

Chapter 6

Prevalence of Gambling in Washington State

Majority of Adults Gambled for Money in Past Year

ver half (54 percent) of adult household residents reported engaging in some form of gambling during the past year. Gambling behaviors include a diverse range of activities from casino gambling to purchasing lottery tickets. Gambling was more prevalent among adults above 200 percent of the federal poverty level (57 percent) compared with lower-income adults (43 percent).

While most adults who engage in gambling do not meet the clinical definition of pathological gambler (see definition below), problem gambling affects many residents. The chart on the facing page describes the prevalence of problem gambling. In addition to pathological gamblers, this chart includes adults who are problem gamblers as well as those at risk for developing problem or pathological gambling.

Statewide, 3.9 percent of adults are at risk for or meet the criteria for problem or pathological gambling. Although participating in gambling is more common among adults above 200 percent of the federal poverty level, adults at or below this poverty threshold are slightly more likely to be at risk for or meet the DSM-IV criteria for problem or pathological gambling (4.7 percent).



DEFINITIONS

Who is a "Pathological" Gambler?

A Pathological Gambler is defined under DSM-IV diagnostic criteria as a person who exhibits persistent and recurrent maladaptive gambling behavior as indicated by **five (or more)** of the following:

- **Preoccupied with gambling.** Preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble.
- Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
- Repeated unsuccessful efforts to control, cut back, or stop gambling.
- Restless or irritable when attempting to cut down or stop gambling.
- Gambles as a way of escaping from problems or of relieving a dysphoric mood. This may include feelings of helplessness, guilt, anxiety, or depression.
- After losing money gambling, often returns another day to get even ("chasing" one's losses).
- · Lies to family members, therapist, or others to conceal the extent of involvement with gambling.
- Has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling.
- Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
- Relies on others to provide money to relieve a desperate financial situation caused by gambling.

Under DSM-IV, this gambling behavior is not better accounted for by a Manic Episode.

2003 SURVEY ESTIMATES



Measuring Problem Gambling

Definitions of "**at risk**," "**problem**," and "**pathological**" gambling are based on the Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition (DSM-IV). These are the accepted standards by which substance use and gambling disorders are measured.

WANAHS measured DSM-IV problem gambling symptoms using the **N**ational **O**pinion Research Center (NORC) **D**SM **S**creen for Gambling Problems (**NODS**). Since its introduction in 1999, the NODS has become the standard screening instrument for gambling problems. We use the following definitions developed by Gerstein, et al, for the 1999 national gambling impact study:

AT RISK – Persons reporting **one or two** DSM-IV gambling symptoms are classified as gamblers "at-risk" of developing problem or pathological symptoms.

PROBLEM – Persons reporting **three or four** DSM-IV symptoms are classified as "problem" gamblers.

PATHOLOGICAL – Persons reporting **five or more** DSM-IV symptoms are classified as "pathological" gamblers.



Problem Gambling Prevalence Similar for Men and Women

his section describes how the prevalence of problem or pathological gambling varies by gender, age, and region.

Overall, problem or pathological gambling is found in roughly 1 out of every 100 adult household residents (1.2%). This rate did not vary by poverty status. The prevalence of problem or pathological gambling was also similar among men and women.

In the overall adult household population, problem or pathological gambling was most prevalent among those aged 25 to 44 years (1.4%) and 45 to 64 years (1.3%), and lowest among adults aged 65 years and older (0.4%).

Overall, problem gambling was somewhat more prevalent among those residing in rural counties (1.5%) compared with those residing in urban counties (0.9%). However, this finding does not hold for adults at or below 200% of the federal poverty level.

GAMBLING LOSSES

Washington Residents' Gambling Losses Exceeded \$1.5 Billion During 2002

The amount of money lost to gambling is considerable. According to a recent report documenting gaming industry revenue, **Washington residents lost over \$1.5 billion to gambling in 2002**.

These losses exclude social gambling (e.g., office sports pools, private poker parties). Casino and card room gambling, both in and out-of-state, accounted for over two-thirds (\$1.1 billion) of the money lost to gambling.

Money lost to in-state Tribal Casinos (\$572 million) accounted for one-third of the total gambling losses.



The "Other" category includes charity gambling, horse and dog racing, illegal internet gambling, and other illicit gambling. The totals produced in this report closely parallel those listed by the Washington Gambling Commission (http://www.wsgc.wa.gov/) with a few notable exceptions. This report included estimates of out-ofstate gambling revenue and the estimates are based upon calendar rather than fiscal year totals.

Where was the money spent?



SOURCE: 2002 Oregon and Washington Gaming Markets and Oregon Casino Survey, ECONNorthwest, http://www.econw.com/pdf/2002gamerep.pdf.



Problem Gambling Highest Among American Indians, Blacks, and Multirace Adults

his section describes how the prevalence of problem or pathological gambling varies by race and ethnicity.

Problem or pathological gambling is highest among American Indian or Alaska Native adults (3.1%). Problem gambling is also more common among adults who endorsed more than one race (3.0%) and Blacks (2.6%). Problem gambling was lowest among Asians (1.0%), Whites (1.1%), and Hispanics (1.3%).

Poverty status played an important role in problem gambling for Native Hawaiian or Other Pacific Islanders and in Multirace adults.

- Problem or pathological gambling is over twice as common among Native Hawaiian or Other Pacific Islanders that were at or below 200% of the federal poverty level (3.5%), compared with those above this poverty threshold (1.3%).
- Problem or pathological gambling was over twice as common among Multirace adults that were above 200% of the federal poverty level (3.7%), compared with those below this threshold (1.6%).

CLOSEUP

Tribal Casinos Operate Throughout State

In 1988, President Reagan signed into law the Indian Gambling Regulatory Act. This Federal Act confirmed the rights of tribes to conduct gambling on Tribal land through agreements with states (Tribal-State Gaming Compacts). There are 29 federally recognized tribes in Washington State and 27 of those have Class III gaming compacts. Class III compacts are the least restrictive, permitting "Nevadastyle" gaming. Class III games include such activities as blackjack, craps, roulette, baccarat, poker, keno, and off-track betting.

This map lists the locations of each of the casinos operating under the federally required Tribal-State Compacts in Washington State.

Source: The Washington State Gambling Commission (http://www.wsgc.wa.gov/).



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Substance Use, Need for Substance Abuse Treatment Higher Among Problem Gamblers

his section compares the prevalence of substance use and need for treatment between adults who are problem gamblers and adults who are not problem gamblers (which includes non gamblers).

Adults with a gambling problem reported higher rates of substance use and higher need for alcohol or drug treatment, compared with adults who do not have a gambling problem.

The figures on the facing page describe the prevalence of past year substance use and need for treatment among problem gamblers (dark bars) as well as those adults without a problem or pathological gambling disorder (white bars). Key findings include:

- Problem gamblers were twice as likely to smoke cigarettes in the past year (40.0 percent), compared to adults without a gambling problem (20.7 percent).
- Problem gamblers are nearly three times as likely to use illicit drugs other than marijuana (12.6 percent), compared to adults who do not have a gambling problem (4.6 percent).
- Problem gamblers were twice as likely to need alcohol or drug treatment (23.2 percent), compared to adults without a gambling problem (10.7 percent).

Adults Who Need Treatment At Higher Risk for Problem Gambling

Another useful way to examine the relationship between gambling and need for substance abuse treatment is to examine the prevalence of problem gambling among adults in need of substance abuse treatment.

Focusing only on adults in need of substance abuse treatment, we see that they are at higher risk for problem gambling behaviors; the rate is over twice that (2.5 percent) found in the general population. The prevalence varies little by income level.

In contrast, only 1.0 percent of all adults who do <u>not</u> need substance abuse treatment are problem gamblers.

PROBLEM GAMBLING AMONG ADULTS NEEDING TREATMENT Problem Gambling Higher Among Adults Needing Treatment Adults Aged 18+ With Current Need for Treatment



2003 SURVEY ESTIMATES





Any Illicit

Ďrug

Illicit Drugs

Other than Marijuana

Need Alcohol

or Drug Treatment

0%

Binge Drink

Cigarettes