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A Description of Problem Gamblers in Alberta

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SUMMARY OF MAIN FINDINGS

A SECONDARY ANALYSIS OF THE

Gambling and Problem Gambling in Alberta

S T U D Y



Alberta Alcohol and Drug Abuse Commission
An Agency of the Government of Alberta

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Information and Policy

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EXECUTIVE SUMMARY

In 1993, Alberta Lotteries and Gaming commissioned a study (Wynne, Smith, and Volberg, 1994) to determine the prevalence of problem gambling in Alberta. A telephone survey of a representative sample of 1,803 Albertans, 18 years and older and in-depth interviews with a sub-sample of 30 Albertans was conducted. The resulting report (Wynne, Smith & Volberg, 1994) provided an accurate estimate of the prevalence of adult problem gambling in the province, and determined the social and related financial impacts created by gaming activities.

The Alberta Alcohol and Drug Abuse Commission (AADAC) was designated by government in 1993 to coordinate prevention, education and treatment programs for problem gamblers.

While the original Wynne, Smith, and Volberg (1994) study provided an excellent overview, AADAC was interested in gaining more insight into the characteristics of problem gamblers and the nature of their behaviour. As a result, AADAC contracted Dr. Wynne to conduct additional analysis on problem gamblers using the Alberta Gambling Data Set. This secondary analysis re-examined both the Phase I telephone questionnaire data for those 154 individuals identified as lifetime problem gamblers and the Phase II field interview data for 30 individuals (Wynne, 1994a).

In this first additional analysis of problem gamblers, women, young adults and Native people were identified as potential "high risk" groups. The original study did not collect information from adolescents and the number of Natives sampled was too small for further analysis. Thus, AADAC commissioned Wynne Resources to conduct a second study dealing specifically with female problem gamblers. The female specific problem gambling analysis was confined to those 49 individuals identified through the telephone survey as being "current" problem gamblers (Wynne, 1994b).

The primary goal in conducting the two additional studies is to provide AADAC field staff and others involved in providing problem gambling services with useful information for prevention, education and treatment programs for clients and collaterals. As such, Dr. Wynne has considered the implications of these latest findings for programming and further research into problem gambling.

Based on the additional analysis of problem gamblers in Alberta, Dr. Wynne offered a number of suggestions for problem gambling programs. Some of Dr. Wynne's suggestions include the following:

- Educational programs offered in high schools, post-secondary institutions (e.g., adult upgrading, life skills), job finding clubs, and in Native communities should contain modules on problem gambling to reach specific high risk groups (women, young adults and Native people).
- Prevention and education programming should identify for parents the potential harm of early gambling exposure to their children.

- Provincial authorities, lottery ticket vendors, and gaming venue operators should continue to ensure that gambling products and gaming venues are not available to minors.
- The present study demonstrated that problem gamblers reside throughout the province. As such, AADAC offices across Alberta should continue to assume the lead role in addressing problem gambling.
- Gender differences for gaming preferences may have some implications for problem gambling programming. For instance, problem gambling prevention and education programs targeted at female gamblers might focus on bingo play. Similarly, programming aimed at males may be most effective when focused on male dominated gaming activities such as sports betting and wagering on games of skill.
- There may be differences in the type and magnitude of motivating reasons given by female versus male problem gamblers. This may help treatment staff to anticipate and prepare for male and female clients identifying different motivations for their gambling behaviour.
- Some problem gamblers may reject total abstinence as a treatment goal. In these cases, treatment staff may be advised to help the problem gambler differentiate between continuous and non-continuous forms of play, and to avoid the former.
- In considering the social and financial impacts of problem gambling, prevention, education, and treatment programs should consider the significant others affected by the individual with a gambling problem.
- If some former problem gamblers have in fact "recovered," it is important to ask "why?" and "what precipitated this recovery?" Answers to these and other questions may be relevant to prevention and treatment programming.
- There has been much debate about the co-treatment of problem gamblers with substance abusers. Nevertheless, co-treatment has become an acceptable practice with addiction treatment specialists. This suggests that existing AADAC treatment facilities and programs are appropriate venues for problem gambling programs.
- A special focus on VLTs is needed in any problem gambling education initiatives. It should address the randomness of machine-play; the low odds of winning over time; the unreal feeling of gambling for "credits" versus "money"; the potential for spending more time and money than planned; the seductiveness of "dropping-in" to play and, therefore, the increased prospect of chasing losses; and, the possibility that extended play will cause periods of dissociation.
- For treatment specialists, an exploration with the problem gambler of each of the above phenomena may help the addict understand VLT gambling and their experiences relative to it. However, it is likely that total abstinence versus a controlled-play strategy will be most effective given the nature of VLT gambling.

I. INTRODUCTION

A. THE ORIGINAL STUDY

In 1993, Alberta Lotteries and Gaming commissioned a study to determine the prevalence of problem gambling in Alberta. The study was conducted by the Edmonton-based research firm of Wynne Resources Ltd. The research team included Dr. Harold Wynne and two independent consultants, Dr. Garry Smith (University of Alberta, Edmonton AB.), and Dr. Rachel Volberg (Gemini Research, Northampton, MA.). Details of the study are documented in the report, "Gambling and Problem Gambling in Alberta". A corresponding summary report of the same title contains an overview of the main findings (Wynne, Smith, and Volberg, 1994).

Data for the Alberta gambling study was collected in two phases. The first involved a telephone survey of a representative sample of 1,803 Albertans, 18 years of age and older. The second phase consisted of in-depth field interviews with a sub-sample of 30 Albertans. These individuals were identified as being either frequent (10), problem (10) or probable pathological (10) gamblers on the basis of scores on the South Oaks Gambling Screen (SOGS). The SOGS was administered during the Phase I telephone survey.

As the Phase II study deals with a relatively small sample size, it is not appropriate to make statistical comparisons between groups or individuals. However, the richness of detail collected through the interviews provides a description of individuals whose behaviour, attitudes and experiences are typical of the gambling group to which they belong. Such information, while not rigorous, will likely confirm observations among treatment staff and add to our understanding of problem gamblers.

B. FIRST ADDITIONAL ANALYSIS - PROBLEM GAMBLERS

The Alberta Alcohol and Drug Abuse Commission (AADAC) was designated by government in 1993 to coordinate prevention, education and treatment programs for problem gamblers. The Wynne, Smith and Volberg (1994) study provided an accurate estimate of the prevalence of adult problem gambling in the province, and determined the social and related financial impacts created by gaming activities.

While the original study provided an excellent overview, AADAC was interested in revisiting the original data to glean possible further insights into the characteristics of problem gamblers and the nature of their behaviour. As a result, AADAC contracted Wynne Resources to conduct additional analysis on the Alberta Gambling Data Set.

This secondary analysis re-examined both the Phase I telephone questionnaire data for those 154 individuals identified as lifetime problem gamblers and Phase II field interview data for 30

individuals in Alberta. For this analysis, the Phase II field interview sample was divided into two segments; controlled versus uncontrolled gamblers. The controlled group included all of the frequent gamblers and the moderate problem gamblers (17 respondents), while the uncontrolled group was comprised of all the pathological gamblers and the advanced problem gamblers (13 respondents). Comments in the secondary analysis reflect information collected from the uncontrolled gamblers, who are referred to as the "problem gamblers".

In addition, the research literature on natural recovery, multiple addictions and video lottery terminal play was explored and linked to the Alberta data where possible.

C. SECOND ADDITIONAL ANALYSIS - FEMALE PROBLEM GAMBLERS

In the first additional analysis of problem gamblers, women, young adults and Native people were identified as potential "high risk" groups. The original study did not collect information from adolescents and the number of Natives sampled was too small for further analysis. Thus, AADAC commissioned Wynne Resources to conduct a small second review dealing specifically with female problem gamblers.

The female specific problem gambling analysis was confined to those 49 individuals identified through the telephone survey as being "current" problem gamblers. This relatively small number of cases renders statistical tests of significance and correlation invalid. Nevertheless, while the data findings will be largely impressionistic, they have value in suggesting other avenues of study into female problem gambling.

D. PURPOSE OF THIS SUMMARY

The primary goal in conducting the additional analysis is to provide AADAC field staff and others involved in providing problem gambling services with useful information for prevention, education and treatment programs for clients and collaterals. As such, Dr. Wynne has considered the implications of these latest findings for programming and further research into problem gambling.

The resulting report from the first additional analysis by Dr. Wynne is an extensive document titled "A Description of Problem Gamblers in Alberta: A Secondary Analysis of the Alberta Study Data." The report includes the following main sections:

- characteristics of problem gamblers in Alberta;
- the behaviour of problem gamblers;
- impacts of problem gambling;

- other considerations relative to the Alberta study
 - natural recovery
 - multiple addictions
 - video lottery terminals;

- implications for prevention, treatment and further research.

This summary will provide an overview of the main findings from each section of Dr. Wynne's first additional analysis report. The reader is directed to the original report (Wynne, 1994a) for further information and detail, especially for Phase II field interview findings.

Instead of producing a separate summary report on female problem gamblers, major gender difference findings will be presented within this report as appropriate. For further information regarding female problem gamblers, the reader is directed to the second additional analysis report, "Female Problem Gamblers in Alberta. A Secondary Analysis of the Alberta Study Data" (Wynne, 1994b).

The additional analysis of the Alberta Gambling Data Set represents a small further investment which maximizes the return on the investment made in the original study.

II. CHARACTERISTICS OF ALBERTA "PROBLEM" GAMBLERS

A. IDENTIFICATION OF PROBLEM GAMBLERS

In the Phase I telephone survey, 154 (8.6%) of the 1,803 persons sampled were classified as "lifetime" problem gamblers; that is, at some point in their lifetime, they experienced problems associated with their gambling behaviour. In contrast, 99 respondents (5.4%) admitted to experiencing these problems within the past year and were classified as "current" problem gamblers. Problem gamblers are those who answered "yes" to 3 or more items on the 20 item SOGS questionnaire.

B. DEMOGRAPHIC PROFILE OF PROBLEM GAMBLERS

In general, lifetime problem gamblers are more likely to:

- be male (62%);
- be between 18-34 years of age (54%);
- be married or living common-law (52%);
- be living with two or more adults 18 years or older (84%);
- have a total household income of less than \$50,000 (62%);
- have a high school education or less (64%);
- be Caucasian (86%) (Non-Caucasian, 7%; Aboriginal, 7%);
- be employed full or part-time (67%).

In general, current problem gamblers are more likely to:

- be between 18-34 years of age (63%);
- be married or living common-law (49%);
- be living with two or more adults 18 years or older (84%);
- have a total household income of less than \$50,000 (57%);
- have a high school education or less (63%);
- be Caucasian (81%) (Non-Caucasian, 7%; Aboriginal, 10%);
- be employed full or part-time (66%).

Lifetime and current problem gamblers are very similar on most demographic indicators. Of interest, current gamblers are just as likely to be male (50%) or female (50%). This suggests the possibility that problem gambling among men has decreased somewhat over time, while it is currently increasing for females.

A strong majority of both lifetime and current problem gamblers are Caucasian (i.e. 86% and 81%, respectively). This is not unexpected considering that 82% of the Alberta population is Caucasian. The Alberta gambling study under-sampled ethnic groups (i.e. the study sample was 94% Caucasian, 4% non-Caucasian and 2% Aboriginal. Thus, it is interesting to note the over representation of non-Caucasian lifetime and current problem gamblers.

While these demographic profiles from Phase I are useful, examining the interview responses from Phase II helps to further define the characteristics of individuals who are problem gamblers.

Compared to female non-problem gamblers, current female problem gamblers are:

- twice as likely to be under 25 five years of age;
- three times less likely to be age 55 years or older;
- twice as likely to have less than a high school education;
- four times as likely to be Aboriginal or non-Caucasian;
- three times as likely to be unemployed.

C. GEOGRAPHIC DISTRIBUTION OF PROBLEM GAMBLERS

An examination of the respondents' place of residence shows that while many lifetime and current problem gamblers are found in the large population centers of Edmonton and Calgary, problem gambling exists in communities throughout the province. Some of these communities, such as Sherwood Park, Leduc, and St. Albert, are situated in a large metropolitan area. Other communities, including Lethbridge, Red Deer, Ft. McMurray, Medicine Hat, and Grande Prairie, are relatively large cities in their own right. In these cities and in larger towns, the public has access to virtually all forms of gaming available in the province. In the smaller communities, access to gaming opportunities is more limited. Nevertheless, bingos, lottery ticket purchases, and more recently, video lottery terminals (VLTs) in the bars afford the public an opportunity to gamble even in the less populated centers.

D. GAMING PREFERENCES OF PROBLEM GAMBLERS

The gaming preferences of problem gamblers in Alberta supported what has been widely reported in the research literature. Compared to non-problem gamblers, problem gamblers are more likely to engage in all forms of gambling, but show a clear preference for continuous versus non-continuous games. Continuous forms of gambling are those games which include repeated sequences of wager, play, and outcome (win or loss) within a relatively short period of time. The continuous forms of gambling identified by problem gamblers in this study included instant or scratch lottery tickets, pull-tab or Nevada tickets, card games, bingo, local casino play, horse races and VLTs.

In addition, problem gamblers showed a clear preference for wagering on forms of gambling where special knowledge or skills are perceived to be important. This included formal and informal wagering on sporting events and sports drafts, playing Sports Select and wagering on games of skill such as billiards, darts, golf and arcade/video games.

Some important differences were found among problem gamblers regarding their gaming preferences. For example, men are more likely to engage in most forms of sports betting. Bingo is clearly a game preferred by female problem gamblers, a disproportionate number of which were Aboriginal. For a more detailed analysis of female bingo players see the second additional analysis report (Wynne, 1994b).

Female (current) problem gamblers are three times more likely than female non-problem gamblers to play the VLTs and four times more likely to frequent local casinos. In both instances, however, they are somewhat less likely than male (current) problem gamblers to engage in these gaming activities.

E. FREQUENCY OF PLAY FOR PROBLEM GAMBLERS

Compared to non-problem gamblers, problem gamblers are more likely to participate in continuous forms of gambling on a weekly basis, including instant, scratch, pull-tab or Nevada tickets, bingo, games of skill, and VLTs. In addition, problem gamblers generally spend far more time per gambling session than do non-problem gamblers. Compared to non-problem gamblers, problem gamblers are more than twice as likely to spend from 3-5 hours gambling and eight times as likely to spend from 6-12 hours at one session.

Female (current) problem gamblers are six times more likely to play bingo weekly than are female non-problem gamblers.

III. THE BEHAVIOUR OF PROBLEM GAMBLERS

A. MOTIVATIONS AND ATTITUDES TOWARD GAMBLING

The motivations for problem gamblers are: (1) for entertainment and fun, (2) to win money, and (3) for excitement or as a challenge. Problem gamblers were more likely to cite these as reasons to gamble than non-problem gamblers. While the majority of problem gamblers (59%) also claim to be motivated to gamble to support worthy causes, they are much less likely to cite this reason than are non-problem gamblers (72%).

The answers to all SOGS items were compared for problem and non-problem gamblers to determine the extent of the differences in their attitudes and behaviours around gambling. Among problem gamblers, the majority (71%) felt they spent more time and money gambling than intended, and more than half (57%) admit to feelings of guilt about their gambling. More than half the problem gamblers (53%) had returned another day to "chase their losses" by trying to win their money back. This "chasing" behaviour is three times greater for problem than non-problem gamblers (53% versus 16%). In addition, problem gamblers tended to be more preoccupied with acquiring money to gamble than non-problem gamblers.

Among (current) problem gamblers, males are more likely to suggest they gamble "to win money" or "for excitement or challenge"; in contrast, females are more likely to state they gamble "to support worthy causes." Male problem gamblers are more likely than female problem gamblers to declare they gamble "because I'm good at it" and, conversely, female problem gamblers are somewhat more likely to gamble "as a hobby" or to "distract myself from everyday problems."

IV. IMPACTS OF PROBLEMS GAMBLING

A. SOCIAL IMPACTS

As one might expect, problem gamblers scored higher than non-problem gamblers for all nine items on the SOGS which identified the negative personal effects of gambling behaviour. Analysis of these variables led to the conclusion that problem gamblers are often aware of the adverse effects of their out-of-control gambling, but beyond feeling guilty about it, they have not been able to bring their gambling under control.

While the majority of (current) problem gamblers often go back another day to win back their money (i.e., "chasing"), it appears that males are somewhat more likely than females to chase their losses.

Among those problem gamblers interviewed in Phase II, negative social consequences of their problem gambling behaviour included loss of friends, a marriage break-up, and gambling binges resulting in neglect of their children.

B. FINANCIAL IMPACTS

Considering all types of gaming, problem gamblers spend four and one half times more money, on average, than non-problem gamblers. Problem gamblers' highest average expenditures per month are for bingo, games of skill, horse races and VLTs, where they spend ten times more, on average, than non-problem gamblers. However, the nature of the game, in terms of the amount allowed per wager and the continuous/non-continuous character of play, may determine monthly expenditure levels more so than the gambler's acknowledged preference for the type of game.

On a monthly basis, female (current) problem gamblers spend twelve times more on average playing bingo than non-female problem gamblers and almost fifteen times more than male problem gamblers.

As expected, problem gamblers borrow or acquire money from a variety of sources to gamble, much more often than non-problem gamblers. Problem gamblers are most likely to borrow money from their spouse or relatives to finance their play, and are only somewhat less likely to borrow money on their credit cards or from household accounts.

The most preferred borrowing activities of female (current) problem gamblers are to acquire money from a spouse, relative, or to borrow from household accounts. Male (current) problem gamblers appear more likely to obtain cash advances on their credit cards to finance their gambling than are female problem gamblers.

V. OTHER CONSIDERATIONS RELATIVE TO THE ALBERTA STUDY

A. NATURAL RECOVERY

Natural recovery, spontaneous remission, self-change, untreated remission, and natural resolution are all terms used interchangeably to discuss the intentional modification of addictive behaviour without treatment intervention. In other words, some people who experience problems with an addictive behaviour recover on their own.

In the original Alberta Study, 154 gamblers were identified as lifetime problem gamblers and 99 as current (past 12 months) problem gamblers on the basis of SOGS scores. This results in a difference of 55 gamblers who were problem gamblers in their lifetime, but not in the past 12 months. Stated in percentage terms, it is estimated that of those people who have ever had a gambling problem, 36% appear to have "recovered", at least in the sense that they no longer believe they have a gambling problem.

Dr. Wynne offers some cautions regarding the analysis of the 55 "recovered" problem gamblers. Namely, follow-up interviews with the 55 individuals should be conducted to confirm (a) whether this remission, in fact, actually took place, and (b) whether the telephone survey respondents were accurately classified as lifetime and/or current problem gamblers.

Nevertheless, the following observations can be made. Compared to current problem gamblers, naturally recovered gamblers are more likely to be:

- male (82%);
- older, especially 55 years and up (16%);
- married or living common-law (57%);
- middle-income earners (61%);
- Caucasian (95%), and;
- in the sales/service, manufacturing, farming, or construction fields (77%).

When comparing the gaming activities of naturally recovered and current problem gamblers, it is apparent that, for some reason, naturally recovered problem gamblers are more likely to resist or avoid continuous forms of gambling. The differences seem most dramatic for bingo and VLT play, where recovered gamblers are significantly less likely to engage in these activities.

In general, current problem gamblers were more likely to report gambling weekly compared to recovered problem gamblers. The biggest difference was for bingo, with current problem

gamblers reporting weekly participation three and a half times more often than recovered problem gamblers. In addition, current problem gamblers reported spending longer periods of time per gambling session than did recovered problem gamblers.

In terms of motivation, current problem gamblers are four times more likely to report they gambled to distract themselves from everyday problems than are recovered problem gamblers.

As well, naturally recovered problem gamblers are far less likely to report negative social and financial effects of problem gambling than are current problem gamblers.

B. MULTIPLE ADDICTIONS

In this section, Dr. Wynne reviewed the research literature discussing the similarities and differences between various addictions as well as literature exploring a general theory of addictions. The relevant telephone survey and field interview items from the Alberta study were then scrutinized in relation to the research literature.

From the telephone survey data, it was apparent that, on average, problem gamblers started gambling at a younger age (usually during late adolescence) than did non-problem gamblers. In addition, problem gamblers were almost four times as likely to report that their parents had a gambling problem. These findings support other research that earlier exposure to an activity and the existence of a conducive environment (e.g., parental behaviours) may predispose individuals to addictions.

While the field interview sample was quite small (13 identified as problem and 17 as non-problem gamblers), some interesting observations were made. Specifically, only problem gamblers had ever experienced a trance, assumed another identity, or had memory blackouts associated with their gambling. These findings are consistent with Jacobs' (1989) general theory of addictions.

C. VIDEO LOTTERY TERMINALS

Dr. Wynne discovered that there has been very little research regarding VLTs and problem gambling. The majority of research examines "fruit machine" gambling in the United Kingdom. There is only one Canadian study, recently conducted in Brandon, Manitoba (Gfellner, 1994).

In the Alberta study, the demographic profile of problem gamblers who play VLTs shows that, in comparison with non-problem VLT-playing gamblers they are:

- somewhat more likely to be male (55%);
- more likely to be under age 25 (25%);
- more likely to be single (43%);
- less likely to be married (38%);

- somewhat more likely to have a yearly income of less than \$15,000 (11%);
- significantly more likely to have a high school education or less (68%);
- more likely to be non-Caucasians or Aboriginal people, (15%) and:
- more likely to be unemployed (28%).

In terms of frequency of play, problem gamblers who play VLTs are more likely than non-problem gamblers to gamble weekly and to spend more than three hours gambling at any one session. Problem gamblers also spend more money on average per month gambling on VLTs and they were also more likely to have spent a large amount (e.g., \$100 to \$999) gambling in one day.

In terms of their responses to SOGS questions relative to their personal and financial costs, problem gamblers who play VLTs are much more likely to experience each of the negative consequences measured than are the non-problem gamblers. When citing reasons for gambling, problem gamblers are more likely than non-problem gamblers to offer the following reasons: for excitement or as a challenge; because they're good at it; to distract themselves from everyday problems; and, to be alone.

Of further interest, early data (June, July, and August, 1994) from calls received on the province-wide problem gambling help line indicates that 60% of the calls related to a concern with VLTs.

VI. IMPLICATIONS FOR PREVENTION, TREATMENT AND FURTHER RESEARCH

Dr. Wynne offered a number of suggestions for problem gambling programs based on his secondary analysis of the Alberta data. Thus, the reader should be aware that this section reflects Dr. Wynne's opinions.

A. DEMOGRAPHIC CHARACTERISTICS OF PROBLEM GAMBLERS

The demographic analysis conducted for this report identified some potential "high risk" groups; specifically women, young adults and Native people. Dr. Wynne suggests that educational programs offered in high schools, post-secondary institutions (e.g., adult upgrading, life skills), job finding clubs, and in Native communities should contain modules on problem gambling to reach specific high risk groups.

The identification of potential high risk groups is also important for treatment staff because it allows them to; (1) anticipate changes in the type of people (e.g. women, young adults, Native people) who may present themselves for treatment, and (2) begin designing specific treatment strategies for these groups. Related to this, intake procedures and measurements may need to be modified.

This and other research has shown that problem gamblers are much more likely to have had an early positive gambling experience. Therefore, prevention and education programming should identify for parents the potential harm of early gambling exposure to their children.

Provincial authorities, lottery ticket vendors, and gaming venue operators should continue to ensure that gambling products and gaming venues are not available to minors.

B. RESIDENCY OF PROBLEM GAMBLERS IN ALBERTA

The present study demonstrated that problem gamblers reside throughout the province. As such, AADAC offices across Alberta should continue to assume the lead role in addressing problem gambling. The challenge to respond to problem gambling may be especially great in rural, isolated, and Native communities where total numbers of problem gamblers may be fewer, but problem gambling may be proportionately greater.

C. GAMING PREFERENCES OF PROBLEM GAMBLERS

The overwhelming preference of problem gamblers for continuous forms of gambling suggests, among other things, that they value instant gratification where material gain is involved. If problem gambling modules were to be delivered through the educational system, they should include a discussion of the "value" of postponed gratification along with the more "technical" skills of money management and personal budgeting.

The Gamblers Anonymous approach to problem gambling is total abstinence. Some problem gamblers may reject total abstinence as a treatment goal. In these cases, treatment staff may be advised to help the problem gambler differentiate between continuous and non-continuous forms of play, and to avoid the former. For example, problem gamblers could be encouraged to abstain from purchasing instant-win lottery tickets in favour of lotteries or raffles with a draw date in the future; they could wager on formal sports pools and avoid impulsive sports betting, or; they might pre-plan to attend a monthly bingo but avoid playing VLTs altogether. Thus, by indulging in moderate play at some types of games while totally avoiding others, the problem gambler who rejects abstinence may be more successful in attempting to control his or her behaviour.

Gender differences for gaming preferences may have some implications for problem gambling programming. For instance, problem gambling prevention and education programs targeted at female gamblers might focus on bingo play. Similarly, programming aimed at males may be most effective when focused on male dominated gaming activities such as sports betting and wagering on games of skill.

D. REASONS WHY PROBLEM GAMBLERS PLAY

Gambling is exciting for the majority of problem gamblers, both for those who are under-stimulated or bored, and for others who are hyperactive and crave the excitement. Some researchers feel that gambling is a solution or method for achieving an emotional middle-ground for both types. For these problem gamblers, a treatment strategy counsellors might use is to mutually explore substitute activities for both the under and over-aroused individual. Perhaps recreational and interest inventories could be conducted to determine prospective alternatives which may appeal to the gambler-in-treatment.

Two of the main reasons problem gamblers play are to win money and because they are skillful. These notions should be addressed in prevention, education, and treatment programs to inform prospective gamblers that, in reality; (1) gamblers lose much more often than they win, and (2) skill has a marginal influence on the outcome of most gaming events. The true odds of winning various games should be made known to the public and this information should be included along with a discussion of the "illusion of control" in a gambling educational module. Problem gamblers in treatment should also be presented with this information and asked to recall if it coincides with their own experiences.

Problem gamblers are much more likely to admit that they gamble to distract themselves from day-to-day problems, including marital strife, boredom, depression, and anger. Gambling in this context makes sense for the individual as he or she is using it as a coping mechanism to reach an emotional state of equilibrium. This serves to remind the treatment specialist that the primary problem may not be gambling. As such, counsellors should probe for the underlying psychological, physiological, and/or environmental antecedents and co-occurring patterns of substance abuse.

As discussed earlier, there may be differences in the type and magnitude of motivating reasons given by female versus male problem gamblers. This may help treatment staff to anticipate and prepare for male and female clients identifying different motivations for their gambling behaviour.

E. FREQUENCY OF PLAY

As noted earlier, the avoidance of continuous-play games is one of the main strategies in a control versus abstinence treatment plan for problem gambling. Based on the knowledge that problem gamblers are indeed frequent gamblers, another control strategy should be to encourage the treatment client to reduce both the weekly frequency of play and the time spent per gambling session. This reduction in frequency is more feasible for some continuous-type games where the gambler cannot influence either the scheduling of the game or the speed of play (e.g., bingo, betting on the horses) than for others where the gambler can "drop-in" anytime and engage in rapid play at each session (e.g., VLTs, casino blackjack). In these latter examples, abstinence is the best counsel.

F. SOCIAL AND FINANCIAL IMPACTS

Problem gambling behaviour has both negative social and financial implications. Feelings of guilt, criticism and arguments with loved ones and friends, lying about losses, and hiding gambling evidence are serious personal problems which affect the gambler's self-esteem and interpersonal relationships with significant others. These social problems are often compounded by financial problems which may include spending overly large amounts gambling monthly, wagering more than one can afford in a single day, and potentially resorting to extreme measures to acquire money with which to gamble. In considering these social and financial impacts of problem gambling, prevention, education, and treatment programs should consider the significant others affected by the individual with a gambling problem.

G. NATURAL RECOVERY

If former problem gamblers have in fact "recovered," it is important to ask "why?" and "what precipitated this recovery?" Answers to these and other questions may be relevant to prevention and treatment programming. In order to accomplish this research task, follow-up field interviews could be conducted with the 55 recovered problem gamblers identified through the original Alberta gambling study. Ideally, similar research could be undertaken in other jurisdictions where the SOGS was used to identify lifetime and current problem gamblers. Results from all such studies could then be synthesized to determine if there are any common themes or patterns which will help explain the phenomenon of natural recovery.

H. MULTIPLE ADDICTIONS

A review of the research literature suggests that treatment professionals dealing with substance abusers also test them for problem gambling, as these addictions are often co-travellers. By doing so, it may be discovered that the gambling pathology is the primary problem, and that successful treatment of this will reduce the secondary substance use problem as well. To assist in the development of psychological profiles and their relationship to problem gambling, a number of tests besides the SOGS have been administered and found useful. These include: Minnesota Multiphasic Personality Inventory (MMPI); Barratt Impulsivity Scale (BIS-10); Buss-Durkee Hostility Inventory (BDHI); Beck Depression Inventory (BDI), and; the NEO Personality Inventory: N Factor.

There has been much debate about the co-treatment of problem gamblers with substance abusers. Nevertheless, co-treatment has become an acceptable practice with addiction treatment specialists. This suggests that existing AADAC treatment facilities and programs are appropriate venues for problem gambling programs.

During intake, assessment instruments should probe for evidence of Jacobs' "dissociative state" (i.e. trance, out-of-body experience, altered identity, memory blackouts), as these experiences may suggest the patient is vulnerable to multiple addictions. In conducting field interviews in the Alberta study, the most advanced problem gamblers reported gambling episodes where they lost all track of time. This experience seems closely related to Jacobs' trance-like state and it is suggested that this "time-loss" experience should become a fifth criterion in probing for evidence of dissociation. It will, of course, be necessary to test this new criterion in future research relative to the general theory of addictions.

I. VIDEO LOTTERY TERMINALS

Based on the findings and discussion relative to VLT play and problem gambling, a number of prospective hypotheses were advanced by Dr. Wynne:

1. Women are increasingly being attracted to the VLTs as their most preferred form of gambling.
2. "High risk" groups for developing a VLT-related gambling problem include adolescents and young adults, ethnic minorities, Native people, singles, low income earners, the unemployed and the under-educated.
3. The very nature of VLT play makes it extremely difficult for problem gamblers to control the frequency, time/session, and money they spend.
4. VLT play is especially enticing for problem gamblers who seek distractions from life problems or to be alone.
5. VLT play is especially appealing to low income earners and people on government assistance as a "quick fix" solution to persistent cash shortages.
6. VLT play is the type of gambling which results in the highest incidence of "dissociation" which is central to the general theory of addictions.

To test these and other hypotheses relative to VLT play, empirical research must be conducted. The Alberta study merely provided initial general insights into the emerging issue of VLTs and problem gambling. To advise prevention and treatment programs, more information is needed about this form of gambling. Meanwhile, some useful interim measures suggested by Dr. Wynne might include:

1. A special focus on VLTs in the problem gambling education curriculum noted earlier is needed. It should address the randomness of machine-play; the low odds of winning over time; the unreal feeling of gambling for "credits" versus "money"; the potential for spending more time and money than planned; the seductiveness of "dropping-in" to play and, therefore, the increased prospect of chasing losses; and, the possibility that extended play will cause periods of dissociation.
2. For treatment specialists, an exploration with the problem gambler of each of the above phenomena may help the addict understand VLT gambling and their experiences relative to it. However, it is likely that total abstinence versus a controlled-play strategy will be most effective given the nature of VLT gambling.

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