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editorial

Reflections on Responsibility

Responsible: adj: Answerable, accountable (*to* another *for* something); liable to be called to account; as being in charge or control; morally accountable for one's actions; capable of rational conduct; deserving the blame or credit for; being a free moral agent.
Oxford English Dictionary (Simpson & Weiner, 1989)

In recent years, discourses of *responsibility* have, along with the proliferation of gambling and problem gambling itself, become increasingly prevalent throughout Western nations. The concept, which originates in notions of power and morality, has been appropriated by a range of stakeholders who utilize it in particular ways. In a pragmatic sense, ideas about responsibility are often generated and fostered through strategic alliances between, for example, government, the gambling industry, community groups, and treatment providers whose interests can be made to coalesce around this central theme. For instance, governments have moved to formulate *responsible gambling policies*¹, while some sectors of the gambling industry have attempted to demonstrate their commitment to social responsibility by, for example, not encouraging excessive play and providing realistic estimates of the chances of losing (or at least by paying lip service to those principles). At the same time, treatment agencies provide advice and information that is designed to encourage the development of responsible, self-regulating behaviour in their clients. Meanwhile, a range of organizations have come to identify themselves in terms of this increasingly dominant discourse, including, for example, the Responsible Gambling Council in Canada, the National Center for Responsible Gaming in the USA, and the Responsibility in Gambling Trust in the UK.

However, the demands on this rather modest concept are considerable. It has come to embody both the problem (in terms of irresponsible behaviour) and the solution (responsible behaviour by individual gamblers, government, regulators, and industry) in current debates on problem gambling.

But what exactly does this concept—responsibility—mean? This question takes us to the heart of the issue, as the core concepts tend to be vague and characterized by an apolitical acceptance of the assumptions that underlie them. Linguistically, descriptions often appear to rest on a tautology whereby *responsibility* is demonstrated through *responsible behaviour* and *responsible behaviour* is evidence of *responsibility*. There has been little critical academic debate about what it actually means to 'be responsible' and why such ideas have become so popular in recent years.

At its heart, the notion of responsibility is based on possession of power and implies accountability—"to another *for* something"—so much so that the idea of responsibility without power is virtually meaningless. It also possesses a moralizing element—"morally accountable for one's actions." Responsible behaviour is also appropriate behaviour for which the individual can be held to account: can be blamed or praised for.

However, in current usage responsibility (and with it, power) is dispersed among a wide range of stakeholders, all of whom are exhorted to behave in a responsible manner. Such a broadening of the focus in this way actually serves to diffuse genuine responsibilities to such an extent that it is often not clear with whom ultimate power—and so accountability—rests. Out of all this, the party who emerges as the main subject of notions of responsibility is the individual gambler. It is with the individual gambler that the tasks of seeking out information, setting limits on the amount of time and money he or she spends playing, making reasoned decisions, and controlling his or her own behaviour ultimately rest.

The increasing popularity of discourses of responsibility can be seen as at least a partial shift away from a reliance on the largely medicalized discussions of problem gambling which became dominant in the 1980s (American Psychiatric Association [APA], 1980). The first explanations of gambling problems tended to be discussed within a reductive, materialistic epistemology of mental and/or physical illness. As many have pointed out, such a view of problem gambling was part of a more general medicalization of behaviour regarded as marginal or deviant and represented a social achievement as much as a scientific one. It demonstrated the ability of particular groups—in this case researchers, clinicians, and other treatment specialists—to make their voices heard and to have their opinions count above those of others who may have held different views (Castellani, 2000; Rosecrance, 1985). However, today the focus is changing. We are witnessing a shift in which medicalized conceptions of problem gambling increasingly embrace discourses based around notions of responsibility and consumer choice. Such a shift is congruent with broader socio-economic changes taking place throughout affluent consumer societies. These changes include the embrace of commercial gambling by state and federal governments, the ongoing normalization of the activity, and the increasing salience of neo-liberal ideologies and policies. In a climate in which commercial gambling is no longer considered marginal or deviant, is pursued by a large proportion of the population, and is encouraged by the state, new ways of talking about gambling and problem gambling are coming into being.

Although medicalized discourses of problem gambling are still widespread and influential, they are increasingly being joined by discourses of responsibility that focus on individual gamblers as consumers who are in charge of their own decision-making in the marketplace. The emphasis here is on freedom of choice—particularly *informed* choice—on the part of the individual and the gambling industry as a mainstream leisure provider. This change of focus is reflected in language in which the euphemistic "gaming" has replaced the harder connotations of *gambling* and discussions of gambling problems are often couched in terms of *gambling-related harms* and *consumer protection* rather than in the more medicalized terminology of *pathology* and *compulsion*.

Just as the dominance of medical models was a reflection of particular groups' successes in promoting their ideas about the nature of problematic behaviour, so the rise of notions of responsibility reflect similar convergences of stakeholders' views that arise within particular social climates: in this instance, the socio-economic and political climates of advanced consumer societies.

The emphasis on the responsibility of the individual player and/or the gambling provider, rather than on, say, the responsibility of state regulation, dovetails with wider political and fiscal policies of neo-liberalism, with its emphasis on individual freedom and choice. Its underlying ideology is exemplified in Milton Friedman's (1980) famous maxim "free to choose," and it is characterized by the state's reduced intervention in social and economic life, its decreasing responsibility for the provision of public services, and its promotion of competitive enterprise.

In particular, this *minimal state* is characterized by increasing unwillingness to levy unpopular taxation on voting populations. In the revenue vacuum created by such policies, the economic utility of gambling as a source of revenue is clear (Abt et al. 1985). And so, as the presence of the state in the regulation of public life recedes, its involvement in the business of gambling increases, creating a relationship that has seen a proliferation and liberalization of commercial gambling throughout Western economies over the past three decades.

The reduction of external governance that is central in neo-liberalism is accompanied by an increasing emphasis on individual self-control. Here, the requirement is for individuals to control their consumption through behaviour that is rational, self-limiting, and based on informed and prudent decision-making. Such features are the foundation of the neo-liberal ideal: the sovereign consumer (O'Malley, 1996; Rose, 1999). So, crucially, the corollary of all this emphasis on freedom and choice is the exercise of self-control on the part of the rational—or responsible—consumer. As one writer has put it, in order to be free at all, individuals must first demonstrate that they are "capable of *responsibly* exercising that freedom through systems of domination" (Dean, 1999, p. 165; [italics added]). In this way, responsible or "appropriate" consumption has come to be regarded as behaviour that contributes to both individual and social health, as well as demonstrating moral well-being.

The emphasis within neo-liberal policies typically represents a shift away from a focus on what can be termed *production side* issues, concerned with, for example, supply, availability, accessibility, and the formats of products, and a shifting towards what can be termed *consumption side* issues, concerned with, for example, the choices, freedoms, preferences, and habits of individual consumers.

As a feature of these broad socio-economic trends, the increasing liberalization and deregulation of commercial gambling is accompanied by rising demands for self-control and responsible gambling by players themselves. Rather than resting on restrictive legislation, the onus now rests on both individual and corporate responsibility. Gamblers are considered rational, sovereign consumers; the gambling industry is considered a legitimate, mainstream leisure provider; the interests of both are assumed to come together in responsible self-regulation.

The responsible gambling tropes that are found in these kinds of discourses reflect a continued focus on the individual as both the site of gambling problems and their resolution. Despite the apparent diffusion of responsibility among a wide range of stakeholders, the real focus here is on individual players themselves whose actions, beliefs, and intentions are the repository of ideas about "appropriate" behaviour.

Milton Friedman, the architect of neo-liberalism, was famously scornful of the very notion of corporate or government responsibility, arguing instead for a narrowly individualistic definition of responsible behaviour: "What does it mean to say that government might have a responsibility? Government can't have a responsibility any more than business can. The only entities which can have responsibilities are people" (Friedman, 1970, p. 32).

It is not only free choice, but also *informed* choice, that is crucial here, and the informed consumer is the cornerstone of ideas about responsible gambling. The hope here is that informed choice will result in rational, and therefore responsible, behaviour, and this hope is based on the assumption that decisions about whether and how much to gamble should be largely left to the individual.

The individual player is also the focus of public health strategies, which aim to provide information and education in order to facilitate informed choice and responsible play. Indeed, such approaches have come to be almost synonymous with ideas about responsibility themselves. However, the relationship between the two is not a necessary one. In fact, the links are largely political, and they reflect the ideological dominance of notions of responsibility as much as the supposed efficacy of individual responsibility as the best strategy for improving public health.

The blueprint for responsible gambling initiatives, the *Reno Model*, proposed by Alex Blaszczynski, Robert Ladouceur, and Howard Shaffer outlines such sentiments, stating that a responsible gambling program "rests upon two fundamental principles: (1) the ultimate decision resides with the individual and represents a choice, and (2) to properly make this decision individuals must have the opportunity to be informed" (Blaszczynski et al., 2004, p. 311).

In outlining the parameters of responsible gambling, Blaszczynski et al. (2004) also articulate the principles of neo-liberal policies more generally: the emphasis on individual freedom and choice, and, particularly, the emphasis on the centrality of information for the facilitation of autonomous and rational action. They go further down this path when they invoke the idea of civil liberties to argue that "external organizations cannot remove an individual's right to make decisions" (Blaszczynski et al., 2004, p. 311), and they go further still along this path when they claim that "responsible gambling ... rests on the principle of informed choice [which] is a fundamental principle of human rights policies" (Blaszczynski et al., 2004, p. 312). It should be pointed out here that this is not the case: Informed choice may be a fundamental principle of neo-liberal ideology, but it has not yet been incorporated into the Universal Declaration of Human Rights.

However, the point to be made from all this is simply that these ideas about responsibility, freedom of choice, and information extend beyond debates on gambling, and they are actually embedded in wider socio-economic contexts, where they reflect current political ideologies and policies.

It is no longer the prerogative of the industry, the state, or the courts to restrict the consumption of gambling—this is now up to the individual, who becomes responsible for his or her own fate at the tables. It is the task of rational consumers to temper their enjoyment of the thrills of gambling with a prudent awareness of the risks involved, to exercise self-control, to manage their losses, and even to exclude themselves from gambling venues altogether.

In this context, discourses of responsibility reintroduce an element of agency that was lacking in some of the most deterministic medical/psychological models. They begin to challenge the notion of responsibility as something that could be lost, undermined, or somehow given up, whether through powerful external agents (such as "addictive" features of certain types of games) or through individual vulnerabilities (mental, physiological, or environmental). Current discourses return such responsibility to the individual, as well as introducing a quasi-moral element to it. As has been noted already, the idea of responsibility also implies the existence of power. However, it is precisely a *lack* of power that characterizes those who have lost control of their gambling behaviour. For problem gamblers themselves, and those with a predisposing vulnerability to the development of such problems, responsibility is not a particularly helpful concept.

At the same time, within these discourses the concept of "free" choice is something of a misnomer. Free choice is only really regarded as such when it is deemed to be responsible, yet various sanctions exist to guide behaviour in socially acceptable directions. It has been pointed out that liberalism conceals a "hidden despotism" (Valverde, 1997, p. 93) whereby those who cannot or will not act responsibly are subject to various prohibitions and restrictions, as well as a moralizing agenda that persuades and cajoles individuals into "responsible" patterns of behaviour. In the case of problem gamblers, interventions range from voluntary therapy to compulsory counselling and rehabilitation, and, in cases where legal transgressions have occurred, court orders, fines, and even imprisonment. All of these approaches work on individual players themselves, bypassing production side concerns such as availability or access. As Campbell and Smith (2003, p. 143) have pointed out, dialogues about responsibility relegate such structural issues to the background: They "transpose social problems affiliated with excessive gambling into individual problems and depoliticize them."

Ultimately, the increasing salience of discourses about responsibility, with their related emphasis on freedom, choice, and information, is a reflection of wider trends that extend beyond the domain of gambling and into the broader political and ideological climates of modern Western societies.

Such a trend is demonstrated in a shift from the language of medicine to one that increasingly incorporates the language of consumerism and responsibility. And, when language changes, so too does the way we think about an issue. Discourses are always tied up with relations of power, and reframing the parameters of debate means that certain viewpoints become easier to articulate while others are downgraded and/or excluded altogether. In recent years, we have already witnessed gambling lose its hard edge (or perhaps more accurately, its *b*) in the shift to the terminology of gaming, and the increasing prevalence of discourses of responsibility appear as another step in this linguistic direction. We are currently in the early stages of this transition, the future

direction of which remains to be seen. Whatever this turns out to be will have implications for policy, treatment, and research: for the ways that we conceive of gambling and problem gambling, and the ways that we think we should deal with it. It is because of this that we need to encourage much more critical reflection on these notions of responsibility, and, at the same time, we need to remain alert to the subtle shift that means we are increasingly talking in this new language.

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ⁱ Even if these might be largely interpreted as policies which enable individuals to act responsibility themselves.

editorial

Publishing Addiction Science

The release of this issue of JGI coincides with the launch of the second edition of *Publishing Addiction Science: A Guide for the Perplexed*, a comprehensive guide to publishing addiction research co-sponsored by the International Society of Addiction Journal Editors (ISAJE) and the Society for the Study of Addiction.

This free resource has applicability for a variety of professionals: for the novice researcher, it provides practical advice on choosing the appropriate journal for your manuscript, avoiding manuscript pitfalls, and publishing graduate-level theses. For first-time (and seasoned) reviewers, a chapter on peer-review provides suggestions on how to competently referee articles. For journal editors, providing a link on your website to any of the book's chapters will guide prospective authors to what you consider best practice.

Publishing Addiction Science is available free on the ISAJE website, here: (<http://www.parint.org/isajewebsite/isajebook2.htm>). Print versions can also be ordered through Multi-Science (www.multi-science.co.uk), or Amazon.com beginning in April of 2009.

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Daryl Boshart
Editor, Journal of Gambling Issues

Inconsistency between concept and measurement: The Canadian Problem Gambling Index (CPGI)

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Abstract

"Problem" and "pathological" gambling represent core concepts that guide gambling research today. However, divergent interpretation of the relation between these terms is continually misguiding the measurement and interpretation of empirical data, and may cumulatively lead to larger-scale problems of conclusion and policy formulation over the next decade. This paper first attempts to unravel the conceptual muddle by outlining the trajectory of the usage of the two terms, from a period where both were dimensionally similar concepts firmly situated in the addiction model to a more recent conception, which takes the view that problem gambling is distinct and properly measured by focusing on the problems that excessive gambling may cause to individuals, families, and communities. We then aim to analyse and criticize the Canadian Problem Gambling Index (CPGI) as a clear example of the confusion of paradigms, an index that defines problem gambling in the newer, problem-centred model, but continues to measure it with items reflecting the older, addiction-centred model. We argue that results obtained using the CPGI, much like those of its predecessors, will not adequately capture the notion of harm that underpins current definitions of problem gambling.

Keywords: problem gambling, pathological gambling, measurement, definition, CPGI

Introduction

Research in problem gambling is notorious for being plagued with a multitude of terms that seek to capture the construct, including "compulsive," "pathological," and "problem" gambling. These terms are ill-defined, often being used interchangeably and without an understanding of their theoretical origins and associated paradigms. Over the years, pragmatic concerns have relegated conceptual distinction to the wayside, with the view that making advances in treatment efficacy is more important than what is seen as a largely academic debate over terms and concepts. However, we wish to draw attention to an important conceptual distinction concerning the definition of problem gambling and to show how, in certain jurisdictions, failure to understand this conceptual distinction has led to muddled thinking, resulting in a bifurcation between concept and practice in the measurement of problem gambling, a bifurcation that may have significant consequences for future research and policy decisions.

The addiction-based concept of problem gambling

In the literature on problem gambling, there are two quite different conceptions of what problem gambling is. The earlier conception has its origins in the development of the related concept of pathological gambling. Pathological gambling was added to the list of psychiatric disorders in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)*; American Psychiatric Association, 1980). In the revision of this manual published in 1987 (*DSM-III-R*), the criteria for pathological gambling were based on those for substance dependence, and an underlying explanatory model of addiction was assumed (Walker, 1992). At the same time, the South Oaks Gambling Screen (SOGS; Lesieur & Blume, 1987) was developed as a clinical screen for diagnosing individuals as probable pathological gamblers. Importantly, the SOGS included items concerned with preoccupation, tolerance, withdrawal, and loss of control that overlapped with the *DSM-III-R* and are the core constructs of an addiction model. Thus, the construct of pathological gambling is not theoretically neutral either in its definition or in its measurement. Rather, this construct assumes that gambling can become an addiction that can be clinically diagnosed by signs that are similar to other addictions. Indeed, excessive gambling has been referred to as a "pure addiction" because the addiction exists without the associated chemical component of drug addiction (Custer & Milt, 1985; Jacobs, 1986).

In the SOGS, probable pathological gambling is diagnosed by a score of five or more positive answers to the 20 items on the list. Problem gambling is defined as a score of three or four positive answers to the same list of 20 items. Thus, the concept of problem gambling inherent in the SOGS is as a weaker form of pathological gambling. Pathological gambling and problem gambling share a common theoretical basis as terms related to addiction to gambling. There is now an extensive literature of research and argument that assumes that problem gambling and pathological gambling are closely related and only differ in severity. This conception of problem gambling as a weaker form of pathological gambling is explicitly stated in research on the prevalence of pathological and problem gambling (Petry & Tawfik, 2001). Problem and pathological gambling lie on the same dimension and differ only in the severity of the addiction. We label this older view "addiction-based" to discriminate it from the more recent "problem-centred" view.

The problem-centred concept of problem gambling

The alternative problem-centred view of problem gambling is becoming increasingly popular. This more recent conceptualization is based in the distinction between excessive gambling behaviour and problems that are a consequence of that behaviour (Walker, 1992). By defining problem gambling as gambling problems that result from excessive gambling behaviour, this alternative conceptualization of problem gambling remains theoretically neutral. In particular, there is no implication that problem gambling involves an addiction to gambling. The focus of this alternative view of problem gambling is the degree of harm caused to the individual, not the mechanisms by which the gambling behaviour becomes excessive. It is a viewpoint that has found widespread international acceptance. In the United States (Cox, Lesieur, Rosenthal & Volberg, 1997; Lesieur, 1998), Canada (Ferris & Wynne, 2001), and Britain (Sproston, Erens, & Orford, 2000), problem gambling has been defined to encompass all gambling behaviour types and patterns that cause disruption and damage to a person's functioning. Similarly in Australia, Dickerson, McMillen, Hallebone, Volberg, and Woolley (1997) defined problem gambling as "the situation when a person's gambling activity gives rise to harm to the individual player, and/or to his family, and may extend into the community" (p. 106).

By highlighting the harms caused by excessive gambling behaviour, this alternative definition of problem gambling fits well within a public health model. The public health approach is a broad framework providing the perspective that problem gambling "is not restricted to a narrow focus on gambling addiction" (Shaffer, 2003, p. 15); that is, it is not just a problem of addiction and individual psychopathology, but rather a problem that exists in a social setting, is multiply determined, and has broad community effects (Korn, Gibbins, & Azmier, 2003; Shaffer, 2003). Rather than focusing on the addiction-like attributes of excessive gambling, the public health model focuses on harm caused by gambling, and by this virtue is designed to allow a better determination of the socio-economic impacts of gambling. This model also has several policy functions. Gamblers experiencing harm may not necessarily be those experiencing severe personal or psychological problems. By limiting the count of problem gamblers to those with specific psychological or psychiatric symptom profiles, policy efforts may fail to reach the larger numbers of individuals who are harmed by excessive gambling. Furthermore, as Shaffer and Korn (2002) point out, although members of this larger group may not be suffering from severe psychological impairment or psychopathology at the individual level, they collectively have the greatest impact on the community. For this reason, greater individual and community benefit may accumulate from intervention, treatment, and education measures directed at this larger group that is defined by the range and intensity of the harms caused by gambling.

Despite the explicit definitions of problem gambling that underpin the emerging public health approach in Australia, Britain, Canada, and the United States, discussions of the public health model and its implications have sometimes lapsed into a confusion of the addiction-based concept and problem-centred conceptions that lie at the centre of the debate. These discussions have thereby, unintentionally, led to muddled conclusions. Shaffer (2003) for example, points out how a public health approach to problem gambling is akin to other addictions and communicable diseases. He advocates an

epidemiological examination of gambling and gambling-related disorders ... to understand the distribution (i.e. pattern and spread) and determinants (i.e. origins) of gambling as well as the factors that influence a transition from healthy to unhealthy gambling... [O]nce scientists identify the base rate of an illness with some degree of precision, then they should direct attention to vulnerable groups with very high rates of the disorder. (p. 2)

In this view, gambling prevalence research is similar to psychiatric epidemiology that directs treatment, harm reduction, and prevention efforts. This view also makes the assumption that problem gambling is a psychiatric disorder, that there exists a point at which gambling becomes "unhealthy," and that problem gambling is a diagnosable "illness." It is beyond the scope of this paper to review the empirical evidence that problem gambling is an illness or psychopathology (see Walker, 1992; Walker & Dickerson, 1996), or to restate any view that the illness model serves a socio-political rather than a scientific function (see Rosecrance, 1985). Suffice to say, the assumption is contentious and places the public health model into a theory-laden framework. The greater risk is that this assumption may further legitimize the use of clinical screening tools in prevalence studies, while at the same time ignoring the true implications of theory-neutral and widely accepted public-health definitions of problem gambling.

Implications of the problem-centred concept for measurement

The problem-centred view of problem gambling assumes that excessive gambling behaviour causes a range of problems for the individual, for his or her family, and for the community. What constitutes excessive gambling depends on the characteristics of the individual and the extent to which his or her circumstances will tolerate a greater or lesser expenditure of money and time on the activity. It is not simply the volume of gambling or the size of the loss that defines problem gambling. There may be heavy time and monetary expenditure on gambling activities, but if there are no consequences of that behaviour, as may often be the case for gamblers with ample leisure time and large disposable incomes, then this cannot constitute problem gambling in the public health sense. It follows that it is not the characteristics of the gambling itself that define problem gambling but rather the fact that an individual may not limit the expenditure of money and time to stay within reasonable bounds of the resources available. The characteristics of the gambling may include the attributes of addiction, but this aspect alone is not a necessary or sufficient condition for the presence of problem gambling. A person may exhibit a preoccupation with gambling, tolerance effects for session length, and

withdrawal symptoms when gambling ceases. However, if the gambling involves sufficiently small bets, no problems may follow. Chasing losses is frequently associated with problem gambling, but it is not the act of chasing that marks the onset of problem gambling, but the fact that chasing may cause the individual to cross the critical threshold of tolerable monetary loss. It is for this reason that we have seen an emergence of harm-based conceptualization of problem gambling in the past decade (Dickerson et al., 1997; Neal, Delfabbro, & O'Neil, 2005). For example, Neal et al. (2005) state, "Problem gambling is characterized by difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or for the community" (p. 125). According to these widely accepted definitions, if the expenditure of money and time do not cause problems for the individual, others, or the community, then the gambling does not meet the necessary condition for the occurrence of problem gambling. It follows that problem gambling must be measured by the number and extent of the problems caused by the gambling, not by whether or not the gambling behaviour has the characteristics of addiction or any other individual psychopathology.

The re-conceptualization of problem gambling in terms of the harm caused by excessive gambling implies a re-evaluation of the methods by which problem gambling is screened and measured. The SOGS (Lesieur & Blume, 1987) has been used in almost all problem gambling prevalence research across the United States, Asia, Europe, and Canada (Shaffer, Hall & Vander Bilt, 1999; Sproston et al., 2000; Volberg, Abbott, Ronnberg, & Munck, 2001). Although recent prevalence studies in the United States (Gerstein et al., 1999) have also used a screen based on *DSM-IV* (1994), such as the NODS, the SOGS remains as one of the most widely used prevalence measures in the world (Abbot & Volberg, 2006). Over the period of its use, the SOGS has received an accumulation of criticism directed at the context and assumptions behind its development (Volberg, 2001), its outdated criteria (Volberg, 1996), and the validity of its estimates (Walker & Dickerson, 1996).

The Canadian Problem Gambling Index (CPGI)

One recently developed scale, the Canadian Problem Gambling Index (CPGI), has received attention as a potential successor to previous instruments. Developed largely as a response to the criticism around the SOGS, the CPGI has been presented as a modern and promising tool for use in problem gambling prevalence research. The scale as a whole contains 31 items (plus demographics) that cover gambling involvement, problem gambling assessment, and correlates of problem gambling (Ferris & Wynne, 2001). Only nine of those items are scored, and they comprise the Problem Gambling Severity Index (PGSI), an index designed to serve both as a prevalence measure and a general population screen that is brief, reliable, and provides adequate estimates of the problem.

In the first stage of the development of the CPGI, the Canadian Inter-Provincial Task Force on Problem Gambling adopted the following definition of problem gambling: "Problem gambling is gambling behaviour that creates negative consequences for the gambler, others in his or her social network, or for the community" (Ferris & Wynne, 2001, Introduction at 1.2). This definition takes as its focus the consequences or harm of gambling activity, and is very similar to that proposed earlier by Dickerson et al. (1997) and Neal et al. (2005). Although it is a problem-centred definition suitable for use within the public health model, the developers of the CPGI state that that they still sought to develop the PGSI as a measure of both problem behaviour and adverse consequences (Ferris & Wynne, 2001).

In addition to adopting a harm-based operational definition, the PGSI also involved the creation of a range of categories into which respondents may fall: non-gamblers, non-problem gamblers, low-risk gamblers, moderate-risk gamblers, and problem gamblers. The ordinal sub-types of the PGSI suggest a problem gambling continuum, and so are seen as a substantial improvement to the dichotomous and discrete variables encompassed in instruments such as the *DSM-IV* (1994) and the SOGS. In brief, in the CPGI's rationale and associated features, the developers of the CPGI claim that it is "a new, more meaningful measure of problem gambling for use in general adult population surveys, one that reflect[s] a more holistic view of gambling, and include[s] more indicators of social context" (Ferris & Wynne, 2001, p. 1.1).

The CPGI has become the measure of choice throughout Canada and has also been used in Norway and Iceland (McCready & Adlaf, 2006), New Mexico (Volberg & Bernhard, 2006), and recently in the United Kingdom (Wardle et al., 2007), as well as in Australian prevalence studies in Queensland (Queensland Treasury, 2001, 2005), Victoria (McMillen, Marshall, Ahmed, & Wenzel, 2004), and Tasmania (Roy Morgan Research, 2006). Furthermore, McMillen et al. (2004) compared the SOGS, the Victorian Gambling Screen, and the CPGI and viewed the CPGI more favourably than the other two screens in terms of its overall rationale, psychometric properties, and brevity that promises efficiency of administration. However, as this paper aims to show, despite the explicit definition of problem gambling in terms of the public health model, the actual prevalence index in the CPGI is associated with an addiction-based model and as such, it cannot provide a measure of problem gambling as conceptualised in the problem-centred, public health model. It follows that research aimed at measuring problem gambling defined in terms of harm may be seriously misguided in using the CPGI prevalence index.

An analysis of the CPGI

The development of the CPGI was associated with an explicit rejection of a medicalized model of pathological gambling in favour of a view of problem gambling as a social issue with public health consequences (Ferris & Wynne, 2001). However, in the light of such a framework and the explicit model adopted, it is important to analyse the actual items chosen for the PGSI.

Table 1

The Problem Gambling Severity Index (PGSI) of the Canadian Problem Gambling Index (CPGI): items and their origins

	CPGI item	SOGS or <i>DSM-IV</i> derived
	In the last 12 months, how often...	
1.	Have you bet more than you could really afford to lose?	SOGS
2.	Have you needed to gamble with larger amounts of money to get the same feeling of excitement?	<i>DSM-IV</i>
3.	Have you gone back another day to try and win back the money you lost?	<i>DSM-IV</i>
4.	Have you borrowed money or sold anything to get money to gamble?	SOGS
5.	Have you felt that you might have a problem with gambling?	SOGS
6.	Have you felt that gambling has caused you health problems, including stress and anxiety?	--
7.	Have people criticized your betting or told you that you have a gambling problem, whether or not you thought it was true?	SOGS
8.	Have you felt that your gambling has caused financial problems for you or your household?	--
9.	Have you felt guilty about the way you gamble or what happens when you gamble?	SOGS

Note. *DSM-IV* = *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. (American Psychiatric Association, 1994); SOGS = South Oaks Gambling Screen. Scoring: 0 = Never, 1 = Sometimes, 2 = Most of the time, 3 = Almost always. Cut-off scores: 1-2 = Low risk, 3-7 = Moderate risk, 8-27 = Problem gambler. From *The Canadian Problem Gambling Index: Final Report*, by J. Ferris and H. Wynne, 2001, Ottawa, ON: Canadian Centre on Substance Abuse.

The first, and most problematic aspect of the PGSI, is that its items were drawn from scales measuring pathological gambling. The PGSI uses items largely borrowed from instruments (SOGS and *DSM-IV*) that have been developed in a U.S. clinical context and for the express purpose of identifying pathological gambling. Using a content analysis of the items in the PGSI and SOGS, McMillen and Wenzel (2006) concluded that the PGSI and the SOGS show considerable overlap in their content, much more so than their foundational differences may suggest. Furthermore, the PGSI includes an item taken from the *DSM-IV* related to tolerance (Item 2), a core construct of the addiction model. The authors claim that the inclusion was justified because "DSM-IV items ... capture the more severe end of the gambling problem spectrum very well" (Ferris & Wynne, 2001, Results section 3.2). By adopting the older concept of problem gambling as a less severe form of pathological gambling, this statement undermines the explicit claims that the CPGI concept of problem gambling derives from the public health model.

The derivative nature of the PGSI attracts with it further problems. Given that the CPGI is largely based on items in the SOGS and *DSM-IV*, a certain amount of scepticism is needed in relation to the favourable psychometric properties of the CPGI, namely, its internal consistency, calculated at 0.84 by Ferris and Wynne (2001) and 0.92 by McMillen and Wenzel (2006); additional properties calculated by Wynne (2003) such as test-retest reliability (0.78), specificity (1.00), and classification accuracy (0.83, as measured against the *DSM-IV*); and its 0.83 correlation with both the *DSM-IV* and the SOGS (Wynne, 2003). Indeed, any strong correlation with the SOGS and the *DSM-IV* should be expected, given that eight of the nine items in the index are based on SOGS and *DSM-IV* items. Govoni, Frisch, and Stinchfield (2001) have also pointed out these significant overlaps, with the implication that caution must be taken in interpreting these estimates. It is inappropriate to correlate the CPGI with the SOGS or to estimate the classification accuracy of the CPGI against the *DSM-IV* in order to establish robust psychometric properties. It should come as little surprise that the CPGI produces superior statistical properties (such as reliability coefficients and estimates of specificity and a single factor loading) over other screens because that is what it was designed to do, and correlation with previous screens is a result of the fact that it is a derivative of previous screens. The CPGI is part of a chain that links all its predecessors: the SOGS was developed from and evaluated against the *DSM-III-R*, the SOGS was the standard for the development of the *DSM-IV*, and now the CPGI has been developed from and evaluated against both the SOGS and *DSM-IV*. The circularity of this process led Shaffer and Korn (2002) to observe that "most screening devices are incestuous, having been derived from each other and then used to test the development of their progeny. The result is psychometric tautology" (p. 182). These authors also agree that there is currently no gold standard by which prevalence measures can be evaluated and link it to a more general problem in lack of a valid and independent standard by which we can evaluate the utility and precision of prevalence measures (Shaffer & Korn, 2002). In sum, the statistical development and statistical validation of the CPGI is a victim of the same circular reasoning that lies behind its predecessors.

Validation of the CPGI

The validation of any prevalence measure necessitates a different process. As Thomas, Jackson, and Blaszczynski (2003) note:

We are strongly of the view that measures of problem gambling and the evaluation of their utility need to be directly aligned to their stated purposes and that they also need to derive from a conceptual or theoretical account of problem gambling and its components. (p. 20)

Thus, either an index is designed to reflect a theory about problem gambling and then evaluated using statistical procedures, or, if an index was compiled from previous instruments using statistical procedures, then it should be evaluated on its theoretical coherence.

Little research has attempted to validate the CPGI against the actual problems caused by excessive gambling, and the conclusions that can be drawn, thus far, are not encouraging. In fact, the CPGI has not been adequately validated against any measures appropriate to the public health model. In attempting to measure the construct validity of the CPGI, Wenzel, McMillen, Marshall, and Ahmed (2004) conducted a validation study of three screens (SOGS, Victorian Gambling Screen, and CPGI). Wenzel et al. (2004) compared the CPGI with other *correlates* of problem gambling, such as people's self-rating of the extent of their gambling problem, wanting help, family history, stress, and depression, and concluded the following:

Because scores for the CPGI show the closest relationships to variables which correlate theoretically to aspects of problem gambling, it seems that we should be most confident that the CPGI, of the three screens, most closely measures what it is supposed to measure – problem gambling. (p.47)

This indirect approach is symptomatic both of the fact that no objective external criteria were available to assess validity and of the study's general failure to directly consider the question of what is problem gambling when evaluating the items. The problem is made even more difficult when the *DSM-IV* and SOGS items are clearly founded in an addiction model of gambling, making it difficult to specify what measures would indeed be appropriate and independent.

A further problem is that, because the PGSI lacks theoretical coherence and face validity, it is not able to avoid the inevitable debate about whether it is making measurement errors, that is, over- or underestimation. Ladouceur, Jacques, Chevalier, Sevigny, and Hamel (2005), for example, have published data that sought to compare the SOGS and the CPGI with classifications based on a clinical interview. A majority (82%) of the SOGS or CPGI-identified problem gamblers did not have this classification confirmed when they were administered the follow-up clinical evaluation. In fact, the misclassification rate for the CPGI was 88%, giving cause to believe that, much like the SOGS, the CPGI may be overestimating prevalence and introducing false positives in prevalence data.

Requirement for an adequate measure of gambling-related harm

There is a second major cluster of problems that surround the CPGI, in that the items in the PGSI that supposedly measure harm are not comprehensive. The promise of the CPGI lies in the harm-based definition adopted in Phase I, as well as in the emerging Canadian view that problem gambling is a public health issue. However, the actual PGSI items that are claimed to measure harm are questionable in this capacity. These consist of Items 6-9 (Ferris & Wynne, 2001, see Table 1).

First, Items 6 and 8 relate to clear indicators of adverse consequences. However, these two items cover only a small proportion of the domains where harm can occur, such as relationships, employment, and a person's legal situation. Excessive gambling behaviour may cause a range of social problems, including fractured family relationships, work-related problems, legal problems, and a generalized reduction in the quality of life. Excessive time involvement may provide a separate pathway to harm caused by gambling, an effect that may be particularly prominent among electronic gaming machine players. Second, Item 6 asks about health problems. It is unclear what interpretation the respondent may give to this domain. For one respondent, health problems may be limited to physical health problems, whereas for another, the same term may include mental health problems (such as depression) and for another, personal problems (such as heavy smoking). The content analysis of the CPGI, conducted by McMillen and Wenzel (2006), found only one item that referred to personal and social consequences, which they found surprising given the developers' claim that they were aiming to emphasize issues of harm. It is clear that these items either do not address, or address insufficiently, the adverse consequences that are the core part of the public health definition of problem gambling. These items do not adequately capture the harm that may occur to the self, to others, and to the community.

Items 7 and 9 further exacerbate the problems of the scale. First, we share the view of the Productivity Commission (1999) that Item 7 is more indicative of problematic behaviour than of harm (Productivity Commission, 1999, section 6.28) and that it is an item that would be, at best, only indirectly indicative of harm to relationships. Second, although a person's excessive gambling may be causing arguments and other disruptions to family life, "criticism" in undefined terms is too broad to hold a direct link to problem gambling. Henry Lesieur himself (see Thomas et al., 2003, p.39) has criticized the inclusion of these two items from the SOGS as those least helpful in differentiating problem gambling, a criticism shared by Strong, Breen, and Lejuez (2004) who doubt the ability of these SOGS-derived items to appropriately measure problem gambling. The original problem with the SOGS arose from it being validated using a clinical sample. As a result of that research, the SOGS included items (such as those relating to feeling guilt and criticism) that differentiate pathological gamblers from non-gamblers but that, at the same time, may be characteristic of all regular (non-problem) gambling (Allcock, 1995; Battersby, Thomas, Tolchard, & Esterman, 2002; Dickerson, Baron, Hong, & Cottroll, 1996; Stinchfield, 2002). Given the overlap of the CPGI with the SOGS, one can expect that the CPGI may face similar problems.

At the expense of items that may more comprehensively measure harm, the PGSI instead includes items that may be responsive to cultural differences in gambling attitudes rather than problem gambling. The developers of the CPGI believe that SOGS-derived items such as "receiving criticism" provide an appropriate measure of harm in that they "tap into the social context of gambling" (Ferris & Wynne, 2001, p. 1.2). This may be the case, but these items may do so in an inappropriate manner. Given the nature of the gambling activity and the level of moral polarization associated with it, spouses and friends (depending on their moral persuasion) may be apt to criticize any gambling activity, however infrequent or excessive. Item 9 (feeling guilt) appears to suffer from the same predicament, whether as a marker of a person's own moral attitude towards gambling or of guilt as a result of other people's moral censure of gambling. For example, a person may feel guilty every time he or she gambles, even if the person does so infrequently and would not normally be considered a problem gambler.

The consequence is that endorsement of these items is not a precise measure of actual harm, but will vary according to the moral acceptance of gambling within a culture. For example, in the United States, gambling has traditionally not been as readily accepted and available as it is in Australia (Walker & Dickerson, 1996). Although gambling in Australia has had continuing support and acceptance since the 1920s (O'Hara, 1998), in the United States it was seen as a moral vice for much of the 20th century (Rosecrance, 1985). Although the 1980s was a period of proliferation of proposals in the United States to legalize gambling, Australia was already seeing the emergence of easily accessible urban casinos (Eadington, 1998). In any country where there is less moral stigma attached to gambling, we may expect less criticism to occur of gambling behaviour, regardless of how extensive it is, and thus we may also expect relatively fewer people to feel guilt in relation to any gambling behaviour, however frequent. Lower endorsement of these two items may, all other things being equal, indicate a lower prevalence of problem gambling that would not accurately reflect the actual extent and severity of harm experienced by a community. In addition, the moral and cultural acceptance of gambling tends to change with time as the boundaries of what is deviant gambling behaviour become redefined (Cosgrave & Klassen, 2001; Gusfield, 1967). This means that such items could not only lead to biased estimates of prevalence, but could also lead to difficulty in comparing prevalence rates across both different cultures and different generations.

The argument against the use of these two items is thus beyond the criticisms that are normally directed at subjective items. Indeed, the inclusion of subjective items does not necessarily present an impediment to measurement and does not necessarily invalidate prevalence estimates, especially if harm-related measures are sufficiently unambiguous, concrete, and broad in scope. Items, however, that more directly tap into moral attitudes (whether derived from cultural or religious proscription) and that represent a significant proportion of any screening tool will not only result in invalid measures of harm and adverse consequences, but will introduce systematic differences between large groups of people, not just individuals.

Measuring the problem-centred concept of problem gambling

The public health definition of problem gambling (as excessive gambling behaviour that causes harm to the individual at personal and interpersonal levels) implies an approach to measurement that is independent of previous work, where the addiction model of gambling was an inherent part of the definition of problem gambling. Given the reliance of the CPGI on items drawn from addiction-based measures of pathological gambling, and given the criticisms of the actual measurements made by the CPGI, it would seem important to regard this instrument as not measuring problem gambling as defined in the public health context. It is the view of the authors that the continued use of the CPGI in research on the prevalence of problem gambling will cause errors in the interpretation of the severity of problem gambling throughout the world, errors in understanding the relation of problem gambling to its causes and distribution throughout communities, and errors in deciding best policy and practice in the attempts of governments to deal with this major social problem.

What is required is an independent approach to measurement that does not rely on prior research conducted within the addiction framework. The public health definition implies that both gambling behaviour and the harms caused by that behaviour must be measured. Thus, a dual index would seem necessary. Public health policy must focus on the harm caused to individuals by the presence and availability of widespread gambling opportunities. Of all the measurement instruments that must be developed to appropriately monitor problem gambling, the one that appears central is that which measures the cumulative harm to the individual across the major domains of human functioning. A statistically sound measure of harm caused would seem a necessary next step in problem gambling research. Some attempts to develop such an index already exist, including the gambling addiction severity index (Lesieur & Blume, 1990; Petry, 2003), the HARM scale (Productivity Commission, 1999), and the gambling treatment outcome monitoring system (GAMTOMS; Stinchfield, Winters, Botzet, Jerstad, & Breyer, 2007). Each one aims to assess gambling-related problems in all the main domains of functioning, including the financial, legal, occupational, and psychosocial domain, giving a pure, comprehensive, and composite measure of gambling-related harm. Although none are without major criticism, these earlier attempts give some guidance to the kind of reasoning needed to measure harm caused by gambling successfully. The way forward may well begin with the logic behind these instruments.

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Correlates of gambling-related problems among older adults in Ontario

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Abstract

Although the literature suggests that gambling among older adults is influenced by unique age-related factors, there is little information on the factors associated with the experience of gambling-related problems among older adults. The purpose of this study was to identify the sociodemographic health determinants and mental health-related problems, including alcohol and drug dependence, that are associated with the experience of gambling problems among older adults in Ontario. The research was an exploratory analysis of data from Ontario adults, aged 55 and over, who completed the Canadian Community Health Survey – Mental Health and Well-being, Cycle 1.2 (1,904 males and 2,622 females). Logistic regression analyses were conducted to identify sociodemographic, gambling behaviour, and mental health correlates of the experience of any gambling-related problems, as identified by responses to the Canadian Problem Gambling Index. Being married or living common law and having a higher education level were associated with reduced risk of gambling problems. Among mental health variables, alcohol dependence and any substance dependence significantly increased the odds of reporting a gambling problem. Gambling behaviour measures, such as more frequent gambling, participating in more types of gambling, and spending more on gambling were significant correlates of gambling problems.

Keywords: seniors, older adults, gambling problems, correlates, behavioural factors, sociodemographic factors, mental health factors

Introduction

Some researchers have expressed concern that the older segment of the population, defined here as individuals 55 years of age and older, may be at greater risk of developing gambling-related problems (Korn & Shaffer, 1999; Wiebe, 2002). Many seniors have both the time and the disposable income to gamble, and they may choose gambling as a leisure activity (Munro, Cox-Bishop, McVey, & Munro, 2003). It has been suggested that for older adults with fixed incomes, even small losses can have a significant financial and legal impact (Levens, Dyer, Zubritsky, Knott, & Oslin, 2005). On the other hand, some research studies that have focused on general gambling behaviour in older adults have found that gambling for most older adults is a relatively problem-free recreational activity that provides positive social benefits (Hope & Havir, 2002; Stitt, Giacopassi, & Nichols, 2003; Wiebe, 2000). When older adults in Ontario were asked to identify the benefits of gambling, 33.9% reported that gambling provides a chance for “winning money,” 30.7% indicated that it provides “excitement and fun,” 29.0% indicated that gambling provides “no benefit,” and 20.9% suggested that gambling is an opportunity to “socialize” (Wiebe, Single, Falkowski-Ham, & Mun, 2004).

General population prevalence studies indicate that older adult participation in gambling is lower than that of other adults, but it is clear that the majority of older adults do participate in gambling. Using “a gambling questionnaire,” Levens et al. (2005) reported that 69.6% of older primary care patients (over age 65) had participated in at least one gambling activity in the past year. Wiebe et al. (2004) used the Canadian Problem Gambling Index (CPGI) and reported that 83% of adults in Ontario gambled once in the past year and that a similar but somewhat smaller proportion of older adults (73.5%), aged 60 years and older, had participated in some form of gambling in the past 12 months.

Although gambling may be a positive recreational activity for some older adults, it is problematic for a small but significant percentage. Using the South Oaks Gambling Screen – Revised and the NORC DSM-IV Screen for Gambling Problems, Volberg (2003) reported on a survey of 2,750 Arizona residents who were 18 years of age and older. She found that the percentage of problem and probable pathological gamblers in the past year was 2.3% for ages 18 to 34, 2.6% for ages 35 to 54, and 2.1% for ages 55 and over. From a national telephone survey using the Diagnostic Interview Schedule, Welte, Barnes, Wiczorek, Tidwell, and Parker (2002) estimated the overall rate of problem and pathological gambling in the previous year as 3.5%, compared with a rate of 1.2% among residents 61 years of age and older. Schellinck, Schrans, Walsh, and Grace (2002) used the CPGI and conducted a telephone survey of 1,000 New Brunswick adults 55 years of age and older and estimated that 0.6% of the sample could be defined as either a moderate risk or problem gambler in the previous 12 months. Administering the CPGI, Wiebe, Single, and Falkowski-Ham (2001) reported that for Ontario residents aged 60 years and older, an estimated 2.0% experienced moderate problems and 0.1% experienced severe problems in the past 12 months.

Although there is increasing evidence that a subgroup of older adults may be experiencing problems related to gambling, only a small number of studies have assessed factors that might predict gambling problems in that population. A recent review of the literature on older adults and gambling (Munro et al., 2003) found few studies that attempted to identify factors that were associated with problem gambling in older adults. According to Petry (2002), older female gamblers in her study were likely to have begun gambling later in life. Among the treatment-seeking gamblers, slot machine gambling was the most popular form of gambling for the middle and older age groups, particularly for the women. Compared with the middle-aged gamblers, the older gamblers wagered on fewer days, but older female gamblers wagered the greatest amounts in the month prior to treatment entry. Levens et al. (2005) found that at-risk gambling was not significantly associated with gender among older primary care patients. Among the strongest predictors of at-risk gambling behaviour were being a member of a minority race or ethnicity, a patient of a Veterans Affairs clinic, or both. Wiebe et al. (2004) noted that problem gambling among older adults seemed to be associated with more gambling activities, low income, expenditures, and time. They also found that, compared with non-problem older adult gamblers, “at-risk,” “moderate problem,” and “severe problem” gamblers participated in significantly more casino slot machine or video lottery terminal (VLT) play.

Numerous studies suggest that mental health factors, including substance abuse, are involved in problem gambling. Problem gamblers have been shown to suffer from numerous psychiatric symptoms (Toneatto, 2002). Mental health factors associated with problem gambling include affective disorders, anxiety disorders, depression, suicidal ideation, personality disorders, and substance abuse disorders (Beaudoin & Cox, 1999; Blazczynski & Steel, 1998; Korn, 2000; Raylu & Oei, 2002; Rosenthal, 1992; Specker, Carlson, Edmonson, Johnson, & Marcotte, 1996; Spunt, Dupont, Lesieur, Liberty, & Hunt, 1998; Toneatto, 2002; Toneatto & Millar, 2004). However, little evidence is available on the association of problem gambling with mental health problems in the senior population. Petry (2002), in a sample of treatment-seeking older adults, found that when controlling for gender, older age was associated with fewer alcohol and drug problems. Levens et al. (2005) examined a sample of older adults in primary care clinics and found that the strongest correlates of at-risk gambling behaviour included being a binge drinker and having current post-traumatic stress disorder symptoms. At-risk gambling was not significantly associated with current or past depressive symptoms or cigarette smoking, and at-risk gambling was just as likely to occur among those with mild-to-moderate cognitive impairment as it was among those without impairment.

Although an increasing body of evidence identifies predictors of gambling-related problems in the general population, much less information is available on correlates of gambling problems in the senior population. Nevertheless, there are important indications that gambling problems are present in this age group and may be a particular concern because of the restricted incomes and co-occurring physical and mental health issues that

seniors face. The purpose of this study was to examine the sociodemographic, behavioural, and mental health factors that are associated with the experience of any gambling problems in a sample of older adults in Ontario.

In this study, we have not restricted our consideration to only those who have clinically significant gambling problems, but instead we examined correlates of the experience of *any* problems related to gambling, as has been done by other investigators (e.g., Marshall & Wynne, 2003; Wiebe et al., 2004). Although this approach means that our results will not be specific to correlates of clinically significant gambling problems, it has the benefit of increasing the relevance of this work for early stage understanding and prevention of gambling problems (Korn & Shaffer, 1999).

Methods

Research design

We conducted a cross-sectional analysis of the Ontario segment of the Canadian Community Health Survey – Mental Health and Well-being, Cycle 1.2 (CCHS, Cycle 1.2; Marshall & Wynne, 2003; Statistics Canada, 2003). This large national survey is unique in that it has captured data on gambling and problem gambling by using the CPGI (Ferris & Wynne, 2001; Wynne, 2003), as well as measures of mental health disorders and problems, including alcohol and drug dependence.

Data source

The CCHS, Cycle 1.2, is a cross-sectional survey that collects information related to mental health and well-being for the Canadian population (Statistics Canada, 2003). For the first time, the CCHS, Cycle 1.2 included questions on gambling. The CCHS, Cycle 1.2 targeted persons aged 15 years or older who are living in private dwellings in the 10 provinces. Residents of the three territories, persons living on Indian Reserves or Crown lands, clientele of institutions, full-time members of the Canadian Armed Forces, and residents of certain remote regions were excluded from this survey. The CCHS, Cycle 1.2 covered approximately 98% of the population aged 15 years or older in the 10 provinces. From the Ontario sample of 13,184 personal respondents, all 4,526 respondents aged 55 years and older in Ontario were abstracted for this study. The use of this age limit to identify older adults is consistent with other recent studies (Schellinck et al., 2002; Volberg, 2003), although different ages to define older populations have been used by other investigators (e.g., Wiebe et al., 2001).

The selection strategy was designed to consider user needs, cost, design efficiency, response burden, and operational constraints (Béland, Dufour, & Gravel, 2001). Data collection took place between May 2002 and December 2002, a period of 7 months. The CCHS, Cycle 1.2 questionnaire was administered by using computer-assisted interviewing. A total of 48,047 households in Canada were selected to participate in the

CCHS, Cycle 1.2. Of these selected households, a response was obtained for 41,560, resulting in an overall household-level response rate of 86.5%. Among these responding households, 41,559 individuals (one per household) were selected to participate, from whom a response was obtained for 36,984. This response number resulted in an overall person-level response rate of 89.0%. At the national level, this response rate yielded a combined response rate of 77.0% for the CCHS, Cycle 1.2. The combined response rate in Ontario was 73.4%. Further information on the sampling strategy and characteristics of the sample can be found in Statistics Canada reports (Statistics Canada, 2003). The measures of gambling and problem gambling were drawn from the CPGI (Ferris & Wynne, 2001; Wynne, 2003). For the first time, the CCHS, Cycle 1.2 included the CPGI and produced the first national gambling and problem gambling survey data. Participants were asked how often in the past year they had participated in 13 types of gambling activities (instant win or scratch tickets, lottery tickets, bingo, card games or board games, VLTs outside of casinos, video lottery or slot machines at casinos, participation in other casino gambling, Internet or arcade gambling, horse racing on or off track, sports lotteries, speculative investments, games of skill, and any other forms of gambling). The response options for gambling frequency were (1) daily, (2) between 2 and 6 times per week, (3) about once a week, (4) between 2 and 3 times a month, (5) about once a month, (6) between 6 and 11 times a year, (7) between 1 and 5 times a year, and (8) never, don't know, or refused. The number of different types of gambling activities in which the respondent participated was coded into four categories: one or two, three, four, or five or more.

The amount of money spent on gambling activities was assessed by a question that asked: "In the past 12 months, how much money, not including winnings, did you spend on all of your gambling activities?" The response choices were: "\$1-50," "\$51-100," "\$101-250," "\$251-500," "\$501-1,000," and "more than \$1,000." The ratio of the amount of money spent on gambling activities to household income was derived from the amount of money spent on gambling activities and total household income. The ratio was classified into three categories: less than 1%, 1% but less than 2%, and 2% or more.

Problems with gambling were assessed with the CPGI (Ferris & Wynne, 2001; Wynne, 2003). The CPGI includes nine questions that assess two domains of problem gambling: (a) problem gambling behaviour and (b) consequences of that behaviour for the individual or others. These nine questions are referred to as the Problem Gambling Severity Index (PGSI) and they are scored to determine problem gambling severity. Each question on the PGSI has four response options: never = 0; sometimes = 1; most of the time = 2; and almost always = 3.

The experience of any gambling problems was assessed on the basis of responses to the PGSI. In the analyses reported here, measures of gambling problems were recoded to form a measure of "any gambling problem," defined as experiencing any problem resulting from gambling. Any individual receiving a score of 1 or more on the PGSI fell

into this group, whereas those with scores of 0 were considered gamblers who reported no gambling-related problems in the analysis.

Demographic variables included in this study were health region, age, sex, marital status, education level completed, country of birth, immigration status, employment status over the past year, and income in the past year. Household income was grouped into one of four categories on the basis of total household income and the number of people living in the household:

1. Lowest income included a household income of less than \$15,000 for one or two people, less than \$20,000 for three or four people, and less than 30,000 for five or more people.
2. Lower middle income included a household income of \$15,000 to \$29,999 for one or two people, \$20,000 to \$39,999 for three or four people, and \$30,000 to \$59,999 for five or more people.
3. Upper middle income included a household income of \$30,000 to \$59,999 for one or two people, \$40,000 to \$79,999 for three or four people, and \$60,000 to \$79,999 for five or more people.
4. Highest income included a household income of more than \$60,000 for one or two people and more than \$80,000 for three or more people.

The mental disorders, conditions, or problems included in the CCHS, Cycle 1.2 were derived from the *Diagnostic and Statistical Manual of Mental Disorders*, third revised and fourth editions (DSM-III-R and DSM-IV) developed by the American Psychiatric Association (1987 and 1994, respectively). The derived variables in this analysis are summary measures indicating the presence in the previous 12 months of the following problems: major depressive disorder, suicide thoughts, mania disorder, panic disorder, social phobia, agoraphobia, any selected disorder (whether or not the respondent experienced any of the mental disorders in the past 12 months assessed by the CCHS), any mood disorder, any anxiety disorder, any substance dependence, alcohol dependence, and any eating disorder.

Statistical analyses were completed by using SPSS software (Version 12). Analyses were performed on the weighted data so that the estimates produced from survey data were representative of the population. This method was necessary because the CCHS, Cycle 1.2 is based on a complex design, with stratification, multiple stages of selection, and unequal probabilities of selection of respondents. The weight variable in the CCHS, Cycle 1.2 public file was rescaled so that the average weight was equal to 1. This rescaled weight was used for the analyses.

Logistic regression analysis provided odds ratios and 95% confidence intervals (CIs) as estimates of relative risk of any gambling and gambling problem for demographic and mental health variables while adjusting for the potential confounding effects of age and sex (Hosmer & Lemeshow, 2000; Kleinbaum, 1994). For these analyses, non-gamblers

and gamblers for whom data were missing were excluded, leaving a total sample of 2,177 gamblers for analysis. All statistical tests were two-tailed. Results were considered significant at $p \leq .05$. Model fit was evaluated using the model chi-square (Hosmer & Lemeshow, 2000; Pampel, 2000).

Results

Table 1 presents the demographic characteristics of the sample. As can be seen, the Toronto region accounted for the largest proportion of the sample at 20.4%, and the Northern region contributed the smallest proportion at 8.1%. Slightly more than half (53.7%) of the sample was female. Most of the sample (68%) was married and most were not immigrants. About one third of the sample had less than secondary education, almost 40% had some form of post-secondary education, and about one fourth had secondary school or some post-secondary education. About one third had a job in the past year, and over half reported not being employed. About 10% fell into the low income category, 62.4% fell in the two middle income categories, and almost 30% fell into the highest income category.

The large majority of gamblers reported experiencing no problems resulting from gambling. Among the 2,177 gamblers who provided a valid response to the PGSI, a total of 151, or 6.9%, reported experiencing any problems related to gambling. The relationships between demographic factors and the experience of any gambling problem among senior gamblers aged 55 years and older is summarized in Table 2. The demographic measures included were age, sex, health region, education, marital status, employment status, household income, country of birth, and immigrant status. Simple odds ratios are reported, followed by odds ratios adjusted for age and sex (except for the analyses for age, which controlled for sex only, and for sex, which controlled for age only). Here, non-gamblers and gamblers with missing gambling problem data were not included in the analyses. Thus, the sample size available for these analyses was reduced in comparison to the previous analyses of gambling behaviours.

No significant influence of age, sex, health region, job status, household income, country of birth, and immigrant status was observed. There was a significant association between education and any gambling problem ($\chi^2_{(3df)} = 15.90, p < .001$). The prevalence of experiencing any gambling problem was 9.2% among those with less than secondary school education, 5.4% among those with secondary school education, 3.8% among those with some post-secondary school education, and 4.3% among those with post-secondary school education. The adjusted odds ratios of experiencing any gambling problem suggested that there was a 51% lower risk of gambling problems among seniors with secondary school education than among seniors with less than secondary school education. There was also a 63% lower risk of experiencing any gambling problem among seniors with some post-secondary school education and those with post-secondary school education than among seniors with less than secondary school education.

Married gamblers were less likely to report gambling problems (5.3%), whereas single gamblers were more likely than the other groups to have experienced gambling problems (10.4%). Although the chi-square analysis did not suggest a significant association between marital status and gambling problem ($\chi^2_{(3df)} = 5.58, p = .134$), the adjusted odds ratio of 1.75 (95% CI: 1.09-2.80) and 2.18 (95% CI: 1.02-4.65) of experiencing any

Table 1

Demographic characteristics of Ontario senior adults aged 55 years or older in the CCHS 1.2 sample, 2002 (total n = 4,526)

<u>Characteristics</u>	<u>N^a</u>	<u>%^b</u>
Health region		
South West	640	13.3
Central South	608	10.4
Central West	641	15.1
Central East	648	17.9
Toronto	652	20.4
East Ontario	677	14.9
North Ontario	660	8.1
Sex		
Male	1904	46.3
Female	2622	53.7
Marital status		
Married	2371	68.0
Common-law	89	2.3
Widowed/separated/divorced	1795	4.8
Single	265	4.4
Immigrant status		
Yes	1282	36.3
No	3209	63.7
Education		
Less than secondary school	1721	35.3
Secondary school	807	19.0
Other post-secondary	295	6.4
Post-secondary	1675	39.3
Job status over past year		
Job throughout past year	915	32.6
Without job	2022	56.8
Had job part of year	315	10.5
Total household income		
Lowest income	601	9.5
Lower middle income	1139	24.5
Upper middle income	1440	37.9
Highest income	876	28.2

^aN is the number of unweighted cases, and sample size for some variables does not total full sample size due to exclusion of data with missing values. ^bPercentage is calculated based on weighted cases.

Table 2
Demographic measures and experiencing gambling problems among senior gamblers aged 55 years and older in Ontario, 2002 (n=2,177)

Demographic variable	<i>N</i> ^a	% ^{b,c}	Unadjusted OR (95% CI) ^b	Adjusted OR (95% CI) ^{b,d}
Age group				
55-59	491	6.8	1.00	1.00
60-64	466	8.3	1.22 (0.74-2.02)	1.23 (0.74-2.03)
65-69	373	6.0	0.85 (0.47-1.53)	0.85 (0.47-1.53)
70-74	359	4.8	0.70 (0.36-1.33)	0.70 (0.36-1.33)
75-79	252	3.2	0.43 (0.17-1.07)	0.42 (0.17-1.07)
80+	236	5.0	0.74 (0.32-1.70)	0.74 (0.32-1.70)
Sex				
Male	915	7.7	1.00	1.00
Female	1262	6.4	0.97 (0.66-1.43)	1.02 (0.69-1.50)
Health region				
South West	291	6.2	1.00	1.00
Central South	284	8.4	1.32 (0.64-2.71)	1.29 (0.62-2.66)
Central West	294	5.8	0.89 (0.42-1.86)	0.87 (0.41-1.84)
Central East	318	4.8	0.76 (0.37-1.58)	0.72 (0.34-1.50)
Toronto	306	5.4	0.85 (0.43-1.69)	0.86 (0.43-1.69)
East Ontario	343	4.7	0.74 (0.35-1.58)	0.71 (0.33-1.52)
North Ontario	341	9.6	1.56 (0.75-3.25)	1.51 (0.72-3.16)
Education**				
Less than secondary school	806	9.2	1.00	1.00
Secondary school	398	5.4	0.56 (0.33-0.95)*	0.49 (0.20-0.84)*
Other post-secondary	154	3.8	0.42 (0.17-1.05)	0.37 (0.15-0.94)*
Post-secondary	807	4.3	0.43 (0.27-0.69)***	0.37 (0.23-0.59)***
Marital status				
Married	1200	5.3	1.00	1.00
Common-law	52	7.7	1.52 (0.53-4.30)	1.48 (0.52-4.22)
Widowed/separated/divorced	798	7.5	1.44 (0.92-2.23)	1.75 (1.09-2.80)*
Single	124	10.4	2.19 (1.03-4.67)*	2.18 (1.02-4.65)*
Job status over past year				
Job throughout past year	487	7.2	1.00	1.00
Without job	1001	5.7	0.77 (0.49-1.20)	0.80 (0.48-1.35)
Had job part of year	189	9.0	1.22 (0.66-2.27)	1.20 (0.64-2.24)
Household income				
No income/less than \$15,000	589	6.7	1.00	1.00
\$15,000-30,000	636	7.9	1.21 (0.75-1.95)	1.23 (0.75-1.99)
\$30,000-49,999	420	4.3	0.64 (0.34-1.18)	0.56 (0.29-1.06)
\$50,000-79,999	234	7.7	1.15 (0.62-2.15)	1.01 (0.52-1.98)
\$80,000+	120	2.5	0.31 (0.08-1.41)	0.27 (0.07-1.00)
Country of birth				
Canada	1605	6.9	1.00	1.00
Other	558	4.7	0.67 (0.43-1.03)	0.68 (0.44-1.06)
Immigrant				
Yes	553	4.6	1.00	1.00
No	1612	6.8	1.49 (0.96-2.30)	1.46 (0.94-2.27)

^a*N* = # of unweighted cases. ^bCalculated on the basis of weighted cases; CI=conf. interval; OR=odds ratio. ^cPercentage experiencing any gambling problem. ^dAdjusted for age & sex. Note: χ^2 or Wald test: **p* < .05. ***p* < .01. ****p* < .001.

gambling problem for marital status suggested that there was a 75% higher risk of experiencing any gambling problem among widowed, separated, or divorced gamblers and a 118% higher risk of experiencing any gambling problem among single gamblers compared with married gamblers.

We examined the impact of several different measures of gambling behaviour or involvement in gambling behaviour on the likelihood of experiencing any gambling problems. Table 3 presents the impact of participating in various types of gambling behaviour on the experience of any gambling problems. For these analyses, we were able also to look at the frequency of participation in gambling behaviours for those which were most common.

Instant win tickets, lottery tickets, bingo, cards or board games, and VLTs at casinos were the gambling types most engaged in within Ontario. A significant relationship was found between experiencing any gambling problem and instant win tickets ($\chi^2_{(4df)} = 43.05, p < .001$), lottery tickets ($\chi^2_{(4df)} = 54.71, p < .001$), bingo ($\chi^2_{(2df)} = 80.78, p < .001$), cards or board games ($\chi^2_{(2df)} = 21.50, p < .001$), and VLTs at casinos ($\chi^2_{(2df)} = 156.26, p < .001$). In comparison to gamblers who reported no participation in the specific gambling activity, significantly higher rates of experiencing any gambling problem were seen among those who reported spending money on instant win tickets at least once a month or more often, purchasing lottery tickets at least once per week or more often, and playing VLTs at casinos at least once per month or more often, after controlling for age and sex. The risk of experiencing any gambling problem among seniors also increased with increasing frequency of each of these types of gambling. Also, in comparison to gamblers who reported no participation in the specific gambling activity, significantly higher rates of experiencing any gambling problem were seen among those who reported playing bingo at least once per month or more often, and those who reported playing cards or board games at least once per month or more often. One noteworthy observation was that gamblers who reported playing VLTs at casinos at least once per month, in comparison with gamblers who reported no participation in VLTS at casinos, were 29.27 times more likely to report experiencing one or more problems related to gambling.

There were also significantly higher rates of experiencing any gambling problem among those who spent money on VLTs outside casinos ($\chi^2_{(1df)} = 11.43, p < .001$), other games at casinos ($\chi^2_{(1df)} = 47.94, p < .001$), live horse racing ($\chi^2_{(1df)} = 34.83, p < .001$), sports lotteries ($\chi^2_{(1df)} = 10.44, p < .001$), and other forms of gambling ($\chi^2_{(1df)} = 5.65, p = .017$). However, there was not a significant relationship between experiencing any gambling problem and Internet or arcade gambling ($\chi^2_{(1df)} = 0.81, p = .366$), speculative investments ($\chi^2_{(1df)} = 0.00, p = .993$), and games of skill such as pool, golf, bowling, or darts ($\chi^2_{(1df)} = 1.01, p = .313$).

The values of the adjusted odds ratios of any gambling problem for the less frequent types of gambling suggested that there was a 271% higher risk of experiencing any

Table 3

Frequency of gambling activities and experiencing any gambling problem among senior gamblers aged 55 and over in Ontario, 2002 (n=2,177)

Type of gambling	N ^a	% ^{b,c}	Unadjusted OR (95% CI) ^b	Adjusted OR (95% CI) ^{b,d}
Instant win tickets ***				
Never	1203	4.5	1.00	1.00
1 to 11 times per year	450	3.4	0.72 (0.38-1.36)	0.71 (0.37-1.35)
1 to 3 times per month	216	10.8	2.57 (1.44-4.56)**	2.50 (1.40-4.45)**
1 time per week	194	11.4	2.72 (1.54-4.77)***	2.74 (1.55-4.83)***
2 times or more per week	113	16.1	3.99 (2.21-7.20)***	4.06 (2.22-7.41)***
Lottery tickets ***				
Never	351	4.0	1.00	1.00
1 to 11 times per year	776	2.9	0.74 (0.35-1.57)	0.71 (0.34-1.51)
1 to 3 times per month	307	4.3	1.14 (0.49-2.63)	1.12 (0.48-2.61)
1 time per week	460	8.6	2.34 (1.17-4.67)*	2.42 (1.20-4.87)*
2 times or more per week	283	14.9	4.33 (2.19-8.55)***	4.42 (2.21-8.86)***
Bingo ***				
Never	1902	4.8	1.00	1.00
1 to 11 times per year	119	6.0	1.24 (0.48-3.17)	1.30 (0.50-3.34)
Once per month or more	156	26.2	7.08 (4.35-11.52)***	7.94 (4.79-13.17)***
Cards/board games ***				
Never	1903	5.3	1.00	1.00
1 to 11 times per year	160	9.6	1.83 (0.95-3.40)	1.78 (0.96-3.33)
Once per month or more	114	16.9	3.60 (1.94-6.67)***	4.26 (2.26-8.05)***
VLTs at casinos ***				
Never	1354	2.7	1.00	1.00
1 to 11 times per year	766	9.6	3.91 (2.51-6.09)***	3.85 (2.47-6.02)***
Once per month or more	57	45.5	30.33 (15.10-60.91)***	29.27 (14.50-59.09)***
VLTs outside casinos ***				
Never	2125	5.8	1.00	1.00
At least once	52	18.2	3.55 (1.59-7.89)***	3.71 (1.65-8.36)**
Other games at casinos ***				
Never	2064	5.1	1.00	1.00
At least once	113	22.2	5.37 (3.20-9.01)***	5.41 (3.18-9.20)***
Internet/arcade gambling				
Never	2169	6.1	1.00	1.00
At least once	8	14.3	1.55 (0.11-20.41)	1.33 (0.10-17.62)
Live horse racing ***				
Never	2000	5.1	1.00	1.00
At least once	176	16.8	3.70 (2.31-5.92)***	3.70 (2.31-5.95)***
Sports lotteries ***				
Never	2116	5.8	1.00	1.00
At least once	61	15.6	3.04 (1.50-6.15)**	2.82 (1.35-5.86)**
Speculative investments				
Never	2049	6.1	1.00	1.00
At least once	125	6.1	0.98 (0.46-2.07)	0.92 (0.43-1.96)
Games of skill				
Never	2102	6.0	1.00	1.00
At least once	75	9.0	1.62 (0.69-3.77)	1.63 (0.69-3.84)
Other forms of gambling **				
Never	2087	5.8	1.00	1.00
At least once	90	12.2	2.36 (1.20-4.66)*	2.16 (1.10-4.31)*

^aN = # of unweighted cases. ^bCalculated on the basis of weighted cases; CI=conf. interval; OR=odds ratio. ^cPercentage experiencing any gambling problem. ^dAdjusted for age & sex. Note: χ^2 or Wald test: * $p < .05$. ** $p < .01$. *** $p < .001$.

gambling problem among senior gamblers who spent money on VLTs outside casinos, a 441% higher risk on other games at casinos, a 270% higher risk on live horse racing, a 182% higher risk on sports lotteries, and a 116% higher risk on other forms of gambling at least once in the past year than that among those who did not spend money on VLTs outside casinos, other games at casinos, live horse racing, sports lotteries, and other forms of gambling. The unadjusted and adjusted odds ratios provided similar results for these gambling behaviours.

Table 4 presents the relationship between experiencing any gambling problem and numbers of gambling activities reported, money spent on gambling, and proportion of income spent on gambling. A significant association was found between experiencing any gambling problem and the number of different types of gambling activities among senior gamblers in Ontario ($\chi^2_{(1df)} = 129.68, p < .001$).

Table 4

Number of gambling activities, money spent on gambling, percentage of household income spent on gambling, and experiencing any gambling problems among senior gamblers aged 55 years and older in Ontario, 2002 (n=2177)

	<i>N</i> ^a	% ^{b,c}	Unadjusted OR (95% CI) ^b	Adjusted OR (95% CI) ^{b,d}
Number of gambling activities***				
One to two types	1453	1.8	1.00	1.00
Three types	380	12.3	7.86 (4.59-13.46)***	7.64 (4.45-13.10)***
Four types	183	16.9	11.15 (6.12-20.31)***	11.08 (6.07-20.23)***
Five or more types	156	18.7	12.69 (6.91-23.29)***	12.08 (6.54-22.30)***
Money spent on gambling***				
\$1 to \$50	286	0.9	1.00	1.00
\$51 to \$100	259	2.2	2.18 (0.41-11.57)	2.26 (0.42-12.03)
\$101 to \$250	319	3.2	3.31 (0.75-14.65)	3.59 (0.81-15.94)
\$251 to \$500	221	10.4	11.49 (2.80-47.06)**	14.29 (3.64-59.05)***
\$501 to \$1000	152	22.1	28.54 (7.08-114.97)***	36.87 (9.03-150.54)***
>\$1000	144	37.3	60.24 (15.17-239.14)***	74.34 (18.39-298.82)***
Percentage income spent on gambling***				
Less than 1%	882	3.7	1.00	1.00
1% to less than 2%	191	20.5	6.57 (3.84-11.25)***	7.41 (4.27-12.84)***
2% or more	192	34.1	13.32 (7.87-22.54)***	15.86 (9.17-27.44)***

^a*N* = # of unweighted cases. ^bCalculated on the basis of weighted cases; CI=conf. interval; OR=odds ratio. ^cPercentage experiencing any gambling problem. ^dAdjusted for age & sex. Note: χ^2 or Wald test: **p* < .05. ***p* < .01. ****p* < .001.

The rate of experiencing any gambling problem increased with the number of gambling activities from 1.8% for those who played one to two types, 12.3% for those who played three types, 16.9% for those who played four types, and 18.7% for those who played five or more types. The adjusted odds ratios of experiencing any gambling problem suggested that seniors who participated in three, four, or five or more types of gambling were 7.64 times, 11.08 times, and 12.08 times, respectively, more likely to report experiencing any gambling-related problem than were those who participated in one or two types of gambling.

A significant association was found between experiencing any gambling problem and amount of money spent on gambling activities ($\chi^2_{(5df)} = 177.09, p < .001$). The adjusted odds ratios indicated that senior gamblers spending \$251 to \$500, \$501 to \$1000, and more than \$1000 experienced any gambling problem 14.29 times, 36.87 times, and 74.34 times, respectively, as much as those who spent \$1 to \$50 on gambling. Similarly, a significant association was found between experiencing any gambling problem and percentage of total household income spent on gambling ($\chi^2_{(1df)} = 134.85, p < .001$). The adjusted odds ratios suggested that senior gamblers who spent 1% but less than 2% of their total household income on gambling and those who spent 2% or more of their total household income on gambling experienced any gambling problems 7.41 times and 15.86 times, respectively, as much as those who spent less than 1% of their total household income on gambling.

We examined the relationship between experiencing any gambling problem and 12-month mental health measures (see Table 5). No significant association was found between experiencing any gambling problem and experience of major depressive disorder, suicidal thoughts, social anxiety, any selected disorder, any mood disorder, any anxiety disorder, and any eating disorder. Not enough cases were found for analyses of mania disorder, panic disorder, or agoraphobia. A significant association was found between experiencing any gambling problem and any substance dependence ($\chi^2_{(1df)} = 7.79, p < .05$) and alcohol dependence ($\chi^2_{(1df)} = 11.44, p < .001$). The adjusted odds ratio of 6.51 (95% CI: 1.13-37.36) for experiencing any gambling problem with any substance dependence suggested that there was a significantly higher risk of experiencing any gambling problem among those who met the criteria for any substance dependence than among those who failed to meet the criteria. The adjusted odds ratio of 3.88 (95% CI: 1.65-9.10) for experiencing any gambling problem with alcohol dependence suggested that there was a significantly higher risk of experiencing any gambling problems among those who met the criteria for alcohol dependence than among those who failed to meet the criteria. Thus, whereas alcohol and substance abuse problems were strong correlates of gambling problems, other mental health problems were not in these analyses. However, it is important to note here that for many of these mental health problems, the small number of cases restricts confidence in the results.

Table 5

Mental health problems (past 12 months) and experiencing any gambling problem among senior adults aged 55 years and older in Ontario, 2002 (n=2,177)

<u>Mental health problem</u>	<u>N^a</u>	<u>%^{b,c}</u>	<u>Unadjusted OR (95% CI)^b</u>	<u>Adjusted OR (95% CI)^{b,d}</u>
Major depressive disorder				
No	2107	6.0	1.00	1.00
Yes	61	9.3	1.53 (0.59-4.00)	1.53 (0.58-4.01)
Suicidal thought				
No	2131	6.0	1.00	1.00
Yes	45	8.6	1.52 (0.47-4.91)	1.52 (0.47-4.94)
Social anxiety				
No	2128	6.1	1.00	1.00
Yes	31	7.7	1.15 (0.25-5.30)	1.15 (0.25-5.30)
Any selected disorder				
No	1961	5.9	1.00	1.00
Yes	114	8.8	1.59 (0.78-3.22)	1.54 (0.75-3.13)
Any mood disorder				
No	2097	6.0	1.00	1.00
Yes	64	8.9	1.59 (0.63-3.99)	1.58 (0.62-3.97)
Any anxiety disorder				
No	2038	6.1	1.00	1.00
Yes	53	3.6	0.59 (0.14-2.41)	0.55 (0.13-2.24)
Any substance dependence**				
No	2157	6.0	1.00	1.00
Yes	9	33.3	7.52 (1.33-42.51)*	6.51 (1.13-37.36)*
Eating disorder				
No	2140	6.0	1.00	1.00
Yes	30	13.8	2.49 (0.85-7.29)	2.31 (0.78-6.85)
Alcohol dependence**				
No	2122	5.8	1.00	1.00
Yes	46	19.4	4.06 (1.76-9.36)***	3.88 (1.65-9.10)**

^aN = # of unweighted cases. ^bCalculated on the basis of weighted cases; CI=conf. interval; OR=odds ratio. ^cPercentage experiencing any gambling problem. ^dAdjusted for age & sex. Note: χ^2 or Wald test: * $p < .05$. ** $p < .01$. *** $p < .001$.

Discussion

The results of this work provide some valuable perspectives on the experience of gambling problems among Ontario seniors. Two demographic factors had a significant impact on the risk of experiencing any gambling problems after controlling for age and gender in logistic regression analyses. For marital status, singles and those who were widowed, separated, or divorced had moderately larger odds ratios compared with those who were married. We find it interesting that other studies have found conflicting evidence on the effects of this variable (McNeilly & Burke, 2000; Zaranek & Chapleski, 2005). Increasing education was associated with lower risks of experiencing any gambling problems. A growing body of evidence indicates that a variety of health

problems have important social determinants. For example, life expectancy is related to education, family resources, and so on (e.g., Evans, Barer, & Marmor, 1994; Frank & Mustard, 1994). Our data suggest that the experience of gambling problems among seniors, like other areas of health, has important social determinants. Increasing education and being married or living with another person significantly reduces the chances of experiencing gambling-related problems. Thus, efforts to improve the health of the population by focusing on the social determinants of health are likely to have the additional benefit of reducing the experience of gambling problems among seniors. It is also worth noting here that, as people age, life events that affect these determinants, such as death of a spouse, retirement, and relocation, may occur more frequently. Future research might usefully examine the implications of these changes for gambling problems and their prevention among older adults.

The logistic regression analyses identifying potential mental health correlates of the experience of any gambling problems showed that substance dependence and alcohol dependence were significantly associated with that experience. Both relationships appeared to be robust, with odds ratios of about 4 for alcohol dependence and nearly 7 for any substance dependence. These findings are in agreement with the findings of other studies, which demonstrate substantial comorbidity between gambling problems and alcohol or drug problems (Feigelman, Wallisch, & Lesieur, 1998; Korn, 2000; Raylu & Oei, 2002; Rosenthal, 1992; Specker et al., 1996; Spunt et al., 1998; Toneatto, 2002).

The finding that other mental health measures were not associated with experiencing gambling problems is in contrast to some other studies that have suggested that depression, emotional distress, and suicidal thoughts are related to risk of experiencing gambling problems (Marshall & Wynne, 2003; Toneatto, 2002). Several factors might account for these differences. In the present research, we have focused on the experience of any problems related to gambling, whereas other studies have considered individuals with more severe gambling problems, which may increase the strength of the association in the sample. Additionally, the trends in our results suggested that a larger sample size may have been needed to detect these effects.

It was clear in these analyses that more frequent participation in gambling activities among seniors was significantly associated with increased risk of experiencing any gambling problems. This association was particularly striking for VLT or slot machine gambling in casinos, where individuals who reported participating in this activity once a month or more were 29 times more likely to report experiencing any gambling problem in the past year than were those who reported not participating in this activity. Similarly, increasing expenditures on gambling were associated with an increased likelihood of problems. Individuals in the two highest spending categories (\$501 to \$1000 and over \$1000) were 37 times and 74 times, respectively, more likely to experience any gambling-related problems compared with those who spent between \$1 and \$50. Individuals who spent 2% or more of their income on gambling were 16 times more

likely to report experiencing any gambling problems in comparison to those who spent less than 1% of their income.

Evidence presented here and by others (e.g., Wiebe et al., 2004) indicates that more frequent gambling and higher amounts spent on gambling are associated with a higher likelihood of experiencing any gambling problem. The increased risk associated with more frequent participation and higher spending is substantial and merits additional investigation. We observed previously (McCready, Mann, Zhao, & Eves, 2005) that a larger proportion of seniors fall into the highest gambling spending categories and that, on some gambling activities, a higher proportion of seniors fall into the most frequent participation categories. These observations may call into question suggestions that seniors are at relatively low risk for developing gambling problems, and instead may indicate that seniors may be at higher risk for developing gambling problems in at least some measures. These observations and the association of gambling problems with alcohol and substance dependence point to the need for additional research on gambling and gambling problems among seniors.

Although the results of this research are of substantial interest, several limitations must be kept in mind when considering them. First, because gambling, gambling problems, and other variables are measured at the same time, the causal relationship among these variables cannot be determined. Nevertheless, the study has established several significant relationships among gambling, gambling problems, sociodemographic factors, and mental health variables in the Ontario senior population. Second, the data involve self-reports and are therefore subject to self-report bias. Self-report data may underestimate the true rate of behaviours, including gambling (Adlaf, Paglia, & Ivis, 1999), and result in conservative prevalence estimates. A third concern is non-response bias. The response rate of 73.4% (in Ontario) for this study may be considered excellent for a survey of this nature, but it means that slightly more than 25% did not agree to participate, and agreement to participate may be related to the variables of interest in this research. A fourth concern is the excluded population in the survey. The survey is based on a target population of households with telephones, and excludes those in prisons, hospitals, and military establishments, as well as transient populations, such as the homeless. Bias caused by such non-coverage may affect the results. For example, recent evidence suggests that the prevalence of problem gambling in prison populations is high (Abbott, McKenna, & Giles, 2005). However, if the size of the excluded group is small relative to the total population (i.e., households without a telephone only account for 1.4% in Ontario households in 1991; Statistics Canada, 1992), the bias is usually minimal (e.g., Trinkoff, Ritter, & Anthony, 1990). Keeping these limitations in mind, the results provide some important perspectives on gambling and gambling problems among Ontario seniors, and more research to identify and understand gambling-related problems in this important population is clearly needed.

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A thematic analysis identifying concepts of problem gambling agency: With preliminary exploration of discourses in selected industry and research documents

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Abstract

The focus of this exploratory analysis was the idea and locus of *agency* in conceptualisations of gambling and problem/pathological gambling within corporate and academic domains as presented in public discourses. In order to *unpick* and analyse how such agency is being conceptualised and presented, the author carried out a preliminary thematic analysis of selected public documents. While annual financial reports, academic articles, and public testimony constituted the sample for analysis, the intention was to propose a methodology and framework of analysis that might be applied by future researchers to an expanded selection of documents deemed to be of interest. A notable overlap of themes was found wherein agency for (problematic) gambling was placed with individual gamblers against an assumed neutral backdrop of free-market forces, with industries only agentic in responding to the consumption demands of freely choosing (and implicitly self-actualising) individuals (except where credit is taken for the generation of increased consumption as translated into profits). In conclusion, it is suggested that the legitimacy and practice of political-economic and institutional analyses be reclaimed, providing complementarity to current reflections on the nature of agency and assisting us to better understand the notion of (gambling-related) harm production.

Keywords: problem gambling, agency, discourse, habitus, field, thematic analysis, neoliberal, individualism, harm production

Introduction: Theoretical approach and key concepts

The focus of this study is the idea and locus of *agency* in conceptualisations of gambling and problem/pathological gambling within corporate and academic domains as presented in public discourses. In order to *unpick* and analyse how such agency is being conceptualised and presented, a thematic analysis of selected public documents was carried out. Documents were mainly the annual or financial reports of gambling corporations, academic monographs, and the public testimony of the CEO of the American Gaming Association presenting to a UK gambling legislation review committee. While the selection of documents for this exploration was far from exhaustive, it is hoped that the overall analytical framework and methodology might provide some inspiration and direction for future researchers.

Firstly I will articulate a few key concepts that inform my analysis and discussion, namely *agency*, *discourse*, and the related concepts of *habitus* and *field*.

Agency

This term may refer to socially generative action and/or the independent action of autonomous individuals within society. It is often used in theoretical debates about the nature, manifestations, locations, and limits of societal generation/regeneration within individual-social structure framings. In fact, many theorists conceptually site agency along points on an individual-structure continuum. Various theorists also conceptualise individual agency and social structure as happening at the same time, via the same processes, a viewpoint shared by this author (e.g., Bourdieu, 1977; Giddens, 1986).

For this study, the representation of (problematic) gambling agency through public discourse by corporations and academics/researchers is of central interest. Incidentally, such focus may serve to remedy to some degree the usual concentration by researchers on the putatively aberrant psychology of individual problem gamblers, as we cast our gaze toward the socially constituted and constituting psychological reasoning of figures in the corporate and academic domains or fields.

Discourse

The following exploration was generally informed by the critical interpretation of language and knowledge as it relates to social power, a chief proponent of this being Foucault (1971, 1972, 1979). Foucault demonstrated how the discursive construction of illness, pathology, normality, and deviance had power-infused ramifications for social practices, i.e., the subjection of some by others. He included in his analysis the construction and expert treatment of new forms of pathology, the social elevation of emerging medical and psychiatric disciplines, and the marginalisation and “treatment” of population segments defined as being deviant (1971, 1972, 1979). Thus discourses were seen as being socially formative or “practices which form the objects of which they speak” (Foucault, 1972, p. 49). Furthermore, in the power they carry, discourses were said to be instrumental in processes of societal governance (1971, 1972, 1979).

While there is a general understanding of what discourse means in social theory, there are also important differences, necessitating some explication of how the concept is used as part of the theoretical framework for this discussion.

Broadly speaking, I concur with the social constructionist approach whereby social structure, social practices, and the associated discourses are all seen as part of the same phenomenon (Burr, 1995, p. 63). In particular, I am interested in the role of discourse in what is socially produced, promoted, and legitimated as knowledge and the intimate relationship of such knowledge with social power. Associated with this, it is interesting to think about *who* gets to decide what is knowledge: Who are the gatekeepers carrying the keys of legitimacy? What are the conduits through which they speak? What are they saying? As they are of special interest for this study, I summarise Burr's take on the

various dimensions of discourse below, as provided in her comprehensive review of theoretical approaches. I would argue that all senses are relevant for this discussion, although there is not space to articulate the various implications in detail:

- discourse as the *version of events* that is given precedence; e.g., when we define or represent something in a particular way, we are producing a particular knowledge which brings power with it (1995, p. 64);
- discourse in its *performative dimension*, i.e., the accounts that are being constructed and the effects for the speaker or writer—the rhetorical devices being used and how they are employed (1995, p. 47); and
- discourse as imbedded in *power relations with political effects*; e.g., “representations of people as free individuals can serve to support power inequalities between them while passing off such inequalities as fair or somehow natural” (1995, p. 62).

Importantly, discourses are not “just talk”—they are socially constitutive in important ways and, as suggested above, deeply implicated in the exercise of social power.

Habitus and field

In addition to the theoretical ideas of agency and discourse, my approach was informed by Bourdieu's ideas of field and habitus in accounting for the constant production and reproduction of social life (1977, 1992). For Bourdieu, habitus refers to ways of thinking, behaving, and speaking that are part of an integrated orientation to the world that is habitual and embodied. It is part of our natural flow of interchanges with life and the world as we experience it. Certain ways of thinking and reasoning are thereby said to underpin all choices, actions, and *regulated improvisations*, providing the framework of possibilities for individual human beings and, at the same time, reproducing the given regularities of social organization.

Bourdieu's concept of field is crucially linked to that of habitus. As areas of social organisation they are said to provide orienting *situated contexts* for human behaviour and interaction, carrying their own logic and principles along with associated preferences and options. Fields thus provide the arenas where the habitus may be informed, instilled, developed, and reproduced. In this sense the fields of the (gambling) corporate world and research academia form foci of this analytical exploration. The concepts of habitus and field thus provide a vehicle for understanding the variations in discourses about problematic gambling and other phenomena across different social domain

Methodology

Methodological approach: An overview of thematic analysis

A thematic analysis of key documents was carried out, with a focus on concepts of agency in gambling-related matters. Broadly speaking, thematic analysis is a method for identifying, analysing, and reporting on thematic patterns within data. As noted by Braun

and Clarke, while it is widely used, “there is no clear agreement about what thematic analysis is and how you go about doing it” (2006, p. 79). They elaborate on this, stating that such analysis is poorly demarcated and rarely acknowledged, even though it is a widely used qualitative analytic method (2006, p. 77). In fact, a variety of methodologies may be referred to as *thematic analysis* and may be aligned with a range of ontological and epistemological positions and theoretical frameworks. Braun and Clarke helpfully expand on this point, saying that:

Thematic analysis can be an essentialist or realist method, which reports experiences, meanings and the reality of participants, or it can be a constructionist method, which examines the ways in which events, realities, meanings, experiences and so on are the effects of a range of discourses operating within society. (2006, p. 81)

They further explain that thematic analysis can be a *contextualist* method sitting between the two poles of *essentialism* and *constructionism*, characterised by theories such as *critical realism* (e.g., Willig, 1999, as cited by Braun and Clarke, 2006, p. 81). This contextualist approach focuses on the ways that individuals make meaning of their experience as well as the ways the broader social context impinges on those meanings, while retaining focus on the material and other limits of reality. Therefore, as articulated by Braun and Clarke, thematic analysis can be a method that works both to reflect reality and to unpick or unravel the surface of reality (2006, p. 81).

For this study, a thematic analysis was carried out within such a critical realist—broadly constructionist—framing, strategically focussed on unpicking the surface of reality in discursive presentations of (problematic) gambling. This is in line with Braun and Clarke's description of a thematic analysis at the latent level, going beyond the semantic content of the data and starting “to identify or examine the underlying ideas, assumptions, and conceptualisations—and ideologies—that are theorised as shaping or informing the semantic content of the data” (2006, p. 84).

Following this epistemological backdrop, the methodology for the current study is described below, including some explication of why and how decisions about the subject matter for focus (*data set*) and the documents (*data corpus*) were chosen, including some rationale within broader societal discussions and government policy frameworks.

Method for the current study

As noted above, a strategically focussed thematic analysis was carried out on selected public documents of gambling corporations and monographs by research institutions working in collaboration with or deriving funds from gambling corporations. These themes were then analysed and compared.

Research rationale within the broader context and researcher's experience

My interest in agency as a focus of attention, analysis, and deconstruction was informed by my 10-year experience as a gambling research and policy consultant that this is a prime point of interest and contention in public discourses, particularly as it relates to the meaning and causation of problematic gambling and associated notions of *responsibility*. Common debates and understandings about the nature of problem/pathological gambling incorporate *where* and *how* it might be generated and who or what might be responsible, with responsibility being a key though unquestioned concept. In turn, such debates have major, direct policy implications for gambling policies and prevention strategies, contributing to the central contentiousness of the issue of the agency primarily responsible for problem/pathological gambling. As noted previously, “the way in which you define a problem will determine what you do about it” (Borrell with Boulet, 2001, p. 6) (though, in retrospect, *determine* should be tempered to *orient* to allow for a range of other rational and nonrational influences).

Because I work within an epistemological framework that necessitates explicit ownership of choice of subject matter and its parameters and tools for investigation, my focus on agency also derives from an interest in peeling back the moralistic and value-ridden overlay of the notion of responsibility—the more common term utilised in problem gambling policy and research, often with the implication that those who “have” gambling problems are not responsible people (or morally mature in some way) and that they really “should” be. With the potential to enhance clarity of reasoning, the idea of agency reshifts our focus to the point(s) from where gambling problems might be generated, at the same time removing the confusing obfuscation or clouding inherent in ideas of responsibility. This is not to say that responsibility should not be considered—just that it appears to be more helpful to look at *sites* of causality and aetiology first before considering where responsibility might rightfully be situated. In addition, the concept of agency usefully and holistically broadens the often narrow conceptualisations of the problem/pathological gambler in empirical psychological/psychopathological research. Such research is largely inspired by the DSM-IV nomenclature and its underlying theorisations of individual “malfunctioning” gambling agents, providing a divide between those exhibiting pathologically compulsive behaviours and those enjoying gambling as a recreational pastime. The spaces between these two groups are—of course—populated with *borderliners*, or *at-risk* persons, moving in and out of the two aforementioned categories.

The choice of documents by gambling corporations and research bodies for this exploration was informed by the well-established roles of their authors in social production and reproduction. Specifically, corporations and expert bodies are influential in providing structural and cultural framings for our daily interactions as well as the orienting fields and discourses for reflexive activity, innovation, and discussion. In particular, gambling corporations and research bodies share an interest in the construction of agency for gambling and/or problematic gambling activity, even while the nature of the interest may both differ and overlap. Research reports emerging from industry-academic partnerships may be seen to be of special interest given the trend for

universities and research institutions to be increasingly dependent on corporate funding and associated corporate interests and agendas (Adams, 2004; Gare, 2006; Giroux, 2005). While this exploratory study is necessarily confined to these two types of institutions, it is hoped it might serve as a useful starting point for similar investigations involving other institutions, such as governments and welfare bodies.

As mentioned, discourses of gambling industries and governments tend to promote the idea that problem/pathological gambling is an individual pathology or a form of aberrance or irresponsibility located and generated primarily within individuals (perhaps via faulty genes, etc.)—usually and either explicitly or implicitly expressed as a minority. On the other hand, some academics and researchers have long pointed to broader systemic factors in the aetiology of problem or pathological gambling (e.g., Doughney, 2002; Livingstone, Woolley, Borrell, Bakacs, & Jordan [Australian Institute for Primary Care, La Trobe University], 2006). While psychological and experimentally oriented researchers have, in the main, tended to individualise problem/pathological gambling constructions, other psychologists and researchers have integrated broader social and systemic factors and contextualisations into their theorisations (e.g., Griffiths & Delfabbro, 2001).

In general, the aim here is for plausibility and coherence of analysis in the context of shared and common experiences and understandings relating to the subject matter, i.e., the site and nature of agency in (problem) gambling as presented and constructed in the public domain by corporations and academic researchers. My findings are intended to be part of an ongoing conversation with gambling researchers, policy analysts, community organisations, and problem gambling activists.

Research questions

As noted, my focus for thematic analysis was on agency in the presentation and construction of (problem) gambling, specifically at what systemic sites (problematic) gambling was deemed to occur. As my analysis progressed, I expanded my focus to a related category—the *nature* (or qualitative aspects) of agency associated with (problematic) gambling activity. Thus my key question “Where is agency in (problem) gambling situated in the public discourses of gambling corporations and gambling research academics as evident in selected key documents?” was augmented with “What is the nature of agency in (problem) gambling as constructed and presented in the public discourses of gambling corporations and gambling researchers as evident in selected key documents?” This is consistent with the idea that thematic analysis is both *thoughtful* and *recursive*. Referring once more to Braun and Clarke:

...analysis is not a *linear* process of simply moving from one phase to the next. Instead, it is (a) more *recursive* process, where movement is back and forth as needed, throughout the phases. (2006, p. 86)

Procedure

I thus closely examined the texts of the nominated documents, noting carefully every instance where the idea of agency was indicated in relation to both gambling and problem gambling, with a description of where such agency was conceptually situated and a brief description of the proposed quality or nature of the agency.

Documents studied

Lists and descriptions of the documents that were examined are given in the tables below.

Table 1

Company documents and presentations for analysis

Company	Document studied
Ainsworth Game Technology Limited	(December 2003) Half Year Report
Aristocrat Technologies Australia Pty Ltd	(June 2004) Half Year Report
Australian Gaming Machine Manufacturer's Association	(retrieved 2004) <i>Australian gaming machines. Do you know the whole story?</i>
International Game Technology (IGT)	(2000) Securities Report
Stanley Leisure	(2003) Annual Report
Stargames Ltd	(2003) Annual Report
Tabcorp Holdings Ltd	(2004) Concise Annual Report
Oral evidence from American Gaming Association to UK Joint Committee on	(2004) Uncorrected transcript of oral evidence
Draft Gambling Bill	

Table 2

Research documents for analysis

Authors (with research and academic bases in the US and Australia)	Document Studied
Blaszczynski, Ladouceur, & Shaffer	(2004) A science-based framework for responsible gambling: The Reno model
Blaszczynski, Ladouceur, & Nower for the Australian Gaming Council	(2004) <i>Self exclusion: A gateway to treatment</i>

Exploration and discussion of findings

Industry discourses: Corporate agency in measures of achievement, gambling consumption, and problematic gambling

The lists in the table below present a brief outline of the foci and concepts of agency as presented in the gambling industry documents and reports. In large part, industries were portrayed as entrepreneurs delivering profit to shareholders while at the same time serving the needs and wishes of customers. Gamblers were presented as individually operating, freely choosing purchasers—that is, those who are “normal”. Otherwise, excessive, uncontrolled gamblers were presented as exceptional—failing somehow in moral responsibility and/or mental health.

Table 3

Discourses of agency: A thematic analysis of industry documents

Main Focus of Agency
<ul style="list-style-type: none"> • Corporation as profit yielding and entrepreneurial • Corporation as service provider (“enriching” customers and satisfying needs) • Corporation as civil libertarian in providing choices to customers • Individual agent as gambler
Explicit/Implicit Concept of <i>Gambler</i> Agency (when indicated)
<ul style="list-style-type: none"> • Gambler as customer • Gambler as voluntary free agent • Gambler as purchaser citizen • Problem gambler as exceptional (minority) • Problem gambler as ill or pathological (with comorbidities) • Problem gambler as morally aberrant (irresponsible)

These findings are elaborated on in the following discussion.

In examining gambling industry reports, I initially focussed on Annual and Half Year Reports, including those by gambling technology suppliers (International Game Technology (IGT), Aristocrat Technologies Australia Pty Ltd, Ainsworth Game Technology Ltd, and Stargames Ltd); a casino, gaming, and wagering provider (Tabcorp Holdings Ltd); and a UK casino operator (Stanley Leisure).

As might have been expected, each of the companies used measures of company profit and fiscal stability as primary yardsticks of success and progress, within the collapsing of operational and financial success that is normative for public corporate presentations (i.e., not only in annual reports and financial reports). Implicitly, company profit also

uncritically translates into corporate virtue, though Tabcorp did include an account of the responsible service of gambling in the Chairman's report (Tabcorp Holdings Ltd, 2004, p. 7; Stargames Ltd, 2003, inside cover and opposite page; Stanley Leisure, 2003, p. 1).

Typical was Aristocrat's Half Year Report, carrying a statement to the effect that its result “demonstrates management's focus on enhancing shareholder value through both bottom line results and balance sheet management” (2004, p. 6).

Consistent with this, company progress was routinely equated with profit yield as in Stanley Leisure's report: “We are now in a better position to move forward and meet the challenges of the future” (2003, p. 2).

In these reports, gambler purchasing behaviour is presented uncritically as evidence of customer enjoyment and satisfaction; that is, they are indicating their consumption preferences and “voting with their dollars”. Although this epistemological construction is routinely used in free-market econometric models, it should also be noted that government-commissioned research, at least in Victoria (Australia), indicates the opposite, i.e., that many electronic gaming machine (EGM) gamblers are *not* enjoying their gambling. In a study commissioned by the Victorian Casino and Gaming Authority (VCGA), a majority of respondents disagreed with the statement: “I derive entertainment and pleasure from the money I spend on gambling” (Marketing Science Centre, University of South Australia, 2000, p. 41). In an earlier VCGA study, respondents were asked: “Do you find playing EGMs to be an appealing leisure activity?” and even amongst EGM gamblers, about 90 per cent did not find EGM gambling appealing (Deakin Human Services Australia, Deakin University, & the Melbourne Institute of Applied Economic and Social Research, University of Melbourne, 1997, p. 64). At the very least, it evidently cannot be assumed that purchasing behaviour translates unproblematically into indications of consumer satisfaction and enjoyment of a product or service—gambling or otherwise. Nevertheless, consumption is assumed to be a “good”, perhaps with its unremarkable/unremarked presentation providing evidence of its socially entrenched “naturalness”.

Corporate agency in generating problematic gambling

In contrast, we do know from research studies that a very high proportion of gaming machine profit derives from problematic gambling. According to the Australian Productivity Commission (PC), about one third of aggregate gambling losses are accounted for by problem gamblers. It found that the prevalence of problem gambling varies by mode of gambling, with the highest prevalence being for EGM gamblers; for example, nearly 23 per cent had significant problems (1999, pp. 6.1, 6.54). Furthermore, the PC found that while problem gamblers may make up a minority of the population, they account for a substantial share of expenditure overall due to their high levels of expenditure, with over 42 per cent of EGM expenditure being derived from problem/pathological gamblers who measure 5+ on the South Oaks Gambling Scale (1999, pp. 7.45, 7.46). Other studies have yielded similar findings (e.g., Rodda & Cowie, 2005, p. 81; Focal Research, 1998, p. 3; Williams & Wood, 2004, p. 6), providing

evidence that EGM corporations carry considerable agency in the generation of problematic gambling.

Government agency in regulating gambling as a barrier to corporate achievement

Consistent with the discursive practice of presenting corporate profit as a prime indicator of success, industry financial reports routinely cite government regulations to minimise gambling-related harm as barriers or impediments to success. This is apparent in the reports of Stargames Ltd (2003), Tabcorp Holdings Ltd (2004), and Aristocrat Technologies Australia Pty Ltd (2004), as evidenced in various ways in the extracts below:

The New Zealand market is expected to remain a challenging one given the restrictions on gaming in clubs and hotels set out in the 2003 legislation and regulations. (Aristocrat Technologies Australia Pty Ltd, 2004, p. 5)

(re: Japanese market) On 1 July 2004, new regulations (including Regulation 5) were introduced which impact the design of pachislo machines. These regulations may reduce the appeal of pachislo machines to players and as a result it is difficult to assess the likely impact on the market going forward. (Aristocrat Technologies Australia Pty Ltd, 2004, p. 5)

In the various Australian markets, the introduction of shorter operating hours in gaming venues, smoking bans, proposed tax increases and other government policy initiatives intended to reduce problem gambling have all adversely affected the market. A new Gaming Act in New Zealand will also reduce growth prospects for gaming machine sales in that country. (Stargames Ltd, 2003, p. 3)

In Victoria, venues are still experiencing the impact of the smoking restrictions introduced in August 2002. (Aristocrat Technologies Australia Pty Ltd, 2004, p. 3)

Revenue from Victorian gaming was down 0.2% on the previous year, but the continuous improvement of the overall amenity at venues for all customers has reduced the impact of the smoking ban. Revenue for the second half was 5.6% above the prior corresponding period. (Tabcorp Holdings Ltd, 2004, p. 15)

While new regulatory requirements are thus evaluated for their impact on company profitability, such regulations are not similarly assessed for their efficacy in reducing harm to people and communities. For example, trends in the proportion of income derived from people with and without problematic gambling habits might fruitfully be analysed and presented alongside correlations with legislative changes and/or patterns in product design, supply, and marketing.

Conceptualisations of corporate and (problem) gambler agency

In general, these financial reports are presented against the backdrop of a “naturalised” world of consumer-purchasers and corporate sellers in a free-market economy. The underpinning econometric theorisations putatively provide the length and breadth of what it means to be a human being, within the framings of these reports. There is evidently no concept of human action outside the requirements and operations of a free-market economy—except in those cases where the personal fulfilment of consumers appears to coincide with the economic interests of profit-driven corporations. However, as highlighted by Gary Banks, Chairman of the Australian Productivity Commission, in arguing for more interventionist regulation over EGMs and venues, it is not a criticism to say that industries have little incentive to reduce problematic gambling when this translates into reduced profits. Rather, “it's a fact of commercial life” (2007, p. 24).

In Stanley Leisure's Annual Report (2003), the gambling industry is attributed agency in a large heading titled *Reeling Them In*, the implicit fish to be reeled in being a metaphor for casino patrons—with evident implications of sport and conquest by industry entrepreneurs and perhaps the later “consumption” of their customer “fish”.

The more general themes, however, point to the provision of services to consequently satisfied customers; thus, while providing services for satisfied customers (with satisfaction measured by consumption), the needs of shareholders for healthy returns are also satisfied. Of course, the shareholder is the assumed audience of the report, whose main interest is assumed to be in corporate profits and dividends. In addition, the public presentation of financial reports is a legal requirement for companies, to demonstrate fiscal transparency and the probity of their business operations.

While gamblers are uncritically conceptualised in the industry reports as freely choosing purchasers of gambling products, problem/pathological gamblers, though rarely mentioned, are presented or implied as occurring only exceptionally and as errant in not taking due responsibility for their own actions.

In particular, the Tabcorp report frequently (though with apparent innocence as to the irony) states that it is *enriching* the lives of customers, e.g., “delivering *enriching* experiences through customer engagement” [italics added] (2004, p. 9).

In apparent denial of supply or market-driven demand (i.e., whereby demand is generated rather than merely responded to as a mutually beneficial public service), it is also stated that customer preferences are being satisfied—even when such preferences do not exist in the present but are projected to exist in the future:

It's far more than giving customers what they want, but about giving customers what they *will* want. That is real insight—knowing what gambling entertainment is going to *enrich* the lives of people six months, a year, or years from now. [italics added] (2004, p. 10)

While this Annual Report is primarily focussed on how shareholders (and also, incidentally, the company executives) are being financially enriched, the term is used as a metaphor only for what is happening to/for customers through company endeavours and enterprises. Of course, it must remain a metaphor, as it is well known that no-one who gambles regularly on EGMs over protracted periods of time becomes *financially* richer in the process.

In a similar vein, a booklet produced by the Australian Gaming Machine Manufacturers Association (AGMMA, n.d.), titled *Australian Machines. Do You Know the Whole Story?* also presents the gambler as consumer—a voluntary, freely choosing agent purchasing gambling products and services. To be human, thence, is to be a consuming individual in a free-market economy (even while gambling industries are very often highly protected from competition through government regulation, as evidenced by Victoria's EGM duopoly comprising Tabcorp Holdings Ltd and Tattersall's Ltd).

Within this conceptual framework, the person with gambling problems is, as already indicated, alternately exceptional (part of a minority), ill or pathological, morally aberrant, or irresponsible. In contrast, gambling industries supply a service to satisfy customer demand and bolster the economy. Interestingly, a morphing of the concepts of the individual as a *free citizen* and the individual as a *free consumer* occurs:

Any basic economics text book will tell you that in a free market that expenditure represents a vote by the consumers spending that money on whatever the entertainment is that they choose.... (AGMMA, n.d., p. 11)

The contemporary democratic subject or citizen is thus presented as little more than a freely choosing consumer, incidentally enriching the coffers of gambling corporations and their shareholders.

(Problem/pathological) gambling agency and industry-researcher partnerships [H6]

Against this backdrop, some symbiotic relationships have evidently emerged between industries with an interest in marginalising the “problem gambling issue”, through the appropriation of available individualising discourses (and thereby safeguarding and promoting profitability into the future) and researchers, who, through their work, uncover putative inner gambling pathology that exists independently of easy access to gaming machines and other gambling forms that offer rapid, continuous staking. This is not to comment on conscious intention as such, but rather to reflect on certain systemic collusions between industries and research institutions that seem to share convergent interests and benefits—whether related to social, institutional, and professional status or financial support.

An example of such a partnership is the industry-funded National Council for Responsible Gambling (NCRG) in the US, which has commissioned the Harvard Medical School's Division on Addiction to research gambling pathology (<http://www.ncrg.org/>) to the tune of millions of dollars. Importantly for this discussion, the *reason for being* of the

NCRG is to identify problem gambling as a *pathology*—or, more specifically, to fund “research that someday will identify the risk factors for gambling disorders and determine methods for not only treating the disorder but preventing it, much like physicians can identify patients at risk from cardiovascular disease long before a heart attack” (<http://www.ncrg.org/>)”.

Thus, the problem of pathological gambling is conceptualised as an individual disorder, an a priori, with the task of research endeavours thence being to identify risk factors for the “disorder” and to congruently devise individualised methods of prevention.

A key player in this research-industry partnership is Frank Fahrenkopf Jr, president and CEO of the American Gaming Association and an active gambling industry advocate. In evidence to a UK Parliamentary Committee, the Joint Committee on Draft Gambling Bill in January 2004, he gave considerable weight to the marginal conceptualisation of gambling pathology and openly endorsed the role of the Harvard Medical School's Division on Addiction in uncovering this. His testimony is quoted in detail below, as it underscores a direct link between industry and research institutional discourses:

... I think it is very, very clear that most experts in the United States believe today, on research done by the National Research Council of the National Academy of Sciences, and Harvard Medical School's Division on Addiction, that the rate of pathological gambling in the United States is about one per cent of the adult population. That is pretty consistent actually around the world with other studies that have been done. The important thing to realise is that research also shows that the majority of that one per cent are people who suffer from what is called co-morbidity; gambling is not their only difficulty. The majority either have problems with alcohol, drugs, depression and mental instability. There is some real research going on now particularly at Harvard as to whether or not pathological gambling is a distinct problem in and of itself and not linked with others....

Q 910 Viscount Falkland: *Could you give us a view about problem gambling as opposed to pathological?*

Mr Fahrenkopf: When Lord McIntosh visited us in the United States we suggested that the person they really should consult, and you should get the benefit of his wisdom, is Professor Howard Shaffer of the Division on Addictions of Harvard Medical School who has done more work in this area than anyone in the world, and I think it is recognised now by even the anti-gaming people that the work and research they have done is the best that there is. There may be another two to three per cent whom you would categorise as problem gambling. These are people who may have a number of traits that could possibly lead them to become pathological gamblers. Dr Shaffer and his research people of Harvard would tell you there is just as much likelihood that they will go the other way and will not have a problem. There has been some suggestion that we might get Dr Shaffer to do a paper in the area where he is

clearly the world leader, and would be happy to assist in that request. (United Kingdom Joint Committee on Draft Gambling Bill, 2004)

Thus, while gambling industry representatives and lobbyists invoke a scientific research discourse to argue the case for minimum regulation of their industry, i.e., to address problematic gambling at an individual remedial level (rather than through more holistically conceived systemic changes, for example), it is interesting to also note the *cross-poaching* or *cross-pollinating* that occurs when researchers, in turn, invoke a free-market discourse in support of their own analyses. This is explored in the following section.

Supplementary case studies: (Problem/pathological) gambling agency in research discourses

A similarly methodical examination was made of recent gambling policy/research papers wherein the issue of agency was prominent. Again, note was made of every instance where the idea of agency was indicated in relation to both gambling and problem/pathological gambling. In each instance attention was paid to both the nominated site of agency and the nature of that agency. The lists in the tables below present a summary of some of the themes about agency that emerged, which are elaborated on in the following discussion.

Table 4

Discourses of agency—A thematic analysis of research reports

<i>Main Focus of Agency</i>
<ul style="list-style-type: none"> • Corporations as service providers • Corporations as civil libertarians in providing choice to customers • Corporations as key stakeholders in regulatory decision-making • Scientists informing the reduction of gambling-related harm by assessing and counting cases of pathology • Problem gamblers as prime agents for remedy
<i>Explicit/Implicit Concept of Gambler Agency (when indicated)</i>
<ul style="list-style-type: none"> • Gamblers as freely choosing customers • Gamblers as generating demand to which corporations respond • The majority of gamblers as responsible • Problem gamblers as irresponsible • Problem gamblers as ill/pathological • Dichotomy of gamblers: (1) harm-free responsible recreational gamblers; (2) pathological and/or ill problem

 gamblers

This was an interesting analytical exercise in conjunction with the same analysis as applied to industry discourses, as what emerged was almost a mirror image; the conceptualisations and *siting* of agency were almost identical. In both sets of reports, ideas about agency as expressed in gambling-related activity were underpinned by a clear neoliberal, free-market discourse. Even a cursory glance reveals the remarkably close similarity to those contained within industry publicity and documents.

One article studied, “A science-based framework for responsible gambling: The Reno model”, encapsulates a worldview markedly consistent with that presented in gambling industry documents (Blaszczynski, Ladouceur and Shaffer, 2004),¹ the latter author being the Director of the Harvard Medical School's Division on Addiction, as noted above.

In an assumption of an untrammelled free market as the natural order, it is stated that *unjustified market intrusion* is not likely to be the right way to promote responsible gambling. Within this framework, industries are not seen as agentic in the aetiology of harm arising from any types of gambling—their profit-generating activities are part of the natural backdrop of our lives, the *world-taken-for-granted*, so to speak. On the other hand, those that would thwart natural market forces *are* agentic in their proposals for unjustified intrusion in the assumed natural order of free-market ascendancy and continuity.

Throughout the article, gambling corporations are presented as providers of a service to meet customer demands. What is left unsaid in this version of events is that contemporary forms of gambling that are most contentious in terms of their individual and community effect (e.g., EGMs) are primarily supply driven—and industries, far from being passive responders to demand, are eminently *active* agents in creating their consumer bases (Livingstone et al., 2006). This is what corporations *do*, their reason for being (gambling or otherwise), and what they explicitly document and publicise in their freely available public documents and reports, as highlighted in Banks (2007, p. 24).

With considerable slippage into commercial language and concepts, the researchers routinely refer to gamblers as *consumers in a competitive market environment*. One helpfully illustrative iteration states: “In a competitive market environment, industry operators provide a range of recreational products and opportunities to community members, applying economic and commercial business principles” (Blaszczynski et al., 2004, p. 303). Most notably, this endorsement of free-market commercial principles in conceptualising the subject forms a radical departure from the language of traditional (behavioural) scientific reports, even while the natural science paradigm is invoked to bolster authorial standing. Thus, a value-laden discursive overlay is introduced without explicit comment as the new language is thus woven into the old.

While a continuum of risk for gambling harm is presented later in the paper, much of the discussion, as I already suggested in a previous section of this report, rests on the substantially mythical assumption that there are two distinct sets of gamblers:

1. *recreational gamblers*, who enjoy their gambling and act responsibly; and
2. *problem gamblers*, who are of marginal status—the exception and abnormal; pathological and/or irresponsible.

Furthermore, there is once more an idiosyncratic merging of the language of democracy, civil liberties, human rights, and free-market imperatives—a sort of hybrid market humanism in which freedom to *buy* is of prime importance, echoing AGMMA's already-mentioned world view:

Any responsible gambling program rests upon two fundamental principles: (1) the ultimate decision to gamble resides with the individual and represents a *choice*, and (2) to properly make this decision, individuals must have the opportunity to be informed. Within the context of *civil liberties*, external organisations cannot remove an individual's *right* to make decisions. This personal *freedom* balances against an institution's duty of care....[italics added] (Blaszczynski et al., 2004, p. 311)

In addition to viewing gambling as a *choice*, responsible gambling also rests upon the principle of informed *choice*. This concept is a fundamental principle of *human rights* policies. [italics added] (Blaszczynski et al., 2004, p. 312)

Putting aside the corrupted humanism that such excerpts represent, the idea of “choice” that underpins it is arguably problematic. What if the design of a product *diminishes* choice through the generation of compulsive and disassociated behaviour, as has been demonstrated in the case of EGM gambling? That this occurs has been established in a wide range of studies, utilising a variety of methodologies and approaches (e.g., Dickerson, Haw, and Shepherd, 2003; Horbay, 2004).

An associated problem with the free-choice argument as applied to gaming machines is in the nature of knowing; what does it mean to *know*? Do we conceive knowing as the storage of information in a metaphorical sense of having some sort of bank of information in our heads—or is knowing closer to Bourdieu's concept of habitus—a set of dispositions to act, think, feel, interact, and behave in certain ways? Is knowledge *embodied* and *habitual*—part of our socially acquired way of doing things and being with other people—our repertoire for being and orienting ourselves in this world? If this truly is knowledge in the most meaningful sense, understood as—at least—*impinging on patterns of gambling*, then this has clear implications for the efficacy of harm prevention strategies and policies—especially as the provision of information about the odds of winning, details of counselling services, warnings to be responsible, etc., would not be adequate when, at the same time, gambling industries are engendering a more damaging and insidious way of knowing through the social and bodily interaction of gamblers with machines. At the same time, information about the nature of the games would still have legitimate implications for consumer protection and conscionable conduct of business enterprises (see various explorations of such in Doughney, 2002; Horbay, 2004; Dickerson et al., 2003); i.e., it might be seen as necessary but not sufficient.

Nevertheless, the onus for corrective *action*, i.e., agency, in the Reno Model is very much placed on the person suffering from gambling problems, even while direction to appropriate therapeutic intervention is emphasised (Blaszczynski et al., 2004, p. 309). Needless to say, while inner pathology is *assumed* (as opposed to a “normal” individual responding to an inherently harmful product), little is ventured about the potential role of corporate agentic supply and promotion in problematic gambling aetiology or prevention.

The neoliberal discursive bent of this article, particularly in relation to the locus and nature of agency, is evident in a paper by Blaszczynski et al. (2004): “Self exclusion: A gateway to treatment”, written for the Australian Gaming Council. With the central focus on self-exclusion programs as a remedy for gambling-related harm, the onus of detection and monitoring of problems is shifted from operators to individuals or third parties, with an emphasis on treatment. Once more, the ideas of individual pathology and “choice” are of central importance (while even the idea of inner pathology would seem to undermine the idea of free choice).

Apparently, while individuals are agentic and prominent in the generation and cessation of their own gambling problems—and therefore the main focus for responsibility—industry is once more positioned as part of the natural order of a free-market world.

In this context, the concept and expression *personal responsibility* has distinctly moralistic overtones, which tends to confound the issue of agency. Not many would wish to volunteer that they will not take responsibility for their actions, as this would seem to imply moral aberrance or immaturity. Arguably, the term is heavily socially laden (see Anon and Borrell, 2004). The term *agency*, on the other hand, would seem to circumvent the problem of judgement and identify this as an analytical, theoretical issue beforehand, whether or not it even becomes a moral one, as already discussed in the methodology section.

Furthermore, with the free-market model invoked and endorsed in the article by Blaszczynski et al. (2004), gambling industries only seem to be agentic or responsible for benefits, e.g., in serving customers by meeting their preferences and enhancing their array of choice (consistent with the partial inclusions and omissions in reports to shareholders):

The gaming industry recognises that it plays a vital role in customer assistance and provides an important link with treatment providers. (2004, p. 2)

In fact, self-exclusion itself is presented as an industry service (2004, p. 3) (perhaps as it is reasoned that the industry thereby forgoes profits).

While criticism is made of prior self-exclusion programs for placing primary focus on external control of individual behaviour, it is interesting to note that the industry reports to shareholders present corporations as very much active agents in encouraging people to spend greater amounts more often on their gambling wares—not at all the passive, neutral backdrop to gambling activity as posited in this article. In the analysis presented by

Blaszczynski et al. (2004), however, the primary agent is the customer/gambler, with the proposed model seeking to address inadequacies of current programs, in part by “shifting from a punitive approach to an integrated individual-centred focus where the emphasis is directed toward a gateway for education and rehabilitation” (2004, p. 2) (even while product-induced “education” is focussed on the generation of increased consumption). At the same time, little is said of individuals at other key points of the system—namely those in key positions in industry and government bodies. One might well ask: “Should we also be offering remedial assistance or re-education to key figures in *harm-generating* industries toward ethical corporate practice?” (e.g., tobacco, mining, greenhouse gas emitting industries). At the very least, we might seek to invigorate the discipline of *business ethics*, which seems to have become somewhat marginalised in recent times. Such a move has been argued for convincingly by Sinclair (2000), who suggests that if management is discussed only within economic parameters, managers lose the ability to look beyond the “numbers” and understand salient issues within a different and, importantly, moral framework.

At any rate, it seems clear that sites of agency, power, and control are intricately connected to the very same sites that we might well look at for remedial prevention and intervention. Arguably, we need to at least refer to the full range of possible systemic domains, dimensions, and sites before we can form an understanding of phenomena such as problematic gambling.

Discourse of a consumer/(problem) gambler

A letter sent to me by someone who has experienced EGM gambling problems first-hand offers another dimension to the analysis so far. Selected extracts are included here to specifically interrogate the location of gambling pathology in the individual gambler from a consumer perspective:

By singling out only the individuals (known) who have got themselves into bother and labelling their behaviour as pathological and reiterating that only the vulnerable have a problem, a great piece of manoeuvring has been done and has helped allow, over the years, the gaming industry's expansion.

If the term “pathological” (or its equivalent) is going to be used to describe those having problems with poker machines (by implication, the problem residing in the individual), I will probably be mocked for what I say but it does occur to me very forcefully, the modern EGM itself, is based on principles that are fundamentally psychotic in nature and are inspired by corporate greed, meaning—markedly and dangerously “out of touch” with the customary and understood world of ordinary people, who really don't have a chance against them. Many of these ordinary people, who, by their frequent association with EGMs, may find themselves also responding in a different but nonetheless, “pathological” manner. (since published as Anon and Borrell, 2004, pp. 184, 185)

We might well ask: “Why do we focus almost exclusively on the pathology of people with gambling problems in research and policy?” Indeed, why don't we cast our gaze to those points where systemic power is most concentrated in thinking about the aetiology of problematic gambling, for example, at industry and government levels? Could it be that the values of individualistic consumerism (and responsibility) and the assessment of social success by material wealth have together become the normative backdrop for both our everyday orientation and dispositions (our *habitus*) and our theoretical analyses, thus perhaps falling off the radar while the major focus remains on the *exceptional* pathological gambler instead? Analysis of the above discourses would seem to present a strong case for such a proposition.

At a minimum, the public reports of gambling corporations may provide evidence of the psychoanalytic concepts of *denial*—the pathological inability to face unpalatable facts—and *rationalisation*—in the wily reasoning away of unpleasant information about the evidently harmful “games” that are being peddled and the consequent revenue harvesting from the poor, the compulsive, the lonely, and the desperate (at least in their current forms and frameworks of product design, placement, promotion, and delivery). It does seem that industry figures, at least, are merely operating within a field where success is mostly measured by profit, irrespective of how and from whom it is derived, and any signals of product-related harm are directed to the public relations department—hence, perhaps, the strategic involvement of universities and research institutions, as well as welfare organisations (see Adams, 2004, for discussion).

Conclusion: Enfolding and cross-pollinating of agency discourses across industry and research fields and the importance of broader analyses

As pointed out by Burr, discourses do not correlate simply with particular interest groups and population segments. Rather they may permeate different sections of society with a variety of implications, invariably overlapping in different ways even within interest groups and population segments (1995, pp. 75–80). This was certainly a central finding in the current study, with evidence of both individualistic and neoliberal discourses permeating and criss-crossing gambling industry and gambling research fields. This is not to lay claims about *explicit intentionality by parties* in either type of organisation; rather, Foucault's more circumspect ideas about the role of motivation in discourse, again as articulated by Burr, are commensurate with my argument:

Powerful people do not, as it were, think up and then disseminate discourses that serve their purposes. Rather, the practical and social conditions of life are seen as providing a suitable culture for some representations rather than others, and the effects of these representations may not be immediately obvious or intended. Nevertheless, once a discourse becomes available culturally, it is then possible for it to be appropriated in the interests of the relatively powerful. (1995, p. 78)

It would probably be most useful at present to reclaim the legitimacy and practice of political-economic and institutional analyses, providing complementarity to current reflections on the nature of agency, wherever it is situated. This would undoubtedly help us to better understand the notion of *harm production*—in addition to our ongoing and necessary attempts at *harm reduction*, which currently primarily focus on possible “deficiencies” in the personal agency of gamblers.

At the very least, it is hoped that a preliminary framework has been provided for similar thematic analyses relating to problematic gambling and other “addictions”, allowing for expansion to other types of documentation while focussing on the fundamental concept of agency.

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¹ Also see critiques of the Reno Model by Schellinck, T., & Schrans, T. (2005) and Raeburn (2005).

Consequences of pathological gambling on the gambler and his spouse

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Abstract

The consequences of pathological gambling negatively impact many aspects of the life of both the gambler and his relatives. This exploratory study compared the gambler's perceptions of the consequences of gambling in his life and in the life of his spouse with the perceptions that his spouse had of the same consequences. Seven couples, each including a male pathological gambler, participated in the study. Members of each couple individually completed the questionnaire. The descriptive analyses showed that each member of the couple mentioned, in addition to the financial consequences, different consequences stemming from the gambling behaviour of the gambler. The analyses revealed that the spouse perceived the consequences she experienced, as well as those experienced by the gambler, as more severe than the gambler perceived them. This paper discusses how each member of a couple that includes a pathological gambler differs in their perception of harm related to gambling.

Keywords: pathological gambler, spouse, consequences of gambling, treatment

Introduction

Even if the majority of people gamble without experiencing problems or negative consequences, some become pathological gamblers. For these individuals, excessive gambling will become persistent and progressive and can create an irresistible urge to risk money. Gambling will then jeopardize their personal, family, and professional life (American Psychiatric Association, 1996).

Unfortunately, for each pathological gambler, there are at least 10 people affected by the negative consequences associated with disordered gambling (Ladouceur, 1993). It is therefore not surprising that the wife, or partner, is affected by the repercussions of her husband's gambling behaviour (Ciarrocchi & Reinert, 1993).

Dissatisfied couples show differences in their attitudes toward communication, their availability to help the partner, and their way of resolving problems (Pléchaty, 1987). These couples also tend to perceive their spouse more negatively than an outside observer

would (Halford, Keefer, & Osgarby, 2002) and to perceive their own intentions more positively than their spouse would (Waldinger & Schulz, 2006). The fact that pathological gamblers' marital relationships are characterized by a high level of dissatisfaction (Hudak, Varghese, & Politzer, 1989), which often results in many conflicts (Steinberg, 1993), could indicate that spouses share different perceptions on many aspects of their lives.

No studies have yet examined the differences in the perception of problems between the wife or spouse and the pathological gambler. This study will compare the differences between the spouse and the pathological gambler's estimation of the negative consequences that gambling has had in their life. It is expected that the intensity of the consequences will be perceived differently by the pathological gambler and his spouse. The types of consequences reported by each member of the couples will also be explored.

Method

Inclusion criteria

Both members of all the couples in the study were 21 years of age or older and were involved in a heterosexual relationship. The pathological gambler was the husband or male partner.

Participants

The couples were recruited from three treatment facilities for pathological gamblers and at Gamblers Anonymous (GA) meetings. The study was conducted in the province of Québec (Canada) from January 9 to April 3, 2007.

Eleven gamblers and nine spouses completed the questionnaires. However, only 16 individuals could be matched as couples: On one occasion, only the pathological gambler returned the questionnaire. One of the eight couples was excluded because the gambler (GA member) did not meet the criteria for pathological gambling. The study was therefore conducted with seven couples, among which one of the gamblers was recruited in a GA meeting and the six other gamblers were recruited from professional treatment facilities. All pathological gamblers had a score of 5 or more on the South Oaks Gambling Screen (SOGS; $M = 12.3$, $SD = 3.8$) and none of the spouses had a gambling problem ($M = 1.0$, $SD = 1.5$).

The couples held a stable relationship for an average of 4 years ($M = 4.24$, $SD = 4.86$). The average age of the men was 42.0 years ($SD = 11.0$) and the average age of the women was 40.4 years ($SD = 8.8$). The majority of the pathological gamblers (6/7) did not have a high school diploma, and three of the spouses held a college degree or higher. Five pathological gamblers and two spouses were working full time, and the majority of the pathological gamblers (4/7) and the spouses (5/7) had an annual personal income ranging between \$20,000 and \$40,000 CDN. Table 1 shows the socio-demographic characteristics of the participants.

Table 1
Socio-demographic characteristics of the participants

	Pathological gamblers (<i>n</i> = 7)	Wives/Spouses (<i>n</i> = 7)
Average age (years)	<i>M</i> = 42.0 (<i>SD</i> = 11.0)	<i>M</i> = 40.4 (<i>SD</i> = 8.8)
Education		
Elementary and high school	6	4
College	0	2
University	1	1
Employment		
Full-time job	5	2
Part-time job	1	0
Student	0	1
Social welfare/Leave of absence	1	3
Other	0	1
Annual income (\$CDN)		
<\$20,000	2	2
\$20,000 to \$40,000	4	5
\$40,000 to \$60,000	1	0
Probable pathological gamblers	7	0

Procedure

Treatment facilities: A counsellor from the treatment facility introduced the study to the pathological gambler when he first requested help. The spouse was contacted by the counsellor after receiving approval from the gambler to do so. The questionnaire was mailed to the spouse while the pathological gambler completed it at the treatment facility (about 20 min to complete). Both questionnaires were returned by mail to the research team.

Gamblers Anonymous: At the beginning of the meeting, a research assistant explained the goal of the study and gave each person a flyer containing the phone number to call if he wished to participate. Interested participants had to call and leave their name and phone number on the research group's answering machine. The questionnaires were mailed separately to each member of the couples who agreed to participate. They were asked to complete the questionnaire individually and to return it by mail to the research team.

Instruments

Two different questionnaires¹ were used. One was for the pathological gambler, and the other for the spouse. However, both questionnaires had the same content, except that the questions were formulated either for the spouse or for the gambler. For example, the pathological gambler was asked, "How was your spouse affected by your gambling habits?" whereas the spouse was asked, "How were you affected by the gambling habits of your husband or partner?"

The questionnaire evaluated the following dimensions: (a) respondent's gambling habits, (b) amount of money and time spent gambling, (c) satisfaction with their marital relationship, and (d) consequences of gambling habits on their life and on the life of their spouse. Four open-ended questions were used to identify the consequences that pathological gamblers and their spouses associated with the gamblers' gambling behaviour. Those answers were coded and classified before being analyzed. The last part of the questionnaire evaluated the intensity with which the pathological gambler and his spouse evaluated how they were affected by nine types of consequences that the literature usually associates with gambling. The intensity of each of the nine types of consequences was evaluated using Likert scales ranging from 0 (*does not correspond at all*) to 10 (*totally corresponds*). The nine types of consequences were psychological well-being, social life, physical health, alcohol or drug consumption, problems at work, reduction in the time dedicated to leisure activities, reduction in the time dedicated to family, marital problems, and increased personal debts.

The gambling behaviour was evaluated using the SOGS (Lesieur & Blume, 1987), which contains 20 items used to screen for pathological gambling. A score of 2 or less indicates that the person does not have a gambling problem, while a score of 3 or 4 indicates that the person gambles at an at-risk level, and a score of 5 and above indicates that the person is a probable pathological gambler.

Results

Identification of the consequences associated with gambling

The pathological gamblers' and spouses' answers to the open-ended questions showed that the financial consequences were the most frequently reported consequences by both the pathological gamblers (5/7) and the spouses (5/7) as being associated with gambling. More spouses (5/7) than pathological gamblers (2/7) reported that gambling had negative consequences on the pathological gambler's social life: Spouses reported an increase in the number of fights that the gambler had with relatives, his tendency to isolate himself, and not being able to go out because of a lack of money. On the other hand, a decrease in the gambler's psychological well-being was reported more often by gamblers (6/7) than by spouses (3/7). More specifically, the pathological gamblers reported symptoms such as stress, depression, feelings of guilt, and suicidal ideation.

Intensity of the consequences associated with gambling

The intensity with which each of the nine types of negative consequences affected the pathological gamblers' and their spouses' lives were evaluated using a Likert scale ranging from 0 (*does not correspond at all*) to 10 (*totally corresponds*). The signed-rank test of Wilcoxon, a non-parametric analysis for paired samples, was used to compare the size and the direction of the differences within paired results. The analysis was therefore used to compare the difference in the intensity reported within each couple. The signed-rank test of Wilcoxon was chosen because our small sample size could not guarantee that the basic postulates to run a parametric analysis would be respected.

The results showed that four of the seven couples perceived the intensity of the consequences that gambling had on the pathological gambler significantly differently ($p < 0.05$). In three of the four couples, the spouse evaluated the consequences that the gambler had to face as being more intense than what the gambler himself estimated. When looking to the intensity of the consequences that gambling had on the spouses, the results showed that three of the seven couples perceived the intensity significantly differently ($p < 0.05$). Only one pathological gambler perceived the consequences that his spouse had to face as being more intense than what his spouse reported.

By using the differences in the intensity between the gamblers and the spouses, we noticed that psychological well-being was the consequence category for which the gambler and the spouse presented the largest positive difference: The gambler estimated the consequences that gambling had on his and his spouse's psychological well-being as having been more intense than what the spouse estimated. The other important differences in the intensity of the consequences for the gambler were found in the consumption of alcohol and drugs, personal debts, and problems at work. Only this last category was evaluated as having been more intense by the gambler than by his spouse. On the other hand, besides psychological well-being, the two largest differences in the intensity of the consequences that the spouse had to face because of gambling were found in the increase in personal debts and a decrease in the time dedicated to leisure activities. The spouse estimated that those two consequences had been more intense than what the gambler estimated. See Tables 2 and 3 for the detailed results.

Table 2
Differences between gambler and spouse scores, reported for each couple, concerning the consequences that gambling had in the pathological gambler's life

	Couples' differences (rank)						
	Couple A	Couple B	Couple C	Couple D	Couple E	Couple F	Couple G
Psychological well-being	3 (6)	-2 (-1.5)	3 (8.5)	5 (5.5)	1 (2)	3 (3.5)	-1 (-2)
Social life	-1 (-1.5)	-5 (4.5)	2 (5)	4 (3.5)	-1 (-2)	1 (1.5)	0
Physical health	-2 (-4)	-3 (-3)	-3 (-8.5)	5 (5.5)	-4 (-5)	1 (1.5)	-1 (-2)
Alcohol/Drug problems	0	0	-2 (-5)	3 (1.5)	-10 (-6)	0	-2 (-5)
Problems at work	2 (-4)	-5 (-4.5)	-2 (-5)	0	-3 (-4)	0	-2 (-5)
↓ Leisure time or activities	2 (-4)	-2 (-1.5)	-1 (-1.5)	0	0	3 (3.5)	-1 (-2)
↓ Time dedicated to family	2 (4)	-6 (-6.5)	1 (1.5)	4 (3.5)	0	0	0
Marital problems	-1 (-1.5)	-6 (-6.5)	-2 (-5)	3 (1.5)	-1 (-2)	0	0
↑ Personal debts	4 (7)	-10 (-8)	-2 (-5)	0	0	0	-2 (-5)
Total of the positive ranks (T+)	21	4.5	15	21	2	10	0
Total of the negative ranks (T-)	7	31.5	31.5	0	19	0	21
<i>p</i> value	0.148	0.039*	0.180	0.016*	0.047*	0.063	0.016*

Note. A negative sign (-) indicates that the intensity was perceived more intensely by the spouse than by the pathological gambler. A difference of 0 is not ranked and not used in the statistic.

* Indicates a significant difference.

Table 3
Differences between gambler and spouse scores, reported for each couple, concerning the consequences that gambling had in the pathological gambler's spouse's life

	Couples' differences (rank)						
	Couple A	Couple B	Couple C	Couple D	Couple E	Couple F	Couple G
Psychological well-being	-3 (-1.5)	3 (4.5)	3 (2.5)	5 (8)	-3 (-5)	0	0
Social life	-3 (-1.5)	2 (1.5)	1 (1)	3 (4.5)	-7 (-9)	0	-3 (-5)
Physical health	-4 (-3.5)	3 (4.5)	3 (2.5)	3 (4.5)	-1 (-1)	0	-1 (-2)
Alcohol/Drug problems	0	0	5 (4)	4 (6.5)	-6 (-8)	0	-1 (-2)
Problems at work	-7 (-5.5)	3 (4.5)	0	0	-3 (-5)	0	0
↓ Leisure time or activities	-9 (-7)	3 (4.5)	0	-2 (-3)	-3 (-5)	-1 (1)	-3 (-5)
↓ Time dedicated to family	0	0	0	4 (6.5)	-5 (-7)	0	0
Marital problems	4 (3.5)	2 (1.5)	-6 (-5.5)	-1 (-1.5)	-2 (-2.5)	0	1 (2)
↑ Personal debts	-7 (-5.5)	0	-6 (-5.5)	-1 (-1.5)	-2 (-2.5)	0	-3 (-5)
Total of the positive ranks (T+)	3.5	21	10	30	0	1	2
Total of the negative ranks (T-)	17.5	0	11	6	68	0	19
<i>p</i> value	0.344	0.016*	0.50	0.055	0.000*	-----	0.046*

Note. A negative sign (-) indicates that the intensity was perceived more intensely by the spouse than by the pathological gambler. A difference of 0 is not ranked and not used in the statistic.

* Indicates a significant difference.

Marital satisfaction

Even though three pathological gamblers and two spouses mentioned having had some marital problems because of the gambler's gambling habit, only three spouses (no pathological gamblers) reported not being satisfied with their marital relationship. For the majority of the couples, their level of satisfaction varied from neutral to extremely satisfied.

Discussion

The goal of this exploratory study was to compare the perceptions that pathological gamblers had concerning the consequences of their gambling activities in relation to their spouses' perceptions of the same consequences. We hypothesized that the intensity of the consequences would be perceived differently by the pathological gambler and his spouse. This hypothesis was partially confirmed because four of the seven couples estimated the intensity of the consequences for the gambler significantly differently, and three of the seven couples estimated the intensity of the consequences for the spouse significantly differently. It is noteworthy that on almost all occasions, the spouse, rather than the gambler, was the one who estimated the consequences as being more intense.

Both members of the couples agreed that the financial problems they had to face were caused by gambling. In addition, the results showed that, besides the financial problems, pathological gamblers and their spouses did not perceive the same consequences. In fact, the negative impact on the pathological gambler's social life was reported more often by the spouse than by the gambler, whereas the consequences on the psychological well-being of the pathological gambler were reported more often by the gambler himself rather than by his spouse.

Pathological gamblers who took part in this study were mainly gamblers assessed at the beginning of their treatment. It is possible that the months preceding their therapy were dedicated mainly to gambling. During that time of intense gambling, the pathological gamblers could have significantly reduced the quality of their communication with their wife or partner and therefore successfully hidden their distress. The reduced communication between spouses could also have contributed to the fact that the spouse felt neglected and consequently could have made her feel the social consequences of gambling more intensely.

Contrary to what Hudak and his colleagues (1989) noticed, few participants (pathological gamblers and spouses) said that they were dissatisfied with their relationship. This result was surprising because, according to these authors, the marital relationship of couples with one pathological gambler is usually characterized by a high level of dissatisfaction. Is it possible that seeking treatment had a positive impact on the marital relationship? By seeking treatment, the wife or partner might have perceived a possible solution to their problems and manifestations of willingness on the part of the pathological gambler.

The main limitation of this study is the small sample size. Despite this limitation, this study is the first to examine the potential differences in the perception of the negative consequences of excessive gambling on both members of a couple. A better understanding of these differences would help to improve the way we intervene with pathological gamblers in order to better help couples in which one member has a gambling problem.

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PMF: In collaboration with FF and RL she helped conceptualise the study and create the methodology used to assess all goals. She also contributed to writing the paper by revising many of the previous versions, as well as the final draft.

RL: In collaboration with FF and PMF, he helped conceptualise the study and elaborate the best methodology to assess all goals. He also contributed by revising the last few drafts of the paper and providing his gambling research expertise to improve the scientific value of the paper.

PB, MB and LP: In collaboration with all authors, they helped in the fine-tuning of the methodology. They established contacts with treatment facilities and GA Groups, coordinated the study, and substantially contributed to the interpretation of the data before writing the first versions of the paper.

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All in! The commercial advertising of offshore gambling on television

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Abstract

There is a paucity of research on the advertising of gambling, especially the intensely marketed Internet poker and blackjack games. This study examines ads that aired on cable television in one Canadian jurisdiction. Using quantitative and qualitative methods, we analyze 64 distinct commercials that aired 904 times over a 6-month period. Our findings show that these ads target audiences along age, gender, and ethnic lines and mobilize celebrities, excitement, and humour as persuasive techniques to promote the view that on-line gambling is an entertainment experience in which skill prevails over luck, winning dominates losing, fantasy overshadows reality, leisure trumps work, and the potential for personal change eclipses the routines of everyday life. We conclude that the e-gambling advertising assemblage, with its high-volume exposure, attractiveness, pervasiveness, and repetitiveness of messaging is now an embedded feature of everyday life that is especially connected to popular sport culture and to the fun ethic of contemporary consumer culture.

Keywords: gambling, advertising, marketing, on-line poker, television, Canada

Introduction

Advertising has been called the simplest communication, "the cave art" of the 21st century that makes consumption a top-of-mind behaviour. Like cultural myths, ads aim to impress, stimulate, and persuade. If an ad taps into a modern myth, the response may be obvious, quick, and subconscious. On the other hand, more and more ads are complex and artful, requiring careful study of how they do what they do and how they create new metaphors for viewers that persist long after the ads have been shown. Advertising in this view is a cultural game in which advertisers are challenged to map values of images onto products and viewers are challenged to use their cognitive competencies to interact with the messages they see or hear (Pateman, 1983).

In this article, we study television advertising, limiting our inquiries to remote gambling in Atlantic Canada. Widespread gambling advertising, of course, is a relatively recent phenomenon and this growth is even more dramatic for Internet products that only became available in the mid-1990s. Not surprisingly, there are few studies of gambling advertising here or elsewhere that look specifically at remote gambling advertising (Binde, 2007a, 2008; Clotfelter & Cook, 1989; Derevensky et al., 2007; Griffiths, 2005; Korn, Hurson, & Reynolds, 2003; McMullan & Miller, 2008; Zangeneh, Griffiths, & Parke, 2008). We examine a convenience sample of 64 distinct ads that played or

replayed 904 times during 509 hours of recorded play time over a 6-month period from January to July 2007. Our purpose is to examine the social features and master messages of these ads and to study the connections between remote television gambling advertising and broader meanings and resources of contemporary consumer culture. The paper is organized as follows: first, we discuss the role of commercial advertising in consumer society; next, we explain our methods; following that, we provide a detailed analysis of the commercials, examining both quantitative and qualitative data; finally, we discuss the dominant themes of primarily poker and blackjack advertising in the wider context of what we call the *sportification* and the *ethic of fun* surrounding contemporary forms of gambling.

Advertising and Commercial Culture

It is now common to hear or see many advertisements a day enjoining people to "take a chance," "share the dream," "get in the game," "live the thrill," "become a millionaire," and "go all in." As Binde (2008, p. 2) observes, commercial advertising for gambling "seems to be everywhere, flooding us from all directions." Moreover, these messages are read, seen, or heard at a "flash" and usually anticipated by audiences; we know that sooner or later, we will see them in the course of watching a television show (Chapman & Egger, 1983, p. 168; Myers, 1983, pp. 207-208). Like myths, advertisements invoke responses that are swift and subconscious, or, like puzzles, they enjoin reactions that are cognitively challenging. In Pateman's (1983, p. 201) words, ads are not normally dull or boring; people actively engage with advertisements mostly because they are funny, defiant, intelligent, and "visually pleasurable."

Advertising exists along a continuum bound by rhetoric and propaganda at either pole and employs tactics that are both expressive and programmatic. It is a form of communication that invests goods with meaning on the one hand and integrates these same products into a culture of buying on the other (Goffman, 1976). Every individual advertisement, therefore, is a ritual enactment that manifests the larger phenomenon of advertising as a cultural system. The formal properties of such rituals include repetition, acting, staging, stylization, and the affirmation of shared values. At a most basic level, ads sell social needs, desires, and statuses to people. But the content of ads is almost always framed by knowledge of other cultural signs and symbols that already mean something to consumers (Pateman, 1980, pp. 607-609; Sherry, 1987, pp. 443-446). Books, newspapers, magazines, films, television programs, the performing arts, music, radio shows, charity draws, and reality television increasingly valorize gambling to their audiences as exciting and glitzy and connect it to a wider world of glamour, fame, success, entertainment, and attractive living (Griffiths & Wood, 2000). Newspapers and movies portray gambling much more frequently than they did in the past, primarily through images in which fantastic wins, happy endings, and magician-like skills predominate (Binde, 2007b; McMullan & Mullen, 2002; Turner, Fritz, & Zangeneh, 2007). Quiz games linked to television programs advertise gambling over the telephone to boost their ratings and provide viewers with an interactive consumer experience involving lottery-like formats, virtual wagering, and trivia competitions (Griffiths, 2007).

New information communication technologies and the computer permit continuous gambling and endless promotions on-line, and the near future promises spontaneous betting during sporting and cultural events such as wagering on whether someone will score from a penalty shot in Olympic hockey or be eliminated from the latest round of *American Idol*. Gambling corporations now promote their products with other consumer goods and services, such as telecommunications, the media, travel, leisure, and entertainment, and associate the proceeds of gambling with public education, cultural programs, and social welfare. Schools, hospitals, churches, and charities, for example, rely more and more on gambling to raise capital, thus extending the cultural reach and social legitimacy of gambling by embedding it further into the routines of everyday life (Korn, 2007). Parents increasingly model gambling to their children by teaching them how to gamble, by financing their gambling activities, and by buying gambling products for them, and young co-workers entering the workforce often play daily and weekly draws hoping against all odds that they will dance the happy dance of the next millionaire (Derevensky et al., 2007; Messerlian, Derevensky, & Gupta, 2005). Indeed, in two recent Canadian studies, gambling was not even thought of as risky behaviour by young people; it was ranked below hitchhiking alone, cheating on a test, dating on the Internet, shoplifting, and skipping work, and it was regarded as much a common feature of everyday life as drinking, smoking, and driving an automobile (D-Code, 2006, pp. 11-12; Korn et al., 2003, p. 23).

Thus, gambling ads interact and intersect with other forms of cultural production and consumption in society to derive meaning and enhance credibility (Elliott, 1999). Alcohol and tobacco advertising, for example, have been especially crafted to mirror dominant representations of youth lifestyles as selling points. McCreanor, Greenaway, Barnes, Borell, and Gregory (2005, p. 257) found that beer and vodka advertisers tried to sell their products as inherent to adolescent culture by sponsoring fashion events, popular dances, and creative competitions on their Web sites. Gray, Amus, and Currie (1997) revealed that fashion spreads in magazines in the 1990s played to the reader by portraying body "looks" that tapped into and reflected back the mythology that young people identified with and aspired to — the mythology of being "noticeable" and "someone" as a result of smoking cigarettes. Marlow (2001, pp. 42-43) discovered that cigarette advertising on billboards capitalized on the theme of youthful dissent and escapism. Joe Camel, the ultra-cool guy, was the epitome of "attitude" in the ads, an urban expression of choice and defiance against middle-class values that seduced teens into smoking, even if it harmed them. He was expressed in his own youthful rebellion as simply above all sensible advice. Taylor (2000, pp. 339-344) reported that visual codes, spoken texts, and written words in ads were entwined with other forms of cultural production to sell liquor to youth. Perfume and designer drinks, for example, were promoted through coded references to club culture (e.g., fun, dancing, music, sexuality) and to a wider secondary language of pleasure and excitement that drew from familiar words, signs, and symbols of drug culture; connected these products to their cultural referents; and sold alcohol and cosmetics back to consumers as versions of their own needs and desires. Walsh and Gentile (2007, pp. 5-8) found that "frogs sold beer." By using emotional messaging and targeting consumers with humour, heroes, and repetitive exposure, they discovered that beer ads worked best when they slipped underneath the

radar of awareness and young consumers were not conscious that they were being affected by persuasion techniques. Korn et al. (2003) and Derevensky et al. (2007) found this to be true with gambling where it was both portrayed and received as reasonable, exciting, and natural because thinking about the product was identified with its cultural signifiers — instant fame, wealth, and a worry-free life. Indeed, a recent Swedish study discovered that a one-sided focus on "winning, fun, and excitement" in gambling ads was connected to diverse cultural values such as hope, freedom and self-expression, and altruism (Binde, 2008).

When it comes to gambling advertising in Canada, approximately \$943 million, or 6% of all gambling revenue, in 2005 to 2006 was spent on advertising, promotion, and marketing, but this does not include remote advertising, which is estimated to be in the tens of millions of dollars worldwide (Binde, 2008; Canadian Gaming Association, 2007). Indeed, the on-line gambling industry now generates worldwide revenues of about US \$15 to 18 billion from registered sites and several more billion from so-called wild or unregulated sites (CERT-LEXSI, 2006; Christiansen, 2004; Rex & Jackson, 2008; Stewart, 2006). Their advertisements flow freely across national borders, avoiding or evading the few regulations placed on them by local overseers for their own products. In Canada, a definitive governmental policy stance on Internet gambling has yet to be declared; Rex and Jackson (2008) recently observed that "while [Internet gambling in Canada] may not be legal, it still exists."

Television programming via satellite, cable, or Internet sources, the subject of this paper, for example, introduced gambling in Canada in a manner that took advantage of the loopholes in the gaming and betting provisions of the Criminal Code. Many TV stations and sponsors withdrew television advertisements that promoted real money gambling sites and replaced them with ads for dot-net Web sites on the grounds that such sites required "no consideration to play," because the players took "no risk or loss, and therefore there is no gambling and the Code is not violated" (Lipton & Weber, 2006, p. 4). These dot-net sites, nevertheless, provide cash accounts, incentives and bonuses to gamble, and a daily diet of ads urging people to consume gambling products by practising on-line. They offer tutelage and mentorship, competitive tournaments and anticipatory socialization to gamble, motives and rationales to gamble, much valued recruitment lists for real gambling sites, and brand loyalty in a competitive market where regulation and trust are in short supply. As Zangeneh et al. (2008, p. 146) rightly observe, "companies that invest in the future by acquiring customers now to build a brand successfully...will almost certainly come to dominate Internet gambling." Advertising plays a crucial role in fostering trust between operators and players by promoting a professional look and feel to Web sites and by dispelling fears of cheating, theft, or fraud. Similar to Web site design and infrastructure, easy access and availability, technical reliability, and interactive customer services, advertising is an initiative that operators hope will enhance the relative comfort of gambling on-line by tapping into and honing the motivations — relaxation, competition, excitement, winning, escaping boredom and worries, developing skills, and feeling lucky — of players and by guaranteeing them and future customers reputational security (Griffiths, 2003; Wood & Griffiths, 2008; Wood, Parke, & Griffiths, 2007).

This study explores the relatively recent world of remote gambling advertising as a form of cultural communication. We ask several questions: What is achieved by an ad for Internet gambling? What meanings, messages, and usages are prominent in remote gambling advertising? Do these gambling ads make use of the cultural capital of their audiences in selling gambling to consumers? What are the wider cultural referents that shape on-line gambling ads?

Methodology

Content analysis is utilized in this study because it is a "method of studying and analyzing communications in a systematic, objective, and quantitative manner for the purpose of measuring certain message variables" (Dominick, 1978, pp. 106–107) and because it is well suited to explore the classic questions of communications research: "who says what, to whom, why, how and with what effect" (Maxfield & Babbie, 2001, p. 329). Content analysis is a relatively unobtrusive way of analyzing social relations through texts, which, when combined with qualitative techniques, allows for patterns of meaning, tonality, and messaging to be explored and analyzed (Coffey & Atkinson, 1996, p. 62; Manning & Cullum-Swan, 1994, p. 464; Neuman, 2003, p. 313; Riffe & Freitag, 1997). Two "ways of seeing" are used in this study. On the one hand, we counted and analyzed the literal sounds, images, and texts of advertisement discourse. On the other hand, we emphasized the cultural context of the production of advertisements and their signifying capacity for registering and reregistering latent, ironic, or contradictory messages in commercials (Banks, 2001; Jones, 1996; Sturken & Cartwright, 2001). As van Dijk (1993, p. 254) puts it, the exercise of persuasion is often cognitive; "content analysis shows how managing the minds of others is essentially a function of text and talk."

The ad sources that informed our analysis were drawn from cable television stations rather than from satellite outlets because two thirds of all Nova Scotian households own cablevision (Statistics Canada, 2006). We sampled as follows: First, programs dedicated to gambling activities were taped daily from 5 p.m. to 8 a.m. from January 1, 2007, to February 28, 2007, because it was anticipated that these programs would reveal a large number of gambling commercials and provide us with early insight about their content. Second, prime time programs were taped every day from 8 p.m. to 11 p.m. from March 1 to April 30, 2007, because they were shown when the largest and most diverse viewing audiences were available. Six prime time networks were chosen and rotated on a weekly basis. To obtain a national balance in the sample, we chose three Canadian and three American channels in this order: CBC, NBC, ATV, CBS, Global, ABCⁱ. Finally, sports programs were taped every day at 8 p.m. to 11 p.m. on weeknights and at 2 p.m. to 5 p.m. on weekends from May 1 to July 2, 2007. These programs aired on the four available cable channels (RSE, TSN, The Golf Channel, The Scoreⁱⁱ) and were rotated on a weekly basis over the 2-month period.

Our 6-month sample of coverage identified 461 television programs that played on 11 television networks, resulting in the acquisition of 64 distinct remote television commercials that played during 509 hours of recorded play time. Each commercial was named and coded for variables surrounding ad content, design, target audience, master themes, and responsible gambling messages. The authors developed a codebook along with operational definitions of all variables. Both authors independently viewed each ad twice, resulting in a 100% agreement on all dichotomous variables. When a variable could not be sharply distinguished, as in thematic messages, both authors viewed each ad several more times until consensus was reached (Agres, Edell, & Dubitsky, 1990; Chen, Grube, Bersanin, Waiters, & Keefe, 2005; Dejong & Hoffman, 2000; Gulas & Weinberger, 2006; Tellis, 2004). A caveat, however, is called for. Content analysis is best at uncovering the preferred messages of the senders of the ads at the representational level. It does not evaluate how the messages were received by audiences nor account for how attitudes, beliefs, or behaviours were affected by advertising. These tasks will be undertaken in future focus group and interview studies.

Results

Advertising remote e-gambling

The majority of the 64 ads that promoted blackjack and poker did so on dedicated gambling shows (33.4%), sports shows (30.2%), dramas (12.6%), entertainment shows (7.8%), and comedies (7.2%). Of the 461 television shows, the top 4 in terms of frequency were programs that highlighted poker: *Poker After Dark* (7.2%), *Poker Super Stars* (3.9%), *Ultimate Poker Challenge* (3%), and *World Heads Up Poker Championship* (3%). If we consider television broadcast vendors, NBC showed the greatest percentage (18.7%) of the 461 programs that aired, followed closely by three sports channels: RSE (17.8%), The Score (14.3%), and TSN (11.1%). Forty-four percent of all television programs contained a gambling advertisement, averaging three ads per program. In total, 57 (89%) of the 64 ads were produced by on-line gambling providers. Of the 19 different advertisers, 14 (73%) were on-line enterprises offering sites to learn and play poker for free in what they called anonymous, convenient, and secure environments.

Advertisers, advertisements, and audiences

Overall, there were 904 showings of the 64 gambling commercials, with each one lasting about 30 seconds. The placement time varied over a 24-hour period. The majority of ads aired between 8 p.m. and midnight (40%), followed by midnight to 4 a.m. (24.6%), 4 p.m. to 8 p.m. (18.7%), noon to 4 p.m. (14%), and 4 p.m. to 8 p.m. (1.6%). The median time of day that the ads aired was 5:55 p.m. Ten of the 64 ads accounted for over half of all commercial airtime (54.6%). The most frequent corporate advertiser was FullTiltPoker.net, who accounted for almost 30% of the advertising action. Many of these advertisements signified that potential on-line players could become close and trusted friends with the experts if they heeded their advice. Other advertisements in their arsenal, however, signified the opposite message: New players were encouraged to believe that they could actually beat professional gamblers at their own game. These commercials

used emotions around the contingency of competition and the suddenness of winning to focus attention, encourage motivation, and fix memory. Such commercials mobilized images of authority and of subversion to invest products with credibility and to suggest that ordinary players can mentor other players and be successful at gambling, approaches that have been particularly powerful with youthful consumers because these approaches endorse the maxims that people are likely to be influenced by celebrity associations and by people of similar ages and temperaments (Walsh & Gentile, 2007, p. 10).

The second most frequent advertiser, PokerStars.net (14.1%), and the fourth most frequent, Bet21.net (7.8%), took a slightly different approach. They relied on direct endorsements from celebrity gamblers. The PokerStars.net commercials were introduced with piping music normally associated with regal events. Important messages were forthcoming. The camera next showed the reigning poker stars with the "World Series of Poker Champion" credentials posted below their names. The players then revealed particular "mysteries" of the games to their attentive subjects. Aspiring players were depicted as shocked and awed by the talent and royalty of the famous, and the viewers' eyes and ears were simultaneously drawn to the brand names of poker play flashing across the screen. It was also not uncommon to see and hear famous players sparring, joking, and talking animatedly with each other as to who had the "best game," the "best face," and the "best moves." In one notable ad, "Reeves Versus Williamson," Monica Reeves, a blackjack pro, and Robert Williamson III, a poker pro, played to notions of youthful masculinity and femininity by using a series of verbal stereotypes, suggestive gestures, and seductive visuals to question each other's game and to poke fun across gender lines. Viewers were invited to consider which subject position they preferred, the cocky male poker player who was going to eliminate the "nice girl" at her own game or the "kiss my bottom" blackjack beauty who was going to eliminate "poker boy" because he arrogantly assumed that poker players were better than blackjack players. The power of these commercials was in the pervasive and persuasive use of catchy scenarios, attractive virtual habitats, split screens, dynamic action frames, and culturally attuned linguistic tropes to encourage viewers to connect with a series of portrayals of card-based gambling linked to competition, pleasure, learning, and camaraderie, making only low-key references to the product, usually in the final frame of the ad.

The types of gambling products most often put into advertisements were on-line poker (71.9%) and on-line blackjack (12.5%), followed by lotteries (6.3%), sports betting (4.7%), casino games (3.1%), and horse racing (1.6%). Although one in every five commercials was slotted for a general audience, the main target was undoubtedly males (75%) between the ages of approximately 19 and 35 (67.2%), many of whom were thought to have gambled previously (46.9%). Less than 10% of the ads were aimed at females (9.4%). In fact, the average number of males included in a commercial was seven, whereas for females it was one. In one commercial, casino gambling was likened to a "testosterone injection"; in two others, poker tournaments were only for "men who take risks" and for those who "play to bluff"; and in a fourth, "putting on a game face" was akin to readying for war, "attack force delta." The masculine manner was bolstered by a lexical strategy that established a male mood and tonality: Fully 84.4% of voiceovers were male and the exhortations in their voices were to beat, bamboozle, and

destroy. Furthermore, women were sexualized in about 11% of the commercials. One ad, "Pinch," featured a young woman in a red bikini promoting an "absolute dream package" for poker play. She is joined by a male (Scott) who cannot stop pinching himself because he won access to play for millions of dollars in prize money. Scott suddenly pinches the woman's bottom. She cries out, smiles, and tells Scott to pinch himself while simultaneously encouraging the viewer to "live the dream" because "this is for real!"

Caucasians constituted the majority of visible faces in the advertisements; 396 of the 528 people shown were Caucasian. Moreover, as the age of the intended audience increased, the less frequent were these age groups in the advertisements: ages 19 to 35 (67.2%); ages 36 to 60 (17.2%); ages 60 and over (3.1%). However, this pattern did not hold true for adolescents; they seemed to be the direct intended target in only 4.7% of the commercials. Nevertheless, advertisements often presented a storyline that focused on youth and young adults as potential gamblers and cultivated a "cool look" for the gambling experience. For example, the commercial "Laak And Stann" highlighted two young adult gamblers who were laden with cultural signifiers: sleek clothes, hard talk, defiant hand gestures, and cold gazes. Their expressive body language was dramatized and serialized to move, excite, and exemplify so as to make poker play attractive and appealing to potential youthful audiences. In the commercial "B Ball Picks," the ad lexicon evinced a slang-like sub-cultural quality; words like "hardwood" rather than "court," "drop your B Ball picks," rather than "place your basketball bets," and "still in the money" rather than "it's not too late to place a bet" were conversational expressions that invited young players to appreciate the popular, coded life world of the regular gambler.

Targeted males were represented as "established" gamblers (46.9%) in about half of the ads. Phrases such as "get better," "learn more," and "get greater" were frequent verbal inducements that promoted skills and conjured dreams; the ads proclaimed that by practising for free on particular Web sites, anyone who played could be just like the legendary winners of poker and blackjack. But novices learning to gamble were also regularly targeted by the ads (32.8%). These commercials were akin to classroom scenarios. They offered recruitment information, betting instructions, social engineering skills, fraternity, and emblematic status with the pros. The visual syntax and the verbal language of the ads engaged the audience through role-playing, satirical competition, and in-joking and promised fame and fortune.

Image, tone, and text

To attract audiences, advertisers designed their commercials carefully. The majority of visual frames, which averaged 15 per commercial, dramatized close-up camera positioning in 54 of the 64 ads. These frames evoked the emotional responses of gamblers and the sentient features of their games. Cards, dice, and chips were shuffled, rolled, counted, stacked, and seductively thrown in the air and on tables to enjoin the viewer to experience the pleasure of play, and pots were pushed, pulled, and coddled to signal the promise and benefits of successful wagering. For example, in the commercials "I Call, I'm All In," and "When You're Beat You're Beat," facial intensity was constructed and calibrated to reveal the inner thought processes of players, ensuring that

the viewers "felt" and "knew" the seriousness of the games being played and the intensity of the players' actions in winning or losing. The commercial "We Play to Bluff" was especially forceful. Here, the entire visual focus was on freeing the images from the confines of the ad frame by cropping the face from the nose to the hairline. The images featured the eyes of the characters that looked past the audience, opening up for consideration whatever the viewer imagined he or she saw. The verbal anchorage, however, echoed the messages of self-expression, freedom from constraint, and what the future might be. The voiceover went on: "We play to bluff; to bamboozle, beat, and beguile; to dupe and delude; to suck in, sabotage, trap, and track; to hook and hoax; to fake, feign, and fool; and to do it all against the best." When the camera positioning favoured medium shots, which occurred in 46 of the 64 ads, viewers were still drawn to the faces of famous personalities, but environments were also foregrounded for dramatic effect. Long camera shots that stressed environment over people or objects were deployed in only 9 of the 64 ads, and they were usually combined with a medley of close-up or medium frames. The commercial "Fast Track Your Pro Experience" was typical. Here, a baseball field with trees and hills behind it was the main focus of the ad. But this frame faded as the camera position turned to medium and close-up shots of gamblers carefully layering the casino environment onto the baseball field, suggesting a link between sports and poker, and highlighting the primacy of the felt table over the baseball diamond.

In addition to camera position, the pace of the advertisements, based on frame movement, speech, music, and graphics, was also a way in which advertisers communicated their messages to viewers. Fully half of the advertisements were fast-paced. The commercials "Win a Poker Game With a Famous Poker Player" and "Play Poker on Television" each displayed about two dozen frames embedded in frantic voiceovers, frenetic high-speed moving graphics, and loud intense guitar music. Similar to rock videos, the ambience was raucous and the appeal was to a compendium of bodily senses — the exotic sight, sound, and touch of gambling and the anticipation of winning. But, slow-paced ads were almost as frequent as fast-paced ads, as was evident in the commercials "Luck" and "When You're Beat You're Beat." Here, gamblers and their cards, chips, and dice were filmed in slow motion and the voiceover was solemn and reassuring. Soft music played quietly in the background. Playing poker and blackjack was a warm cognitive experience calling out for studious observation, careful contemplation, and strategic action.

To constitute their message, advertisers relied on sound, colour, and language. Music, electronically enhanced sounds, and ambient sounds were part and parcel of many gambling commercials. Music was the most prevalent sound found in the ads (90.6%) and was generally used as a backdrop to enhance action, emotion, or mood. Ambient or naturally occurring sounds were also frequent in the ads (50.0%) and were typically produced to simulate the gambling environment. For instance, in the commercials "I'm All In" and "We Play to Bluff," the acoustics of chips and cards hitting the poker table were highlighted to increase the proximity of the viewer to the game and to emphasize the dramatic quality of play. Electronically enhanced sounds were less frequent (20.3%) in the commercials and were mostly used to contrast or manipulate other sounds. An effective example of this effect was in the ad "Steroid Injection." Here, a needle was

plunged into a bottle of steroids and the liquid was drawn quietly into a syringe. This noiseless procedure was suddenly acoustically enhanced with the player driving the needle through several playing cards into the casino table to send the powerful message that blackjack play was like steroid use, "all juiced up!"

Colour was an important feature of the commercials, although there was no singular pattern of preference. Advertisements revealed use of bright (46.9%), dark (31.3%), neutral (12.5%), or contrasting (9.4%) colours to signify mood and meaning for their products. Almost half of the commercials deployed bright colours and graphic displays for dramatic effect. For example, in the two "Cursing" commercials, 16 poker players, each coded in vivid colour schemes, were shown reacting to losing and winning. The verbal anchorage in the ad referenced a dark mood of apparent disappointment, but the visual syntax highlighted brilliant positive red, blue, green, and yellow hues that became more prominent with each passing frame. The contrasting tones and pictures effectively signified the risks, emotions, and thrills associated with gambling and steered the viewer to perceive the message as a whole. At the centre of the flow of depicted movement was the on-line player fixed at a computer, a still and clear solid identity in a world of vivid global image motion. Some ads went further and combined colourful graphics with appeals to loyalty as in the three "Play for Team Canada" ads, one of which encouraged gambling because "your country needs you!" We find it interesting that 31% of the ads also featured dark colour schemes, most notably FullTiltPoker.net. Here, shades of black and gray were combined to simulate the apparent mystery of the casino environment and dramatize the suspense of table play. Scenes of sombre seriousness intermingled with scenes of joyful delight to promote the authenticity, pleasure, and timelessness of gambling at cards.

Words were also a prominent feature of gambling ads, with each commercial averaging 60 words of text. Advertisers preferred conversational (51.6%) or neutral vocabularies (46.9%) rather than intellectual or specialized languages. Conversational language consisted of slang and colloquialisms. Many of these commercials deployed vernacular such as *kinda*, *yeah*, *hey*, *wannabe*, *feelin'*, *somethin'*, and *talkin'*, emphasizing convivial competition; used words such as *beat*, *bamboozle*, and *suck in*, stressing a carefree "take me as I am" attitude; or hyped the jargon associated with the tools, techniques, and bravado of card games, indicating a "devil-take-care" mindset. Neutral language, in contrast, presented gambling in a matter-of-fact diction. Celebrities and the careful use of voiceovers created a *broadcast* tone and format in which the appeal was mental rather than emotional, informational rather than entertaining, and mundane rather than sensationalistic in style. Yet, excitement was present in many of the commercials (59.4%), and it typically appealed to viewers' expectations about economic gain or sold hope by promising that skill could tame chance even for the underdog gambler. For example, the fast-paced vocabulary in the ad "Win \$2,000 Dollars Every Month" signalled the advantages of on-line play: "Improve your skills," "get better," "take on the Score T.V. personalities in bounty tournaments." Like a barker at a carnival, the voiceover proclaimed ScorePoker.com had it all; the games were many, the choices were dizzying, and the action was dazzling.

Almost half of the commercials used humour (45.3%) as a persuasive mechanism. A poker-playing dog barked out how many cards he wanted from the dealer; an obnoxious poker player sprayed half-eaten chips on his betting buddies; a bebop man with dark sunglasses and a headset went all in, turned to a female player, and said "your play John," oblivious to both aural and ocular sensibilities; a woman practised her bluffing skills on her partner by insisting incredulously that a car accident was caused by a meteor falling on it; a woman returned home to find her place in a state of chaos, taken over by a cast of international characters (and their animals) looking for a quick game of poker; and a mom kicked butt on-line by beating a long list of international players from Vietnam, Africa, Canada, Japan, Mexico, and Europe. Of course, more subtle significations — backslapping, mimicking, and good-natured mocking — were also marshalled to conjure enjoyment and inspire likeability in on-line gambling. A small number of ads emphasized the virtues of patience in gambling (14.1%) or mobilized emotions such as pride (7.8%), sympathy (4.7%), or anxiety (4.7%) as weapons of mass persuasion. These commercials typically framed loyalty, frustration, and loss as representations in the narratives to subvert them by humour or replace them by wins and thrills.

Master messages

Certain master messages predominated, leaked into one another, and depended on each other for the generation and communication of meaning. The narratives of skill, normalization, gain, personal transformation, and retreatism were often entwined within single ads and signified overlapping or multiple messages, even though we discuss them separately for analytical purposes. Although poker and blackjack mix skill and chance in practice, the ads used a multitude of images to exaggerate the former to the exclusion of the latter. Just over half of the commercials pitched the idea that gambling was a matter of skill rather than luck (53.1%). Some represented this idea explicitly. In "Horseshoe," a young man opened a magic-like box with a horseshoe inside, picked it up and drew a small sabre from a sheath, said "to heck with luck," cut the horseshoe in half, flipped the sabre in his hand, asserted "this game is about skill," and threw two playing cards in the air and impaled them on the wall with his sabre. Other ads were more implicit, making frequent references to practice, strategy, and intelligence. For example, in "Multiple Personalities," different personas were recommended for poker play; tactics such as mixing up play, being unpredictable, and keeping competitors guessing about the real person at the table were signalled as skills that ensured winning outcomes. Together, these types of representations mobilized the view that card gambling was a predictable behaviour and over-exaggerated confidence in the player's own skills. The messages were that bad luck will not prevail, playing longer will change the odds favourably, and that anyone can control the outcomes of gambling.

A second master message evident in the gambling ads was normalization (50%). E-commercials depicted gambling as a routine behaviour rather than an occasional leisure event. They cultivated the impression that everyone is playing all the time, and everywhere. They portrayed average people gathering at night, on the weekend, and during lunch hours to gamble and portrayed gambling as eternally reoccurring in transnational and multicultural contexts. Advertising availability and gambling participation went hand in hand with increasing awareness of the games, their locations,

and their features and exhorting potential players to consume poker and blackjack, thus increasing the potential for overall gambling participation. The effects of advertising in this regard may help explain the difficulty that clinicians have in distinguishing pathological from non-pathological adolescent gamblers. Advertising, it would seem, has naturalized gambling to the point that these visual codes now operate across cultural forms and are appropriated and rearticulated by commercial concerns so that early age measures of disorders are not easily identifiable because naturalization has eroded many important cultural benchmarks of measurement (Shaffer, LaBrie, Scanlan, & Cummings, 1994).

The promise of winning was a third major message in the ads. Almost two of every five (37.5%) commercials emphasized the potential for material gain. Some ads were subtle in sending this message, as when voiceovers reminded viewers that "we play for the legends, and for the unknowns who dream of winning it all," or when they coached entry into "major poker tournaments against the best pros in Vegas" to win unknown cash and prizes. These ads played on the ambiguity of economic gain, fantasizing monetary success rather than asserting exact dollar values, and enjoined viewers to dream the dream of personal riches. Many ads, however, were overt and exact. Thousands and millions of dollars in cash or prizes were promised as the spoils of gambling. These prizes were promoted with loud audible voiceovers and large, bold flashing textual messages promising viewers that they could win "\$2000 in cash and prizes every month," they could win "one of over 400 daily prizes," or they could be among "10 Canadians who will win millions of dollars in cash and prizes." These messages were designed to foster the primacy of wins, winning, and winners by massaging the viewer's altruistic instincts ("share the dream"), appealing to their self-interest ("it could be you"), or convincing them they had nothing to lose ("everyone is a winner") (Binde, 2008; Griffiths, 2005). The commercials played on impulsivity, suggested the likelihood of early and substantial wins, and encouraged arousal and excitement through gambling while simultaneously concealing the large number of losers who were also watching and playing.

A fourth master message conveyed by the advertisements was social transformation (42.2%). In addition to the accumulation of wealth, the ads promoted the idea that gambling was a positive life-changing force that could alter people's social status from a social loser to a popular high-net-worth person with an abundance of attractive, talented friends. The commercial "Bracelets," for example, established a dialogic relationship between image and consumer, playfully engaging viewers to accept the principle that the more gambling bracelets you were able to win and display on your arm, the more friends you would attract and maintain. Similarly, the "Dress Like Me" ad assured the audience that a winning hand was an existential event capable of redefining popularity. It used irony to try to persuade the viewer that an unappealing "geek" figure, who dressed exactly like a "cool" dude across from him at the poker table, could switch places if he went all in and won the game. Many ads entailed an interactive component that invoked turn taking and role identification as selling techniques. "Win a round of golf with a hockey great" and countless other prizes and rewards inspired viewers to visualize elevated social status as a result of rubbing shoulders with cultural icons. Textual

references such as "you can be an aspiring poker star," "you could become the next world champion," and "click here for a chance to be Canada's next poker champ" signified the possibility of sudden life changes emanating from gambling.

A fifth important narrative indicated in the ads was retreatism (26.6%). These commercials proclaimed a reprieve from the everyday world of work, family, and friends, while promoting alternate means to social and financial success. Several advertisements straightforwardly promoted gambling as a fast and easy alternative to work. This antinomian theme, also found in lottery, cigarette, and alcohol advertising, encouraged fantasies that replaced the drudgery of work with the beatitudes of gambling. Some poker ads, for example, proclaimed "no work or training required" to succeed at gambling; "passion, grit, and knowledge" is what separated the amateur apprentice from the journeyman professional. Viewers, the ads insisted, should "fast track their pro experiences," join the world of fateful encounters, and revel in the rituals of courage and gallantry that gambling supplies. Phrases such as "hassle free," "no commitment," and "free and easy" evinced a virtual environment where gambling removed people from the subordination of others; allowed them to escape into a place far away from the dullness and repetition of daily tasks; and invited them to enjoy independence, honour, fame, and fortune. One advertisement, "Boardroom Versus Poker Table," suggested that the two sites were similar but with a twist. At these tables, "we go all in; we are fully leveraged," stated the voiceover. Risk and reward at the digital table was like that on a corporate spreadsheet, but gambling, the viewer was told, was more rewarding because the poker tables never closed and conference calls were not welcome. Why work when you could play for a living and why return to work when the suspense, conflict, and uncertainty of life were easier to manage on-line, were powerful messages that echoed through about one quarter of the ads.

Discussion

Advertising, sport culture, and the fun ethic

As noted earlier, youth culture, club culture, fashion culture, and drug culture and their related usages are paramount in selling beer, liquor, and tobacco worldwide. The coded references that were deployed to sell remote gambling products were, however, different and included sports culture and the fun ethic. Four points are important in regard to sport in gambling advertising. First, the sheer volume and frequency of gambling programs, charity poker competitions, and interactive on-line tournaments seen on ESPN's *World Series of Poker*, Bravo's *Celebrity Poker Showdown*, NBC's *Poker After Dark*, and Roger's *All in Afternoons*, for example, amounted to an intense ad exposure campaign. Internet poker and blackjack have been designed and presented as if they were sporting activities in their own right and successful players have been packaged as if they were the equivalents of football, baseball, or hockey heroes. Furthermore, the use of imagery associated with media sport communication — play-by-play announcers, action replays, elimination rounds, repeat showings day and night, player interviews, expert commentators, and end-of-game analysis — along with the use of sport-related terms — tournaments, marathons, championships, classics, legends, faceoffs, and world series —

have effectively branded on-line card-based gambling as a sporting product where skill, strategies, tactics, and competitive spirit predominates over luck of the draw, which is either downplayed or dismissed.

Second, e-gambling has advertised and promoted gambling by directly sponsoring poker and blackjack sites and products at actual sports events and/or on television broadcasts of such events. This sponsorship has included reaching people by putting posters in bars during the National Football League (NFL) playoffs, running billboard ads during college basketball tournaments, displaying racy billboard-style ads featuring models on the sides of trucks parked in the lots outside NFL games, and posting Web site addresses on women's swimsuit wear (Kesmodel, 2005, p. 1). Gambling programs, in turn, have directed their audiences to view upcoming sport programs such as hockey playoff games, baseball World Series events, soccer qualifiers, and football championships on their commercial time slots. The *sportification* of gambling and the *gamblification* of sports in remote television advertising is increasingly intergenerational in its effects, with younger people learning about gambling through sports programming or viewing point-of-sale ads at sport venues. As Dyall, Tse, and Kingi (2007, p. 6) note, "engagement and support of gambling" by sport icons, formats, and usages has had a greater impact on youth because it has created community-wide legitimacy to participate in wagering at an earlier age overall.

Third, the messaging in offshore television gambling has actively constituted an emergent sport-related referent system inside actual advertising content. Gambling radio scripts, billboard displays, Web site banners, television sounds and images, and the use of sport signs such as footballs, hockey pucks, goal lines, goal posts, the commands of quarterbacks, the shouts of hockey players, the sounds of skates on ice, golf greens, stadiums, and the roar of spectators in advertisements have come together to associate winning at gambling with winning at sports. The sportification content brings Internet gambling products to consumers in new ways while simultaneously sanitizing the negative impressions of gambling by connecting them to popular culturally approved users, uses, and ideals: "The Molson Canadian Hockey Shootout," "Tryouts for Team Canada are going on Now," and "Drop your B-Ball picks every week" were not just ad teasers to stimulate excitement; they were appeals, especially to those who might otherwise be unfamiliar with or oppose poker and blackjack, to view them as savoury activities where the fun of playing at the virtual tables was like the fun of playing at the big games on grass or ice.

Finally, e-gambling has advertised its products as worthy providers for sport and cultural events proper. Sportingbet PLC, which runs Sportsbook.ca, for example, has sponsored a top American rodeo rider, a professional woman's volleyball duo, a number of prize fights on cable TV's Home Box Office (HBO), and an Arena Football League team (Kesmodel, 2005, p. 5). Resorting to sport icons in their advertising has been prevalent, with noted sport figures forming their own distinct gambling competitions, offering their legendary status as personal prizes for worthwhile tournament winners, and playing for good causes at special on-line tournaments sponsored by e-gambling providers. The sales pitch throughout has been to a wider culturally approved sensibility in which the many

meanings associated with sport culture have been borrowed and reformatted to form an elaborate interdependent system of product connotation for both gambling and sport to coexist "naturally" and to encourage consumers to enjoy and experience the myth of gambling as sport as at once both plausible and far fetched (Barthes, 1973).

The advertisement of e-gambling was also embedded in a second series of emerging signs and symbols — the fun ethic — that bolstered its overall messages of persuasion as a cultural production. E-gambling advertising has been a tremendous creator and devourer of symbols to convince consumers that their lives are lives half-lived unless they play poker on-line or enter the latest blackjack tournament for cash and prizes. On-line gambling consumption has been linked to a series of signifiers that indexed fun and fantasy more generally — attractive software programs, state-of-the-art graphics, rewarding sweepstakes, and "free, free, free" tournaments — that encouraged winning and winners and money and money making. These signifiers, in turn, were connected to a wider embedded meta-language of pleasure, notoriety, and excitement, which gambling actively played upon for its social legitimacy. As Binde (2008, p. 18) astutely notes, "gambling and advertising have a common denominator: fantasies, and to be precise, fantasies about becoming happy."

This exhortation for fun and fantasy is particularly obvious in the rebranding of poker and blackjack as newly packaged "designer" products. By the mid-1990s, the new information communication technologies had transformed card games into flashy, colourful products that were easy to access and always available. Television advertising and gambling programming were central to this product make-over. Poker and blackjack were linked to glamour, mateship, and fame, where the lexicon of on-line play produced a discourse of e-gambling that was associated with skill, competition, and good times. Blackjack was more than a card game; it was a lifestyle choice and even an opportunity to visit a tropical island paradise. Logging on to a poker site was not only gaming, but it was the promise of a future career and an opportunity to join a new subculture filled with adventure.

The power of the re-branding campaign turned on its ability to reinvigorate poker and blackjack as virtual products for primarily youthful males and then extend the product reach to the other gender (women-only challenges) and racial market niches (Black- and Asian-only tournaments). These tangible qualities were especially inviting to young people because they tapped into the familiar and expanding world of digital living and consumption with flair and credibility. Not unlike club culture or drug culture for alcohol and tobacco consumption, the advertising of e-gambling capitalized on the cultural capital of youthful consumption — argot, clothes, attitudes, looks, sports — and sold it back to young consumers as desired gambling commodities. These e-gambling ads did not directly target children or young adolescents. Actors, models, and winners were not usually teenagers. But many of the images were youthful and many of the ads aired at times or on programs directly attractive to youth. Most important, many ads tried to connect to certain lifestyle characteristics and social identity themes that blended into a relatively youthful world enamoured with wanting to be "cool" and independent, getting ahead fast, looking for shortcuts to success, finding quick fixes to problems, and

overcoming the fears of the future. Adolescents were a constant *bye-catch* of inestimable value and many providers, such as Party Poker, developed market saturation strategies by providing free software, free games, free bonuses, free tournaments, and convertible credit to cash accounts to attract and hold their customers and build their future brand names (Zangeneh et al., 2008, p. 146).

Conclusion

In sum, remote gambling ads evinced a complex assemblage of communication styles, tones, texts, sounds, images, appeals, and messages. These ads employed a wide range of rhetorical and psychological techniques: constant exposure; high-end graphics; stimulating music; interesting copy; expert camera work; professional voice narration; intriguing colour schemes; exciting background locations; attractive young models; celebrities; and buying factors such as humour, fame, fantasy, and entertainment to capture consumer attention and sell their own particular gambling products. In this sense, gambling advertisements were models *of* and models *for* an idealized image of on-line gambling. Often mythical and sometimes informational, they organized experiences for their audiences that prompted purchasing and socialized people into a new culture of gambling consumption. E-gambling is perhaps the latest example of how basic needs and desires have been sold back to consumers as intangible products: a wishful winning way of life, the latest competitive sport, or an attractive recreational event not unlike horse riding, hang gliding, or mountaineering. Weigh the risks and consider the enjoyment of e-gambling, the ads proclaimed, but not it would seem against the potential dangers and pitfalls, because they were sadly absent in much commercial advertising.

Responsible gambling messages were present in only one in four of the ads and typically took the form of age advisories that were located at the bottom of the screen in small lettering that was barely visible (and only for a second or two at that). Only two ads offered odds of winning information and none provided cautionary warnings. More troubling perhaps were some of the overlaps and connections between the messages of gambling advertising and factors that research has shown contributes to excessive at-risk gambling, especially among adolescents: the association between winning and continuous play ("but there's always another hand"; "if you practise enough you can become like Joe Hasham"); between impulse buying and loss of control over rational decision making ("Play for Team Canada ... Your country needs you"); between overconfidence in skill and the propensity to chase losses ("to heck with luck ... this game is about skill"; "luck can't explain why final tables have so many familiar faces"); between excitement, the pursuit of sensation, and the production or maintenance of dissociative experiences ("we play to bluff; to bamboozle, beat, and beguile; to dupe and delude; to suck in, sabotage, trap, and track; to hook and hoax; to fake, feign, and fool; and do it all against the best"); and between myth making, faulty thinking, and the real statistical probabilities of economic success and social mobility from gambling ("you could be the next world champion of poker"; "click to enter for a chance to be Canada's next poker champ"; "you can be an aspiring poker star") (Delfabbro, 2004; Delfabbro, Lahn, & Grabosky, 2006; Derevensky et al., 2007; May, Whelan, Meyers, & Steenbergh,

2005; Messerlian et al., 2005; Skinner, Biscope, Murray, & Korn, 2004; Turner & Horbay, 2004). This is not to suggest that gambling advertisers engaged in a planned thought control program for young people. Rather, they honed powerful techniques of mass persuasion to move consumers to try their products by appealing to the mental shortcuts of the mind and the cultural signs, symbols, and rituals of sports, pleasure, and entertainment without considering how their image-making might impact the potential for problem gambling among their growing number of youthful recruits.

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ⁱ The three Canadian channels are: Canadian Broadcasting Corporation (CBC), Global, and Atlantic Television (ATV [now CTV Atlantic]). The three American channels are: National Broadcasting Company (NBC), Columbia Broadcasting System (CBS), and American Broadcasting Company (ABC).

ⁱⁱ Rogers Sportsnet East (RSE), The Sports Network (TSN)

Impact of gambling advertisements and marketing on children and adolescents: Policy recommendations to minimise harm

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Abstract

With the proliferation and acceptance of gambling in society, gambling advertisements have become increasingly prominent. Despite attempts to protect minors from harm by prohibiting them from engaging in most forms of gambling, there are few restrictions on the marketing of gambling products. Evidence of high rates of gambling and associated problems amongst youth indicates that the issue of youth gambling must be addressed to minimise harm. This paper aims to examine the current marketing techniques used to promote gambling and how they affect youth. The effect of multiple forms of advertisements will be discussed, including advertising placement in the media, point-of-sale displays, sports sponsorship, promotional products, celebrity endorsements, advertisements using Internet and wireless technology, and content which may appeal to or mislead children. Based on research in gambling and other public health domains, including tobacco, alcohol, and junk food advertising, recommendations are made for appropriate regulations for gambling advertisements to minimise the potential harms.

Keywords: youth, children, adolescents, gambling, advertisements, marketing, promotions, policy recommendations

Introduction

Gambling is one of the fastest growing industries in the world (Binde, 2006). With the increasing accessibility and availability of gambling on Internet and wireless technology, in addition to more traditional forums, international revenue from legalised gambling is estimated to surpass US\$100 billion by 2010 (Price Waterhouse Coopers, 2005). Concomitant with the growth in revenues, gambling advertising expenditure also appears to be increasing, verified by reports from Canada, Europe, and the UK (Advertising Association, 2007; Binde, 2007; British Columbia Lottery Corporation, 1996). Moreover, the allocation of money devoted to advertising gambling far outweighs the amounts designated for the prevention of problem gambling. For example, Ontario reportedly spends more money on prevention, treatment, and research than any other international

jurisdiction, expending C\$36 million in 2003/2004 (Sadinsky, 2005). However, the Ontario Lottery and Gaming Corporation's advertising budget is in excess of C\$570 million, which excludes the budgets of the three provincial commercial casinos, which similarly advertise their offers (Williams, West, & Simpson, 2007). With increases in both gambling accessibility and gambling marketing in society, the impact of advertising on at-risk populations, including youth, needs to be considered.

There is increasing evidence to suggest that minors are engaging in gambling and developing more gambling-related problems than any other age cohort. Research from Canada, the US, the UK, Norway, and Australia shows that 63% to 82% of teenagers (12 to 17 years of age) gamble each year, 4% to 7% of adolescents exhibit serious patterns of pathological gambling, and 10% to 15% are at risk for either developing or returning to a serious gambling problem (Delfabbro & Thrupp, 2003; Derevensky & Gupta, 2004; Johansson & Götestam, 2003; National Research Council, 1999). Furthermore, research suggests that problem gamblers typically develop these behaviours during their teenage years (Blaszczynski, Walker, Sagris, & Dickerson, 1997). These high rates of problem gambling amongst youth, which are significantly higher than those found in adult populations, are particularly disconcerting given the strong associations found between problem gambling and other maladaptive behaviours, including delinquency, substance use, gorging/vomiting, and unprotected sex, as well as mood and personality disorders, criminality, disrupted social relationships, poorer educational outcomes, and suicidal ideation and attempts (Derevensky & Gupta, 2004; Fisher, 1999; Gupta & Derevensky, 1998; Huang, Jacobs, Derevensky, Gupta, & Paskus, 2007; Yeoman & Griffiths, 1996).

As the gambling industry expands, new technology is introduced, and social acceptability continues, several national commissions and prominent researchers have predicted that there will likely be a progressive increase in serious gambling-related problems experienced by youth (Derevensky & Gupta, 2004; Jacobs, 2004). Although most jurisdictions have legislation prohibiting minors from engaging in many regulated forms of gambling, the opportunities to control underage gambling are limited, and youth are increasingly exposed to messages from a broad range of media which endorse, promote, and glamorise gambling, suggesting further effort is required to protect this population from gambling-related harm.

The powerful impact of advertising on children and adolescents has been examined in several public health domains, including alcohol, tobacco, and junk food consumption. But while regulations are increasingly enforced for these products in recognition of the potential harm caused by certain marketing techniques, the effects of gambling advertisements on youth have been largely neglected. Currently, guidelines for responsible gambling are largely voluntary (e.g., the American Gaming Association's voluntary Code of Conduct for Responsible Gaming, which includes a pledge to "advertise responsibly"; American Gaming Association, 2003). Furthermore, US lotteries are exempt from Federal Truth in Advertising laws due to the separation of powers (lotteries in the US are state-run and therefore exempt from federal law). Both the UK National Lottery Commission and Loto-Québec have been praised for sound and responsible codes of practice (Griffiths, 2005), but notwithstanding current endeavours,

the problems experienced by adolescent gamblers indicate that further efforts are necessary.

Despite the increasing awareness of the importance of addressing the issue of youth gambling, and steps taken towards implementing advertising codes, there is little empirical research on the impact of the marketing of gambling products on youth. Consequently, until further research is conducted, in addition to examining research on gambling advertisements, it is necessary to examine studies of marketing in other public health domains, such as alcohol and tobacco, and consider whether it is appropriate to extrapolate the findings to gambling. This paper aims to examine the current advertising and marketing practices used to promote gambling products and how they may affect youth and to recommend policies regulating the marketing of gambling products to minimise the risks presented to youth.

Marketing strategies used to promote gambling

Gambling advertisements in the media

It is widely acknowledged that the media have a powerful effect on people's behaviours and attitudes, and that the objective of any commercial advertisement is to capture consumer attention, convey positive attitudes towards the product, and encourage the adoption of the messages espoused. Youth appear to be particularly vulnerable to the effects of advertising. A recent study found young adolescents (aged 11 to 12) exposed to high levels of advertising for alcohol from multiple sources were subsequently 50% more likely to drink and 36% more likely to have intentions to drink in the upcoming year than those at lower levels of advertising exposure (Collins, Ellickson, McCaffrey, & Hambarsoomians, 2007), demonstrating the enduring effects of advertising on youth. Gambling advertisements directly increase the availability of gambling by informing individuals about opportunities to gamble and attempting to influence and modify attitudes through their communicative processes (Hastings, Anderson, Cooke, & Gordon, 2005).

The high level of exposure to gambling advertisements in society has led to its normalisation and perception as an acceptable, harmless, and credible activity (Moore & Ohtsuka, 1999). Griffiths and Wood (2001) have argued that advertising introduces children and teens to the principles of gambling which occurs in a social context where gambling is generally viewed as an exciting, harmless form of entertainment. Adolescents perceive the central messages of gambling advertisements to be that gambling leads to winning (easy money) and that gambling is fun and enjoyable and part of a worry-free and entertaining lifestyle, requiring none of the real efforts of school or an actual job (Derevensky et al., 2007).

Adolescents are frequently exposed to gambling advertisements, most often on television (reportedly viewed by 96% of youth), closely followed by the Internet (93%), with advertisements on billboards and in newspapers and magazines also commonly viewed (Derevensky et al., 2007; Felsher, Derevensky, & Gupta, 2004). Similar to what has been found in studies of alcohol advertising, gambling commercials appear to have a significant influence on youth; one study found 42% of youth report that gambling advertisements make them want to try gambling and 61% imagine or dream about what they could buy with their winnings (Derevensky et al., 2007). An earlier study found 39% of adolescents would be more likely to purchase a lottery ticket after viewing an advertisement (Felsher et al., 2004).

The placement and timing of gambling advertisements, which may encourage the perception that gambling is harmless fun with no negative consequences, and result in increased participation rates, need to be regulated to reduce the exposure of youth to gambling products. Research on alcohol advertisements confirms the importance of advertisement timing and placement. For example, youth recalled many more television commercials for alcohol aired during sporting events and on late-night television programs popular among youth (Wyllie, Zhang, & Casswell, 1998). In response to concerns about the negative consequences of alcohol and tobacco advertising, regulations have been implemented, with some observed success, that prevent these products from being prominently advertised in places viewed by youth. Following a reduction in alcoholic beverage advertising in the US, the incidence of alcohol problems, including binge drinking and alcohol involvement in fatal crashes, decreased amongst young people (Hacker & Stuart, 1995). Similar effects have been found internationally with an analysis of data from 20 countries over a 26-year period (Saffer & Dave, 2002), indicating that advertising bans resulted in decreased alcohol consumption amongst youth.

Some regulations have been enacted to limit the advertisement of gambling products. For example, in the UK, general advertising of gambling products was banned in multiple forms of media, and casinos and bookmakers have been banned from advertising on television before 9 p.m. (Office of Public Sector Information, 2005). However, campaigns for bingo, the National Lottery, and sports betting during televised sporting events remain (Office of Public Sector Information, 2005). Australian regulations have also restricted the principle gaming agency TAB from all advertising on television and other media, while still allowing them to print race dividends in the newspaper (Totalizator Regulation, 2005). These exceptions permitted by regulators provide the message that some forms of gambling are acceptable, undermining attempts to reduce the exposure of minors to gambling. Enabling youth to view gambling advertisements may result in increased gambling participation or recruitment of youth as future players. Therefore, gambling advertisements should not be permitted to be shown during television and radio timeslots primarily accessed by children or adolescents, or advertised where they may be frequently viewed by youth, including on billboards, on public transport, and in print publications where a prominent proportion of readership are minors. Reducing the exposure of youth to these advertisements should reduce the normalisation of gambling as an acceptable, risk-free activity.

Point of sale

Point-of-sale advertising is designed to target consumers at the place of purchase by drawing attention to the advertised brand. Typically, point-of-sale materials are placed alongside soft drinks, candy, magazines, and chewing gum — all products that are seemingly innocuous and that appeal to the young consumer. Cigarette point-of-sale advertisements have been shown to increase positive brand user imagery amongst primary-school children (Donovan, Jancey, & Jones, 2002), which is particularly concerning given that these advertisements are placed directly in the situation where products can be purchased and, hence, increase the likelihood of impulse purchasing. Studies in the US and the UK have found adolescents are frequently exposed to and recall point-of-sale advertisements for cigarettes, which has been associated with brand preference and likelihood of smoking (MacFadyen, Hastings, & MacKintosh, 2001; Schooler, Feighery, & Flora, 1996; Wakefield, Ruel, Chaloupka, Slater, & Kaufman, 2002). In recognition of the impact of point-of-sale advertising on youth, this marketing strategy for cigarettes has been banned in a number of countries, including Australia, Canada, Ireland, and New Zealand. Similar effects have been found for point-of-sale marketing techniques of gambling products; one study demonstrated that the majority of adolescents surveyed reported viewing lottery ticket promotions at counters of local convenience stores and that this recall was associated with greater intent to purchase (Felsher et al., 2004). Given the effect of point-of-sale advertising on children and adolescents, it is recommended that this form of marketing be restricted from display in all stores entered by minors.

Sponsorship of sports

Corporate sponsorship remains an effective form of indirect advertising which shapes attitudes by glamorising products, builds public goodwill towards the company, and associates potentially harmful products with healthy positive images, in addition to diminishing the effectiveness of health-promotion programs, especially those aimed at youth (Maher, Wilson, Signal, & Thomson, 2006). The effect of sports sponsorship on children is demonstrated by findings that different cigarette brands were most popular with children aged 12 to 14 in each of the three Australian states surveyed. In each state, children preferred the brand that sponsored their state's major league football competition (Pritchard, 1992). In recognition of this research, legislation has been enacted in various jurisdictions, including the UK, Canada, and Australia, prohibiting tobacco companies from sponsoring sporting events (Tobacco Act, 1998; Tobacco Advertising and Promotion Act, 2002; Tobacco Advertising Prohibition Act, 1992).

However, sports sponsorship is increasingly being viewed as a central marketing platform for gaming companies, with multiple options to reach consumers and large sums of money invested. For example, the Channel 4 coverage of the 2005 Ashes Cricket Series was sponsored by Betfair, an online betting site in the UK (Adlaw by Request, 2007). Sponsorship deals in Premier League football increased from 2006 to 2007 by 25% to approximately £70 million, which included deals between multiple online casino operators. These deals include brand promotion on team uniforms and replica uniforms (adult and child sizes), including club shirts, the most popular merchandise sold to fans. The FA Premier League *National fan survey* of 1995 suggested that three out of ten

(30%) fans find products associated with their club 'more attractive', with younger fans being much more strongly affected (FA Premier League, 1995).

Some regulations regarding the sponsorship of sporting events by the gaming industry have been introduced. For instance, in the UK the use of logos and promotional material on merchandise designed for children, including sports shirts, has been banned (Office of Public Sector Information, 2005). However, these restrictions do not apply to sponsorship deals signed prior to September 2007, resulting in a plethora of children's club merchandise available, including shirts, sneakers, shorts, and socks, displaying brands of gambling companies. The prominent exposure for gambling companies obtained through sports sponsorship poses a direct risk to youth at a developmental age that makes them susceptible to influence. This risk is significantly higher for young males given that sports are more popular amongst this group.

Of particular concern is the involvement of gaming companies in the sponsorship of youth sporting events. In 2006/2007, the North Carolina State Lottery spent more than US\$385,000 on advertising and sponsorships at university sports events, prompting political discourse over the ethics of associating gambling and athletics (Curliss, 2007). A New Zealand study of the most popular sports played by 5- to 17-year-olds at national, regional, and club levels found gaming companies, including gaming machine trusts, were the most common sponsor (Maher et al., 2006). Several of these sponsors included naming rights of teams, which is noted with concern due to the increased commercial exposure as well as the normalisation of their products (Maher et al., 2006).

Although sponsorship provides valuable income to support sporting teams and events, other funding options are possible. For example, following a ban on tobacco sponsorship in Australia, compensatory funding was provided by state governments by imposing an additional tax on the wholesale price of tobacco (Crompton, 1993). Alternatively, companies could provide money to a blind government-managed trust in order that sponsorship funds could still be supplied to sporting teams, and corporations and trusts could still act with charitable intentions, while the sporting team is not linked with any particular gaming association (Maher et al., 2004). Companies and trusts that principally generate their revenue from gambling should be banned from promoting or advertising their name or products, including the use of naming rights, branding, and logos through the sponsorship of sporting teams and events.

Promotional products

Promotional items include hats, T-shirts, posters, and other products that feature a brand name or company logo or slogan. According to the elaboration likelihood model of persuasion (Petty, Wegener, & Fabrigar, 1997) indirect forms of advertising such as in-store promotions, use of products by celebrities, and promotional items influence consumers through automatic, minimally attentive processes, which may be even more effective than more directive advertising strategies at associating products with images (such as being cool or glamorous) or good times. A study of sixth and seventh grade children (aged 11 to 12 years) found that the odds of drinking alcohol were nearly double for those who owned items that advertise alcohol even after controlling for other

variables (Collins et al., 2007). This finding corroborates other alcohol research (McClure, Clin, Gibson, & Sargent, 2006) and is consistent with research on cigarettes (Schooler et al., 1996). It is likely that these findings would extrapolate to gambling, and the number of products promoting gambling is increasing exponentially, including hats, t-shirts, cards, poker sets and chips, mouse pads, and other seemingly innocuous items that are frequently used by children and adolescents. Given the profound impact of advertising on youth, it is recommended that products promoting gambling or gaming companies should not be manufactured in child sizes, be available for purchase by minors, or be given away in free promotions or as prizes.

Celebrity endorsements

The use of celebrities to endorse and add credibility to gaming brands is becoming increasingly popular amongst the major operators. Popular female celebrities, including Caprice (UK actress/supermodel), Brooke Burke (America's best-selling calendar model and hostess of popular *E!'s Wild on...*), and Nikki Cox (star of the popular weekly television show *Las Vegas*), endorse online gambling sites in promotions and advertisements that undoubtedly appeal to young males and encourage youth to engage in gambling activities. Popular entertainers and sports stars endorse products by appearing in traditional media advertisements as well as wearing branded merchandise available for consumer purchase, including clothing, shoes, and hats, and even temporary tattoos, as in the case of boxer Bernard Hopkins, who advertised Golden Palace's online casino site on his shirtless back during a title match (Iole, 2007). The widespread international Texas Hold 'em craze has resulted in an increased use of professional gamblers to endorse gambling as a legitimate form of entertainment and a potential career, resulting in a large number of adolescents aspiring to be professional gamblers.

Research demonstrates that when celebrity endorsements are used, advertisements are more believable, message recall is enhanced, brand recognition improves, and positive attitudes about brands result. As well, a potentially profound increase in the profitability of endorsed products may result (Friedman & Friedman, 1979; Kamins, Brand, Hoeke, & Moe, 1989; Mathur, Mathur, & Rangan, 1997; Petty, Cacioppo, & Schumann, 1983). Social learning theory (Bandura, 1977) holds that youth are developmentally establishing their independence and identity and are heavily influenced by role models, making them particularly susceptible to celebrity endorsements. Research demonstrates that young people frequently adopt certain self-images, lifestyle patterns, and purchasing decisions based on observation of individuals presented in the media (Lockwood & Kunda, 1997). These vicarious role models can have a significant effect on the career aspirations, educational choices, and self-views of young adults (Bush, Martin, & Bush, 2004). A study of kindergarten children revealed that children who were shown a videotaped model winning in a gambling activity took significantly more risks when they played than those shown a losing player (Tremblay, Huffman, & Drabman, 1998). Subsequently, the use of professional gamblers who win millions of dollars through gambling (e.g., Chris MoneyMaker, World Series of Poker Champion) to promote Web sites or online gambling products may encourage youth to engage in risky gambling behaviour. Endorsements of gambling and gambling products from individuals who are likely to

appeal to youth and increase the likelihood of youth gambling involvement should be limited.

Use of Internet advertisements

Online gambling is increasing at a dramatic rate, with worldwide revenue reportedly rising from US\$8.5 billion in 2004 to US\$10.9 billion in 2005 (eMarketer, 2005), with no end in sight. The involvement of youth in online gaming appears to be increasing, with recent prevalence studies reporting 6% to 9% of high school students (McBride, 2006; Rainone & Gallati, 2007) reporting to have gambled for money on the Internet in the past year. This demonstrates an increase from 3.6% in 2005. Additionally, over half of those surveyed reporting play on “practice” sites (MacKay, 2005; McBride, 2006). Adolescents who bet online are more likely to be problem gamblers, have lower grades, engage in delinquent activities, abuse alcohol and illicit drugs, and take medication for depression and anxiety (MacKay, 2005). In addition to the apparent increase in adolescents gambling online for money, the high use of practice sites is of considerable concern as, relative to money sites, these have an over-inflated payout rate (Griffiths & Parke, 2004; Sevigny, Cloutier, Pelletier, & Ladouceur, 2005), which may lead youth accustomed to winning to switch to the money sites, where they do not experience the same success. There is evidence to suggest that the possibility to play without money makes games more attractive, reduces barriers to play, and may undermine attempts to quit (Blaszczynski, Sharpe, & Walker, 2001). Furthermore, free gambling sites have been identified as fostering future gambling problems and are frequently accessed by adolescents identified as at-risk for gambling problems or already experiencing gambling problems (Derevensky, 2005).

There are some restrictions in place to regulate the advertisement of gambling sites. For example, advertising Internet gambling is considered an illegal activity by the US Justice Department (Heydary, 2005). Nevertheless, advertisements for free sites appear frequently on Internet sites as well as on television, in magazines, on billboards, and on radio stations that value and target a youth audience. While these commercials stress the fun and “educational” nature of the sites, they have been referred to as a “Trojan Horse strategy” used by online gambling companies to acquire players who will eventually transfer to the real-money gambling sites (Moses, 2006). A recent study of adolescents found that 93% had seen pop-up promotions for gambling sites and 61% had received spam gambling emails (Derevensky et al., 2007). Amongst a sample of British young adult online gamblers, 40% cited advertising and 21% cited practice games as a primary reason to gamble online (Griffiths & Barnes, 2007). Advertisement for both gambling Web sites and practice Web sites should be subject to the same regulations described for advertisement of gambling products. In addition, free or practice sites should be prohibited from containing advertisements and direct links to online gambling sites and should have the same payout rates as actual gambling sites.

M-gaming

In addition to online gambling, wireless technology is increasingly being utilised as a vehicle by which to gamble, and some have predicted the mobile gaming (M-gaming) market to reach US\$23 billion by 2011 (Juniper Research, 2006). Young users are primed for M-gaming and at heightened risk for excessive use, as they are well familiar with the technology (which incorporates video-game graphics), and currently download content to their mobile phones. It is a relatively easy transition from playing games that are free to playing games involving money or from paying money for a ringtone to buying a lottery ticket or placing a bet. Marketing of M-gaming to young people could result in instances of problem gambling where youth spend more than they can afford, chase losses, and increase amounts wagered. Already many adolescents experience financial difficulties arising from excessive mobile phone use (Australian Communications Authority, 2004; Griffiths & Renwick, 2003), and schools report that inappropriate use of mobile phones during classes is leading to increased distraction and disruption amongst students, thus reducing educational outcomes (Hill, 2000). Given the difficulties in regulating the age of individuals using mobile phones to gamble, efforts need to be taken to restrict wireless gaming companies from marketing to youth. Online and wireless gambling companies should be prohibited from advertising via SMSⁱ alerts to mobile phones.

Content and features of gambling advertisements

Misleading content of advertisements

In reports by the Canadian National Council for Welfare (1996) and the US National Gambling Impact Study Commission (1999), researchers were particularly troubled by the large number of gambling advertisements that were deceptive or misleading, with little or no reference to the actual odds of winning. There is ample research suggesting that children and adolescents learn more about alcohol from television and advertising than from such other sources as family and schools, leading them to be more knowledgeable about brands of beer than potential health risks associated with drinking (Austin & Nach-Ferguson, 1995; Johnston, O'Malley, & Bachman, 1996; Wallack, Cassady, & Grube, 1990). It is reasonable to extrapolate that the portrayal of gambling in the media and in advertisements has a similar effect on youth. Griffiths (2005) describes the use of advertising slogans in the UK that encourage people to think they have a good chance of winning the jackpot ("It could be you") and play upon people's charitable instinct ("Everyone's a winner"). Similar themes are found in other jurisdictions: for example, fostering thoughts of social success (Loto-Quebec's advertising slogan "It pays to be nice to people who play 6/49") or emphasising luck over hard work (New York Lottery's "All you need is a dollar and a dream" and Massachusetts's State Lottery's slogan "Work is nothing but heart-attack-inducing drudgery"; Griffiths, 2005). These advertisements encourage irrational beliefs commonly held by youth who view a near loss as a near win (Kassinove & Schare, 2001) and are misleading as they suggest the probabilities of winning are greater than they are.

Gambling is also presented as an alternative to hard work and sensible investing, and instead promotes luck, instant gratification, and entertainment (e.g., New York's "All you need is a dollar and a dream" advertisement; Griffiths, 2005). The use of marketing campaigns promoting gambling as a way of securing an ideal, easy, immediate future has been viewed as particularly dangerous when viewed by youth who may neglect other important pursuits, including employment and academic studies, to gamble (Griffiths, 2005; National Gambling Impact Study Commission, 1999).

The National Gambling Impact Study Commission (1999) concluded that messages in lottery advertisements were oriented towards particularly vulnerable segments of the population, specifically youth. This is confirmed by research showing that 33% of adolescents perceived that they were the primary target of gambling commercials, while others noted that promotions target youth as future participants in gambling activities (Derevensky et al., 2007). Numerous advertisements portray gambling as a glamorous lifestyle, filled with excitement and a sense of fantasy. These images can lure individuals by convincing them that a sensational and successful lifestyle is easily achieved through gambling.

Although adolescents possess the cognitive abilities to comprehend and evaluate advertising, at this developmental stage they are more persuaded by the emotive content of commercials that play into their concerns regarding appearance, self-identity, belonging, and sexuality (Story & French, 2004). Evidence of adolescents' cognitive processing of advertisements is shown in research findings suggesting that although many adolescents report being aware that messages promoted are unrealistic, they are still heavily influenced by them (Derevensky et al., 2007). Korn (2005) reported the messages adolescents perceived from marketing campaigns are that gambling is enjoyable and entertaining, it is easy to win, anyone can win, it is rewarding and life-changing, and it benefits society. The motivations reported as leading youth to gamble — fun and excitement, possible financial gain, lifestyle or status attainment, and a way to facilitate socialising — directly paralleled the messages obtained from advertisements.

Given that both alcohol and tobacco advertisements have been shown to considerably influence adolescents' smoking and drinking behaviours, attitudes, and intentions (Grube & Wallack, 1994; Hastings & Aitken, 1995; Villani, 2001), it may well be that gambling advertisements are similarly effective. Furthermore, it is important to consider the developmental aspects that influence the way children and adolescents understand and comprehend advertisements. Multiple studies have documented that young children have little understanding of the influential objective of advertising (John, 1999; Kunkel & Gantz, 1993; Strasburger, 2001). Young children (below the age of eight) typically view advertising as fun and entertaining and do not consider the possible biases of the information presented (John, 1999). Given their level of cognitive development, young children are particularly vulnerable to misleading advertisements (John, 1999).

Preteens, from the ages of 8 to 10 years, possess the cognitive ability to process advertisements, but they do not necessarily do so (Strasburger, 2001). Developmentally, during early adolescence (aged 11 to 12 years), children's thinking becomes more multidimensional, involving abstract and concrete thought; however, as previously mentioned, adolescents' ability to make reasonable and appropriate judgments is heavily influenced by emotional and developmental concerns (Story & French, 2004). To ensure that individuals can make fully informed, sound decisions, it is essential that gambling advertising and marketing campaigns provide accurate information about the product, are not deceptive or misleading, portray a balanced image of the product including risks involved, and are "legal, decent, honest and truthful" (Advertising Association, 2002). To achieve this, advertisements for gambling products must contain accurate information regarding the chances of winning and a visible warning statement that highlights the potential risks associated with excessive gambling, similar to warnings mandated for cigarettes and alcohol.

Regulations have been enacted in many jurisdictions to regulate alcohol advertisements. For example, in Ontario, alcohol advertisements cannot imply that drinking is important for social or business success, athletic prowess, sexuality or sexual opportunity, having fun, or achieving a goal (AGCO, 1994). Consistent with such regulations, gambling advertisements should be prohibited from containing images or sounds that may entice youth to gamble. Certain sounds and images, including the sound of coins falling in slot machines and music indicating other individuals are winning, have been associated with initiation and maintenance of gambling sessions by creating the illusion that winning is more common than losing (Griffiths & Parke, 2005). Images of individuals possessing or playing with large amounts of cash (e.g., Oz Lotto's advertising campaign includes the slogan "You could win a truckload of money" portraying a large truck filled with cash) are not an accurate depiction of the outcomes of winning and are particularly misleading for youth who may not understand the financial consequences of winning, including possible taxes, lump sum versus periodic payments, and the reality that many lottery winners do not manage their winnings well, with a significant number losing their winnings and encountering financial problems (including bankruptcy) within 5 years (St. John, 2002). Gambling advertisements should not contain images or sounds of money or excessive spending.

Advertising that appeals to children

The literature on alcohol advertising suggests that there are specific characteristics of alcohol marketing campaigns that particularly appeal to youth, including the use of animals, animated characters, celebrity endorsers, and youth-oriented music (Wyllie et al., 1998). Similar marketing techniques are employed in other industries. For example, food advertising utilising cartoons known by children has been shown to be effective in stimulating children to ask for that particular food (Fisher, Schwartz, Richards, Goldstein, & Rojas, 1991; Kotz & Story, 1994; Leiber, 1988). Likewise, in the 3 years following the introduction of the cartoon character Joe Camel, preference for Camel cigarettes increased from 0.5% to 32% amongst adolescent smokers (Perry, 1999). It is reasonable to assume that gambling products marketed using cartoons, popular children's board games (e.g., *Monopoly*, *Scrabble*, and *Battleship* scratch lottery tickets), children's

television shows (e.g., scratch lottery tickets featuring the *Jetsons* and the *Flintstones*), or other motifs attractive and familiar to children may increase the allure of these products, thus prompting children to request or obtain these products themselves. This type of marketing is particularly concerning, as scratch lottery tickets are reportedly the most desired and popular gambling activity amongst youth and have been associated with gambling-related problems in Europe and the UK (Fisher, 1999; Johansson & Göttestam, 2003; Wood & Griffiths, 2001). Furthermore, a large proportion of youth do not view scratch tickets or lottery draws to be a form of gambling, and despite legal age restrictions the majority of youth find it easy to acquire tickets (Felsher et al., 2004).

The successful marketing of gambling products towards youth is supported by preliminary findings that adolescents are particularly attuned to gambling advertisements, for which they have high levels of recall (Derevensky et al., 2007). These results are consistent with a New Zealand study that showed younger people (aged 25 years or less) are considerably more likely to recall gambling commercials than older people (over 65 years) and a Canadian study demonstrating that the majority of youth can recall multiple gambling advertisements (Amey, 2001; Felsher et al., 2004). When considered in light of findings that individuals who recall gambling commercials are more likely to engage in gambling activities (Amey, 2001), these studies suggest that gambling advertisements have a significant impact on children and adolescents, influencing their thoughts, attitudes, and behaviour. Given the previously described limits on the ability of children and adolescents to critically evaluate advertising, youth-oriented graphics including animals and cartoons; music; celebrity promoters; and youth themes such as board games and “being cool” should not be used to market or advertise gambling products. Furthermore, gambling advertisements should not include or depict any individual who is or appears to be under the age of 25, in order to prevent youth from relating to individuals gambling or winning.

Conclusions

The problems associated with youth gambling are becoming increasingly apparent and accepted by society. This recognition by key stakeholders is demonstrated by laws prohibiting minors from engaging in gambling activities. The impact of advertising and marketing techniques on youth has also been recognized in the fields of alcohol and tobacco and, subsequently, advertising is monitored in these domains. Similarly, and in accordance with laws regarding gambling by minors, regulations are needed to ensure advertisements for gambling products do not target or unduly influence children and adolescents.

Regulation of gambling and adherence to socially responsible codes of conduct are complicated by the increasing revenue gambling generates for governments and corporations, either through high rates of taxation or direct ownership. Currently, guidelines for responsible marketing of gambling products are largely voluntary. Unfortunately, in many jurisdictions there exists no arms-length safety net between government regulatory and revenue boards. To ensure that gambling advertisements do

not adversely affect youth, it is essential that regulations for gambling advertisements be made mandatory and enforced by an independent body that is not involved in the revenue generated by gambling.

A major barrier to the creation of effective and socially responsible policy regarding marketing of gambling products is the lack of empirical research in this field. It is recommended that funding and resources be provided and efforts continue to study the impact of gambling advertisements on youth. Furthermore, continual evaluations should be conducted of existing and newly implemented marketing techniques to ensure that promotions of gambling products are not unduly targeting youth or increasing the risks of gambling amongst youth. Despite the difficulties involved with regulating gambling advertisements, from a public health perspective it is essential that efforts be made to protect youth from gambling-related harm.

Based on the empirical evidence to date, the following guidelines are recommended to regulate marketing of gambling products to reduce the impact of this advertising on youth and protect this vulnerable population from harm.

- Gambling advertisements should not be permitted to be shown during television and radio timeslots primarily accessed by children or adolescents or advertised where they may be frequently viewed by youth, including on billboards, on public transport, and in print publications where a prominent proportion of readership are minors.
- Given the influence of point-of-sale advertising on children and adolescents, it is recommended that these advertisements be restricted from display in all stores entered by minors.
- Companies and trusts that principally generate their revenue from gambling should be banned from promoting or advertising their name or products, including naming rights, branding, and logos through the sponsorship of sporting teams and events.
- Products promoting gambling or gaming companies should not be manufactured in child sizes, be available for purchase by minors, or be given away in promotions or as prizes.
- Gambling corporations should be restricted from utilising product endorsements from individuals who are likely to appeal to youth and increase the likelihood of youth gambling involvement.
- Advertisement for both gambling and practice Web sites should be subject to the same regulations described for advertisement of gambling products. In addition, free or practice sites should be prohibited from containing advertisements and direct links to online gambling sites and should have the same payout rates as their actual gambling site.
- Online and wireless gambling companies should be prohibited from advertising via SMS alerts to mobile phones.

- Advertisements for gambling products must contain accurate information regarding the chances of winning and a visible warning statement that highlights the potential risks associated with excessive gambling.
- Gambling advertisements should not be allowed to include images or sounds of excessive spending.
- Youth-oriented graphics, including animals and cartoons, music, celebrity promoters, and youth themes such as board games, and being cool, should not be used to market or advertise gambling products.
- Gambling advertisements should not include or depict any individual who is or appears to be under the age of 25, to prevent youth from relating to individuals gambling or winning.
- Regulations for gambling advertisements should be mandatory, enforced, and continually evaluated by an independent regulatory body.

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ⁱ Short message service (SMS): allows the interchange of short text messages between cellular phones.

Group therapy for women problem gamblers: A space of their own

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Abstract

This report presents the results of a grounded theory analysis produced from in-depth interviews with 14 women participating in group counselling for problem gambling. Themes emerged from this analysis that provided insights into effective counselling practices for women problem gamblers. The results explore the impact of a group therapy approach in addressing the needs of these women. Participants indicated that perceived effectiveness of counselling groups was situated in accessibility, gender-specific clusters, and following specific treatment formats in group meetings designed for gamblers. This paper outlines implications for improving problem gambling treatment within the context of the experiences of the women in this study.

Keywords: gambling addiction, women's gambling treatment, grounded theory research, feminist paradigm research, effectiveness of counselling groups, gambling treatment barriers

Group therapy for women problem gamblers: A space of their own

This research focuses on the perceived effectiveness of an all-female therapy group for problem gamblers. Gender-responsive treatments for women experiencing addictions are a critical component of treatment (Currie, 2001). There is a lack of research exploring the benefits of gender-specific treatments for gambling addiction (Grant & Potenza, 2004). Previous research demonstrates that female problem gamblers are very different from their male counterparts. According to Ladd and Petry (2002), women are more likely to participate in gaming activities as a means of escaping negative affective states and stressful life situations, whereas men are more likely to participate in gambling activities for the thrill of the game. With expanded gambling and easy access to venues and credit, it has been predicted that the number of women who gamble and experience problems with their gambling will increase (Potenza et al., 2001). Problem gambling counselling programs need to take into account the needs and issues of women (Crisp et al., 2000).

Many definitions of problem gambling fall into categories related to medical disorders or mental health problems, economic problems, and harm to oneself and partners through the act of gambling, or are considered as a social construct. A national or international definition for problem gambling that meets the needs of all stakeholders, researchers, and therapists has yet to be achieved. The term *problem gambling* is utilized in this article to denote the continuum of difficulties for an individual involved in gambling activities. Numerous researchers categorize problem gambling as a level of difficulty that does not meet the standards for pathological gambling (e.g., Shaffer, Hall, & Vander Bilt, 1997). This contrasts with the established term *pathological gambling*, which describes a disorder characterized by persistent and recurrent maladaptive patterns of gambling behaviour (Grant & Kim, 2002).

The context of women gamblers

The American Psychological Association (APA) approved the "Principles Concerning the Counseling and Psychotherapy of Women" in 1978, and updated them in 2007, as a means of recognizing and acknowledging the need for increased attention to women's needs (APA, 2007). The domain of problem gambling has started to focus on the unique needs of women, but as a research field, it is still in its infancy. Volberg (2003) and Boughton and Falenchuk (2007) highlight a major criticism of the literature on problem gambling: the paucity of information on women since most of the existing research is based on studies of men. "The limited available literature, however, indicates that females presenting to counseling services for gambling-related problems have significantly different demographic characteristics from males" (Dowling, Smith, & Thomas, 2006, p. 358). Several authors have described the gender bias that continues to pervade traditional, male-oriented approaches to therapeutic assessment, diagnosis, and intervention (APA, 2007; Caplan & Cosgrove, 2004; Worell & Remer, 2003).

The May 2003 issue of the *Journal of Gambling Issues* was devoted to the topic of women and gambling. The editor cites the rapid growth in the number of women seeking help. In this issue, gender differences are discussed that relate to the experience and, therefore, the treatment of problem gambling. These include women's deficits in self-confidence and problem-solving skills and female gamblers' excessive reliance on particular coping styles. Potenza et al. (2001) point out the need for additional effort in engaging problem gamblers and advocate for gender-specific gambling research because, with expanded gambling and easy access to venues and credit, they predict the number of women who gamble and experience problems with their gambling will increase. Treatment programs need to take into account the needs and issues of women (Crisp et al., 2000).

Mark and Lesieur (1992) advocated for women-only counselling groups in the treatment of problem gambling. Crisp et al. (2000) noted that gambling treatment programs

designed for men may be detrimental to women. Additionally, Crisp et al. stressed that the stigma women feel about being identified as problem gamblers needs to be understood, and agencies need to provide supportive counselling and psychotherapy for this population. Tavares, Zilberman, Beites, and Gentil (2001) stressed that the treatments for women gamblers need to include the implications of gender roles and social structures.

Although little research exists on gambling addictions and women, there is a substantial amount of research exploring substance abuse and women. This area of addiction research demonstrates that women have unique cultural and gender characteristics that can best be addressed in gender-sensitive or gender-specific treatment (United Nations, 2004; Currie, 2001). *Best practices: Treatment and rehabilitation for women with substance use problems* (Currie, 2001) highlights meta-analyses of 20 studies of co-ed group treatment; the results of these analyses indicate that women show decreased levels of discussion and participation in treatment when treated with men (Currie, 2001). However, no such best practice guide exists for gamblers or, more specifically, female problem gamblers. With a record number of women reporting gambling addictions and more and more gaming facilities being built throughout Canada, it is clear that evidence-based treatment protocols need to be developed to best treat women who develop gambling addictions.

Gender differences in gambling

Multiple theories exist as to why women gamble. Women often gamble to win money in the hopes of improving their financial situation. Schull (2002) proposed that women gamble to escape from the excessive demands that society places on them to care for others. Gambling becomes a method of self-abandonment, as the woman can isolate herself and focus on the machine while she forgets her troubles. Grant and Kim (2002) found that feelings of loneliness and dysphoria trigger the need to gamble for women. Feminist theorists argue that women gamble to escape unresolved anxieties and tensions surrounding a women's role as caregiver (Schull, 2002). Grant and Kim (2002) report that for women loneliness is a major trigger to gambling, while men tend to gamble for the sensory stimulation. For women, gambling may serve as a way to control mood states such as depression and anxiety. Beaudoin and Cox (1999) report that women gamble to feel detached from their surroundings. Gambling then becomes a method of escapism for women and a type of psychic anaesthetizer (Boughton, 2003). Some theorists have proposed that there may be a connection between a history of trauma or abuse and a predisposition to developing a gambling addiction (Grant Kalischuk & Cardwell, 2004; Specker, Carlson, Edmonson, Johnson, & Marcotte, 1996).

Although pathological gambling is not gender specific, a review of the literature on pathological gambling shows that much research has focused on the situation of the American male gambler. There has been a tendency to generalize the findings of this

male-focused research to the female population of gamblers. Research indicates that women and men gamble differently. Women tend to start gambling later in life and progress more quickly from the leisure gambler to the addicted gambler than do men (Grant & Kim, 2002). This quick pathway to pathological gambling indicates the importance of early intervention for female gamblers who may be at risk of addiction.

Women and men tend to favour different types of gambling. Researchers have found that women tend to prefer non-strategic and less interpersonally interactive games such as bingo and slot machines (Boughton, 2003; Grant & Kim, 2002; Potenza et al., 2001). Men tend to favour action gambling and are drawn to games of strategy such as cards and horse racing (Potenza et al., 2001). Boughton (2003) notes that middle class career women tend to be more competitive than younger women and prefer action gambling that requires skill.

Women gamblers are more likely to report that they have received mental health services for nongambling issues and are more likely than men to report anxiety and suicide attempts attributed to gambling (Potenza et al., 2001). Shaffer, Hall, and Vander Bilt (1997) discovered that there was a significantly greater rate of pathological gambling among persons with psychiatric or substance dependence disorders than there was in the nongambling population. For women gamblers, common comorbid disorders are depression, anxiety, and alcohol and prescription drug abuse (Westphal & Johnson, 2003). Gambling is a coping or survival strategy to deal with psychological, physical, and emotional pain (Boughton, 2003). Gamblers who present for treatment of comorbid conditions are often not screened for gambling addictions (MacCallum & Blaszczynski, 2002).

Currently, there is no consensus on the elements to include in efficacy research on pathological gambling treatment (Hodgins, 2005). The traditional treatment goal is abstinence, which is typically the sole measure of success (Stinchfield & Winters, 2001). Stinchfield and Winters assert that a reduction in gambling should not be ignored or interpreted as a treatment failure. Significant reductions in gambling frequency and gambling problem severity as well as improvements in social functioning and financial responsibilities can be considered important clinical changes (Stinchfield & Winters, 2001). Ladouceur (as cited in González-Ibáñez, Rosel, & Moreno, 2005) pointed out that the reason for high dropout rates in problem gambling treatment programs may be due to abstinence being the only treatment goal. There is currently no research on the treatment efficacy of controlled gambling.

Women problem gamblers

The current study

The purpose of this study was to examine the perceived benefits of gender-specific group treatment for female problem gamblers. The term *problem gambler* was selected in order to capture the essence of the gambling issue rather than to classify the participants into

the somewhat contentious categories of problem gambling, gambling addiction, and pathological gambling. The participants and their therapist used this term to refer to the behaviours and issues surrounding their common concern. This study explored the opinions and perceptions of female problem gamblers participating in group counselling. The purpose of the group was twofold. It was a form of treatment for the women because the facilitator was a counsellor working exclusively in a problem gambling treatment clinic, and it was a self-help group for the women. The findings present a number of themes that arose from the women's expressions of what contributed to the effectiveness of the group treatment. Categories are strengthened and supported throughout this report by the inclusion of women's direct quotations. This study is congruent with the feminist paradigm of research, which gives women a voice to express personal experience and honours each participant's subjectivity. These categories may contribute to effective counselling practices for women problem gamblers by presenting the women's perspectives on what works for them.

Procedure

A qualitative approach, in particular a grounded theory, was employed in this study. This is a general methodology for constructing a theory that is grounded in the process of systematically gathering and analyzing data (Strauss & Corbin, 1998) in order to uncover patterns of behaviour and interaction between different types of social units (Dey, 2004). Theory conceptualization is about discovering the process and how the explored patterns change under different conditions that are both internal and external to the process. Generating theory is interpretative work that involves the inclusion of voices and perspectives of the research participants being studied (Strauss & Corbin, 1998) to allow the researcher to understand and synthesize the actions of these individuals (Glaser & Strauss, 1998). Coding procedures employed in grounded theory ensure that researchers do not conceptualize data according to their personal biases or preconceived notions (Strauss & Corbin, 1998), but the procedures do include the integration of the researcher's theoretical sensitivity (Glaser, 1992).

In order to include the voices and perspectives of the participants, data were first collected from the women using audiotaped individual interviews. Each woman was interviewed three times over a 6-month period — at the beginning of the study, 3 months later, and at the end of the study. The interviews, averaging about an hour, were semistructured and included questions such as "What made you go to the group?" "Why do you continue to attend the group?" "What do you find helpful about the group?" "What makes the group effective for you?" "Would you encourage other women to join the group?" "What recommendations do you have for the group?" The constant comparison method (Glaser & Strauss, 1998) was employed in order to organize and code the transcribed interviews through four distinct stages. Stage one involved comparing incidents applicable to each category through coding the transcribed text, looking for similar categories to emerge, and comparing these categories to generate theoretical properties. Stage two involved integrating the categories and their properties into a unified concept. Stage three, delimiting the theory, involved reducing the original

number of categories to a smaller set of higher-level concepts. The theory becomes solidified through theoretical saturation, dismissal of nonrelevant properties, clarification, and reduction. The fourth stage is the actual writing process of the theory. Coded data are processed into a series of memos and a theory. Memos provide the content encompassed in the categories and, in turn, these categories become the themes to be presented.

Each interview was separately coded for themes by two researchers and then the themes were compared. Open or axial coding, a preliminary process of breaking down the raw data and categorizing them, was utilized in this study. Codes that captured the meaning of the data were created through close examination and comparison between different parts of the interview transcripts. Ideas were generated through this detailed comparison of sentence-by-sentence, paragraph-by-paragraph coding. Themes were coded by exploring common words in all of the women's answers to each of the interview questions. From this response search, common quotations were arranged and the themes took shape, as the data themselves dictated the types of categories that emerged.

To further enhance the credibility and validity of the themes, the researchers then shared the themes with the women, who were then able to offer clarification of, insight into, and support for themes found by the researchers. This allowed the participants to verify whether the themes and categories extracted from the interviews accurately portrayed their shared experiences and words. This is also known as checking the goodness of fit (Osborne, 1990).

Participants

The 14 participants in this study were drawn from those attending a counselling group offered through a health agency in a Canadian city. The ages of the women who volunteered to participate ranged from 26 years to 70–80 years. The average age of the women was 46.5 years, with a median age of 50 years, and the most common age (the mode) was also 50 years. The women's marital status was divided: four women reported being divorced, three women were single, six women were married, and one woman reported living common-law. The majority of the women had obtained postsecondary education; three women did not report their educational level and three women obtained grade 12. The majority of the women (seven) had children. All of the women fit the diagnosis of a problem gambler using the South Oaks Gambling Screen. Participants were not asked to elaborate on comorbid conditions other than addictions; there were no additional addictions noted. They were offered individual counselling, but many women chose to participate in the group after participating in individual sessions. The participants in group treatment were advised of confidentiality issues and were informed of the therapeutic goals: abstinence, support and structure for the reduction and elimination of gambling behaviours, self-regulation strategies, motivational techniques, goal-setting, and accomplishment celebration.

Results

What makes a counselling group effective?

How can the needs of women who have developed problems with gambling best be met (Berry et al., 2004)? Services must be responsive to these women's needs. This study starts with the women's perspectives on what they found effective about their all-female treatment group. The exploration of the participant's experiences and beliefs related to effective group therapy resulted in five conceptualized categories. The core category, or emergent theory, that evolved from this study was availability of a women's-only treatment option. It was selected as the core category because the other categories — accessibility, a safe space, mixed ages, therapy format, and barriers — were all characterized by the implicit need to have a women's-only therapy group for problem gambling issues. The categories that emerged from this study are outlined with descriptions, including the relevance to how women problem gamblers could be increasingly encouraged and supported. Direct quotations from participants are incorporated in order to accurately provide their experiences and vividly portray their voices.

Category 1: Accessibility and nourishment

A common theme that developed among all of the participants was that they wanted to attend a group that was sensitive to their own busy lives as employees, mothers, wives, and friends, as well as their other roles. The women were asked if elements such as time, location, and nourishment (e.g., tea and coffee service) had an impact on their participation. The women reported that accessibility was a key element in group success. The majority of the participants identified that an evening group was most beneficial because it made the group accessible to women who work in the daytime. In regards to length of time of the group sessions, the women were split. Half of the participants reported that they appreciated a specific start and end time and the other half reported that a more flexible format where the group could be extended in time could be helpful for group process. In regards to nourishment, the majority of the participants indicated that this was a useful element and it was indicated that it helped create a comfortable environment to share information.

Having coffee and cookies makes me feel that we are relaxed and can talk about things. Sometimes I don't want any but others enjoy it and they can fuss around the table, getting their food and talking about how their week went.

... when there is food it feels like we belong together.

Category 2: A safe space that provides acceptance

This category is underscored by the fact that all of the participants indicated that the most critical aspect to making the group counselling experience effective was to create a safe space for discussing personal issues. This safe space is a physical one, in which the women cannot be viewed or heard by nonparticipants, but it must also be an emotionally safe place. This environment is established by ensuring that the women are in a closed room and that there are ongoing discussions related to confidentiality or nondisclosure of shared information. The safe space provides an opportunity for the women to share their stories, to gain insight about their behaviour, and to receive feedback. Most importantly, it is a place where they feel accepted:

It is very, very helpful being accepted.

This week I needed to talk and it just seems like when I really need to talk I am able to because ... people just kept talking to me and I could get it out. It just seems like when I really need to talk everyone is there and they listen.

The fact that there are so many different ages and different situations and different women and they have all ended up at the same place for various reasons. And they are so welcoming. It is a place where I can talk about my problems without being judged; it is supportive people who understand.

Openness as I had the ability to cry out no matter what. Nobody judged me or got upset with me if I did cry.

Group and you have helped me to realize that I am an okay person.

Being with other women who have had similar experiences helps the women accept themselves:

When I go to group ... I realize there are other people that have just as large problem[s] as I did and that is helpful to me because I realize that I am not alone. There are other people out there that have it just as bad as I do and that is effective to me.

Well one thing that is a definite benefit is that somebody else is there; other people there have failed. When I failed before, I spiralled into a severe depression ... it gives me permission to be human and make a mistake without thinking I have to die for it. So it helps to hear other women say, "I screwed up once and went and gambled so huge." It is normalizing that you are not the only one who is struggling with addiction and has been able to come back.

And accepting who they are helps them accept others:

We are here in the group to let...that other people see the light at the end of the tunnel.

Each session begins with "circle check," when the women take turns sharing what has been going on in their lives during the past week. The women reported that this was a very important component of the group and contributed to its effectiveness:

I really like the check in, you know knowing how your week went. I think that is really important and it is a good way to break it up getting to know what your week was like and special topics because you can be more focused on the special topics. Just hearing everybody talk and how their week went is really good. It kind of lets you relax and refocus because sometimes circle check can be sort of emotional.

Being able to share experiences in a safe space helped the women understand their behaviour and develop skills for relapse prevention:

I was not gambling because of the need to gamble, I was gambling because I needed to change something in my life. So talking about different areas, when somebody says, "That fits for me," maybe that is why I would gamble. You can see how, when someone says, "Well my mother was an alcoholic," or "mine was this." You can see when we get on these subjects that it all relates back to gambling. I think it is a good idea to talk about other subjects other than gambling because it opens people's minds maybe to the reasons why.

When people call you on stuff — that is good because then you got to stop and think about it. Maybe just that time somebody calls you on something — maybe that will do it, you never ever know. But I like the honesty and the peers and the laughter.

How do you get refocused? How do you reach out to your security line? What do you have in place for alternatives to sinking so you do not gamble? I have got A, B, C, D so if plan A, B do not work plan C or D is going to. Hopefully you do not have to go beyond plan A. I guess it is to know that you can get discussion and you can go home and think it through.

I still get a lot of urges and it seems that if I continue to come to the meetings like I am able to talk about the urge or listen to someone else who has given in to the urge it is beneficial because if they have given in to the urge I get a lot out of it because they say what they have done. And you will ask what you could do to change that.

The women reported that acceptance was their main motivation for their continued participation in the group. The understanding and support they received in group, as well as the opportunity to listen to other women's stories, kept them coming back:

I think I continue to keep coming because first, everyone has had, to some degree, the same experience so there is people that you know can understand what you are talking about...

And I think the stories scare me. And I realize that without help and without keeping myself in check that I could maybe be one of those people.

The women also mentioned that the group's facilitator and her actions help create a safe space. It was indicated that a knowledgeable, sometimes directive, counsellor who listens and provides feedback contributes to making the group effective:

I myself appreciate it that my counsellor actually listens to me. She makes eye contact with me; she asks a question or two throughout the process. Whatever it is that I am saying is thrown out on the table for the rest of the ladies to intervene and perhaps give a little bit of advice. To me that is very important because I can tell that the counsellor has actually listened to me.

Category 3: All women of various ages

This category focuses on descriptions of the participants' beliefs that the group therapy should be simultaneously exclusive and nonexclusive. They viewed the exclusive elements of a gender-specific group and the openness of an all-ages group as advantageous. All of the women reported that they were most comfortable in an all-female environment and that they would prefer to participate in a women's group rather than a mixed group. Therefore, gender-specific services were seen as a critical element of the group's success:

[With men] I do not feel as comfortable; I am not so sure I could talk about problems. I think women understand women better than men.

I would not be able to say what I wanted to say [with men in the group] ... that is why I go to the all-women group — it helps.

Older male gamblers seemed to monopolize time and want to ask women for numbers. I would say it is probably better that it is just women.

We are looking at it [problem gambling] from a woman's point of view. Sometimes we can see a common thread that follows through women's lives that may have a bearing on addiction.

I trust women more than I trust men.

I do feel a lot more comfortable among a group of women because we can talk about anything — even menopause, having a hot flash — whereas I do not know if I would be comfortable saying that when there is men in the room.

People feel very dominated by men, which might make it difficult.

With just the women's group it is more intimate — there is nothing really that cannot be said. With the men it is more reserved. The honesty is there about the gambling but there is more than that in this group.

I think I am just more comfortable with women, because I think women understand women better.

The majority of the women talked about the benefits of having group members who vary in age:

I think that it is better to have the age range. Just say even a "young person group" they would not see that it is affecting others. I think it helps to see that there are people from every age in life and every walk in life. And we all have a commonality — we are all women.

I think the age range is good; the spectrum helps you to realize that it is affecting older people and younger people.

Category 4: Therapy format

The emergence of this category makes clear the importance to the women of an all-women's problem gambling therapy group, evidenced by statements such as, "more women should be given the opportunity to be in a group like this." Through their stories they described their negative experiences in alternative therapy settings and suggested ways to continue and improve their own group format and/or process. When asked, the majority of the women reported that they had suggestions for format changes to increase the effectiveness of the group. One suggestion was for guest speakers:

I think it would be helpful. Once there was a man who spoke about AA. It was so powerful to learn about another addiction. It is so powerful for people to tell their stories.

Psycho-educational presentations were also suggested:

We also did some sessions in the day program on assertiveness — that would be helpful.

Other suggestions were based on watching videos prior to a focused discussion, and *topic nights*:

I like it when there is a topic, when something comes out of it — sort of like an end result — through the comments of how the week has gone.

I like the circle check. I would not mind, and I do not know if others would be willing, preparing a statement for each week that could be a topic for discussion.

The participants in this study were asked to keep a journal as a means of additional data collection beyond the three interviews. In the last interview, these women were asked whether they found the journalizing therapeutic. The majority of the women reported that journalizing helped them by reinforcing what they learned in the group:

It has been good because you ask some very poignant questions and they make me think about things that I have not really thought about or reflected on in depth.

It is weekly homework that forces one to document feelings, behaviours, and accountability.

I have journaled in the past and I find it hard to start but once I start I do it for myself. When I first quit [gambling] it [journalizing] helped me release anger....With the journaling for this I was in such a blah state I did not want to do it, but I released a lot of anger. It was all built up in me — it was a lot more than I realized.

Category 5: Barriers to participation and increasing accessibility to services

Coming to terms with their own problem gambling and then seeking assistance was identified as a complex struggle within this category. Indeed, the most challenging task appeared to be accessing counselling treatment that ensured that the participants felt heard and valued. The women in this study identified a range of complex issues that they perceived as preventing women from accessing service. These included personal barriers related to women's internal processes (e.g., shame and guilt): "People feel ashamed of themselves when they come to group. They are so sceptical when they come to group because they think they are a bad person"; interpersonal barriers (e.g., partner): "coming up with excuses as to where you are going"; structural barriers (e.g., travel, distance): "Maybe it is travelling." The personal and interpersonal variables emerged as the most significant barriers to accessing services: their partners' influences, their own stage of recovery (e.g., precontemplation and contemplation), feelings of shame and guilt, lack of awareness, and other personal issues.

In response to these barriers, the women felt the issue of problem gambling needs increased visibility, along with more treatment facilities and counsellors who specialize in the area of problem gambling:

We need more counsellors. I wish they [the government] would spend more of their money on getting more counsellors because this is not going to stop on its own. I do not know how they expect to work with all of the gambling addictions with the few counsellors that we have.

I think we need a counsellor in a casino for one thing. I think we need to have some people to just suggest where to go. They have it on the machines but that is not enough. We need some people there.

... more access to the day program — everybody says good things about the day program; everyone in group just praises it so much.

They have no educated people out here who know what is going on — and more treatment centres.

Theory: Availability of a women's-only therapy group

Taken together, the categories of accessibility, a safe space, all women/all ages, therapy format, and barriers represent the major common themes among the interviews in this study. The core category that unites and describes each of these categories is the availability of women's-only treatment options for problem gamblers. The element of availability is central to the perceived effectiveness of working through the myriad of issues present when addressing problem gambling. It can be stated that these women felt safe and felt that they were heard, that they were supported, and that they were assisting each other because they were in a therapeutic setting with only females. Recall that the therapist who facilitated and led the group was also female, so the entire group had three common elements: they were women, they were involved in problem gambling, and they desired positive changes in their gambling behaviours and/or beliefs.

The follow-up interview and group meeting in which the researcher shared her interpretations found participant congruence between their shared stories and the resulting categories. The experience of talking about their own experiences within the treatment group and involvement in this research study was described as informative and reflective, and each participant found that it promoted self-discovery. The women stressed that every geographical setting that has access to gambling venues should also have access to treatment venues, and specifically, women's-only groups.

Implications for clinical practice

It is important to note that the findings from this study can only be directly applied to the group of women with whom the research was conducted and cannot be generalized to all counselling groups for women problem gamblers. However, this research is a starting point of inquiry that other researchers and practitioners may find helpful in their own practice by asking their clients if they have similar perceptions.

The results of this study were congruent with suggestions for women-responsive treatment strategies outlined by the *Best practices: Treatment and rehabilitation for women with substance use problems* (Currie, 2001), the United Nations (2004) publication *Substance abuse treatment and care for women: Case studies and lessons learned*, and an Australian government report outlining the importance of gender-responsive groups for women addicted to electronic gaming machines (Surgey & Seibert, 2000). Women-responsive treatment practices include "a safe, supportive and women-nurturing environment that encourages trust, bonding and connection" (United Nations, 2004, p. 58), where women can learn skills, have access to female role models, and discuss women-specific health issues (e.g., pregnancy, menopause).

The traditional gambling treatment goal of abstinence was what all women were working toward, and the women had different lengths of time during which they abstained before a relapse. But this was not the sole measure of the effectiveness of the group, as demonstrated by the other benefits they reported. The women spoke of the need for more counsellors with training in pathological gambling. They felt that the facilitator of their group was an expert in the field but that she was rare. Some described negative experiences they had in the past with counsellors who did not understand that gambling addiction was different from substance addictions and as a result used treatment approaches typically employed with substance abusers. The women also raised the issue of difficulty accessing treatment services. Most felt that there was a paucity of information available to the general public on where to seek help as well as a lack of treatment options, particularly for women living in rural areas. It is important to note that the women in this study chose this group treatment approach, which may help explain their motivation for attending, but does not explain the barriers or the treatment goals for women who chose not to attend the group.

The women reported that they liked having the group at the clinic because it is a safe and accessible space and that they would like to continue to have coffee and cookies as it makes the group welcoming. The women also reported that an emotionally safe space was critical because having this place to share their feelings, stories, and emotions was the most effective ingredient in the treatment. "Circle checks," which included the opportunity to receive feedback, were described as an effective part of the group sessions. However, it is important to note that while the majority of the women reported that they enjoyed receiving feedback, they said they were not comfortable giving feedback. This

indicates that the women in this study would benefit from psycho-educational sessions on how to give feedback.

Effectiveness was also explored in terms of what continues to motivate the women to participate in the group. The theme that emerged from this exploration is that the group provides a feeling of acceptance. Therefore, fostering a feeling of being accepted and belonging in the group is critical to group effectiveness.

In regards to the composition of the group, the importance and the effect of age and gender were explored in this study. Almost all of the women reported that they liked that the group members varied in age and that it was even helpful to them. All of the women reported that they preferred the all-female counselling group. Gender-specific services enabled the women to talk more freely about personal issues that affected their gambling. This finding is congruent with other investigations of women's gender preferences in group, which indicated that mixed-gender groups are less effective for women than all-female groups (Currie, 2001). Hence, an all-women's group responsive to women's needs can be considered *best practice* for problem gambling treatment groups as identified by these participants.

In addition to men being identified as a potential barrier that would impede female group members' full participation in the group, the women identified a range of other barriers that would prevent them from accessing service. These included personal barriers relating to the women's internal processes (e.g., shame and guilt), interpersonal barriers (e.g., partners), and structural barriers (e.g., travel distance). Personal and interpersonal variables stood out as the most significant barriers to accessing services. The women in this study identified a range of complex issues that appear to prevent women from accessing service. This included the distance they had to travel to the group, their partners' influences, and their own stage of recovery (e.g., precontemplation and contemplation), feelings of shame and guilt, lack of awareness, and other personal issues.

Although many barriers were identified, many solutions to the barriers were offered. More treatment programs and raising awareness were identified as potential factors that could increase women's access to problem gambling services. The women reported that more counsellors are needed in the province, as well as increased access to gambling treatment centres. The women also reported that more advertising of services would be helpful (e.g., antismoking ads are much more visible) by making problem gambling more visible to the public.

It was clearly evident from the transcribed interviews and subsequent discussions with the participants that they had numerous suggestions for therapists who work with problem gamblers. All of the women provided specific ideas for creating an environment that would support the counselling process for individuals identified as problem gamblers. Although the participants' points were not elaborated on in this article due to space limitations, the researchers felt that it was important to provide a space for the

participants' recommendations, as each is based on personal experience. The suggestions put forth by the women participants create valuable implications for clinical practice. Table 1 summarizes the recommendations that were derived from the collection of interviews.

Table 1.

Participant Summary of Recommendations for Clinical Practice

- use a physically safe and accessible space for group
- provide a cookie and coffee service
- acknowledge the women's unique experiences as women
- create a safe, accepting, understanding space where women can explore their problem gambling
- create space for women to have a voice
- take into account each group member's stage of change (e.g., precontemplation, contemplation, preparing for action, action, maintenance)
- address women's unique roles in relationships with men
- provide opportunity for women to discuss women's health issues such as pregnancy, menopause, and premenstrual syndrome in relation to addiction
- be gender responsive and versed in women's issues and addiction
- provide opportunity for women to receive feedback from their peers
- teach appropriate strategies for giving feedback, as some women feel uncomfortable with this
- include a psycho-educational component
- discuss skills for relapse prevention and assertiveness
- include journal exercises where women have a safe, uncensored space to process the group
- help women to normalize the experience of a gambling addiction
- provide a variety of ways of communicating material (e.g., guest speakers, videos, and discussion)
- guide the process of the group
- be age inclusive
- foster a feeling of being accepted and belonging in the group

Future research

All women reported personal satisfaction from participating in the research; they reported gaining a sense of contributing to a greater purpose and wanting to help others in similar situations. The reasons cited for this positive impact included: the study increasing their responsibility, accountability, and honesty, and helping the women to feel heard:

I started at the same time as the research study started. I do not know if it affected the ones attending prior to that but for me it gave a feeling of responsibility of forging a path in a treatment area.

Being part of the study made me feel like I counted.

I mentioned to a few people that I am involved in a gambling research study and it helped me to see that maybe my problems would help someone else.

The women's satisfaction from their participation is an important consideration for future research, as the women in this study are interested in participating in future research.

Yes as often as possible as long as I live.

Absolutely I would do anything to participate in research that would help to stop this pathological gambling.

The women were asked about what ideas they would like to see explored in future studies. Ideas generated by the participants included the following:

I would like to see more on the effect on the family and young children. It seems to me that the age group is getting younger and younger. I still go out to bars; I used to see a lot of seniors, now I see a lot of kids 19 to 20. I notice a lot of younger people and that scares me. My own son was starting to have a gambling problem 6 months ago and I think when you have a gambler in the family it is seen as an alright thing to do. If you see your mother going into the bar drunk — but the mother coming home happy and elated when she is usually grumpy — it is just simply the reaction to the gambling....

You introduced to us the changes with menopause ... I think there is something to do with the hormones and the cycles. You do not see a whole bunch of young people [problem gamblers] — the majority, from what I see, are women with grey hair, between 40 and beyond.

The research I want an answer to before I die is whether it is genetic, which I feel it is. I have always said "genes and machines." I have said that from day one and I will continue to say it.

One profoundly moving sentiment was articulated by a participant, but echoed in different phrases and at different times by all of the female problem gamblers in this study, and it basically captured the essence of their group treatment outcome. This woman stated, "I lost my voice somewhere but I am regaining my voice by coming to group." We hope that this research helps other women regain their voices as well.

Authors' note

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book review

Grippled by Gambling

By Marilyn Lancelot. (2007). Wheatmark Inc.: Tucson, AZ. 232 pp., ISBN: 9781587367700. Price: \$18.95 USD (paperback).

Reviewed by: Roberta Boughton, MEd, MA, NCGC, Problem Gambling Service, Centre for Addiction and Mental Health, Toronto, ON, Canada

As very few first person narratives have been written about women's experience of problem gambling, *Grippled by Gambling* by Marilyn Lancelot is like a flower blooming in a desert. The opening words, "Please, not in front of my grandson", spoken to the police as they are about to handcuff her, capture the anguish and pain that Marilyn's few short years of gambling have created in her life. With candor and clarity Marilyn takes her readers through years of struggling with multiple addictions, putting each to bed only to have another pop up like a weasel in a midway game. The book unravels a childhood history of family alcoholism and abuse, her empty marriage, alcoholism, life as a single mother, the tragic loss of her second husband, and a series of relationships over the years. The book takes us with her into a two-year prison sentence, at the age of 60, for embezzling \$300,000 from her employer.

The narrative flows beautifully, weaving together events and the healing brought about by Marilyn's dogged attendance at Gamblers Anonymous, at a time in GA's history when women gamblers were most often treated with indifference, dismissed and sexualized, and driven away by chauvinistic attitudes such as "any monkey can pull the handle on a slot machine". The story captures much of women's experience of problematic gambling: the denial and rationalizations, the secrecy, the manipulation, the fear, the lies and financial desperation, the gradual progression from gambling as entertainment to gambling as compulsion and torment. And Marilyn draws on the power of other women's stories in Gamblers Anonymous to bring home both the variety, and commonalities, in women's struggles. It is a powerful and important resource for both women gamblers and professionals wanting phenomenological insight into problem slot machine play.

As a clinician I am, however, struck by a couple of elements that are unusual. The reaction of family members to the dramatic and sudden consequences of Marilyn's arrest, and to the loss of their home and disruption of their lives, is described by Marilyn as unfailingly supportive and loving. Missing are expressions of anger, hurt and betrayal — very normal and understandable grief and rage reactions that often necessitate a healing of relationship, regaining trust, and learning to forgive. In fact, the addiction that Marilyn describes in her children, and the fact that her daughter reported the ongoing theft to her boss long before she was actually fired for an "unrelated" misuse of the company credit card, do suggest the possibility that some turbulent feelings surged below the calm waters of the family functioning. This missing element is of concern in that it fails to communicate to readers the devastating impact of gambling on others. Moreover, it could

imply to family members reading this account that they should sublimate negative responses and be all-loving.

Related to the missing sense of emotional pain is a limited sense of remorse, guilt and shame expressed by Marilyn herself – either towards her boss whom she called after her arrest to ask “How could you do this to me?” or towards loved ones impacted by her years of gambling. Although there are hints that these feelings are present, the reporting lacks emotional authenticity. Given that shame is the overriding emotion expressed by women in recovery, the omission is curious. In some instances, the book is missing a self-reflective quality that might reconcile some confusing contradictions. For example, there is a contrast between the extreme and disabling shyness she describes as a child (leading to isolation and friendlessness) and the spunky defiant behaviour she describes in calling “bingo” after only a few of numbers (drawing the ire of the adults around her), and also of spending the money given to her by her violent alcoholic father on rides at a fairground rather than on the clothes she was sent to buy. These fascinating anomalies are perhaps survival strategies developed in response to the addiction and dysfunction in her family system. It would be interesting to understand these anomalies better. This same defiant energy perhaps plays out in her description of smuggling a pencil into the prison (a risky venture), and one somewhat at ethical odds with her incarceration for theft.

Marilyn is a gutsy, determined woman. It appears that she used the stolen pencil to good ends, documenting her crime and healing journey so as to nurture and encourage other gambling women worldwide to seek help and make changes. She offers hope, inspiration and the tools for change. Her book is well worth reading.

book review

Resorting to Casinos: The Mississippi Gambling Industry

Edited by Denise von Herrmann. (2006). University Press of Mississippi: Jackson, MS. 182 pp., ISBN: 1578067901. Price: \$45 USD (hardcover).

Reviewed by: Dean R. Gerstein, Claremont Graduate University, P.O. Box 760, Claremont, CA 91711, USA. Competing interests: None declared.

This is a slender book of nine chapters sandwiched between an editorial introduction and afterword. With some additions, it is well described by the back cover summation, “Essays on how casinos became legal in Mississippi and how they affect the economy and the people.” Also, one might specify *political* economy and that most of the chapters focus on 1990–2000. Geographically, the State of Mississippi’s casino industry grew up largely in the lightly populated and heavily impoverished county of Tunica in the northwest corner of the state, along the Mississippi River below Memphis, Tennessee, and on the Gulf coast in the far south, especially the city of Biloxi in Harrison County, an area depressed economically for decades by the devastation wrought by Hurricane Camille in 1969.

The first chapter provides Mississippi’s historical claim to be the real home of 19th century riverboat gambling and early to mid-20th century seaside resort gambling in the United States. The second chapter offers a well rendered case study in political finesse: how a pair of state legislators from the Mississippi Delta and Gulfside navigated the quiet passage in 1990 of an act that enabled the revival of the repressed gaming enterprises (albeit on a scale well beyond what the solons had dreamed) at the same time that the Governor’s highly touted lottery legislation was being roundly shouted down.

The subsequent chapters cover the aftermath. One chapter reviews the racialized political economy of Tunica county, which was transformed from “America’s Ethiopia” (in Jesse Jackson’s turn of phrase) to the publicists’ “Mississippi miracle”—or perhaps, one might say, to an Atlantic City on the Mississippi, where local landowners accumulated new fortunes while the unemployed poor became the working poor, as this rural county of only 8,000 souls rapidly sprouted 13,000 jobs amidst a forest of moated casinos.

A chapter on whether casinos were “a solution for state economic growth” mainly focuses on the tidal wave of payroll in the two major gaming counties (Tunica and Harrison), rather than examining the state as a whole. This chapter is unusually cryptic (for example, to answer questions about measurement approach, “A copy of the survey instrument is included in the Appendix”—but there is no Appendix). This is followed by two very businesslike chapters that review, respectively, (1) the effect of casino tax receipts on statistical trends in municipal finance—particularly the matter of which categories of local expenditures (capital projects, debt retirement, public service operations) the increased revenues remitted locally were devoted to, and (2) educational

finance, with the desultory conclusion, “only four [out of all of Mississippi’s] school districts are really benefiting from casino revenue.”

A lone socio-anthropological chapter focuses on swing and night shift casino workers, concluding that this work pattern provides substantial job satisfaction (especially for those who are slender and attractive and get the most lucrative service assignments), while warning that “the ‘family’ created with coworkers may dominate all other relationships in the workers’ lives.” A chapter on gambling-related crime is inconclusive and marred by wholesale mismatches (found in several other chapters as well) between the data presented in tables/figures and the information asserted to be there by the text (not interpretive mismatches, but copy-editorial ones).

The final chapter on “The Future of the Casino Resort Industry” updates the casino story through 2004, reporting that after September 11, 2001, the industry was “stable” and had “reached equilibrium”—in other words, stopped growing. The Afterword, presumably composed shortly before the book went to press, trumps that finding with a final shock: the catastrophic impact of Hurricane Katrina. Katrina wiped out “the large stock of historic homes, museums, churches, and related structures” along the coast and severely damaged or destroyed all of the coastal casinos. The editor adds together the daily economic losses, the moves to permit rebuilding on land instead of dockside, and the speculation that smaller casino operators will not be able to rebuild while the dominant companies—Harrah’s and MGM—will reinvest in high-rise casino hotels. The picture ends “cloudy.”

This book is narrowly focused on sub-regional localities, leaves many of the key larger institutional actors in the offstage shadows, and has annoying flaws in production. But its human scale and earnest attempt to understand the remarkable events of Mississippi’s decade of the casino give it redeeming qualities. It is not the last word, but it is a decent, southern-accented beginning to what the editor invites: a professorial conversation on the lessons of Mississippi’s resort to casinos.

book review

Never Enough: One Lawyer's True Story of How He Gambled His Career Away

By Michael J. Burke. (2008). American Bar Association: Chicago, IL. 250 pp., ISBN: 9781590319918. Price: \$29.95 USD (paperback).

Reviewed by: William N. Thompson, Professor of Public Administration,
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I had traveled from Las Vegas to my home town of Ann Arbor to attend *the* game—Ohio State versus Michigan. My cell phone rang; on the line was Mike Burke. He wanted to discuss pathological gambling with me, as he had found my name on a Google site focusing on gambling. He began his story. He had been a solo practicing attorney but was disbarred after revelations that he had stolen well over a million dollars of client funds to support his gambling. He served three years in Michigan's Jackson Prison. I told him my cell phone would not hold out too long, and that I was not in Las Vegas, but rather 30 miles down the road from him. I suggested that if he really wanted to talk, we could do so in person. He agreed, and in less than an hour, we met.

We soon discovered that we were both natives of Ann Arbor, and that his father and grandfather had been close attorney friends of my father in the Ann Arbor legal community. His father moved to Howell when Mike was 6 years old and became the state liquor commissioner. He chose to locate his new residence half-way between Detroit, where most of his business was, and the state capital, Lansing. Mike's grandfather had not only been a mentor to my father, but he had also been a judge at the Nuremburg Trials after World War II. Mike Burke had a very good pedigree in the legal profession. After discussing our local "roots", the conversation turned to Mike's gambling career. He told me his story, which was soon to be published in book form by the American Bar Association.

It is appropriate that the top organization of attorneys has chosen to publish this story. While the words on the pages do not shout it out explicitly, the message of the book is that lawyers have a special vulnerability regarding gambling addiction. As I listened to Mike's story, and as I read the story in the book, I was drawn to a litany of factors that might in turn draw attorneys to this particular addiction, and indeed, to other addictions as well.

Mike's story tells of a journey that has led him into many contacts with problem gamblers, from a speaking tour to his work as an addictions counselor at a local hospital. He relates how the majority of problem gamblers have had experience with other addictions, particularly alcoholism. Mike himself was deeply into alcohol abuse when he began law school. Law school seems a fitting place to look for antecedents to a career of pathological gambling. They may, on the one hand, attract persons with certain personality traits, and on the other hand, reward such individuals. For example, studies have reflected on typical personality traits of attorneys—leaning toward *Type A* profiles, the need for logic, the need for control, introversion, competitiveness, and the need to dominate (e.g., by exerting a notion of having superior information or intelligence). Without a doubt, these are generalities. Nevertheless, the law school experience demands for most—especially in the first year—an intensity and a focused concentration that may never be demanded again. Burke tells how he found he could not survive that first year unless he stopped his drinking. When the first year ended, his sense of pressure release demanded a replacement, and he returned to alcohol. I may comment that I felt the same release after failing to survive the first year of law school. When I quit the struggle, I quickly replaced the missing pace of life by joining the Marine Corps. I still offer that I would willingly take another 11 weeks of boot camp at Parris Island over a single week in law school. I believe that the values of law school may mesh in quite compatible ways with the values of intense gambling activity.

Alcoholism may burden many a lawyer beyond his or her capacity to compete successfully at the job. In severe cases, choices have to be made. Mike Burke relates that he eventually had to retreat into a recovery program at a local hospital (the same hospital where he now counsels others). He stopped drinking entirely, and after doing so became a faithful member of Alcoholics Anonymous. But once again, he was faced with a void in his life, as alcohol had served a function for his personality drives. He could have become a compulsive runner, swimmer, musician, or crossword puzzle addict. He found gambling. For certain, he had enjoyed occasional trips to Reno and Las Vegas, and to a casino 2 hours from his home. But when a large casino opened only 58 miles away in 1994, that is when Mike's trouble started. He pointed out to me that a survey of the National Gambling Impact Study Commission found that when casinos are located close to a community, the rate of problem gambling doubles. He is convinced that this finding is accurate.

Certain features of his law practice (and law practices generally) gave Mike the ability to develop his addiction unchecked. For example, he was a solo practitioner, and had a very good reputation locally. He participated in many positive community activities, several connected with the local public schools. This is typical of the kinds of activities in which lawyers take part. He found that he could, rather easily at first, rearrange his appointment schedules, and even get local judges to schedule court appearances around his gambling activity. He could explain his early morning or late afternoon absences with stories about the need to take a deposition in another town. Time was on his side.

The accessibility of the casino was also enhanced by his accessibility to money. As his gambling—and, accordingly, his gambling losses—mounted, he turned to others for loans that would bail him out. An abundance of friends with expendable money is an attribute of the legal community. This works for a while—once or twice—and then the source is no longer available. He mortgaged his house, which is no problem for a respected member of the local legal community. However, you can only do this once or twice as well. After he had turned to all the legitimate sources of money that are presented to a good local lawyer, he considered “borrowing” funds from several trusts that he controlled. As he made the giant leap to putting his hands on money that was not his, and doing it in a secretive way that violated legal ethics and, in fact, the law, he told himself the biggest lie of all—that when he won, he was going to pay it back. And indeed, he won. Four times he won slot machine jackpots in excess of \$100,000 each. However, only rarely did he leave the casino with even part of those winnings. The money just went right back into the machines. He “chased” wins and he “chased” losses.

As he reflected back on his appropriation of funds entrusted to him by clients, he wondered at the fact that the local bank allowed him to cash checks on the accounts without question. In the last 18 months of his gambling “career,” he cashed more than 100 such checks at a local bank. He surmises that he was able to do this because he was a lawyer with both integrity and a pedigree—at least that was how he was viewed in the community.

His story became strikingly like that of other compulsive gamblers. As one set of losses chased another, lies did as well. The stress affected Mike. He had heart pains and high blood pressure. The idea hit him—he had a cover for suicide. Mike lived in a snow belt; he figured that by loading his garbage receptacle with bricks and blocks, he could push the receptacle through the heaviest snow in hopes he could activate a fatal heart attack. My own studies of Gamblers Anonymous members found that between 25 and 30 percent had attempted suicide. Inhibitions of shame and family disgrace often lead pathological gamblers to hide their attempts. For example, Las Vegas has a high incidence of fatal crashes involving one car only.

It all came to an end when Mike decided to turn himself in to the State Bar, and then the State Attorney General. He bared his soul and accepted the shame of what he had done. So too, his family accepted a shame they had not anticipated. However, his wife stood by him. Within the next 10 weeks he would be arraigned, enter a plea of guilty as charged, and be sentenced in the very courtroom where he had practiced law for 25 years. He was sentenced to a term of 3 to 10 years in the state’s largest prison. While there, his legal training served him well, as being an “inside lawyer” offered a veil of physical protection.

However, after release, Mike found that his legal talents were no longer a marketable commodity. He had hoped that a law firm would hire him for a research role, but none wanted him. The American Bar Association chose to publish his story in part to educate lawyers about their vulnerabilities—something often difficult, as so many lawyers believe there is nothing they need to learn. And these are precisely the kind of people casino managers love to have walk through their doors. Today, Mike does command good speaker fees for telling his story and educating others about pathological gambling.

Never Enough is a very good read. It moves fast and is a compelling story. In truth, it is not a unique story, but it does have a unique quality. It is about a lawyer, and it is about how the practice of law can place a person drawn to gambling squarely in the trigger sites of a very dangerous activity.

All proceeds of Mike's share of the book will be paid to his victims.