

eGambling

THE ELECTRONIC JOURNAL OF GAMBLING ISSUES

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I have read the article by Barry Fritz ...

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

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

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

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

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

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

Thanks for your hard work.

[Name withheld by request]

Received: February 22, 2001

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

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

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

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

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

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Received: May 17, 2001

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

Don't Repeat the Mistakes

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

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

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

1. Lack of critical thinking

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

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

fresh information always deserves serious examination.

2. Disregard for research

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

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

3. Fondness for simple answers

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

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

4. Blaming the client

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

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

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

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

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

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

Suggested readings:

Babcock, M. (1995).

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

Brown, J.D. (1991).

The professional ex: An alternative for exiting the deviant career. *The Sociological Quarterly*, 32, 219–30.

Chiauszi, E.J. & Liljegren, S. (1993).

Taboo topics in addiction treatment: An empirical review of clinical folklore. *Journal of Substance Abuse Treatment*, 10, 303–16.

Cicero, T.J. (1994).

Effects of paternal exposure to alcohol on offspring development. *Alcohol Health and Research World*, 18, 37–41.

Hare-Mustin, R.T. (1994).

Discourses in a mirrored room: A post-modern analysis of therapy. *Family Process*, 33, 19–35.

Kanda, Z, & Oleson, K.C. (1995).

Maintaining stereotypes in the face of disconfirmation: Constructing grounds for subtyping deviants. *Journal of Personality and Social Psychology*, 68, 565–79.

Orford, J. (1992).

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

Taleff, M.J. & Babcock, M. (1998).

Hidden themes: Dominant discourses in the alcohol and other drug field. *The International Journal of Drug Policy*, 9, 33–41.

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

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

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

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

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

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

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

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

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

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

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

Some of the questions we are left asking ourselves are

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

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

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

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

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

Received: October 5, 2001

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

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