# CRITICAL gambling studies

# "It Always Depends on the Context": Poker Players' Perceptions of Substance Use at and Beyond the Table

Adèle Morvannou, Eva Monson, Marianne Saint-Jacques, Vincent Wagner, Valérie Aubut, Natacha Brunelle, Magali Dufour

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# Poker Players' Perceptions of Substance Use at and Beyond the Table

Adèle Morvannou, [a1] Eva Monson, [a] Marianne Saint-Jacques, [a] Vincent Wagner, [a]
Valérie Aubut, [b] Natacha Brunelle, [b] Magali Dufour [c]

[a] *Université de Sherbrooke*
[b] *Université du Québec à Trois-Rivières*
[c] *Université du Québec à Montréal*

**Abstract:** While it is well recognized that gambling behaviours are shaped by the contexts in which they occur, less research has investigated the relationship between poker and substance use (i.e., alcohol and other drugs). The current study explores poker players' perceptions of the relationship between substance use and gambling. This qualitative descriptive study is a secondary data analysis of 25 interviews with poker players conducted as part of a broader prospective cohort project. From the thematic analysis, players described how specific contextual factors, such as social setting and location (e.g., bars, casinos) influenced their substance use. Poker players reported a relationship between substance use and gambling practices. However, players differed greatly in their decisions about whether, and how much, to use alcohol and other drugs, with individuals' choices depending heavily on contexts (e.g., more inclined to partake when alcohol was available) and motivations (e.g., remaining sober to remain sharp and not impair their intellectual capacity). For those players who considered poker earnings to be their main source of income, increased use of alcohol, tobacco and cannabis were reported as a way of dealing with stress, anxiety and a lack of motivation related to their play.

*Keywords:* Poker, substance use, context, motivation, qualitative, players' perspectives

## Introduction

Gambling-related harms affect the individual who gambles, as well as their family, friends, workplace, and broader society (Langham et al., 2015; Li et al., 2017). The consequences of gambling are widespread, impacting financial capacity (Castrén et al., 2013), as well as, physical and psychological health (Okunna et al., 2016; Parhami et al., 2014). For example, gambling behaviour and problems have also been associated with high rates of suicidal ideation and/or attempts (Fong, 2005; Hodgins et al., 2006; Lorains et al, 2011).

Poker is a unique form of gambling, one that is heavily influenced by strategic, psychological, and mathematical factors, which allow poker players to strengthen their skillset and increase their odds of winning (Barrault et al., 2014; MacKay et al., 2014; Siler, 2010). Thus, while poker is a social game, it retains an element of competitiveness that demands a certain level of seriousness, concentration, and calculation (Dufour et al., 2012) to accurately evaluate opponents,

foil deceptive maneuvers such as bluffing, and evaluate payoff statistics with respect to card combinations (Bjerg, 2010). Poker players display intense gambling behaviours, investing significant time (Shead et al., 2008) and money (Kairouz et al., 2010). Poker players have also been identified as a group at high risk for developing gambling problems (Barrault & Varescon, 2013b) with prevalence rates between 9.1% and 17.2% having been recorded (Barrault & Varescon, 2013a; Hopley et al., 2012; Kairouz & Nadeau, 2014). Poker players are a heterogeneous group with vastly differing profiles and patterns of behaviour across a variety of settings. While a minority of poker players try to make a living from their game play (i.e., professional players), most view the game as a leisure activity (i.e., recreational players; Dufour et al., 2012; McCormack & Griffiths, 2012). Professional, versus recreational, players tend to be more disciplined and controlled in their behaviours while playing (McCormack & Griffiths, 2012). While some poker players report that the majority of

[1] Corresponding author. 150, place Charles-Le Moyne Bureau 200 Longueuil, Quebec, Canada, J4K 0A8. Email: Adele.Morvannou@USherbrooke.ca.

their gambling takes place online, others prefer playing in poker rooms or with friends, or across all settings depending on their motivations (e.g., to make money versus for fun; Dufour et al., 2012, 2020).

One of the most common comorbid disorders associated with gambling problems is substance use disorder, including alcohol use, nicotine addiction, and drug use (Desai et al., 2006; Franco et al., 2011; Griffiths et al., 2011; Leino et al., 2021; Liu et al., 2009; Merkouris et al., 2021; Okunna et al., 2016; Parhami et al., 2014; Pietrzak et al., 2007). For example, compared to people who do not gamble, people who gamble (i.e., those who do not experience negative consequences as a result of gambling) are more likely to report problems associated with alcohol use (Parhami et al., 2014). Studies focused on concurrent use (substance use combined with gambling during a similar time period [e.g., past 30 days] but not within the same occasion), have also demonstrated a high prevalence of substance use disorders, especially alcohol (Assanangkornchai et al., 2016; Ford & Håkansson, 2020; Rash et al., 2016), among people with problem and/or pathological gambling (i.e., those who experience negative consequences as a result of gambling; Lorains et al., 2011). Gambling with and without experiencing negative consequences have also been associated with the use of other substances (e.g., marijuana, cocaine) (Assanangkornchai et al., 2016; Liu et al., 2009; Potenza, 2006). It has been hypothesized that alcohol and other drug (AOD) use and gambling have a circular relationship, with AOD use resulting from a need to cope with depression and/or anxiety caused by gambling behaviours, and AOD use in turn triggering an individual's desire to gamble (Okunna et al., 2016). As a result, it is incredibly important to better understand the relationship between AOD use and gambling.

Due to the intensity associated with poker activities and the singularity of poker among gambling activities, research has begun to target this specific at-risk population (Morvannou et al., 2020; Kairouz et al., 2016), though few studies have focused on AOD use among poker players (Morvannou et al., 2018; Shead et al., 2008). Study findings concerning AOD use among undergraduate student poker players have demonstrated an association between gambling and an increased likelihood to use substances such as alcohol (Shead et al., 2008). Other substances (e.g., cannabis) have also been found to be associated with gambling problems within a general population sample of poker players (Morvannou et al., 2018).

Although there seems to be a relationship between AOD use and poker that varies according to certain types of factors or contexts, knowledge remains scarce. Within the literature focused on simultaneous use (i.e., use of a substance(s) during a gambling occasion), McCormack & Griffiths (2012) found that recreational players, compared to professional players, were more likely to gamble when under the influence of alcohol and/or drugs and were more likely to report enjoying an alcoholic drink while gambling. Dufour, Brunelle and Roy (2015) similarly found that recreational players have been found to be more likely to use AOD while playing poker. In contrast, professional poker players were more reticent of their alcohol use and demonstrated a specific awareness that AOD could influence their game play whereas recreational players who sometimes gambled under the influence of substances took more risks and occasionally engaged in chasing behaviour (McCormack & Griffiths, 2012). These studies align in part with the work of Zinberg (1984), on the importance of considering a triad of factors in order to understand behaviours: the activity (e.g., poker), the personal orientation of the individual concerned (e.g., being a professional player), and the setting (i.e. social, cultural and geographical context). This final factor (i.e., setting/context), remains underexplored in regard to whether the link between AOD use and poker practices can vary depending on the context at and beyond the table. As such, the aim of this study is to explore poker players' perceptions of the relationship between substance use and gambling behaviours across different contexts.

## Method

This research was based on a qualitative design using in-depth interviews (Dufour et al., 2012; 2020; Morvannou et al., 2020). A qualitative descriptive method was used due to a lack of knowledge concerning players' perceptions of the relationship between substance use and gambling behaviours. This method allows us to understand the reality of players in their own words, giving us access to their perceptions, ideas, thoughts, and beliefs. This research was conducted with a subsample of participants from a broader prospective cohort study that aimed to describe and understand gambling trajectories of poker players (Dufour et al., 2015; Morvannou et al., 2018). In-depth interviews explored themes of substance use related and unrelated to gambling activities.

### Participant Recruitment

The study sample was selected from 258 participants who were taking part in a larger quantitative cohort study focused on gambling trajectories of poker players that took place within the Province of Québec, Canada. The methods of this broader study have been previously described in detail (Dufour et al., 2015). Within this larger study, a convenience sample of players was recruited who (1) self-identified as poker players, (2) had bet money on poker during the previous 12 months, (3) were at least 18 years old, and (4) spoke French and/or English. Purposive sampling was used and players were originally recruited from virtual and physical locations often frequented by poker players (i.e., bars, casinos, live tournaments, major events, local newspapers, Facebook, and online poker sites), through ads on websites dedicated to poker, and through various ads

in regional and cultural newspapers. Participants taking part in the interviews additionally had to (1) have remained a part of the cohort study at the time of recruitment, (2) live less than one hour from a large urban centre (for budgetary reasons), (3) not have increased gambling activities other than poker in the last 24 months, and (4) have gambled more frequently and spent more time and money on poker than on other gambling activities. As the primary focus of the interviews was to document the evolution of the severity of gambling problems, participants had to report a decrease or increase in the severity of their gambling problems over the previous 12 months, as measured using the Problem Gambling Severity Index ([PGSI]; Ferris & Wynne, 2001; see Dufour et al. 2017 for details). Qualitative interviews were conducted from January to July 2012 by three interviewers trained in conducting semi-structured interviews. In total, 29 participants were approached to take part in the qualitative interviews, 4 of whom refused due to lack of time.

### Data Collection

Semi-structured individual interviews (Boutin, 2018) were conducted in French. After providing informed consent and personal contact information, interviews were an average of 90 minutes. Participants received a bookstore gift card worth CAD$30 for their time. Specific to the purpose of this article, the interview guide included questions such as: "Describe your alcohol and drug use" followed by "And when you play poker?" Demographic information was also collected, including gender, age, education, marital status, occupation, and financial situation.

In the three months prior to the qualitative interview, data from the main study were collected for each participant such as gambling habits, gambling problems, AOD dependence problems, and gambling contexts of AOD use.

Gambling habits, including those related to poker, were measured using a validated French version of the Canadian Problem Gambling Index (CPGI, Ferris & Wynne, 2001) that allowed us to evaluate gambling participation, excessive gambling behaviour, and associated negative consequences over the previous 12 months. Gambling problems were evaluated using the PGSI, a subscale of the CPGI, which included nine items using a Likert scale ranging from 0 (never) to 3 (almost always). Scores obtained corresponded to a gambling problem severity category: non-problem gambling (0); low-risk (1 to 2); moderate-risk (3 to 7); and problem gambling (8+).

DEBA (Assessment and Screening of Assistance Needs)-Alcohol and DEBA-Drugs questionnaires (Tremblay et al., 2000) were used to assess past-year AOD dependence problems, with scores ranging from 0 to 45 for alcohol (1 to 9 = low problem, 10 to 19 = moderate problem, 20 to 45 = high problem) and 0 to 15 for drugs (1 or 2 = low problem, 3 to 5 = moderate

problem, 6 to 15 = high problem). Both the DEBA-Alcohol and DEBA-Drugs scales have been previously validated and have shown good psychometric properties (Tremblay, Dupont, & Sirois, 1999, as cited in Tremblay, Rouillard, & Sirois, 2000).

The gambling contexts of AOD use were measured using two questions: "In the past 12 months, have you used alcohol while playing poker?"; "In the past 12 months, have you used drugs while playing poker?". Participants answered either "yes" or "no" and, if positive, could specify if they used AOD while playing poker either with friends, on the Internet, or in a tournament of poker.

### Data Analysis

Interviews were recorded, transcribed as anonymous verbatims by a qualified professional trained in transcription, and then analyzed iteratively as interviewing progressed, in keeping with thematic content analysis methods (Miles et al., 2020). The translation of verbatims to English was carried out by two qualified professionals. In this study, the continuous thematization approach was used (Fortin & Gagnon, 2016) and themes were generated inductively from verbatims (Braun & Clarke, 2006). Consultation between authors to reach an agreement on the emerging themes took place during the analysis stage. Storage, management, and organization of the data, as well as coding, were conducted using NVivo 9.0 software (Bergin, 2011). Recruitment was concluded when empirical saturation of the broader study theme (i.e., increasing or decreasing gambling activities) was achieved (Dufour et al., 2015). Sociodemographic data and gambling habits, including poker habits, were analyzed using descriptive statistics such as proportions (%), means (M), and standard deviations (SD). Qualitative and quantitative data were analyzed independently, with the quantitative data analysis including only descriptive statistics about players.

**Table 1.** Descriptive Characteristics Related to PGSI Category, AOD use, and Context of AOD Use and Gambling (n = 25)

| Participants | PGSI category | DEBA-Alcohol category | DEBA-Drugs category | Context of alcohol use while playing | Context of drug* use while playing |
|---|---|---|---|---|---|
| Jean | moderate-risk | low level | no problem | Friends, tournament | No |
| Marc | non-problem | no problem | moderate level | Friends, tournament | No |
| James | non-problem | low level | no problem | Friends, tournament | No |
| Michel | moderate-risk | no problem | no problem | Friends, Internet, tournament | No |
| Christophe | problem | no problem | no problem | Friends, tournament | Friends, Internet |
| Suzanne | moderate-risk | low level | no problem | Friends, tournament | No |
| Paul | non-problem | no problem | no problem | Friends | No |
| Greg | moderate-risk | no problem | moderate level | Friends | Friends, tournament |
| Sam | non-problem | low level | no problem | Friends, tournament | No |
| Claude | moderate-risk | low level | no problem | Friends | No |
| Robert | low-risk | no problem | high level | Friends, Internet, tournament | No |
| Fred | low-risk | no problem | no problem | Friends | No |
| Carmen | non-problem | low level | low level | Friends, tournament | Friends |
| Gary | moderate-risk | no problem | no problem | No | No |
| Peter | moderate-risk | low level | no problem | No | No |
| Tony | low-risk | no problem | no problem | No | Internet |
| Dave | low-risk | no problem | no problem | Tournament | No |
| Charles | low-risk | low level | low level | Friends | Friends |
| Mel | moderate-risk | no problem | no problem | No | No |
| Jamie | low-risk | low level | no problem | Friends, Internet, tournament | No |
| Stan | moderate-risk | no problem | no problem | Friends | Friends |
| Bruce | non-problem | low level | no problem | Friends, Internet | No |
| Bob | problem | no problem | no problem | No | No |
| Rey | problem | no problem | no problem | No | Friends |
| André | low-risk | no problem | low level | No | Internet |

**Results**

Of the 25 poker players in this study, 22 (88%) were men and 3 (12%) were women. They ranged in age from 18 to 62 years old (*M*=30.8 years). Of these participants, 16 (64%) were employed and 8 (32%) were students. Most of the players had completed post-secondary education (76%). Eleven (44%) were married or in a common-law relationship, and the other 14 (56%) were single, divorced, or separated. The median annual revenue of the participants was CAD$31,000 (SD = CAD$20,437.50).

According to their PGSI scores, 6 participants (24%) were non-problem gamblers, while 7 (28%) were low-risk gamblers, 9 (36%) were moderate-risk gamblers, and 3 (12%) were problem gamblers (Table 1). According to the DEBA-Alcohol score, 15 (60%) had no problem and the other 10 (40%) had a low level of problems with alcohol. According to the DEBA-Drugs score, 19 (76%) participants had no problem, 3 (12%) had a low level, 2 (8%) had a moderate level, and 1 (4%) had a high level of problems with drugs.

Based on the analysis undertaken, several findings emerged regarding the relationship between substance use and gambling. Gambling contexts as well as motivations for gambling appear to influence the AOD use among poker players. Participants discussed the relationship between poker and AOD use from both directions, i.e., the influence of AOD use on gambling behaviours and vice versa.

### Contexts of Play and their Link to Substance Use

Participants agreed that certain gambling contexts facilitate accessibility to substances (i.e., playing with people who use and playing in locations where AOD use was commonplace) and thus encourage them to use substances. Also, even though most participants reported using AOD (e.g., alcohol or cannabis) regardless of the type of gambling (i.e., tournaments or cash games; online or land-based), two players indicated that they drank more alcohol when they played online.

### Gambling with People who Use Increases Accessibility

Some participants reported only using alcohol and/or cannabis when the opportunity presented itself or when substances were readily available, such as in the context of a poker game among friends. A few said that they rarely buy cannabis for themselves, but if they are offered it, they occasionally use:

Well, it's typical, and also it's the fact that [poker] brings together certain people who use substances all the time and others, like me and all my friends, who don't use as often, but they, since they use all the time, bring that [context] with them. They bring drugs, they bring cannabis, so it's accessible. It makes it more accessible. But if I go back home tonight, unless I order some, there's no way I'm going to smoke

cannabis because I don't have any at my place. So, I go into these situations, and they are there, and they have some. So it's easy. The context of getting together as friends makes it easier to use. (Greg)

One participant made a direct link between playing poker and alcohol and tobacco use, but linked cannabis use more to who he was playing with than to poker itself:

Marijuana, it was very occasional use that wasn't really related to poker. It was more a question of who I was hanging out with, because the people I was playing poker with were using (alcohol and tobacco). So, there was an availability […]. So, yes, a correlation for alcohol, a correlation for tobacco, but not really a correlation for marijuana. Marijuana was actually more related to the type of people I was hanging out with (regardless of if they were playing poker). (Rey)

The use of alcohol and cannabis, for some, is part of an evening with friends and makes the ambiance more pleasant and festive. Most feel that using substances tends to make gambling less serious and makes them less focused on the game. For them, poker is a pretext to get together and have a good time with friends, and substance use is often an integral part:

Yeah, because anytime I go to play, I like to drink a little and have fun, chat … I don't take gambling seriously enough that […] The majority of us drink alcohol on those nights. And sometimes enough to have a lot of fun. (Jamie)

### Gambling in Places that Promote Alcohol Encourages Drinking

Participants explained that accessibility of alcohol (e.g., free, served directly to the table) in the establishments they frequent (e.g., bars, casinos), affected their drinking. While some said they drink in moderation (e.g., a beer, a glass of wine), others said these settings prompted them to drink more than they had planned. Several qualified their remarks by saying that they only drink alcohol during tournaments:

There are tournaments where the meal and drinks (alcohol) are included. […] Once in a while, from time to time, now I hardly do it anymore, so in the United States, not far, the casino… so it can be a glass of wine or a beer, before or during. Otherwise, if I play a cash game, I never (drink alcohol). Drugs, I wouldn't even think about. (Dave)

Another player, who does not usually drink when playing poker, shared that when he plays in certain bars:

"I was giving in to the pressure from the waitress who was offering me alcohol."

One player said that he goes to the casino less than to friends' homes because he wants to be able to smoke cannabis when he plays poker:

> At a friend's house, I can smoke a cannabis joint no problem. If I light up a cannabis joint at the casino, it's, it would take them ten seconds to throw me out and they would probably call the police. Whereas with friends, it's easy, it's accessible, everyone has it. And there's no issues with smoking. We don't want to just play poker… We want to get a little bit fucked up too. (Charles)

### Motivations for Gambling and Impact on Substance Use
#### Gambling for Pleasure

With friends, substance use may vary depending on the motivation to gamble. Some participants reported abstaining from substance use even when playing with friends, believing it gives them the upper hand to remain sober. A subset of these participants did drink, just delaying it until after the game had finished. For some, gambling with friends is one of the only settings in which they allow themselves to use alcohol and cannabis. In this context, they are playing for fun, not to make money. Poker is thus considered entertainment, a means of socializing, and not a source of income. It is even a pretext for chatting with friends, drinking alcohol, and/or smoking cannabis:

> So drinking alcohol, personally, is going to be more related to a context where poker was considered entertainment and not an income. So, when it was between friends, yes, it was still a lot of drinking and the alcohol use was not during the game, but after the game, or even later… (Rey)

#### Gambling in a Competitive Context

While some say that when they play against someone new, for example during online or in-person tournaments, they remain completely sober or drink only in moderation to remain sharp (i.e., play to the best of their ability). They believe that if they drank more, other players would quickly take advantage. These players explain that they do not want to make rash decisions when competing, especially when large sums of money are at stake:

> It's that if you play on the Internet for money against strangers or you go to a poker room on the reserve with people you don't know, and they are all sharks and what they want is your money, they're not there to have fun. […] If I was there to be professional, I wouldn't get wasted, that's for sure. (Jamie)

Most participants described poker as a complex discipline where the competition is fierce, requiring concentration and vigilance. Many said that even minimal use of drugs or alcohol risked impairing their intellectual capacity. On the other hand, some participants who use AOD while playing saw no connection between their use and their poker habits. They explained that they use very little when they play, in terms of cannabis and alcohol. Using only minimal amounts is the reason they believe that their gambling behaviour remains unchanged.

### Self-medication During Play

Certain participants mentioned that anxiety related to their poker activities has an influence on their use of alcohol, tobacco, or cannabis. This link seems to be particularly significant among players who consider poker earnings to be their main source of income, especially when financial instability becomes a source of stress:

> Well, I used alcohol, tobacco, sometimes marijuana… Well, of course when you're going through more intense periods of play, it is more stressful, so of course alcohol use is at risk of increasing. But it was, yes, sometimes a consequence of playing poker because, well, we find ourselves in a more stressful context… We may become a little more anxious, especially when poker becomes the only and main source of income and, sometimes, we go through a rather difficult period in this sense. (Rey)

One participant, whose main source of income was poker, reported using cannabis to help cope with his lack of motivation to play:

> When I'm getting ready for a serious session, I have to be present for four, six, eight, ten hours of poker. I allow myself to do that [smoke cannabis], a little puff every two, three hours because maybe in that moment I just don't have the courage to face my lack of interest in playing. I imagine it must have the same effect as a Xanax or whatever. (…) So, I need a carrot [cannabis]. (André)

### Impact of Substance Use on Gambling Behavior
#### Impact on How Much You Play

Some participants mentioned how it was easier to stay within their budget when sober as they were less likely to chase losses. One participant specifically stated that he exceeded his limits when drinking. Another participant noted that within a context of play among friends, where little money is at stake, even if drinking influenced his gambling, the financial risk was minimal:

> But I don't think that it has a major impact, especially since well, we don't put a lot of money

into it. It's true that if you drink a lot, it will impact you physically… I mean, it's not healthy to drink too much, but financially, 10$ is not going to ruin someone. (Carmen)

### Impact on How Well you Play

Most participants reported that alcohol and cannabis use has negatively affected their ability to play poker. They felt that drinking or smoking made them less capable, altering their ability to think and make decisions. Specifically, they reported observing longer reaction times, shorter attention spans, and making impulsive decisions not based on reason. For example, they talked about having less respect for the financial limits they set beforehand and going 'all-in' more easily. Players used terms like "more loose", "more willing", and "less tight" to describe their style of gambling while under the influence of alcohol or cannabis. These players linked these effects of substance use to losing more frequently:

In the last two years, it has definitely had an effect on the results, which are not as good as the two years before. I would say there's a link between cause and effect. If you're on marijuana, then your skills aren't at their best. Your reaction time or just your decisions are not the same as if you were sober. Like you would take 15 seconds to make a decision, but in one second, one click, it's done. But it's the wrong decision, you could have lost $50 in one click. I'd say more impulsive under the influence of marijuana. (Tony)

Almost half of participants expressed having regrets about the way they gambled under the influence. They explained that these regrets have encouraged them to either stop or restrict quantity or context (e.g., only with friends) of their use of substances while playing poker.

Participants who viewed poker as a source of income saw no positive effect of alcohol and cannabis use on their gambling. However, a few other participants who gamble for pleasure reported that their substance use may have had a positive effect on some of their poker games. For example, two players reported a more aggressive and unpredictable style of play after drinking. When playing regularly with friends, one participant noted this made it possible to surprise and destabilize his opponents:

For me, I'm more aggressive in my style of play. And also, we try to maybe bluff more. It can be good; it can be bad. Since we know each other, we know each other well, the regulars, we know a little bit about how people play, so we can play that to our advantage by making people believe we're playing in a certain way, because they know we always play in that way… With alcohol, it might change the way of play a bit. (Robert)

One participant mentioned that smoking cannabis makes him calmer and allows him to not overthink things, which he perceives as beneficial for his playing style.

### Impact on Where you Play

A minority of players reported specifically seeking out certain casinos that serve free alcohol when they play poker. Their main motivation in these cases was to drink with friends in an entertaining environment. Playing poker, for them, is a means by which they can drink cheap alcohol:

Yeah, we go to one of the casinos that is the closest to us, considering that, well, we're not going to go to the casinos in Québec. It's still an hour and a quarter to get there, I think. But, … I would go maybe once a year. There, the alcohol is free, you can drink, etcetera. (Jamie)

### Impact on Decision to Play

One participant mentioned drinking to enhance enjoyment of the game, and that, without alcohol, he would be less likely to participate. Another player said that because of the increased availability and use of alcohol when playing poker with friends, he would prefer not to play at all to avoid temptation to drink.

Often, when we play there's alcohol. That is maybe another reason too as to why I don't play anymore, because honestly, there's always alcohol and I'm not interested in drinking anymore. (Christophe)

## Discussion

This qualitative study is the first, to our knowledge, to explore poker players' perceptions of the relationship between AOD use and gambling patterns. It highlights the strengths of employing qualitative methods to explore this relationship, and specifically the importance of the poker player's voice and their lived experience. As Julie Rak (2021, p. 3) so eloquently explains, focusing on "autobiographical stories can help to highlight who players are, and what their everyday lives as players are like when they are not being studied by experts". Engaging in discussion with players about their lived experience also allows for the cultivation of a deeper understanding of the complex relationship between AOD use and gambling. Specifically, the rich narratives provided by players not only confirmed that a relationship between AOD use and gambling practices exists, but also explored how players vary greatly in their decisions about whether to use substances, and how much, with individuals' choices depending heavily on certain factors (e.g., contexts and motivations).

### Poker Contexts Influence Substance Use

Players described how specific contextual factors, such as social setting and location (e.g., bars, casinos) influenced their substance use. This aligns with previous research that has described how the characteristics of a particular context (i.e., with whom, where, and what activity takes place) is linked to a person's behaviour (Bates, 1956; Paradis et al., 2011b). Our findings demonstrate that players who gambled with friends who use alcohol and cannabis were more inclined to partake, as were those who chose to gamble in locations where alcohol was readily available. Players described social interaction as the primary reason for playing with friends, but that opportunities to use substances were tied to these experiences. Findings also reveal how players, specifically those playing recreationally, choose their locations based on regulations concerning substance use at the table. For example, some players reported travelling to the United States or seeking out specific locations across Québec that serve alcohol at the table, while others preferred to play at home so they could smoke cannabis. These findings align with previous research that demonstrates the importance of understanding the contexts in which gambling and substance use take place (de Moura et al., 2010; Kairouz et al., 2015) and how consideration of why, when, with whom, and where drinking/gambling occurs can help us better understand alcohol/gambling use patterns (Harford, 1979; Harford et al., 1976, 1983; Harford & Gaines, 1982; Kairouz et al., 2015).

Beyond sharing that they play in specific locations where alcohol was served at the table, players also described that these types of establishments led them to drink more than they would otherwise, and that increased drinking, at times, led to changes in their playing choices (e.g., spending more than intended). This aligns with gambling studies that suggest that individuals who find themselves in a specific context adjust their behaviour to what is customary in that context rather than operating in accordance with norms connected to their individual profile (Demers et al., 2002; Kairouz et al., 2002; Kairouz & Greenfield, 2007; Paradis et al., 2011b, 2011a). Participants also identified specific negative consequences (e.g., feeling of regret) about the way they gambled under the influence. Previous studies have also reported a clear link between even minimal alcohol use and negative or risky gambling behaviours (Hraba & Lee, 1996; Kyngdon & Dickerson, 1999), such as chasing (McCormack & Griffiths, 2012; O'Connor et al., 1995). Given this understanding of the relationships between substance use and changes in poker behaviours, it is imperative to question both the gambling and alcohol industries' choices to promote drinking in gambling establishments. A health promotion issue emerges here, in terms of practices in establishments where gambling and drinking are both available. Especially considering that, studies have demonstrated that high alcohol or gambling availability are associated with higher alcohol or gambling use (e.g., Bryden et al., 2012; Kristiansen & Trabjerg, 2017; Rhodes, 2002). This study's findings demonstrate how poker involves social interaction that commonly occurs in a variety of settings that need to be taken into consideration to understand the relationships between gambling behaviours and substance use. Future research should consider going one step further and examining players who gamble regularly within different environments/circumstances to better understand the potential associated harm as well. Given that some players did report higher substance use when playing online, future research should also focus specifically on online gambling and substance use which was beyond the scope of this study.

### Players' Motivations to Gamble Influence Substance Use

The results of this study showed a heterogeneity among poker players in terms of their substance use, specifically relating to their motivations to gamble. Some play for fun, which leads them to use substances as they would in other social situations. While for others, the competitive or lucrative context of poker play led them to not want to use substances. In other words, their substance use was linked to their motivation (e.g., social or competitive) to play. Those players who were motivated by the competitive aspect of the game, pointed out that poker requires concentration and skill, thus, abilities that do not mix well with substance use. As a result, playing competitively appears to be a protective factor against substance use and perceived associated negative impact on poker behaviours (e.g., impulsivity). Conversely, gambling for fun seems to be an opportunity for increased substance use for some, with varied consequences depending on the amount of money invested. These findings align with previous literature that has reported players having diminished capacities when they use substances (McCormack & Griffiths, 2012). A third motivation to use substances seems to emerge from the results for players who consider poker winnings a main source of income. They report using substances occasionally to either manage anxiety related to the financial instability of poker or to counteract the lack of motivation to gamble. A parallel can be drawn between poker competition and sports competition, which seem to create a context that is both compatible and incompatible with substance use, depending on the individual. While some athletes use little or no substances for fear of losing concentration, decreasing their chances of winning, or even to gain an edge against their peers, others may use substances in response to the anxiety that comes with competing (de Grace et al., 2017). The current study highlights a variety of motivations for using or not using substances among poker players (i.e., competitive vs. fun vs. anxiety). These motivations mirror the model of Stewart and Zack (2008), frequently used in the substance use and gambling fields, which describes three groups of

motivations: "coping" motivations (using/gambling to escape unpleasant emotions); social motivations (using/gambling to socialize/be with a group of friends); motivations to intensify positive moods (using/gambling in order to obtain pleasant thrills; Stewart & Zack, 2008). Within existing literature, it appears that certain motivations, particularly those related to mood regulation, are associated with gambling problems (Stewart & Zack, 2008). Given these results, prevention messaging should focus on elements such as staying 'sharp' and increasing your odds of winning (e.g., outlasting your opponents) and specifically target locations that offer alcohol. Another recommendation would be to warn players who consider poker winnings their main source of income of the risks of AOD use to regulate anxiety.

Regardless of the subtype of poker player (i.e., recreational or competitive), it seems that poker players use substances differently depending on the gambling context and its social dimensions. Poker players demonstrated flexibility in their gambling and AOD practices. For example, recreational players might drink less when motivated by competition or winning money, and professional players, who generally do not drink, may do so in situations that are more social. These results echo a review of social science research which has emphasized that:

[…] the social rewards of gambling [] have to do with togetherness and conviviality. Thus, people gamble in part because it is a way to get together with others. Through the social interaction that takes place during gambling, common values are created and reaffirmed; gambling is given meanings that allow it to function as a social and group-building activity. (Binde, 2009, p. 17)

Even if poker is a social game, players need to accurately evaluate opponents, foil deceptive maneuvers like bluffing, and evaluate payoff statistics (e.g., card combinations; Bjerg, 2010). Previous research has demonstrated that poker players who are playing as a source of income employ specific strategies to reduce risks associated with poker, and one such strategy that has been previously highlighted is limiting AOD use (Morvannou et al., 2018, 2020).

### Diversity of Experiences

The participants described a diversity of experiences related to AOD use and gambling and while some did discuss potential negative consequences, and their various comfort levels, related to AOD use while gambling, many individuals instead described the enjoyment that they gained from combining AOD use with gambling, and the multiple contexts and motivations that might impact their AOD use and gambling practices. This overarching tendency to not naturally place negative, or problematic/concerning, associations on the relationship between gambling and

substance use, and in fact describe the relationship in a positive light, contrasts much of the existing literature. In both substance and gambling studies, research has previously tended towards more negative depictions of the relationship between AOD use and gambling (Merkouris et al., 2021; Okunna et al., 2016; Parhami et al., 2014). This tendency is also seen more largely across gambling studies, where a minority of the literature has circumvented positioning gambling as a risky activity and instead focused on the positive aspects of gambling activities (Loroz, 2004; Morvannou et al., 2018) or even the discourse of happiness in gamblers (Casey, 2008). This historically negative depiction of gambling has come under more scrutiny as potentially harmful, encouraging a stereotype of a typical "problem gambler" which does not necessarily align with the experiences of people who gamble (Brown & Russell, 2020; Loroz, 2004). As argued by Rak (2021), to produce a more comprehensive understanding of the subjective experiences, it is essential to develop an understanding of use practices and encourage researchers to view gambling as a cultural activity rather than just a disorder or a risky activity, to better understand the ways in which everyday gambling practices are linked to social dynamics (Casey, 2003). Indeed, in order to evade what Rak (2021) calls *"a little moral high ground assumed by some researchers"*, it is imperative that we defer to the players themselves by conducting research and speaking *with* them, instead of *on* them. Multiple authors have also previously highlighted the importance of remaining interested in multiple of points of view in order to access a diversity of experiences and realities in gambling studies, and in particular when it comes to poker (Abarbanel & Bernhard, 2012; Morvannou et al., 2018; Morvannou et al., 2020; Rak, 2021).

### Limitations

Players were recruited as part of a broader study focused on gambling trajectories of poker players and thus, the link between poker and substance use would have likely been investigated further had it been the main focus of the interviews. While saturation was achieved for broader study, this may not be the case for topics related to substance use. Data collection concerning gambling and AOD use throughout the main study may have had an impact on the information shared by players during interviews (e.g., potential increased social desirability). Moreover, employing purposive sampling on a convenience sample (e.g., a sample of men living less than one hour from a large urban centre) limits transferability of the results however using a structured thematic content analysis method maximized the reliability of the current findings (Miles et al., 2020). In a similar vein, although there are more men than women among poker players, the inclusion of only three women suggests that women's perspectives are potentially underrepresented in the study. Future studies should also explore women's

specific gambling practices, and particularly the experiences of women poker players. Finally, this data was collected in 2012, and as such, it is important to note that the gambling landscape has changed considerably in the past decade, with increases in online gambling, as well as the spreading legalization of cannabis that also limit the transferability of these findings. While these limitations need to be considered when interpreting the results of this study, they also give rise to several interesting avenues for future research.

## Conclusion

While there exists research that has studied quantitatively the relationship between substance use and gambling, none have explored this relationship in depth, from the perspective of the poker players, to understand why, how and where they use. Exploring specifically poker players' perceptions of AOD use highlights an important need to better understand the contexts and motivations of poker players' substance use. The results also demonstrate a potential need for continued reflection on the current regulations around provision of free alcohol within gambling venues. It also demonstrates the value of qualitative research and storytelling and how they can contribute to deeper knowledge of the vast diversity of gambling related experiences. Given the fast pace at which gambling is evolving (e.g., rapid increase of online gambling) and the continued expansion of cannabis legalization, future research should consider how these changes have potentially affected the relationships outlined herein. All of this highlights the relevance of this topic in our current climate and the need to continue exploring these complex relationships moving forward.

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### Conflict of Interest and Funding Statement

### Author Details

Adèle Morvannou is a professor at the University de Sherbrooke (Canada). Her research aims to understand the trajectories and experiences of poker players and women who have experienced harm related to gambling, stigma in help-seeking, and to assess the adequacy between services and needs.

Eva Monson is a professor at the Université de Sherbrooke (Canada). Her current research is devoted to investigating how social and environmental deprivation, from the level of the individual to the neighbourhoods where they reside, factor into the dialogue concerning gambling behaviours and related harms.

Marianne Saint-Jacques is a professor at the Université de Sherbrooke (Canada). Her work focusses on early interventions for substance use and misuse and other addictive behaviors and efficacy couple treatment for addiction.

Vincent Wagner is a researcher at the University Institute on Addictions (Montréal, QC, Canada) and an adjunct professor at the Université de Sherbrooke. His research work focuses, using mostly qualitative and collaborative designs, on trajectories of psychoactive substance use, addictive behaviors, services use, change processes and time perspectives, especially among vulnerable populations (e.g., people living in precariousness and seniors).

Valerie is a Ph.D candidate in psychoeducation at Université du Québec à Trois-Rivière. Her thesis is about the transition process between incarceration and community reentry among older offenders who have had problematic substances use. She will be starting a postdoctoral fellow at Ottawa University to improve her expertise of older offenders who used substances and their social and community reintegration process. She is mainly interested in the criminal life course, trajectories of addiction, and services use, particularly among seniors.

Natacha Brunelle is a Professor at Université du Québec à Trois-Rivières (Canada). She is mainly interested in the social and community (re)integration of justice-involved people, trajectories of recovery and addiction services and drug-crime links.

Magali Dufour is a professor at Université du Québec à Montréal (Canada). Her research focuses on the trajectories of poker players and eSports players. She is also interested in the problem of Internet and video game addiction.

**ORCID**

Adèle Morvannou 0000-0001-6333-8816
Eva Monson 0000-0001-6063-6973
Marianne Saint-Jacques 0000-0002-9994-4997
Vincent Wagner 0000-0003-1738-1105
Valérie Aubut 0000-0003-4056-6239