

THE SAT REPORT

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Gambling Addiction: A Growing Public Health Problem in Tennessee

A growing number of Americans are becoming addicted to gambling. According to a 1999 study, 86% of adults in the United States reported having gambled at some point in their lives, and more than 63% reported having gambled in the last 12 months [1]. In a 2002 survey, 90% of respondents had gambled in the past, 82% placed wagers in the preceding year, and 23% reported that they gambled weekly [2]. According to a 1999 National Opinion Research Center study, there are approximately 2.5 million pathological gamblers and 3 million problem gamblers in the United States [3]. Another study estimated a lifetime pathological gambling prevalence rate of 1.6% and a lifetime problem gambling prevalence rate of 3.85% for individuals over 21



in the United States [4]. Americans' interest in gambling has increased dramatically in the last 30 years: to-

tal dollars wagered rose from \$17.5 billion in 1972 to \$586.3 billion in 1996 [5]. This rise can be partly attributed to the escalating numbers of state-sponsored lotteries.

Gambling is loosely defined as playing a game of chance, with an uncertain outcome, for money or property. It occurs in legal and illegal forms, running the gamut from financial market transactions like day trading to largely banned events like dog or cock fighting. More commonly, gambling refers to casino and track or sports betting, church bingo, and Internet gaming, as well as playing state lotteries or card games.

Highlights

- Recent research found that 4 out of 5 Americans had gambled in the past year.
- According to a 1999 National Opinion Research Center study, there are approximately 2.5 million pathological gamblers and 3 million problem gamblers in the U.S.
- Another study estimated a lifetime pathological gambling prevalence rate of 1.6% and a lifetime problem gambling prevalence rate of 3.85% for individuals over 21.
- It has been estimated that there are 64,743 pathological gamblers and an additional 155,788 problem gamblers in Tennessee.

Impact of Gambling as a Public Health Problem

For most, gambling is a leisure-time activity, but for some, participation mounts to the level of addiction. It is well established that the effects of addictive disorders can be far-reaching. Gambling addiction is no different, resulting in personal turmoil, family disruption, severe economic distress, and increased criminal activity.

The compulsion to gamble has many parallels to other addictive disorders requiring treatment: it alters brain chemistry, is characterized by tolerance and withdrawal as well as loss of control, and has other consequences that negatively impact individuals and society as a whole. Persons who have an addiction to gambling often experience mental and physical health problems, including digestive distress, depression, sexual dysfunction, systemic anxiety, risky sexual behaviors, substance abuse, and suicidal thoughts [6]. While only pathological gambling is described as a mental disorder in the Diagnostic and Statistical Manual (DSM)-IV-TR, problem gambling is considered to be an equally serious public health problem.

Conservative estimates put the societal cost of gambling addiction in the United States at about \$5 billion annually, with an additional \$40 billion in expenditures resulting from “productivity reductions, social services, and creditor losses” [7]. These problems require an immediate response to reverse or impede damage to individuals and society alike.



Characteristics of Gambling Behavior

The “pathological gambler” meets 6 or more of the following criteria [8]. The “problem gambler” is an individual who is experiencing difficulties associated with gambling but meets only 2 to 5 of the criteria [9].

1. Preoccupied with gambling (e.g., reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble).
2. Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
3. Has repeated unsuccessful efforts to control, cut back, or stop gambling.
4. Is restless or irritable when attempting to cut down or stop gambling.
5. Gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression).
6. Returns another day to get even after losing money (“chasing” one’s losses).
7. Lies to family members, therapist, or others to conceal the extent of involvement with gambling.
8. Commits illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling.
9. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
10. Relies on others to provide money to relieve a desperate financial situation caused by gambling.

Gambling in Tennessee

Tennesseans have opportunities to gamble in casinos, horse tracks, and lotteries in Arkansas, Kentucky, Alabama, Missouri, Georgia, and Mississippi. However, until recently, gambling other than for charitable organizations was illegal in Tennessee. In 2004, the state constitution was amended by popular vote to allow a lottery to fund higher education.

The close proximity to casinos in Tunica—only 30 miles from Memphis—is escalating gambling problems for residents in the southwestern part of the state. A meta-analysis

of problem gambling studies conducted between 1975 and 1996 revealed a link between greater access to gambling and prevalence of gambling problems [10]. When researchers analyzed data from a random-digit-dial telephone survey, they found that casino gambling was associated with a “high risk of gambling pathology” [11]. A recent survey of 1,200 adults in the Memphis metropolitan area found that 12.5% of participants fit the criteria defining the problem gambler, and half as many would qualify as pathological gamblers [12]. Further, a sampling of 2,500 university students indicates 5% fit the criteria for pathological gambling [13].

A study conducted of national prevalence rates projected 64,743 pathological gamblers and 155,788 problem gamblers in Tennessee [14]. No current study has been conducted on the prevalence of gambling in Tennessee to determine the impact of the state lottery. It is worth noting that Gamblers Anonymous (GA) holds meetings every night in Memphis, more frequently than in other major cities in the state.

Measuring the Problem of Gambling

Determining the extent of gambling problems in the state as a whole is an important first step. The administration of prevalence surveys, such as those used to assess the substance-abusing population, can be used to gauge the treatment need among the gambling population in Tennessee [15]. Since the optimal time to treat such individuals is in the early stages of addiction when they may be more receptive to intervention strategies, timely needs assessments are key to addressing the problem [16].

Ascertaining the number of gamblers in a region can be challenging. One difficulty facing researchers is securing an adequate sample size for pathological and problem gamblers [17]. There are several reasons why study populations of this sort tend to be low: gamblers often lack a home telephone because of financial difficulties, and, if they do have phone service, they are frequently away from home engaging in gambling activities. Additionally, researchers have noted a general reticence on the part of gamblers to participate in such phone surveys [18].

Providing Gambling Addiction Services

Once need is established, the next step involves developing a range of services. In 2004, the Tennessee legislature approved \$200,000 to fund a program to identify the extent of gambling addiction in the state; to train personnel in the prevention, screening, assessment, and treatment of gambling addiction; to establish a hotline for public education and treatment referrals; and to provide prevention and treatment services [19]. The Public Acts of 2004 Chapter 833, which amends Tennessee Code Annotated, Section 40-33-211 (c) (2), mandates that the Department of Health, through the Bureau of Alcohol and Drug Abuse Services, allocate alcohol and drug abuse treatment (ADAT) funds to provide services related to compulsive gambling disorders.

Substance abuse facilities are a logical site to identify and provide referrals for problem gamblers. Several studies have found correlations between substance abuse and pathological gambling [20]. Other researchers have found that pathological gamblers with a history of substance abuse had more extreme gambling problems and psychological distress [21].

At present, treatment protocols for pathological gambling include cognitive behavioral therapy and training in problem solving, social skills, and relapse prevention. Pharmacological options are available to treat co-occurring conditions such as depression and alcoholism.

Gamblers Anonymous, the most prevalent self-help group nationwide for those with gambling problems, has found that 70-90% of attendees drop out, and only about 8% of par-

ticipants report being abstinent for a year. Still, client participation in such organizations shows promise when combined with professional therapy [22]. In a small study of pathological gamblers in treatment, researchers found that those with social support tended to continue with the program [23].

Future Directions in Treating Gambling Problems

Given this growing public health threat, Tennessee should be prepared to meet the service needs of those addicted to gambling. The state should take the same aggressive public health approach to screening, assessing, preventing, and treating pathological and problem gambling that it has in regard to substance abuse. This will entail systematically identifying, tracking, and monitoring populations at risk, perhaps modeled on similar initiatives undertaken by many other states. Tennessee should conduct regular and adequately funded needs assessments to respond to this growing public health problem in the state.

We must also review whether the treatment community is ready to provide care for those in need. As we have done in the case of substance abuse, we should develop a protocol and best practice model for treating problem gamblers, taking a long-range approach to preventing, identifying, and treating gambling addiction. The desired aim is to build a comprehensive plan that will bring together the necessary resources to address the present and future problems associated with gambling addiction.

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