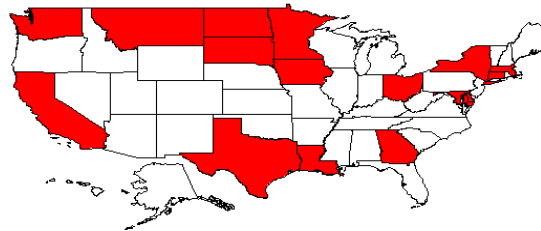


## **In What Ways Has Our Understanding of Gambling Problems Grown and Changed?**

Over 30 empirical studies of gambling have been conducted since 1976, when researchers at the University of Michigan conducted a survey of gambling in the U.S. concentrating on the state of Nevada. Several studies were conducted in foreign countries (e.g., Australia, Canada, New Zealand, and Spain). As noted in Figure 1, we found recent studies on gambling and compulsive gambling conducted in 17 states. In at least 6 states (Connecticut, Iowa, New York, Minnesota, New Jersey, and South Dakota) there have been multiple studies. Three states have completed replication or follow-up studies: Iowa (Volberg, 1995), New York (Volberg, 1996b) and Minnesota (Emerson, Laundergan, & Schaefer, 1994). Findings from all three suggest that the incidence of gambling and problems associated with it have increased along with increased opportunities for gambling.

### **Studies of Gambling Prevalence State Surveys**



#### **States Conducting Surveys**

California, Connecticut, Delaware, Georgia, Iowa, Louisiana, Maryland, Massachusetts, Minnesota, Montana, New Jersey, New York, North Dakota, Ohio, South Dakota, Texas, Washington

**Figure 1**

One indicator of the research interest in and grass-roots attention to gambling issues is reflected in a recent Gambling and the Family Conference held at Iowa State University on October 31, 1996. That conference provided a forum for reporting a series of studies that address a wide array of gambling issues including prevalence of gambling in

Iowa (*An Overview of the Family and Consumer Sciences Poll on Gambling and the Family*, MacDonald),

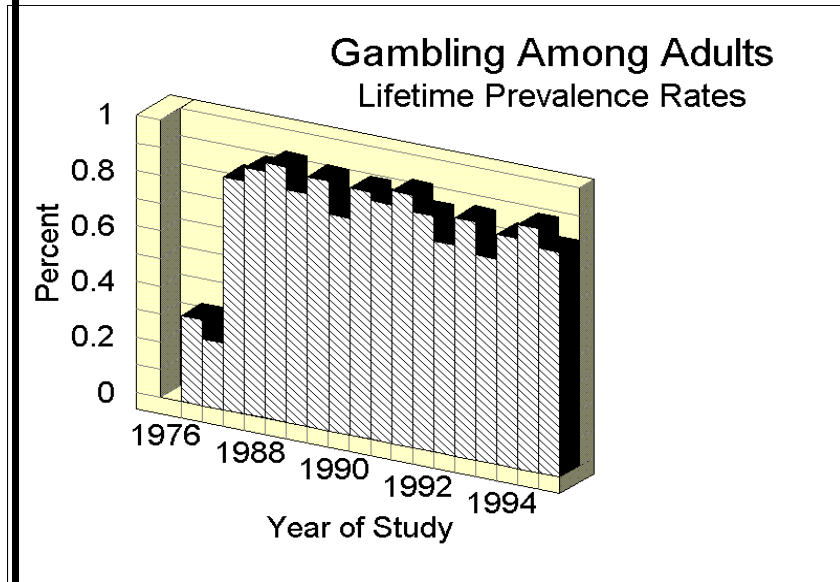
- C the economic impact of gambling (*Small Business Retail Performance and the Perceived Impact of Riverboat Gambling*, Gaskill & Littrell; *The Impact of Gambling on Iowa Tourism and Rural Business*, Hsu),
- C the impact of gambling on the family (*Gambling: Impact on Family and Family Finances*, Hira),
- C the effects of gambling on the young (*Learning from Las Vegas—Childcare and Casinos*, Petersen;
- C *Gambling Among College Students—Some Insights*, Hira, Ingram, & Monson)
- C the old (*Gambling Habits of Older Adults; Larpenteur-Gradwell, et al.*).

(This information was provided in a private communication by Dr. Beverly J. Crabtree, Dean of the College of Family and Consumer Sciences. However, abstracts from those presentations are currently available on the World Wide Web at <http://www.public.iastate.edu/~cfcs/gamble/brointro.html>.)

Findings from the state surveys<sup>6</sup> (Fig. 2) suggest that a large majority of individuals (80 percent or more) in the U.S. have gambled one or more times in their lifetime (see Appendix A for a summary of individual state studies). Though the estimated prevalence of gambling varies from study to study, reflecting the specific questions asked, geographical differences, and variables such as availability of legal gambling opportunities, the large majority of studies report that 80 percent or more people have gambled at some point in their lifetime. [One of the Iowa conference's more provocative findings was provided by the Larpenteur-Gradwell et al., presentation on *Gambling and the Effects on Older Iowans*. They found that 70 percent of the gamblers over 55 years in age started gambling in the last 10 years.]

Fewer studies have investigated the prevalence of current gambling (i.e., within the past year), but even in those

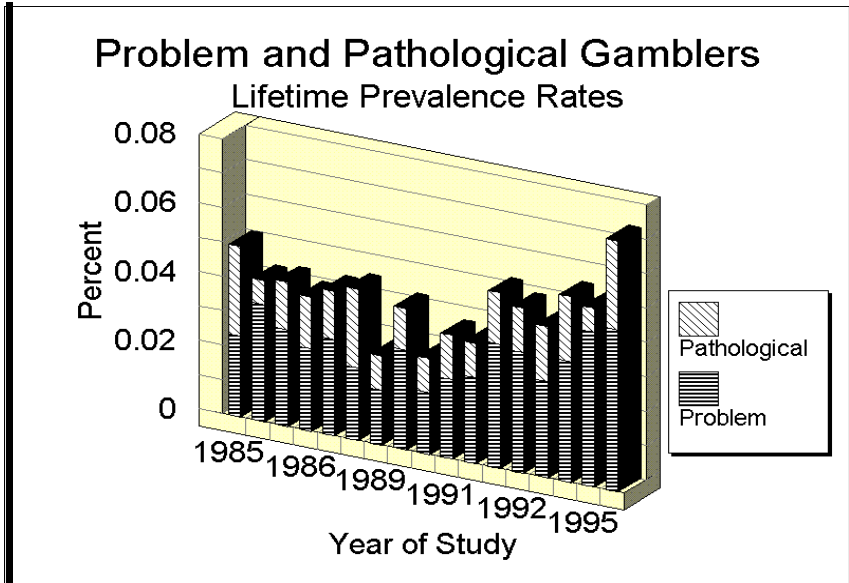
studies prevalence is consistently reported as 65 percent or greater. These findings suggest that gambling is practiced and at least tacitly condoned by the large majority of adults in our country.



**Figure 2**

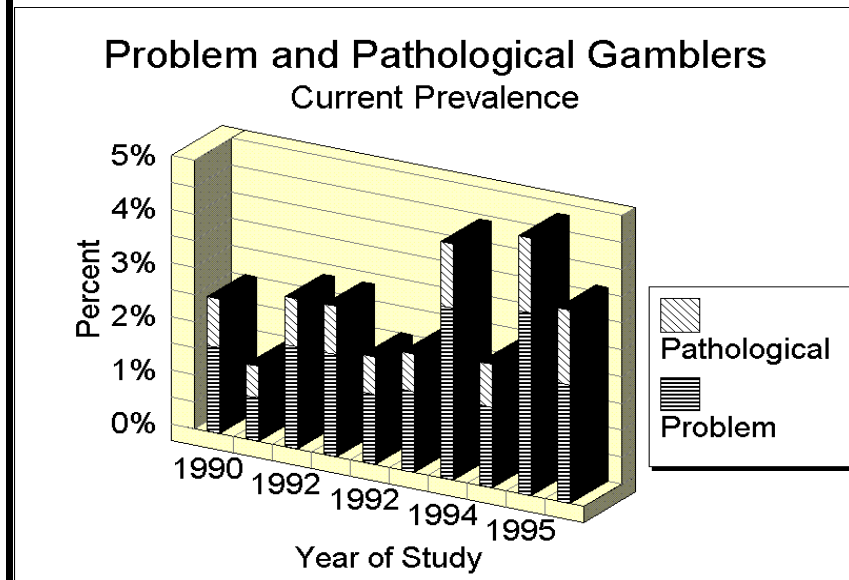
The majority of the statewide studies noted in Figures 3-4 used the APA's *DSM-III* and *DSM-III-R* criteria as the bases for determining problem and pathological gambling. Also, the early studies (prior to 1991) addressed compulsive gambling from a lifetime perspective. That is, questions related to the incidence of gambling and the *DSM-III* criteria asked the individual to respond positively if he or she had, for example, ever gambled or had ever repeatedly tried to reduce or stop gambling. After 1991 the surveys began to focus more directly on recency (i.e., acts within the last year).

Figure 3 depicts the incidence of lifetime problem and pathological gambling across an array of studies. Like Figure 2 this chart displays the study findings in chronological order. As typically defined by the respective researchers, problem gamblers must report meeting three or more conditions. Probable pathological gamblers meet five or more of the conditions (i.e., they score five or more on the SOGS). Figure 4 provides incidence information for "current prevalence" (i.e., persons who reported gambling-related problems within the past 12 months) and is probably the more pertinent perspective.



**Figure 3**

All of the more recent studies have determined the rate of probable pathological gamblers to be approximately 1 percent. Those that meet the less restrictive criteria, with a resulting categorization as problem gamblers, vary from 1 to 4 percent. Combining the two groups as shown in Figure 4 suggests that approximately 2 to 5 percent of the adult population in the states surveyed currently suffer from



**Figure 4**

problem or pathological gambling. If one generalizes those estimates to the Michigan adult population<sup>7</sup> of 6,800,000, an anticipated 136,000 to 340,000 persons in this state can be

### **Other Literature on Pathological Gambling**

expected to meet the minimum criteria as problem gamblers. Of those, approximately 68,000 would be expected to have pathological gambling problems.

Virtually every survey on gambling has been preceded by a literature review that describes the characteristics of problem gamblers and problem gambling. Additionally, numerous care providers (psychologist, psychiatrists, etc.) have written about these individuals. The result is a large amount of material describing the pathology, possible causes, and its effects on the individuals, their families, and society as a whole. Rosenthal (1992) provides a rich description of the pathology. In that description he directly compares pathological gambling to substance abuse and describes the pathology as “ego-syntonic.” He notes that “most pathological gamblers, at least until later stages of the disorder, love to gamble” (p. 73). He goes on to say<sup>8</sup>:

While money is important, most say they are seeking ‘action,’ an aroused, euphoric state comparable to the ‘high’ derived from cocaine and other drugs. The desire to remain in action is so intense that many gamblers will go for days without sleep and for extended periods without eating or relieving themselves. Clinicians have noted the presence of cravings, the development of tolerance (increasingly larger bets, or greater risks, needed to produce the desired level of excitement), and the experience of withdrawal symptoms.<sup>9, 10, 11, 12</sup> Some gamblers report a ‘rush,’ characterized by sweaty palms, rapid heartbeat, and sensations of nausea or queasiness, and typically experienced during a period of anticipation. There may also be blackouts.<sup>13</sup>

There are many theories as to what causes compulsive gambling, how it can be prevented, and how it can be treated. Though not the focus of this study, we direct interested readers to articles such as Reilly and Guida (1990), Walker (1992), and Volberg and Steadman (1992). Reilly and Guida provide a helpful historical description of various theories regarding the basis for compulsive gambling behavior (e.g., Freud, learning theorists, and factor

analytic). Walker discusses various treatment strategies and their effectiveness. These include Gamblers Anonymous, group psychotherapy, conjoint marital therapy, psychoanalysis, behavior modification, aversion therapy, in vivo desensitization, imaginal desensitization, satiation therapy, behavior counseling, cognitively based treatment strategies (such as cognitive restructuring), and a number of unusual treatments (e.g., hypnotherapy). Volberg and Steadman add a discussion of the costs and funding for treatment.

As previously noted, Lesieur and his colleagues (e.g., Lesieur, 1992, 1994; Lesieur & Custer, 1984; Lesieur & Rothschild, 1989), have extensively researched this area. Lesieur (1992) provided a thorough review of the characteristics of compulsive gamblers through analysis of available literature and interviews with known compulsive gamblers. He made six major points (see Table 6).

More recent studies conducted in Texas (Wallisch, 1992), Louisiana, Iowa, and Georgia (Volberg, 1995a, 1995b, & 1996c) reinforce the conclusions of Lesieur and suggest that persons with gambling problems start gambling at a younger age, are less well educated, and are less likely to be married. Not surprisingly, as those studies show, those reporting gambling problems also gamble more frequently and spend much more money in gambling activities.

It is noteworthy that these studies change the earlier depiction of pathological gamblers. Early descriptions of gamblers (Custer & Custer, 1978, cited in Volberg & Steadman, 1992) drew heavily on a widely cited profile of members of Gamblers Anonymous. This profile characterizes pathological gamblers as predominantly “middle-aged, middle-class white men, with stable family lives and occupational histories prior to the time when their gambling-related problems became severe” (Volberg & Steadman, 1992, p. 403). The summary of Lesieur’s findings (Table 6) and the work of these other researchers suggest that such characterizations are wrong in important respects.

