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Abstract

The relationship between problem gambling and homelessness is a little studied area in the gambling studies field. A recent study in the *Journal of Gambling Studies* by Sharman, Dreyer, et al (2014) is the first quantitative study in Great Britain on this interesting and important topic. In this context, the study is to be commended and provides an empirical benchmark on which other studies can build. The study reported a problem gambling prevalence rate of 11.6% and is significantly higher than the problem gambling rate of the general population in Great Britain (which is less than 1%). However, given the political sensitivity surrounding the expansion of bookmakers in the UK, the study needs further contextualization otherwise the findings of such studies may be used by anti-gambling lobby groups to serve their own political agendas. While it is good that such an area has been empirically investigated in Great Britain, this paper briefly (i) places the issue of problem gambling among the homeless into the wider context of problems among the homeless more generally (particularly in relation to mental health problems and other addictive behaviors), (ii) highlights some of the methodological problems and weaknesses of the study, and (iii) notes a number of factual errors made in the paper.

Keywords: Problem gambling, Homelessness, Vulnerable groups, Betting shops, Problem Gambling Severity Index

Introduction

There is much evidence in the psychosocial literature that disadvantaged social groups appear to be at increased risk of experiencing negative consequences as a result of gambling. These groups include those that (i) are unemployed, (ii) receive financial welfare assistance, (iii) have low levels of education, and (iv) have low household income (Reith, 2006). Another socially disadvantaged group that have been reported as being at increased risk of experiencing gambling problems are the homeless. Despite this being widely acknowledged (Reith, 2006), the relationship between problem gambling and homelessness is a little studied empirical area in the gambling studies field. The recent study by Sharman, Dreyer, et al (2014) in the *Journal of Gambling Studies* is the first quantitative study in Great Britain on this interesting and important topic. In this context, the study is to be commended.

The study by Sharman and colleagues was conducted in one particular London borough, and reported a high association between problem gambling and homelessness. More specifically, the results of a survey of 456 homeless people accessing homeless services in Westminster showed a problem gambling rate of 11.6% amongst the homeless population, as opposed to a figure of less than 1% in the British general population in the British Gambling Prevalance Survey (Wardle, Moody, et al., 2011) – 0.9% using the DSM-IV criteria for pathological gambling (American Psychiatric Association, 1994) and 0.7% using the Problem Gambling Severity Index (PGSI: Ferris & Wynne, 2001). Overall, the results of Sharman et al (2014) study reported that 11.6% problem gamblers. The preferred gambling activities amongst the homeless population were electronic roulette machines (known as FOBTs – fixed odds betting terminals) and sports/horse betting. These are the main gambling activities provided by licensed bookmakers (i.e., betting shops). Online gambling and casino gambling were predictably found to be least common among the homeless (as most British casinos have dress codes and few if any homeless people have internet access).

Even though this study has just been published, the findings have already had a political impact. For instance, local Licensing Authorities in the London areas are beginning to have significant concerns that new betting shops in such localities pose a real risk to those using the homeless facilities in such areas. Given the political sensitivity surrounding the expansion of licensed bookmakers in the UK, the study needs further contextualization otherwise the

findings of such studies will be used by anti-gambling lobby groups to serve their own political agendas. While glad that such an area has been empirically investigated in Great Britain, this paper briefly (i) places the issue of problem gambling among the homeless into the wider context of problems among the homeless more generally (particularly in relation to mental health problems and other addictive behaviors), (ii) highlights some of the methodological problems and weaknesses of the study, and (iii) notes a number of factual errors made in the paper.

Problem gambling and homelessness in context

Before examining some the methodological problems and weaknesses in the Sharman at al (2014) study, it is important to note that problem gambling does not occur in a vacuum, and that when examining the behavior of homeless individuals it is important to highlight that the homeless are significantly more like that the general population to experience (a) mental health and psychiatric problems, and (b) drug and alcohol disorders. This was indeed noted in the very first paragraph of the Sharman et al study but the authors devoted only one passing sentence without returning to what is (to be argued below) a crucial contextual point.

The reason why this is so important is because the presence of both mental health problems and other addictive behaviors highlights that problem gambling is just one of a range of problematic issues that have been shown to be present in homeless individuals. Furthermore, compared to these other types of disorder, prevalence of problem gambling is (as will be shown) significantly lower. It is also known that premature mortality rates among homeless people are three or more times that of the general population (Hwang, 2000; Larimer et al, 2009; O'Connell, 2005). The average age at death among this group is estimated to be 42 to 52 years, with 30% to 70% of deaths related to alcohol abuse (Ishorst-Witte et al, 2001; Larimer, 2009; O'Connell, 2005. A meta-analysis of 29 studies on mental disorders among homeless people by Fazel et al (2008) reported that the most common disorders among this group were alcohol dependence (8.1%-58.5%), drug dependence (4.5%-54.2%), psychotic illness (2.8%-42.3%), and major depression (0%-41%).

A similar study to the Sharman et al study (in terms of sample size and location) was carried out by study by Fountain et al (2003) on 389 homeless people in London. They reported that

36% of the homeless people in their sample were dependent on heroin (n = 139) and 25% on alcohol (n = 97). Of these, 63% reported that their drug or alcohol use was one of the reasons they first became homeless (n = 244).

In general, studies among the homeless typically show that the most serious problem they encounter is that of alcohol abuse and alcoholism. Access to alcohol in the London area is arguably more widespread than access to gambling venues across Great Britain but commercial establishments that sell alcohol are not (to the author's knowledge) being prevented from opening on the grounds that there is a highly vulnerable population of homeless people in the vicinity. In short – and in relation to the political and licensing implications – there is little equity in the regulatory decision-making process (especially as the alcoholism rate among homeless people is significantly higher than the problem gambling prevalence rate in the London area).

Problem gambling and homelessness: Methodological problems and weaknesses

Previous studies examining the relationship between problem gambling and homelessness have been few and far between. The Sharman at al (2014) study identified only three previous quantitative studies that had examined problem gambling among the homeless. These were all North American studies with small non-representative samples by Shaffer et al (2002; n = 171; 5.5% pathological gamblers in the US), LePage et al (2000; n = 87; 17.2% pathological gamblers in Canada), and Nower et al (2014; n = 275; 23% pathological gamblers in the US). Given the cultural differences, none of these are especially relevant to the situation in Great Britain and the general findings between that of the Sharman et al study appear to be significantly different (but may as the authors point out be due to the different problem gambling screening instruments used).

However, in relation to the Sharman et al study more specifically, there are a number of methodological weaknesses and flaws that need to be highlighted. The study uses a (i) convenience sample (as acknowledged by the authors), (ii) surveys a small number of people, (iii) uses a self-selected sample (i.e., of those that accessed homelessness services in the Westminster area, again acknowledged by the authors), is non-representative (of British homeless people), and (v) comprises a transient population. This latter point was something

noted by the authors themselves in the introduction but not mentioned in relation to their reported results. The authors also note themselves that in relation to their findings, their *"data do not allow any conclusions to be drawn regarding the direction of causality, as to whether problem gambling is a cause or a consequence of homelessness"* (p.6).

One of the most notable findings in the Sharman et al (2014) study – and on which there was no comment – was the fact that 80% of the 456 homeless people (n = 363) had not gambled in the year prior to the study (i.e., only 20% of the sample were gamblers). In the British population, most recent British Gambling Prevalence Survey (BGPS) reported that only 27% had not gambled in the previous year (i.e., 73% of the British population had gambled) (Wardle et al, 2011). This suggests that homeless people as a whole group generally do not gamble. The main reason for this is likely to be that they do not have the money to gamble, and if they do have money it is more likely to be spent on food (Dachner & Tarasuk, 2002) and (in light of the findings presented above) alcohol and/or other drugs (see also: Bose & Hwang, 2002; Linn, Gelberg & Leake, 1990).

Based on the results found in the Sharman et al study, it is also apparent that among those that admitted to gambling, the problem gambling prevalence rate is very high among this group. Given that gambling activity requires money to participate and that homeless people have a very low disposable income compared to the national average (Bassuk, Weinreb, Buckner, et al., 1996; Bose & Hwang, 2002), this would mean that for most homeless people, their disposable income for gambling would be used up much quicker than other non-homeless individuals. Given that a number of the criteria on problem gambling screens concern the financial consequences, it means that endorsement of these items would be much more likely for homeless people.

The authors of the study also speculate that high street bookmakers and amusement arcades may provide the homeless with somewhere to keep warm with the added bonus that *"some [gambling venues] offer free hot drinks and snacks"* (p.6). This may well be true, but suggests that gambling here becomes the price of entry for a small number of homeless people to stay for prolonged periods. Basically, the gambling becomes a necessity to access the environment's positive benefits (warmth, food, drink) rather than because the homeless person wants to

necessarily gamble. Furthermore, given the high proportion of homeless individuals that have alcohol and/or drug problems (as evidence above) there are also issues concerning their ability to competently complete 'paper and pencil' surveys given that the answering of questions relies on many facets of both long-term and short-term memory (Bradburn, Rips & Shevell, 1987; Presser, Couper, Lessler, et al., 2004). Therefore, high caution should be attached to data that may have been collected while the homeless person may have been in an intoxicating state due to alcohol and/or other drugs.

It should also be pointed out that being problem gambler (as defined as scoring 7 or more out of 27 on the PGSI) does not mean that the person is an addicted gambler, pathological gambler and/or a disordered gambler. While all addicted/pathological/disordered gamblers are problem gamblers, not all problem gamblers are addicted/pathological/disordered gamblers. The study by Sharman et al did not actually report any statistics for pathological gambling. In fact, endorsing just two of the nine items fully would score 6 out 27 on the PGSI and would be classed as a sub-threshold problem gambler (as scoring 7 would lead to a classification as a problem gambler).

In the conclusions of the study, the authors say that their *"findings confirm that homeless people constitute a vulnerable population for excessive gambling"* (p.6). However, the study cannot make such a conclusion as 'excessive gambling' was not assessed. None of the nine PGSI criteria relate to the length of time someone spends gambling. Furthermore, there are a number of recent studies showing that excessive gambling can occur with very little financial hardship – especially in the case of playing poker (Griffiths et al, 2010; McCormack & Griffiths, 2012; Wood et al, 2007). In fact, a person can be a problem gambler even if they are an infrequent gambler such as binge gamblers (Griffiths, 2006; Nower & Blaszczynski, 2003) or are on very low incomes and where even infrequent gambling can be cause problems as it is an activity beyond their disposable means. A small number of homeless people would no doubt meet the criteria for the latter example without necessarily being excessive gamblers.

Factual errors

Finally, it should also be pointed out that the Sharman et al (2014) study made a number of factual errors in their paper. Firstly, the authors claimed in the 'Discussion' section that changes in the rate of problem gambling in Great Britain as reported in the BGPS have been *"minimal"* over time. However, the rate of problem gambling increased 50% between the 2007 study (Wardle, et al, 2007) and the 2011 study as measured by the DSM-IV (Wardle, et al, 2011). This was a statistically significant increase in the rate of problem gambling. Secondly, the authors claimed the screening tool they used (the Problem Gambling Severity Index) is *"clinically recognized diagnostic tool"* (p.6). However, this is not true. The PGSI was not developed for clinical use at all but was specifically designed for epidemiological use. Thirdly, the authors claim that the prevalence rate of *"disordered gambling"* (p.2) in Great Britain using the PGSI is 0.7%. However, the BGPS has never used the term 'disordered gambling' or assessed 'disordered gambling' in any of the three published studies to date. Those in the gambling studies field should not use such terms interchangeably without defining them first. On a minor note, the seminal researcher Sheila Blume (co-developer of the South Oaks Gambling Screen [Lesieur & Blume, 1987] – one of the most widely used screens in the gambling studies field – was cited as 'Bloom' not 'Blume'). Additionally, the authors kept citing the most recent British Gambling Prevalence Survey as being published in 2010 when in fact it was 2011 (Wardle et al, 2011).

Conclusions

The study by Sharman et al (2014) is hopefully the first empirical study of many that are needed to assess the relationship between problem gambling and homelessness. Despite some of the critical issues raised in this paper, the authors should be congratulated for providing benchmark data on which other British studies can build and improve. Licensed betting shops in Great Britain are community facilities, operating during the day without alcohol, generally targeting an older clientele, and generally reflecting their local populations. On local high streets, evidence suggests they do not bring in people from outside and tend to operate very locally to a neighborhood clientele (Griffiths, 2011). The study by Sharman et al (2014) demonstrates that homeless people have accessed betting shops although it was unclear whether this is primarily to gamble or whether it is to primarily access an accommodating environment (warmth, snacks, hot drinks) where spending money gambling is the price of entry. The critique presented here clearly highlights a number of

methodological, definitional, and conceptual weaknesses with the study, and that extreme caution should be given to the findings of this one study particularly when used to make regulatory decisions about whether licensed betting shops in Great Britain should be denied licenses to operate. Given the political sensitivity surrounding the expansion of bookmakers in the UK, the findings of this study may be used by anti-gambling lobby groups to serve their own political agendas without taking into account the wider context the many other issues outside of (and additional to) problem gambling that homeless individuals face.

Conflict of interest statement

The author has appeared as an expert witness both for and against the opening of licensed bookmakers in the London area of Great Britain. Each case he has been involved in as taken on the basis of evidence in the local vicinity as to whether the opening of a betting shop would negatively impact on the local clientele.

References

American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders (4th edn)*. Washington DC: American Psychiatric Association.

Bassuk, E. L., Weinreb, L. F., Buckner, J. C., Browne, A., Salomon, A., & Bassuk, S. S. (1996). The characteristics and needs of sheltered homeless and low-income housed mothers. *Journal of the American Medical Association, 276*, 640-646.

Bose, R., & Hwang, S. W. (2002). Income and spending patterns among panhandlers. *Canadian Medical Association Journal, 167*, 477-479.

Bradburn, N. M., Rips, L. J., & Shevell, S. K. (1987). Answering autobiographical questions: The impact of memory and inference on surveys. *Science, 236*(4798), 157-161.

Dachner, N., & Tarasuk, V. (2002). Homeless "squeegee kids": Food insecurity and daily survival. *Social Science and Medicine, 54*, 1039-1049.

Fazel, S., Khosla, V., Doll, H., & Geddes, J. (2008). The prevalence of mental disorders among the homeless in western countries: Systematic review and meta-regression analysis. *PLoS Medicine*, *5*(12), e225.

Ferris, J., & Wynne, H. (2001). *The Canadian Problem Gambling Index user manual*. Report to the Canadian Inter-Provincial Task Force on Problem Gambling, The Canadian Centre on Substance Abuse.

Fountain, J., Howes, S., Marsden, J., Taylor, C., & Strang, J. (2003). Drug and alcohol use and the link with homelessness: results from a survey of homeless people in London. *Addiction Research and Theory*, *11*, 245-256.

Griffiths, M. D. (2006). A case study of binge problem gambling. *International Journal of Mental Health and Addiction, 4*, 369-376.

Griffiths, M.D. (2011). Betting shops and crime: Is there a relationship? *Internet Journal of Criminology*. Located at: http://www.internetjournalofcriminology.com/Griffiths_Betting_Shops_and_Crime.pdf (last accessed April 9, 2014)

Griffiths, M. D., Parke, J., Wood, R. T. A. & Rigbye, J. (2010). Online poker gambling in university students: Further findings from an online survey. *International Journal of Mental Health and Addiction, 8,* 82-89.

Hwang, S. W. (2000). Mortality among men using homeless shelters in Toronto, Ontario. *Journal of the American Medical Association. 283,* 2152-2157.

Ishorst-Witte, F., Heinemann, A., & Puschel, K. (2001). Morbidity and cause of death in homeless persons [in German]. *Archiv für Kriminologie, 208,*129-138.

Larimer, M. E., Malone, D. K., Garner, M. D., Atkins, D. C., Burlingham, B., Lonczak, H. S., Tanzer, K., Ginzler, J., Clifasefi, S. L., Hobson, W. G., & Marlatt, G. A. (2009). Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems. *Journal of the American Medical Association*, *301*(13), 1349-1357.

LePage, C., Ladouceur, R., & Jacques, C. (2000). Prevalence of problem gambling among community service users. *Community Mental Health Journal, 36,* 597–601.

Lesieur, H., & Blume, S. (1987). The South oaks gambling screen (SOGS): A new instrument for the identification of pathological gamblers. *American Journal of Psychiatry, 144,* 1184–1188.

Linn, L. S., Gelberg, L., & Leake, B. (1990). Substance abuse and mental health status of homeless and domiciled low-income users of a medical clinic. *Psychiatric Services*, *41*, 306-310.

McCormack. A., & Griffiths, M.D. (2012). What differentiates professional poker players

from recreational poker players? A qualitative interview study. *International Journal of Mental Health and Addiction*, *10*, 243-257.

O'Connell, J. J. (2005). *Premature Mortality in Homeless Populations: A Review of the Literature.* Nashville, TN: National Health Care for the Homeless Council, Inc.

Orford, J., Wardle, H., Griffiths, M. D., Sproston, K. & Erens, B. (2010). PGSI and DSM-IV in the 2007 British Gambling Prevalence Survey: Reliability, item response, factor structure and inter-scale agreement. *International Gambling Studies, 10*, 31-44.

Nower, L., & Blaszczynski, A. (2003). Binge gambling: A neglected concept. *International Gambling Studies, 3,* 23–35.

Nower, L., Eyrich-Garg, K. M., Pollio, D. E., & North, C. S. (2014). Problem gambling and homelessness: Results from an epidemiologic study. *Journal of Gambling Studies*, 10.1007/s10899-013-9435-0.

Presser, S., Couper, M. P., Lessler, J. T., Martin, E., Martin, J., Rothgeb, J. M., & Singer, E. (2004). Methods for testing and evaluating survey questions. *Public Opinion Quarterly*, *68*(1), 109-130.

Reith, G. (2006). *Research on the social impacts of gambling.* Edinburgh: Scottish Executive Social Research.

Scott, J. (1993). Homelessness and mental illness. *British Journal of Psychiatry, 162*(3), 314–324.

Shaffer, H. J., Freed, C. R., & Healea, D. (2002). Gambling disorders among homeless persons with substance use disorders seeking treatment at a community centre. *Psychiatric Services, 53,* 1112–1117.

Sharman, S., Dreyer, J., Aitken, M., Clark, L., & Bowden-Jones, H. (2014). Rates of problematic gambling in a British homeless sample: A preliminary study. *Journal of Gambling Studies*, DOI 10.1007/s10899-014-9444-7.

Wardle, H., Sproston, K., Orford, J., Erens, B., Griffiths, M. D., Constantine, R. & Pigott, S. (2007). *The British Gambling Prevalence Survey 2007*. London: The Stationery Office

Wardle, H., Moody. A., Spence, S., Orford, J., Volberg, R., Jotangia, D., Griffiths, M. D., Hussey, D. & Dobbie, F. (2011). *British Gambling Prevalence Survey 2010*. London: The Stationery Office.

Wincup, E., Buckland, G., & Bayliss, R. (2003). *Youth homelessness and substance use: Report to the drugs and alcohol research unit*. London: Home Office.

Wood, R. T. A., Griffiths, M. D., & Parke, J. (2007). The acquisition, development, and maintenance of online poker playing in a student sample. *CyberPsychology and Behavior, 10,* 354-361.