

The experience of gambling problems in British professional footballers

Lim, Matthew S. M.; Bowden-Jones, Henriette; Salinas, Maria; Price, Jonathan; Goodwin, Guy; Geddes, John; Rogers, Robert

Addiction Research and Theory

DOI:

[10.1080/16066359.2016.1212338](https://doi.org/10.1080/16066359.2016.1212338)

Published: 01/03/2017

Peer reviewed version

[Cyswllt i'r cyhoeddiad / Link to publication](#)

Dyfyniad o'r fersiwn a gyhoeddwyd / Citation for published version (APA):

Lim, M. S. M., Bowden-Jones, H., Salinas, M., Price, J., Goodwin, G., Geddes, J., & Rogers, R. (2017). The experience of gambling problems in British professional footballers: A preliminary qualitative study. *Addiction Research and Theory*, 25(2), 129-138. <https://doi.org/10.1080/16066359.2016.1212338>

Hawliau Cyffredinol / General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal ?

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

The experience of gambling problems in British professional footballers:

A preliminary qualitative study

Matthew S Lim; Department of Psychiatry, Oxford University

Henrietta Bowden-Jones; National Problem Gambling Clinic, Department of Psychological Medicine, Imperial College London

Maria Salinas; Department of Primary Care Health Sciences, Oxford University

Jonathan Price; Department of Psychiatry, Oxford University

Guy M Goodwin; Department of Psychiatry, Oxford University

John Geddes; Department of Psychiatry, Oxford University

Robert D Rogers; School of Psychology, Bangor University

Abstract: 166 words

Remainder of paper: 5,543 words (excluding quotes and text boxes)

Tables: 1

Boxes: 6

Figures: 0

Media reports suggest high rates of gambling amongst professional footballers but little is known about how footballers develop and then seek help for gambling problems. Here, we report the findings of in-depth, qualitative interviews with 11 British professional footballers who had, or who were, being treated for gambling problems at a residential clinic. These individuals experienced gambling as a highly salient feature of life as a professional football player in UK professional leagues. Often gambling began as part of social networks of young players, but then progressed to gambling problematically in isolation. Factors that facilitated this transition included structural aspects of professional football as an occupation (e.g. high salaries, spare time, gambling as a shared leisure pursuit) as well as the competitive and emotional challenges of the game (e.g. loss of form, injury or contract release and their effects upon mood). Seeking help was delayed by a reluctance to disclose problems to peers and club managers, but facilitated by recommendations from other players with similar experiences.

Introduction

Football is the predominant sport within contemporary British culture. Around 4.6% of the population over the age of 16yr play football weekly (Sport England, 2015), with the popularity of the game reflected in the continued growth in revenues of the English professional leagues to over £3b for the 2013/14 season (Deloitte UK, 2015). The commercial expansion of the game has partially coincided with the reframed legislative framework for the regulation of gambling in the UK (Miers, 2004). Football betting revenues have increased from £941m for 2008/2009 to £1307m for 2014/2015 (Gambling Commission, 2016), and gambling operators now feature prominently as commercial sponsors across British football leagues (Danson, 2010; Lamont, Hing, & Gainsbury, 2011).

The burgeoning commercial success of the game has enhanced the competitive and earning opportunities of professional players, but augmented occupational stressors linked to psychological problems such as depression, anxiety, alcohol misuse and addictions (Hughes & Leavey, 2012). Media reports suggest high rates of gambling amongst professional footballers, and have highlighted a number of individual players (and also managerial staff) who have experienced gambling problems (Herbert, 2011; Winters, 2008). Yet, little is known about how gambling problems develop in professional players, or how experiences in the professional game influence the way that players seek help for such difficulties.

Some risk factors for gambling problems in professional footballers are likely to be generic; that is, factors commonly linked to gambling problems in the wider population. For example, professional footballers share some of the demographic characteristics of individuals with gambling problems in both the UK and in other jurisdictions: male gender, relative youth (between 16yr and 35yr of age)(Gambling Commission, 2016; Wardle et al., 2011), as well as

unmarried status (Wardle et al., 2011; Wardle et al., 2007) and lower rather than higher formal educational attainment (Wardle et al., 2007). Complementing these generic factors, others may be more salient in professional footballers' particular occupational setting compared to other settings. These latter factors might operate at the level of the individual, such as personality traits that increase players' 'demand' for gambling products, or be situational such as a working environment in which gambling is frequent amongst colleagues (Revheim & Buvik, 2009), increasing the 'supply' of gambling opportunities.

First, perhaps reflecting the current commercial exploitation of the game, professional football in the UK, as an occupation, is fiercely competitive: 65% of football apprentices or 'scholars' signed to clubs as juniors or teenagers do not secure professional contracts at 18yr, and another 50% of those that do so are released by their 21st birthday (James, 2010). This occupational environment may 'select' for individuals with competitive traits that are themselves been linked to gambling participation in professional sports people (Weiss & Loubier, 2008). This link between competitiveness and gambling may also be enhanced by footballers' public status and media attention; the latter further facilitating gambling behaviours; and, in some individuals, the development of gambling-related problems (Ellenbogen, Jacobs, Derevensky, Gupta, & Paskus, 2008; Nelson et al., 2007).

Second, in common with several other occupational groups (Johnson et al., 2005), professional footballers live with a variety of occupational uncertainties (McGillivray, Fearn, & McIntosh, 2005) that can constitute powerful stressors (Roderick, 2006). These include being dropped through loss of form, contract 'release', and the ever-present possibility of injuries that limit progress within the game or even terminate players' careers prematurely (Hughes & Leavey, 2012). Earlier qualitative work proposed that players manage this

unpredictability by developing networks of social support and also through the emergence of 'dramaturgical' selves to manage social interactions and ensure that their public responses to the positive and negative challenges of the game are in line with the perceived values and social 'norms' of fellow players, coaching staff, fans and the media (Roderick, 2006).

Statistics suggest that British footballers are 1000 times more likely to sustain injury compared to other high risk industrial occupations (e.g., construction and mining; Hawkins & Fuller, 1999). Other evidence indicates that transitions from controlled gambling into harmful patterns of gambling often reflect heightened motivations to gamble in order to relieve stress or manage negative emotional states that people encounter in their jobs or in a variety of stressful situations (Blaszczynski & Nower, 2002; Milosevic & Ledgerwood, 2010; Nower, Martins, Lin, & Blanco, 2013; Reith & Dobbie, 2013). This raises the possibility that football players who have established regular patterns of gambling may find themselves gambling to help cope with the challenges and uncertainties of the professional game; and that these sociocultural and occupational features of British football (Fletcher & Wagstaff, 2009) could facilitate gambling problems in vulnerable individuals. However, up until now, there have been few opportunities to explore these possibilities directly with affected players.

In this study, we sought to gain a preliminary insight into the experiences of professional footballers who have developed problems with their gambling behaviour. Following Sinclair & Green (2005), we did not intend to identify 'empirically valid reconstructions' of precisely how these individuals became 'problem gamblers'; rather, we sought to explore players' experiences of how being a professional footballer may have influenced transitions into and out of patterns of harmful gambling. The experiences described illustrate how gambling problems are recalled by football players to be a progression from initial participation that is

clearly social in character to gambling in isolation as a means to cope with the physical and psychological challenges of the professional game. In addition, we highlight some sociocultural aspects of the professional game that hinder or facilitate help-seeking.

Methods

The study was approved by the Central University Research Ethics Committee (MSD/IDREC/C1/2011/28) of Oxford University.

All participants provided written informed consent.

We interviewed 11 British footballers (during 2011 and 2012) who were undergoing or had undergone treatment at the Sporting Chance clinic (www.sportingchance.com) for gambling problems. Sporting Chance offers residential interventions for behavioural and addiction problems among professional and amateur sports people. Therapies offered for alcohol misuse and gambling problems included individual and group supportive counselling, and weekly attendance of Alcohol/Gambling Anonymous group meetings off-site. The majority of residence time was given over to other physical activities such as physiotherapy, football training, and recreational activities to build a sense of community amongst the residents. As part of the programme, residents agreed to limit Internet use and communications with people outside of the residence. Our interviews constitute an 'intrinsic-case study'; that is, a study undertaken to gain a better understanding of a particular 'case', where the case can involve an individual or group of individuals (Stake, 2000). The emergent themes are offered below.

Table 1 about here

All participating footballers – interviewees – were notified about the study by one of the lead therapists at the clinic or by word-of-mouth contacts between players who had attended the clinic for gambling problems. All interviewees were playing, or had played, full-time football professionally in the English Premier, English or Scottish Football Leagues. All interviewees had been offered their first professional contracts between 16-18yr of age and reported professional experiences that varied from those who were released after the end of their first contract, to those who had long professional careers of up to 18 years (see Table 1).

All interviewed footballers reported gambling on a wide variety of gambling forms; individual favourites included video roulette on fixed-odds-betting-terminals in bookmaker shops (n= 3); football betting (n= 1); slot machines (n= 1), poker (n= 2) and horse racing (n= 4). Three interviewees reported significant alcohol problems. For 7 interviewees, this was the first time they had sought formal help for gambling problems. The remainder of the sample had sought help once previously, but not necessarily from Sporting Chance.

Box 1. Interview schedule.

Could you tell me the story of your football career from your earliest memories to the present?

Could you tell me the story of your gambling experiences from your earliest memories to the present?

Could you tell me more about what you think the link between football and gambling is?

Could you tell me more about how you came to seek help (for gambling problems)?

Interviews were conducted by the first author (ML) at Sporting Chance's residential clinic or in office space near the footballers' homes. Interviewees were told that we were interested in

understanding any relationships between their lives as professional footballers, their gambling activities and gambling problems. The interviews were semi-structured to gather a breadth and depth of qualitative data (Fontana & Frey, 2000). Interviewees were given time to offer experiences in their own words, and the interviewer was then able to explore in more detail some of the issues raised. The initial open-ended narrative part of the interview (including clarifications) lasted between 45min and 60min. Interviewees were asked to 'tell the story of their football career', their 'experiences with gambling' and how their professional career in football influenced their gambling and the development and experience of gambling problems, including their motivations for gambling. Most interviewees also talked about the impacts of gambling problems on their professional careers without further prompts. The second half of the interview offered the interviewees further opportunities to reflect upon some of these inter-relationships but also how they came to seek help with their gambling. All interviews were audio recorded and took between 60min to 120min to complete.

Interviews were transcribed verbatim and the transcripts subject to an interpretive-thematic analysis (Braun & Clarke, 2006; Miles & Huberman, 1994). The interviews were coded into themes using NVivo-9 (<http://www.qsrinternational.com/product>). Themes were developed iteratively and were regularly discussed with team members who also read the transcripts. Some quotes from the data are set out below to help support the presented analysis. (To preserve confidentiality, footballers have been allocated nominal index numbers; F1 to F11).

Results

The reoccurring themes that describe how our interviewees experienced the *development of their gambling problems* included: (i) gambling as a salient feature of life as a professional footballer; (ii) structural characteristics of professional football as an occupation that

facilitates gambling; and (iii) the emotional conflicts arising out of a career in professional football. Reoccurring themes in the description of how players had sought help included (iv) initial unwillingness to seek treatment followed by personal crises; and (v) personal recommendations by other players and club staff with similar experiences.

Development of gambling problems

Gambling as a salient feature of professional football

Interviewees often began gambling in the context of social groups or networks of friends and working colleagues. Two of our interviewees reported having been introduced to gambling as young children; however, the remaining nine interviewees started gambling only once they had signed to clubs as youth players (or as 'apprentices'). All interviewees reported that gambling is a prominent feature of life as a professional footballer. In line with previous studies of gambling in social networks (Lesieur, 1984), our interviewees reported intensive sharing of tips between players and, for some of interviewees at least, gambling was experienced as a pervasive aspect of their everyday working experience:

'There'd be little tips going in your ear when it was training; there would be tips going in your ear if you were out on a night out... There was always gambling; gambling is constant; it is rife in my experience of being involved in football.' [F9]

Our interviewees also reported regular group outings to bookmakers, casinos, racetracks and snooker halls. When travelling to and from games, gambling occurred as part of poker competitions or 'card schools' of players gathered on coaches, airplanes and in hotel rooms. Beyond this, several interviewees also described a distinct subculture of gambling that afforded access to high-stakes card schools (e.g. poker) and horse-racing [F4, F9, F10, F11]:

'Football comes with horse racing. It's just one of those things. You get invited to the races. You meet a few jockeys. You get a few tips on the horses. Before you know it...I'm starting off...When you're a footballer and you go to a horse meeting, your maybe [given] a nice [viewing gallery] box and all that...People in horse racing know that footballers have disposable income.' [F11]

However, the existence of a gambling culture within clubs, and the sometimes large amounts of money spent on gambling by players, was not perceived as necessarily problematic in itself although there were concerns about the involvement of younger players:

'There is card school but I would say 9 times out of 10 at most clubs it's controlled, you could lose £1 000 or £2 000 but for players that are on £30 000/£40 000/£50 000 a week in the grand scheme of things it's not a lot of money and it doesn't cause any problems it doesn't cause animosity..... ..If [young players] wanted to come in they could, but...you're only a young 17/18 year old, probably be lucky if you've got £1000 in the bank so you shouldn't really be playing cards anyway'. [F10]

Many of our interviewees believed that participation in gambling activities was good for team spirit but were also aware that immersion into a gambling-rich environment tended to normalise heavy betting practices, making this seem like *'the right thing to do'* [F4].

Moreover, although gambling amongst players and club colleagues did not always lead to heavier betting patterns or gambling problems, it was reported as facilitating the intensity of gambling behaviours in the younger footballers that we interviewed (Box 2a).

Finally, consistent with descriptive accounts of how norms of behaviour and social identities are transmitted to footballers as apprentices (Parker, 2001), gambling was also experienced by several of interviewees as a rite of passage into the authentic lifestyle of football 'seniors', and as a means to get acquainted with their childhood 'heroes' (Box 2b).

Box 2. Gambling as social inclusion.

a. Football gambling norms

'Um at 16, 17, 18 it's just a social thing, kind of thing, just sort of go with the lads, have a few bets on a Saturday. On the way back from the game everyone get their coupon out see who's winning...in football a lot of people seem to [gamble], it seems like the right thing to do, to like, you think it's like part of football, like it feels like it's part of the football culture to gamble... You think you've got to do it to be like involved kind of thing.' [F4]

'Last year and I was in [location] town centre with two friends from football and I was taking one of them home and I was like: 'yeah I'll come with you'. And I saw him win a lot and I was like: 'oh', and he was like: 'yeah fine', and I didn't find myself gambling that day, but I found myself in the week there with a friend. It just started from there really, just a little bit just social, a bit of fun it was at first, and then it just took over like so quickly really. It's crazy isn't it?' [F1]

b. Gambling with the 'seniors'

'I was playing with big players like [name] and people like that, and then you are playing cards with them at the same time and when you are getting involved with people like that it's making you feel good about yourself as well...when you're growing up as a little boy you, they're your heroes and they're your role models, and to be around them sort of players it's like a dream come true...' [F6]

'Now you're in the first team with us boys, you come along with us boys, we'll take you under our wing!'...so now they're looking at their role models...they want to be a part of that atmosphere and they go along [to horse races] ...inspired...looking up to, you know, senior players in the first team...' [F7]

Structural characteristics of professional football as an occupation

Previous research shows that the structure of occupations – in particular, combinations of high salaries, unsupervised time and opportunities to gamble – can facilitate gambling and, for some, the development of gambling problems (Revheim & Buvik, 2009). The commercial development of the professional game in the UK has dramatically enhanced the earning potential of top players with the proportion of wages to revenue of the English Premier League clubs reaching 58% for the year 2013/2014 (Deloitte UK, 2015). Within this context,

our interviewees recognised that they were significantly better off financially than their extended families and childhood friends. For most, the (often sudden) receipt of high salaries was viewed as 'disposable income' to be spent on family and personal needs; gambling being only one of several positive and affordable consumer behaviours:

'I went from earning...very little to a lot of money. So then I could do what I wanted really, financially. Buy a nice house, buy a nice car, you can gamble, you can drink, you can do what you wanted. You had a lot of disposable income...I was able to give my mum money, my dad money, my brother money. Have nice things, not worry about money...Um, I was never flash with it. But when you're young, you want, you get a nice car, sometimes you get a nice house; few nice girlfriends. That's what goes with it, when you speak to a young footballer. That is what happens.' [F11]

Some interviewees reported that these financial freedoms tended to be expressed, not only in increased gambling participation, but a variety of risk- and sensation-seeking behaviours:

'[Footballers are] very risk seeking; very much chasing the buzz, the next level, the euphoric experience...Sexual experiences, certainly, with women in night clubs...There's a sense of identity being a footballer...so it's trying to keep up with that: the clothes, the women, the cars, the jewellery, the watches, the drinking, places to drink, members clubs.....' [F9]

As part of this, interviewees noted that significant increases in their income - for example, signing-on fees and bonus payments - were associated with heightened thoughts and desires to gamble, indicating that high salaries were not used to begin gambling but rather to strengthen already existing patterns of gambling behaviour. One interviewee recalled the impact of increased income on his gambling once he signed his first professional contract:

'I got paid and got paid more because of my signing on fees, so I found myself getting paid a couple of thousand and to do stuff with that money than saving it. Yeah I just felt myself going crazy.' [F1]

Several interviewees also reported that high incomes were used to gamble for higher stakes in order to secure the same levels of enjoyment (F1, F3, F4, F6, F7, F9, F10, F12; Box 3a); this

effect sometimes being accompanied by sometimes mistaken beliefs in the security of future club contracts. In addition, whilst successfully fulfilling day-to-day financial obligations, some interviewees reported how their incomes tended to conceal gambling habits that were increasingly uncontrolled (Box 3b). This is reflected in the comments of those interviewees who reported how unsustainable patterns of gambling behaviour spiralled out of control after a sudden loss of income upon their release from clubs:

'When I was earning I was never in debt...but I was wasting the money that I was earning...[T]he stage where I got sacked, and then, I wasn't getting paid by that club anymore...that's when I opened up accounts of overdrafts, borrowing money just to gamble with ...I didn't have the money to do it, but I did it...' [F4]

Box 3. Income enhances gambling involvement.

a. High incomes distorts value for money

'The more money you make the more money you gamble that's what I've come across I don't know. I wish I could gamble with £10 and be happy winning £10, but it is not the case. If I'm gambling I've got to try and win big money.' [F6]

b. High incomes create a false security

'I was earning more money, earning a lot more money, so I was still spending a lot of money on gambling, but also wasn't neglecting anything; paying everything else at the same time... I was new to this money coming in, decent money coming in. You can lose that week's money and there will be another week coming in, so, it wasn't too bad for me.' [F2]

Emotional conflicts arising from professional football as an occupation

Gambling to regulate emotional states is a prominent feature of gambling problems (Blaszczynski & Nower, 2002; Milosevic & Ledgerwood, 2010; Nower et al., 2013; Reith & Dobbie, 2013) and our interviewees described several ways in which their gambling was motivated by the positive and negative experiences of the professional game. First, several

interviewees described powerful euphoric experiences when playing well on the field [F3, F6, F7, F9]:

*'Scoring a goal, defending a goal, the crowd, the atmosphere, the buzz and the sheer adulation, and you see some players do amazing things when they score a goal, that seems like dancing and they're in some kind of different space. But and if you ask them they say: 'f** I did that!' But when they're in that space, they don't know; so that sheer, sheer, buzz of adrenaline.'* [F7]

Consistent with models of gambling motivations that include excitement and competition (Lee, Chae, Lee, & Kim, 2007; Stewart & Zack, 2008), gambling was used by some interviewees as a way to capture this 'enhancement' aspect of football itself, with its anticipatory, competitive atmosphere, and the 'buzz' that comes with success:

'I loved betting and that was giving me the buzz and making me happy at the time....The buzz, you get it in gambling when you've won, you just get this big excitement...When I'm not playing I normally turn to gambling and that gives me the excitement and gives me the buzz.' [F6]

However, alongside the adulation that comes with on-field success, life as a professional footballer can bring public attention, criticism and abuse from fans, as well as harassment or media reportage to be endured; described as if living with 'shackles'. Younger interviewees reported finding it hard to cope with the rapid shifts between praise and criticism:

'I was very insecure, hugely lacking in confidence and self-esteem...you play football and if your coach says you played well, or your mum, or your dad, says you played well then you played well...when you're 24 and you're 15 stone, and you're ripped, and you're big, and you're playing in front of...76 000 mums, and dads, and coaches, and...sometimes people come up to you and say: 'you were shit Saturday'...They're a mirror for you...You never know where you are with people, managers, coaches – you...never...know...where...you...are.' [F9]

Others described emotional dreariness of unstructured time outside of training or playing days; or periods of time spent away from family while playing on loan for different clubs:

'...get in for training about 10am, train in the morning till about 12pm have lunch and then maybe a little bit of gym work and then off you go home...There's a lot of free time...I'd go training....and after training...there's just nothing to do, all my other friends are at work and I would be like: 'oh I'll just go to the bookies for a bit...' [F4]

Accordingly, our interviewees reported that gambling provided relief from deep frustrations occasioned by poor performance, being dropped from the team or injury and the arising pressures. The descriptions tended to emphasise (almost) dissociative experiences of escape within defined mental spaces - described as being in a 'little world', 'box', 'circle' or 'bubble' [F3, F4, F5, F9, F10] - provided by gambling in isolation (see Box 4a).

Box 4. Gambling, depressive symptoms and mood regulation

a. Gambling to escape frustrations in the short term

Talking about a staying hotel room while out on loan: 'Everything was just perfect. You know for me I had my computer there [points to the front], telly there [points to the side], big double bed there [points to the other side], and another double bed there just with my stuff in it...sitting there very comfy; nobody to bother me [as I gamble]...that's sort of a security, I think...at that time I just felt like heaven, you know.' [F2]

'I felt like I didn't really have anywhere to go from there to be honest, from...from doing so well and being like the next best thing to then just being [silence]...it was difficult...that's when I found gambling to escape, escape from that yeah...8-9 hours and I'd be like having no worries in the world.' [F1]

b. Gambling and depression in the long term

'After gambling binges, after sleeping with prostitutes...you wake up and the reality of the day is dawning on you and...you just feel empty and soulless...[I was in] a really dark hole you know, sleep deprivation just one of them. You know, I just couldn't even function, I couldn't even make rational decisions in the end...I was depressed from gambling, you know, my life had become just totally unmanageable, and over a period of time, I just think my body was just shutting down...I also had thoughts of...suicidal thoughts as well.' [F7]

'[Gambling] had beaten me, it had chewed me up, swished me around in its mouth a million times until I was basically numb, and dead, and spat me out until it was done with me, and that's where I felt I was.' [F10]

By contrast, our interviewees also reported that, as time passed, problematic patterns of gambling continued, and seemed to exacerbate serious mental health and career consequences. More than half of our interviewers reported that the longer-term, accumulated gambling debts, and the secrecy and guilt around concealing their gambling, intensified the emotional 'rollercoasters' and 'sleepless nights' generating 'a million and one emotions' and experiences of feeling 'physically sick', like 'a piece of shit' [F2, F4, F5, F7, F9, F10, F12]:

'[I cannot] stop gambling. I've lost all my money. Can't pay this, can't pay that. I've nowhere to go. So you tell lies, you tell more lies. Before you know it, you forget your own lies and you don't know what you said...um...and you can't get out of this very horrible trap of borrowing money, to win money to borrow money again to pay it back. And before you know it, you're up to your eyeballs. Emotionally you're all over the place...' [F2]

Most of these interviewees reported severe symptoms of depression and anxiety characterised by mixtures of panic, hopelessness and thoughts of suicide (Box 4b). Two interviewees also reported that their gambling behaviours intensified following injuries that had ended their careers and felt as if it had been motivated by an enduring lack of fulfilments, made worse by the sudden loss of income following release from their contracts (Box 5).

Box 5. Gambling following career-ending injury

Gambling following career-ending injury

'Yeah I was depressed, just felt like shit about myself and that really...I spoke to [the counsellor] about it in there, and I just started crying and stuff where I've just never dealt with it... it's just that I never got to have a full opportunity at it, it was sort of taken from me...' [F5]

'..when I was playing football I wasn't that bad...I would never have got myself in trouble that way, it was when I got released and I stopped earning money that's when I started getting myself in trouble and staying up all night and doing ridiculous things like staying up in the morning till like, not even sleeping some nights, staying up gambling all night and the next day like gambling straight away again, it was crazy.' [F4]

Finally, nine of the footballers reported that uncontrolled gambling impacted adversely upon their performance at training and in competitive matches, or that gambling took priority over training. Either, they were preoccupied with thoughts about their gambling debts or debtors [F2, F5, F10, F6, F9, F12], planning their next trip to the bookmakers [F1, F4, F10, F12], or were physically exhausted after gambling through the night [F4, F9]. In a few cases, players level of gambling involvement and consequent 'drop in form' [F10] resulted in their acceptance of permanent or 'on loan' transfers to other clubs [F6, F10, F12]:

I left [my club] because of gambling, I was in the shit in [my club] which is why I'm trying to get out. There are demons there, there are bad memories of me being there because...I was gambling. I was upsetting people in the town, upsetting fans. Because I was in the bookies, my reputation was gone, so my manager asked me to go...' [F12]

Factors influencing help seeking

Initial unwillingness/personal crises

Getting help for gambling problems starts with acknowledging the damaging effects of current patterns of gambling and then seeking treatment. Our interviewees reported several commonly encountered obstacles to seeking help (Hodgins, 2001). These included (i) mistaken beliefs that help was unnecessary and that gambling behaviours were under control and (ii), for some, a reluctance to give up gambling as if they '*hadn't finished*' [F9].

However, other obstacles to help-seeking were linked to specific aspects of professional football as an occupation. First, one older interviewee reported that, while alcohol misuse was easily detected by club management, gambling problems were sometimes masked by high salaries (see above) and that some gambling debts were settled between players:

I got pulled in for drinking a lot but not gambling and it was kind of accepted and I think still is um...and it was not seen as an issue and it was money owed, if I owed you money or I owed someone else money it was dealt with between the players....' [F9]

Secondly, seeking help was delayed because of widespread concerns about the social and occupational consequences. Five interviewees related how they feared the negative 'judgment' and 'embarrassment' [F4] of disclosing gambling problems within a 'macho' dressing-room culture (Parker, 2001). They were also wary of approaching team managers directly for fear of compromising their chances of being selected to team squads (Box 6).

Recommendations by peers with similar experiences/supportive club management

Even though our interviewees described initial resistance to seeking help, all of them did eventually seek formal treatment. The immediate triggers for seeking help were similar to those reported by problem gamblers in other occupational settings (Soberay, Grimsley, Faragher, Barbash, & Berger, 2014; Valdivia-Salas, Blanchard, Lombas, & Wulfert, 2014) and included (i) gambling debts that had become impossible to manage or conceal and (ii) family and/or relationship crises linked to gambling that motivated players to seek help.

Box 6. Footballers' initial unwillingness to seek help

Possible social and vocational costs

'I think it's the case that most gamblers are too embarrassed, or got too much self-pride, that they don't want to admit that they've got a problem... Working with footballers... It's quite a macho... competitive sport, so there's a lot of egos flying about. It kind of bruises your ego a bit to admit that as a professional sportsman you don't like... to admit that you've lost. I had to admit that I'd lost to it [gambling] and in many ways that goes against what I am about.' [F10]

'I think people [footballers] are too scared to go and talk to him [manager] about things because if you went to the manager: 'I'm gambling loads', then he's not going to play you is he? Because he thinks you're not focused on your football, so nobody goes and talks to the manager about it.' [F4]

However, within a club context, personal recommendations to get help for gambling problems by other players were particularly helpful. Four interviewees reported that invitations to seek help came primarily from the testimony of other footballers who had previously and successfully sought help for their own gambling problems:

'I didn't seek help at first, but we have two people come in at [club] who are recovering addicts, and...they come in and they give a talk...I was telling them what had happened...and they were giving advice and they brought up the idea [about seeking help] ...I think if it wasn't for the two people at [club] who come every Thursday...I probably would still be gambling now to be honest.' [F1]

Some of this testimony had been provided by footballers who had received treatment at Sporting Chance. In addition, while our interviewees had been reluctant to disclose their gambling problems to club management, referrals to Sporting Chance from club managers, and their assurance of continual support, were especially valued:

'The manager I am with now, he knew I had the problems...and he said to me: 'if you can get rid of all the shit out of your life, then if we can help you, we will help you.' The football club at [location]...have been unbelievably supportive in that way. They want me to get the best help possible because they know if my head's right, then I can get in their club and get promoted.' [F7]

Finally, five interviewees noted that personal recommendations from other players could be helpful amongst young footballers, recalling their own entry into the game, and the vulnerabilities associated with this early stage of development as a professional footballer:

'Because of the football culture...they [young footballers] get all them things [including gambling] thrown at them so early on...I think there needs to be someone there to...remind them of how easy this could be. But I think it's got to be done at...the youth team between 16 and 18...In football it's like a make or break...you sign professional, or you don't.' [F4]

Discussion

Gambling problems in professional footballers, as in other occupational groups, likely reflect the combined effects of generic factors that operate broadly to promote gambling harms –

such as male gender, relative youth and single marital status (Wardle et al., 2011; Wardle et al., 2007) – but also other factors that have particular salience in the context of players' personal and professional lives. These latter factors could operate at both the level of individuals involving, for example, personality characteristics associated with success in the professional game but also linked to gambling (Ellenbogen et al., 2008; Nelson et al., 2007); and at the level of occupational context, promoting the opportunities and means to gamble heavily (Revheim & Buvik, 2009). The eleven narratives presented here provide preliminary insights into some of the mechanisms that, singly and in combination, are likely to promote gambling-related problems and harms in at least some professional football players.

Before considering these accounts in detail, we first acknowledge some limitations of our data. First, the number of interviews presented here is small and derived from exclusively British professional footballers, limiting the representativeness of the described experiences. Second, we were not able to interview any of the far greater number of current or recent professionals who have played football to the same level as our interviewees but who have not developed gambling problems. Our findings are derived from a small number of players adversely affected by gambling problems and, undoubtedly, reflect particular interactions between their individual histories and professional circumstances. Thus, these reports *cannot* represent the broad experiences of professional footballers playing in British leagues.

Nonetheless, we are struck by how the culture of the professional game was consistently described by our interviewees as being saturated by gambling and the connections drawn between gambling in this occupational context and players' experiences of gambling harms.

Third, our findings consist in essentially *recollected* personal experiences and are subject to cognitive and emotional biases that might omit, minimise or over-emphasise certain factors in

the development of gambling problems (Neale, Allen, & Coombes, 2005). All interviewees were recruited by virtue of their treatment at the Sporting Chance clinic (<http://www.sportingchanceclinic.com/>) and it is likely that their descriptions of how they encountered gambling problems will have been influenced by their therapeutic experiences and the sometimes painful process of coming to terms with amended personal and career expectations. We also acknowledge that our interviewees' participation in a GA/12-step treatment plan (delivered off-site) may have influenced their perspectives upon their gambling experiences (Ferentzy, Skinner, & Antze, 2009; Petry, 2003); for example, our interviewees' initial reluctance to seek help and their emphasis upon the acknowledged reality of their 'problem gambling' (Schuler et al., 2016). On the other hand, participation in the GA/12-step programme is unlikely to account for other prominent interview themes such as the experiences of gambling as a highly salient feature of life as a professional footballer, the structural characteristics of professional football as an occupation that facilitates gambling; and the emotional conflicts arising in professional footballing careers.

Fourth, more than one interviewee remarked that the 'dressing-room' culture of British football has changed substantially with the influx of foreign players, possibly diminishing the prevalence of gambling and alcohol (mis)use amongst contemporary team squads (Magee & Sugden, 2002; Williams, 2009). Finally, while our interviewees' gambling problems were clearly experienced as having produced significant adverse impacts upon their family and professional lives, such effects are likely to be bi-directional, making it hard to generalise too much about the likely causes and consequences of gambling in professional footballers.

Developing gambling problems in professional footballers

Previous research highlights 'pathways' into gambling problems that reflect, for example, susceptibility to the reinforcing or (conditioning) aspects of gambling behaviours, the capacity of gambling to ameliorate stress or negative emotional states and, finally, opportunities to express impulsive reward-seeking traits (Blaszczynski & Nower, 2002). These mechanisms may be complementary (Milosevic & Ledgerwood, 2010), with the reinforcing aspects of gambling helping to establish regular patterns of gambling, with the mood-modulating aspects tending to support subsequent problematic and harmful gambling activity. Consistent with this, the majority of our interviewees reported that they began regular gambling when signed as apprentice professional footballers and enjoyed gambling with peers and colleagues as a positive social feature of their occupational setting; but then found themselves gambling more frequently (and more often in isolation) in order to cope with the challenges and arbitrary disappointments thrown up by the professional game. Several mechanisms seem to have played a significant role in mediating this transition.

First, our results highlight several sociocultural factors that facilitate gambling participation. All of our interviewees reported that gambling is a significant and popular leisure pursuit amongst professional football players, with several using descriptors such as 'rife' or 'epidemic'. Social networks facilitate the acquisition of gambling behaviours (Reith & Dobbie, 2011) and social rewards are prominent motivators for gambling (Lee et al., 2007; Stewart & Zack, 2008). For our interviewees, the social pay-offs of gambling were experienced in groups of apprentices visiting bookmakers en route to and from training sessions, graduating to high-stakes gambling in 'card-schools', or visits to casinos and race tracks in larger groups. These activities had value through a sense of shared participation, fun

and light-hearted competition, and as a way to enhance team spirit. However, frequent gambling in some players may be linked to gambling-related harms in several ways.

Foremost, epidemiological studies tell us that the frequency (or volume) and breadth of gambling activities are positively associated with the incidence of gambling problems (LaPlante, Nelson, LaBrie, & Shaffer, 2009; Welte, Barnes, Wieczorek, Tidwell, & Parker, 2004), raising the likelihood that some, if only a minority, of professional players who gamble regularly will inevitably develop problems. Nine interviewees also reported regular gambling only once they had been signed as apprentices to league clubs. Norms of behaviour and social identities are transmitted between footballers at early career stages (Parker, 2001). Accordingly, for some interviewees, gambling (alongside other forms of consumption) was experienced as an integral aspect of being a professional footballer and as one way to interact with senior players who they had previously viewed as 'heroes'. Possibly, these social rewards embedded heavy patterns of gambling that, for some, became problematic subsequently.

Second, the social rewards of gambling described by our interviewees are complemented by structural characteristics of professional football that increased players' gambling still further. Previous research shows that the structure of peoples' occupations can facilitate the development of gambling problems (Revheim & Buvik, 2009). Our interviewees consistently reported that free time (e.g. following training), provision of high disposable incomes and signing-on fees from professional contracts tended to increase already established gambling activities. In addition, high incomes and bonus payments were felt to have reinforced patterns of gambling by masking debts and delaying their detection by partners and families. Finally, gambling-related harms were exacerbated by the (sometimes sudden) loss of income

following contractual release. In these cases, our interviewees found themselves borrowing from friends, and even loan sharks, to fund established problematic gambling behaviours.

Third, in contrast to the broadly social rewards that motivated the acquisition of gambling behaviours, our interviewees described their *problematic* gambling in terms that highlighted gambling away from their peers, in isolation, as a way to cope with their occupational and personal problems. Gambling to alleviate negative emotional states and stress is a salient aspect of gambling problems (Blaszczynski & Nower, 2002; Milosevic & Ledgerwood, 2010; Reith & Dobbie, 2013). In our interviewees, emotional motivations took a number of forms including gambling to capture some of the thrill and euphoria associated with competitive success on the field, or gambling to alleviate boredom during spare time and the loneliness associated with being loaned out to clubs some distance from families. In each of these cases, footballers chose gambling (over alternative activities) to enhance mood or alleviate stress because it is an accepted leisure pursuit amongst players and because their gambling was felt to be congruent with their own pictures of themselves as professional footballers.

Of particular note, and consistent with previous reports of links between unpredictable employment and gambling problems (Reith & Dobbie, 2013), several interviewees highlighted the unpredictability of professional football as a career involving, for example, shifts between adulation and criticism from fans; as well as the constant threat of being dropped from squads through loss of form. Previous research also emphasises the competitive motivations for gambling amongst high-profile (Ellenbogen et al., 2008; Nelson et al., 2007) and retired athletes (Weiss & Loubier, 2008) but neglected its emotional motivations. Several interviewees described how their gambling intensified while recovering from injuries or following release by clubs. Each case, however, involved movement along a path from

gambling as a social leisure pursuit amongst friends and peers towards gambling in isolation; and was described in terms of creating a space away from other people to escape from professional pressures. Adopting earlier sociological ideas (Goffman, 1959), Roderick (2006) proposed that footballers manage the challenges of the professional game through 'dramaturgical' selves involving strategies — such as workplace humour and 'banter' — to manage colleagues' impressions and ensure that responses to good and bad professional outcomes remain in line with the social 'norms' of fellow players, coaching staff and management (Roderick, 2006). On this view, gambling initially occupies the 'front' regions of social interactions that, in part, are used to impression-manage interactions with other professional colleagues in the game; but then migrates to 'back' regions that are private and characterised by the negative emotional consequences of loss of form, unwanted club transfers or injury; spurring further gambling in isolation.

Help-seeking and gambling harm prevention in professional footballers

Our interviewees described several of obstacles and facilitators to seeking help for gambling problems. Some of the obstacles identified by our interviewees are typical of problem gamblers in other settings (Suurvali, Cordingley, Hodgins, & Cunningham, 2009); i.e. mistaken beliefs that gambling behaviours are under control and a reluctance to moderate gambling behaviour. However, in addition, gambling participation amongst players and high incomes meant that gambling-related harms (excessive expenditure and time spent gambling) tended to accumulate and then were not easily acknowledged as harmful by individual players. Our interviewees also reported being wary of disclosing their gambling problems to other players and club staff for fear of appearing weak or being dropped from team squads. For these reasons, seeking help tended to be delayed until gambling debts had become unmanageable or the onset of relationship crises involving partners and family.

Recent developments in harm prevention and intervention have utilised socio-cognitive perspectives on youth gambling: specifically, the 'Theory of Planned Behaviour' (TFB)(St-Pierre & Derevensky, 2016; St-Pierre, Temcheff, Derevensky, & Gupta, 2015). On this view, gambling behaviours are closely linked to intentions to gamble that reflect the strength of several variables: (i) (positive or negative) attitudes towards gambling; (ii) 'subjective norms' (perceptions of social facilitators of gambling); (iii) perceived behavioural control (beliefs about the ability to moderate or control gambling behaviours); and, latterly, (iv) anticipated negative emotions following gambling episodes (St-Pierre & Derevensky, 2016). TFB models offer promising ways to delineate the contribution of these factors to gambling in adolescent (St-Pierre, Derevensky, Temcheff, & Gupta, 2015) and in college populations (Martin et al., 2010) and have formed the basis of least one harm preventative intervention (St-Pierre, 2015)(cited in (St-Pierre & Derevensky, 2016)). The trajectories from social gambling amongst groups of young players towards isolated gambling as a way to cope with the personal and occupational challenges of the professional game, as described by our interviewees, offers several points where the factors identified by TFB might form therapeutic targets for interventions to diminish the risks of gambling-related harms.

First, football administrators and coaching staff need to be vigilant for the strong impetus for younger players to internalise and conform to both positive gambling attitudes and subjective 'norms' of gambling amongst groups of trainees/scholars (addressing TFP (i) and (ii) above); and to model the gambling and broader consumption patterns of senior players (McGillivray et al., 2005; Parker, 2001). Second, educational materials targeted at young players tend to centre round the self-identification of 'problem gambling' rather than descriptions of broader harms – such as excessive time and expenditure, disrupted relationships and diminished competitiveness for team places – that excessive gambling can bring (addressing TFP (iv)).

Finally, being dropped from competitive play through injury or loss of form, transfers out-on-loan, or contract termination will be experienced as significant stressors in themselves, but can also disconnect players from training routines, diminish regular contacts with colleagues and, in the case of loan transfers, involve relocation some distance from family. For some players, the resultant isolation can then spur further gambling activity, increasing the risks of further harms. Assessing sources of family and social support for players who not playing regular competitive football (though injury or loss of form) or for players relocated out on loan but who are known to gamble regularly, as well as ensuring regular contacts with club staff, might diminish the likelihood of gambling harms in vulnerable individuals.

By the same tokens, however, recommendations from players who had also experienced problems with their gambling, and players who had themselves received treatment, for example, at Sporting Chance, were especially effective in cueing players to seek help. 'Source credibility' is an important factor in the promotion of health-relevant behaviours (Worsley, 1989) and may be a particularly salient factor in achieving behavioural change in the context of youth gambling (Shead, Walsh, Taylor, Derevensky, & Gupta, 2011). In addition, the explicit statements of support from club managers and coaching staff facilitated help-seeking by providing reassurance that our interviewees' playing careers might be resumed once their gambling problems had been successfully addressed. In this way, just as acquisition of gambling patterns can be motivated by the social processes of shared gambling amongst peers and senior players, recommendations from these same individuals may be a particularly 'credible' means of offering help to individuals who are experiencing gambling problems.

Declaration of Interest Statement

Rogers is in receipt of an unrelated grant from the Responsible Gambling Trust. All authors declare no financial relationships with any organisations that might have an interest in the submitted work; and no other relationships or activities that could appear to have influenced the submitted work.

Acknowledgements

We would like to thank Tony Adams, Colin Bland and the staff of Sporting Chance clinic for the opportunity to conduct this research. We would also like to thank the players who agreed to be interviewed; we hope that this manuscript provides some helpful interpretation of their collective experience. We would like to dedicate this paper to the late Peter Kay whose rapport with the players and commitment enabled the completion of this project.

References

- Blaszczynski, A., & Nower, L. (2002). A pathways model of problem and pathological gambling. *Addiction*, 97(5), 487-499. doi:DOI 10.1046/j.1360-0443.2002.00015.x
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Danson, A. (2010). Sponsorship by gambling companies in the UK and Europe: The opportunities and challenges. *Journal of Sponsorship*, 3(2), 194-201.
- Deloitte UK. (2015). Annual review of football finance.
- Ellenbogen, S., Jacobs, D., Derevensky, J., Gupta, R., & Paskus, T. (2008). Gambling behavior among college student-athletes. *Journal of Applied Sport Psychology*, 20(3), 349-362. doi:Doi 10.1080/10413200802056685
- Ferentzy, P., Skinner, W., & Antze, P. (2009). Gamblers Anonymous and the 12 steps: How an informal society has altered a recovery process in accordance with the special needs of problem gamblers. *Journal of Gambling Issues*, 23, 42-65.
- Fletcher, D., & Wagstaff, C. R. D. (2009). Organizational psychology in elite sport: Its emergence, application and future. *Psychology of Sport and Exercise*, 10(4), 427-434. doi:DOI 10.1016/j.psychsport.2009.03.009
- Fontana, A., & Frey, J. H. (2000). The Interview: from structured questions to negotiated text. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research: Second Edition*. California: Sage Publications, Thousand Oaks.
- Gambling Commission. (2016). Retrieved from <http://www.gamblingcommission.gov.uk/Gambling-data-analysis/statistics/Industry-statistics.aspx>.
- Goffman, E. (1959). *The Presentation of Self in Everyday Life*. New York: Doubleday Anchor Books.
- Hawkins, R. D., & Fuller, C. W. (1999). A prospective epidemiological study of injuries in four English professional football clubs. *British Journal of Sports Medicine*, 33(3), 196-203.
- Herbert, I. (2011, 25th Feb). Player at heart of betting scandal reveals illegal gambling is rife *The Independent*.
- Hodgins, D. C. (2001). Processes of changing gambling behavior. *Addictive Behaviors*, 26(1), 121-128.
- Hughes, L., & Leavey, G. (2012). Setting the bar: Athletes and vulnerability to mental illness. *The British Journal of Psychiatry*, 200(2), 95-96. doi:10.1192/bjp.bp.111.095976
- James, S. (2010). England's young footballers face final whistle. *The Guardian*. Retrieved from <http://www.guardian.co.uk/money/2010/jun/12/england-young-footballers-scrapheap>
- Johnson, S., Cooper, C., Cartwright, S., Donald, I., Taylor, P., & Millet, C. (2005). The experience of work-related stress across occupations. *Journal of Managerial Psychology*, 20(2), 178-187.
- Lamont, M., Hing, N., & Gainsbury, S. (2011). Sports Management Review. 14, 246-257.
- LaPlante, D. A., Nelson, S. E., LaBrie, R. A., & Shaffer, H. J. (2009). Disordered gambling, type of gambling and gambling involvement in the British Gambling Prevalence Survey 2007. *The European Journal of Public Health*, 21(4), 532-537.
- Lee, H. P., Chae, P. K., Lee, H. S., & Kim, Y. K. (2007). The five-factor gambling motivation model. *Psychiatry Research*, 150(1), 21-32.
- Lesieur, H. R. (1984). *The chase: career of the compulsive gambler*. Cambridge, MA: Schenkman.

- Magee, J., & Sugden, J. (2002). "The World at their Feet" : Professional Football and International Labor Migration. *Journal of Sport and Social Issues*, 26(421), 421-437. doi:DOI: 10.1177/0193732502238257
- Martin, R. J., Usdan, S., Nelson, S., Umstattd, M. R., Laplante, D., Perko, M., & Shaffer, H. (2010). Using the theory of planned behavior to predict gambling behavior. *Psychol Addict Behav*, 24(1), 89-97.
- McGillivray, D., Fearn, R., & McIntosh, A. (2005). Caught up in the beautiful game: A case of Scottish professional footballers. *Journal of Sport and Social Issues*, 29(102-123).
- Miers, D. (2004). *Regulating commercial gambling : past, present, and future*. Oxford ; New York: Oxford University Press.
- Miles, D. M., & Huberman, A. M. (1994). *Qualitative Data Analysis* (2nd Edition ed.). Thousand Oaks, CA.: SAGE Publications, Inc.
- Milosevic, A., & Ledgerwood, D. M. (2010). The subtyping of pathological gambling: A comprehensive review. *Clinical Psychology Review*, 30(8), 988-998. doi:DOI 10.1016/j.cpr.2010.06.013
- Neale, J., Allen, D., & Coombes, L. (2005). Qualitative research methods within the addictions. *Addiction*, 100(11), 1584-1593.
- Nelson, T. F., LaBris, R. A., LaPlante, D. A., Stanton, M., Shaffer, H. J., & Wechsler, H. (2007). Sports betting and other gambling in athletes, fans, and other college students. *Research Quarterly for Exercise and Sports*, 78(4), 271-283.
- Nower, L., Martins, S. S., Lin, K. H., & Blanco, C. (2013). Subtypes of disordered gamblers: results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Addiction*, 108(4), 789-798.
- Parker, A. (2001). Soccer, servitude and sub-cultural identity: Football traineeship and masculine construction. *Soccer & Society*, 2(1), 59-80.
- Petry, N. (2003). Patterns and correlates of gamblers anonymous attendance in pathological gamblers seeking professional treatment. *Addictive Behaviors*, 28, 1049-1062.
- Reith, G., & Dobbie, F. (2011). Beginning gambling: The role of social networks and environment. *Addiction Research and Theory*, 19(6), 483-493.
- Reith, G., & Dobbie, F. (2013). Gambling careers: A longitudinal, qualitative study of gambling behaviour. *Addiction, Research and Theory*, 21(5), 376-390.
- Revheim, T., & Buvik, K. (2009). Opportunity structure for gambling and problem gambling among employees in the transport industry. *International Journal of Mental Health and Addiction*, 7, 217-228.
- Roderick, M. (2006). A very precarious profession: uncertainty in the working lives of professional footballers. *Work, employment and society*, 20(2), 245-265.
- Schuler, A., Ferentzy, P., Turner, N. E., Skinner, W., McIsaac, K. E., Ziegler, C. P., & Matheson, F. I. (2016). Gamblers Anonymous as a Recovery Pathway: A Scoping Review. *J Gambl Stud*.
- Shead, N. W., Walsh, K., Taylor, A., Derevensky, J. L., & Gupta, R. (2011). Youth Gambling Prevention: Can Public Service Announcements Featuring Celebrity Spokespersons be Effective? *International Journal of Mental Health and Addiction*, 9(2), 165-179. doi:10.1007/s11469-009-9260-y
- Sinclair, J., & Green, J. (2005). Understanding resolution of deliberate self harm: qualitative interview study of patients' experiences. *British Medical Journal*, 330(7500), 1112-1115. doi:DOI 10.1136/bmj.38441.503333.8F
- Soberay, A. D., Grimsley, P., Faragher, J. M., Barbash, M., & Berger, B. (2014). Stages of change, clinical presentation, retention, and treatment outcomes in treatment-seeking outpatient problem gambling clients. *Psychology of Addictive Behaviors*, 28(2), 414-419. doi:10.1037/a0035455

- Sport England. (2015). *1x30_sport_16plus-factsheet_aps9v3*. Retrieved from https://www.sportengland.org/media/10226/1x30_sport_16plus-factsheet_aps9v3.pdf.
- St-Pierre, R. A. (2015). *Negative anticipated emotions and the theory of planned behaviour in gambling behaviours and problem gambling prevention*. McGill, Montreal.
- St-Pierre, R. A., & Derevensky, J. L. (2016). Youth gambling behavior: Novel approaches to prevention and intervention. *Curr Addict Rep*, 3, 157-165.
- St-Pierre, R. A., Derevensky, J. L., Temcheff, C. E., & Gupta, R. (2015). Adolescent gambling and problem gambling: examination of an extended theory of planned behaviour. *International Gambling Studies*, 15(3), 506-525.
- St-Pierre, R. A., Temcheff, C. E., Derevensky, J. L., & Gupta, R. (2015). Theory of Planned Behavior in School-Based Adolescent Problem Gambling Prevention: A Conceptual Framework. *J Prim Prev*, 36(6), 361-385.
- Stake, R. E. (2000). Case studies. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research: Second Edition*: California: Sage Publications, Thousand Oaks.
- Stewart, S. H., & Zack, M. (2008). Development and psychometric evaluation of a three-dimensional Gambling Motives Questionnaire. *Addiction*, 103(7), 1110-1117. doi:DOI 10.1111/j.1360-0443.2008.02235.x
- Suurvali, H., Cordingley, J., Hodgins, D. C., & Cunningham, J. (2009). Barriers to seeking help for gambling problems: A review of the empirical literature. *Journal of Gambling Studies*, 25(3), 407-424.
- Valdivia-Salas, S., Blanchard, K. S., Lombas, A. S., & Wulfert, E. (2014). Treatment-seeking precipitators in problem gambling: analysis of data from a gambling helpline. *Psychology of Addictive Behaviors*, 28(1), 300-306. doi:10.1037/a0035413
- Wardle, H., Moody, A., Spence, S., Orford, J., Volberg, R., Jotangia, D., . . . Dobbie, F. (2011). *British Gambling Prevalence Survey 2010*. London: National Centre for Social Research Retrieved from <http://www.gamblingcommission.gov.uk/PDF/British%20Gambling%20Prevalence%20Survey%202010.pdf>.
- Wardle, H., Sproston, K., Orford, J., Erens, B., Griffiths, M., Constantine, R., & Piggott, S. (2007). *British Gambling Prevalence Survey 2007*. London: National Centre for Social Research Retrieved from <http://www.gamblingcommission.gov.uk/UploadDocs/publications/Document/Prevalence%20Survey%20final.pdf>.
- Weiss, S. M., & Loubier, S. L. (2008). Gambling behaviors of former athletes: The delayed competitive effect. *UNLV Gaming Research and Review Journal*, 12(1), 53-60.
- Welte, J. W., Barnes, G. M., Wieczorek, W. F., Tidwell, M. C., & Parker, J. C. (2004). Risk factors for pathological gambling. *Addictive Behaviors*, 29(2), 323-335.
- Williams, O. (2009). Where the Premier League's players come from *British Broadcasting Corporation: Sport*. Retrieved from http://news.bbc.co.uk/sport1/hi/football/eng_prem/8182090.stm
- Winters, H. (2008, 10th October). One in 10 football managers has gambling problem, says League Managers Association. *The Telegraph*.
- Worsley, A. (1989). Perceived reliability of sources of health information. *Health Education Research*, 4(3), 376-276.

Table 1. Characteristics of the 11 professional and retired footballers interviewed

Characteristics	Number	Number	
Age at interview (years)		Years of professional football experience	
18-25	4	<5	4
26-35	5	5 to 10	2
36-45	2	>10	5
Ethnicity		National player	
White	9	Yes	6
Mixed	2	No	5
Marital Status		Level of league participation ^a	
Single	6	Premier	6
Married/Partnered	3	Championship	3
Divorced/Separated	2	League One	1
		League Two	1
Age of first entry to football club (years)		Age of first gamble (years)	
7-13	9	10-14	2
16-18	2	16-18	9
Current football status		Time since last residential treatment	
Professional (full-time)	6	Currently on treatment	6
Semi-professional (part-time)	2	≤ 1 year	3
Retired footballer	3	> 1 year	2

^aThe English Football League (<http://www.football-league.co.uk/>) system comprises of interconnected male and female divisions in a hierarchy where any participating football club has the opportunity to be promoted to, or relegated from, the division above or below it. Some clubs are professional; some semi-professional. At the top of the men's senior game is the English Premier League followed by The Championship, League One and League Two. The men's game of the Scottish Football League (<http://www.scottishfa.co.uk/index.cfm>) (of which several interviewees had experience) has a similar structure: The Scottish Premier League, The Scottish Championship, League One and League Two.