is solely involved in counseling and the other is the co-ordinator, who does some educational programming and administration as well as counseling. Both staff members have worked in family, individual and couple counseling before this position, We have a co-operative working relationship with Gamblers' Anonymous and provide a facility for GA meetings.

Description of Our Clients

Clients are self-referred, family-referred and referred from other sources such as the judicial system, human services and the medical community. Clients of all ages are served and couples and families receive counseling as needed.

Program Evaluations and Research Involvement

Statistical information is compiled by the New York Council for Problem Gambling and the Office of Mental Health and used for evaluation and research studies. New York Corrections is also using information from our prison group for their own evaluation studies.

This Service Profile was not peer-reviewed.

Submitted: March 18, 2001

We invite clinicians from around the world to tell our readers about their problem gambling treatment programs. To make a submission, please contact the editor at Phil_Lange@camh.net.

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[This article and its two response documents print to approximately 27 pages. – The editor]

Case Conference Responses
Author's Response to Reviewers' Comments and References

Case Conference Report

Gambling-Induced Analgesia: A Single Case Report

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Abstract

This paper describes a single case study of analgesia induced by gambling. The subject is a 48-year-old male diagnosed with pathological gambling

problems, suffering chronic back pain resulting from a road trauma. The reported intensity of arousal associated with slot machines and roulette produced a state of dissociation or distraction that temporarily reduced levels of pain. Consistent with an operant conditioning model, this reduction in pain was a negative reinforcer that acted to elicit further gambling whenever the pain reached a certain level of discomfort. In the absence of any effective analgesic medication, he used gambling as his predominant strategy to manage pain. He began to enjoy gambling, and within a relatively short period, lost more than he intended and commenced chasing losses. Pain levels decreased following chiropractic interventions, but his gambling continued. The additional, positive reinforcing effects of the excitement generated by the slot machines and roulette gaming became sufficient to maintain persistence in gambling independent of pain experienced. This case highlights the possibility that psychological factors involved in establishing a gambling habit may differ from those involved in maintaining persistence.

Introduction

Several authors have suggested that the need to escape negative emotional states partially explains the motivation for persistent gambling in a proportion of participants (Blaszczynski & McConaghy, 1989; Jacobs, 1989; Wynne, 1994). The central concept underlying this view is that gambling is capable of producing sufficient arousal to induce a state of narrowed attention, or an altered state of consciousness characterised by amnesic episodes, trance and dissociation. It is argued that this state of consciousness permits a person who is gambling to temporarily 'switch off' from stressful thoughts, reduce boredom (Blaszczynski, McConaghy & Frankova, 1990), escape emotionally from their current situation or cope with feelings of inadequacy or rejection. Although imprecisely defined, the phenomenon of dissociation, the cornerstone of Jacobs' *General Theory of Addictions* (1989), is claimed to mediate this process.

Studies demonstrate that gambling is associated with subjective and physiological indices of arousal (Anderson & Brown, 1984; Leary & Dickerson, 1985; Dickerson & Adcock, 1987; Roby & Lumley, 1995) and high scores on measures of dissociation (Kuley & Jacobs, 1988; Brown, 1997; Gupta & Derevensky, 1998). Empirical data offered by Diskin and Hodgins (1999) demonstrate the ability of gambling to engross participants during play. The authors demonstrated that reaction time in response to visual stimuli during a laboratory session of gambling was slower and scores on a dissociative scale

higher among 12 people with pathological gambling problems who played video lottery compared to 11 occasional players.

We present an interesting case of a male for whom arousal associated with gambling invoked a dissociative-like state (or level of distraction) that induced analgesia for chronic back pain. His gambling rapidly escalated as it was an effective strategy that distracted him from his chronic back pain. According to principles of operant conditioning, removal of pain negatively reinforced gambling and led to the development of a gambling habit. However, consistent with the behaviour completion mechanism model (McConaghy, 1980; McConaghy, Armstrong, Blaszczynski & Allcock, 1983), once his gambling became a habit, he acknowledged that he played independently of pain. He enjoyed gambling for the excitement it generated, and in response to urges triggered by stresses of any nature or source.

Case history

Mr. S.M. was a 48-year-old married, self-employed businessman. He referred himself for treatment because, for one year, he played slot machines and roulette excessively. He reported a mean net expenditure of AUD $500 to $800 per session (on infrequent occasions, more than AUD $1,000), frequently playing twice a week for two hours. He endorsed seven of 10 DSM-IV criteria and obtained a South Oaks Gambling Screen (Lesieur & Blume, 1987) score of 11. Mr. S.M. produced bank statements verifying recurrent withdrawals of AUD $200 from gambling venues.

Mr. S.M. consented to publication of this case study.

Personal details

Mr. S.M., second youngest of four boys, was born in Germany in 1950, went to school, and then migrated to Australia with his family at age 20. His father, a cabinetmaker, died 20 years ago from a heart condition and his mother lives near his residence. His developmental milestones were normal and his childhood unremarkable. The family was close and he maintains irregular contact with his brothers.

In Australia, he commenced but did not complete a diploma in chemistry. He was employed as a technical assistant in a painting and printing research and

development laboratory. He subsequently embarked on a relatively successful career as a self-employed businessman, importing goods and earning approximately AUD $240,000 per annum. He is a gregarious and talkative person.

At age 21, he married a nurse and they had three children. He described the relationship as "good." In 1984, because they both worked long hours, they experienced marital difficulties, which resulted in a two-month separation.

Mr. S.M. denied the presence of a family or premorbid history of psychiatric illness, alcohol dependency or illicit drug use. He consumed alcohol socially; less than two standard drinks per day on average; although, because of a car accident, he drank more when he experienced severe pain. There was no evidence suggesting a personality disorder, thought disorder, antisocial or conduct-behavioural problem, nor was there evidence of any significant medical illness prior to the injuries sustained in the accident.

History of physical injuries

In June 1997, Mr. S.M. was involved in a motor vehicle accident and sustained severe bruising, soft tissue whiplash injuries and a fractured spine and sternum but did not lose consciousness. He continued to suffer significant back pain and psychological changes characterised by increased irritability, anger and depression. His back pain was located in the lumbar regions L1 and L2 and upper neck and shoulder area. He described it as severe fluctuating episodes lasting a day or two with continual moderate pain. Using the McGill Pain Questionnaire (Melzack, 1975), his pain was rated at a score of three; which is distressing because of its intensity. Using the rank value method, the following pain scale scores were obtained: sensory, 6; affective, 16; evaluative, 10; and miscellaneous, 13; giving an overall total Pain Rating Index of 45. He stated that he was unable to stand or sit for any length of time and said this had hampered his ability to function at work.

Taking analgesic medication such as Panadeine Forte and Efexor (300 mL) daily temporarily alleviated pain but did not eliminate it completely. When the pain was severe, he would consume several glasses of alcohol over a few hours.

Mr. S.M. became depressed due to the pain, which interfered with his capacity to work and restricted his quality of life. He consulted a psychiatrist for counselling and a hypnotist for pain management and he initiated

compensation because of his injuries.

Gambling history

Mr. S.M. commenced gambling at 17, infrequently betting AUD $5 on horse races at off-track betting venues. He also began playing slot machines socially, and infrequently attended a casino with friends and or his wife. There was no reported loss of control over the 15-year period prior to 1998.

In March 1998, Mr. S.M. attended a casino with his wife and won AUD $4,500. Significantly, he noted that gambling (and winning) produced a state of excitement —powerful enough to act as an effective analgesic for his pain. The excitement altered his mood and self-confidence: "Nothing but happy thoughts, I'm on cloud nine."

As a result, Mr. S.M.'s gambling escalated rapidly over the following three months after learning that gambling was effective in reducing his chronic back pain. Whenever the pain increased, he gambled to reduce its intensity. All other concerns and physical sensations were excluded from conscious awareness:

> "…the concentration on the gambling is so intense that I don't feel anything. I talk with people at the roulette table and become very happy and relaxed. The concentration is on the gambling. Very important, when gambling just small amounts it becomes boring and the pain becomes noticeable. To chase gives full concentration. The pain disappears. This does not work without real [meaning substantial amounts] money."

On the Jacobs (1989) four-item dissociative scale, he failed to endorse depersonalization ("…ever felt like you were outside yourself watching…") and reported only occasional memory lapses. The remaining two items were rated as frequently: "I'm really into it [gambling], everybody is a shadow when I am playing" and "I feel totally happy, invincible."

The negative reinforcing effects of gambling led to a cycle where gambling represented a costly approach to pain management. He lost substantial amounts and, given his restricted capacity to earn money, was forced to sell investment properties to cover expenses. He began to chase losses and developed erroneous beliefs about his skills and probability of winning. Over three months, he lost approximately AUD $20,000 and made repeated,

unsuccessful efforts to cease gambling.

Between March and September, Mr. S.M. was offered imaginal desensitisation (McConaghy et al., 1983) and cognitive therapy designed to correct erroneous perceptions. He reported an estimated improvement of 60 to 90 per cent (as assessed by frequency and amount used to gamble).

Chiropractic manipulation partly contributed to this positive outcome of pain reduction, and his back pain stabilised to tolerable limits. In September 1998, he reported that he gambled less frequently, reduced the amount substantially, and that current gambling sessions were not motivated by the need to induce analgesia. His gambling patterns changed significantly and he often gambled within controlled limits motivated by social enjoyment. He made the conscious decision to play for excitement in weekly one-hour sessions with a net expenditure of $100. However, there were additional binge episodes that were triggered by a range of stresses or depressed moods related to worries over his compensation proceedings and inability to work. At these times, he spent more than intended, losing up to AUD $250 to $350 per session.

At his October 1999 follow-up, he reported continued improvement of approximately 80 per cent from pre-treatment levels of amount and frequency of gambling. However, he still had intermittent lapses during the intervening 12 months in which he lost up to $400 (amounts significantly less than those lost in earlier binge episodes). On one occasion, he was under considerable pressure and decided to gamble despite the efforts of his friends to contain him. He acknowledged awareness of his actions but felt the need to release pent-up stresses and the overwhelming drive to gamble. In another episode, conflict with barristers and anxiety associated with the preparation of compensation reports provoked a serious episode where he gambled AUD $1,000 but aborted the session despite having access to money.

When last seen, in December 1999, he reported no subsequent episodes of excessive gambling. On several occasions he entered gambling premises with his wife, but either did not gamble or limited his gambling to a small amount with no difficulty, deciding to cease despite having AUD $2,000 or more in cash. He acknowledged a persistent underlying urge to gamble but claimed it was controllable. Given his fluctuating pattern of improvement, his prognosis was regarded as positive, but uncertain in the longer term. Cognitive therapy and counselling continued to be offered.

Discussion

It makes intuitive sense to argue that gambling represents an exciting activity capable of generating sufficient levels of arousal. Gambling offers an opportunity for emotional escapism by narrowing a player's attention, and altering his or her state of consciousness and sense of disconnection from self and environment. From a behavioural learning perspective, the reduction in aversive mood states is a negative reinforcer. Once immersed in gambling, all extraneous aspects of a person's life can be excluded from conscious thought, while attention and concentration are directed at the single task of winning, anticipating the next outcome and the powerful, ego-boosting fantasy associated with winning.

A number of authors have underscored the desire to escape stressful situations, memories and aversive mood states as a primary motivation for continued participation in gambling. Anderson and Brown (1984) first hypothesised that the physiological arousal and subjective excitement associated with gambling could sufficiently narrow attention to allow participants to escape from their current state of emotional distress.

Jacobs (1989; 1998) incorporated this concept as a central feature of his *General Theory of Addictions*, arguing that such arousal was comparable to dissociative-like phenomena. He has produced convincing empirical data to show that people who gamble experience blurred reality, shift in persona, depersonalisation and amnesia for events occurring during gambling (Jacobs, 1998). According to Jacobs, addiction is defined as "a dependent state acquired over time by a predisposed person in an attempt to relieve a chronic stress condition" (Jacobs, 1989, p. 35). Addiction to gambling specifically arises from an interaction of two predisposing variables: an abnormal state of physiological hyper- or hypo-arousal and negative childhood experiences invoking rejection, inadequacy and low self-esteem.

In this model, the potential to induce a dissociative-like state that diverts attention from chronic aversive arousal states, deflects thoughts of self-perceived inadequacies from consciousness and fosters the emergence of wish-fulfilling fantasies that give gambling its "addictive" qualities. Gambling represents a problem-solving method that permits psychological escape through mechanisms of dissociation.

> "[It is a] normal…defence we all use against distractions in everyday life. We also use dissociation as a defense when high levels of psychological distress, physical pain, or sense of helplessness caused by a traumatic incident or a continuing

> aversive condition overwhelms a person's resources for coping with the stress it engenders" (Jacobs, 1998, p. 4).

That people who gamble obtain elevated scores on measures of dissociation has been found repeatedly; (Gupta & Derevensky, 1998; Kuley & Jacobs, 1988) although with some contrary results. For example, Diskin and Hodgins (1999) found that a small sample of people diagnosed with pathological gambling problems had higher dissociative scores than people who gambled occasionally, but neither differed from normative scores.

However, dissociation is a complex concept that lacks a single framework. It is variously conceptualised as a non-integrated mental module or system, an alteration in consciousness resulting in a disconnection from self or environment, or a psychological defence mechanism (Cardena, 1994). In Jacobs' model, dissociation is used with various meanings with no attempt made to distinguish it from altered states that emerge as correlates of ordinary "distraction." As Cardena (1994) cautions, labelling any simple disconnection between self and perceptions, or emotions and thought as dissociative weakens the utility of the construct. The term should be retained for circumstances where there is a qualitative disconnection from ordinary modes of experience. We are suggesting that there are many normal activities that engross the participant wherein they become so focused they lose perceptions of external and internal stimuli. These activities are enjoyable and participation is sought recurrently. Examples are sporting contests, computer play, reading and board games. Gambling can be conceptualised in the same vein without recourse to more complicated concepts of dissociation.

In the present case study, Mr. S.M. was so engrossed in gambling that he was distracted from pain, which led directly to increased participation. It should be noted that distraction is used effectively in pain management strategies without recourse to dissociation as an explanatory process. Once the habit was established, other factors superseded the analgesic effects as the primary reasons for participation, notably, excitement and erroneous perceptions surrounding the likelihood of winning.

Blaszczynski and McConaghy (1989) adopted a similar position. They argued that gamblers experiencing anxiety selected low-skill games, while dysphoric gamblers chose high-skill games to modulate mood states and achieve optimal levels of physiological arousal (Zuckerman, 1979). However, adopting a neo-Pavlovian, behaviour completion mechanism model, McConaghy and his colleagues (McConaghy, 1980; McConaghy et al., 1983) did not consider dissociation or negative childhood experiences a necessary component of the aetiological process. Rather, a wide range of current external or internal stresses was considered sufficient to trigger the drive to gamble once a

gambling habit was established. This behaviour completion mechanism would drive the person to engage in and complete the sequence of behaviours underlying the urge. The person would experience this as a persistent preoccupation and urge to engage in the behaviour and to carry it through until satisfactorily completed. Attempts to impede this process would lead to an aversive state of increased tension and continued drive to complete the behavioural sequence.

In addition to the operant reinforcing qualities of the excitement of winning, the reduction in aversive arousal associated with the urge to carry out a habitual behaviour to completion and aversive emotional state were seen to represent important negative reinforcers. In the case of Mr. S.M., when the physical pain overwhelmed his coping resources, he gambled as a means of temporarily reducing pain through distraction. Once this became a habitual pattern, this strategy was applied to escape negative emotional states.

This client case presentation was peer-reviewed.

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Case Conference Responses

Response to a Case of Gambling-Induced Analgesia

By Durand F. Jacobs, PhD, ABPP
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"In our work with young gamblers…"

By Rina Gupta
Youth Gambling Research and Treatment Clinic
McGill University, Montreal, Quebec, Canada

Further Specifying Our Models of Problem Gambling

By David Hodgins
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Case Conference **Responses**

Response to a Case of Gambling-Induced Analgesia

By Durand F. Jacobs, PhD, ABPP
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I will attempt to cast the case of Mr. S.M. within the context of the *General Theory of Addictions* (Jacobs, 1982; 1986), key elements of which are summarized in the Discussion section of Dr. Blaszczynski's paper. From this perspective, I view the most devastating immediate and continuing result of the patient's accident as the loss of the psychological, social and financial rewards that stemmed from the business that he had created, and in which he had become so involved that at one time it even threatened his marriage.

In effect, the accident robbed this man of the essential substance and quality of his life, and left him virtually adrift from his previously established moorings.

His chronic and episodically severe pain further restricted his former, physically active work and social life. This combination of physiological and psychological stressors set the stage for his later, enthusiastic "discovery" that high

excitement while gambling actually provided an escape from all his stressors: from his preoccupation with feelings of low self-worth; from his worry about his failing business and attending money problems; as well as from his severe pain and its attending physical limitations. Moreover, he stated that he frequently experienced an altered, clearly dissociated, state of consciousness and identity while gambling. In this altered state, his mood and self-confidence were dramatically improved and he felt superior to others —invincible.

That his analgesic release from pain, while gambling, was only one component of the above dissociated experience is evidenced by the fact that his gambling "binges" continued long after the pain had become manageable. As Dr. Blaszczynski relates, the later gambling binges continued to be triggered by a range of situational stressors much like those I have described above.

The patient acknowledged that Dr. Blaszczynski's treatment of his erroneous perceptions and expectations regarding gambling had greatly reduced the frequency and amount spent per period of gambling. Yet, the patient also admitted that, despite his own and others' attempts to control his gambling, he still continued to rely on bouts of gambling to escape the build-up of intolerably frustrating stressors in his life that periodically peaked during the treatment period and continued one year after his treatment.

Fifteen months post-treatment, when last seen by Dr. Blaszczynski, the patient reported no binges during the previous three months but admitted that he had a "persistent, underlying urge to gamble," which he claimed he was controlling.

From the perspective of the *General Theory of Addictions* (and my own clinical experience), I don't believe one can talk or reason anyone with pathological gambling problems (or any person with an addiction) out of his or her chosen pattern of addictive behavior, while it is serving that person's needs. After all, in the case of Mr. S.M., pathological gambling was not the patient's "problem." For him, it was his best available solution to his long-standing underlying problems (Gupta & Derevensky, 1998) that were exposed by the physical and the functional disabilities caused by his accident. Until these underlying physiological (hypotensive) and psychological (self-worth) issues are ameliorated by whatever means, and until the patient acquires more effective coping skills for dealing with his daily stressors, I expect that his episodic gambling binges will continue.

I would like to offer a word about the differences between my view of dissociation and those expressed by Drs. Blaszczynski and Cardena. My

clinical experience and research findings consistently support the position that the phenomenon of (self-induced) dissociation constitutes an unbroken continuum of behaviors. This extends from simple, everyday forms of reverie or concentration or distraction to a middle ground, wherein a commonly held and extensively verified set of dissociative reactions are reported by people with addictions, while they are indulging (Jacobs et al., 1985; Jacobs, 1988). Towards the far end of this continuum are ever more extreme dissociative reactions, such as those reported by patients showing post-traumatic stress disorders, functional fugue states and dissociative identity disorders (Jacobs, 1982).

Consequently, I cannot agree with Cardena's argument (1994) that the concept of dissociation should be restricted to the more clinically abnormal circumstances "where there is a qualitative disconnection from ordinary modes of experience." He would thus relegate involvements with ordinary modes of experiences such as board games, computer play and reading to the (non-dissociative) realm of normal engrossments.

I believe it is far more parsimonious to view dissociation as the unbroken continuum described above. Within this conceptual framework, increases in the frequency and types of dissociative reactions reported would indicate the extent to which the person chooses to progressively separate himself or herself (via self-induced changes in thought, emotion, identity, time and/or memory) from ordinary, mildly challenging to highly aversive reality situations. For example, tables 1 and 2 reveal the progressively increasing use of five different dissociative reactions as direct correlates to the increasing extent of self-reported problems with gambling (Jacobs, 2000).

Table 1: Potential Effects of Gambling on Personality among Ontario Adolescents (N = 400)

Personality Effects (SOGS Scores)	No Problems (0)	Some Problems (1–2) (3–4)		Probable Pathological
Lost track of time while gambling	12%	36%	55%	65%

Felt like you were a different person	3%	10%	26%	53%
Felt like you were outside of yourself watching yourself gamble	2%	8%	9%	29%
Felt like you were in a trance	0%	8%	7%	24%
Experienced a memory blackout for things that happened while you were gambling	0%	3%	2%	12%

Compiled by D.F. Jacobs, PhD

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Table 2: Potential Effects of Gambling on Personality among Alberta Adolescents

Dissociative State	% Non-Problem Gamblers (N = 430)	% At-Risk Gamblers (N = 148)	% Problem Gamblers* (N = 77)
Lost track of time while gambling	24%	56%	75%

Felt like you were a different person	7%	23%	29%
Felt like you were outside yourself, watching yourself gamble	2%	7%	26%
Felt like you were in a trance	1%	2%	27%
Experienced a memory blackout for things that happened while you were gambling	1%	6%	20%

** Classification of gambler categories based on SOGS scores.*

As one knowledgeable about pain management strategies, I find it unacceptable to propose "distractions" as a freestanding entity arbitrarily and without supportive evidence. Distraction, via reading or meditation, is firmly included within the range of simple to more complex dissociation techniques (e.g., self-hypnosis) regularly taught to hospitalized patients reporting chronic, intractable pain (Jacobs, 1980; 1987).

This is a final comment about the respective motives for gambling, which Dr. Blaszczynski attributes to social and pathological gamblers. Overwhelmingly, both groups enjoy the excitement and opportunity to win money. What

separates them is that social gamblers typically set and hold to time and loss limits for a given playing session. When they win larger amounts, social gamblers tend to pocket their winnings and leave. Gamblers with pathological-level problems, like Mr. S.M., find it very difficult when stressed to set or maintain time or loss limits. They rarely pocket the money and leave even when they win very significant amounts. Their overriding motivation is to use winnings and other sources of money to keep playing. Their primary objective is to maintain and enjoy the dissociated, altered state of consciousness that results from gambling. In the words of one person with pathological gambling problems: "The next best thing to winning is losing – just so I stay in action!"

Submitted: November 6, 2000

Case Conference Response

"In our work with young gamblers…"

By Rina Gupta
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It was a real pleasure reading the article "Gambling-Induced Analgesia: A Single Case Report," as it echoes what we see and experience in our treatment of adolescent gamblers.

The single case report describes a man in his late forties who turned to gambling as a way of escaping the pain of a back injury incurred from a serious car accident. Gambling, for him, resulted in analgesic properties allowing him to escape physical pain for brief periods of time. The article also reported that he experienced depression as a result of his pain, and that he would also engage in binge drinking as a means of escape. One must wonder if he was also intentionally escaping feelings of depression with his gambling and use of alcohol.

What is particularly interesting about this individual is that he continued his gambling despite an improvement in his physical condition, and he was aware

of gambling for reasons other than its analgesic effects; that is, primarily for the excitement. He continued to gamble beyond the limits he set for himself and recognized that the reasons causing him to begin gambling in a problematic fashion were not the same as those maintaining his gambling involvement.

In our work with young gamblers, we often encounter adolescents whose motivations underlying their gambling change over time. However, we are more likely to see youth who start gambling primarily for reasons of socialization and excitement, and then realize over time, the "escape" that gambling provides. Those who feel they benefit from the escape are more likely to continue gambling for this property and less for the excitement and socialization advantages that attracted them in the first place.

Our research efforts have consistently indicated a strong linear relationship between degree of gambling and reported degrees of dissociation experiences by youth while gambling. They report that gambling is a "whole different world" where "problems do not exist," where they "feel good." It is not uncommon for us to work with youth who are either mildly or seriously depressed, and they explain that only when gambling do they feel "not depressed" and "alive."

More likely than not, youth who experience gambling problems lack adequate problem-solving, coping and social skills. They often find themselves having friendships that lack depth and closeness, feeling as though they "don't belong" and as though they are incapable of successfully facing the challenges of adolescence. Most of our adolescents in treatment can reflect back on previous years and honestly admit to feeling dysfunctional in many ways —in terms of interpersonal relationships with friends and family, and often, with respect to their academic performance. More often than not, these youth are struggling with identity issues and issues of belonging.

Many of these youth are anxious or fidgety, and may only feel comfortable when engaged in highly stimulating activities. It is no wonder they quickly come to recognize gambling as a solution to their unhappy states of being; to recognize gambling as their new "best friend." This best friend keeps them busy, does not judge or criticize them, satisfies their need for high arousal and stimulation and allows them to forget that they are not functioning well in the outside world.

These words from an 18-year-old girl sum up what we have come to understand about the motivations underlying gambling very well:

" ..It was a whole fantasy life and I felt happier than I ever did before. I didn't

feel sad or bored, or as if I did not belong. I realized that I did not have any real friends, my whole life. I never really had a friend that I could confide in or cry with, or even really laugh with. Now, I felt satisfied and happy and I thought gambling was the best thing for me. ..Now I can't stop. I need it to make me forget my problems at school and with my family, and the fact that I have no real friends."

We have not yet treated any youth who were gambling for analgesic reasons, but we have frequently worked with youth who gambled to numb emotional pain resulting from the death or loss of a parent as well as other traumas. While gambling they can feel good and let go of the pain, resulting in a very powerful situation where gambling serves as a negative reinforcer. Most youth, due to a lack of previous gambling involvement, are unaware that gambling will help them escape pain and unhappiness, but they latch onto gambling for these reasons through repeated exposure and their primary motivations for gambling seem to fall into the background.

In sum, we must acknowledge the strong analgesic and escape properties inherent in gambling participation, as well as the fact that reasons for gambling participation can change over time. This awareness will serve to develop better prevention messages and allow for more successful treatment outcomes.

Submitted: October 24, 2000

Case Conference Response

Further Specifying Our Models of Problem Gambling

By David Hodgins
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This 48-year-old German man living in Australia could easily be living in Calgary, Alberta, playing our infamous video lottery terminals, or he could be anywhere else in Canada or North America. I am struck by how the clinical presentation of gambling problems is so similar from country to country and continent to continent, despite the fact that our gambling venues, habits and

traditions vary considerably. In many ways, people with gambling problems in different countries seem more similar than different. Frequently, the person with gambling problems describes the functional role of gambling as escape from dysphoria. Grief, depression, relationship difficulties, and pain are commonly cited causes of the dysphoria. Also very common is the report of a "big win" early in the course of the development of the problem.

Various models and theories attempt to account for these aspects of problem gambling phenomena. The author draws upon concepts such as arousal, dissociation, excitement, narrowing of attention and operant conditioning among others. Specific reference is made to Jacobs' general theory and the behavior completion mechanism model. The concept of dissociation in the general theory is accurately identified as particularly fuzzy. It is interesting, however, that all these concepts can be invoked in the conceptualization of this case. None, however, seems necessary or sufficient. Our models are ripe for further development and integration, particularly with clearly specified, parsimonious and testable tenets.

Self-reports and observations of people with gambling problems have been helpful in developing our models. These retrospective reports can, however, be misleading. The challenge to theorists and researchers is to specify these models in a way that allows testable hypotheses that do not depend upon the retrospective reports from problem gamblers. Years ago, we believed that the etiology of Down's syndrome, now recognized as a chromosomal disorder, was related to stressful life events during pregnancy. We based these beliefs on research using retrospective reports of mothers who were struggling to understand a very stressful situation compared with mothers of babies without Down's syndrome (Brown & Harris, 1978). It is not surprising that they were more likely to recall stressful events during their pregnancies. Similarly, various self-medication models of substance abuse, albeit intuitively attractive, have failed to yield strong empirical support when prospective designs are used. Likewise, in the gambling area, we need to move away from sole reliance on retrospective reports as the major dependent variables, and instead, use prospective designs and/or non–self-report variables in studying our models.

I have a number of clinical observations about Mr. S.M.'s treatment. Cognitive therapy designed to correct erroneous perceptions appears to have played a central role in this man's treatment. This approach is curious given that the conceptualization of the case does not focus on erroneous perceptions. Mr. S.M.'s gambling was conceptualized as offering "emotional escapism" through distraction, dissociation or some type of narrowed attention. A logical treatment thus would involve training in alternative distraction techniques generally, and cognitive pain management techniques specifically.

Would Mr. S.M.'s progress have been faster with a treatment more consistent with the conceptualization? Or was the conceptualization limited by the lack of integration of cognitive features? The author alludes to fantasies associated with winning and anticipations of the next outcome but does not appear to view them as central in either the development or maintenance of the problem. I am also curious about why this man developed a gambling problem versus an alcohol problem, or even a narcotic problem. He clearly used alcohol and antidepressant medications to cope with pain with at least some positive effect. Presumably these coping options were more accessible than gambling, but gambling became the "analgesic" that became generalized to coping with other aversive states. Why so? We have much to learn about this fascinating disorder.

Submitted: October 16, 2000

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Author's Response to Reviewers' Comments and References

By Alex Blaszczynski

In this article, we have presented an interesting case describing the development of pathological gambling and attempted to argue that factors instrumental in precipitating impaired control over gambling may no longer be relevant in its maintenance. David Hodgins correctly highlights the fact that there is currently no conceptual model that integrates the myriad factors underlying the development and maintenance of impaired control in pathological gambling.

One can only fully support Hodgins' view that most models make reference to concepts that are neither sufficient nor necessary to explain the onset and continuation of problem gambling behaviours, and that there is an imperative need to advance testable hypotheses and models that rely more on prospective designs, and less on retrospective or subjective reports. Sadly, most efforts to date are founded on the premise that those with pathological gambling problems constitute a homogenous group of individuals influenced by the same complex set of interacting variables. As a consequence, in an effort to explain the aetiological process underlying gambling, there is a tendency to force all gamblers into the one cast. Durand Jacobs' *General Theory of Addictions* models fit into this mould, whereas McConaghy's behaviour completion perhaps less so.

A consistently reported clinical observation is that stresses precipitate bouts of

gambling and that gambling represents a gambler's attempt to escape from emotional turmoil. Gambling produces heightened arousal, narrowed attention and an "altered state of consciousness" variably referring to the gambler as being in a state of dissociation or "in action." The fundamental drive underlying gambling is to maintain this state of arousal with winning as the means by which this state can be prolonged. I endorse Rina Gupta's and Durand Jacobs' views that many gamblers utilise gambling to cope with psychological distress and stresses, but argue that such an explanation applies only to a proportion of those with gambling problems.

Jacobs calls upon a set of predisposing stressors in interaction with hyper or hypo states of baseline arousal. Accordingly, two conditions need to be met in all pathological gamblers: pre-morbid stresses leading a sense of rejection, low self-worth and poor self-image, and a physiological resting state that requires either augmentation or reduction. The psychological motivation underlying gambling is the creation of a state of dissociation that provides temporary relief from psychic pain. Rina Gupta's experiences echo this perspective.

McConaghy's model, on the other hand, invokes the concepts of cortical neuronal substrates and behavioural completion mechanisms to account for recurrent patterns of gambling behaviour. The prerequisite requirements are the development of a habitual pattern of behaviour with no reference to the presence of premorbid psychopathology or negative life experiences. Once a habitual pattern of behaviour is established, a wide range of stressful internal and external events are capable of precipitating the drive to carry out the behaviour. The excitement of gambling distracts the gambler's focus of attention from aversive stresses and thus becomes negatively reinforcing.

I have long argued that it is limiting to conceptualise those with pathological gambling problems as a homogenous population subject to the same pathogenic processes. We must divide this population into at least three subtypes: "normal" pathological; emotionally vulnerable; and biologically disposed impulsive gamblers. Jacobs' model can be legitimately applied to the emotionally vulnerable gambler but falls short of accounting for the normal gambler. McConaghy's model can account for all three groups, and therefore, it is more comprehensive and parsimonious.

Durand Jacobs' clinical assessment that the back injury and resultant chronic pain exerted a profound impact on the client's quality of life, self-image and psychological functioning is not in dispute. But his interpretation that the "enthusiastic discovery that high excitement…provided an escape" through the mechanism of dissociation, while attractive on some levels, is limited in its ability to explain the phenomenon witnessed in this unique and unusual case.

Jacobs correctly observes that gambling is an inherently exciting activity for both social and problem gamblers. He advances the position that the pathological gambler's drive to induce a dissociated, altered state of consciousness is the end consequence of his or her attempt to deal with stresses, and that the primary objective is to maintain this state for as long as possible. This distinguishes the pathological from the social gambler.

However, it is noted that Mr. S.M. described a 15-year history of social gambling yet during this period he did not use the dissociation of gambling as a coping strategy in the context of other life stresses. Why so? If dissociation is to be invoked as the fundamental motivating component underlying impaired control over gambling, it is necessary to provide an explanation of the processes that lead from social to impaired gambling behaviour in individuals with a premorbid history of social gambling and stresses. At the same time, it is important to explain why, in the absence of stress or poor self-image or poor self-worth, a proportion of "normal" gamblers lose control over their behaviour only to regain mastery and resume participation in patterns of controlled gambling.

Part of my argument hinges on the pivotal role purportedly played by dissociation, the key construct forming the foundation of Jacobs' model. Notwithstanding Jacobs' disagreement with Cardena's argument, I must agree with David Hodgins' comments that dissociation is a particularly fuzzy concept.

But have we lost touch with considering the simpler possibility that gambling is an intrinsically exciting and enjoyable pastime pursued for its own sake, much the same as people seek out any other enjoyable activity such as chess, sports or watching movies? Jacobs alludes to this when he refers to the underlying motivation of a gambler as the need to "stay in action." Csikszentmihalyi (2000) defines such recreational activities as "autotelic experiences," ones in which there is no implicit external reward or goal beyond the pursuit of the activity and maximising enjoyment for its own intrinsic sake. Is this not so with gambling? The central feature of this experience is the funnelling of attention toward a limited stimulus field (narrowing of attention), loss of ego or self-consciousness and merging of awareness and activity. In other words, the person pursues the activity for its own sake because it is enjoyable, and in so doing, loses his or her perspective of time, self and environment. The gambler is in action.

The arousal associated with this enjoyment is of a sufficient level, in the case of Mr. S.M., to cause a distraction from pain, perhaps much in the same way that a sportsperson is oblivious to an injury sustained in the height of play, a level of arousal capable of greater distraction than reading or meditation. To call this dissociation imposes an unnecessary complexity on the

epiphenomenona.

Gambling is simply an exciting and enjoyable activity that engrosses one's attention. As such it falls along a dimensional plane as Jacobs suggests. However, in support of Cardena, I would argue that some states of dissociation do not represent an extreme position on a continuum, but a qualitatively different state of consciousness. Therefore, if the term dissociation is to be used in gambling, it is necessary to clarify the term used and to define its operational boundaries. Otherwise, let us just use the simpler term of *distraction* to describe the excitement or enjoyment experienced while gambling.

Hodgins raises a valid point when he questions why cognitive therapy was used rather than training in alternative distraction and pain management techniques. Although not described in the case study, the psychiatrist and hypnotherapist had applied a variety of pain management techniques that together with medication and alcohol use did not prove effective. I would hazard the guess that had such interventions been effective, Mr. S.M. might not have lost control over his gambling. By the same token, alcohol and medication, while ameliorating the severity of pain to some extent, did not match the same profound effect produced by gambling, hence causing gambling to became the effective "drug" of choice.

The inherent arousal produced by the enjoyment of gambling caused a significant reduction in pain, a comparatively greater reduction than was achieved by alcohol, medication or other interventions. Mr. S.M.'s gambling experiences shaped cognitive belief structures leading him to believe that he could eventually win and recoup losses. The cognitive intervention that was formulated and applied was justified on the grounds that, independently of the negative reinforcement produced by the analgesia, his experiences at gambling modified cognitive belief structures that acted to perpetuate further gambling.

Pathological gambling is a major public health problem that exerts a destructive influence on individuals, their families and society in general. To understand the behaviour we need to advance clearly articulated and testable conceptual models. In so doing, we need to be cognisant of several elements: people with pathological gambling problems are not a homogenous population; pathological processes leading to the development of the condition differ between cases; and variables relevant in the development of pathological gambling may not contribute to its persistence.

Submitted: February 1, 2001

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First Person Account

[This First Person Account tells how a high school student used the challenge and opportunity of a class assignment to explore gambling among her peers. Note: OAC classes referred to in this article are university preparation courses for students in Ontario secondary schools.

This article prints out to about six pages.]

The Evolution of Discovery: Finding Out the Truth for Myself

By Jennifer Zechmeister
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Gambling has become, over the years, an increasingly popular and socially acceptable way for us to spend our leisure time; at the same time, it has become a significant problem for many people. We, as a society, generally tend to focus more on the entertainment value of gambling and fail to fully recognize the negative side, which shows that 10%* of us Ontarians struggle with severe gambling addiction and losses every day. With gambling problems there are no physical remnants to be found by loved ones, as there are with

alcohol or drug addictions. With problem gambling, there is nothing to hide except guilt, shame and, especially, secrets to keep. It is a painful addiction, which can be cleverly covered up by those who want to hide it, and one that destroys the lives of many. It is the hidden addiction.

After personally experiencing how problem gambling can affect others, I have come to a point where I can look at gambling no longer with fear, but with courage. I have chosen to join the battle of awareness and discovery surrounding a problem more severe than the average person imagines. In the past, I was naive enough to believe gambling was merely for fun, and like many, I believed gambling was just another silly gimmick to try to get rich quick. But I've seen the power and control such an addiction possesses. I was left with many questions about gambling that I had never considered before I saw its effects, and many of the questions began with "why?"

In January 2000, I was given the opportunity to search for the answers to my questions. The OAC (Ontario Academic Credit) class called Families in Canadian Society (fancy terminology for sociology) was how I was given this chance. It was simple. Do a research project on an issue or topic that focuses on "the family." Naturally, I jumped at the chance to research the one thing that had torn apart people close to me and the one thing I failed to understand. I read all about gambling: the characteristics and symptoms of a compulsive gambler, his/her family and their own related problems, what help is available —all the while picking out more and more parallels to my own situation. I realized how serious gambling addictions really are. For example, how many people know that compulsive gambling is recognized by the American Psychiatric Association as a mental illness? Compulsive gamblers commonly experience difficulties with drug and alcohol addictions and are more likely to suffer from depression, hyperactivity, agoraphobia and compulsive disorders. They are also more likely than the general population to commit suicide and to smoke; they often suffer more from stomach ailments, insomnia, ulcers, colitis, high blood pressure, heart disease, migraines and skin problems.

After reading information like this, I began to realize how dangerous problem gambling can be and, I began to worry about the gambling practices of children and teenagers (the people who society needs to be most responsible for). In my library visits, I found a multitude of books on teen gambling and statistics that explained why there were so many teens with gambling problems. I found out some startling pieces of information. For example, teens who are involved in gambling are four times more likely to develop addictions than their adult counterparts. As with alcohol or substance addictions, the children of compulsive gamblers are more likely to develop problems with gambling in later years. I realized that via such means as the Internet, children and teens have access to gambling pretty much whenever they want it.

Here's where the problem lies. There are plenty of statistics and studies out there proving over and over how vulnerable teens are to gambling, yet the authorities who are responsible for informing them of this weakness, fail to do so. Furthermore, these authorities promote gambling by advertisements and positive slogans that lead teens to believe that there can't be a negative side to gambling. Teens know that if they drink alcohol or do drugs they do so at their own risk. Because of advertisements and programs at school, many are aware that they may develop addictions due to such behaviours. Are they also aware that the very same adverse effects can come from gambling? Or are they too naive, like I was, thinking that gambling is just a game, for fun, or just something to do?

In my sociology class, I had an opportunity to ask these questions myself. Our assignment was to experience the process of primary research by polling the students in our school with a questionnaire. The goal of the assignment was to learn to appreciate the time and hard work put into the studies we were using everyday as secondary research. I aimed to discover my peers' views about gambling and what their gambling practices were.

For a number of reasons, I went into the assignment with my own opinions and assumptions about my peers' attitudes towards gambling. The secondary school I attended at that time was in a predominantly white, middle-class location, a fair distance away (about an hour) from a large-scale gaming institution. I believed that because of their age most of the students would be unaware of the negative effects of gambling. Most cannot legally gamble.

Age was actually a large factor in my questionnaire. I decided that from the range of students I could access, I would interview OAC (Grade 13) students (N = 37) who were at least 18 and could legally gamble, and Grade 9 students (N = 42) who were 14 or 15 and were the youngest students in our school and too young to legally gamble. I naturally hypothesized that the OAC students, due to their age, would gamble more often and would be more aware of the

negative aspects of gambling.

I administered most of the questionnaires in classrooms and with their teachers' written permission. Others were given randomly to students in the halls or cafeteria. I was always present to explain that all information was strictly confidential and to answer any questions or address any concerns.

My first question was basic. I asked whether gambling is best defined as a good source of entertainment, a good way to get rich quick or a possibly harmful addiction. Surprisingly, over half of the students surveyed (55% of Grade 9 students and 51% of OAC students) believe gambling is best described as "a possibly harmful addiction." I was impressed that students think of gambling in this way. Due to advertisements and our social acceptance of gambling, I believed the majority of students would perceive gambling as "a good source of entertainment"; 38% of the Grade 9 students and 41% of the OAC students did, in fact, choose that answer.

My second question worked with the first in addressing the effect gambling has on our society. Although about half of the students believe gambling is best described as a harmful addiction, 64% of the Grade 9 students and 46% of the OAC students say that gambling has a neutral effect on our society, while 31% of the Grade 9 students and 30% of the OAC students believe gambling has a negative effect on our society. If gambling is best described as an addiction, isn't it natural that it would have a negative effect on us? Perhaps, the students don't see gambling addictions as serious, or perhaps the entertainment value of gambling is too strong to ignore. Only 5% of the Grade 9 students and 22% of the OAC students believe gambling has a positive effect on our society. I expected the answers of the Grade 9 students compared to the OAC students to be drastically different because of the age difference. Yet, looking at the statistics, they are similar, showing an impressive level of awareness by the younger students.

Another question brought similar responses from the two age groups. However, this time the results weren't as positive. First, I gave them a commonly used definition of gambling:

> "Gambling means placing a bet, whether for money or not, where the outcome of an event is uncertain or depends on chance, and in which the player may or may not be able to improve the chances of winning because of his or her skill."

Then I asked them to keep this definition in mind while answering if they gamble or have ever gambled. Eighty-three per cent of the Grade 9 students and 92% of the OAC students (only 9% more) answered this question in the

affirmative.

About 40% of the Grade 9 students who gamble report that they do so approximately once a year; half of these 14 to15 year old teenagers gamble at least once a month; 6% gamble at least once a week and 6% gamble more than once a week. Should we worry about the 12% who are gambling on such a regular basis?

Yet again, their responses show little difference between the two age groups. Of the OAC students who gamble, 56% report themselves as yearly gamblers; only 35% are monthly gamblers; 6% gamble once a week and 3% gamble more than once a week. These older students can gamble legally and only 9% do so on a regular basis. Comparing the statistics, Grade 9 students, who are illegal gamblers, are more regular gamblers than the OAC students, who are legal gamblers.

Since the Grade 9 students are not permitted to enter casinos or any other large-scale gaming institution, or to purchase lottery tickets, the statistics show that their gambling tends not to be institutionalized. When asked what forms of gambling they participate in, over half (57%) report they play cards for money and 51% contribute to sports pools or other types of pools. Forty per cent of these students report having played lottery tickets and 40% played bingo. Do their parents buy them lottery tickets? Do they go to family bingo? Are the people they trust the most treating these actions as harmless?

The students were also asked what they win when they gamble. The results were age-appropriate: the Grade 9 students report winning such things as tickets to movies, candy, bicycles; whereas the OAC students only report winning money. This reinforces the fact that the younger students are participating in small-scale, non-institutionalized gambling. But does this necessarily mean that they are participating in harmless gambling? Are these innocent gambling practices of their youth creating potentially dangerous attitudes for adult behaviour?

Over all, from both age groups, the students reported that 71% of their parents gamble, and that 23% gamble yearly, 34% monthly, 34%gamble weekly and 9% gamble more than once a week. These numbers suggest most parents are social or casual gamblers as opposed to problem gamblers. However, in this day and age, are casual gamblers giving children and teenagers the impression that gambling is acceptable to the point where teens see no wrong in gambling more than once or twice a week? Is this setting the teens up for future problems? How will they differentiate between safe and problem gambling practices?

Thirty eight per cent of all students surveyed know or have known somebody with a gambling problem. Twenty-seven per cent of the students report the gambler to be under 20 years of age. This suggests to me that they are friends of the students; 7% of the students report the gambler to be between 21 and 30; 13% between 31 and 40; while 43% report the problem gambler to be between 41 and 50 (the probable ages of their parents); and 10% report the gambler to be over 51. Seventy per cent of the students report that the people they know or have known who have gambling problems have not yet recovered and still struggle with the illness. This suggests that some students are regularly exposed to gambling problems through their friends, parents, and relatives. Isn't it time they learned how to help their loved ones?

After doing my own research and analyzing all of this for myself, I am still left with many questions. However, I have started to answer many of them, and hopefully have made others start thinking as well. It is important to understand that what we do as children, more often than not, influences our actions as adults. Things that may seem innocent and harmless, like playing cards for money, may do more long-term damage than we even care to imagine. Ten per cent of us currently have problems with gambling. I would be willing to bet money that 10% of us believe scratching lottery tickets as young children cannot possibly have adverse effects later in life. I'm not a social scientist with multiple degrees attached to my name, so take my opinions and statistics for what they are worth to you. Do your own research, question what the advertisements say and join the battle of awareness and discovery. It's time to expose the hidden addiction. Thank you.

**The statistic of "10% of [adult] Ontarians" with gambling problems can be seen as an inflated figure. The source for this figure (Van Rijn, 1995) chose to include those who endorsed having even one gambling problem on the South Oaks Gambling Screen (SOGS). However, to be identified as having a clinically significant gambling problem, a person would have to endorse at least five items on the SOGS. Recent research on the prevalence of gambling problems offers a different view. A widely accepted meta-analysis by Shaffer, Hall and Vander Bilt (1999) describes lifetime prevalence rates of probable pathological gambling of 1.7% for adults and 4.3% for adolescents in the United States and Canada.*

—The editor

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One million in Ontario said hooked on gambling. *The Toronto Star,* p. A2.

Submitted: September 17, 2000

This account was not peer-reviewed.

Jennifer Zechmeister is a first-year student at the University of Western Ontario in London, Ontario. Currently in the Faculty of Social Science, Jennifer hopes to attain a post-graduate degree in journalism. Jennifer was born and raised in Hamilton, Ontario and graduated from her local high school with an award as an Ontario Scholar.

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Book Review

Gambling and Governments in Canada, 1969—1998: How Much? Who Plays? What Pay-off?

By François Vaillancourt and Alexandre Roy. (2000). Toronto, ON: Canadian Tax Foundation, Special Studies in Taxation and Public Finance, No. 2, xi, 72 pages. Price: $30.00 Cdn.
ISBN: 0-88808-156-1.

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With the ongoing growth of state-sponsored gambling throughout Canada and much of the western world, this study by Vaillancourt and Roy is of more than a passing interest. Following a brief history of gambling, the authors present a comprehensive overview of the level, composition and importance of government gambling revenues in Canada. The compendium of statistical tables drawn from a variety of domestic and international sources is a useful general reference for researchers in the field.

Three themes emerge from the statistical presentation that invite comment. First, the authors focus on government revenue from gambling and do not include non-government gambling activities in their analysis. While this was no doubt in the interest of simplicity, it may understate the true importance of gambling as a funding mechanism for traditional government responsibilities. For example, hospital lotteries have become a staple in many Canadian cities, while community service agencies have often come to depend on the proceeds of raffles and bingos to fund "off-loaded" activities.

Second, on a more technical note, the authors' breakdown of gambling revenue by source includes a specific designation for video lottery terminals (VLTs). As some readers may know, controversy surfaced over VLTs in several Alberta communities because of concerns about the "addictive" properties of these devices. The question of whether any meaningful distinction can be drawn between VLTs and slot machines represents a continuing challenge for the research community.

Third, using 1995 estimates, the authors show that Canadian government gambling revenues now constitute about two per cent of total government revenues. What I find interesting about this statistic is that it invites study on the relationship between the revenue and the expense side of government ledgers. A high proportion of Canadian provincial budgets is spent on health care. An aging population, technological advances and a competitive international market for health care practitioners will heighten cost pressures further. If governments expand gambling in ways that are later found to cause even tiny increases in health care expenditures, the revenue "growth" becomes illusory, particularly with the advent of intensified competition from offshore locations and the Internet.

The expense summary of provincial lottery corporations is nicely done. An interesting minor addition would be a detailing of marketing and promotion costs. Agencies such as the British Columbia Lottery Corporation rank among the largest advertising accounts in their provinces. It is important to maintain awareness of these expenditures into the future given the well-understood example of tobacco and alcohol marketing.

The authors then review family expenditure surveys using an impressive number of domestic and international sources. They present a multivariate analysis in order to identify the key determinants of purchasing decisions. Their evaluation of the incidence of gambling taxes reveals that they are second only to tobacco in terms of regressivity.

The final part of the study has attracted some interest in the popular press. It

finds that the benefits of gambling in Canada greatly outweigh the costs. The authors begin by reviewing the methodological issues. Appropriately, they point out the need for an "incremental" approach. In the case of problem and pathological gambling, for example, it is important to try to separate out the costs created by other illnesses such as alcoholism in order to get useful results. Unfortunately, the underlying causal linkages remain uncertain, and so, remain "problematic" for cost estimation projections. The difficulty is exacerbated by our limited knowledge of incidence, due to the inherent limitations of self-report data and poor (or unreported) response rates, evident in the two British Columbia incidence studies with which I am most familiar.

The authors' cost estimations include only "real" resource costs. What economists call "transfers" are not included. "Real resource costs ...do not include any form of transfers, including the proceeds of crime (theft), government transfers (welfare), inter-family transfers and bad debts (transfers from creditors to debtors), since transfers do not use additional resources" (p. 41). This is good economic practice but it is also a good reason why so many students of the overall effects of gambling dismiss economic studies that take this line as irrelevant. Such studies do tell us something, but they manifestly do not tell us *everything* about the social impacts of gambling.

To put the economist's definition of economic gain and loss into perspective, consider a tax of $100 on the 100,000 poorest people in the country, the proceeds of which are used to pay a lump sum to the richest person. This would be neither good nor bad (economically) as it merely transfers wealth from one set of people to another. Closer to the problem at hand, if gamblers are driven to embezzle money from others, and they seek out poorer and less well-informed people as the easiest victims, but the government does not respond with additional police and other resources that are costs to the justice system, there is no "loss" to be set against the gains of gambling.

Similarly, if an unemployed or retired person commits suicide because of insufferable gambling losses, there is no economic cost (in fact, there may be an economic gain in the sense that the person will not consume more medical and hospital resources). A cost is recorded only if the person who committed suicide is an employed person, and then, only if he is not replaced by someone who is employed (p. 41). Of course, it is interesting to uncover the narrowly defined economic costs of gambling (and I am not ridiculing the attempt), but as these examples show, the costs are much less than the social losses, many of which show up in economists' calculations as "mere" transfers. Thus, the authors' conclusion that gains from gambling exceed losses must be interpreted with extreme caution.

The "population health paradigm" —defined as a conceptual framework for

thinking about why some people (and hence, some societies) are healthier than others —will help shed more light on gambling as a desirable fiscal tool for governments. Vaillancourt and Roy's treatment of income distribution and socio-economic status is useful in this regard because both have been found to be important determinants of population health.

The authors' assertion that more research is needed to help understand provincial and regional issues associated with gambling expansion is well taken. Their conclusion suggests that the risks of expanded state-sponsored gambling in Canada can be justified by societal and government benefits. On that point, I must respectfully disagree (Henriksson, in press; Henriksson & Lipsey, 1999). That said, I found this study to be a useful contribution to the literature.

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