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**John R. Kasich**, Governor  
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## Co-occurrence of Problem and Pathological Gambling with Substance Use Disorder: A Targeted Response Initiative



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## **Abstract**

This Targeted Response Initiative (TRI) focused on gambling behaviors among active and recovering drug users. The Ohio Substance Abuse Monitoring (OSAM) Network collected qualitative and quantitative data from January through June 2012 via focus group interviews. Participants were 355 users recruited from alcohol and other drug treatment programs from each of OSAM's eight regions. Participants who reported gambling during the past six months (n=203) were asked to complete the South Oaks Gambling Screen (SOGS) to determine the prevalence of problem gambling. This study found prevalence rates of 20.9 percent for some problem gambling and 13.3 percent for probable pathological gambling among the surveyed population of active and recovering drug users from throughout Ohio. The three most common types of gambling were lottery (84.7%), dice/craps/poker (non-casino) (25.1%) and casino gambling (22.2%). Gambling participants used a variety of substances during the past six months, including alcohol (74.4%), marijuana (58.1%), prescription opioids (53.0%), crack cocaine (45.0%), powdered cocaine (38.6%), heroin (37.6%) and sedative-hypnotics (37.1%). Epidemiological data presented in this report have the potential to help shape and strengthen prevention and treatment measures targeted at problem and pathological gambling.

## **Introduction**

In addition to its primary responsibility for the prevention and treatment of substance use disorders, the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) is also responsible for the prevention and treatment of problem and pathological gambling. For this reason, the OSAM Network amended its protocol in June 2011 to include collection of data related to problem and pathological gambling. The OSAM Network now collects prevalence and trend data on problem and pathological gambling, publishing its findings every six months in Targeted Response Initiative (TRI) reports. This June 2012 report is the second report of co-occurrence of problem and pathological gambling with substance use disorder. The first report, *Co-occurrence of Problem and Pathological Gambling with Substance Use Disorder: A Targeted Response Initiative: June 2011–January 2012*, is available for download on the ODADAS website at <http://1.usa.gov/VqoZrM>.

This TRI report is based upon quantitative and qualitative data collected throughout the January through June 2012 reporting period via focus group interviews. Participants were 355 active and recovering drug users recruited from alcohol and other drug treatment programs in each of OSAM's eight regions. OSAM research administrators in the Division of Planning, Outcomes and Research at ODADAS prepared this report. Data presented in this report were collected in conjunction with drug trend data. For detailed information on substance abuse trends during this reporting period, please refer to the report: *Ohio Substance Abuse Monitoring Network: Surveillance of Drug Abuse Trends in the State of Ohio: January–June 2012*, available for download on the ODADAS website at <http://1.usa.gov/1aXg6a>.

## **Methods**

OSAM Network regional epidemiologists (REPIs) assigned to Akron–Canton, Athens, Cincinnati, Cleveland, Columbus, Dayton, Toledo and Youngstown conducted focus groups with active and recovering drug users. REPIs administered a 10-item *Brief Survey of Gambling Characteristics*, along with a 10-item *Brief Survey of Participant Characteristics*. In addition, REPIs administered the South Oaks Gambling Screen (SOGS) to all participants who reported participating in at least one type of gambling during the past six months. SOGS is a short questionnaire based on DSM-IV (Diagnostic and Statistical Manual of Mental Disorders) criteria for pathological gambling. It was developed by Lesieur and Blume in 1987, and is a widely used screening instrument for pathological gambling in community and clinical settings. Research has established that SOGS demonstrates satisfactory reliability and validity (Strong, Lesieur, Breen, Stinchfield & Lejuez, 2004; Stinchfield, 2002). Following SOGS authors' scoring guidelines, OSAM researchers assigned one point for each item-positive response, and then added points from the responses: a score of zero signified no problem gambling; scores of one through four signified some problem gambling; and scores of five or higher signified probable pathological gambling. Both brief surveys, as well as the SOGS, were administered prior to the beginning of each focus group. All analyses of quantitative data, conducted using the Statistical Package for the Social Sciences (SPSS), were descriptive in nature, consisting of frequencies and crosstabs. An alpha level of .05 was used for all statistical tests. In addition to quantitative data collected via survey, REPIs collected qualitative data following a scripted focus group guide. REPIs asked the following open-ended questions pertaining to gambling to all focus groups: 1) *Could you describe gambling in your community?*; 2) *Please tell us about your experiences gambling*; and 3) *Do you think there is a relationship between gambling and drug use? How do you think gambling and drug use*

are related? All qualitative data were transcribed and thematically analyzed, with themes reflecting the majority viewpoint abstracted and highlighted in the results section below.

### Results

#### **Gambling in Communities**

When participants were asked to describe gambling in their communities, their observations were relatively consistent throughout the regions. Universally, a high prevalence of gambling opportunities was noted. However, while gambling is prevalent, most participants did not view it as a community-wide problem, even though many related stories of individuals for whom gambling is a problem. A participant stated, *"I've definitely seen people, ya know, that had a problem with gambling, and it's bad. It's just like being an addict on drugs. They have literally sold and pawned everything in their homes in order to have money to play the lottery."*

When asked why people gamble, participants noted the following reasons: to be social, for fun and excitement, and to win money to pay bills or rent or to buy drugs. In addition, participants commonly noted that gambling is an addictive behavior and that many gamble, chasing the high of winning. When asked to describe who participates in gambling, participants throughout the regions named older people as persons who generally play the lottery most often, and older women as those who most often play bingo. However, participants in the Cleveland region noted an increase in younger people playing lottery scratch-offs. A participant stated, *"You know what I see ... a lot of young people buying them scratch-offs ... it's a lot of younger ones now a days [playing scratch-offs]."* Those 18-25 years of age also were said to gamble the most on video and Internet gaming and by *"rolling dice"* (playing craps). In addition, males reportedly generally most often participate in sports betting/office sports pools.

Participants continued to name lottery tickets and *"scratch-offs"* as the most popular form of gambling. A participant in the Athens region echoed the sentiments of many by stating, *"Everyone buys lottery tickets."* In Dayton, a participant who described gambling in the region similarly concluded, *"It's heavy duty with the lotto."* Reportedly, a significant amount of money is spent gambling on the lottery. A participant from the Columbus region noted, *"I know from personal experience, every time I go to the convenience store, it seems like I have to stand behind somebody that's doing the lottery. I mean they're spending big bucks ..."* A participant from the Akron-Canton region stated, *"I used to work in a convenience store, and I'm gonna have to say that either you did it [played lottery] all the time, or the 'Mega Millions' was up to a high pot, you know? And it was scratch-offs. Like, we had some people that would stand there and [spend] \$500."*

Participants frequently also mentioned Internet cafés (aka sweepstakes cafés, gambling cafés), and said they knew many people who frequented them. Participants in almost every region noted an increase in the number of video and Internet gambling establishments. A participant from the Columbus region said, *"In the last year to six months in the north end, a lot of those Internet cafés have popped up everywhere."* Another participant from the Youngstown region agreed, *"Yeah, Internet sweepstakes is actually a big thing now in Youngstown. There's a lot of them."* Participants familiar with Internet cafés also frequently mentioned their popularity: *"Those Internet cafés around here ... parking lots are always full; No matter what, from morning to late night, it's always full."* A participant described the atmosphere of Internet cafés: *"It's like this 'Players' Oasis Place. It's a room of computers with tons of games on them, and you like you go there, and you get like a credit card ... it puts money on it for you to play games there, and you can possibly win. I have this friend who hangs out there constantly 'cause they give you free food ... you just sit there, and ... play it all day long."* A few participants expressed concern about the increase in electronic forms of gambling in their regions. A Youngstown participant stated, *"... You see a lot of people [who] really can't afford to go in there [Internet café] that go in there, and ... probably wreck a lot of lives. I don't think they're monitoring as well as you should."* In addition to gambling at places specifically set up for gambling, participants also commented on gambling in bars, using video terminals, such as Keno.

Participants occasionally mentioned illegal gambling establishments, that were usually run out of someone's home. A participant from the Akron-Canton region talked about one establishment in his neighborhood: *"They do it [gambling] at bootleg houses down here ... we got a couple of bootleg houses in the area."* Participants in Columbus also spoke about illegal gambling

houses, with one stating, *"In my neighborhood they had bootleg [gambling], so in afterhours, you know what I mean ... you can go there and gamble whenever."* Typically, people play card games at these illegal gambling houses. A participant explained, *"There's poker. I know a lotta ... people who just have friendly, invite friends over and play poker for money, usually Texas hold 'em."* Also within neighborhoods, dice and crap shooting seem to be popular. Dice- and craps-related games are sometimes played "on the corner" or in local parks. A participant stated, *"A lot of my friends will just be in one room and play for hours and hours and hours, just play dice ... like they never stop."*

Bingo was not as popular as other methods of gambling, with participants stating that women and the elderly are the typical clientele in bingo parlors. A participant described bingo playing among the elderly in the Athens region as *"crazy popular."* Another participant talked about other gambling-related games at bingo halls and service organizations. In particular, a participant mentioned "rip offs" (aka pull tabs): *"I see my sister and people around me doing bingo and the rip offs. They've spent thousands [of dollars] on the rip offs, and they even have them [rip offs] in the flea markets now ..."* Sports betting is another form of gambling in communities, particularly during football and basketball seasons. A participant talked about sports betting in the factory where he is employed, describing, *"When it's like football season or basketball season, it's bets on games ... they print out the numbers from like Vegas and stuff, and they make a factory pool, different things like that ..."* Sports betting is not always an in-person game as one participant noted, *"In Columbus, it's a lot of sports bookies [people who accept and pay off bets], or at least the people I know [use bookies to bet on sports]. [There's] a lot of heavy sports [betting] online [too]."* Similar to sports betting is animal-related gambling. Occasionally, participants mentioned betting on horse races or on illegal animal fights. A participant from Youngstown said, *"Where I'm from, it's like small town ... lots of farmers, that kind of thing. There's a lot of cock fights that they have, and it's just almost a regular thing at a party."*

In addition to the above-mentioned forms of gambling being popular in regional communities, participants also reported on out-of-state travel to gamble in casinos. Typically, participants reported trips to Las Vegas, Indiana or West Virginia. A participant noted how frequently his parents traveled to gamble, stating, *"My parents go to Las Vegas ... they go like four times a year, they always do that."* Another participant in the Youngstown region said, *"I got a friend who, [goes to] ... one of the casinos in West Virginia every other week. Then she gets her check, and then she goes out to Las Vegas, and she also goes out to New York and plays 'em; she's very addicted."* As for casino gambling in Ohio, data for this report were collected prior to the opening of Ohio's first casino in May 2012. However, when asked if they planned to visit the state's new casinos, Cleveland participants stated, *"Oh, absolutely!; Hell, yeah!; As soon as I'm outta here [treatment], I'm off [gambling]; That's like a family ritual [to visit casinos]."*

### **Participant Gambling Experience**

The majority of participants (58.0%) reported participating in at least one type of gambling during the past six months, with 49.3 percent indicating participating in two or more types of gambling (see Figure 1). When gambling participation was examined among study participants based on OSAM region, gender, race, age, education and household income, significant associations were found for all of these factors except race and household income. Rates of gambling participation by region from highest to lowest were as follows: Columbus (76.5%), Toledo (65.0%), Akron-Canton (62.8%), Cleveland (60.4%), Cincinnati (59.0%), Athens (55.0%), Youngstown (53.1%) and Dayton (27.5%). A significantly higher proportion of male participants (66.9%) reported gambling participation during the past six months than did female participants (48.8%); a significantly higher proportion of participants aged 26 years and older (62.0%) reported gambling than did participants aged 18-25 years (45.2%); significantly higher proportions of participants with some college education or degree (66.4%) and participants indicating high school graduate as the highest level of education (58.4%) reported gambling participation than did participants who did not graduate (47.4%). Table 1 illustrates the demographic characteristics of the 203 study participants who reported gambling. These participants reported participation in a variety of gambling types (see Table 2).

### **Lottery**

The lottery is the most common type of gambling throughout the regions. Almost 85 percent of participants who gambled played the lottery, and 48.3 percent of these participants reported the lottery as the only type of gambling that they participated in during the past six months. In addition, 65.9 percent of gambling participants named the lottery as their primary gambling type (see Figure 2). Some participants stated that gambling is a regular habit or even an addiction. A participant spoke about his addiction to playing the lottery: *"With scratch-offs ... that's one thing I actually got addicted to when I had the money, when I stopped doing drugs ... then all my money went to the scratch-offs, like the \$20 scratch-offs. I would*

*spend like \$500 a day.* Other participants noted that lottery is a form of gambling that on occasion they play responsibly. A participant from Cleveland stated, *"I'm not really a gambler. I may play the lottery once in a while."* Other participants from the Youngstown region said they sometimes received lottery tickets as work incentives, with one stating, *"My family [doesn't] really gamble ... really, we just buy scratch-offs once in a while, and at my job, my boss will buy some scratch-offs ... it's like an incentive."* When lottery participation was examined among gambling participants based on OSAM region, gender, race, age, education and household income, no significant associations were found, suggesting that there were no significant demographic differences between participants who participated and participants who did not participate in playing the lottery during the past six months.

### **Dice/Craps/Poker**

Participation in dice/craps/poker (non-casino) was reported by 25.1 percent of participants who gambled during the past six months, with 10.6 percent naming dice/craps/poker as their primary type of gambling. Participants continued to report that these types of gambling are most often informal, usually occurring among friends or acquaintances either on the street or in a residence. Some respondents again discussed the underground card games during which card players are provided a place to play, along with food and drinks, for paid admission to the game. A host of these games said that games typically last 12-14 hours and about \$10,000 changes hands during the night. A participant from the Cincinnati region explained, *"I also ran one [card game] back where I lived, out in Union [County]. I had guys over, maybe 10-15 at a time ... mostly dealer's choice, [games like] Texas hold 'em, Omaha, high-low, seven-card [stud], and I'd take a rake in. I'd make money off it."* A participant from the Youngstown region also had experience with underground card games: *"We get together and play poker and Texas hold 'em a couple times a week ... maybe at least once a week."* When participation in dice/craps/poker was examined among gambling participants based on OSAM region, gender, race, age, education and household income, significant associations were found for OSAM region, gender and age. Rates of participation in dice/craps/poker by region from highest to lowest were as follows: Columbus (38.5%), Cincinnati (34.8%), Akron-Canton (33.3%), Cleveland (27.6%), Youngstown (19.2%), Athens (13.6%), Toledo (11.5%) and Dayton (0.0%). A significantly higher proportion of male participants (32.5%) reported participation in dice/craps/poker during the past six months than did female participants (15.5%); a higher proportion of participants 18-25 years of age (39.5%) reported participating in dice/craps/poker than did participants ages 26 years and older (21.8%).

### **Casino Gambling**

Participation in casino gambling was reported by 22.2 percent of participants who gambled during the past six months, with 8.2 percent naming casino gambling as their primary type of gambling. Participant reports about casino gambling habits continued to vary from frequently to occasionally. Participants again noted personal experiences with traveling to other states to gamble in casinos. A participant stated, *"If I was down to like \$80, and I still had rent to pay and I wanted to do my drinking, I'd go down to West Virginia to try to make my rent."* A Youngstown participant also spoke about driving out-of-state to gamble: *"Drive up to Mountaineer [casino in West Virginia] ... once every three months and gamble."* When participation in casino gambling was examined among gambling participants based on OSAM region, gender, race, age, education and household income, significant associations were found for OSAM region and income. Rates of casino gambling participation by region from highest to lowest were as follows: Akron-Canton (40.7%), Cincinnati (39.1%), Dayton (27.3%), Athens (22.7%), Cleveland (20.7%), Columbus (15.4%), Toledo (11.5%) and Youngstown (7.7%). Higher proportions of participants who indicated household income responses of \$26,000 and greater (33.8%) and of \$11,000 through \$25,999 (21.1%) reported participation in casino gambling during the past six months than did participants who indicated the lowest household income response of less than \$11,000 (12.1%).

### **Bingo**

Participation in bingo was reported by 15.8 percent of participants who gambled during the past six months, with three percent naming it as their primary type of gambling. Reportedly, bingo is another popular form of gambling and even played competitively by some people. A participant described his family's experience with bingo: *"It's mainly like a rip off ... bingo ... I mean my family probably spent \$1,000 there in a night, any given night they go there ... and they go there three times a week."* When bingo participation was examined among gambling participants based on OSAM region, gender, race, age, education and household income, significant associations were found for gender and income. A significantly higher proportion of female participants (23.8%) reported participation in bingo during the past six months than did male participants (10.3%); higher proportions of participants who indicated household income responses of less than \$11,000 (22.0%) and of \$11,000

through \$25,999 (21.1%) reported participation in bingo during the past six months than did participants who indicated the highest household income response of \$26,000 and greater (5.6%).

### **Sports Betting/Office Sports Pools**

Participation in sports betting/office sports pools was reported by 13.8 percent of participants who gambled during the past six months, with five percent naming sports betting/office sports pools as their primary type of gambling. Gambling on sports is reportedly done either informally with friends or with a bookie, and usually bets are placed on organized games such as college and professional teams. Some participants discussed betting on sports teams (baseball, basketball, football) with a bookie, while others reported participation in fantasy football teams at work. A participant described fantasy football betting: *"You can make your own team. Like you draft your own people and everything, and they have a big pot ... at the end of the thing, whoever has the most points or wins the [fantasy] super bowl ... get[s] that money, and they split it with whomever started the thing."* A participant from Dayton discussed using bookies to gamble: *"I got a lot of experience gambling actually. Mostly sports bets through bookies ... I was like to the point I couldn't watch any kind of sports without having money on it, so it was pretty bad."* Other participants stated they typically bet during the height of the sports' season. A participant replied, *"For me it's like seasonal, gambling is because of sports. Like the basketball and then football pools. Like my family really gets into that, they gamble and [bet] on games."* Other participants believed horse racing to be a form of sports-related gambling. A Columbus participant said, *"I like to go play the horses every once in a while, but I can't afford it because of my habit."* When participation in sports betting/office sports pools was examined among gambling participants based on OSAM region, gender, race, age, education and household income, a significant association was found for gender only. A significantly higher proportion of male participants (23.9%) reported participation in sports betting/office sports pools during the past six months than did female participants (0.0%).

### **Internet Gambling**

Participation in Internet gambling was reported by 11.8 percent of participants who gambled during the past six months, with no participant naming Internet gambling as a primary type of gambling. Few participants who discussed Internet gambling as prevalent in their regions also reported personal experience with Internet gambling. Gambling at Internet cafés (aka sweepstakes cafés and gambling cafés) was the most frequently reported type of Internet gambling. A participant testified, *"I've played before like the Internet slots, but I would get upset with my ex [partner] a lot [for losing money]. He would go between ... anywhere between \$100-300 within two hours and maybe win \$35 of it back."* Another participant reported on the popularity of Internet cafés in the Columbus region: *"I went to a few Internet places while I was there [Columbus]. It was like three [Internet cafés] right along this [one] road."* Few participants discussed using home computers to play poker online. When participation in Internet gambling was examined among gambling participants based on OSAM region, gender, race, age, education and household income, no significant associations were found, suggesting that there were no significant demographic differences between participants who participated and participants who did not participate in Internet gambling during the past six months.

### **Relationship between Gambling and Alcohol and Other Drug (AoD) Use**

Participants who gambled during the past six months also used a variety of alcohol and other drugs (AoD) (see Table 3). These participants most often used alcohol (74.4%) followed by marijuana (58.1%), prescription opioids (53.0%), crack cocaine (45.0%), powdered cocaine (38.6%), heroin (37.6%) and sedative-hypnotics (37.1%); 80.3 percent reported using two or more drugs during the past six months (see Figure 3). While the majority of gambling participants (55.9%) reported using between two and five different drugs, a minority (5.0%) reported using nine or more different drugs. When asked about the relationship between gambling and AoD use, a majority of gambling participants (68.8%) reported that they did not use alcohol and/or other drugs when gambling. However, sizeable proportions of gambling participants reported that they gambled more when using alcohol and/or other drugs (27.6%), used more alcohol and/or other drugs when gambling (16.7%), and gambled to buy alcohol and/or other drugs (15.6%); smaller proportions reported that they gambled less when using alcohol and/or other drugs (10.9%), used less alcohol and/or other drugs when gambling (5.2%), and substituted gambling for AoD use (4.2%).

The majority of participants throughout the regions, both gambling and non-gambling participants (N=355), believed that a relationship between gambling and AoD use exists; several relational themes similar to the themes outlined above emerged

through analysis of this study's qualitative data. Several participants acknowledged that gambling often develops into an addiction, similar to an addiction to alcohol and other drugs. A participant stated, "[Gambling and AoD use] it's almost the same thing. We get high off of drugs; the gamblers get high off of gambling." A participant summarized addiction in stating, "I feel that if you have addictive behavior, like you're addicted to drugs and you have an addictive personality, you can take anything and make it addictive for you ... lottery, tanning, anything." Several participants noted that they gambled more with AoD use. Participants stated, "I definitely gambled more when I was drunk; I gamble more when I am high; I would say [that] people who get drunk like to spend more money [gambling]." In addition, participants overwhelmingly reported that alcohol is generally used when gambling, with many noting that casinos in other states typically furnish alcohol to patrons at no charge. A participant stated, "I would say [that] everybody I know that gambles drinks [alcohol] when they gamble."

Other relational themes that emerged included gambling to obtain alcohol and other drugs and substituting gambling for AoD use. Several participants reported that they have gambled as a way to obtain drugs or money to buy alcohol or drugs. Participants stated: "I definitely was into gambling ... trying to win more money for the sole purpose of getting drugs ... and betting drugs in dice games; When I went to the casinos or to play bingo, I was taking just a little bit of the money I had just to try to flip it [for drugs]." Another participant reported, "I've seen people like buy 'scratch' [scratch-off lottery tickets] and try to win money to buy drugs." A few participants spoke about the substitution of gambling for AoD use. A participant stated, "I feel you can replace your drug addiction with gambling or vice versa ... I know somebody personally who will get sober and then her gambling will get out of control." Another participant explained, "Basically, gambling is legal, so an addict can turn to gambling because it's, ya know, it's the next thing to do. It's the constant chase [for a high], and we are able to do it legally."

Finally, a minority of participants thought that no relationship exists between gambling and AoD use. As was the case with the last reporting period, participants who expressed this viewpoint often said the two are incompatible because the addictions would be competing for the same resources. In fact, nearly all participants with this viewpoint believe people who have an addiction are either addicted to gambling or addicted to alcohol and/or other drugs because most people don't have enough money to support both addictions. A participant stated, "I think as a drug addict, you rather spend your money on drugs first and not worry about gambling." Other participants agreed stating, "People who are addicted to the harder drugs spend all their money on drugs, so they don't have money for gambling and stuff like that; If I am an active [drug] addict, I'm not gonna spend my money on gambling. I might go drink or have a couple of drinks to gamble [at a casino], but I'm not gonna spend my money on a maybe when I can get a sure thing [buy drugs]."

### **Prevalence of Problem and Pathological Gambling**

All participants who reported participation in at least one type of gambling during the past six months (n=203) were asked to complete the South Oaks Gambling Screen (SOGS) to determine the prevalence of problem and pathological gambling among the study population of persons enrolled in AoD treatment (N=355). Of the 183 gambling participants for whom a valid SOGS exists, 61.7 percent screened positive for either some problem gambling (37.7%) or probable pathological gambling (24.0%). Note: 20 participants were excluded from analysis due to a missing or an incomplete SOGS. The prevalence of problem and pathological gambling in this study population, and thus the prevalence of co-occurring problem and pathological gambling with substance use disorder, is 20.9 percent for some problem gambling and 13.3 percent for probable pathological gambling; 65.8 percent of participants either did not participate in gambling or screened as having no problem with gambling on SOGS. Population prevalence calculations were based upon 330 of the study's 355 participants: analyses excluded five participants who did not provide gambling data and the 20 participants with missing and incomplete SOGS. Data presented in this report were collected throughout Ohio, and reflect diverse areas of the state: rural, suburban, metropolitan and Appalachian communities.

When problem and pathological gambling was examined among study participants (n=330) based on OSAM region, gender, race, age, education and household income, significant associations were found for OSAM region, gender and race. Rates of problem and pathological gambling by region from highest to lowest were as follows: Columbus (51.0%), Akron-Canton (46.5%), Cleveland (35.4%), Cincinnati (34.2%), Youngstown (29.7%), Toledo (28.9%), Athens (28.2%) and Dayton (13.2%). A significantly higher proportion of male participants (43.7%) screened positive for problem or pathological gambling than did female participants (25.0%). In terms of race, a significantly higher proportion of African-American participants (51.9%) screened positive for problem or pathological gambling than did White participants (28.9%) and participants of other races (25.0%). When problem and pathological gambling was examined in relation to AoD use among study participants, no significant associations were found, suggesting that there were no significant differences in AoD use during the past six months



between participants who screened positive for problem or pathological gambling and participants who either did not participate in gambling or screened as having no problem with gambling.

When gambling participation by gambling type was examined based on negative and positive SOGS for the 183 participants for whom a valid SOGS exists, significant associations were found for dice/craps/poker (non-casino), sports betting/office sports pools and Internet gambling. Significantly higher proportions of participants who reported participation in each of these gambling types screened positive for problem or pathological gambling than screened as having no problem with gambling: participants who screened positive represented 79.6 percent of participants who participated in dice/craps/poker (non-casino), 92.3 percent of participants who participated in sports betting/office sports pools and 82.6 percent of participants who participated in Internet gambling.

Table 4 illustrates gambling participant responses to the seven survey questions designed to assess perceived need for gambling treatment, knowledge of gambling treatment and personal experience with gambling treatment. Only four participants, one SOGS positive for some problem gambling and two SOGS positive for probable pathological gambling (one SOGS was incomplete or missing), reported ever trying to obtain help for a gambling problem; only three participants, all SOGS positive for some problem gambling, reported ever having participated in gambling treatment; only seven participants, one SOGS positive for some problem gambling and six SOGS positive for probable pathological gambling, reported currently needing help with gambling; 51 participants, representing 26.9 percent of SOGS positives for some problem gambling and 27.0 percent of SOGS positives for probable pathological gambling, reported ever having been asked about gambling while in treatment for AoD use; 24 participants, representing 13.4 percent of SOGS positives for some problem gambling and 13.3 percent of SOGS positives for probable pathological gambling, reported ever having gambling treatment services offered to them; 81 participants, representing 41.8 percent of SOGS positives for some problem gambling and 39.7 percent of SOGS positives for probable pathological gambling, reported being familiar with Gambler's Anonymous; and only three participants, two SOGS positive for some problem gambling (one SOGS was incomplete or missing), reported having ever attended a Gambler's Anonymous meeting.

### Discussion

This study found prevalence rates of 20.9 percent for some problem gambling and 13.3 percent for probable pathological gambling among its population of active and recovering drug users from throughout Ohio; rates were 15.4 percent and 11.1 percent respectively for the reporting period ending January 2012. Please note that the higher prevalence rates for this reporting period compared to the last reporting period do not necessarily indicate an increase in problem and pathological gambling among active and recovering drug users. Rates from the two reports do indicate higher prevalence rates for this population compared to rates for the general population. Moreover, while data has been updated throughout this report to reflect the most recent data collected, the following discussion and recommendations are similar to the discussion and recommendations of the January 2012 report.

While this study's prevalence rates remain comparable to prevalence estimates found by other researchers of co-morbid gambling and substance use disorders (Center for Substance Abuse Treatment, SAMHSA, 2005; Toneatto & Brennan, 2002; Toneatto, Ferguson & Brennan, 2003), data limitations again need to be noted. Study data were collected through convenience sampling of persons currently enrolled in AoD treatment, and do not include data from persons not currently enrolled in treatment; thus, findings may not generalize to the overall population of active and recovering drug users. Moreover, prevalence rates were based upon a primary screen for gambling disorder, and not upon a complete diagnostic interview. Strengths of this study include the utilization of SOGS, which has established reliability and validity, and its diverse study population. This study's findings generate many prevention and treatment considerations for Ohio's AoD prevention and treatment system as legalized gambling expands throughout Ohio.

While a majority of study participants reported participation in at least one type of gambling during the past six months, only a minority of these participants reported ever having been asked about gambling while in treatment for their substance use disorder. Thus, education about problem and pathological gambling should be included in all inpatient and outpatient AoD treatment programs. Furthermore, all AoD clients should be screened for gambling disorder during intake for treatment services, with clients screening positive for problem or pathological gambling referred to assessment for gambling treatment services. All persons receiving AoD prevention services should also be exposed to prevention measures addressing co-occurrence of substance use disorders with problem and pathological gambling, as persons who abuse or are dependent on alcohol and/or other drugs appear to be at greater risk for gambling disorder than persons without a substance use disorder.

Participants throughout the regions described widespread gambling in their communities; nearly all participants reported high prevalence of lottery and scratch-off gambling; participants in every region also continued to mention Internet cafés as a source of community gambling, with participants in several regions noting an increase in these gambling establishments. Other forms of legal gambling readily available throughout the regions include bingo and race track gambling, and recently, casino gambling in Cleveland, Columbus and Toledo. While casino gambling during the past six months was reported by only 22.2 percent of participants who gambled during the past six months, this study found that participants who screened positive for problem and pathological gambling were 69.8 percent of participants who participated in casino gambling. Thus, it can be hypothesized that participation in casino gambling will increase among persons with substance use disorder in regions where casino gambling becomes available. Participants in Cleveland expressed intent to gamble at their city's new casino. Casino gambling in Ohio became available for the first time in May 2012 with the opening of casinos in Cleveland and Toledo, followed by a casino opening in Columbus in October 2012; the last of Ohio's new casinos is scheduled to open in March 2013 in Cincinnati.

Treatment providers in regions where casinos are located should emphasize co-occurrence of gambling and substance use disorders while imparting appropriate relapse prevention skills to prevent client return to AoD use and participation in gambling. Throughout the regions, both gambling and non-gambling participants believed that there is a relationship between gambling and AoD use. A sizeable proportion of gambling participants reported that they used more alcohol and/or drugs when gambling, gambled more when using alcohol and/or other drugs and gambled to buy alcohol and/or other drugs; and several participants reported gambling as an alternative to their drug use, replacing one addiction for another. Moreover, participants also frequently discussed the constant availability of alcohol in gambling establishments. Relapse prevention for both AoD use and gambling include avoiding triggers that may lead people in recovery return to active participation in their addiction(s).

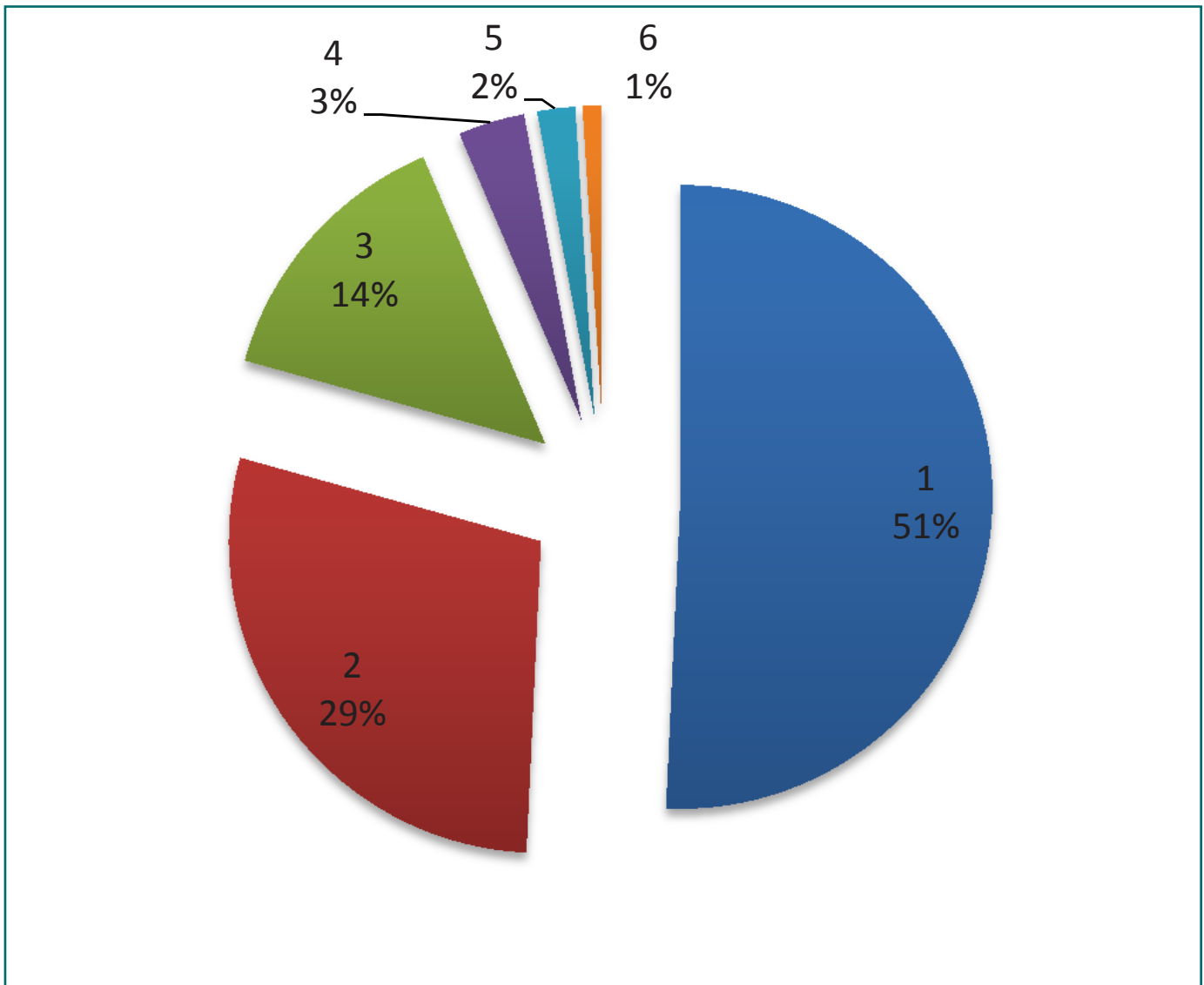
In addition to treatment providers offering gambling treatment services to individuals with substance use disorders, community-based interventions should be delivered in partnership with operators of gambling establishments to disseminate information to increase awareness and knowledge of problem gambling, and how to access gambling treatment services. Epidemiological data presented in this report's results section have the potential to help shape and strengthen prevention measures targeted at individuals or groups most at risk for problem gambling. For instance, a significantly higher proportion of females participated in bingo during the past six months than did males, while higher proportions of males participated in dice/craps/poker (non-casino) and sports betting/office sports pools than did females. To be most effective in impacting individuals or groups most at risk, prevention strategists should consider gender and other demographic differences. The OSAM Network will continue to collect prevalence and trend data on problem and pathological gambling every six months to provide accurate epidemiologic descriptions needed to plan appropriate prevention and intervention strategies.

### References

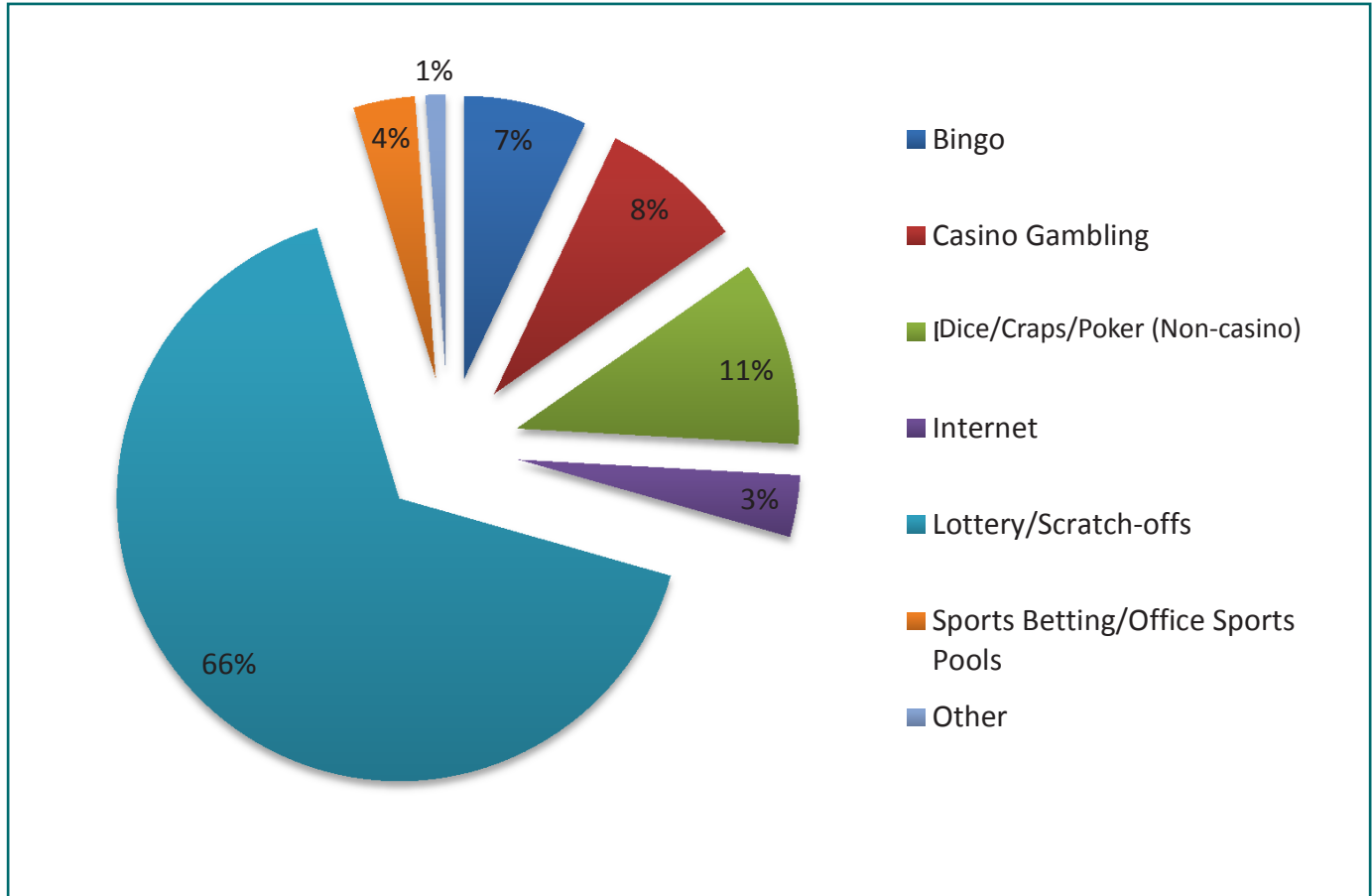
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- Toneatto, T. Ferguson, D. & Brennan, J. (2003). Effect of a new casino on problem gambling in treatment-seeking substance abusers. *Canadian Journal of Psychiatry, 48*(1), 40-44.

**Figures and Tables**

**Figure 1: Number of Gambling Types Participated in During the Past Six Months (N=203)**



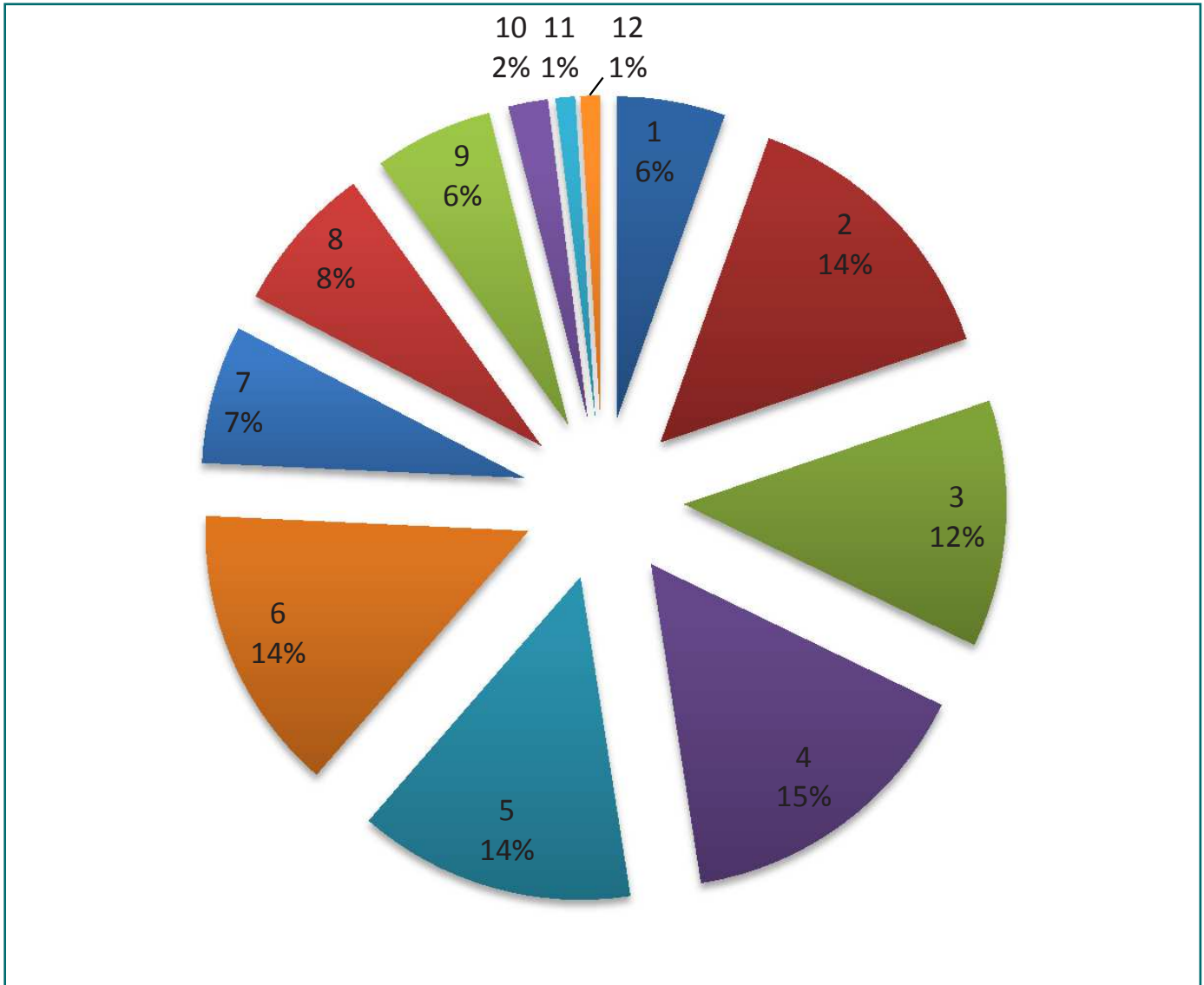
**Figure 2: Participant Primary Gambling Types<sup>1</sup> (N=170)**



Not all gamblers reported a primary gambling type.<sup>1</sup>



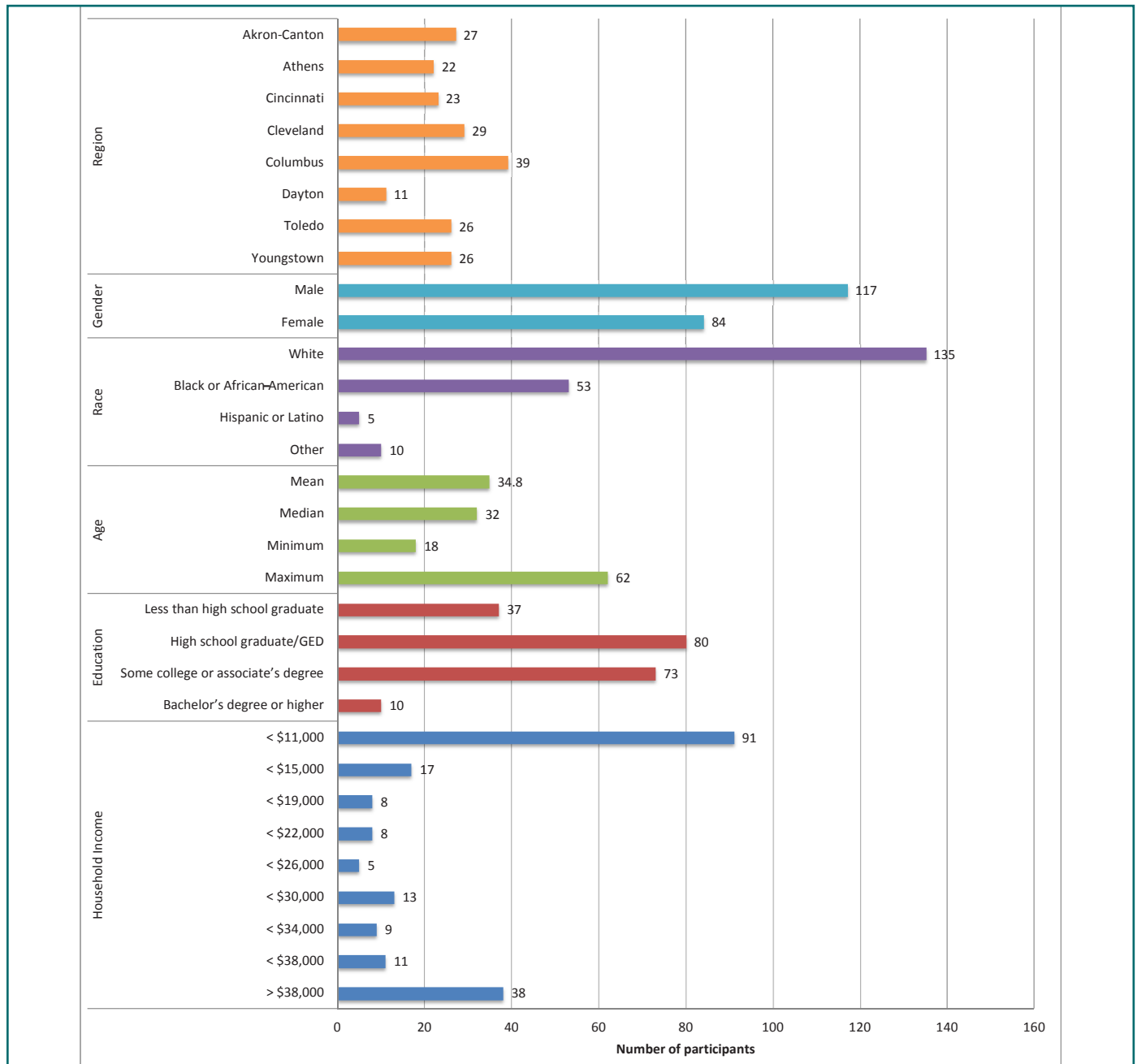
**Figure 3: Number of Drugs Used During the Past Six Months Among Gambling Participants<sup>1</sup> (N=202)**



One gambling participant did not report drugs used during the past six months.<sup>1</sup>



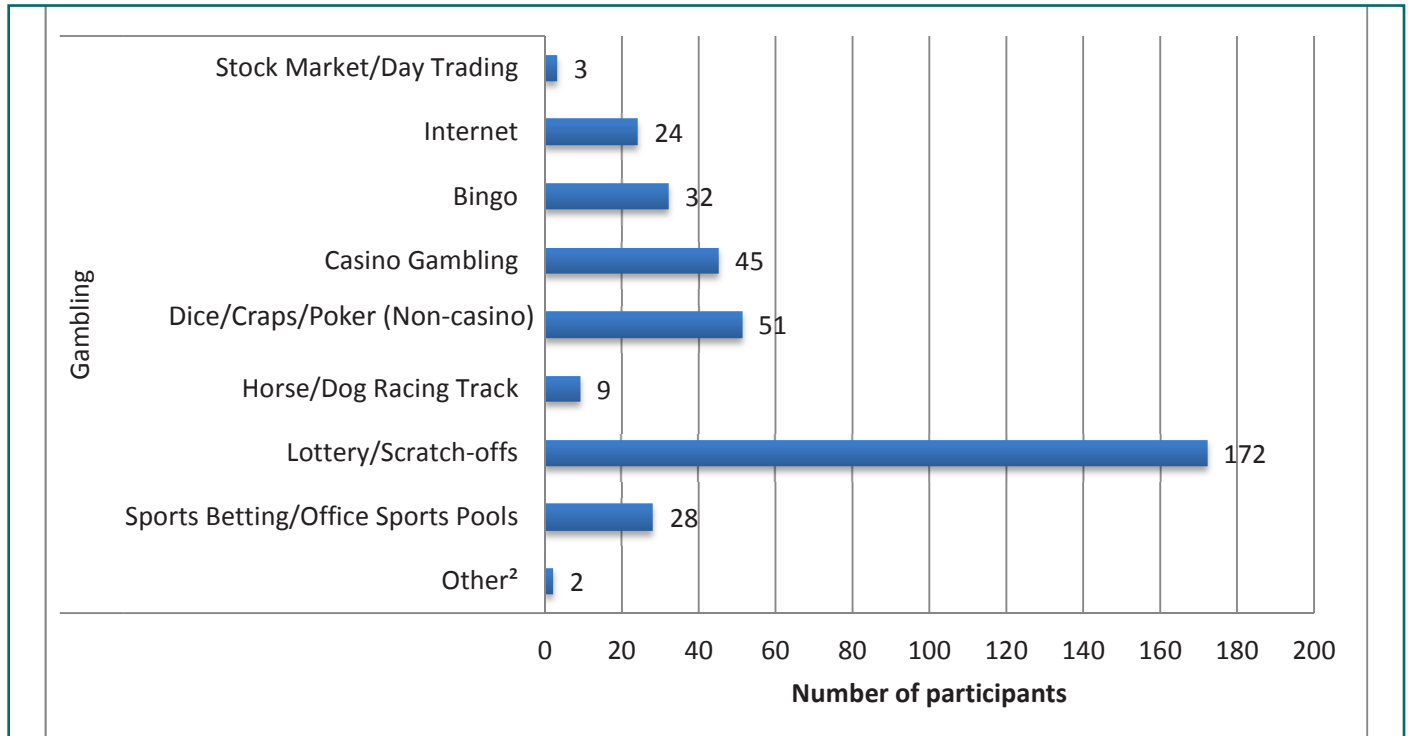
**Table 1: Characteristics of Participants Reporting Gambling During the Past Six Months<sup>1</sup> (N=203)**



Not all participants responded to every demographic survey question; thus, variable Ns may not equal 203.<sup>1</sup>



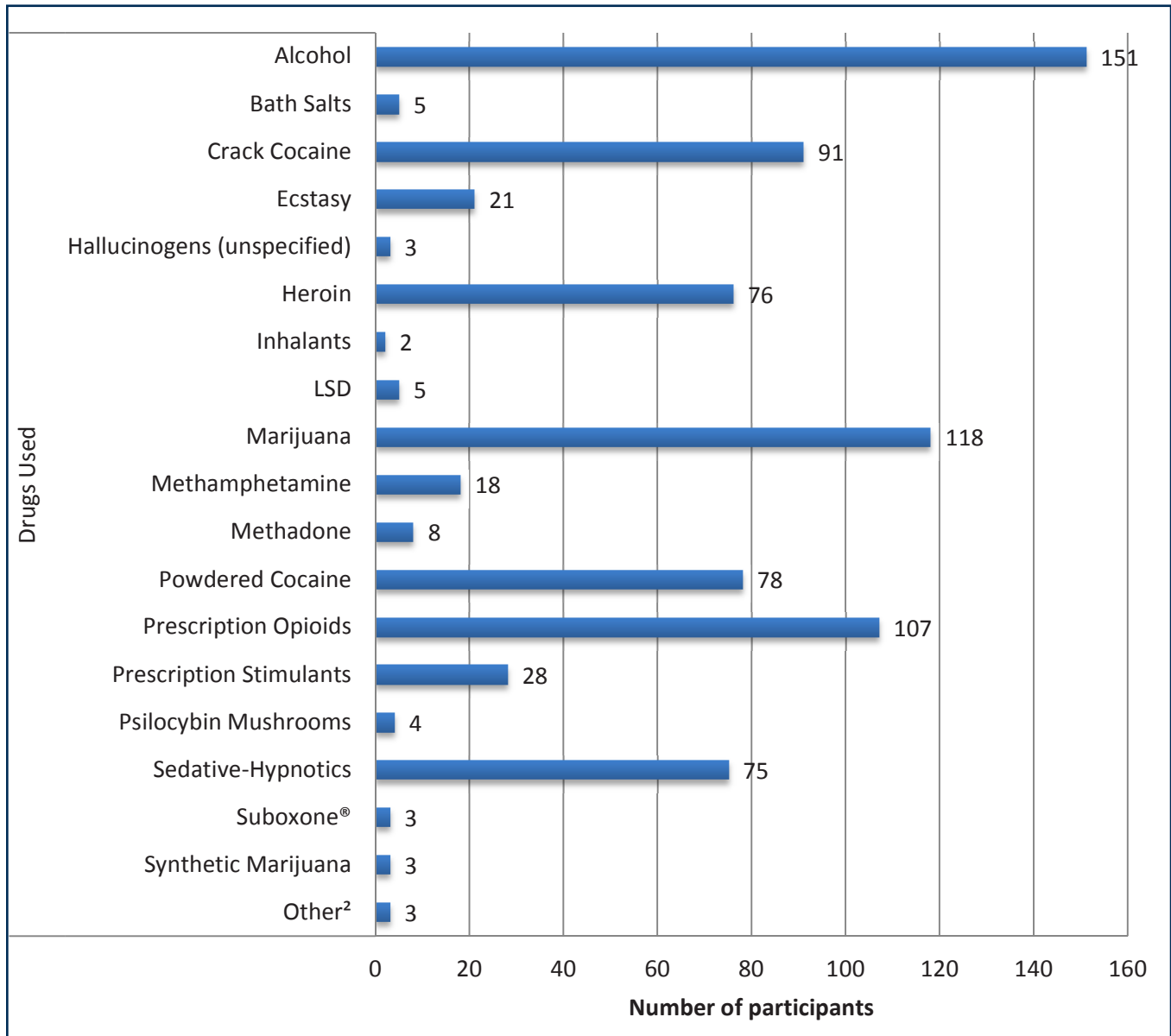
**Table 2: Gambling Participation During the Past Six Months<sup>1</sup> (N=203)**



Some respondents reported participation in multiple types of gambling.<sup>1</sup>  
 Examples of other gambling participation is 50/50 raffle.<sup>2</sup>



**Table 3: Drugs Used During the Past Six Months Among Gambling Participants<sup>1</sup> (N=203)**



Some respondents reported multiple drugs of use.<sup>1</sup>  
 Drugs used by only one respondent are not depicted here: designer drugs (unspecified), ketamine and PCP (phencyclidine).<sup>2</sup>





**Table 4: Gambling Treatment Survey Responses<sup>1</sup>**

	No	Yes
Have you ever tried to get help for your gambling?	97.9%	2.1%
Have you ever participated in gambling treatment?	98.5%	1.5%
Do you currently need help with a gambling problem?	96.4%	3.6%
Have you ever been asked about gambling while in treatment for alcohol/drug use?	73.7%	26.3%
Have gambling treatment services ever been offered to you?	87.6%	12.4%
Are you familiar with Gambler’s Anonymous?	58.2%	41.8%
Have you ever attended a Gambler’s Anonymous meeting?	98.5%	1.5%

Question Ns were either 193 or 194 due to some missing responses; percentages are valid percentages.<sup>1</sup>



**Ohio**

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