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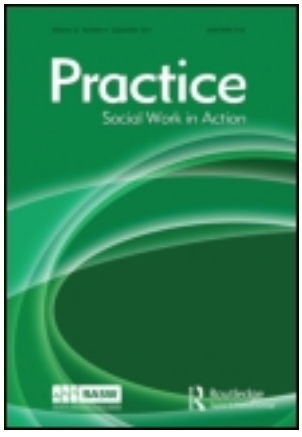

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Problem Gambling: A Suitable Case for Social Work?

Jim Rogers

Problem gambling attracts little attention from health and social care agencies in the UK. Prevalence surveys suggest that 0.6% of the population are problem gamblers and it is suggested that for each of these individuals, 10–17 other people, including children and other family members, are affected. Problem gambling is linked to many individual and social problems including: depression, suicide, significant debt, bankruptcy, family conflict, domestic violence, neglect and maltreatment of children and offending. This makes the issue central to social work territory. Yet, the training of social workers in the UK has consistently neglected issues of addictive behaviour. Whilst some attention has been paid in recent years to substance abuse issues, there has remained a silence in relation to gambling problems. Social workers provide more help for problems relating to addictions than other helping professions. There is good evidence that treatment, and early intervention for gambling problems, including psycho-social and public health approaches, can be very effective. This paper argues that problem gambling should be moved onto the radar of the social work profession, via inclusion on qualifying and post-qualifying training programmes and via research and dissemination of good practice via institutions such as the Social Care Institute for Excellence (SCIE).

Keywords: problem gambling; addictive behaviour; social work practice

Introduction

Debates on gambling have always tended to polarise between those who see it as inherently sinful and damaging, and those who view it as a relatively harmless pastime which people should be free to indulge in. In the nineteenth-century era of reform which is seen as the crucible of modern social work, a prevailing view was that gambling was wrong and a great social evil. Disease metaphors were popular. Rowntree (1905) talked of gambling spreading like a cancer. The winner of the anti-gambling league's hymn writing competition in 1905 was entitled 'A Leprosy o'er the Land' (Flavin 2003).

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Since that time the pendulum has swung significantly. Whilst some concerns remain about the social consequences of gambling, the UK government now depends on the gambling industries for significant tax revenues from annual profits of almost £10 billion (Gambling Commission 2009) and gambling is not only tolerated but widely advertised and promoted in daily media (Orford 2011). Indeed, over the last two decades, in the UK and worldwide there has been an unprecedented liberalisation of gambling regulation and a significant increase in opportunities to gamble (Fisher and Griffiths 1995; Orford 2011). Britain has partaken in a big way in this international growth trend. As Bellringer (1999, 9) noted:

> In the space of a few years the availability of gambling has greatly increased … It is quite remarkable that in such a short space of time gambling has been catapulted from an activity that you had to seek out to one that appears to be available everywhere.

This has accelerated to the point where online gambling is estimated, in 2010, to be more popular in the UK than social networking sites such as Facebook and Myspace (Nielsen Media research 2010).

During this period of expansion, voices within the welfare system expressing concern have been few. In Australia, the effects of the massive expansion of gambling have been described by one author, who has particularly studied the impact on children and families, as a 'social Chernobyl' (Darbyshire 2005). Orford (2011) has recently drawn attention to the significant harms being caused in the UK in his recent book — An Unsafe Bet? The Dangerous Rise of Gambling and the Debate We should be Having.

Recently, this journal (23:4) has once again drawn attention to the relevance of substance abuse to the social work profession. In this paper as well as giving an overview of the nature and prevalence of gambling and problem gambling in the UK, I will construct an argument for this bringing these issues to greater attention in the social work profession.

Gambling and Problem Gambling

It is clear that the Victorian movements which sought total prohibition against social activities such as drinking and gambling were excessive, at times hypocritical and certainly class biased (Chinn 1991). Arguments against gambling have tended to be posed as either 'danger' arguments or 'moral' arguments. The latter have tended to view gambling as inherently problematic, whereas the former may pay attention to the extent of the activity. Certainly modern understandings and definitions of problem gambling attempt to construct divides between gambling activities which are not problematic and may have positive features and consequences, and those which are problematic and may lead to danger or harm (Reith 2003). The

two should be distinguished and an analysis of 'problem' gambling needs to commence with a clear view of what constitutes gambling per se. Reith provides a rich historical treatise on the many ways in which gambling has been defined and understood over time, and suggests that gambling can be understood as 'ritual which is strictly demarcated from the everyday world around it and within which chance is deliberately courted as a mechanism which governs a redistribution of wealth among players as well as a commercial interest or house' (Reith 1999). People have always courted chance and 'gambled' on the outcomes of a wide range of activities. However, in twenty-first century Britain what is notable is the availability and promotion of a range of gambling activities which is probably as great as anywhere at any time (Orford 2011).

Prevalence and Patterns of Gambling in the UK

Participation in different types of gambling varies widely and is stratified, as it always has been, across different socio-economic, class, gender, ethnic and age groups.

It has been known for some time that those on lower incomes spend a larger proportion of their income on gambling than the better off (Goodman 1995; Orford et al. 2003), and in this sense it can be argued that gambling is a very regressive form of taxation. To take one example, studies of participation in the UK national lottery have shown that there is a difference in spend between socio-economic groups A and B, and groups C and D with the poorer groups spending 2.6% of income vs. 0.3% in the other groups (Bickley 2009).

Women have generally participated less in gambling, and traditionally have gravitated to more social forms of gambling such as bingo (Volberg 2003). They also now participate almost as much as men in the UK in the national lottery, which has become a very socially acceptable form of gambling.

In terms of age, most forms of gambling are most common in the 25—34 age group in the UK (Wardle et al. 2007). The level of gambling activity declines in each subsequent age group with lowest levels among the over 75's. The latter also have a high rate of total abstention from gambling, though the other end of the age distribution shares this feature, with 40% of both over 75's and 16—24-year olds not gambling at all.

The British gambling prevalence survey (Wardle et al. 2007) provides a good insight into overall participation levels in different activities. This survey showed, for example, the percentage of men and women taking part in 16 forms of gambling in the previous 12 months. Purchasing tickets for the national lottery is by some margin the most common, with 59% of men and 56% of women having participated in the previous 12 months.

The survey showed that Bingo remains the only form of gambling in the UK in which female participation significantly outweighs male, with 10 vs. 4% taking part.

Following the national lottery draw, the next most popular activities are the purchase of national lottery scratch cards (19% of men and 20% of women); betting on horse racing (22% of men and 13% of women, and this includes betting at the track as well as in a betting shop or by phone, but not online betting); fruit and slot machines (19% of men and 10% of women) and private betting such as the playing of cards or games for money with friends, family or colleagues (15% of men and 6% of women). Online gambling at this time had a lower participation level, though we know that this is growing rapidly. The survey suggested that 4% of men and 1% of women had gambled online, in activities such as bingo, poker and other online games. Separate questions showed that 6% of men had participated in online betting with a bookmaker, and another 2% used online betting exchanges.

Risk Factors for Problem Gambling

There is some consensus among researchers that certain forms of gambling have features which make them more likely to lead to problems. Thus, for example, whilst by far the most common form of gambling in the UK is participation in the national lottery draw, as noted above, many studies have shown that gambling on lotteries is far less likely to lead to problems than forms of gambling such as playing games in a casino, online gambling or the use of fixed odds betting machines (Orford 2011).

Research and expert opinion suggests that the features of a gambling activity which are more likely to lead it to become a problem behavior include, in particular speed and continuity. Orford (2011) suggests that the 'harder' forms of gambling or those with the most addictive potential are those which 'allow the outcome of a play to be known almost immediately and permit restaking to take place without delay'. Gaming machines, which many report as having high addiction potential, have these features and others which are also associated with a greater risk of leading to problem gambling, include: frequent wins on a random and variable schedule, and light and sound effects (Griffiths 1993, 1999). Several studies have used a classification of gambling activities into low, medium and high risk according to their structural characteristics (Griffiths et al. 2007, 2008), and one study found that gambling in high-risk activities was statistically the single most significant factor in predicting whether a gambler will be 'at risk' (Lyk Jensen 2010). Other attempts to understand risk factors have suggested that another significant dimension is that of skill-luck, with Walker (1992) arguing that games which require a mix of skill and luck are more likely to lead to gambling problems among regular participants than other forms.

It should be noted that questions in relation to which features of a gambling product make it more likely to lead to a person developing a problem are complicated by the fact that problem gambling is more significantly correlated with the number of different gambling activities in which a person participates than with any single specific activity (May-Chahal et al. 2007).

Whilst the literature is full of extensive debate about many possible causes of gambling-related problems, and the most popular activities are not those which lead to the most problem gambling, the evidence that links availability with levels of problem behaviour is quite robust (Orford 2011) and it is certainly the case that a wider level of participation in gambling across the whole population will lead to a greater number of people with gambling problems.

Defining and Measuring Gambling Problems

Any discussion of problem gambling should clearly define its terms. Large scale surveys such as the British gambling prevalence survey used a definition of problem gambling as follows: 'gambling to a degree that compromises, disrupts or damages family, personal or recreational pursuits' (Lesieur and Rosenthal 1991). For the purposes of assessing prevalence there are several widely utilised measures of problem gambling. The South Oaks Gambling Screen (SOGS), developed in 1987 at the South Oaks hospital in New York is the most cited but has been criticised for counting too many false positives. It is a 20-item questionnaire which covers information about frequency of gambling and amount of money gambled, as well as items about behaviour, such as chasing losses and controlling gambling. The classification used in the latest psychiatric diagnostic system — DSM — IV — is increasingly widely used. This measure has more emphasis on psychological factors, such as preoccupation, tolerance and gambling as a form of escape. Other terms and definitions are used. Most of the screening tools will classify gamblers into different risk categories according to the number of questions that a person checks in relation to adverse effects. (Lyk Jensen 2010). Thus, 'at risk gamblers' may have experienced one or two adverse effects, 'problem gamblers' three to four such effects and 'pathological gamblers' five or more such effects. Because much of the research uses the 'problem gambling' definition and because this definition seems to fairly reliably distinguish between those for whom gambling is problematic and those for whom it is not, this paper will largely use that term.

In the UK, we can compare levels of both participation and of problems as recorded in the two significant gambling prevalence surveys of 1999 and 2007. According to SOGS, the prevalence of problem gambling in Britain in 1999 was 0.8% suggesting that 370,000 people were affected. The rates according to DSM-IV were 0.6% or 275,000 people affected. Whilst this remained at 0.6% in 2007; the more recent 2010 British gambling prevalence survey showed an

increase in problem gambling to at 0.9% of the population on the DSM measure (Wardle et al. 2007). This suggests that there are more than 450,000 adult individuals with gambling-related problems in the UK.

This compares with similar levels of between 0.5 and 2%, depending on measures used in Australia, the USA and in comparator European countries (Griffiths 2010).

It should be noted at this point that there is a vigorous debate within the addictions field about the relative merits of 'gold standard' definitions, measurements and screening tools which allow useful comparisons across time and space, but which are based on a traditional 'medical model' of addiction. This model may limit understanding of behaviours such as problem gambling and may wrongly attribute addictive properties to particular objects or experiences (gaming machines or a visit to the casino) when addiction may be better understood as a product of complex relationships and interactions between an individual and various aspects of their environment and experience (May Chahal et al. 2004). Nonetheless, and bearing in mind such limitations, the tools described have helped to provide a good deal of detail about patterns of problem gambling.

Who is Most Susceptible to Developing Gambling Problems?

Some of the factors which make it more likely that gambling will lead to problem gambling can be identified as inherent in the product or type of gambling; some are environmental and some are features of individuals. In truth, as with any kind of addictive behaviour, it is a complex and multi-factorial process, and different factors will carry different weights in different environments and for each individual affected.

Problem gambling is a heterogeneous phenomenon, and the term covers a range of types and patterns of gambling. There is no scope here to provide a detailed assessment of the patterns of and motivations for different patterns of problem gambling in different individuals and groups. To give one well-known example, Blaszczynski and Nower (2002) proposed a schema of three major sub types of problem gamblers. (1) Behaviourally conditioned, (2) emotionally vulnerable and (3) antisocial, impulsivist problem gamblers. The features of the three subtypes have implications for the kind of support and interventions which might be effective.

However, in terms of who is more likely to be affected, several authors concur that the following factors are clearly linked to higher rates of problem gambling: being young, being male, being part of a minority ethnic group, having a lower income, having a high consumption of drugs and/or alcohol and having had a parent who had a gambling problem (Hardoon and Derevensky 2002; Derevensky and Gupta 2004; Mc Bride, Adamson, and Shelvin 2010).

Problem Gambling and Young People

One of the strongest findings from prevalence surveys across the world in recent years is that rates of problem gambling are up to three times higher in adolescents than in adults. This is true for the UK (Fisher 1995; Wood and Griffiths 1998) and has also been confirmed in the USA and Canada (Gupta and Derevensky 2000; Hardoon and Derevensky 2002; Barmaki 2010), and in New Zealand (Sullivan 2005).

Sensation seeking and risk taking have both been linked to gambling behaviour (Derevensky and Gupta 2004). It is clear that adolescents are higher risk takers than adults generally, that adolescent problem gamblers are higher risk takers than their peers and that they score highly on impulsivity and anxiety, and lower on conformity and self-discipline (Hardoon and Derevensky 2002).

Adolescents with gambling problems have also been found to have poor coping skills (Nower et al. 2000; Hardoon and Derevensky 2002) and this factor may not only increase the likelihood of problem gambling but may also lead to a spiral of other personal and social problems. Unsurprisingly then, studies in both the UK (Fisher 1993; Yeoman and Griffiths 1996; Rigbye 2010) and in Canada (Gupta and Derevensky 1998) have found that adolescent problem gamblers have a significantly higher incidence of other problems. These include: substance abuse, truancy, petty crime, poor educational outcomes, poor self-esteem and greater levels of anxiety and depression compared to non-gambling peers.

Barmaki, in a review of the social conditions of youth gambling in Canada draws attention to the importance of considering social context as well as individual susceptibility when theorising about problem gambling. This author notes that the growing literature about gambling and young people tends to favour individualistic and pathologising explanations which suggest that problem gambling is just another example of the kind of risky behaviour that this age group displays. She reminds us that, with the rapid expansion of gambling products and opportunities and within a culture that constantly prioritises monetary success and profit making, we should consider to what extent gambling problems are socially produced. (Barmaki 2010). This theme will be returned to later in a discussion of social theories.

In terms of family issues, the correlation between gambling by a young person and parental gambling is very strong and may be much greater than that for drink or drugs (Griffiths 2010). More frequent gambling by young people is correlated with levels of both parental and peer gambling and attitudes to gambling by those people. (Wood and Griffiths 1998; Delfabbro and Thrupp 2003; Derevensky and Gupta 2004; Wickwire et al. 2007). One of the most detailed national studies of the impact of gambling was conducted by the Australian Productivity Commission (1999). Their considered judgement in

relation to the impact of problem gambling was that 'at least five other people, such as family, friends and work colleagues are affected by this problem in addition to the gambler themselves.'

As Abbott and Cramer (1993) attest, 'a compulsive gambler can devastate the family system adversely affecting the marriage, parent—child relationships and the psychological development of children'. More recently Vitarro et al. (2008), in a comparative study, confirmed that children of problem gamblers are at much greater risk of adjustment disorders than offspring of non-problem gamblers. It has also been found that children of problem gamblers are twice as likely as their contemporaries to attempt suicide (Darbyshire, Oster, and Carrig 2001). In their review of children of parents who have gambling problems, Darbyshire and colleagues suggested that it is 'unfortunate but likely that the children who grow up in problem gambling families will become an important area of concern for child health and social workers' (Darbyshire, Oster, and Carrig 2001). The lead author of that paper has said that

> In the last 10 years of conducting studies with children and young people across a wide range of their health and illness-related issues, I have never seen such profound existential sadness and hopelessness as was apparent in the children we interviewed whose parent (usually mum) had changed from a 'normal' loving, attentive, trustworthy person to someone that the children could barely recognise. (Darbyshire 2005)

He concludes that gambling is 'absolutely a child health and child protection issue'.

Whilst families suffer significant fallout from problem gambling in a family member, they can also be a significant source of support and help towards change. It has been reported, for example, that when family members participate in Gamblers Anonymous, there is a greater chance of abstinence from gambling over time (Petry and Armentano 1999).

Socio-Economic Factors

Those who experience unemployment, poor health, poverty, housing and low-educational qualifications have significantly higher rates of problem gambling than the general population (Griffiths and Delfabbro 2001; Griffiths 2006; Reith 2006). Analysis of the data from the UK 2007 gambling prevalence survey showed that those living in the most deprived areas were three times more likely to report having a close relative with a gambling problem compared to those living in the least deprived areas (Orford 2011). In younger age groups, children attending schools with higher proportions eligible

for free school meals are more likely to become problem gamblers than in those schools where none are eligible for free school meals (IPSOS Mori 2009).

Ethnicity and Culture

It is clear from a number of studies in a range of countries that individuals in ethnic minority groups display much higher levels of problem gambling than in the majority cultural group (Raylu and Oei 2004). The facts of this are known. The reasons for such discrepancies are less clear. Low socio-economic status, unemployment, increased alcohol use, lack of social alternatives and historical experiences of trauma and dislocation have been posited as explanatory factors. In some cases, thinking styles and cognitive distortions, known to be key factors in problem gambling, may be more widespread in certain minority groups. For example, one study of Native American Indians found that their cultural acceptance of magical thinking led to such beliefs being generalised to gambling and a strong belief in fate or luck (Zitzow 1996).

Whilst there is not a great deal of research on cultural variables and gambling, parallels can be drawn from research into substance misuse (Raylu and Oei 2004). Such research suggests that key variables include: cultural values and beliefs, effects of acculturation and attitudes towards seeking professional help when experiencing problems.

For those who migrate and move from one cultural setting to another, a number of factors may come into play. Low income, lack of employment, low socio economic status, stress, loneliness, isolation and boredom have all been linked to problem gambling in migrant communities (Blaszczynski, McConaghy, and Frankova 1990). Also the trauma of migration and the unrealistic expectations of newly arrived migrants in making money may be significant factors in some cases Victorian, Casino, and Gambling Authority (1999).

Women and Problem Gambling

Whilst studies repeated suggest that the prevalence of gambling problems remains much higher among males (Reith 2006; Orford 2011), the level of gambling problems in females has increased. The reasons why women gamble may be significantly different from those which trigger gambling among men. In a study of 'push' and 'pull' factors, Lesieur and Rosenthal found that half of women used gambling as a means of escaping problems in their home lives, or problems from their past. They often referred to gambling as an 'anaesthetic' (Lesieur and Rosenthal 1991). This is supported by a range of other studies which suggests that women with gambling

problems may gamble for reasons different from those for men, including family and marital problems, histories of physical and emotional abuse, domestic violence and unresolved trauma and grief (Li 2007; Afifi et al. 2010).

Gambling and Debt

It may seem obvious that debt will be a significant consequence of gambling problems. Research in this area is relatively sparse, though recent work at the Centre for the Study of Gambling in Salford has deepened understanding of some of the impacts of gambling-related debt on individuals and families in the UK (Downs and Woolrych 2010). Social workers may, and arguably should play an important role in providing or signposting to welfare rights advise and debt counselling. Where problem gambling provides a historic or ongoing reason for unmanageable debt, the ability to screen for and intervene with problem gambling will provide a useful adjunct to their role. It is also of note that gambling-related debt on the part of perpetrators of financial abuse has been identified in a number of adult safeguarding investigations (O'Keeffe et al. 2007).

Theories of Addiction and Problem Gambling

In the fields of mental health and addictions, a range of social work texts have detailed the ways in which individualistic and often pathologising biological explanations predominate, and have highlighted alternative explanations based on a range of social theories.

(Golightley 2004; Gould 2010; Tew 2005). Reith (2007) suggests, however, that social theorists have paid little attention to problem gambling and that it remains an inadequately understood entity and an under-theorised area of human behaviour. The 'sociological imagination' that C Wright Mills called for which links 'personal troubles of milieu' with 'public issues of social structure' (Wright Mills 1959, 8) and which has had 'huge influence on generations of social work' (Cree 2011, 97) has not generally been applied to this issue. Reith goes on to apply such a sociological analysis to the concept of the problem gambler. One strand of this perspective suggests that, in a modern world in which consumerism has supplanted religion as the animus for many people's behaviour and in which the freedom to consume is widely held up as the highest of goals to aspire to, those who cannot control such freedom are to be pitied but also to be feared. The idea that a person may become dependent on any particular object of consumption and not free at all is perhaps the shadow side of consumerism. In 'sociological speculations on treating problem gamblers' Bernhard (2007, 137) reminded us that 'our

habitual processes are products of sociological as well as psychological factors'.

Brenner (1990) suggested that the poor, in times of economic crisis gamble more because normative expectations of wealth are disappointed. He also suggested that this can be mitigated where cultural or religious factors are strong. This last point illustrates the fact that there are a number of controls and constraints which prevent people from gambling excessively despite being subject to other vulnerability factors. We still do not know enough to make confident statements about what leads certain individuals to gamble excessively rather than, say, to use drugs. We do know that it is a multi-factorial process, as are all addictive behaviours, (refs) and that whilst many individual and social factors increase vulnerability to problem gambling, many others reduce the risk.

Social work is concerned with those who are disadvantaged in modern societies, a category which often includes: women, young people, people from ethnic minority groups and the poor. Is it a coincidence that young people, who have yet to achieve psycho-social maturity, and those from disadvantaged groups, who are most excluded from the wealth, power and sense of identity that accrue to those who do well in modern neo-liberal societies, are most at risk of gambling problems?

Alexander (2008) has linked the explosion of gambling, and addictions more generally, to neoliberal capitalist societies. He has studied the work of many authors of psycho-social theories of human development and systems theories. He provides extensive historical and contemporary evidence to support his theory that addictions flourish in societies in which dislocation is greatest, and where the psycho-social integration of individuals is most severely challenged. From the industrial revolution to modern hyper capitalist societies, patterns of substance misuse and gambling can be clearly delineated, and a general 'dislocation theory of addiction' is proposed to account for these patterns.

The industry which designs and promotes gambling is not unaware of this issue. As has been noted, the brave new world of twenty-first century gambling is oriented around 'continuous and rapid mass consumption focused primarily upon individuals betting in increasingly socially dislocated environments' (Adams, Raeburn, and de silva 2009, p. 689).

Jacobs (1986) proposes the idea of addiction as a dependency acquired over time with the general goal of relieving stress, and proposes two general sets of predisposing factors. The second of these is a childhood and/or adolescence marked by deep feelings of inadequacy, inferiority and a sense of rejection by parents and significant others (Jacobs, 1986). Here are the kinds of problems relating to development and attachment which are typical in many of the children with whom social workers come into contact.

Social Work and Addictions

Should social work play a role in responding when gambling becomes problematic? It has been noted that social workers provide services to more people with problems relating to addictions than those in other helping professions (Zarin et al. 1998), and that social workers work daily with the social harms caused by issues relating to substance use (Galvani and Hughes 2010). It should be clear from the above discussion that it is highly likely that many of the people (both children and adults) that social workers have dealings with are among those who are most susceptible to addictions generally and gambling problems specifically, for a variety of reasons. Furthermore, social workers study a range of social science theories in their training, including some of the systems theories and psycho-social theories which may offer particularly useful frames for understanding addiction problems.

Despite this, the training of social workers and the literature and research base relating to social work and addictions is fairly sparse. Looking at gambling more specifically, there is very little in the social work literature about problem gambling and studies that have been published relate to populations in the USA (Gaudia 1987; Hodge, Andereck, and Montoay 2007; Parekh and Morano 2009; Momper 2010) and Australia (Crisp et al. 2000). Yet most of the risk factors discussed above are also factors that are likely to bring people into contact with social services at some point and here is one reason why gambling problems should be on the radar of social work, in the UK as much as elsewhere.

Interventions and Treatments

It is known that although there are effective treatment options, a relatively small percentage of problem gamblers seek treatment (Cunningham 2005). In different countries, estimates suggest that between 10 and 25% of those affected have ever sought help (Suurvali et al. 2009). However, it has been estimated that 60% of problem gamblers are relatively easily helped to become free from problem gambling by early intervention and treatment (Shaffer, Hall, and Vander Bilt 1997). This suggests that efforts to improve the recognition of problem gamblers and to facilitate their referral for help would be well placed. Furthermore, social workers may be the best placed of the helping professionals to provide this function. At the moment in the UK, social work has little direct involvement in this issue. The only National Health Service (NHS) specialist centre for gambling problems, hosted by the Central and North West London NHS Foundation Trust, employs a range of specialists, including nurses, psychologists and debt counsellors, but conspicuously no social worker.

An examination of individual interventions suggests that a number are widely and successfully used in the treatment of problem gambling, including variants of cognitive behavioural therapy (CBT) (Carroll and Rounsaville 2007) and motivational interviewing. CBT appears to be to have high satisfaction rates among problem gamblers (Rayl, Oei, and Loo 2008) and to produce measurably significant effects at up to twenty-four month follow-up (Gooding and Tarrier 2009). A significant caveat is that the amount of evidence is comparatively sparse and Orford (2008) has suggested that knowledge about the treatment of problem gambling lies 20—30 years behind that of substance misuse.

Wahab (2005) has shown how motivational interviewing fits very well with the values of social work, in the sense of being a technique which is successful when it respects the individual's right to self-determination and respects the worth and efficacy of human relationships.

A Public Health Approach?

It has been observed that the know-how and technology employed by the large transnational corporations who invest in new gambling products is deliberately targeted at vulnerable groups who are known to be more susceptible to the allure of such products (Adams, Raeburn, and de silva 2009).These authors and many others argue that in a context in which there is a rapid and sustained increase in gambling, the response to this should go beyond investment in treatment for a limited number of gambling addicts, to embrace a public health response. This has started to happen in many countries. As Schissel (2001, 474) suggests, much literature on problem gambling to date 'displaces much of the focus from structural conditions onto the individual' and 'tend to ignore the larger structural issues surrounding gambling'. A renewed application of social science theory and a public health framework can help to restore a more balanced understanding of the contributory factors which lead to problem gambling from both person and environment. It can also lead to more comprehensive and effective intervention.

There are some clear overlaps between public health approaches and social work. What came to be known as the New Public Health movement in the 1980s was explicitly based on a social model of health which challenged the narrow approach of an individualistic medical model. (World Health Organisation 1986).This has strong echoes of the social models and social theories adopted in much of social work. A public health perspective leads to an examination of social and economic determinants of individual behaviours and lifestyles, including poverty, unemployment and disadvantage. In practice, such an approach will mean working with families and communities as well as with individuals, conducting prevention activities aimed at reducing harm and protecting vulnerable groups. (Korn and Shaffer

1999). Those who have undertaken significant research on individual CBT interventions for problem gambling have modified their approach to develop a treatment model that combines a cognitive model with one which gives greater emphasis to environmental factors which maintain behaviour and which involves service users restructuring their environment in order to make gambling less accessible and less likely (Ledgerwood and Petry 2005). Evidence from Australia, New Zealand and the USA indicates that a public health approach can work (Reith 2006).

At the very least, equipping social workers with better awareness and training may lead them to ask about and screen for problem gambling and to refer and signpost individuals and families to appropriate help and services. Beyond this, in the new policy climate in the UK, in which responsibility for public health has passed from the NHS to local authorities, there is perhaps an opportunity to consider new ways in which prevention and containment might be considered by local authorities, given the powers and duties available to them. Support for a public health stance and the view that local authorities and social work should become more involved in this issue is heard in a number of places. A public health focus was recently put centre stage in the strategy of the influential Responsible Gambling Strategy Board (Responsible Gambling Strategy Board 2009) and the first interim chair of the new national College of Social Work, in work relating to public health approaches to problem gambling has called for a number of actions by local authorities, including screening by social care agencies for gambling problems (May Chahal et al. 2007). It should also be noted that the strategic needs assessments carried out by local authorities to inform the development of their health and well-being strategies are finding that the numbers of people at risk of problem gambling form one of the largest areas of unmet need in their surveys of mental health issues (Kent and Medway Councils 2009). At the end of 2011, Skills for Care completed consultation on new National Occupational Standards for gambling related harm, following recognition that the broader health and social care workforce needs a much better awareness of this issue.

In the related field of drug and alcohol treatment, links are starting to be made between recovery models which have been generated by campaigners and users in the mental health field, the notion and value of social capital and social networks, and the general notion that social factors may be more important than individual ones in sustaining recovery for those with drug and alcohol problems (Daddow and Broome 2010).

In the broader debate about social policy, some are starting to wonder if it is time to reverse some of the significant liberalisation of gambling policy and regulation which has taken place. Layard, the economist who has become a leading advocate of increased state provision of therapeutic responses as a matter of public policy has suggested that 'policies that will certainly increase misery, such as easier laws on gambling, can never be

justified by the income they would generate. Income is not everything' (Layard 2006, 230).

Galvani and colleagues have repeatedly pointed to the gaps in the education and training of social workers in relation to substance misuse. (Galvani 2007; Galvani and Hughes 2010). The foregoing has attempted to quantify and detail the ways in which the related addictive behaviour of problem gambling affects particular disadvantaged groups in the UK, and to suggest how social theories might provide a useful perspective on this issue. Whilst gambling problems are less prevalent than drug or alcohol dependence, they do affect a significant minority of the population and in particular affect young people and many of the vulnerable individuals with whom social workers may work. All of this adds up to a strong argument for increasing the level to which social workers are trained to understand and intervene in relation to problem gambling.

Conclusion

This paper has attempted to make a case for bringing awareness of the nature and extent of gambling problems to British social work. As is the case with many other social work issues, a part of this awareness should involve an appreciation of the role of the social and cultural milieu in fostering such problems as well as the role of individual factors.

To facilitate an enhanced awareness and an enhanced role for social work and their major employers, in relation to this issue, the following recommendations are made.

(1) That some discussion of gambling problems is introduced to the syllabus of undergraduate and post qualifying social work training programmes, alongside content relating to other addictions.
(2) That the Social Care Institute for Excellence commission and produce relevant information and training materials for the social care workforce
(3) That a programme of research relating to social work and gambling problems be considered and developed by the National Institute of Health Research (NIHR) school for social care research.
(4) That local authorities include consideration of problem gambling in development of their public health strategies.

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