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Playing Social Roulette:

The Impact of Gambling on Individuals and Society in Ireland

Final Report, June 2015

Principal Investigator: Dr. Crystal Fulton
University College Dublin

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An Roinn Coimirce Sóisialaí
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Summary

This scholarly research study explored gambling behaviour in Ireland, specifically the issue of problem gambling and its impact on the individual, the gambler's relationships with social connections, and the wider impact of problem gambling behaviour on community and society. The project followed an exploratory, ethnographic approach to enable participants to express themselves fully from their perspective, to facilitate in-depth understanding of gambling behaviour, and to provide a foundation for future research projects in this area. The research was conducted as four work packages, involving data collection with critical stakeholders: 1) Addiction Service Providers, 2) Gamblers, 3) Gamblers' Social Connections, and 4) the Gambling Industry. Data were collected using semi-structured, in-depth interviews.

Problem gambling not only affects the individual who participates in gambling opportunities, but also that person's family members, friends, and wider community. There are multiple areas where stakeholders' needs can be facilitated, including regulation and policy development to protect those vulnerable to negative outcomes associated with gambling. Importantly, collaboration among all stakeholders should be initiated. Findings suggest that development of a regulatory framework and a social policy framework is urgently needed. A national strategy for service provision is essential. Further research into gambling behaviour and approaches and services is urgently needed in Ireland.

1. Introduction

Gambling is an activity which may be summarised as involving participation in games of chance for money. With gambling available in varied venues, ranging from the Internet to casinos, game machines in pubs, and scratch cards in shops, opportunities to gamble are many. However, while access to gambling is widespread, a precise picture of how and why people gamble in Ireland requires exploration.

Estimates of the numbers of individuals for whom gambling becomes a problem vary. It is generally considered that while many may take part in gambling as a pastime, a relatively small cohort may find that participation in gambling leads to addiction. International research studies have suggested that single men under age thirty-five are at greatest risk of problem gambling (e.g., Analytical Services Unit DSD, 2010; Wardle *et al.*, 2011). GamblingAware.ie (IRGB Gamble Aware, 2015) has estimated that between 28,000 and 40,000 people in Ireland suffer from a gambling disorder. The Irish Institute of Public Health (2010) has reported that adolescent gambling is two to three times greater than for adults, in particular as a consequence of online gambling; the UK Prevalence Studies (Wardle *et al.*, 2007; Wardle, 2011) and Forrest and McHale (2012) have reported that adolescent gambling is up to two to four times greater than for adults.

Problem gambling can lead to complete social breakdown, with devastating financial losses, property losses, and alienation of family and friends. Often problem gambling is a behaviour conducted in secret, becoming known to the gambler's social network only when negative financial and social difficulties arise. With the addition of casino, mobile phone and Internet gambling to the more traditional forms of gambling (e.g., lotteries, scratch card tickets, horse and dog racing, bookmakers' shops, etc.), gambling opportunities, both publicly and covertly, can be easily accessed.

1.1 Purpose of This Study

This project investigated the social phenomenon of gambling in Ireland and its impact on the lives of those who participate, as well as on their families and friends who form their social network, i.e, their social connections.

1.2 Project Objectives and Research Questions

Because the nature of the project was exploratory, a wide and inclusive approach to discover social issues surrounding a problem with gambling was taken. Project objectives were as follows:

- To explore gambling behaviour in Ireland
- To understand characteristics of problem gambling behaviour in Ireland
- To explore services available in Ireland to help individuals affected by gambling, i.e., the gambler's family and friends
- To explore the relationship between problem gambling and covert behaviours

- To investigate the impact of gambling on the gambler and on the gambler's relationships with social connections
- To understand the wider effect of gambling behaviour on community and society
- To identify potential measures not only to treat, but also to help prevent gambling problems

Several research questions were designed to explore different facets of gambling in Ireland:

1. Who gambles in Ireland?
2. How and why do people engage in gambling in Ireland?
3. What are the main characteristics of problem gambling?
4. What role does secrecy play in the development of problem gambling?
5. What are the social outcomes of gambling, in particular problem gambling?
6. What services are currently available to help gamblers overcome their addiction and to families and friends affected by gambling?
7. What additional social actions could cause positive social change for gamblers and their social networks?

1.3 Alignment with the Irish Research Council's SPRIA Funding

The Irish Research Council (IRC) funded this project through its Research Project Grants (RPG) Social Protection Research Innovation Awards (SPRIA), which have financial support for various projects of social interest and impact from the Department of Social Protection (DSP). In the case of this project, the DSP and the Department for Justice and Equality (DJE) have liaised with the researcher to support this research. Projects under this area of RPG - SPRIA grants are intended to "inform the future development of social protection policies in line with the Programme for Government and the Europe 2020 Strategy" (Irish Research Council, 2013). Gambling was identified by the DSP as a "core challenge" for which research was needed to inform policy and practice development and to "inform the Department's goals of 'promoting active participation in society through the provision of income supports, employment services and other services' including its role in supporting Government and EU commitments" (Irish Research Council, 2013).

In particular, the Government has introduced the *General Scheme for the Gambling Control Bill 2013,* which provides for an updated and more comprehensive licensing and regulatory framework for gambling in Ireland. The proposed legislation also provides for the creation of a Social Fund which will support treatment services, research, and education. The grant for this project was specifically provided to "fund an exploratory study on the social impact of gambling, focusing on problem gambling" (Irish Research Council, 2013).

In keeping with the revised action approach of the DSP, the project aimed to provide insight into gambling behaviour and its social outcomes in Ireland. The project outcomes may, in turn, be used to help shape social policy for protection of those who are vulnerable in problem gambling situations, as well as to indicate areas of future research.

2 Literature Review

2.1 Introduction

There is a wide international literature around gambling and problem gambling. The purpose of this section of the report is to distil landmark and current literature on gambling and associated topics, bringing together key research and writers central to the discussion about problem gambling. Because of the breadth of the literature and the topics associated with gambling and problem gambling, a comprehensive review of the literature which itemises all published literature is not feasible for this report.

The aims of this review include the following:

- To explore literature published in Ireland
- To position gambling in the Irish and international contexts
- To bring together literature around the central and emerging issues associated with the impact of gambling, both in the Irish context and at an international level.

The literature review begins with conceptual issues and social perceptions of gambling and the behaviours which attend problem gambling. Approaches to regulation and prevalence studies of gambling around the world are noted, with particular attention not only to the extent of gambling in populations, but also to the identification of at risk groups for addiction. Research around various at risk groups is reviewed, with attention to the social and contextual issues surrounding participation in gambling. The social impact of problem gambling and the social responsibility for assisting those affected by gambling are considered. Social actions to minimize and resolve gambling issues are identified, including preventative strategies and services which provide assistance to people affected by gambling. Models for treatment for gambling addiction are considered, with particular attention to the potential for prevention of problems.

2.2 Gambling and Society

Gambling is a socially embedded activity in Irish society and in cultures around the world. In Ireland, gambling is socially ingrained in everyday life activities. For example, gambling is strongly associated with sport, particularly with horse racing and sporting events. The Lotto is a common national pastime which is accompanied by a television show produced by the national broadcaster with further games of chance. A particular form of gambling may (e.g., Ye *et al.*, 2012; Hing *et al.*, 2014a; Gainsbury *et al.,* 2014) or may not (e.g., Ariyabuddhiphongs, 2011; Wardle *et al.*, 2011) seem socially harmful. Participation may or may not result in addiction. Precise numbers of gamblers and precise numbers of those affected negatively by gambling are not known in Ireland, although some estimations of the level of gambling in Ireland have been made. For example, Ireland has been cited as having the highest gross gambling revenue by capita in Europe (Griffiths, 2009). Addiction service, Aiséirí, has reported that individuals seeking treatment for problems with gambling are increasing in Ireland (Mullins, 2014). The results of a recent survey revealed that forty-nine per cent of adults aged eighteen years or older in Ireland believe that “Ireland has a cultural

gambling problem around sporting events" (Amárach Research, 2014). The first prevalence study in the Republic of Ireland is scheduled for completion at the end of 2015. There has been a number of prevalence studies carried out across Europe (Marmet *et al.*, 2014). Prevalence studies in Britain report that problems with gambling affect approximately 1.2% (combining either DSM-IV, Diagnostic and Statistical Manual of Mental Disorders) and PGSI (Problem Gambling Severity Index) of the population who are aged sixteen years or older, with a further 4.2% classified as "at risk" (Wardle *et al.*, 2011). In Northern Ireland, 2.2% (using PGSI) of their adult population can be classified as problem gamblers, with an additional 5.3% classified as "at risk" (Analytical Services Unit DSD, 2010).

Estimating the extent of problem gambling is difficult, particularly because few people with a problem with gambling seek help (Gainsbury *et al.,* 2014). In addition, prevalence studies of gambling can differ greatly depending on how the data is analysed. For instance, the *British Gambling Prevalence Survey 2010* results have suggested that seventy-three per cent of the population gambled in the previous year. However, this figure was fifty-six per cent when those who gambled only on the National Lottery were excluded and served to highlight significant increases on other forms of gambling from previous prevalence studies (Wardle *et al.*, 2011). Overall, prevalence figures have typically included non-gamblers; these figures increased when focused on those who gamble, and particularly those who frequently gamble.

The *British Prevalence Survey 2010* (Wardle *et al*., 2011) also revealed that the lowest frequency of problem gambling was found among UK National Lottery participants (1.3%). In general, the *British Prevalence Survey 2010* (Wardle *et al.*, 2011) revealed a link between participation, frequency, and combining of gambling activities with the development of problems with gambling, with certain forms of gambling more strongly associated with problem gambling. Individuals who played poker at a pub or club (12.8%), online slot machine style games (9.1%), or fixed odds betting terminals (FOBTs) (8.8%) in the past year were shown to have the highest prevalence of problem gambling according DSM-IV measures, and again increased dramatically for those classified as "frequent gamblers," that is gambled "at least monthly." Additionally, the prevalence of problem gambling among "frequent gamblers" who placed bets on dog races (19.2%), casino games (13.9%), horse races (9.1%) and sports betting (8.1%), using DSM-IV measures (Wardle *et al.,* 2011), highlighted the increased risk for "frequent gamblers" of developing a problem. Men were found to be at least four times more likely than women to be classified as problem gamblers (Wardle *et al.,* 2011). In Northern Ireland, problem gambling was found to be highest among twenty-five to twenty-nine year old men (11.5% PGSI measures) who had gambled in the past year, with three per cent (PGSI measures) overall prevalence of those who had gambled in the past year classified as problem gamblers (Analytical Services Unit DSD, 2010).

Problem gambling has frequently been featured in the past few years in the news (e.g., Kelly, 2012; Harris, 2014; Australian Associated Press, 2015), and even self-help books have begun to be authored in the country (e.g., McCarthy, 2013).

2.3 Characteristics of Gambling

Gambling and gaming may be connected; for instance, the *Oxford English Dictionary (*Waite, 2012*)* defines gambling as to "play games of chance for money" or to "bet," and gaming as to "play at games of chance for money; a gaming machine." However, agreed definitions are elusive. There are similar characteristics at the centre of most definitions of gambling, including risk of something of value and an uncertain outcome (e.g., Dickerson and O'Connor, 2006; Ladouceur and Walker, 1998). Gambling is differentiated from usual risk-taking by wealth moving about, normally without productive work, wins at the expense of losers, chance, and avoidance of losses by not gambling (Mentzoni, 2012). Significantly, these definitions include financial market activities (e.g., stock market) alongside casinos, lotteries, etc. as gambling (Mentzoni, 2012). Distinctions among gambling forms are drawn according to degree of chance involved as opposed to skill, for example, with lotteries and scratch cards categorised as games of chance, while poker is considered skills-based (Mentzoni, 2012).

Problems with gambling have been described in different ways. For example, Gamblers Anonymous (G.A.) has defined *compulsive gambling* as "an illness, progressive in its nature, which can never be cured, but can be arrested" (G.A., n.d.). Among the causes of the compulsion to gamble are not living in reality, emotional insecurity, and immaturity (G.A., n.d.). *Pathological gambling,* another term for compulsive gambling, has long been classed as an addiction, but the term has recently been modified to *gambling disorder* in the 2013 Diagnostic and Statistical Manual -- DSM-5, culminating a fourteen-year revision process. This latest classification means that pathological gambling is now categorised with addictions, including drugs, alcohol, and tobacco, under the classification: Substance-Related and Addictive Disorders.

Problem gambling is another term used to describe a cognitive or behavioural issue connected with impulse control. For the purposes of this study, and especially because the term *problem gambling* has been used in the remit for this study, this term is used to indicate situations where gambling has become problematic for the gambler, that is the gambler has control issues with gambling and there have been negatives consequences as a result of this gambling behaviour. For instance, the Canadian Problem Gambling Index Final Report (Ferris and Wynne, 2001) refers to problem gambling as "gambling behaviour that creates negative consequences for the gambler, either in their social network, or in the community." The *British Gambling Prevalence Survey 2007* describes problem gambling as "gambling to a degree that compromises, disrupts or damages family, personal or recreational pursuits." Gainsbury (2015) has advocated a revision of this term, e.g., problems *with gambling,* to reflect a less socially stigmatising phrase (Gainbury, 2015). A major addiction service in Ireland, Aiséirí (Mullins, 2014), has adopted Neal *et al*.'s (2005) definition that problem gambling is "characterised by difficulties in limiting money or time spent on gambling which leads to adverse consequences for the gambler, others, and for the community."

While the term *social gambling,* also referred to as *positive play* (Woods and Griffith, 2014), is often used to differentiate "normal" or non-problematic gambling that is associated with entertainment or leisure from gambling associated with negative personal and social

impact, it has also come under scrutiny with regard to understanding problems with gambling. Some researchers have argued that a precise definition of social gambling remains difficult and requires further exploration (e.g., Gainsbury *et al.*, 2014; Schneider, 2012), particularly as a type of social gaming and with multiple types of social gambling possible (Schneider, 2012). Schneider (2012) described the term *social gaming* as a phrase used to capture technologically innovative games, referring to gaming in social media using "virtual currencies," rather than necessarily referring to a social component of participation. Parke *et al.* (2012) have further argued that the social component of gambling may have different impacts on gambling behaviour from entertainment, such as possible increased intensity of gambling behaviour when others are present in the gambling environment and increased motivation to achieve social rewards, such as gaming skills, as opposed to financial rewards.

Particular indices have been developed to assess problems and severity of problems with gambling. The 2013 Diagnostic and Statistical Manual -- DSM-5 provides specific criteria against which symptoms can be assessed to diagnose a gambling disorder under the classification of *Substance-Related and Addictive Disorders*, focusing on recurring gambling behaviours of a compulsive nature, such as preoccupation with gambling, chasing losses over time, dishonesty about gambling, associated emotions with gambling, financial issues, and broken social ties (DSM-5, 2013). The DSM-5 classification also includes evaluation of episodic and persistent gambling (Appendix A).

It should be noted that other indices for assessment are also in use. The Canadian Problem Gambling Severity Index (PGSI) (Ferris and Wynne, 2001), a nine-item assessment instrument, is also used in Australian and Canadian research into gambling (e.g., The Social Research Centre, 2013; Wiebe *et al.,* 2006), as well as in the British and Northern Ireland Gambling Prevalence Studies (Wardle *et al.*, 2011). Gamblers Anonymous also offers a twenty question survey, which individuals and the Fellowship use to self-assess and identify gambling issues (Appendix B).

2.4 Contextualising Gambling in Ireland

2.4.1 Legislation and Statutory Frameworks

The most recent legislation governing the gambling industry, apart from the National Lottery in the Republic of Ireland, dates back to the *Gaming Lotteries Act 1956*. The National Lottery is governed by separate legislation, the *National Lottery Act 2013*. In 2006, the Department of Justice, Equality and Law Reform initiated the Casino Regulation Committee; this committee issued the report, *Regulating Gaming Ireland* (2008), which explored the implications of casinos operating in Ireland. The committee proposed that the regulatory system should be responsible for the licensing and regulation of all gaming, casino, and gambling operations/premises in the State, with the establishment of an interim "Gaming Regulatory Authority" under the guiding principle of "Social Responsibility" (The Casino Committee, 2008). The committee further recommended that "gaming" and "betting" should be treated as two separate types of gambling, and licensed gaming or betting venues should only be permitted to offer one of these forms of gambling (The Casino Committee, 2008). An ambitious attempt to update older legislation, including the

Betting Act 1931 and the *Gaming and Lotteries Act 1956*, was proposed in the *General Scheme of the Gambling Control Bill 2013*. The remit of the bill addressed "widely accepted principles of gambling regulation," including the following:

- Fairness in the conduct of gambling
- The protection of vulnerable persons, including children, from risks to their well-being arising from gambling
- The avoidance of circumstances where gambling could, inadvertently or otherwise, facilitate or enable criminal or illegal activity
- Consumer choice and protection

General Scheme of the Gambling Control Bill 2013

In the announcement of the work on the new bill, then Justice and Equality Minister, Alan Shatter commented:

> *This legislation has the twin objective of effectively regulating the new and dynamic gambling sector that has emerged in recent years, while also providing the opportunity to introduce important new measures to protect vulnerable adults and young people. The updated legislation and new regulatory regime will provide for a consistent interpretation and application of the law across all areas of gambling and as a result, it will bring legal certainty to the area. I believe that this Bill will give Ireland a well regulated gambling system that will be recognised as such internationally.*

Minister Shatter Publishes General Scheme of the Gambling Control Bill 2013, June 15, 2013

Importantly, the draft bill provided for the establishment of a *Social Fund*, paid for by licence holders in the gambling industry, for the purposes of promoting responsible gambling and assisting those affected by gambling. Under the draft bill, the Office for Gambling Control Ireland (OGCI), in consultation with an Advisory Committee on Responsible Gambling, consisting of "a nominee of the Minister for Social Protection, the voluntary / community sector, a representative from the HSE [Health Services Executive] and two representatives from licence holders," would recommend distribution of the Social Fund for purposes such as education. In November 2013, a Joint Committee on Justice, Defence and Equality initiated a consultation process to review the *General Scheme of the Gambling Control Bill 2013* (Joint Committee on Justice, Defence and Equality, 2013). The Joint Committee invited submissions from interested stakeholders among the public. This submission phase was followed by public hearings on October 2nd and 9th, 2013, which were predominately attended by the gambling industry. At the time of preparation of this research report, the *General Scheme of the Gambling Control Bill 2013* was in draft form.

Other countries have varying structures to govern gambling. For instance, in the United States, gambling is regulated by individual states. Gambling in Canada is similarly regulated at provincial level. Australia regulates gambling at territory and state levels, with multiple laws in place around various aspects of gambling opportunities. In Australia, the *Interactive Gambling Act 2001* regulates online gambling operators by making it an offence to advertise

or offer ‘real-money’ in online interactive gambling to Australian residents. The United Kingdom regulates gambling through the *Gambling Act 2005*, through which the Gambling Commission controls all forms of gambling in the UK, assigning authority to local authorities or Scottish Licensing Boards.

Policy and legislation on gambling in Northern Ireland fall under the Department for Social Development (DSD). The *Betting, Gaming, Lotteries and Amusements (NI) Order 1985* regulates gambling, although the National Lottery is governed by separate legislation. A review of this legislation was initiated in 2009; a public consultation on gambling followed with terms of reference specified in the *Future Regulation of Gambling in Northern Ireland, Consultation Document* (February, 2011). In 2013, the Social Development Minister announced that the legislation around gambling would be updated (Department of Justice and Equality, 2013).

In the European Union, the *Schindler 15* rule and subsequent rules began to outline member states’ discretion with regard to gambling regulation; the Schindler 15 rule allowed member states to define such concepts as lottery, casino games, sports bets, etc. While EU law does not offer a definition of gaming activity, the presence of chance, a stake, and a prize with economic value has been used by the EU courts to determine gaming activity. The ability to regulate gambling by the EU or its Member States is bound by the subsidiarity principle of the *Treaty on European Union* (Bühringer *et al.*, 2014) and the subsequent *Treaty of Lisbon.* Assessment of the compatibility of national gambling regulations with EU law resides with the Court of Justice of the European Union (CJEU). The European Union court has ruled that Member states regulate gaming activities (Verbiest and Keuleers, 2003). Recognising the increasing uptake of online gambling within and across EU member states (e.g., Bühringer *et al.,* 2014; European Commission, 2012), the EU Commission has devised a recommended set of principles for member states to integrate into national gambling regulations. These include advertising, social responsibility, requirements for staff training, and information and online support to help gamblers understand risk (European Commission, 2014).

2.5 Influences on Gambling Behaviour

Ireland has long had more traditional forms of gambling, such as amusement arcades (open to all ages), gaming arcades (open to adults only), bingo, horse and dog racing, and betting shops. A more recent addition has been casinos, with operators now functioning in different locations on the island, as well as online forms of gambling which have been supported by the growth of technology in this area. The socially embedded nature of gambling and perceptions of gambling may differ by social contextualisation. For instance, the Lotto and scratch cards are often not viewed as gambling, and when identified as gambling, may be seen as a less harmful or less intense form of gambling (Ariyabuddhiphongs, 2011).

Various forms of gambling have been associated with different degrees of impact on development of a problem with gambling, with technological developments increasingly playing a role in gambling impact in Ireland (Amárach Research, 2014). Technologies include both mechanical and digital technologies, from arcade machines to online gambling. Researchers have explored the impact of various forms of gambling on individuals. For instance, Binde’s (2011) analysis of eighteen international prevalence

studies revealed that interactive online, casino, electronic gaming machines, and high stakes unregulated gambling were most often associated with problem gambling. Blaszczynski (2013), however, has suggested that certain factors have prevented understanding the harm associated with form of gambling, including the means of assessing prevalence of gambling disorders and player participation across forms of gambling. For example, fixed odds betting terminals (FOBTs), have in particular been linked by researchers with pervasiveness of problem gambling and cited as highly addictive (Reith, 2011; Blaszczynski; 2013). Controversy currently surrounds the inclusion of FOBTs in UK gambling venues (Dorman, 2014); in Ireland, FOBTs will be banned under proposed legislation (General Scheme of the Gambling Control Bill, 2013).

The world of online gambling is also widely believed to increase potential for access to gambling and problems with gambling. Perceptions around online gambling indicate a cause for concern; for instance, the director of an addiction treatment centre in Wicklow estimated that up to seventy-five per cent of online gamblers had a problem (Clifford and O'Halloran, 2012). The *British Gambling Prevalence Survey 2010* (Wardle *et al*., 2011) reported that DSM-IV scores revealed a significantly higher problem gambling prevalence rate among Internet gamblers (5.3% DSM-IV) than for overall gamblers (1.3% DSM-IV) who had gambled in the past year. Parke (2007) has described the online gambling environment as a complex space, in which technology not only increased motivation to gamble and participation in gambling, but increased the gambler's perception of being able to control gambling outcomes, leading to preoccupation with gambling. The structural dynamics of online gambling have been connected with this negative behavioural outcome, including increased gambling opportunities, twenty-four hour access, potentially smaller intervals between play, etc. (e.g., Parkes, 2007; Griffiths and Barnes, 2008). Online gambling is also perceived to be more addictive than offline forms of gambling (McCormack and Griffiths, 2010), although problem online gambling prevalence may increase when land-based and online gambling are mixed (Blaszczynski *et al.,* 2015). It should be noted that the popularity of gambling online has increased, as evidenced in part by rising profits from online gambling; for example, Paddy Power reported that seventy-seven per cent of the company's overall profits were generated online in 2014 (*Paddy Power Annual Report,* 2014).

Research has revealed that having a positive attitude toward gambling is a strong predictor of both being a gambler and being a problem gambler (Williams *et al.*, 2006). Social vulnerability has also been considered a risk factor for problems with gambling (Darbyshire *et al.*, 2001; Ekholm *et al.*, 2014; Spectrum Gaming Group, 2013; Tu *et al.,* 2014). The individual's environmental circumstances have been examined for their influence on gambling behaviour. For instance, there was increased reporting of household experiences of gambling harm in more deprived areas in New Zealand, as well as increased spending on lottery tickets in Iceland following the recession, highlighting economic impacts on gambling behaviour (Olason *et al.*, 2015; Tu *et al.***,** 2014). Orford *et al.* (2010) used the *British Prevalence Study 2007* data to investigate the influence of social factors on gambling and found that significant relationships existed between the income and social position of gamblers and their households and the prevalence of gambling and problem gambling. Wardle *et al.* (2012) also explored socio-economic factors influencing gambling and determined that the distribution of gambling machines in Great Britain was significantly associated with areas of socio-economic deprivation; the authors further observed that this

distribution followed a similar pattern to other international regions. Other researchers have found that those in more deprived areas experienced a greater degree of harm from problem gambling (Tu *et al*., 2014).

In the UK, 4.2% of the population were categorised as at risk of becoming problem gamblers, based on a 2012 health survey (Wardle *et al.*, 2014). Among different age groups, younger people, including adolescents and college students, have been identified as a particularly high at risk group for problems with gambling (e.g., Moore *et al.,* 2013; Huang and Boyer, 2007; O'Mahony and Ohtsuka, 2015; Wardle *et al.,* 2014). Several characteristics may increase risk for problem gambling, for instance, parental attitude or example set for children, or children without siblings (Forrest and McHale, 2012). Edgerton *et al.* (2015) noted three risk factors for developing a gambling problem: "being male, scoring higher on alcohol dependence, and escape-avoidance coping." The adolescence gambler with a problem has been described as male, excitable, impulsive, and risk taking, as well as having low self-discipline and self-esteem (Wiebe *et al.,* 2005). This gambler may have emotional instability, including depression, anxiety, traumatic experiences and suicidality (Wiebe *et al.,* 2005). This gambler is further estimated to have begun gambling at an early age and has dissociative reactions when gambling (Wiebe *et al.*, 2005). Slutske *et al.* (2012) found that children with impulsive behaviours at age three were at risk for problems with gambling as they grew older.

At risk groups also include adults who began gambling when very young (e.g., Griffiths, 2003; Hodgins *et al.*, 2012). An increase in gambling among older adults has also been linked to gambling practice in later life, as opposed to gambling throughout life (Medeiros *et al.*, 2014). Gambling may begin as a social recreational activity for older adults, but can become an isolated activity when problems occur (Tirachaimongkol *et al.*, 2010). The gambling habits of the older adult require further investigation (Tirachaimongkol *et al.*, 2010).

Reasons for gambling differ widely. Abdi (2014) cites two categories of motivation: "the desire for positively reinforcing subjective excitement and arousal; and the desire for the negatively reinforcing relief or escape from stress or negative emotional state." Gender may provide particular motivations to gamble; for example, Heater and Patton (2006) found that women gambled because they were bored, lonely, or isolated, while men gambled for excitement or to win money. Men have been considered more likely than women to become problem gamblers (e.g., Moore *et al.*, 2013; Edgerton *et al.,* 2015), although women are increasingly gambling (Hing, 2014). Ekholm *et al.* (2014) found greater instances of problems with gambling among the less educated, while education and employment had a "protective effect against problem gambling." Conversely, Cakıcı *et al.* (2015) reported the opposite, that problem gambling was associated with having higher education and employment. Cultural differences may also influence motivation to participate in gambling; for instance, Ye (2009), found that Chinese gamblers were less motivated by excitement and entertainment factors and more influenced by factors, such as risk taking, stress, and anxiety than Western gamblers. In spite of other potential motivators, Abdi (2014) found that eighty-three per cent of gamblers reported gambling for the thrill and reward of winning, while forty-three per cent reported that they gambled for entertainment.

Perception of risk associated with gambling further influences decisions to gamble and how people participate in gambling. For instance, although the risk of losing money may be known, individuals with a problem with gambling remain motivated to gamble (e.g., Spurrier and Blaszczynski, 2014). The individual's perception of risk influences their decision to gamble and can lead to “lowered expectations regarding the likelihood of positive outcomes, and increased expectations of negative outcome” (e.g. Boyer and Byrnes, 2009). In addition, self-perception of a problem with gambling can influence help seeking; Cronce *et al.* (2007) found that adolescents with a gambling problem who live in a home where there are other problem gamblers are more likely to acknowledge a gambling problem. An individual’s perception of an activity as gambling or not gambling relates to engaging in risk. For example, many individuals see stock market trading as an activity related to business skill, and not within the category of gambling (Blaszczynski *et al.*, 1999). Scratch cards, lottery and bingo “may not be viewed in the same way as sport or casino gambling” (Petry, 2009).

2.6 Social Impact of Problem Gambling

The impact of a problem with gambling may damage social ties, including family and extended social relationships, and lead to financial and legal problems (e.g., Kalischuk *et al.*, 2006; Kourgiantakis *et al.,* 2013; Mathews and Volberg, 2013). For instance, Downs and Woolrych (2010) identified hidden financial outcomes for both family and work, concluding that there is a “lack of awareness of the nature and extent of problem gambling amongst families” and citing families as having a crucial role to play in supporting treatment and resolution to problem gamblers. For some families, the financial problems are so severe that they lead to bankruptcy (e.g., Grant *et al.,* 2010).

The secret nature of a gambling disorder means that the impact may also be long lasting, as negative outcomes of gambling become known to others over time. Families may find themselves not only financially imperilled, but also stigmatised socially (e.g., Gaudia, 1987; Clarke *et al.*, 2007; Downs and Woolrych, 2010). The impact on children living in homes where a parent has a problem with gambling can lead to what they term a “pervasive sense of loss,” encompassing trust and security, with the child experiencing threats to their overall well-being (Darbyshire *et al.,* 2001).

In addition, the lengths to which a gambler may go to hide gambling and outcomes of gambling can lead the gambler to make socially and legally flawed decisions, e.g., committing crimes (Laursen *et al.,* 2015). As researchers, such as Albanese (2008), Brooks (2012), and Kelly and Hartley (2010), have shown, gambling can be linked to so-called white collar crimes, including forgery, embezzlement, fraud, and money laundering, although criminal behaviour may be less common than other problem gambling behaviours (Reilly and Smith, 2013). Laursen *et al.* (2015) have also associated problems with gambling with violent and criminal behaviour, finding a significant association between problem gambling and criminal activity in a Danish survey. While crime may be one outcome among employees, other workplace impacts include negative productivity and problems with relationships with colleagues (Griffiths, 2009).

The gambler's relationships with family members often change as a problem with gambling develops. For example, the arguments between couples, which can increase as a problem with gambling develops, may escalate to domestic violence (e.g., Dowling *et al.*, 2014). Some researchers have explored forms of couple therapy to address relationship breakdown, concluding that addressing the partner's personal and couple distress may lead to improved treatment prospects and ensure increased protection of children (e.g., Bertrand *et al.*, 2008). McComb *et al.* (2009) have called for better therapist training and development of marriage and family therapy to identify and treat problem gambling.

The gambler's relationship with themselves is also compromised where there is addiction. Reith and Dobbie (2012) have referred to problem gambling as *disordered identities*, where individuals had dual selves, a *non-addict self* and a *gambling self* that was unable to fulfil the roles completed by the non-addict self. The gambling self was an external self over which gamblers did not feel they had control. The gambling self was connected to self-loathing and feelings of shame (e.g., Yi and Kanetkar, 2011). Shame and guilt may be particularly felt by women, and the fear of discovery can often lead to thoughts of suicide (Reith and Dobbie, 2012). The increased access and popularity of electronic gambling machines (EGMs) among women has been called the feminisation of problem gambling and has been identified as an issue for regulatory consideration (Reith, 2006).

Shame and stigma may also cause isolation. In addition, self-disappointment and guilty feelings may contribute to shame and isolation (Flanagan, 2013). Dhillon *et al*. (2011) found that isolation is connected to social distancing from gamblers because of the perceptions around the danger of problem gambling. The stigmatised person can suffer status loss, social exclusion, and possible discrimination (Hing *et al.* (2014b). Problem gamblers may be seen to have negative personal traits that caused their problem, contributing to a moral model of addiction in society (Horch and Hodgins, 2008). Even in a gambling context, the gambler with a problem may be negatively perceived; O'Mahony and Ohtsuka (2015) found that employees at a gambling venue lacked sympathy for younger gamblers.

2.7 Social Action and Gambling

2.7.1 Gambling as a Public Health Issue

Concerns about gambling are relevant to public health (e.g., Shaffer and Korn, 2002; Kourgiantakis *et al.,* 2013; McComb *et al.,* 2009), and researchers have called for public health initiatives and community measures to mitigate the negative effects of problem gambling (e.g., Reith, 2006). The Institute of Public Health in Ireland (2010) has estimated a prevalence of one per cent problem gamblers in the population, based on international data from similar countries. Aiséirí has identified problems with gambling as a public health issue (Mullins, 2014). For every person with a gambling disorder, the impact may be felt among several other additional people, namely those family members and friends connected with a gambler. As a result, the impact of problems with gambling have a much broader potential impact and cost to society to resolve negative impacts in the short and longer terms. The potential extent of the impact of problems with gambling makes these difficulties a public health issue.

Referring to the example of the UK, Griffiths (2007) recommended the roll out of dedicated problem gambling treatment, advice and counselling services both within and outside national public health services. In Ireland, the Health Information and Quality Authority, formed under the *Health Act 2007*, promotes health and personal social services for the public, with responsibility for quality, safety, and accountability for vulnerable groups. Gambling crosses many areas of public health, including mental health, suicide prevention and help, addiction treatment, child and family welfare, etc. There are multiple areas of the public and private sectors working on different aspects of issues associated with gambling and potentially in isolation. Because addiction is a complex issue, there is no one department or area that deals with gambling.

Co-addiction increases the complexity of health care for problem gambling. Adolescents at risk of problem gambling more frequently reported smoking and heavy alcohol consumption (Forrest and McHale, 2011; Weinberger *et al.,* 2015). Those adolescents who both smoked and gambled, compared with adolescents who gambled and did not smoke, reported lower grades, lower participation in extracurricular activities, more substance use, depression, and aggressive behaviours (Weinberger *et al.*, 2015). Hodgins *et al.* (2012) reported an association of problem gambling where the individuals who smoked cigarettes were diagnosed with a substance or obsessive-compulsive disorder, had anxiety or depression, had higher impulsivity, and had antisocial personality traits.

Related to common co-addiction difficulties is the issue of point of care. The issue of how to position health care is an international concern; Tovino (2014) challenged the legal treatment of problem gamblers in the United States, arguing that problem gamblers should have the same protection as those affected by other addictions. In Ireland, the *Health Promotion Strategic Framework*, the first national strategic framework for health promotion in the Health Services Executive, refers to mental health, alcohol, and tobacco, but not specifically to gambling (HSE, 2011). The HSE's Health Promotion web site (www.healthpromotion.ie) provides information on a range of health issues, but not for problem gambling.

2.7.2 Gambling as a Mental Health Issue

Problems with gambling constitute a mental health issue; however, a review of current key reports and documents by health agencies in Ireland revealed little to no mention of problem gambling (e.g., Daly and Walsh, 2012; Dooley and Fitzgerald, 2012; HSE National Vision for Change, 2011). Dooley and Fitzgerald (2012), in an Irish national study of the mental health of youth, included attitudes toward gambling in their measurement scale, but did not discuss this in ensuing reports or articles about the study. The impact of gambling on the mind should not be underestimated. Clark *et al.* (2009) reported that healthy people, i.e., those who did not regularly gamble, experienced near miss wins when gambling via slot machines which modified the brain to increase a person's need to gamble. According to Blaszczynski *et al.* (2015), gamblers participating in land-based venues alone had higher levels of "psychological distress, self-acknowledged need for treatment, and help-seeking behaviour."

A common problem associated with problem gambling is suicide (e.g., Thon *et al.*, 2014; Tse *et al.,* 2014; Moghaddam *et al.*, 2015). Gamblers with a problem who reach a crisis point in their gambling may be prone to suicidal thoughts and actions. Suicide may be considered a gambler's only escape from difficulties which have escalated beyond their control or coping mechanisms. Suicidal thoughts may already be part of the gambler's life, which is part of depression that is exacerbated by gambling. In terms of the availability of support services, Addiction Service Providers, who specialise in assisting those affected by suicide, work with people who are affected for multiple reasons, where gambling is only one potential association with the problem. In Ireland, gamblers and their families may request help from one of several service providers, but there are no official statistics to describe how many seek help. The National Suicide Research Foundation (NSRF) documented risk factors for suicide in Ireland (NSRF, 2015) and these included a range of vulnerabilities and risk factors, such as significant loss (64.5%), loneliness (forty-seven per cent), and serious financial problems (forty-four per cent) (Arensman *et al.*, 2012). Greater research is needed in Ireland and elsewhere to understand the connections between suicide and gambling; for instance, Australia's Centre for Suicide Prevention Studies (2010) does not mention gambling, the Health Service Executive's (2005) *National Strategy for Action on Suicide Prevention* does not mention gambling, and the HSE National Office for Suicide Prevention's (2013) annual report does not mention gambling, although the HSE's publication, *Suicide Prevention in the Community*, briefly refers to gambling as a risk factor for suicide (HSE NOSP, 2011). Researchers, such as Walsh (2008), have stated that addiction and suicide services should be better integrated.

2.8 Social Responsibility and Gambling

2.8.1 Approaches to Treatment of Problem Gambling

Problems with gambling are often difficult to identify because of the secrecy associated with this type of addiction. Only recently have gambling disorders been included alongside other forms of addiction as having a medical or biological source (Reilly and Smith, 2013). As a result, the usual approach to gambling disorders has been behavioural therapies or cognitive treatments. Prevention of a problem is obviously preferable, but not necessarily easy to accomplish.

Treatment for gambling disorders may only have temporary success. While Stinchfield and Owen (1998) have claimed the Minnesota Model for treatment of addiction "has consistently yielded satisfactory outcome results," and Winters *et al.* (2000) reported that the Minnesota Model had positive outcomes where treatment was completed, a review of research literature on gambling treatment outcomes reported attrition rates suggesting that treatment for gambling may not be as effective (Westphal, 2007). Westphal (2007) found that attrition bias, i.e., instances of gamblers not completing treatment or of patients being excluded from data analyses, ranged from eleven per cent to eighty-three per cent in studies reviewed. A study of Gamblers Anonymous participants showed that only eight per cent of recovering gamblers had maintained abstinence after a year, and seven per cent of recovering gamblers in GA had done so after two years (Stewart and Brown, 1988), with current studies continuing to show high relapse rates and varying success rates according to treatment options chosen (George and Murali, 2005). Westphal (2007) concluded that

effectiveness of treatment for problems with gambling may be overestimated and that greater attention to research designs that can determine effectiveness of gambling treatments is needed. Recently, Aragay *et al.* (2015) reported a relapse rate of fourteen per cent, with twenty-seven per cent of patients missing three or more treatments without notification.

It should be noted that treatment for families is an area requiring development. McComb *et al.* (2009) have observed problem gambling is a family issue, and, therefore, family relationships require specific attention. The authors further note, however, that family therapists are seldom trained to identify and treat gambling problems and the impact on family relationships (McComb *et al.,* 2009). Darbyshire *et al.* (2001) have further pointed out that greater understanding is also needed of the experiences of children where a parent gambles.

2.8.2 Models for Treating Addiction

Approaches to treating addiction in Ireland are commonly based on the Minnesota Model of treatment. The Minnesota Model originated in the 1950s when two health professionals in-training and working in a Minnesota state hospital for chronic mental illness developed a patient-centred programme for assisting patients with alcohol addiction (Anderson *et al.,* 1999). The programme included seven key elements: a combination of professional staff and trained recovering individuals, a focus on addiction as a disease and a twelve step recovery approach, family involvement, abstinence from all substances, education for patients and families, individualised treatment plans, and aftercare. As Anderson has recounted, the most important aspects of the model was “a profound respect for the individual, unique alcoholic people and their families,” and second, “the idea that it was possible, with the help of a Higher Power and the fellowship of AA [Alcoholics Anonymous], to get better” (Anderson *et al.,* 1999).

Some researchers have also explored the view that controlled gambling may help with recovery from a problem with gambling, as opposed to abstinence. Slutske *et al.* (2010) found that ninety per cent of recovering gamblers had gambled in the past year of recovery, what might be termed a relapse; the authors concluded that controlled gambling may be helpful to some gamblers as they try to overcome addiction. Bergen *et al.* (2014) have similarly observed that problem gamblers may use gambling as a means of increasing their self-control.

2.8.3 Treatment Services to Assist People Affected by Gambling

There exists a range of service providers in the Republic of Ireland to assist people affected by addiction generally, some with programmes focused only on gambling addiction. These services are often charitable organisations with public and private funding, as well as private counselling services. The international Gamblers Anonymous and its counterpart to assist families, Gam-Anon (http://www.gamblersanonymous.ie/gamanon/gamanon.html), also offer fellowship meetings in locations around Ireland. Ingle *et al.* (2008) found that including a social connection in treatment can increase successful treatment outcomes for recovering gamblers.

In addition, the Irish gambling industry has organised call centres which staff help lines to assist gamblers. For example, the Irish Bookmakers Association (IBA) has funded Dunlewey Addiction Services, located in Belfast, Northern Ireland, to take calls and to refer callers to counsellors in the Republic of Ireland. Betfair similarly runs a call centre located in the United Kingdom to take calls and refer callers to a variety of services within the UK and international locations.

2.8.4 Prevention of the Potential Negative Impacts of Gambling

Prevention of problems with gambling is a complicated issue. A number of factors, including secrecy, social perceptions of gambling, and a lack of obvious physical responses associated with gambling, mean that the signs of a developing problem can be difficult to identify early (e.g., Tolchard *et al.,* 2007; Todirita and Lupu, 2013; Hing *et al.,* 2014b). The shame and stigma associated with gambling in society further act as deterrents to help seeking among those affected by problem gambling, such that the affected gambler often does not seek help until they reach a crisis financially, emotionally, or socially (e.g., Westphal, 2007; Hing *et al.,* 2014b).

Researchers have identified key points for intervention to prevent problems with gambling. For example, Tolchard *et al.* (2007) identify general practitioners (GPs) as a potentially critical point of assessment of problem gambling, enabling early detection of a developing problem. Todirita and Lupu (2013) focused on educational programs for children as means of preventing addiction; they found that providing specific information about games using an interactive software tool was more effective than more general rational emotive education (REE). Dickson-Gillespie *et al.* (2008) recommended the integration of information to prevent problem gambling into existing programmes that deal with risky behaviour, as well as the development of guidelines for responsible gambling and self-exclusion programs. In New Zealand, the Ministry of Health (2010) has launched a long term national strategic plan to prevent problem gambling, which offers a framework to guide government funded services and to ensure strategic cooperation among the gambling industry, communities, and families. Abbott *et al.* (2015) suggested that effective prevention programmes should, importantly, look beyond availability of gambling to explore interventions in environments that may pose risk.

2.9 Responsible Gambling

The term responsible gambling is used internationally, although a precise meaning of this term can vary. The concept of responsible gambling originated in voluntary codes of conduct developed by the gambling industry, partly in response to government and community concerns around the negative impacts on the lives of some people who gamble (Blaszczynski *et al.*, 2011). Responsible gambling refers to the creation of a safe environment for gamblers to lessen the development of problem gambling and maintain gambling as an entertainment option (Wood and Griffiths, 2014). This is supported by the provision of safe and fair games by gambling operators and by provision of the information necessary for gamblers to make informed decisions about gambling (e.g., Wood and

Griffiths, 2014). According to Wood and Griffiths (2014), "Facilitating informed player choice has become a major priority in building responsible gaming policy and strategy."

Blaszczynski *et al.* (2011) have proposed a tripartite model for responsible gambling, in which government, gambling operators, and gamblers have responsibilities in minimising potential harm. Under this scheme, government is responsible for implementing and monitoring compliance of legislation and policies to enable gambling in a responsible manner and to protect the consumer. The gambling industry has responsibility for providing accurate and timely information to consumers to enable informed decisions around gambling. The gambling industry must not participate in "exploitative practices, omit or disguise relevant information, develop products designed to foster excessive gambling, or target inappropriate sub-populations, e.g., adolescents, elderly, and other high risk population segments" (Blaszczynski *et al.*, 2011). The individual who chooses to gamble bears responsibility for understanding the "nature and risks associated with the products they consume" (Blaszczynski *et al.*, 2011).

Responsible gambling is characterised by the following:

- Educating individuals about gambling as recreation that is accompanied by risk
- Encouraging individuals to spend within affordable limits
- Providing sufficient information to enable gamblers to make informed decisions about all aspects of their participation.

Blaszczynski et al., 2011

While responsible gambling programs vary, Blaszczynski *et al.* (2011) further offer essential program components, including education initiatives (e.g., media campaigns and school curricula about gambling and associated risk), staff training, help telephone lines and available services to overcome problem gambling. In addition, self-exclusion options, restriction of alcohol sales during gambling, advertising and marketing materials that are ethical (i.e., do not target or expose underage individuals to gambling) and offer a responsible gambling message should be offered. Environmental factors that may contribute to excessive gambling (e.g., availability of ATMs on gambling premises, offers such as free-spins, etc.) should be controlled (Blaszczynski *et al.*, 2011).

Taking responsible gambling measures may have a positive impact on reducing the development of problem gambling. For instance, Blaszczynski *et al.* (2013) assessed the effectiveness of five responsible gaming features, including "responsible gaming messages; a bank meter quarantining winnings until termination of play; alarm clock facilitating setting time-reminders; demo mode allowing play without money; and a charity donation feature where residual amounts can be donated rather than played to zero credits" (Blaszczynski *et al.*, 2013). The study, which involved structured interviews with 300 gamblers playing on modified machines at five Australian gambling operators' premises, revealed that the modified machines could help to prevent the development problem gambling. Wood and Griffiths (2014) observed that positive players gambling most often across gambling opportunities valued a range of responsible gambling strategies.

2.9.1 Gambling Marketing / Advertising

Advertising of gambling opportunities is a widespread practice. While other industries may be regulated in some countries and activities with regard to advertising, advertising of gambling is a widely accepted occurrence. For example, while tobacco advertising has been removed from sports, such as Formula One, gambling operators continue to be associated with advertising football matches, etc. In general, advertising of gambling in Ireland does not fall under restrictions (ASAI, 2015); for example, advertisements appear in all national media. There are no restrictions on advertisements on televised/broadcast media, and ads may appear at any time of the day. The online environment supports advertising, not only in sports but across topical areas, such that an online movie may be accompanied by pop-up ads for gambling. Pop-up ads may further cross country boundaries, posing a significant challenge for regulators.

In Ireland, certain gambling operators have had more public attention than others because of their advertising, e.g., the controversy surrounding the bookmaker, Paddy Power's advertising around the Oscar Pistorius trial (Baird, 2015). In cases where an advertisement or advertising campaign is considered offensive, the case is referred to the Advertising Standard Authority of Ireland (ASAI) for assessment (Duncan, 2014). The board can require the withdrawal of an ad.

The impact of advertising socially has long been known and utilised by advertising agencies and companies wishing to sell their products. As a result, there is a willingness to invest in advertising; for example, Paddy Power (2014) has observed, "Last year we substantially increased our investment in TV advertising, generating strong returns" (Paddy Power, 2014).

Advertising of gambling is considered to have a potentially negative effect on youth. For instance, McMullan *et al.* (2012) concluded that adolescents may identify themselves with gambling experiences while still minors. A key marketing target for gambling is young male adults, with gambling advertising "engaging notions of masculinity, team loyalty, and sporting knowledge" (Hing, 2014). Marketing further serves to consider gambling as sport, with sports programming and merchandising contributing to the normalisation and legitimisation of gambling among young people (Hing, 2014). At risk and problem gamblers were most vulnerable to advertising (Hing *et al.,* 2015). Thomas (2014) reported that Australian parents believed limiting children's exposure to gambling, including gambling products and advertising, would mitigate risk of problem gambling.

Gambling online and through social media presents risks for problem gambling among adolescents (King *et al.,* 2010; Gainsbury *et al.*, 2015). For instance, social media have been used to promote gambling products and events to encourage participation, while presenting little responsible gambling information (Gainsbury *et al.*, 2015). Where responsible gambling messages were presented online, the messages were very small and "illegible for practical purposes" (Gainsbury *et al.*, 2015). King *et al.* (2010) reported that "new gambling technologies may: a) make gambling more accessible and attractive to young people, b) may promote factually incorrect information about gambling, c) provide an easy escape from real world problems such as depression and social isolation, d) create a gambling environment

that easily facilitates peer pressures to gamble, e) ease parental transmission of gambling attitudes and beliefs, and f) make gambling more ubiquitous and socially acceptable" (King *et al*., 2010). Gainsbury *et al.* (2015) have further observed that gambling messages online glamorise gambling. Advertising through social media is difficult to monitor and lacks regulation (Gainsbury *et al*., 2015). The Irish Medical Organisation (IMO) has taken the position that "Regulatory controls to limit the exposure of young people to gambling should be instigated immediately, including those that limit the intensity or frequency of gambling service advertisements, especially those hosted on web pages and social networks" (Irish Medical Organisation, 2015). Further investigation of the impact of gambling marketing to young people through social media is needed (Gainsbury *et al.,* 2015).

2.9.2 Corporate Responsibility Initiatives in Ireland

There is no national programme for corporate responsibility around gambling in Ireland. However, site visits and discussions with members of the gambling industry during the course of this study have highlighted efforts at corporate responsibility. For instance, the National Lottery in Ireland has in the past implemented staff training to respond to telephone inquiries and implemented features, such as "deposit limits" and "self-exclusion," on their online service (The National Lottery Ireland, 2011; Play Responsibly, 2015). Betfair and Paddy Power have explained their call centre approaches to linking callers with services and information provided via their web site to provide similar connections (Meeting with Betfair, 2014; Meeting with Paddy Power, 2015). Paddy Power made a record turnover of seven billion euro in 2014 (profit growth of nineteen per cent), of which they reported committing 800,000 euro to the development of responsible gambling measures (*Paddy Power Annual Report*, 2014). Betfair has referred to *sustainable gambling*, a term the company uses instead of *social responsibility*, a cyclical approach to analysing the organisation's approach to "product development, marketing and our relationships with key stakeholders" (Betfair 2011).

While gambling industry members have explained how they are developing responsible gambling initiatives in Ireland, there is conflicting evidence about selection of responsible gambling measures and implementation. For example, members of the gambling industry have stated that they do not contact gamblers with problems who have self-excluded with gambling opportunities. Betfair has used the term *responsible consumption*, referring to dual roles of industry and consumer self-regulation, in addition to imposed regulation (Bruce, 2010). For example, Betfair has stated that the organisation, "endeavour[s] not to direct advertising at minors or vulnerable groups" (Betfair, 2014). In spite of gambling organisations' stated responsible gambling efforts, others have claimed that responsible gambling measures have not been implemented as claimed (e.g., Mullins, 2014).

The UK Gambling Commission (2014) recently proposed revisions to gambling regulation, including the following examples:

> *1. Providing evidence that underage controls are monitored and good practice measures set out on comprehensive staff training in responsible gambling.*
> *2. Implementing a 'Think 21' on social media advertising, as minors may use a false age to gain access to sites and features.*
> *3. A requirement to refer self-excluders to support services and to withhold winnings for self-excluders who have breached agreement.*
> *4. Terms and conditions relating to consumers' understanding of a 'free bet' offer or promotion should generally be stated in the advertisement itself.*
>
> *UK Gambling Commission, 2014*

These proposed revisions to UK regulations for gambling show that the development of effective responsible gambling measures is continuous and complex.

2.9.3 Public Education

Education may ameliorate the stigma of problem gambling and ensure better support networks for those affected. The Irish Medical Organisation (2015) has recently called for "effective educational programmes to raise awareness of problem gambling. Internationally, the emphasis has moved from treatment to a more holistic social approach to health and well-being, and schools have been identified as an important environment for learning about health issues in health and education strategy and policy documents in Ireland (O'Higgins *et al.,* 2013).

Classroom education may offer an effective means of minimising harms associated with addictions (e.g., Joo and Park, 2010). In Ireland, the post-primary implementation of the Social Personal and Health Education (SPHE) Programme at the Junior Cycle involved the drawing up of a framework within which schools could plan their SPHE Program (Department of Education and Science, 2000). The overall aim of the programme was to provide the skills and competencies necessary for students to learn and make informed decisions about the development of their social and personal health and overall well-being. This initiative includes providing information about alcohol, substance use, and other addictions (Department of Education and Science, 2013), but does not include the risky behaviours associated with problem gambling behaviours in the curriculum (e.g., Department of Education and Science, 2000; SPHE Teacher Guidelines, 1999).

Implementation of health behaviour programming for Junior Cycle students in Ireland offers a potential means of helping young people learn life skills and avoid problems, such as addiction (O'Higgins *et al.,* 2013). Studies on the success of adolescent gambling education are few but have been shown to increase knowledge of gambling risk and reduce gambling behaviour (Williams *et al*., 2007), although this education did not reduce likelihood of the onset of problem gambling behaviour (Williams *et al*., 2007). The nature of the education provided is connected to successful outcomes; for example, Delfabbro *et al.* (2009) concluded that adolescents benefit from factual information, as well as analytical strategies to overcome adolescent gamblers' misunderstanding of chance and skill. Joo and Park

(2010) reported successful reduction of Internet gaming addiction through an empowerment education program (EEP).

Research is beginning to examine other forms of education across gamblers. For example, pre-play education videos on slot machines have shown success in maintaining players' pre-play intentions (Wohl, 2009). Organisations, such as GameSense (http://gamesense.bclc.com) in Canada, have initiated information programs to educate the public about gambling. Educational programmes should address problem gambling specifically and address cultural myths and problem gambling behaviour (Penn and Martin, 1998). Dhillon *et al*. (2011) found that those who became more familiar with problem gambling were less likely to want social distance between them, evidencing the belief that learning about and understanding mental illness can help reduce social distance for those affected by a problem (e.g., Corrigan *et al*., 2001). Dhillon *et al*. (2011) have suggested that the media may be helpful in this dissemination of information, as long as the information is accurate.

3 Method

3.1 Introduction

The purpose of this study was to gather information about people's experiences with gambling in Ireland, in particular problem gambling and its social impact. An overall qualitative approach was adopted to facilitate the input of people about the social impact of gambling in their lives. The project followed an exploratory, ethnographic approach to enable participants to express themselves fully from their perspective and to facilitate an in-depth understanding of gambling behaviour, as well as to provide a foundation for future research projects in this area.

The research was conducted as four work packages, involving data collection with critical stakeholders: 1) Addiction Service Providers, 2) Gamblers, 3) Gamblers' Social Connections, and 4) the Gambling Industry. This section of the report outlines methodological approaches across the four work packages included in the study.

3.2 Alignment of Research Approaches with the Irish Research Council's Research Project Grants (RPG) Scheme: Social Protection Research Innovation Awards (SPRIA)

The approach in this project is in keeping with overreaching RPG Research Project goals, embracing the RPG's target of "enhance[ing] Ireland's creative and innovative capacity in a rapidly-changing global environment where skills and knowledge are key to economic, social and cultural development." The terms and conditions of the Irish Research Council's Research Project Grants (RPG) Scheme: Social Protection Research Innovation Awards (SPRIA) specified:

> *An exploratory study will undertake qualitative research to better understand the nature of problem gambling in the Irish context, using appropriate social research methods. The study should profile the main characteristics and components of problem gambling and identify the trigger factors. It should document the impacts of problem gambling on the individual and on their family and social network. The study should also review initiatives by the individual or their family/friends to address problem gambling, including the use of treatment services.*
>
> *Irish Research Council, 2013*

The Institute of Public Health in Ireland (IPH) (2010) has recommended a population-wide approach to understand problem gambling and to minimize social and health costs associated with problem gambling, which they estimate exceed government revenue from gambling taxes and enterprises. The first prevalence study for the Republic of Ireland was underway at the time of completion of this report; the results of the prevalence study will provide quantitative data around gambling in the country. The current research study, which is covered by this report, focuses strictly on a qualitative exploration of gambling. By collecting data across different groups of people affected by gambling located throughout

Ireland, participating via mobile/online and traditional means of gambling, this project sought to establish an inclusive perspective on gambling, the issues associated with problem gambling, and the potential for prevention and ongoing treatment for problems with gambling. Importantly, the project's exploratory, ethnographic research approach offered a first time national examination of gambling from the perspective of the people affected by gambling. The results of this project provided insight into key areas for further and in-depth research into specific areas of significance in gambling in Ireland.

3.3 Research Design Overview

This project followed an exploratory, ethnographic approach to facilitate an in-depth understanding of gambling, in particular problem gambling, from the perspectives of people affected by gambling in Ireland and to identify areas for future research in this area. Exploratory research is undertaken where evidence surrounding a particular phenomenon is lacking. Because this study was the first in Ireland to probe for public perceptions of gambling at a national level, an exploratory research approach was necessary. As Stebbins (2001), Lofland and Lofland (1985), and Glaser and Strauss (1967) have explained, an exploratory research approach enables themes to emerge naturally from a setting. The exploratory approach was essential to ensure that any potential frameworks around the impact of gambling did not supersede understanding public perception. An ethnographic research approach was also importantly followed in this study. Ethnographic research involves exploration of phenomena through the perspective of those who are the subject of inquiry. In this case, an ethnographic research approach helped examine the issue of problem gambling from the viewpoints of those affected by gambling.

A matched-pair research design was also an important feature of this study. Gamblers who wished to participate were matched with a social connection and both were interviewed. The matching element of participant selection allowed a more holistic picture of a particular gambling case to be gathered.

As a qualitative study, the project employed snowball sampling as a means of locating participants. Snowball sampling involves identifying an initial participant, who, in turn, provides names of other potential participants (e.g., Lewis-Beck *et al.,* 2004). In this study, for example, gamblers and social connections were asked to recommend others to participate. The snowballing strategy is particularly useful as a means of overcoming difficulties with accessing socially isolated populations (e.g., Faugier and Sargeant, 1997). Because gambling, and in particular problem gambling, can be a socially hidden and isolating activity, a snowball approach to locating participants was essential.

Data collection through in-depth, semi-structured interviews with stakeholders enabled collection of rich, detailed data about gambling and allowed individuals to express themselves fully and from their perspective. An in-depth interview is a "qualitative research technique that involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, program, or situation" (Boyce and Neale, 2006). In-depth interviews are useful for collecting greater detail and probing more deeply about issues than other research approaches. In this study, in-depth interviews with participants in Work packages 1, 2, and 3 were used to gather

comprehensive data from participants about gambling and its social impact. A semi-structured interview approach enabled participants to tell their stories in their own way. Interview schedules were pretested.

It should be noted that data collected through qualitative approaches, such as in-depth interviews, rely on small numbers of participants to facilitate probing more deeply into issues. The point behind qualitative research is to identify and explore patterns in a given context, not to test hypotheses as one would do in quantitative research. As a result, qualitative research is evaluated, for example, in terms of *credibility, transferability*, *dependability,* and *confirmability* (e.g., Lincoln and Guba, 1985). For instance, in this study, the triangulation of Work Packages to explore the issue of problem gambling from different perspectives deepened the credibility of the study. Data analysis approaches involving coding and recoding, as recommended by Lincoln and Guba (1985), enhanced the dependability of the results.

3.4 Research Approach by Work Package

3.4.1 Work Package 1: Addiction Service Providers

Semi-structured, in-depth interviews were conducted with representatives from ten Addiction Service Providers who currently work with gamblers and/or their families. Volunteer organisations, that is non-profit groups which provided counselling or other help to those affected by gambling, e.g., religious services, were included. For-profit service providers were identified as individuals and groups which provided for-profit counselling or other help to those affected by gambling. Participants were sought across Ireland, including urban and rural locations, as well as services targeted at different demographic groups affected by gambling to reflect cross-country and cross-population work with problem gambling. Representatives within organisations were identified for interview, because of their central role in working with gambling addiction, with particular groups, and often with developing and managing an overall service.

Interviews were held at the business premises of the Addiction Service Providers. In some cases, a tour of the facility was also possible. Interviews lasted approximately an hour, although some exceeded this length, and interviews were audio-recorded.

These interviews were central to understanding social issues arising from problem gambling and current services provided in Ireland. The results of these interviews informed preparation of interview questions for use in interviews with gamblers and their social connections. As part of the snowballing approach to locating participants, Addiction Service Providers were asked to display a poster about the study at their premises and to tell gamblers and/or social connections who had been in treatment about this project.

3.4.2 Work Package 2: Gamblers

Semi-structured, in-depth interviews were conducted with twenty-two gamblers located throughout Ireland. The use of in-depth interviews with gamblers addressed the purpose of the RPG call to launch an exploratory study. Semi-structured, in-depth interviews with

gamblers supported the gathering of rich data, facilitating a deeper understanding of problem gambling issues from the perspective of the gambler.

An inclusive approach was taken to obtain input from the various groups in the population who gamble. Participants from all walks of life were sought for interview, based upon study requirements to interview widely across the Republic of Ireland crossing age groups, socio-economic groups, gender, and rural and urban locations. All participants were adults who were aged eighteen or more years. Participation was strictly voluntary.

The study was advertised via the Press, Addiction Service Providers, and social media to invite gamblers to participate. Interviews were held in public locations, such as a public library or coffee shop. Interviews lasted approximately an hour, although some exceeded this length, and interviews were audio-recorded.

3.4.3 Work Package 3: Families and Friends in the Gambler's Social Network

Semi-structured, in-depth interviews were conducted with twenty-two family members or friends of the gamblers in Work Package 2. The use of in-depth interviews with social connections of gamblers addressed the purpose of the RPG call to launch an exploratory study. A matched pair design using semi-structured, in-depth interviews with family members and friends supported the gathering of rich data, facilitating a deeper understanding of problem gambling issues from the perspective of the gambler's social connection.

Family members were identified as those people related to a gambler participant, e.g., parents, partners, or sons and daughters of gamblers; friends were identified as those individuals who were close to the gambler in his/her social network. Because gambling can be a socially isolating activity, identifying and securing interviews with friends was considered particularly important where family were no longer in contact with a problem gambler.

Gamblers were asked to refer the study to a social connection for potential participation. Some social connections initiated participation; in this situation, they were asked to refer the study to a gambler for potential participation. As is the case with snowball sampling, social connections further referred the study to other social connections of other gamblers as well.

Interviews with family members or friends covered a range of age groups, gender, and locations. All participants were adults aged eighteen or more years. Participation was strictly voluntary.

The study was advertised via the Press, Addiction Service Providers, and social media to invite family and friends affected by gambling to participate. Interviews were held in public locations, such as a public library or coffee shop. Interviews lasted approximately an hour, and interviews were audio-recorded.

3.4.4 Work Package 4: Gambling Industry

An approximately two and one-half hours long focus group was planned to gather information from the gambling industry to explore gambling enterprises' current and anticipated approaches to problem gambling (e.g., measures they had implemented or planned to put into place to protect those exhibiting problem gambling behaviours and to prevent problem gambling).

Gambling organizations spanning the various gambling sectors in Ireland were approached to nominate researcher/analysts to attend the focus group. One person per organisation was included; a maximum of two people per gambling sector were invited. Seven gambling industry representatives aged eighteen years or older and employed by gambling institutions based in or operating in the Republic of Ireland attended the focus group. Participation was strictly voluntary.

The focus group was moderated by the Principal Investigator, with the assistance of two research assistants. The focus group was held at University College Dublin and was audio-recorded.

3.5 Participant Numbers

Participant numbers for interviews reflected a traditional qualitative sampling strategy in which participants were sought and data were collected until a *saturation point* was met regarding data, that is, until no further new or relevant information emerged from data collection (e.g., Bowen, 2008; Miles and Huberman, 1994), as well as regarding theoretical saturation, the point at which no new themes, insights, or issues around categories of data are arising (Corbin and Strauss, 2015). Participant numbers fell within the estimated numbers advocated by qualitative research experts (e.g. Miles and Huberman, 1994).

Participant numbers for the focus group in Work Package 4 followed usual guidelines for focus groups which generally suggest a discussion with a small group; numbers can vary slightly, although six to eight participants is considered appropriate (e.g., Flick, 2014; Barbour, 2007).

3.6 Data Analyses

Interviews and focus group were digitally recorded, transcribed, and qualitatively coded and analysed using Nvivo software to explore patterns in the data. Data were further compared across work package groups to establish common and diverging social issues and perspectives associated with problem gambling and future research strands for this area.

3.7 Research Ethics

All research was conducted and data handled in accordance with *UCD's Code of Good Practice in Research* (UCD Research Ethics Committee, 2010), which subscribes to "internationally accepted ethical norms that focus on the welfare of the study participants."

Informed consent was required to participate. All participants were asked to confirm that they were eighteen years of age or older. While participant assent and parent or guardian consent would have allowed anyone under the age of eighteen to participate, no minor participants volunteered to participate. All participants received a Letter of Information which outlined the purpose of the study and how data were collected. Participants were asked to sign a Letter of Consent to indicate that they had understood the Letter of Information and agreed to participate.

Participation was voluntary and participants were able to withdraw until interviews were transcribed, at which point data were de-identified and the identity of the participant was no longer known. Because discussing gambling and problem gambling may be an emotional experience for individuals affected by gambling, participants were told that the interview could be paused, terminated or rescheduled at any time during the interview, as they wished.

Participants were not identified in transcripts of interviews. Data have been aggregated; participants have not been identified in this report.

3.7.1 University College Dublin Research Ethics Reference Numbers

The following University College Dublin Research Ethics Reference Numbers apply to this study:

Work Package 1: Addiction Service Providers
- Semi-structured interviews with adults (aged 18+ years) who are Addiction Service Providers working with gamblers in Ireland.
- Research Ethics requirement: Declaration of research ethics exemption. UCD Research Ethics Exemption Reference Number (REERN): HS-E-13-105-Fulton.

Work Package 2: Gamblers
- Semi-structured interviews with gamblers (aged 18+ years) in Ireland.
- Ethics requirement: Full research ethics review. UCD Research Ethics Reference Number (RERN): HS-13-63-Fulton.

Work package 3: Gamblers' Social Connections (family and friends)
- Semi-structured interviews with adult (aged 18+ years) social connections (family and friends) of gamblers in Ireland.
- Ethics requirement: Full research ethics review. UCD Research Ethics Reference Number (RERN): HS-13-63-Fulton.

Work Package 4: Gambling Industry
- Focus group with adults (aged 18+ years) who function as research analysts in the gambling industry in Ireland.
- Research Ethics requirement: Declaration of research ethics exemption. UCD Research Ethics Exemption Reference Number (REERN): HS-E-14-68-Fulton.

3.7.2 General Research Ethics Issues Arising Around Conducting Gambling Research

Gambling is a contentious political and social issue in Ireland as it is often internationally. Many scholars have reported issues around maintaining research integrity because of the strength of influence of the gambling lobby, and the complex relationships among government, the gambling lobby/interest group, and the public (e.g., Dugan, 2014; Cassidy, Loussourarn, and Pisac, 2013). These factors were also a matter for consideration in the course of this study.

University College Dublin (UCD)'s Office of Research offers the following statement on research integrity:

> *UCD is committed to promoting the performance of research to the highest standards of professionalism and rigour by its staff and students, and to the accuracy and integrity of the of the research record in publications and elsewhere.*
>
> *UCD Office of Research Ethics, n.d.*

In addition, UCD's *Code of Good Research Practice* (2010) states:

> *UCD maintains the highest standards of integrity in its research activity. Ethical standards are given paramount importance in the University's Research Policy and Strategy and imbue its research culture: "All research should be conducted within an ethical framework consistent with the traditional principles of academic freedom."*
>
> *UCD Research Ethics Committee, 2010*

The researchers for this study were guided by this code of practice. The researchers remain committed to maintaining research integrity and ethical practices for this project, as they do for all their research and as they are bound by institutional and scientific standards.

4 Participant Profiles

4.1 Stakeholder Groups

This section of the report offers summary descriptions of participants in this study. There were four different stakeholder groups in this study:

1. *Addiction Service Providers*
2. *Gamblers*
3. *Social Connections*
4. *Gambling Industry*

Because the study was exploratory, an inclusive approach to participant selection was taken. The characteristics of each group are outlined below.

4.2 Addiction Service Providers in Ireland

Addiction Service Providers referred to volunteer and for-profit counsellors and programmes, through which there was direct interaction with gamblers and/or family and friends affected by gambling to resolve issues arising from problems with gambling.

Ten Addiction Service Providers participated in the study from around Ireland. They were divided between women (forty per cent) and men (sixty per cent). Ninety per cent were employed full-time; ten per cent were employed part-time. Positions ranged as follows: fifty per cent were directors or managers of an addiction service; forty per cent were counsellors; and ten per cent were psychologists. All Addiction Service Providers were aged forty and older: ten per cent were aged forty to forty-four years; ten per cent were aged forty-five to forty-nine years; fifty per cent were aged fifty to fifty-four years; ten per cent were aged sixty to sixty-four years; and twenty per cent were aged sixty-five to sixty-nine years. Most Addiction Service Providers had completed a Master's level qualification (fifty per cent); thirty per cent had completed a college technical programme or Diploma; ten per cent had completed an undergraduate degree; and ten per cent had completed a Doctorate. Nearly all reported a health-related professional qualification: forty per cent were counsellors; forty per cent had completed addiction training; twenty per cent had completed psychotherapy training; ten per cent had completed a social work qualification; ten per cent had completed a nursing qualification; ten per cent reported no professional qualification. No Addiction Service Providers reported legal training. Approximately one half of participants reported working with people affected by gambling for ten or fewer years; the other half had worked with people affected by gambling for sixteen to thirty years.

The Addiction Service Providers who participated in this study reported a mixture of recent and longer running services. The longest running service in the study has been running for forty-nine years, while the newest services have been running for six years. Addiction Service Providers in the study were mainly in operation for six to ten years (forty per cent) or between twenty-one to thirty years (forty per cent), clustering around relatively new and long established services. Addiction Service Providers reported that their service remit was

private (forty per cent), public and private (thirty per cent), statutory or public (twenty per cent), and unknown (ten per cent). Funding for services was private (fifty per cent), public (ten per cent), or a mix of private and public (forty per cent). Public sources of funding included the Department for Social Protection (DSP), the Health Services Executive (HSE), and the Probation Service; private funding was found through private sources and fund raising. Addiction Service Providers reported that staff were largely a mixture (eighty per cent) of voluntary part-time and paid full/part-time staff, with voluntary staff outnumbering those paid staff by an average of 1.9 times. Twenty per cent of Addiction Service Providers relied solely on volunteer staff.

4.3 Gambler Participants

The twenty-two gamblers who participated in this study were all at different stages of recovery for a problem with gambling. While the study was open to everyone in the Republic of Ireland, inclusive of gender, age, location, and type of gambler (i.e., social, disordered or other form of gambler), only gamblers who had experienced a problem with gambling came forward. While alternative explanations of this self-selection may be possible, one of the reasons that emerged from discussions with prospective participants who reported gambling with varying intensities was that participation in a study about gambling might put an unwanted focus on the individual's gambling, potentially revealing a problem. The purpose of the current study was to explore problem gambling in particular; however, a useful area for further research is the self-identified social gambler.

The gamblers in this study were largely men (eighty-six per cent), with fourteen per cent women. These figures are consistent with studies documenting gender in problem gambling (e.g., Analytical Services Unit DSD, 2010; Wardle *et al*., 2011; Moore *et al*., 2013; McCormack *et al*., 2014); while it is possible that fewer women may become problem gamblers (e.g., Gainsbury *et al.*, 2014; Wardle *et al.,* 2011; Analytical Services Unit DSD, 2010), it is possible that gambling is even more secret for women than men because of social stigma related to gender.

Gamblers reported marital status as single (forty-five per cent), married (forty-one per cent), or divorced/separated (fourteen per cent). Ages ranges were reported as follows: eighteen to twenty-four (fourteen per cent); twenty-four to twenty-nine (five per cent), thirty to thirty-four (fourteen per cent), thirty-five to thirty-nine (nine per cent), forty to forty-four (twenty-three per cent), fifty to fifty-four (twenty-three per cent), fifty-five to fifty-nine (nine per cent), and sixty to sixty-four (five per cent). Gamblers reported having completed mixed levels of education: undergraduate university degree (twenty-seven per cent), college or technical programme diploma (twenty-seven per cent), secondary school (thirty-two per cent), and primary school (fourteen per cent). Most gamblers were employed full-time (fifty-nine per cent); others were self-employed (five per cent), on a private pension (four per cent), on working wage welfare payment (fourteen per cent), on other social welfare payments (fourteen per cent), or on an education or employment programme (four per cent).

Eighty-two per cent of gamblers reported that they gambled alone; another eighteen per cent gambled alone and with others. No one reported that they only gambled with others.

Gamblers most often reported they preferred gambling in person (seventy-three per cent), as well as well as online (eighteen per cent), via television (five per cent), and via telephone (four per cent). Participants reported their primary location for gambling to be the bookmakers' shops (fifty-nine per cent), online (fourteen per cent), casinos (fourteen per cent), amusement arcades (four per cent), Lottery and scratch cards (four and one half per cent), and financial schemes (four and one half per cent).

4.4 Social Connection Participants

4.4.1 Families and Friends in the Gambler's Social Network

Social connections included family members and friends. In nearly all cases, a family member agreed to participate in the study. However, in three cases, a friend participated. Isolation of the problem gambler from family was the primary reason for including a friend. The social stigma of a gambling problem was also felt by family and friends. Even where a gambler's family unit had remained intact, the stigma of problem gambling influenced family members' willingness to engage with anything to do with gambling, including a study.

The family members and friends who participated had known their matched gambler for several years. From adult children who had known their parents all their lives to friends of many years, the relationships between matched pairs of participants were long term. Even where couples had been married for only a few years, they reported a friendship with the matched gambler for a long period of time before the marriage. Nearly half of social connections were the partner or spouse of a gambler (forty-five per cent); twenty-three per cent were parents; eighteen per cent were adult children of a gambler; and fourteen per cent were friends of a gambler.

Sixty-four per cent of social connections were female; thirty-six per cent were male. Sixty-four per cent of social connections were married or in a common-law relationship; twenty-seven per cent were single, and nine per cent were separated or divorced. Age ranges were reported as follows: twenty-four to twenty-nine (nine per cent), thirty to thirty-four (fourteen per cent), thirty-five to thirty-nine (nine per cent), forty to forty-four (eighteen per cent), forty-five to forty-nine (nine per cent), fifty to fifty-four (twenty-three per cent), fifty-five to fifty-nine (eighteen per cent), and sixty-five to sixty-nine (five per cent). Social connections reported having completed undergraduate university degrees (twenty-seven per cent), college or technical programme diploma (forty-one per cent), secondary school (fourteen per cent), and primary school (fourteen per cent). Most social connections were employed full-time (sixty-four per cent), employed part-time (fourteen per cent), an at home parent (four per cent), on a state pension (nine per cent), or on other social welfare payments (nine per cent).

4.5 Gambling Industry

Researchers and analysts from gambling organisations covering the different gambling sectors in Ireland were invited to attend a research focus group. A range of seven industry representatives took part in the focus group. All gambling sectors were invited to send two representatives from different organisations to maximise coverage of the gambling industry as well as gambling organisations. The focus group was composed of three women and three men.

5 Thematic Findings

5.1 Introduction

This part of the report presents the findings of the four work packages that comprise the study. Work Package 1: "Addiction Service Providers," explored the services offered in Ireland to facilitate treatment and prevention of gambling addiction and its impact on others. Work Package 2: "Gamblers," and Work Package 3: "Social Connections of Gamblers," focused on the social impact of gambling on gamblers and their families and friends. Work Package 4: "Gambling Industry," explored the views of members of the gambling industry regarding responsible gambling in Ireland.

All aspects of gambling were explored, in particular the impact of gambling behaviour on gamblers' families and friends. Problem gambling was of particular interest, and issues around triggers for problem gambling, technological influences on gambling, and legal and social means of addressing problem gambling were discussed. Results are presented thematically here, reflecting all stakeholders' input on various topics.

5.2 Classifications of Types of Gambling

Gambling is known to be linked to addiction issues for some people. This section of the report examines the characteristics of gambling, in particular stakeholders' conceptualisations of gambling and problem gambling. All interview participants, namely Addiction Service Providers, Gamblers, and the Social Connections of Gamblers, were asked to categorise different levels of gambling involvement. A classification of gambling engagement and impact emerged.

Addiction Service Providers described a continuum of gambling, in which the gamblers who experienced problems were thought to be in the minority. Gamblers either described all gambling as potential problem gambling or differentiated between social gambling for entertainment and problem gambling where participation in gambling became compulsive. Some social connections distinguished between forms of gambling that were and were not considered gambling, e.g., gambling that "wasn't really gambling," such as buying Lottery tickets, as opposed to "Gambling," which had negative outcomes for the individual and the people associated with that gambler.

Addiction Service Providers frequently explained gambling types through the categories found when discussing substance abuse, in particular alcohol. The decision to explain gambling in terms of other addictions may have reflected similarities they perceived between gambling and other addictions, as well their view that seeking treatment for other addictions is more prevalent than for gambling.

Four main categories of gambling emerged from interviews:

- Social gambling
- Problem gambling
- Compulsive or pathological gambling
- Professional gambling

5.2.1 Social gambling

Participants related the notion of social gambling with self-control. The social gambler was identified as someone who gambles, but is in control of how much they spend and the frequency of their gambling. This person can gamble and then walk away from it. The social gambler participates in gambling for enjoyment, without compulsion to gamble. Social gambling was also described as participation in social circumstances for small amounts of money, e.g., five or ten euros over the course of a day. The social gambler was described as the person who has a "flutter" on a gambling opportunity or event. Social gambling might involve purchasing Lotto tickets each week, or playing cards for small amounts of money (e.g., fifty cents) over drinks with friends one night a week, or a social evening out at the race track with family or colleagues. In these situations, the gambling was planned and conducted within a framework of personal affordability. The gambling was described as not having a negative impact personally or on loved ones.

5.2.2 Problem gambling

A problem with gambling was perceived to have very different characteristics. The gambler with a problem was viewed as compulsive, as someone who does not recognise (nor act on) when to stop an activity. A gambling problem was defined in terms of negative impact on family relationships, on the gambler's personality, and on life circumstances. In addition, the frequency of gambling was considered indicative of a problem; for instance, gambling every day might suggest a problem. With problem gambling, the gambler is likely to take greater risks and to spend more money than a social gambler.

Some Addiction Service Providers further described problem gambling as encompassing additional terminology. For instance, "periodic" or "binge" gambling was referred to as problem gambling and as a category of its own. In this case, the problem gambler participated in gambling on occasion, gambling until out of money. There could be a pattern to this individual's gambling, e.g., gambling for a period of time, abstaining from gambling, and then resuming gambling, typically accumulating funds between gambling episodes.

5.2.3 Compulsive or pathological gambling

Addiction Service Providers described the compulsive gambler as being unable to stop gambling, although the distinction between a problem gambler and a compulsive gambler might be blurred. The compulsive gambler might also gamble periodically when funds become available. The terms compulsive and pathological were described as having the same meaning. Pathological is the term used in the United States, while compulsive is used in Ireland to mean pathological.

Gamblers described compulsive gambling as occupying the gambler's thoughts continuously. They also identified gambling alone and in secret as a part of compulsive gambling, whereas social gambling would more likely be connected with friends. Some gamblers referred to stages of gambling, for instance, starting out as a social gambler but becoming a compulsive gambler.

5.2.4 Professional gambling

The professional gambler was classed as one who gambles other people's money. While infrequent, those study participants who mentioned the professional gambler type, described it as someone who is in control of themselves, gambling only what they can afford to lose. Some gambling participants defined a socio-economic difference between professional gamblers and amateur gamblers who thought they could gamble as professionals. One participant described the professional gambler as having a high financial income and strong financial backing to support their gambling, as well as having to pay taxes on their winnings; they contrasted this "professional gambler" with gamblers who might be "serious betters in their own mind," but who were, in reality, losing their social welfare payments through gambling. The professional gambler was also described as participating in gambling online, unlike the average person who might go to the bookmaker's shop to place bets.

5.3 Gambling Characteristics and Behaviours

Gamblers and their social connections were asked to describe the gambling behaviour of themselves/the gambler they knew. The gamblers in this study were all recovering gamblers. Although at different stages of recovery, gamblers shared common behavioural experiences. They often described their gambling behaviour as something they felt drawn to or compelled to do. They frequently spoke of the buzz associated with gambling. They also noted the need to rationalise their gambling behaviour, to explain away losses and unpaid bills, and to control the people and environment around them so that they could continue to gamble. They acknowledged the selfishness of their behaviour. As a problem with gambling progressed or became evident, family and friends described the gambler as becoming agitated, erratic, moody, secretive, and uninterested in daily life, family, or taking care of themselves. The gambling behaviours described by gamblers and their social connections were aligned with the gambling behaviours noted by Addiction Service Providers when describing the reported and observed behaviours of gamblers who had sought help.

5.3.1 Signs of Problem Gambling

Participants identified a number of characteristics of problem gambling. Problem gambling was described as differing from other addictions, because the absence of obvious physical symptoms (e.g., intoxication) meant that gambling could be hidden successfully from other people. Participants similarly reported certain signs that a gambler was developing or had developed a problem with gambling.

The emotional state of the gambler offered an important sign of a problem. Participants described the problem gambler as having mood swings, including highs and lows, irritability, and short tempered responses. The problem gambler was also characterised as highly manipulative. They were said to engage in both dishonest behaviours and disruptive behaviours, for example, starting arguments as an excuse to gamble. Equally, problem gamblers were described as behaving secretively or evasively when questioned about financial matters. For social connections, the lying and secrecy were the two most difficult behaviours to understand.

Particular cognitive processes were also reported as a sign of a problem, for instance, a preoccupation with gambling and self-isolation from others to spend more time gambling. Addiction Service Providers repeatedly noted that problem gamblers were intelligent, able to run gambling odds in their heads while appearing quite normal to others. As the problem with gambling increased, family and friends noticed that the gambler was unable to think logically and was "spaced out." Increased preoccupation with gambling led to unreliability, e.g., inability to pay bills although paid wages, and increased isolation from family life.

While addiction does not necessarily reveal itself physically with gambling as it does with substance abuse, Addiction Service Providers described some of the physical signs of a problem with gambling. For instance, the gambler might appear exhausted because of their continual preoccupation with gambling, insomnia, etc. In addition, the gambler's preoccupation with gambling might result in reduced hygiene and grooming.

5.3.2 Recognition of the Potential for Problem Gambling

Learning to recognise the signs of a potential problem holds a key to understanding who might be at risk for problem gambling. Participants were asked to consider how the potential for problem gambling could be recognised before a problem began. Participants found the prevention aspect of this task difficult, because problems with gambling are often hidden; however, they still identified multiple warning signs of a problem with gambling.

Gamblers identified chasing losses as a key sign of a problem with gambling. The gambler's thinking about the loss of money was a sign of problem gambling; for instance, when the gambler lost and then won, the gambler might process this as a win or a positive, even though they had lost more than they had won. When in this situation, the gambler would not necessarily understand that they were developing a problem with gambling. A problem with gambling often also occurred with a co-addiction; for example, substance abuse might accompany a gambling problem and the two problems could feed off each other.

For families and friends, the secret nature of gambling and the manipulative behaviour of the gambler with a problem were both cited as disguising potential problems. In addition, common social practices presented structural obstacles to identification of potential problems. Familial and friendship relationships are based on trust and, as a result, social connections are not necessarily looking for reasons to mistrust an individual who may seem very charming and trustworthy. In some instances, the gambler had control of family finances and could hide disappearing money issues from a partner. That partner might also be busy with child care, running operational aspects of a business, running a household,

etc. All of this means that the family member might miss signs of a developing gambling problem. Combining these social arrangements with a lack of awareness of the signs of potential problems with gambling, one might easily miss a potential problem with gambling. Social connections often learned to recognise the signs of problem gambling after the gambler they knew had reached a crisis with gambling and had sought treatment.

Addiction Service Providers offered two particular ideas around recognition of potential problems; first, recognition of certain signs of a potential problem, and second, the identification of particular personality traits that may be associated with a gambling problem. While it is difficult to identify a problem before it begins, participants were able to identify some potential indicators of developing problems, including the following: increased isolation, chasing losses, increased spending on gambling, and high involvement (especially of young males) in e-gaming, where there is a need to win or break records achieved.

Particular personality traits might also be associated with vulnerability to problems around gambling. For instance, participants advised watching for changes in personality traits that include depression, mood swings, impulsive behaviour, and risk taking behaviour. The potential problem gambler may be quite intelligent and able to manipulate others. They may present themselves with a high degree of bravado and may seem to be fun loving and fun to be with, but, in reality, they feel the opposite about themselves.

5.3.3 Triggers for Problem Gambling

Participants frequently noted secretive behaviours associated with a gambling problem, for example, withdrawing from daily family or social life. This secrecy served to isolate the gambler and to increase the difficulty in identifying problem gambling and the triggers for problem gambling. Participants reported that triggers for gambling were numerous and varied. For instance, seeing the racing page in the newspaper or advertising on television could trigger problem gambling behaviour, as could spending time with friends who gamble. Money was considered a common trigger, e.g., where a gambler lacked money or had debts and began gambling to chase losses; winning money could also trigger gambling. In addition, stressful life events, such as a death of a loved one or unresolved emotional issues from the past could trigger problem gambling, because the gambler wished to escape emotional pain. The problem gambler also gambled to alter a negative or depressed emotional state; gambling could offer a temporary high or feel good factor. Boredom and a lack of structure in daily life were also noted by participants as factors leading to gambling.

5.3.4 Pre-Gambling Events and Behaviours

Participants were asked to identify events or circumstances that might precede an episode of gambling. Addiction Service Providers observed that a major pre-gambling occurrence was a trigger for stress or a series of events that escalated stress and led to gambling. For instance, the loss of a job could lead to non-payment of a property mortgage and then to loss of home. Gambling in this situation could be used as a coping mechanism, as a means of trying to pay the mortgage. Gamblers might also instigate an argument with family to create a reason to leave the house or withdraw to another room alone to gamble. Social

connections reported that stressful life circumstances, whether happy or unhappy, provided background contexts to some gambling episodes, for instance, physical separation from a partner who was away, marriage, deaths in the family, or caring for the elderly and infirm. The need for a "fix" was the catalyst for gambling. The problem gambler engaged in gambling to alleviate feelings of depression, deal with suicidal feelings, or cope with a death of someone close. Even a happy event could lead to gambling. An early big win in gambling could trigger problem gambling. Any event that precipitated an up or down movement in emotions could precede gambling.

Clues to the problem gambler's engagement with gambling were generally social. For instance, family and friends came to understand the gambler was gambling because that individual started arguments, constantly checked the betting pages in the newspapers and online, distanced themselves from others, became secretive, and/or urgently craved cigarettes. Social media did not necessarily play a role in pre-gambling episodes. Where a gambler had no social networking accounts, the gambler's use of a mobile phone was the family member's clue that the gambler was betting again. Family members and friends became adept at recognising the signs of gambling that was or was about to happen, using these signs to remind the gambler to attend Gamblers Anonymous meetings to avoid relapse.

Some participants linked no particular event to gambling. For instance, some Addiction Service Providers believed that some gamblers seemed to be predisposed to gambling. Some gamblers echoed this belief, noting that any event, whether perceived as a positive or negative occurrence, was reason to gamble. Some gamblers also noted that gambling could be continuous, as opposed to periodic, and in this instance, an event did not necessarily precipitate gambling.

5.4 Influences on Gambling Behaviour

5.4.1 Frequency and Accessibility of Gambling and Perceptions of Problem Gambling

Participants were asked to identify the most frequent forms of gambling. Gamblers considered traditional forms of gambling to be most common, although many also thought both traditional forms and online gambling were common. Gamblers seemed to identify gambling in connection with sporting events (e.g., races, football) and games (e.g., poker or roulette). Social connections cited horse racing and online gambling most often, with other mentions of poker, roulette and the Lotto similar to gamblers. Social connections also associated certain forms of gambling with particular demographic groups, i.e., men with bookmakers and women with Bingo. Addiction Service Providers most commonly cited online gambling and betting at the bookies, as well as lottery tickets and scratch cards as frequent forms of gambling.

Addiction Service Providers named online gambling as the most likely form of gambling to grow because of ease of access. Gamblers and social connections similarly named online gambling as most easily accessible, as well as bookmakers and casino games, although as some participants pointed out, the most "easily accessed" form of gambling is that which is

easily available to a gambler. For instance, the bookmaker shops were thought of as easily accessible, because they are physically located throughout the country.

Participants were asked how the form of gambling contributed to perceptions of problem gambling. For gamblers and social connections, online gambling was associated with problems with gambling, because it enabled secretive gambling; for example, an individual could gamble online using a mobile device anywhere at any time. The bookmaker's shop was also perceived as a particular environment where one would find a problem gambler, identified as an individual who stayed for long periods of time placing bets. Online gambling was perceived as increasing the secrecy of gambling, since the gambler in the bookmaker's shop could be seen to be in the shop and reported to family, whereas online gambling could remain unseen.

5.4.2 The Impact of Technology on Gambling

Technologies associated with gambling spanned a range of machines and online gambling facilities. Technologies cited included the Internet, computers, mobile phones, slot machines, casino games and machines, virtual races on screens at betting shops, television, social media, and tablet computer applications (apps). Smart mobile devices, such as iPhones, were considered particularly convenient, providing an opportunity to engage in gambling in any setting, including meetings, etc., because of the ubiquity of these devices in society. The mobile phone was noted by nearly all social connections as a favourite tool used by the gambler they knew, and family and friends believed that advanced technologies, such as smart mobile phones, have deepened the impact of gambling. Most importantly, family and friends believed the mobile phone facilitated covert gambling; because of the embeddedness of mobile phones in Irish society, the gambler could gamble unnoticed by others who might be similarly preoccupied with mobile devices.

Some gamblers noted that technology increased their addiction through easy access and fast feedback of gambling results. Technology fed impulsivity, because it supported continuous, anytime gambling. For instance, the virtual gambling opportunities between races at a bookmaker's shop facilitated continuous gambling, but also an increased participation over shorter intervals of time. Addiction Service Providers observed that this effect on the process of gambling also had a physiological impact on the problem gambler, causing disruption in cognitive processes.

Addiction Service Providers perceived new technologies as the domain of younger people, from teenagers through to adults in their thirties, because of the association of technological knowledge with younger generations. Among these people, young men were viewed as more frequent gamblers using new technologies. In particular, underage teens were perceived to be gambling online, as were college students. Adults from their late twenties were believed to be more likely to gamble using slot machines or go to a bookmaker's shop; middle-aged men and adults less than fifty years of age were perceived as gambling online via smart mobile phones. Only gamblers in their late fifties and upwards were viewed as traditional gamblers. According to Addiction Service Providers, traditional social roles still applied for more mature gamblers, e.g., the stigma of a woman attending a betting shop. However, mature women could sidestep social convention using the Internet

to play Bingo online. Gamblers referred to visiting the bookmakers for the buzz, but at the same time they reported avoiding social contact within that space. Family and friends also described technology as increasing the promotion of gambling to the individual. Similarly, gamblers observed that technology helps them locate gambling opportunities. For instance, some family and friends reported that the pop-up advertising about gambling opportunities seemed to be everywhere online. In other words, even when a gambler was not looking at gambling sites online, they might see gambling advertising appear in connection with non-gambling web sites. Advertising of gambling on television and via newspapers, particularly where free bets were advertised, was similarly viewed as problematic.

Technology could also form an unwanted diversion for the recovering gambler. One family member described her partner as turning to gaming via a PlayStation device and simply transferring his gambling addiction to this form of gaming. In this situation, the recovering gambler was still in aftercare and the couple were able to avail of counselling to help resolve the problem.

Of all gambling forms, the online environment was perceived as a gateway to secret, hidden gambling activities. Family and friends noted that online gambling could involve multiple credit cards and accounts, all of which could be easily hidden online from loved ones, unless a bill arrived by post and was intercepted by a family member. Isolation of oneself in order to gamble fed increased physical and psychological isolation of that individual. This isolation, combined with the ease of access created by technologies, encouraged gambling problems. Participants described the means of gambling as having a direct impact on gamblers and their relationships with others. For example, online gambling not only increased isolation of the gambler, but this isolation of gambling activity helped to hide the gambling from family and friends. As one participant observed, family could reasonably be oblivious to a gambling problem because technology enabled secret gambling even when others were present. Meanwhile, gambling in secret, even in the presence of others, offered an additional thrill to the gambler with a problem. Other people present might be distracted by their own technological devices or they might not question what the gambler was doing. Not only was the gambler achieving the high associated with a gambling “fix,” but also fooling others provided extra excitement.

5.5 Social Impact of Problem Gambling

The social impact of gambling was felt where excessive and uncontrolled gambling occurred. Addiction Service Providers reported that by the time a gambler or social connection requested help, the gambler and their family were nearly always in crisis. Money would usually be depleted. Marriages would have been broken to some degree. Connections with friends may have been severed by the gambler’s requests to borrow money. Trust levels among family and friends might be very low or non-existent for gamblers. In some cases, problem gamblers may have reached a point of desperation where they felt compelled to commit crime to resolve their situations. For example, family and friends observed that the gambler became desperate, which led to suicidal thoughts and illegal acts, such as forging legal documents and stealing money from their employer.

Gamblers reported that they felt regret and guilt. They had disappointed their families. They had developed secret lives away from their families and had caused emotional damage to themselves and their families. Their self-perception was negatively changed; they were depressed, angry and shamed. They experienced multiple crises, including nervous breakdowns, depression, and debt. They felt that their problems with gambling had rewired their brains and that they struggled to regain the person they had been.

For families, the discovery of the excessive gambling of a gambler was devastating, and where technology deepened the secrecy of the gambling, the shock was increased. The gambler's lying and manipulation associated with maintaining an appearance of normal life, aided by technologies, hindered family awareness until the gambler reached a crisis point. By then, the family might be imperilled financially, e.g., by losing the mortgage payments or children's education fees. Family members sometimes described themselves as having a feeling that something was wrong, but they usually assumed there was a problem with their relationship, as opposed to a gambling issue.

The complexity of financial and emotional outcomes of a problem gambling situation required Addiction Service Providers to function in multiple roles to try and help gamblers and their social connections. Addiction Service Providers primarily offered counselling to gamblers and their families. Depending on the Addiction Service Provider and depending on the nature of the client's need, direct service or a referral to additional services were also offered. For example, one participant described helping gamblers and their families with legal advocacy even appearing in court with them. At the same time, financial services might be negotiated directly or families might be referred to financial advice services for ongoing assistance.

Problem gamblers often started gambling as teenagers. Addiction Service Providers reported ages from nine years and up as common starting points for gambling. Gamblers in this study frequently noted being present at gambling events and establishments as adolescents or teenagers, often attending the gambling event or establishment with a family member or friend. Many also began to gamble when they were young, starting as under-aged or between their teens and early twenties. Initial gambling participation might involve betting for pennies, e.g., on card games, coin tossing, the "odd pound" in a poker machine, placing bets for a relative, a flutter on the Grand National horse race, etc. Because problem gamblers often ask for help in their late thirties to early forties, they may have spent a significant amount of time gambling before they seek treatment.

Long term gambling also accompanied significant financial losses and deeper feelings of desperation for the problem gambler. Increased feelings of desperation were linked to suicide and crimes, such as fraud, among problem gamblers. In addition, the problem gambler's expertise with manipulation of others often extends the duration of the gambling, because they can convince family and friends who are trying to be helpful to give them money or pay their debts. Family and friends reported an increase in the gambler's isolation. They observed that the gambler lost or nearly lost family and friends, as well as their livelihood. Some family and friends reported that the gambler would have been homeless had they not received treatment.

The impact of a gambling problem continues to have a negative impact on the families who participated in this study. The deceit and breach of trust through covert gambling has left many relationships in a precarious state, and while families are working to rebuild relationships, some relationships may yet not survive. The anger among many partners was obvious, in some cases years after discovery of a gambling problem. The partners of problem gamblers demonstrated strength for the protection of their children. Some explained that they were now trying to recover themselves, so that they could make a future personal decision on whether to remain in a partnership. Some were deeply resentful of their gambling partner, particularly where the gambler looked younger and healthier having admitted a problem and started or completed treatment, while the family remained in a state of devastation, because they did not have access to the same supports. For the children of gamblers, the memory of a parent's or sibling's problem gambling could affect them long after childhood. Parents described their children as becoming quieter; adult children recalled family arguments when one parent had a problem with gambling. Adult children also described a long term impact on their family. The recovery for family was a long term process, which extended beyond the gambler’s treatment.

A problem with gambling further had an impact felt in extended relationships in the community. Family and friends reported that problem gambling also affected the gambler's wider social circle. The gambler and their social connections felt the social stigma associated with problem gambling. Most often, social ties were severed. Friends disappeared. The gambler became even more isolated socially. As a friend of one gambler observed, the gambler lost not only their friends, but also their community status. Understanding that a gambler had a problem was difficult for friends. Friends could be quite oblivious to the ongoing nature of a gambling addiction. In addition, the embeddedness of gambling socially meant that friends might not be in tune with the potential hazards of being around gambling and might not recognise the potential problem for a recovering gambler they knew.

5.6 Social Action

Participants were asked to identify social actions that could help people affected by gambling in Ireland. Provision of addiction services and perceptions of services were explored. Participants identified a number of ways services and supports could be modified to address the needs of those affected by gambling.

5.6.1 Addiction Service Provision

Addiction Service Providers in this study generally reported service provision that was not solely gambling-focused, instead often combining treatment for varying addictions. As a result, a problem gambler attending a group therapy session could find themselves working on recovery with people with a range of other addictions. While Addiction Service Providers suggest the numbers seeking treatment for gambling issues is growing, gambling patients remain proportionately smaller in comparison to other addictions, such as drugs and alcohol. Organisations, such as Gamblers Anonymous (GA), deal solely with gambling issues,

and the GA is often involved in a problem gambler's treatment, e.g., as one of many aspects of therapeutic treatment within a programme of treatments.

Addiction Services found in Ireland which targeted particular demographic groups were few. For instance, there are few services focusing solely on the families and friends affected by gambling addiction; some service providers reported bringing family members into the gambler's treatment. Similarly, there is only one organisation dedicated to helping young gamblers. There are also relatively few services focused on women only. Some Addiction Service Providers indicated that they are working to fill this gap in service.

Addiction Services took two approaches: counselling sessions or residential treatment. Addiction Service Providers offering individual and/or group counselling provide cognitive therapies with the aid of a counsellor for a set amount of time, e.g., one evening a week. Other organisations offer residential services, which include daily programming for a number of days, during which the person affected by gambling attends counselling sessions, Gamblers Anonymous meetings, etc. Residential services have been organised to maximise structure in the recovering gambler's life and to assist this person with overall recovery. Both service types include aftercare options for recovering gamblers. Both types of services are largely aimed at gamblers who have sought treatment. Counselling for family members is less of a focus, with one counselling service targeting families and friends of individuals affected by addiction generally and other services including affected families as part of the gambler's rehabilitation.

In some cases, Addiction Service Providers also found themselves filling multiple roles to assist individuals, including advocacy roles. For example, one participant explained how they might need to help the recovering gambler and their family to work through legal situations. A problem with gambling can lead to illegal activities to fuel the addiction. Similarly, because a problem with gambling often depletes financial resources, financial counselling was also needed, whether provided by the Addiction Service Provider directly as part of a treatment programme or indirectly as a referral to another agency, e.g., MABS - the Money Advice and Budgeting Service.

The current focus of gambling addiction service in Ireland is treatment. The major model for treatment is the twelve step Minnesota model which focuses on holistic treatment of the body, mind and spirit, and therapeutic variations of this model, whereby the individual acknowledges the addiction issue and addresses it through a process of reflection and cognitive therapy.

Gamblers Anonymous was repeatedly cited as an important element of the gambler's recovery. Gamblers Anonymous is a fellowship which follows a twelve step programme approach involving abstinence. Membership and participation are secret. However, the organisation routinely works with Addiction Service Providers in Ireland to help problem gamblers recover.

Client engagement and length of service programmes varied. Individuals affected by gambling, whether gamblers or social connections, might engage for differing lengths of time with programmes and service providers. Service programmes ranged from counselling

for an individualised amount of time to programmes lasting from four weeks to a year. A period of aftercare of a year or two might follow residential care, in particular, and this aftercare might be extended depending on an individual's needs.

One of the challenges for any service is a behavioural relapse. Return rate to an addiction service proved difficult information to gather. And yet, this question is important to estimations of addiction service success. Two approaches seemed apparent. First, some Addiction Service Provider participants were recovering gamblers or recovering from another addiction. Giving back to the community may have offered a potential means of behavioural maintenance. Only one Addiction Service Provider acknowledged a high relapse rate among problem gamblers, and this individual emphasised the need for extended aftercare beyond their current service programme standard of two years.

5.6.2 Clients Served

Addiction Service Providers described their gambling clientele as people crossing all socio-economic demographic groups. Addiction Service Providers described gambling as a socially embedded activity in Ireland. Individuals presenting for treatment for gambling addiction were described as predominantly male and commonly co-addicted, e.g., with alcohol and/or drugs.

Ages of problem gamblers presenting themselves for treatment were reported as frequently aged from eighteen to their thirties. Some Addiction Service Providers associated the appearance of the gambler in their thirties with the crisis point a gambler usually reaches before seeking out treatment. Many Addiction Service Providers also observed that this profile was increasingly and worryingly shifting to a younger generational group who are technologically savvy and gamble online. In addition, gambling problems have been noticed increasingly among women.

Although specific gambling groups were identified, Addiction Service Providers considered gambling issues to arise among people from all parts of Irish society. Change in gambling addiction was identified with forms of gambling. For example, while a traditional problem gambler might have been thought of as a co-addicted, middle-aged man attending a bookmaker's shop and the pub, more recent characterisations of the problem gambler were of young men co-addicted to drugs and gambling. In addition, the common physical gambling environment was reported as having shifted from the bookmakers' shops to the home, as a consequence of online gambling, and the rise of gambling in the casino during the Celtic Tiger years because of increased disposable income.

Addiction Service Providers reported that family were included in the rehabilitation of the gambler, with family visits in residential programmes and some counselling for family members. Family members might also exhibit physical responses to the stress associated with a loved one's gambling, including high blood pressure, depression, insomnia, heart disease, and other health-related issues. Counselling for families was intended to help family members empower themselves and to establish boundaries, so that they felt in control of their lives again and did not enable the gambler. In addition, counselling was provided to families to help them deal with feelings of shame and stigma.

5.6.3 Gamblers' and Social Connections' Perceptions of Service Provision

Gamblers reported using counselling services including group and one-to-one therapies. Residential services provided intensive therapies, during which gamblers might be introduced to Gamblers Anonymous as part of ongoing fellowship. Gamblers also found Gamblers Anonymous on their own. Some gamblers reported finding help through health services, including their family doctor, private counsellors, and the general health care system. These services helped connect gamblers with other services, such as financial services, to assist them with problems in other areas of their lives caused by their problem with gambling.

Social connections, however, did not always seek or access help. Those who sought help did so, because they had noticed a negative impact on their immediate families. They wanted help for themselves, as well as for the gambler they knew; these social connections considered their situations to be desperate and seeking help was their only alternative. Social connections who did not seek help gave several reasons, for example, that finding help was the responsibility of the gambler, that they did not feel they needed counselling, or that help was geographically or financially inaccessible. For some social connections, participation in Gam-Anon, a service for families and friends developed through Gamblers Anonymous, helped them develop constructive coping mechanisms which helped them overcome feeling disempowered. Family members may also participate in residential programmes as part of the gambler's recovery, but many expressed a need for counselling services and supports which address how gambling has affected them as well.

In addition, families and friends identified potential improvements of services for gamblers. For example, they advocated the development of services and programmes focused on gambling, as opposed to mixed addiction treatment. They also stated that services might be improved with a focus on reintegration of the gambler into society after residential care. Returning from residential care where communication technologies are banned to immediate availability of gambling through technology was deemed unhelpful to recovery. A more gradual social reintegration and further development of aftercare were proposed.

5.6.4 Social Actions to Support People Affected by Gambling

Participants were asked to identify social actions that could cause positive change for gamblers and their social connections. Multiple suggestions were offered. Participants repeatedly explained the value of openly talking about addiction as a means of prevention, alongside providing a network of the necessary supports and directly addressing gambling as a social issue. Public awareness was equated with education. Participants suggested that advertising could be used successfully to help educate people and create awareness, similar to recent campaigns to increase public awareness and understanding of social issues, such as mental health. In addition, participants identified the community as taking a role in understanding and alleviating issues, such as underage gambling. For instance, communities could play a role in ensuring that young people were engaged socially, so that gambling is not their focus. Access to counselling in rural areas was also identified as an area for development to ensure equal access to treatment.

5.7 Social Responsibility and Gambling

5.7.1 Responsible Gambling Practices in Ireland

Focus group participants from the gambling industry expressed different views on responsibility toward problem gamblers. While it was acknowledged that some supports are possible to reduce the impact of gambling, limitations around what might be reasonably expected of the gambling industry were noted.

Focus group participants reported a mixed approach to gambling industry supports currently offered for problem gambling. While some do not offer supports, others reported that they offer indirect supports for treatment, such as call centre helplines. These helplines are all located outside the Republic of Ireland, but serve clients in the Republic. For example, the Irish Bookmakers Association (IBA) has organised a referral helpline support, Dunlewey Addiction Services, located in Northern Ireland. This particular Addiction Service Provider takes in calls from the Republic of Ireland and refers callers to a service provider in the Republic of Ireland. The IBA actively promotes this service via the Web (http://www.irishbookmakersassociation.com/gamcare_ireland.php). In addition, participants identified their support for treatment for problem gambling through the Gambling Care Foundation, to which members of the gambling industry contribute funds.

Responses to services offered by different gambling operators to prevent problem gambling were mixed, with some reporting that they had implemented a variety of prevention strategies but others reporting that they offer no direct prevention services. Some reported that membership in particular gambling bodies indirectly facilitated prevention. Two particular umbrella direct strategies emerged from discussion: gambling client-focused strategies and organisational strategies which enabled staff to identify and respond to potential problems arising in a client's gambling behaviour. For example, self-exclusion facilities were identified as a common opportunity to enable the gambler to prevent further gambling themselves, with gamblers given options to exclude themselves from a particular gambling venue temporarily or permanently. The varying policies meant that problem gamblers who had self-excluded with some gambling operators could still gamble at other gambling establishments where they had not opted for exclusion. Various strategies to control the gambling environment were described, e.g., strategies that focused on time spent gambling, with limits on length of play, play involving multiple machines, obsessive play at one machine, and time outs from play where needed. Focus group participants identified staff preparation to recognise behaviours associated with potential problem gambling as a core challenge in prevention, though not all areas of the gambling industry had yet implemented staff training.

5.7.2 Responsibility for Services and Supports

Addiction Service Providers, gamblers and their social connections named two bodies that they considered should be responsible for providing funding for treatment and prevention programming: the Government and the gambling industry. Participants suggested that

monies from the gambling industry could be raised through levies and licensing fees. Even sports organisations were named as potential funding sources to help.

Dispersal of funding was viewed as a government obligation to ensure fair and equitable distribution of funds to services. Addiction Service Providers, gamblers and their social connections expressed the opinion that the dispersal of funds to support services should be carried out independently of any vested interest groups. Families, who had availed of other social services, for example, the Money Advice and Budgeting Service (MABS), noted the importance of additional supports such as this for recovering gamblers and their families. Addiction Service Providers were hopeful of being appointed to the gambling commission board proposed in the *General Scheme of the Gambling Control Bill* (2013). They believed these seats would enable them to ensure that all people affected by gambling are heard.

The importance of including addiction counsellors, as trained professionals, and organisations, such as Gamblers Anonymous, in the development of supports was also noted by participants. The Addiction Counsellors of Ireland was suggested by Addiction Service Providers as a governing body. The Health Services Executive (HSE) was also cited, because of the association of problem gambling as a health issue, although concern was expressed about the speed at which the umbrella health organisation could respond and its view of fellowships. Some participants expressed a wish that gambling addiction could be covered by private health insurers. Problem gamblers with insurance currently may seek treatment under an official diagnosis of substance addiction which is clearly covered; recognition of problem gambling as a health issue at all levels of the health care system is needed to reorganise appropriate diagnosis and care.

5.7.3 Role of Government

Participants were asked what role(s) they felt government should take in addressing problem gambling. Participants identified multiple roles for government in preventing and facilitating treatment of problem gambling. A critical first step was an identified need for government understanding and acknowledgement of gambling issues in Ireland. Greater openness and discussion of the issues surrounding gambling were considered essential. Recognition of the issues surrounding problem gambling will enable public understanding and will facilitate the development of appropriate health care services to help individuals affected by gambling.

New and updated legislation around gambling was deemed an essential government task to protect the public. Legislation should also, importantly be implemented. Participants spoke about legislation with urgency. Some participants suggested that the government should consider the question of accessibility of gambling; most focused on regulatory measures to provide a framework around gambling to protect those vulnerable to problems with gambling. For example, participants advocated restrictions on opening hours for gambling premises, online gambling, advertising of gambling opportunities on television and the Internet, numbers of particular gambling establishments, and maximum gambling spends, as well as standards around the gambling industry's obligation to alert the public to the risks

of gambling, removal of fixed odds betting terminals (FOBTs), measures to avoid underage gambling, and increased taxation and licensing for gambling operators.

Participants called for a committed approach to funding of treatment services and funding specifically targeted at gambling addiction services. Funding seemed inconsistent across service providers and volunteer organisations, complicated by the different means of securing funding through various bodies. In some cases, participants reported seeking assistance had to be identified as having alcohol or drug addiction, so that treatment for gambling addiction could be tagged on this. Participants wanted the government to provide funding in support of treatment centres, and at comparable levels to funding for rehabilitation of alcohol addiction. A tiered treatment model for funding, similar to that for alcohol and drugs, was proposed to capture problems early and offer interventions appropriate to the severity of the problem.

The government was viewed as central to facilitating public education. Participants called for incorporation of education about gambling in the formal curriculum. Education about gambling was recommended for introduction at an appropriate age and continued through to college.

6 Policy and Research Implications

6.1 Introduction

This research study explored the issues around gambling in Ireland, in particular from the perspectives of people affected by gambling. Because this study was a first of its kind, the scope of the investigation was wide in order to be inclusive. The resulting rich data has yielded multiple findings. This final section of the report provides major implications for policy and research development.

Findings suggest that service provision in the country requires appropriate support to enable Addiction Service Providers not only to address the perceived growing number of people requesting treatment for issues around gambling addiction, but also, critically, to create a framework that focuses on prevention as opposed to treatment alone. A range of suggestions for social action arose from discussions with participants:

6.2 Development of a Regulated and Responsible Gambling Environment

- A National Gambling Strategy is needed.

- The passage and implementation of updated gambling legislation are essential. Legislation and policy development on a range of topics concerning gambling are urgently needed to protect those affected by gambling and to address the perceived growth in problems with gambling in Ireland.

- Standardised responsible gambling measures need to be put in place across the gambling industry and all outlets for distribution of gambling information. The nature, extent, and enforcement of these measures should be determined by government.

6.3 Improvement of Social Understanding of Gambling

- Problem gambling needs formal recognition in Ireland.

- The stigma around gambling must be addressed through open dialogue. Openness to discussion of gambling in Irish society needs to be fostered at multiple levels of society.

- Education of the public is needed to mitigate negative effects of gambling. All stakeholders, including educators, families, and addiction experts need to be included in development and implementation of strategy and programmes.

- The Social Fund included in the *General Scheme of the Gambling Control Bill 2013* should provide significantly for public education about gambling.

6.4 Services for the Treatment and Prevention of Problem Gambling

- An appropriate national strategy for service provision, encompassing the various government and private bodies which address cause and outcomes of problem gambling, is required.

- The strategic development of services focused on problem gambling is required. These services should consider particular groups of people affected by gambling and their specific needs.

- The Government could take the lead in the collection and distribution of funds to treat and prevent problem gambling. The collection and distribution of funds in support of treating and preventing problem gambling could be governed by a neutral body.

- Development of addiction services to address gambling addiction in Ireland is urgent and critical. This includes a unified approach to training and development for counsellors to international accreditation, as well as for health care workers generally.

- Cross organisation coordination and collaboration among volunteer organisations and service providers is critically needed, including those who deal directly with addiction, as well as organisations that provide additional supports.

- Addiction services for gamblers and their social connections should be located in multiple locations in the Republic of Ireland to facilitate those seeking help.

- Services should be independent and neutral.

- An equitable, transparent, and consistent funding model for services is needed.

- Funding of service provision, including Addiction Service Providers as well as secondary services, is needed to support individual service providers, as well as a coordinated framework of supports. Funding to support prevention and treatment of problem gambling should come through channels, such as gambling licensing fees and gambling taxation.

- A national assessment tool for assessing gambling addiction is needed.

- Families and friends affected by gambling require services focused on their needs.

- Services for friends and families need to be provided across the country to enable wider participation geographically.

- Services for individuals affected by gambling should be made accessible to everyone.

- Although a service focused on helping families and friends affected by addiction exists, additional services which are directed at the needs of the families and friends of gamblers are urgently needed across Ireland.

- Although services which support gamblers do exist, further investment in focused services is needed.

- Although limited services to help young people with gambling disorders exist, further services to assist younger gamblers are needed throughout the country.

- Although limited services to help women with gambling disorders exist, further services to assist women gamblers are needed throughout the country.

6.5 Research on Gambling Issues in Ireland

- Research is urgently needed to understand gambling fully in the Irish context.

- Gambling involves a variety of issues, from health to regulation. Research should cover the full range of issues surrounding gambling.

- This research should be funded and managed through the Irish Research Council to achieve international standards of research outcomes and research ethics.

7 Appendices

7.1 Appendix A: Criteria for Diagnosing Gambling Disorders, 2013 Diagnostic and Statistical Manual -- DSM-5

DSM-5 Diagnostic Criteria: Gambling Disorder

A. Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:

1. *Needs to gamble with increasing amounts of money in order to achieve the desired excitement.*
2. *Is restless or irritable when attempting to cut down or stop gambling.*
3. *Has made repeated unsuccessful efforts to control, cut back, or stop gambling.*
4. *Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).*
5. *Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).*
6. *After losing money gambling, often returns another day to get even (“chasing” one’s losses).*
7. *Lies to conceal the extent of involvement with gambling.*
8. *Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.*
9. *Relies on others to provide money to relieve desperate financial situations caused by gambling.*

B. The gambling behavior is not better explained by a manic episode.

Specify if:

Episodic: *Meeting diagnostic criteria at more than one time point, with symptoms subsiding between periods of gambling disorder for at least several months.*

Persistent: *Experiencing continuous symptoms, to meet diagnostic criteria for multiple years.*

Specify if:

In early remission: *After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met for at least 3 months but for less than 12 months.*

In sustained remission: *After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met during a period of 12 months or longer.*

Specify current severity:

Mild: *4–5 criteria met.*

Moderate: *6–7 criteria met.*

Severe: *8–9 criteria met.*

From the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (Section 312.31)

7.2 Appendix B: Gamblers Anonymous Compulsive Gambling Questionnaire

1. Do you lose time from work due to gambling?
2. Is gambling making your home life unhappy?
3. Is gambling affecting your reputation?
4. Have you ever felt remorse after gambling?
5. Do you ever gamble to get money with which to pay debts or otherwise solve financial difficulties?
6. Does gambling cause a decrease in your ambition or efficiency?
7. After losing, do you feel you must return as soon as possible and win back your losses?
8. After a win do you have a strong urge to return and win more?
9. Do you often gamble until your last pound is gone?
10. Do you ever borrow to finance your gambling?
11. Have you ever sold any real or personal property to finance gambling?
12. Are you reluctant to use gambling money for normal expenditures?
13. Does gambling make you careless of the welfare of your family?
14. Do you gamble longer than you planned?
15. Do you ever gamble to escape worry or trouble?
16. Have you ever committed, or considered committing, an illegal act to finance gambling?
17. Does gambling cause you to have difficulty sleeping?
18. Do arguments, disappointments or frustrations create within you an urge to gamble?
19. 19. Do you have an urge to celebrate any good fortune by a few hours of gambling?
20. Have you ever considered self-destruction as results of your gambling?

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