

## **Our study: the details**

### **Problem gambling vulnerability: The interaction between access, individual cognitions and group beliefs/preferences**

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#### **Aims**

This research is designed to examine vulnerability and resilience to problem gambling. More specifically, the project will assess the interactions between access to gambling products and the various thought processes and decision-making strategies that are associated with problem gambling. In order to elucidate the factors that impact on resilience to problem gambling, it is a particular aim of the project to examine interactions between access and self-restricting strategies of those who have managed to moderate their gambling. Furthermore, in addition to exploring the relationships between gambling cognitions and access for individuals, it is also an intention to assess these interactions across specific groups for which there is already some evidence of differences in gambling beliefs, preferences and decision-making strategies (e.g., groups based on culture, gender, age). In this way, recommendations relating to access and gambling restrictions will be able to be made.

This research is designed to inform:

1. the identification of groups vulnerable to problem gambling.
2. government and council policy around the regulation of local environments so as to minimise problem gambling within at risk communities
3. ways in which gambling venues can modify gambling environment (or access) so as to facilitate user self-regulation.
4. the development of models to identify the psychosocial and cultural factors that enable some groups and individuals to limit their gambling, thus making them more resilient.

#### **Method**

Following completion of a thorough literature review, we will conduct the focus group discussions. These will include gamblers and their family/partners/supports, and will be directed toward identifying:

- contextual and environmental stimuli that attract gamblers
- self-restricting strategies
- gambling-related cognitions and decision-making processes.

Focus group participants will be accessed and recruited in a variety of ways, including through psychology clinics, gamblers' help and intervention agencies, GP networks, low cost housing venues, ethnic and rural communities, community health centres, local councils, and organisations assisting low income and socioeconomic status families. We may also approach counsellors who specialise in issues related to gambling, and request that they inform their clients that the study is ongoing and provide them with details concerning the focus groups should they wish to be involved. Government-run Support Services for Problem Gamblers, such as the telephone help services G-Line and Lifeline Gambling and Financial Counselling, will be approached for participant recruitment. We may also place advertisements in local newspapers and on the internet.

We aim to collect data from between 8 and 12 focus groups of social and problem gamblers. Within these 8-12 groups, we would target at least one ethnic group and run a problem gambling and a social gambling focus group. We would also attempt to run two focus groups for young people (18-26 years), one for social gamblers and one for problem gamblers. We will also attempt to run two focus groups (social and problem) among low SES groups with relatively high gambling access (e.g., inner city, western suburbs of Melbourne). Two female only groups (social & problem) may be run. The remainder will be mixed groups of social and problem gamblers. Ex-gamblers will be targeted as well, and may form a single group or be mixed with others.

Based on the information/data that is obtained from the focus group discussions, we will develop survey-type measures of self-restricting strategies, and gambling-related cognitions and decision-making processes. We will also develop items to measure perceived and behavioural access to gambling products (i.e., the extent to which people believe that it is easy to access gambling products and the degree to which they actually do so).

Following this, we will conduct the larger-scale study with gamblers of varying levels (i.e., social gamblers, moderate gamblers, problem gamblers, and ex-problem gamblers) in a range of gambling modalities (scratch tickets, lotto, racing, Tabarets, casino, internet, etc.). We will use creative ways of recruiting: through the Internet, small communities, public housing, ethnic communities, gambling intervention agencies, rural communities, low SES areas, areas with limited entertainment options, etc. They will be conducted through the Internet, mail out and face-to-face.

In addition to the measures developed from the focus group discussions, the survey instrument will include the SOGS (or other recent tool) for diagnostic purposes. We will also collect information on demographic variables of interest, including postcode, income, mode of travel. It is our intention to match postcode information to actual access to gambling products, in order to develop an 'access index' for different postcodes.

We aim to collect survey data from at least 200 social gamblers, 100 problem gamblers and 50 ex-problem gamblers, including a mix of male/female, younger/older, lower SES/higher SES respondents. For the ethnic group targeted, we will conduct a special survey (same instrument,

but translated into the ethnic language if recommended by community advisory group), with up to 50 problem gamblers and 50 non-problem gamblers.

We hope that this research will produce data that will inform policy makers about ways that gambling venues/environments (or gambling access) can be modified so as to facilitate user self-regulation. Additionally, we are hoping to contribute to the literature of gambling cognitions, and to produce valid and reliable measures of such cognitions. Furthermore, integrating sociological and psychological literature, we intend to develop theoretical models that depict the aetiology of problem gambling, and illustrate the divergence in pathways leading to vulnerability and resilience.

## **Background literature**

Psychological models relating to the etiology of problem gambling focus on cognitive, behavioural, mood and co-morbidity characteristics of gamblers. For example, in a recent study, we found that gambling severity was significantly predicted by high degrees of novelty seeking and specific gambling cognitions (greater luck/perseverance), even when accounting for impulsivity, psychological distress, and other psychopathology (Lam & Kyrios, in press). Cognitions and their interaction with mood factors have been thought to underlie strategies and decisions that gamblers demonstrate in specific gambling-related situations (Ladouceur & Walker, 1996; Moore & Ohtsuka, 1999). Such beliefs generally reflect distorted views of the randomness of gambling situations, and include elevated superstitious beliefs, greater illusion of control over luck, magnification of the skill involved in gambling, and interpretative biases (Toneatto, 1999). For instance, individuals who believe that luck will eventually come to those who persevere are likely to decide to continue gambling, even if they are under stress because they have gone beyond their financial limits. Moore and Ohtsuka (1999) for example found that young problem gamblers had more faith in their ability to manipulate chance and 'beat the system' than young people who were social gamblers. They were also more likely to believe that they would eventually win because they needed the money, so winning would be 'fair'. Such models of etiology have led to the development of psychological treatments that target dysfunctional beliefs or cognitions. These treatments have by and large been efficacious, with cognitive-behavioural therapy the most empirically supported of the treatment modalities (Toneatto & Millar, 2005).

However, relatively little research has examined how cognitive, behavioural, mood, and co-morbidity factors specifically relate to the use of particular gambling products or venues. For instance, what attitudes and beliefs relating to products and venues might account for functional or dysfunctional decisions to limit or continue one's gambling? Likewise, what strategies do individuals use to limit their gambling in a functional way even when access to gambling products is relatively easy? 'Schachter (1982) argues however that we should be studying the processes undertaken by self-curers - those who successfully treat themselves, either obtaining long-term, relatively permanent success or a series of shorter-term successes. Schachter's studies suggest that many individuals are able to quit smoking or lose weight by themselves, although his research has been challenged by others (Cohen et al., 1989). Understanding of self- quitting strategies in gambling, and how they relate to access, may be important in developing interventions for problem gambling.

Access to gambling products and venues is a growing concern as governments tackle policy and planning issues. It is generally accepted that increased availability of gambling venues and products increases levels of problem gambling. For example, Jacques, Ladouceur and Ferland

(2000) compared 457 residents living in a city in which a new casino was being built with 423 residents of another city that did not have casino gambling. It was found that gambling levels increased following the opening of the casino, and the number of participants reporting knowing a person who had problem gambling increased following the opening. A seven-year follow-up study found that introduction of Video Lottery Terminals and three casinos into one geographic region in Canada was associated with an increase of past-year gambling rates from 54% to 63%, and an increase in the amount of money respondents were willing to risk in gambling from \$108CAN to \$360CAN (Ladouceur, Jacques, Ferland & Giroux, 1999). A geographic study in the US found that rates of problem gambling were twice as high for those living within 16 kilometres of a casino (Welte, Wieczorek, Barnes, Tidwell & Hoffman, 2004). Shaffer, LaBrie and LaPlante (2004) calculated an “exposure-index” based on the number of gambling establishments, people who work at casinos, number of different types of gaming opportunities and number of years since legalisation of gambling in Nevada counties. They found that problem gambling rates were highest in regions with the highest exposure, and lowest in regions with lowest exposure. Thus, while such data is subject to limitations, studies support the hypothesis that environmental or external factors such as exposure to gambling may contribute to higher problem gambling rates. However, further research needs to identify how such societal or environmental factors interact with intra-individual cognitive and affective (i.e., mood) factors in leading to problem gambling.

Furthermore, governments aim to balance the communities’ wish for social gambling options with consideration of how such options might affect vulnerable individuals and community groups. Little research has examined the interplay between cognitive factors and sociocultural vulnerabilities to problem gambling. However, it may be that particular cognitive factors vary across different cultural groups. For example, it has been noted that the Chinese culture traditionally views gambling as an acceptable and common social activity, whereas in the Arabic community gambling is strongly discouraged. In particular, it has been suggested that individuals from Chinese cultures have greater emphasis on luck which may influence acceptance of gambling (Raylu & Oei, 2004). Further, factors linked to immigration may also interact with culture; for example, the desire to fit in within the Australian culture, the new-found freedom to gamble, and the link of gambling to higher social status may influence gambling patterns (McMillen, Marshall, Murphy, Lorenzen & Waugh, 2004). Other factors associated with acculturation such as increased stress are also known to interact with cognitions relevant to gambling, such as the illusion of control (Keinan, 2002). Consideration of such cultural factors in the context of cognitive factors may expand the ability to design interventions for vulnerable individuals in such community groups.

Moreover, research examining cultural factors in relation to access issues has been particularly absent from the literature. For instance, do cultural values evident in specific ethnic groups influence what is perceived as a desirable venue or product? Evidence suggests that cultural groups have differing rates of problem gambling, and also different preferences for particular forms of gambling (e.g., Moore & Ohtsuka, 2001). In Australia, the Victorian Casino and Gaming Authority (VCGA, 1999) studied rates of gambling amongst four ethnic minority groups (Arabic, Chinese, Greek, Vietnamese). They found that the four cultural groups used gaming machines outside of Crown Casino less often than the general community. However, the Greek and Chinese groups used gaming machines at the Casino as often as the general community, while use by the Arabic and Vietnamese groups was much lower, suggesting different preferences for gambling products. For those who did gamble from the Chinese, Greek, and Vietnamese communities, the amount gambled was considerably higher than that of the general community, and there were greater rates of individuals who were problem gamblers within the cultural

groups. In Sydney, the Gambling Among Members of Ethnic Communities in Sydney Project (GAMECS project, 1999) interviewed 976 participants who gambled at least once a week, who were of various ethnic backgrounds (Arabic, Chinese, Croatian, Greek, Italian, Korean, Macedonian, Spanish, and Vietnamese). They found differences in cultural preferences for gambling products. Thus, Arabic, Greek and Italian participants preferred cards, while Chinese, Croatian, Korean and Vietnamese participants most often used Casino gambling, and Korean, Macedonian and Spanish participants used club gaming machines. Croatian and Macedonian participants were more likely to engage in gambling on horse racing. Thus, with community groups demonstrating characteristic gambling preferences, the link between such access and product issues with different socio-cultural and cognitive factors is worthy of further study. In particular, there is a dearth of research on how such factors influence decisions and strategies in limiting gambling. For instance, how do cognitions around access interact with other gambling-related cognitions that may also have a cultural base (e.g., luck/perseverance) in determining gambling behaviour?

Interactions between accessibility of gambling products and individual/group factors are also potential possibilities for different age groups, gender, socio-economic groups and the like. For example, brain changes at adolescence and early adulthood are now thought to lead to temporary declines in the capacity for rational decision-making (McGivern et al., 2002; Sowell et al., 1999; Tomas, 2005), which may underpin the known increases in risk-taking behaviours during this developmental stage. While access to legal gambling is denied those younger than 18 years, the period of vulnerability is now thought to extend to the early 20s. Moore and Ohtsuka (1997) showed tendencies for risky behaviour in general (venturesomeness, impulsiveness) to contribute additively to irrational cognitions (such as belief that a 'big win' was imminent) in predicting problem gambling among young people. The extent to which accessibility is likely to exacerbate irrational cognitions or poor decision-making is yet to be studied. Similarly, Trevorrow and Moore (1999) found lonely women more likely to gamble, suggesting some kinds of gambling access may also provide social network possibilities. In support of this contention, Thomas and Moore (2002) also found problem gambling women tended to be lonely, bored and depressed, and used gambling as a way to avoid focussing on their negative mood, but this was not the case for men. So among those with gambling problems, males and females may differ in the kinds of environmental cues that exacerbate or delimit their gambling, with accessibility being one such potential cue.

Through an examination of individual factors (i.e., cognitions, strategies) relating to access, amongst the range of gambling-related behaviours and severities (social gamblers, moderate and problem gamblers, ex-problem gamblers), and in various sociocultural contexts (e.g., socially disadvantaged versus advantaged communities, inner versus outer metropolitan and rural communities, communities where entertainment options are limited versus those where there are multiple options, selected age and ethnic groups, women and men), our protocol aims to focus on resilience and vulnerability to problem gambling. We aim to further develop theoretical models regarding the etiology of problem gambling, by integrating the sociological and psychological literature. Furthermore, our research will have important applied implications.

We bring together psychologists and sociologists with experience in the examination of social and individual problems. Unlike most of the previous literature, we will be able to examine the interactions between individual, social, cultural and access factors in resilience and vulnerability to problem gambling.

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