

Social Impacts of Problem Gambling

Previous Research

Research on the social impacts of problem gambling is limited because there are relatively few problem gamblers and they are difficult to identify. Household surveys similar to the one conducted in Montana are able to estimate the number of problem gamblers, but not detailed social impacts.

Surveys of Gamblers Anonymous members have been conducted in Connecticut, Illinois, and Wisconsin (Thompson 1996, Lesieur 1995, WEFA 1997). These were case studies, and they can not be extrapolated to the general population because they did not include a problem gambling screen (such as SOGS or DSM-IV) which would permit identification and comparison of problem gamblers with different levels of severity.

New Montana Research

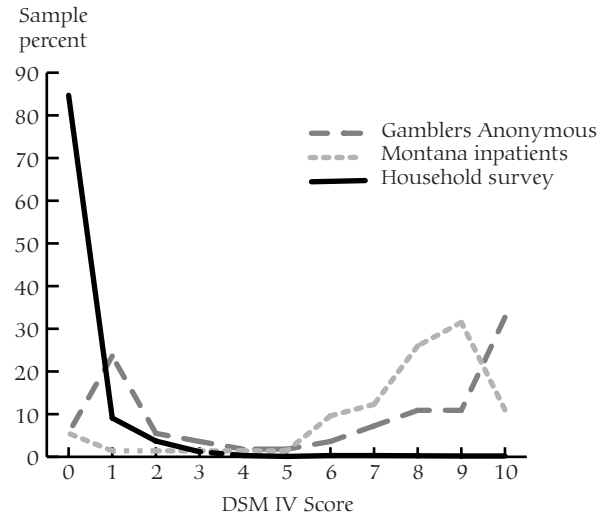
To provide some information concerning social costs of problem gambling, we conducted a survey of Montana Gamblers Anonymous (GA) members and reviewed patients' records from two residential gambling treatment programs. The GA survey was administered in Billings, Butte, Bozeman, Great Falls, Helena, and Missoula. Of the 77 questionnaires distributed, 61 (79 percent) were returned. GA members took the DSM-IV screen as part of the survey. The DSM-IV was also administered to respondents of the statewide household survey. The inpatients' records included scores on the DSM-IV screen.

GA and inpatients with a DSM-IV score of seven or above were chosen for the analysis of social impacts of problem gamblers. These persons can be described as extremely pathological gamblers. A cutoff of seven was chosen because:

- There are fewer false positives/negatives at this cutoff.
- There are sufficient numbers of gamblers for analysis (59 inpatients and 30 GA members).
- The DSM-IV group in the general population is more likely to resemble inpatient and GA peers at this cutoff.

The data in Figure 1 illustrate that the extremely pathological gamblers are a very small component of the population. For the household survey (which mirrors the overall population), only 10 percent score a one on DSM-IV and the percentage scoring seven or more is barely measurable. Most of the inpatients score seven or higher. GA membership contains a sizable number scoring low on the DSM-IV (perhaps because they are in "recovery") but the majority score seven or above.

Figure 1
Distribution of Gamblers by DSM-IV Score
(Percent of Total)



Source: Gemini Research, Ltd.

Problems of Montana's Extremely Pathological Gamblers

Table 1 presents profiles of the inpatient and GA extremely pathological gamblers. They show:

- Roughly equal gender distribution, which was also true for the problem and probable pathological gamblers in the household survey.
- GA members have about the same proportion of whites and non-whites as the general Montana population.
- GA members are older than inpatients, and both are older than problem and probable pathological gamblers in the general population.
- Nearly all GA members and inpatients have played VGMs.
- Inpatients are more likely than GA members to have sought help for alcohol problems and depression.
- Both inpatient and GA members are equally likely to have attempted suicide. The attempted suicide rate in both groups is substantially higher than for other addictive disorders and is similar to rates for depressive disorders, schizophrenia, and hereditary neurological disorders (Cox 1997).
- GA members and inpatients have similar arrest and domestic violence rates.
- GA members suffer greater financial impacts than inpatients. But, GA members may be less likely to have health insurance.

**Table 4
Characteristics of Extremely Pathological Gamblers
Montana**

Category/Question	MT inpatients (N=59) %	GA respondents (N=30) %
<u>Gender</u>		
Male	58	47
Female	42	53
<u>Ethnicity</u>		
White	NA	83
American Indian	NA	7
Other	NA	10
<u>Age</u>		
18-24	3	4
25-34	27	23
35-44	43	23
45-64	21	50
<u>Lifetime Gambling Participation</u>		
Other Lottery (e.g. Powerball)	54	83
Gaming Machines in MT	98	97
Card Games in MT	44	33
<u>Co-Morbidity</u>		
Sought help for alcohol	41	20
Sought help for other drugs	16	20
Sought help for depression	64	50
Thought of suicide	80	93
Attempted/engaged in suicidal behavior	36	38
<u>Criminal Justice Impacts</u>		
Committed illegal act	NA	73
Arrested	44*	40
For DUI (1 or more)	22*	NA
For check fraud	10*	NA
For gambling related crimes	NA	17
Gambling related domestic violence	32*	33
<u>Financial Impacts</u>		
Used household money to gamble	88	97
Withdrawals from credit cards to pay for gambling	51	77
Bounced checks	73	70
Been in bankruptcy court	8*	25

*Inpatients voluntarily reported these consequences during treatment, but were not specifically asked by treatment staff.
Source: Gemini Research Ltd.

References

Cox, S., H.R. Lesieur, R.J. Rosenthal & R.A. Volberg. 1997. *Problem and Pathological Gambling in America: The National Picture*. Report prepared by the Research and Public Policy Committees of the National Council on Problem Gambling.

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