

review

An Examination of the Relationship Between Social Casino Gaming and Gambling: The Bad, The Ugly, and The Good

Michael J.A. Wohl,¹ Melissa M. Salmon,¹ Samantha J. Hollingshead,¹ & Hyoun S. Kim²

¹ Department of Psychology, Carleton University, Ottawa, Ontario, Canada

² Department of Psychology, University of Calgary, Calgary, Alberta, Canada

Abstract

Social casino games (i.e., free-to-play online gambling-themed games) are now ubiquitous on social network platforms such as Facebook. Their popularity and similarity to gambling games has raised concern that, among other things, social casino games will normalize gambling behaviour, which may contribute to gambling participation and to a rise in the rate of disordered gambling. Herein, we review theory and research that address potentially bad (migration to gambling) and ugly (increased rate of problem gambling) consequences of social casino gaming. We also outline the limits and boundaries of this presupposition. Specifically, we outline contexts in which social casino games may yield positive consequences when played, including the use of such games as a proxy for gambling among disordered gamblers. Drawing on these discussions, we offer a path model for gambling behaviour that places social casino gaming at its core. Although we, like others, present some pessimism regarding the outcome of social casino game play, this paper points to situations and motivations that may yield positive effects.

Keywords: social casino gaming, gambling, micro-transactions, migration, disordered gambling, treatment, benefits

Résumé

Les jeux de casino sociaux (à savoir, les jeux de hasard gratuits en ligne) se retrouvent maintenant sur les plateformes de réseaux sociaux comme Facebook. Leur popularité et leur ressemblance avec les jeux d'argent soulèvent des inquiétudes que les jeux de casino sociaux aient entre autres pour effet de normaliser les comportements de jeu, lesquels peuvent contribuer à une participation aux jeux de hasard et à une augmentation du taux de jeu compulsif (voir Gainsbury, Hing, Delfabbro, et King, 2014; Kim, Wohl, Salmon, Gupta, et Derevensky, 2015; Parke, Wardle, Rigbye, et Parke, 2013).

Dans le présent article, nous analyserons la théorie et les travaux de recherche qui traitent des conséquences potentiellement néfastes (engouement pour les jeux d'argent) et horribles (augmentation du taux du jeu compulsif) des jeux de casino sociaux. Nous définissons également les limites de cette affirmation. Plus particulièrement, nous présentons une vue d'ensemble des contextes dans lesquels les jeux de casino sociaux peuvent avoir des conséquences positives lorsqu'on s'y adonne, notamment l'utilisation chez les joueurs pathologiques de ces jeux comme substitut pour les jeux de hasard. En nous inspirant de cette analyse, nous proposons un modèle de cheminement pour les comportements de jeu où les jeux de casino sociaux occupent la place centrale. Bien que nous soyons un peu pessimistes, et nous ne sommes pas les seuls, en ce qui a trait aux répercussions des jeux de casino sociaux, cet article cite des situations et des motivations qui peuvent amener des effets positifs.

Introduction

Imagine that David logs into his Facebook account to check his newsfeed and notifications. In doing so, he is reminded that today is the birthday of a friend he made while backpacking through Europe. He reads the headline of a news story about the retreating Amazon rainforest, and sees a viral video of a cat falling off a table. Finally, David clicks on the notification icon and finds that he has been invited to join a free-to-play Texas Hold'em game on Facebook by the guy who lives down the hall in his residence building at university. He contemplates whether to accept the invitation. He decides it is best to try out the game—he had been invited to a poker game the previous week, but declined because he did not know how to play. David thinks that accepting the invite will not only help him build a friendship with the guy in his residence, but will also help build his poker knowledge and skill, which will enable him to join a real poker game in the future.

At face value, David's experience is benign. Researchers in the field of gambling studies, however, have expressed concern that engaging with social casino games—free-to-play casino-themed games on social media platforms—may pave the way for problematic gambling behaviours (see Derevensky & Gainsbury, 2016; Gainsbury, Russell, & Hing, 2014; Kim, Wohl, Salmon, Gupta, & Derevensky, 2015; King & Delfabbro, 2016; Parke, Wardle, Rigbye, & Parke, 2013). That is, social casino gaming has, in large part, been framed as a risky activity in need of attention by the research community and policy makers. Although we do not argue with the contention that some social casino gamers may migrate to gambling and experience the associated negative consequences, we believe that this contention is in need of qualification. Specifically, we argue that some social casino gamers may benefit from engaging in play, as it may reduce future gambling behaviour (and thus the negative consequences that stem from such behaviour).

To be clear, the current paper serves a dual function. The first function is to discuss the current state of theory and empirical research on the link between social casino gaming and gambling. As this area of research is in its infancy, we have done our best to search both the academic and grey literature for relevant information. Nonetheless, this area of investigation is growing at a rapid pace; although we conducted a comprehensive review of the existing literature, we cannot claim that this review is exhaustive. From the review conducted, we question the generally accepted presupposition that social casino gaming will exacerbate the rate of (disordered) gambling. Instead, we argue the social casino gaming picture is nuanced. Whereas regulation and restriction of social casino games may be wise for some people, others may benefit from exposure. To provide clarity on the social casino gaming issue, we first outline what constitutes a social casino game. We then describe theory and research that highlights when and why social casino games may be a gateway to gambling, a discussion that also details contexts in which social casino games may facilitate the development of disordered gambling. We then provide arguments and evidence for limit and boundary conditions that may help some people reduce their desire to gamble. From these arguments, we offer a path model of social casino gaming to delineate the varied effects it may have on gambling, which constitutes the second function of the present paper. Our hope is that this model will be generative. That is, we present this model to provide potential avenues for future research.

Social Casino Games: A Primer

The expansion of social media platforms (e.g., Facebook) has led to an explosion of social gaming applications (i.e., free-to-play gambling-themed games). Moreover, these applications (e.g., Slotomania, Zynga Poker) are among the top-rated apps on social networking sites, yielding significant revenue (Takahashi, 2013). For example, Facebook profited \$213 million from social casino games in Q1 of 2013 alone—an amount that comprises the majority of Facebook’s revenue (see Martin, 2014). One reason that social casino games are able to generate such considerable profits is, in part, due to the *freemium* model by which such games operate. In freemium models, no money is required to download the game or to initiate play. Although gaming operators provide players with free credits that are reloaded periodically, players are given the opportunity (and actively encouraged) to purchase additional credits to continue play or engage in higher stakes bets. These micro-transactions are a significant contributor to the estimated \$3.5 billion in revenue generated by social casino games in 2015, revenues that are expected to jump to \$4.4 billion in 2017 (Eilers & Krejcik Gaming, 2016).

Because of the lucrative nature of social casino games, it is not surprising that there is significant interest in social casino games from the gambling industry. Indeed, gambling operators have purchased, merged, and partnered with social casino gaming companies (Sapsted, 2013; Schneider, 2012). For example, International Game Technology (a Nevada-based company that designs and manufactures slot machines) purchased Double Down Casino (a social casino gaming company) for

\$500 million in 2012 (PR Newswire, 2012). Furthermore, Zynga (a popular supplier of social casino games) merged with Bwin Interactive (an online gambling operator). As a result of these partnerships, the social casino version and their casino counterparts look identical. In other words, the line between social casino gaming and online gambling has become blurred. Indeed, some players have commented that it is becoming increasingly difficult to differentiate social casino games from gambling games (Parke et al., 2013).

Due to the continued convergence of social casino games and gambling, some researchers have expressed concern about a possible link between social casino gaming and gambling. Specifically, there is concern that social casino games are a training ground for gambling games and contribute to the incidence, prevalence, and maintenance of disordered gambling (Gainsbury, Hing, Delfabbro, Dewar, & King, 2015; Griffiths, King, & Delfabbro, 2012; Kim et al., 2015; King, Delfabbro, Kaptsis, & Zwaans, 2014; Parke et al., 2013). Conversely, other research suggests that social casino game play may have prophylactic features that reduce the incidence, prevalence, and maintenance of disordered gambling (see Hollingshead, Kim, Wohl, & Derevensky, 2016; LaPlante & Shaffer, 2007; Oman et al., 2004). Thus, the effects of social casino games on future gambling behaviours are more nuanced than currently conceived. In the following sections, we detail the potential negative and positive effects of social casino game play for gambling behaviour.

The Bad: Migration From Social Casino Gaming to Gambling

Does social casino gaming lead to gambling? Although the current paucity of research on the influence of social casino gaming on gambling does not provide a definitive answer, some recent research supports the notion that social casino game play can lead to gambling behaviour. Kim and colleagues (2015), for example, conducted a longitudinal study of social casino gamers who never gambled online and found that 6 months after the initial session, over 26% of social casino gamers reported transitioning to online gambling. This migration can yield consequences, among which are financial, psychological, and familial harms (Fong, 2005; Kim, Salmon, Wohl, & Young, 2016a; Matheson, Wohl, & Anisman, 2009; Petry, Stinson, & Grant, 2005). Given the risks associated with gambling, why would a player move from the free social casino gaming version of the game to the gambling version where real money is wagered? Herein, we provide a non-exhaustive discussion of possible explanations for the migration from social casino games to gambling.

Exposure to Gambling via In-Game Advertisements

A 2012 Morgan Stanley report noted that the vast population of social casino gamers represent a potential pool of gamblers who could be recruited to increase gambling revenues. The gambling industry took note and began partnering with and purchasing social casino operators (see Girvan, 2015). Gambling operators hope that having their stake in the social casino game market will help them to, among other things, acquire new customers and strengthen their brand to increase their market

share (Gutierrez, 2012). One outcome of this partnership is an increase in advertisements for online and land-based casinos within social casino games specifically and social media platforms more generally (Kushnir, 2014). Indeed, a recent study found that more than half of the most popular Facebook games contained some sort of gambling content (e.g., Jacques et al., 2016). Importantly for the gambling operators, these advertisements are expected to generate significant revenue for both the social casino gaming and the gambling industries (Morgan Stanley, 2012).

Today, social media users are exposed to an unparalleled amount of gambling-related advertisements, a fact not lost on social casino gamers (see Kim, Wohl, Gupta, & Derevensky, 2016b). The majority of advertisements on social media platforms advocate for social casino games and one third of advertisements are for online gambling games (Gainsbury, King, Abarbanel, Delfabbro, & Hing, 2015). Moreover, over half of social casino gamers hear about the games they are playing from social media advertisements (SuperData, 2015). For example, a social casino game may post the number of credits won by players on the newsfeeds of their friends (or encourage players to post positive outcomes on their social media page or invite friends to play in exchange for additional credits). Embedding the advertisements of a game into the social features of a social media platform is particularly enticing (i.e., the advertisement entices people to download and use the game; see Askelöf, 2013).

Additionally, advertisements on social casino games primarily contain positive messages about gambling. Gainsbury and colleagues (2015b), for example, found that the messages tended to convey gambling as a glamorous opportunity to win money. Moreover, they found that there was a lack of responsible gambling messaging in the advertisements or words of caution that excessive play may cause problems. As a result, social casino gamers may feel that the gambling version of the game is worth a try. Typically, the advertisements are hyperlinked to an online gambling site. The opportunity to gamble is a simple click away—an opportunity the gambling industry wants social casino gamers to seize.

Overlap of Structural Characteristics

Once players are exposed to and engage in social casino game play, the structural characteristics of social casino games may lay the groundwork for migration to gambling. This is because the structural characteristics of social casino games closely mimic those of traditional casino gambling games (Gainsbury, Hing, Delfabbro, & King, 2014). Bramley and Gainsbury (2015), for example, analyzed the auditory features of gambling games and social casino games and found that the use of auditory cues is similar. Both games use audio to, among other things, communicate achievements to players, provide reinforcement, and heighten player emotions to enhance the gaming experience. Such auditory features may also contribute to players' reduced ability to distinguish between social casino gaming and gambling.

In addition, the highly addictive variable ratio reinforcement schedule of reward is present in both social casino games and gambling games. Specifically, in both types

of games, a player is reinforced after an unpredictable number of games (e.g., spins, hands) played. This type of reinforcement schedule creates a steady, high rate of responding. Moreover, activities that use this schedule of reinforcement, such as social casino and gambling games, are highly resistant to extinction and encourage continuation and acceleration of engagement (Ferster & Skinner, 1957).

As a result of these structural similarities, people have difficulty differentiating between free-play games and gambling games (Parke et al., 2013). The majority of Australian social casino game players reported that social casino games looked somewhat (67%) or very (24%) similar to gambling sites (Gainsbury et al., 2015b). In an effort to distinguish between these types of games, King, Gainsbury, Delfabbro, Hing, and Abarbanel (2015) argued that gaming is principally defined by its interactivity, skill-based play, and contextual indicators of success. On the other hand, betting/wagers, predominantly chance-determined outcomes, and monetary features that involve risk and payout define gambling. However, as skill-based bonus modes are being incorporated into current chance-based gambling games (e.g., slot machines), this line becomes increasingly blurred (see Nevada Senate Bill 443, 2015). Indeed, there are growing concerns that structural boundaries between gambling and gaming may become indistinguishable, such that “hybrid” gambling activities will adopt features of gaming and vice versa (King & Delfabbro, 2016). Perhaps even more nefarious is the recent introduction of slot machines, which are based on games of skill, on social networking sites such as Candy Crush. Gamers who engage in these skill-type games might be lured to their slot machine counterparts, mistakenly believing they have the skills to win money on a game that is based purely on randomness and chance.

Furthermore, there is concern that the structural similarities between social casino games and gambling games will facilitate the cross-pollination of players, which would increase the rate of gambling participation. As noted by Snow (1981), there is the potential for activity substitution when two activities provide an individual with similar satisfaction. Because social casino games and gambling games are similar in so many facets (see King et al., 2015), they will likely yield similar levels of satisfaction for a portion of players, thus facilitating the migration from social casino game play to gambling (and back again).

A Winning Algorithm: Misunderstandings About How Social Casino Games Work

Gamblers have a tendency to misunderstand their odds of winning (Bandura 1977; Toneatto, Blitz-Miller, Calderwood, Dragonetti, & Tsanos, 1997; Walker 1992; Wohl, Christie, Matheson, & Anisman, 2010). People tend to believe that slot machines randomly select outcomes without replacing them in the full set of outcomes (i.e., with every spin, the odds of winning get better). Contrary to this perspective, however, slot machines select outcomes and then replace them—each spin is independent. In practice, this means that the outcome of one spin does not affect what occurs on the next spin; no matter how many times the slot player spins the wheel, the odds of a win on each play remain constant. This misunderstanding can heighten gamblers’

perceived probabilities of future success, which can lead to problematic gambling practices (e.g., persistence in the face of loss, exceeding monetary limits; Sharpe & Tarrier, 1993). Given our discussion about the structural similarities between social casino and gambling games, it would be natural for people to think that, akin to gambling games, social casino games randomly select their outcomes without replacing them, leading to persistent and excessive social casino game play. However, as noted by Gainsbury et al. (2015c), the outcomes of most social casino games are based on algorithms that inflate the odds of success to enhance player enjoyment, otherwise known as dynamic game balancing (see also Rose, 2014).

The dynamic game balancing of social casino games is likely to promote false beliefs about the odds of winning. Specifically, players are led to believe that they are better (i.e., skilled or lucky) at the game than would occur if the outcomes were truly random. Such misperceptions about their winning ability is particularly problematic in light of advertisements promoting the illusion that the odds of winning on the social casino game are equivalent to the odds of winning on the paid gambling game (Bednarz, Delfabbro, & King, 2013). Together, these misperceptions about many social casino games may lead players to believe that they will experience similar positive outcomes when playing gambling games with real money, which may influence a social casino gamer's decision to try gambling with real money. Providing circumstantial support for this contention, Bednarz and colleagues (2013) found that social casino gamers who migrate to online gambling sites from free-play modes hold greater illusions of control over the outcome of the game, which contributes to gambling behaviour (Langer, 1975; Wohl & Enzle, 2002; Wohl, Stewart, & Young, 2011). In other words, winning that is experienced in social casino games may facilitate migration to gambling under the false sense that similar outcomes will be experienced while gambling.

As Micro-Transactions Go, So Too Does Migration

Micro-transactions—the purchase of additional credits or virtual items from the gaming operator to continue play or engage in higher stake bets—are a key component of many social casino games. Although social casino games are free to download and play, players are actively encouraged to make micro-transactions via in-game special promotions, pop-up messages, and limited-time offers. Even though only 3 to 4% of all social casino gamers make in-game purchases (SuperData, 2015), they account for a significant portion of this industry's revenue (Casual Games Association, 2012). For example, micro-transactions produced a profit of \$2.8 billion in 2014 (Wells, 2015).

Kim and colleagues (2015) found that the use of micro-transactions was a strong predictor of migration to online gambling. Specifically, they tracked social casino gamers who had never previously gambled over a 6-month period. They found that people who indicated having made micro-transactions during the first survey session were approximately 7 times more likely to try gambling for real money in the intervening 6 months. They argued that social casino gamers who make micro-transactions (a) are willing to share their credit card information with gaming

operators (which makes sharing this information with gambling operators easier) and (b) want to attempt to win real money with their financial investment in a game. When coupled with social gamers' beliefs about their chance of success (because of inflated positive outcomes about social casino games), migration to gambling games becomes understandable, albeit under false presuppositions. Thus, it is not surprising that social casino gamers who engage in micro-transactions are more likely to report involvement in gambling and problematic gambling behaviours than are social casino gamers who have not purchased virtual credits (Gainsbury, King, Russell, & Delfabbro, 2016; Kim, Hollingshead, & Wohl, in press).

In a similar vein, Bunnell and colleagues (2015) found that youth in the United States who had never smoked cigarettes before were twice as likely to have intentions to smoke if they used e-cigarettes (i.e., a nicotine-free alternative to cigarette smoking) than were non-users of e-cigarettes. Because the act of smoking e-cigarettes is similar to smoking real cigarettes, learning principles are at play that increase the likelihood of migration to the full version of the harmful alternative (e.g., smoking cigarettes). A similar argument was made by Griffiths (2013) in the context of the potential link between social casino gambling and gambling. Specifically, he claimed that allowing for the purchase of virtual credits was a masterstroke by the social casino gaming industry. This is because there is a financial cost to the social casino gamers when making micro-transactions, which makes the games more psychologically similar to gambling than they are to gaming. Put another way, because social casino gaming is functionally similar to gambling, the incentive to escalate to gambling is high based on basic learning principles.

The Ugly: Social Casino Gambling as a Gateway to Disordered Gambling

In the previous section, we delineated some of the potential negative (*bad*) effects of engaging in social casino games, specifically, the possibility of migration to gambling games. We now turn our attention to the potential *ugly* side of social casino gaming, that is, the potential for social casino games to lead to disordered gambling behaviours. In our opinion, the conversion of social casino gamers to gamblers should not be synonymous with harms. In other words, the migration to online gambling does not inevitably harm the social casino gamer. Indeed, the clear majority of people who engage in gambling activities do so at safe and recreational levels, with only 1% of the population becoming disordered gamblers (see Hodgins, Stea, & Grant, 2011). That said, the small but significant number of people who develop disordered gambling behaviours face immense negative consequences because of their addiction.

While the current literature is sparse regarding the migration of social casino gamers to gambling, the empirical literature suggests that there is considerable overlap between social casino gamers and gamblers. Many people who play social casino games also play gambling games and vice versa (Gainsbury et al., 2015c). Furthermore, profiles of individuals who engage in micro-transactions (a risk factor for the migration to online gambling) look similar to disordered gamblers; akin to

disordered gamblers, social casino gamers who make micro-transactions are impulsive and sensitive to rewards (Kim et al., in press). In this light, a portion of social casino gamers who make micro-transactions and migrate to gambling will likely develop disordered gambling behaviors. More empirical study is needed to delineate the factors that put social casino gamers who migrate to gambling at risk for disordered gambling.

According to King and Delfabbro (2016), social casino games can act both as a protective and as a risk factor when it comes to priming future online gambling behaviours. Specifically, they proposed a two-pathway model of early exposure to social casino games. The catalyst pathway describes risk factors associated with early exposure to social casino games in the development of disordered gambling. Conversely, the containment pathway delineates protective factors that may dissuade interest in gambling activities. Furthermore, both the containment and the catalyst pathway models contain social, cognitive, behavioural, and emotional domains. Risk factors, for example, may include peer pressure (social domain), greater confidence in winning (cognitive), early big wins (behavioural), and desensitization to losses (emotional). Protective factors may include the removal of the mystery of gambling (social), awareness of risks (cognitive), early losses (behavioural), and sensitivity to losses (emotional). This framework provides an opportunity to assess not only risk factors for developing disordered gambling, but also protective factors that are unique to social casino games.

Social Casino Games and Video Game Addiction

In addition to being a risk factor for disordered gambling, social casino games may also lead to the development of a video game addiction independent of gambling or financial harms. This supposition is based on the increased conversion of gambling and gaming, most notably seen in social casino games (King et al., 2015). This is because, as previously mentioned, the algorithms behind social casino games are intended to maximize player enjoyment and engagement. In other words, the goal is to keep players engaged in the game. The net result may be excessive involvement in social casino gaming play. That is, players may become addicted to social casino games specifically or online video games more generally (see Owens, 2010).

In an attempt to provide preliminary support for the link between social casino and video game addiction, Gainsbury, King, Russell, Delfabbro, and Hing (2017) assessed whether social casino gamers endorsed symptoms for an Internet gaming disorder as a result of their play. Using the criteria for Internet gaming disorder from the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; American Psychiatric Association, 2013), they found that more than half of the participants endorsed at least one symptom of the disorder. Other negative effects of social casino gaming were also reported. For example, some participants noted withdrawal symptoms when they could not use social casino games. There were also reports of relationship problems and impairments at work as a result their social casino game play. Thus, at least for some people, social casino gaming appears to impede

real-world functioning, impediments that are similar to those observed among disordered gamblers. To the best of our knowledge, no research has directly compared the harms that result from social casino gaming and gambling-related harms. However, as a result of micro-transactions, social casino gaming may lead to significant financial harms akin to those experienced by gamblers. In fact, one user of Big Fish Casino spent over \$22,000 on virtual credits in a span of 6 months (Wells, 2015).

The point here is that the potential harms of social casino games, namely, the potential for these games to develop into an addiction and thus undermine the player's well-being, should not be understated. Indeed, both video game and gambling addiction can result in significant harms to the individual (Griffiths, Kuss, & King, 2012). While empirical investigation into social casino games is in its infancy, we, like others (Derevensky & Gainsbury, 2016), feel that a proactive stance toward regulation and policy are needed to prevent the potential harm of these immensely popular free-play gambling-like games.

The Potentially Good: Social Casino Gaming as a Gambling Replacement

Thus far, we have argued that social casino game play is a risk factor for the progression and maintenance of gambling behaviour in general and disordered gambling in particular. This contention is substantiated by the growing body of empirical literature on the correlates and consequences of social casino gaming. The dark cloud over the social casino skies may nonetheless have a significant silver lining. We believe that social casino gaming may act as a harm reduction strategy for those engaging in disordered gambling behaviour, as social casino gaming may be a viable proxy for gambling. In other words, some good may be found in social casino game play.

We first turn attention to the possible prophylactic effects of social casino gaming. Like King and Delfabbro (2016), we argue that social casino games may be particularly beneficial for people with minimal exposure to gambling. Specifically, exposure to gambling games via social casino gaming may reduce their allure, which may minimize excessive play once social casino gamers begin to gamble with real money. This contention is based on research from the domain of alcohol addiction, which has found that alcohol consumption has a curvilinear relationship with mortality, moderate drinkers living longer than both non-drinkers and heavy drinkers (Di Castelnuovo et al., 2006; Gmel, Gutjahr, & Rehm, 2003). Moreover, groups that include moderate alcohol as part of their cultural or religious practices show reduced heavy alcohol consumption (e.g., Jews; see McCullough & Willoughby, 2009). This relationship may have multiple causes. Most straightforwardly, members learn self-control, which reduces their alcohol consumption (Desmond, Ulmer, & Bader, 2013; McCullough & Willoughby, 2009). Additionally, moderate drinking behaviour may be facilitated by the informal social norms of moderation that exist in such groups (see Chawla, Neighbors, Lewis, Lee, & Larimer, 2007). We contend that, in a like fashion, if members of a social casino

gamer's social network or offline network of family and friends allow for positive and moderate social casino game play, this approach may yield controlled play that extends to gambling behaviour.

In this regard, our contention is not dissimilar to that of King and Delfabbro (2016), who suggest that a healthy relationship toward gambling may be developed among youth via social casino gaming if there is parental supervision during game play. They also suggest that pauses in the game that allow for education about how simulated gambling works would yield benefits, as this relates to responsible gambling behaviour. In addition to other educational information, they suggest using social casino games to educate players with accurate ratios of wins to losses that mimic real-world casino odds without allowing the purchase of virtual credits (i.e., micro-transactions). At present, however, no empirical research has been conducted on the possible prophylactic effects of social casino games on responsible gambling attitudes, beliefs, or behaviours.

An important finding in recent research by Hollingshead et al. (2016) is that social casino games may serve as proxy for gambling among disordered gamblers. They recruited a community sample of disordered gamblers who indicated that they engaged in social casino game play and asked them about their motivation to play such games. Results showed that those who were motivated to play social casino games for the social connection it provides or to build skill reported an increase in gambling. Conversely, playing to cope with negative life events or for excitement was not predictive of gambling. Of importance to the current discussion, disordered gamblers who reported playing social casino games to reduce cravings to gamble reported an overall decrease in gambling. These findings are in line with anecdotal evidence from Gainsbury and colleagues (2015a), who reported that some disordered gamblers use social casino games to decrease their gambling. Taken together, these findings show that social casino games may be a useful tool in the arsenal of disordered gamblers to help them cut down or quit gambling.

It may also be advisable for clinicians to suggest social casino games to some clients who struggle with disordered gambling as a replacement activity to subside their cravings to gamble. However, we offer a word of caution here. One interpretation of Hollingshead and colleagues' (in press) findings is that only gamblers who were *actively* seeking to reduce their gambling (i.e., reduce their cravings) via social casino games reported subsequent decreased gambling behaviour. Social casino games may therefore be beneficial only to disordered gamblers who are in the action stage of behavioural change (see Prochaska & Norcross, 2001). Furthermore, research is needed to delineate moderators that may inadvertently increase craving when someone is engaging in social casino games as a proxy for gambling. This is because heightened craving results in increased gambling behaviours (see Young & Wohl, 2011) rather than the desired outcome of decreasing future gambling behaviours.

A Path Model of Social Casino Gaming's Impact on Gambling

In this section, we provide a path model that outlines the consequences of social casino game play for gambling behaviour (see Figure 1). As traditionally conceptualized, a path is a contingent variable and a route that a person takes to a specific outcome. This model starts with exposure to social casino games and paths continue to one of three ends: (a) increased gambling behaviour, (b) decreased gambling behaviour, or (c) no impact on gambling behaviour. Each stop on the path provides the opportunity to appraise the current situation (e.g., whether to engage in social casino game play) and to decide on the next course of action. Here, we argue that a significant determining factor of how social casino gaming impacts on gambling is the player's motivation to engage in social casino game play. We contend that the model works regardless of one's prior experience with gambling. However, the speed with which one traverses the paths and the intensity with which gambling behaviour is influenced may be moderated by disordered gambling severity. Specifically, we contend that disordered gamblers will traverse the paths with relatively greater speed and intensity. However, this presupposition needs empirical verification. Furthermore, paths may need to be added or modified as empirical evidence becomes available.

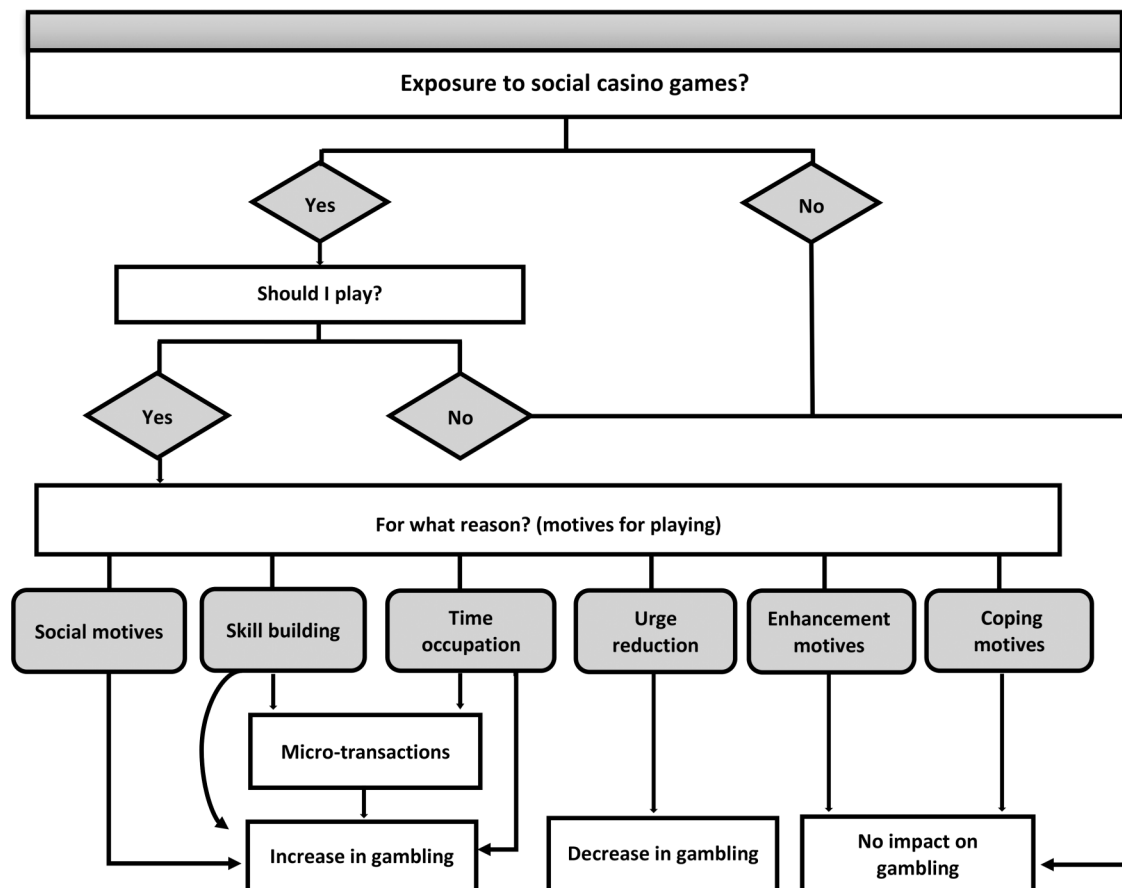


Figure 1. A path model of social casino gaming's impact on gambling.

The path metaphor is not a formal model for others to be tested against, but rather a framework to (a) help better understand the possible link between social casino gaming and gambling and (b) generate testable hypotheses.

Start Vertex: Exposure to Social Casino Games

Every path model, like every path, needs a start, a point of departure for the person traversing its routes. In this model, social casino game play will only be engaged in after a person is aware of its existence. The obvious start is exposure to social casino games. Exposure may have occurred because of, among other things, direct advertising from the social casino game operator (e.g., on their social media page) or an invitation to play from a friend who is part of the person's social media network. Although there may be different pressures to engage in social casino game play that stem from the source (e.g., pressure to play a social casino game is likely to be greater when a person is exposed to it from a friend as opposed to an advertisement), these pressures and their consequences are outside the scope of the current model. Instead, this start vertex is solely concerned with whether or not the social media user is exposed to the existence of social casino games.

Social media users are inundated with information at login. Facebook users, for example, are provided with a list of posts from their friends and groups they have decided to follow, trending news stories, and event invites, among other things. The social media user's attention must be drawn to and recognize an opportunity to play a social casino game. Should the user fail to recognize that opportunity, there will be no engagement with social casino games and thus gambling behaviour will be unaffected. Only when an opportunity to play a social casino game catches the user's attention will he or she start traversing the path toward game play.

Although speculative, it is likely that at-risk and disordered gamblers are more often exposed to social casino advertisements than non-gamblers or recreational gamblers are. This may be particularly true for online gamblers, as targeted advertisements and newsfeed algorithms consider the user's online search history and activity. Moreover, gamblers may also be more apt than non-gamblers to receive invitations to play social casino games, in part because their friends, family, and acquaintances may think they will enjoy such games. The net result would be greater exposure to social casino games.

Motivational Vertices: Should I Play or Should I Go?

Once the social media user recognizes that there is a possibility to play casino-themed games for free with a social media account, he or she must decide whether or not to engage in social casino game play. If there is no motivation to engage in game play, then exposure to social casino games will not result in play and thus will have no influence on subsequent gambling behaviours. However, users will be more likely to engage in social casino game play if they are motivated to do so. In other words, play

is a function of motivation. An important consideration for the model is that motivations vary.

Clues for possible motivations for playing social casino games may be found in the motivations of gamblers (see Stewart & Zack, 2008). For example, akin to gamblers, some social casino gamers may use play as a coping mechanism. That is, they escape into play to avoid negative life circumstances. Some social casino gamers may be motivated to play for the social connections that playing provides. Players post their scores, see how their score compares to others on leaderboards, and converse with other players, all of which can be rewarding. Other social casino gamers may engage in play for enhancement. Specifically, play makes them feel good.

Although there is likely symmetry in the motivations to play social casino games and in those to gamble, there are also important points of departure. First, some social casino gamers are motivated to play to build their skills in the hope that they will transfer to the gambling game equivalent. Indeed, Kim et al. (2016b) conducted focus groups with social casino gamers and many spontaneously mentioned that social casino games were used to build gambling skills before playing for real money. Some expressed that they feel uncomfortable gambling in online (or land-based) casinos with real money without experience, which is offered free of charge on social casino gaming websites or applications. This result was echoed in a study by Hollingshead and colleagues (in press) in which participants' endorsement of this motive for social casino game play was well over the midpoint of the scale (2.64 on a 4-point scale). Additionally, some social casino gamers play to reduce their desire or craving to gamble (Hollingshead et al., in press; Gainsbury et al., 2015a; Parke et al., 2013). In this way, social casino gamers may believe that gaming will quench their thirst or motivation to gamble.

Motivational Outcome Vertices: Social Casino Game Play and Gambling

Social casino game play is functional: People engage in play to satisfy a desire or motivation. The outcome of the decision to play varies as a function of the motivation, especially as it pertains to possible subsequent gambling behaviour. Specifically, motivations to engage in social casino game play may result in (a) an increase in gambling behaviour, (b) a decrease in gambling behaviour, or (c) no change in gambling behaviour. We argue that each motivation to play social casino games has an associated behavioural tendency as it relates to gambling.

Motivations associated with increased gambling.

Skill building. Accumulating evidence (e.g., Kim et al., 2015, 2016b) suggests that people who are motivated to play social casino games to build their skill at the game are particularly likely to gamble. When people are so motivated, social casino games are perceived to be a venue for practice that will pave the way to success while gambling. In this way, skill-building motivations also place the social casino gamer at risk for progression to disordered gambling. As demonstrated by Wohl and

colleagues (Wohl & Enzle, 2002, 2003; Wohl et al., 2011; Wohl, Young & Hart, 2005, 2007), some people come to believe that they are personally lucky. That is, some people feel they possess a personal quality of luck that allows them to maximize chance-related outcomes. This belief likely stems from early success at games of chance that leads players to believe that they have gambling-related skills. The result is a blurred line between the chance and the skill elements of gambling games, which is associated not only with disordered gambling, but also with a reluctance to seek treatment (see Wohl et al., 2005, 2007, 2011). Additionally, people who want to build their skill may be apt to make micro-transactions to purchase credits when they have been depleted. Making a micro-transaction may be viewed as a means to quicken the skill-building pace. However, the purchase of virtual credits is a significant predictor of subsequent gambling (Kim et al., 2015).

Social motives. Social casino games played on social network platforms have an embedded social component. Many social casino games allow the user to communicate with other users during game play. Members of these social networks may invite the user to migrate to an online gambling site or to gamble offline. Anecdotally, the lead author of this paper was invited to a “house game” as a result of a “revelation” that he played poker, a revelation that stemmed from a post made by a Texas Hold’em app that informed members of his social network of the outcome of his play. People who are motivated to make social connections may be particularly keen to advance such connections by accepting the offer to gamble. Additionally, online and offline casino establishments advertise their presence on social casino games. These advertisements often contain messages that suggest a social atmosphere awaits, which may be particularly enticing for people who are socially motivated.

Time occupation motives. Some people simply want to play games to occupy their time. However, social casino games provide players with only a limited amount of credits. When those credits are used, the player needs to either wait a specified period of time for the game to reload their free credits, or purchase virtual credits (i.e., micro-transactions). People who are motivated to continue to play to occupy their time may be particularly apt to make micro-transactions. Indeed, Kim and colleagues (2016b) showed that the most cited reason for making micro-transactions was to extend play when initial seed credits were exhausted. In this light, people who are motivated to play social casino games to fill time-related voids are likely at particular risk for increased gambling (see Kim et al., 2015).

Motivations unrelated to subsequent gambling.

Enhancement motives. People who are enhancement motivated play social casino games to feel good about themselves as well as for the excitement. The advertising model used by social casino game operators likely stratifies this motivation. Indeed, it is normative for social casino games to announce especially positive outcomes (e.g., achievements) to members of the user’s social network. Leaderboards are also

posted so that members of a particular social network who use the social casino gaming app can see where they rank relative to their network compatriots. In this way, the need for self-enhancement is satisfied by the social casino game itself (and thus, there is no need to transition to gambling).

Coping motives. Given that social casino games are designed to look and feel like their gambling game equivalent, people who are motivated to play social casino games to cope or escape negative life situations (for example, via dissociation that may occur during play) should find gambling games equally satisfying. On the surface, it may be expected that people who play social casino games as a coping mechanism may subsequently migrate to gambling. However, we argue that people who find their coping needs satisfied by social casino games are likely to see no need to gamble. In fact, it may be the case that social casino games are helpful to gamblers who are gambling to cope. That is, disordered gamblers may be able to use social casino games as a free proxy for gambling. However, there is an absence of empirical work on the matter. Our contentions are therefore purely speculative.

Motivations that decrease gambling.

Urge reduction motives. Some people explicitly play social casino games to fulfill their need to gamble. Although Hollingshead and colleagues (in press), as well as others (Gainsbury et al., 2015a; Parke et al., 2013), have argued that in such a context, social casino games may be particularly helpful for disordered gamblers, it may help to reduce gambling among recreational and at-risk gamblers alike. Moreover, as noted by King and Delfabbro (2016), early exposure to social casino games may undermine the desire to gamble entirely (or at least at a moderate level). Taken together, these findings suggest that social casino games may quench people's thirst for gambling.

Conclusion

The field of social casino gaming is still in its infancy, but growing rapidly. In the current paper, we conducted a non-exhaustive review of the literature, with the express purpose of understanding the consequences (good and bad) of engagement with social casino games. From this review, we conclude that the transition from social casino gaming to gambling is neither inevitable nor unidirectional. We also outlined a path model of social casino gaming to help delineate the varied effects that it may have on gambling. However, the model will likely require amendments (or wholesale changes) as the literature on social casino gaming continues to grow. We look forward to both confirmations and challenges of the ideas presented herein.

In the meantime, it is imperative that researchers and policy makers do not sidetrack the discussion about social casino games with single-minded concerns about whether these games contribute to disordered gambling. Indeed, there may be good in these games being offered and in playing them. Put another way, intuitive assumptions about the power of social casino games to create gamblers may not be viable in

reality. That said, there is no doubt that some people will migrate from social casino gaming to gambling and that a small portion of those people may develop gambling problems. Moreover, it is increasingly the case that social casino game operators have, at their core, the purpose of enticing players to migrate to gambling (see Morgan Stanley, 2012). What is unknown, however, is whether people who start their journey toward disordered gambling from social casino gaming would have found themselves in the same predicament without exposure to social casino games. It is entirely possible that, for some, social casino games are a gateway. However, more research is needed before strong claims on the good, the bad, or the ugly effects of social casino gaming can be made. The likelihood is that social casino gaming yields all of the above. It is the duty of researchers to empirically determine the predictors, mediators, and moderators of a social casino gaming-gambling link. Once determined, this information needs to be translated to policy makers so that educated decisions about possible regulation can be made. Clearly, this is just the beginning of a long empirical road of discovery.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- Askelöf, P. (2013). *Monetization of social network games in Japan and the West* (Unpublished dissertation). Lund University, Lund, Sweden.
- Bandura, A. (1977). *Social learning theory*. Oxford, England: Prentice-Hall.
- Bednarz, J., Delfabbro, P., & King, D. (2013). Practice makes poorer: Practice gambling modes and their effects on real-play in simulated roulette. *International Journal of Mental Health and Addiction*, 11, 381–395.
- Bramley, S., & Gainsbury, S. M. (2015). The role of auditory features within slot-themed social casino games and online slot machine games. *Journal of Gambling Studies*, 31, 1735–1751.
- Bunnell, R. E., Agaku, I. T., Arrazola, R., Apelberg, B. J., Caraballo, R. S., Corey, C. G., ... King, B. A. (2015). Intentions to smoke cigarettes among never-smoking US middle and high school electronic cigarette users, National Youth Tobacco Survey, 2011–2013. *Nicotine & Tobacco Research*, 17, 228–235.
- Casual Games Association. (2012). *Social network games 2012: Casual games sector report*. Retrieved from [http:// docplayer.net/12856927-Social-network-games-2012-casual-games-sector-report.html](http://docplayer.net/12856927-Social-network-games-2012-casual-games-sector-report.html)
- Chawla, N., Neighbors, C., Lewis, M. A., Lee, C. M., & Larimer, M. E. (2007). Attitudes and perceived approval of drinking as mediators of the relationship

between the importance of religion and alcohol use. *Journal of Studies on Alcohol and Drugs*, 68, 410–418.

Derevensky, J. L., & Gainsbury, S. M. (2016). Social casino gaming and adolescents: Should we be concerned and is regulation in sight? *International Journal of Law and Psychiatry*, 44, 1–6.

Desmond, S. A., Ulmer, J. T., & Bader, C. D. (2013). Religion, self control, and substance use. *Deviant Behavior*, 34, 384–406.

Di Castelnuovo, A., Costanzo, S., Bagnardi, V., Donati, M. B., Iacoviello, L., & de Gaetano, G. (2006). Alcohol dosing and total mortality in men and women: An updated meta-analysis of 34 prospective studies. *Archives of Internal Medicine*, 166, 2437–2445.

Eilers & Krejcik Gaming. (2016). *Social casino tracker—4Q & 2015*. Santa Ana, CA: Author.

Ferster, C. B., & Skinner, B. F. (1957). *Schedules of reinforcement*. New York, NY: Appleton-Century-Crofts.

Fong, T. W. (2005). The biopsychosocial consequences of pathological gambling. *Psychiatry (Edgmont)*, 2, 22–30.

Gainsbury, S. M., Hing, N., Delfabbro, P., Dewar, G., & King, D. L. (2015a). An exploratory study of interrelationships between social casino gaming, gambling, and problem gambling. *International Journal of Mental Health and Addiction*, 13, 136–153. doi:10.1007/s11469-014-9526-x

Gainsbury, S., Hing, N., Delfabbro, P. H., & King, D. L. (2014). A taxonomy of gambling and casino games via social media and online technologies. *International Gambling Studies*, 14, 196–213. doi:10.1080/14459795.2014.890634

Gainsbury, S. M., King, D. L., Abarbanel, B., Delfabbro, P., & Hing, N. (2015b). *Convergence of gambling and gaming in digital media*. Retrieved from http://www.responsiblegambling.vic.gov.au/__data/assets/pdf_file/0003/25572/Gainsbury_convergence_of_gambling_and_gaming_2015.pdf

Gainsbury, S., King, D., Delfabbro, P., Hing, N., Russell, A., Blaszczynski, A., & Derevensky, J. (2015c). *The use of social media in gambling*. Gambling Research Australia. Retrieved from <http://www.rgtinfohub.org.uk/wp-content/uploads/2016/03/grasocialmediareport.pdf>

Gainsbury, S. M., King, D. L., Russell, A. M., & Delfabbro, P. (2016). Who pays to play freemium games? The profiles and motivations of players who make purchases within social casino games. *Journal of Behavioral Addictions*, 5, 221–230.

Gainsbury, S. M., King, D. L., Russell, A. M., Delfabbro, P., & Hing, N. (2017). Virtual addictions: An examination of problematic social casino game use among at-risk gamblers. *Addictive Behaviors*, *64*, 334–339.

Gainsbury, S., Russell, A., & Hing, N. (2014). An investigation of social casino gaming among land-based and Internet gamblers: A comparison of socio-demographic characteristics, gambling and co-morbidities. *Computers in Human Behaviours*, *33*, 126–135.

Girvan, P. (2015, March). Making the connection. *Global Gaming Business Magazine*, *14*(3). Retrieved from <https://ggbmagazine.com/article/making-the-connection/>

Gmel G., Gutjahr, E., & Rehm, J. (2003). How stable is the risk curve between alcohol and all-cause mortality and what factors influence the shape? A precision-weighted hierarchical meta-analysis. *European Journal of Epidemiology*, *18*, 631–642.

Griffiths, M. (2013). Social gambling via Facebook: Further observations and concerns. *Gambling Law Review and Economics*, *17*, 104–106.

Griffiths, M. D., King, D. L., & Delfabbro, P. H. (2012). Simulated gambling in video gaming: What are the implications for adolescents? *Education and Health*, *30*, 68–70.

Griffiths, M. D., Kuss, D. J., & King, D. L. (2012). Video game addiction: Past, present and future. *Current Psychiatry Reviews*, *8*, 308–318.

Gutierrez, D. (2012). *Social gaming and gambling convergence: Threat, opportunity, or just a hype?* Presented at the 11th European iGaming Congress, Barcelona, Spain. Retrieved from <http://www.slideshare.net/kontagent/ei-g-webinar-9-17-12final>

Hodgins, D. C., Stea, J. N., & Grant, J. E. (2011). Gambling disorders. *The Lancet*, *378*, 1874–1884.

Hollingshead, S., Kim, H. S., Wohl, M. J. A., & Derevensky, J. (2016). The social casino gaming-gambling link: Motivation for playing social casino games determine whether gambling increases or decreases. *Journal of Gambling Issues*, *33*, 52-67.

Jacques, C., Fortin-Guichard, D., Bergeron, P. Y., Boudreault, C., Lévesque, D., & Giroux, I. (2016). Gambling content in Facebook games: A common phenomenon? *Computers in Human Behavior*, *57*, 48–53.

Kim, H. S., Hollingshead, S., & Wohl, M. J. A. (in press). Who spends money to play for free? Identifying who makes micro-transactions on social casino games (and why). *Journal of Gambling Studies*. Advance online publication. doi: 10.1007/s10899-016-9626-6

- Kim, H. S., Salmon, M., Wohl, M. J., & Young, M. (2016a). A dangerous cocktail: Alcohol consumption increases suicidal ideations among problem gamblers in the general population. *Addictive Behaviors*, 55, 50–55.
- Kim, H. S., Wohl, M. J., Gupta, R., & Derevensky, J. (2016b). From the mouths of social media users: A focus group study exploring the social casino gaming–online gambling link. *Journal of Behavioural Addictions* 5, 115–121.
- Kim, H. S., Wohl, M. J., Salmon, M. M., Gupta, R., & Derevensky, J. (2015). Do social casino gamers migrate to online gambling? An assessment of migration rate and potential predictors. *Journal of Gambling Studies*, 31, 1819–1831.
- King, D. L., & Delfabbro, P. H. (2016). Early exposure to digital simulated gambling: A review and conceptual model. *Computers in Human Behavior*, 55, 198–206.
- King, D. L., Delfabbro, P. H., Kaptsis, D., & Zwaans, T. (2014). Adolescent simulated gambling via digital and social media: An emerging problem. *Computers in Human Behaviours*, 31, 305–313.
- King, D. L., Gainsbury, S. M., Delfabbro, P. H., Hing, N., & Abarbanel, B. (2015). Distinguishing between gaming and gambling activities in addiction research. *Journal of Behavioral Addictions*, 4, 215–220.
- Kushnir, E. (2014). *State of the social casino industry, Q4, 2014*. Retrieved from <http://www.slideshare.net/eladkushnir/final-ccsf-elad-kushnir>
- Langer, E. (1975). The illusion of control. *Journal of Personality and Social Psychology*, 32, 311–328.
- LaPlante, D. A., & Shaffer, H. J. (2007). Understanding the influence of gambling opportunities: Expanding exposure models to include adaptation. *American Journal of Orthopsychiatry*, 77, 616–623.
- Martin, C. (2014, Summer). Big data and social casino gaming. *Canadian Gaming Lawyer Magazine*. Retrieved from https://imgl.org/sites/default/files/media/bigdataandsocialcasinogaming_christinemartinjd_cgl_summer2014.pdf
- Matheson, K., Wohl, M. J., & Anisman, H. (2009). The interplay of appraisals, specific coping styles, and depressive symptoms among young male and female gamblers. *Social Psychology*, 40, 212–221.
- McCullough, M. E., & Willoughby, B. L. B. (2009). Religion, self-regulation, and self-control: Associations, explanations, and implications. *Psychological Bulletin*, 135, 69–93.

Morgan Stanley. (2012). *Social gambling: Click here to play*. Morgan Stanley Research. Retrieved from <http://docplayer.net/17454249-Social-gambling-click-here-to-play.html> the

Nevada Senate Bill 443, NV SB443 (USA). (2015). *Revises provisions governing the acceptance of race book and sports pool wagers*. Retrieved from <https://legiscan.com/NV/bill/SB443/2015>

Oman, R. F., Vesely, S., Aspy, C. B., McLeroy, K. R., Rodine, S., & Marshall, L. (2004). The potential protective effect of youth assets on adolescent alcohol and drug use. *American Journal of Public Health*, 8, 1425–1430.

Owens M. D. (2010). If you can't tweet'em, join'em: The new media, hybrid games, and gambling law. *Gaming Law Review and Economics*, 14, 669–672.

Parke, J., Wardle, H., Rigbye, J., & Parke, A. (2013). *Exploring social gambling: Scoping, classification and evidence review*. UK Gambling Commission. Retrieved from <http://eprints.lincoln.ac.uk/16412/1/Social%20Gambling.pdf>

Petry, N. M., Stinson, F. S., & Grant, B. F. (2005). Comorbidity of DSM-IV pathological gambling and other psychiatric disorders: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Journal of Clinical Psychiatry*, 66, 564–574.

PR Newswire. (2012, January 12). *International game technology to acquire social gaming company Double Down Interactive*. Retrieved from <http://www.prnewswire.com/news-releases/international-game-technology-to-acquire-social-gaming-company-double-down-interactive-137209833.html>

Prochaska, J. O., & Norcross, J. C. (2001). Stages of change. *Psychotherapy: Theory, Research, Practice, Training*, 38, 443–448.

Rose, I. N. (2014). Should social casino games be regulated? *Gaming Law Review and Economics*, 18, 134–137.

Sapsted, T. (2013). *Social casino gaming: Opportunities for 2013 and beyond*. London, United Kingdom: FC Business Intelligence.

Schneider, S. (2012). Social gaming and online gambling. *Gambling Law and Review*, 16, 711–712.

Sharpe, L., & Tarrier, N. (1993). Towards a cognitive-behavioural theory of problem gambling. *British Journal of Psychiatry*, 162, 407–412.

Snow, R. G. (1981). A structural analysis of recreation activity substitution. (Unpublished doctoral dissertation). Texas A&M University, College Station, Texas.

- Stewart, S. H., & Zack, M. (2008). Development and psychometric evaluation of a three-dimensional Gambling Motives Questionnaire. *Addiction*, 103, 1110–1117. doi:10.1111/j.1360-0443.2008.02235.x
- SuperData. (2015). Social casino market – US player insights 2015. New York, NY: Author.
- Takahashi, D. (2013, December 9). Facebook names its top games of 2013. *Venture Beat*. Retrieved from <http://venturebeat.com/2013/12/09/facebook-names-its-top-games-of-2013>
- Toneatto, T., Blitz-Miller, T., Calderwood, K., Dragonetti, R., & Tsanos, A. (1997). Cognitive distortions in heavy gambling. *Journal of Gambling Studies*, 13, 253–266.
- Walker, M. (1992). *The psychology of gambling*. New York, NY: Pergamon.
- Wells, N. (2015). The shocking truth about mobile gaming. *CNBC*. Retrieved from: <http://www.cnbc.com/2015/08/03/the-shocking-truth-about-mobile-gaming.html>
- Wohl, M. J. A., Christie, K. L., Matheson, K., & Anisman, H. (2010). Animation-based education as a gambling prevention tool: Correcting erroneous cognitions and reducing the frequency of exceeding limits among slots players. *Journal of Gambling Studies*, 26, 469–486.
- Wohl, M. J. A., & Enzle, M. E. (2002). The deployment of personal luck: Sympathetic magic and illusory control in games of pure chance. *Personality and Social Psychology Bulletin*, 28, 1388–1397.
- Wohl, M. J. A., & Enzle, M. E. (2003). The effects of near wins and losses on self-perceived personal luck and subsequent gambling behaviours. *Journal of Experimental Social Psychology*, 39, 184–191.
- Wohl, M. J. A., Stewart, M. J., & Young, M. M. (2011). Personal luck usage scale (PLUS): Psychometric validation of a measure of gambling-related belief in luck as a personal possession. *International Gambling Studies*, 11, 7–21.
- Wohl, M. J. A., Young, M. M., & Hart, K. E. (2005). Untreated young gamblers with game-specific problems: Self-concept involving luck, gambling ecology and delay in seeking professional treatment. *Addiction Research and Theory*, 13, 445–459. doi:10.1080/16066350500168444
- Wohl, M. J. A., Young, M. M., & Hart, K. E. (2007). Self-perceptions of dispositional luck: Relationship to DSM gambling symptoms, subjective enjoyment of gambling and treatment readiness. *Substance Use & Misuse*, 42, 43–63. doi:10.1080/10826080601094223

Young, M. M., & Wohl, M. J. A. (2011). Canadian Problem Gambling Index: An evaluation of the scale and its accompanying profiler software in a clinical setting. *Journal of Gambling Studies*, 27, 467–485.

Submitted April 22, 2016; accepted August 31, 2016. This article was peer reviewed. All URLs were available at the time of submission.

For correspondence: Michael J. A. Wohl, Ph.D., Department of Psychology, Carleton University, 1125 Colonel By Drive, Ottawa, ON, K1S 5B6. E-mail: michael.wohl@carleton.ca

Competing interests: No competing interests (all authors).

Ethics approval: Not required.

Acknowledgements: Preparation of this paper was made possible, in part, by funding from Gambling Research Exchange Ontario.

Financial recovery from problem gambling: problem gamblers' experiences of social assistance and other financial support

Maria Heiskanen¹

¹ Department of Social Research, University of Helsinki, Helsinki, Finland

Abstract

The objective of this article is to understand problem gamblers' experiences of recovery from financial difficulties caused by problem gambling. Specifically, financial social assistance from public services is considered. A sample of 17 interviews with Finnish self-identified, treatment-seeking problem gamblers from various financial positions was analyzed qualitatively using thematic content analysis. The analysis revealed four themes. The first theme examines how the financial concerns of problem gamblers were left unaddressed by treatment professionals. The second theme discusses the rationalizations behind not applying for or not receiving financial social assistance from public services. The reasons behind not applying for financial social assistance were related to financial stability and perceived pride derived from surviving independently (loss of pride when not being able to survive independently). Not receiving assistance despite applying for it was mostly because of their income having been assessed as adequate by the social services. Third theme examines receiving financial social assistance during, or after, problematic gambling. Participants living on welfare often spent their benefits on gambling in the hopes of an increased income. Recovering lower-income problem gamblers also received financial social assistance for living expenses or for treatment. Fourth, non-governmental and more controlling forms of financial support were (1) financial assistance within private safety nets, (2) support for over-indebtedness from an NGO, or (3) private person/official authority taking control over problem gamblers' financial matters. The socio-economic background factors are important to address when designing financial and other support for problem gamblers. The results of this study provide useful information for future survey studies of the topic.

Keywords: financial recovery, financial social assistance, Finland, gambling, problem gambling, welfare

Résumé

Dans cet article, on cherche à comprendre le vécu des joueurs pathologiques qui ont dû surmonter des problèmes d'argent en raison du jeu compulsif. Plus particulièrement,

on s'est intéressé à l'aide sociale financière offerte par les services publics. Un échantillon de 17 entrevues avec des Finlandais s'étant déclarés joueurs pathologiques à la recherche d'un traitement et se trouvant dans différentes situations financières a été étudié qualitativement à partir d'une analyse du contenu thématique. De cette analyse, quatre thèmes ont été dégagés. Le premier porte sur la façon dont les fournisseurs de traitement n'ont pas tenu compte des soucis matériels des joueurs pathologiques. Le deuxième parle des arguments avancés pour ne pas avoir demandé ou reçu d'aide sociale financière des services publics. Les raisons s'opposant à la présentation d'une telle demande avaient trait à la stabilité financière et à la fierté ressentie au fait d'assurer seul sa survie. Dans la plupart des cas, les personnes qui n'avaient pas reçu d'aide même après avoir fait une demande pour en obtenir disposaient d'un revenu que les services sociaux jugeaient adéquat. Le troisième aborde l'aide sociale financière qui a été reçue durant ou après les problèmes de jeu. Les participants vivant de l'aide sociale dépensaient souvent leurs prestations au jeu dans l'espoir d'augmenter leur revenu. Les joueurs pathologiques en voie de guérison dont le revenu était plus faible ont également reçu de l'aide sociale financière pour leurs dépenses courantes ou pour leur traitement. Le quatrième traite des formes de soutien monétaire non gouvernementales et plus contrôlantes, notamment (1) l'aide financière dans le cadre de filets de sécurité privés, (2) l'aide fournie par une organisation non gouvernementale pour le surendettement ou (3) un particulier ou une autorité officielle qui prend en main les problèmes d'argent des joueurs pathologiques. Il est important d'examiner les facteurs en matière de contexte socioéconomique au moment de concevoir des mécanismes de soutien financier ou autres pour les joueurs pathologiques. Les résultats de cette étude fournissent des renseignements utiles pour de futures études par sondage sur ce sujet.

Introduction

Gambling activities may range from social gambling to problem or pathological gambling (Blaszczynski & Nower, 2002; Korn, Gibbins, & Azmier, 2003). Money is one of the main elements in gambling, and money is the medium that signifies the participation in gambling (Reith, 2007). Consequently, as money can be described as “the drug that fuels disordered gambling” (Nower & Blaszczynski, 2014, p. 393), excessive and problematic gambling often results in financial setbacks: using more money on gambling than one can afford, unpaid bills, or over-indebtedness (e.g., Downs & Woolrych, 2010; Ladouceur, Boisvert, Pépin, Loranger, & Sylvain, 1994; Lesieur, 1992).¹ The attempts to continue financing gambling despite losses may even lead to criminal activity, such as writing bad cheques, forgery or embezzlement

¹An over-indebted household is, by the definition of the European Commission, a household “whose existing and foreseeable resources are insufficient to meet its financial commitments without lowering its living standards” (Fondeville, Özdemir, & Ward, 2010, p. 4).

(Nower & Blaszczynski, 2014). Overall, problem gambling can be characterized by “difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or the community” (Neal, Delfabbro, & O’Neil, 2005, p. 3). DSM-5 defines gambling disorder as continuing problems with gambling leading to distress and social and/or financial difficulties (APA, 2013). Financial problems are not the only dimension of problem gambling, but in this article, the main attention is on the recovery from the financial problems.

The financial situations of problem gamblers are complex and related to their overall financial (and other) circumstances. Barnard et al. (2014) found that gamblers have different approaches towards their general spending and gambling spending. They categorized gamblers as controlled gamblers (do not play if cannot afford to lose), uncontrolled gamblers (spending irrationally for gambling, other spending more monitored), uncontrolled spenders (hard to monitor other spending, control in gambling), and chaotic gamblers (both uncontrolled gambling and other spending). Debt is one of the financial consequences of problem gambling (Nower & Blaszczynski, 2014). Barnard et al. (2014) also discussed the factors affecting gamblers’ pathways into debt which were: considering money as “not real,” feelings of compulsion related to the control over their spending, normative beliefs about the amounts spent on gambling, problem gamblers’ money and resource management strategies, and the availability and cost of credit.

Grant, Schreiber, Odlaug, & Kim (2010) found that problem gamblers who have deep financial problems and have declared bankruptcy secondary to gambling, have earlier onset and faster progression of gambling problems, as well as more problems associated with gambling (e.g., financial, marital, occupational) compared to other problem gamblers. They also found that problem gamblers’ bankruptcy may either be financially necessary or more a reflection of an inability to cope with debt. Downs & Woolrych (2010) conclude that problem gambling-related debt could be disruptive to both family relationships as well as for managing at work. It has been found that debts are often one reason behind gambling-related suicides (Blaszczynski & Farrell, 1998; Wong, Chan, Conwell, Conner, & Yip, 2010).

For many problem gamblers, the primary motives for seeking help are the financial problems and concerns (Gainsbury, Hing, & Suhonen, 2014; Hodgins & el-Guebaly, 2000; Pulford et al., 2009). Anderson, Dobbie and Reith (2009) found that during realization and acceptance of problem gambling, the issue of money is important: in their study, a change in behaviour was triggered through mundane, money-related situations together with growing self-awareness of the amounts of money that was spent on gambling. In certain cases the change was necessary, after finally hitting “rock bottom.”

The treatments available for problem gamblers include, for example, counselling, psychotherapy, cognitive and behavioural therapies, advisory services, residential care, pharmacotherapy, mutual support groups, online help, informal help, and self-help (Gainsbury et al., 2014, p. 504; Hing, Nuske, Tolchard, & Russell, 2015). Nonetheless, even though the treatment of problem gambling may stop the deterioration of the

individual's financial matters, it cannot undo the damage already caused by loss of wealth (Poulin, 2006). Consequently, problem gamblers may be in need of financial assistance in addition to therapeutic treatment for the addiction. Nower and Blaszczynski (2014) remark that solving the practical issues of debt management, bankruptcy, and resolution of any criminal charges form a basis for the recovery from problem gambling, and that more research on these areas is needed, as well as education for service providers. The financial aspects included in the treatment of problem gambling may be, for example, assistance from a lawyer or credit counsellor to solve all the neglected financial matters; developing a household budget, which may include putting the problem gambler on an allowance; and development of a restitution plan to pay back loans (Pavalko, 2001).

Financial recovery in this study refers to resolving the financial problems caused by problem gambling and the attempts to achieve balance in everyday financial matters of (former) problem gamblers. Financial problems may be overwhelming for problem gamblers, and are thus important to address in the research of the recovery from problem gambling (e.g., Nower & Blaszczynski, 2014). The welfare arrangements in Finland allow individuals to rely on tax-funded, public social and financial safety nets, such as last-resort financial social assistance in dire financial situations. The experiences of problem gamblers in this matter have not yet been widely studied. This qualitative study investigates the financial recovery from problem gambling and asks: what kinds of experiences of financial support do problem gamblers have, especially related to financial social assistance from public services?

Context of the Study

In 2015, 80 % of 15-74-year-old Finnish persons had gambled during the past 12 months, and the share of problem gamblers out of the population of the country is estimated to be 1.1–3.3 % (Castrén et al., 2013; Salonen & Raisamo, 2015). Gambling is considered mundane, and gambling opportunities are widely available. One company has a monopoly over Finland's gambling supply, and most of the profits are spent on culture, sports, youth work, and on funding social and health NGOs (Cisneros Örnberg, & Tammi, 2011).² Municipalities and organizations organize some specialized treatment and peer support groups for problem gamblers, and a national gambling helpline offers phone advising and online therapies. However, face-to-face problem gambling treatment is often located in the same facilities with substance abuse disorders, e.g., in A-clinics (multi-professional treatment units based on social case-work) (Jaakkola, 2008; Lahti, Castrén, Tenhola, Heinälä, & Alho, 2012; Tammi, Castrén, & Lintonen, 2015). Financial aid and guidance for problem gamblers is offered through municipal social welfare offices, who then collaborate with treatment providers (Tammi et al., 2015).

In Finland, the arrangements between the state, market, and family have been based on the Nordic “social-democratic” model, which stands on the principles of solidarity, equality, and redistribution of economic resources (Esping-Andersen, 1990; Harsløf & Ulmestig, 2013; Kananen, 2014). The Constitution of Finland states: “those who

²Previously three companies shared the monopoly, and they merged into one at the beginning of 2017.

cannot obtain the means necessary for a life of dignity have the right to receive indispensable subsistence and care” (Const. Finland, Chapter 2, Section 19). This indispensable care is implemented through social assistance (Kuivalainen, 2013). Social assistance is a last-resort form of means-tested, financial support and its purpose is to secure the livelihood of individuals and families (Kauppinen et al., 2014; Social Assistance Act, 1997). Lately, the eligibility for this support has been restricted, the principles of claimant commitments have been reinforced, and the levels of benefits related to social assistance have been cut in Nordic countries (Kananen, 2014, pp. 165–166; Kuivalainen & Nelson, 2012). In addition to financial assistance, individuals with financial problems may turn to municipal money and debt advising services which offer help in mapping out the individual’s financial situation and in negotiations with debtors (Tammi et al., 2015).

Method

Participants and Procedure

Qualitative data allows gamblers themselves to discuss experiences, motives, and meanings related to their gambling habits (Matilainen & Raento, 2014). This study uses qualitative approach to present the voice of problem gamblers themselves, as well as to lay the groundwork for future survey studies. The data of this study consist of 17 thematic interviews with problem gamblers who have experienced gambling problems and sought treatment accordingly. The participants were recruited from (1) specialized municipal clinics or support groups offering treatment for problem gambling, (2) A-clinic Foundation clinics, and (3) Gamblers Anonymous groups. The recruitment advertisement sought for “gamblers who have experienced gambling-related harms in their lives and who saw their gambling excessive.” The participants are defined as problem gamblers by themselves, and all had experienced adverse consequences because of gambling. Their eligibility for the study was also determined by the treatment-seeking, as the participants were recruited from treatment facilities.

The recruiting of the interviewees was organized through the personnel of the treatment facilities or the contact person at the GA groups. Thus, the group of participants includes those persons who were recruited to the study by treatment professionals as well as those persons who chose to attend on their own initiative. Especially for the interviewees from GA groups, the motive to participate was related to the 12th step of the program: carrying out their message to other problem gamblers. Because of the design of the recruiting process, the sample included only problem gamblers who were or had been in treatment because of problem gambling. Consequently, those problem gamblers who had not sought treatment were excluded from the sample. The recruiting process aspired a diverse group of participants. Minors (under 18-year-olds) were excluded from the sample. To collect experiences from different regional service systems, we recruited the participants from different parts of the country.

Five of the interviewees were women and 12 were men. The average age of the participants was 42 years, the youngest being 24 years old and the oldest 70. Ten of the interviewees were employed: two of them in management and the rest in other positions.

Table 1

Socio-demographic characteristics and gambling-related information of the participants (N = 17)

Background information	Categories	N
Gender	Female	5
	Male	12
Age	20–39 years	8
	40–59 years	6
	60–70 years	3
Education	Higher education	6
	Lower education	11
Employment status	Employed	10
	Not employed	7
Main type of gambling	Slot machines	8
	Sports betting	1
	Online poker	1
	Lotteries	1
	Tote games	1
	Online casinos	4
	Casino games	1

Seven interviewees were not currently employed; they were university students, pensioners/disability pensioners, unemployed, or in rehabilitation work. Twelve of the interviewees were in a relationship and ten had children. Most of them lived in cities in Southern, Western and Eastern Finland. The participants had gambled on a variety of games (slot machines, sports betting, casino games, online poker and tote games), although more than half of them had problems with slot machines. One of the participants had cancer, one suffered from Crohn's disease and one took medication for Parkinson's disease, which may be involved in developing of a gambling problem (e.g., Crockford et al., 2008). Four of the participants had experienced depression, two were diagnosed with bipolar disorder, three had experienced problems with drinking, two had been addicted to prescription drugs and two had planned or attempted suicide. Condensed information about the participants is presented in Table 1.

All of the interviewees had financial problems because of gambling and had sought help and treatment for problem gambling. The degrees of the financial problems the interviewees had experienced were divided into two groups: (1) using most or all money on gambling and having unpaid bills yet no loans (five interviewees), and (2) using most or all money on gambling, having late or unpaid bills and taking credit card debt, payday loans, bank loans or consumer credit (twelve interviewees). All participants aimed at (maintaining) abstinence from gambling at the time of the interview.

The interviews were open-ended and semi-structured with seven themes (Marvasti, 2004).³ In this article, themes concerning problem gambling, quitting gambling and treatment and help sought (and subsequently received) are analyzed and discussed. The author conducted the interviews face-to-face in the interviewees' home towns or in the capital of Finland during 2011 and 2012. The shortest interview lasted for 50 minutes and the longest for 2.5 hours. In total, the data included 22.5 recorded hours, which were transcribed into 223 pages (Times New Roman, 12). The anonymity of the participating problem gamblers was secured so that they cannot be recognized from this study.

Qualitative Content Analysis

The interviews were analysed with qualitative, thematic content analysis. Content analysis is not only a method which aspires to "objectivity" with formulaic methods (Marvasti, 2004), but also one that allows the researcher to construct indicators of views, values, and attitudes (Bauer & Gaskell, 2000). The computer program Atlas.ti was used for organizing the coding. The analysis began with a deep reading of the data. The coding frame (Bauer & Gaskell, 2000) included financial aspects of problem gambling treatment, thoughts, and experiences about financial survival from problem gambling, as well as financial social assistance from public services. Quotations were highlighted and separated from the interviews and given code names. At this point, 27 codes were identified, but all interviews did not include all codes. After this, the codes were re-organized into wider themes. Six themes emerged, and for the final presentation of the results, three of these themes were merged into one. Four main themes were finally revealed. The coding process was done solely by the author.

In addition, to investigate the relations of the content analysis results (as far as financial social assistance is concerned) and the degree of participants' financial problems, these variables were situated in a table along with the information of the interviewees' socio-economic position (Table 2). Their socio-economic position was evaluated based on their self-estimated financial situation and their main source of income at the time of the gambling problem. Most of the participants were employed or on old-age pension and had medium income, and hence were determined to hold a medium socio-economic position. A high position was assigned if the participant had high income and/or was working in a management position, while low position resulted if the participant described having low income or was living mainly on welfare benefits.

Results

The results of this study are divided into four main themes. The first discusses participants' experiences of how their financial concerns were taken into account in different treatment facilities for problem gambling. The second theme presents the situations of being outside the realm of financial social assistance from public services. The third theme describes

³Themes were: (1) gambling history, (2) excessive gambling, (3) problem gambling, (4) other factors, (5) quitting gambling, (6) treatment for problem gambling, and (7) future prospects.

Table 2

The situation of (not) applying financial social assistance and the level of financial difficulties. (H = high socio-economic position, M = medium socio-economic position, L = low socio-economic position)

Financial social assistance	Level of financial troubles					
	Using all money in gambling and/or unpaid bills			Debt (credit card, payday loans, consumer credit or bank loans)		
Did not apply for financial social assistance	(M)	(M)	(M)	(M)	(M)	(M)
				(H)	(H)	(M)
Applied but was denied from financial social assistance				(L)	(M)	
Received financial social assistance during active gambling		(L)	(L)	(M)	(M)	
Received financial social assistance after quitting gambling				(L)	(L)	

problem gamblers as receivers of financial social assistance. Table 2 visualizes the participants' positions as (non-)receivers of financial social assistance according to the two different levels of financial problems and their socio-economic situations. The last theme presents both informal (family and NGOs) as well as controlling solutions for the financial problems found in the interviews: support from family and friends, support for over-indebtedness mainly from a certain NGO, and control of money exercised by either authorities or family members. Because of the variations in participants' financial situations, all themes do not emerge for all participants. For example, the themes 2 and 3 present different categories of problem gamblers rather than describe themes common for all participants. Altogether, these four themes discuss the financial recovery from problem gambling in the context of a Nordic welfare state.

Financial Support as Part of Problem Gambling Treatment

The interviewed problem gamblers discuss generally about their experiences of seeking and receiving support for problem gambling. Money-related discourses about treatment included frustration towards the limited understanding the help providers had about the financial burden caused by problem gambling. Experiences of being told to "just quit gambling" were not helpful for participants who were financially (as well as otherwise) in the worst situations of their lives. A male problem gambler tells about his first encounter with an employee of a clinic offering treatment and rehabilitation services:

[I told her] we have a divorce coming and our son will be born soon. I have 100 000 [marks] worth of debt, I have nothing but these clothes on my back,

so my life is kind of in your hands. Please, help me somehow, goddammit. The girl sits and listens and says that, I can book a new meeting for you for next week, if you want to talk. (Male, 34 years)⁴

As the previous quotation illustrates, when seeking treatment, problem gamblers may conceptualize their problems as financial, but still experience a lack of sufficient financial support. Financial troubles are practical problems, ones which have strong impacts on the everyday life of a problem gambler. Hence, financial issues may be easier to express in the beginning of treatment seeking than other problems. The devastating financial situation gives a face to the whole problem.

Well, I don't know, there's an agreement that we don't talk about the sums, but the others haven't gone so far, so that they would have big debts. (Male, 66 years)

In the previous quotation, a man tells how he found it troubling to talk about the financial problems in a mutual support group, because in the group, they had decided not to talk about the lost amounts of money. He felt that many of the other participants did not have as extensive debts as he had. It can be interpreted that because of this, he did not receive the right kind of support from this group, as for him, the financial difficulties were one of the main concerns.

(...) you get practical help from there [GA] as well, they can advise what to do and, you get some courage to contact different places [authorities and creditors]. (Male, 34 years)

In this data, several participants found the mutual support in GA groups advantageous in resolving the financial troubles caused by gambling: both practical advice as well as emotional support. A common experience broader among the participants was that if they had sought help and quit earlier, their problems (mainly financial, but also otherwise) would not have been so overwhelming.

The first section of the analysis discussed how financial aspects emerge when problem gamblers talk about problem gambling treatment more generally. The next two themes are specifically about the participants' experiences of financial social assistance from public services.

Outside the Realm of Financial Social Assistance

After facing financial difficulties, a problem gambler may be in need of external financial support. As financial assistance is not usually part of problem gambling treatment, problem gamblers may turn to social welfare. Among the interviewees,

⁴This participant had suffered from gambling problems for a long time, and this example is from the time marks still were the currency of Finland (before 2002). The service system has changed since then, but nevertheless, the quotation does illustrate the feelings problem gamblers may experience.

there were problem gamblers who applied for financial social assistance, as well as those persons who did not apply for it. The participants' arguments behind not applying for financial social assistance, despite the experienced financial troubles, relate either to *need* or *pride*, as well as partly to the belief that self-caused gambling problems ought to be resolved by the gamblers themselves. As seen in Table 2, the majority of the participants had not applied for financial assistance despite incurring severe debts. However, all of them held a medium or high socio-economic position. A logical reason for not applying for financial help is that, even though the problem gamblers have severe debts because of gambling, they are employed and are otherwise managing on their income.

Q: Have you turned to societal help, social assistance or something like that?

A: No, I haven't, I have managed on my own when I decided to (...) And fortunately, my income is high enough, so that, even though the distraint takes one third of them, I have managed all right. (Male, 34 years)

For example, in the preceding quotation, a male problem gambler tells how he has *decided* to manage financially on his own, even though a part of his salary is being confiscated to obtain former payments (dstraint). Despite this, his financial resources are sufficient for him to survive without financial assistance and therefore it is possible for him to make the decision to recover without financial help. He had, however, sought other help (GA and private therapy) to overcome problem gambling. Even though financial losses are strongly attached to problem gambling, if the financial resources of the problem gambler are sufficient, financial assistance may not be needed. Other problem gamblers may decline to seek financial support for other reasons:

Q: How about financially, have you needed any financial support from the society?

A: No, I have never asked. It has been this kind of, matter of honor for me. (Male, 52 years)

Another reason found in the interviews for not to apply for social assistance was the perceived pride derived from surviving independently, or at least surviving without public financial support. According to this data, problem gamblers may perceive it as respectable to resolve their financial troubles caused by excessive gambling by themselves. Again, if the gambler considers that his or her livelihood is adequately secured, this affords them to act "honorably" and decline to seek financial help from the society.

Q: How about then, have you, at some point received, for example, social assistance, or something like that?

A: No, I can't get it, my income is so high, no....

Q: So gambling has not, not in any point, taken you...?

A: No, of course the social services won't help me if I gamble my money. I don't think such a place exists in this world. (Female, 50 years)

One participant discusses that because her income is considered to be adequate or even high, she is not eligible for financial social assistance. Her financial troubles may seem overwhelming to her, but the social services do not offer assistance. Rather, the financial social assistance seems distant and implausible. In this case she does not specifically indicate that she does not *need* financial social assistance, but rather in her understanding she is not justified to receive it, because of her level of income.

Certain participants had applied for financial social assistance because of the financial troubles caused by problem gambling, but had received a negative decision. The reasons for not being eligible for financial social assistance included having an income seen adequate by the officials or taking out “payday loans” (which may be seen as income by the social services, even when it is spent on gambling). As seen in Table 2, the financial troubles of those problem gamblers who were denied social assistance may be serious.

(...) when I lived alone with my sons, I applied for it [social assistance], but my income was seen so high that I could not get it, even though the distraint was taking a lot. So money was tight at that time. I had to ask for financial help from my husband every month. (Female, 40 years)

Financial social assistance is not provided for problem gamblers whose earnings are evaluated to ensure an adequate standard of living. In reality, the problem gamblers’ salary may be used either on gambling, or on paying back the loans. In the previous quotation a female problem gambler describes how she was refused social assistance, after which her husband (who at that time lived separate from her and their children) supported her financially. Despite the perceived need for financial help, her situation did not meet the criteria for granting social assistance. She was, nonetheless, offered both child welfare services as well as a service account (the latter is explained more detailed within the last theme).

If the application for financial social assistance is denied, problem gamblers may feel they lack the financial capability to manage independently, while at the same time they are evaluated as “not poor enough” to qualify as welfare recipients. Nevertheless, other forms of social support may be provided, especially for families with children. The problem gamblers in this study sought explanations for the refusal of social assistance, for example, from the re-organization of the welfare state and tightened preconditions in generally for being eligible for financial support from the society. It seemed justified that in this economic situation, it is not easy as a problem gambler to receive financial assistance from the society:

I don’t know what the situation was like ten years ago, but today, it is quite difficult, even if you’re a problem gambler and have debts, it is not easy to receive [financial] support from the society. (Male, 25 years)

Problem Gamblers Receiving Financial Social Assistance

Other participants discussed their experiences of receiving financial social assistance at the time when their gambling already was problematic, as well as after they had quit gambling and were recovering from the gambling problem. Overlapping financial social assistance and problem gambling occurred mainly for participants who lived on welfare prior to the gambling problem. The results of this study indicate that living on small welfare benefits may financially motivate individuals to gamble:

(...) when I get the [monthly] unemployment benefit (...) the benefit is not very high, so after receiving the benefit, some time passes and I start to think, again, what the money is enough for. Then comes the thought, “I will go and try to get more money from the [slot] machine” (Male, 60 years)

The financial social assistance is designed to ensure fair livelihood. However, among the interviewees, if the welfare benefits preceded problem gambling and were still received once the gambling was excessive, the financial assistance was often and almost entirely used on gambling.

I lived on social assistance, and I actually constantly gambled the social assistance (Male, 24 years)

At one time as well, when I had six jobs, I forged my bank statements and applied for social assistance from social services (Male, 34 years)

As shown in the latter of the previous quotations, one participant had even applied for social assistance with forged documents, to receive money from social services for gambling. As the conditions for receiving financial social assistance necessitate firm means of control over the clients' financial situation, stronger knowledge about problem gambling and co-operation between social services and gambling treatment facilities is called for as it could help prevent problem gamblers from consuming their welfare benefits on gambling at the beginning of the month once they receive the benefits. As the next quotation illustrates, a problem gambler may even wish for tighter control in the disbursement of their benefits:

No, no I did not talk with the social services about it [gambling], and of course, when I had to deliver my bank accounts to them every month, they saw that I had withdrawn everything in two or three first days [after receiving the benefit], but nobody ever said anything. Even so, it probably would have been good if some benefits officer would have considered paying it in smaller installments and more often. (Male, 24 years)

The analysis shows that problem gamblers' financial situations may get worse after they quit gambling. Many of the participants took consecutive loans in order to manage with everyday finances but after they quit gambling, recovering problem gamblers had to start paying back their debts. In line with previous research (e.g., Reith & Dobbie 2013), several problem gamblers in this study also described “hitting

rock bottom” at some point, which financially meant that they faced only dead ends while trying to get more money. Pavalko (2001) describes “rock bottom” as not having any money and being heavily in debt, so much that the financial resources of the problem gambler are not only nonexistent but also “negative.” Many interviewees of this current study also described how the “last phase,” the time just before quitting, had the fastest pace of gambling, meaning large sums spent on gambling and bigger loans were taken out.

All the sources of money had been used, I had lost everything I could lose. Let’s say, financially, the worst times were the four years after quitting gambling, when the loans taken during the last year came due. (...) At that time we lived on social assistance and got food from the church food aid, because we absolutely did not have money for food. (Male, 34 years)

According to this data, social assistance after “rock bottom,” after quitting gambling, is received either for livelihood or for paying for treatment (e.g., gambling rehabilitation course, private therapy).

I don’t have so much money, so fortunately the social services have come along now. I’m like the first case [in this town to receive money for gambling treatment from the social services] (Male, 40 years)

According to Tavares, Martins, Zilberman, & el-Guebaly (2002) and Pavalko (2001), one barrier for problem gambling treatment is the lack of financial resources and cost of treatment. For example, it is possible that problem gamblers cannot afford to be away from work, as they need the salary to pay back the loans (Tavares et al., 2002). Three respondents in this study had received financial social assistance in order pay for private therapy or to attend a rehabilitation course.

I’m now on social assistance. Because I don’t have any more right to student benefits as I have studied for so long (...) [I’ve had a] very good relationship [with social services. They have been] understanding, even supportive, and not complicated—even if maybe they could have been. (Male, 30 years)

In the previous quotation, social assistance was provided for a student who has gambled during his studies, has not graduated and is not eligible for student benefit anymore. The purpose of social assistance is to ensure fair livelihood if the person has no other way of managing. Finnish students receive student benefit, but only for a certain amount of time. In the situation of this interviewee, the social assistance was granted to support the client in finishing his studies. He describes the relationship with the social services as positive, but remarks how, in his opinion, social assistance is not a self-evident option for a (former) problem gambler.

Non-governmental and Controlling Financial Support

This last section discusses three subthemes, which highlight informal and non-governmental ways of support as well as more controlling measures that support problem

gamblers in coping with different financial difficulties caused by their gambling problem. The first subtheme describes borrowing money from family members, and the second subtheme concerns a restructuring loan from an NGO. Third subtheme discusses controlling measures exercised either by the social service authorities or family members.

Loans from family. A common experience among the participants was borrowing money from spouses, parents, friends, grandparents, and other relatives before and after quitting gambling. When supporting a recovering problem gambler, the family member either lent the money so that the problem gambler was able to pay back the debts, or secured a bigger bank loan which enabled the participants to pay back the various different pay-day loans and consumption credits which often have higher interests than bank loans. If the loan from a family was followed with a relapse, it often created conflicts between the participants and their families:

A: Dad is a little upset, but it's not, I just can't do anything about it.

Q: Why do you think he is upset?

A: Well, I kind of, financially got them involved with it, so that they had to, or they wanted to secure [my loan] at that one time when I tried to quit. I didn't gamble for quite a long time then, but since they secured the loan, then of course they had to foot the bill then. (Male, 34 years)

Support for over-indebtedness. Over-indebted participants discussed the possibility of debt restructuring and whether their situation would meet the preconditions. The Guarantee Foundation is a Finnish NGO, which provides guarantees and develops debt settlements for individuals and families who have troubles with their debts. The foundation offers a guarantee for a restructuring bank loan, which is intended to help the debtor to pay back the old loans. The maximum loan is 34,000 euros, and one condition, to be allowed to receive it, is that the reason for going into debt needs now to be under control (Guarantee Foundation, n.d.). Debt restructuring could be an option especially for those problem gamblers who have debts but are not eligible for financial social assistance. According to the data, problem gamblers may be unaware of the exact preconditions of the restructuring loan and also doubtful about their possibilities to be accepted into the arrangement:

I was just reading about debt restructuring, that if the over-indebtedness has occurred in a frivolous way [then you are not eligible], so, with my life history, I don't know now. (Female, 50 years)

The female in the previous quotation suspects that her "life history" does not meet the preconditions of the debt restructuring; this arrangement has a moral dimension and a requirement for problem gamblers to "behave well." If problem gamblers are accepted into a debt restructuring program, they have the pressure to both show and keep up the change in behavior, and the attitude towards the acceptance of debt restructuring can be a grateful one, rather than one of beyond any doubt:

I was accepted in the debt restructuring, which is not of course, nothing to brag about. One shouldn't think that you can lose other people's money and then just be accepted in the debt restructuring (...) you have to have strong evidence that you've changed. (Male, 34 years)

Control of money. In a study by Downs and Woolrych (2010), certain gamblers with gambling-related debt had a possibility to pass the control of their money to their partner or other family members. Similarly, certain of the interviewed problem gamblers in this study had, instead or alongside of financial social assistance, either been assigned a municipal trustee, had a service account in the social services, or had a family member as a money manager. A service account⁵ or trusteeship means that either social services or another appointed person manages the funds, and is partly or entirely responsible of the gambler's income and expenditures. Hence, the responsibility of money is removed from the gambler. Rosen, Bailey and Rosenheck (2003) discuss money management strategies as part of substance abuse treatment, and according to them, money management is often thought of as an involuntary restriction of liberty and perceived as undermining the patients' autonomy. Rosen et al. (2003; Rosen, Rounsaville, Ablondi, Black and Rosenheck, 2010) developed a money-management therapy for substance abusers: advisor-teller money manager (ATM), which stores the patients' funds and trains them to budget funds for things other than substances. Carpenter-Song (2012) presents three key challenges for the design and implementation of money management interventions for substance abusers: clients may not trust the mental health centers to manage their money, clients' economic perspectives may derive from a different socio-cultural environment than clinicians, and clients may obtain substances through informal networks.

In this study, the participants' attitudes towards restrictive money-management measures were both positive and negative. Positive beliefs included that the controlling measures are effective in supporting the problem gamblers in their objectives to control their gambling, as the female participant in the following quotation with a service account in social services describes:

(...) it is better this way, in order to prevent relapses. And I have a more secure feeling. I don't trust myself in these things. (Female, 40 years)

Serowik, Bellamy, Rowe and Rosen (2013) had a similar finding among substance abusers who had participated in a money management program: trust in the money manager is important, as the patients may lack trust in themselves. Nevertheless, in this study, losing financial autonomy, even temporarily, also troubled the participants with a trustee. A participant with his father as his trustee tells of how he did not feel comfortable having his father in control of his finances as, paradoxically, trust between the two was lost:

⁵Service account is an account between the client and the social services. The money transactions of the client are administered by a social worker.

Dad became my trustee and my financial issues went all through him (...) and he gave me money. But it did rub our relationship the wrong way, he was like: “what do you need [money for]—I’ll give you forty euros,” like in dribs and drabs, even though I would have wanted to control it myself already. (Male, 30 years)

Giving up control over the personal finances is one form of financial help, but unlike pure financial assistance, this measure may help in controlling the problematic gambling behavior and thus come closer to actual gambling treatment than financial assistance.

Discussion

The objective of this study was to gain a deeper understanding of financial recovery from problem gambling. The analysis of the interviews with problem gamblers revealed four main themes related to the financial concerns and financial support forms experienced by the participants. The first theme discussed how problem gamblers’ financial concerns were responded to in treatment or in support groups. Financial difficulties may be the initiative for seeking help, and the most palpable, practical problem in problem gambler’s lives. According to this study, the need for financial advising may not be fulfilled in therapeutic treatment or in the support groups, and issues such as the amount of debt are not discussed. Financial advising within GA groups, however, was described as being helpful. Descriptions of encounters with municipal debt and financial advisers lacked altogether from this data. In a study of problem gambling treatment in Nordic countries it was found that certain institutions provided financial counselling as part of the treatment program, but certain therapists were concerned that if practical issues related to money and debts were involved, they could dominate the treatment programme (Hansen, 2006). Thus, the financial problems may be seen as secondary to treat by the treatment professionals even though they may be primary issue for a problem gambler.

The second and third themes presented the different categories of problem gamblers applying and receiving financial social assistance from public services. The second theme concerned problem gamblers outside the realm of financial social assistance while the third included the participants’ experiences of receiving financial social assistance. Those participants who had not applied for financial social assistance from social services rationalized their decision through their relatively stable financial situation and regular salary. Despite debts and other severe financial difficulties experienced by the participants in this study, if problem gambling did not lead to unemployment, for those problem gamblers in higher socio-economic positions, social services did not present a solution for their financial difficulties.

Another reason for not applying financial social assistance was the loss of pride in a situation where a person is not able to survive independently. Shame is a common barrier for treatment-seeking (e.g., Suurvali, Cordingley, Hodgins, & Cunningham, 2009), but also pride, embarrassment, and seeing it as a sign of weakness have been identified as reasons behind not seeking counseling for problem gambling (Hing et al., 2015). More research is needed but it seems that similar feelings are behind not

seeking treatment generally for problem gambling and not seeking financial support for difficulties caused by problem gambling.

Other participants had applied for financial social assistance but their applications were refused. Reasons behind refusals were related to the level of income the participants had which were seen adequate for living according to the assessments of the social services. Nevertheless, salary was often used either on gambling or on paying back the gambling debt. Providing money for a problem gambler may even worsen the problem and accordingly, in this study, one family was offered other social help instead. However, last-resort financial social assistance has moved further away from face-to-face social work (Kuivalainen, 2013), and the applications of financial social assistance may often be evaluated based solely on administrative calculations. Stronger co-operation between problem gambling treatment facilities and social welfare offices could be pursued to gain a more complete picture of the situations of individual problem gamblers.

The third theme focused on the two-way connection between problem gambling and receiving financial social assistance: on the one hand gambling may present a chance to increase the income of people living on welfare benefits and be a motive for gambling, while on the other hand, individuals suffering from problem gambling may need financial support to overcome the problems. According to previous research problem gambling cumulates in lower socio-economic groups, especially among those problem gamblers that have lower levels of income, education, or both (e.g., Cavion, Wong, & Zangeneh, 2008; Orford 2011; Orford, Wardle, Griffiths, Sproston, & Erens, 2010; Reith, 2003; Volberg, Abbott, Rönnerberg, & Munck, 2001; Welte, Barnes, Wieczorek, Tidwell, & Parker, 2004). Poverty or relative personal deprivation can trigger gambling (Blalock, Just, & Simon, 2004; Callan, Ellard, Shead, & Hodgins, 2008; Schissel, 2001; Shaffer, Freed, & Healea, 2002; Tabri, Dupuis, Kim, & Wohl, 2015). According to the problem gamblers receiving welfare benefits prior to gambling problems in this study, gambling was indeed at least partly perceived as a way to win money to enhance their livelihood. Thus, recipients of financial social assistance may be in risk for problem gambling, and this issue should be acknowledged in social services.

The most acute need for assistance with financial problems caused by problem gambling seemed to occur after the problem gamblers had quit gambling and were recovering from the addiction and simultaneously facing their cumulative debts. Among the participants of this study, financial social assistance was granted for the treatment of the addiction as well for supporting the livelihood of the recipient after quitting gambling. In the latter case the social assistance was implementing the object defined for it in the Constitution of Finland: indispensable care.

Hodgins & el-Guebaly (2000) found that co-morbid problems of problem gamblers did not increase the likelihood of overall treatment-seeking. The results of this study suggest that if a person is already a customer of health or welfare services, applying for financial assistance because of problem gambling may pose a more rational and

possible solution than for those problem gamblers who are not customers of public services. Problem gamblers receive financial social assistance in distinct circumstances, which may relate to problem gambling partly, entirely, or not at all. Similarly, individuals with problems related to substance abuse may often have on-and-off experiences of financial social assistance (e.g., Pedersen, 2011). For higher-income and regularly employed participants, financial social assistance was not the way to financial recovery. Participants receiving financial social assistance may have had already previous encounters with social services, and had more unstable financial situations. In the study of Grant et al. (2010) incapability of dealing with debt was behind certain of the problem gamblers' bankruptcy. Similarly, the decision whether to apply for financial social assistance may be related to individual differences in the capability of facing financial difficulties.

The fourth theme described in brief two non-governmental and informal solutions for financial problems as well as external control over problem gambler's finances. First, spouses, parents or grandparents had lent money and secured bank loans for participants, which may lead to problems in family relationship, especially in the cases of relapses. Second, the possibility of debt restructuring through an NGO was brought up by many interviewees. To be accepted into the program, the problem gamblers must demonstrate behavioural change, which troubled the participants. Third, money management strategies with another person or the authorities taking control of problem gambler's finances resulted in mixed attitudes. Relinquishing control of one's finances could be positive, since the problem gamblers may not trust themselves, or negative, if the money manager is a parent, for example, and does not trust the problem gambler.

In general, both social-background and life-course risk factors are important to assess when predicting the results of financial social assistance (Kauppinen et al., 2014). According to the results of this study, problem gambling and the level of financial difficulties related to present life-course risk factors, which may lead to applying and receiving financial social assistance. Nonetheless, social-background factors (especially the socio-economic status of the problem gambler) are also relevant, since not all problem gamblers need financial support if their means of living are otherwise adequate. Financial social assistance likely accumulates at the lower income tier of problem gamblers. Thus, acknowledging the level of financial problems and the socio-economic background of the gambler could be beneficial for problem gambling treatment. Problem gamblers are a heterogeneous group, and the question of whether or not they receive financial assistance is related to the unique financial situation of the problem gambler.

Limitations

The results of this study are based on an analysis of a sample, thus this study does not represent all Finnish problem gamblers. The data collection and analysis method enabled to focus the study on financial recovery in the context of overall recovery, and include experiences from people in various socio-economic positions. However, this approach shows only cases, and more narrow data collection (targeted only for

social welfare recipients, for example) would have generated different kind of information. The methodological choices of this study offer material and insights for future studies. As the study is closely attached to Nordic welfare state structures, the experiences and conceptualizations of the participants are unique to these structures, and other interpretations of the results need to be done through the context of each welfare arrangement. Future studies ought to concentrate on exploring the share of problem gamblers among financial social assistance customers, using quantitative and survey methods.

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington DC: Author.

Anderson, S., Dobbie, F., & Reith, G. (2009) *Recovery from problem gambling: A qualitative study: Final report: Prepared for the Gambling Commission*. Scottish Centre for Social Research. Retrieved from: <http://www.gamblingcommission.gov.uk/pdf/Recovery%20from%20problem%20Gambling%20Scottish%20Nat%20Cen%20report%20April%202009.pdf>

Barnard, M., Kerr, J., Kinsella, R., Orford, J., Reith, G., & Wardle, H. (2014). Exploring the relationship between gambling, debt and financial management in Britain. *International Gambling Studies*, 14, 82–95. doi:10.1080/14459795.2013.842606

Bauer, M. W., & Gaskell, G. (2000). Classical content analysis: A review. In M. W. Bauer & G. Gaskell (Eds.), *Qualitative researching with text, image and sound* (pp. 132–152). London: SAGE. doi:10.4135/9781849209731.n8

Blalock, G., Just, D. R., & Simon, D. H. (2004). Hitting the jackpot or hitting the skids: Entertainment, poverty, and the demand for state lotteries. *American Journal of Economics and Sociology*, 66, 545–570. Retrieved from: <http://blalock.dyson.cornell.edu/wp/lottery.pdf>

Blaszczynski, A., & Farrell, E. J. (1998). A case series of 44 completed gambling-related suicides. *Journal of Gambling Studies*, 2, 93–109. doi:10.1023/A:1023016224147

Blaszczynski, A., & Nower, L. (2002). A pathways model of problem and pathological gambling. *Addiction*, 97, 487–499. doi:10.1046/j.1360-0443.2002.00015.x

Callan, M. J., Ellard, J. H., Shead, N. W., & Hodgins, D. C. (2008). Gambling as a search for justice: Examining the role of personal relative deprivation in gambling urges and gambling behavior. *Personality and Social Psychology Bulletin*, 34, 1514–1529. doi:10.1177/0146167208322956

- Carpenter-Song, E. (2012). Anthropological perspectives on money management: Considerations for the design and implementation of interventions for substance abuse. *American Journal of Drug and Alcohol Abuse*, 38, 49–54. doi:10.3109/00952990.2011.643980
- Castrén, S., Basnet, S., Pankakoski, M., Ronkainen, J.-E., Helakorpi, S., Uutela, A., Alho, H., & Lahti, T. (2013). An analysis of problem gambling among the Finnish working-age population: A population survey. *BMC Public Health*, 13, 519. doi:10.1186/1471-2458-13-519
- Cavion, L., Wong, C., & Zangeneh, M. (2008). Gambling: A sociological perspective. In M. Zangeneh, A. Blaszczyński, & N. E. Turner (Eds.), *In the pursuit of winning: Problem gambling theory, research and treatment* (pp. 95–117). New York, NY: Springer.
- Cisneros Örnberg, J., & Tammi, T. (2011) Gambling problems as a political framing: Safeguarding the monopolies in Finland and Sweden. *Journal of Gambling Issues*, 26, 110–125. doi:10.4309/jgi.2011.26.8
- The Constitution of Finland, 11 June 1999. (731/1999, amendments up to 1112 / 2011 included). Retrieved from: <https://www.finlex.fi/fi/laki/kaannokset/1999/en19990731.pdf>
- Crockford, D., Quickfall, J., Currie, S., Furtado, S., Suchowersky, O., & el-Guebaly, N. (2008). Prevalence of problem and pathological gambling in Parkinson's disease. *Journal of Gambling Studies*, 24, 411–422. doi:10.1007/s10899-008-9099-3
- Downs, C., & Woolrych, R. (2010). Gambling and debt: the hidden impacts on family and work life. *Community, Work and Family*, 13, 311–328. doi:10.1080/13668803.2010.488096
- Esping-Andersen, G. (1990). *The three worlds of welfare capitalism*. Cambridge, UK: Polity Press.
- Fondeville, N., Özdemir, E., & Ward, T. (2010). *Over-indebtedness. New evidence from EU-SILC special module*. Research note 4/2010. Vienna, Austria: European Centre for the European Centre for Social Welfare Policy and Research. Retrieved from: ec.europa.eu/social/BlobServlet?docId=6708&langId=en
- Gainsbury, S., Hing, N., & Suhonen, N. (2014). Professional help-seeking for gambling problems: Awareness, barriers and motivators for treatment. *Journal of Gambling Studies*, 30, 503–519. doi:10.1007/s10899-013-9373-x
- Grant, J. E., Schreiber, L., Odlaug, B. L., & Kim, S. W. (2010). Pathologic gambling and bankruptcy. *Comprehensive Psychiatry*, 51, 115–120. doi:10.1016/j.comppsy.2009.04.002

Guarantee Foundation (n.d.). Guarantee foundation. Retrieved from: <http://www.takuu-saatio.fi/en>

Hansen, M. (2006) Treatment of problem and pathological gambling in the Nordic countries: Where we are now and where do we go next? *Journal of Gambling Issues*, 18, 91–105. doi:10.4309/jgi.2006.18.2

Harsløf, I., & Ulmestig, R. (2013). Introduction: Changing social risks and social policy responses in the Nordic welfare states. In I. Harsløf & R. Ulmestig (Eds.), *Changing social risks and social policy responses in the Nordic welfare states* (pp. 1–24). Hampshire: Palgrave Macmillan.

Hing, N., Nuske, E., Tolchard, B., & Russell, A. (2015). What influences the types of help that problem gamblers choose? A preliminary grounded theory model. *International Journal of Mental Health and Addiction*, 13, 241–256. doi:10.1007/s11469-014-9525-y

Hodgins, D. C., & el-Guebaly, N. (2000). Natural and treatment-assisted recovery from gambling problems: A comparison of resolved and active gamblers. *Addiction*, 95, 777–789.

Jaakkola, T. (2008). Pelihimo. Miten tunnistaa salattu ongelma [Problem gambling. How to recognize the hidden problem]. *Duodecim*, 124, 504–510. Retrieved from: <http://www.ebm-guidelines.com/xmedia/duo/duo97090.pdf>

Kananen, J. (2014). *The Nordic welfare state in three eras: From emancipation to discipline*. Farnham, UK: Ashgate.

Kauppinen, T. M., Angelin, A., Lorentzen, T., Bäckman, O., Salonen, T., Moisio, P., & Dahl, E. (2014). Social background and life-course risks as determinants of social assistance receipt among young adults in Sweden, Norway and Finland. *Journal of European Social Policy*, 24, 273–288. doi:10.1177/0958928714525818

Korn, D., Gibbins, R., & Azmier, J. (2003). Framing public policy: Towards a public health paradigm for gambling. *Journal of Gambling Studies*, 19, 235–256. doi:10.1023/A:1023685416816

Kuivalainen, S. (2013). Toimeentulotuen muuttunut asema [The changing position of social assistance]. In Kuivalainen, S. (Ed.), *Toimeentulotuki 2010-luvulla: Tutkimus toimeentulotuen asiakkuudesta ja myöntämiskäytännöistä [Social assistance in the 2010s. A study on social assistance clients and granting practices]* (pp. 15–34). Helsinki, Finland: National Institute for Health and Welfare.

Kuivalainen, S., & Nelson, K. (2012). Eroding minimum income protection in the Nordic countries? Reassessing the Nordic model of social assistance. In J. Kvist, J. Fritzell, B. Hvinden, & O. Kangas (Eds.), *Changing social equality: The Nordic*

welfare model in the 21st century (pp. 69–88). Bristol: Policy Press. doi:10.1332/policypress/9781847426604.003.0004

Ladouceur, R., Boisvert, J.-M., Pépin, M., Loranger, M., & Sylvain, C. (1994). Social cost of pathological gambling. *Journal of Gambling Studies* 10, 399–409. doi:10.1007/BF02104905

Lahti, T., Castrén, S., Tenhola, H., Heinälä, P., & Alho, H. (2012). Rahapeliriippuvuutta voidaan hoitaa [Pathological gambling can be treated]. *Suomen Lääkärilehti*, 67, 413–416. Retrieved from: <http://www.laakarilehti.fi/tieteessa/katsausartikkeli/rahapeliriippuvuutta-voidaan-hoittaa/>

Lesieur, H. (1992). Compulsive gambling. *Society*, 29(4), 43–50. Retrieved from: <http://web.b.ebscohost.com/ehost/detail/detail?vid=2&sid=4400a56f-ea33-4561-b8ed-7e176784441c%40sessionmgr103&hid=102&bdata=JnNpdGU9ZW hvc3QtbGl2ZSZzY29wZT1zaXRl#AN=9208314971&db=sih>

Marvasti, A.B. (2004). *Qualitative research in sociology*. London: SAGE.

Matilainen, R., & Raento, P. (2014). Learning to gamble in changing sociocultural contexts: Experiences of Finnish casual gamblers. *International Gambling Studies*, 14, 432–446. doi:10.1080/14459795.2014.923484

Neal, P., Delfabbro, P., & O’Neil, M. (2005). *Problem gambling and harm: Towards a national definition*. Melbourne, Australia: Office of Gaming and Racing, Victorian Government Department of Justice. Retrieved from: <https://www.adelaide.edu.au/saces/docs/problemgamblingandharmtowardnationaldefinition.pdf>

Nower, L., & Blaszczynski, A. (2014). Legal and financial issues and disordered gambling. In D. C. S. Richard, A. Blaszczynski & L. Nower (Eds.), *Wiley-Blackwell handbook of disordered gambling*. Chichester: John Wiley & Sons. doi:10.1002/9781118316078

Orford, J. (2011). *An unsafe bet? The dangerous rise of gambling and the debate we should be having*. Chichester: Wiley-Blackwell. doi:10.1002/9780470972977

Orford, J., Wardle, H., Griffiths, M., Sproston K., & Erens, B. (2010). The role of social factors in gambling: Evidence from the 2007 British Gambling Prevalence Survey. *Community, Work & Family* 13, 257–271. doi:10.1080/13668803.2010.488101

Pavalko, R. M. (2001). *Problem gambling and its treatment: An introduction*. Springfield, IL: Charles C. Thomas.

Pedersen, W. (2011). Cannabis and social welfare assistance: A longitudinal study. *Addiction*, 106, 1636–1643. doi:10.1111/j.1360-0443.2011.03436.x

- Poulin, C. (2006). Gambling. *Canadian Medical Association Journal*, 175, 1208–1209. Retrieved from: <http://www.cmaj.ca/content/175/10/1208.full.pdf+html>
- Pulford, J., Bellringer, M., Abbott, M., Clarke, D., Hodgins, D., & Williams, J. (2009). Barriers to help-seeking for a gambling problem: The experiences of gamblers who have sought specialist assistance and the perceptions of those who have not. *Journal of Gambling Studies*, 25, 33–48. doi:10.1007/s10899-008-9113-9
- Reith, G. (2003). Pathology and profit: Controversies in the expansion of legal gambling. In G. Reith (Ed.), *Gambling: Who wins? Who loses?* (pp. 9–28). Amherst, NY: Prometheus Books.
- Reith, G. (2007). Gambling and the contradictions of consumption: A genealogy of the “pathological” subject. *American Behavioral Scientist*, 51, 33–55. doi:10.1177/0002764207304856
- Reith, G., & Dobbie, F. (2013). The socio-temporal dynamics of gambling. Narratives of change over time. In R. Cassidy, A. Pisac, & C. Loussouarn (Eds.), *Qualitative research in gambling: Exploring the production and consumption of risk* (pp. 28–41). New York, NY: Routledge.
- Rosen, M. I., Bailey, M., & Rosenheck, R. R. (2003). Alcohol and drug abuse: Principles of money management as a therapy for addiction. *Psychiatric Services*, 54, 171–173. doi: 10.1176/appi.ps.54.2.171
- Rosen, M. I., Rounsaville, B. J., Ablondi, K., Black, A. C., & Rosenheck, R. A. (2010). Advisor-teller money manager (ATM) therapy for substance use disorders. *Psychiatric Services*, 61, 707–713. doi:10.1176/appi.ps.61.7.707
- Salonen, A., & Raisamo, S. (2015). Suomalaisten rahapelaaminen 2015: Rahapelaaminen, rahapeliongelmien ja rahapelaamiseen liittyvät asenteet ja mielipiteet 15–74-vuotiailla. [Finnish gambling 2015. Gambling, gambling problems, and attitudes and opinions on gambling among Finns aged 15–74]. Helsinki, Finland: National Institute for Health and Welfare.
- Schissel, B. (2001). Betting against youth: The effect of socioeconomic marginality on gambling among young people. *Youth & Society*, 32, 473–491. doi: 10.1177/0044118X01032004004
- Serowik, K. L., Bellamy, C. D., Rowe, M., & Rosen, M. I. (2013). Subjective experiences of clients in a voluntary money management program. *American Journal of Psychiatric Rehabilitation*, 16, 136–153. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3942091>

Shaffer, H. J., Freed, C. R., & Healea, D. (2002). Gambling disorders among homeless persons with substance use disorders seeking treatment at a community center. *Psychiatric Services*, 53, 1112–1117. Retrieved from: <http://ps.psychiatryonline.org/doi/pdf/10.1176/appi.ps.53.9.1112>

Social Assistance Act, 1412/1997, Chapter 1. Retrieved from: <http://www.finlex.fi/fi/laki/kaannokset/1997/en19971412.pdf>

Suurvali, H., Cordingley, J., Hodgins, D. C., & Cunningham, J. (2009). Barriers to seeking help for gambling problems: A review of the empirical literature. *Journal of Gambling Studies*, 25, 407–424. doi:10.1007/s10899-009-9129-9

Tabri, N., Dupuis, D. R., Kim, H. S., & Wohl, M. J. A. (2015). Economic mobility moderates the effect of relative deprivation on financial gambling motives and disordered gambling. *International Gambling Studies*, 15, 309–323. doi: 10.1080/14459795.2015.1046468

Tammi, T., Castrén, S. & Lintonen, T. (2015). Gambling in Finland: Problem gambling in the context of a national monopoly in the EU. *Addiction*, 110, 746–750. doi:10.1111/add.12877

Tavares, H., Martins, S. S., Zilberman, M. L., & el-Guebaly, N. (2002). Gamblers seeking treatment: Why haven't they come earlier? *Addictive Disorders & Their Treatment*, 2, 65–69. doi:10.1097/00132576-200206000-00005

Volberg, R. A., Abbott, M. W., Rönnerberg, S., & Munck, I. M. E. (2001). Prevalence and risks of pathological gambling in Sweden. *Acta Psychiatrica Scandinavica*, 104, 250–256. doi:10.1111/j.1600-0447.2001.00336.x

Welte, J. W., Barnes, G. M., Wieczorek, W. F., Tidwell, M. O., & Parker, J. C. (2004). Risk factors for pathological gambling. *Addictive Behaviors*, 29, 323–335. doi:10.1016/j.addbeh.2003.08.007

Wong, P. W., Chan, W. S., Conwell Y., Conner, K. R., & Yip, P. S. (2010). A psychological autopsy study of pathological gamblers who died by suicide. *Journal of Affective Disorders*, 120, 213–216. doi:10.1016/j.jad.2009.04.001

Submitted July 17, 2015; accepted July 11, 2016. This article was peer reviewed. All URLs were available at the time of submission.

For correspondence: Maria Heiskanen, M.Soc.Sc., Department of Social Research, University of Helsinki, P.O. Box 54, FI-00014, University of Helsinki, Finland. E-mail: maria.heiskanen@helsinki.fi

Competing interests: None declared.

Ethics approval: Not required.

Acknowledgements: This study was funded by the Finnish Foundation for Alcohol Studies. The Finnish Foundation for Alcohol Studies had no involvement in the study design, data handling, writing, or submission of the manuscript.

Risk factors for pathological gambling along a continuum of severity: Individual and relational variables

Diana Cunha,¹ Bruno de Sousa,^{1,2} & Ana Paula Relvas^{1,3}

¹ Faculty of Psychology and Educational Sciences of University of Coimbra, Coimbra, Portugal

² Cognitive and Behavioural Center for Research and Intervention of University of Coimbra, Coimbra, Portugal

³ Center of Social Studies of University of Coimbra, Coimbra, Portugal

Abstract

This study's aim was to identify characteristics with higher odds of distinguishing a group of pathological gamblers (PG) from (1) a group of gamblers without a gambling problem (NP) and 2) a sub-clinical group (SP). An additional aim was to investigate those characteristics as risk/protective factors along the continuum of problem-gambling severity. Sociodemographic (gender, age, marital status, and educational level), individual (psychopathological symptoms) and relational (family functioning, dyadic adjustment, and differentiation of self) variables were considered. The sample consisted of 331 participants: 162 NP, 117 SP and 52 PG. The main results indicate that the characteristics with higher odds of distinguishing among the groups were gender, educational level, age, differentiation of self, and psychopathological symptoms. The odds of being a PG were higher for men with a low educational level and less adaptive psycho-relational functioning. Conversely, the odds of being a NP were higher for women with a high educational level and more adaptive psycho-relational functioning. Gender and educational level stood out with respect to their relevance as risk/protective factors, and their role was found to be dynamic and interdependent with the severity of problem gambling and/or the investigated psycho-relational characteristics. The risk/protective value was more remarkable when gamblers already exhibited SP.

Keywords: gambling disorder, continuum of severity, psycho-relational, risk/protection

Résumé

L'objectif de cette étude consistait à trouver les caractéristiques qui aident le mieux à distinguer un groupe de joueurs pathologiques (PG) (1) d'un groupe de joueurs sans problème de jeu (NP) et (2) d'un groupe infraclinique (SP). Cette recherche visait

également à faire l'analyse de ces caractéristiques en tant que facteurs de risque ou de protection pour ce qui est de la gravité des problèmes de jeu. Les variables sociodémographiques (sexe, âge, état matrimonial et niveau de scolarité), individuelles (symptômes psychopathologiques) et relationnelles (dynamique familiale, ajustement dyadique et différenciation du soi) ont été prises en considération. L'échantillon était composé de 331 participants : 162 NP, 117 SP et 52 PG. Les principaux résultats indiquent que les caractéristiques qui aident le mieux à distinguer les groupes étaient le sexe, le niveau de scolarité, l'âge, la différenciation du soi et les symptômes psychopathologiques. Les hommes ayant un faible niveau de scolarité et un fonctionnement psycho-relationnel moins adaptatif présentaient plus de risques d'être un joueur pathologique PG). À l'inverse, les femmes ayant un niveau de scolarité élevé et un fonctionnement psycho-relationnel plus adaptatif avaient moins de chances d'avoir un problème de jeu (NP). Le sexe et le niveau de scolarité sont ressortis en fonction de leur pertinence comme facteurs de risque ou de protection. Leur rôle s'est révélé être dynamique et interdépendant de la gravité du problème de jeu ou des caractéristiques psycho-relationnelles étudiées. Leur valeur de risque ou de protection était plus remarquable chez les joueurs qui appartenaient au groupe infraclinique (SP).

Introduction

The idea of risk suggests the idea of danger and is associated with high odds of adverse outcomes (Lupton, 1999). That is, risk exposes individuals to danger and potentially harmful outcomes (Werner, 1993). However, risk is variable in the course of one's life: it changes according to life circumstances and has different repercussions depending on the person (P. Cowan, C. Cowan, & Schulz, 1996). This dynamic nature of risk factors makes room for the concept of resilience, i.e., the set of social and psychological processes that facilitate the development of a healthy lifestyle even in unhealthy environments (Pesce, Assis, Santos, & Oliveira, 2004).

Games of chance involve wagering something of value (often money) in the hope of winning something of greater value (Ferentzy & Turner, 2013; Petry, 2005; Potenza, 2013). For most individuals, gambling is a recreational activity that entails no associated problems. However, a small fraction of individuals develops a problematic relationship with gambling (Ashley & Boehlke, 2012; Dickson-Swift, James, & Kippen, 2005; Weinstock, Massura, & Petry, 2013) that is associated with various and severe financial, family-related, emotional and legal consequences, among others (Oliveira, Silveira, & Silva, 2008). Such problematic relationships with gambling might eventually become pathological, a state currently known as gambling disorder, which corresponds to an addictive behavior that is diagnosed when an individual exhibits four or more of the following symptoms during a 12-month period (American Psychiatric Association, 2013): that person (1) needs to gamble with increasing amounts of money

to achieve the desired excitement; (2) is restless or irritable when attempting to reduce or stop gambling; (3) has made repeated unsuccessful efforts to control, reduce, or stop gambling; (4) is often preoccupied with gambling; (5) often gambles when feeling distressed; (6) after losing money gambling, often returns another day to recoup the losses; (7) lies to conceal the extent of an involvement with gambling; (8) has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling; and (9) relies on others to provide money to relieve desperate financial situations caused by gambling.

The literature reports several risk factors for the development of gambling disorder, namely, factors that increase the odds of occurrence of the negative consequences of gambling (Breen, 2011). Based on a literature review, Ciarrocchi (2001) describes the following risk factors: age, gender, ethnicity and family context. Pathological gamblers often engage in gambling from a young age, which suggests that younger age is a risk factor for problem gambling. In addition, they are frequently male and have relatives who are pathological gamblers. (The ethnicity data are inconsistent). Regard family context, several studies established that having close relatives with gambling problems, particularly parents, is a risk factor for gambling disorder (e.g., Vachon, Vitaro, Wanner, & Tremblay, 2004). Based on a demographic analysis, Kessler et al. (2008) describe several risk factors for gambling disorder: male gender, low educational and socioeconomic level, and being unemployed. Following a critical literature review, Johansson, Grant, Kim, Odlaug and Götestam (2009) found that the following groups of risk factors were most often reported: (1) demographic variables (age under 29 years old; male gender); (2) cognitive distortions (wrong perceptions, illusion of control); (3) sensory characteristics (e.g., speed-sound relationship, counter present); (4) schedules of reinforcement (e.g., operant conditioning); and (5) delinquency (e.g., illegal acts). Concerning older adults, Subramaniam et al. (2015) conducted a study on gamblers aged 60 years old or older and found that the odds of pathological gamblers being single or divorced/separated were higher compared with a control group, and that they gambled to improve their emotional state and to compensate for their inability to perform activities of which they were previously capable.

Psychological distress (Raylu & Oei, 2002) is also an important risk factor implicated in gambling disorder. Mood disorders, anxiety disorders and low self-esteem are some examples of psychological problems that may increase the risk for an individual develop a problem with gambling (Derevensky & Gupta 2004). Depression is, probably, the psychological problem most reported in literature as an important risk factor for gambling disorder (Broffman, 2002; González-Ortega, Echeburúa, Corral, Polo-López, & Alberich, 2013; Hodgins et al., 2012; Kim, Grant, Eckert, Faris, & Hartman, 2006).

In sum, the risk factors described by the various authors correspond to socio-demographic characteristics, such as (1) gender (Ciarrocchi, 2001; Johansson et al., 2009; Kessler et al., 2008), (2) age (Ciarrocchi, 2001; Johansson et al., 2009), (3) individual aspects, such as cognitive distortions and comorbidities (Johansson et al., 2009), and (4) the presence of gambling disorder behaviors within the family context (Ciarrocchi, 2001; Vachon et al., 2004).

An accurate knowledge of the risk factors for gambling disorder provides an empirical basis for developing scientifically based public health policies that target this condition. In addition, such knowledge might be highly relevant for therapeutic interventions because the risk factors play a significant role in the development and maintenance of gambling disorder (Perese, Bellringer, & Abbott, 2005). The significance of these risk factors and the fact that problem gambling has not been thoroughly investigated, (i.e., certain aspects have been poorly studied, particularly the relational variables) underlines the importance of this study.

This study analyzed sociodemographic variables (gender, age, marital status, educational level), selected based on the comparison of sample groups (see analysis of sociodemographic variables below), as well as individual (psychopathological symptoms) and relational (family functioning, dyadic adjustment, and differentiation of self) variables. The aim was to identify the factors with higher odds of distinguishing the group of pathological gamblers (PG) from the groups of gamblers (1) without a gambling problem (NP) and (2) with some gambling problem/sub-clinical group (SP). The use of these three groups is an asset because it facilitates analyzing the relevance of each of the investigated variables as a risk/protective factor along the continuum of problem-gambling severity.

Method

Participants

The sample consisted of 331 participants: 162 NP, 117 SP and 52 PG (see Table 1). Group NP primarily consisted of women ($n = 118$, 72.84%) with an average age of 33.58 (standard deviation [SD] = 10.90) years. Most of the individuals in this group were single ($n = 86$, 53.08%), had at least a bachelor's degree ($n = 131$, 80.86%), resided in a predominantly urban area (PUA) ($n = 140$, 86.42%) (INE, 2009) and were of middle socioeconomic status (SES) ($n = 89$, 54.94%) (Simões, 1994). Group SP also primarily consisted of women ($n = 49$, 63.64%) with an average age of 29.03 ($SD = 8.35$) years. Most of the members of this group were single ($n = 79$, 67.50%), had a bachelor's degree or higher ($n = 84$, 71.8%), resided in a PUA ($n = 98$, 83.80%) (INE, 2009), were of middle SES ($n = 49$, 41.90%) (Simões, 1994) or were students ($n = 31$, 26.50%). The PG were mostly male ($n = 43$, 82.70%) with an average age of 36.66 ($SD = 12.66$) years. Most were single ($n = 21$, 40.38%) or married/with a stable union ($n = 20$, 38.46%), had only completed secondary education ($n = 20$, 38.46%) or had a bachelor's degree ($n = 19$, 36.54%), resided in a PUA ($n = 41$, 78.85%), were of middle SES ($n = 20$, 38.46%) (Simões, 1994), or were students ($n = 11$, 21.15%).

Data Collection Procedure

The participants were recruited in two ways: (1) organizations for gamblers (such as Gamblers Anonymous) were asked to present and announce the study and to ask their members to participate; for that purpose, several copies of the study protocol

Table 1
Sample characterization

	Groups					
	NP		SP		PG	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Age	33.58	10.90	29.03	8.35	36.66	12.66
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Gender						
Female	118	72.84	66	56.40	9	17.30
Male	44	27.16	51	43.60	43	82.70
Marital status						
Single	86	53.08	79	67.50	21	40.38
Married/stable union	63	38.89	34	29.10	20	38.46
Divorced	9	5.56	4	3.40	11	21.15
Widowed	4	2.47	0	0.00	0	0.00
Educational level						
1st cycle of basic education	0	0.00	1	0.90	1	1.92
2nd and 3rd cycles of basic education	7	4.32	7	6.00	8	15.38
Secondary education	24	14.81	25	21.40	20	38.46
Bachelor's degree	62	38.27	42	35.90	19	36.54
Master's degree	57	35.19	35	29.90	4	7.69
Doctorate	12	7.41	7	6.00	0	0.00
Area of residence						
PUA	140	86.42	98	83.80	41	78.85
Medium urban area (MUA)	10	6.17	13	11.10	3	5.77
Predominantly rural area (PRA)	5	3.09	4	3.40	3	5.77
Missing values	7	4.32	2	1.70	5	9.62
SES						
Low	5	3.09	7	6.00	7	3.64
Middle	89	54.94	49	41.90	20	38.46
High	30	18.52	21	17.90	9	17.31
Student	30	18.52	31	26.50	11	21.15
Retiree	2	1.23	1	0.90	1	1.92
Unemployed	6	3.70	8	6.80	4	7.69

were delivered to be distributed among potential participants; (2) the study protocol was announced *online* (via *online* gambling websites, social networks and mailing lists) together with an invitation to any individual of legal age to participate, thus representing the virtual equivalent of the *snowball* recruiting technique (Goodman, 1961). Group PG was recruited in person and *online*. The other groups were only recruited *online*. The single inclusion/exclusion criterion was being 18 years old or older. Then, the participants were categorized into the groups based on their SOGS score (see Instruments).

The invitation to participate was accompanied by the following information: study objectives, an explanation regarding the protection of the confidentiality of the data and anonymity, an explanation regarding the voluntary nature of participation and the contact data of the couples and family therapy service at the authors' host institution, which provides free-of-charge, specialized help for problem gamblers. Because of the voluntary and anonymous nature of participation and the confidentiality of the data, the participants were not requested to sign an informed consent form (American Psychological Association, 2002). The study was performed in accordance with the ethical standards laid down in Declaration of Helsinki and it was approved by an external agency (like a national ethical committee)—Foundation for Science and Technology (FCT) (SFRH / BD / 71001 / 2010)—which sponsored the project as well.

Instruments

The study protocol (see Table 2) included a questionnaire for sociodemographic data and four self-report instruments (Likert scales) that were adapted for the Portuguese population and had good psychometric properties. Thus, the following aspects were considered: (1) sociodemographic variables (gender, age, marital status, educational level), (2) family functioning [*Systemic Clinical Outcome and Routine Evaluation-15* (SCORE-15)], (3) dyadic adjustment [*Dyadic Adjustment Scale* (DAS)], differentiation of self [*Differentiation of Self Inventory - Revised* (DSI-R)], and (4) psychopathological symptoms [*Brief Symptom Inventory* (BSI)]. The *South Oaks Gambling Screen* (SOGS) was used to allocate the participants to the groups as follows: score 0 – NP; 1 to 4 – SP; and 5 or more – PG.

Statistical Analysis

The groups were compared using parametric (one-factor analysis of variance (ANOVA) (F)) and non-parametric (chi-square test (χ^2), Fisher's exact test and corresponding residual analysis) tests employing the Statistical Package for Social Sciences (SPSS) software, version 21, for sample characterization. The effect size was calculated relative to all the intergroup comparisons and categorized as follows: V [0.1 – small effect; 0.3 – medium effect; 0.5 – large effect (Cohen, 1992)] and η^2 [0.01 – small effect; 0.06 – medium effect; 0.14 – large effect (Cohen, 1988)]. The significance level was set to 5% in all the tests.

To meet this study's primary aim, the BayesX (Belitz, Brezger, Kneib, Lang, & Umlauf, 2012) and R (R Development Core Team, 2014) software packages were used to estimate multinomial models. This analysis was performed based on structured additive regression (STAR) models to model linear and non-linear effects (Brezger, Kneib, & Lang, 2005) and thus obtain more complete results. Because of the small size of group PG, only the total scores of the instruments were used, whereas the subscales were dismissed. For the same reason, only the sociodemographic variables that facilitated distinguishing among the groups in a statistically significant manner were

Table 2
Description of instruments

Instruments (Authors)	Assessed aspects/dimensions (total α in the present study)	Cutoff point
Sociodemographic data questionnaire	Sociodemographic characteristics	
SCORE-15 (Stratton, Bland, Janes, & Lask, 2010; Portuguese version by Vilaça, Silva, & Relvas, 2014)	Self-report instrument to assess family functioning ($\alpha = .84$); this consists of 15 items spread over three dimensions: Family Strengths ($\alpha = .85$), Family Communication ($\alpha = .83$), and Family Difficulties ($\alpha = .82$). The subject evaluates how each item describes their family via a 5 point Likert scale, where 1 represents “Describes Us Very Well” and 5 “Describes Us Very Badly.” A higher score corresponds to a more problematic family functioning. Example items: (3) Each of us is listened to in our family; (11) Things always seem to go wrong for my family; and (15) We are good at finding new ways to deal with things that are difficult.	-
DAS (Spanier, 1976; Portuguese version by Lourenço, 2006)	The DAS ($\alpha = .90$) aims to assess marital adjustment through 32 items grouped into four dimensions: Dyadic consensus ($\alpha = .85$), Dyadic Satisfaction ($\alpha = .83$), Affectional Expression ($\alpha = .66$), and Dyadic Cohesion ($\alpha = .72$). The response options on a Likert scale range from 5 or 6 points for most items, and only 2 (items 29 and 30), have a dichotomous response scale. The higher the dimensional and global results, the better the dyadic adjustment. Example items: (17) How often do you or your mate leave the house after a fight?; (28) Work together on a project; (29) Being too tired for sex.	Poor adjustment total score < 100
DSI-R (Skowron & Schmitt, 2003; Portuguese version by Major, Rodríguez-González, Miranda, Rousselot, & Relvas, 2014)	The DSI-R ($\alpha = .92$) is a self-report inventory comprising 46 items that assess the differentiation of self in adults, using a Likert scale ranging from 1 (“not true for me”) and 6 (“very true for me”). This tool consists of four dimensions: Emotional Reactivity ($\alpha = .89$), Emotional Cut-off ($\alpha = .84$), I Position ($\alpha = .81$), and Fusion with Others ($\alpha = .86$). A higher score is equivalent to greater differentiation of self. Example items: (4) I tend to remain pretty calm even under stress; (23) I’m fairly self-accepting; (35) My self-esteem really depends on how others think of me.	-

Table 2 Continued.

Sociodemographic data questionnaire	Sociodemographic characteristics	Emotionally disturbed populations PSI ≥ 1.7
BSI (Derogatis & Spencer, 1982; Portuguese version by Canavarro, 1999)	It is a self-report inventory consisting of 53 items, whose response options are on a Likert scale ranging from never (0) to very often (4). It should be noted that these items are spread over nine dimensions: Somatization ($\alpha = .80$), Obsessions-Compulsions ($\alpha = .77$), Interpersonal Sensitivity ($\alpha = .76$), Depression ($\alpha = .73$), Anxiety ($\alpha = .77$), Hostility ($\alpha = .62$), Phobic Anxiety ($\alpha = .62$), Paranoid Ideation ($\alpha = .72$) and Psychoticism ($\alpha = .62$). It also provides figures on three global indices: the General Symptom Index (GSI), Positive Symptom Total (PST) and Positive Symptom Index (PSI) summarizing emotional disorders. Example items: (3) The idea that someone else can control your thoughts; (19) Feeling fearful; (49) Feeling so restless you couldn't sit still.	
SOGS (Lesieur & Blume, 1987; Portuguese version by Lopes, 2009)	SOGS is composed of 20 items, based on the DSM-III, it allows the evaluation of the impact of gambling on various fields of the gambler's life: family, social, professional, financial, and emotional aspects. The gambler is considered pathological when he or she scores 5 or more points out of a possible 20, and the more severe, the higher is the final score. The SOGS also provides additional data (via informational items that are not included in the calculation of the overall score) on the type and frequency of gambling, the amounts involved in the bet and the existence of family and friends with problems related to gambling ($\alpha = 0.91$). Example items: (7) Did you ever gamble more than you intended to?; (9) Have you ever felt guilty about the way you gamble, or what happens when you gamble?	No problem = 0 Some problem = 1-4 Probable pathological gambler ≥ 5

analyzed (age, gender, educational level, and marital status). In sum, the variables considered in the models were as follows. (1): a response variable, i.e., gambling severity (total SOGS score) considering three groups NP, SP and PG (category PG was the reference class in both models, presented later). (2): fixed effects: gender (1 = male, 0 = female), marital status (1 = married, 0 = not married), and educational level (1 = secondary education or lower, 0 = higher education). Finally, (3): covariables: age, BSI-PSI, total DSI-R score, total DAS score and total SCORE-15 score.

Results

Analysis of Sociodemographic Characteristics

One-factor ANOVA detected statistically significant difference among the groups regarding age [$F(2, 331) = 11.353, p < 0.001, \eta^2 = 0.07$]. The post-hoc test (Tukey's honest significant difference (HSD) test) demonstrated that the difference occurred between groups SP and NP as well as between groups SP and PG, whereby group SP was the group with the youngest participants. The chi-square test demonstrated that the groups also differed with respect to the variable gender [$\chi^2(2, N = 331) = 50.203, p < 0.001, V = -0.39$]. Fisher's exact test detected statistically significant differences among the groups for the variables educational level ($p < .001, V = 0.24$) and marital status ($p < .001, V = 0.21$). The residuals analysis demonstrated that the difference in gender among the groups primarily occurred because there were more women/fewer men (residual 2.4/-2.9) in group NP and fewer women/more men in group PG (residual -3.0/4.6) than expected had the variables been independent. Regarding educational level, the difference among the groups primarily occurred because there were more individuals who only completed secondary education (residual 3.6) and fewer individuals with master's degrees (residual - 2.9) in group PG than expected had the variables been independent. Regarding marital status, the difference observed primarily occurred because there were more divorced individuals in group PG (residual 3.7) than expected had the variables been independent.

Analysis of STAR Modeling

Firstly, in order to a better acknowledgment of comparison groups, Table 3 presents the means and standard deviations by group.

Descriptive statistics. The following models were analyzed in the present study: model 1, which included all the participants (thus, variable DAS was not considered because it only applies to married individuals), and model 2, which only considered the married participants and all the variables. Only the results of model 1 will be presented for the following reasons: (1) the behavior of all the variables was similar in both models; (2) the behavior of DSI-R and DAS agreed in both models, which corroborates the strong positive association between differentiation of self and conjugality reported in the literature (Peleg, 2008; Skowron, 2000); and (3) the sample included in model 1 was larger, which enabled the (indirect) analysis of the aspects

Table 3
Descriptive statistics

Measures	NP <i>M (DP)</i>	SP <i>M (DP)</i>	PG <i>M (DP)</i>
SCORE-15	2.01 (0.73)	2.07 (0.55)	2.41 (0.66)
DAS	116.16 (16.02)	117.71 (11.25)	103.50 (14.21)
DSI-R	3.95 (0.64)	3.85 (0.49)	3.54 (0.56)
BSI-PSI	1.47 (0.38)	1.48 (0.44)	1.88 (0.61)
BSI-PST	22.54 (13.97)	25.91 (13.75)	36.16 (10.57)
BSI-GSI	0.69 (0.52)	0.78 (0.59)	1.38 (0.73)
SOGS	0 (0)	2.10 (1.03)	9.70 (4.18)

related to conjugality through DSI-R while avoiding repetitions (because the models were highly similar).

We proceed to a detailed analysis of the results of model 1. The dependent variable was a categorical variable with three levels: Y , which represents the three types of gambler considered in the study (NP (1), SP (2) and PG (3)). Regarding the independent variables, the following were considered to be fixed effects: gender (1 = male, 0 = female), married (1 = yes, 0 = no) and educational level (1 = secondary education or lower, 0 = higher education), and the following were considered to be covariables: age (years), BSI-PSI, DSI-R and SCORE-15. The multinomial model can be defined as follows:

$$\eta_{jr} = f_{r1}(age_j) + f_{r2}(BSI - PSD_j) + f_{r3}(DSI - R_j) + f_{r4}(SCORE - 15_j) + \gamma_{r0} + \gamma_{r1}gender_j + \gamma_{r2}married_j + \gamma_{r3}educational\ level_j \quad (1)$$

where the additive predictor is $\eta_{jr} = \log\left(\frac{\pi_{jr}}{\pi_{jR}}\right)$ for $j = 1, \dots, 331$ and $r = 1, 2$. Terms π_{jr} and π_{jR} represent the odds of occurrence of gambler type r , $r = 1$ and 2 , and the odds of occurrence of PG, i.e., reference class R, respectively. Functions $f_{ir}(\cdot)$, $i = 1, \dots, 4$ are smoothing functions estimated based on Bayesian cubic P-splines (Brezger & Lang, 2006; Lang & Brezger, 2004) with 20 internal nodes and a second-order random walk penalty. The coefficients γ_{rc} , $c = 1, \dots, 3$ represent the fixed effects associated with each categorical variable for the r^{th} gambler type ($r = 1, 2$). The model inference results followed an empirical Bayes approach based on a penalized likelihood inference for estimation of the coefficients and on a restricted maximum likelihood (REML) for estimation of the variance components (Fahrmeir & Lang, 2001; Kneib, 2006).

Table 4 describes the estimates of the γ 's coefficients and the corresponding odds ratio (OR) in the multinomial model, whereby PG was considered to be the reference class. Because all the fixed effects are represented by binary variables, the OR values might be interpreted as an increase in/reduction of the odds ratio when the covariable

assumes value 1 instead of value 0; i.e., X_{ri} represents the remainder of the independent variables in the model.

$$e^{yrk} = \frac{p(Y_j = r | X_{rk} = 1; X_{ri}, i \neq k)}{p(Y_j = R | X_{rk} = 1; X_{ri}, i \neq k)} / \frac{p(Y_j = r | X_{rk} = 0; X_{ri}, i \neq k)}{p(Y_j = R | X_{rk} = 0; X_{ri}, i \neq k)} \quad (2)$$

In the comparison of NP with PG, the men and the participants with lower education level exhibited statistically significant lower OR compared with the women and the participants with higher education, respectively. Marital status did not cause a statistically significant variation between the groups (NP and PG). In the comparison of SP with PG, only the variable gender was statistically significant (at the 5% level), whereby the men exhibited statistically significant lower OR compared with the women. Educational level and marital status did not cause any statistically significant variation between the groups (SP and PG).

The following plots (Figures 1 to 4) depict the estimated effects of the covariables included in the model. Such effects correspond to the logarithm of $\frac{\pi_{jr}}{\pi_{jR}} = \frac{p(Y_j = r)}{p(Y_j = R)}$ and respective 95% confidence intervals. Positive effect means higher odds of belonging to a given class (NP or SP) in comparison with the reference class (PG). Negative effect means the opposite.

Table 4
Estimates of the fixed effects (OR) with PG as the reference class in the model

	NP	SP
Constant	3.341*	1.751*
Gender (m)	-2.900* (0.055)	-1.864* (0.155)
Married (yes)	-0.186 (0.830)	-0.112 (0.894)
Educ. level ($\leq$ Sec.)	-1.304* (0.271)	-1.767* (0.171)

* Significant at $p < 0.05$

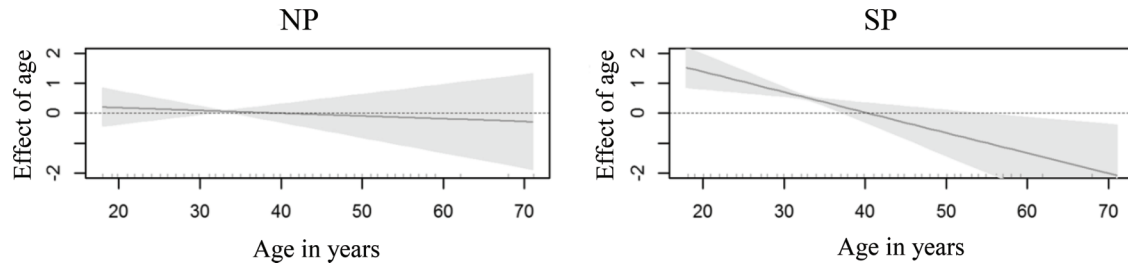


Figure 1. Plots of the estimated effect of the covariable age for NP vs. PG and SP vs. PG

Regarding age (see Figure 1), the effect was non-significant when NP and PG were compared (the confidence intervals contain the value zero). When SP and PG were compared, there was a significant linear effect, which indicates that the older the participants were, the higher their odds of belonging to group PG, with the critical age (the shift from SP to PG) being at approximately 40 years. Thus, age is a relative risk factor only when gamblers already exhibit SP.

Regarding BSI-PSI (see Figure 2), in the comparison of NP with PG, the effect was significant and nonlinear. That is, for lower BSI-PSI scores (up to approximately 1.69, in which case the lower limit of the confidence interval was greater than zero), the odds of belonging to either group were nearly constant. For higher BSI-PSI scores (over

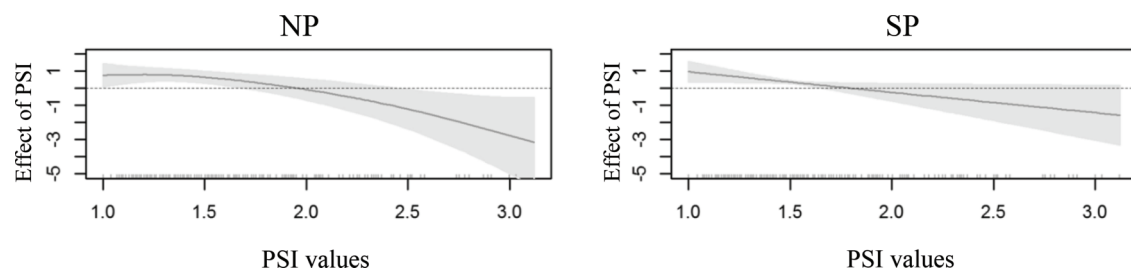


Figure 2. Plots of the estimated effect of the covariable BSI-PSI for NP vs. PG and SP vs. PG

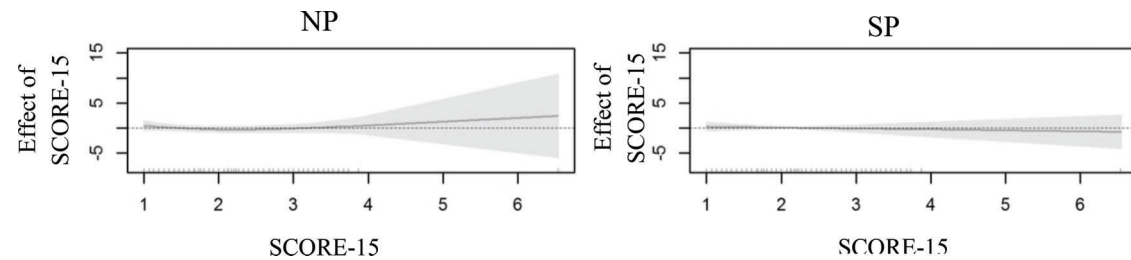


Figure 3. Plots of the estimated effect of the covariable SCORE-15 for NP vs. PG and SP vs. PG

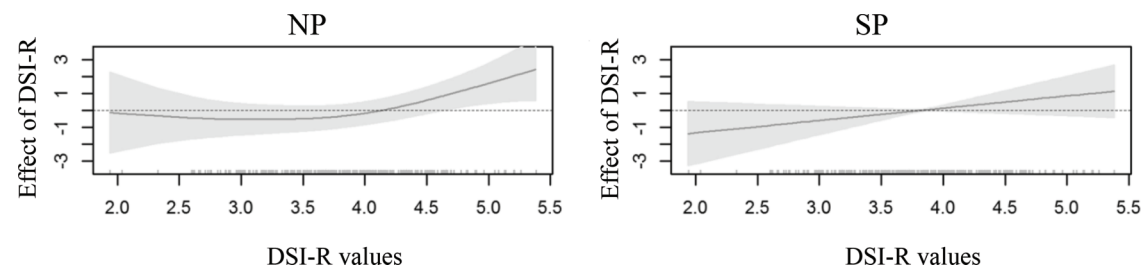


Figure 4. Plots of the estimated effect of the covariable DSI-R for NP vs. PG and SP vs. PG

approximately 2.46, in which case the upper limit of the confidence level was less than zero), the odds of belonging to group PG were higher. In the comparison of SP with PG, the effect was significant and linear, which indicates that above approximately 1.79, the higher the BSI-PSI score was, the higher the odds that participants belonged to group PG compared with the odds of belonging to group SP. Thus, BSI-PSI is a relative risk factor only when gamblers already exhibit some SP or when the BSI-PSI score is high (approximately 2.46 or higher) in cases in which the subject does not exhibit a gambling problem (NP).

SCORE-15 (see Figure 3) had non-significant effects in all the group comparisons. That is, no matter what the SCORE-15 score was, the odds of belonging to any group were similar.

Finally, DSI-R (which also represents conjugality, given the similar behavior of covariables DSI-R and DAS) exhibited significant nonlinear effect in the comparison of NP with PG. That is, for lower DSI-R scores (up to approximately 4.63, in which case the lower limit of the confidence limit was greater than zero), the odds of belonging to either group were approximately the same. For higher scores, approximately above 4.63, the odds of belonging to group NP were higher compared with group PG. In the comparison of SP with PG, the effect was significant and linear, which indicates that high DSI-R scores were associated with higher odds of belonging to group SP compared with PG, with 3.82 being the critical value (the shift from SP to PG). Thus, DSI-R is a relative protective factor when gamblers already exhibit SP or when the DSI-R score is considerably high (over approximately 4.63) in cases in which the subject does not exhibit a gambling problem (NP).

Calculation of the Odds of Player Types

The multinomial model used also enabled calculation of the odds of the participants being NP, SP or PG. For that purpose, the following equation can be used:

$$p(Y_j = r) = \pi_{jr} = \frac{\exp(f_{r1}(age_j) + f_{r2}(BSI - PSD_j) + f_{r3}(DSI - R_j) + f_{r4}(SCORE - 15_j) + \gamma_{ro} + x'_{rj}\gamma_r)}{1 + \sum_{s=1}^r \exp(f_{s1}(age_j) + f_{s2}(BSI - PSD_j) + f_{s3}(DSI - R_j) + f_{s4}(SCORE - 15_j) + \gamma_{so} + x'_{sj}\gamma_s)} \quad (3)$$

for $r = 1, 2$ and for the reference group PG,

$$P(Y_j = R) = 1 - \pi_{j1} - \pi_{j2} \quad (4)$$

The odds were calculated for all the possible combinations of fixed effects and considering the following three levels of values for the covariables:

1. Median age (29 years), median of PSI values *above* 1.7 (2.00), median of values *below* the DSI-R normative reference range (3.08) and median of values *above* the SCORE-15 normative reference range (3.04). The conditions are representative of greater difficulties compared with the normative population (Table 5).
2. Median age (29 years old), median of PSI values *below* 1.7 (1.25), median of values *above* the DSI-R normative reference range (3.08) and median of values *below* the SCORE-15 normative reference range (3.04). The conditions are representative of lesser difficulties compared with the normative population (Table 6).
3. Median age (29 years old), midpoint of the PSI normative reference range (1.7), midpoint of the DSI-R normative reference range (3.88) and SCORE-15 normative reference value (2.02). The conditions correspond to the normative population (Table 7).

The odds of belonging to group PG while being a male and having a low educational level were the highest of any tested condition (1, 2 and 3). However, those odds (belonging to PG and being a man with low educational level) gradually decreased with increasingly adaptive levels of family and individual functioning, i.e., a shift from condition (1) to (3) and from (3) to (2). In the case of the women, the trend was the same but with significantly lower odds.

For the women, the highest odds were to belong to group NP, particularly when they exhibited a high educational level in any of the tested conditions (1, 2 and 3). In contrast, for the men, the highest odds were to belong to class PG, to have lower educational levels and to be under the condition representative of greater difficulties compared with the normative population. In addition, it should be noted that for the men, the odds of belonging to group NP were higher among those men with high educational levels, which was the opposite situation of the men in group PG.

The odds of any participant belonging to group SP were the same in the three tested conditions (1, 2 and 3). Therefore, whereas groups PG and NP (the extremes) seemed to follow a given probabilistic “profile” (highlighted by the grey shading), group SP behaved as the most homogeneous one.

Discussion

The present study sought to identify the characteristics—gender, age, marital status, educational level, family functioning, differentiation of self (and, indirectly, dyadic adjustment) and psychopathological symptoms—with higher odds of distinguishing among groups PG, SP and NP while investigating the relevance of the characteristics as risk/protective factors along the continuum of problem-gambling severity.

The analysis of the results of STAR modeling for the sociodemographic variables demonstrated that marital status did not distinguish among the groups and did not seem to represent a risk/protective factor for gambling disorder. Although pathological gamblers allegedly exhibit higher odds of being divorced/separated (Black,

Table 5

Fixed conditions: median age, PSI, DSI-R and SCORE with values representative of greater difficulties compared with the normative population

PG (n = 52, 15.7%)				NP (n = 162, 48.9%)				SP (n = 117, 75.3%)															
M		W		M		W		M		W													
Ma	NM	Ma	NM	Ma	NM	Ma	NM	Ma	NM	Ma	NM												
BA	S	BA	S	BA	S	BA	S	BA	S	BA	S												
.406	.651	.370	.619	.052	.146	.044	.127	.307	.154	.337	.153	.711	.544	.730	.571	.288	.217	.294	.228	.237	.310	.226	.302

PG – pathological gambler; NP – gambler with no problem; SP – gambler with some problem/sub-clinical

M – man; W – woman; Ma – married; NM – not married; BA – bachelor's degree or higher; S – secondary education or lower

Table 6

Fixed conditions: median age, PSI, DSI-R and SCORE with values representative of lesser difficulties compared with the normative population

PG (n = 52, 15.7%)				NP (n = 162, 48.9%)				SP (n = 117, 75.3%)															
M		W		M		W		M		W													
Ma	NM	Ma	NM	Ma	NM	Ma	NM	Ma	NM	Ma	NM												
BA	S	BA	S	BA	S	BA	S	BA	S	BA	S												
.056	.142	.049	.126	.005	.014	.004	.012	.516	.355	.537	.377	.769	.656	.782	.673	.428	.503	.414	.497	.226	.330	.214	.315

PG – pathological gambler; NP – gambler with no problem; SP – gambler with some problem/sub-clinical

M – man; W – woman; Ma – married; NM – not married; BA – bachelor's degree or higher; S – secondary education or lower

Table 7
Fixed conditions: median age, PSI, DSI-R and SCORE with values representative of the normative population

PG (n = 52, 15.7%)				NP (n = 162, 48.9%)				SP (n = 117, 75.3%)															
M		W		M		W		M		W													
Ma	NM	Ma	NM	Ma	NM	Ma	NM	Ma	NM	Ma	NM												
BA	S	BA	S	BA	S	BA	S	BA	S	BA	S												
.224	.422	.201	.390	.027	.073	.023	.063	.274	.140	.296	.156	.590	.440	.610	.461	.501	.438	.503	.453	.383	.488	.368	.475

PG – pathological gambler; NP – gambler with no problem; SP – gambler with some problem/sub-clinical

M – man; W – woman; Ma – married; NM – not married; BA – bachelor's degree or higher; S – secondary education or lower

Shaw, McCormick, & Alien, 2012), this characteristic seems to be a consequence of the gambling problem (Grant & Odlaug, 2014) rather than a risk factor. The literature review by Johansson et al. (2009) indicated that gender is one of the most consistent risk factors, and it is widely demonstrated that most pathological gamblers are men (Aymamí, Ibáñez, & Jiménez, 1999; Becoña, 1999; Ladouceur, 1991; Turón & Crespo, 1999), whereas only approximately one-third are women (American Psychiatric Association, 2002). Therefore, the results of this study for gender are not surprising. The variable educational level also appeared as a significant risk factor, more specifically having a lower educational level (secondary education or lower), which agrees with the results reported by several authors (Becoña, 1999; Kessler et al., 2008; Legarda, Babio, & Abreu, 1992). In fact, gender and educational level remained such significant predictors within the models even after accounting for other potential sources of variance (e.g., psychological symptomatology, differentiation of self). Possibly this happens because gender and educational level are transversal predictors, this is, independently of the baseline conditions, gender and educational level seems to be determinant to define gamblers “profile.” Finally, the variable age seems to be a relevant risk factor only when gamblers already have SP (older age was associated with higher odds of being a PG). In fact, Granero et al. (2014) found that age has an influence on gambling problems, with older patients exhibiting more severe and more diversified problems (e.g., psychopathological symptoms). However, there is a consensus in the literature that younger age (under 29 years old) is a considerable risk factor for gambling disorder (Johansson et al., 2009).

Regarding the BSI (psychopathological symptoms), DSI-R differentiation of self, which entails a balance between intimacy and autonomy in the relationships with significant others, e.g., spouse or family of origin (Rodríguez-González, 2009), and SCORE-15 (family strengths, difficulties and communication) variables, the most surprising result concerns family functioning (SCORE-15). As expected, the odds of belonging to groups SP/PG should increase parallel to the increase in family difficulties given that the literature unanimously reports the occurrence of various problems at this level. Such problems include the management of emotions and affection (more specifically their expression and communication), poorly defined family rules and roles, and poor communication, which is often characterized by discussions and lies (Kalischuk, Nowatzki, Cardwell, Klein, & Solowoniuk, 2006). However, several studies conducted in Portugal (Cunha & Relvas, 2014; Cunha, de Sousa, Fonseca, & Relvas, 2015) suggest that the difficulties in family functioning only appear in the most severe forms of gambling disorder and thus do not facilitate distinguishing PG from the other types of gambler (NP and SP), as was the case in this study. In contrast, psychopathological symptoms (BSI-PSI) and differentiation of self (DSI-R) enabled distinguishing the groups in the two sets of performed comparisons (NP vs. PG and SP vs. PG), and their behavior was highly similar. That is, those variables represent relative risk/protective factors in cases in which SP already exists, whereas in the NP cases, the level of difficulties (PSI over approximately 2.46) or of strength/competence (total DSI-R over approximately 4.63) should be high for the corresponding risk or protective effect to occur. These

results are related to the probabilistic “profile” of group SP, which emerges as the most homogeneous one. Thus, regardless of the sociodemographic and psycho-relational characteristics, the odds of exhibiting SP are similar. This finding might indicate that this type of gambler represents a “transitional/indefinite” level. That is, considering the continuum of problem-gambling severity, SP represents either a progression toward PG or a regression to NP. In fact, according to the literature, the continuum of severity extends in both directions (Ladouceur, 2002), and while increased severity is more patent (because studies tend to focus on the development of gambling disorder), the opposite direction (in a natural manner, i.e., without any specific intervention) is beginning to acquire empirical relevance because of the occurrence of cases of spontaneous remission (Slutske, 2006). In fact, approximately 35% of the individuals with a history of gambling disorder recover without any intervention, which suggests that the progression of gambling disorder is not always chronic or persistent (Slutske, 2006). Therefore, assuming that SP represents a stage of progression toward PG or of regression to NP, it is natural that the weight of the risk or protective factors should be greater in group SP compared with group NP. This finding is related to the previously mentioned idea of dynamic risk (P. Cowan et al., 1996).

Regarding the probabilistic “profile” of the group with the most severe level of gambling disorder (PG), it seems that regardless of their (more or less adaptive) psycho-relational status, pathological gamblers tend to be men who have only completed secondary education. These results agree with the reports in the literature (Becoña, 1999, Kessler et al., 2008). However, the odds of being a pathological gambler (male with low educational level) were higher when the psycho-relational functioning (BSI, DSI-R) was less adaptive, which demonstrates that these characteristics might be concurrent risk factors. In fact, according to the literature, the psycho-relational aspects are important risk factors for gambling disorder (Johansson et al., 2009). In addition, these results directly indicate the concept of dynamic risk, which demonstrates the relevance of other variables (in this case, BSI and DSI-R) in the modulation of the studied risk/protective factors (P. Cowan et al., 1996). Female pathological gamblers seem to be a minority (as previously discussed), and, similar to male pathological gamblers, tended to exhibit a low educational level. The odds of women being pathological gamblers (having a low educational level) were higher when their psycho-relational status was less adaptive.

The probabilistic “profile” of SP was generally complementary to that of PG, which was expected because these types represent the extremes of the continuum of problem-gambling severity. Therefore, regardless of their (more or less adaptive) psycho-relational status, the gamblers without a gambling problem tended to be female and to have a high educational level. That group was also “characterized” by men with high educational levels (a bachelor’s degree or higher) under the condition representative of lesser difficulties compared with the normative population. That is, it seems that men should gather a larger number of “optimal” conditions (in addition to their educational level), in particular of psycho-relational functioning, to belong to group NP.

In sum, the characteristics with higher odds of distinguishing among groups PG, SP and NP were as follows: (1) among the sociodemographic variables, gender, educational level and age, and (2) among the psycho-relational variables, differentiation of self (and, indirectly, dyadic adjustment) and psychopathological symptoms. Gender and educational level stood out with respect to their relevance as risk/protective factors, and their role was found to be dynamic and interdependent with the severity of problem gambling and/or the investigated psycho-relational characteristics. The risk/protective value was more remarkable when gamblers already exhibited SP.

Limitations and Future Studies

In this study, due to the unsystematic recruitment of the participants, the differences between the three groups could be confounded by differences introduced by the sampling method. Thus, risk or protective factors should be carefully considered only as indicators or clues for future studies and not as definitive conclusions. Furthermore, as we stated before, they could be consequences of gambling (e.g. divorce/separation) rather than those risk factors which are not possible to know in this study.

References

- American Psychiatric Association. (2002). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- American Psychological Association (2002). *Ethical principles of psychologists and code of conduct*. Washington, DC.
- Ashley, L. L., & Boehlke, K. K. (2012). Pathological gambling: A general overview. *Journal of Psychoactive Drugs*, 44, 27–37. doi:10.1080/02791072.2012.662078
- Aymamí, M. N., Ibáñez, A. G., & Jiménez, S. (1999). Epidemiología del juego patológico en un programa de tratamiento profesional. *Anuario de Psicología*, 3, 21–31. Retrieved from: <http://www.raco.cat/index.php/AnuarioPsicologia/article/viewFile/61527/88382>
- Becoña, E. (1999). Epidemiología del juego patológico en España. *Anuario de Psicología*, 30, 7–19. Retrieved from: <http://www.raco.cat/index.php/AnuarioPsicologia/article/view/61526/88381>
- Belitz, C., Brezger, A., Kneib, T., Lang, S., & Umlauf, N. (2012). BayesX: Software for Bayesian Inference in Structured Additive Regression Models. Version 2.1. Retrieved from: <http://www.BayesX.org>

Black, D. W., Shaw, M. C., McCormick, B. A., & Alien, J. (2012). Marital status, childhood maltreatment, and family dysfunction: A controlled study of pathological gambling. *Journal of Clinical Psychiatry*, 73, 1293–1297. doi:10.4088/JCP.12m07800

Breen, H. M. (2011). Risk and protective factors associated with gambling consequences for Indigenous Australians in north Queensland. *International Journal of Mental Health and Addiction*, 10, 258–272. doi:10.1007/s11469-011-9315-8

Brezger, A., & Lang, S. (2006). Generalized additive regression based on Bayesian P-splines. *Computational Statistics & Data Analysis*, 50, 967–991. doi:10.1016/j.csda.2004.10.011

Brezger, A., Kneib, T., & Lang, S. (2005). BayesX: Analyzing Bayesian structured additive regression models. *Journal of Statistical Software*, 14, 1–22. Retrieved from: https://epub.ub.uni-muenchen.de/1710/1/paper_332.pdf

Broffman, T. E. (2002). Gender differences in mental health and substance abuse disorders as predictors of gambling disorders. *Dissertation Abstracts International: Section A*, 63, 1995.

Canavarro, M. C. (1999). Inventário de Sintomas Psicopatológicos: BSI. In M. Simões, S. M. Gonçalves, & L. S. Almeida (Eds.), *Testes e provas psicológicas em Portugal* (Vol. 2, pp. 95–109). Braga, Portugal: APPORT/SHO.

Ciarrocchi, J. W. (2001). *Counseling problem gamblers: A self-regulation manual for individual and family therapy*. San Diego, CA: Academic Press.

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences*. 2nd ed. Hillsdale, NJ: Erlbaum.

Cohen, J. (1992). A power primer. *Psychological Bulletin*, 112, 155–159. doi:10.1037/0033-2909.112.1.155

Cowan, P. A., Cowan, C. P., & Schulz, M. S. (1996). Thinking about risk and resilience in families. In E. M. Hetherington, & E. A. Blechman. In E. M. Hetherington, & E. Blechman (Eds.), *Stress, coping and resiliency in children and families* (pp. 1–38). Mahwah, NY: Lawrence Erlbaum.

Cunha, D., & Relvas, A. P. (2014). Pathological gambling, psychopathology and family variables in a non-clinical sample. Unpublished paper.

Cunha, D., de Sousa, B., Fonseca, G., & Relvas, A. P. (2015). Gambling behavior severity and psychological, family and contextual variables: A comparative analysis study. Unpublished paper.

- Derevensky, J. L., & Gupta, R. (Eds.) (2004). *Gambling problems in youth: Theoretical and applied perspectives*. New York: Kluwer Academic/Plenum Publishers.
- Derogatis, L. R., & Spencer, P. M. (1982). *Administration and procedures: BSI. Manual I*. Baltimore, MD: Clinical Psychometric Research.
- Dickson-Swift, A., James, E., & Kippen, S. (2005). The experience of living with a problem gambler: Spouses and partners speaks out. *Journal of Gambling Issues*, 13. doi:10.4309/jgi.2005.13.6
- Fahrmeir, L., & Lang, S. (2001). Bayesian inference for generalized additive mixed models based on Markov random field priors. *Journal of the Royal Statistical Society: Series C: Applied*, 50, 201–220. doi:10.1111/1467-9876.00229
- Ferentzy, P., & Turner, N. E. (2013). *The history of problem gambling: Temperance, substance abuse, medicine, and metaphors*. New York, NY: Springer Science + Business Media. doi:10.1007/978-1-4614-6699-4
- González-Ortega, I., Echeburúa, E., Corral, P., Polo-López, R., & Alberich, S. (2013). Predictors of pathological gambling severity taking gender differences into account. *European Addiction Research*, 19, 146–154. doi:10.1159/000342311
- Goodman, L. A. (1961). Snowball sampling. *Annals of Mathematical Statistics*, 32, 148–170. doi:10.1214/aoms/1177705148
- Granero, R., Penelo, E., Stinchfield, R., Fernandez-Aranda, F., Savvidou, L. G., Fröberg, F., & Jiménez-Murcia, S. (2014). Is pathological gambling moderated by age? *Journal of Gambling Studies*, 30, 475–492.
- Grant, J. E., & Odlaug, B. L. (2014). Diagnosis and treatment of gambling disorder. In K. P. Rosenberg, L. Curtiss Feder, K. P. Rosenberg, & L. Curtiss Feder (Eds.), *Behavioral addictions: Criteria, evidence, and treatment* (pp. 35–59). San Diego, CA: Elsevier Academic Press. doi:10.1016/B978-0-12-407724-9.00003-3
- Hodgins, D. C., Schopflocher, D. P., Martin, C. R., el-Guebaly, N., Casey, D. M., Currie, S. R., & Williams, R. J. (2012). Disordered gambling among higher-frequency gamblers: Who is at risk? *Psychological Medicine*, 42, 2433–2444. doi:10.1017/S0033291712000724
- Instituto Nacional de Estatística (INE). (2009). *Tipologia de áreas urbanas: Acedido em* <http://smi.ine.pt/Versao/Detalhes/1961>
- Johansson, A., Grant, J. E., Kim, S. W., Odlaug, B. L., & Götestam, K. G. (2009). Risk factors for problematic gambling: A critical literature review. *Journal of Gambling Studies*, 25, 67–92. doi:10.1007/s10899-008-9088-6

- Kalischuk, R., Nowatzki, N., Cardwell, K., Klein, K., & Solowoniuk, J. (2006). Problem gambling and its impact on families: A literature review. *International Gambling Studies*, 6, 31–60.
- Kessler, R., Hwang, I., La Brie, R., Petukhova, M., Sampson, N., & Winters, K. (2008). DSM-IV pathological gambling in the National Comorbidity Survey Replication. *Psychological Medicine*, 38, 1351–1360. doi:10.1017/S0033291708002900
- Kim, S. W., Grant, J. E., Eckert, E. D., Faris, P. L., & Hartman, B. K. (2006). Pathological gambling and mood disorders: Clinical associations and treatment implications. *Journal of Affective Disorders*, 92, 109–116. doi:10.1016/j.jad.2005.12.040
- Kneib, T. (2006). Mixed model based inference in structured additive regression (Unpublished doctoral dissertation). Faculty of Mathematic, Informatic and Statistic of Ludwig-Maximilians. München [Munich], Germany.
- Ladouceur, R. (1991). Prevalence of pathological gamblers in Quebec. *Canadian Journal of Psychiatry*, 36, 732–734.
- Ladouceur, R. (2002). Understanding gambling and problem gambling: A step in the right direction. AGA Responsible Gaming, Lecture Series, 1, 1–10.
- Lang, S., & Brezger, A. (2004). Bayesian P-splines. *Journal of Computational and Graphical Statistics*, 13, 183–212. doi:10.1198/106/860043010
- Legarda, J., Babio, R., & Abreu, J. (1992). Prevalence estimates of pathological gambling in Seville (Spain). *British Journal of Addictions*, 87, 767–770. 10.1111/j.1360-0443.1992.tb02722.x
- Lesieur, H. R., & Blume, S. B. (1987). The South Oaks Gambling Screen (SOGS): A new instrument for the identification of pathological gamblers. *American Journal of Psychiatry*, 144, 1184–1188. doi:10.1176/ajp.144.9.1184
- Lourenço, M. M. (2006). Casal: Conjugalidade e ciclo evolutivo (Tese de doutoramento não publicada) (Unpublished doctoral dissertation). Faculdade de Psicologia e Ciências da Educação da Universidade de Coimbra, Portugal.
- Lupton, D. (1999). *Risk*. London and New York: Routledge.
- Major, S., Rodríguez-González, M., Miranda, C., Rousselot, M., & Relvas, A. P. (2014). Inventário de Diferenciação do Self: Revisto. In A. P. Relvas & S. Major (Eds.), *Avaliação familiar: Funcionamento e intervenção* (Vol. I, pp. 81–111). Coimbra, Portugal: Imprensa da Universidade de Coimbra. doi:10.14195/978-989-26-0839-6_3

Oliveira, M. P., Silveira, D. X., & Silva, M. T. (2008). Jogo patológico e suas consequências para a saúde pública [versão eletrônica]. *Revista de Saúde Pública*, 42, 542–549. doi:10.1590/S0034-89102008005000026

Peleg, O. (2008). The relation between differentiation of self and marital satisfaction: What can be learned from married people over the course of life? *Academic Medicine*, 84, 388–401. doi:10.1080/01926180701804634

Perese, L., Bellringer, M., & Abbott, M. (2005). Literature review to inform social marketing and approaches, and behaviour change indicators, to prevent and minimise gambling harm. Auckland, New Zealand: Auckland University of Technology, Gambling Research Centre.

Pesce, R. P., Assis, S. G., Santos, N., & Oliveira, R. V. (2004). Risco e proteção: Em busca de um equilíbrio promotor de resiliência. *Psicologia: Teoria e Pesquisa*, 20, 135–143. Retrieved from: <http://www.bvsde.paho.org/bvsacd/cd26/a06v20n2.pdf>

Petry, N. M. (2005). *Pathological gambling: Etiology, comorbidity, and treatment*. Washington, DC: American Psychological Association. doi:10.1037/10894-000

Potenza, M. N. (2013). Neurobiology of gambling behaviors. *Current Opinion in Neurobiology*, 23, 660–667. doi:10.1016/j.conb.2013.03.004

R Development Core Team (2014). R: A Language and Environment for Statistical Computing. Vienna, Austria: R Foundation for Statistical Computing. Retrieved from: <http://www.R-project.org>

Raylu, N., & Oei, T. S. (2002). Pathological gambling: A comprehensive review. *Clinical Psychology Review*, 22, 1009–1061. doi:10.1016/S0272-7358(02)00101-0

Rodríguez-González, M. (2009). El desarrollo afectivo y la construcción de la relación de pareja: Estudio sobre la relación entre la Diferenciación del Self, la Satisfacción Marital y el Funcionamiento Familiar (Diploma de Estudios Avanzados não publicado). Madrid, Spain: Universidad Pontificia Comillas.

Simões, J. (2008). Qualidade de vida: Estudo de validação para a população portuguesa (Tese de Doutoramento não publicada) (Unpublished doctoral dissertation). Coimbra, Portugal: Faculdade de Psicologia e Ciências da Educação da Universidade de Coimbra.

Skowron, E. A. (2000). The role of differentiation of self in marital adjustment. *Journal of Counseling Psychology*, 47, 229–237. doi:10.1037/0022-0167.47.2.229

Skowron, E. A., & Schmitt, T. A. (2003). Assessing interpersonal fusion: Reliability and validity of a new DSI fusion with others subscale. *Journal of Marital and Family Therapy*, 29, 209–222. doi:10.1111/j.1752-0606.2003.tb01201.x

- Slutske, W. S. (2006). Natural recovery and treatment-seeking in pathological gambling: Results of two U.S. national surveys. *American Journal of Psychiatry*, 163, 297–302. doi:10.1176/appi.ajp.163.2.297
- Spanier, G. B. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and the Family*, 38, 15–28. doi:10.2307/350547
- Stratton, P., Bland, J., Janes, E., & Lask, J. (2010). Developing an indicator of family function and a practicable outcome measure for systemic family and couple therapy: The SCORE. *Journal of Family Therapy*, 32, 232–258. Retrieved from: <http://dx.doi.org/10.1111/j.1467-6427.2010.00507.x>
- Subramaniam, M., Wang, P., Soh, P., Vaingankar, J. A., Chong, S. A., Browning, C. J., & Thomas, S. A. (2015). Prevalence and determinants of gambling disorder among older adults: A systematic review. *Addictive Behaviors*, 41, 199–209. doi:10.1016/j.addbeh.2014.10.007
- Turón, V., & Crespo, J. M. (1999). Tratamiento farmacológico del juego patológico. *Anuário de Psicologia*, 3, 137–146. Retrieved from: <http://www.raco.cat/index.php/AnuarioPsicologia/article/view/61533/88388>
- Vachon, J., Vitaro, F., Wanner, B., & Tremblay, R. E. (2004). Adolescent gambling: Relationships with parent gambling and parenting practices. *Psychology of Addictive Behaviors*, 18, 398–401. doi:10.1037/0893-164X.18.4.398
- Vilaça, M., Silva, J., & Relvas, A. P. (2014). Systemic Clinical Outcome Routine Evaluation (SCORE-15). In A. P. Relvas & S. Major (Eds.), *Avaliação familiar: Funcionamento e intervenção* (Vol. I, pp. 23–41) Coimbra, Portugal: Imprensa da Universidade de Coimbra. doi:10.14195/978-989-26-0839-6_1
- Weinstock, J., Massura, C. E., & Petry, N. M. (2013). Professional and pathological gamblers: Similarities and differences. *Journal of Gambling Studies*, 29, 205–216. doi:10.1007/s10899-012-9308-y
- Werner, E. E. (1993). Risk, resilience, and recover: Perspectives from the Kauai Longitudinal Study. *Development and Psychopathology*, 5, 503–515. doi:10.1017/S095457940000612X

Submitted February 22, 2016; accepted September 20, 2016. This article was peer reviewed. All URLs were available at the time of submission.

For correspondence: Diana Cunha, Ph.D., Faculty of Psychology and Educational Sciences of University of Coimbra, Coimbra, Portugal. E-mail: diicunha@gmail.com

Competing interests: None declared (all authors).

Ethics approval: This project was approved by the Institutional Review Board, Foundation for Science and Technology (FCT), on 2010 (SFRH/BD/71001/2010).

Acknowledgements: This project was supported by a grant from The Foundation for Science and Technology (FCT) to first author (SFRH/BD/71001/2010).

Addressing the Issue of Problem Gambling in the Criminal Justice System: A Series of Case Studies

Nigel E. Turner,^{1,2} Steve McAvoy,¹ Peter Ferentzy,¹ Flora I. Matheson,^{3,4}
Chris Myers,⁴ Farah Jindani,¹ Nina Littman-Sharp,¹ & Jan Malat¹

¹ Centre for Addiction and Mental Health, Toronto, ON, Canada

² Dalla Lana School of Public Health, University of Toronto, Toronto, ON, Canada

³ Centre for Research on Inner City Health, St. Michael's Hospital, Toronto, ON, Canada

⁴ Frontenac Community Mental Health Services/Options for Change, Kingston, ON, Canada

Abstract

The prevalence rates of problem gambling in the adult correctional population are 5 to 10 times higher than those found in the general population. Yet little has been published about dealing with problem gamblers in correctional settings. We conducted a literature review and interviewed 16 key informants who provide services to clients experiencing problem gambling and/or who have worked in the criminal justice system. Our objective was to gain greater understanding of programming for problem gambling for clients who are involved in the criminal justice system, with a particular focus on Ontario. The published literature on this topic is remarkably sparse. In fact, only two peer-reviewed published studies were identified that formally evaluated a treatment program for problem gambling for clients in these settings. However, we uncovered a small number of programs (10) that had been developed for, and delivered to, this population, including a gambling treatment court in Buffalo, Gamblers Anonymous, outpatient treatment during probation or parole, brief psychoeducational programs, brief therapy, a full intense treatment program, and inpatient treatment after release. We present a series of short case studies of these programs. Although some programs have been delivered within correctional institutions, others have been offered either after release or prior to sentencing. A major issue is the lack of awareness of problem gambling in the criminal justice system among judges, lawyers, wardens, corrections workers, and parole officers. The results are discussed in terms of issues and opportunities for programming for problem gamblers in the criminal justice system.

Keywords: problem gambling, offenders, treatment, criminal behaviour, qualitative research

Résumé

Chez la population carcérale adulte, les taux de prévalence du jeu compulsif sont de cinq à dix fois plus élevés que dans l'ensemble de la population. Pourtant, peu de choses ont été publiées sur les joueurs pathologiques en milieu correctionnel. Nous avons effectué une revue de la littérature et avons interviewé 16 informateurs clés qui fournissent des services aux clients ayant un problème de jeu ou qui ont travaillé dans le système de justice pénale. Notre objectif consistait à mieux comprendre les programmes pour traiter le jeu compulsif destinés aux clients qui ont eu des démêlés avec la justice, avec un intérêt particulier pour l'Ontario. Étonnamment, il existe très peu de publications sur ce sujet. En effet, nous n'avons trouvé que deux comptes rendus d'étude publiés et validés par un comité de lecture qui ont évalué en bonne et due forme un programme de traitement pour le jeu pathologique destiné aux clients de ce milieu. Toutefois, nous avons découvert un petit nombre de programmes (10) qui ont été élaborés à l'intention de cette population, et qui lui ont été offerts, notamment un programme judiciaire de traitement du jeu pathologique à Buffalo, le groupe d'aide Joueurs Anonymes, un traitement ambulatoire durant la probation ou la libération conditionnelle, des programmes psychopédagogiques de courte durée, une thérapie brève, un programme complet de traitement intensif et un traitement en établissement après la libération. Nous présentons une série de courtes études de cas de ces programmes. Bien que certains de ces programmes aient été offerts dans des établissements correctionnels, d'autres ont été proposés après la libération ou avant la condamnation. Le principal problème réside dans le fait que les juges, les avocats, les directeurs, les intervenants correctionnels et les agents de libération conditionnelle connaissent mal le jeu pathologique dans le cadre du système de justice pénale. Les résultats sont analysés en fonction des difficultés et des avantages des programmes destinés aux joueurs pathologiques qui ont eu des démêlés avec la justice.

Introduction

In a review of the literature on gambling problems among people in correctional settings, Williams, Royston, and Hagen (2005) found that the prevalence for both males and females ranged from 17% to 60%, with an average of around 33% across samples. Similar prevalence numbers have been found in more recent studies (May-Chahal, Wilson, Humphreys, & Anderson, 2012; Turner, Preston, McAvoy, & Gillam, 2013; Turner, Preston, Saunders, & McAvoy, 2009). Among participants recruited from several provincial and federal correctional institutions in Ontario, Turner et al. (2009, 2013) report that slightly less than a quarter of those surveyed had either a moderate or severe gambling problem and, in particular, 9% had a severe gambling problem (Turner et al., 2013). The rate of moderate and severe problem gambling (PG) in these studies is about 10 times that of the general population (Williams, Volberg, & Stevens, 2012).

Turner et al. (2009) also interviewed their participants and found that problem gamblers often reported being caught in a cycle of gambling, debt, and crime, followed in turn by more gambling. For example, one participant reported that “gambling led to debt, my debt led to crime... and around it goes” (p. 163). Turner et al. (2009) reported that 65% of participants with pathological gambling described gambling as a criminogenic factor in at least some of their criminal activity. If unable to resolve their gambling problems, it is likely that they will continue to be caught in this cycle.

Although research on gambling in correctional populations in Canada and elsewhere suggests a considerable need for gambling treatment for this population, no system-wide services for PG have been provided in Ontario or in any other jurisdiction. Correctional Service of Canada (CSC) does offer a number of educational and training programs, including programs to deal with substance abuse (CSC, 2014). However, services for PG are not currently offered to offenders on a system-wide basis in Canada. This situation is not unique to Canada. Perrone, Jansons, and Morrison (2013) note that within the correctional environment, PG treatment services remain largely undocumented and unevaluated. Perrone et al. (2013) also note a lack of awareness in the criminal justice system of PG as an issue. An examination of the literature found only a small number of publications on the topic.

We used a combination of literature review and interviews with experts in the field to explore programs for PG and to understand the state of programming for people with gambling problems who are in correctional settings. In particular, we interviewed experts¹ who had knowledge of the correctional population, with an emphasis on Ontario, to give us a good understanding of the issues involved in setting up a PG program for a correctional population. Our study included experts who had worked with either provincial or federal correctional institutions in Ontario, experts from the treatment system in Ontario, and key experts from outside the province. This paper is essentially a series of case studies that illustrate programs that have been offered at one of the various stages of the correctional process, including pre-incarceration, incarceration, post-release transition, and post-release integration (Visher & Travis, 2003). The programs are described to show how they fit into the continuity of care for problem gamblers and to show where rehabilitation science can help to reduce recidivism (see Visher & Travis, 2003). Given the heterogeneity of various prison settings, we expected that the structure of the programs would vary accordingly. We believe that by cataloging these case studies, we can begin to accumulate a body of literature on this topic and encourage further development of programs for PG in the criminal justice system. People interviewed included PG counsellors, parole officers (POs), programming staff, people involved in the management of correctional programming, a judge, and a long-time member of Gambler’s Anonymous. The research was guided by the following questions:

1. What programs have been run for people in correctional settings?

¹We are using the term *expert* instead of *key informant* because informant is considered a problematic word with correctional populations.

2. How are these programs structured?
3. Have these programs been scientifically evaluated?

Method

Participants for Qualitative Interviews

Sixteen people were interviewed between March 2012 and March 2013. All had expertise and experience in dealing with problem gamblers in a correctional setting, in the treatment of PG, or in developing or managing programs for clients in the correctional setting. The sampling strategy was purposive because this is an efficient manner of focusing the study on a particular population. Purposive sampling is a non-random type of sampling often used in qualitative research that involves seeking out participants for a specific purpose tied directly to the objectives of the study (Sandelowski, 1995). The initial sample was recruited from contacts we had established during our earlier studies of gambling problems in the criminal justice system (e.g., Turner, et al. 2013). We also contacted people who had published studies or had given conference presentations in this area and asked them if they would agree to participate. This approach was supplemented with a snowball technique in which participants were asked if they knew others who would have useful information. Of the people approached for an interview, none declined. The result is a series of case studies that illustrates potential interventions at various stages of the correctional process.

Literature Review of PG Programs

This was a scoping literature review. We attempted to examine all studies of programs that we could find in the published literature, grey literature reports, and conference presentations. A literature search was conducted using the search terms listed in Table 1. This search yielded two papers that described interventions. One paper described the evaluation of a brief treatment program (Nixon, Leigh, & Nowatzki, 2006), and a second

Table 1
Search Terms Used to Examine the Published Literature

Search terms	Total found	Examined for inclusion	Selected for inclusion
Prison* and gambl* and treatment	35	3	0
Prison* and gambl* and prevention	7	1	1
Offenders and gambl* and treatment	27	0	0
Offenders and gambl* and prevention	15	1	0
Prison* and gambl* and intervention	4	1	1
Forensic and program* and gambl*	7	0	0
Forensic and client* and gambl*	2	0	0

Note. An asterisk is used as a wild card to capture any completion of a word (e.g., gambl* = gambler, gamble, gambling, gambled).

paper described a program for the general prison population that taught them about the gambling lifestyle (Walters, 2005). A search for citations of those papers failed to yield any additional published papers. A Google search for grey literature also yielded a PowerPoint report on a program offered in Oregon (Marotta, 2007) and a number of government reports (e.g., McKenna, Brown, Rossen, & Gooder, 2013; Perrone et al., 2013) that included information on programming for people in custody with gambling problems.

Procedure

Semi-structured interviews were used with the experts to learn from their experience, to determine the advantages and limitations of various approaches, and to obtain their views on dealing effectively with PG in the criminal justice system. Most interviews occurred in person. However, depending on the location of the expert, some interviews were carried out over the phone or by email. The interview included some common core questions in which participants were asked to describe the program and to discuss its background, including its theoretical orientation, treatment method, and any evaluation of the program. Other questions differed, depending on the person being interviewed, and were tailored to the individual program under discussion. Shorter versions of this questionnaire were used for some experts in which the questions were more targeted to a specific, smaller set of issues (e.g., gambling court, GA, outpatient treatment services, and inpatient services).

The study was approved by the Research Ethics Board of the Centre for Addiction and Mental Health (CAMH). Anonymity was not practical, as a number of the experts included in this study are published authors (e.g., Judge Farrell, Gordon Leigh, Arnie Wexler, Chris Myers, Colleen Tessier, Brenda Teasell). We obtained their consent to use their names in the paper. For the rest of the participants, we use participant numbers (Participant 6, 7, etc.). Both a summary of the interviews and a draft of the technical report for this study were sent to the participants so that they had an opportunity to comment or correct their contributions to the report.

Data Analysis

Data analysis began with transcription of the interviews. The lead researcher (NT) summarized the content of each interview in terms of key points and then distributed these summaries (along with the transcripts) to SM and PF to ensure that the initial summary was an accurate reflection of the participants' opinion on the topic. The information was then organized according to general themes by NT. Given that the experts spoke directly to the issues, the data analysis was straightforward.

Results

By interviewing 16 experts and performing a literature search, we found detailed information on 10 programs that had been offered to problem gamblers at various stages in the correctional process. In the following section, we list each of these case studies according to the four sequential stages of the correctional process. This list is not to be

taken as exhaustive; rather, it reveals important information for anyone interested in researching or developing services for problem gamblers who experience incarceration. Each program described is unique, but shares some common traits with other programs. Table 2 displays some of the key features and differences between the programs.

From the literature review and interviews, we organized the information into four major categories based on the stage in the correctional process: (1) diversion to problem-solving courts; (2) Gamblers Anonymous (GA), a mutual aid fellowship; (3) brief psychoeducational intervention and treatment during incarceration; and (4) post-release programs during parole. Categories 3 and 4 also were further subdivided into brief psychoeducational information sessions (3A and 4A) and treatment (3B and 4B).

Diversion to Problem-Solving Courts

One option for people who become involved in the criminal justice system is diversion from correctional institutions into a special problem-solving court where clients are mandated to treatment instead of prison (Lahn, 2005; Rose, 2003). For those with gambling problems, a gambling treatment court (GTC) could be modelled after the more general practice of problem-solving courts, where clients with psychiatric or substance use problems are redirected away from prison into a therapeutic situation in which the emphasis is on rehabilitation rather than punishment (Cooper, 2003; Farrell, 2011; Nolan, 2002; Peters, Kremling, Bekman, & Caudy, 2012; Slinger & Roesch, 2010).

The most common problem-solving courts are drug treatment courts (DTCs). The first DTC appeared in Florida in 1989 (Wiseman, 2005). According to Gutierrez and Bourgon (2009), there are now 1,700 DTCs in various countries around the world, including the United States, Canada, Australia, and several European countries. A number of studies have reported that DTCs decrease recidivism (Gutierrez & Bourgon, 2009; Latimer, Morton-Bourgon, & Chretien, 2006) and save funds by mitigating the costs of incarceration (Chandler, Fletcher, & Volkow, 2009).

Currently, the idea of a problem-solving court has been extended to PG in two places. One is the Amherst GTC located in Buffalo, New York, and the other is in Nevada, where state law permits diversion for problem gamblers (Nevada Council on Problem Gambling, 2010). The program located in Buffalo, New York, is overseen by Judge Mark Farrell. To find out more about the Amherst GTC, we contacted Judge Farrell and attended a conference presentation he gave in Toronto in 2011 (Farrell, 2011). In a therapeutic court, defendants are required to plead guilty but are not sentenced to prison (Rose, 2003); rather, they work their way through their problems, attending court and therapy sessions as needed. Defendants are motivated to make progress (Farrell, 2011) by means of regular monitoring, accountability, and a system of psychosocial support. This process lasts at least 1 year. If they complete the program, all charges are dropped. If they miss one of their weekly therapy sessions, a mild penalty is applied such as “increased frequency

Table 2
Overview of the Programs Discussed in This Report

Program	Type	Stage	Sex	Setting	Sessions	Hours	Method	Orientation	Focus	Evaluation
Gambling court	Diversion	1	M & F	Court	As needed		Problem-solving court	Biopsychosocial/disease model	PG	Farrell (2011)
GA	Mutual aid	2, 3, & 4	M & F	Any	As needed		Mutual aid	Twelve-step model	PG	
ADAPT	Information inside	2	M & F	Provincial prison	4	6	Brief psychoeducational	Cognitive/behavioural	PG & SUD	
Lifestyles	Treatment inside	2	M	US state prison	20	30	Psychoeducational	Cognitive/behavioural	PG & non-PG	Walters (2005)
Lethbridge	Treatment inside	2	M & F	Provincial prison	6	9	Brief treatment	Cognitive/behavioural	PG	Nixon et al. (2006)
OPTIONS	Treatment inside	2	M	Federal minimum	16	40	Intense group treatment	Cognitive/behavioural	PG	
Oregon	Treatment inside	2	F	US state prison	6	9	Brief treatment	Cognitive/behavioural	PG	Marotta (2007)
KAİROS	Information post-release	3	M	Parole/probation	1 of 5	0.75	Brief psychoeducational	Cognitive/behavioural	SUD & PG	
CAMH	Treatment post-release	3 & 4	M & F	Any	As needed		Outpatient counselling	Cognitive/behavioural	PG	
Windsor	Treatment post-release	3 & 4	M & F	Parole	21 days	168	Inpatient counselling	Cognitive/behavioural	PG	

Note. "Stage" refers to the four stages of the criminal justice system re-entry as described by Visser and Travis (2003), where 1 = pre-prison, 2 = in prison, 3 = post-release transition, and 4 = post-release integration. M = male; F = female; PG = problem gambling; GA = Gamblers Anonymous; SUD = substance abuse; CAMH = Centre for Addiction and Mental Health.

of court appearances” (Farrell, 2011, slide 58). They face increased severity for each subsequent act of non-compliance. If clients violate too many of the terms of the contract with the GTC, they could be sent to a correctional institution (Rose, 2003).

With GTC, the judge also functions as a social worker, and the court is a proactive agent of change (Farrell, 2011). The Amherst GTC uses a disease-based model of PG with a focus on treatment. The judge manages the process as team leader. The prosecution, defence lawyer, therapists, and others are part of this team rather than in adversarial roles (Farrell, 2011). This teamwork potentially creates conflict of interest for therapists and defence lawyers with respect to confidentiality because the client’s behaviour is reported to the judge. However, the goal is the best interest of the client as well as the best interests of society.

There are a number of difficulties and challenges in setting up a GTC. In addition to speaking with Judge Farrell, we also spoke with Brenda Teasell (BT) a social worker formerly with the Problem Gambling Institute of Ontario in Toronto, and Colleen Tessier (CT), Senior Program Consultant for Education & Community Resources at CAMH in Toronto, about their experiences in exploring the possibility of setting up a GTC in Ontario.

First, both Judge Farrell and CT note that there is some difficulty in identifying candidates for GTC. In drug courts, cases often involve drug use or drug sales. However, gambling is mostly legal and so many arrests occur as a secondary consequence of gambling because of issues such as impaired driving after gambling, fraud, or theft. According to CT, many people in the criminal justice system doubt that there would be enough clients who would benefit from a GTC in Ontario. In the United States, casinos provide free alcohol to patrons, often leading to impaired driving charges, but such practices are not legal in Canada. Therefore, driving under the influence after leaving a casino is less often the reason for an arrest. In Canada, people with gambling problems often enter the criminal justice system because they are charged with theft (79.2%), possession of property obtained by crime (79.2%), break and entry (58.3%), robbery (50%.0), fraud (33.3%), or other financial crimes (Turner & McAvoy, 2011).

Second, another barrier to a GTC noted by BT stem from the severity of the crime. For example a robbery, or a fraud involving a large sum of money (e.g., \$20,000), may preclude a diversion to a problem-solving court.

Third, as noted by BT, CT and Judge Farrell, there is no definitive test for violation of the GTC conditions, such as urinalysis, making it difficult to monitor compliance or to measure relapse (Farrell, 2011). Marlowe, Festinger, Foltz, Lee, and Patapis (2005) point out that compliance typically hinges on the perceived certainty of detection, making this issue particularly problematic for GTCs. As a way to monitor progress, Farrell uses self-reports and information from family and therapists. Of the 129 people admitted to the GTC in Buffalo over the life of the program, 38 are still in it. Of the 91 people who have been through the program, 57 (62.6%) have graduated

and 34 (37.3%) have returned to criminal court. Of the 57 who graduated, 41 (71.9%) are in recovery and 16 (28.1%) have relapsed. These numbers indicate that the program has successfully diverted about 45.1% (41 / 91) of its clients away from the cycle of gambling and crime. Nonetheless, CT and BT indicated that efforts to explore the possibility of a GTC in Ontario have been met with skepticism about the issue of compliance.

Fourth, acceptance of a GTC by parties concerned (including society at large) has not always been forthcoming. Judge Farrell noted that many in the judicial system simply do not view PG as an addiction. In addition, the political atmosphere in Canada in recent years (2005 to 2015) followed a policy of getting tough on crime rather than on rehabilitation (Sullivan, 2014). Judge Farrell noted that mandatory sentencing guidelines in the United States restrict a judge's ability to use the discretion needed for diversion. Even defence councils may be resistant to a GTC because its structure necessitates a very different relationship with clients, far removed from traditional roles.

Fifth, in many jurisdictions, especially in the United States, there are no systemic treatment avenues for people with gambling problems and no relationship between the criminal justice system and treatment facilities. Treatment services are available in Ontario but, according to CT and BT, the links between the criminal justice system and the treatment system are weak. In particular, there is little awareness of the issue of problem gambling in the criminal justice system.

Sixth, CT also noted that many in the Canadian legal system report a lack of resources such as staff and time to set up a program. Everyone she talked to described being too busy to help set up such a program.

Mutual Aid Fellowships (GA)

A second option is mutual aid fellowship, where people who face addiction problems voluntarily help each other in their goal of abstinence (Alcoholics Anonymous World Services, Inc., 1976). The first and most notable mutual aid group is Alcoholics Anonymous (AA), which was established in 1935 (Ferentzy & Turner, 2013, p. 164). AA was founded and run by alcoholics with the goal of helping each other to achieve and maintain sobriety (Alcoholics Anonymous World Services, Inc., 1976; Ferentzy & Turner, 2013, p. 107). GA was founded in the 1950s (Ferentzy, Skinner, & Antze, 2009). It is a mutual aid fellowship modelled after AA that uses a similar 12-step approach (Gamblers Anonymous International Service Office, 1984). GA now holds meetings in most North American communities and to a lesser degree has established itself worldwide. Similar to those in AA, GA groups are peer-support groups made up of individuals who try to assist each other to cease gambling and remain abstinent in the long term ("maintaining recovery," Wexler & Wexler, 2014, p. 103). GA views PG as a compulsion and an illness and promotes total abstinence from gambling as the only form of recovery. GA is somewhat different from AA in that GA devotes much of its time to "pressure relief" (Wexler & Wexler, 2014, p. 110) to help deal with the

crippling financial difficulties that its members face. During a pressure relief session, more experienced members give advice to newer members on challenges involving financial and legal considerations (Ferentzy, Skinner, & Antze, 2006; GA, 2000, Wexler & Wexler, 2014) such as handing over financial control to someone else (e.g., spouse), contacting creditors, making a budget, and creating a repayment plan (GA, 2000). GA differs from formal treatment in that it involves peer support rather than professional intervention, yet the goals are similar: to help members stop gambling and to deal with character traits, such as self-centredness, that purportedly cause the excessive gambling (Custer & Milt, 1985).

Correctional facilities in Canada encourage mutual aid fellowships such as AA and Narcotics Anonymous (NA) to run within the facilities as social groups. Similar groups for gamblers could operate in Canadian correctional facilities; however, we were unable to find any information about GA groups that were being run in Ontario prisons at the time of this study. To learn more about the prospects of GA for people involved with the criminal justice system, we interviewed Arnie Wexler (AW), who was a compulsive gambler and has been in recovery through GA for almost 50 years. AW is currently one of the foremost experts on compulsive gambling in the United States, is a Certified Compulsive Gambling Counsellor, and was the Executive Director of the Council on Compulsive Gambling of New Jersey for 8 years. Since joining GA, AW has helped numerous other gamblers with their recovery. According to AW, “lots of people are in jail because they suffer a gambling addiction.” AW reports that he has testified at court trials for over “50 problem gamblers over the years” including two recent cases. AW told us that most lawyers do not know how to deal with gambling addiction. He added that most jails in the United States have AA and NA meetings but few have GA meetings. He said that it is “hard to get them going in correctional institutions.” AW told us that he ran a GA group in a prison from 1972 to 1974 every Friday night in New York State with 20-25 gamblers attending every week. Later when he was executive director of the council on compulsive gambling of New Jersey, AW started three GA groups in prisons. His success in developing programs in correctional facilities suggests that there is interest in GA groups among this population, but typically someone from outside the system needs to take the initiative to arrange and conduct the groups and to ensure that the groups remain active.

Part of the problem with getting GA groups running is a general lack of awareness of PG within the criminal justice system. In short, staff might not encourage the creation of such groups. In addition, potential participants are often in denial about their problem. AW noted that most people do not understand the reality of PG and think that all you need to do is “tell gamblers just stop and that will work.” He said “people look at other addictions and say those people are sick.” But they look at “gamblers and say they are bad people and crooks.” Echoing the words of Judge Farrell, he noted that this is true for the general public, lawyers, judges, and prison administrations.

Three of our respondents (Chris Myers [CM] and Participants 9 and 12) noted that within the correctional setting, gambling was more stigmatized than were other

addictions. In particular, people who admitted to having a gambling problem opened themselves up to potential ridicule or exploitation by other inmates. This notion of PG being more stigmatized should be further studied to verify whether it is a serious concern. AW also noted that stigma might help to explain the scarcity of GA groups in prisons. He noted that he had “never heard of a GA meeting started in a prison without the help of contacts from outside to get the ball rolling and start a GA meeting for them.” However, once a group is up and running, the clients have no difficulty opening up at the meeting. AW also noted that when a prison guard was present at a meeting, the participants would not readily share their stories. But without any guard present, the participants had no problem talking about their experiences of gambling and crime. However, he also suggested that sustaining a group could require the ongoing commitment of a GA member from the outside.

Brief Psychoeducational Interventions and Treatment During Incarceration

A third option for people who have gambling problems and are facing a prison stay is treatment during incarceration. Treatment is a broad concept that can encompass a variety of programs and approaches and can range from brief psychoeducational sessions to long-term, in-depth individual counselling.

The vast majority of PG treatment research and evaluation studies have focused on community-based PG services, and little attention has been directed towards evaluating PG treatment for correctional populations (Perrone et al., 2013). Treatment services for PG are now available in many jurisdictions; most are modelled after substance abuse treatment and often follow biopsychosocial, cognitive-behavioural, or 12-step approaches (Berg & Briggs, 2002; O’Conner, Ashenden, Raven, & Allsop, 2000; Toneatto & Dragonetti, 2008; Toneatto & Millar, 2004). However, for clients living in prison, the availability of PG services is inadequate. If a program facilitator or psychologist, often from outside the institution, starts a program in prison, these programs are typically modelled after those used with non-correctional populations (Perrone et al., 2013). A number of gambling-specific programs for people in the criminal justice system in Australia and New Zealand have been offered in specific locales. Few have been formally evaluated or the evaluations have not been made publically available (Emshoff, Zorland, Mooss, & Perkins, 2008; Perrone et al., 2013). A prevention program in Minnesota (see Emshoff et al., 2008) was well received. For example, 84% of the clients reported being “very satisfied” or “satisfied” with the gambling component of the program, 89% reported being able to identify the signs of PG, and 92% reported that they knew where to get help. However, the program was not evaluated with respect to harm reduction.

In Auckland, New Zealand, Brown, Bellringer, and McMillan (2002) designed and developed a brief (60-minute) group-based, interactive, psychoeducational intervention for participants who were incarcerated and experienced gambling problems, with follow-up one-on-one PG counselling on request. The goal of the program was to shift participants from pre-contemplative to contemplative stages. The program was evaluated, and the results indicated that 58% of the participants ($n = 49$) had not

experienced a change in cognitive dissonance over their gambling behaviour, 29% reporting being more likely and 13% being less likely to seek treatment. Long-term outcomes were not reported.

At the more intense end of the spectrum, a program in Utica, New York (Powell, 2001), offered group sessions in a New York State correctional institution. The program consisted of a 10-week module for clients who were identified with gambling problems. Again, no information was reported on outcomes.

In summary, a small number of programs have been implemented to help people with criminal justice involvement and problems with gambling. For the most part, these programs have not been rigorously evaluated in terms of reduced harms associated with gambling (including reduction in criminal involvement) or cessation of gambling.

Interventions for this population varied in intensity from brief psychoeducational sessions to intense treatment, similar to community-based treatment. In the next two sections, we provide case studies to illustrate the types of interventions that have been provided for PG during incarceration, separated into brief psychoeducational sessions (3A) and treatment programs (3B).

Brief psychoeducational sessions inside prison. The simplest intervention for PG in correctional institutions is the brief psychoeducational session. The boundary between programs that are brief psychoeducational sessions and those that are full treatment programs is not clear-cut, but psychoeducational sessions tend to be short programs that do not offer sufficient time with a counsellor to be called therapy. These programs are often intended for people who are in the pre-contemplation stage of change (cf. Prochaska, DiClemente, & Norcross, 1992). In addition, psychoeducational sessions are not necessarily focused on gambling per se, but often touch on other conditions such as substance abuse.

During our previous research (e.g., Turner et al. 2013), we identified a 4-week psychoeducational session program offered by the ADAPT treatment agency to people staying at two provincial prisons in Ontario (one for females and one for males). We interviewed two of the counsellors who have worked for this program, Participants 7 and 16. The program is entirely voluntary and presented in the form of a four-session psychoeducational awareness program. Weekly sessions include (1) information on understanding addiction and myths and stigmas regarding “addicts”; (2) similarities between people facing PG and substance abuse, the negative consequences of these behaviours, and motivations for change; (3) family impact, relationships, communication, and recovery needs; and (4) relapse prevention, including urges and triggers, coping skills, and maintaining change. Originally, the program was specifically for people facing gambling problems (or for people who wanted to learn about PG), but more recently it has become a joint PG and substance abuse program. The four sessions are modular or independent of each other, and each session is about 1.5 hours.

Treatment while incarcerated. In our research, we uncovered four treatment programs that have been conducted in a correctional facility: (1) the Gambling Awareness and Prevention Project in Alberta (Nixon et al., 2006), (2) the GEAR program at the Coffee Creek correctional facility in Oregon, (3) a program teaching inmates how to break out of the gambling lifestyle (Walters, 2005), and (4) a program run by CM at the Frontenac correctional facility in Ontario called the OPTIONS program. Case studies for each are presented below.

The most rigorously evaluated program that we uncovered was the six-session Gambling Awareness and Prevention Project offered at a provincial prison in Lethbridge, Alberta, Canada (Nixon et al., 2006). This was a psychoeducational, group-based gambling program for prison inmates that focused on awareness of gambling and PG, reducing cognitive distortions, and changing attitudes towards a more realistic understanding of gambling. In addition to obtaining information from the paper by Nixon et al. (2006), we also interviewed Gordon Leigh about the program. The project was evaluated with a pre-test/post-test design and included measures of gambling problems, cognitive errors, and attitudes towards gambling. The program was designed with both prevention and gambling awareness in mind, and thus anyone who wanted to participate was accepted (no exclusion criteria). The program consisted of six interactive sessions and used a Socratic method of instruction in which the group leader asked questions to elicit answers from participants based on their experience. The clients used a workbook in which they recorded the information they learned during the session. The workbook also contained information about gambling that the clients might not know. Seventy-one inmates (64.8% male) completed the baseline questionnaires. The evaluation sample consisted of 49 participants who completed the follow-up questionnaires, for a completion rate of 69% (Nixon et al., 2006). Nixon et al. (2006) reported that there was a significant increase in cognitive error recognition and that the clients' attitudes towards gambling became significantly more negative. Past-year frequency of gambling decreased, but the change did not reach significance. The investigators did not find any significant differences in math skill scores or a decrease in gambling problems. The results indicated that the program was effective in changing attitudes towards gambling.

A second program we found was based in a state prison in the United States. An Oregon-based program for women in prison included six 90-minute, small-group psychoeducational classes, as well as a self-change guide. The results of this evaluation showed a significant improvement in knowledge and attitudes about gambling, including a greater awareness that treatment is available. Marotta (2007) also had positive qualitative feedback from the participants. For example, one participant said, "I am so grateful this program has come to Coffee Creek – I need it desperately" (p. 14). At 6-month follow-up, 208 participants were re-contacted (70% attrition).² The exact sample size was not reported in the PowerPoint presentation. Of these participants, 64% of the women reported they had set goals to reduce or eliminate gambling, and 97% endorsed the program as helpful. At intake, the majority (70%) of the participants scored in the pathological range of the South Oaks Gambling Screen, but after 6 months, only 10% of the participants did so. This effect was also sustained after a

year, with only slightly more than 10% of the participants in the pathological range (Marotta, 2007). However, the high attrition rate weakens the strength of these findings.

The third program reviewed also took place in an American state prison. It was designed to help inmates break out of a gambling lifestyle, as described by Walters (2005). The program was an advanced session for inmates who had completed part of the three-tiered Lifestyle Change Program at a medium security prison in the United States. This 20-week psychoeducational group was designed to offer an alternative to GA's 12-step program. The goal of the lifestyle intervention was to "modify conditions, redefine choices, and alter cognitions that have supported problem gambling" (Walters, 2005, p. 22). The Advanced Gambling Lifestyle group accentuates choice by encouraging participants to take responsibility for their actions and accentuates confidence by furnishing participants with training in basic social, coping, and cognitive skills. In addition, the curriculum includes "specially designed videotapes (eg, *The Gambling Experience*), news magazine segments (e.g., *48 Hours*, *20/20*), and full-length movies (e.g., *The Gambler*, *Rounders*) spread out over 20 weeks, for a total of 30 contact hours" (Walters, 2005, p. 23). Any inmate who had completed the first tier of the Lifestyle Issues program was eligible for participation in the Advanced Gambling Lifestyle group. Participation was voluntary and a gambling problem was not required for enrolment. The evaluation design included a control group consisting of people who had volunteered for the group but had been transferred before the first group session. Analysis indicated that the group resulted in a decrease in disciplinary reports of the offenders relative to the control group.

We located a fourth program for PG conducted in Kingston by CM, which is run in a minimum security federal prison in Canada. Additional information was provided by several colleagues in the correctional services who were familiar with his program (Participants 9, 10, 12, and 13). The program generally begins with 6-12 participants per group and runs for 16 sessions of about 2 hours each (twice a week). CM noted that the first day is spent developing a confidentiality contract with the participants because of the stigma of gambling among fellow inmates. Subsequent sessions include a mix of cognitive-, motivational-, and information-oriented sessions. Other sessions cover leisure activity, relaxation, debt management, and managing of emotions. CM said that the main source of material was the program offered in Lethbridge, Alberta (see Nixon et al., 2006). CM reported that he also spoke to the facilitators at ADAPT for additional advice on running his group. Initially, he ran the program as eight sessions, but has increased it to 16 sessions. To date, CM has offered the program to clients at two minimum and one medium security institution in Kingston. According to CM, one factor that is critical to the success of a program inside correctional institutions is "developing good relationships with everyone you encounter when you walk into an institution" especially security staff. CM also noted that the CSC staff and management have been helpful in establishing the program.

Post-Release Programs During Parole

The fourth group of programs are those that are available to people who are on conditional release, probation, or parole (Perrone et al., 2013). McKenna et al. (2013) discuss the importance of continuity of care and suggest educating parole and

probation officers about PG so that they refer their clients to treatment services. According to Ministry of Corrections documents (Minister of Justice, 2013, 2014), a person can be granted early release if she or he agrees to abide by a correctional plan addressing rehabilitative needs, and then meets with a parole officer (PO) to review specific expectations for carrying out the correctional plan. A PO can order a client to attend a community addiction and mental health service for assessment or treatment and the client would have to consent to allow the PO to communicate with those involved in the client's gambling-related interventions. Failure to meet any of the requirements could result in revocation of the conditional release.

To learn more about parole, we interviewed Participants 10 and 13, who had worked as POs and had experience working with PG clients on parole. Participant 10 also has experience running and managing programs for people in prison and spoke about helping clients prepare for parole hearings and subsequent release. According to Participants 10 and 13, most clients do not readily mention their gambling status when preparing for parole. Participant 10 typically meets offenders when they first arrive at the institution, interviews them to determine the programs for which they are suitable, ensures that they have access to the programs needed for completion of their correctional plan, and prepares offenders for their parole hearings and their accompanying paperwork prior to the hearings. Gambling problems are not currently part of the regular intake, and so this issue is rarely documented in the correctional record (Turner et al., 2013). Most people in the criminal justice system simply do not think about PG as a major issue, and that includes the POs, other criminal justice workers, and even clients. The lack of screening means the issue is just not typically on their radar. The reluctance of clients to mention gambling-related problems may be due to (1) a lack of awareness of their problem, (2) the stigma and potential danger of having their gambling problem known by other inmates (e.g., their weakness might be exploited), or (3) the clients not wanting to have additional conditions placed on their parole. Participants 10 and 13 also described how the lack of available programs for PG in prison, coupled with a limited number of escorted or unescorted temporary absences that would allow clients to seek treatment in the community, puts the clients in a double-bind situation. Admitting to a gambling problem, in the absence of any programming to deal with it, could make it more difficult to get parole. The interview participants also mentioned that they try not to overuse or "burn" any particular resource, and so they limit the number of clients that they refer to any particular resource.

As with the services offered while people are incarcerated, programs for people on parole range from brief psychoeducational-oriented sessions (4A) to full treatment programs (4B). Case studies of each type are discussed in the following two sections.

Brief psychoeducational programs during parole. We interviewed Participants 8 and 11 about their work with KAIROS, a community-based substance use disorder (SUD) program. Previously an independent agency and part of the larger Youth Diversion Program, KAIROS is a Kingston, Ontario-based community outreach rehabilitation program for young offenders and for provincial probation clients.

KAIROS offers assistance to those with alcohol or other drug use concerns, to those with gambling-related problems, and to the families of clients. Participant 11 has provided SUD and PG supportive services to provincial clients inside and outside of prison for over 20 years. The program is designed for clients who are identified by their probation or PO to have substance use and/or gambling problems related to their offence(s). The general approach is cognitive-behavioural and educational. The program is “low key” in that it does not require the participants to say anything, or to write anything, and there is no homework. The participants can contribute to the group if they wish, but are not required to do so. The target population is “pre-contemplators,” who may have been ordered by a judge to have drug/alcohol treatment in cases in which the offence involved substance use. The groups may range from 6 to 10 people. The program runs once a week, 90 minutes per session, for five consecutive weeks. Typically, it is presented near the end of the workday in order to accommodate those who are employed. Whenever possible, mandatory meetings with a PO are scheduled just before group sessions to further assist clients with their travel and work arrangements and to further encourage program attendance. Only one of the five sessions is specifically focused on gambling. This session provides facts to the clients about the real risks and rewards of gambling involvement and information on how to identify PG. It also examines some of the myths and distorted beliefs about gambling, including notions of “luck,” chance, and probability, and includes discussion of responsible gambling and harm reduction. Participant 8 also stressed that the presentation tries to remain neutral about the decision to gamble. Clients are encouraged to contact Participant 8 “for a more in-depth review of their gambling” if they have any concerns. POs have insisted that clients not be allowed to miss any of the five sessions. Those who must miss a group session for legitimate reasons are required to make it up at an individual appointment in order to complete the program.

Treatment while on parole (or probation). The final type of program we discuss is formal treatment while on probation or parole. What is said below can also apply to people prior to sentencing (e.g., while the person is out on bail) or to those serving non-custodial sentences such as probation. We focus on the case studies of two programs in this section: (1) regular treatment services for PG based in Toronto, Ontario, that can be mandated as a parole or probation condition; and (2) a residential program in Windsor, Ontario, offered to people meeting the criteria for PG. Neither of these programs was specifically designed for people on parole or probation, but often people from correctional settings are referred to such programs.

Most of the experts we contacted had worked within the criminal justice system. However, most PG treatment occurs outside of the criminal justice system. Most often, treatment services are run as part of the health care system. The counselling is typically done by social workers or specialist addiction counsellors. To fill out our exploration of the treatment system, we interviewed a PG counsellor (Participant 15) who works for an addiction treatment agency in Toronto. The counsellor, who preferred to remain anonymous, told us she based her responses on her professional experience working for several years, but she cautioned us that this “does not mean

this it is reflective of the outside society/community.” She told us that she had many clients with criminal histories as a consequence of gambling-related problems, including one client who had threatened to blow up a casino, another who had stolen money from work because of gambling debts, and another who had committed fraud by writing cheques for money he did not have in order to gamble with the proceeds. She estimated that less than 30% of her clients had a criminal history. She told us that with clients on probation, POs sometimes “request letters to be sent confirming clients’ attendance and admission to the program. Sometimes they need to know how they are progressing in the program, how long is the length of the program for them, when will they be discharged.”

The program typically includes weekly groups, including a preparation group, an 8-week cognitive-behavioural therapy group, and up to 6 months of aftercare. The program provides some flexibility in the form of individual sessions and additional groups if needed. In addition, the therapist refers the client to other appropriate resources such as employment counselling, psychiatric care, housing services, debt management, and anything else that might help improve their lives. The treatment focuses on the needs of the client and may not fit with the expectations of the POs who may prefer a longer or more intensive program. Nonetheless, progress updates that describe the interactions with the client are sent to the POs. Participant 15 also noted that clients on probation “are treated like other clients in the program attending groups and individual sessions. We take every person’s needs into consideration.”

Another option for people on parole is the inpatient program for PG located in southwestern Ontario. This program has been providing gambling-specific treatment since 1994 (Hotel-Dieu Grace Healthcare, 2013). Participants 10 and 13 report that POs like the Windsor program because it is residential and has a definite start and finish. The residential treatment services are available to residents across Ontario. According to their website:

The residential program is a structured 21-day closed cycle. Program components include individual and group therapy, understanding anger, change and goal setting, stress reduction, defense mechanisms, meditation, recreation/exercise, identifying and understanding feelings, communication styles, relapse prevention, art therapy and spirituality. (Hotel-Dieu Grace Healthcare, 2013)

We contacted Participant 16 from the program and asked if clients from correctional settings presented any special problems. Participant 16 responded, “I have asked staff to make comments on your questions. There was very little that suggested that there were any special issues with this population.” Participant 16 went on to say that as a rule there are no special problems. However, “those with a more pronounced Personality Disorder can be disruptive due to quickness to raise voice, get defensive or avoid self-reflection.” In addition, it was noted that the “facility is non-medically staffed” so that arrangements have to be for clients who are on some medications such as methadone. It was noted that clients who are referred from

correctional settings, in terms of how well prepared they are for treatment, are “not any more or less than other clients referred from our referral agencies.”

Summary of Case Studies

We interviewed 16 people about programming for PG and uncovered detailed information on 10 programs through a literature search and interviews with experts in the field. Table 2 displays some of the key differences between the case studies that we examined. The Options program was comprehensive and focused specifically on PG from a cognitive behavioural point of view. The program in Lethbridge also focused specifically on gambling problems. In contrast, the ADAPT and KAIROS programs were more generally about addiction, rather than just gambling per se, and designed to raise awareness and provide information rather than treatment. The structure varied from program to program.

Nonetheless, there are some commonalities. Most of the case studies examined take a biopsychosocial perspective on the disorder and use some version of cognitive-behavioural therapy delivered in a group setting. GA programs have their own 12-step disease-oriented philosophy that was originally developed to guide alcoholics to sobriety through mutual support (see Ferentzy & Turner, 2013). The approach is based on their 60 years of experience as a mutual aid society. The GA disease model has also influenced mainstream treatment with its focus on group discussion and its inclusion of social and family support to help recovery (Ferentzy et al., 2010). The GA disease model has influenced the development of GTC, which also uses a disease model of PG. However, GTC has incorporated aspects of a biopsychosocial approach to the disorder (e.g., risk factors, erroneous beliefs) and combines this with a unique problem-solving court approach to criminal cases.

The opportunities for intervention described in this paper align approximately with the stages of incarceration described by Visher and Travis (2003). Part 1 aligns with their “Preprison stage,” Parts 2 and 3 align with their “In prison” stage, Part 4A aligns with their “Postrelease transition stage,” and Parts 4B and 2 could align with both their “Postrelease transition” and “Postrelease integration” stages (Visher & Travis, 2003, p. 92).

Discussion

In this study, we set out to determine the state of knowledge on programming for problem gamblers in correctional facilities. We researched information about programs that have been run for this population, how these programs were structured, and whether they had been scientifically evaluated. Our review uncovered a number of programs within the criminal justice system that have been implemented to help individuals with gambling problems. As noted in the Introduction, previous studies have shown that many people in correctional settings have a severe gambling problem (e.g., May-Chahal et al., 2012; Perrone et al., 2013; Turner et al., 2009,

2013; Williams et al., 2005). Although several case studies involved programs that offered services to this population, currently none of the programs examined are widely available to people who are incarcerated. Thus, there are gaps in service within corrections and with respect to continuity of care. In all cases, these programs were offered by people outside of the correctional institutions, typically from treatment agencies. These services are an important element of service provisions and could be important components of the continuity of care (see also Visser & Travis, 2003) that would provide the best chance of rehabilitation. As noted by Visser and Travis (2003), it is not known at which stage of the criminal justice system that an intervention would have the most impact. We hope that by documenting the various cases, we will encourage more research into this topic from which conclusions can be drawn about the efficacy of interventions at these various stages.

GTCs could be rolled out in a similar manner to DTCs or could be affiliated with DTCs. A GTC could be an effective approach for someone who is having their first encounter with the criminal justice system and who has committed non-violent crimes related to gambling. One issue that precludes such an option is that clients with severe gambling problems have often committed financial crimes such as fraud or theft that may be considered too serious for a problem-solving court. As noted, currently only two problem-solving courts that we know of deal with PG: in Buffalo, New York (Farrell, 2011; Rose, 2003) and one in Nevada (Nevada Council on Problem Gambling, 2010). CAMH has also been exploring this idea since 2011 (Teasell & Turner, 2012; Turner, 2011), as there is some interest among those in the DTCs in Ontario in the possibility of expanding the service to include a GTC. Unfortunately, there are considerable challenges, including the lack of a biological screening mechanism for relapse (e.g., urinalysis for drug/alcohol use), skepticism about a sufficient number of people with gambling problems in contact with the justice system who might benefit from such a program, and lack of time and staff resources to develop a GTC. However, there are already DTCs in Canada, and so perhaps these issues can be overcome by educating those in the criminal justice system about PG, including the number of potential clients and method of compliance monitoring (e.g., tracking bank accounts and expenditures, reports from therapists or collaterals).

Mutual aid groups such as GA can play an important role for clients with criminal justice involvement both in the correctional setting and during post-release. CSC allows AA and NA groups to run as “social programs” at most of the higher security institutions, which are generally attended during the evening. GA may not be an optimal solution for all clients because it is run by non-professionals, it incorporates beliefs such as the necessity of “hitting bottom” that can be counterproductive, and it has a religious component that can be a barrier for some people (Ferentzy & Turner, 2013). However, GA is often a useful adjunct to therapy (Lesieur & Blume, 1991; Petry, 2002), providing a supportive community of people with similar goals. Arguably, GA’s major strength lies in its collective belief that PG can be overcome (Ferentzy et al. 2006; Ferentzy, Skinner, & Antze, 2009). Of importance is the fact that GA groups are free, which can be particularly helpful in the current fiscal

climate within the public and health care system. This option is being underused in correctional settings in Ontario. It is possible that the reason for the low uptake of GA within the prison environment is the stigma associated with PG or a desire to avoid additional probation conditions. Typically, the organization of GA groups requires the efforts of dedicated individuals to start the group and keep it running. Perhaps both federal and provincial correctional authorities could play a role in providing some assistance to clients who wish to be in or even to start a GA group within an institution.

Brief, integrated psychoeducational sessions that cover both substance abuse and gambling-related problems could be offered pre- (e.g., ADAPT) or post-release (e.g., KAIROS). This might be a good first step in raising awareness among clients about the issues related to gambling and substance abuse, but may not be sufficient to help a person escape from the cycle of gambling, debt, and crime. Brief psychoeducational programs for clients during probation are perhaps the easiest to implement, but getting people to admit to their PO that they are experiencing gambling problems may be a challenge because the client may view this admission as an additional barrier to early release and might not like the idea of being required to attend programming as a condition of release. Intensive programs such as that offered by CM are a more ideal solution for people with severe gambling problems. There are good reasons to begin treatment while people are incarcerated. For example, clients in prison have the time to attend groups to increase the structure in their day and doing so may relieve the boredom of being in prison. In addition, clients may be motivated to attend to qualify for early parole. According to Turner et al. (2013), nearly half of the problem gamblers who are incarcerated have stopped gambling while in prison, in part because of the lack of available forms of gambling (e.g., no electronic gambling machines). Relapse prevention before their release may be of great help to these clients. However, it takes a truly dedicated counsellor to initiate and run such a program.

A number of our interview participants expressed the view that an official program offered by CSC would be ideal. CSC already offers educational and training programs; programs for general crime prevention, violence prevention, and family violence prevention; substance abuse programs; sex offender programs; and community-based correctional programs (CSC, 2014). Thus, it may be feasible for CSC to offer a gambling information program either separately or integrated with existing programs. We will explore this topic in a later paper.

According to Perrone et al. (2013), there is a lack of awareness of PG within the criminal justice system and a lack of screening for PG within the correctional field. This sentiment was also noted by AW, Judge Farrell, and a number of other interview participants. In fact, according to CT, some doubt exists that there would be enough clients for a GTC, even though numerous published studies have shown high rates of PG in this population (May-Chahal et al., 2012; Turner et al., 2009, 2013; Turner, Stinchfield, McCready, McAvoy, & Ferentzy, 2016; Williams et al., 2005). In addition, these studies suggest that gambling problems may put a person at a higher risk for recidivism because the gambler is often trapped in a cycle of gambling, debt,

and crime (Turner et al., 2009). The lack of awareness limits the options available—such as diversion from incarceration, availability of information, or in-depth programs during incarceration and services to people on parole—for those in contact with the criminal justice system who also experience gambling problems. Add to this the complication that some people encountering the criminal justice system may be reluctant to admit to staff that they have a gambling problem to avoid having mandatory programs imposed on them, or because of the stigma associated with PG, or simply because they are in denial about having a gambling problem.

Our research also shows that little effort has been concentrated on the evaluation of existing gambling treatment services to establish whether these services are effective. Perrone et al. (2013) argue that “most problem gambling treatment programs, service models and methods of delivery are either undocumented or poorly documented” (p 27). As a first step toward dealing with these gaps in knowledge, we summarized the literature and conducted interviews with experts to understand what is known and being done and what more could be done to assist people experiencing gambling problems who become involved with the criminal justice system.

Limitations

The method used in this study is a combination of literature review and qualitative interviews with a small sample of key experts primarily from Ontario; thus, our experiential evidence and conclusions may best reflect the provincial context of Ontario. The focus of our literature review was directly on gambling treatment programs, and so we did not examine substance abuse or general mental health programs that might address some aspects of gambling problems. The main potential limitation involves researcher bias. Unwarranted assumptions can distort the interview process right at the start. Furthermore, researcher bias can affect the interpretation of qualitative results. Still, the researchers are skilled in scrutinizing their own biases and letting interview participants tell their own story. In addition, during the analysis, three of the researchers reviewed and summarized the qualitative data. We also ensured accuracy by sending the summaries back to the interview participants for their review.

Another limitation is that we did not include any respondents in a political role or in upper level management in the criminal justice system who would be able discuss with us the prospects of implementation of any of these options. However, we hope that this report will initiate such a dialogue.

Conclusions

In this paper, we presented a number of case studies that illustrate the current context of PG treatment for people involved with the criminal justice system as it currently exists in Ontario and in other jurisdictions. Several case studies have been scrutinized. Despite the high rates of PG in the population (e.g., May-Chahal et al., 2012; Perrone et al., 2013; Turner et al., 2009, 2012; Williams et al., 2005), the

published literature on this topic is scant and services for this population are few. The current situation does not, in general, meet the needs of correctional clients with gambling problems. PG is not treated as a priority. There seems to be no formal screening for PG when people enter custody, and no system-wide service is currently available. One recommendation from this study would be to screen for PG at intake in order to demonstrate the need, identify potential clients for programs, and provide a means of evaluating the impact of such programs. By consulting with experts, we were able to demonstrate significant gaps in the current system. It is unlikely that the situation in Ontario is unique, as it appears to be the case in many jurisdictions. In fact, problem gamblers in the criminal justice system in Ontario may be better off than in other jurisdictions because of the hard work of some of the people interviewed in this study. Options that could be available include problem-solving courts, GA, psychoeducational sessions, or full-treatment sessions delivered to people in prison and to those on probation or parole. Ideally, all such options would be offered along a continuum of care.

References

- Alcoholics Anonymous World Services, Inc. (1976). *Alcoholics Anonymous: The story of how many thousands of men and women have recovered from alcoholism*. New York, NY: Author.
- Berg, I. K., & Briggs, J. R. (2002). Treating the person with a gambling problem. *Journal of Gambling Issues*, 7. doi:10.4309/jgi.2002.7.2
- Brown, R., Bellringer, M., & McMillan, L. (2002). Final report: *Trial and evaluation of intervention with informational modules for prison inmates who have gambling problems ("Prison Project")*. Problem Gambling Foundation of New Zealand & Problem Gambling Committee: Auckland, New Zealand.
- Chandler, R. K., Fletcher, B. W., & Volkow, N. D. (2009). Treating drug abuse and addiction in the criminal justice system: Improving public health and safety. *Journal of the American Medical Association*, 301, 183–190.
- Cooper, C. (2003). Drug courts: Current issues and future perspectives. *Substance Use & Misuse*, 38, 1671–1711.
- Correctional Service of Canada. (2014). *Correctional programs*. Retrieved from <http://www.csc-scc.gc.ca/correctional-process/002001-2001-eng.shtml>
- Custer, R., & Milt, H. (1985). *When luck runs out: Help for compulsive gamblers*. New York, NY: Facts on File Publications.
- Emshoff, J., Zorland, J., Mooss, A., & Perkins, A. (2008). *Gambling and offending: An examination of the literature*. Retrieved from Georgia State University,

Department of psychology, website: <http://www2.gsu.edu/~psyjge/Rsrc/PG%20and%20crime%20Lit%20Review.pdf>

Farrell, M. (2011, February). *The gambling treatment court experience*. Paper presented at the Gambling Treatment Court Forum, Centre for Addiction and Mental Health, Toronto, Ontario.

Ferentzy, P., Skinner, W., & Antze, P. (2006). Recovery in Gamblers Anonymous. *Journal of Gambling Issues*, 17.

Ferentzy, P., Skinner, W., & Antze, P. (2009). Gamblers Anonymous and the twelve steps: How an informal society has altered a recovery process in accordance with the special needs of problem gamblers. *Journal of Gambling Issues*, 23.

Ferentzy, P., Skinner, W., & Antze, P. (2010). Changing spousal roles and their effect on recovery in Gamblers Anonymous: GamAnon, social support, wives and husbands. *Journal of Gambling Studies*, 26, 487–501.

Ferentzy, P., & Turner, N. E. (2013). *A history of problem gambling: Temperance, substance abuse, medicine and metaphors*. New York, NY: Springer.

Gamblers Anonymous. (2000). *Gamblers anonymous pressure relief group meeting pamphlet and financial forms*. Retrieved from San Diego Gamblers Anonymous website: www.sandiegoga.org/menu/literature/PressureRelief.pdf

Gamblers Anonymous International Service Office. (1984). *Sharing recovery through Gamblers Anonymous*. Los Angeles, CA: Author.

Gutierrez, L., & Bourgon, G. (2009). *Drug treatment courts: A quantitative review of study and treatment quality 2009-04*. Retrieved from Public Safety Canada website: <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/2009-04-dtc/index-en.aspx>

Hotel-Dieu Grace Healthcare. (2013). *Problem gambling services: Service description*. Retrieved from <http://www.hdgh.org/pgsservice>

Lahn, J. (2005). Gambling among offenders: Results from an Australian survey. *International Journal of Offender Therapy and Comparative Criminology*, 49, 343–355.

Latimer, J., Morton-Bourgon, K., & Chretien, J. (2006). *A meta-analytic examination of drug treatment courts: Do they reduce recidivism?* Ottawa, ON: Department of Justice Canada.

Lesieur, H. R., & Blume, S. B. (1991). Evaluation of patients treated for pathological gambling in a combined alcohol, substance abuse and pathological gambling treatment unit using the Addiction Severity Index. *British Journal of Addiction*, 86, 1017–1028.

- Marlowe, D., Festinger, D., Foltz, C., Lee, P., & Patapis, N. (2005). Perceived deterrence and outcomes in drug court. *Behavioral Sciences and the Law*, 23, 183–198.
- Marotta, J. (2007, March). *Gambling treatment in prisons*. Paper presented at the 2007 Alberta Gaming Research Institute's 6th Annual Conference, Banff, Alberta.
- May-Chahal, C., Wilson, A., Humphreys, L., & Anderson, J. (2012). Promoting an evidence-informed approach to addressing problem gambling in UK prison populations. *The Howard Journal*, 51(4). doi:10.1111/j.1468-2311.2012.00723.x(4).
- McKenna, B., Brown, R., Rossen, R., & Gooder, C. (2013). *Final report on problem gambling research: Delivery of problem gambling services to prisoners 9414953/332802/00*. Auckland, New Zealand: The University of Auckland, Auckland UniServices.
- Minister of Justice. (2013). Corrections and Conditional Release Regulations, SOR/92-620. Retrieved from Justice Laws website: <http://laws-lois.justice.gc.ca>
- Minister of Justice. (2014). Corrections and Conditional Release Act, S.C. 1992, c. 20. Retrieved from Justice Laws website: <http://laws-lois.justice.gc.ca>
- Nevada Council on Problem Gambling. (2010). *Problem gambling and the law: An information and resource guide*. Retrieved from <http://www.nevadacouncil.org/wp-content/uploads/2016/08/Legal-Guide-Small-file-APPROVED-6.2010.pdf>
- Nixon, G., Leigh, G., & Nowatzki, N. (2006). Impacting attitudes towards gambling: A prison gambling awareness and prevention program. *Journal of Gambling Issues*, 17, 1–15. doi:10.4309/jgi.2006.17.14
- Nolan, J. (2002). Drug treatment courts and the disease paradigm. *Substance Use & Misuse*, 37, 1723–1750.
- O'Connor, J., Ashenden, R., Raven M., & Allsop, S. (2000) Current, 'Best Practice' Interventions for Gambling Problems: A Theoretical and Empirical Review. Victorian Government Department of Human Services: Melbourne.
- Perrone, S., Jansons, D., & Morrison, L. (2013). *Problem gambling and the criminal justice system*. Melbourne, Australia: Victorian Responsible Gambling Foundation.
- Peters, R., Kremling, J., Bekman, N., & Caudy, M. (2012). Co-occurring disorders in treatment-based courts: Results of a national survey. *Behavioral Sciences & the Law*, 30, 800–820. doi:10.1002/bsl.2024
- Petry, N. M. (2002). Psychosocial treatments for pathological gambling: Current status and future directions. *Psychiatric Annals*, 32, 192–196.

Powell, L. (2001). Gambling information and counseling services: Service profile. eGambling, 4. Retrieved from <http://www.camh.net/egambling/issue4/profile/index.html>

Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist*, 47, 1102–1114.

Rose, I. N. (2003). The world's only gambling court. Gambling and the Law. Retrieved from http://www.gamblingandthelaw.com/index.php?option=com_content&view=article&id=50:153gamblingcourt&catid=5:columns&Itemid=9

Sandelowski, M. (1995). Sample size in qualitative research. *Research in Nursing & Health*, 18, 179–183.

Slinger, E., & Roesch, R. (2010). Problem-solving courts in Canada: A review and a call for empirically-based evaluation methods. *International Journal of Law and Psychiatry*, 33, 258–264.

Sullivan, S. (2014, October). Harper's tough-on-crime moment has passed him by. iPolitics. Retrieved from <http://ipolitics.ca/2014/10/09/harpers-tough-on-crime-moment-has-passed-him-by/>

Teasell, B., & Turner, N.E. (2012, February). Why gambling court? Paper presented at the Drug Treatment Court Conference, Toronto, Ontario.

Toneatto, T., & Dragonetti, R. (2008). Effectiveness of community-based treatment for problem gambling: A quasi-experimental evaluation of cognitive-behavioral vs. twelve-step therapy. *American Journal on Addictions*, 17, 298–303.

Toneatto, T., & Millar, G. (2004). Assessing and treating problem gambling: Empirical status and promising trends. *Canadian Journal of Psychiatry*, 49, 517–525.

Turner, N. E. (2011, February). Gambling: Inside and out. Paper presented at the Drug Treatment Court Forum, Centre for Addiction and Mental Health, Toronto, Ontario.

Turner, N. E., & McAvoy, S. (2011). Problem gambling in the correctional system: A brief summary report. *Gaming Law Review and Economics*, 15, 593–598. doi:10.1089/glre.2011.151006

Turner, N. E., Preston, D. L., McAvoy, S., & Gillam, L. (2013). Problem gambling inside and out: The assessment of community and institutional problem gambling in the Canadian correctional system. *Journal of Gambling Studies*, 29, 435–451. doi:10.1007/s10899-012-9321-1

Turner, N. E., Preston, D. L., Saunders, C., & McAvoy, S. (2009). The relationship of problem gambling to criminal behavior in a sample of Canadian male offenders. *Journal of Gambling Studies*, 25, 153–169.

Turner, N. E., Stinchfield, R., McCreedy, J., McAvoy, S., & Ferentzy, P. (2016). Endorsement of criminal behavior amongst offenders: Implications for DSM-5 gambling disorder. *Journal of Gambling Studies*, 32, 35–45. doi:10.1007/s10899-015-9540-3

Visher, C. A., & Travis, J. (2003). Transitions from prison to community: Understanding individual pathways. *Annual Review of Sociology*, 29, 89–113.

Walters, G. D. (2005). The effect of a gambling lifestyle group intervention on subsequent disciplinary adjustment in male prisoners. *Addictive Disorders & Their Treatment*, 4, 21–28.

Wexler, A., & Wexler, S. (2014). All bets are off: Losers, liars, and recovery from gambling addiction. Las Vegas, NV: Central Recovery Press.

Williams, R. J., Royston, J., & Hagen, B. F. (2005). Gambling and problem gambling within forensic populations: A review of the literature. *Criminal Justice and Criminal Behaviour*, 32, 665–689.

Williams, R. J., Volberg, R. A., & Stevens, R. M. G. (2012). The population prevalence of problem gambling: Methodological influences, standardized rates, jurisdictional differences, and worldwide trends. Report prepared for the Ontario Problem Gambling Research Centre and the Ontario Ministry of Health and Long Term Care. Retrieved from [https://www.uleth.ca/dspace/bitstream/handle/10133/3068/2012-PREVALENCE-OPGRC%20\(2\).pdf?sequence=3](https://www.uleth.ca/dspace/bitstream/handle/10133/3068/2012-PREVALENCE-OPGRC%20(2).pdf?sequence=3)

Wiseman, C. (2005). Drug courts: Framing policy to ensure success. *International Journal of Offender Therapy and Comparative Criminology*, 49, 235–223.

Submitted January 7, 2016; accepted August 11, 2016. This article was peer reviewed. All URLs were available at the time of submission.

For correspondence: Nigel E. Turner, PhD, Institute for Mental Health Policy Research, Centre for Addiction and Mental Health, 33 Russell Street, Toronto, Ontario M5S 2S1. E-mail: nigel.turner@camh.ca

Competing interests: NT is conducting an evaluation study of an information intervention funded by Ontario Lottery and Gaming. Other than that, he has no conflicting interests. All other authors: none declared.

Ethics approval: The project was reviewed and approved by CAMH's Research Ethics Board and approved as Protocol #160/2011, November 11, 2011.

Acknowledgements: Funding for this project was based on a grant from the Ontario Problem Gambling Research Centre. We would like to thank the researchers, social workers, therapists, parole officers, and program officers who contributed their knowledge to this project. Any good ideas attributed to our experts are from their knowledge and experience; any errors should be attributed to the authors of this project.

Quelle est l'influence du genre dans la recherche de soins chez les joueurs? / The influence of gender on the help-seeking behaviour of gamblers

Éric Beaulac,¹ Mélina Andronicos,² Alain Lesage,³ Marie Robert,¹ Sébastien Larochelle,¹ & et Monique Séguin¹

¹ Département de psychoéducation et de psychologie, Université du Québec en Outaouais, Gatineau, Québec, Canada

² Faculté de biologie et médecine, Université de Lausanne, Lausanne, VD, Suisse

³ Faculté de médecine, Université de Montréal, Montréal, Québec, Canada

Résumé

Cette étude vise à décrire l'influence du genre sur les différentes étapes amenant un joueur ayant des problèmes de jeu à prendre la décision de rechercher de l'aide. Le modèle de recherche d'aide de Goldsmith, Jackson et Hough (1988) a été utilisé pour conceptualiser les étapes de prise de décision menant à consulter des services d'aide pour un problème de jeu de hasard et d'argent. Au total, 83 participants, dont 45 femmes et 38 hommes adultes, y ont pris part. Les résultats indiquent que, comparativement aux hommes, les femmes sont plus nombreuses à habiter en couple, ont plus souvent de faibles revenus et subviennent moins fréquemment seules à leurs besoins, rapportent des conduites de jeu plus conséquentes, souffrent davantage de troubles anxieux au cours de leur vie et, enfin, consultent surtout des services non spécialisés. Au cours des 12 derniers mois, les femmes avaient consulté plus souvent les services médicaux de première ligne et avaient eu moins fréquemment recours aux services spécialisés que les hommes.

Mots-clés/Keywords: jeu excessif, genre, recherche de services, utilisation de services / problem gambling, gender, help-seeking, utilization of services

Abstract

The aim of this study was to describe the influence of gender on the various stages of the decision-making process that bring problem gamblers to seek help. The authors used the help-seeking model developed by Goldsmith, Jackson and Hough (1988) to conceptualize the different stages of the process that leads to consulting support services for a gambling problem. A total of 83 participants (45 females and 38 males) took part in the study. Results show that women are more likely to have a partner

and to earn a lower income; they provide for their own needs less frequently than men; report more consistent gaming behaviours; are more prone to anxiety disorder during their lifetime; and consult primarily non-specialized services. In the previous 12 months, they had accessed front-line services more often and specialized services less frequently than men.

Introduction

Les personnes qui pratiquent les jeux de hasard et d'argent ne développeront pas toutes un problème lié au jeu. Cependant, un sous-groupe dont la prévalence se situerait entre 1,5 % et 3 % de la population (Cox, Yu, Afifi, & Ladouceur, 2005; Ladouceur, Jacques, Chevalier, Sévigny, & Hamel, 2005; Market Quest Research Group, 2009; Williams, Volberg, & Steven, 2012) développera des difficultés et sera évalué cliniquement comme étant composé de joueurs à risque, alors que 0,7 % (Ladouceur & al., 2005) de la population, annuellement, développera un trouble de jeu pathologique. Ces dernières décennies, plusieurs auteurs ont constaté une hausse du nombre de joueurs à risque (Kun, Balázs, Arnold, Paksi, & Demetrovics, 2012; Ladouceur, 1996, 2005; Ladouceur, et al., 2005; Ladouceur, Jacques, Ferland, & Giroux, 1999) due à une croissance de l'accessibilité au jeu à la suite de l'élargissement des offres proposées par les loteries vidéo et de l'expansion des offres de jeu sur Internet (Adams, Sullivan, Horton, Menna, & Guilmette, 2007; Ladouceur, 1996; Ladouceur, Boudreault, Jacques, & Vitaro, 1999).

Jusqu'à aujourd'hui, l'impact négatif du jeu excessif a largement été étudié. Les différentes sources de documentation confirment que le jeu peut entraîner des troubles de santé mentale, des problèmes financiers et légaux, des complications professionnelles ainsi que des tensions familiales – liées parfois à des problématiques de violence et d'abus passées ou présentes – et une vulnérabilité accrue aux conduites suicidaires (Andronicos et al., 2015; Beaudoin & Cox, 1999; Blaszczynski & Farrell, 1998; DeCaria, Hollander Grossman, & Wong, 1996; Kausch, 2003; Lorains, Cowlishaw, & Thomas 2011; Maccallum & Blaszczynski, 2003; Newman & Thompson, 2007; Petry, Stinson, & Grant, 2005; Séguin et al., 2006; Suomi et al., 2013).

Malgré les difficultés que vivent les joueurs, les recherches indiquent que seulement 6 % à 9 % des joueurs excessifs consultent des services de santé mentale ou psychosociaux (Slutske, 2006; Suurvali, Hodgins, Toneatto, & Cunningham, 2008). Également, les études sur l'accès aux services de santé montrent que les hommes et les femmes sollicitent différemment les services de santé physique et de santé mentale (Addis & Mahalik, 2003; Leong & Zachar, 1999). Traditionnellement, les études sur le jeu ont été réalisées surtout auprès des hommes, considérant que cette activité était à prédominance masculine. Si bien que les résultats observés chez les hommes ont été généralisés en incluant les femmes (Delfabbro, 2000; Dowling, 2013; Dowling &

Oldenhof, 2016). Il est donc important de mieux comprendre les étapes de la prise de décision pouvant influencer la recherche d'aide chez les femmes et les hommes ayant des problèmes de jeu, afin d'offrir des services psychosociaux plus appropriés, mieux ciblés et sensibles au genre.

Les habitudes de jeu en fonction du genre

En ce qui concerne les habitudes de jeu, les hommes semblent préférer les jeux de stratégie comme le poker ou le blackjack, et ils semblent jouer plus fréquemment que les femmes en dehors des lieux de jeu traditionnel (Ibáñez, Blanco, Moreryra, & Sáiz-Ruiz, 2003; Petry, 2003; Potenza et al., 2014; Svensson & Romild, 2014). Quant aux femmes, elles s'orientent davantage vers des appareils de jeu électronique et le bingo, en choisissant de jouer prioritairement à des offres légales et dans des lieux fermés comme les casinos (Crisp et al., 2004; Grant & Kim, 2002; Hraba & Lee, 1996; Ibáñez et al., 2003; Lesieur & Blume, 1991; Potenza et al., 2001). Bien que, Crisp et al. (2000) suggèrent que les femmes jouent davantage au bingo, alors que les hommes misent principalement sur les paris sportifs, une étude espagnole a montré que les hommes étaient plus nombreux à être dépendants des appareils électroniques que les femmes (Echeburúa, González-Ortega, Corral, & Polo-López, 2011). Cependant, l'ensemble des données issues de la littérature indique que les femmes ont plus tendance à choisir des jeux non stratégiques, et bien que les hommes choisissent aussi des jeux électroniques, ils démontrent une préférence pour les jeux stratégiques (Merkouris, Thomas, Shandley, Rodda, Oldenhof, & Dwoling, 2016).

Quant à la fréquence des activités de jeu, les observations sont encore divergentes : par exemple, selon Pérez (2014), les hommes ayant des problèmes de jeu semblent jouer plus fréquemment que les femmes, alors que Hraba et Lee (1996) n'observent aucune différence. La majorité des études indiquent que, chez les joueurs à problèmes, les hommes commencent à jouer plus tôt au cours de leur vie que les femmes (González-Ortega, Echeburúa, Corral, Polo-López, & Alberich, 2013; Grant & Kim, 2002; Ibáñez et al., 2003; Richmond-Rakerd, Slutske, & Piasecki, 2013). De ce fait, les difficultés liées au jeu débuteraient plus tardivement chez les femmes (González Ortega et al., 2013; Grant, Chamberlain, Schreiber, & Odlaug, 2012; Ibáñez et al., 2003), soit 11 ans plus tard, selon les études d'Haw et Holdsworth (2015); cependant, la progression des problèmes serait plus rapide (González-Ortega et al., 2013; Grant & Kim, 2002; Ibáñez et al., 2003; Shaffer & Martin, 2011). En revanche, les problèmes de jeu ont une durée plus longue pour les hommes que pour les femmes (Potenza et al., 2001). Selon González-Ortega et al. (2013), lorsque les femmes doivent gérer des problèmes contextuels, tels que la solitude ou des difficultés conjugales, la progression des problèmes de jeu devient plus rapide que chez les hommes.

Quant aux dépenses liées au jeu et à la visibilité de ces problèmes, les femmes perdraient leur argent plus lentement et plus discrètement. Elles auraient tendance à trouver des sources de revenus cachées, comme dépenser leurs économies, emprunter à leurs proches sous prétexte de demander de l'aide pour leurs dépenses quotidiennes, obtenir de l'argent en échange de relations sexuelles (Mark & Lessieur, 1992;

Tschibelu & Elman, 2010). Les hommes, pour leur part, devant faire face à des pertes plus importantes et plus rapides, auraient recours à des transactions plus voyantes, comme des emprunts financiers légaux ou illégaux (Crisp et al., 2000; Mark & Lessieur, 1992).

Les problèmes cliniques en fonction du genre

Au sujet des variables psychopathologiques des joueurs issus de la population générale, tant les hommes que les femmes présentent des symptômes psychiatriques, dont l'anxiété et la dépression. En revanche, les femmes présentent plus de troubles de l'humeur, comme la présence de dépression sévère, de dysthymie, de troubles de panique, de phobie sociale ou encore d'une anxiété généralisée (Potenza et al., 2001). Quant aux hommes, ils souffrent davantage de problèmes de dépendance, avec notamment des abus d'alcool (González-Ortega et al., 2013; Martins et al., 2004), sont plus à risque de présenter des aspects de personnalité antisociale (Ibanez et al., 2003) et ont plus fréquemment des problèmes relatifs à des activités illégales (Crisp et al., 2000).

Selon des études réalisées auprès de joueurs en traitement, les femmes qui consultent pour des problèmes de jeu présenteraient, comparativement aux hommes, davantage de troubles psychologiques (Granero et al., 2009), de symptômes dépressifs (Echeburúa et al., 2011) et de symptômes anxieux (Echeburúa et al., 2011; Specker, Carlson, Edmonson, Johnson, & Marcotte, 1996), elles auraient une plus faible estime d'elles-mêmes (Echeburúa et al., 2011) et elles utiliseraient le jeu en réponse à des événements négatifs (Holdsworth, Nuske, & Breen, 2013). Les hommes en traitement pour un problème de jeu souffriraient plus fréquemment de dépendances ou d'abus de substances que les femmes (Echeburúa et al., 2011; González-Ortega et al., 2013).

Une étude de Kessler et al. (2008) sur le séquençage temporel de l'apparition des troubles, qui n'a pas relevé de différence entre les genres, a toutefois indiqué que les troubles de l'humeur auraient tendance à apparaître avant les problèmes de jeu, tandis que les problèmes liés aux substances émergeraient après l'arrivée des problèmes de jeu. Haw et Holdsworth (2015), à l'aide de questionnaires évaluant les expériences passées en lien avec le jeu, la dépression, l'anxiété et la dépendance aux substances, ont observé que les femmes avaient tendance à éprouver d'autres difficultés avant le début de leur première période de jeu problématique, alors que ces difficultés apparaissent chez les hommes après leur première période de jeu. Ces données laissent envisager que les problèmes de jeu s'installent différemment chez les femmes et les hommes.

Les différences de genre et la recherche de services

En ce qui concerne la recherche de services dans la population de joueurs pathologiques, les résultats d'une étude québécoise récente indiquent que, de manière générale, les femmes ont tendance à consulter plus fréquemment des services d'aide que les hommes (Séguin et al., 2013). Selon Slutske, Blaszczyński et Martin (2009), les femmes seraient plus nombreuses que les hommes à admettre leur problème de jeu

et à chercher à consulter des services; en revanche, elles seraient moins nombreuses à arrêter de jouer sans avoir obtenu de l'aide. En effet, les femmes ont une propension à faire appel aux services professionnels de santé mentale, tandis que les hommes s'orientent de manière plus systématique vers des centres spécialisés en abus de substances (Ladd & Petry, 2002). Selon l'étude de Légaré et al. (2014), les femmes ayant un trouble de jeu pathologique rapportent plus facilement avoir besoin d'aide, comparativement aux hommes.

D'après les résultats des chercheurs Crisp et al. (2004) et Tang, Wu, Tang et al. (2007), les femmes qui font appel à des services d'aide ont tendance à être mariées, alors que les résultats des études d'Echeburúa et al. (2011) et de Taravers et al. (2001) indiquent plutôt que la grande majorité des femmes qui font une demande d'aide ne sont pas mariées. Les études montrent que les femmes joueuses en traitement sont généralement plus âgées que les hommes joueurs en traitement (Crisp et al., 2004; Echeburúa et al., 2011; Quilty, Watson, Robinson, Toneatto, & Bagby, 2011; Tang et al., 2007; Tavares et al., 2001) et ont davantage de probabilités d'avoir des enfants à leur charge (Crisp et al., 2004).

En résumé, il existe plusieurs études qui se sont intéressées aux différences entre les hommes et les femmes; toutefois, elles portent principalement sur les conduites de jeu et sur les facteurs de risque psychosociaux et cliniques. En ce qui concerne la recherche de services, les observations doivent encore être approfondies (Merkouris et al, 2016). En effet, sachant qu'il y a plusieurs façons d'avoir accès à de l'aide professionnelle et plusieurs raisons pour y faire appel, nous pouvons supposer qu'il existe un ensemble de variables, susceptibles d'être différentes selon le genre, et qui se conjuguent à un moment précis, suscitant alors la décision de rechercher de l'aide. L'objectif de cette étude vise à documenter l'influence du genre sur les étapes de la prise de décision en vue de rechercher de l'aide.

Les étapes de la prise de décision

Certains modèles théoriques ont proposé des cadres conceptuels permettant de comprendre et d'expliquer la prise de décision amenant une personne à consulter un service d'aide. Par exemple, Andersen et Newman (1973) ont proposé un modèle de recherche d'aide comprenant les caractéristiques prédisposantes, les facteurs liés à la maladie et les facteurs qui permettent la consultation. Ce modèle se concentre principalement sur les facteurs personnels et semble négliger les facteurs environnementaux (Pescosolido, 1992; Pescosolido & Boyer, 1999). De telles remarques sont également valables pour d'autres modèles, tels que le *Health Belief Model* ou le *Theory of Reasoned Action*. En revanche, le modèle de recherche d'aide de Goldsmith, Jackson et Hough (1988) prend en considération une séquence d'étapes de prise de décision amenant une personne à consulter un service. Bien que ce modèle ne soit pas prédictif, il permet d'établir une référence théorique des étapes de prise de décision amenant la personne à obtenir de l'aide. Ce modèle, tel qu'il est présenté dans la Figure 1, comprend trois phases de décision menant à la consultation : la phase I, soit la reconnaissance du problème; la phase II, soit la décision d'obtenir de l'aide; la phase III, soit le choix du

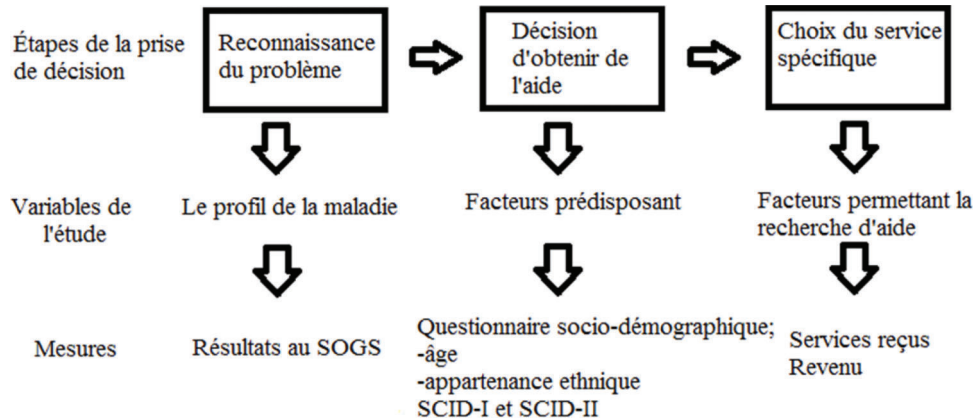


Figure 1. Le modèle de recherche d'aide adapté de Goldsmith, Jackson et Hough (1988)

service spécifique. Pour chacune de ces trois phases, les auteurs définissent les variables pouvant influencer la recherche d'aide. À la phase I, soit la reconnaissance du problème, des variables comme le profil ou la sévérité de la maladie pourraient avoir une influence, alors qu'elles entreraient peu en jeu aux deux autres phases. Les facteurs prédisposants (antécédents sociaux et psychologiques) auront une influence sur la décision de faire une demande d'aide (étape II). Enfin, les facteurs permettant la recherche d'aide (accessibilité, disponibilité, acceptabilité, etc.) influenceront le choix du service (étape III).

Ce modèle a, par exemple, déjà été utilisé par Rosato (2007) dans le cadre d'une recherche sur l'obtention et la continuité de services en santé mentale auprès d'une population d'adolescents provenant de 80 écoles secondaires. Ainsi, il a été possible de constater que les adolescents, notamment les plus défavorisés, à la recherche d'aide pour des problèmes de santé mentale, préféraient s'orienter vers les services scolaires plutôt que d'aller consulter un médecin. Ce même modèle a également été utilisé par Martos (2013), dans une étude qualitative, et a permis d'identifier les facteurs qui ont conduit des parents à chercher de l'aide pour leur enfant ayant reçu un diagnostic d'autisme. Également, Jang et son équipe (2014) ont utilisé ce modèle pour démontrer que le profil de la maladie et la reconnaissance des difficultés de santé mentale augmentaient la probabilité de faire appel à des services. Les variables individuelles, sociales et structurelles sont le point fort du modèle de recherche d'aide de Goldsmith, Jackson et Hough (1988) (Glieb, Kofman, & Fund, 1995). En se basant sur ce modèle, cette étude vise à conceptualiser les étapes menant à la décision de consulter des services d'aide chez des femmes et des hommes ayant des problèmes de jeu.

Méthodologie

Participants

L'étude a inclus 83 participants, soit 45 femmes et 38 hommes, ayant entre 20 et 79 ans, avec un âge moyen de 51 ans ($ET = 12,38$). L'âge moyen des hommes était de 47 ans ($ET = 13,96$), tandis que celui des femmes était de 55 ans ($ET = 9,39$).

Dans cet échantillon, 43,4 % des participants étaient mariés ou vivaient en couple, 34,9 % étaient séparés, divorcés ou veufs et 21,7 % étaient célibataires ou avaient des fréquentations amoureuses. Parmi les participants, 30,1 % avaient poursuivi des études universitaires, 22,9 % avait fait des études collégiales, 33,7 % avaient suivi une formation professionnelle et 12 % avaient fait des études secondaires. Lors de l'entrevue, 63,9 % des participants avaient un emploi, 13,3 % étaient sans emploi et 16,9 % étaient au foyer, à la retraite ou invalides.

Recrutement

Le recrutement a été effectué au Canada, plus précisément dans la grande région de l'Outaouais, auprès des centres de traitements pour les joueurs, des organismes qui viennent en aide aux joueurs et à leurs proches, des dirigeants du Casino de l'Outaouais et des intervenants de crise, des propriétaires de bars qui possèdent des appareils de loterie vidéo et, enfin, par l'intermédiaire d'annonces dans des journaux de la région. Cette large diffusion nous a permis d'obtenir un échantillon hétérogène de joueurs qui reconnaissaient avoir un problème de jeu.

Au cours de la période de recrutement, lorsque les personnes intéressées se manifestaient, elles étaient rapidement contactées par la coordonnatrice du projet de recherche. Lors d'un premier contact téléphonique, une évaluation des problèmes de jeu était réalisée à l'aide du *South Oaks Gambling Screen* (SOGS; Lesieur & Blume, 1987), et seules les personnes qui avaient un score au-dessus de 3, indiquant une problématique de jeu, ont été invitées à participer à l'étude.

Procédure de recueil des données

Les participants ont été vus deux fois lors de rencontres d'une durée d'environ trois heures, pour répondre à des questions selon un mode structuré d'entrevue clinique. Avec l'accord des participants, chaque entrevue a été enregistrée pour assurer une vérification ultérieure de la qualité des entrevues. Nous avons rencontré les participants, à leur convenance, soit dans un local de l'université, soit à leur domicile. Tous les participants ont signé un formulaire de consentement et l'étude a été approuvée par le Comité d'éthique de la recherche de l'Université du Québec en Outaouais (référence 9704).

Instruments de mesure

Données sociodémographiques. Un questionnaire sociodémographique a permis d'obtenir les variables démographiques, telles que la date de naissance, l'origine ethnique, le revenu salarial et le niveau d'éducation.

L'évaluation des problèmes de jeu : Le *South Oaks Gambling Screen* (SOGS; Lesieur & Blume, 1987). Le SOGS est un questionnaire de dépistage élaboré selon les critères du DSM III (American Psychiatric Association, 2000), qui permet de déterminer

la présence d'un problème de jeu ainsi que son niveau d'intensité. Une version française de cet instrument (Lejoyeux, 1999) a été utilisée pour cette étude. Le SOGS possède une bonne validité interne et une bonne fidélité (Lesieur & Blume, 1987; Poulin, 2002; Wulfert et al., 2005). D'après les critères de ce questionnaire, un score inférieur à 2 indique l'absence de problème de jeu; un résultat entre 3 et 4 indique la présence d'un jeu à risque et un résultat supérieur à 5 indique la présence d'un jeu pathologique (Gambino & Lesieur, 2006). Dans le cadre de cette étude, tous les participants atteignaient un score entre 3 et 5, soit un seuil de jeu à risque ou de jeu pathologique.

L'identification des troubles de santé mentale : Le *Structured Clinical Interview for DSM-IV* (SCID; Spitzer et al. 1990). Le SCID utilisé pour cette étude est un instrument clinique standardisé qui permet d'identifier les troubles de l'axe I et II, ainsi que la période d'apparition de difficultés, soit au cours de la vie, soit au cours de la dernière année. La cohérence interne est excellente avec un alpha de Cronbach de ,88 (Hodgins & Côté, 1990).

L'utilisation des services

Un questionnaire structuré, créé par Lesage et al. (2008), a permis de recueillir des données sur les services de santé mentale reçus par les participants, sur leur fréquence d'utilisation de ces services et sur la formation des professionnels consultés durant l'année précédant l'entrevue ainsi que pour la période antérieure à la dernière année (à vie). Les services ont été subdivisés en quatre catégories, soit (a) les services médicaux de première ligne, comprenant la consultation des médecins de famille, (b) les services psychosociaux, regroupant la consultation des infirmières et des travailleurs sociaux, et l'accès aux centres de jeunesse et aux professionnels scolaires, (c) les services spécialisés, comprenant l'accès aux psychologues, aux psychiatres, aux intervenants dans les centres de crises, aux intervenants dans les centres de dépendance et aux services d'urgence médicale, et (d) les services communautaires et les aides à but non lucratif, qui regroupent l'utilisation des lignes d'écoute et de soutien, l'accès aux membres du clergé, la participation à des groupes de soutien pour joueurs anonymes ainsi qu'à d'autres groupes communautaires. Nous avons également colligé ce qui a amené les participants à prendre la décision de consulter pour chacune des demandes d'aide.

L'investigation des raisons de la recherche de services

Des questions de nature qualitative ont été ajoutées à la fin de l'entrevue, dans le but de déterminer ce qui a amené les participants à consulter des services d'aide. Deux questions ouvertes, telles que « Qu'est-ce qui vous a amené à consulter? » et « Qu'est-ce qui vous a amené à consulter à ce moment précis? », ont été posées aux participants.

Procédure d'analyse des étapes de prise de décision pour la consultation

L'utilisation du modèle de recherche d'aide de Goldsmith, Jackson et Hough (1988) avait pour but de nous aider à différencier en quoi le processus de prise de décision menant à la consultation pouvait être différent chez les hommes et les femmes. Ainsi,

le profil de la maladie (variable de la phase I : la reconnaissance du problème) a été évalué par la présence et la sévérité du problème de jeu en fonction du score obtenu au SOGS. Les facteurs prédisposants (variable de la phase II : la décision de faire une demande d'aide) ont été évalués en considérant des facteurs sociaux et psychologiques, tels que l'appartenance ethnique, l'âge et la présence de troubles de santé mentale. Enfin, les facteurs permettant la recherche d'aide (variable de la phase III : le choix du service) ont été évalués en prenant en compte trois variables, soit le revenu, la disponibilité de l'aide et la pression sociale à rechercher de l'aide. Nous pouvons considérer que la disponibilité des services sociosanitaires – une variable importante – était la même pour tous les participants, étant donné que ceux-ci vivaient dans la même région.

L'analyse des données

La régression logistique a été choisie en considérant que le modèle de Goldsmith et al. (1988) tente d'identifier les variables qui influenceront la recherche de services et que la majorité des variables sont de nature catégorielle, dont le genre. De plus, l'objectif de cette étude étant de déterminer quelle est l'influence du genre sur la recherche de service, il est essentiel d'utiliser une analyse multivariée. Pour analyser les données, des régressions logistiques avec un mode d'analyse basé sur le rapport de vraisemblance et un intervalle de confiance de 95 % ont permis de comparer les variables dépendantes selon le genre et d'obtenir des rapports de cotes. Les rapports de cotes ont été privilégiés dans le but de faciliter la compréhension des résultats. Le genre a été considéré comme étant la variable indépendante, et les autres variables comme étant des variables dépendantes.

Le logiciel du programme statistique SPSS version 21.0 a été utilisé pour effectuer les analyses (Inc., Chicago, IL).

Une analyse qualitative a été réalisée pour les deux questions ouvertes. Les réponses ont été évaluées au moyen d'une analyse par regroupement thématique, visant à dégager un portrait d'ensemble à partir d'un corpus donné (Paillé & Mucchielli, 2012). Ce type d'analyse permet d'interpréter le contenu par des catégories analytiques effectuées a posteriori, c'est-à-dire en fonction des réponses obtenues et à partir des fondements théoriques utilisés par les chercheurs (Fallery & Rodhain, 2007).

Résultats

Les résultats seront présentés selon la séquence de prise de décision en fonction du modèle de recherche d'aide de Goldsmith, Jackson et Hough 1988.

Phase I : Reconnaissance du problème de jeu

Les résultats moyens obtenus au SOGS sont de 8,46 ($ET = 3,45$) avec un résultat moyen de 8,87 ($ET = 3,05$) pour les femmes et de 7,97 ($ET = 3,86$) pour les hommes. Selon les résultats présentés au Tableau I, les femmes sont plus nombreuses à obtenir

Tableau 1
Différence selon le genre chez les personnes ayant un problème de jeu

	Total N = 83	Femmes N = 45	Hommes n = 38	%	RC	IC _{95%}	p
Profil de la maladie:							
Résultat SOGS							
3 à 4	13	3	10	6,67	0,32	0,08-1,32	,12
5 et plus	73	42	31	93,33	0,32	0,76-13,21	,12
Variables prédisposantes:							
Variables psychopathologiques							
AXE I							
Actuel (6 derniers mois)							
Présence trouble de l'humeur	19	9	10	20,00	0,70	0,25-1,96	,50
Présence trouble dépendance	9	3	6	6,67	0,38	0,09-1,64	,20
Présence trouble anxieux	10	5	5	11,11	0,83	0,22-3,10	,78
Aucun trouble	30	19	11	42,22	1,79	0,72-4,49	,21
À vie							
Présence trouble de l'humeur	58	34	24	75,56	1,80	0,70-4,65	,22
Présence trouble de dépendance	40	20	20	44,44	0,72	0,30-1,71	,46
Présence trouble anxieux	23	17	6	37,78	3,24	1,12-9,35	,03
Aucun trouble	2	1	1	2,22	0,84	0,05-13,91	,90
AXE II							
Groupe A	6	5	1	11,11	4,63	0,52-41,45	,17
Groupe B	8	5	3	11,11	0,62	0,33-6,55	,62
Groupe C et personnalité dépressive	16	9	7	20,00	1,11	0,37-3,32	,86
Variable permettant la recherche de service							
Source du revenu							
Subvient seul	46	20	26	44,44	0,37	0,15-0,91	,03
Autres	36	25	11	55,56	3,07	1,29-7,66	,02
Données manquantes	1	0	1	0	-	-	-
Revenu personnel							
Moins de 20 000 \$	12	10	2	22,22	5,14	1,01-25,17	,04
De 20 000 \$ à 69 999 \$	40	25	15	55,56	1,92	0,80-4,61	,15

Tableau 1 Suite.

	Total N = 83	Femmes N = 45	Hommes n = 38	RC %	IC _{95%}	p
70 000 \$ et plus	7	3	4	10,53	0,13-2,90	,53
Données manquantes	24	7	17	44,7	-	-
Utilisation de services						
Dernière année						
Première ligne médicale	49	35	14	36,84	2,29-15,73	,00
Première ligne de services de santé et sociaux	12	5	7	18,42	0,16-1,91	,35
Services spécialisés	40	18	22	57,89	0,20-1,17	,10
Services communautaires et à but non lucratif	36	16	10	26,32	0,60-3,98	,37
À vie						
Première ligne médicale	56	36	20	52,63	1,37-9,49	,01
Première ligne de services de santé et sociaux	31	21	10	26,32	0,97-6,21	,06
Services spécialisés	57	31	26	68,42	0,40-2,59	,96
Services communautaires et à but non lucratif	42	30	12	31,58	1,72-10,91	,00

des résultats supérieurs à 4 au SOGS (93,33 %), comparativement aux hommes (75,61 %) ($RC = 0,32$; $IC\ 95\ \% = 0,76-13,21$; $p = ,12$).

Phase II : La prise de décision en vue de faire une demande d'aide

Facteurs sociaux et psychologiques prédisposants. Hormis le fait que les femmes vivent plus souvent en couple (44,4 %) que les hommes (26,3 %) ($RC = 2,24$; $IC\ 95\ \% = 0,88-5,68$; $p < ,10$), il n'existe aucune différence significative entre les hommes et les femmes pour ce qui est des données sociodémographiques. Ainsi, il n'y a pas de différence significative en ce qui concerne l'âge et l'appartenance ethnique.

Quant à la présence de troubles mentaux, tels qu'ils ont été évalués par le SCID I et le SCID II, les résultats indiquent que les troubles mentaux sont importants tant chez les hommes que chez les femmes. Se référant aux 6 derniers mois, 20 % des femmes et 26 % des hommes ont rapporté la présence de troubles de l'humeur, alors que 7 % des femmes et 16 % des hommes ont rapporté la présence de troubles de dépendance. Se référant au cours de leur vie, 75 % des femmes et 63 % des hommes ont indiqué avoir vécu un trouble de l'humeur, alors que 44 % des femmes et 53 % des hommes ont indiqué avoir eu des troubles de dépendance à une substance. Cependant, les femmes ont vécu plus de troubles anxieux (37,8 %) au cours de leur vie que les hommes (15,8 %) ($RC = 3,24$; $IC\ 95\ \% = 1,12-9,35$; $p < ,05$).

Phase III : Les facteurs permettant la recherche d'aide et le choix des services

L'analyse des revenus. Les analyses indiquent que les hommes sont plus nombreux à subvenir seuls à leurs besoins (68,4 %), comparativement aux femmes (44,4 %) ($RC = 0,37$; $IC\ 95\ \% = 0,15\ 0,91$; $p < ,05$). Seulement 5,3 % des hommes ont un salaire annuel inférieur à 20 000 \$, comparativement à 22,2 % des femmes ($RC = 5,14$; $IC\ 95\ \% = 1,01-25,17$; $p < ,05$).

La raison ayant mené le participant à consulter des services. Les participants ont également évoqué ce qui les avait amenés à prendre la décision de consulter. Leurs réponses ont été classées a posteriori en trois catégories, selon que les raisons de leur consultation étaient associées à la sphère individuelle/santé mentale, sociale ou relationnelle. La fréquence de ces réponses est rapportée au Tableau 2. Dans la sphère individuelle/santé mentale, les raisons de consulter sont fréquemment associées à une tentative de suicide, à un problème de santé mentale ou encore à un problème de dépendance. Dans la sphère sociale, les éléments comme la présence de problèmes financiers, des difficultés liées à l'emploi ou encore des difficultés avec la loi sont les motivateurs principaux de la consultation. Enfin, les raisons associées à la sphère relationnelle comprennent des difficultés avec au moins un membre de la famille, le départ ou la perte d'un proche ou un événement récent de violence relationnelle. De manière générale, les participants consultant pour des raisons relationnelles sont les plus nombreux. La sphère relationnelle est la dimension qui permet d'établir la plus grande différence entre les hommes et les femmes. En effet,

Tableau 2

Raisons ayant mené à la prise de décision de consulter pour ses problèmes de jeu

Raisons de la prise de décision de consultation pour le jeu	Femmes n	Hommes n	RC	IC _{95%}	p
Raisons associées à la sphère de santé mentale	10	10	1,02	0,38-2,71	,97
Raisons associées à la sphère sociale	15	11	1,23	0,48-3,13	,67
Raisons associées à la sphère relationnelle	20	11	1,96	0,79-4,90	,15

parmi les participants qui rapportent avoir pris la décision de consulter des services d'aide pour des raisons relationnelles, 20 sont des femmes tandis que 11 sont des hommes.

L'utilisation des services. Les variables correspondant à l'utilisation des services montrent également des résultats significatifs, tels qu'ils sont indiqués dans le Tableau 1. En ce qui a trait à l'utilisation des services au cours de la dernière année, les femmes (77,8 %) avaient consulté davantage les services médicaux de première ligne comparativement aux hommes (36,8 %) ($RC = 6,00$; $IC\ 95\% = 2,29-15,73$; $p < ,01$) et elles avaient consulté moins de services spécialisés (40 %) que les hommes (57,9 %) ($RC = 0,49$; $IC\ 95\% = 0,20-1,17$; $p = ,10$). Quant aux consultations au cours de la vie, les femmes avaient demandé de manière plus fréquente de l'aide auprès des services médicaux de première ligne (80 %), comparativement aux hommes (52,63 %) ($RC = 3,60$; $IC\ 95\% = 1,37-9,49$; $p = ,01$), les femmes avaient fait appel aux services de première ligne de santé et de services sociaux plus souvent (46,7 %) que les hommes (26,3 %) ($RC = 2,45$; $IC\ 95\% = 0,97-6,21$; $p < ,10$) et elles avaient fréquenté des services communautaires et des groupes à but non lucratif plus régulièrement (66,7 %) que les hommes (31,6 %) ($RC = 4,33$; $IC\ 95\% = 1,72-10,91$; $p < ,01$).

Discussion

Les résultats présentés dans cette étude semblent indiquer qu'il existe des différences entre les hommes et les femmes lors des trois étapes motivant la recherche d'aide, selon le modèle de Goldsmith et al. (1988). Sans que ce modèle puisse prédire le moment propice à la recherche d'aide, il a permis d'observer les différences entre les femmes et les hommes lors de cette prise de décision. Il est ainsi apparu que les femmes participant à cette étude avaient tendance plus que les hommes à rapporter des problèmes de jeu, d'après les résultats du SOGS. Cela pourrait indiquer que leur problème de jeu est plus grave, donc possiblement plus difficile à ignorer, ce qui les amènerait à reconnaître l'existence du problème de dépendance au jeu (phase I) et expliquerait, en partie, une sensibilité plus importante à l'égard de leur situation de vulnérabilité. Trois autres études comparatives ont rapporté des résultats similaires, indiquant que les femmes avaient des problèmes de jeu plus graves que ceux des hommes (Grant, Chamberlain, Schreiber, & Odlaug, 2012; Kim, Hodgins, Bellringer, & Abbott, 2015; Ledgerwood, Widemann, Moore, & Arfken, 2012).

D'ailleurs, les résultats de l'Enquête sur la santé dans les collectivités canadiennes (2012) démontrent que les personnes éprouvant des niveaux élevés de détresse sont beaucoup plus susceptibles de reconnaître leurs difficultés et la nécessité de consulter des services de santé mentale (Sunderland & Findlay, 2013).

Les différences concernant les facteurs prédisposants (phase II) vont dans le même sens. En effet, les femmes participant à cette étude, en plus des troubles mentaux souvent multiples, ont eu au cours de leur vie plus de troubles anxieux que les hommes, ce qui peut également contribuer à une recherche de services plus active. Nous remarquons également une présence importante de psychopathologie, tant au cours de la dernière année qu'au cours de la vie chez les femmes et les hommes, caractérisée par la présence de troubles de dépendance, de troubles de l'humeur, de troubles anxieux et par une tendance, sans être significative, à présenter plus de troubles de personnalité du groupe A chez les femmes. À la différence des résultats de Potenza et al. (2001) et de González-Ortega et al. (2013), ceux de cette étude ne permettent pas de distinguer de différences significatives entre les hommes et les femmes quant aux troubles de l'humeur et aux troubles de dépendance. Alors que les troubles de dépendance sont souvent associés à un profil masculin, les résultats de la présente étude indiquent un taux à vie presque similaire entre les hommes et les femmes, se distinguant ainsi des résultats publiés jusqu'à maintenant (Merkouris et al., 2016).

Les facteurs permettant la recherche d'aide (phase III) sont particulièrement intéressants et démontrent que les femmes consultent principalement les services de première ligne et généraux au cours de la dernière année et à vie, alors que les hommes sollicitent surtout les services spécialisés de deuxième ligne au cours de la dernière année. Même si les femmes avaient des revenus plus restreints que ceux des hommes (inférieurs à 20 000 \$ pour 22,2 % d'entre elles), elles étaient plus nombreuses à avoir consulté des services. Les données de la littérature sont partagées concernant ce facteur. Une revue systématique d'études sur le jeu (Merkouris et al., 2016) mentionne deux études qui ont rapporté des résultats au sujet du revenu – l'une ne relève pas de différences femmes/hommes au regard du revenu personnel (Ledgerwood, Wiedemann, Moore, & Arfken (2012) et l'autre montre que les femmes ont un revenu personnel plus faible que les hommes (Aynami et al., 2014). Cette donnée semble en contradiction avec les données épidémiologiques populationnelles, en indiquant qu'un revenu plus modeste pourrait limiter l'accès aux services de santé mentale (Légaré et al., 2014). Il est toutefois possible que la couverture d'assurance maladie au Québec diminue l'impact de cette variable sur la fréquence de la consultation.

De plus, l'analyse qualitative semble indiquer qu'au-delà des difficultés liées au jeu, la motivation des femmes à consulter des services est associée à des difficultés relationnelles. Nous pouvons donc supposer que les enjeux relationnels, qu'ils soient directement ou indirectement associés aux problèmes de jeu, représentent une source de motivation importante pouvant déclencher la recherche d'aide. Aussi, l'intensité

des difficultés qui se produisent dans plusieurs sphères simultanément (jeux, santé, relations interpersonnelles) pourrait contribuer à amorcer la recherche d'aide.

L'analyse qualitative a permis de constater que les femmes consultent en premier lieu pour régler des difficultés relationnelles; la pression sociale serait donc susceptible de jouer un rôle important dans une démarche de demande d'aide chez les joueuses. Dans ce contexte, il devient essentiel de prendre en considération les difficultés relationnelles lors des demandes d'aide, puisque l'accumulation des problèmes de jeu et des difficultés de santé mentale pourrait contribuer à amplifier les tensions avec l'entourage. Ainsi, il est intéressant de constater que les raisons de chercher de l'aide peuvent influencer le choix des services sollicités. Les femmes consultent habituellement des services de première ligne pour des conflits interpersonnels, alors que les hommes consultent prioritairement des services spécialisés pour des raisons de santé mentale et des raisons sociales, comme des difficultés d'ordre professionnel. À cet égard, les résultats de cette étude vont dans le même sens que les observations de Ladd et Petry (2002), indiquant des choix de services différents entre les femmes et les hommes. Dans une perspective plus large de demande d'aide chez les hommes, les travaux de Tremblay, Morin, Desbiens et Bouchard (2007) ont permis de constater que, face à une situation de crise, les hommes préféreraient s'adresser directement à des professionnels de santé plutôt que de partager leurs difficultés avec leurs proches.

Limites de l'étude

Les limites méthodologiques sont associées au recueil des données rétroactives et à la capacité mnésique des participants qui peut varier selon les individus, ce qui signifie que le risque d'oublier d'aborder des expériences antérieures doit être envisageable. Il est également important de considérer que d'autres variables peuvent motiver la décision de recherche d'aide, par exemple, la vision subjective de l'entourage ou encore l'environnement culturel, lesquels n'ont pas été mesurés dans cette étude. Cependant, le recueil de données repose également sur des forces dont : le nombre de participants, l'hétérogénéité des facteurs de recrutement et le fait que tous les participants avaient un problème de jeu au moment de l'étude. Également, la méthode de recueil de données, réalisée selon un mode conversationnel, est semblable au recueil de données qui se réalise lors d'entrevue clinique habituelle et permet de tenir compte de l'ensemble des propos des participants.

Conclusion

Mieux connaître ce qui motive les joueurs à consulter des services ouvre une perspective quant à l'amélioration de l'accessibilité des soins. Il s'agirait non seulement de proposer des services adaptés au parcours de vie et aux singularités de chacun, mais aussi de mettre en place des programmes de prévention ciblés sensibles au genre. La connaissance des lieux de recherche de soins chez les femmes et chez les hommes permet ainsi d'élargir les terrains de dépistage et de prise en charge. Les services de première ligne auraient avantage à être particulièrement attentifs dans l'investigation de la présence de problèmes de jeu lors des demandes d'aide liées à des

difficultés relationnelles et aux problématiques anxieuses chez les femmes. Dans le cas des hommes, ce sont plutôt les spécialistes en santé mentale au sein des services de traitement des dépendances qui devraient systématiquement investiguer un possible problème de jeu lors d'une demande de traitement. Il est important de poursuivre les efforts de dépistage en cours, comme ceux qui ont été entrepris dans les centres de santé mentale et d'intervention psychosociale à l'aide des questionnaires DÉBA-Alcool/Drogue (Tremblay, Rouillard, & Sirois, 2001) et DÉBA-Jeux (Tremblay, Ménard, & Ferland, 2001), afin de détecter de manière précoce les problèmes de jeu, les comorbidités qui leur sont associées et les difficultés sociales qu'ils engendrent. Ce dépistage systématique est un élément salvateur dans le parcours de soins des joueurs des deux genres.

Dans une perspective plus large, il est important de soutenir des interventions universelles, telles que l'accroissement de la documentation sur les problèmes de santé mentale et les problèmes de jeu, tout comme la diffusion d'information sur l'existence, l'accessibilité et le fonctionnement des lieux de soins, pour permettre aux proches d'être sensibilisés et de devenir ainsi des relais dans l'orientation des personnes touchées. Par exemple, les campagnes de prévention du jeu pourraient avoir une orientation plus ciblée selon le genre, en cherchant à atteindre les femmes qui préfèrent les jeux non stratégiques et les hommes qui ont des préférences envers les jeux plus stratégiques. Les connaissances doivent encore être approfondies en ce qui a trait à la temporalité de la demande d'aide, afin de mieux cibler encore les possibilités de détection précoce. Des efforts doivent se faire également pour approcher les joueurs hors des réseaux de soins afin de comprendre et de mieux anticiper leurs demandes d'aide.

Références/References

- Adams, G. R., Sullivan, A., Horton, K. D., Menna, R., & Guilmette, A. M. (2007). A study of differences in Canadian university students' gambling and proximity to a casino. *Journal of Gambling Issues*, 19, 9-17. doi:10.4309/jgi.2007.19.1
- Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American psychologist*, 58(1), 5-14. doi:10.1037/0003-066X.58.1.5
- Andronicos, M., Beauchamp, G., DiMambro, M., Robert, M., Besson, J., & Seguin, M. (2015). Do male and female gamblers have the same burden of adversity over their life course? *International Gambling Studies*, 15(2). doi:10.1080/14459795.2015.1024706
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders: DSM-IV-TR* (4th ed.). Washington, DC: Author.
- Andersen, R., & Newman, J. F. (1973). Societal and individual determinants of medical care utilization in the United States. *The Milbank Memorial Fund Quarterly. Health and Society*, 51(1), 95-124. doi:10.2307/3349613

Aynami, N., Granero, R., Penelo, E., Fernandez-Aranda, F., Isabel, K., Gunnard, K., et al. (2014). Anger in pathological gambling: clinical, psychopathological and personality correlates. *Spanish Journal of Psychology*, 17(E39): 1-12. doi:10.1017/sjp.2014.40

Beaudoin, C. M., & Cox, B. J. (1999). Characteristics of problem gambling in a Canadian context: A preliminary study using a DSM-IV-based questionnaire. *Canadian Journal of Psychiatry*, 44, 483-487. doi:10.1177/070674379904400509

Blaszczynski, A., & Farrell, E. (1998). A case series of 44 completed gambling-related suicides. *Journal of Gambling Studies*, 14(2), 93-109.

Crisp, B. R., Thomas, S. A., Jackson, A. C., Smith, S., Borrell, J., Ho, W., & Thomason, N. (2004). Not the same: A comparison of female and male clients seeking treatment from problem gambling counselling services. *Journal of Gambling Studies*, 20(3), 283-299. doi:10.1023/B:JOGS.0000040280.64348.d1

Crisp, B. R., Thomas, S. A., Jackson, A. C., Thomason, N., Smith, S., Borrell, J., Ho, W.Y. & Holt, T. A. (2000). Sex differences in the treatment needs and outcomes of problem gamblers. *Research on Social Work Practice*, 10(2), 229-242. doi:10.1177/0829573516644554

Cox, B. J., Yu, N., Afifi, T. O., & Ladouceur, R. (2005). A national survey of gambling problems in Canada. *Canadian Journal of Psychiatry*, 50(4), 213-217. doi:10.1177/070674370505000404

DeCaria, C. M., Hollander, E., Grossman, R., & Wong, C. M. (1996). Diagnosis, neurobiology, and treatment of pathological gambling. *Journal of Clinical Psychiatry*, 57(8), 80-84.

Delfabbro, P. (2000). Gender differences in Australian gambling: A critical summary of sociological and psychological research. *The Australian Journal of Social Issues*, 35(2), 145.

Dowling N.A. (2013). The cognitive-behavioural treatment of female problem gambling. In: Richard D, Blaszczynski A, Nower L, editors. *The Wiley-Blackwell handbook of disordered gambling* (pp. 225-250). West Sussex: Wiley.

Dowling N.A., & Oldenhof E. (2016). Gender differences in risk and protective factors for problem gambling. In: Prever HB-JF, editor. *Problem gambling in women: an international perspective*. UK: Taylor and Francis.

Echeburúa, E., González-Ortega, I., Corral, P., & Polo-López, R. (2011). Clinical Gender Differences Among Adult Pathological Gamblers Seeking Treatment. *Journal of Gambling Studies*, 27(2), 215-227. doi:10.1007/s10899-010-9205-1

Fallery, B., & Rodhain, F. (2007). *Quatre approches pour l'analyse de données textuelles: lexicale, linguistique, cognitive, thématique*. Paper presented at the XVI^e Conférence de l'Association Internationale de Management Stratégique AIMS.

Gambino, B., & Lesieur, H. (2006). The south oaks gambling screen (SOGS): A rebuttal to critics. *Journal of Gambling Issues*, 17. doi:10.4309/jgi.2006.17.10

Glied, S., Kofman, S., & Fund, C. (1995). *Women and mental health: Issues for health reform*. Commission on Women's Health, Commonwealth Fund.

Goldsmith, H. F., Jackson, D. J., & Hough, R. (1988). Process model of seeking mental health services: Proposed framework for organizing the literature on help-seeking. In U. S. G. P. Office (Ed.), *Needs assessment: Its future* (pp. 49-64). Washington DC.

González-Ortega, I., Echeburúa, E., Corral, P., Polo-López, R., & Alberich, S. (2013). Predictors of pathological gambling severity taking gender differences into account. *European Addiction Research*, 19(3), 146-154. doi:10.1159/000342311

Granero, R., Penelo, E., Martínez-Giménez, R., Álvarez-Moya, E., Gómez-Peña, M., Aymamí, M. N., Jiménez-Murcia, S. (2009). Sex differences among treatment-seeking adult pathologic gamblers. *Comprehensive Psychiatry*, 50(2), 173-180. doi:10.1016/j.comppsy.2008.07.005

Grant, J. E., & Kim, S. W. (2002). Gender differences in pathological gamblers seeking medication treatment. *Comprehensive Psychiatry*, 43(1), 56-62. doi:10.1053/comp.2002.29857

Grant, J. E., Chamberlain, S. R., Schreiber, L. R., & Odlaug, B. L. (2012). Gender-related clinical and neurocognitive differences in individuals seeking treatment for pathological gambling. *Journal of Psychiatric Research*, 46(9), 1206-1211. doi:10.1016/j.jpsychires.2012.05.013

Haw, J., & Holdsworth, L. (2015). Gender Differences in the Temporal Sequencing of Problem Gambling with Other Disorders. *International Journal of Mental Health and Addiction*, 14, 1-13. doi:10.1007/s11469-015-9601-y

Hodgins, S., & Côté, G. (1990). Prevalence of mental disorders among penitentiary inmates in Quebec. *Canada's Mental Health*, 38(1), 1-4.

Holdsworth, L., Nuske, E., & Breen, H. (2013). All mixed up together: Women's experiences of problem gambling, Comorbidity and co-occurring complex needs. *International Journal of Mental Health and Addiction*, 11(3), 315-328.

Hraba, J., & Lee, G. (1996). Gender, gambling and problem gambling. *Journal of Gambling Studies*, 12(1), 83-101. doi:10.1007/BF01533191

Ibáñez, A., Blanco, C., Moreryra, P., & Sáiz-Ruiz, J. (2003). Gender differences in pathological gambling. *Journal of Clinical Psychiatry*, 64(3), 295-301. doi:10.1007/s11469-015-9601-y

Jang, Y., Yoon, H., Chiriboga, D. A., Molinari, V., & Powers, D. A. (2015). Bridging the gap between common mental disorders and service use: The role of self-rated mental health among African Americans. *The American Journal of Geriatric Psychiatry*, 23(7), 658-665. doi:10.1016/j.jagp.2014.02.010

Kausch, O. (2003). Suicide attempts among veterans seeking treatment for pathological gambling. *Journal of Clinical Psychiatry*, 64(9), 1031-1038. doi:1038.doi:10.4088/JCP.v64n0908

Kessler, R. C., Hwang, I., LaBrie, R., Petukhova, M., Sampson, N. A., Winters, K. C., & Shaffer, H. J. (2008). DSM-IV pathological gambling in the National Comorbidity Survey Replication. *Psychological medicine*, 38(09), 1351-1360. doi:10.1017/S0033291708002900

Kim, H. S., Hodgins, D. C., Bellringer, M., & Abbott, M. (2015). Gender differences among helpline callers: Prospective study of gambling and psychosocial outcomes. *Journal of Gambling Studies*, 32(2), 1-19. doi:10.1007/s10899-015-9572-8

Kun, B., Balázs, H., Arnold, P., Paksi, B., & Demetrovics, Z. (2012). Gambling in Western and Eastern Europe: The Example of Hungary. *Journal of Gambling Studies*, 28(1), 27-46. doi:10.1007/s10899-011-9242-4

Ladd, G. T., & Petry, N. M. (2002). Gender differences among pathological gamblers seeking treatment. *Experimental and Clinical Psychopharmacology*, 10(3), 302-309. doi:10.1037/1064-1297.10.3.302

Ladouceur, R. (1996). The prevalence of pathological gambling in Canada. *Journal of Gambling Studies*, 12(2), 129-142. doi:10.1007/bf01539170

Ladouceur, R. (2005). Controlled Gambling for Pathological Gamblers. *Journal of Gambling Studies*, 21(1), 51-59. 10.1007/s10899-004-1923-9

Ladouceur, R., Boudreault, N., Jacques, C., & Vitaro, F. (1999). Pathological gambling and related problems among adolescents. *Journal of Child & Adolescent Substance Abuse*, 8(4), 55-68. doi:10.1300/J029v08n04_04

Ladouceur, R., Jacques, C., Chevalier, S., Sévigny, S., & Hamel, D. (2005). Prevalence of pathological gambling in Quebec in 2002. *Canadian Journal of Psychiatry*, 50(8), 451. doi:10.1177/070674370505000804

Ladouceur, R., Jacques, C., Ferland, F., & Giroux, I. (1999). Prevalence of problem gambling: A replication study 7 years later. *The Canadian Journal of Psychiatry / La Revue canadienne de psychiatrie*, 44(8), 802-804. doi:10.1177/070674379904400807

Ledgerwood D.M., Wiedemann A.A., Moore J., & Arfken C.L. (2012) Clinical characteristics and treatment readiness of male and female problem gamblers calling a state gambling helpline. *Addict Res Theory*, 20(2) : 162–71. doi:10.3109/16066359.2011.588815

Légaré, A. A., Ferland, F., Blanchette-Martin, N., Champagne, A., Baillargeon-Lemieux, H., Garceau, P., & Giroux, I. (2014). Cibles du traitement des joueurs problématiques: existe-t-il des différences entre les hommes et les femmes? *Drogues, santé et société*, 13(1), 53-67. doi:10.7202/1027125ar

Lejoyeux, M. (1999). Echelles de dépistage du jeu pathologique: Le jeu pathologique. *Neuro-psy*, 14(2), 67-71.

Leong, F. T., & Zachar, P. (1999). Gender and opinions about mental illness as predictors of attitudes toward seeking professional psychological help. *British Journal of Guidance and Counselling*, 27(1), 123-132. doi:10.1080/03069889908259720

Lesage, A., Séguin, M., Guy, A., Daigle, F., Bayle, M.-N., Chawky, N., Tremblay, N., & Turecki, G. (2008). Systematic services audit of consecutive suicides in New Brunswick: The case for coordinating specialist mental health and addiction services. *The Canadian Journal of Psychiatry / La Revue canadienne de psychiatrie*, 53(10), 671-678. doi:10.1177/070674370805301006

Lesieur, H. R., & Blume, S. B. (1987). The South Oaks Gambling Screen (SOGS): A new instrument for the identification of pathological gamblers. *The American Journal of Psychiatry*, 144(9), 1184-1188. doi:10.1176/ajp.144.9.1184

Lesieur, H. R., & Blume, S. B. (1991). Evaluation of patients treated for pathological gambling in a combined alcohol, substance abuse and pathological gambling treatment unit using the Addiction Severity Index. *British journal of addiction*, 86(8), 1017-1028. doi:10.1111/j.1360-0443.1991.tb01863.x

Lorains, F. K., Cowlishaw, S., & Thomas, S. A. (2011). Prevalence of comorbid disorders in problem and pathological gambling: systematic review and meta-analysis of population surveys. *Addiction*, 106(3), 490-498. doi:10.1111/j.1360-0443.2010.03300.x

Mark, M. E., & Lesieur, H. R. (1992). A feminist critique of problem gambling research. *British Journal of Addiction*, 87(4), 549-565. doi:10.1111/j.1360-0443.1992.tb01957.x

- Market Quest Research Group. (2005). *Newfoundland and Labrador gambling prevalence study*. St. John's, NL: Department of Health and Community Services, Government of Newfoundland and Labrador.
- Martins, S. S., Tavares, H., da Silva Lobo, D. S., Galetti, A. M., & Gentil, V. (2004). Pathological gambling, gender, and risk-taking behaviors. *Addictive behaviors*, 29(6), 1231-1235. doi:10.1016/j.addbeh.2004.03.023
- Martos, T. R. (2013). A qualitative examination of factors influencing parents' decision making process when choosing or rejecting recommended services for their child following a diagnosis of autism spectrum disorder (Doctoral dissertation). Retrieved ProQuest Dissertation Publishing. (Accession No. 3564924)
- Maccallum, F., & Blaszczyński, A. (2003). Pathological gambling and suicidality: An analysis of severity and lethality. *Suicide and Life-Threatening Behavior*, 33(1), 88-98. doi:10.1176/ajp.144.9.1184
- Merkouris, S. S., Thomas, A. C., Shandley, K. A., Rodda, S. N., Oldenhof, E., & Dowling, N. A. (2013). An update on gender differences in the characteristics associated with problem gambling: a systematic review. *Current Addiction Reports*, 3(3), 254-267. doi:10.1007/s40429-016-0106-y
- Newman, S. C., & Thompson, A. H. (2007). The association between pathological gambling and attempted suicide: Findings from a national survey in Canada. *The Canadian Journal of Psychiatry / La Revue canadienne de psychiatrie*, 52(9), 605-612. doi.org/10.1521/suli.33.1.80.22785
- Paillé, P., & Mucchielli, A. (2012). *L'analyse qualitative en sciences humaines et sociales*. Armand Colin.
- Pérez, J. I. R. (2014). Juego patológico y dependencia del alcohol en una muestra de trabajadores y estudiantes universitarios: Prevalencias, interrelaciones y diferencias de género. [Pathological gambling and alcohol dependence in a sample of workers and university students: Prevalences, relationships and gender differences.]. *Psychologia: Avances de la Disciplina*, 8(1), 33-42.
- Pescosolido, B. A. (1992). Beyond rational choice: The social dynamics of how people seek help. *American Journal of Sociolog. New Directions in the Sociology of Medicine (Jan., 1992)*, 97(4), 1096-1138.
- Pescosolido, B. A., & Boyer, C. A. (1999). How do people come to use mental health services? current knowledge and changing perspectives. In Horwitz, Allan V. (Ed); Scheid, Teresa L. (Ed), (1999). *A handbook for the study of mental health: Social contexts, theories, and systems* (pp. 392-411). New York, NY, US: Cambridge University Press, xvii, 676 p.

Petry, N. M. (2003). A comparison of treatment-seeking pathological gamblers based on preferred gambling activity. *Addiction*, 98(5), 645-655. doi:10.1046/j.1360-0443.2003.00336.x

Petry, N. M., Stinson, F. S., & Grant, B. F. (2005). Comorbidity of DSM-IV pathological gambling and other psychiatric disorders: results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Journal of Clinical Psychiatry*, 66(5), 564-574. doi:10.4088/JCP.v66n0504

Potenza, M. N., Steinberg, M. A., McLaughlin, S. D., Wu, R., Runsaville, B. J., & O'Malley, S. S. (2001). Gender-related differences in the characteristics of problem gamblers using a gambling helpline. *The American Journal of Psychiatry*, 158(9), 1500-1505. doi:10.1176/appi.ajp.158.9.1500

Poulin, C. (2002). An assessment of the validity and reliability of the SOGS-RA. *Journal of Gambling Studies*, 18(1), 67-93. doi:10.1023/a:1014584213557

Quilty, L. C., Watson, C., Robinson, J. J., Toneatto, T., & Bagby, R. M. (2011). The prevalence and course of pathological gambling in the mood disorders. *Journal of Gambling Studies*, 27(2), 191-201. doi:10.1007/s10899-010-9199-8

Richmond-Rakerd, L. S., Slutske, W. S., & Piasecki, T. M. (2013). Birth cohort and sex differences in the age of gambling initiation in the United States: Evidence from the National Comorbidity Survey Replication. *International Gambling Studies*, 13(3), 417-429. doi:10.1080/14459795.2013.836554

Scotto R., N. (2007). Factors associated with adolescents' mental health access and patterns of utilization (Doctoral Dissertation). Retrieved from ProQuest Dissertations Publishing. (Accession No. 3253017)

Séguin, M., Lesage, A., Chawky, N., Guy, A., Daigle, F., Girard, G., & Turecki, G. (2006). Suicide cases in New Brunswick from April 2002 to May 2003: The importance of better recognizing substance and mood disorder comorbidity. *The Canadian Journal of Psychiatry / La Revue canadienne de psychiatrie*, 51(9), 581-586.

Séguin, M., Robert, M., DiMambro, M., Lesage, A., Reidi, G., Roy, M., Gagnon, A., Larochele, S., & Dutrisac, S. (2013). Gambling over the life course and treatment-seeking. *International Gambling Studies*, 13(3), 302-318. doi:10.1080/14459795.2013.812675

Shaffer, H. J., & Martin, R. (2011). Disordered gambling: Etiology, trajectory, and clinical considerations. *Annual Review of Clinical Psychology*, 7, 483-510. doi:10.1146/annurevclinpsy-040510-143928

Specker, S., Carlson, G., Edmonson, K., Johnson, P., & Marcotte, M. (1996). Psychopathology in pathological gamblers seeking treatment. *Journal of Gambling Studies*, 12(1), 67-81. doi:10.1007/bf01533190

Spitzer, R. L., Williams, J. B. W., Gibbon, M., & First, M. B. (1990). *User's guide for the structured clinical interview for DSM-III-R: SCID*. Washington, DC, US: American Psychiatric Association.

Slutske, W. S. (2006). Natural recovery and treatment-seeking in pathological gambling: Results of two US national surveys. *American Journal of Psychiatry*, 163(2), 297-302. doi:10.1001/archpsyc.1992.01820080032005

Slutske, W. S., Blaszczyński, A., & Martin, N. G. (2009). Sex differences in the rates of recovery, treatment-seeking, and natural recovery in pathological gambling: Results from an Australian community-based twin survey. *Twin Research and Human Genetics*, 12(5), 425-432. doi:10.1375/twin.12.5.425

Sunderland, A., & Findlay, L. (2013). *Besoins perçus de soins de santé mentale au Canada: résultats de l'Enquête sur la santé dans les collectivités canadiennes-Santé mentale (2012)*. Statistique Canada.

Suomi, A., Jackson, A. C., Dowling, N. A., Lavis, T., Patford, J., Thomas, S. A., Harvey, P., Abbott, M., Bellringer, M. E., Koziol-McLain, J., & Cockman, S. (2013). Problem gambling and family violence: family member reports of prevalence, family impacts and family coping. *Asian Journal of Gambling Issues and Public Health*, 3(1), 1-15.

Suurvali, H., Hodgins, D., Toneatto, T., & Cunningham, J. (2008). Treatment seeking among Ontario problem gamblers: Results of a population survey. *Psychiatric Services*, 59(11), 1343-1346.

Svensson, J., & Romild, U. (2014). Problem gambling features and gendered gambling domains amongst regular gamblers in a Swedish population-based study. *Sex Roles*, 70(5-6), 240-254. doi:10.1007/s11199-014-0354-z

Tang, C.-k., Wu, A. S., & Tang, J. C. (2007). Gender differences in characteristics of chinese treatment-seeking problem gamblers. *Journal of Gambling Studies*, 23(2), 145-156. doi:10.1007/s10899-006-9054-0

Tavares, H., Zilberman, M., Beites, F., & Gentil, V. (2001). Brief Communications: Gender Differences in Gambling Progression. *Journal of Gambling Studies*, 17(2), 151-159. doi:10.1023/a:1016620513381

Tremblay, J., Rouillard, P., & Sirois, M. (2001). *Deépistage/évaluation du besoin d'aide - Alcool/Drogues*. Québec, Service de recherche CRUV/CRAT-CA. www.risqtoxico.ca

Tremblay, J., Ménard, J.M., & Ferland, F. (2001). *Détection/évaluation du besoin d'aide - Jeu*, Québec. Service de recherche CRUV/CRAT-CA. www.risqtoxico.ca

Tremblay, G., Morin, M.-A., Desbiens, V., & Bouchard, P. (2007). *Conflits de rôle de genre et dépression chez les hommes*. Québec : CRI-VIFF (Études et analyses #36)

Tschibelu, E., & Elman, I. (2010). Gender differences in psychosocial stress and in its relationship to gambling urges in individuals with pathological gambling. *Journal of Addictive Diseases*, 30(1), 81-87. doi:10.1080/10550887.2010.531671

Williams, R.J., Volberg, R.A., & Stevens, R.M.G. (2012). *The Population Prevalence of Problem Gambling: Methodological Influences, Standardized Rates, Jurisdictional Differences, and Worldwide Trends. Report prepared for the Ontario Problem Gambling Research Centre and the Ontario Ministry of Health and Long Term Care*. May 8, 2012. Récupéré de / Retrieved from : <http://hdl.handle.net/10133/3068>

Wulfert, E., Hartley, J., Lee, M., Wang, N., Franco, C., & Sodano, R. (2005). Gambling Screens: Does Shortening the Time Frame Affect their Psychometric Properties? *Journal of Gambling Studies*, 21(4), 521-536. doi:10.1007/s10899-005-5561-7

Manuscrit soumis le 8 février 2016 et accepté le 23 novembre 2016. Cet article a fait l'objet d'une évaluation par les pairs. Toutes les adresses URL étaient actives au moment de la soumission.

Submitted February 8, 2016; accepted November 23, 2016. This article was peer-reviewed. All URLs were available at the time of submission.

Correspondance/correspondence: Éric Beaulac, D. Psy. Département de psychoéducation et de psychologie, Université du Québec en Outaouais, 283 boul. Alexandre-Taché, Gatineau Québec, Canada, J8X 3X7.
Courriel/E-mail: eric.beaulac@outlook.fr

Conflit d'intérêts/Conflict of interest: Aucun conflit d'intérêts à déclarer. / No conflict of interest declared.

Approbation éthique/Ethics approval: L'étude a été approuvée par le Comité d'éthique de la recherche de l'Université du Québec en Outaouais (référence 9704). / This study was approved by the Comité d'éthique de la recherche de l'Université du Québec en Outaouais (reference no. 9704).

Remerciements/Acknowledgements: Cette étude a été possible grâce à une subvention du Fonds de recherche du Québec – Société et culture. / This study was made possible by a grant from the Fonds de recherche du Québec – Society and culture.

policy paper

Reconciling Conflicting Demands in the EGM Industry: Government, Industry, Media and the Community

June St Clair Buchanan¹ & Gregory Elliott¹

¹ Department of Marketing and Management, Macquarie University, Sydney, NSW, Australia

Abstract

Gambling has traditionally been a part of the national psyche in Australia. In more recent times, however, attitudes in much of the community are changing, with the result that governments are widely expected to develop increasingly restrictive public policies related to electronic gaming machines (EGMs). The purpose of this paper is to examine the relationships between government, business, and the broader community in the context of the gambling industry in New South Wales (NSW), Australia, and to explore the political and social policy implications of reconciling these competing stakeholder interests. The research draws on the results of 38 face-to-face interviews with key stakeholders in Nevada and NSW conducted during 2005 and 2006, with an additional two interviews in 2013 in NSW. Furthermore, 47 newspaper articles were analyzed to further identify key issues. Against a background of widespread community skepticism, we argue that governments have an important role in setting public policies and striking the appropriate balance between protecting those who have, or are susceptible to, gambling problems and the majority of people who play EGMs without any ensuing problems. However, businesses also have an important contribution to make by being proactively socially responsible, thereby increasing their legitimacy and negating the need for further government interventions.

Keywords: marketing, stakeholder theory, public and social policy, electronic gaming machines (EGMs), corporate social responsibility (CSR)

Résumé

En Australie, les jeux de hasard sont traditionnellement ancrés dans les mœurs. Toutefois, depuis quelque temps, les attitudes d'une grande partie de la population sont en train de changer, de sorte que l'on s'attend généralement à ce que les gouvernements élaborent des politiques publiques de plus en plus restrictives à

l'égard des appareils de jeux électroniques. Dans cet article, on examine les relations qui existent entre le gouvernement, les entreprises et l'ensemble de la population dans le contexte de l'industrie des jeux de hasard en Nouvelle-Galles du Sud, en Australie et on analyse les implications politiques et sociales d'une conciliation des intérêts complémentaires de ces intervenants. Ces travaux de recherche s'appuient sur les résultats de 38 entrevues en face à face avec les principaux intervenants au Nevada et en Nouvelle-Galles du Sud qui ont été réalisées au cours de 2005 et 2006, auxquelles s'ajoutent deux autres entrevues qui ont été effectuées en 2013 en Nouvelle-Galles du Sud. De plus, 47 articles de journaux ont été analysés pour définir davantage les principaux problèmes. Avec comme toile de fond un scepticisme généralisé dans la population, on soutient que les gouvernements ont un rôle important à jouer dans l'élaboration de politiques publiques et dans le maintien d'un juste équilibre lorsqu'il s'agit de protéger ceux qui ont des problèmes de jeu, ou ceux qui peuvent y succomber, et la majorité des gens qui utilisent des appareils de jeux électroniques sans que cela devienne problématique. Toutefois, les entreprises ont également un rôle important à jouer en prenant l'initiative d'agir de façon responsable sur le plan social, ce qui aura pour effet de renforcer leur légitimité et d'éliminer la nécessité d'avoir recours à d'autres interventions gouvernementales.

Gambling and the Electronic Gaming Machine Industry

Many industries producing potentially harmful products are increasingly scrutinized by governments, media, non-governmental organizations (NGOs), and citizens regarding the social problems arising from excessive use of these products. Although obvious industries such as tobacco, alcohol, firearms, pornography, and gambling have for decades been the focus of concern, in more recent times, a plethora of other industries have been targeted that produce, for example, fast food, breast implants, potentially addictive pharmaceuticals, non-organic foods, genetically modified food, and banking products (including mortgages and availability of credit), as have the plastic surgery, fashion, and cosmetic industries. While the focus of community concern may differ for each industry, the underlying causes and ultimately the resolution of these social problems have much in common in that “urgent social problems increasingly arise at the intersection of the interests of business leaders, policy makers, and consumers” (Ozanne, Corus, & Saatcioglu, 2009, p. 29).

Although the majority of people who play electronic gaming machines (EGMs; also known as pokies and poker machines in Australia) do so without ensuing problems, for many others, in particular heavy gamblers and their significant others, gambling problems are a real issue with potentially serious consequences such as loss of jobs, relationships, homes, and, in extreme cases, loss of life through suicide (Doughney, 2002; Gambling Research Australia, 2005; Productivity Commission, 1999, 2010; The Salvation Army, 2016). Gambling has long been considered a part of the social

fabric of Australia (Caltabiano, 2004; Productivity Commission, 1999). In more recent times, however, a growing tide of discontent has appeared, with several anti-gambling lobby groups and some politicians openly opposing EGMs. In contrast, the effectiveness of the gaming industry in successfully lobbying government against regulations perceived to be detrimental to its interests is relevant. Against this background, government is seemingly caught in the middle between increasing social concerns regarding the potentially harmful effects of EGMs and the economic significance of the gaming and related industries (e.g., thoroughbred horse racing, licensed clubs, and the hospitality industry), political donations, taxation revenues, and the lobbying power of the EGM industry.

This paper examines the relationships between the EGM industry, the media, and the federal and New South Wales (NSW) state governments in Australia. Given the frequent conflicts between, and competing interests of, these entities the authors recognize that “understanding what gambling does when it is permitted or when it is prohibited is the foundation for good public policy” (Eadington & Cornelius, 1997, p. xxi). Furthermore, understood that as alluded to in this paper, “all governments face a dilemma in seeking to strike a balance between economic, social and regulatory imperatives as they formulate and implement gambling policies” (McMillen, 1997, p. 104). Figure 1 is a snapshot of the major stakeholders in the NSW EGM industry.

Stakeholder Theory

Stakeholder theory, as an established body of literature and research, emerged in the 1990s (Agle et al., 2008). It combines the central concepts of business and of ethics (Freeman, 1994) and was developed to further explore the relationships between an organization and its stakeholders, strategically and ethically. Basing their model on Archer’s (1995) typology, Friedman and Miles (2002) group stakeholders depending on (a) whether they are necessary or contingent to the organization’s operations and (b) whether the stakeholders are compatible or incompatible with the organization’s interests. Another important facet of stakeholder theory, that of tension between stakeholders, has been identified by authors such as Friedman and Miles (2002) and Dickinson-Delaporte, Beverland, and Lindgreen (2010) in their examination of the Trappist beer industry in the United Kingdom.

A typical stakeholder perspective is advocated by Joyner and Raiborn (2005) in recognizing the rising power of stakeholders and their expectations that corporations undertake regular and comprehensive corporate social responsibility (CSR) activities and justify their performance. However, it should also be recognized that not all stakeholders are created equal, nor should they all be treated as equally important. According to Mitchell, Agle, and Wood (1997), three important relationship attributes possessed by each stakeholder are the levels of power, legitimacy, and urgency. Stakeholders who possess only one of these attributes will have low salience to management, moderate salience if they possess two attributes, and high salience if all three attributes exist. *Power* and *urgency* must be addressed if managers are to satisfy

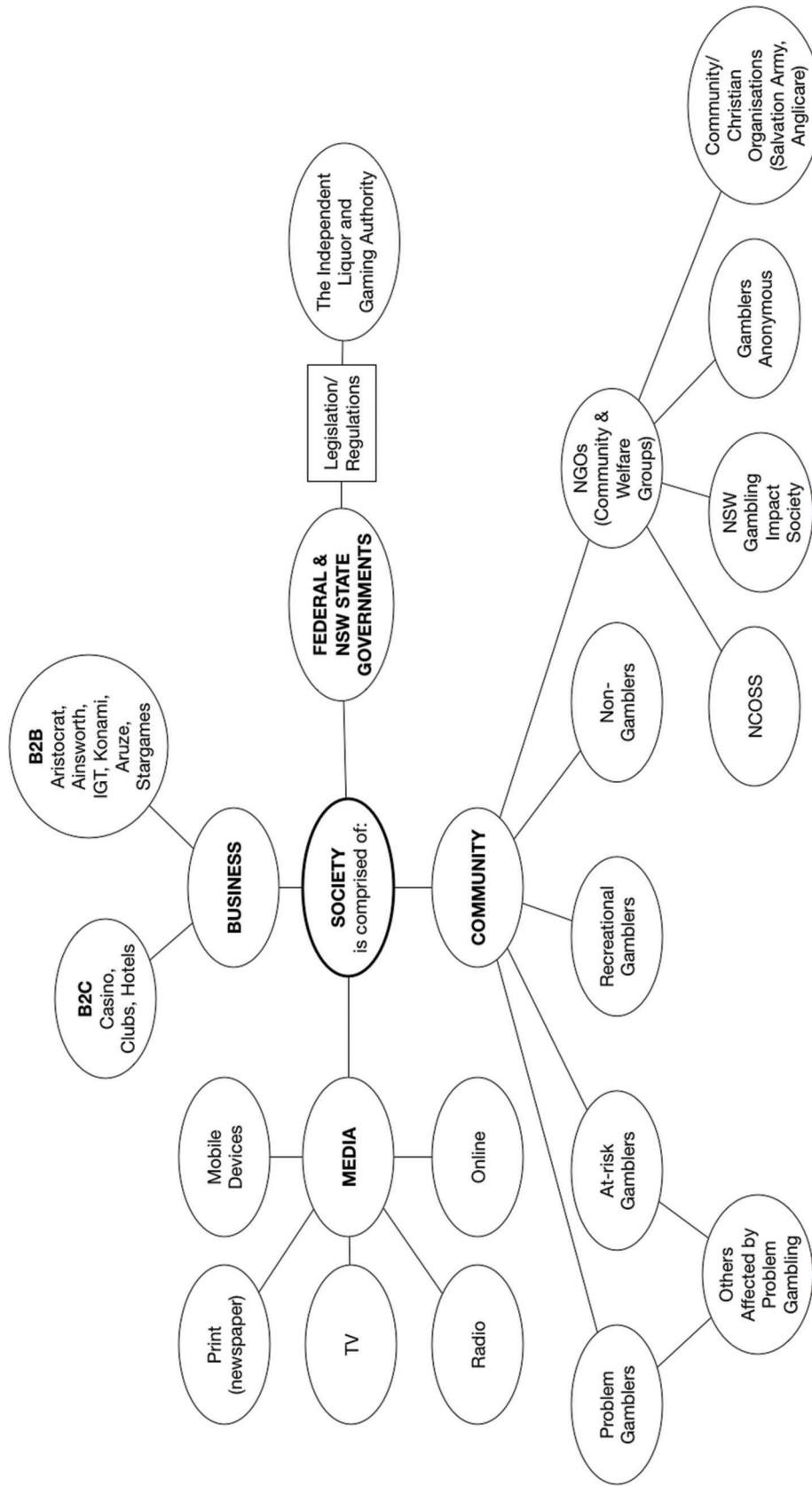


Figure 1. Members of society from a gaming perspective, New South Wales, Australia. B2C = business-to-consumer; B2B = business-to-business; IGT = ; NGOs = non-governmental organizations; NSW = New South Wales; NCOSS = NSW Council of Social Service

the legal and moral interests of legitimate stakeholders. A later study concluded that it is primarily moral legitimacy, not urgency, which has the most salience (Neville, Bell, & Whitwell, 2011). At the same time, it could be argued that moral legitimacy is perhaps the most ambiguous and contestable dimension, depending, critically, on the position of the observer.

Stakeholder theory is important for understanding the interactions and sometimes competing and conflicting relationships between organizations and their stakeholders. This description arguably applies to the NSW EGM industry and its relationships with the media and, relatively recently, with some members of the national parliament. As shown in Figure 1, problem gamblers and their significant others (including children) are also an important stakeholder group, as are NGOs such as counsellors and religious groups. Although the NSW government funds gambling help lines, treatment centres are either funded by the government or are provided by not-for-profit organizations (Independent Pricing and Regulatory Tribunal of New South Wales, 2005). The main focus of this paper, as stated earlier, is the possible reconciliation of the competing interests of three major stakeholders in this debate—EGM operators (referred to as the EGM industry in this paper), the community, and government (both state and federal). Although not a stakeholder, the mass media is widely recognized as both influencing, and being influenced by, the community (Teo, 2000, p. 12). In the current study, it is treated as potentially both shaping and reflecting community attitudes toward EGMs. Note, however, that we have not surveyed the public in the current study and therefore cannot categorically state that the media reflects the majority of public opinion.

Competing Interests in Society

At the heart of this discussion of gambling is the role of social and public policy and, in particular, the resolution of the perennial conflict between the legitimate, largely economic, interests of the gambling industry and the social interests of the broader community. Gambling research has been accused of overlooking “relationships between three ‘communities of interest’ (governments, industry, and local interests such as the media) and their effects on political process and outcomes” (McMillen, 2009, p. 2). Although we do not consider the media to be a stakeholder per se, nevertheless, in this context, it can be argued that the mass media is an important component of the community, in addition to government, industry, and citizens, including gamblers. Of course, the registered clubs, particularly in NSW, would almost certainly argue that they legitimately represent local communities (and not just the industry), and much of their public relations and lobbying activities are directed at establishing the validity of this proposition in the eyes of the media, government, and the community. Critics of EGMs, on the other hand, would argue that the registered clubs are the public face of the gambling industry. The four main communities of interest, depicted in Figure 2, are discussed in the following sections.

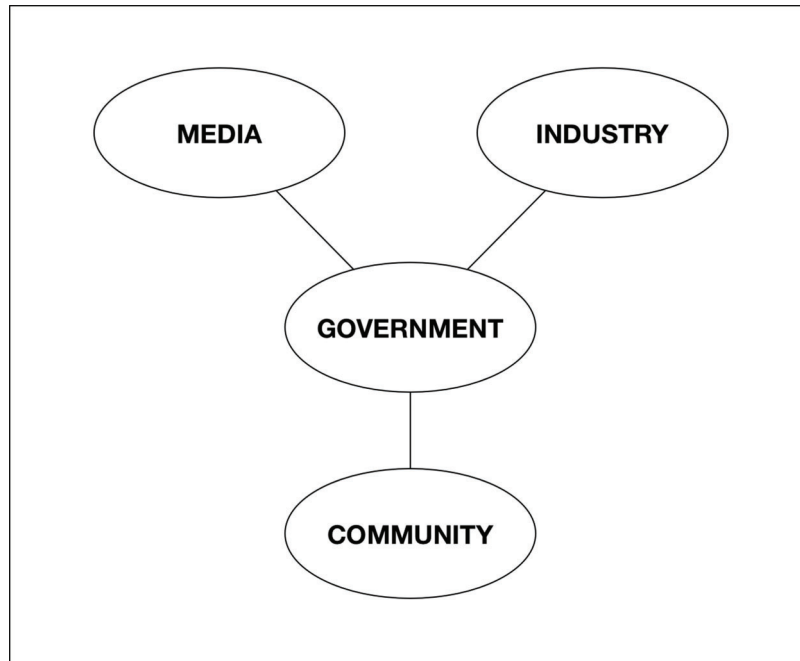


Figure 2. Australian government as mediator between conflicting demands of the electronic gaming machine industry, media, and the community

Government and Public/Social Policy

A range of definitions of social policy are suggested in the literature. Titmuss (1974) summarizes the various approaches and concludes that

these and similar definitions, whether one views them as limited or broad, all contain three objectives — and, of course, value judgements. First, they aim to be beneficent — policy is directed to provide welfare for citizens. Second, they include economic as well as non-economic objectives; for example, minimum wages, minimum standards of income maintenance and so on. Thirdly, they involve some measure of progressive redistribution in command-over-resources from rich to poor. (p. 144)

To emphasise the importance of social policy, the University of York (n.d.) offers the following approach: “Studying Social Policy will enable you to understand the causes of social problems and what governments attempt to do about them” (“What Is Social Policy?,” para. 1). Clearly, the role of government is central to the formulation and implementation of social policy. Thus, what is the relationship between social policy and public policy? Vargas-Hernandez, Noruzi, and Nezhad Haj Ali Irani (2011) succinctly describe the nexus: “Social policy is that part of public policy that has to do with social issues” (p. 287). This view suggests that social policy is a subset of public policy, although it could be argued that public policy is enacted to promote broader social policy aspirations. Alternatively, it could be argued that public policy represents governments’ responses to social problems. Notwithstanding, it is important to understand public policy principles and processes in any discussion of

social policy. In this paper, public policy explicitly encompasses the role of government in developing, enacting, and implementing its social policy within specific social and economic domains, such as the gambling industry.

The field of public policy can be described either “narrowly or broadly” (Gormley, 2007, p. 297). Thus, “a relatively narrow definition [is]: client-oriented advice relevant to public decisions and informed by social values. A relatively broad definition [is]: the study of the causes and consequences of public policy” (Gormley, 2007, pp. 297–298). The latter perspective is emphasized by the Productivity Commission of Australia (2010, p. 4.7), which describes public policy as “a broad framework for assessing harms and risks [which] provides a richer basis for policy and research.”

When considering how public policy is developed and implemented, it can be argued that, because of the scarcity of (a) comprehensive information and (b) resources (time and money), governments frequently take an incrementalist (or successive limited comparisons) approach, rather than a rational decision-making approach (Braybrooke & Lindblom, 1963; Lindblom 1959), in their policy development. In other words, policy alternatives differing only incrementally are actively considered, with NSW gaming machine legislation, for example, developing only incrementally from 1976 to the present.

Relatively recently, however, a flurry of activity among “anti-pokie” Australian federal parliamentarians has advocated, *inter alia*, voluntary pre-commitment legislation, although in the current political and economic climate, such legislation appears unlikely (Martin, 2013); indeed, it was largely scrapped first by the then incumbent Labor government and then by the current conservative Coalition government. For the present, the net economic benefits of gaming, and EGMs, is broadly accepted across the mainstream Australian political parties. An assessment contained in the extensive “Recommendations and Findings” in the Australian Productivity Commission (2010) inquiry report into gambling stated the following:

While it is not possible to be definitive about the costs and benefits of gambling, the Commission estimates that in 2008-09: The benefits from tax revenue and enjoyment of gambling for recreational gamblers ranged between \$12.1 and \$15.8 billion. The costs to problem gamblers ranged between \$4.7 and \$8.4 billion. The overall net benefits ranged between \$3.7 and \$11.1 billion. The net benefits could be much larger if governments reduced the costs through effective prevention and harm minimisation policies. (p. 48) [Finding 6.3]

As this quote illustrates, the broad theme of the Productivity Commission (2010) report is to recognize the economic and social costs, as well as the economic benefits, of gambling. The claimed positive net economic benefits provide important legitimacy for the industry in the minds of Australian federal and state governments. Further, the proposed social policy initiatives around this issue need to recognize the perceived legitimacy of gambling held by both governments and the majority of the

general community in Australia. This highlights the balancing role of government implied in Figure 2. State governments attract substantial revenue from gaming machine taxes, which in turn fund public goods such as hospitals, schools, roads, and so forth.

It is relevant to note that, prior to the end of 2012, EGM laws and regulations were the responsibility of each Australian state and territory, with the federal government having jurisdiction over only online gambling. However, the Australian Government, Department of Social Services (n.d.), reported on its website that “on 29 November 2012, Federal Parliament passed gambling reform legislation that will see the most significant and far reaching national reforms put in place to reduce the harm from poker machines” (para. 1). According to this website, the federal government bases its reforms on the recommendations by the Productivity Commission (1999, 2010). Although the federal government is apparently taking a more active role, it is relevant to consider state and federal governments as separate entities, as their roles and interests may not always coincide.

Beyond the role of the national government, the NSW state government develops gaming legislation and regulations through the NSW parliament. The Independent Liquor and Gaming Authority (<https://www.liquorandgaming.justice.nsw.gov.au/Pages/ilga.aspx>) has responsibility for pubs, clubs, and the casino, and it makes regulations and decisions on behalf of the NSW government.

EGM Industry

Two important interest groups in the EGM industry are the industry suppliers (particularly EGM manufacturers) and the gaming venues. Consumers can legally access EGMs in NSW through licensed hotels, registered clubs, and the state’s only legal casino, The Star. Major distributors and suppliers of new (as opposed to second-hand) EGMs in NSW in the business-to-business market are first, the two organizations whose head offices are in Australia, namely, Aristocrat and Ainsworth, and second, several major overseas-headquartered companies such as IGT, Konami, Aruze, and Stargames. Behind these suppliers are, in turn, their suppliers’ component parts manufacturers and importers and, of more immediate relevance, their professional service suppliers such as public relations agencies and specialist political lobbyists. A large number of registered clubs (1,222 with 70,725 EGMs) and pubs (1,693 with 23,364 EGMs) and one casino (Star City with 1,500 EGMs) operate EGMs in NSW (totalling 95,589 EGMs for NSW in 2013; C. Treloar, personal communication, January 24 and 25, 2013). The latest available figures show a slight drop, with a total of 94,864 EGMs in 2015 for NSW (although Star City remained the same, registered clubs dropped slightly to 70,086 and pubs/hotels dropped slightly to 23,278; Australian Gambling Statistics, 2016). Within this industry of different operators, pubs are widely perceived to be profit driven, whereas the non-profit clubs are viewed as largely providing a community service (although the results of Hing’s 1999 study highlighted the perception that clubs had increasingly subsumed their community service imperative to an economic one; Hing, 2000). It is also germane to note that registered clubs were originally granted a de facto

monopoly on poker machine gambling in NSW, in recognition of their original non-profit, social, and community roles. To this day, the economic strength of these clubs remains tied to their former monopoly of the poker machine market—a position that, to the best of our knowledge, was unique in the world at the time. It should also be acknowledged that clubs and pubs openly compete for a share of the pokie dollar and thus their interests and positions do not always coincide (unless presenting as a united front against proposed regulatory restrictions). However, although it is recognized that the EGM industry consists of a disparate body of venues (pubs, clubs, and the casino), for this paper, given their generally unified stance in opposing additional EGM restrictions, they are included under the generic “EGM industry” label. For example, it is interesting to note that, on January 20, 2011, *The Sydney Morning Herald* reported that “a gambling reform activist is being threatened with defamation action by the registered clubs body Clubs NSW in an escalation of the battle over proposed changes to poker machine laws” (Nicholls, 2011). On February 3, 2011, the same newspaper reported that “the powerful” Clubs Australia and the Australian Hotels Association have banded together “to launch a \$10 million campaign against the federal government’s planned poker machine changes” (Carson, 2011). The campaign fund was later increased to \$20 million.

Media

It is widely accepted that the role of the mass communication media is at the same time to reflect and inform community concerns and, ostensibly at least, to exert a strong influence on much of society. Notable critical discourse theorists such as Van Dijk (1983) recognize that news is not a reflection of reality—rather, “media discourse should not be seen merely as a ready ‘product’ of news-gathering activities, but as the manifestation of a complex process in which knowledge, beliefs, and opinions are matched with existing or incoming information about events, the social contexts of news productions, and representations of the reading public” (p. 28). Furthermore, “according to the moral panic literature, the mass media can play a central role in the construction of the threats against which political actors claim to protect the population” (Béland, 2005, p. 7). Thus a central question when considering the role of the mass media is whether it reflects or leads public opinion. If one considers that media has the power to lead public opinion, it could be argued that government regulations might, in reality, be more window dressing designed to appease the industry critics and moral conservatives, rather than the result of comprehensive informed public policy, although it seems highly unlikely that any government would seek to invite on itself the current controversy. Further studies need to be conducted to ascertain whether or not media leads public opinion, or even if it reflects it. For the moment, it remains an open question.

Community

As depicted in Figure 1, a number of identifiable entities make up the community. In the current context, a key stakeholder is clearly gamblers, both problem and

non-problem gamblers. The Australian government's position on problem gambling is summarized in the following:

Many Australians enjoy an occasional flutter. However for some, gambling can be highly destructive – ruining lives and destroying families.

Australians spent more than \$19 billion on gambling in 2014-15 of which \$13 billion was spent on pokies. (Australian Government, Department of Social Services, n.d., “The Facts About Gambling,” para. 1 and 2)

The 2010 Productivity Commission gambling report states that 0.5% to 1.0% of Australian adults have significant gambling problems and between 1.4% and 2.1% of adults are potentially vulnerable to problem gambling, making a total of up to 3.1% who are potentially vulnerable or who have significant gambling problems (p. 5.1). The report further estimates that “problem gamblers account for 22 to 60 per cent of total gaming machine spending” (Productivity Commission, 2010, p. 5.1). This statistic is at the heart of the public policy challenge of EGMs. EGM critics argue that the economic viability of the industry currently relies on the exploitation of problem gamblers. At the same time, it should also be recognized that there are other very large and, thus far, under-represented community groups in these discussions. These include non-gambling, non-club members; non-gambling club members; and non-problem gamblers. Each of these groups could be expected to hold their own positions on any proposed gambling restrictions, ranging from mild approval to equally mild disapproval, but their real positions to date have not developed the critical mass necessary to be regarded as active stakeholders. The status of the opinions of this silent majority is therefore outside the scope of the current discussion, although, ultimately, their views will be assumed to be reflected in the public and social policy outcomes, and certainly both the industry and its critics will compete for the opinions and political support of this large constituency.

Within the broader community, one of the NGOs represented in Figure 1—the Gambling Impact Society (NSW)—adopts a particularly strong anti-EGM stance, as reflected through its website (<http://gisnsw.org.au>) and, as might be expected, from its name. Another NGO, the NSW Council of Social Service (NCOSS), “is the peak body for the social and community services sector in New South Wales” (Community Legal Centres NSW, n.d., “Council of Social Services of NSW (NCOSS),” para. 1). As a generalization, these community groups actively oppose EGMs to varying degrees. Certainly, there is no prominent or vocal pro-gambling community group, although the Registered Clubs Association would undoubtedly claim that it represents the interests of the communities that its clubs service. Gamblers Anonymous (<http://www.gansw.org.au>) states that it does not take either side in the gambling debate and does not become involved in controversies. Although the Gambling Impact Society (NSW) (n.d.) states that it supports self-responsibility, it is primarily concerned with the impact of gambling on communities. At the same time, however, it seeks to work in a consultative manner with business and government.

Research Questions

Against the previously discussed background to the EGM industry, in this research, we examine the dynamics of the interactions between the industry stakeholders, especially the role of government, in developing social and public policy. In particular, governments typically attempt to balance the rights of organizations to offer legal products (in this case, gaming and EGMs) against the demands of mass media commentators and industry critics for greater restrictions on the availability of these legal but potentially harmful and addictive machines. Accordingly, the questions we address are as follows:

1. To what extent is it possible to reconcile the competing interests of government, media, citizens, and the EGM industry when implementing social policy?
2. What industry changes could be expected as a consequence of a more active social policy?

Method

To address these research questions, we conducted 38 face-to-face interviews with EGM operators, manufacturers, and regulators in Nevada and NSW during 2005 and 2006, with some additional interviews occurring in NSW during 2013. These interviews aimed to reveal, *inter alia*, the prevailing attitudes of gaming industry executives toward the industry's social contribution and the current and prospective government regulatory regime. Respondent details are displayed in Table 1. In addition, we undertook a content analysis of a sample of 47 newspaper articles in Australia (*The Sydney Morning Herald*, *The Australian*, *The Daily Telegraph*) from August 30, 1999, to 2013 (refer to Table 3) related to the government's reneging on proposed gaming machine legislation, with a later focus on mandatory pre-commitment, to examine the press portrayal of the industry.

Analysis and Findings

Analysis of Interviews

Interviews were analyzed by using NVivo™ 8.0 (2008), a qualitative analysis software program that assists in the identification of themes by categorizing them into trees and nodes. As a result of textual and contextual coding, six major tree node categories were developed (CSR, EGMs, Gambling Behaviour, Marketing, Regulatory and Non-Regulatory Factors, and Stakeholders), with 33 subcategories and 20 sub-subcategories nested beneath them. Table 2 presents highlights of the main categories and a summary of the associated major issues resulting from the face-to-face interviews.

As can be seen in Table 2, a number of gambling-related issues and stakeholders were identified. Gambling issues can influence many in society, such as the media and government, who in turn question the social responsibility practices of EGM operators and manufacturers. For example, are certain features of EGMs cleverly

Table 1
Respondent Classification

Respondent	Location	Industry role ^a	Demographics (specific roles, responsibilities, and duration of experience/employment)
1	Nevada	Casinos	VP, Research and Analysis. 15 years
2	NSW	Pubs	Owner of 10 very large gambling pubs in Sydney. Two to three are in the Top 20 gaming pubs in NSW. 30 years
3	NSW	Supplier	NSW General Manager Sales and Marketing for the largest EGM manufacturer in the world. 20 + years
4	Nevada	Supplier	U.S. President of Australia's largest EGM manufacturer. Currently CEO of a large U.S. EGM and casino games manufacturer. 14 years
5	NSW	Supplier	NSW Sales Manager of largest EGM manufacturer in the world. Now exporter of pre-owned EGMs. 30 + years
6	Nevada	Supplier	Senior Marketing Manager. 10 years
7	Nevada	Consultant	Chief Relationship Officer of Raving Consulting Company. He is the company owner and is responsible for all aspects of the company's business. Raving is 15 years old, and he has been in the gaming industry for 38 years. The company has six employees, plus 15 "Raving Partners," who are independent consultants, with whom they have a formal relationship and use as projects dictate and their expertise is needed.
8	NSW	Consultant	Hotel Advisor and Gaming Link Operator Agent and owner for Max Gaming. Former owner of pubs, one of which was in the Top 10 pubs in NSW for gaming. 20 + years
9	NSW	Supplier	Regional Marketing Manager of Australia's largest EGM manufacturer. 15 + years
10	NSW	Clubs	Assistant General Manager of one of the largest NSW Leagues Clubs. 20 + years
11	NSW	Clubs	President of the NSW Club Management Association. 36 years.
12	NSW	Consultant	Former Federal Minister for Tourism, Sport and Recreation. 25 + years
13	NSW	Regulator	Previously Director General of LAB/DGR and now a member of the IL&GA. 20 years
14	Nevada	Casinos	VP of Operations. 12 years
15	NSW	Consultant	Former illegal draw poker machine operator. 30 + years
16	NSW	Clubs	Executive Officer, Clubs Management Association. 30 + years
17	Nevada	Casinos	President. 25 years
18	NSW	Clubs	Gaming Manager, Registered Clubs Association of NSW. 20 + years
19	Nevada	Supplier	Responsible Gaming VP. 18 years
20	Nevada	Casinos	VP. 30 years
21	Nevada	Casinos	VP. 14 years
22	NSW	Casinos	Responsible Gaming Manager. 18 years
23	NSW	Regulator	Principal Research Officer - industry support group. 10 + years

Table 1 Continued.

Respondent	Location	Industry role ^a	Demographics (specific roles, responsibilities, and duration of experience/employment)
24	NSW	Consultant	Share broker. 20+ years
25	Nevada	Casinos	VP Marketing of a luxury strip casino. 9 years
26	NSW	Clubs	Former President/CEO of one of the largest NSW clubs. 40 years
27	NSW	Pubs	Former owner of 15 gaming-related pubs. 40-50 years
28	Nevada	Supplier	VP Operations. 12 years
29	Nevada	Consultant	Gambling academic. 20 years
30	Nevada	Consultant	He and his wife have delivered compulsive, problem, and underage gambling consultation for over 45 years to more than 40,000 gaming employees (personnel and executives) and have written responsible gaming programs for major gaming companies. In addition, they have worked with gaming Boards and regulators, presented educational workshops nationally and internationally, and provided expert witness testimony.
31	Nevada	Supplier	Gaming Regulations Officer for a large EGM manufacturer. 10 years
32	NSW	Regulator	Senior Gaming Research Manager. 12 years
33	Nevada	Consultant	Executive Director of Nevada Council of Problem Gambling since 1996. Overall experience on the council: 20 years
34	NSW	Consultant	Former legal counsel for DGR. Consultant for AHA. 20+ years
35	NSW	Casinos	Director of several Australian casinos. Owner of all EGMs in one Australian state. 30+ years
36	Nevada	Casinos	VP Marketing of a luxury strip casino. 10+ years
37	NSW	Pubs	Currently owner of four hotels. Previously owner of another five hotels. Three of his current hotels are in the Top 30 gaming pubs in NSW. 40 years
38	NSW	Consultant	Gaming consultant to AHA. 15+ years

Note. VP = vice president; NSW = New South Wales; EGM = electronic gaming machine; CEO = chief executive officer; LAB = Liquor Administration Board; DGR = Department of Gaming and Racing; IL&GA = Independent Liquor & Gaming Authority; AHA = Australian Hotels Association.

^aSuppliers = EGM manufacturers.

Table 2
Interview Analysis Categories and Issues

Major nodes	Issue
Marketing	Reputation Customer inducements Nevada NSW Entertainment Promotion budget Target market
Gambling issues	Problem gambling strategies Nevada NSW Issues of behavioural responsibility Problem gambling numbers Nevada NSW Return to player Nevada NSW Volatility Technology Nevada NSW
Regulatory and non-regulatory	Nevada NSW
Stakeholders	Epistemological (scholarly) community Employees Community Customers Media NGOs Government and regulators
CSR	Economic Legal Ethical Philanthropy/discretionary spending

Note. CSR = corporate social responsibility; NSW = New South Wales; NGOs = non-governmental organizations.

designed to increase their appeal, leading to greater levels of involvement (time and money) between man and machine? According to the Productivity Commission (2010), around 70% of gamblers who “play weekly or more on gaming machines” (p. 13) do so without any ensuing problems. Because of the sometimes catastrophic outcomes associated with problem gambling, however, many people in society question the large amounts fed into the machines by problem gamblers. Should expenditures on EGMs by gamblers overall (problem and non-problem) be classified as entertainment, or as a social cost? When one considers that most EGM profits come from at-risk and/or problem gamblers (Livingstone & Woolley, 2007;

Table 3
Excerpts From Sample Content Analysis

Newspaper	Date	Headline and Author Name	Main thrust
<i>The Sydney Morning Herald</i> , p. 3	September 16, 1999	Carr Backs Away from Curb on Gambling ^a (Mark Robinson)	“The rise in the number of poker machines in NSW is likely to continue with the Premier backing away from his push for a cap on gambling.”
<i>The Daily Telegraph</i> , p.18	January 26, 2000	The Spread of Social Chaos (Anonymous)	“Mr Carr promised last year to cap the number of poker machines at current levels. He should keep his promise.”
<i>The Daily Telegraph</i> , p.23	May 20, 2000	Taking a Gamble on Personal Responsibility (Michael Duffy)	“I don’t know if it’s more funny or sad to watch Bob Carr’s efforts to pretend he is doing something about gambling in NSW, while out the back the Treasury boys are whistling as they shovel the growing taxation revenue into the State coffers.”
<i>The Daily Telegraph</i> , p.18	January 23, 2001	Hiding the Shame of the State (Anonymous)	“Mr Carr’s gaming policy is based on hypocrisy. While placing a so-called freeze on the number of poker machines, he allowed clubs in financial difficulty to apply for more machines and hotels to buy additional licences if they had not reached their quota.”
<i>The Daily Telegraph</i> , p.26	July 27, 2001	Gambling Reforms Hollow (Campbell Reid)	“Like King Canute attempting to turn back the tide, Premier Bob Carr was destined to fail in any reforms to limit poker machine gambling in this state.”
<i>The Sydney Morning Herald</i> , p.5	May 1, 2003	Hardship Loophole Opened on Six-Hour Pokie Ban (Geesche Jacobsen)	“The State Government has been accused of watering down measures designed to give problem gamblers a break, after it announced a new exemption from a six-hour state-wide shutdown of poker machines due to start today.”
<i>The Daily Telegraph</i> , p.24	January 19, 2006	Emma Model a Run-Down Carr (David Penberthy – Editor)	“Vaunted reforms such as the pokies tax and a wider examination of property taxes have faltered.”
<i>The Daily Telegraph</i> , p.32	May 18, 2007	Unknown Impacts of Cashless Pokies (David Penberthy – Editor)	“And as a sub-text to all of that is the fact that, as yet, the Government has made no progress towards the implementation of the Independent Pricing and Regulatory Tribunal’s three-way recommendation for minimising the social harm poker machines have the potential to inflict.”
<i>The Australian</i> , p.14	October 24, 2009	No Shots Fired in War on Gambling (Peter Van Onselen)	“In September 2007, then prime ministerial aspirant Kevin Rudd pledged to do something about the rise of poker machines across the country, after an ABC investigation into the effect of problem gambling in NSW. ‘I hate poker machines and I know something of their impact on families,’ he said. He promised to find a way to reduce the reliance of state governments on poker machine tax revenue, the nub of the problem. We now know that Rudd hates

Table 3 Continued.

Newspaper	Date	Headline and Author Name	Main thrust
<i>The Australian</i> , p.6	June 24, 2010	Rudd "Breaks Promise" to Attack Pokies (Nicola Berkovic)	poker machines so little that the only recommendation in the Productivity Commission's draft report into gambling (released this week) that his government has committed to act on is to lift restrictions on online gambling sites within Australia. In other words, measures that will add to the gambling industry, not take away from it." "Kevin Rudd has been accused of breaking his promise to wean the states off their addiction to poker machine tax, after failing to adopt tough measures to curb problem gambling, including limiting bets to \$1 a spin." "State governments rake in about \$5 billion a year from gambling taxes and Labor has reaped millions of dollars in political donations from hotels, clubs and casinos over the past three years." "An independent MP's call for action would probably end in failure. Constitutional law experts have warned that new independent MP Andrew Wilkie's demand for federal government action on poker machines could be blunted by gaming companies and state governments manoeuvring to protect their revenue." "Julia Gillard is one step closer to forming government, with a promise to install smart chips in every poker machine in the country to help 160,000 problem gamblers. Ms Gillard yesterday secured the support of Tasmanian independent Andrew Wilkie to form a minority government after agreeing to introduce the technology into the country's 200,000 pokies by 2014." "The Productivity Commission also suggested lowering the betting limit per button push to \$1 from the current \$5 to \$10. Any prime minister who tried to enforce that change, however, could expect vigorous opposition from state governments, which are as addicted to poker machines as some problem gamblers. Gambling provides, on average, one-tenth of revenue raised by the states and poker machines contribute the lion's share." "Clubs Australia executive director Anthony Ball has accused the Prime Minister of backflipping on a deal to consult the industry before making any changes to gambling regulations."
<i>The Australian</i> , p.6	June 24, 2010	States Addicted to Gambling (Nicola Berkovic)	
<i>The Australian</i> , p.7	August 30, 2010	Legal Bar Looms for Pokies Push --- ELECTION 2010 (Pia Akerman)	
<i>The Daily Telegraph</i> , p.4	September 3, 2010	All Bets Are Off: PM to Limit Pokies—2010 - The Wait Continues (Simon Benson)	
<i>The Australian</i> , p.15	September 3, 2010	Help Gamblers Help Themselves (Anonymous)	"The Productivity Commission also suggested lowering the betting limit per button push to \$1 from the current \$5 to \$10. Any prime minister who tried to enforce that change, however, could expect vigorous opposition from state governments, which are as addicted to poker machines as some problem gamblers. Gambling provides, on average, one-tenth of revenue raised by the states and poker machines contribute the lion's share." "Clubs Australia executive director Anthony Ball has accused the Prime Minister of backflipping on a deal to consult the industry before making any changes to gambling regulations."
<i>The Australian</i> , p.8	September 4, 2010	Abbott Touted Relief for Pubs in Wilkie deal—ELECTION 2010 (Lani Vasek and Dennis Shanahan)	

Table 3 Continued.

Newspaper	Date	Headline and Author Name	Main thrust
<i>The Australian</i> , p.9	September 4, 2010	Gaming Reform Schedule "Too Soon" – ELECTION 2010 (Stephen Lunn)	"The NSW Labor government does not want a timeframe set on introducing smartcard technology to help gamblers limit their losses, despite the Gillard-Wilkie deal that it be in place by 2014."
<i>The Australian</i> , p.5	September 24, 2010	Clubs Set for Battle on Pokies (Nicola Berkovic)	"The nation's 4000 clubs have launched a highly organised grassroots campaign against Julia Gillard's deal with Tasmanian independent Andrew Wilkie to mandate smartcard technology in poker machines to dramatically limit gamblers' losses."
<i>The Sydney Morning Herald</i> , p.5	December 9, 2011	Pokies Trial Could Delay Wilkie Bid for Reform (Phillip Coorey)	"The Tasmanian independent MP, Andrew Wilkie, could be made to compromise on his poker-machine reforms by delaying the introduction of mandatory pre-commitment or accepting changes, pending the outcome of a trial. Ms Gillard has told Mr Wilkie she will honour the deal struck in return for him supporting the Labor minority government, but she is under pressure from several MPs who are being targeted by a well-funded campaign by the gambling lobby."
<i>The Australian</i> , p.6	November 1, 2012	Greens Reverse on Pokie Bet Limits (Lauren Wilson)	"Labor's diluted poker machine reforms allowing punters to voluntarily set bet limits are poised to go before parliament tomorrow after the Greens last night declared their support. Tasmanian independent and key pokies reform campaigner Andrew Wilkie welcomed the backflip and said the move would allow a Canberra-based trial of the more robust alternative of mandatory precommitment to proceed. Mr Wilkie, who withdrew his support for Julia Gillard's minority government after the Prime Minister walked away from enforcing a scheme of mandatory precommitment, said the watered-down reforms now had the support they needed to pass the parliament."
<i>The Daily Telegraph</i> , p.1	November 1, 2012	Limits on Pokie Bets by End of Next Year (Andrew Clennell)	"Voluntary precommitment technology will be installed on all new poker machines by the end of 2013. Labor and the Greens have cut a deal to allow the pokie reforms to pass through federal parliament. Two years after independent MP Andrew Wilkie did a deal with Julia Gillard on mandatory precommitment, which was dumped in January, the federal government last night announced it would introduce voluntary precommitment to parliament today."
<i>The Australian</i> , p.4	November 2, 2012	Pokies Trial Tipped for Delay (Andrew Clennell)	"The ACT clubs lobby has warned the long delay in finalising Labor's watered down gambling package has complicated the proposed trial of mandatory pre-commitment technology, pushing the start date closer to next year's federal poll."

Table 3 Continued.

Newspaper	Date	Headline and Author Name	Main thrust
<i>The Daily Telegraph</i> , p.3	November 30, 2012	Timeline for Pokie Limit (Anonymous)	“Clubs and pubs will have until 2018 to fit poker machines with technology that allows punters to set loss limits. After furious lobbying from the clubs industry this week, the government and cross-bench MPs finally agreed on new poker machine laws, but extended the timeframe for the key change by two years. The watered-down package is vastly different from the plan put forward when independent MP Andrew Wilkie struck a deal with Julia Gillard to support her government.”
<i>The Sydney Morning Herald</i> , p.9	August 27, 2013	Coalition Policy on Gambling Slammed (Richard Willingham)	“The Coalition will rely on the clubs and gaming industry to develop support and counselling services for problem gamblers if it wins government. Gambling reformers are dumbfounded that the pokies and club lobby, who vocally campaigned against federal poker machine reforms in the hung parliament, will form an industry advisory group.”
<i>The Australian</i> , p.4	December 11, 2013	ALP Backflip on Gambling Laws (Joe Kelly)	“Labor is poised to support the Coalition’s plan to scrap the gambling reforms introduced by the Gillard government in a move that would bury Andrew Wilkie’s dream of mandatory poker-machine betting curbs.”

^a Bob Carr was the NSW premier at the time.

Productivity Commission, 2010; P. Symond, personal communication, November 16, 2007), it is not surprising that the main focus by many people is on the social costs associated with EGM expenditures. Australian gamblers lost a total of \$22.7 billion, or \$1,241 per head in 2014/15. Of this amount, 51.1% (\$11.6 billion) of expenditure was attributable nationally to EGMs, with almost half of EGM expenditure at \$5.7 billion (49.1%) occurring in NSW (Australian Gambling Statistics 2016; Willingham & Preiss 2016). Gambling losses in 2014/15 experienced an increase of 7.7 per cent on the previous financial year, although this growth was mainly attributable to the still small, but exponentially growing, sports betting (Willingham & Preiss 2016). These figures highlight the importance of the EGM industry conclusively demonstrating its seriousness about being socially responsible. Interviews with industry executives indicated, however, that the many in the industry generally believe that the current government regulation of the industry is adequate to protect society's interests and, because the industry is currently meeting all its societal and community obligations, any further restrictions would be unnecessary and unwelcome. By way of background, legislation was introduced by the NSW government in 1999 targeted specifically at harm minimization through the Gambling Legislation Amendment (Responsible Gambling) Act (1999). One respondent described it as follows:

The first piece of legislation relating to problem gambling restrictions on gaming machine operations in New South Wales was the Gambling Legislation Amendment (Responsible Gambling) Bill 1999. This was followed by the Gaming Machines Act 2001, which introduced further restrictions, including the advertising ban and other significant measures which impacted on the ability of clubs to market their gaming machines. (NSW, Respondent 13, Regulator)

This respondent further stated:

The reason legislation changed in 2001 to disallow external marketing of poker machines was because external signage and other forms of advertising were considered to be a strong inducement for people to gamble. (NSW, Respondent 13, Regulator)

Despite stating that they adhere to the regulations and that there is nothing more they can do over and above the law, some NSW venue operators were cynical regarding regulatory attempts to help problem gamblers:

There is a need to better regulate the market so problem gamblers can be looked after. Don't overregulate, however (such as getting rid of EGMs), so players will be driven to unregulated environments (Internet, underground, etc.). There's a lot of rhetoric from governments, but very little legislation that's proven to be effective. (NSW, Respondent 10, Clubs)

A lot of legislation is very disruptive to regular players and doesn't stop problem gamblers (NSW, Respondent 10, Clubs)

There is so much legislation that there's no room for anything over and above the legislation (NSW, Respondent 37, Pubs)

The gaming industry argues for evidence-based legislation, which is deliberately biased by the operators to stymie new regulation (NSW, Respondent 34, Consultant, and NSW, Respondent 38, Consultant)

Despite this cynicism, or perhaps because of it, NSW is now one of the most heavily regulated markets in the world. However, according to NSW respondents (Respondent 10, Clubs; Respondent 18, Clubs; Respondent 16, Clubs; Respondent 2, Pubs; Respondent 3, Supplier; Respondent 9, Supplier; Respondent 37, Pubs; Respondent 22, Casinos), all mandatory policies are adhered to, such as G-line, self-exclusion, stickers on all EGMs (and table games in the casino), and clocks on walls that are visible from every EGM.

Of course, adherence to mandatory legal or government requirements can be regarded as neither exceptional nor especially praiseworthy. Nevertheless, there is a greater potential need for EGM providers to play a more proactive role in protecting vulnerable players most at risk of developing gambling problems. Increasingly, organizations are expected to operate in a socially responsible manner. This is especially true for companies operating in legal, but potentially harmful, industries if they are to attain social legitimacy. For example, one respondent (NSW, Respondent 37, Pubs – second interview in 2013) put the dwindling economic performance of the majority of clubs down to “greed.” He explained the situation before the EGM caps restrictions by the NSW government came into effect in 2000 (Gaming Machines Restrictions Act):

Clubs loaded themselves up with EGMs. Auditoriums that had traditionally offered entertainment were closed and filled up with pokies. As a consequence, people kept away from clubs because they used to go to the auditorium, see a show, then play the pokies. A lot of clubs are losing money because they are badly managed. Some clubs are well managed (which is rare) and are doing very well. (NSW, Respondent 37, Pubs)

Another respondent referred to the link between socio-economic (including ethnic) factors and high profitability:

There has been some slight change in socio-economics, at least in Penrith. A lot of the other clubs in other areas have had substantial change. Canterbury, Cabramatta have changed dramatically. There is a high Asian population. The profits these clubs make now are extraordinary. Essentially they are gambling clubs (Canterbury, Bankstown, Parramatta, Mt. Pritchard). (NSW, Respondent 26, Clubs)

This calls into question the social responsibility of targeting potentially vulnerable groups. It is now significantly more difficult, at least in theory, for EGM operators to obtain approval to operate in lower socio-economic areas. All applications (for all zones) must be accompanied by a Local Impact Assessment (see, for example, Liquor & Gaming NSW, n.d.).

Newspaper Analysis

We conducted a content analysis of newspaper articles in Australia and/or NSW between 1999 and 2013 that were critical of the government's about face on intended gaming machine legislation to further explore the conflicting demands between key stakeholders. Results of this sample demonstrate that this matter was of some concern to the media. In addition to criticism of the federal government's flip-flopping, much of the criticism was also levelled against the powerful gaming industry and its effectiveness in lobbying government against public policies detrimental to its financial interests. During 2010, following the outcome of the hung parliament and the ensuing political understanding between then Prime Minister Julia Gillard and Tasmanian anti-gambling independent parliamentarian Andrew Wilkie, a flurry of media reporting from the three major newspapers in Australia (*The Australian*, *The Sydney Morning Herald*, and *The Daily Telegraph*) appeared. Our content analysis (Table 3) provides evidence (through a text corpus relating to this issue) of the kind of tug of war that can occur between government (including, in this case, between the federal government and the state governments), the media, the EGM industry, and, although not directly, the citizens who play EGMs. This tug of war oscillates from time to time and was especially critical during 2010, although it continued through to the end of 2013. Moreover, the content analysis showed that the newspapers surveyed were generally critical of the industry's attempts to unduly influence governments and its ability to thwart anti-pokie legislation, largely through the effects of its political lobbying.

Discussion and Recommendations

The analysis of the industry interviews and the press discussion of gambling issues in Australia highlights the principal social policy issue arising from the popularity of gambling and EGMs, especially in the NSW context. That is, the industry generally feels that it is already subject to excessive government scrutiny and regulation and that it currently makes a substantial economic contribution to the community while complying with all government regulations and standards. In contrast, the media view of the industry (which may reflect the community's perceptions) is that the social costs of EGMs and gambling is a very high price to pay for the economic benefits and, therefore, that further restrictions on EGMs would provide a better balance of social policy. Given the currently antagonistic relations that exist between EGM operators and their media and community critics, the central issue with which this paper is concerned is the role of government in enacting and administering the balance of social and public policy. Clearly, governments cannot do all that is necessary to address community concerns, nor can they simply act solely in the gambling industry's interests. At the same time, EGM operators also have an important role to play. Clearly, however, the EGM industry has a vested interest in opposing regulations developed by government in response to community concerns. A further criticism (as commonly reflected in much of the Australian media) is that governments are overly reliant on EGM taxes and are thus vulnerable to lobbying by the gaming industry. For example, *The Daily Telegraph* (2010) reported that

“these machines are also a trap for governments that become dependent on them for revenue” (“Caught in the Pokies Trap” (Anonymous), para 2, p. 46). In addition, an article in *The Sydney Morning Herald* (2010) stated: “Gaming tax provides the states with billions in revenue. They’re as addicted to the gambling dollar as much as out-of-control punters are to the thrill” (“Finally, Action on Poker Machines” (Anonymous), para. 2, p. 14).

It is therefore important for EGM operators to act (and to be seen to be acting) in a socially responsible manner, if only to respond to public criticism and to keep increasingly restrictive public policies at bay. Smith and Rubenstein (2011) argue that there should be more accountability and transparency by governments and the industry, particularly for potentially harmful products such as EGMs. In addition to providing nationally available annual gambling statistics (including extensive figures on revenue and losses to gamblers, operators, and government), the media regularly scrutinizes and openly criticizes governments over issues such as putting their own interests ahead of society when they rely heavily on revenue from EGM taxes. Blowfield and Frynas (2005) suggest that voluntary CSR activities such as “extending company accountability without the need for new legislation” (p. 502) is gaining “support from policy makers in national governments and intergovernmental organizations, underpinned by the assumption that firms are capable of policing themselves in the absence of binding international and national law to regulate corporate behaviour” (p. 502). Conversely, when firms are “morally irresponsible. . . public policy should expand if corporate self-restraint and altruism fail” (Windsor, 2006, p. 96). Instances of governments no longer being able to meet all of society’s expectations place a responsibility on organizations to meet some of these expectations through expanded CSR engagement (Jamali & Mishak, 2007).

In contrast to this recent antagonism, logic would suggest that a co-operative (collaborative) approach between NSW gambling regulators and NSW EGM operators is a necessary ingredient for the implementation of progressive and responsible social and public policies and for the future economic well-being of the industry. One of the key points of the Productivity Commission (2010) report is that, of the many “regulations and other measures intended to reduce harm to gamblers” that have been implemented by state and territory governments, “some have been helpful, but some have had little effect, and some have imposed unnecessary burdens on the industry” (p. 2). Accordingly, and as endorsed by the stakeholder literature, informed consultation and discussion between representatives of the community such as relevant NGOs, recreational and problem gamblers, the gambling industry, and NSW government gambling regulators is an important part of effective social and policy development. This may ultimately ensure more active engagement by the community and more willing compliance with gambling regulations by the gambling industry and may, in turn, produce a more stable equilibrium position in the medium-term future. At the same time, the frequently antagonistic relationship between the gambling industry and some NGOs in particular would suggest that such consultation would not be without its challenges, especially to government, which needs to balance conflicting interests.

For the present, there exists an apparent standoff between the industry and its critics, with the current national government adopting a passive posture. While the general public also maintains a benign tolerance of gambling, at the same time, the social cost of gambling is rarely far from the public's awareness (Willingham & Preiss, 2016). Most recently, the election of the avowedly anti-gambling Nick Xenophon Team to the newly constituted Australian Senate resulting in a shift in the potential balance of power, suggests that the issue will re-emerge in national political debate in the near future. In this context, EGM operators can potentially make an important contribution to public and social policy and possibly pre-empt more restrictive legislation. This could be achieved by enlightened marketing managers being more openly engaged with the community debate and by adopting a more proactive stance with government, by acknowledging the legitimate concerns of the community, and by adopting the principles of CSR in its relationships, especially with the at-risk gambling customers. This move from a passive, reactive stance to the adoption of a proactive CSR position will inevitably challenge many gambling operators, who will see such a stance as undermining their established business models; this is, however, a common challenge to any industry or firms that choose to adopt CSR principles. Those gambling operators who choose to move in this direction may be motivated by a higher moral sensitivity (Buchholz & Rosenthal, 2004; Carroll, 1991; Palazzo & Scherer, 2006; Wempe, 2005). Alternatively, more enlightened gambling operators may regard the suggested proactive CSR stance as an opportunity to meaningfully differentiate their organizations in the minds of their customers. In this sense, registered clubs may succeed in building stronger goodwill among their local constituencies by demonstrating their greater social commitment. Recent advances highlight a proactive initiative taken by publicans. For example, the Australian Leisure and Hospitality Group (ALH) has deployed responsible gaming systems developed by Bally for their EGMs in over 270 venues. This new system allows for tracking data to appear on the EGM screen (e.g., alerting players about the level of expenditure). In recognition of negative community and media backlash, the ALH CEO stated that "the agreement was the result of ALH aiming to fine-tune its gaming and mitigating negative exposure" (Gaming News, 2014, p. 9). At the same time, the prospects for an epiphany among gambling operators appears remote. Australia is among the top 10 gambling jurisdictions in the world, and by 2013, it had the sixth highest number of EGMs worldwide (having claimed fifth place in 2012). Australia has also ranked sixth globally for 2014 and 2015. NSW is ranked seventh jurisdiction in the world with 94,864 gambling machines. The most recent figure of 121 EGMs per head of the adult population in Australia as at 2015 is the third highest number in the world (Ziolkowski, 2016). Recent history also gives little hope that the industry will proactively address the issue of problem gambling. Like most industries and their managers, the EGM industry in Australia is addicted to growth and there is no precedent to suggest that it will voluntarily restrict poker machine numbers or their geographic coverage.

The Mediating Role of Government

Some researchers express "frustration at the power of the gambling industry to block, manipulate or dilute policy reform" (McMillen, 2009, p. 2). Conversely, criticism is also

levelled against the anti-gambling lobby and their inordinate influence on anti-gambling legislation (Novak & Allsop, 2009). The gaming industry regularly challenges legalization aimed at restricting gaming activity as not being evidence based and calls for greater research before restrictive regulations are introduced. Furthermore, authors such as Novak and Allsop (2009) make the following exhortation: “On economic, social and liberty grounds, restrictive government policies against gambling should be resisted. The capacity of individuals to be free to gamble should be the benchmark against which government policies toward gambling consumers and providers will be judged” (p. 2). Against this arguably ideologically driven pro-gambling stance, results from critical discourse analysis of 306 newspaper articles from three major Australian newspapers from January 1995 to March 2010 (resulting in 721 representations across seven discursive themes) identified 328 representations of responsibility for EGM play as being attributable to either government ($n = 158$, 48%) or industry ($n = 132$, 40%), with only 12% ($n = 38$) being attributable to individuals (Buchanan, 2013). This result reflects the perceptions and expectations of many in society that governments should act as arbitrator between the competing economic interests of industry and societal concerns of social harm. These findings also suggest that the public sees this as a legitimate social policy domain in which government is expected to lead the community. It also indicates the importance placed upon the EGM industry in terms of becoming more socially responsible.

The confluence of interests and the tug of war between government, industry, and media forces can be further represented as a triangle in which the relationships between each pair of parties are, arguably, reciprocal, that is, where each party is influenced by, and seeks to influence, the other. This is represented by two-headed arrows in Figure 3.

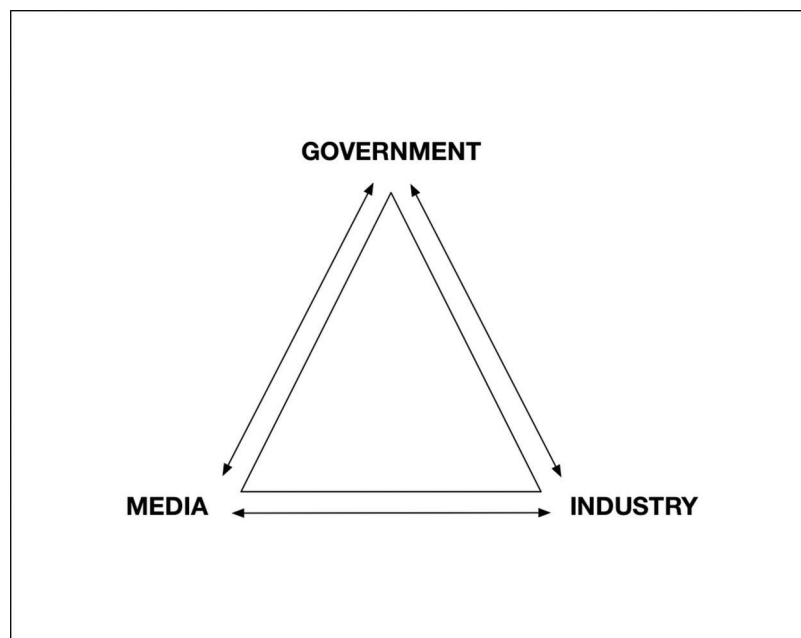


Figure 3. Confluence of government, industry, and media

Conflicts exist in the dyads presented in Figure 3, for example, between media and EGM operators and between media and the federal and/or state governments. EGM operators in turn face various conflicts with both the media and government. The government, in turn, faces conflicts with the media and with EGM operators. In general, the media will criticize government when it is seen to side with gambling operators, while the gambling operators will oppose any new government restrictions on gambling or gamblers. The resolution, or at least the minimization, of these conflicts lies at the heart of social policy and is a common objective of all parties, which, if achieved, will better ensure the sustainability of the industry. A range of reconciliations is possible between these parties:

1. Media: The media could voluntarily seek to increase the number of industry sources and not misquote or consistently negatively position the EGM industry. For example, the media could also include stories of voluntary support given by EGM operators to worthy causes and include some of the efforts of responsible measures taken by government to address problem gambling and the resulting negative social consequences.
2. EGM operators: Some possible reconciliations are possible with the media, such as releasing reports to the media about social contributions made by clubs and pubs, some with the federal government because of the decreased influence of the anti-EGM politicians, and some with the community through, for example, increased involvement in sponsorship and charities and through ensuring product safety, host responsibility, and increased player protections (see Hancock, Schellinck, & Schrans, 2008, p. 66). An important consideration is that operators need to make substantive changes in their attitudes, policies, and practices toward their problem gambler customers, rather than focusing on window dressing.
3. Government: Some reconciliation with EGM operators is possible by, for example, not responding to media criticism through legislative knee-jerk reactions. Some possible reconciliation with citizens and others in the community is possible through increased government funding or taxes to support problem gambling research and problem gamblers through additional counselling, intervention programs, etc.

Conclusion

In summary, the issues of gambling and the balance of its purported economic benefits and social costs are regularly debated in the public domain. Within the gambling spectrum in Australia and NSW, EGMs represent the most socially conspicuous and economically prominent position (Willingham & Preiss, 2016). They are therefore at greatest long-term risk in the political and media debates. The key stakeholders in the debate maintain their long-held positions, and the prospects for immediate fundamental change are minimal. The industry critics and NGOs, with on-balance support of the media, regard attempts of the gambling industry to portray itself as being socially responsible with cynicism. The EGM industry, in contrast, appears to

adopt a de facto posture of duck and cover, deny and dissemble, and will vigorously oppose any threats to their current business models and practices. At the same time, state and national governments, of both major political persuasions, appear to be persuaded by the economic arguments in favour of gambling and EGMs and, consequently, appear reluctant to intervene to any significant degree. The political field, with its unstable and fluctuating balance of political power, supported by regularly shifting political alliances and short election cycles of 3 to 4 years, perhaps provides the most likely impetus for meaningful change. In such an unstable environment, the EGM industry would be well advised to adopt a more overtly engaged and proactive CSR stance that will provide increased credibility and legitimacy in the public debate, provided, of course, that it is willing to match its rhetoric with meaningful changes in its business and marketing practices. At the same time, anti-gambling advocates need to acknowledge the rights of the industry and gamblers to engage in a lawful and legitimate leisure pursuit.

Furthermore, this currently contentious position is not unique to the gambling industry; many of the same issues of principles versus profits apply to other industries, such as alcohol marketing. In this context, the gambling industry's public media tag line encouraging consumers to gamble responsibly closely mirrors the messages to drink responsibly in the alcohol industry. (Whether such messages have any worthwhile impact is debatable and is a perennial research topic.) The gambling problem is highly unlikely to disappear, although it may wax and wane, in which case it is important to consider the question: How should the industry change its policies, processes, and practices? In response to this question, we advocate that the industry sharpen its approach to the issue of problem gambling by raising its prominence in its business calculations and seeking opportunities to modify its business practices to minimize the incidence of preventable problem gambling while accepting some responsibility for its mitigation. In this way, the industry will improve its relationships with stakeholders and critics and, in turn, may anticipate and deflect impending government regulation. At the same time, there will always be a proper role for the government in ensuring that the interests of vulnerable members of society are appropriately protected. In terms of social and public policy, we are arguing for an increase in pro-active industry self-regulation and CSR in order to obviate the very real threat of increased government regulations. By increasing its focus on CSR policies, processes, and practices, the EGM industry will increase its legitimacy and negate the possibility of further government regulation. Without an increase in CSR policies, processes, and practices, we argue that the EGM industry runs the risk of further government regulation due to some less-than-responsible practices by some operators in the industry.

This research has provided evidence that the issue of public and social policy and EGMs (or gambling generally) will never be completely resolved to the satisfaction of all stakeholders, as the exigencies of political and social debate and the ever-changing political landscape ensure that the debate is never far from the public consciousness. Equally certain is that the staunch pro-gambling/industry and anti-gambling/community camps will remain firmly opposed, with government occupying

the middle ground in framing social and public policy. What also seems abundantly clear is that the combination of the economic impact and the arguably unique historical origins of licensed clubs and pokies, particularly in NSW, will ensure that the industry prevails against the critics. Public and social policy will thus inevitably revolve around reconciling these legitimate, but competing, interests.

References

- Ackerman, P. (2010). Legal bar looms for pokies push ---Election 2010. *The Australian*, August 30, p. 7.
- Agle, B., Thomas Donaldson, T., Freeman, E., Jensen, M., Mitchell, R., & Wood, D. (2008). Dialogue: Toward superior stakeholder theory. *Business Ethics Quarterly*, 18, 153–190.
- Anonymous (2000). The spread of social chaos. *The Daily Telegraph*, January 25, p. 18.
- Anonymous (2001). Hiding the shame of the State. *The Daily Telegraph*, January 23, p. 18.
- Anonymous (2010). Help gamblers help themselves. *The Australian*, September 3, p. 15.
- Anonymous (2012). Timeline for pokie limit. *The Daily Telegraph*, November 30, p. 3.
- Archer, M. S. (1995). *Realist social theory: The morphogenetic approach*. Cambridge University Press.
- Australian Gambling Statistics (2016), 32nd edition, Queensland Government Statistician's Office, Queensland Treasury. Location: Author.
- Australian Government, Department of Social Services. (n.d.). *National Gambling Reform Acts 2012*. Retrieved from <https://www.dss.gov.au/communities-and-vulnerable-people/news/2012/national-gambling-reform-acts-2012>
- Béland, D. (2005). *The political construction of collective insecurity: From moral panic to blame avoidance and organized irresponsibility*. Working Paper Series 126. Minda de Gunzburg Center for European Studies. Harvard University. Retrieved from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.581.8540&rep=rep1&type=pdf>
- Benson, S. (2010). All bets are off: PM to limit pokies --- 2010 – the wait continues. *The Daily Telegraph*, September 3, p. 4.
- Berkovic, N. (2010). Rudd “breaks promise” to attack pokies. *The Australian*, June 24, p. 6.
- Berkovic, N. (2010). States addicted to gambling. *The Australian*, June 24, p. 6.

- Berkovic, N. (2010). Clubs set for battle on pokies. *The Australian*, September 24, p. 5.
- Blowfield, M., & Frynas, J. (2005). Setting new agendas: Critical perspectives on corporate social responsibility in the developing world. *International Affairs*, 81, 499–513.
- Braybrooke, D., & Lindblom, C. (1963). *A strategy of decision: Policy evaluation as a social process*. New York, NY: Free Press of Glencoe.
- Buchanan, J. (2013). *Corporate social responsibility in the marketing of electronic gaming machines* (Unpublished doctoral dissertation). Macquarie University, Department of Marketing and Management, Sydney, Australia.
- Buchholz, R., & Rosenthal, S. (2004). Stakeholder theory and public policy: How governments matter. *Journal of Business Ethics*, 51, 143–153.
- Caltabiano, N. (2004). From antiquity to Australia: A brief account of gambling. *International Journal of Mental Health & Addiction*, 1, 16–19.
- Carroll, A. (1991). The pyramid of corporate social responsibility: Toward the moral management of organizational stakeholders. *Business Horizons*, 34, 39–49.
- Carson, V. (2011, February 3). Pubs and clubs to join forces in pokies battle. *The Sydney Morning Herald*, p. 2.
- Clennell, A. (2012). Limits on pokie bets by end of next year. *The Daily Telegraph*, November 1, p. 1.
- Clennell, A. (2012). Pokies trial tipped for delay. *The Australian*. November 2, p. 4.
- Community Legal Centres NSW. (n.d.). *Council of Social Services of NSW (NCOSS)*. Retrieved from http://www.clcnsw.org.au/organisation_details.php?organisation_id=62
- Coorey, P. (2011). Pokies trial could delay Wilkie bid for reform. *The Sydney Morning Herald*, December 9, p. 5.
- Dickinson-Delaporte, S., Beverland, M., & Lindgreen, A. (2010). Building corporate reputation with stakeholders: Exploring the role of message ambiguity for stakeholders. *European Journal of Marketing*, 44(11/12), 1856–1874.
- Doughney, J. (2002). *The poker machine state: Dilemmas in ethics, economics and governance*. Melbourne, Victoria, Australia: Common Ground Publishing.
- Duffy, M. (2000). Taking a gamble on personal responsibility. *The Daily Telegraph*, May 20, p. 23.

Eadington, W., & Cornelius, J. (1997). *Gambling: Public policies and the social sciences*. Reno: University of Nevada, College of Business Administration, Institute for the Study of Gambling and Commercial Gaming.

Freeman, R. E. (1994). The politics of stakeholder theory: Some future directions. *Business Ethics Quarterly*, 4, 409–421.

Friedman, A. L., & Miles, S. (2002). Developing stakeholder theory. *Journal of Management Studies*, 39, 1–21.

Gambling Impact Society. (n.d.). *Impact News*. Volume 14: Issue 2 summer 2013–14. Retrieved from <http://gisnsw.org.au/about.html>

Gambling Legislation Amendment (Responsible Gambling) Act (1999), No 49 (New South Wales). Retrieved from <http://www.legislation.nsw.gov.au/acts/1999-49.pdf>

Gambling Research Australia. (2005). *Problem gambling and harm: Towards a national definition*. Melbourne, Victoria, Australia: Victorian Government, Department of Justice, Office of Gaming and Racing.

Gaming News. (2014, April). American gaming giant partners with Australia's biggest publicans. *Australian Hotelier Magazine*. 31(3), 9.

Gormley, W. T., Jr. (2007). Public policy analysis: Ideas and impacts. *Journal of Annual Review of Political Science*, 10, 297–313.

Hancock, L. Schellinck, T., & Schrans, T. (2008). Gambling and corporate social responsibility (CSR): Re-defining industry and state roles on duty of care, host responsibility and risk management. *Policy and Society: Journal of public, foreign and global policy*. 27(1), 55–68.

Hing, N. (2000). *Changing fortunes: Past, present and future perspectives on the management of problem gambling by New South Wales registered clubs* (Doctoral dissertation, University of Western Sydney – Macarthur, Sydney, Australia).

Independent Pricing and Regulatory Tribunal of New South Wales. (2005). *Gambling: Promoting a culture of responsibility*. Sydney, Australia: Author. Retrieved from https://www.ipart.nsw.gov.au/files/d191577f-feef-4131-8ee0-9f6400ea49d3/Gambling_-_Promoting_a_Culture_of_Responsibility_-_Consequential_Report_on_Governance_Structures_-_February_2005.pdf

Jacobsen, G. (2003). Hardship loophole opened on six-hour pokie ban. *The Sydney Morning Herald*, May 1, p. 5.

Jamali, D., & Mishak, R. (2007). Corporate social responsibility (CSR): Theory and practice in a developing country context. *Journal of Business Ethics*, 72, 243–262.

- Joyner, B. E., & Raiborn, C. A. (2005). Management caveats for measuring and assessing public responsibility performance. *Business Horizons*, 48, 525–533.
- Kelly, J. (2013). ALP backflip on gambling laws. *The Australian*, December 11, p. 4.
- Lindblom, C. E. (1959). The science of “muddling through.” *Public Administration Review*, 19, 79–88.
- Liquor & Gaming NSW. (n.d.). Department of Justice, NSW Government. *Local impact assessment*. Retrieved from <https://www.liquorandgaming.justice.nsw.gov.au/Pages/gaming/local-impact-assessment-public-register/local-impact-assessments.aspx>
- Livingstone, C., & Woolley, R. (2007). Risky business: A few provocations on the regulation of electronic gaming machines. *International Gambling Studies*, 7, 361–376.
- Lunn, S. (2010). Gaming reform schedule “too soon” --- Election 2010. *The Australian*, September 4, p. 9.
- Martin, L. (2013, February 21). Pokies ACT precommitment trial sunk. *The Sydney Morning Herald*. Retrieved from <http://www.smh.com.au/breaking-news-national/pokies-act-precommitment-trial-sunk-20130221-2eu9t.html>
- McMillen, J. (1997). Social priorities in gaming policy: Studies from two Australian states. In W. Eadington & J. Cornelius (Eds.), *Gambling: Public policies and the social sciences* (pp. 104–125). Reno, NV: University of Nevada, College of Business Administration, Institute for the Study of Gambling and Commercial Gaming.
- McMillen, J. (2009). *Is democratic gambling reform possible ?* Retrieved from *Australian Review of Public Affairs* website: <http://www.australianreview.net/digest/2009/03/mcmillen.html>
- Mitchell, R. K., Agle, B. R., & Wood, D. J. (1997). Toward a theory of stakeholder identification and salience: Defining the principle of who and what really counts. *Academy of Management Review*, 22(4), 853–886.
- Neville, B., Bell, S., & Whitwell, G. (2011). Stakeholder salience revisited: Refining, redefining, and refueling an underdeveloped conceptual tool. *Journal of Business Ethics*, 102, 357–378.
- Nicholls, S. (2011, January 20). Clubs boss hits back in pokies showdown. *The Sydney Morning Herald*, p. 3.
- Novak, J., & Allsop, R. (2009). *Free to gamble: The roles of the gambling industry and policy in a modern Australian society*. Retrieved from Institute of Public Affairs

website: <http://www.ipa.org.au/sectors/ideas-liberty/publication/1662/free-to-gamble-the-roles-of-the-gambling-industry-and-policy-in-a-modern-australian-society/pg/9>

NSW will feel interest rate pain. (2010, September 23). *The Sydney Morning Herald*. Retrieved from <http://www.smh.com.au/federal-politics/editorial/nsw-will-feel-interest-rate-pain-20100922-15n7l.html>

NVivo (Version 8) NVivo qualitative data analysis Software; QSR International Pty Ltd. (2008). Retrieved from <http://www.qsrinternational.com/nvivo-product>

Ozanne, J., Corus, C., & Saatcioglu, B. (2009). The philosophy and methods of deliberative democracy: Implications for public policy and marketing. *Journal of Public Policy & Marketing*, 28, 29–40.

Palazzo, G., & Scherer, A. G. (2006). Corporate legitimacy as deliberation: A communicative framework. *Journal of Business Ethics*, 66, 71–88.

Penberthy, D. (2006). Iemma model a run-down Carr. *The Daily Telegraph*, January 19, p. 24.

Penberthy, D. (2007). Unknown impacts of cashless pokies. *The Daily Telegraph*, May 18, p. 32.

Productivity Commission. (1999). *Australia's gambling industries* (Report no. 10). Canberra, Australia: AusInfo.

Productivity Commission. (2010). *Gambling* (Report no. 50). Canberra, Australia: Author.

Reid, C. (2001). Gambling reforms hollow. *The Daily Telegraph*, July 27, p. 26.

Robinson, M. (1999). Carr backs away from curb on gambling. *The Sydney Morning Herald*, September 16, p.3.

The Salvation Army. (2016). *Problem gambling*. Retrieved from <http://www.salvationarmy.org.au/en/find-help/Problem-Gambling/Signs-of-problem-gambling>

Smith, G., & Rubenstein, D. (2011). Socially responsible and accountable gambling in the public interest. *Journal of Gambling Issues*, 25, 54–67.

Teo, P. (2000). Racism in the news: A critical discourse analysis of news reporting in two Australian newspapers. *Discourse & Society*, 11, 7–49.

The Daily Telegraph (2010). *Caught in the Pokies Trap* (Anonymous), para 2, p. 46.

The Sydney Morning Herald (2010). *Finally, Action on Poker Machines* (Anonymous), para. 2, p. 14.

Titmuss, R. M. (1974). Chapter 5. *Welfare States: Construction, Deconstruction, Reconstruction* (pp. 23-32). In *Social policy* (pp. 138–147). London, United Kingdom: Allen & Unwin.

University of York. (n.d.). *What is social policy?* Retrieved from <https://www.york.ac.uk/spsw/about/what-is-social-policy/>

Van Dijk, T. A. (1983). Discourse analysis: Its development and application to the structure of news. *Journal of Communication*, 33, 20–43.

Van Onselen, P. (2009). No shots fired in war on gambling. *The Australian*, October 24, p. 14.

Vargas-Hernandez, J., Noruzi, M., & Nezhad Haj Ali Irani, F. (2011). What is policy, social policy and social policy changing? *International Journal of Business and Social Science*, 2, 287–291.

Vasek, L. & Shanahan, D. (2010). Abbott touted relief for pubs in Wilkie deal ---Election 2010. *The Australian*, September 4, p. 8.

Wempe, B. (2005). In defense of a self-disciplined, domain-specific social contract theory of business ethics. *Business Ethics Quarterly*, 15, 113–135.

Willingham, R. (2013). Coalition policy on gambling slammed. *The Sydney Morning Herald*, August 27, p. 9.

Willingham, R., & Preiss, B. (2016). Australian punters lose \$23 billion, half on the pokies. *The Sydney Morning Herald*, August 22. Retrieved from <http://www.smh.com.au/victoria/australian-punters-lose-23-billion-half-on-the-pokies-20160822-gqyiz5.html>.

Wilson, L. (2012). Greens reverse on pokie bet limits. *The Australian*, November 1, p. 6.

Windsor, D. (2006). Corporate social responsibility: Three key approaches. *Journal of Management Studies*, 43, 93–114.

Ziolkowski, S. (2016). *The world count of gaming machines 2015* Retrieved from Gaming Technologies Association website: http://gamingta.com/wp-content/uploads/2016/10/World_Count_of_Gaming_Machines_2015.pdf

Submitted April 14, 2016; accepted October 26, 2016. This article was peer reviewed. All URLs were available at the time of submission.

For correspondence: June St Clair Buchanan, Ph.D., Department of Marketing and Management, Macquarie University, North Rye, NSW2109.
E-mail: june.buchanan@mq.edu.au

Competing interests: None declared.

Ethics approval: Not required for current manuscript. The interviews and newspaper content analysis were taken from the first author's Ph.D. work, which had ethics approval from Macquarie University (reference # HE27MAY2005-D04096).

Acknowledgements: The authors would like to express their appreciation for the feedback from the reviewers and for the encouragement from the journal editors and staff.

book review

A Clinician's Guide to Working with Problem Gamblers

Bowden-Jones, H., & George, S. (Eds.). (2015). New York, NY: Routledge, 260 pages, ISBN-13: 978-0415732857.

Reviewed by: Michelle Heersink, B.A., M.Ed. Counselling Psychology (candidate)

Six months ago, I began my master's degree placement at a problem gambling clinic. While I was knowledgeable about general therapeutic practice, I knew little about problem gambling. I wanted to be well informed before I saw my first client. So, I started conducting my own literature review, not really knowing what to research, and I was only partly successful in locating useful information. When I was handed *A Clinician's Guide to Working with Problem Gamblers*, I was eager to begin reading.

A Clinician's Guide to Working with Problem Gamblers served as a convenient, one-stop shop for information on problem gambling. Bowden-Jones and George (2015) provide a comprehensive overview of the different facets of problem gambling and its treatment. They explore relevant topics, such as theory, assessment, treatment, and neurobiology. Moreover, the book also addresses problem gambling from a wider perspective, one which includes society's impact on problem gambling and how the family is affected by it. The book was written within a UK context. Each of the fifteen chapters has been written by problem gambling experts in Britain, and the second chapter is dedicated to the history of gambling in Britain. However, the remaining chapters are applicable to a wider audience.

The book takes a decidedly academic tone and is written for a professional audience. The problem gambling research literature is prominently highlighted throughout the book. It allows the reader to acquire a sense of the current research without having to conduct his or her own literature review. It is an ideal book for someone who is just beginning to work in problem gambling or someone who wants a quick refresher on the pertinent literature. The back of the book touts that it could be for lay readers or family members affected by problem gambling, but the book is really geared for the clinician. I think lay readers or family members could easily become lost in the research and struggle to find useful information for themselves.

I appreciated that the book focuses on clinically relevant issues. It provides a solid foundation whereby clinicians can begin to conceptualize their work with problem

gamblers. I think the book helps to answer the key questions clinicians ask about who is the client, how can I assess the client, and what are the evidence-based treatments available. I found the chapter on screening, diagnosis, and assessment to be highly useful. As I had not previously worked with a problem gambling population, it was an invaluable chapter to know what screening tools are available and what areas of a person's life should be evaluated when conducting an assessment. The appendix provides sample assessment forms.

Moreover, *A Clinician's Guide to Working with Problem Gamblers* also provides clinicians with some specialty information about remote gambling, gambling and the family, and special populations such as women and youth gamblers. I particularly enjoyed the chapter devoted to the impact of gambling on families. I thought it contained a wealth of information that addressed how problem gambling affects the family financially, relationally, emotionally and physically. A section of the chapter was also devoted to how children are negatively affected by problem gambling. The authors closed the chapter highlighting that problem gambling has a similar negative impact on the family as do other addictions, and maybe even a worse impact, as it can remain hidden for a long period of time. Then, later in the book, a chapter introduces a helpful five-step model for therapeutically supporting family members affected by problem gambling. I enjoyed these chapters as they were easy to read and helped to inform my work with family members of problem gamblers. Additionally, I appreciated the chapters because I had not uncovered this information on my own.

I would say that the book is a good introduction to the problem gambling field, but I am not sure that I would call it a guide. After reading the book, I was left with many questions about working with problem gamblers. For example, what are common challenges working with this population, and how are those challenges overcome? What are specific interventions that are used in the early stages and later stages of problem gambling treatment? The appendix provides a brief outline of a group CBT program used by the National Problem Gambling Clinic but does not provide specifics about the interventions used.

I appreciated that the authors backed up their statements with literature, as it added weight behind their statements. However, certain of the chapters read more like dry literature reviews than chapters in a book, much less in a guide. Furthermore, certain chapters contained much technical jargon and many minute details that made them arduous to read. I am sure these chapters contain a wealth of knowledge; it was simply difficult to wade through the numerous research studies to find the hidden nuggets of information. I found it interesting that in the first chapter of the book Bowden-Jones and George (2015) mentioned, "Nothing teaches you more about a specific psychiatric condition than listening to hundreds of personal accounts of how the illness developed, its impact on the individual, his/her friends and family and his/her career" (p. 1). It seems that nothing could teach and guide clinicians about working with problem gamblers as the firsthand accounts of experienced problem gambling clinicians. I think that presentation of case examples and personal accounts of the authors would have added to the accessibility and applicability of the research

presented. I also believe it may have enriched the discussion and made the book feel more of a tool or a reference point I could use when working with my clients.

Overall, the A Clinician's Guide to Working with Problem Gamblers provides a great snapshot of the current problem gambling literature. It describes a breath of topics related to problem gambling and can serve as a solid foundation for building one's work with problem gamblers. It was a helpful resource for me as I began working in the field, and it ended up being passed on to other clinicians unfamiliar with problem gambling.
