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BETWEEN THE LINES
Gambling among athletes and coaches in four
elite sports

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BETWEEN THE LINES
Gambling among athletes and coaches in four elite sports

THESIS FOR LICENTIATE DEGREE

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Believe in change

- Stockholm, in the time of Covid-19

ABSTRACT

Background and aim: Knowledge of how gambling and problem gambling are distributed in different societal groups is valuable for developing preventive initiatives. Considering the financial connections between sports and the gambling industry, as well as the structural and cultural aspects of sports employment, we need more knowledge of gambling and problem gambling in this setting. The general aims of this thesis were accordingly: to explore the prevalence of gambling and problem gambling as well as potential risk factors for problem gambling in a team sport environment; and to understand how gambling is experienced by the involved athletes, coaches, and managers.

Method: Data for **Study I** were derived from a web survey of a total population of elite athletes and coaches in four sports: ice hockey, football, floorball, and basketball. In the two sports with more than three divisions each (i.e., men's football and ice hockey), all teams in the third highest division were also invited to participate; overall, 1438 athletes and 401 coaches completed the survey. The prevalence of gambling, the risk of problem gambling, and risk factors were estimated. Using ordinal logistic regression, the possible associations between the risk of problem gambling and the considered possible risk factors were calculated.

In Study II, individual interviews were conducted with 30 male athletes, coaches, and managers in three sports: basketball, football, and ice hockey. The semi-structured interviews explored how the respondents experienced gambling in their own and other sports environments. The interviews were analysed using content analysis.

Results: In **Study I**, 2% of the female and 13% of the male athletes were classified as at risk of problem gambling. The results indicated associations between risk of problem gambling and eight of the investigated variables included in the survey: coaches positive attitude towards gambling, gambling company encouragement of gambling, talking about gambling during training, gambling on one's own game, knowing someone who has gambled on their own game, gambling regarded as important in the family, knowing someone who has/had a gambling problem, and alcohol consumption among the athletes. Coaches of male teams had a higher prevalence (7%) of problem gambling than did coaches of female teams (3%).

The results of **Study II** present a context in which gambling was normalized. The analysis identified two main themes: 'desire for and concerns over money' and 'in the shadow of performance'. The first theme points to recurring and varied references to money, whether as a motivator of gambling, as creating and enhancing the thrill of gambling, as a factor in interpreting problem gambling, or as a reason for accepting sponsorship from gambling companies. Money was a symbol of success and a reward for achievement. The theme 'in the shadow of performance' refers to the athlete's underlying feeling of constant evaluation and

need to perform. Gambling was sometimes seen as a matter of performance: ‘being good at gambling’ was an achievement and winning money was succeeding, i.e., performing well. Overall, the respondents described reluctance to talk about the downsides of gambling and the absence of a gambling policy.

Conclusion: The present findings suggest that sports clubs need greater knowledge of problem gambling. The sports associations should take the lead in developing a gambling policy and facilitating education regarding problem gambling. It is important not to push the responsibility downwards in the hierarchy, ending up with the coaches and the athletes having to shoulder this responsibility on their own. To achieve the best results, it is recommended that prevention activities be synchronized at all levels of the socio-ecological framework.

LIST OF SCIENTIFIC PAPERS

- I. Gambling and gambling problem among elite athletes and their professional coaches: findings from a Swedish total population survey of participants in four sports
- II. Gambling – an integral part of the workplace? A qualitative study of Swedish elite athletes, coaches and managers

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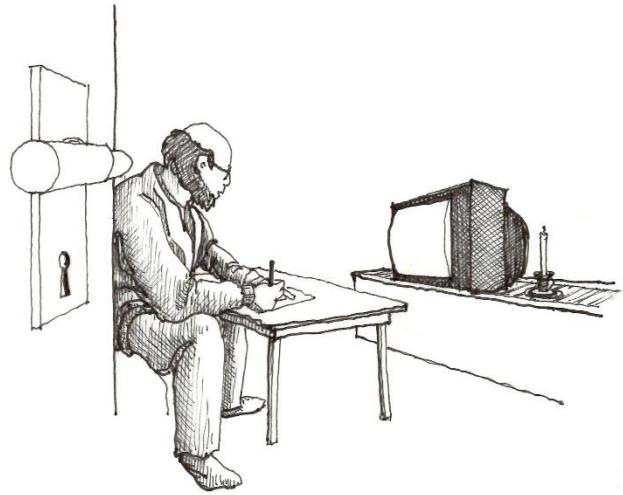
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LIST OF ABBREVIATIONS

PGSI	Problem Gambling Severity Index
Swelogs	Swedish Longitudinal Gambling Study
DSM	Diagnostic and Statistical Manual
ICD	International Classification of Diseases
UK	United Kingdom
AUDIT-C	The Alcohol Use Disorders Identification Test – Consumption
SHL	Swedish Hockey League

1 INTRODUKTION

The origins of this dissertation were my own reflections on sport and its proximity to gambling. One day I discovered that every time I watched sport, I also saw traces of the presence of gambling companies. This struck me as peculiar and prompted questions. The sports movement in Sweden is historically linked to volunteering and the non-profit sector. ‘Health and friendship’ has been a slogan, and sport is said to aim at educating people to be good citizens. However, like society in general, the conditions for sport have changed, not only as a result of external economic forces but also based on the wishes of participants. I grew up in a time when it was common for our fathers to sit in front of the TV on Saturday afternoon watching Tippsextra, a program broadcasting football from the UK that allowed viewers to watch matches and bet on them. In some homes, this was not a time to disturb the family’s father.



This was my first experience of the link between gambling and sport. At this time, there was no advertising on TV and I, who lived in a small town, never saw advertising other than in the daily newspaper. Time passed and the sports movement changed. The gambling companies became increasingly interested in offering ways to gamble on sports such as football, ice hockey, and horse racing. Allsvenskan and SHL generated more money and became more professionalized. With computerization and online gambling came new opportunities, such as online casinos and live betting on sport. During these decades, I lived completely outside the world of sport and gambling. It was not until 2014 that my gaze turned to gambling and gambling problems. Shortly after that, pondering the relationship between gambling and sport, I read new headlines concerning match-fixing and its possible connection to gambling problems. My concerns and curiosity about gambling problems in sport had begun. I crossed the line into the sports arena, and my research journey began.

2 BACKGROUND

2.1 GAMBLING AND PROBLEM GAMBLING

2.1.1 Gambling in society

Some people find gambling fun and exciting whereas others consider it immoral and unnecessary. Societal acceptance and accessibility of gambling have changed over time and differ between cultures. In Sweden, gambling has periodically been banned and allowed, eventually being organized by and becoming an income source for the state (Alexius, 2017; Binde, 2014). Changing opinions for and against gambling have been driven by both moral and economic arguments, and this is still the case today. Additionally, researchers have noted the shift in discourse from the responsibility that the state was considered to have as the legal provider of gambling opportunities, to the more individual perspective emphasizing responsible gambling and the individualization of responsibility (Edman & Berndt, 2016; Wardle, Reith, Langham, & Rogers, 2019).

In 2019, Sweden went from a government monopoly to a licensing system for commercial on-line gambling. Apart from the on-line licenses, there are two other major types of licenses: one for non-profit organizations and another for state-run gambling, i.e., physical gambling such as casino gambling, gambling machines, and lotteries. Complementing this are specific licenses for restaurant casinos, gambling on ships, and poker tournaments. Today, 69 gambling companies with licenses for on-line gambling on the Swedish market together offer 250 gambling websites. In total, 97 gambling companies have been issued licenses (Swedish Gambling Authority, 2020).

The reason for restricting gambling is said to be for customer protection and to minimize harm. With the new gambling act, gambling companies have a duty of care and gambling online requires identification. With this duty of care come various restrictions, for example: gamblers must set a maximum limit for the money to deposit; all companies with on-line gambling should offer their customers a self-test so that they can assess their gambling behaviour; and customers should also be offered the opportunity to exclude themselves from all license holders through a central national register called Spelpaus.se (Finansdepartementet, 2018). Today there are predictive tools that can help the player and gambling company determine whether the gambler belongs to a risk group, to prevent gamblers from excessive gambling (Forsström, Jansson-Fröjmark, Hesser, & Carlbring, 2017). The company must also have established routines for contacting gamblers in case of identified or suspected problem gambling.

2.1.2 Definitions of problem gambling, pathological gambling and gambling addiction

Gambling has historically been a moral question. Although problem gambling has long existed as a debated issue, it was not until the 20th century that it was classified as a health issue. The diagnosis pathological gambling was included in the Diagnostic and Statistical Manual of Psychiatric Disorders (DSM) in the 1980s as a pathological disorder. It was described as a chronic and progressive disorder in which the individual was unable to resist the urge to gamble, causing serious negative personal consequences including family consequences and also affecting the individual's vocational and financial situation. Several years later, the criteria were revised, and in DSM-5 gambling disorder is considered a behavioural addiction with criteria similar to those for substance use disorder, such as abstinence symptoms, tolerance, and a preoccupation with gambling (Reilly, 2013). It is also assumed that there are varying degrees of severity of problems, and that the individual can start and stop having problems as well as ceasing to gamble.

Gambling addiction is a term used and defined in the clinical setting, whereas problem gambling is a more inclusive concept. Different researchers use different paradigms when defining problem gambling. It is generally used to describe a person who continues to gamble despite harmful negative consequences, which could be defined by the gambler him/herself or others. In the literature, the term problem gambling is regularly used in connection with prevalence studies. In Sweden, the National Board of Health and Welfare makes recommendations on what instruments should be used when, and the emphasis is on short questionnaires to detect and raise awareness of problem gambling, especially in health care. These short instruments include two to four questions (National Board of Health and Welfare, 2018). National prevalence studies usually use a longer instrument allowing the clustering of subcategories, making it possible to follow changes between the categories over time. This dissertation addresses gambling from a public health perspective, in which the Problem Gambling Severity Index (PGSI) is often used as assessment.

PGSI consists of nine questions, five covering negative consequences, three problem gambling behaviours, and one self-perceived gambling problems. PGSI measures the occurrence of gambling problems based on four categories. Each item is scored 0–3, and the item scores are added together to yield a total score. However, the term problem gambling is often used in the literature in connection with the results of short screening instruments, so the term is not considered a fixed measure per se, but should be understood based on the screening instrument and cut-off used in the specific study.

2.1.3 Prevalence of gambling and problem gambling

For the vast majority of people, gambling is an amusement with no negative impact. It provides a moment of relaxation or excitement, sometimes with a dream of winning big money. Globally, and in Sweden, men are more likely than women to gamble, but the difference has diminished over time (Hing, Russell, Tolchard, & Nower, 2016). In Sweden, approximately 58% of the 16–84-year age group have gambled at some point in the past year

(Public Health Agency of Sweden, 2016); this is a decrease since 2008/2009, when 70% had gambled in the last 12 months. At the beginning of 2020, the Swedish Gambling Authority (2020) reported that 6 out of 10 people completing their recurring survey had gambled at some point in the past year, and that 13% of those aged 18–29 years had gambled in the past year.

This overall decrease in gambling has not yet reduced problem gambling. The prevalence of problem gambling is about 0.4% (0.7% for men and 0.2% for women) in Sweden and about 0.5–8% worldwide. However, a commonly reported prevalence rate for Sweden is 2%, a figure derived by merging groups with ‘moderate-risk gambling’ and ‘problem gambling’ (Public Health Agency of Sweden, 2016; Williams, Volberg, & Stevens, 2012). Additionally, significant others affected by problem gambling constitute almost every fifth person in Sweden between the ages of 16 and 84 years.

At the population level, problem gambling is less common in the highest quartile of the income scale than in the lowest quartile, even though the proportion of gamblers is larger in the former (Public Health Agency of Sweden, 2017). In general, socio-economically weaker groups are more affected by problem gambling than are affluent ones, a pattern also found elsewhere in the world (Billi, Stone, Abbott, & Yeung, 2015; Wardle et al., 2011)

2.1.4 Problem gambling and comorbidity

Comorbidity is a term used to describe a concurrent disorder or condition, in this context comorbidity with problem gambling. The most common comorbidity with problem gambling, apart from nicotine dependence, is alcohol use and misuse (Kessler et al., 2008; Lorains, Cowlishaw, & Thomas, 2011). In the latest population survey in Sweden, almost 6% of the male population (aged 16–84 years) displayed risky alcohol consumption and concurrent problem gambling (Public Health Agency of Sweden, 2016b). Together with other substance use and misuse, this accounts for a large proportion of comorbidity. Additionally, psychiatric diagnoses such as anxiety and depression are well-established comorbidities with problem gambling (Kessler et al., 2008; Lorains et al., 2011). Kessler et al. (2008) found that 96.3% of problem gamblers also met the lifetime criteria for one or more other psychiatric disorders. To date, research is lacking on gender differences, however. One Swedish study examining a sub-population from the Swedish Longitudinal Gambling Study (Swelogs) found a gender difference in the relation between gambling onset and anxiety or depression. Women initiated gambling after their first period of anxiety, depression, or substance use problems, as opposed to the men, were the onset of gambling preceded other symptoms. For the men, depression and suicidal events emerged after problem gambling onset (Sundqvist & Rosendahl, 2019). The sequence of onset of gambling, alcohol use, and psychiatric diagnosis is, however, heterogeneous. Additionally, the increased risk of suicide among problem gamblers who suffer from depression or anxiety has been highlighted in recent years (Hodgins, Mansley, & Thygesen, 2006; Karlsson & Hakansson, 2018; Petry & Kiluk, 2002). Increased knowledge of this issue has accentuated the need for the health care service to find and facilitate support and treatment for men and women with problem gambling and gambling addiction.

2.2 AETIOLOGY

2.2.1 Two models of the aetiology of problem gambling

Despite the growing body of gambling research, there is no widely accepted causal explanation or single theoretical model that accounts for the aetiology of problem gambling. However, there are several dominant models, two of which are most frequently used:

Blaszczynski and Nower (2002) developed the pathway model describing three groups of problem gamblers: 1) the behaviourally conditioned, 2) the emotionally vulnerable, and 3) the antisocial impulsive. These three groups share an interest in gambling and erroneous beliefs concerning gambling, but differ in their main motive for gambling. The behaviourally conditioned are reinforced in their problematic behaviour, and are mainly motivated by trying to win back their losses through chasing. The emotionally vulnerable are mainly motivated by the negative reinforcement, the escape, they get from their gambling. The antisocial impulsive are mainly motivated by the thrill and excitement they get from gambling. Other addictions are more common among the last two groups.

Williams et al. (2015) described a biopsychological framework including factors influencing gambling and problem gambling. The factors are described in terms of a general sequence of events. First, genetic inheritance increases or decreases an individual's susceptibility to engagement in gambling and/or to the development of problem gambling. Second, combined with the genetic inheritance are factors influencing the likelihood of starting gambling: parental, peer group, and societal modelling of the behaviour; and the availability of gambling. Third, the individual's psychology and learning experience encompass two factors of particular importance: erroneous beliefs (i.e., gambling fallacies) about how gambling works, and whether gambling serves any psychological need for the individual (e.g., escape, excitement, and recognition/importance). Potent determiners of continuing or discontinuing gambling are the rewarding or nonrewarding consequences of the person's early bets/gambles. The fourth stage involves operant and classical conditioning and relates to preoccupation with thoughts of gambling. Finally, for some individuals, the same biological and environmental risk factors that lead to problem gambling also independently lead to problems in other areas, such as alcohol and mental health problems.

2.2.2 Risk factors for problem gambling

The cause of gambling problems is considered to be multifactorial at the individual level, where genetic predisposition is suggested to account for 40–60% of problem gambling (Slutske, Zhu, Meier, & Martin, 2010). Longitudinal studies are needed however, to examine causality in the link between various risk factors and problem gambling. Many of the risk factors mentioned derive from cross sectional studies and still need further exploration. Globally, several extensive longitudinal studies have been conducted in Canada, Australia, New Zealand, and Sweden (Abbot, Bellringer, Garrett, & Mundy-McPherson, 2014; Billi et al., 2015; Romild, Volberg, & Abbott, 2014; Williams et al., 2015). These studies identify

factors such as age, gender, and socio-economic conditions as significant risk factors for problem gambling.

Swelogs is a population study of gambling and health initiated by the Public Health Agency of Sweden (Romild et al., 2014). In 2008/2009, the first sub-study involving 15,000 Swedes aged 16–84 years was conducted. The second wave of data collection was for a case control study with 2400 respondents to investigate risk and protective factors influencing problem gambling (Public Health Agency of Sweden, 2013). The main findings were that alcohol and drug problems, impulse control deficiencies, previous gambling problems, and insecure childhood were risk factors for problem gambling. Believing that gambling may increase income was also seen as a risk factor, but was not established in temporal relationship with problem gambling. Problem gambling also co-varied and was associated with the importance of gambling among friends, ‘lower levels of self-efficacy’, and ‘lower levels of social activity’. At the time, it was impossible to establish any protective factors, though it is advantageous for recovery from current problem gambling to have had no previous gambling or substance use problems.

Previous meta-analyses regarding risk factors for problem gambling do not present a clear picture, although individual factors such as those mentioned above recur. Some of the early risk factors found in meta-analyses are substance use, depression, antisocial behaviour, impulsivity, sensation seeking, and poor academic performance. Risk factors related to cognitive distortions (e.g., erroneous perceptions and illusion of control), sensory characteristics, and schedules of reinforcement are also found to be of importance (Dowling et al., 2017; Johansson, Grant, Kim, Odlaug, & Götestam, 2009).

2.2.3 Are any occupational groups at risk of gambling problem?

By studying occupational groups or workplaces, we can increase our knowledge of how gambling is distributed in society, creating better opportunities to prevent gambling problems. So far few studies have looked at occupational groups, although earlier studies note the importance of social networks for the occurrence of problem gambling; for example, having family members, friends, and co-workers who gamble is associated with problem gambling (Mazar, Williams, Stanek, Zorn, & Volberg, 2018; Reith & Dobbie, 2011). Bearing in mind that occupational groups have characteristic socio-demographic profiles, the characteristics of the work environment or shared occupational identity might also affect the situation. A new study by Binde and Romild (2020) explored what occupational groups could have elevated levels of regular gambling participation and at-risk and problem gambling. Using data from the Swedish Population Study on Gambling and Health (2015), they found significant differences between some occupational groups, with gambling disproportionately found in manual jobs with predominantly male workers, especially in jobs with no fixed workplace. In a second phase of the analysis, selected occupational categories were merged into three larger groups. Using groups of controls matched by propensity scores to confirm that the results were not due to socio-demographic factors other than type of occupation, they found support for three types of work having elevated levels of the gambling variables: 1) service, building,

and construction work, 2) vehicle driving, and 3) monotonous manual indoor work. Binde and Romild (2020) concluded that some of the differences were likely caused by socio-demographic factors and ‘associated socio-cultural values that characterize particular occupational groups’ (p. 15), but also that some were specific to the work environment. One such factor could be the opportunity to gamble at or in connection with work.

One group of employees literally surrounded by gambling is employees in the gambling sector. Hing and Gainsbury (2013) showed that this group has a higher proportion of individuals with gambling problems than does society in general. The study presented five risk factors related to problem gambling: workplace motivators, workplace triggers, the influence of colleagues, limited social opportunities, and familiarity with and interest in gambling. The study also identified two protective factors that inhibit gambling: experiencing other people’s losses and having work colleagues with problematic gambling behaviour.

2.3 GAMBLING IN ELITE SPORT

The sports community in Sweden accommodates many different professions as well as a large proportion of people who practice and work in non-profit organizations. In large team sports at the elite level, the clubs employ athletes and coaches both full time and part time. Overall, gambling in this community is scantily explored, even though several structural and cultural aspects of sport as a work milieu probably create a good basis for gambling.

2.3.1 Gambling marketing and sponsorship in sport

One interesting aspect of gambling in the sports community is the high involvement of gambling companies. Sports betting, together with advertising and sponsorship, are three areas where sport connects to the gambling industry. The advertising revenues from regulated gambling companies have become a significant source of funding for the sports sector in many countries (Lopez-Gonzalez & Griffiths, 2018; Lopez-Gonzalez & Tulloch, 2015). This holds true even in Sweden, where for many years various sports have been primarily financed by revenues from the state’s former gambling monopoly as well as sponsored directly by gambling companies (Norberg, 2016). Athletes are seen to market gambling products and even to invest in gambling companies (Bethard, 2018). The ‘gambification’ of sport has been highlighted in this context, in which gambling, particularly sports betting, has been actively promoted as a natural part of sport (Lopez-Gonzalez & Griffiths, 2018).

2.3.2 Prevalence of problem gambling in the elite sports community

The prevalence of problem gambling in the elite sports community is unfortunately difficult to compare across studies due to the different instruments used. In the USA, studies have commonly involve college athletes, reporting prevalence rates between 4.3% (males) and 0.4% (females), while another study reported no difference between college athletes and other students (Ellenbogen, Jacobs, Derevensky, Gupta, & Paskus, 2008; Nelson et al., 2007). In Europe, two studies used lifetime measures but two different short screening instruments: Grall-Bronnec et al. (2016) studied male athletes from seven European countries, finding a

prevalence of 8%, while Håkansson, Kenttä, and Åkesdotter (2018) explored problem gambling among national athletes applying for university scholarships, finding the lifetime prevalence of problem gambling to be 14% in males and 1% in females. Wardle and Gibbons (2014) studied male professional footballers and cricketers, finding prevalence of 6% for problem gambling and 14% for moderate-risk gambling (using PGSI). These studies indicate a higher prevalence of problem gambling in male professional athletes than in the general population.

2.3.3 Potential risk factors for problem gambling in the elite sports community

Some characteristics of the elite sports community have previously been mentioned as potential risk factors for gambling problems: overrepresentation of young men in male sport, sensation seeking, and high competitiveness could all generate increased gambling (Grall-Bronnec et al., 2016; Weiss & Loubier, 2008). One study showed an association between high positive urgency and gambling problems among athletes in a European sample (Grall-Bronnec et al., 2016). This might be connected to the description of elite athletes as competitive and seeking thrills, or – as referred to by Lim et al. (2016) – ‘a buzz’, i.e., a feeling of being ‘high’ on adrenalin.

In a qualitative study, Lim et al. (2016) interviewed professional footballers in treatment for problem gambling. They noted factors such as high salaries, considerable leisure time, and the influence of older teammates as reasons for gambling and problem gambling. Gambling as a social activity was recurrently mentioned by interviewees as a reason for both starting and stopping gambling. Hanging out at the betting shop, visiting horse races, etc., were described as parts of footballers’ lives. Whether they felt encouraged by the sponsors to gamble was unclear, but Wardle and Gibbons (2014) earlier found that 31% of respondents felt that gambling companies encouraged sportspeople to gamble. Whether the abovementioned factors constitute the actual reasons for gambling problems has not been verified yet, so more studies are needed.

2.3.4 Psychosocial aspects of problem gambling in elite sport

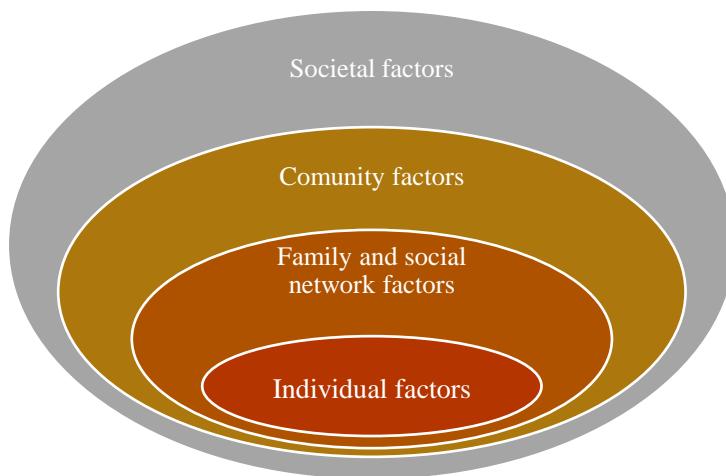
It is said to be difficult to admit to gambling problems in the sports contexts (Lim et al., 2016). Generally, stigma related to gambling problems is known to affect individuals negatively (Hing, Nuske, Gainsbury, & Russell, 2016; Lopez-Gonzalez, Estevez, & Griffiths, 2018). Feelings of shame and failure can arise as a result of society’s view of gambling problems, as well as through self-stigma, that is, negative thoughts about oneself. Most footballers studied by Lim et al. (2016) claimed they would not have revealed their gambling problems had they not met others with similar problems. This illustrates the risk that an individual might not seek help or might conceal an emerging gambling problem, which could have a huge impact on his or her life (Baker et al., 2016; Hing et al., 2016; Hodgins et al., 2012).

2.4 APPLYING THE SOCIO-ECOLOGICAL FRAMEWORK TO GAMBLING IN ELITE SPORT

The choice to study gambling in sport derives from a public health perspective on gambling. Public health interventions are important and sometimes necessary to create major change and reduce harm in society, for example, through creating a smoke-free environment, promoting mammography screening, and regulating where alcohol can be purchased (Donkin, Goldblatt, Allen, Nathanson, & Marmot, 2018). Exploring risk factors for problem gambling in workplaces, such as elite sport, creates new possibilities for prevention.

Applying the socio-ecological framework of gambling related harms to the elite sports community is a way to show on what levels the risk factors are located. This is just one of many such models, such as the abovementioned pathway model and the biopsychological framework, used in studying gambling and public health. The socio-ecological framework was originally applied to child development and elaborated on the concept of environmental influences on the individual child (Rodgers, Soumi, & Davidson, 2015). The framework situates the individual in the centre and captures the influences in the surrounding layers (Fig. 1).

Figur 1. The socio-ecological model for gambling related harms



The layers described are: 1) individual factors, such as personal characteristics, life events, personal history, and cognitive characteristics (e.g., negative motivations for gambling, early gambling experience, and engagement in other risk behaviours); 2) family and social network factors pertaining to an individual's closest relationships with, for example, family, partners, and peers (e.g., cultures of gambling in family or peer groups or poor social support); 3) community factors pertaining to characteristics of local areas, cultural spaces, and broader social groups, for example, in schools and workplaces (e.g., access to and availability of

gambling locally, poor social or cultural capital, and socio-economic deprivation); and 4) societal and commercial-level factors, such as the policy and regulatory climate and associated corporate norms and practices (e.g., ineffective regulation, certain product characteristics, advertising environments, and gambling availability) (Wardle, Reith, Langham, & Rogers, 2019).

Studying gambling in the sports community generally entails exploring gambling in a large and heterogeneous group in society: some are employed, others are non-profit workers, and the age range of those involved is vast. This thesis only deals with elite team sports, which constitutes a relatively homogenous sample. At this level, the sports club is an employer considered to have the same duties as other employers in the labour market. Gambling in this setting is therefore an issue of gambling at the workplace. Hence, the risk factors for gambling, and their distribution in elite team sport, become employer concerns. The socio-ecological framework illustrates the levels on which the risk factors are located and can contribute to the employer's overview of gambling. This is particularly relevant in sports workplaces, which encounter the gambling industry much more closely than do most workplaces in society. Exploring gambling and gambling risk factors in this context is a new area suited for public health studies.

3 AIM

OVERALL AIM

The overall aim of this study was to explore the prevalence of gambling and gambling problems in the elite team sports community, as well as to understand how gambling is experienced by the involved athletes, coaches, and managers.

STUDY I

The first aim of this study was to estimate the prevalence of gambling and the risk of gambling problems. The second aim is to examine the association between risk of gambling problems and demographic factors as well as attitudes towards and experience of gambling among athletes and coaches in the elite sports community.

STUDY II

This interview study aims to follow up Study I by exploring how male athletes, coaches, and sports managers experience and explain gambling activities and gambling problems in their sports.

4 METHOD

Table 1. Overview of study design.

Study	Study I	Study II
Design	Cross-sectional study	Qualitative interview study
Data sources	Web-survey	Audio-recorded interviews
Populations	Elite athletes and coaches in ice hockey, football, floorball, and basketball	Managers, coaches, and male athletes in ice hockey, football, and basketball
Study period	November 2016–March 2017	April–August 2018
Analysis	Prevalence estimation, Ordinal logistic regression, Multiple imputation, Proportional odds assumption	Qualitative content analysis

4.1 PARTICIPANTS AND DATA COLLECTION

Study I

This study is part of a larger data collection effort financed by Swedish Public Health Agency (Folkhälsomyndigheten).

Participants: A total population of male and female elite athletes in four sports was covered, as well as all coaches in all clubs of these sports. All teams competing in the highest divisions of football, ice hockey, floorball, and basketball were included. In ice hockey and football, the third highest division was included as well. An estimated 813 coaches and 3717 athletes

in 184 sport clubs were invited to participate. The overall response rate was 39% for the athletes and 49% for the coaches, consisting of 1438 athletes (males 934, females 502), 401 coaches (males 317, females 79), and seven persons not answering or answering ‘don’t know’.

Data collection: We designed two similar web-based questionnaires. Each sports club was contacted by the first author and the project assistant via email and/or phone. After initial contact, the project assistant sent the web link to the manager or chair of each selected club. This person took the responsibility to forward the link to the athletes and coaches via email or through a Facebook group for team members. The web link remained open to the participants for one month and each club received three participation reminders. Data was collected between November 2016 and March 2017

Study II

This study was financed by the Swedish Sports Confederation (Riksidrottsförbundet), with whom the study design and population were developed.

Participants: The study includes male elite athletes, coaches, and managers active in clubs playing in the highest national league in Sweden in one of three sports, i.e., ice hockey, football, and basketball. Elite athletes in ice hockey and football are full-time professional athletes, whereas the basketball athletes are employed full time but often have additional work on the side. These sports were chosen to enable a broad depiction of different experiences of gambling and problem gambling. The study recruited eight managers at different organizational levels, three coaches, and 19 athletes representing 17 clubs.

Table 2. Study respondents

Function	Football	Ice hockey	Basketball	Ages, Years
Manager	2	3	3	35-51
Coaches	1	1	1	34-49
Athletes	7	7	5	20-34

Data collection: In recruiting the respondents, we strove for maximum variation. The respondents were recruited to capture potentially different perspectives on gambling, depending on their positions within the clubs. The different positions in the clubs might bring knowledge of different processes (e.g., policy making) as well as different opinions about the issue of interest. Various recruitment and data collection strategies were employed: direct contact with managers and coaches at some sports clubs, contact via the sports union, and

snowball sampling of athletes. The interviews were conducted between April 2018 and November 2018.

4.2 MEASURES AND VARIABLES

Study I

In collaboration with the Public Health Agency of Sweden, we designed two similar questionnaires: one for the athletes and another for their coaches. The questionnaires included two scales: the Problem Gambling Severity Index (PGSI) (Ferris & Wynne, 2001) and the Alcohol Use Disorders Identification Test – Consumption (AUDIT-C) (Bush, Kivlahan, McDonell, Fihn, & Bradley, 1998). PGSI measure the severity of gambling problems during the past 12 months and is divided into five levels: Non-gambling, 0 = Non-problem gambling, 1–2 = low-risk gambling, 3–7 = moderate-risk gambling, and 8 and higher = problem gambling (Ferris & Wynne, 2001). The remaining 29 questions in the survey concerned sociodemographic issues, attitudes towards gambling in the sports club, and gambling habits.

Study II

We conducted semi-structured face-to-face interviews. All except two interviews were held in the towns/cities where the respondents were employed. After obtaining informed consent, the interview was initiated and lasted 30–120 min. All interviews were digitally recorded and transcribed verbatim.

4.3 ANALYSIS

Study I

First, we chose to conduct multiple imputation due to the high number of missing data for some items. The PGSI scores were first categorized into four levels and stratified by sex. Our aim was to compare our detected prevalence of problem gambling with that from Swelogs (Public Health Agency of Sweden, 2016). For that purpose, we used the same cut-offs as applied in Swelogs. The categories were: non-gambling and non-problem gambling (score 0), low-risk gambling (score 1–2), and at risk of gambling problems (score 3+). The outcome variables in the analysis were the three levels from PGSI: non-problem gambling (including non-gambling), low-risk gambling, and at risk of gambling problems. The remaining questions in the survey were included as independent variables.

Two blocks of independent variables were then created for analysing the associations between ‘at risk of gambling problems’ and the criterion variables. Block one comprised variables capturing attitudes towards gambling in the sport club and was called ‘Experiences of and attitudes to gambling in sports’; block two comprised variables such as living conditions, social life, employment in the sport, and alcohol consumption and was called ‘Individual and sociodemographic factors’. AUDIT-C measures risky alcohol consumption; the items were coded 0–4, with the total score ranging from 0 to 12 points (Bush et al., 1998).

Participants ‘at risk of gambling problems’ in all sports were then compared with the proportions for their counterpart sex and age groups in a stratified random sample of the Swedish general population. In analysing the association with the criterion, we used ordinal logistic regression (Liu, 2016). ‘Experiences of and attitudes to gambling in sports’ and ‘Individual and sociodemographic factors’ were used to investigate the degree to which these two blocks explained the variance of ‘at risk of gambling problems’.

Study II

We conducted a content analysis of the transcripts. To ensure that any differences between the groups would be detected, the interviews with athletes were analysed separately from those with coaches and managers. The first author read the interviews several times, while the second and third authors each read half of the material. The authors met several times to discuss what categories to include in the first version of the coding manual (Graneheim & Lundman, 2004). After creating a manual, all three authors each coded two interviews and met again to compare and discuss the various codes and categories. After alternating between the raw text, codes, and categories, the authors slightly revised the manual. The first author then divided the interviews into meaning units, which were condensed and coded. The codes were compared based on differences and similarities and sorted into two overarching themes and three categories with six, three, and three sub-categories, respectively. When analysing the interviews with the coaches and managers, the authors used the same manual when coding and categorizing the first two interviews. The authors then compared and discussed the relevance of the sub-categories and categories. Some of the sub-categories were then slightly revised.

4.4 ETHICS

Study I

The web survey was accessed via a web link and was anonymous. There was no possibility for the researchers to trace the responses back to either the sports club or the individual. All participants were provided with written information about study participation. Given the importance of maintaining confidentiality, completing the questionnaire was considered as providing consent. Ethics approval was granted by the Regional Ethical Review Board in Stockholm (2016/2049-31).

Study II

All respondents received written and oral information and signed a written consent form prior to the interviews. After the interviews, the first author removed all identifying information from the transcripts. The illustrative quotations from the transcribed interviews included in the article text were stripped of identifying information. However, as we interviewed only three coaches, we decided to merge the coach and manager groups to minimize the possibility of identification. The Regional Ethical Review Board in Stockholm (2016/2049-31) granted ethics approval for this study.

5 RESULTS

Study I

The results indicate a high risk of problem gambling among male athletes and coaches. Compared with the stratified sample of the Swedish general population, the male athletes had a significantly higher prevalence of problem gambling (13.1%), as did the male coaches (6.5%), although the difference in prevalence between the general population and the male coaches was smaller. The female athletes (1.7% prevalence) and coaches (2.3%) did not have a significantly higher prevalence of problem gambling in comparison to the Swedish general population.

Altogether, eight variables were significantly associated with risk of gambling problems for the athletes. The first block (Model 1) included five such variables: ‘We often talk about gambling during training’; ‘Our coaches have a positive attitude towards gambling’; ‘Gambling companies encourage gambling among athletes’; ‘I have bet on my own game during the last 12 months’; and ‘Someone I know has bet on their own game during the last 12 months’. The second block (Model 2) included three such variables: ‘Gambling is important among my current family members’; ‘Someone of my acquaintance (outside my sport) has or has had a gambling problem’; and ‘Alcohol consumption’.

The second block of variables did not contribute to explaining the variance in gambling problems among the coaches, reducing the number of included variables to only those in Model I. Only one statistically significant variable emerged from this: ‘We often talk about gambling during training’, which was associated with being in the two higher categories of the scale versus being in the lowest category.

Study II

The results of the analysis indicated two main themes: ‘Desire for and concerns about money’ and ‘In the shadow of performance’. The first theme points to recurring references to money, whether as a motivation for gambling, as creating and enhancing the thrill of gambling, as an interpretation of gambling problems, or as a reason for accepting sponsorship from gambling companies. Money was a symbol of success and a reward for achievement. The importance of money as a way to measure success was pervasive at both the athlete and manager/coach levels. The theme ‘in the shadow of performance’ captures the underlying feeling of constant evaluation and the need to perform as an athlete. Gambling was sometimes seen as performance: being good at gambling was an achievement and winning money was to

succeed, i.e., perform well. Three sub-categories were identified: ‘To gamble or not gamble’; ‘Pleasure becomes a problem’; and ‘The organization and me’.

The category ‘To gamble or not to gamble’ contained five sub-categories: ‘Social being’, ‘Free time’, ‘Money, reward, and award’, ‘The thrill’, and ‘The surrounding society’. Talking about gambling was considered sociable, and watching others gamble, particularly older more established athletes, inspired one’s own gambling. Due to the work characteristics, there was a lot of spare time in the afternoon and evening, and a lot of travelling. Gambling when travelling was described as common and something that some athletes did together. Also, changing sport clubs and towns sometimes resulted in more gambling, as gambling reduced the loneliness. High salaries and the pursuit of money were mentioned as risk factors by athletes, coaches, and management as both career-driving forces and risk factors for gambling. As mentioned above, successful gambling was depicted as both an achievement and a reward. Nevertheless, lack of money was also described as a reason for gambling – a way to gain money and status. Closely related to money is ‘the thrill’, i.e., the feeling of excitement that arises when winning either a game or a match. Betting money on a match is a way to enhance the thrill when watching sports competitions. In the surrounding society, the marketing of gambling products is the biggest concern, followed by athletes’ marketing of gambling. There is a feeling of never being able to forget about gambling – one is always being reminded. The category ‘Pleasure becomes a problem’ comprises four sub-categories: ‘Problem gambling as a feeling’, ‘Discovering or admitting to a gambling problem’, ‘Damaged finances’, and ‘What can be done?’. Some respondents recalled periods when they did not feel good about gambling or described what it was like for others who ended up engaging in destructive gambling. Generally it was either the money lost or partners’ reactions that stopped the situation from escalating. Shame and stigma constitute another topic. The coaches described it as very difficult to persuade athletes to admit to gambling problems, as the admission entails considerable shame. Likewise, the athletes described it as difficult to discover whether their teammates have problems with gambling. The clearest sign is if someone wants to borrow money. They also admitted that it was difficult to talk to the managers or coaches about sensitive issues such as problem gambling. The last category, ‘The organization and me’, comprise the sub-categories ‘Working-life and health’ and ‘Policy and prevention’. All interviewed coaches and sports managers agreed that sports clubs now function more like other workplaces and are more professionalized than was the case 10–15 years ago. However, performance is always in focus, which accentuates the need for the athletes to function at the highest level. A mental health problem can be perceived as a weakness, evoking a fear of being traded or removed from the team. Last, no studied sports club had considered developing a gambling policy. Regarding preventing problem gambling, knowledge was scarce and no respondents could describe any more elaborated or lasting strategies.

6 DISCUSSION

The general aim of this research was to explore the prevalence of gambling and gambling problems in the elite team sports community, as well as to understand how gambling is experienced by the athletes, coaches, and managers involved. Sports clubs at the elite level are employers and, considering that research into gambling in particular vocational groups and voluntary organizations is relatively limited, these studies may increase our knowledge in this area.

6.1.1 Normalized Gambling

The studies show that gambling is more common and that there is a significantly higher risk of problem gambling among the studied male athletes and coaches than in the equivalent strata of the general Swedish population. This was not the case for the female athletes and coaches. The question is whether this pattern holds for women and men in other sports, both team and individual. Previous studies suggest that this is the case, though directly comparable studies are still lacking, especially studies involving women's sports (Grall-Bronnec et al., 2016; Håkansson et al., 2018; Wardle & Gibbons, 2014).

Study I found high participation in gambling, i.e., by 70% of the studied male athletes. In the interviews, many respondents perceived gambling as unproblematic and it was not possible to talk about the downsides of gambling. The results indicate that gambling is normalized in male sports, which does not mean that everyone is gambling or that we have evidence that it is a requirement to gamble to participate in social interaction in the male sports milieu. Rather, gambling is a common activity whose negative consequences are not taken into account; this applies mainly to betting on sports and on horse races, but also largely to casino gambling, as also found in other studies (Lopez-Gonzalez et al., 2018; Thomas, Pitt, Bestman, Randle, & McCarthy, 2018).

The process of gambling normalization has been described by Thomas et al. (2018). They refer to Parker, Williams, and Aldridge (2002) earlier study which describes the normalization of recreational drugs in a UK community. The basic factors of normalization Parker et al. described were: 1) access and availability, 2) trying rate, 3) recent and regular use, 4) social accommodation, and 5) cultural accommodation. Regarding gambling in elite sport, the most prominent factors for the normalization of gambling are recent and regular gambling and social accommodation. The way this manifested itself in the male elite sports studied here is described in relation to the socio-ecological framework.

6.1.2 Risk factors for problem gambling in relation to the socio-ecological framework

On the societal and commercial level in the socio-ecological framework, it is clear that the accessibility of gambling has changed the situation. Twenty-four-hour-a-day access to gambling is not unique to athletes and coaches but is a result of technical and legal changes in society. Nevertheless, such access was blamed by nearly all interviewees as a reason why gambling was common. Similarly, gaming company marketing was described as exaggerated, and there was criticism of well-known athletes who were advertising sports betting. The latter was considered to contribute to the positive image of gambling among younger athletes. In addition, the results of Study I showed that risk of gambling problems is associated with gambling companies encouraging gambling among athletes. This association was also identified by Wardle and Gibson (2014), who found that 31% of the studied athletes thought they were encouraged to gamble by the gambling companies. This might be related to representation, something mentioned both by Lim et al. (2016) and by our respondents: athletes are invited to horse races and asked to represent their teams in gambling environments.

Laws, policies, and regulations are recurring tools for preventive work. The sports associations are responsible for policy and regulation in their own sports. Even so, there is no policy regarding gambling at work in the sports milieu. However, gambling on one's own match is prohibited in Sweden and has been a focus of attention for several years. Despite this, some athletes and coaches admit to doing it. The results indicate that risk of gambling problems is associated with betting on one's own game and with knowing someone who has bet on their own game. The explanation given for choosing to violate the rule regarding this is that it is considered natural to bet that one's own team will win. The association between problem gambling and betting on one's own team was also evident in a previous study (Grall-Bronnec et al., 2016). Is it more important for the athletes and coaches to defend access to this 'natural betting' than to follow regulations and thereby lessen the likelihood of match-fixing?

The community and family/social network levels of the socio-ecological framework sometimes overlap in the elite sports community. Depending on the size and location of the sports club, the athletes in particular sometimes conduct both their private and social lives in the club. One factor driving the normalization of gambling is the endorsement of gambling by socially and culturally valued agencies (Thomas et al., 2018). Both Studies I and II show that it was common to talk about money in relation to gambling. Not everyone participates in the conversation; the talking was generated by some athletes, over time usually the same people. These groups probably include coaches as well, as their risk of gambling problems is also associated with talking about gambling during training. As previously mentioned, the athletes described it as difficult to raise questions about the downsides of gambling, reinforcing the perception that gambling is only supposed to be framed with positive connotations.

In Study II, the respondents described how money and ‘the thrill’ were central motives for gambling. This finding is in line with Lim et al. (2016), illustrating the added value gambling gives to the individual, and is also linked to previous findings regarding the role of social networks (Braams, Peters, Peper, Güroğlu, & Crone, 2014; Reith & Dobbie, 2011). If gambling is considered a cohesive component by both athletes and coaches, they are more likely to reinforce rather than combat it, in turn reinforcing the normalization of gambling. Additionally, an earlier study showed that higher-risk gamblers have more interconnectedness in their social networks, meaning that it may be more difficult to reduce or remove the influence of these networks (Russell, Langham, & Hing, 2018). Looking outside the sports community, two important factors – ‘gambling is important among my current family members’ and ‘someone among my acquaintance (outside my sport) has or has had a gambling problem’ – are associated with the risk of gambling problems. Together with previously discussed risk factors, these factors suggest that male athletes at risk of gambling problems are generally surrounded, both at work and at home, by individuals interested in gambling, reinforcing the notion that gambling is a regular activity and helping to normalize it (Thomas et al., 2018). Part of the problem is the lack of gambling policies or guidelines in sports clubs. Although the respondents in Study II talked about the professionalization of sports at this level, neither the sports associations nor sports clubs have formulated any regulations regarding gambling at the workplace or when travelling.

At the centre of the socio-ecological framework are the individual athletes and coaches. Grall-Bronnec et al. (2016) focused on risk factors primarily at the individual level, highlighting the cognitive distortion and impulsivity associated with gambling problems. It is too early to say to what extent this explains the high prevalence of problem gambling in sport, although aspects of impulsivity could be interesting to explore in relation to ‘the thrill’ described by the interviewees. The present studies focused mainly on factors related to the sports community and workplace. Of the individual-level risk factors included, none, except alcohol consumption, was associated with risk of gambling problems. An association between alcohol consumption and gambling has been identified by many studies, but this association has hitherto has produced conflicting results in the sports context (Huang, Jacobs, Derevensky, Gupta, & Paskus, 2007; Håkansson et al., 2018). However, sport has a history of risky drinking among athletes, so the present results are not unexpected. Nevertheless, it is interesting to acknowledge this in view of the strict regulations regarding alcohol consumption during competition season, particularly in ice hockey and football.

6.1.3 Talking about gambling and gambling-related issues

The respondents were more hesitant to tell coaches about mental illness than about gambling problems. In Study II, several respondents said that they assumed mental health problems were more stigmatizing than were gambling problems, as they are linked to the notion of being ‘weak’. Perceived weakness could greatly threaten an athlete’s position on the team, as it might cause the coach to lose confidence in the athlete. Competing at the elite level in a team sport entails the risk of being excluded from the team if one’s performance does not

meet expectations. This risk worries many of the athletes. Gambling problems seem less associated with weakness and more with losing control; however, this is also regarded as negative and something to be ashamed of (Gulliver, Griffiths, & Christensen, 2012; Kutcher, Wei, & Coniglio, 2016; Lim et al., 2016).

6.2 METHODOLOGICAL CONSIDERATIONS

6.2.1 General comments

Gambling in the sports community is still a relatively small area of research and there is much left to explore – everything from how individual risk factors are distributed within the group to how policy, culture, and norms in the sports community affect individual gambling.

When laying the groundwork for the present research, the purpose was to explore gambling within sports as a whole from a public health perspective. The decision to start with elite athletes and coaches rather than grassroots teams was made for one main reason: elite athletes and coaches are to some extent seen as role models for those active at the grassroots level. If elite team members completed the survey, the rest of the sports community would be more motivated to participate. This motivation strategy was chosen as gambling problems are sometimes seen as difficult to recognize and talk about. Also, there is generally a stigma associated with mental health issues (Bauman, 2016; Souter, Lewis, & Serrant, 2018) that might affect the likelihood that grassroots clubs would address the issue. It was therefore deemed especially valuable for the highest status athletes, as well as those with the power to initiate change, to break the silence and open a new way forward (Morgenroth, Ryan, & Peters, 2015).

These two studies are the first ever to explore elite athletes', coaches', and managers' gambling habits and opinions. The combination of quantitative and qualitative methods creates breadth and depth, which is particularly valuable in a field in which knowledge is still very limited.

When the first interviews had been completed, we realized that several respondents were prepared to talk about match-fixing – their entry point into discussing gambling problems. We did not touch on this matter in the interviews, but only noted that the link between gambling problems and match-fixing was clearly established in the athletes' and coaches' minds.

6.2.2 The use of a web-based survey and qualitative interviews

Web surveys have proven to be a cost-effective way to distribute and administer surveys, and were the natural choice in Study I (Sánchez-Fernández, Muñoz-Leiva, & Montoro-Ríos, 2012). It was also crucial to ensure respondent anonymity, as we had learned that otherwise some athletes might strongly resist participating. It is known that response rates have decreased in recent decades, prompting discussion of the potential lack of credibility of survey results (Starrin, 2018). The response rates in Study I illustrate the problem: despite

three reminders via cell phone or text messaging, the lowest response rate was 25% (for men's floorball), the overall response rate was 39%, and the highest response rate was 98% (for men's basketball). On the other hand, though a lower response rate is expected in a total population survey, it is still considered a shortcoming compared with a sample survey. Although the study had very low response rates for some of the sports, the validity of the results was strengthened by the similarity in detected problem gambling prevalence between the sports as well as between the different levels of sport. An alternative to a web survey would have been to conduct clustered randomization and visit the sports clubs to administer paper questionnaires to be completed on site. However, this would have been much more expensive and made it more challenging to ensure anonymity.

The qualitative study was based on knowledge of the significantly higher risk of gambling problems in selected sports. Using a qualitative approach allowed us to obtain personal descriptions of the situation and to probe specific aspects of the interviewees' responses. In addition, by interviewing people at different levels of the sports clubs, we gained different perspectives on the same question, broadening our knowledge. However, as the aim of the study was exploratory, the results do not convey any causal explanations of the trajectories of gambling problem emergence.

6.2.3 Measuring instruments and included variables

The use of standardized measurement instruments such as PGSI and Audit-C makes it possible to use the present results as benchmarks in future studies. PGSI was used so that our prevalence results would be comparable to those of SweLogs and to those of Wardle and Gibbons' (2014) survey of male football and cricket players in the UK. The prevalence rate is important to measure, as it lets us follow the potential effectiveness of implemented policies or other measures taken to mitigate gambling harm (Williams et al., 2012). Using the same instrument facilitates comparison between studies and over time. In the long term, it is also of interest to see whether the distribution of gambling will change if structured prevention work is implemented. Regarding the elite sports context, a continued high level of participation in gambling and a high proportion of moderate-risk gambling may indicate that gambling is still seen as normalized. The use of a shorter instrument would not reveal migration between risk groups, which is crucial information that can guide prevention efforts and the evaluation of implemented actions.

Many of the questions in the web survey had been used in previous European and Swedish studies either to explore gambling and sports or as common risk factors for problem gambling. When creating the survey, we found three studies that included adult elite athletes and concerned problem gambling (Grall-Bronnec et al., 2016; Lim et al., 2016; Wardle & Gibbons, 2014). From these, relevant variables were selected and added to risk factors from SweLogs (2013). To ensure relevance, we constructed the survey in cooperation with experts in the field. Even so, self-report data generally entail a level of uncertainty, as social desirability might affect the honesty of participant responses.

6.2.4 Population in Study II

The decision to interview only male athletes rests with the funder. Their wish was to focus on male athletes to create a basis for change, knowing the high proportion of problem gambling in male sports. However, it would be valuable to follow up on the women athletes to explore their descriptions of gambling and of the difference in gambling between female and male athletes. In addition, it would have been useful to include more coaches in the study, though we noted that the lower-level managers in smaller sports clubs were close to the teams and seemed highly involved in the teams' daily routines.

6.3 CONCLUSION

This research identifies gambling as a normalized activity in the male elite sports groups studied. Risk of gambling problems is higher among male athletes and coaches than in the comparable strata of the general Swedish population. This is a result not found among the studied female elite athletes. Sports managers, as well as coaches and athletes, need more knowledge of gambling and of how to build a sustainable framework to prevent gambling problems. Preventing gambling problems calls for measures at all levels of the socio-ecological framework, measures such as policy documents, education for all personnel in the sports community, recurrent discussions of gambling problems, and knowledge of where to go if the problem arises. It is crucial that this work be started and fully supported by the management of each sports association in order to build a sustainable structure for prevention. Further research is needed to understand the difference in gambling between male and female sports, and to further explore gambling in sports other than those examined here.

7 FÖRFATTARENS TACK

Covid-19 tog våren i ett fast grepp och där är vi fortfarande kvar. Denna min kappa tillkom samtidigt som allt i samhället gradvis, eller kanske stötvis, stängde ned. Med en hårsmåns marginal fick vi ut äldsta dottern ur Colombia och tog emot henne på ett öde Arlanda. Staden var nästan tömd på folk och vårt hem hade redan förvandlats till arbetsplats för två personer och familjens hela tillvaro på obestämd tid. Jag erkänner: motivationen för att skriva om pengaspel inom elitidrotten var inte på topp. Det borde finnas viktigare saker att göra, tänkte jag.

Nu är dock licentiatavhandlingen färdig för tryck och jag släpper greppet om datorn och tackar för mig. För denna gång. Avslutningsvis vill jag rikta några tack till de som deltagit i de olika faserna av denna resa: Först och främst, resans lustfyllda start har jag Ingvar Rosendahl och Natalie Durbeej att tacka för. ”Nu är det dags!”, sa de, och sen bar det av. Ingvar, oändligt stort tack för att du funnits där med goda idéer, stort kunnande och gott teamwork. Tack för positivt tänkande, värmende uppmuntran och trevliga luncher! Och Natalie, likaledes stort tack för engagerat detaljläsande och peppande kommentarer, de är ovärderliga. Det är himla trist att du flyttat, för jag saknar våra spontana stunder tillsammans. Pia Enebrink, tack för att du sa ja till att vara min handledare! Tänk, annars hade vi inte troligen inte mötts. Det har varit så fint och lärorikt att lära känna dig – och din forskargrupp. Kära forskargrupp, ni är en fantastisk samling människor: positiva, kreativa och smarta. Och inte minst – inkluderande. För mig har det betytt mycket att få vara en del av er trots att jag inte delar er vardag. Så, upp med flaggan – ni är bäst!

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Mina älskade döttrar, Nadja och Katinka, mamma Eivor och vänner: Vet ni – det har varit roligt och mycket lärorikt att plugga i två år! Men det är trots allt ett arbete, inte en kär relation. Och ni är ändå viktigast av allt.

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