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# Gambling in Great Britain: A Response to Rogers

*Mark Griffiths*

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A recent issue of *Practice: Social Work in Action* featured a paper by Rogers that examined whether the issue of problem gambling was a suitable case for social work. Rogers' overview was (in various places) out of date, highly selective, contradictory, presented unsupported claims and somewhat misleading. Rogers' paper is to be commended for putting the issue of problem gambling on the social work agenda. However, social workers need up-to-date information and contextually situated information if they are to make informed decisions in helping problem gamblers.

**Keywords:** gambling; gambling addiction; problem gambling; pathological gambling; British gambling; adolescent gambling

A recent issue of *Practice: Social Work in Action (PSWA)* featured a paper by Rogers (2013) that examined whether the issue of problem gambling was a suitable case for social work. Rogers should be congratulated for bringing the issue of problem gambling to a specialist professional audience, although I feel duty-bound to point out that this is something that I have tried to do for over 25 years in targeting articles and papers about problem gambling to a wide range of professions and stakeholders including probation officers, police officers, the judiciary, teachers, social workers, general practitioners (and the medical community more widely), counsellors, health psychologists, educational psychologists and parents (e.g. Griffiths 1998, 2000, 2001, 2002a, 2004, 2005, 2010a; Griffiths, Parke and Parke 2003; Griffiths and Sparrow 1996, 1998). To state in the 'abstract' that the issue of problem gambling has 'remained in silence' is simply not true as evidenced by the sheer amount of work both in and outside of the gambling studies field from psychologists, psychiatrists, sociologists, biologists, criminologists, policy-makers, lawyers and economists.

While I congratulate Rogers for bringing problem gambling onto the radar of social workers, I was somewhat disappointed that Rogers' overview was (in various places) out of date, highly selective, contradictory, presented unsupported claims and somewhat misleading. While I admit that Rogers' aim was not to present a comprehensive literature review, this paper briefly addresses some of these inherent weaknesses and concerns.

## Gambling and Problem Gambling in British Adults

One of the most serious weaknesses in Rogers' paper was that almost every statistic in the first few pages (including those in the abstract and the data relating to online gambling on page 44) used data from the 1999 and 2007 British Gambling Prevalence Surveys (BGPS; i.e. Sproston, Erens, and Orford 2000; Wardle et al. 2007) rather than the most recent survey published in 2011 (Wardle et al. 2011). Given that there were some significant differences between the 2007 BGPS report and the 2011 BGPS report (based on data collected in 2010), the latest figures should have been reported. This is especially relevant in relation to the growth of online gambling (which has seen large participation increases over the last few years (Kuss and Griffiths 2012)). *PSWA* readers should be aware that the latest survey reported that:

- 73% of the British adult population (aged 16 years and over) participated in some form of gambling in the past year (equating to around 35.5 million adults).
- The most popular British gambling activity was playing the National Lottery (59%), a slight increase from 2007 (57%). There was an increase in betting on events other than horse races or dog races with a bookmaker (6% in 2007, 9% in 2010), buying scratchcards (20% in 2007, 24% in 2010), gambling online on poker, bingo, casino and slot machine-style games (3% in 2007, 5% in 2010) and gambling on fixed odds betting terminals (3% in 2007, 4% in 2010), football pools (3% in 2007, 4% in 2010, 9% in 1999). There were some small but significant decreases in the popularity of slot machines (13% in 2010, 14% in 2007) and online betting (4% in 2007, 3% in 2010). For all other gambling activities, there was either no significant change between survey years or estimates varied with no clear pattern. Overall, 14% of adults had gambled online on some activity in the past year (e.g. buying lottery tickets, betting online, and playing casino games and bingo). These latter statistics are very different from those presented by Rogers.
- Men were more likely to gamble than women overall (75% men; 71% women). Among women, past year gambling increased from 65% in 2007 to 71% in 2010. Among men, past year gambling estimates were higher in 2010 than 2007 (75% and 71%, respectively).

- The prevalence of problem gambling using the DSM-IV criteria (American Psychiatric Association 2000) was higher in 2010 (0.9%) than in 2007 (0.6). This equates to around 451,000 adults aged 16 and over in Britain and was a statistically significant increase.
- Problem gambling prevalence rates observed in Great Britain were similar to rates observed in other European countries, notably Germany, Norway and Switzerland, and lower than countries like the USA, Australia and South Africa.

Somewhat bizarrely, Rogers did note at the bottom of page 45 that the most recent BGPS survey reported an increase in the rate of problem gambling but (a) did not mention that the increase was statistically significant (up 50% from the 2007 BGPS), (b) confusingly attributed the 0.9% problem gambling prevalence rate to the 2007 BGPS report and (c) did not add this most recent problem gambling prevalence rate to the opening of the 'abstract' which presented the figure as 0.6%.

### Gambling and Problem Gambling in British Adolescents

Another serious weakness in Rogers' paper was the section on problem gambling in young people (p. 47 onwards). Almost all of the British literature cited was very old, and the more contemporary literature cited was from Canada, USA and Australia where most of the 'adolescents' would be classed as 'adult' in the UK as those countries often require people to be 21 years old to gamble, and therefore those aged 18–20 years are often classed as being adolescent.

Although Rogers made reference to two of the three national adult gambling prevalence studies, he made only the briefest of mentions to one of the five national adolescent gambling studies (i.e. Ipsos MORI (2009) in one sentence on p. 49) that have been carried out in Great Britain, and omitting any mention of the other four (i.e. Ashworth and Doyle 2000; Fisher 1998; Fisher and Balding 1996; MORI/International Gaming Research Unit 2006). A few recent comprehensive literature reviews have been published examining adolescent gambling worldwide in relation to both offline gambling (Griffiths 2011; Volberg et al. 2010) and online gambling (Griffiths and Parke 2010). These more comprehensive reviews disagree with some of the claims made by Rogers (such as the links between gambling and sensation seeking which is a highly complex area as gambling is not a homogeneous behaviour). Rogers also makes reference to a non-peer-reviewed report (Rigbye 2010) that does not do anything like a thorough job of reviewing the adolescent gambling literature.

## Unsupported Claims

Throughout Rogers' paper there are a number of claims that are made that are either (i) not backed up by any supporting empirical evidence and/or (ii) are not supported by the available empirical evidence. For instance, the opening sentence (p. 41) claims that debates surrounding gambling tend to be polarised between those who see it as sinful and damaging, and those who see it as a relatively harmless pastime. Most recent empirical evidence about British attitudes towards gambling including chapters in all three BGPS studies (Sproston et al. 2000; Wardle et al. 2007, 2011), and empirically published papers in refereed journals (e.g. Orford et al. 2009; Sutton and Griffiths 2008) all indicate that most peoples' attitudes are quite balanced and/or slightly negative, and that they tend not to be extreme or polarised.

Rogers also repeats the argument about gambling being a regressive form of taxation (p. 43) that is true for some types of gambling activity (such as lotteries), but it depends on the medium in which people gamble. For instance, there is now good empirical evidence that online gamblers tend to be younger, well educated, in managerial/professional jobs, and have higher incomes than those who do not use the internet to gamble (e.g. Griffiths et al. 2009, 2011). For groups such as online poker players, gambling may not be a regressive form of tax.

Rogers also spends a lot of journal space (p. 45) talking about one particular problem gambling screen – the South Oaks Gambling Screen (SOGS). The SOGS is now rarely used in the field at a national population level (because of its tendency to over-inflate the prevalence and problem gambling) and in the latest BGPS study, it was completely dropped and replaced with the Canadian Problem Gambling Index (Ferris and Wynne 2001), following a detailed paper examining the psychometric properties of both the DSM-IV and SOGS by the 2007 BGPS authors (i.e. Orford et al. 2010). This was not even mentioned by Rogers despite being the most significant methodological change between the 1999 and 2007 BGPS studies and the most recent one. In relation to problem gambling screens used in a current British context, there does not seem to be any reason to even mention the SOGS. On a more minor note, and given the fact that so much space was devoted to the SOGS, Rogers did not make any reference to the people who developed it or the paper it was first published in (i.e. Lesieur and Blume 1987).

Rogers also unequivocally states that: *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 problem* (p. 45). However, this is overly simplistic. Evidence suggests that gambling availability has a positive, but complex, relationship to the prevalence of problem gambling. The relationship is not linear and there are many other factors that determine problem gambling. In a review of situational factors that affect gambling behaviour, Abbott (2007) concluded that although increased availability of and exposure

to gambling activities have contributed to increases in problem gambling, it was highly probable that other situational factors including venue characteristics, social context, access to cash or credit, availability of alcohol, and industry marketing and advertising also have an influence.

Volberg (2004) also reached a similar conclusion suggesting that there is a correlation between increased availability of gambling opportunities and problem gambling. However, she then reported that in a number of replication studies that problem gambling rates had stabilised or decreased. Looking at these jurisdictions in more detail, she reported that all of them had introduced comprehensive services for problem gamblers including public awareness campaigns, helplines and professional counselling programmes. She concluded that the relationship between increased opportunities to gamble and problem gambling may be moderated by the availability of problem gambling services. In areas of the USA (like Montana and North Dakota) that saw an increase in problem gambling following the introduction of casinos, no public awareness campaigns or services for problem gamblers were introduced. Consequently, it appears that the increased availability of gambling opportunities does not necessarily equate to increased levels of problem gambling.

Collins (Collins 2007; Collins and Barr 2006) has also reviewed this evidence and concluded that if a jurisdiction introduces new forms of gambling *and does nothing else*, it will most likely see an increase in problem gambling. However, if the jurisdiction combines the introduction of new forms of gambling with appropriate prevention and treatment services, it is likely to decrease numbers of problem gamblers. Collins and Barr (2006) noted in the national South African gambling prevalence study that the country witnessed a decline in problem gambling over a two-year period following the introduction of the National Responsible Gambling Programme.

Rogers also cites the Australian Productivity Commission (APC 1999) as saying that problem gamblers affect *at least five other people*. I too have reached similar conclusions in my early research on adolescent gamblers (Griffiths 1995, 2002b) but Rogers claims in the 'abstract' that problem gamblers affect *10–17 other people* that contradicts the APC report (as the 10–17 figure is not actually cited anywhere in the paper and there is no reference as to where this figure was derived). Furthermore, the APC have published a more in-depth recent report (i.e. Productivity Commission 2010), and was surprised that this new analysis in relation to this aspect was not referred to.

In the section on 'Women and Problem Gambling' (p. 49), Rogers claims the level of gambling problems among women has increased but produces no evidence to support the claim. The most recent BGPS (Wardle et al. 2011) reported that problem gambling among women was 0.3% (compared to 1.5% of men) up very slightly from 0.2% in the 2007 BGPS (Wardle et al. 2007) although the increase was not statistically significant. As noted above, there has been a significant increase in female gambling but the evidence (at present) shows this has not translated into increased gambling problems. In addition, the main

reference used to talk about the differences between male and female gambling is based on a literature review of gambling with a small section on female gambling published back in 1991 (i.e. Lesieur and Rosenthal, 1991). The reasons listed by Lesieur and Rosenthal as to why women gamble are not that different from men, and there has been a considerable increase in research into women's gambling over the last two decades, almost none of which was even mentioned (e.g. Griffiths 2003; Hing and Breen 2001; Li 2007).

In the very short section on 'Gambling and Debt' (p. 50), Rogers claims that it *may seem obvious that debt will be a significant consequence of gambling problems*. However, recent research on newer gambling activities have pointed out that some types of problem gamblers (e.g. online poker players) actually win, break even or lose very little and that their problems come from the large amount of time they spend gambling (e.g. 8–14 h a day) rather than the amount of money (e.g. Griffiths et al. 2010; Wood, Griffiths and Parke 2007). These examples counter the *obvious* links between gambling problems and debt.

A two-paragraph section on 'Interventions and Treatments' (p. 50) is never going to come out well given the brevity of what can be included, but the fact that so few people turn up for treatment has been discussed at length in the literature and there are many reasons for this including spontaneous remission, maturation, natural recovery and other addictions being seen as the primary problem rather than gambling (e.g. Chevalier and Griffiths 2004). Reference was also made to the *only National Health Service (NHS) specialist centre for gambling problems* in the UK, but this particular clinic is a private clinic and not actually funded by the NHS, and it is also worth pointing out that there have been other specialist gambling clinics that have actually been funded within the British NHS system (e.g. NHS in Sheffield) but were closed due to funding being diverted to other areas seen as more important.

A recent study of all 327 NHS Trusts showed that nine of them had treated gambling addicts (i.e. 97% of the Trusts did not provide any service, specialist or otherwise) for treating those with gambling problems (Rigbye and Griffiths 2011). The same study also reported that there was some evidence that a problem gambler may get treatment via the NHS if that person has other co-morbid disorders as the primary referral problem.

Another major review (Griffiths 2007) written for health and medical practitioners within the NHS and published by the *British Medical Association* made a number of observations concerning treatment options in the space of a few lines. The intervention options for the treatment of problem gambling include, but are not limited to, counselling, cognitive-behavioural therapy (CBT), advisory services, residential care and pharmacotherapeutic approaches. Rogers' selection of treatment approaches was highly selective in terms of what it is available in the UK.

The same report also noted that treatment and support is provided from a range of different people (with and without formal medical qualifications), including specialist addiction nurses, counsellors and psychiatrists (Griffiths 2007). There are also websites and helplines to access information or discuss

gambling problems anonymously, and local support groups where problem gamblers can meet other people with similar experiences. Support is also available for friends and family members of problem gamblers, and there is an increasing amount of online help and treatment for problem gambling including evaluations of such services (e.g. Wood and Griffiths 2007).

The section on treatment also cites a statistic claiming that 60% of all problem gamblers can be easily helped to overcome their problem, yet the paper used to support the claim (i.e. Shaffer, Hall and Vander Bilt 1997) (i) was a review of problem gambling prevalence and did not systematically review treatment outcome studies, (ii) only reviewed studies in the North American literature and (iii) was written almost two decades ago before the vast majority of treatment studies had ever been published. More recent comprehensive reviews with more up-to-date statistics should have been consulted (e.g. Dannon et al. 2006; Dell’Osso et al. 2005; Stea and Hodgins 2011; Toneatto and Ladouceur 2003).

### Inappropriate Referencing

Throughout Rogers’ paper there are statements and claims made that then use inappropriate references or incorrect references to support the claim. For instance, a claim is made that there has been an unprecedented increase in liberalisation and deregulation in gambling over the last two decades (which I don’t dispute) but then uses one of my papers published 18 years ago on slot machine gambling (i.e. Fisher and Griffiths 1995) to support the argument.

In the introduction (p. 42), Rogers claims that online gambling is more popular in the UK than social networking. The reference used to support this is a non-academic source (i.e. Nielsen Media Research 2010) that actually claimed that online gambling was growing faster than social networking. Growing faster does not necessarily mean that an activity is more popular, and all empirical evidences suggest the number of social networking users in the UK (approximately 31 million) is much bigger than the number of online gamblers that number in the region of 7–10 million if online lottery play is included (Griffiths 2013).

In the section relating to risk factors in problem gambling, to his credit Rogers talks about factors outside the individual that facilitate the acquisition, development and maintenance of problem gambling (e.g. structural characteristics). However, Rogers then cites two of my old papers on structural characteristics including one that I wrote over 20 years ago (Griffiths 1993, 1999) to support his arguments. Like online gambling, structural characteristics in gambling have evolved significantly in the last decade and to make no reference to more recent relevant papers (e.g. Parke and Griffiths 2006, 2007) appears to be remiss. He then follows this by claiming: *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). The two papers



cited are actually articles for the trade press describing our social responsibility tool *Gambling Assessment Measure: Guidance about Responsible Design (GAM-GaRD)* that helps gaming operators to decrease the riskiness of their gambling games to vulnerable and susceptible individuals (e.g. problem gamblers). The papers cited are not *studies* and the classification of low, medium and high risk concerns the tool's output ratings and has nothing to do with a classification of structural characteristics. In short, Rogers' claims are simply wrong in relation to the papers cited. The only classification for structural characteristics in the gambling studies literature is that outlined by Parke and Griffiths (2007).

There are also many instances of papers or reports cited that look as though it was that group of authors who carried out the piece of research alluded to. For instance, Rogers correctly notes that problem gambling is significantly correlated with the number of gambling activities engaged in (p. 45) but then cites a non-peer-reviewed report (i.e. May-Chahal et al. 2007) instead of the actual studies that reported the original findings (e.g. Wardle et al. 2007, 2011). There is also the issue of some important sections (such as the one on 'Ethnicity and Culture' on p. 49) that cite outdated references between 1990 and 1996 and completely omitting all the recent works that have been done on various aboriginal communities in countries such as Australia and Canada (e.g. Breen et al. 2012; Young et al. 2007). I would also argue that the section on 'Theories of Addiction and Problem Gambling' is both highly selective (not in itself necessarily problematic) but (in terms of psychological theory) woefully out of date (e.g. Jacobs (1986) General Theory of Addictions).

A few of the references that Rogers cites are simply the wrong paper. For instance, Rogers makes reference to one of my papers comparing the prevalence of problem gambling across different countries (p. 46) but the reference he cites is a completely different one that examines the role of parental influence on adolescent gamblers (i.e. Griffiths 2010b – and even then the page numbers are wrong). The paper he should have cited to support his claim is Griffiths (2010c). On a more minor note, Rogers also incorrectly spells some of my colleagues' surnames in citing their papers including Mark Shevlin and Frank Vitaro. Rogers also cites the excellent book by Brenner and Brenner (1990) as a single person (p. 51).

## Conclusions

Rogers' paper is to be commended for putting the issue of problem gambling on the social work agenda. However, too much of the paper was (in places) out of date, made unsupported claims and used inappropriate references to make a number of observations and arguments. Hopefully, this response can be read alongside Rogers' original paper and will give those in the social work a more rounded picture of problem gambling in the UK. Social workers need

up-to-date information and contextually situated information if they are to make informed decisions in helping problem gamblers, and it is hoped that this short paper facilitates such a process.

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