eGambling
THE ELECTRONIC JOURNAL OF GAMBLING ISSUES

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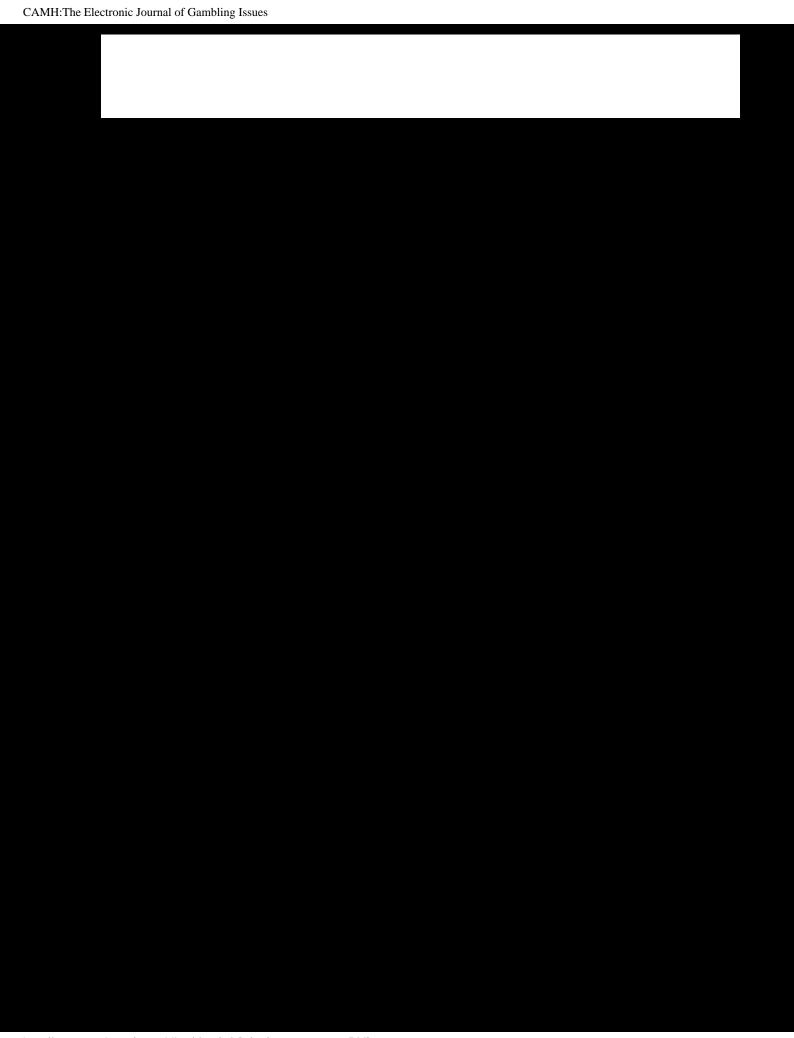**Letters** [Response to a letter about "Chips, Chatter and Friends"](#)
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Issue 6, February 2002

Guest editorial

"What matter, who speaks?"

This question, posed by Samuel Beckett, has been asked in a number of ways over the centuries. Michel Foucault took it as a provocation for his essay "What is an author?" to ask (among other things): Who is excluded or included in discussions? This question circulates mostly inherently, but sometimes explicitly, in a journal such as this one.

First of all, we need a place where things can be spoken, if that metaphor can be allowed to describe the written word. The *Electronic Journal of Gambling Issues: eGambling (EJGI)* is committed to being such a place. We peer-review articles on research, policy and clinical practice. This is particularly important in disseminating science-based information, but we extend this principle to whatever we publish. The problem of refereeing submissions becomes harder when you want to include not just the voices of researchers and clinicians, but also gamblers, problem gamblers, clients, family members, policy advocates, people from the gaming industry and community members.

EJGI's goal is to facilitate an ongoing open, respectful and informed dialogue on gambling issues. Not only do we risk controversy and debate by setting this as our course, we welcome it. Warned by Foucault, we do not want to eliminate the voices of those who are not academics or professional counsellors. Our answer to Beckett's question is that it does matter who speaks, that a forum needs to be open for it to take root and that it needs to blossom in ways that are inclusive, diverse, relevant and dialogical.

All of this is for naught, however, if it lacks a critically engaged reader. The only way that our efforts reach any form of completion is when the reader becomes an active participant in the process —the necessary link that completes the loop that every conversation requires. Please finger through the current issue and the growing Archive section (link at the bottom of the sidebar) so that your voice can find its place, here and elsewhere, to participate in and contribute to the ideas, knowledge and information that inform theory, policy and practices in the republic of gambling issues.

Wayne Skinner   *January 28, 2002*
Centre for Addiction and Mental Health
Toronto, Ontario, Canada

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

A note to our readers:

If you have not yet completed our Readership Survey, please scroll down and tell us what you think of the *EJGI*. –ed.

Readership Survey

We want to publish an e-journal that continues to examine the gambling issues that are of interest to you, our readers. So we are asking you what you like, what you dislike and what changes you would like to see in the *Electronic Journal of Gambling Issues: eGambling (EJGI)*. One part of giving you, our readers, what you want is knowing who reads the *EJGI*. So we are also asking you about your specific interests in gambling, your year of birth and your gender. We would appreciate if you answer all of the questions so that we have a better picture of who you are and what you are looking for in our e-journal.

Confidentiality

Your responses are completely anonymous. Our Webmaster has designed this survey so that no information other than what you enter is captured. (Please note that e-mail responses to the editor from other sections of the *EJGI* are not similarly anonymised —they carry your e-mail address.) You may also print out and mail your responses.

The Questions

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If you prefer to print out and mail this survey, please [click **here** for a PDF version](#) of the survey. (96KB download)

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Statement of Purpose

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

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

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eGambling Readership Survey

We want to publish an e-journal that continues to examine the gambling issues that are of interest to you, our readers. So we are asking you what you like, what you dislike and what changes you would like to see in the *Electronic Journal of Gambling Issues: eGambling (EJGI)* . One part of giving you, our readers, what you want is knowing who reads the *EJGI*. So we are also asking you about your specific interests in gambling, your year of birth and your gender. We would appreciate if you answer all of the questions so that we have a better picture of who you are and what you are looking for in our e-journal.

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[This article prints out to approximately 19 pages.]

Treating the Person with a Gambling Problem

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Abstract

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

Why SFBT Is Useful to Clinicians

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

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

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

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

Problem-Solving and Solution-Building Approaches

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

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

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

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

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

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

consider satisfactory.

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

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

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

Goal Construction and Negotiation

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

problems and suffering.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

T: What would you like to accomplish as a result of coming to see me? How can I be most helpful to you today?

C: I don't know. My wife wanted me to come and see you. She thinks I have a problem.

T: Oh, I see, and she wants you to do something about this problem she thinks you have?

C: Yes.

T: So you must agree with her, or at least want to get along with her in order for you to follow through with her request.

C: Well, I don't know if I agree that it's a problem. But I do care about her enough to at least come here and talk to you about it.

T: I can see that you are respectful of her ideas. Would it be helpful for me to know what this problem is that your wife wants you to change?

C: Well, she thinks I gamble too much.

T: I see. How is this a problem for you, her thinking that you gamble too much?

C: Well, I don't want to fight with her all the time and she has even threatened to walk out on me and I really don't want that. I love her and we've been together for over 10 years and we've got two kids.

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

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

Negotiating Goals When There Are Multiple Problems

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

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

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

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

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

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

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

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

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

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

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

Exceptions to Problems

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

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

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

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

- Tell me about the times when you have experienced reaching this goal you've been talking about, even a little bit.

- Tell me about the times when you don't feel the urge to gamble.

- What is different about those times?

- When you are not gambling, or don't want to gamble, what are you doing instead?

- What do you suppose your family (spouse, children, etc.) would say they like the best about you when you are not thinking about gambling?

- What do you suppose they see as different about you during those times?

- When you are more loving and a good parent, one your children would want to continue in a relationship with, what are you doing differently?

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

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

Scaling Questions

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

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

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

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

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

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

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

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

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

- What tells you that you are at 4?

- How is your life different at 4 compared to when you were at, say, 1 or 2?

- How long have you been at 4?

- What would you say your partner (best friend, employer) likes about your being at 4?

- You have had many ups and downs with your gambling over the years. How confidently would your family say that they believe you will maintain 4 and move up to 4.5 this time?

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

Relapses and Setbacks

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

A Five-Step Model of Relapse Management

Step 1 - Positive attitude

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

Step 2 - Control

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

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

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

Step 3 - Options

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

Step 4 - Differences

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

Step 5 - Lessons

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

Research and Evaluation of SFBT

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

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

Conclusion

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

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

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[This article prints out to approximately 22 pages.]

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

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Abstract

Objectives:

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

Method:

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

Sample:

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

Results:

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

Conclusion:

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

Introduction

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

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

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

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

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

Drug and Alcohol Treatment Information System (DATIS)

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

Objectives

The objectives of this report are to

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

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

Method

Data Elements

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

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

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

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

Data Collection, Transmission and Analysis

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

Missing Cases

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

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

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

Results

Caseload

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

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

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

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

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

[2]Rate per 10,000 population.

[3]Excludes Mnjikaning First Nation at Rama

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

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

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

Demographic Characteristics

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

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

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

Age category	Male		Female		Total	
	N	%	N	%	N	%

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

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

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

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

Ethnic/cultural background	Total	
	N	**%**

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

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

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

Problem Severity

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

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

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

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

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

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

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

Gambling Activities

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

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

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

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

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

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

Table 7. Gambling locations frequented the most

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

Television	16	1.4
School	4	0.1

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

Discussion

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

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

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

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

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

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

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

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

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

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

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

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

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opinion

[This article prints out to about 11 pages.]

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

   –The Editor

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

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

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

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

Player-specific factors

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

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

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

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

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

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

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

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

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

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

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

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

Researcher-specific factors

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

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

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

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

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

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

External factors

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

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

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

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

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

Practical advice for collecting data on slot machine gamblers

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Service Profile

[This service profile prints out to about five pages]

The Problem Gambling Program at COSTI Family and Mental Health Services

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Agency Mandate and Profile

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

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

Problem Gambling Program Description

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

Problem Gambling Treatment

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

gambling.

Community Development

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

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

This Service Profile was not peer-reviewed.

Submitted: November 27, 2001

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

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Centre for Addiction and
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first person

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

First Person Account

[This article prints out to approximately nine pages.]

Internet Gambling

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

can be obtained at www.igamingnews.com.)

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

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

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

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

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

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

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This account was not peer-reviewed.

Nigel Turner received his doctorate in cognitive psychology from the University of Western Ontario in 1995. He has worked at the Addiction Research Division of the Centre for Addiction and Mental Health for the past five years where he has developed psychometric tools to measure addiction processes. He is currently focused on understanding the mental processes related to gambling addiction. He has extensive experience in various research methods including psychometrics, surveys, experimental studies, computer simulations, interviews and focus groups. He has published numerous papers in peer-reviewed journals, including several on problem gambling, and he has made numerous conference presentations.

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first person

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Internet Gambling By Nigel Turner

First Person Account

(This article prints out to approximately 12 pages.)

Excerpts from Losing Mariposa

A Memoir of a Compulsive Gambler

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

* * *

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

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

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

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

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

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

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

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

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

came over.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Submitted: October 28, 2001

This account was not peer-reviewed.

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

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THE ELECTRONIC JOURNAL OF GAMBLING ISSUES

review

Book Review —A Classic

[This article prints out to about five pages]

The Gambler

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

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

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

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

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

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

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

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

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

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

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

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

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

Reference

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

Notes

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

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

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> *This book review was not peer-reviewed.*

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letters

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

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

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

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

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

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

Barry Fritz
Quinnipiac University,
Hamden, Connecticut, USA

Received: December 8, 2001

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

The Review Process

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

Submissions are either

1. accepted as is, or with minor revisions;

2. returned with an invitation to rewrite and resubmit for review, or

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

Authors will receive an e-mail copy of their manuscript before publication, and must answer all queries and carefully check all editorial changes. Please note that there will be a deadline for a response to queries and no corrections can be made after that date. Authors are responsible for the specific content of their manuscripts.

Feature articles

The editorial board will make specific invitations to chosen authors. All submissions will be peer-reviewed in confidence by at least two reviewers for their scientific merit and/or contribution to public debate in the field of gambling studies. All submissions will be mediated by the editor.

Research

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

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

practicing clinicians.

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These narratives will show how gambling affects the author and others (perhaps as family, friends, gambling staff, or clinicians). Submissions will be reviewed in confidence by at least two reviewers and mediated by the editor. The editor will evaluate how successful the author is in making gambling issues come alive to the readers. First Person Accounts do not need abstracts or references.

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Examples:

Books

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

Book chapters

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

Journal articles

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

Miscellaneous articles, including government publications

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

Papers presented at a conference, meeting or symposium presentation

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

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

Signed newspaper article

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

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

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

Electronic source

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

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

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

http://www.responsiblegambling.org

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

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

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

http://www.ncrg.org

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

http://www.problemgambling.ca

Problem Gambling: A Canadian Perspective Website (Gerry

Cooper): annotated international links

http://www.youthgambling.org

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

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