

Unplugged from the Machine: VLT Problem Gambling Treatment Clients

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EXECUTIVE SUMMARY

To gain further insights into video lottery terminal (VLT) problem gambling, the Alberta Alcohol and Drug Abuse Commission (AADAC) launched a clinical study of its treatment clients who experienced problems with VLT gambling. In August and September of 1996, 84 clients completed a self-administered survey at participating treatment sites from across the province. Data were gathered on their behaviors, attitudes and motivations during play, speed of onset and severity of problem gambling, and motivations, expectations and suggestions for treatment. The analysis also incorporated clients' South Oaks Gambling Screen (SOGS) scores and Client Monitoring System (CMS) admission data.

The purpose of the study was to take a closer look at VLT clients in treatment and to gather information to assist treatment and prevention staff in program development and refinement. The study only includes those individuals who sought treatment for their gambling problem. Consequently, the results cannot be interpreted to represent the characteristics or experiences of all gamblers who play VLTs or even those gamblers experiencing problems with VLT play in the population.

The following is a summary of the basic findings from the study, including a profile of VLT clients, the nature of their VLT gambling, gambling addiction severity, treatment readiness and access, client views on programs and policy, and conclusions and recommendations.

1. Profile of VLT Clients

VLT clients come from all segments of the adult population, and include men and women of all ages, of all socio-economic backgrounds, and from all regions of the province. These clients are not substantially different from other AADAC problem gambling treatment clients in terms of demographics.

Based on AADAC clients surveyed, VLT problem gamblers who seek treatment are:

- likely to be male (64%).
- 38 years of age on average.
- likely to be single (38%) or married (32%).
- likely to have a high school diploma (36%) or less education (43%).
- likely to be employed full time (48%) or unemployed (31%).
- when employed, likely to be in sales/service occupations (45%).

However, we cannot say from the results of this study that certain demographic or socio-economic categories are at-risk. It could mean that they are simply more likely to seek treatment, for a variety of reasons.

2. Nature of VLT Gambling

Video lottery terminal gambling is a relatively new gaming activity in Alberta. Most clients stated that they had played VLTs for 30 months (2.5 years) on average. VLT clients reported that they gambled to win money, to escape from problems, for entertainment or fun, and for excitement or as a challenge. Most reported that they financed their gambling through household money, credit cards, or borrowing from spouses or other relatives in the past year.

Clients stated that they preferred VLTs over other forms of gambling because of the excitement and speed of play and because of the ease of access, availability and convenience of play. They preferred to play VLTs in lounges or hotel bars rather than other licensed locations because of the easy access to machines. VLT clients believed that the availability of VLT machines was an important factor which contributed to the development of their gambling problems.

Clients reported a number of factors that encouraged continued play. Almost three-quarters of the VLT clients reported that near wins or small wins maintained interest and excitement in playing VLTs either “a fair amount” or “a lot.” Big wins encouraged players to continue to play VLTs, while big losses encouraged a player to stop playing.

Clients also reported that they would exhibit certain behaviors during VLT play: they would go alone to play VLTs, would limit interaction with other players, and put gambling ahead of social relationships with family and friends. Almost all VLT clients were aware that there is no skill component involved in VLT play, yet many also believed that they could influence the outcome of VLT games and would do certain things out of habit or superstition during play. Almost all clients reported they smoked during play, about one-third drank alcohol during play, and drug use during play was rare. Almost half of clients surveyed reported they did not drink alcohol at all.

3. Gambling Addiction Severity

VLT clients reveal that the onset of the problem was quick. VLT clients reported that they became aware of a problem with VLTs in 10 months on average, and waited another 16 months on average before actively seeking treatment.

Their behavior was characterized by long sessions of play and increasing expenditures of money with little control. VLT clients reported that they gambled an average of 18 days per month, 6 hours per session, and 9 hours in their longest continuous session of play. Almost two-thirds of clients (65%) reported they had a gambling debt at the time of treatment. One-fifth of clients (20%) reported no outstanding debts as a result of their gambling, 42% owed less than \$15,000, and 24% owed more than \$15,000. Of the VLT clients who completed the SOGS, 97% would be considered probable pathological gamblers. The vast majority had difficulty in personal and interpersonal areas of their lives. In most instances, treatment clients revealed an inability to maintain limits on play, and continued to play despite adverse consequences.

4. Treatment Readiness and Access

Treatment clients reported that they waited 16 months on average to seek help following problem awareness. VLT clients reported that the main factor assisting them to participate in treatment was personal readiness (60%) and the main barrier to participation was fear of failure (26%).

Most clients stated that they had made at least one attempt to seek help or to quit gambling in the months prior to coming to AADAC, but continued to gamble nonetheless. VLT clients reported that they previously sought help for their gambling problems (44%) and tried to quit gambling on their own (38%). Clients also reported that they tried to resolve non-gambling addiction or problems at some point in their lives by seeking help (51%) or by trying to quit on their own (36%). Formal problem gambling treatment was usually very brief and occurred recently in response to their VLT gambling problem. Many of those who had previously sought treatment for gambling reported that their prior treatment experience was somewhat helpful to their recovery.

VLT clients reported that they become aware of programming through a variety of information and referral sources and access to AADAC's problem gambling treatment services was satisfactory. Clients most frequently became aware of problem gambling treatment through self-initiation, referrals from counsellors, the 1-800 Gambling Help Line, posters and brochures, and word of mouth. Very few clients experienced problems in entering a program in either AADAC centres or those of its Funded Agencies. Two-thirds of clients (68%) experienced a waiting period of 7 days or less to enter treatment. Most clients (57%) were admitted to AADAC for gambling issues only, 31% were admitted for cross addictions, and 12% were admitted for substance abuse problems only (but revealed gambling issues later on in treatment).

5. Comments on Programs and Services

Most clients were highly motivated for change and reported they were in "action" stage (ready to make changes) or "maintenance" stage (continuing the changes they have already made). Most had specific goals in mind when entering treatment, but did not have specific time periods within which they hoped to achieve their goals. Most clients (73%) hoped to quit gambling entirely, but 83% could not suggest when they would achieve their treatment goals.

Over half (52%) of clients made suggestions about services that they would like to receive while in treatment. While no consensus was reached, a handful of clients expressed an interest in marital or family counselling, extended or aftercare support, financial counselling, and assistance with self-esteem, self confidence and planning leisure activities.

Treatment clients had some suggestions to help prevent problems with VLT gambling in the future. More than three-quarters of clients suggested that the government "get rid of" or place certain restrictions on VLTs. Suggestions included relocating them to casinos, reducing their numbers, or placing limits on the amount of player wagers or machine payouts. About one-quarter

suggested that it was the responsibility of the individual to abstain from play, or to avoid places in which VLTs are located.

6. Conclusion

In conclusion, the study has yielded valuable information and insights on VLT problem gambling treatment clients, the nature of VLT gambling and the severity of the problem, client readiness and accessibility of treatment, and program development needs. These insights include:

1. VLT clients come from all segments of the adult population, and include men and women of all ages, all socio-economic backgrounds, and from all regions of the province.
2. Although almost all VLT clients indicated that they had gambled at some point in their lives, most reported they had experienced no problems until they began playing VLTs.
3. VLT clients reported they were motivated to gamble to win money, to escape from problems, for entertainment or fun, and for excitement or as a challenge.
4. VLT clients reported that the source of their gambling money in the past year had been household money, credit cards, spouses or other relatives.
5. Almost all VLT clients reported they smoked tobacco during play, one-third consumed alcohol during play, and drug use during play was rare. Almost half of all clients reported that they did not drink alcohol at all.
6. Most clients believe that VLTs present a greater risk for developing problems than do other gambling activities. Most clients suggested that the availability of the machines was among the main reasons for this increased risk of developing problems.
7. Clients reported that big wins, small wins and near wins all help to maintain interest and excitement in continued play, whereas big losses discourage play.
8. Most VLT clients report that they are unable to maintain limits on time or money spent while gambling, and accumulate increasing gambling debts as a result.
9. Almost all VLT clients were aware that there is no skill component involved in VLT play, yet many also believed that they could influence the outcome of VLT games and would do certain things out of habit or superstition during play.
10. Most clients reported they would go alone to play VLTs, limit their interaction with other players, and put gambling ahead of social relationships with family and friends.
11. In comparison with alcohol and other drug addictions, the speed of onset is greater for VLT gambling problems and the length of time for individuals to seek assistance is shorter.
12. Most VLT clients had made attempts to quit gambling in the months prior to coming to AADAC for treatment, but continued to gamble nonetheless.
13. VLT clients reported that they became aware of AADAC programming through a variety of information and referral sources and that access to treatment services was satisfactory.

14. Most VLT clients were highly motivated and had specific treatment goals in mind, but did not have specific time periods within which they hoped to achieve their goals.

7. Recommendations

The study findings support the following recommendations regarding VLT problem gambling and strategies for prevention/intervention, assessment/treatment, and research/evaluation.

Recommendations for Prevention/Intervention

Recommendation 1: AADAC should continue to develop, deliver and enhance a broadly based public education program to focus on public awareness and self-assessment for gambling problems.

Rationale: AADAC has a clear role to play in educating the public about gambling problems, symptoms of problem gambling, and the availability of treatment programs for this problem. Based on the demographic results, it is evident that initiatives need to be broadly based to reach a wide segment of the population. However, it is evident that more focused efforts can also be developed to target problem gamblers. The study reveals that clients take 10 months on average to become aware that they are experiencing problems with VLT play, and wait another 16 months on average before they actively seek assistance. AADAC can assist those who are at risk, or already experiencing problems, to develop awareness and to initiate action more quickly. Self-directed assessment tools, for instance, may help those who are unaware that they have a problem, and self-directed resources for treatment may help those trying to quit on their own. Both prevention and early intervention strategies must be inclusive and reach all those who may be affected.

Recommendation 2: AADAC should continue to target education and training strategies that support early intervention in gaming venues or other places in the community where contact is likely to occur.

Rationale: AADAC has a role to assist, educate and train those who can intervene at the community level. Individuals at risk for, or already experiencing, problems can be readily identified, effectively supported, and appropriately referred by those in a position to recognize gambling problems in the course of their day-to-day work. Staff in gaming venues, financial institutions, human services, health care, workplace, and employee assistance programs, as well as family members, can serve as contact points for information, intervention and referral for those with gambling problems. Those who develop VLT or other gambling problems may become aware of their situation and take action sooner through intervention and support at the family and community level.

Recommendations for Assessment/Treatment

Recommendation 3: AADAC should examine its screening and recording practices to ensure that all clients are effectively screened for problem gambling, and that all relevant information is recorded, regardless of when it is disclosed.

Rationale: Intake and assessment procedures should be standardized and relevant information recorded in AADAC's Client Monitoring System (CMS) at the time of disclosure.

As shown in this study, 12% of clients admitted for "substance issues only" revealed gambling problems later on in treatment. Problem gamblers were found in all three of AADAC's CMS admission categories ("*Drug or Alcohol Issues Only*," "*Gambling Issues Only*," and "*Gambling and Drug or Alcohol Issues*"). Clients may not have recognized or disclosed their gambling problems at the time of admission. In addition, current screening procedures may not initially identify all clients who are experiencing gambling problems, and do not accommodate recorded changes if problem gambling is identified later on in treatment. It is possible that, given this 12% figure, the number of clients with gambling problems may also be underreported in CMS reporting statistics.

Recommendations for Research/Evaluation

Recommendation 4: AADAC should continue to undertake and support research on gambling and problem gambling through general population studies, laboratory studies, examination of program outcomes, and monitoring of gambling trends.

Rationale: Given the limited scientific information available about VLT gambling and problem gambling, further examination of VLT play should be considered to better understand this phenomenon. For example, a study based on a larger, representative sample of VLT players selected from the general population could yield important insights and ideas for improving prevention, early intervention and treatment initiatives. Further investigation could also be undertaken into the structural/dynamic aspects of VLT machine gambling in relation to the maintenance of play. As AADAC's understanding and approach to problem gambling evolves, strategies to prevent and treat problems should continue to be reviewed for their effectiveness and appropriateness. Finally, it will also be necessary to continue to monitor trends for changes in gambling behavior, gambling preferences and overall prevalence of problem gambling.

PREFACE

un.plug (un plug) v.-plugged, -plug-ging. 1 open or set free (something) by removing a plug or stopper. 2 disconnect (an electric light, appliance, etc.) by removing the plug from an outlet.

--The Senior Dictionary: Dictionary of Canadian English (1973),
p. 1211.

1. PURPOSE OF STUDY

AADAC's mandate includes the provision of treatment services for problem gamblers. The majority (58%) of AADAC's problem gambling treatment clients in the 1995-96 fiscal year said that video lottery terminals (VLTs) were their most frequent gambling choice. With VLT gambling common among AADAC's growing number of treatment clients and with little detailed information available in the current literature about how to treat them, AADAC initiated an in-depth study of their VLT problem gambling treatment clients. This report summarizes the findings of the four research objectives:

1. To identify the common characteristics and attributes of current VLT problem gambling treatment clients by developing a demographic profile.
2. To determine why VLT clients gamble, why they prefer VLTs and why they sought treatment by describing their behaviors, attitudes and motivations.
3. To describe VLT gamblers' knowledge of, and opinions regarding, current treatment options.
4. To provide information to treatment and prevention staff to assist them in program development and refinement.

1.1 Background

Background is provided here on what VLTs are and their availability in Alberta, along with a discussion of what little is presently known in the literature about research objectives one, two and three. Most VLT research has focused on the prevalence of use and problem use of VLTs, not on VLT treatment clients.

1.1.1 What is known about treatment?

Research on VLT problem gambling clients and their treatment is extremely limited in the literature.

The research on treatment for VLT problem gambling is sparse, largely because of the relative newness of the problem and because there are very few treatment programs in existence for this specific problem. While studies of problem gambling treatment in general are evident, most appear either to serve as a descriptive study of a given treatment population or to focus on outcome measurement following treatment (Ciarrocchi et al., 1989; Taber, J. et al., 1987). Little if any information exists regarding the experience of clients at initial entry into treatment or examines the various issues surrounding the gambler's motivation for treatment, previous attempts at abstinence, awareness of treatment, access to treatment, and appropriateness of treatment.

The present VLT study was undertaken to shed light on these topics with information gathered from a sample of problem gambling clients entering treatment in Alberta.

1.1.2 What are VLTs?

The video lottery terminal (VLT) is one of the latest technological innovations to capture the imagination and interest of gamblers. VLTs are essentially computers with randomly set microchips which simulate popular casino style games like blackjack, poker and other games of chance. They differ from slot machines in that VLTs pay out winnings with a voucher redeemed for cash whereas slots pay out winnings in cash by dispensing coins directly to the player.¹ Payouts occur on a variable ratio schedule, meaning the machines can produce ten jackpots in a row, or conversely, not pay out in one hundred plays. Each occurrence is a separate and unconnected chance event in terms of probability. VLTs are programmed to pay out credits at 92%.² They are presently located in Class A Liquor Primary Licensed premises across the province, and are consequently restricted to adult players. Since VLTs were first introduced province-wide in 1992, they have gradually expanded by 1996 to include a network of 5,586 video lottery terminals located in 1,098 licensed liquor establishments throughout Alberta.³

In Alberta, at present there are seven games available on each machine (joker poker, classic Keno, double loon, super eight, blackjack, jacks or better and five reel). A single game can be completed in a matter of seconds, and a player can, in a single session of play, easily win or lose hundreds of dollars in a matter of hours. Gamblers can play for a low introductory fee of twenty-five (25) cents per credit and may bet from a quarter to a maximum bet of \$2.50 per play. The maximum amount that can be won on a single spin is \$1000. Operating the machine is also relatively simple for the novice player, which includes a demo for those unfamiliar with the rules, and requires only a screen touch to interface with the machine.

1.1.3 Who are VLT problem gamblers?

Information to describe VLT gamblers and problem gamblers is limited to a handful of studies.

The literature is overwhelmingly dominated by studies of adolescent males using fruit machines in the United Kingdom, in which one attempts to win money through wagering on the random spin of fruit symbols into patterns. The majority of the literature in this area comes from a series of studies by Mark Griffiths and others in the U.K.

¹ VLTs are also distinguished from Casino Gaming Terminals ("CGTs" or "slot machines") in that VLTs have video screens while CGTs have spinning reels which display random outcomes. CGTs are only located in charitable casinos and major fairs throughout the province.

² Alberta Lotteries, Annual Report 1994/95, p. 3.

³ Alberta Lotteries, Annual Report 1995/96, p. 3.

Since VLT machines and the VLT gambling problems are both relatively new in Canada, relevant research on VLT play is lacking. To date, there appear to be very few Canadian studies on record, usually in the form of general population studies. In 1994, Barbara Gfeller surveyed 507 VLT patrons in bars and lounges in Brandon, Manitoba, and found 9.3% (n=47) to be pathological or problem gamblers. The study reported that 64% are male. They are between 18 and 45 years of age (90%), married or living common-law (47%), single (40%), and divorced or separated (13%). About 49% have a high school education or less, 70% are employed full-time, and report an average income of between \$20,000 to \$24,000.⁴

An adult prevalence study was conducted by Wynne Resources Ltd. (1994) and included some data on VLT players in Alberta. They reported that lifetime problem gamblers who have ever played VLTs (n=53) are somewhat more likely to be male (55%), Caucasian (85%), between the ages of 18-44 (84%), single (43%), have a high school education or less (68%), are employed (72%), and have an annual income between \$15,000 and \$49,000 (57%).⁵ Lifetime problem gamblers who play VLTs are most typically employed in the fields of manufacturing, farming, construction, sales, or service (51%).⁶

1.1.4 Why do they gamble?

The research literature in these areas tends to be limited in the area of what motivates people to play VLTs.

VLT problem gamblers play the game for a number of reasons. According to Gfeller (1994), problem and non-problem gamblers both indicate that they play VLTs to win money, for fun, enjoyment or entertainment, or excitement. The Wynne Resources Ltd. (1994a) study of adult problem gamblers in general found that problem and pathological gamblers are significantly more likely than non-problem gamblers to gamble for fun or entertainment, to win money, for excitement or challenge, to do things with friends, because they are good at gambling, as a distraction from their everyday problems, and to be alone. In contrast, studies of adolescents indicate that they are less likely to play to win money (Griffiths, 1990a, 1990b).

The Gfeller study suggests that most problem and pathological gamblers were probably not aware of their gambling problems and were less concerned that VLT gambling was something that they could not control. The research is sparse with regard to the duration of the problem and the expressed need for treatment, although much speculation has been made on this point. However, information on awareness of treatment programs, motivation for treatment, attempts at voluntary abstinence, attempts at seeking help or previous treatment history is lacking. Existing studies have not focused on this aspect of VLT problem gambling.

⁴ Gfeller, B. (1994). *A Profile of VLT Gamblers in Brandon, Manitoba*, pp. 12, 33-34.

⁵ Wynne, H. (1994a). *A Description of Problem Gambling in Alberta: A Secondary Analysis of the Alberta Study Data*, p. 92-93.

⁶ *Ibid.*, p. 95.

Based on the literature, there are a number of factors which attract players and encourage their continued play of video lottery terminals. Sociological factors appear to be important in the acquisition of gambling behavior and in the development and maintenance of social gambling. Psychological and physiological factors, on the other hand, appear to sustain the development and maintenance of pathological gambling (Griffiths, 1990a). Other factors, including situational factors (physical and economic availability of the machines) and structural factors (features pertaining to the machine itself) tend to influence both the initiation and maintenance of interest in VLT play. It is evident that VLT problem gambling is the result of a complex array of structures and processes which influence human behavior.

Sociological Factors

The effects of socialization on play appear to be a factor in the acquisition of gambling behavior (and in the development and maintenance of social gambling).

- An important factor influencing gambling behavior is early socialization in youth. Wynne, et al. (1996) reports that adolescent problem gamblers begin to gamble at a very early age, often before the age of 10, and often with a parent. This early gambling experience, coupled with the legitimizing presence of parents or peer group members, also serves to influence interest in gambling experiences. Although VLT gambling is limited to adult players, early exposure to other forms of gambling activities may encourage social acceptance of gambling in general.
- There has been little systematic research into whether video machine-based gambling is a social or a non-social activity (Huxley & Carroll, 1992). For instance, some research suggests it is largely seen as a social activity rather than a solitary one. An Australian gambling study revealed that poker machine playing is often a group rather than individual activity (Caldwell, 1974). In Gfellner (1994), the findings suggest that VLT gambling is engaged in regularly by young adults in a social context, although pathological and problem gamblers are more likely to go to bars or lounges to play VLTs than socialize. However, other studies indicate that it is more of a solitary activity, with little interchange among VLT patrons, and little social activity involved (Wynne Resources Ltd., 1994a). Some problem gamblers report playing VLTs to be alone and to distract themselves from their life problems.
- Griffiths (1993b) has reported that the perception of skill involvement appears to maintain group hierarchies of players. Those who contend that they are "skillful" players become group leaders, while the more novice players need to be "educated" on ways to beat the machine. However, the technical skill required for machine gambling is low-level and essentially involves basic familiarity with the machine and game at hand. There is no specific skill requirement built into the game design and there is little that a player can do to influence the outcome or to increase his chances at winning.
- There also appear to be various social rules of play, or VLT etiquette, with the game, including rules of interaction, rules of play, and rules of succession for VLT players. Caldwell (1974) has described the strict rules of access which surround the activity of playing slot

machines. Access to machines is reinforced by social consensus, and those caught jumping the queue face considerable social consequence for breaking these social norms.

Psychological Factors

Research indicates that the interaction with a machine, or psycho-structural interaction, can lead to illogical or irrational thinking, superstitious behavior, and other non-rational beliefs or behaviors with which VLT players believe they can predict outcomes by their special skill or ability.

- Despite the fact that VLTs are machines run on randomly programmed microchips, many problem gamblers believe they possess unique skills that will allow them to win. There is no way of predicting sequences which result in favorable outcomes, yet the “illusion of control” (Langer, 1975) is an important motivating factor in encouraging play. The player believes that personal skill plays a more significant part than it actually does.
- Griffiths (1993a) suggests that regular gamblers personify the (fruit) machines significantly more than non-regular counterparts do, adding support to the suggestion that some gamblers treat the machine as an ‘electronic friend.’ As well, Ladouceur (1988) has observed players talking to their machines as if persuasion might influence the outcome.
- Walker (1992) states that some slot machine gamblers employ strategies in order to win, including a favorite place related to the potential to win, a favorite machine or type of machine, rituals associated with playing the machine, strategies to prevent others from playing the machine until they have finished with it, special methods of play such as pressing quickly for a fast spin, and an ability to predict when a big payout will occur. As well, Ladouceur (1988) has reported that many gamblers carry lucky charms in the hope that they will influence the machine to pay out.

Physiological Factors

The research literature also suggests a number of physiological effects which are particular to video-based gaming machines, including:

- Continuous forms of gambling, such as VLT play, are associated with more gambling related problems (Dickerson, 1993a). These continuous forms of gambling refer to relatively rapid and repeated sequences of wagers, play, and outcome. Other examples of continuous gambling activities include card games, bingo, most casino gaming, and horse races. It is the possibility of continuous play which stimulates the player's excitement, continuously reinforcing the desire to win, or to win back losses, and games can be completed in a matter of seconds without a pause or a break in the action. Moreover, the very nature of VLT play makes it extremely difficult for problem gamblers to control the frequency of play or time and money spent.

- Near wins are as satisfying as actual wins in producing a physiological state of arousal and in serving to maintain play. This concept is referred to as the “psychobiology of the near miss” (Griffiths, 1990a).
- Concerns have been expressed about the apparent short period of time within which an individual can develop a problem with VLTs. While the comparison to alcohol or drug addictions may not be appropriate without further research, the relative speed of onset of gambling problems reported by some VLT players is startling

Structural Factors

The effects of machine-based gambling in general are also the subject of some academic discussions on this form of problem gambling. Structural characteristics, such as the lights, colors, sounds, and feel of a machine may attract players, reinforce continued play, and encourage continued play beyond a person's intended allotment of time or money. The precursor of these, slot machines and video arcade games, also feature lights, sights and sounds to appeal to players and to encourage continued interest. It is these structural features which have a significant effect on whether an individual will choose to begin play, or to continue to play.

- According to Fisher and Griffiths (1995), anecdotal evidence suggests that aural and visual stimulation is particularly important in encouraging and in maintaining play. These features include the brightness of the video images, flashing lights on top of the machines signalling a big win, and the accompanying music and other sound effects. Heineman (1996) suggests that problem gamblers like visual things, and consequently would be more likely to be drawn to the visually appealing stimuli of light and colour.
- The music also provides an auditory soothing effect, creates a sense of urgency and increases feelings of tension during play, and provides a rewarding melody after every win to acknowledge the player's success. Certain machines also spill the winnings (usually in small change) into metal trays, thus amplifying the effect and increasing the excitement of others playing in the vicinity. These sights and sounds also serve to give the impression to prospective players of the apparent frequency of winning.

Situational Factors

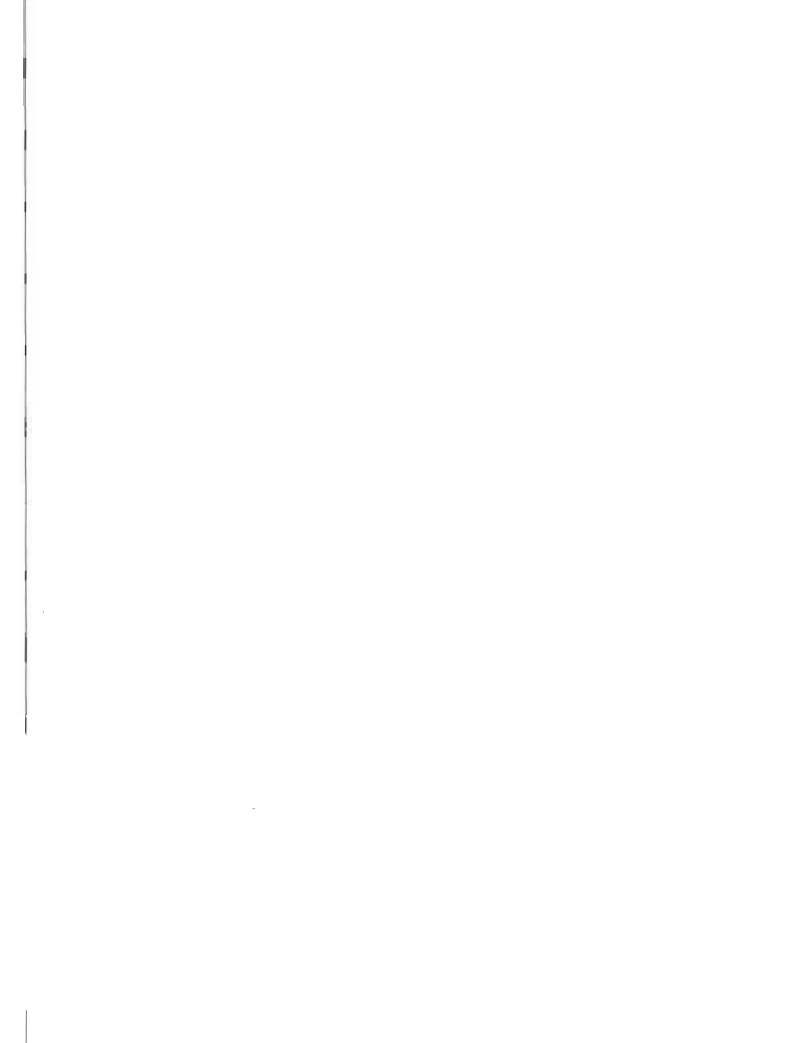
Situational factors, such as availability (number of machines, location, density, and advertising) and access (type of venues licensed, hours of operation, venue capacity, economic availability through prices), serve to determine opportunities for VLT gambling and influence the likelihood of problem gambling to occur.

- As reported in Ladouceur, et al. (1994), prevalence studies seem to indicate that there are more problem gamblers in jurisdictions where the activity is legal. Research has shown that the increased availability of gambling contributes to an increase in the prevalence of problem

gambling (Volberg, 1994). However, these findings are not consistent throughout all studies.

A recent study conducted in Texas, USA concluded that despite introduction of a new form of gambling, rates of problem and pathological gambling did not increase significantly (Wallisch, 1996). Volberg & Stuefen (1994) also found that the prevalence rate remained stable in a follow-up study conducted in South Dakota.

- Regulatory responses on the availability and accessibility of gambling are important factors that can prevent or minimize many of the potentially negative impacts of legalized gambling (Volberg & Silver, 1993). These situational factors, used in various jurisdictions to reduce the effects of problem gambling, include restrictions with respect to location of gambling venues, hours of operation, underage gambling, and setting limits on the amount of bets, payouts and credits.



2. METHODOLOGY

2.1 Methods

Eligible clients voluntarily participated in the VLT Gambling Study by completing a 10-page self-administered survey developed for the study (see Appendix A). In addition, participating clients' Client Monitoring System (CMS) admission and South Oaks Gambling Screen (SOGS) information were used in the analysis. The self-administered survey took about thirty minutes to complete. Appendix B lists the information collected by data source in detail.

Any AADAC and Funded Agency sites in the province who were likely to see at least one client eligible for the study each month were sent the self-administered surveys along with instructions. This was determined using 1995-96 CMS data. The instructions explained eligibility for participation was any client who said:

- their admission reason was "Gambling Issues only" or "Gambling and Drug or Alcohol Issues," and
- their type of gambling used most frequently in the past 12 months was VLTs.

Staff were instructed to explain the study at the end of the client's first visit. Staff then asked for verbal informed consent and, if consent was granted, provided a copy of the self-administered survey to the client, who filled it out and returned it to the AADAC or Funded Agency site. Data collection occurred from August 6 to September 27, 1996.

Certain clients were also included who didn't meet the eligibility conditions, but some time after being admitted for alcohol or drug issues revealed they had gambling problems. These clients participated in the VLT gambling study at the discretion of the counsellor involved, and made up 12% of the sample. This flexibility was added based on the results of the one-week pilot of the VLT Gambling Study at a few sites. Counsellors were also encouraged to have clients fill out the survey at a time and place convenient to them, whether it was at the treatment centre or at the client's home and returned at a later session. It was hoped that clients would be more willing to tell their stories and freely participate in the study at the time of request given these options.

In designing this study, the author also conducted ad hoc observational research of VLT gambling in bars and lounges in order to gain a contextual understanding of the nature and dynamics of VLT play.

2.2 Sample

Eighty-four (84) clients completed the self-administered survey. Staff sent in CMS admission information for 81% of these clients and SOGS information for 70% of these clients. During the data gathering period, 43% of the eligible clients in participating sites took part in the study.

In order to test for sample bias, a comparison was conducted on the CMS admission information for eligible clients who participated and eligible clients who did not participate. Using data from the 1995-96 fiscal year, the breakdowns for gender, marital status, education, employment, usual occupation, substance use, and frequent substance use show no difference between participants and non-participants. The 43% response rate leaves open the possibility of self-selection biases.

2.3 Study Limitations

This study included individuals who sought treatment for their gambling problem, and the results cannot be interpreted to represent the characteristics or experiences of all gamblers who play VLTs (or even those gamblers experiencing problems with VLT play) in the population. Consequently, any extrapolation of these results to more general populations who play or who experience problems with VLT play must be done with considerable caution.

As CMS and/or SOGS data was not available for some clients, some multivariate analysis was dropped or limited in value. When CMS admission information was missing, the gender of the client was unknown, so data about that client could not be included in gender comparisons. This limited the scope of the study.

3. RESULTS

*"The only thing I can say is I wish I had never seen a VLT.
This addiction hits you so fast you don't even see it coming
or that's how it was for me."*⁷

The results of the study are outlined section by section, including the clients' demographic profile, gambling experience, readiness for treatment, treatment experience, and finally suggestions for service improvement.

3.1 Clients' Demographic Profile

In order to develop a demographic profile of VLT problem gambling treatment clients, information on gender, age, marital status, and socio-economic measures of education, employment, and income was gathered. Tables 1 and 2 present the results from CMS admission and survey data.

TABLE 1: A Demographic Profile of VLT Problem Gambling Treatment Clients		Number	Percent
Gender*		(n=70)	
Male		45	64%
Female		25	36%
Age*		(n=65)	
18-29		11	17%
30-39		31	48%
40-49		17	26%
50-59		4	6%
60+		2	3%
Marital Status*		(n=63)	
Single		24	38%
Married		20	32%
Cohabiting		8	13%
Separated		6	9%
Divorced		3	5%
Widowed		2	3%

*Note: This information was based on CMS data and was not available for all clients.

Based on AADAC clients surveyed, VLT problem gamblers who seek treatment are:

- likely to be male (64%).
- 38 years of age on average.
- likely to be single (38%) or married (32%).
- likely to have a high school diploma (36%) or less education (43%).
- likely to be employed full time (48%) or unemployed (31%).
- when employed, likely to be in sales/service occupations (45%).

⁷ To express the opinions and experiences of AADAC's VLT problem gambling treatment clients, a selection of their written comments are included in quotations throughout, and are presented in Appendix C.

Male VLT problem gambling treatment clients ranged in age from 19 to 57, with an average age of 37. Female VLT problem gambling treatment clients ranged in age from 26 to 79, with an average age of 40.

TABLE 2: A Socio-Economic Profile of VLT Problem Gambling Treatment Clients		Number	Percent
Education*		(n=67)	
Grade 1-9		11	16%
Grade 10-11		18	27%
Grade 12-13		24	36%
College/Technical diploma		9	13%
University degree		5	8%
Employment*		(n=64)	
Employed full time		31	48%
Unemployed		20	31%
Employed part time		5	8%
Retired		3	5%
Disability		3	5%
Other		2	3%
Employment Satisfaction		(n=84)	
Not at all		8	10%
Slightly		2	2%
Moderately		11	13%
Considerably		14	17%
Extremely		18	21%
Not applicable/No answer		31	37%
Usual Occupation*		(n=58)	
Service/sales		26	45%
Professional/management		7	12%
Clerical/library		7	12%
Fish/forest/mine		4	7%
Manufacturing/construction		4	7%
Homemaker		3	5%
Farming		2	3%
Retired		2	3%
Transportation/equipment operator		1	2%
Other		2	3%
Household Income (before tax)		(n=84)	
\$15,000 or less		17	20%
\$15,001 - \$25,000		11	13%
\$25,001 - \$35,000		17	20%
\$35,001 - \$50,000		12	14%
\$50,001 - \$75,000		15	18%
More than \$75,000		6	7%
No answer		6	7%

*Note: This information was based on CMS data and was not available for all clients.

In terms of differences based on admission reason, those admitted to AADAC for “gambling only” differ from those admitted for gambling and substance abuse problems. Specifically, gambling-only clients:

- enjoy higher household incomes,
- are more highly educated,
- are more likely to be in a stronger financial position at the outset,
- are more likely to have access to bank and credit loans, and,
- are less likely to be in receipt of welfare payments.

“Gambling only” treatment clients are also less likely to use drugs, and more likely not to drink at all than other clients. These clients, moreover, are less likely to have experienced problems with other addictions requiring treatment.

3.2 Clients’ Gambling Experience

“I have never felt such a complete loss of control with any other form of gambling.”

3.2.1 Gambling Behavior

The average age at which clients recalled gambling for the first time was 23 years, ranging in age from 5 to 60 years.

Table 3 shows the first gambling type as recalled by clients.

TABLE 3: First Gambling Experience	Number (n=84)	Percent*
Cards/board games for money	27	32%
VLTs/Slot machines	24	29%
Bingo	19	23%
Lottery tickets	8	9%
Horse races	5	6%
Casino	3	4%
Games of skill	2	2%
Outcome of sports/other events	1	1%
No answer	2	2%

*Note: Some clients provided more than one response to the question.

For about one-third (32%) of clients their first recollection was of playing cards with family or friends for money. Another third (29%) stated that their first exposure to gambling was through VLTs

(or slot machines). Most of these first-time VLT gamblers were in their thirties by the time they began to gamble. Close to one-quarter of clients (23%) reported bingo as their first exposure to gambling.

Table 4 shows the reasons VLT clients indicated they gambled. Most gamble for money (91%), to distract themselves from everyday problems (70%), for entertainment or fun (66%) or for excitement or as a challenge (61%). Few reported that they would gamble because they were good at it (12%), gamble as a hobby (10%), or gamble to support worthy causes (5%).

TABLE 4: Reasons for Gambling	Number (n=84)	Percent*
Gamble to win money	76	91%
Gamble to distract from problems	59	70%
Gamble for entertainment or fun	55	66%
Gamble for excitement or as a challenge	51	61%
Gamble to be alone	29	35%
Gamble to do things with friends	18	21%
Gamble out of curiosity	14	17%
Gamble because I'm good at it	10	12%
Gamble as a hobby	8	10%
Gamble to support worthy causes	4	5%
Gamble for other reason	16	19%

*Note: Clients were encouraged to select all that applied.

3.2.2 VLT Gambling Behavior

Video lottery terminal gambling is a relatively new gaming activity. Problem gambling treatment clients have played VLTs for 30 months (two and one-half years) on average. Most clients confined their other gaming interests in the past year to lotteries (46%), bingo (32%), and casino gambling (17%). Other forms of gaming such as games of skill, sports betting or horse-racing were not frequently reported by the respondents.

3.2.2.1 Extent and Nature of VLT Play

While almost all clients indicated that they had gambled at some point in their lives, very few had previously experienced problems. More than two-thirds (71%) of the clients stated that they had no problems with gambling before they began to play VLTs. Some of their written comments reflect this view:

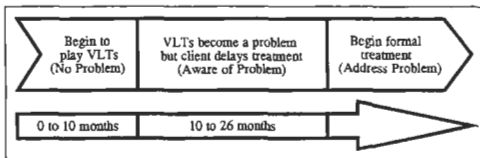
- *"VLTs are the only gambling I've done."*
- *"[It] was the first type of hard gambling I was introduced to."*
- *"I didn't have problems till I found VLTs."*
- *"I have had no other type of gambling problems. It was the easy accessibility."*
- *"I have never played any other game."*

The survey indicates a relatively quick onset for gambling problems from VLTs, but seeking assistance for these problems takes slightly longer. VLT clients said that they:

- became aware of a problem with VLTs in 10 months on average.
- waited 16 months on average to seek help following problem awareness.

Figure 1 shows the average length of time clients have played VLTs, the length of time to identify the problem, and the length of time to seek treatment.

FIGURE 1 - Problem Progression of VLT Problem Gambling Clients



Financing VLT Play

The SOGS test provided information on the main resources that gamblers use. Table 5 shows the sources of gambling money.

TABLE 5: Sources of Gambling Money (SOGS)	Number	Percent*
Household money	46	84%
Credit cards	37	67%
Spouse	30	56%
Other relatives or in-laws	29	55%
Sold personal or family property	26	48%
Banks, loan companies, or credit unions	26	47%
Cashed in stocks, bonds or other securities	14	26%
Credit line with a casino	1	2%
Borrow on chequing account (pass bad cheques)	17	31%
Loan sharks	5	9%
Credit line with a bookie	2	4%

*Note: Not all clients provided answers to all questions. The percentage is based on those who answered the question.

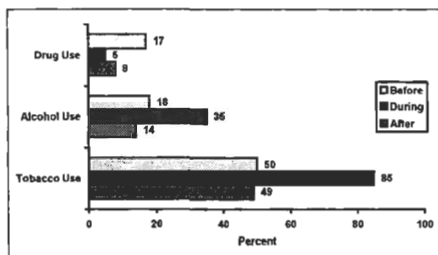
Of those surveyed, most reported that the source of their gambling money in the past year was from household money (84%), followed closely by credit cards (67%), and money from their

spouses (56%) or other relatives (55%). In terms of deviant or criminal behavior, money obtained from passing bad cheques was reported by 31% of clients as a means of gambling funds.

Substance Use and VLT Play

Clients were asked about their tobacco, alcohol, and drug use before, during or after playing VLTs. Overall, clients were more likely to smoke than drink, and to drink than use drugs. In the survey, 49% of clients reported not drinking at all, 79% did not use drugs at all, and 14% did not smoke at all. Of those that did use alcohol or tobacco, use was highest during VLT play. Clients report alcohol and tobacco use during play more frequently than before or after play. They report using drugs less frequently during play than before or after. Figure 2 presents the percent of VLT clients who use drugs, alcohol and/or tobacco before, during and after play.

FIGURE 2 - Prevalence of Substance Use Before, During, After VLT Play



Social Conventions of VLT Play

Clients reported that rules limiting social interaction were observed during play. According to VLT etiquette, players expect that their privacy be respected. Clients mentioned a number of social conventions during play:

- "Minimal talking allowed."
- "No talking unless it's a kind of "good for you."
- "Some friendly talk, congratulating winners, do not criticize others' play."
- "Respect the person next to you wanting to talk or not."
- "People talk while playing, but don't like people standing behind them making comments. It's very annoying."

Social rules of play dictated that talk amongst players or observers was not generally welcome. As a result, other players would not know how much one had spent, and consequently

would not judge their fellow gamblers. As one client commented, "No one really knows how much money you spent in one sitting. So you can deny losing."

In addition to rules limiting social interaction during play, there are a number of other social conventions including rules during play and rules of succession. Players are expected to tip their chairs against the machine while they are away and other players are expected to guard machines from others wishing to play.

Three-quarters (75%) of clients mentioned that they did certain things out of habit or superstition while playing VLTs. Almost all were able to cite numerous examples of behaviors they do, or have witnessed in other players, to try to influence the outcome:

- *"Keep one loonie in the slot below."*
- *"I don't play on a machine if it's the one closest to an exit."*
- *"Change fingers and hands so the machines don't recognize me."*
- *"If lucky one day [I] would wear the same clothes the next."*
- *"I talk to the machine. I rub the machine for luck."*

3.2.2.2 Reasons for VLT Play

"VLTs are the 'quick fix' and easy to find."

Clients reported a number of different reasons for preferring VLT play over other forms of gambling, but two themes did emerge from the written responses. Treatment clients most frequently reported that they were drawn to VLTs because of the excitement and speed of play (36%), and because of the availability and convenience of play (25%). A number of client comments reflect these themes:

- *"Exciting. The rush of seeing something come up on the screen."*
- *"The machines are exciting—you only have one competitor—the machine!"*
- *"It's fast and takes me away from reality at the time."*
- *"The immediate gratification of seeing your winnings."*
- *"I can go whenever I want."*

Playing VLTs was perceived as being more likely to lead to a gambling problem than other forms of gambling activities were. Eighty-two percent (82%) felt that there was an increased risk for developing problems through VLTs compared to other gambling activities. Most clients suggested that the availability of the machines was among the main reasons for this increased risk of developing problems. As one client commented, "They are everywhere, and anyone with a loonie in their pocket can play them."

Lounges or hotel bars were the preferred place to play VLTs (48%), although 19% had no favorite or particular place to play. Their favorite location was most frequently preferred because

of the likelihood of available VLT machines there (38%), or because it was close to home (36%). Table 6 shows the results of the survey.

TABLE 6: Preferred Place to Play VLTs	Number	Percent
Preferred Place to Play VLTs	(n=84)	
Lounges/Hotel bars	40	48%
Don't have a favorite place	16	19%
Licensed restaurant	5	6%
Nightclub	4	5%
Other favorite place	1	1%
No answer	18	21%
Reason for Preference*	(n=84)	
Available VLT machines there	32	38%
Close to home	30	36%
Won big there	18	21%
Favorite machine there	15	18%
Meet friends there	13	15%
Close to work	12	14%
Other	20	24%
No answer	14	17%

*Note: Some clients provided more than one response to the question.

Table 7 shows the results of the survey on reported factors that maintain continued interest in VLT play.

TABLE 7: Factors Maintaining Interest in VLT Play	Number	Percent
Near or Small Wins	(n=84)	
Not at all	5	6%
A little	15	18%
A fair amount	25	30%
A lot	37	44%
Don't know/No answer	2	2%
Big Wins	(n=84)	
Continued to play	49	58%
Stopped playing	30	36%
Don't know/No answer	5	6%
Big Losses	(n=84)	
Continued to play	22	26%
Stopped playing	49	58%
Don't know/No answer	13	15%

Near wins or small wins maintained interest and excitement in playing VLTs either "a fair amount" or "a lot" in almost three-quarters (74%) of the clients surveyed. Big wins almost always resulted in a player continuing to play VLTs with 58% of the clients. Big losses

encouraged a player to stop in 58% of the cases. The largest amount won in a single session was \$1,203 on average (range \$25 to \$3,000), while the largest loss in a single session was \$1,143 on average (range \$20 to \$10,000).

3.2.3 Gambling Addiction Severity

Gambling severity was measured in a number of ways: The South Oaks Gambling Screen (SOGS) score, length of VLT gambling sessions, ability to set and meet *time and money limits on play*, average amount of money gambled, current gambling debt, and social relationships.

The SOGS shows that all clients have considerable difficulties with their gambling. The SOGS is a 20-item scale; scores of 3 or 4 indicate problem gambling and scores of 5 or more indicate probable pathological gambling. The SOGS calculates gambling behavior in two time periods, one in the past year and the other in one's lifetime prior to the current year. The SOGS scores were available for 70% of the clients surveyed. The study indicated that all clients completing the SOGS had scores indicating severe gambling problems for both time periods. For AADAC VLT problem gambling treatment clients completing the SOGS:

- the average past year SOGS score = 12.
- the average lifetime SOGS score = 8.
- 97% of clients would be considered probable pathological gamblers.

Specific questions in the SOGS provide a picture of the severity of the problem that clients experience with gambling. Personal and interpersonal impacts of problem gambling are revealed in Table 8.

TABLE 8: Personal and Interpersonal Impacts of Problem Gambling (SOGS)	Number	Percent*
Spent more time or money than intended (most times)	56	98%
Felt guilty about the way you gamble (most times)	54	95%
People criticized your gambling	45	79%
Wanted to stop gambling but could not	44	79%
Had family argument about gambling	36	71%
Had evidence of gambling	37	65%
Went back another day to win back money (most times)	37	64%
Lost time from work due to gambling	22	39%
Claimed to win but in fact lost (most times)	17	29%

*Note: Not all clients provided answers to all questions. The percentage is based on those who answered the question.

Based on the results of those clients who completed the SOGS, the vast majority had difficulty in personal and interpersonal areas of their lives. This included things such as exceeding

limits (98%), feeling guilty (95%), receiving criticism from friends (79%) or family (71%), or lacking personal control in wanting to stop but not being able to do so (79%).

Impulse Control

"I would set a time limit/spending limit and never stick to it."

VLT problem gambling treatment clients exhibit excessive behavior, including long sessions of play and increasing expenditures of money with little control. VLT clients:

- gambled an average of 6 hours per session.
- gambled an average of 18 days per month.
- gambled an average of 9 hours in their longest continuous session of play.

Most clients had difficulty setting time limits on their play, but had less trouble setting money limits. While 19% set specific time limits for themselves, half (50%) of clients reported they had set limits on the amount of money they intended to spend. For those who set limits, the most they had intended to play was about 2 hours on average, ranging between 30 minutes and 10 hours. The most they intended to spend was about \$74 on average, ranging between \$10 and \$300. The Table 9 presents the number of clients who set limits of time and money spent on VLT play.

TABLE 9: Limits of Time and Money Spent on VLT Play	Number	Percent
Time Limit	(n=84)	
Set time limit for VLT play	16	19%
No time limit	59	70%
Don't know/No answer	9	11%
Money Limit	(n=84)	
Set dollar limit for VLT play	42	50%
No dollar limit	37	44%
Don't know/No answer	5	6%

Despite these commitments limiting play, most were not able to keep intended limits they set for themselves on either time or money spent in play. It appears that very few players could exercise control over their VLT play:

- 17% met their time limits "a fair amount" or "a lot."
- 26% met their dollar limits "a fair amount" or "a lot."
-

"I began playing VLTs on a daily basis spending money that was meant for normal living expenses."

Table 10 shows the average monthly amount treatment clients gambled on VLTs at the time they realized their gambling had become a problem.⁸ Almost two-thirds (65%) reported they had gambled more than \$500 per month on VLTs. The amount reported by clients varied widely, ranging from \$35 to \$10,000.

TABLE 10: Average Monthly Amount Gambled on VLTs	Number (n=84)	Percent
\$500 or less	23	27%
More than \$500 but less than \$1500	28	33%
More than \$1500	27	32%
No answer/don't know	6	7%

Almost two-thirds of clients (65%) reported they had a gambling debt at the time of treatment. One-fifth of clients (20%) reported no outstanding debts as a result of their gambling, 42% owed less than \$15,000, and 24% owed more than \$15,000. Table 11 shows the current total gambling debt of VLT problem gambling treatment clients.

TABLE 11: Current Total Gambling Debt	Number (n=84)	Percent
None	17	20%
\$15,000 or less	35	42%
More than \$15,000 but less than \$25,000	5	6%
More than \$25,000 but less than \$35,000	5	6%
More than \$35,000 but less than \$50,000	5	6%
More than \$50,000 but less than \$75,000	3	4%
More than \$75,000	2	2%
Don't know/no answer	12	14%

Illusion of Control

"There is no way of knowing when a machine will pay."

Almost all VLT problem gambling clients are aware that there is no skill component involved in playing video lottery terminals. As shown in Table 12, 85% of clients stated that the game was either "mostly chance" or "all chance," yet 51% were also able to recount systems or strategies they employ or skills they possess which, they believed, help to influence the outcome of play.

⁸ The question asked "what was the average amount of money you would gamble on VLTs in one month," and does not identify whether this was money spent or money lost during VLT play.

TABLE 12: Perceived Skill Involvement in VLT Play	Number (n=84)	Percent
Alt chance	52	62%
Mostly chance	19	23%
Equal skill/chance	6	7%
Mostly skill	0	0%
All skill	0	0%
Don't know/No answer	7	8%

Social Relationships

"I don't have to talk to anyone or deal with anything but the VLT."

As shown in Table 13, 85% play the game essentially as a solitary activity, away from family, friends or socializing. Very few stated that they went with friends to play or to meet friends at the venue.

TABLE 13: Playing VLTs with Friends, to Meet Friends, or Alone	Number (n=84)	Percent
Go alone to play VLTs	71	85%
Go to meet friends to play VLTs	3	4%
Go with friends to play VLTs	2	2%
Don't know/No answer	8	9%

Some of the following comments by VLT problem gambling clients reflect this tendency:

- *"When I have money to play with, my mind is only on the machine I am playing. I don't think [of] family or anything else."*
- *"[I] had difficulty leaving the machines and could not handle being around my friends because that took precious time from the machines."*
- *"Did not want or wish to go home because of problems there."*
- *"I wanted to be alone."*

3.3 Clients' Readiness for Treatment

"I feel that if someone is honest with themselves they would seek help for this problem."

The importance of seeking treatment or counselling is evident in response to a question identifying the extent of their commitment to the program, shown in Table 14.

TABLE 14: Motivation for Treatment of Gambling Problem	Number (n=84)	Percent*
Precontemplation	1	1%
Contemplation	2	2%
Preparing for Action	13	15%
Preparing for Action/Action*	7	8%
Action	28	33%
Action/Maintenance*	7	8%
Maintenance	22	26%
No answer	4	5%

*Note: Some clients unexpectedly chose more than one response to the question and these responses have been grouped accordingly.

Based on the graduated scale, the vast majority were highly motivated for change at the time of admission for problem gambling treatment. Most reported they were in the “action” stage (ready to make changes) or “maintenance” stage (continuing the changes they have already made). In terms of differences based on motivation for treatment, those clients expressing greater motivation for treatment were more likely to choose to quit gambling entirely as a treatment goal.

Clients reported they became aware of their VLT gambling problem in three main areas—when their financial situation worsened (55%), when they became obsessive in their interest in VLT play (20%), and when family and other significant relationships suffered (11%). Clients recounted their personal stories and how they came to realize that they had developed a serious problem in playing these machines. Many expressed that the problem reached a point of awareness when they lacked money to pay for basic living expenses, when their ability to control their own behavior was no longer present, and when their actions began to have a serious impact on their families. Many of their written comments reveal these themes:

- *“It seemed as though all of my paycheque was always used for VLT machines and going fast.”*
- *“I started to write cheques to my account that had no funds.”*
- *“Could not think of anything but going to play.”*
- *“I knew it was a problem when my kids went without food and I got evicted.”*
- *“My marriage was on the rocks.”*

3.4 Clients' Treatment Experience

3.4.1 Previous Treatment

“So long as I did my part of the treatment, [it] seemed to work fine.”

Most treatment clients reported that they tried to quit gambling, but were not successful in their attempt. Prior to coming to AADAC, VLT problem gambling treatment clients reported that they:

- previously sought help for gambling problems (44%).
- previously tried to quit gambling on their own (38%).

Formal treatment was usually very brief and occurred recently, in response to their VLT gambling problem. Of those who attempted to quit gambling, 59% had previously been to Gamblers Anonymous, and 35% had previously been to AADAC. Types of formal treatment previously attempted by clients for problem gambling prior to their current treatment at AADAC are shown in Table 15.

TABLE 15: Previous Treatment Experience for Problem Gambling	Number (n=37)	Percent*
Gamblers Anonymous	22	59%
AADAC (previous PG treatment)	13	35%
Community-based counselling	5	14%
Other problem gambling treatment	9	24%
No answer/don't know	1	2%

*Note: Clients may have been involved in more than one treatment experience.

Clients also reported that they tried to resolve non-gambling problems at some point in their lives. Treatment clients reported that they:

- previously sought help for some other non-gambling addiction problems (51%).
- previously tried to quit some other non-gambling addiction problem on their own (36%).

Types of formal treatment previously attempted by clients for other addiction problems are shown in Table 16.

TABLE 16: Previous Treatment Experience for Other Addictions	Number (n=43)	Percent*
Alcoholics Anonymous	16	37%
AADAC (drugs)	16	37%
AADAC (alcohol)	13	30%
Community-based counselling	9	21%
Smoking cessation program	9	21%
Diet programs	5	12%
Other non-gambling treatment	3	7%
No answer/don't know	1	2%

*Note: Clients may have been involved in more than one treatment experience.

Of those that attempted to quit some other type of addiction, 37% had previously been to Alcoholics Anonymous, 37% had previously been to AADAC for alcohol problems and 30% had previously been to AADAC for drug problems.

Most of those who have attended other treatment programs stated that they achieved modest success in their recovery through these programs. Although their problems were diverse (from smoking to alcohol and drug addiction), clients suggested that this previous treatment program was helpful in providing information and support, but was short-lived in effect.

3.4.2 Current Treatment

"Access is very easy and convenient."

Clients most frequently became aware of available programs from AADAC and its Funded Agencies through self-initiation, referrals from counsellors, the 1-800 Gambling Help Line, posters and brochures, and word of mouth. Table 17 shows how clients reported they first learned of AADAC's treatment program.

TABLE 17: Awareness of AADAC Treatment Program	Number (n=84)	Percent^a
Self-initiated	21	25%
Referral from counsellor	20	24%
1-800 Gambling Help Line	19	23%
Posters, brochures	17	20%
Word of mouth	16	19%
Other	11	13%
Referral from another program	10	12%
Newspapers	9	11%
Radio/TV advertising	6	7%
Social Services	2	2%
Public presentation	2	2%
No answer/Don't know	6	7%

*Note: Clients were encouraged to select all that applied.

Two-thirds (68%) of clients entered treatment in the week they requested access, 19% of clients waited more than a week, and 13% did not answer. Very few clients experienced problems entering AADAC or Funded Agencies treatment.

Problem gamblers were found in all three of AADAC's CMS admission categories ("Drug or Alcohol Issues Only," "Gambling Issues Only," and "Gambling and Drug or Alcohol Issues"). Most clients (57%) were admitted for gambling issues only, 31% for both gambling and other substance use, and 12% for substance abuse problems only (but revealed gambling issues later on in treatment). Most clients:

- hoped to quit gambling entirely (73%).
- could not suggest when they would achieve their goals (83%).

The average time expected to reach their goal was six months, ranging from one month to four years.

The most important factor motivating clients to participate in problem gambling treatment is personal readiness. Fear of failure is the biggest barrier facing problem gamblers in need of assistance, but this was only cited by one-quarter of respondents. One-quarter (25%) of clients, particularly those admitted for “gambling only” issues, did feel that embarrassment about their gambling problem was a barrier to treatment. Overall, respondents chose factors that hindered participation less frequently than those factors which assisted (no barriers were listed by more than one-quarter of clients). Eighteen percent (18%) of clients said they experienced no barriers to participating in treatment.

Tables 18 and 19 show the factors which assisted or hindered participation in treatment.

TABLE 18: Factors That Assisted Participation in Treatment Program	Number (n=84)	Percent*
Personal readiness	50	60%
Not embarrassed about seeking treatment	40	48%
Not embarrassed to attend AADAC/FA ¹	38	45%
Not embarrassed about gambling problem	23	27%
Not having to wait to begin program	17	20%
Location of counselling sessions	16	19%
Available time	16	19%
Time of counselling sessions	15	18%
Awareness about programs	15	18%
Adequate transportation	14	17%
Age/maturity	13	15%
No job responsibilities	10	12%
No home responsibilities	9	11%
Other factors	8	9%
Attendance requirements	6	7%
No fear of failure	6	7%
No factors assisted	3	4%
Child care	2	2%
No answer	8	9%

*Note: Clients were encouraged to select all factors that applied.

¹ Note: This includes AADAC and its Funded Agencies.

TABLE 19: Factors That Hindered Participation in Treatment Program	Number (n=84)	Percent*
Fear of failure	22	26%
Embarrassed about gambling problem	21	25%
Job responsibilities	16	19%
Personal readiness	15	18%
No factors hindered	15	18%
Embarrassed to attend AADAC/FA [†]	14	17%
Embarrassed about seeking treatment	13	15%
Home responsibilities	11	13%
Other factors	11	13%
Having to wait to begin program	8	9%
Lack of awareness about programs	8	9%
Not enough time	6	7%
Inadequate transportation	6	7%
Time of counselling sessions	6	7%
Location of counselling sessions	5	6%
Age/maturity	2	2%
Attendance requirements	2	2%
No child care	1	1%
No answer	9	11%

*Note: Clients were encouraged to select all factors that applied.

[†] Note: This includes AADAC and its Funded Agencies.

3.5 Clients' Suggestions for Service Improvement

"This form of gambling is just too available. Odds of winning should be posted. Numbers of machines reduced."

Two main themes emerged when clients were asked about ways to prevent problems with VLT gambling in the future. More than three-quarters of clients suggested that the government "get rid of," or place certain restrictions on, VLTs. Suggestions included relocating them to casinos, reducing their numbers, or placing limits on the amount of player wagers or machine payouts. About one-quarter suggested that it was the responsibility of the individual to abstain from play, or to avoid places in which VLTs are located.

Over half (52%) of clients made suggestions about services that they would like to receive while in treatment. While no consensus was reached, a handful of clients expressed an interest in marital or family counselling, extended or aftercare support, financial counselling, and assistance with self-esteem, self-confidence and planning leisure activities.

Some of the specific suggestions of VLT clients include:

- *"A program that would involve the gambler's spouse."*
- *"Financial counselling (cope with debts). Self-esteem counselling (improve my self image)."*
- *"Continued gambler support when you need help after you get treatment."*
- *"I would like to go through a program like this every now and again so I don't forget my tools."*
- *"Continued help with dealing with family issues. What to do when your family disowns you because of a gambling problem."*

4. DISCUSSION

The study results bring forward many points worthy of examination and further discussion. The progression of treatment clients into addiction patterns of VLT play, to becoming aware of their gambling problems, to finally accessing and experiencing treatment is considered in detail, and their comments on program and service improvement are also briefly discussed.

4.1 VLT Problem Gamblers

VLT problem gambling treatment clients are not easily identified by a shared demographic background or socio-economic class. As a result, problem gambling prevention or treatment strategies must reach a broad segment of the population in order to be most effective. The study did not reveal any specific group or category of the adult population which requires targeted strategies.

VLT clients reported that they have played VLTs for a relatively short time (2 1/2 years). Clients preferred VLT play over other forms of gambling for a number of reasons, but two themes did emerge from the written responses. Treatment clients most frequently reported that they were drawn to VLTs because of the excitement and speed of play and because of the ease of access, availability and convenience of play.

4.2 Becoming Addicted

VLT clients reported that they gambled for many reasons. They gambled to win money (91%), to distract themselves from problems (70%), for entertainment or fun (66%), and for excitement or as a challenge (61%). In contrast to these findings, the Alberta Prevalence Study found somewhat different results.⁹ The top four reasons given by non-problem gamblers in the 1994 study were for entertainment or fun, to support worthy causes, to win money and for excitement or as a challenge. It is evident that VLT treatment clients are more interested in winning money and being distracted from problems, and less interested in gambling to support worthy causes.

The majority of clients preferred to play VLTs in lounges or hotel bars over other licensed locations, largely because of personal convenience and the likelihood that there would be an unoccupied machine available to play. Most clients also suggest that availability of VLT machines was among the main reasons contributing to the risk of developing problems, which they perceive to be greater for VLT play than for other forms of gambling. Many suggested that VLT gambling would continue to cause them problems due to the continued availability and convenience of VLTs.

A number of factors serve to encourage or discourage continued play. Big wins, small wins and near wins all help to maintain interest and excitement in continued play, whereas big losses discourage play. Clients explained that they stopped playing after big losses only as a result of external reasons—their financial resources were depleted or the licensed establishment closed for the evening. This is not surprising given research by B.F. Skinner involving variable ratio

⁹ Wynne Resources Ltd. (1994a). Gambling and Problem Gambling in Alberta, p. 57.

schedule enforcement.¹⁰ Skinner's research indicates that the most likely way to encourage continued responses (in this case dropping additional coins into the machine) is to vary the reinforcement (wins) and provide intermittent small rewards as an incentive or inducement to continue the behavior.

Almost all VLT problem gambling treatment clients smoked tobacco during play, about one-third consumed alcohol during play, and drug use during play was rare. Clients reported that their tobacco and alcohol consumption patterns were at a moderate level before commencing play. During play, both these behaviors increased substantially, and generally decreased back to the original consumption levels when play ended. Although the extent of tobacco use during play is unusually high, this behavior is not specific to VLTs and is also observed in other forms of gambling.

Although all clients play VLTs in licensed drinking establishments, almost half (49%) of those surveyed reported that they abstain from alcohol. Alcohol is evidently not the main attraction for these clients. This is consistent with anecdotal evidence that indicates that many VLT players are a new type of patron for most licensed premises as they do not go primarily to drink alcoholic beverages but to play VLTs.

4.3 Becoming Aware

For most clients, awareness of VLT gambling problems surfaced when they realized they had compromised their financial obligations, social expectations or personal integrity. Clients reported three main areas which helped them to become aware—their financial situation worsened, they became obsessive in their interest in VLT play, and family and other significant relationships suffered.

In comparison with alcohol and other drug addictions, the speed of onset is greater for VLT gambling problems and the length of time before individuals seek assistance is shorter.¹¹ VLT clients reported that they became aware of a problem with VLTs in 10 months on average, and waited 16 months on average before seeking treatment.

While almost all clients had gambled at some point in their lives, very few had previously experienced problems. More than two-thirds (71%) of the clients stated that they had no problems with gambling before they began to play VLTs. This would indicate that most clients are not former problem gamblers who switched their gaming preferences to VLTs. Rather, the evidence suggests that most treatment clients are new problem gamblers who develop a problem through their experience with VLTs.

¹⁰ Skinner, B.F. (1953). Science and Human Behavior.

¹¹ Sobell, L. C., Sobell, M. B., & Toneatto, T. (1992). "Recovery from alcohol problems without treatment." In N. Heather, W. R. Miller, & J. Greeley (Eds.), Self-Control and Addictive Behaviors, p. 223; Schuckit, M. (1995). Drug and Alcohol Abuse: A Clinical Guide to Diagnosis and Treatment, pp. 82-83; Brown, C. & Thompson, J. (1990). An Evaluation of the Lander Model for Addictions Treatment, p. 24.

Based on the SOGS results, VLT gambling treatment clients at AADAC and its Funded Agencies experience severe gambling problems. Almost all (97%) would be considered probable pathological gamblers. The vast majority of clients had difficulty in personal and interpersonal areas of their lives. Their problems included exceeding limits, feeling guilty, receiving criticism from friends or family, or lacking personal control (wanting to stop but not being able to do so). In most instances, treatment clients reveal an inability to maintain limits on play, continue to play despite knowledge of the random nature of VLT outcomes, and place gambling ahead of personal and familial relationships in order of importance.

One of the most common experiences shared by VLT clients is the loss of impulse control. Treatment clients report long sessions of play and increasing expenditures of money with little control. These clients report gambling an average of 18 days a month, six hours a day, and nine hours in their longest continuous session of heavy VLT gambling. Although clients report less difficulty sticking to a budget than keeping to time limits they set on their play, most are not actually able to observe limits they set for themselves on either time or money spent in play.

Clients reported that the main source of their gambling money in the past year was household money intended for other purposes (84%), followed closely by credit cards (67%), spouses (56%) or other relatives (55%). Clients stated that they would eventually begin to gamble with money set aside for household living expenses like rent, mortgage, or food. It would appear that VLT clients are much more likely to rely upon personal resources or access lines of credit privately than ask to borrow money from family members to continue their gambling habit.

The amount clients reported they gambled on VLTs in a typical month can be put into perspective by considering the estimated monthly household spending patterns of a family of four.¹² More than a quarter of clients (27%) reported they gambled \$500 or less, a figure comparable to the average monthly food expenditures of an average family. A third (33%) gambled between \$500 and \$1500, comparable to the average family's monthly cost of rental housing or mortgage payments. Another third (32%) gambled in excess of \$1500, comparable to the average family's monthly cost of all monthly basic expenses (including housing, food, home operation, clothing, health and personal care). Additional gambling expenses in these ranges cannot easily be absorbed in most households without a corresponding loss in personal savings or increase in personal debt.

Almost two-thirds (65%) of clients had accumulated a gambling debt at the time of treatment. It is likely that, having exhausted more conventional sources, the gambler would then turn to selling personal or family property; to borrowing from banks, loan companies or credit unions; or to cashing in stocks, bond or other securities for money to spend on gambling. Deviant or criminal behavior was least mentioned by clients as a source of gambling money, although a third still mentioned they had passed a bad cheque in order to obtain money for gambling.

¹² Edmonton Social Planning Council. (1995). *Family Budgeting Guide*, p. 14. For comparison purposes, a sample budget of basic expenses was applied for a family of four living in rental accommodations in 1995. For a family of four in Edmonton, food would be \$442, rent would be \$680, and all expenses combined would be \$1,676. In Calgary, the figures would be \$466 for food, \$704 for rent, and all expenses combined would be \$1,723.

A second common experience shared by VLT clients is the illusion of control, in which they believe that they can somehow control the outcome of an event. Almost all treatment clients are aware that there is no skill component involved in playing video lottery terminals, yet over half were also able to recount systems or strategies they employ or skills they possess which they believed would help to influence the outcome of play. In fact, the frequency of VLT payouts is not based on any pattern, and outcomes cannot be predicted. This apparent contradiction has been referred to as "situation specificity," in which gamblers believe they have no control in one situation and believe they are in control in another.¹³

This belief is also evident in the habits, rituals, and superstitions common among VLT clients. Three-quarters of clients cited numerous examples of unusual behavior while interacting with the machine. Many described the machine as having certain human traits or abilities, and would talk to the machine, tap on the machine, or rub the machine's screen for good luck. These behaviors seem to confirm existing research which suggests that problem gamblers hold a set of irrational beliefs which maintains interest in continued play despite recurring losses.¹⁴

A third common experience shared by VLT clients is the narrowing of social relationships with other people, most notably their family and friends. While other types of gambling activities often have a social aspect to them, VLT gambling is essentially a solitary, non-social pursuit. Most clients (85%) play VLTs alone, away from family, friends or socializing, and would limit their interaction with others during play. Very few stated that they went with friends to play or met friends at the gambling venue. This result is similar to the results of the Gfeller study, which found that pathological and problem gamblers were more likely to go to bars or lounges to play VLTs than socialize.¹⁵

Socialization does not appear to play a major role in the initiation, development or maintenance of VLT play, based on the results of this study. As social norms dictate that there is little interaction among players, there is little opportunity to share experiences about the game, and limited opportunity for group involvement or influence. This would support the findings of Wynne Resources Ltd., which found that VLT players, similar to bingo or lottery players, generally experience little social activity surrounding play.¹⁶ Except for saving player positions or congratulating winners, VLT clients appear to share little camaraderie or community during play. This tendency towards increasing social isolation is also a salient factor in the development of alcohol or other drug addictions.¹⁷

4.4 Seeking Treatment

Most clients stated that they had made at least one attempt to quit gambling in the months prior to coming to AADAC, but continued to gamble nonetheless. Previous formal treatment, if it

¹³ Dickerson, M. (1993b). "Internal and external determinants of persistent gambling: Problems in generalising from one form of gambling to another." *Journal of Gambling Studies* 9(3), p. 238.

¹⁴ Walker, M.B. (1992). "Irrational Thinking Among Slot Machine Players." *Journal of Gambling Studies* 8(3), p. 251.

¹⁵ Gfeller, B., p. 17.

¹⁶ Wynne Resources Ltd., (1994a), p. 79-80.

¹⁷ Jellinek, E.M. (1952). "Phases of Alcohol Addiction." *Quarterly Journal of Studies on Alcohol*, 13, p. 680-681; Strachan, J.G. (1990). *Alcoholism: Treatable Illness, An Honorable Approach*, p. 113-115.

had occurred, was usually very brief and occurred recently in response to their VLT gambling problem. Clients suggested that this previous treatment program was helpful in providing information and support, but was short-lived in effect. Given other research on the dynamics of relapse, it is not unusual that initial attempts at modifying or ceasing addictive behavior are not successful.¹⁸

Personal readiness is the most important factor motivating clients to participate in problem gambling treatment. Fear of failure was the biggest barrier facing problem gamblers in need of assistance, but was only reported by one-quarter of respondents. Overall, respondents chose factors which assisted participation more frequently and chose factors that hindered participation less frequently. It is encouraging that one-quarter cited no barriers at all for treatment.

More than half (57%) of VLT clients were admitted for gambling issues exclusively, and 43% were admitted for co-addictions of gambling and substance abuse problems. It was interesting to note that several clients (12%) had initially sought treatment for substance use problems exclusively, but revealed they were also experiencing problems with VLTs later on in treatment. It is evident that when clients seek assistance for their substance abuse problems, gambling problems are not always recognized or disclosed at the same time.

Most clients were highly motivated for change at the time of admission for problem gambling treatment. They most frequently reported that they were in the "action" stage, ready to make changes, or in the "maintenance" stage, continuing the changes they had already made with respect to their gambling problems. Other addiction studies report clients in earlier stages of treatment readiness upon admission.¹⁹

Most clients had specific goals in mind when entering treatment, but did not have specific time periods within which they hoped to achieve their goals. Most clients (73%) reported they hoped to quit gambling entirely, and few believed that they would be able to pursue a goal of controlled gambling, that is, to continue to gamble with set limits in mind. Most clients (83%) were unable to suggest a definitive time period in which they would be able to reach their personal treatment goal and preferred to think of their problem as a lifetime condition requiring ongoing attention.

4.5 Program and Service Improvement

Over half (52%) of clients made suggestions about services that they would like to receive while in treatment. While no consensus was reached, a handful of clients expressed an interest in marital or family counselling, extended or aftercare support, financial counselling, and assistance with self-esteem, self-confidence and planning leisure activities.

VLT clients were also asked about ways to prevent problems with VLT gambling in the future. More than three-quarters suggested the machines be either removed or restricted. Clients suggested

¹⁸ Prochaska, J. O., DiClemente, C.C., & Norcross, J.C. (September 1992). "In Search of How People Change: Applications to Addictive Behaviors." *American Psychologist*, p. 1104; Prochaska, J.O., & DiClemente, C.C. (1986). "Toward a comprehensive model of change." In W.R. Miller & N. Heather (Eds.), *Treating Addictive Behaviors: Processes of Change*, p. 5.

¹⁹ Prochaska, et al., (1992), p. 1105-1106.

that the government simply “get rid of” VLTs, or place restrictions on VLT play by, for example, relocating VLTs to casinos, reducing the numbers of VLTs, or placing limits on wagers or payouts. One-quarter of clients suggested that it was the responsibility of the individual to abstain from VLT play, or to avoid places in which they are located. Clients had very few changes to suggest to make the machines less appealing for players. Very few suggestions addressed reducing the desire to play, or reducing the intensity with which some individuals play VLTs.

5. CONCLUSION

In conclusion, the study has yielded valuable information and insights on VLT problem gambling treatment clients, the nature of VLT gambling and the severity of the problem, client readiness and accessibility of treatment, and program development needs. These insights include:

1. VLT clients come from all segments of the adult population, and include men and women of all ages, all socio-economic backgrounds, and from all regions of the province.
2. Although almost all VLT clients indicated that they had gambled at some point in their lives, most reported they had experienced no problems until they began playing VLTs.
3. VLT clients reported they were motivated to gamble to win money, to escape from problems, for entertainment or fun, and for excitement or as a challenge.
4. VLT clients reported that the source of their gambling money in the past year had been household money, credit cards, spouses or other relatives.
5. Almost all VLT clients reported they smoked tobacco during play, one-third consumed alcohol during play, and drug use during play was rare. Almost half of all clients reported that they did not drink alcohol at all.
6. Most clients believe that VLTs present a greater risk for developing problems than do other gambling activities. Most clients suggested that the availability of the machines was among the main reasons for this increased risk of developing problems.
7. Clients reported that big wins, small wins and near wins all help to maintain interest and excitement in continued play, whereas big losses discourage play.
8. Most VLT clients report that they are unable to maintain limits on time or money spent while gambling, and accumulate increasing gambling debts as a result.
9. Almost all VLT clients were aware that there is no skill component involved in VLT play, yet many also believed that they could influence the outcome of VLT games and would do certain things out of habit or superstition during play.
10. Most clients reported they would go alone to play VLTs, limit their interaction with other players, and put gambling ahead of social relationships with family and friends.
11. In comparison with alcohol and other drug addictions, the speed of onset is greater for VLT gambling problems and the length of time for individuals to seek assistance is shorter.
12. Most VLT clients had made attempts to quit gambling in the months prior to coming to AADAC for treatment, but continued to gamble nonetheless.
13. VLT clients reported that they became aware of AADAC programming through a variety of information and referral sources and that access to treatment services was satisfactory.
14. Most VLT clients were highly motivated and had specific treatment goals in mind, but did not have specific time periods within which they hoped to achieve their goals.

6. RECOMMENDATIONS

The study findings support the following recommendations regarding VLT problem gambling and strategies for prevention/intervention, assessment/treatment, and research/evaluation.

Recommendations for Prevention/Intervention

Recommendation 1: AADAC should continue to develop, deliver and enhance a broadly based public education program to focus on public awareness and self-assessment for gambling problems.

Rationale: AADAC has a clear role to play in educating the public about gambling problems, symptoms of problem gambling, and the availability of treatment programs for this problem. Based on the demographic results, it is evident that initiatives need to be broadly based to reach a wide segment of the population. However, it is evident that more focused efforts can also be developed to target problem gamblers. The study reveals that clients take 10 months on average to become aware that they are experiencing problems with VLT play, and wait another 16 months on average before they actively seek assistance. AADAC can assist those who are at risk, or already experiencing problems, to develop awareness and to initiate action more quickly. Self-directed assessment tools, for instance, may help those who are unaware that they have a problem, and self-directed resources for treatment may help those trying to quit on their own. Both prevention and early intervention strategies must be inclusive and reach all those who may be affected.

Recommendation 2: AADAC should continue to target education and training strategies that support early intervention in gaming venues or other places in the community where contact is likely to occur.

Rationale: AADAC has a role to assist, educate and train those who can intervene at the community level. Individuals at risk for, or already experiencing, problems can be readily identified, effectively supported, and appropriately referred by those in a position to recognize gambling problems in the course of their day-to-day work. Staff in gaming venues, financial institutions, human services, health care, workplace, and employee assistance programs, as well as family members, can serve as contact points for information, intervention and referral for those with gambling problems. Those who develop VLT or other gambling problems may become aware of their situation and take action sooner through intervention and support at the family and community level.

Recommendations for Assessment/Treatment

Recommendation 3: AADAC should examine its screening and recording practices to ensure that all clients are effectively screened for problem gambling, and that all relevant information is recorded, regardless of when it is disclosed.

Rationale: Intake and assessment procedures should be standardized and relevant information recorded in AADAC's Client Monitoring System (CMS) at the time of disclosure.

As shown in this study, 12% of clients admitted for "substance issues only" revealed gambling problems later on in treatment. Problem gamblers were found in all three of AADAC's CMS admission categories ("*Drug or Alcohol Issues Only*," "*Gambling Issues Only*," and "*Gambling and Drug or Alcohol Issues*"). Clients may not have recognized or disclosed their gambling problems at the time of admission. In addition, current screening procedures may not initially identify all clients who are experiencing gambling problems, and do not accommodate recorded changes if problem gambling is identified later on in treatment. It is possible that, given this 12% figure, the number of clients with gambling problems may also be underreported in CMS reporting statistics.

Recommendations for Research/Evaluation

Recommendation 4: AADAC should continue to undertake and support research on gambling and problem gambling through general population studies, laboratory studies, examination of program outcomes, and monitoring of gambling trends.

Rationale: Given the limited scientific information available about VLT gambling and problem gambling, further examination of VLT play should be considered to better understand this phenomenon. For example, a study based on a larger, representative sample of VLT players selected from the general population could yield important insights and ideas for improving prevention, early intervention and treatment initiatives. Further investigation could also be undertaken into the structural/dynamic aspects of VLT machine gambling in relation to the maintenance of play. As AADAC's understanding and approach to problem gambling evolves, strategies to prevent and treat problems should continue to be reviewed for their effectiveness and appropriateness. Finally, it will also be necessary to continue to monitor trends for changes in gambling behavior, gambling preferences and overall prevalence of problem gambling.

APPENDIX A

VLT GAMBLING STUDY QUESTIONNAIRE

Counsellor Use Only:
CMS/Other Admission Form #: | | | | | | | |

Site Code: | | | | |

AADAC VLT GAMBLING STUDY

For AADAC & Funded Agency Clients

The Alberta Alcohol and Drug Abuse Commission (AADAC) and its Funded Agencies want to learn more about how they can best help those who develop problems playing video lottery terminals (VLTs). As a result, you are being asked to voluntarily participate in a research study.

Your participation in the following survey will help us provide AADAC with information on problem VLT play, its prevention, early intervention and treatment. This survey should take about 20 to 30 minutes to complete. Participation in the survey is totally voluntary, and if you decide not to participate, your decision will not affect your right to treatment in any way. By accepting this survey, you are indicating consent to participate.

The information you provide for this research is confidential. The survey forms will only have a code on them to identify you. Information provided by your AADAC counsellors will be included for statistical purposes only.

Please return your completed survey directly to your counsellor or to the front desk in confidence. Thank you for participating in this survey.

GAMBLING EXPERIENCE

1. How old were you when you first gambled?

_____ years

2. What type of gambling did you first try?

3. What are the main reason(s) you gamble? (Select all that apply)

- 01 _____ in order to do things with my friends
- 02 _____ for excitement or as a challenge
- 03 _____ to distract myself from everyday problems
- 04 _____ to win money
- 05 _____ to support worthy causes
- 06 _____ out of curiosity
- 07 _____ for entertainment or fun
- 08 _____ as a hobby
- 09 _____ because I'm good at it
- 10 _____ to be alone
- 11 _____ other, please specify: _____

VIDEO LOTTERY TERMINAL USE

4. About how long have you been playing VLTs?

_____ years and _____ months

5. From the time you began playing VLTs, how long did it take before it became a problem?

_____ years and _____ months

6. Please describe, in detail, what happened to make you first realize there was a problem.

7. From the time you developed a problem, how long did it take before you actively sought treatment for VLT gambling?

_____ years and _____ months

8. Prior to VLTs, did you experience problems with any other gambling activities?

_____ yes _____ no _____ don't know

9. In a typical month of heavy gambling, how many days would you play VLTs?

_____ days

10. During this time, what was the average amount of time you would play VLTs in one 24-hour period?

_____ hours

11. Do you usually have in mind a certain time limit for how long you'll play a VLT?

01 _____ yes, have a time limit per session set at _____ hours

02 _____ no time limit

03 _____ don't know

12. (If applicable) To what extent were you usually able to meet these time limits?

01 _____ not at all

02 _____ a little

03 _____ a fair amount

04 _____ a lot

05 _____ don't know

13. Do you usually have in mind a certain dollar limit for how long you'll play a VLT?

- 01 ____ yes, have a dollar limit per session set at \$ ____ dollars
02 ____ no dollar limit
03 ____ don't know

14. (If applicable) To what extent were you usually able to meet these dollar limits?

- 01 ____ not at all 04 ____ a lot
02 ____ a little 05 ____ don't know
03 ____ a fair amount

15. Why do you prefer VLT play over other forms of gambling?

16. Where is your favorite place to play VLTs?

- 01 ____ nightclub 04 ____ licensed restaurant
02 ____ hotel bar/lounge 05 ____ other favorite place
03 ____ casino 06 ____ don't have a favorite place

17. (If you have a favorite place) Why do you prefer this to some other location?

- 01 ____ close to home 05 ____ favorite machine there
02 ____ close to work 06 ____ won big there
03 ____ meet friends there 07 ____ available VLT machines there
04 ____ other, please specify: _____

18. When you play VLTs, do you tend to: (Select all that apply)

a) drink alcohol before, during, after play, or not at all?

- 01 ____ before 02 ____ during 03 ____ after 04 ____ not at all

b) use drugs before, during, after play, or not at all?

- 01 ____ before 02 ____ during 03 ____ after 04 ____ not at all

c) smoke tobacco before, during, after play, or not at all?

- 01 ____ before 02 ____ during 03 ____ after 04 ____ not at all

19. When you play VLTs, do you go with friends, go to meet friends, or do you tend to play alone?

- 01 _____ go with friends 03 _____ go alone
02 _____ go to meet friends 04 _____ don't know

20. Do near wins, or wins with small payouts, help to maintain your interest and excitement in playing VLTs?

- 01 _____ not at all 04 _____ a lot
02 _____ a little 05 _____ don't know
03 _____ a fair amount

21. What was your biggest win/loss in a single session? Did you continue to play or stop playing when this happened?

- biggest win \$ _____ 01 _____ continued to play 02 _____ stopped playing
biggest loss \$ _____ 03 _____ continued to play 04 _____ stopped playing

22. How long was your longest continuous session of VLT play that you can remember?

_____ hours

23. Why did you continue to play on this occasion?

24. What social rules of play are expected when playing VLTs (i.e., talking during play, preventing others from playing machines until one is finished with it, etc.)?

25. What certain things do you do while playing out of habit, superstition or luck (i.e., maintain a number of credits, press quickly for a fast spin, talk to machine, carry good luck charms, etc.)?

26. What ways are there in which you can predict when a big payout will occur (i.e., following a system, watching the machine's payout patterns, etc.)?

27. Is there any skill involved in playing VLTs?

- | | |
|-----------------------------|------------------------|
| 01 _____ all skill | 04 _____ mostly chance |
| 02 _____ mostly skill | 05 _____ all chance |
| 03 _____ equal skill/chance | 06 _____ don't know |

FINANCIAL SITUATION

28. How are you supporting yourself financially?

- | |
|---|
| 01 _____ employment (full or part time) |
| 02 _____ employment insurance (<i>unemployment insurance</i>) |
| 03 _____ pension |
| 04 _____ workers' compensation |
| 05 _____ savings/self supporting |
| 06 _____ social assistance (welfare) |
| 07 _____ no income |
| 08 _____ illegal sources |
| 09 _____ family support |
| 10 _____ other sources, please specify: _____ |

29. (If employed) Are you satisfied with your present job?

- | | |
|---------------------|-----------------------|
| 01 _____ not at all | 04 _____ considerably |
| 02 _____ slightly | 05 _____ extremely |
| 03 _____ moderately | 06 _____ not employed |

30. What is your approximate total household income, before taxes, for last year?

- | |
|------------------------------|
| 01 _____ \$15,000 or less |
| 02 _____ \$15,001 - \$25,000 |
| 03 _____ \$25,001 - \$35,000 |
| 04 _____ \$35,001 - \$50,000 |
| 05 _____ \$50,001 - \$75,000 |
| 06 _____ more than \$75,000 |

31. When you realized your gambling had become a problem, what was the average amount of money you would gamble on VLTs in *one month*?

\$ _____ dollars

32. When you realized your gambling had become a problem, what was the average amount of money you would gamble on VLTs in one day?

\$ _____ dollars

33. What is your current total gambling debt?

- 01 _____ none
02 _____ \$15,000 or less
03 _____ more than \$15,000 but less than \$25,000
04 _____ more than \$25,000 but less than \$35,000
05 _____ more than \$35,000 but less than \$50,000
06 _____ more than \$50,000 but less than \$75,000
07 _____ more than \$75,000
08 _____ don't know

TREATMENT HISTORY

34. Since gambling became a problem for you, how many times have you tried to quit?

_____ attempts OR 99 _____ have not tried to quit

35. (If applicable) When was your last attempt at quitting?

_____ years and _____ months OR 99 _____ not applicable

36. Have you ever previously sought out help for gambling problems?

01 _____ yes 02 _____ no 03 _____ don't know

37. Other than the present treatment at AADAC, what type(s) of treatment have you previously attempted for problem gambling? (Select all that apply)

- 01 _____ none 05 _____ community-based counselling
02 _____ Gamblers Anonymous 06 _____ quitting on your own
03 _____ AADAC (previous treatment for problem gambling)
04 _____ other, please specify: _____

38. (If applicable) How long were you actively involved in this previous treatment program?

_____ years and _____ months OR 88 _____ currently in other treatment
OR 99 _____ not applicable

39. (If applicable) How long ago was this?

_____ years and _____ months OR 99 _____ not applicable

40. (If applicable) How was this other treatment program of assistance in helping you cut back or stop gambling?

41. (If applicable) In what ways, if any, was this other treatment program not helpful to your progress?

42. Have you ever sought out assistance for other addiction problems (alcohol, drugs, tobacco, food, etc.)?

01 ____ yes 02 ____ no 03 ____ don't know

43. What type(s) of treatment have you previously attempted for other addiction problems (i.e., alcohol, drugs, smoking, food, etc.)? (Select all that apply)

01 ____ none
02 ____ Alcoholics Anonymous
03 ____ AADAC (alcohol)
04 ____ AADAC (drugs)
05 ____ quitting on your own
06 ____ community-based counselling
07 ____ smoking cessation programs
08 ____ diet programs
09 ____ other, please specify: _____

44. (If applicable) How were these other treatment programs of assistance in helping you to resolve these problems?

45. (If applicable) In what ways, if any, were these other treatment programs not helpful to you in resolving these problems?

TREATMENT EXPERIENCE

46. How important to you now is treatment or counselling for gambling problems? (Select one)

- 01 _____ I am not worried about my gambling, and I am here only because someone else requested I come.
02 _____ I am not sure if I have a problem with gambling.
03 _____ I know I have a problem with gambling, but I am not sure how to change it.
04 _____ I am ready to make changes, and I am here to get help to make those changes.
05 _____ I have already made the changes I need to make and I want help to maintain those changes.

47. What made you decide to come in for treatment at this time?

48. What, in your opinion, would be the best method for preventing VLT gambling problems with others in the future?

49. What changes would you make to VLTs themselves that would make you less likely to develop a problem or to play VLTs?

50. Given your experience, how serious would you rate the risk of developing a gambling problem with VLTs compared with other forms of gambling?

- | | |
|-------------------------|------------------------------|
| 01 _____ increased risk | 03 _____ about the same risk |
| 02 _____ decreased risk | 04 _____ don't know |

Why do you think so?

ACCESS TO TREATMENT

51. How did you find out about this treatment program? (Select as many as apply)

- | | |
|--|---|
| 01 <input type="checkbox"/> word of mouth | 08 <input type="checkbox"/> 1-800 gambling help line |
| 02 <input type="checkbox"/> radio/TV advertising | 09 <input type="checkbox"/> referral from another program |
| 03 <input type="checkbox"/> posters, brochures | 10 <input type="checkbox"/> referral from counsellor |
| 04 <input type="checkbox"/> newspapers | 11 <input type="checkbox"/> self initiated |
| 05 <input type="checkbox"/> social services | 12 <input type="checkbox"/> don't know |
| 06 <input type="checkbox"/> public presentation | |
| 07 <input type="checkbox"/> other, please specify: _____ | |

52. How long did you have to wait to get into this treatment program?

_____ days OR 99 _____ no wait

53. What factors may have assisted you in getting into treatment? (Select all that apply)

- | | |
|---|---|
| 01 <input type="checkbox"/> no factors assisted | 11 <input type="checkbox"/> adequate transportation |
| 02 <input type="checkbox"/> age/maturity | 12 <input type="checkbox"/> location of counselling sessions |
| 03 <input type="checkbox"/> personal readiness | 13 <input type="checkbox"/> time of counselling sessions |
| 04 <input type="checkbox"/> no fear of failure | 14 <input type="checkbox"/> attendance requirements |
| 05 <input type="checkbox"/> available time | 15 <input type="checkbox"/> not having to wait to begin program |
| 06 <input type="checkbox"/> no home responsibilities | 16 <input type="checkbox"/> awareness about programs |
| 07 <input type="checkbox"/> no job responsibilities | 17 <input type="checkbox"/> not embarrassed about gambling problem |
| 08 <input type="checkbox"/> child care | 18 <input type="checkbox"/> not embarrassed about seeking treatment |
| 09 <input type="checkbox"/> not embarrassed to attend AADAC/Funded Agency | |
| 10 <input type="checkbox"/> other, please specify: _____ | |

54. What factors may have hindered you in getting into treatment? (Select all that apply)

- | | |
|---|---|
| 01 <input type="checkbox"/> no factors hindered | 11 <input type="checkbox"/> inadequate transportation |
| 02 <input type="checkbox"/> age/maturity | 12 <input type="checkbox"/> location of counselling sessions |
| 03 <input type="checkbox"/> personal unreadiness | 13 <input type="checkbox"/> time of counselling sessions |
| 04 <input type="checkbox"/> fear of failure | 14 <input type="checkbox"/> attendance requirements |
| 05 <input type="checkbox"/> not enough time | 15 <input type="checkbox"/> having to wait to begin program |
| 06 <input type="checkbox"/> home responsibilities | 16 <input type="checkbox"/> lack of awareness about programs |
| 07 <input type="checkbox"/> job responsibilities | 17 <input type="checkbox"/> embarrassed about gambling problem |
| 08 <input type="checkbox"/> no child care | 18 <input type="checkbox"/> embarrassed about seeking treatment |
| 09 <input type="checkbox"/> embarrassed to attend AADAC/Funded Agency | |
| 10 <input type="checkbox"/> other, please specify: _____ | |

55. How could access to this program have been made easier or more convenient for you?

56. How could awareness of this program have been brought to your attention sooner?

TREATMENT OPTIONS

57. What treatment options are you currently involved with for problem gambling?

- 01 _____ AADAC individual counselling 04 _____ Gamblers Anonymous
02 _____ AADAC group counselling 05 _____ quit on your own (self-help)
03 _____ other, please specify: _____

58. What is your personal treatment goal?

- 01 _____ to quit gambling
02 _____ to try to control my gambling
03 _____ don't know
04 _____ other, please specify: _____

59. In your opinion, how long will it take you to achieve your goal?

_____ years and _____ months OR 99 _____ don't know

60. What additional support or counselling services would you like to have while you are in the program?
(Be as specific as possible)

Do you have any additional comments regarding VLT problem gambling, its prevention and treatment?

THANK YOU FOR COMPLETING THIS SURVEY!

PLEASE RETURN YOUR COMPLETED SURVEY TO YOUR COUNSELLOR
OR AT THE FRONT DESK IN CONFIDENCE.

APPENDIX B

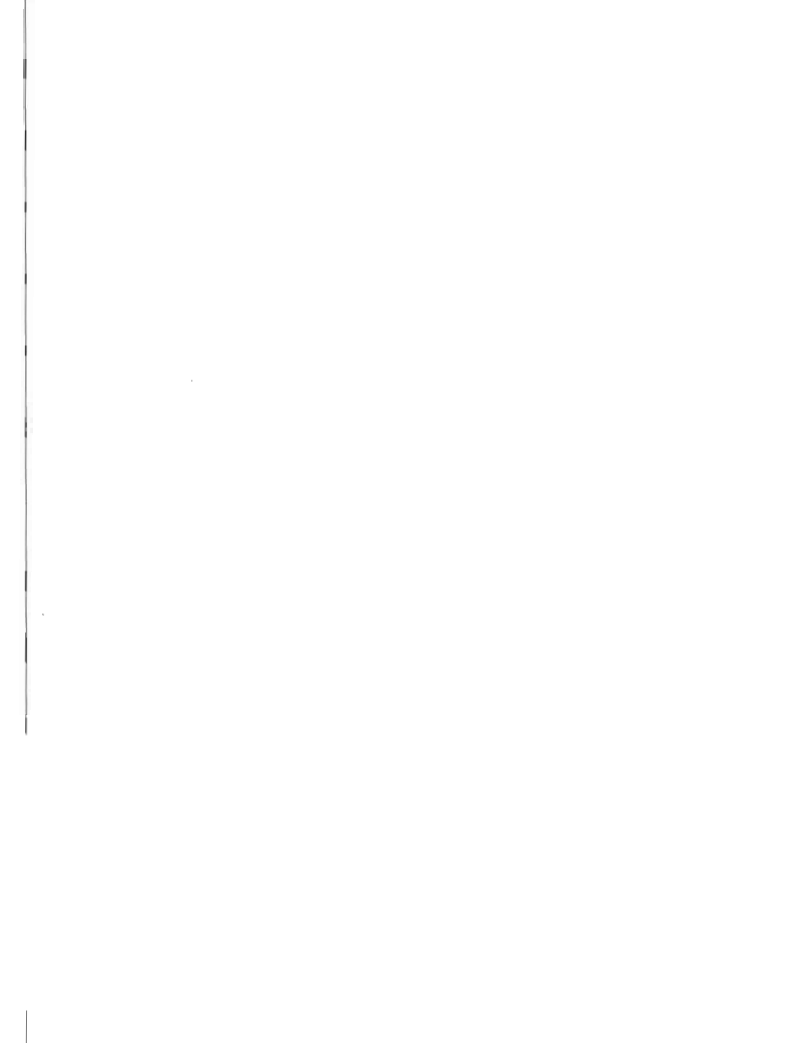
CLIENT INFORMATION COLLECTED BY DATA SOURCE

STUDY QUESTIONS	SPECIFIC AREAS OF FOCUS	DATA SOURCES
THE CLIENT		
Who are VLT problem gamblers?	DEMOGRAPHICS <ul style="list-style-type: none"> • age • gender • marital status • education • type of work • household income 	Client Monitoring System Administered Survey
What identifying characteristics do they share?	OTHER ADDICTIONS PRESENT <ul style="list-style-type: none"> • other addiction problems, treatment • other gambling problems, treatment • prior gambling problems 	Client Monitoring System Administered Survey
THE PROBLEM		
What behaviors, attitudes and motivations do they exhibit?	GAMBLING ADDICTION SEVERITY <ul style="list-style-type: none"> • admission reason • gambling used most frequently (12 months) • drugs used most frequently (12 months) • South Oaks Gambling Screen (SOGS score) • personal/interpersonal impacts of problem gambling [SOGS] • length of time with untreated gambling problems 	Administered Survey SOGS test and score Client Monitoring System
Why do they gamble, why do they prefer VLTs and why have they sought treatment?	GAMBLING BEHAVIOR <ul style="list-style-type: none"> • frequency, duration of play • longest play • most gambled • impulse control (time limit, dollar limits) • reasons for gambling • reason for preferring VLT play • preferred VLT location • reason for preferred location • other gambling played • family history of gambling • age of first gambling experience • type of first gambling experience • social or solitary activity • feelings felt during play (dissociative state) • substance use before, during, after play • factors maintaining play (near wins, small wins) • factors inhibiting play (big wins, big losses) • social rules of play • habits, rituals, superstitions of gambling • illusion of control 	Administered Survey SOGS test and score
	FINANCIAL HEALTH <ul style="list-style-type: none"> • sources of gambling money [SOGS] • amount spent in past month on gambling • personal indebtedness • employment status • satisfaction with work 	Administered Survey SOGS test and score Client Monitoring System
	PROBLEM IDENTIFICATION <ul style="list-style-type: none"> • speed of onset • awareness of problem • attempts at voluntary abstinence • reason for seeking treatment • expressed need for treatment • opportunity for early intervention • risk for developing gambling problems • preventing others from gambling problems 	Administered Survey

STUDY QUESTIONS	SPECIFIC AREAS OF FOCUS	DATA SOURCES
THE TREATMENT		
What is their knowledge of, and opinions regarding, current treatment options?	BARRIERS TO TREATMENT <ul style="list-style-type: none"> • awareness of program • factors which assisted treatment • barriers to participation in treatment • length of wait for access • improving access • improving awareness 	Administered Survey
	TREATMENT HISTORY <ul style="list-style-type: none"> • previous treatment for gambling attempted • previous treatment for other problems attempted • length of participation in other treatment program • timing of previous treatment attempts • number of attempts at treatment • time of last attempt to quit gambling • effectiveness of other treatment program on recovery 	Administered Survey
	TREATMENT OPTIONS/OUTCOMES <ul style="list-style-type: none"> • treatment options • treatment goals • time to achieve goals • additional support, services desired • increasing program effectiveness 	Administered Survey

APPENDIX C

QUALITATIVE COMMENTS



VLT PROBLEM GAMBLING CLIENT COMMENTS

Written comments were obtained from responses to the VLT Gambling Study Questionnaire about issues and concerns surrounding VLT gambling addiction, its prevention, early intervention and treatment. Following are some examples, edited for spelling and grammar, of the responses received for each question.

3. What are the main reason(s) you gamble?

- I enjoy the high I get.
- Feel control.
- Self punishment.
- To escape from reality.
- It was for curiosity first and then it was for me so I didn't have to deal with anything.
- Need to feel worthwhile.
- Because I am addicted.
- To punish myself.
- Because I thought I was good at it.
- To win back my money.
- Relaxation
- Boredom
- To try to pay outstanding debts.
- To forget all problems that are happening in my life right now.
- Because I think I'm good at it.
- Boredom No. 1.

6. Please describe, in detail, what happened to make you realize there was a problem?

- Keeping things from my family and missing work.
- Could not think of anything but going to play.
- It seemed as if most of my paycheque was always used for VLT machines and going fast.
- I was amazed at how much energy and elan the VLTs provided me, as soon as I put in the first loonie, I was hooked.
- Spending money I didn't have.
- Lose.
- Because I never have any money.
- I began playing VLTs on a daily basis spending money that was meant for normal living expenses. I began out of control gambling to try to make up for what I lost.
- Losing more than I won.
- I was losing thousands of dollars and still was playing and thinking of it as work.
- Lost my credit cards/my suite and had to go into bankruptcy.
- I was spending too much money and going home with nothing.
- Not enough money for rent, car payments, groceries.
- My marriage was on the rocks.
- I gamble away my mortgage payment.
- Lost money otherwise required for necessary expenses.

- Played from 10:00 am till closing and blew \$2000.
- I caught myself saying this is the very last time I'll gamble, but at it again the next month.
- I lost all my life savings and acreage. I started to desperately try to borrow money.
- Distracted from my work. Spending all extra money.
- I would set a time limit/spending limit and never stick to it. I would go into disreputable places alone.
- I was lying to everyone about what I was doing. I was going to pawn my mom's jewelry for money-- she was killed in a car accident in 1995.
- Could not stop going. Lost a lot of money.
- I started to write cheques to my account that had no funds.
- When I used all the money that was available to me at any given time.
- Loss of money.
- I started to steal money from the restaurant I owned with a partner.
- No money (used Visa advances, overdraft, cashed in bonds) couldn't stop--wanted to win back what I had lost.
- I lost my rent money to play the VLT.
- When I was losing over \$500 a week.
- I could cope with problem but I was still sitting in front of it.
- Spending more time playing VLTs than doing other things I enjoy.
- I was spending money I didn't have--was taking money from my business.
- Began to go to town more frequently specifically to play VLTs.
- I couldn't pay my mortgage.
- When money became short.
- I couldn't stay away [and] I stole money.
- I cashed in a \$5000 compound certificate so I would have money to play with. I was playing at 3 different places a day.
- I was winning some big ones but finally I realized I was losing no matter what.
- Not winning enough to break even.
- Taking money to support habit on credit cards and selling goods to support it.
- Spend everything I have or could get my hand on.
- Shaking, uncontrollable urge to play, spending rent money, etc., constant lying to myself, thinking in my head "oh I'll just try \$20" and end up spending \$200 - \$300 or more.
- I was usually always broke because of it and had to always borrow money. I never gained anything.
- I would keep trying to get more credits or win my losing back.
- I lost \$1000 that belonged to someone else.
- I would lie to my husband and instead of paying the bills [and] rent I would go and put it all in VLT.
- I knew it was a problem when my kids went without food and I got evicted.
- When I started putting excessive amounts of money into the machines and started finding exorbitant ways of getting money.
- Not one thing--several. Late payments, late rent, the only thing that I began to get excited about doing. When [it was] the only reason I looked forward to payday.
- Using credit cards--trying to hide bills from wife.
- I started writing cheques and spending rent money on VLT.
- Spending more money than I wanted to.
- I would go to the bar intending on drinking to get drunk and end up spending my drinking money in VLTs. Usually the money was earmarked for something already, i.e. rent bills.
- I argued with people that I didn't have anything better to do with money than play and make an extra few hundred dollars. Then I did bank fraud, however this is how I knew but just ignored the problem.

- *I got mesmerized by the screen and the sounds, every time I saw the lights flash I felt I had to go and see what the player was winning.*
- *I didn't have to talk to anyone or deal with anyone but the VLT.*
- *Telling lies to cover my losses. Telling myself I have made money but in fact have had considerable losses.*
- *I first just played with \$5-6.00 on the cheaper games (KENO) then I saw people beside me winning big so I switched to the Reel game which cost much more to play.*
- *When I started doing it for money.*
- *The first time I won big, I thought I could win all the time.*
- *Spending almost all wages on machines. Started thinking I could beat the system. Ended losing more.*
- *Because everything I had on me was spent.*
- *I realized there was a problem when I spend more money than I could afford, which only happens when I drink at the same time.*
- *I started running up cash withdrawals on Visa cards.*
- *I would keep putting money in, even if I won I'd put it back in and walk away with nothing.*
- *I went from \$60.00 purposely set aside every pay day, to always being broke before next pay day.*
- *Used my credit card for cash advances, missing time from work, lying to my wife.*
- *Debts became a problem and it got to the point where I would not cover them.*
- *I lost my possessions, my girlfriend, my car, family and friends.*
- *When I had difficulty leaving the machines and could not handle being around my friends because that took precious time from the machines.*
- *Lying about where all my money was.*
- *When being at home [for] my week off was a problem [and] not paying attention to what my wife was telling me.*
- *I was always broke.*
- *All extra money going to VLTs. No money or even food at home. No bills paid. Arguing with wife.*
- *Lost my job. Stole money from the company.*
- *If I won I played it all back plus more. If I didn't win I would invest more, determined to win. I was investing much more than I was winning but looking forward to trying again.*
- *I first realized I had a problem when I absolutely had no control over how much money I was spending and realized I had put many cash advances on Visa/MC, [and] before I knew it \$10,000 was gone.*
- *I was losing money I didn't have. Gambling with money for bills. I did not care if I gambled everything away.*
- *Starting to realize I was spending all my savings.*

15. Why do you prefer VLT play over other forms of gambling?

- *Because the access is all over. They're too handy for people that cannot afford to play them.*
- *You can sit and nothing can distract you.*
- *VLT was more of a challenge. Bright in colors.*
- *The immediate high associated with the machines.*
- *Don't really know maybe because I could win within a second.*
- *Bar life.*
- *Couldn't really tell you, probably because I got lucky a few times.*
- *Immediate gratification.*
- *No.*

- Solitary and quick.
- Because of the instant money (if you win)
- Easier access.
- Convenient, immediate gratification.
- Quick fix.
- Easy access.
- I don't really, but I cannot stop myself from playing them.
- Yes.
- The excitement of winning money.
- I have never played any other game.
- The chance of instant \$500 - \$1000 wins.
- I'm alone—one on one with the machine. It's fast—you don't wait to win or lose. I can go whenever I want.
- I find slot machines exciting.
- Accessibility, sometimes the payoff, world of its own.
- Something you can do by yourself.
- Quick cash if you won early.
- The odds of winning.
- Fast money and you can play more than one game on the machine and go back and forth if one game is not winning.
- Yes, I liked VLT. I thought I would win fast money.
- I don't (casino playing has better odds).
- It's fast and no thinking. They are open late.
- It's fast and takes me away from reality at the time.
- The attraction of the challenge, the visual & audio projection, the acknowledgment of others when winning, loneliness.
- More excitement.
- Easy access.
- Accessible & exciting.
- No one pays attention unless I win. There is a certain form of camaraderie. No one knows how much I lose/lost.
- That's what I learned.
- Yes.
- Continuous number of times a winning machine will pay. Could go in whenever I wanted.
- Not any more but I did.
- It's local—You're more in control or at least you let yourself believe you are.
- Excitement. One on one.
- Possibility of winning it back.
- Convenience, availability, choice of games.
- It's most convenient.
- Easiest way to gamble—all luck.
- It's always different.
- Cause you're playing with yourself nobody bugs you and it really excites me a lot.
- VLTs are the only gambling I've done.
- It's accessible all the time, environment, you can get immediate satisfaction.
- Convenience in locations, hours open, its very hypnotizing.

- *Fast. Large return if a win.*
- *I thought I could win after winning \$1000 a couple of times.*
- *I won at first thinking I could win again.*
- *It didn't seem like a lot of money to lose at \$1.25 per spin. I've only ever paid bingo prizes which was like \$50 at a time.*
- *I feel it can be faster money and I'm in total control of the thing. I should say I used to feel that way. And it was the first type of hard gambling I was introduced to.*
- *I don't know, maybe the atmosphere.*
- *I don't have to talk to anyone or deal with anything but the VLT.*
- *Enjoy watching the screen when you win.*
- *It was easy to find them to play.*
- *Quick payout, can play it alone.*
- *Exciting. The rush of seeing something come up on the screen.*
- *The convenience of the VLT.*
- *Easy to find a machine, play anytime when bars are open.*
- *Instant cash, bigger payouts.*
- *I don't really prefer any form of gambling. VLTs are just easy to get to, they're everywhere.*
- *Visual, speed of play.*
- *Don't know.*
- *Quick win.*
- *Variety of games, when I have won sometimes I've won big fast.*
- *Can do it alone any day from 10 a.m. till 2 a.m.*
- *It's quick, fast pace, no line-ups.*
- *The machines are exciting—you only have one competitor—the machine!*
- *They are easy to play.*
- *Too accessible.*
- *Doesn't prefer VLT gambling.*
- *Only type I feel I can play.*
- *I'm in limbo—and it's easy.*
- *Quick action.*
- *A good place to unwind. When I started gambling it seemed to me it was easier to win.*
- *Convenience.*

17. (If you have a favorite place) why do you prefer this to some other location?

- *Where I could drink.*
- *At work.*
- *Goes from place to place if machine not paying.*
- *Other gamblers isolated.*
- *Not much choice in this town.*
- *Availability of funds.*
- *Quite not (so) many people there so I could hide.*
- *I could hide so no one could see me.*
- *Waitresses were friendly and lots of times one of the machines always won.*
- *Nobody I know goes there.*

- Isolated from people I might know.
- No one I would know would be there.
- Quiet place, know other gamblers there.
- Drinking buddies.
- Find out systems from people who play a lot.
- Hidden location.
- Away from home and work.
- Same establishment I worked at. Knew employees.
- Quiet and not as busy.
- I drink there.

23. Why did you continue to play on this occasion?

- To get back my losses.
- Was winning then started to lose so continued to try and win again.
- I was winning more and more then lost it all.
- Still had money left to bet.
- Hope to win.
- Yes
- I was winning, but it wasn't enough.
- To try to make a big win to compensate for what I lost.
- To win back money.
- I thought I could win my money back.
- Wanted to regain all the money I lost.
- Nothing else to do.
- Bored, lonely, nothing else to do.
- To win my money back.
- Try to win back losses.
- Had the cash--felt lucky--won \$1,000.
- Because they were active.
- To win more.
- Because I heard VLTs pay out 90% or more who play. I guess I must be the fool who is 10%.
- Continually winning small amounts.
- Win more.
- I wanted to be alone.
- Trying to win my money back.
- Not sure.
- Won and thought I was on a roll.
- I was winning.
- To win my money back.
- Because I was winning.
- Hoping I would win my money back.
- Machine kept paying.
- Might hit it big for once. But knowing it was impossible in my mind (hidden).
- Winning.

- Obsession of winning.
- Excitement trying to win the big one.
- Anger, guilt.
- Chasing that first \$50.00.
- I needed to get back my losses.
- Excitement.
- The excitement of the big win and I didn't have to deal with life.
- I would win on one, put a few loonies in another while it was accumulating credits and win on the second one also. So played both.
- Because I was lonely and there is nobody at home anymore.
- Winning enough to do what is called "playing money."
- Always thought I could win more.
- Hot machine and cold machine. Had money.
- Don't know!!
- I was losing money but continued to play until I was broke.
- Was stressed out--didn't care about anything or anyone.
- Boredom, I was winning.
- I always think I could win, win, win.
- I don't know.
- Couldn't pull myself away. I wanted the big win.
- Just enjoyed it. The machine would pay a bit, take a bit, then pay a bit.
- Kept winning.
- Down \$100, \$200, \$300, \$400, \$500, \$600, \$700, \$800, \$850.
- At this point I seemed to want to play win or lose. Why I don't know.
- I kept winning then started to lose some then I'd hit the bells or the sirens again and on and on.
- Because I kept winning small amounts and gambled it back in.
- I was winning.
- No need to go home.
- Hoping to win more money or to gain back what was lost (break even).
- Stubbornness, anger.
- Winning enough to keep playing.
- I was winning.
- Small pay out, cash in all I have and try to get back money.
- Because I was down money and though I could break even.
- Because I was winning I put so much money away and played with the rest.
- I still had money.
- Was winning.
- Figured I could win more money.
- I kept winning.
- Was up and down.
- It was fun.
- Escape--boredom.
- Tried to win some money back.
- Did not want or wish to go home because of problems there.
- Because he had a lot of money. *Got this money from selling drugs.*
- Don't remember.

- Had a good win--played it back, then continued in the hope it would kick-in again. It did but I continued to play and eventually *lost it again*.
- I was probably winning and didn't know when to quit.
- I had lost \$600 to \$800 and was trying to make it back. I would get \$300 back then continue to play until I lost.
- Chasing the money I lost.

24. What social rules of play are expected when playing VLTs (i.e., talking *during play*, *preventing* others from playing machines until one is finished with it, etc.)?

- When I have money to play with, my mind is only on the machine I am playing. I don't think [of] family or anything else. If I run out of money I will sit beside someone who won to see if I can get \$1.00 or \$2.00 to play with or phone someone to borrow.
- Preventing others to play until finished or run out of money.
- Talking during play.
- Keep talking to a minimum, don't talk about good luck, don't stare at other player's screens.
- Respect other people's machine.
- Until one is finished.
- Minimal talking allowed. Chairs are tipped to prevent another gambler to use machines.
- To get one certain VLT.
- No rules.
- If a stool is tipped up at a particular machine you do not take that one--it is in play!
- Cannot use chair which has been tipped against the machine.
- The above.
- It's polite to watch someone's machine when they go to get change or to the washroom. Idle chit chat is OK.
- Till finished with it.
- Wait in line until a VLT is available.
- Talk and socialize while playing (this was fun). Put chair up to give the machine "a rest" while having coffee.
- Usually just mind my own business.
- Respect the person next to you wanting to talk or not. Don't prop up a chair for longer than 20 minutes. Never take a machine if the chair is tipped.
- Don't touch someone's machines.
- Privacy.
- Talking and wish good luck to those that win.
- All of above.
- Some people will only play "their" machine and prop a stool on the machine so no one else can use it. People talk while playing, but don't like people standing behind them making comments. It's very annoying.
- Playing until you are done.
- Use the machine or leave it.
- None.
- No talking unless winning, chair tipping, don't tell others where to bet.
- Just find a machine and stay with it.
- No rules.

- Hardly any talking/socializing at machines, guarding machines for neighbour's while gone for money, etc .
- When the chair is tilted--don't touch the machine. Don't talk unless someone wins (unless its about how much you lost) never ask for money.
- After putting a lot of money into one machine, I was scared if I left someone else would win what I put in.
- Tip up your chair or you'll lose your machine. If someone wants to play and you're playing two VLTs, you must give one up. No swearing and beating machines.
- Talking and visiting.
- Depends on mood.
- Don't talk much at all.
- Play till you're broke.
- Keeping an eye on machine while person goes to washroom, etc.
- You are not allowed to leave a machine without playing it for up to 5 minutes.
- Not playing a machine until the other person is done.
- Staying on the same machine.
- Put your chair up when you leave your machines. 5 minutes is the limit to leave your machines.
- To leave the other people alone.
- Not too much talking, very little watching. If you leave to get money and the chair is up you hold that machine.
- No talking unless it's a kind of "good for you." Stool is up leave it (machine) alone.
- Some friendly talk, congratulating winners, do not criticize others' play.
- Tip chair if going for change or cash out at \$500 or \$1000. Don't listen to others as if they knew how to win they would be playing.
- Go away if I think you're bad luck--don't touch my machine--if my chair is leaned to go to bathroom it's still my machine.
- Congratulating other people's winnings while you sit there depressed.
- Prevent others from taking machine while I'm using it.
- Continue to play one machine till it pays. Leaving credits on it so no one else can play while I get more money.
- Not looking over shoulders, watching over from your machine to another machine, lean chair to machine on hold.
- Visiting with other people. Meeting new people.
- None that I've noticed except when a chair is tilted the game is being played.
- Talk when winning, celebrate winnings.
- No rules applies to myself.
- I don't care about social rules, if I want to talk to somebody I will, if I don't I won't. If gamblers have social rules I don't know about them.
- Tip chair up while going to the bathroom, etc.
- Talking is acceptable, machines held 5 minutes only.
- Don't take someone else's machine. Ask before playing any machine just left. Somebody may have put lots of \$'s in and just wants a break.
- Tip your chair against the machine if you leave it. To a maximum of 15 minutes. Say "Good for you" if someone else wins.
- Waiting for a big win.
- None that I'm aware of!
- Not sure.

- No real rules.
- Push bar stool against machine to block people from sitting down. Put sign down on machine.
- If you tip your stool it indicates you are not finished with the machine—go to the bank or the washroom or whatever.
- There are no rules other than tilting chair when gone for more money.

25. What certain things do you do while playing out of habit, superstition or luck (i.e., maintain a number of credits, press quickly for a fast spin, talk to machine, carry good luck charms, etc.)?

- Want a VLT to pay so I have more money to play with.
- Tap on machine.
- Maintain a number of credits, talk to machine, carry good luck charms.
- I don't play on a machine if it's the one closest to an exit.
- Talk myself into believing that the big win is just around the corner.
- Luck.
- Play the machine with the biggest Super 8 Pool, but I don't usually play Super 8.
- All of the above.
- Number of credits.
- Talk to machine, press button a certain way.
- Usually double my bets if I am winning and try to watch for whatever line the 7s come up on most times.
- Keep one loonie in the slot below.
- None.
- Superstitions.
- Change bets, change games, talk to machine.
- Avoid watching screen.
- Count the number of spins between wins/look for certain symbols on the screen i.e. triangle.
- Luck, talk to machine.
- Nil.
- If lucky one day [I] would wear the same clothes the next.
- None.
- Change fingers and hands so the machines don't recognize me. Walk away from a cold machine. Press the button if the screen isn't responding.
- Ten bet on certain numbers. Always ten bet first spin.
- Tell others the payoff I got the other day.
- Now.
- Smoke a lot.
- All of the above! People also rub or pat the machine for good luck.
- Quick, fast spins.
- Usually play only 1-3 lines at a time.
- Press quickly to hit the big one.
- None.
- Slow down screen, speculate on winning, talk to machine.
- Talk to machine, press quickly. Win small amount then cash out and start over again.
- No rules, reckless abandonment.

- Have a smoke.
- Turn the line selection arrows off and on in succession. Switch to another game for a while to allow the one you're playing to "rest."
- Spin, spin, spin.
- I really don't know if I did anything. I may have talked to the machine. I just loved playing. I would press quick sometimes.
- Cash out whenever you're at 100 credits. After a win, spin 5 more times, if no more wins, cash out. Go in and out of games if not winning.
- None.
- All of the above--think positive thoughts--Count number of spins.
- Talk to machine.
- Talk to machine, thinking I will keep winning, thinking I will jinx machine if I cashout and put money back in.
- I just go when I have a large amount of money, e.g.: \$100.00 or more.
- Talk to machine--maintain a number of credits.
- Press for a quick spin. Talk to the machine.
- I talk to the machine. I rub the machine for luck.
- Talk to the machine.
- Start off playing 5 dollars at a time or 20 credits.
- Count 3 spins then switch games if not paid anything.
- Always start with \$20 worth of credits. Play specific game with specific line credits setup.
- Play certain lines with heavy bets.
- All the above.
- Talk to machine--put my foot on the side of machine--spin with my beer hand (right).
- I bet a lot on just 1 or 2 lines instead of all 5 lines.
- Rub the screen.
- Talk to machine or myself.
- Feel comfortable, have an extra roll of loonies in hand, do not play all lines all the time.
- Talk to the machine. Change ways of pressing the spin buttons.
- Maintain a number of credits.
- Luck.
- Nothing, just spin.
- I call them [explicit deleted] (talk to it) but really I'm talking to myself. I'm not superstitious, a machine is a machine it's all a matter of the computer as to when it decides to pay.
- Did cash machine out after win only at end of gambling time.
- Carry charms.
- Change games.
- Usually cash out once at \$25/100 credits and then start over again. Also certain betting habits on certain games to try to induce a win.
- Let the machine go to zero credits, go to washroom, come back. Tell a waitress to rub the side for luck, change games.
- Nil.
- Just spin!
- None.
- Forget about things that are happening in my life.
- Talk to machine.

- See how many 7 were up on the bank.
- No.
- Talk to the machine.
- Changing bet up and down, cashing out after a win.
- Nothing set. Sometimes lots of credits, sometimes just enough for a spin plus 2 bet corners, etc.
- Nil.

26. What ways are there in which you can predict when a big payout will occur (i.e. following a system, watching the machine's payout patterns, etc.)?

- There is no way of knowing when a machine will pay.
- Watching a person put so much money but not winning nothing then they quit give up then I know most of the time the machine hits right away big time.
- You can't predict—that's what makes it exciting, otherwise it wouldn't be gambling.
- Watching the machine payout patterns.
- I watch a machine over a couple days in my home town bar.
- Lots of sevens or bells start to show up.
- Watching machines.
- Watching the machine's payout pattern.
- I like to think that playing the corners only offer the biggest winning chances.
- Pattern, time of day.
- Following a system.
- Watching the machine.
- Can't really describe one--wish I could.
- Watching
- When "7s" come in numbers, or jackpot (pool) is high.
- How much money others put in to figure out when the machine was "ripe" to pay out.
- None.
- I haven't figured that one out yet.
- Lots of lights going off at once.
- Machine's payout patterns.
- Big prize pool's in super 8.
- Watching machines payout patterns.
- With Keno sometimes you could figure out a set of numbers that would keep coming up. Keno was the only game where sometimes you could see a pattern and win.
- I don't know when played.
- By watching patterns on screen.
- No predictions, they never pay out big.
- None.
- You can't.
- Watching the payout system.
- None.
- Large pool on super eight. Ask people if the machine had any payout.
- If 4 of a kind show up repeatedly it usually means that 5 of that kind are coming or that the machine will just suck you in.

- I could never really predict but if I see a lot of 7s showing up in mind it was going to hit 7.
- You can't predict.
- If 4 of the same symbol shows a lot, you can win. In Keno, if you get a lot of 5 out of 10, you can usually win 7 or 8 out of 10.
- Not predictable.
- No prediction-luck of the draw.
- None. It doesn't happen.
- Watching patterns, but it doesn't work.
- Just hope it pays before I lose too much money.
- Watching machine payout patterns, speed of machine.
- You can't predict, it just happens.
- Knowing the last time it paid out.
- Sometimes when the machine is cold it will give you a payout.
- No idea.
- Can't. Win usually occurs, if it occurs, in first \$20-40 spent.
- Bet small to start. When machines start paying out 4 or 5 raise bet to max.
- Feeling lucky.
- I get a funny butterfly feeling in my stomach that I'm going to win big and I have to go play.
- The pole, or the number of 7s for free spin. Sometimes [it] just [doesn't] matter.
- I can't.
- Watching a machine someone else is playing to find out if it pays or not and moving to it when they are done.
- Someone has been putting in lots of cash with no payout yet.
- When it starts paying little ones all the time.
- No pattern.
- If the air is luck that day.
- Nothing really.
- I can't make any predictions.
- I wish I'd known.
- Watching patterns.
- Worked on feeling.
- Sometimes if a machine hasn't paid out anything large for a long period of time it seems to be a sign that it will soon payout a lot.
- Don't know.
- When a machine hasn't paid out for a long time.
- Cannot predict!
- I don't know.
- None. You just begin to think that way.
- Watching the machine payout pattern.
- When there was sequences of things happening - 4 of kind then 5 would show up.
- No.
- Watching the machine's payout patterns but maybe it's an excuse to keep on playing.
- You can tell by the machines patterns, sometimes, if it will pay.
- Not sure. Through the way the objects were *falling and at a certain speed*.
- Watching the machines to see how much money goes in without it paying out anything.

28. How are you supporting yourself financially?

- Spent all savings and RRSP, got money from family-friends.
- Credit cards
- Self-employed
- Credit/loans
- Self-employed
- Short-term disability
- Friends
- Husband
- Write N.S.F. cheques
- Trust fund & investments
- Own my own business
- Husband and child tax credit.
- Credit cards.
- Two "old age" pension cheques.

37. Other than the present treatment at AADAC, what type(s) of treatment have you previously attempted for problem gambling?

- Slim Thorpe
- Psychiatrist and psychologist
- One meeting
- Prayer
- Job-based counselling.
- W.A. Slim Thorpe Recovery Centre.
- Talking with friends who had same problem.
- Work
- Private counselling, Slim Thorpe.
- Gave wife credit cards, etc.
- Called Gamblers Anonymous.
- Thorpe recovery centre-Lloydminster.
- Distress Centre.

40. (If applicable) How was this other treatment program of assistance in helping you cut back or stop gambling?

- I stopped for 5 months by going to G.A. but money problems at home got to me and went back to see if this time I could win.
- Helped as long as I can attend.
- G.A. is of great support in staying gambling-free.
- Good at Gamblers Anonymous.
- AA
- 12 step program (G.A.), peer support (G.A.), psychiatric counselling (Hospital).
- Didn't work.

- None.
- Stay out of bars.
- G.A. has helped.
- It wasn't enough—I continued to gamble.
- *Only went once then had my biggest VLT win kept gambling.*
- It's not!
- E.A.P. Doctor.
- Gives me support and lets me know that there are other people with the same problem.
- No self control if I saw machine at bowling restaurant, etc.
- Stop for a while and stop treatment when back at it (90 days).
- Slim Thorpe Recovery Centre-Lloydminster. Excellent.
- Meeting other gamblers in G.A.
- None.
- Understanding why I gambled.
- *I knew I would have to "report in."*
- Slim Thorpe Recovery Program excellent.
- G.A. AADAC—Thorpe Recovery Centre has been my lifeline. I have not gambled as of yet I know I have to take one day at a time.
- Did definitely set my mind in motion and was great knowing I just had to pick up a phone if I wanted to go play.
- Didn't seem to help.
- Accepting the fact it is a problem.
- Worked well, should stuck to it.
- Can't really answer at this time (went through stress & depression)
- I did not continue.
- It didn't!
- Gave me awareness—some ground rules for quitting—when I follow them it works (mostly).
- *Did for awhile.*
- Was not.
- Not at all because I wasn't ready or willing.
- When I started going I felt good but I was still in denial so I told everyone it worked and started back up.
- I only phoned Gambler's Anonymous once about a month before I came to AADAC.
- Knowing I was not alone.
- Completely stopped VLTs and casino gambling in June '96.
- Someone to talk to, identify other feelings, balance out life with different coping things.
- Helping me to listen to the healthy side of my personality. Clearing up my thinking to help me make *better decisions.*
- Not good. I can already tell AADAC has made positive strides forward.

41. (If applicable) In what ways, if any, was this other treatment program not helpful to your progress?

- Not enough times (of week) I can go.
- Hospitalization staff was not educated in gambling issues.
- Couldn't do it alone.

- I had no group support.
- Listening to others involvement, thinking and attempts at quitting has helped me realize what I have been doing.
- I felt I needed more intensive treatment.
- Did not like it.
- I understand gambling is related to feelings.
- Didn't get serious with program.
- Because everywhere I went there were VLTs now I stay away.
- It was good the time it lasted.
- Not enough information.
- It was only once a week and it never taught me why I gambled.
- They all help me so far.
- Group meetings--not as helpful as one on one.
- Could always relate to the extent of problem.
- Tried to focus on feeling well rather than some practical steps.
- Talking about it so much at G.A. Slim Thorpe was only two weeks.
- Still acquired money.
- I was not the program[?]. This addiction is worse than cocaine.
- Not at all because I wasn't ready or willing.
- Found out how to use department store credit cares for cash.
- I tried two times to quit on my own--it lasted for about 1 month each time then I was back at the machines.
- Was treated for alcohol/drug addictions Alcare in Lethbridge in 1994 September realized had addictive personality.
- None.
- Not sure.

43. What type(s) of treatment have you previously attempted for other addiction problems (i.e., alcohol, drugs, smoking, food, etc.)?

- NA, CA, C.L.A.S.P.
- Doctor for depression.
- acupuncture.
- Obsession with relationship (sex)
- Narcotics Anonymous
- Gamblers Support Group (AADAC)

44. (If applicable) How were these other treatment programs of assistance in helping you to resolve these problems?

- Talking about it letting every feeling emotion out feeling better after.
- Programs can't resolve the problems, but allow me to deal with them.
- Good.
- AA 12 step.

- The doctor through medication *has helped greatly* with my depression and has led me to AADAC for gambling help.
- 12 steps.
- None.
- Good to a certain extent.
- Ineffective.
- Very insightful, friendly, and understanding.
- They weren't—I'm still smoking.
- Still trying to quit.
- You're not alone I guess.
- Quitting on your own was the best.
- Non-helpful.
- AADAC drug counselling help by the person listening and some of the advice.
- O.K.
- They have not [as] I am still smoking.
- Short lived.
- Reality check.
- *Did give me a start.*
- I still smoke
- I would cease behaviors but not inner feelings of self.
- They *didn't* help.
- I stayed straight for about 11 months but I went out and used again for another 5 years.
- They all have been a major contribution to my recovery process.
- Not effective.
- I clean up and stay clean as long as I can.
- Helps identify a problem.
- I haven't quit yet but I'm encouraged and I'm *getting educated* which is important to me.
- I still smoke but have learned to control diet.
- Worked well.
- They weren't helpful.
- So long as I did my part of the treatment, [it] seemed to work fine.
- Applied the same principles.
- Support and motivation.
- The support of other people with the same addiction. I am not alone.
- Gave me understanding but I stopped on my own.

45. (If applicable) In what ways, if any, were these other treatment programs not helpful to you in resolving these problems?

- Because I wasn't ready.
- I had no support.
- Relapse.
- Not enough willpower.
- I felt like a failure.
- I didn't find them helpful when members are breaking anonymity.

- Only when I stayed away from the addiction.
- Not enough quality counsellors.
- Didn't teach crisis management.
- I guess I smoke to help with the stress it really doesn't help that much because I also enjoy it.
- In my opinion not enough individual attention.
- If I had money I gambled.
- I was not ready.
- When I separated myself physically from treatment centres and then again from N.A. I went back to using. Residential treatment doesn't prepare you for the outside self help groups. One place is totally safe and then, bang!, you're back on the street and you're the only one who decides if you go to a meeting or reach out to someone else.
- A.A. doesn't teach you about addictions it is basically a abstinence program.
- To me, going to a meeting hearing someone else's problem is too depressing.

47. What made you decide to come in for treatment at this time?

- I lost my home, my family, a lot of my friends, all credit rating I ever worked for, and now sleeping in my truck.
- Same as #46.
- I was given advice about seeking help for my addictions.
- The only alternative I saw was death.
- Not happy and tired to feel the way I feel and do things.
- AA
- I have an alcohol problem.
- If I continue gambling, I will lose everything of importance, as well as possibly losing my life.
- End of road.
- I've lost too much and am afraid of losing more.
- My doctor, my daughters and my lack of money.
- *First chance to come.*
- If this goes on further, I may lose my job.
- I wanted to get my life back in order.
- Via alternate AADAC program.
- Family.
- To stop drinking and drugs.
- I always thought I was too young to quit. [I'm] glad now, and know now I'm also too young to die.
- I need help. I was cheating and lying [and] had lost everything and needed help. I brought it out in the open.
- Find out what changes I can make to stop.
- I tried to kill myself and knew it was time to turn my life around.
- Marital problems.
- The anger I feel towards machines. Facing reality, knowing that there is part of me that doesn't want to stop. The desire not to want to talk to anyone.
- Because I was out of control and had stopped using my money for anything else but gambling.
- It's time to quit.
- Want to make changes to my life and my wife left me with the kids.
- Because I lost my rent money I cheated and lied when I took the money.

- After losing my job again for the umpteenth time this is the last straw. Need help.
- Because I was spending more than I could afford to.
- I hit rock bottom.
- Self-esteem, financial difficulties.
- Despair, suicidal thoughts.
- The great need for help.
- Myself.
- Destitution.
- Suicide attempt due to financial losses.
- It was [quit gambling] or death and I came close because I did not know there was help out there and the only way I knew to stop was to kill myself.
- I lost my family. I lost my self-respect. Playing the VLTs wasn't worth it anymore.
- Because it was too expensive and I could end up hurting those close to me.
- The desire to become and maintain a healthier minded human being.
- Embarrassed, hurting friends and family. My training of thought and concentration is going.
- Confession to my boss. Employer requires I seek help.
- Wanting to take my life to new levels. Long time girlfriend broke up with me.
- I want to try some place different. I've been trying for 2 1/2 years and believe this is my last chance.
- May become divorced.
- I spent money that wasn't mine. I hate myself for that, and I want this cycle to end.
- If the [government] takes them all away.
- My head feels like it is going to explode and this a.m. I was contemplating suicide.
- Realized if I continue on this path that it was very self-destructive.
- Recommendation.
- Concern of self and spouse. Cannot afford to lose money. Want to do other things rather than gambling.
- I called Gamblers Anonymous and they told me to go to AADAC. Also hurting my family financially.
- Loss of everything in my life--wife, children, job, finances, tools, etc.
- I came in for drug/alcohol and was asked point blank if I thought I had gambling issues and said yes.
- I'm sick of gambling and being in debt all the time.
- I am currently getting treatment for addiction to drugs.
- It was time.
- Scared of losing my family and all the things I have worked so hard to get.
- Too much money spent and lying to my wife.
- I lost control and felt very irresponsible so I wanted help.
- Family, financial.
- Corrections-myself.
- I felt that I had hit the bottom and it was destructive and I needed help, I couldn't do it alone.
- I came in for counselling on my alcohol addiction and was asked about gambling problems.
- Surrendered to the slots, hit rock bottom, found out how much of my life was wasted by my playing.
- Debts and fear of losing my business.
- I lost my soul and family.
- I recognized I have a living problem--want to change.
- I felt like gambling.
- Problems at home.
- Spending too much.

- Referred by sister. Support and encouragement.
- I was worried that I would get myself in bigger financial problems--lost my apartment because I couldn't pay rent.
- I told my family how serious my gambling problem had become—they phoned the Distress Centre and handed me the phone!
- I'm out of control, it feels like I never quit.
- My mind was made up to stop.
- Spent about \$16,000 since spring on VLTs.

48. What, in your opinion, would be the best method for preventing VLT gambling problems with others in the future?

- Have all VLT machines removed from bars, lounges and only have them in casino because they are too handy for people that can not afford to play.
- Get rid of them.
- Join and stick with AA meetings be a good role model for other people who have addictions who would like to change
- Ban VLTs.
- Take them out.
- Stop going to the bar.
- Get rid of them.
- Short of completely banning VLTs, I don't know of any method for prevention.
- Stay away.
- Lose the machines.
- Getting rid of them
- Take them out of restaurants, bars, nightclubs.
- A. Get rid of the machines. B. More money for treatment.
- Take all VLT machines out of bars and restaurants.
- Eliminate them completely.
- Get rid of them!
- Stay away from them.
- Posters above VLTs
- Get the VLTs out or seek help (treatment) as I did and mean it.
- No VLTs.
- Reduce (if not eliminate) the machines.
- Don't put them in every bar in town. Keep them in casinos preferably in Vegas.
- Get rid of the "damn machines."
- Take them out of bars & other places. Make them not accessible.
- Tell them its not worth it.
- Smaller payouts not as accessible.
- Get rid of all VLT machines.
- Staying away from bar and lounges that have VLT machines in the premise. Educating people to the problem.
- Take them out of the province.
- Do away with the machines.
- Put them in casino only. At least people know when they go through the door what they are there for.

- Elimination of accessibility.
- Take them all out.
- Abolish them.
- Restrict them to gambling establishments or ban completely.
- *Remove the bastards!*
- Break them into pieces.
- To be able to talk with someone that makes you feel like a person.
- Don't even start. Look away.
- Pull the machines! But they make thousands so it won't work.
- Don't start--don't play.
- Staying focused, get rid of machines or stay away from where they have them.
- Get rid of them.
- Banning them.
- Have an amount set at which you have to quit for the day, e.g. \$50.00. Take away more machines.
- I'm not sure, *other than removing them from public use.*
- I would not like to play them at all.
- Take the machines out.
- *Get rid of them.*
- Remove them from lounges/bars--only have them in casinos. Make people aware of the effects.
- Eliminate the VLTs from the province.
- Not cashing cheques or let people use their Interact in bars for gambling.
- Get rid of VLTs totally.
- Short of outlawing them I don't have any ideas. Maybe put a limit on the amount you can lose and make the proprietor responsible to ensure that rules like they do with over-serving alcohol.
- To lessen the bets and payouts from being so *high that you think there is a big gain in it for you.*
- Eliminate VLTs all together or make the payouts smaller.
- Get rid of them.
- *Not having them in Canada.*
- The best solution would be to remove the machines and just charge a new tax or have a hidden tax.
- Make them not as accessible.
- Remove them from Alberta.
- Do not play [the] machine, be happy with the money you have. In the long run, you always lose more.
- The VLTs aren't the problem, I think it's the individual so I really don't know because I don't know what each person really needs.
- Remove them.
- Take the machines out of the establishments.
- Get rid of them all. They're everywhere and hard to escape if you have a problem.
- Possibly get *them to listen to some of the problems people like myself have had in the past, or a form of restricting monies available while playing.*
- Public awareness campaigns, testimonials from VLT players who hit rock bottom, publish them in newspapers.
- Don't play them.
- I believe people use VLTs to escape worries, problems and fears. We either become addicted or we don't.
- Remove the machines from the present/conveniently located premises. *Put them all in one place. Not in bars and lounges.*

- Get rid of them.
- Not to play.
- Programs to help people. Education on how it hurts people and families.
- Take them out of the bars and make gambling available in casinos.
- Become involved in other activities.
- Not having them so accessible at every corner bar. Better to remove them all together.
- I have asked if I can volunteer to speak at community, school or media functions. VLTs should be removed or banned. Case studies, you need to show proof.
- Only way is to get rid of them.

49. What changes would you make to VLTs themselves that would make you less likely to develop a problem or to play VLTs less?

- Only have them in casino.
- Don't know
- VLT should be out. Don't hang around VLT places, bar, lounges.
- No chance of a "BIG" windfall.
- Not having them.
- Put them in Casinos only.
- Same as above.
- Take them away.
- Make them so you could use smaller change and then not give out money as winnings.
- Flashing lights, bells, buzzers.
- None, total withdrawal of all machines from the province.
- See above.
- Get rid of them!
- None.
- Get rid of them all together, because all money goes to the government, and the government fabricates the way they spend the money. Or they spend the money on useless facilities.
- Get them out.
- If they were free and no money could be won.
- Increase cost & reduce payout.
- Don't know
- Time limits. Amount spent. Honestly, nothing could be done to change.
- Better control of who's playing them.
- Same as above.
- Take away Keno.
- Get rid of all VLT out of bar, lounges and restaurants.
- Slow them down, take only small coins, no bills, close them down every hour for an hour and close around 11 p.m. everywhere.
- Unplugged the machine.
- Make them less attractive (audio/visual).
- Take away all the lights and advertising on places with VLTs.
- No change, get rid of them.
- Less color light size.

- At least pay out a reasonable amount.
- No money slots.
- To have them not as accessible to people.
- Get rid of them. Have a figure showing how much you're spending on the screen vs. how much you're winning. More often than not, the spending figure will be much more.
- If the VLTs were changed so that they were not so addicting, there would be no point in having them.
- Less machines, have it so that people have time limits. Just get rid of them.
- Same as above.
- Don't know.
- I don't know.
- Making them payout more, then it would probably become too boring.
- Remove them from anywhere they are.
- I would not like to play them at all.
- Not to have them so easy to get to.
- Have time limits, limit the total amount you could bet.
- Have them only running for a short time--say evenings only from 7-12 or something like that.
- Change them to nickel machines with a maximum bet of \$0.10.
- Smaller payouts, pay more often. People get hooked going for all sevens and big payouts.
- Get rid of them.
- Make the payouts smaller--and increase the cost to play--have the machine shut down for say 10 minutes every half hour [and] print a ticket for remaining credits--make people leave the machines periodically but often.
- Smaller amounts of payouts and the public be aware of this.
- I cannot see any changes that would help any VLT addict accept not to ever play again.
- I would not have them in any province's so they are not accessible.
- Have the machines only in casinos, I would never had started playing them then.
- Make them less accessible.
- Make them less available.
- Make them non-profitable, pay out what's put in, to help keep a bar's business.
- None.
- Reduce pay backs.
- If machines have to stay--computer name input into the machine with amount that can be played without causing hardship to families.
- There's nothing that can be done because if you want to play and spend your money you'll find a way.
- I don't know.
- Unplug them.
- Get rid of them.
- Ban them.
- Not have them.
- Doesn't know. Remove them from bars, only in casinos.
- Take them out of bars--too convenient.
- Are the machines to blame? I don't think so.
- If they hadn't paid out so well when they first brought them in, I probably would not have a problem.
- Get rid of them.
- Make them all nickel machines with max bet 1 nickel.

50. Given your experience, how serious would you rate the risk of developing a gambling problem with VLTs compared with other forms of gambling? Why do you think so?

- Because I went to G.A. for 4 months and listen to other people and 80% of the people all got hooked on VLT and did not have any other problem of gambling and now most lost their home and families because of VLT and most that lost everything that I talked to at G.A. thought of suicide.
- Quick win or loss.
- Instant gratification, VLTs are the cocaine of gambling vices.
- Because of the mentality of the state of the society.
- They're in every bar/lounge there is.
- The immediate gratification of seeing your winnings.
- They are readily available and easy to play.
- Availability!
- Easy access.
- Easy access, plus availability of alcohol (most VLTs are in bars).
- Too available.
- Availability combined with alcohol.
- Fast paced instant gratification, mindless stress relieving.
- Because of beginner's luck.
- The win in the next spin. It could happen.
- I have never felt such a complete loss of control with any other form of gambling.
- I didn't have problems till I found VLTs.
- Accessibility. Socially acceptable. Everyone plays them one time or another.
- Because you do it alone.
- Because they are instant payouts and more availability to them.
- You can lose money in seconds and keep putting more in to try to win. In a matter of five minutes a person could easily spend \$100.00 (If betting ten credits). With bingo the game is much slower and you can spend only a few dollars on cards and still play for hours.
- With the VLT you gamble without them you don't gamble. High risk
- Just as compulsive as other forms of gambling.
- Because I gambled within my means for 30 years until VLTs.
- Too attractive, and don't require any skills to play.
- Appeals to human behavior.
- You don't get the physical sickness as you do if you're using alcohol.
- I have had no other type of gambling problems. It was the easy accessibility.
- Too accessible.
- Hypnotic. Quick adrenalin rush, addiction on first big win for most.
- Because you don't really have to know what you're doing and when you win you get such a rush so even your kids could be one.
- More readily available.
- Too much fun, play them alone.
- Easy access.
- Availability
- Possibility of winning a lot if very lucky with a small amount of money being used.
- Because it seems you go in streaks--win lots, lose lots.
- They're fun, easy, and always keep you on the edge by just giving you a few credits to keep you interested.

- Availability, location, the lights, noise, the hypnotic effect they have.
- Too accessible, money goes too fast and then you end up chasing it--vicious circle.
- Very rapid game. Makes instant change (accepts bills). Private (not playing with others, dealers, etc.)
- You can play for 1 or 2 and win \$1000.00. People play for big payouts after they are down \$100 or \$200 they figure they will win \$500 or more...[illegible].
- I'm not sure why I just know I had no control.
- You can start out putting a minimal amount of money in and receiving a large amount back. The places I play them in I have access to booze and drugs which as do others who also play VLTs. Being drunk or high makes you stupid enough to keep playing even when you're losing.
- Because people have different atmospheres to gamble in.
- I got hooked on the screen before I ever put money into a machine.
- People like bells and lights and colorful screens.
- It's such a spontaneous activity, you can do it practically anywhere and it requires no effort, no knowledge.
- Because my problem was very recent and I knew it was wrong but my alcoholism allowed me to do it. Presently I am seeking help for my alcoholism.
- VLTs are everywhere.
- Can play all days of [the] week and long periods at a time.
- Everyone seems to get attracted to the wheels as it spins.
- Because VLTs are in drinking establishments and most people are drunk or getting drunk so there isn't a lot of logical thinking going on.
- They are too accessible.
- Because it is the excitement that draws you to it.
- Very accessible; no limits on amounts spent.
- Easy to play, quantity of machines, variety of games, and the seemingly frequent wins.
- They are very accessible, and beginners luck could hook you easier. No one really knows how much money you spent in one sitting. So you can deny losing.
- I started with say \$5.00 at a time, would win a little, then spending increased and increased.
- They're fast paced, easy access.
- Excitement only one competitor--No one knows how much you spend--at least you think no one does!
- They are everywhere, and anyone with a loonie in their pocket can play them.
- Because you get the money right away.
- Available everywhere.
- They are easily accessible and easy to play. You can sit in limbo without [a] worrisome thought.
- VLTs are the "quick fix" and easy to find.
- Because they are so accessible and only have slight time restrictions.
- Convenience 7 days per week, 15-15 1/2 hours per day.

51. How did you find out about this treatment program?

- Family.
- Through G.A.
- Doctor
- AADAC
- Hospital
- Hospital

- I haven't started on an active treatment program.
- AADAC
- Friend
- My wife and my own knowledge.
- My sister.
- From a friend (waitress at hotel).

53. What factors may have assisted you getting into treatment?

- Marriage breakup
- My work encouragement.
- U of A Hospital.
- Very badly wanted help.
- Not much for people who work late.
- Putting myself in debt.
- Family and financial.
- Encouragement from boss.

54. What factors may have hindered you getting into treatment?

- Have to talk to people in bars-lounges 'cause they won't come on their own until they lose everything.
- AA
- Wanting to control it myself.
- My job at first.
- I didn't think there was treatment.
- Not aware how bad it could be.
- Not enough sense to come here when the problem started.
- Peer pressure.
- Denial.
- Procrastination.
- Thought my friends would find out and laugh at me.

55. How could access to this program have been made easier or more convenient for you?

- Answer on question 60.
- It's a good program, easy to understand.
- Just being ready for it.
- No
- I could have used my common sense and listened to my doctor and come the first time suggested.
- Weekends.
- Offered more evenings each week.
- More advertising.
- It was easy.
- When I phoned Gamblers Hotline they sent me to G.A. instead of here.

- It is good enough.
- Very convenient to get help.
- This is a very convenient program. Well worth the time and energy.
- Better help or some help on phone services.
- My employer support.
- Increase the number of facilities.
- Unknown.
- Close to home.
- Create more centres like this one in other cities.
- For me it should be advertised on TV/radio and they should have more programs.
- Numerous 1-800 gambling help line advertisements. I found the number on the back of a lotto ticket.
- It is easily accessible.
- Nothing.
- Easy access.
- More readily information.
- It's your own personal choice. You have to want help before you can get it.
- This is a good accessible program.
- Can't think of anything.
- Good access.
- It's hard for people who gamble as they work late to pay their debts. They say go to meetings. I took time off work to attend and they gave me the wrong day. So I lost money and didn't get any counselling.
- I had to wait two months--this cost me another \$4,000 I didn't have.
- More counselling.
- It was always there I was just too embarrassed to admit problem.
- No problems.
- I would have needed more time during your office hours.
- No complaints about access.
- Realizing I had a problem.
- Not really.
- After working hours.
- None.
- Access is very easy and convenient.

56. How could awareness to this program have been brought to your attention sooner?

- Answer on question 60.
- My choice to get help sooner and act on immediately.
- My awareness was always there.
- No
- Newspaper.
- Better advertising.
- Better advertisement.
- More than just simple posters.
- Don't know.

- When I first attended G.A. meetings, more literature could have been handed out as to other programs available. Also gambling establishments and TV and radio advertising.
- Gamblers Hotline.
- If a person is not ready to seek help they won't. There are 1-800 [numbers] posted near the VLTs for anyone who needs help.
- It was brought to my attention on TV.
- By signs posted on machines.
- Public announcements, bulk information, TV ads.
- By advertising.
- Unknown.
- More advertising.
- Advertise.
- I called the 1-800 number for help and all I got was how much money did I spend instead of how I was doing.
- If I looked in the right places. If I evaluated my problem sooner.
- The awareness was there—decision as to whether or not the need was there.
- Nothing, I knew it was there, just had to push myself and want to do it for myself.
- Don't know.
- More readily access to information that gives more detail.
- Other than the hot line, I'm not sure.
- If I would have stopped drinking before I would realize that it was a big problem to me. Now I am not drinking as much and I feel weaker every time I pass the VLTs.
- Advertisement.
- Through credit card companies—could have questioned withdrawals?
- I didn't know I had a problem at first!
- None, its posted right beside the VLTs.
- More advertisement.
- I guess more of my friends telling me that I do have a problem.
- More advertising.
- Place it in bars with 1-800 info number.
- I was aware of it.
- It all G.A. groups had info.
- Awareness was there, just wasn't ready.
- Was told but just ignored it.
- Need more advertising of services—TV especially.
- Advertising on TV or newspaper.
- None.
- More advertising in gambling establishments, e.g. bars, lounges, etc.

57. What treatment options are you currently involved with for problem gambling?

- None.
- Psychiatrist, psychologist, alternate activities.
- Poundmaker's
- Bereavement counselling, relapse prevention, gamblers retreat, psychologist, psychiatrist.

- Employer counsellor
- Thorpe Recovery Centre.
- Just starting.
- I live in an AADAC funded recovery house.
- I'm not involved in anything.
- Relapse prevention.
- Gamblers support group.

58. What is your personal treatment goal?

- To quit gambling and help others before they go as far as I have.
- And not gamble again.
- Quit drinking.
- I have achieved my goal. It has been almost 2 years since I have gambled.
- To get healthy mentally and physically.
- To quit and pay my bad debts.

60. What additional support or counselling services would you like to have while you are in the program?

- To have someone contact my family and help them get a new start and to let them know that I will go into every program and get as much help to get my family back.
- The program is OK with me, its the matter of participating in the sessions.
- Better educated counsellors, who have a knowledge of what gambling addiction is all about.
- Good positive activities for my spare times.
- AA 12 Step.
- Spousal support, G.A., physician support.
- Group counselling.
- Financial planning help. Counselling to help me accept my kids problems and let me live my own life now.
- Individual counselling. More groups available.
- A program that would involve the gambler's spouse.
- Make a complete list available as to where the money is spent by the government.
- I don't know. Maybe residential treatment.
- Financial counselling (cope with debts). Self-esteem counselling (improve my self image).
- Marital.
- Emotional self-esteem, self confidence.
- None.
- Continued gambler support when you need help after you get treatment.
- Possibly get more time spent on the 12 step program.
- A good phone service and more counselling.
- Adequate funding and support.
- Unknown.
- G.A., family, friends.
- G.A., also to have a counsellor call me on a weekly basis for a while

- I would like to go through a program like this every now and again so I don't forget my tools.
- Continued help with dealing with family issues. What to do when your family disowns you because of a gambling problem.
- Support? A strong backbone.
- Personal counselling.
- Go to G.A. support groups.
- See some of the worst cases of gambling. How much it can do to destroy one's life.
- Child abuse, money handling.
- It is apparent that I need to deal more with issues of family (particularly feelings) and feelings of own self-worth.
- Satisfied with what I am in presently.
- Someone you could call when you get [the] urge to go gambling, and individual counselling as groups sometimes don't address your problem.
- To be able to realize there is so many natural things to do that are fun and inexpensive.
- AADAC group counselling.
- None, I quit playing about 8 months ago.
- Not in the program.
- Drug and alcohol abuse treatment.
- None.
- Whatever is available.
- I've had lots of support, care and concern of my well being.
- Don't know.
- I find if I talk about my problem and how I feel it helps weekly G.A. meetings, will be seeing [counsellor] once a week.
- Could use more individual counselling.
- Don't know.
- I don't know what is available.
- Positive reinforcement. The right things to do while in recovery. Counselling ASAP as most of us are very desperate when we make that first step.
- For me, I think if I can share my problems with others to bring about awareness. Not Gamblers Anonymous.
- Nil.

61. Do you have any comments regarding VLT problem gambling, its prevention and treatment?

- Yes, I would like to be hired to work for AADAC and have the right to be able to go into bars, lounges and talk to people and reach out to them because people won't ask for help until they lose their homes, family and don't have nowhere to turn. I would like someone to write a true story on what VLT [has] done to myself and my family.
- VLTs are the worst thing to have been brought here. The government never should have made gambling legal. They put money in Government's pockets and take food money away from families.
- I feel that if someone is honest with themselves they would seek help for this problem.
- Spend more money on programs, stop treating gambling different than any other addiction, make treatment affordable for the addict. Because by the time he or she needs help they have no money.
- To get rid of them all.
- No.

- I strongly feel that the access to VLTs should be monitored, access to monies restricted. "No VISA" advances, some establishments allow VISA use "under the table."
- Get rid of them.
- No.
- No
- Tell the government to take all the VLT machines out in the province.
- Again, complete elimination of VLTs.
- Get the machines out of Alberta and out of Canada A.S.A.P.!!
- They should put them in pool halls instead of bars.
- Same answer as above. I believe if they show the taxpayers where the money is spent, I can guarantee a few hundred thousand people would quit instantly.
- Get rid of those damn machines before they start to cost the government more to help addicts than they are making from the VLTs.
- It is sad to see so many people hurt from it.
- How can the government justify the proceeds from this form of revenue. It plays off people's sickness and the majority of money comes from addicted gamblers.
- Yes, get rid of them.
- None.
- My advice to others would be don't start (just like for someone who smokes it is hard for them to quit once they have started). You can quit. I have lost all desire to ever play a VLT machine, but it is hard and could take several tries. And harder yet is trying to get back on your feet financially. After two years it is still a major struggle. I wish I had never, ever started.
- The education should be provided with the addiction of VLT and what could happen to you.
- Take them out of the province.
- Take VLTs out of every bowling alley building, out of bars and dining places. Even in casinos you get enough money without causing further addiction. The owners and government are causing the addiction of the ones who can't afford it.
- Why the government put them in casino, or even reduce the number of establishments? So people with addiction can still be able to live in their own neighbourhood.
- It's a sky-rocketing problem, which will destroy many more lives. A drastic amount of recovery centres must be built and adequately staffed and funded.
- More than one week.
- The government is taking advantage of unhealthy society.
- Remove them from Alberta.
- Get rid of the suckers, or at least put them in casino's where they belong!
- The only thing I can say is I wish I had never seen a VLT. This addiction hits you so fast you don't even see it coming or that's how it was for me.
- I still would like to see them taken out completely but since that'll never happen: put more responsibility on bars, etc. They know how much a person is spending. Once a limit is hit, they should ask the person to leave. Instead, they cash cheques or give even more out on bank cards.
- I hate to see teens or young couples with kids into it! Its bad enough for seniors!!
- Get rid of them. Not just because I have a problem but for other people also. More help from government.
- Get rid of them.
- I wish the government would find other ways of making money.
- Instead of government receiving monies from VLTs, the money should go to some form of aid for families of gamblers and gamblers.

- If I don't quit the VLT I will be in debt for the rest of my life.
- It really irritates me the revenue the provincial government makes on the machines and is from persons who are addicted (get rid of them).
- Probably more people need help than we are aware of. Use more of the profits (government) to TV, radio ads.
- Lots of people are spending \$1000.00 a week. I met lots of regulars—they don't talk about losses only when they win. But some lost houses, all savings and [VLT gambling] also causes trouble at home as they are there every night!
- Just get rid of the VLTs before the whole country gets hooked.
- Just to clarify my not answering the previous questions—my legal issues and my drug/alcohol program issues are more in my [consciousness] than my gambling. As long as I'm not near the machines I don't seem to crave to play. But when I hear those bells go off, watch out!
- I think they should be eliminated completely.
- Not to have them so accessible to people. Limit them to people or companies who bring them in.
- VLT should never be advertised on the outside of a business, it should be kept to 2-3 places in the city just like casinos—casinos are for gamblers! Restaurants and lounges are not for gambling.
- The same thing I said to a couple of the questions. Make them less accessible.
- In my mind anyone who plays them will become addicted, sooner or later.
- This form of gambling is just too available. Odds of winning should be posted. Number of machines reduced.
- The only way to prevent it is to eliminate it, it's a growing problem and concern, causing a lot of problems with family, friends, home and work.
- Don't have any.
- You should have a session with compulsive gamblers during the course. And let people know a mental addiction is a lot like substance addiction. So they can learn how to treat addictions in general.
- It sucks. Get it out of Alberta.
- To prevent it I would be willing to lobby the government to restrict where VLTs can operate. Maybe if there were not so many of them, gambling would not have become such a problem.
- They are too accessible.
- Not a good life. Can't relax. Causes so much stress. Glad the stress is less for me now.
- Not at this time.
- I think you should bring gamblers who have quit, together to brainstorm ideas in the area of prevention and assistance.
- VLT problem gambling is on a massive scale. Far worse than AADAC knows or suspects. Revenues this year are projected to be 675 million. Only prevention is to get rid of them.

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