Despite its high prevalence, pathological gambling often remains untreated. It is estimated that only 10% of the pathological gamblers identified in prevalence studies will enter treatment. Within this small proportion, a high percentage will drop out. Despite the facts that some researchers argue against abstinence as the unique treatment goal and that regaining control appears to be possible for some pathological gamblers, abstinence has been the only treatment goal in most problem gambling interventions thus far. This paper examines the avenue of controlled gambling embedded in a harm reduction context as a viable solution for some pathological gamblers.

KEY WORDS: controlled gambling; treatment of pathological gambling.

CONTROLLED GAMBLING FOR PATHOLOGICAL GAMBLERS

Few treatment programs have been developed to help pathological gamblers and controlled treatment studies are rare (see Petry & Armentano, 1999). A review of these studies reveals that behavioral and/or cognitive treatments have received the most empirical support (Toneatto & Ladouceur, 2003). But the small number of pathological gamblers who seek treatment (about 10% of the pathological gamblers identified in prevalence studies) and the high number of dropouts (over 30%; Ladouceur, Gosselin, Laberge, & Blaszczynski, 2001) cast a shadow on the importance of these results. One of the reasons for this situation could be that abstinence as the unique goal of treatment is not adapted to the heterogeneous population of pathological gamblers.
pathological gamblers. Despite numerous calls from experts (clinicians and researchers) for an integration of controlled gambling as a treatment goal in a harm reduction perspective, no experimental studies have yet been conducted to test the efficacy of this treatment modality.

Gambling treatment outcome studies indicate that gamblers respond well to treatment and that a majority can be expected to benefit from it, at least in the short-term. For example, Walker (1992) reviewed results across and between treatment modalities (i.e., Gamblers Anonymous, psychotherapy, psychoanalysis, behavior therapy, win therapy, case studies) of studies involving a total of 2031 subjects. He found that 72% of gamblers who received treatment were in control of their gambling 6 months post-treatment (based on a sub-sample of 1568), 50% were in control one year post-treatment (based on a sub-sample of 225), and 27% were in control 2 years post-treatment (based on a sub-sample of 237). However, these studies are plagued with threats to the validity of their findings, arising from the uncontrolled nature of much of the research, which renders this body of work suggestive at best and essentially a source of worthwhile hypotheses about what constitutes effective treatment.

According to the cognitive theory of gambling, erroneous beliefs or perceptions maintain gambling behaviors and are at the core of problems related to it. The number of erroneous verbalizations emitted during gambling always far outnumber rational verbalizations. Ladouceur and his colleagues concluded that no matter what game or condition the players find themselves in, their thoughts tend to be erroneous: invariably, the number of erroneous verbalizations exceeds the number of realistic or adequate verbalizations (see Ladouceur & Walker, 1996). This robust result gave momentum to include the cognitive factors in the understanding and treatment of pathological gamblers.

Adequate beliefs reflect the idea that the results of the game are determined by chance, while erroneous beliefs involve the idea of prediction and control over the outcome of the game. Erroneous perceptions reflect the failure to understand or take into account the random and uncontrollable nature of chance (e.g., making predictions, making reference to personal abilities, attributing a gain to oneself). For example, the winning probabilities of different combinations are not perceived as equal when, in fact, they are.