

Executive Summary

This report presents the results of the first statewide survey in Florida to evaluate adult gambling participation and the prevalence of problem and pathological gambling in the State. The main purpose of this study is to examine the prevalence of gambling related problems among adults, ages 18 and older, within the State of Florida. A secondary purpose is to identify the types of gambling causing the greatest difficulties for adults in the State. Additional objectives include comparing Florida's findings with national and state data, determining availability and scope of gambling specific treatment statewide and identifying other areas of interest related to problem gambling.

A large sample (1,504) of residents, interviewed between October 16 and December 2, 2001, were asked about participation in various gambling activities, financial indebtedness, problems related to gambling, alcohol and drug use, mental health and demographic information. Considering the interviews were conducted one month after the September 11, 2001 terrorist attacks, a troubling and stressful time for all, the response rate for this study was high, in that of those eligible, 76% contacted responded to the survey.¹

The findings of this study are intended to serve as a guide in the development of prevention, education, outreach, research, training and treatment related activities and to stand as a baseline over time in which the State can examine the ongoing relationship and associated impacts of gambling among its citizenry.

Key Findings

- In 2001, lifetime participation in gambling was about 90% among Florida residents, ages 18 and older, and highest for lottery (73%), raffles (63%), casino gambling (60%), pari-mutuels (horses, dogs or other animals) and Off-Track-Betting/OTB (30%). From nearly one-third to almost 75% of respondents acknowledged wagering on these forms of gambling. In order of prominence, participation levels for other forms of gambling included bingo (24%), stock market (23%), cards-not at a casino (20%), slot machines-not at a casino (18%), pool (18%), sports (16%) and Jai Alai (14%).
- Similarly, past year participation rates were the highest for lottery, raffle, casino and stock market gambling. Other popular forms of gambling in Florida in the past year, reported by more than 5% of respondents, were bingo, cards-not at a casino, day trading, horses, dogs or other animals and OTB, pool, sports and slot machines-not at a casino. Of respondents participating in one or more of these activities, 32% visited a casino, 16% frequented a convenience store, 13% gambled at the supermarket and nearly 8% bet in their own homes.
- Approximately 10% of Floridians report they have never gambled, another 20% gamble infrequently (i.e. not placed a bet in the past year), 45% are past year gamblers and 25% gamble weekly.

¹ The fact that residents were traveling much less than prior to September 11th may have also contributed to the high response rate.

- Males are significantly more likely to be weekly gamblers than females (30.5% versus 20.2%)
- Florida residents in the 50 to 65 year-old range are most likely to be weekly gamblers, while those ages 18 through 29 are least likely to gamble weekly.
- Two percent of the adult population are past year problem and pathological gamblers and 3.6% are lifetime problem and pathological gamblers based on the South Oaks Gambling Screen (SOGS). Given these numbers, approximately ½ million Floridians have suffered from serious to severe gambling related difficulties at some point during the course of their lives and presently, approximately ¼ million are experiencing such problems. It is important to note that these statistics do not include the millions of residents adversely affected by the gamblers' activities.
- While the SOGS does not classify individuals as "at-risk", 7.1% of Floridians currently have one or two problems related to gambling (SOGS items) and 12.1% have had one or two problems at some point in their lifetime.
- Serious to severe difficulties were still documented among the adult population using the stricter and more conservative National Opinion Research Center's NORC DSM Screen for Gambling Problems, More specifically, 0.8% of adults are current problem and pathological gamblers and 1.0% are lifetime problem and pathological gamblers, reflecting that while more than 125,000 adults have had severe problems at some point in time, over 100,000 are currently undergoing significant challenges. It is also important to note that Florida has a larger percentage of problem and pathological gamblers (0.8%) than reported in the national survey (0.5%). Particularly challenging is that the State of Florida's at-risk population (4.0%) is about two times that of the national study (2.3%) and a greater proportion of Floridians are **currently** experiencing problems. It is apparent that unless some type of intervention and/or awareness effort is realized, persons falling within the at-risk category now are likely to shift to problem or pathological stages, creating a potential epidemic in future years.
- Based upon DSM-IV lifetime criteria, Hispanics are most likely to be lifetime pathological gamblers and Native Americans, Asians and other minorities are most likely to be lifetime problem gamblers.
- Caucasians are most likely to be low-risk gamblers and least likely to have never gambled in the past year.
- Males are more likely than females to be lifetime and current at-risk, problem and pathological gamblers.
- Floridians who are students, disabled, unemployed, or others are most likely to be lifetime pathological gamblers. Persons who are working full time are most likely to be lifetime problem gamblers.
- Students, disabled, unemployed or others are most likely to be current pathological gamblers.
- Many earlier studies collapsed problem and pathological gamblers into one category (i.e. "problem gamblers") for purposes of drawing comparisons with non-problem gamblers. Using the collapsed groups lifetime problem gamblers are most likely to be male and

most likely to be ages 30-39, Native American, and have a high school degree or less. Past year problem gamblers are most likely to be males and have a high school degree or less.

- When comparing Floridians who are lifetime or current pathological or problem gamblers with their counterparts who never gamble or are low risk gamblers (no DSM-IV criteria) the following results were observed
 - a. Observations of the type of gambling by DSM-IV scores indicate that more than 15% of those who gamble on policy/numbers/Bolita are lifetime pathological gamblers and more than 15% of those who gamble on dog fights are lifetime problem gamblers.
 - b. A large proportion of those who gamble on table Mah Jongg (30%), pull-tabs or keno (about 26% each), pool (about 24%), trading cards or video games (about 22% each), and card games or table games (about 20% each) are in the DSM-IV lifetime at-risk category.
 - c. Reasons for gambling are related to DSM-IV scores such that 10% of those who gamble to impress people and approximately 6% for a sense of power or control, to feel high or peer pressure are current pathological gamblers whereas about 12% of those who gamble due to peer pressure and 10% who gamble to impress people are current problem gamblers.
 - d. More than 80% of low-risk gamblers report gambling to be around other people, to feel good, to win money or out of curiosity.
- Of those who play the lottery, about 4.5% of respondents playing instant tickets, 7.6% preferring Cash 3 and 4.2% of those buying Fantasy 5 are problem or pathological gamblers. About 30.0% that play Mega Money are at-risk gamblers.
- Interesting differences in gambling participation are noteworthy when respondents with military experience are compared to respondents who report no military experience. Male and female respondents who have military experience are likely to participate in more gambling activities
- Past year problem and/or pathological gamblers use tobacco, alcohol, and other drugs for non-medical reasons on a greater mean number of days than other groups while at-risk gamblers are most likely to use marijuana or cocaine. At-risk gamblers used cocaine about 38 days during the past year compared with only 0.4 of a day for low-risk gamblers. Pathological gamblers report drinking more than three times as much when they drink as those in the other groups.
- Those who report depression, being arrested or being treated for a drug or alcohol problem are likely to be past year pathological or problem gamblers at a greater rate than chance would dictate.
- Lifetime problem and pathological gamblers (combined) use tobacco products, alcohol, cocaine, and tranquilizers for non-medical reasons significantly more often than non-problem gamblers. They also report depression, being arrested, being treated for a drug

or alcohol problem, and describe difficulties with family members or friends significantly more often than non-problem gamblers.

- Religion has a relationship to scores on the DSM-IV such that about 2% of those who said they were “something else” when asked about their religion are likely to be pathological or problem gamblers. Of those that reported being Jewish, 10% fell into the at-risk gambler category.
- When faced with mental health problems, males and females seek help in different ways and from different sources: men from a family doctor or a substance abuse treatment program, while women from other counselors. Men are more likely than women to have stayed overnight in a treatment program. Large numbers of both males and females (33% and 40% respectively) who have had treatment overnight report that it was for depression.
- Women are more likely than men to report that someone in their family has experienced physical (11.5%), verbal or emotional abuse (23.3%), or alcohol or substance abuse (27.8%).
- Comparisons for gambling prevalence scores for Florida with other states is difficult because nearly 45% of Florida’s population is 50 plus compared with about 33% nationally. Overall Florida’s participation levels are greater than those reported for Oregon (2000), Louisiana (1998) and Mississippi (1996) but lower than for Montana (1998), New York (1996) and Texas (2000).
- Although Florida has lower rates of current combined problem/pathological gambling based on the SOGS compared to other states, Florida’s combined rates of problem/pathological gambling (2.0%) is similar to rates found in a recent comparably sized phone survey done in Washington in 1998 (2.3%) and Oregon in 2000 (2.3%).
- Florida’s current rates of combined problem/pathological gambling (0.8%) is higher than found in the national study (0.5%) by DSM-IV criteria. Finally, the at-risk population in Florida for problem/pathological gambling (4.0%) is about two times that found in the national study (2.3%).
- When comparing demographics and types of gambling in Florida and the nation, it is important to highlight that a higher proportion of Floridians are currently at-risk, problem and pathological gamblers than found in the national study.
- The results of the survey reveal that the presence of gambling specific treatment statewide appears substantially below adequate levels, is supplied by professionals with varying levels of competency, does not seem to generally meet the age, gender and/or cultural needs of the populations experiencing difficulty and is not supported via state funding and/or widely through private, public or managed care insurance options.

Recommendations

With the expansion of gambling opportunities and in light of the recent research on the epidemiology and neurobiology of problem and pathological gambling, it is essential that current services continue and expand. Equally important is that research remain ongoing, to

examine multi-factorial causes, while preventive measures, early intervention and safe and effective treatments are developed and implemented.

In addition to securing ongoing and dedicated state funding for FCCG programs and services, provisions for culturally diversified, age and gender specific gambling treatment must be instituted across the state with government support and certified professionals. Prevention efforts, especially among the at-risk and underserved populations, must be culturally specific and appropriate. Similarly, education efforts must be packaged in a format that is presentable for dissemination in various environments, most notably where problem and compulsive gamblers frequent. Along these lines, the FCCG must broaden its efforts in working with gambling industry operators in the establishment and implementation of site-specific Responsible Gaming Programs to ensure problem gambling protocols, including a self-exclusionary component and a plan for widespread distribution of the HelpLine number.

There are also active roles that policy makers, researchers, treatment providers, educators, gambling operators and others can play in an effort to curtail an increase in the prevalence of problem and compulsive gambling, especially among the existing at-risk population in the State. Additionally, screening tools should be utilized by medical, mental health and addiction professionals, as well as by law enforcement authorities to ensure persons are being assessed for gambling related difficulties. It is also imperative that public, private and managed care providers assure appropriate, consistent and comprehensive insurance coverage for pathological diagnoses in problem gamblers, as well as for persons adversely affected by gambling.