

**Ohio**

Department of Alcohol &  
Drug Addiction Services



# *Ohio Gambling Survey Presentation*

October 2012

ohio for responsible  
gambling **org**

# Ohio Gambling Survey

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# Ohio Gambling Survey Initial Report

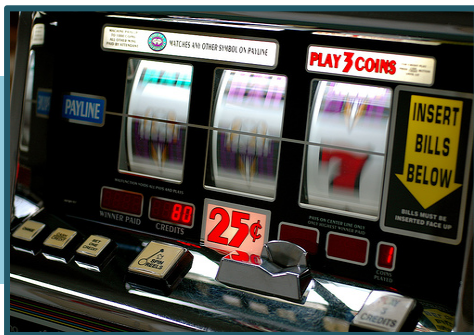
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- Overview: Purpose and Methodology
- Prevalence of At-Risk and Problem Gambling
- Select Demographics and Gambling Status
- Type and Frequency of Gambling, Including Dollars Spent
- Family and Individual Correlates of Gambling
- Community Perceptions and Attitudes About Problem Gambling
- Summary of Key findings of the Ohio Substance Abuse Monitoring Network

# Overview of the Gambling Survey

## ➤ Purpose of Conducting the Survey

- To establish baseline prevalence of at risk and problem gambling in Ohio prior to the opening of casinos in Cleveland, Toledo, Columbus and Cincinnati.
- To contribute to planning for gambling prevention and treatment and recovery services.



# Sampling for the Gambling Survey

- Household telephone survey to determine prevalence of at-risk and problem gambling in Ohio.
- 3,600 Ohioans, aged 18 and older, completed surveys using a multistage random area probability sample for the state of Ohio.
  - The sample includes oversampling of 600 in each area where a casino will operate (Cuyahoga, Lucas, Franklin, and Hamilton Counties) and 1,200 surveys statewide. Sample was constructed by identifying zip codes and then by random selection of individuals within zip code.
  - Telephone surveys were conducted from February through July 2012 with Cuyahoga and Lucas County clusters completed prior to May 14, 2012 (before the opening of the casinos in Cleveland and Toledo).

## Use of Weighted Data for Analyses in this Report



A common occurrence in many telephone surveys is the over-representation of females and older adults and the under-representation of minority (non-White) races in the survey sample.

To adjust for this, data was weighted on age, race and gender in order to more closely reflect the population and enable us to make generalizations from the sample data about the population of adults in Ohio and the four county clusters.

# Gambling Survey Instrument

## Canadian Problem Gambling Index

### Content

- **Demographics**
  - Age, Gender, Race/Ethnicity, Religion, Education, Employment, Income
- **Type and Frequency of Gambling and Amount Wagered**
  - Lottery, Casino, Other
- **At-Risk and Problem Gambling**
  - Prevalence of Low Risk, Moderate Risk, and Problem Gambling
- **Correlates of Gambling**
  - Family History of Gambling Problems, Substance Abuse
  - Substance Abuse, Physical/Emotional Distress, Depression

# Rationale for Selecting the Canadian Problem Gambling Index (CPGI)

- A Reliable, Valid, and Robust Instrument
  - Ferris and Wynne (2001)
    - Pilot study was performed to determine both face and construct validity.
    - General population test-retest study of Canada.
    - Additional field testing
    - Study results were factor analyzed.
    - Items loaded onto one factor, which was determined to be problem gambling.
    - Reliability and validity were then analyzed at several levels.
  - Through a subsample of the general population study, test-retest reliability was found to be good ( $r = .78$ ).
  - In addition, the measure's internal consistency was good. Internal consistency measures demonstrate reliability by relating items within the scale to one another, thereby requiring only one round of testing.
  - Good specificity, which Ferris and Wynne (2001) defined as, "the number of people identified by other measures as having no gambling problems that are also categorized as having no gambling problems by the CPGI" (p. 40).



# Gambling Survey Instrument

- Ferris and Wynne (2001) also demonstrated validity at several levels.
  - Face validity, which suggests that the scale seems to measure for its intended construct, was established through several rounds of evaluation by experts within the field of gambling prior to the pilot study.
  - They also reported that the measures correlated well with both the South Oaks Gambling Screen (SOGS) and the Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> edition (DSM-IV) scales, both highly respected measures for problem and pathological gambling.
  - Very good construct validity. Construct validity refers to an instrument's likelihood of identifying the construct of interest (in this case, problem gambling), and distinguish it from other constructs (i.e., alcoholism).
- In summary, the CPGI is a well-constructed instrument (Reliable, Valid, and Robust)
- Instrument contains the key components that were of interest to ODADAS and partners:
  - Type and frequency of gambling, including lottery, casino and other games
  - Measure of at-risk and problem/pathological gambling
  - Co-occurring issues (family and personal correlates including substance abuse, psychological/emotional factors)
  - Demographics

# Gambling Survey Instrument

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## Community Readiness Survey

- Two items that measure community attitudes and perceptions of gambling problems were added to the survey instrument.
- The items were taken with permission from the Community Readiness Survey developed by Invitation Health Institute (formerly the Minnesota Institute of Public Health).  
<http://www.invitationhealthinstitute.org/services/crs>



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Orman Hall, Director

# Prevalence of At-Risk and Problem Gambling *- Statewide and County Cluster Results*



# The 9-Item Problem Gambling Index

- 1) Have you bet more than you could really afford to lose?
- 2) Still thinking about the last 12 months, have you needed to gamble with larger amounts of money to get the same feeling of excitement?
- 3) When you gambled, did you go back another day to try to win back the money you lost?
- 4) Have you borrowed money or sold anything to get money to gamble?
- 5) Have you felt that you might have a problem with gambling?
- 6) Has gambling caused you any health problems, including stress or anxiety?
- 7) Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?
- 8) Has your gambling caused any financial problems for you or your household?
- 9) Have you felt guilty about the way you gamble or what happens when you gamble?

# Determining At-Risk and Problem Gambling Using the Problem Gambling Index



- Nine items each scored on a scale of 0 – 3 for a total scale score of 0 to 27.
  - 0 = “Never”
  - 1= “Sometimes”
  - 2 = “Most of the Time”
  - 3 = “Almost Always”

# DEFINITIONS: At-Risk and Problem Gambling

**Low Risk**: These individuals scored a 1 – 2 on the index. This group does not experience adverse consequences from gambling. People with this score range may benefit from prevention messages (education and awareness of gambling problem signs and symptoms) but would not necessarily be candidates for further intervention.

**Moderate Risk**: These individuals scored a 3 – 7 on the index. This group may experience adverse consequences from gambling, however they do not meet diagnostic criteria for pathological gambling.

**Problem**: These individuals scored an 8 or higher on the index and meet diagnostic criteria for pathological gambling. This group generally exhibits loss of control and distortions in thinking regarding gambling behaviors.

# Estimated Percent and Number of Persons for At-Risk and Problem Gambling in Ohio

## Problem Gambling

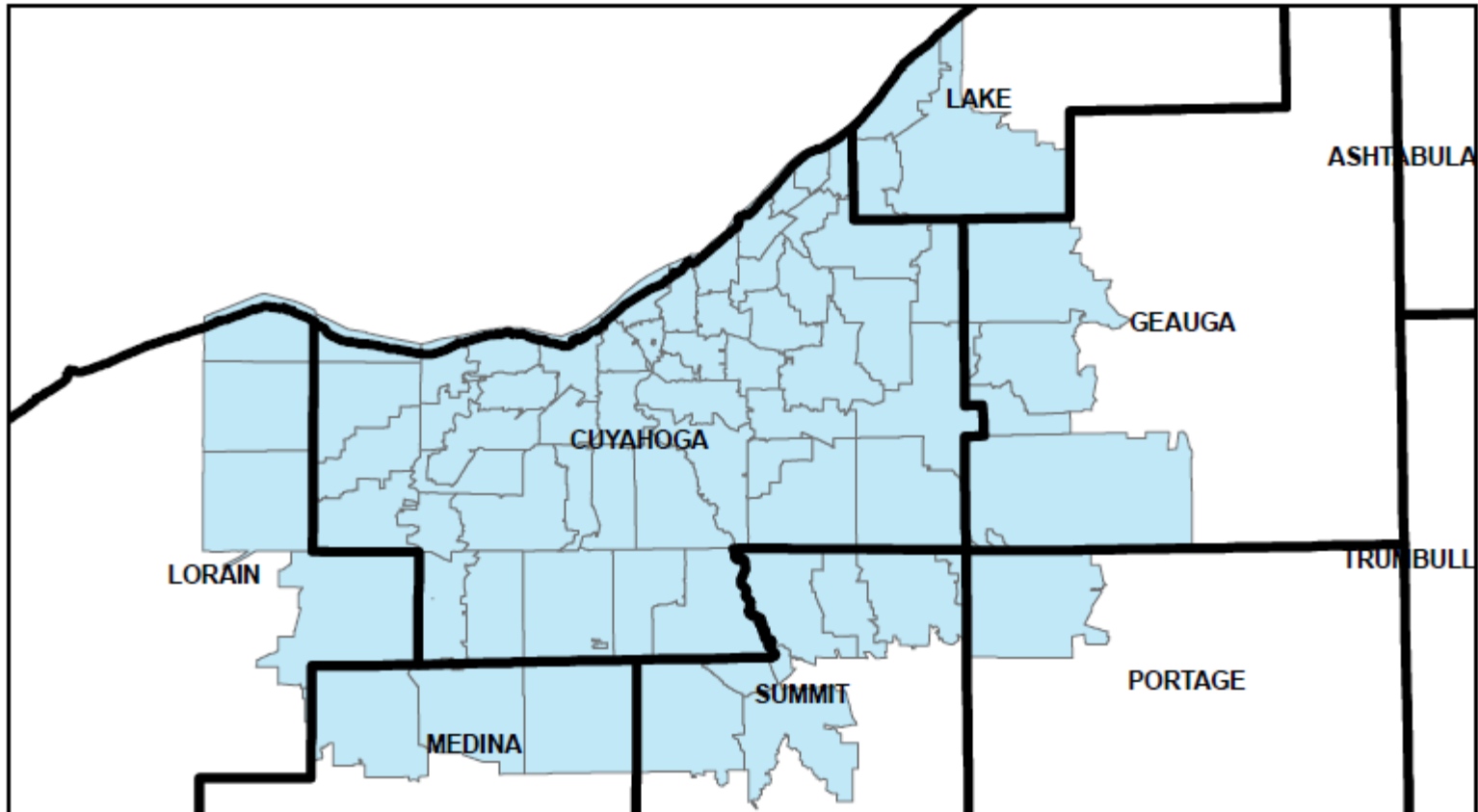
The prevalence of at risk and problem gambling in Ohio is 2.8%, which equates to an estimated 246,561 individuals in the target population of 8,805,761.\*

\*(18 years and older)

No Problem		Low Risk	Moderate Risk	Problem
Don't Gamble	Gamble			
43.3%	53.8%	2.2%	0.3%	0.3%
3,812,895	4,737,499	193,727	26,417	26,417

- Of the 8.8 million Ohioans aged 18 and older, an estimated 3.8 million (43.3%) do not gamble. Of the Ohioans who do gamble, an estimated 4.7 million (53.8%) do not experience any risk factors.
- Prevention activities may be beneficial if directed at the 220,144 (2.5%) persons who are estimated to be at-risk for problem gambling, while treatment services and/or self-help programs such as Gamblers Anonymous should be directed at the 0.3% who are estimated to have a gambling problem that meets DSM-IV diagnostic criteria.
- Approximately 10% of those who need treatment will seek treatment (Cunningham, 2005), suggesting that approximately 2,640 individuals may seek treatment or seek out self-help such as Gamblers Anonymous.

# Map of Cuyahoga Cluster Area





# Estimated Percent and Number of Persons for At-Risk and Problem Gambling – Cuyahoga County Cluster

## Problem Gambling

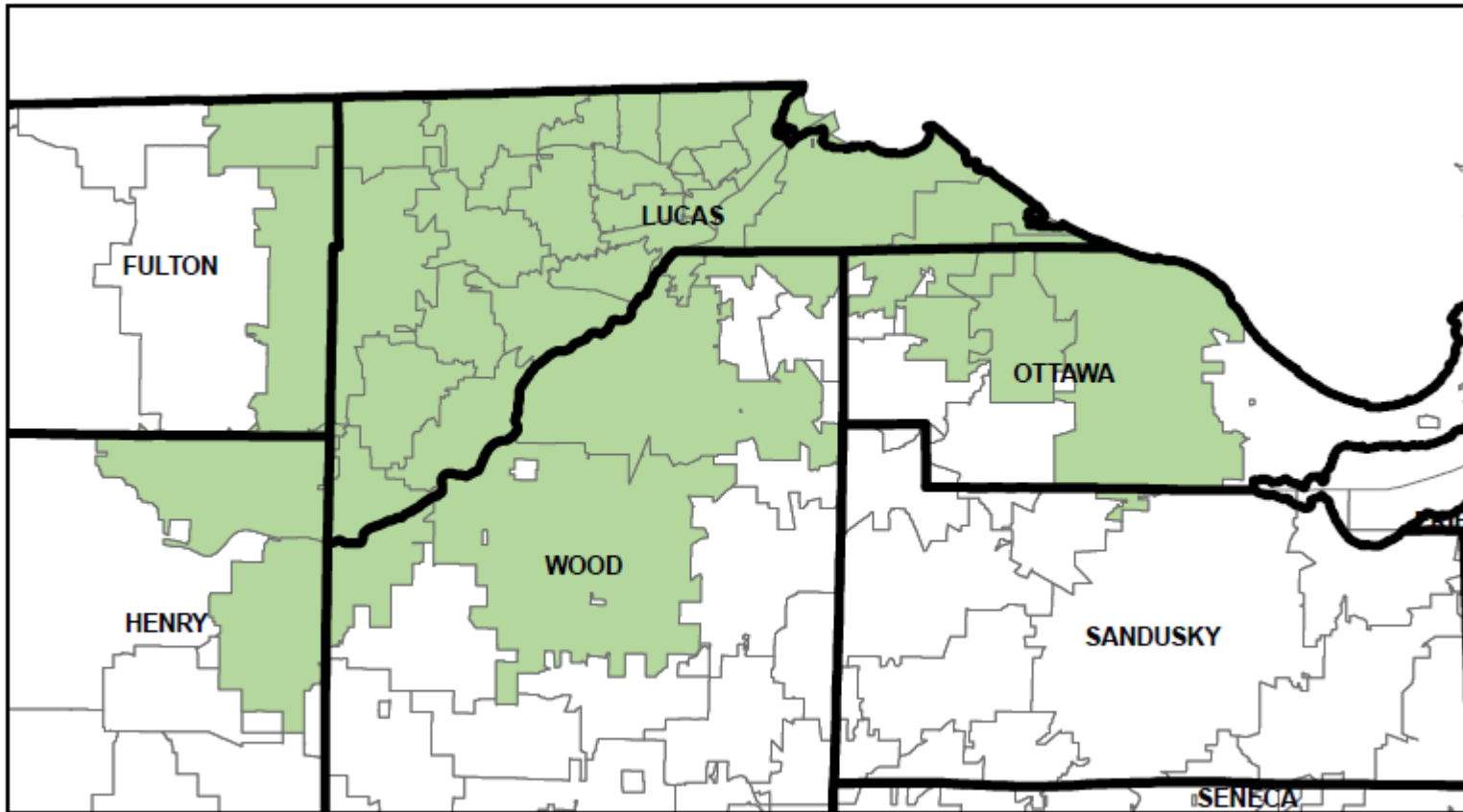
The prevalence of at risk and problem gambling is 11.6% which equates to an estimated 145,143 individuals in the target population of 1,251,231.\*

\*(18 years and

No Problem		Low Risk	Moderate Risk	Problem
Don't Gamble	Gamble			
28.8%	59.6%	9.5%	2.0%	0.1%
360,355	745,734	118,867	25,025	1,251

- Of the 1.25 million Ohioans aged 18 and older in the Cuyahoga area, an estimated 360,355 (28.8%) do not gamble. Of the Ohioans in this cluster who do gamble, an estimated 745,734 (59.6%) do not experience any risk factors.
- Prevention activities may be beneficial if directed at the 143,892 (11.5%) persons who are estimated to be at-risk for problem gambling, while treatment services and/or self-help programs such as gamblers anonymous should be directed at the 0.1% who are estimated to have a gambling problem that meets DSM-IV diagnostic criteria.
- Approximately 10% of those who need treatment will seek treatment (Cunningham, 2005), suggesting that approximately 125 individuals may seek treatment.

# Map of Lucas County Cluster Area



# Estimated Percent and Number of Persons for At-Risk and Problem Gambling – Lucas County Cluster

## Problem Gambling

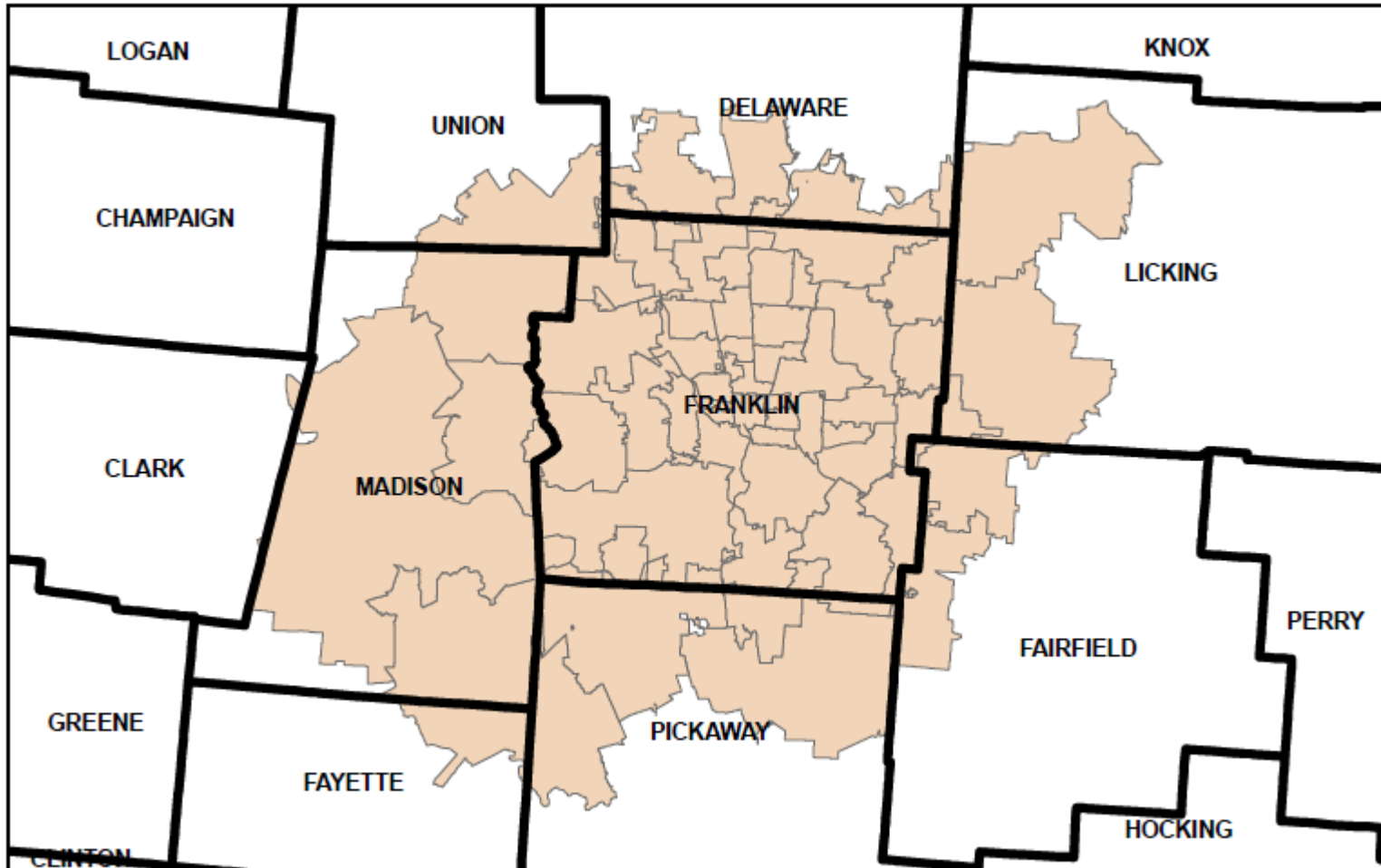
The prevalence of at risk and problem gambling is 14.8% which equates to an estimated 62,652 individuals in the target population of 423,316.\*

\*(18 years and older)

No Problem		Low Risk	Moderate Risk	Problem
Don't Gamble	Gamble			
30.7%	54.5%	11.9%	2.7%	0.2%
129,958	230,707	50,375	11,430	847

- Of the 423,316 Ohioans aged 18 and older in the Lucas County Cluster, an estimated 129,958 (30.7%) do not gamble. Of the Ohioans in the cluster who do gamble, an estimated 230,707 (54.5%) do not experience any risk factors.
- Prevention activities may be beneficial if directed at the 61,805 (14.6%) persons who are estimated to be at-risk for problem gambling, while treatment services and/or self-help programs such as gamblers anonymous should be directed at the 0.2% who are estimated to have a gambling problem that meets DSM-IV diagnostic criteria.
- Approximately 10% of those who need treatment will seek treatment (Cunningham, 2005), suggesting that approximately 84 individuals may seek treatment.

# Map of Franklin County Cluster Area



# Estimated Percent and Number of Persons for At-Risk and Problem Gambling – Franklin County Cluster

## Problem Gambling

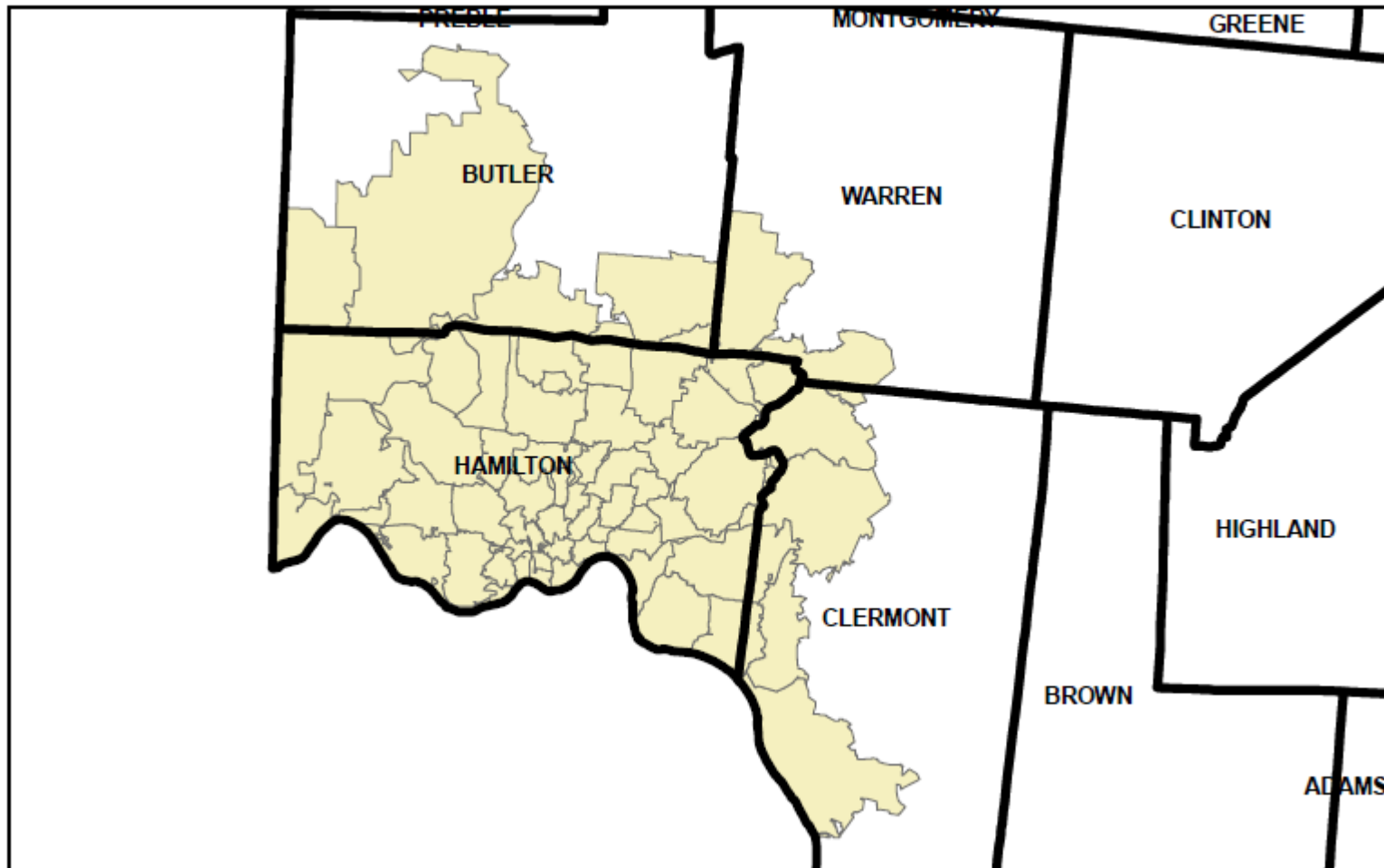
The prevalence of at risk and problem gambling is 14.2% which equates to an estimated 153,815 individuals in the target population of 1,083,205.\*

\*(18 years and

No Problem		Low Risk	Moderate Risk	Problem
Don't Gamble	Gamble			
37.6%	48.2%	9.2%	4.8%	0.2%
407,285	522,105	99,655	51,994	2,166

- Of the 1,083,205 Ohioans aged 18 and older in the Franklin Cluster, an estimated 407,285 (37.6%) do not gamble. Of the Ohioans in this cluster who do gamble, an estimated 522,105 (48.2%) do not experience any risk factors.
- Prevention activities may be beneficial if directed at the 151,649 (14.0%) persons who are estimated to be at-risk for problem gambling, while treatment services and/or self-help programs such as gamblers anonymous should be directed at the 0.2% who are estimated to have a gambling problem that meets DSM-IV diagnostic criteria.
- Approximately 10% of those who need treatment will seek treatment (Cunningham, 2005), suggesting that approximately 216 individuals may seek treatment.

# Map of Hamilton County Cluster Area



# Estimated Percent and Number of Persons for At-Risk and Problem Gambling – Hamilton County Cluster

## Problem Gambling

The prevalence of at risk and problem gambling is 12.7% which equates to an estimated 108,453 individuals in the target population of 853,962.\*

\*(18 years and older)

No Problem		Low Risk	Moderate Risk	Problem
Don't Gamble	Gamble			
31.6%	55.7%	7.8%	3.5%	1.4%
269,852	475,657	66,609	29,889	11,955

- Of the 853,962 Ohioans aged 18 and older in the Hamilton County Cluster, an estimated 269,852 (31.6%) do not gamble. Of the Ohioans in this cluster who do gamble, an estimated 475,657 (55.7%) do not experience any risk factors.
- Prevention activities may be beneficial if directed at the 96,498 (11.3%) persons who are estimated to be at-risk for problem gambling, while treatment services and/or self-help programs such as gamblers anonymous should be directed at the 1.4% who are estimated to have a gambling problem that meets DSM-IV diagnostic criteria.
- Approximately 10% of those who need treatment will seek treatment (Cunningham, 2005), suggesting that approximately 1,195 individuals may seek treatment.



# Gambling Status and Select Demographic Data

## *- Non-Problem Gamblers vs. At-Risk/Problem Gamblers and Age, Race and Gender*

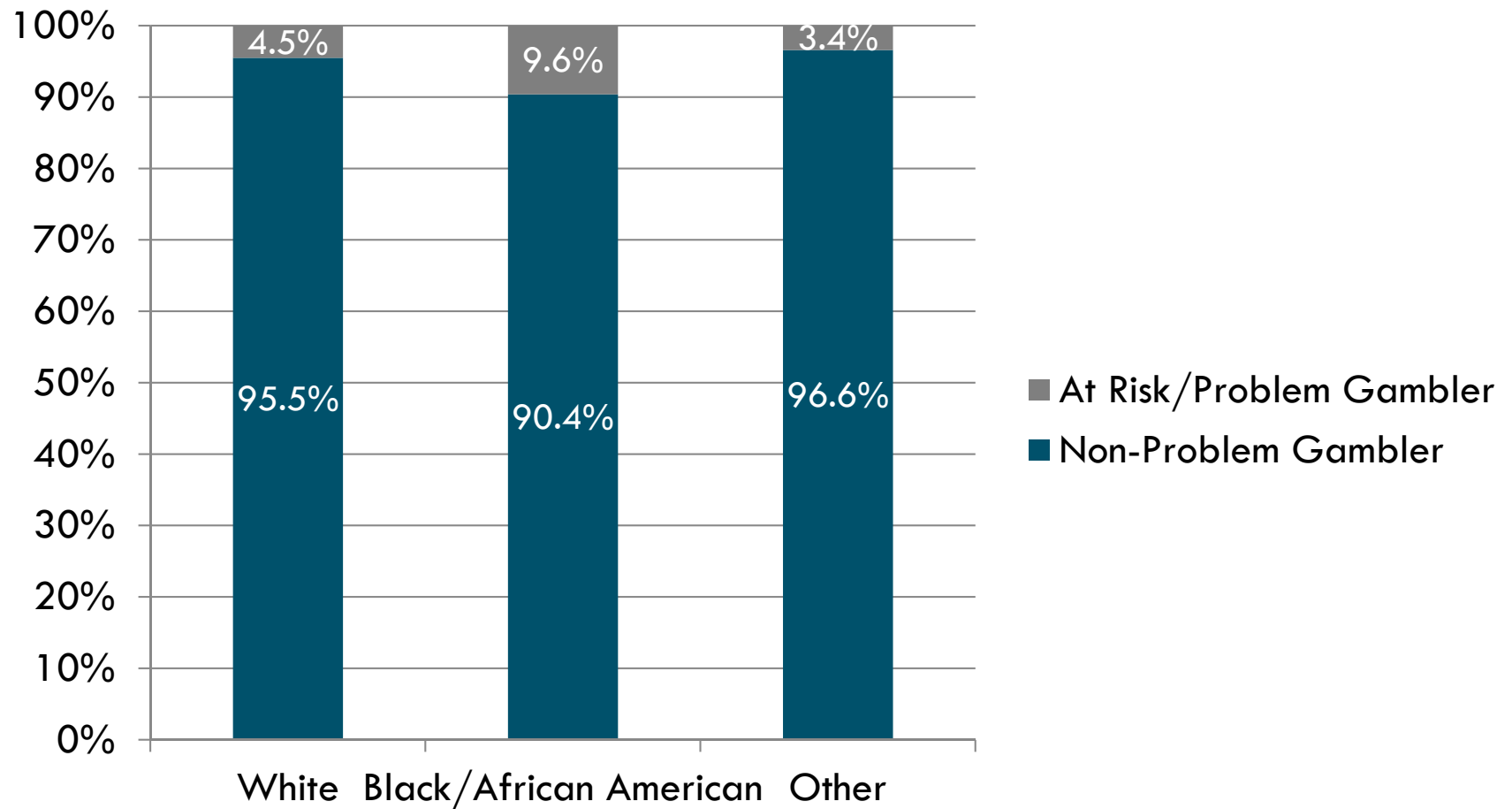




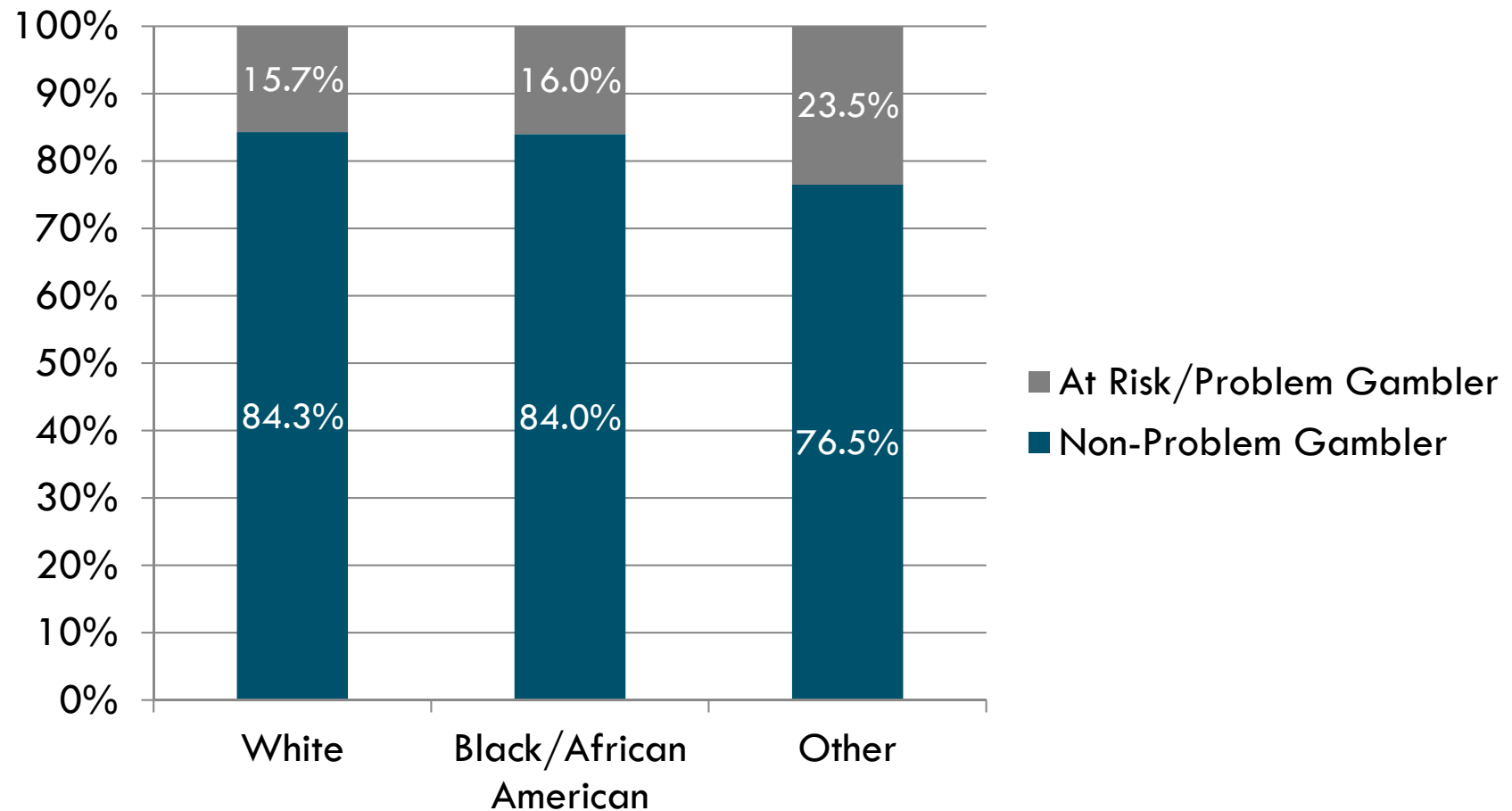
# Gambling Status and Race

- Gamblers were segmented into two groups representing gambling status: 1) Non-problem gamblers and 2) the combined group of low-risk, moderate risk and problem gamblers. Chi-square goodness of fit was utilized to determine the relationship of race to gambling status.
- Variations by race between regions are observed, with statistically significant associations between gambling status and race occurring in the Lucas County and Franklin County clusters. Within the Lucas County cluster, Black/African-American was significantly more likely to be in the at-risk/problem gambling group compared to White and Other races  $\chi^2 (2, N=381) = 7.194, p=.027$ . Franklin  $\chi^2 (2, N=357) = 32.685, p=.000$ .

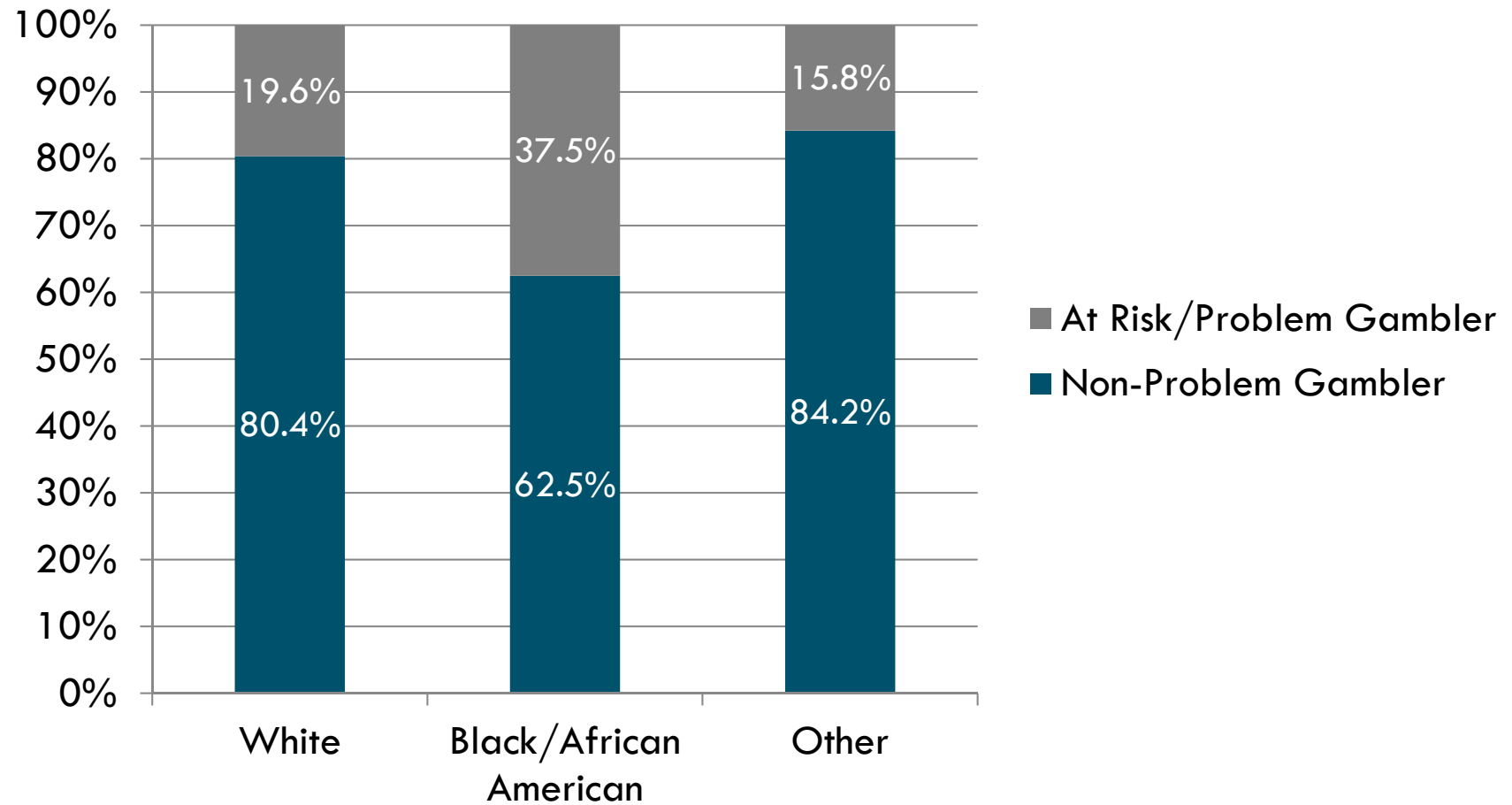
# Gambling Status by Race - Statewide



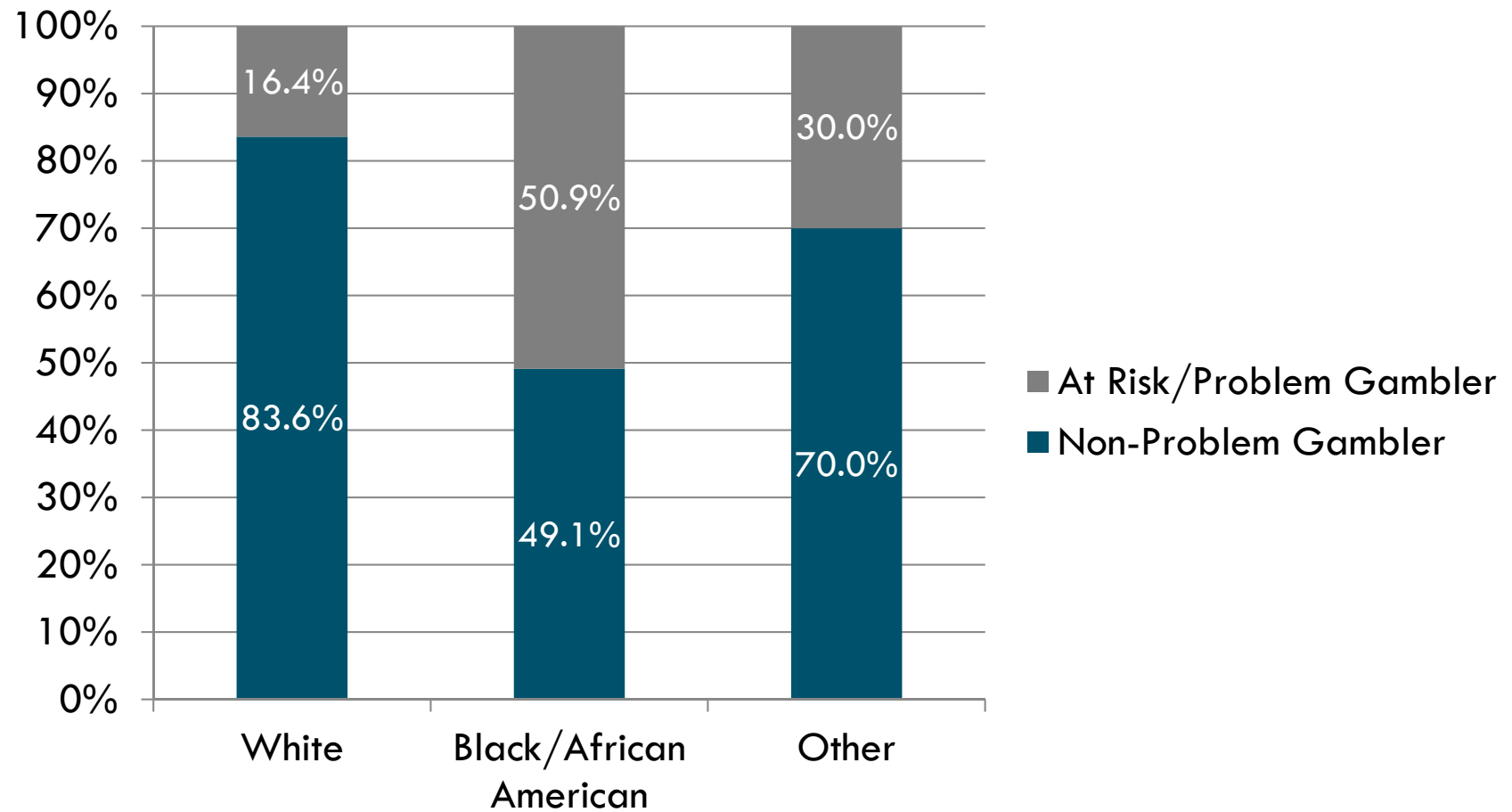
# Gambling Status by Race – Cuyahoga County Cluster



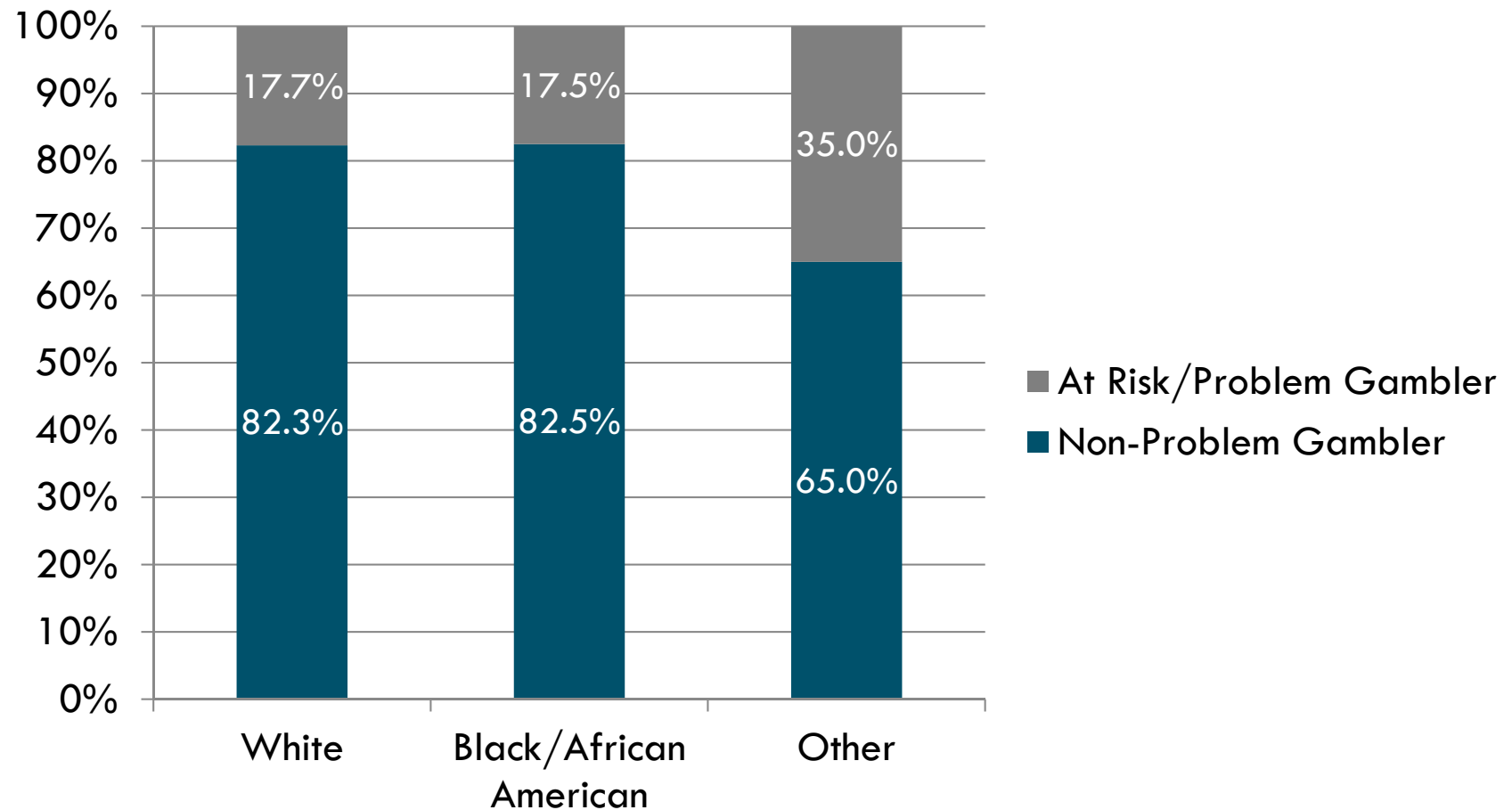
# Gambling Status by Race – Lucas County Cluster



# Gambling Status by Race – Franklin County Cluster



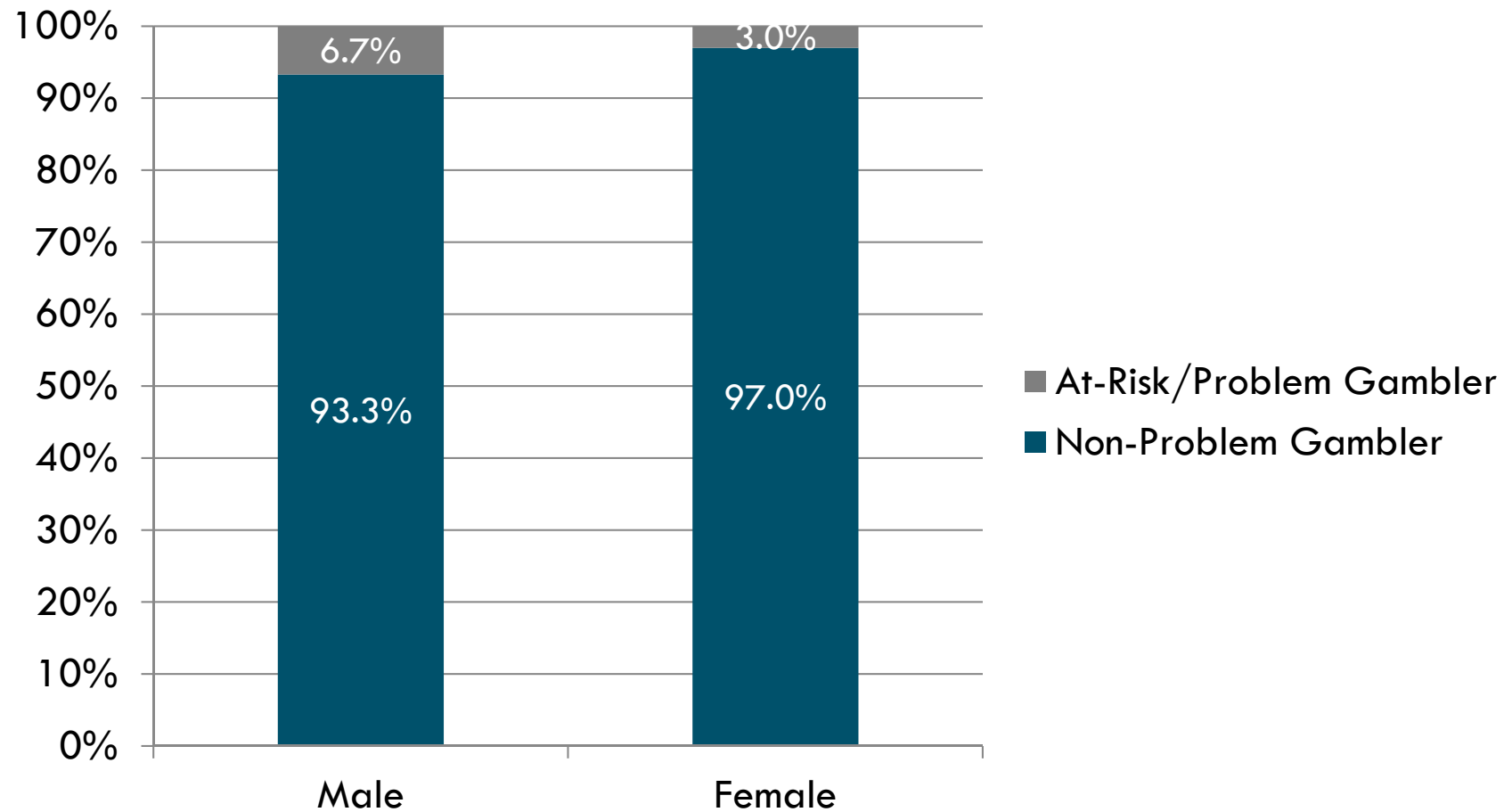
# Gambling Status by Race – Hamilton County Cluster



# Gambling Status and Gender

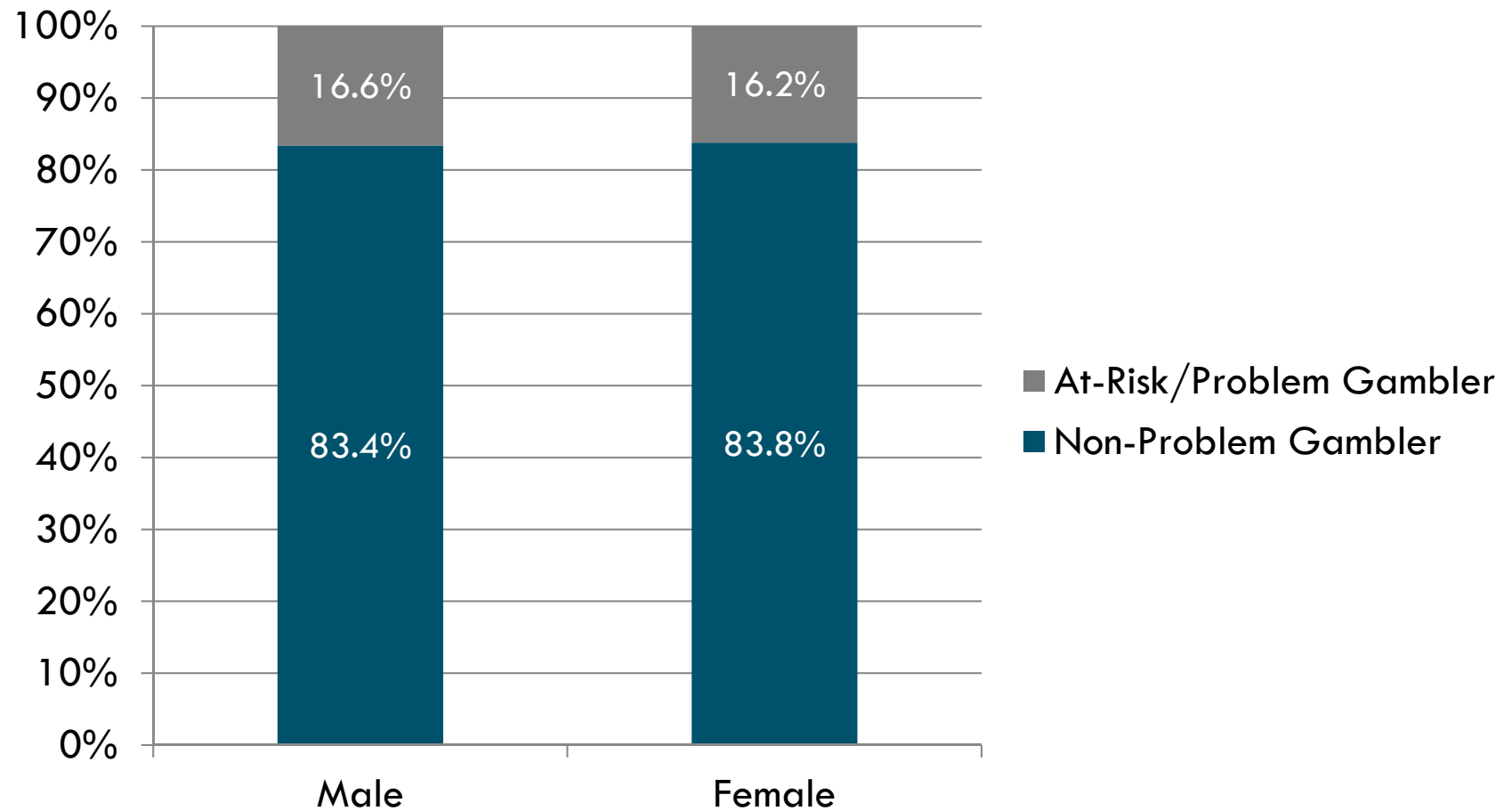
- Gamblers were segmented into two groups representing gambling status – 1) Non-problem gamblers and 2) the combined group of low-risk, moderate risk and problem gamblers. Chi-square goodness of fit was utilized to determine the relationship of gender to gambling status.
  - The statewide sample revealed that males were significantly more likely to have at-risk/problem gambling status than females,  $\chi^2 (1, N=724) = 5.364, p=.015$
  - No significant differences were found for the County Clusters regarding the relationship of gender to gambling status.

# Gambling Status by Gender - Statewide

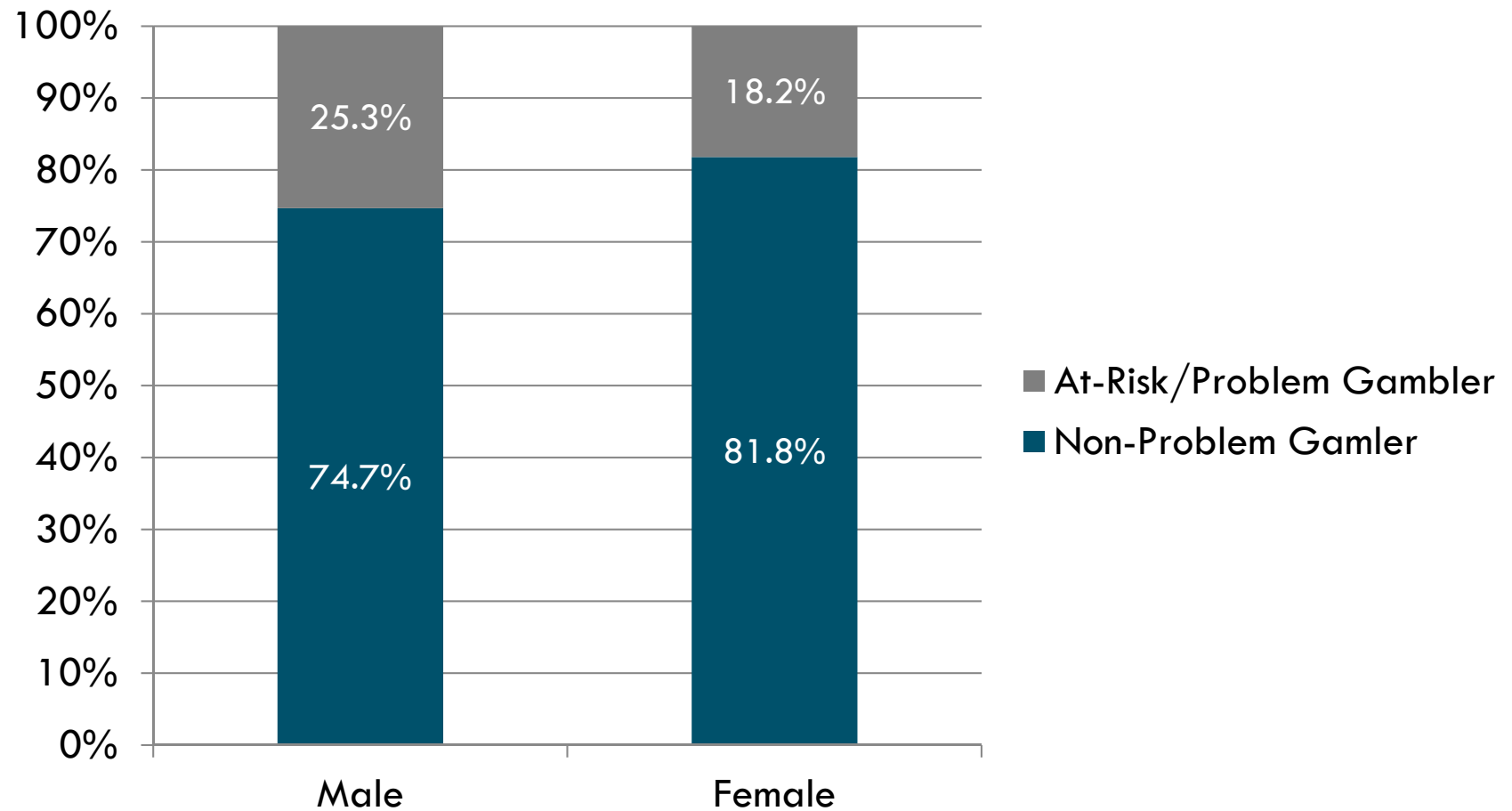




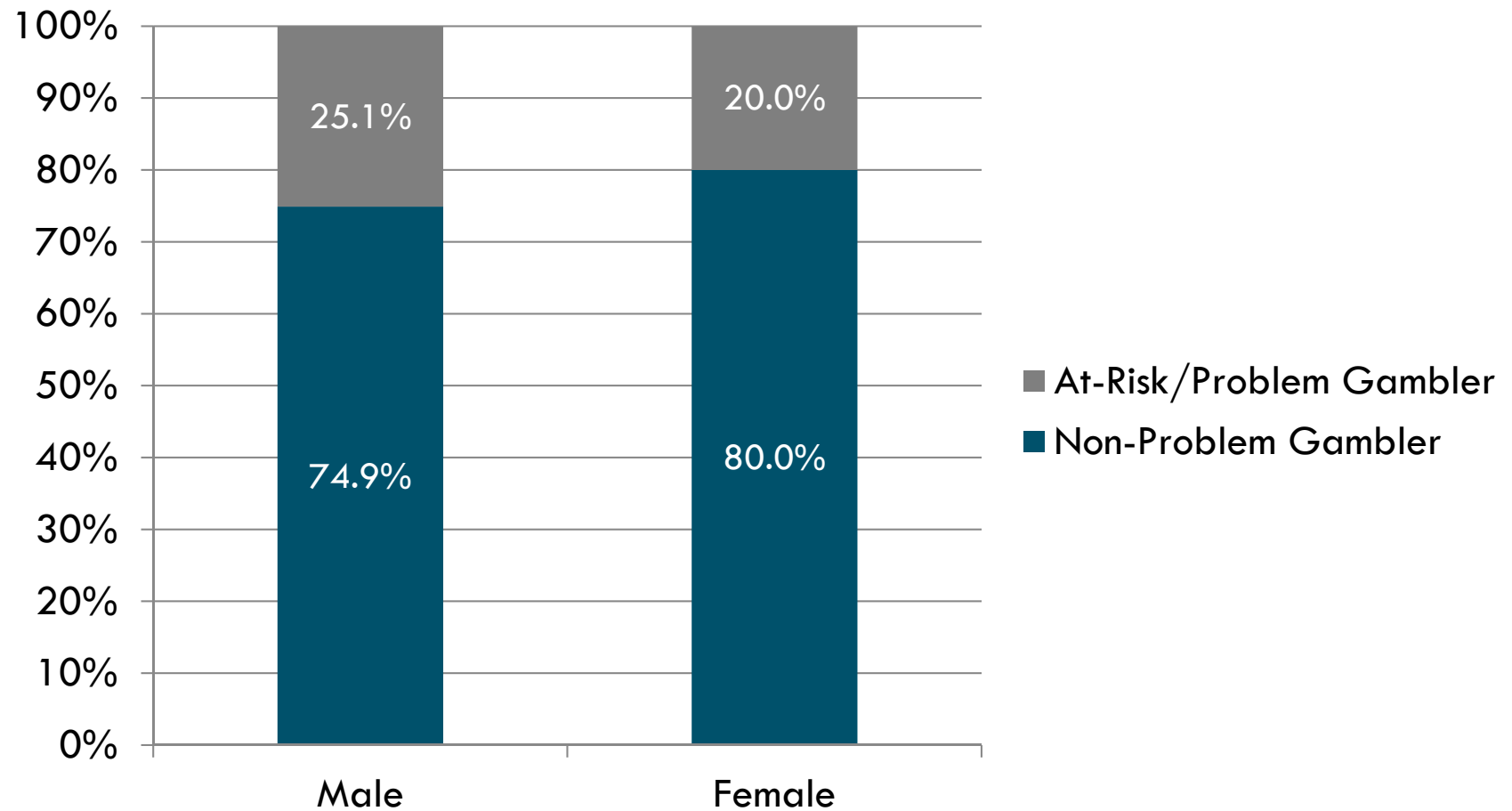
# Gambling Status by Gender – Cuyahoga County Cluster



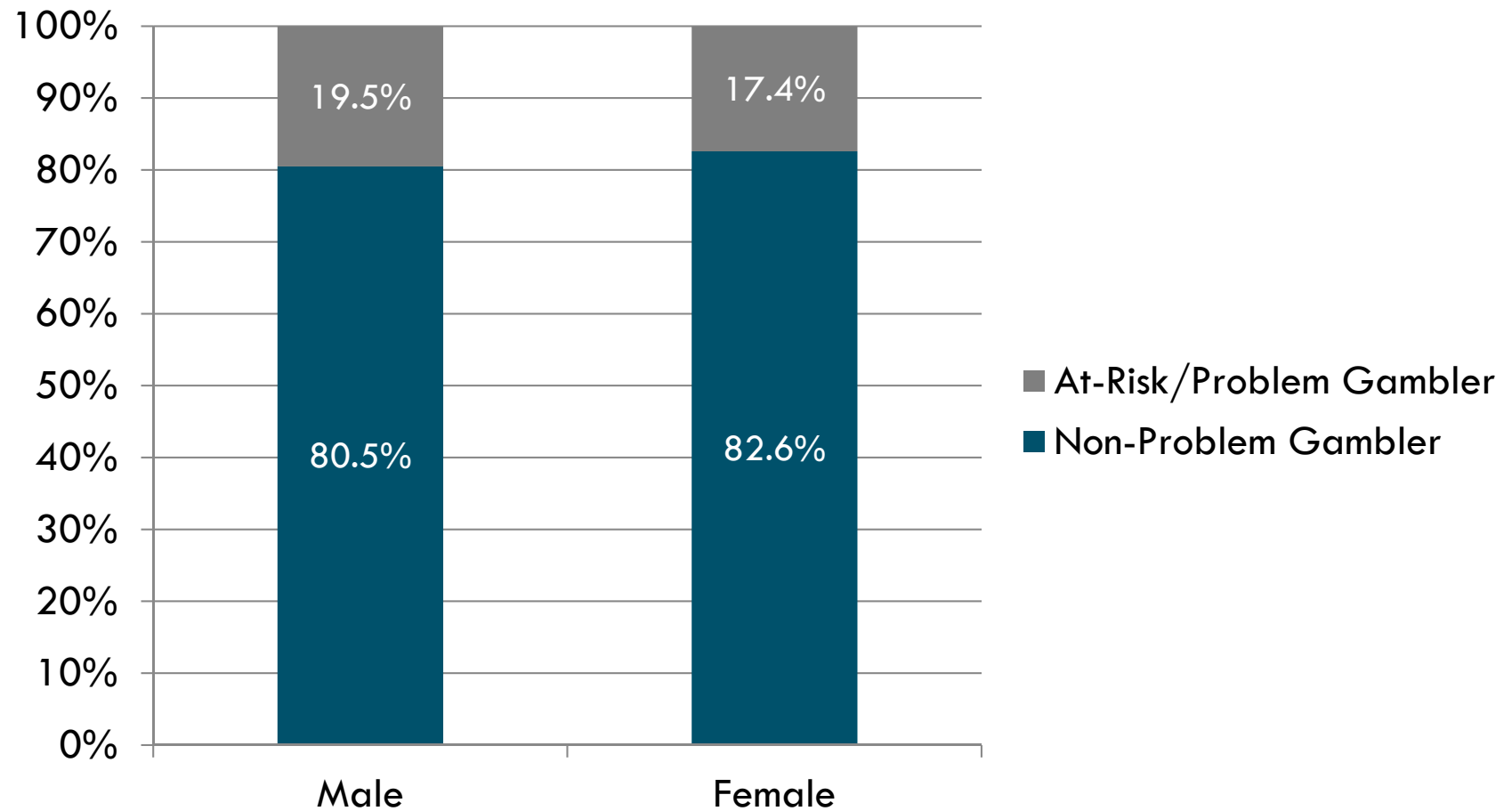
# Gambling Status by Gender – Lucas County Cluster



# Gambling Status by Gender – Franklin County Cluster



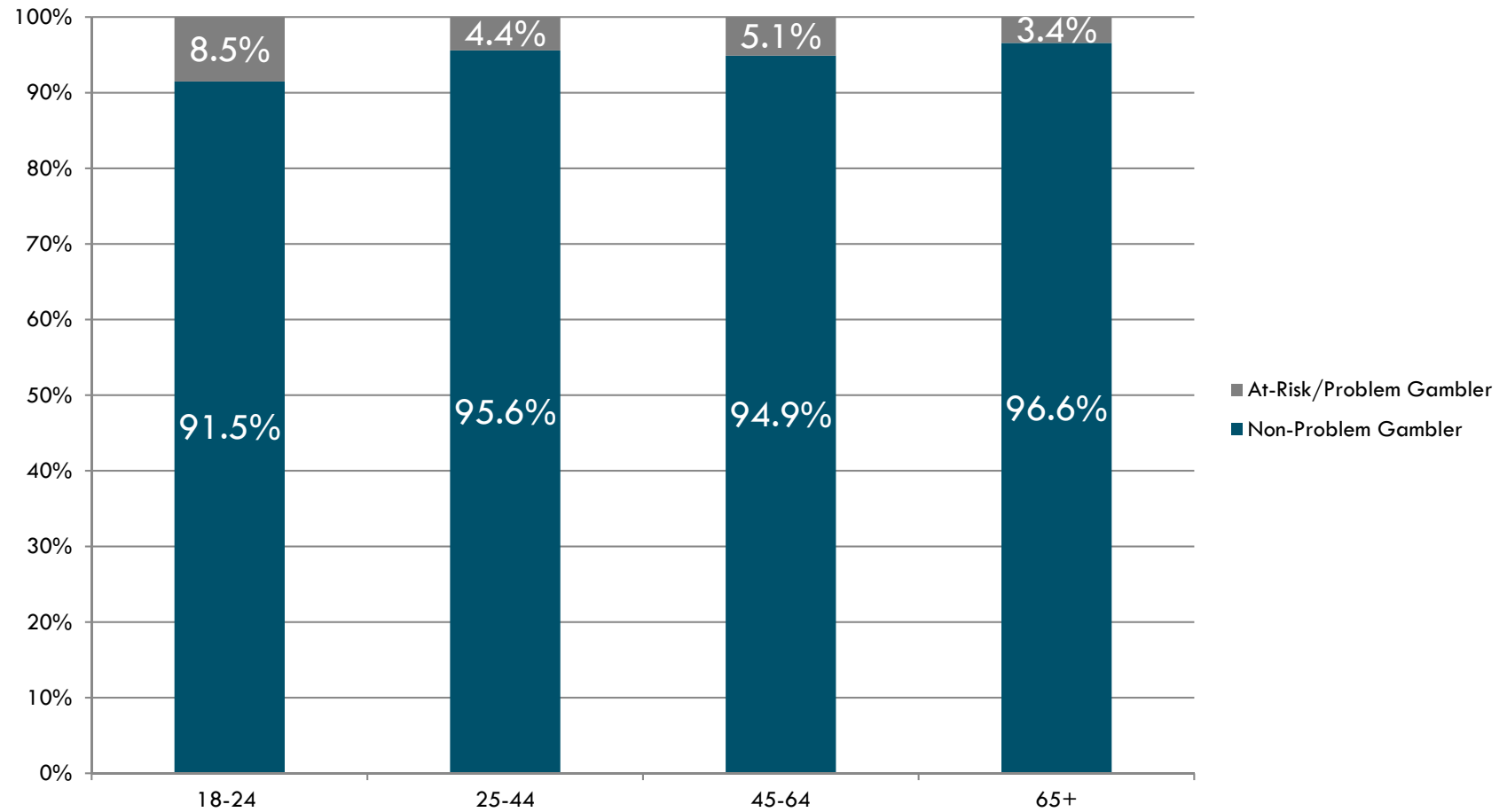
# Gambling Status by Gender – Hamilton County Cluster



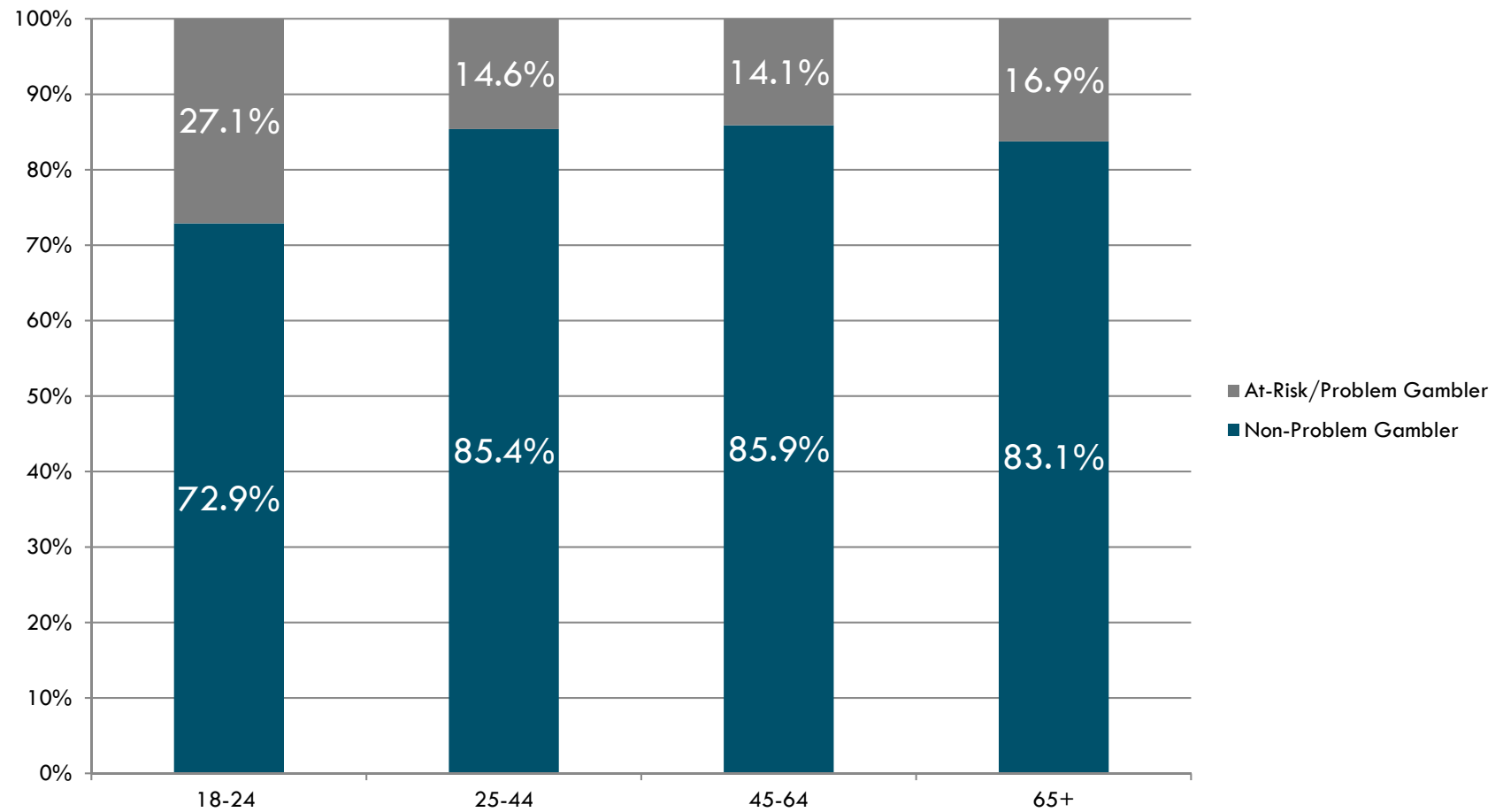
# Gambling Status and Age

- Gamblers were segmented into two groups representing gambling status: 1) Non-problem gamblers and 2) the combined group of low-risk, moderate risk and problem gamblers. Chi-square goodness of fit was utilized to determine the relationship of gambling status to age. Age was categorized into four groups: 18-24, 25-44, 45-64 and 65+.
- The statewide sample revealed no significant relationship between age and gambling status.
  - Cuyahoga County cluster results revealed no significant relationship between age and gambling status.
  - Lucas County cluster results demonstrated that 18-24 year olds were significantly more likely to fall into the at-risk/problem gambling group,  $\chi^2 (3, N=381) = 17.261, p=.001$ .
  - Hamilton County cluster results demonstrated that 18-24 year olds were significantly more likely to be in the at-risk/problem gambling group,  $\chi^2 (3, N=390) = 14.396, p=.002$ .
  - Franklin County cluster results demonstrated that 18-24 year olds were significantly more likely to fall into the at-risk/problem gambling group,  $\chi^2 (3, N=356)=30.989, p=.000$ .

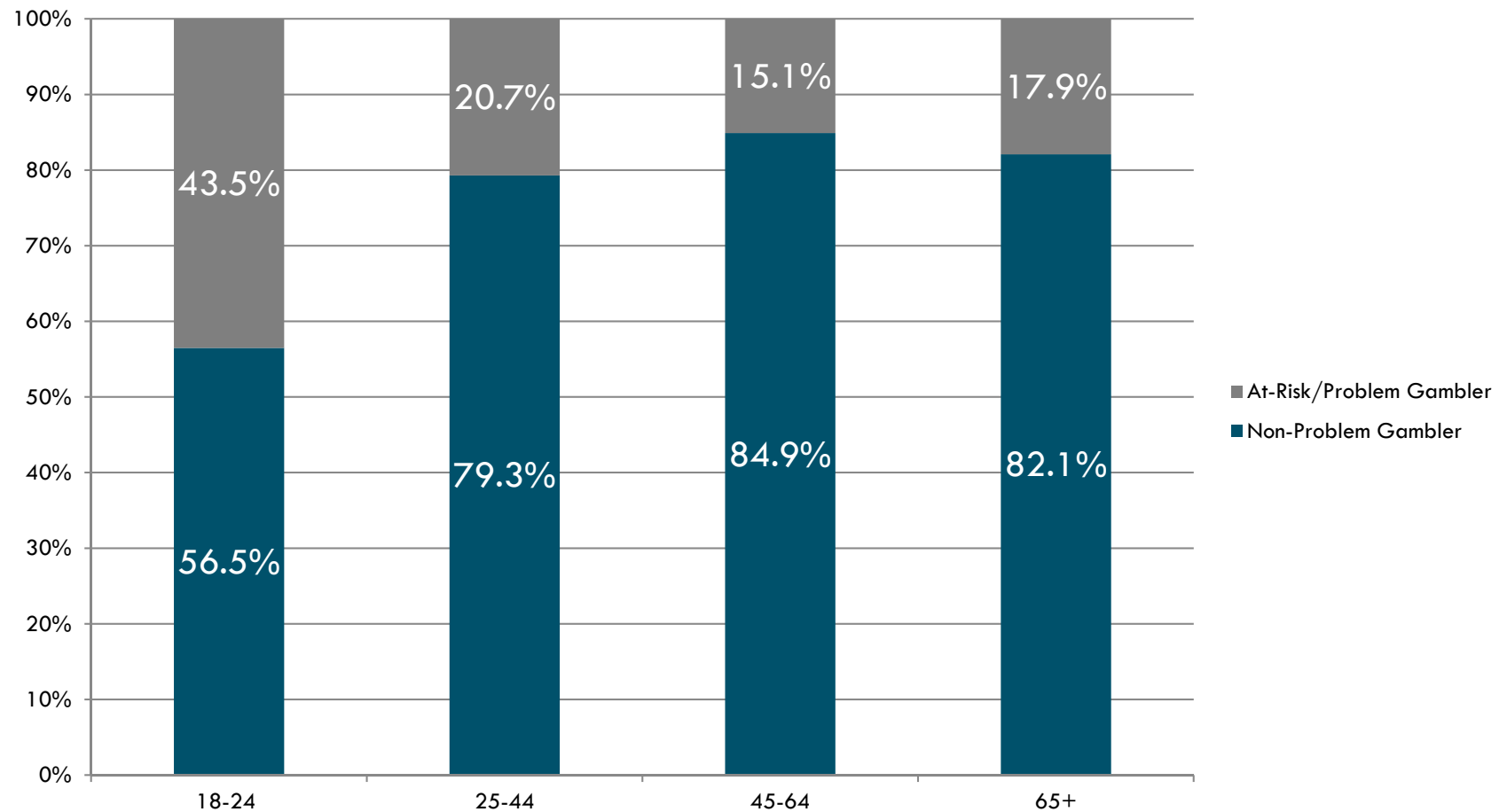
# Gambling Status and Age - Statewide



# Gambling Status and Age – Cuyahoga County Cluster

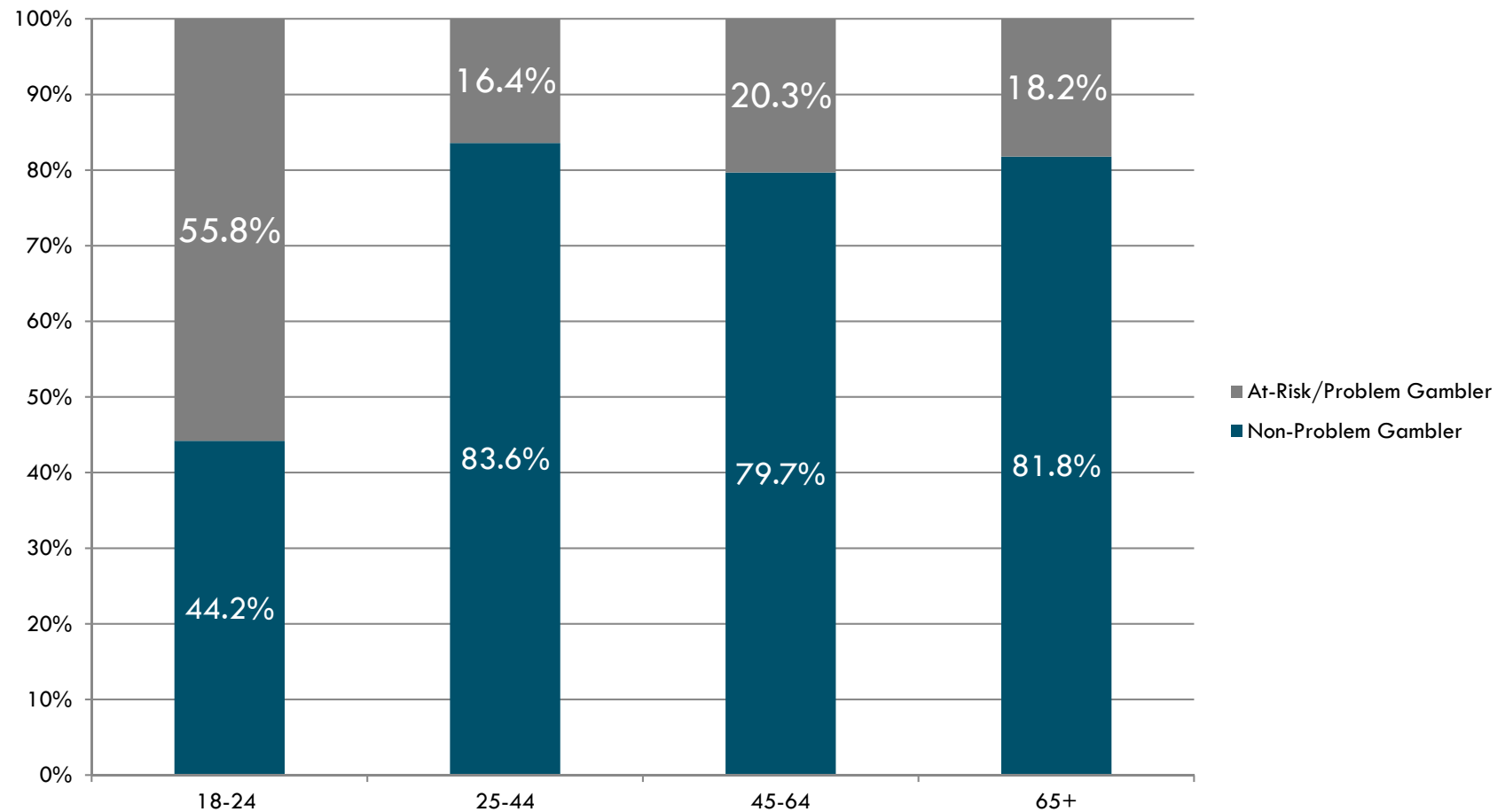


# Gambling Status and Age – Lucas County Cluster

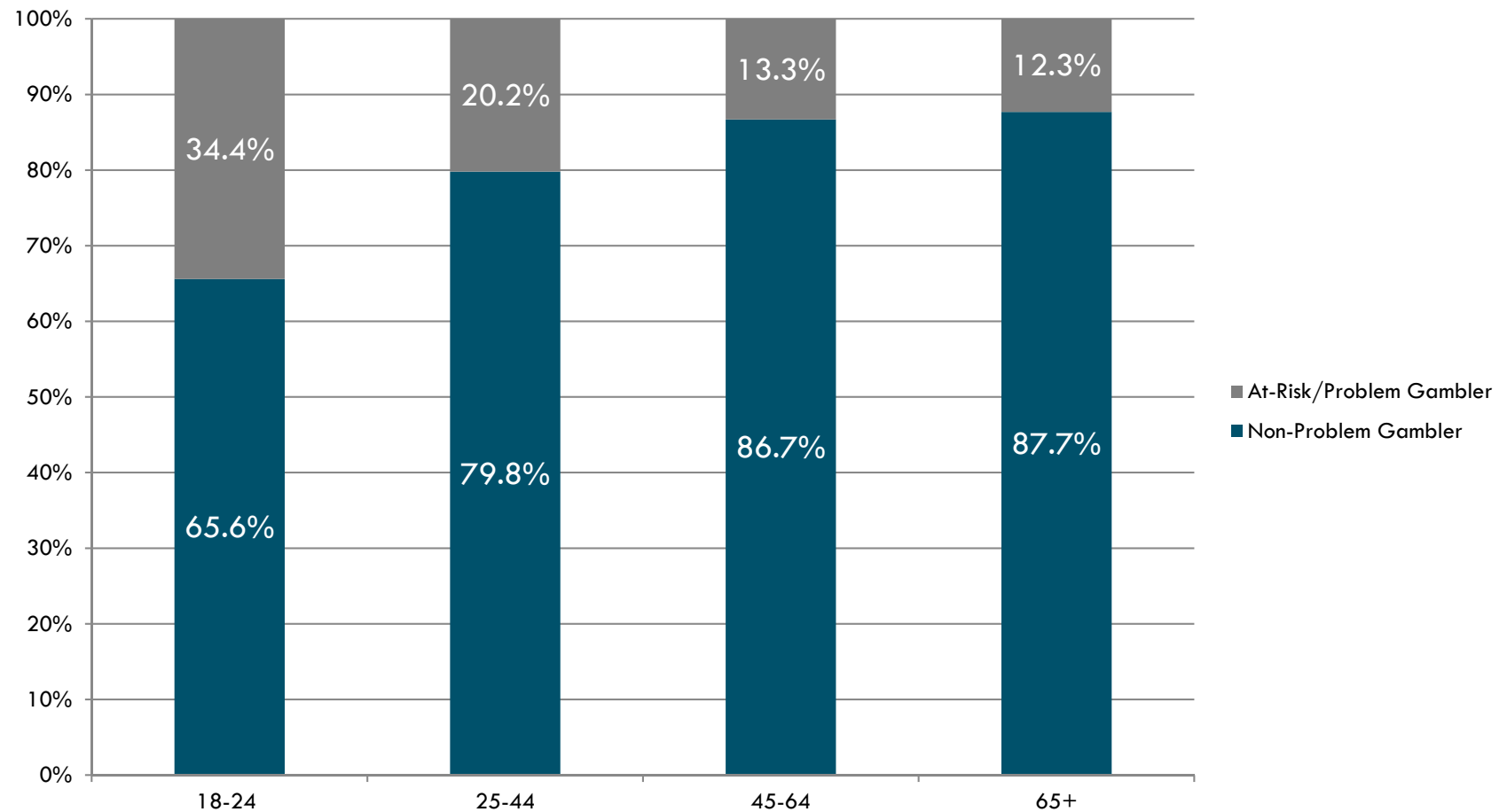




# Gambling Status and Age – Franklin County Cluster



# Gambling Status and Age – Hamilton County Cluster



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## Type and Frequency of Gambling

- *Monthly Dollars Spent by Gambling Status*
- *Lottery vs. Casino vs. Other Gambling by Gambling Status*



## Monthly Average Dollars Spent Gambling by Gambling Status - Statewide

Type of Gambling	Gambling Status	Mean	Median	Mode
Lottery	Non-Problem Gambler	\$22.35	\$9.00	\$0
	At-Risk/Problem Gambler	\$59.10	\$24.86	\$40.00
Other	Non-Problem Gambler	\$22.45	\$7.89	\$0
	At-Risk/Problem Gambler	\$70.41	\$30.00	\$30.00
Casino	Non-Problem Gambler	\$135.50	\$37.50	\$0
	At-Risk/Problem Gambler	\$166.39	\$50.00	\$50.00

The highest mean monthly expenditure was seen for casino gamblers. Lowest mean monthly expenditures were found for lottery gamblers.

# Type of Gambling by Gambling Status – Statewide Estimates

STATEWIDE ESTIMATES			
Gambling Status	Lottery	Casino	Other Gambling
Non-Problem	95.2%	91.8%	94.9%
Low Risk	3.4%	<b>7.2%</b>	4.0%
Moderate Risk	0.7%	0.5%	0.4%
Problem Gambling	0.7%	0.5%	0.7%

Based upon the statewide sample, casino gamblers show the highest estimates for at risk gambling compared to lottery and other gambling. 8.2% of Ohioans who participate in casino gambling are estimated to be at low risk, moderate risk or meet criteria for problem gambling compared to 4.8% for lottery and 5.1% for other gambling.

Gamblers who engaged in casino gambling were significantly more likely to have a problem index score that placed them in the at-risk/problem gambling group compared to gamblers who reported that they did not engage in casino gambling,  $\chi^2 (1, N=724) = 5.271, p=.022$ .

# Type of Gambling by Gambling Status in Each Cluster

LOTTERY GAMBLING ESTIMATES				
Gambling Status	Cuyahoga Cluster	Franklin Cluster	Hamilton Cluster	Lucas Cluster
Non-Problem	82.9%	75.9%	78.7%	74.1%
Low Risk	12.6%	<b>16.3%</b>	11.8%	<b>21.0%</b>
Moderate Risk	4.1%	<b>7.4%</b>	6.8%	<b>4.5%</b>
Problem Gambling	0.4%	0.4%	<b>2.7%</b>	0.3%

For LOTTERY gambling:

The Lucas County cluster demonstrates the highest estimated percentage of combined low risk and moderate risk gamblers (25.5%) followed by Franklin County (23.7%).

The Hamilton County cluster reveals the highest estimate for problem gamblers (2.7%).

# Type of Gambling by Gambling Status in Each Cluster

CASINO GAMBLING ESTIMATES				
Gambling Status	Cuyahoga Cluster	Franklin Cluster	Hamilton Cluster	Lucas Cluster
Non-Problem	80.5%	69.6%	72.6%	59.4%
Low Risk	15.9%	<b>24.1%</b>	19.8%	<b>32.3%</b>
Moderate Risk	3.5%	<b>6.0%</b>	6.6%	<b>7.3%</b>
Problem Gambling	*	*	<b>0.9%</b>	<b>1.0%</b>

For CASINO gambling:

As with lottery gambling, the Lucas County cluster demonstrates the highest estimated percentage of low risk and moderate risk gamblers (39.6%) with the Franklin County cluster following with a combined low risk and moderate risk group estimated at 30.1%.

Estimates of the percentage of problem gamblers were comparable in Hamilton and Lucas County clusters. These percentages, in relation to Cuyahoga and Franklin, may be suggestive of a proximity effect to existing casinos in other states.

# Type of Gambling by Gambling Status in Each Cluster

OTHER GAMBLING ESTIMATES				
Gambling Status	Cuyahoga Cluster	Franklin Cluster	Hamilton Cluster	Lucas Cluster
Non-Problem	82.7%	78.5%	81.1%	76.2%
Low Risk	14.0%	12.1%	12.9%	<b>19.0%</b>
Moderate Risk	3.0%	<b>9.4%</b>	3.1%	4.5%
Problem Gambling	0.3%	*	<b>2.8%</b>	0.3%

For OTHER gambling:

Once again, the Lucas County cluster demonstrates the highest estimated percentage of combined low risk and moderate gamblers (23.5%) followed by the Franklin County cluster (21.5%).

The estimated rates of problem gambling in the Hamilton County cluster were substantially higher than that of other clusters for gambling other than at casinos or lottery.



# Type and Frequency of Lottery Gambling

		Per Week		Per Month		Per Year		
	Daily	2-6x	About once	2-3x	About Once	6-11x	1-5x	Never
Lottery tickets <sup>1</sup>	0.4%	5.3%	7.6%	8.5%	7.6%	6.7%	32.4%	31.6%
Daily lottery tickets <sup>2</sup>	1.2%	2.3%	1.5%	2.0%	2.8%	2.4%	8.1%	79.6%
Instant/scratch	1.1%	4.2%	3.1%	6.9%	6.0%	5.9%	20.0%	52.9%

<sup>1</sup>Non-daily lottery tickets include MegaMillions, Powerball, Classic Lotto

<sup>2</sup>Daily lottery tickets include Pick3, Pick4, Keno, Rolling Cash 5, Ten-OH

Based on frequency of gambling, non-daily lottery tickets appear to have the edge in popularity with 13.3% playing at least weekly, followed by instant/scratch games.

# Type and Frequency of Casino Gambling

	1	2	3	4	5	6	7	8
Slot machines/ VLTs	1.0%	0.5%	1.2%	2.7%	2.9%	6.1%	62.5%	23.1%
Poker	0.0%	0.0%	0.0%	0.7%	1.0%	1.9%	11.0%	85.5%
Blackjack	0.0%	0.0%	0.0%	1.3%	0.5%	2.2%	20.1%	76.0%
Roulette	0.0%	0.0%	0.0%	0.0%	0.3%	0.4%	14.0%	85.2%
Keno	0.0%	0.0%	0.0%	0.0%	0.3%	0.4%	4.2%	95.2%
Craps	0.0%	0.0%	0.0%	1.2%	0.5%	1.9%	10.1%	86.2%
Baccarat	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.3%	98.7%

Baseline type and frequency of casino gambling demonstrates that casino gambling overall is infrequent, with most gamblers reporting playing casino games between 1-5 times yearly or never. Slot machines/VLTs were most likely to be played compared to other casino games.



John R. Kasich, Governor  
Orman Hall, Director

# Perceptions and Attitudes About Gambling

- *Items from the Invitation Health Institute's  
Community Readiness Survey*



# Perception of Gambling as a Problem for Specific Age Groups - Statewide

**In your community, how much of a problem do you believe each of the following is?**

Gambling by:	Not A Problem	Minor Problem	Moderate Problem	Serious Problem	Don't Know Or Missing
Teenagers	40.3%	25.6%	11.3%	4.4%	18.4%
Young Adults Age 18-20	30.9%	28.0%	19.0%	6.1%	16.1%
Adults Age 21-54	23.3%	23.0%	29.0%	13.9%	10.8%
Adults Age 55 & Older	28.9%	22.6%	21.9%	13.6%	13.0%

# Perception of Gambling as a Problem for Specific Age Groups – Statewide and Clusters

- The majority of respondents considered gambling by teenagers and young adults to either not be a problem or to be a minor problem. At the same time, “Don’t Know” responses suggest that respondents are more uncertain about their perceptions of the seriousness of gambling problems of teenagers and young adults. (Note that Wilber and Potenza (2006) find that, compared to adults, adolescents are 2 to 4 times more likely to exhibit problem or pathological gambling.)
- The following four county clusters mirror the statewide findings.

# Perception of Gambling as a Problem for Specific Age Groups – Cuyahoga County Cluster

**In your community, how much of a problem do you believe each of the following is?**

Gambling by:	Not A Problem	Minor Problem	Moderate Problem	Serious Problem	Don't Know Or Missing
Teenagers	34.6%	25.8%	9.9%	7.9%	21.8%
Young Adults Age 18-20	28.0%	28.2%	16.8%	7.8%	19.1%
Adults Age 21-54	22.3%	20.7%	29.4%	15.7%	11.9%
Adults Age 55 & Older	25.6%	23.5%	25.2%	14.7%	11.0%

# Perception of Gambling as a Problem for Specific Age Groups – Lucas County Cluster

**In your community, how much of a problem do you believe each of the following is?**

Gambling by:	Not A Problem	Minor Problem	Moderate Problem	Serious Problem	Don't Know Or Missing
Teenagers	34.7%	27.6%	14.1%	5.1%	18.5%
Young Adults Age 18-20	29.7%	30.7%	18.3%	6.6%	14.7%
Adults Age 21-54	21.1%	23.3%	31.9%	12.9%	10.7%
Adults Age 55 & Older	24.3%	27.5%	23.6%	13.4%	11.2%

# Perception of Gambling as a Problem for Specific Age Groups – Franklin County Cluster

**In your community, how much of a problem do you believe each of the following is?**

Gambling by:	Not A Problem	Minor Problem	Moderate Problem	Serious Problem	Don't Know Or Missing
Teenagers	41.7%	26.5%	11.1%	3.7%	17.1%
Young Adults Age 18-20	32.1%	29.1%	16.4%	8.0%	14.4%
Adults Age 21-54	22.9%	24.5%	29.0%	13.3%	10.3%
Adults Age 55 & Older	30.7%	25.7%	20.7%	12.2%	10.7%



# Perception of Gambling as a Problem for Specific Age Groups – Hamilton County Cluster

**In your community, how much of a problem do you believe each of the following is?**

Gambling by:	Not A Problem	Minor Problem	Moderate Problem	Serious Problem	Don't Know Or Missing
Teenagers	42.9%	21.4%	14.7%	4.6%	16.4%
Young Adults Age 18-20	36.8%	22.7%	17.3%	7.0%	16.1%
Adults Age 21-54	27.3%	22.8%	23.4%	15.4%	11.2%
Adults Age 55 & Older	28.8%	25.4%	19.8%	13.8%	12.3%

# Attitudes About Gambling in General and Preventing Problems That Might Occur - Statewide

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Don't Know/ Refused
It is possible to reduce gambling problems through prevention.	12.6%	53.0%	8.7%	18.4%	3.1%	4.1%
The community has the responsibility to set up prevention programs to help people avoid gambling problems.	13.0%	37.3%	9.1%	31.9%	6.8%	1.9%
Gambling at a casino is more risky than buying lottery tickets or pull-tabs.	13.0%	38.2%	9.4%	30.8%	4.6%	4.0%
It is okay for high schools to sponsor casino nights for graduation or prom.	0.7%	22.7%	6.5%	44.7%	24.3%	1.2%

## Attitudes About Gambling in General and Preventing Problems That Might Occur - Statewide

- 65.6% of respondents believe that is possible to reduce gambling problems through prevention
- 50.3 % of respondents believe that the community has the responsibility to set up prevention programs to help people avoid gambling problems
- 51.2% of respondents believe that gambling at a casino is more risky than buying lottery tickets or pull-tabs
- 23.4% of respondents believe that it is okay for high schools to sponsor casino nights for graduation or prom.

# Attitudes About Gambling in General and Preventing Problems That Might Occur - Clusters

It is possible to reduce gambling problems through prevention?						
	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Don't Know/ Refused
Cuyahoga County Cluster	13.3%	50.3%	10.2%	18.4%	4.2%	3.8%
Lucas County Cluster	16.3%	55.8%	5.4%	18.1%	3.1%	1.4%
Franklin County Cluster	14.2%	52.2%	11.6%	14.3%	4.0%	3.6%
Hamilton County Cluster	16.0%	51.4%	10.2%	15.3%	3.2%	4.1%

# Attitudes About Gambling in General and Preventing Problems That Might Occur - Clusters

**The community has the responsibility to set up prevention programs to help people avoid gambling problems.**

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Don't Know/ Refused
Cuyahoga County Cluster	12.8%	43.3%	7.3%	26.4%	7.5%	2.6%
Lucas County Cluster	12.5%	36.3%	9.9%	31.5%	8.5%	1.3%
Franklin County Cluster	14.1%	45.9%	7.7%	24.5%	4.7%	3.0%
Hamilton County Cluster	10.8%	40.5%	9.0%	32.8%	5.2%	1.8%

# Attitudes About Gambling in General and Preventing Problems That Might Occur - Clusters

**Gambling at a casino is more risky than buying lottery tickets or pull-tabs.**

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Don't Know/ Refused
Cuyahoga County Cluster	13.5%	31.3%	9.9%	35.5%	6.2%	3.5%
Lucas County Cluster	11.7%	30.9%	9.2%	36.6%	6.2%	5.4%
Franklin County Cluster	15.0%	28.3%	9.1%	36.8%	7.3%	3.5%
Hamilton County Cluster	12.6%	30.8%	9.5%	38.8%	4.3%	4.1%

# Attitudes About Gambling in General and Preventing Problems That Might Occur - Clusters

## It is okay for high schools to sponsor casino nights for graduation or prom.

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Don't Know/ Refused
Cuyahoga County Cluster	1.5%	32.4%	5.0%	36.5%	23.5%	1.0%
Lucas County Cluster	2.2%	26.5%	3.5%	40.8%	25.9%	1.1%
Franklin County Cluster	1.3%	30.8%	6.5%	37.7%	21.8%	1.8%
Hamilton County Cluster	1.0%	28.8%	8.9%	38.9%	21.6%	0.8%

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## Family and Individual Correlates

- *Family History of Substance Abuse and Problem Gambling*
- *Individual History of Substance Abuse, Psychological and/or Emotional Distress and Problem Gambling*





# Family Correlates - Statewide

Correlates	Yes	No
Has anyone in your family ever had a gambling problem?	15.6%	84.4%
Has anyone in your family ever had an alcohol or drug problem?	51.0%	49.0%

Approximately half of respondents reported a family history of alcohol or drug problems. That is  $3 \frac{1}{3}$  times the number that reported a family history of gambling problems.

# Family Correlates by Gambling Status

STATEWIDE	Has anyone in your family EVER had a gambling problem?	
Gambling Status	Yes	No
Non-Gambler	17.0%	83.0%
Non-Problem Gambler	13.8%	86.2%
At-Risk/Problem Gambler	25.0%	75.0%

**Q:** Are there differences between non-gamblers, non-problem gamblers and at-risk/problem gamblers in terms of the presence of a family history of a gambling problem?

**A:** No

There is no significant relationship between gambling status and family history of a gambling problem,  $\chi^2 (2, N=1,256) = 4.942, p=.084$ .

# Family Correlates by Gambling Status

STATEWIDE	Has anyone in your family EVER had an alcohol or drug problem?	
Gambling Status	Yes	No
Non-Gambler	50.3%	49.7%
Non-Problem Gambler	51.8%	48.2%
At-Risk/Problem Gambler	48.6%	51.4%

**Q:** Are there differences between non-gamblers, non-problem gamblers and at-risk/problem gamblers in terms of the presence of a family history of an alcohol or drug problem?

**A:** No

There is no significant relationship between gambling status and family history of an alcohol or drug problem,  $\chi^2 (2, N=1,272) = .374, p=.829$ .

# Individual Correlates - Statewide

Correlates	Yes	No
Have you ever felt you might have an alcohol or drug problem?	5.8%	94.2%
In the last 12 months if something painful happened in your life, did you have the urge to have a drink?	17.9%	82.1%
In the last 12 months if something painful happened in your life, did you have the urge to use drugs or medication?	7.1%	92.9%
In the last 12 months have you been under a doctor's care because of physical or emotional problems brought on by stress?	15.8%	84.2%
Have you felt seriously depressed?	15.2%	84.8%

At least 15% of respondents indicated that they experienced serious depression and/or were under a doctor's care due to stress.

A slightly higher percentage (18%) had the urge to drink due to painful life circumstances.

# Individual Correlates by Gambling Status

STATEWIDE	Have you ever felt you might have an alcohol or drug problem?	
Gambling Status	Yes	No
Non-Gambler	4.8%	95.2%
Non-Problem Gambler	5.6%	94.4%
At-Risk/Problem Gambler	<b>26.3%</b>	73.7%

**Q:** Are there differences between non-gamblers, non-problem gamblers and at-risk/problem gamblers in terms of the presence of a person's history of an alcohol or drug problem?

**A:** Yes. At-risk/problem gambling is associated with a personal history of alcohol or drug problems.

There is a significant relationship between at-risk/problem gambling and a personal history of a alcohol or drug problems,  $\chi^2 (2, N=1,267) = 30.229, p<.001$ .

# Individual Correlates by Gambling Status

STATEWIDE	In the last 12 months, if something painful happened in your life, did you have the urge to have a drink?	
Gambling Status	Yes	No
Non-Gambler	17.3%	82.7%
Non-Problem Gambler	18.1%	81.9%
At-Risk/Problem Gambler	26.3%	73.7%

**Q:** Are there differences between non-gamblers, non-problem gamblers and at-risk/problem gamblers in terms of the urge to drink if something painful happened in one's life?

**A:** No.

There is not a significant relationship between gambling status and use of alcohol to deal with painful situations in one's life,  $\chi^2 (2, N=1,274) = 1.982$ ,  $p = .371$ .

# Individual Correlates by Gambling Status

STATEWIDE		In the last 12 months, if something painful happened in your life, did you have the urge to use drugs/ Medications?	
Gambling Status	Yes	No	
Non-Gambler	6.4%	93.6%	
Non-Problem Gambler	6.6%	93.4%	
At-Risk/Problem Gambler	<b>26.3%</b>	73.7%	

**Q:** Are there differences between non-gamblers, non-problem gamblers and at-risk/problem gamblers in terms of the urge to use drugs/medications to deal with painful situations?

**A:** Yes. At-risk/problem gambling is associated with the urge to use drugs/medications to deal with painful situations.

There is a significant relationship between at-risk/problem gambling and the urge to use drugs/mediations to deal with painful situations,  $\chi^2 (2, N=1,266) = 21.923, p < .001$ .

# Individual Correlates by Gambling Status

STATEWIDE		Still thinking about the last 12 months, have you been under a doctor's care because of physical or emotional problems brought on by stress?	
Gambling Status	Yes	No	
Non-Gambler	17.0%	83.0%	
Non-Problem Gambler	13.5%	86.5%	
At-Risk/Problem Gambler	<b>37.8%</b>	62.2%	

**Q:** Are there differences between non-gamblers, non-problem gamblers and at-risk/problem gamblers regarding seeking medical attention because of physical or emotional problems brought on by stress?

**A:** Yes. There is a significant relationship between at-risk/problem gambling and seeking medical attention because of physical or emotional problems brought on by stress,  $\chi^2 (2, N=1,269) = 16.810, p < .001$ .



# Individual Correlates by Gambling Status

STATEWIDE	Have you felt seriously depressed?	
Gambling Status	Yes	No
Non-Gambler	18.6%	81.4%
Non-Problem Gambler	10.9%	89.1%
At-Risk/Problem Gambler	<b>36.8%</b>	63.2%

**Q:** Are there differences between non-gamblers, non-problem gamblers and at-risk/problem gamblers in terms of feeling seriously depressed?

**A:** Yes. At-risk/problem gambling is associated with feeling seriously depressed.

There is a significant relationship between at-risk/problem gambling and feeling seriously depressed,  $\chi^2 (2, N=1,271) = 28.598, p < .001$ .

# References

- Beebe, T.J., Harrison, P.A., Sharma, A. & Hedger, S. (2001). The community readiness survey – development and initial validation. Evaluation Review, 25:55-71.
- Ferris, J. & Wynne, H. (2001). *The Canadian Problem Gambling Index: User Manual*. Ottawa, ON: Canadian Centre on Substance Abuse.  
<http://www.ccsa.ca/2003%20and%20earlier%20CCSA%20Documents/ccsa-009381-2001.pdf>
- Ferris, J. & Wynne, H. (2001). *The Canadian Problem Gambling Index: Final Report*. Ottawa, ON: Canadian Centre on Substance Abuse.  
<http://www.cclat.ca/2003%20and%20earlier%20CCSA%20Documents/ccsa-008805-2001.pdf>
- Cunningham, J.A., (August 1, 2005). Little use of treatment among problem gamblers. Letter to the Editor. Psychiatric Services
- Innovations Health Institute Community Readiness Survey.  
<http://www.invitationhealthinstitute.org/services/crs>
- Wilber, M.K. & Potenza, M.N. (2006). Adolescent gambling: Research and clinical implications. Psychiatry (Edgmont), 3(10): 40-48.

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## Ohio Substance Abuse Monitoring Network

- An Initial 6-Month Targeted Response Report on Co-Occurring Substance Abuse and Problem Gambling (July – December 2011)



## Co-occurrence of Problem and Pathological Gambling with SUD

- Since the re-establishment of the Ohio Substance Abuse Monitoring (OSAM) Network in June 2010, OSAM has been successful in providing accurate epidemiological descriptions of substance abuse trends and emerging drug problems in Ohio's major metropolitan and rural areas every six months. Data generated by the OSAM Network have been purposefully utilized in responding to media inquiries, in aiding local Alcohol and Drug Addiction Services (ADAS) and Alcohol, Drug Addiction and Mental Health Services (ADAMHS) boards in grant-writing efforts, in informing the training of community professionals, in addressing and responding to important data needs of the state legislature, and in assisting ODADAS in the prioritization of resources based on emerging drug trends.
- In Spring 2011, OSAM amended its protocol to include variables related to problem gambling. In addition to its primary responsibility for the prevention and treatment of substance use disorders (SUDs), ODADAS is also responsible for the prevention and treatment of problem gambling. Gambling trend data is now collected every six months with reports generated in January and June. All OSAM reports are available for download from OSAM's Internet homepage: [www.odadas.state.oh.us/public/OsamHome.aspx](http://www.odadas.state.oh.us/public/OsamHome.aspx).

## Co-occurrence of Problem and Pathological Gambling with SUD

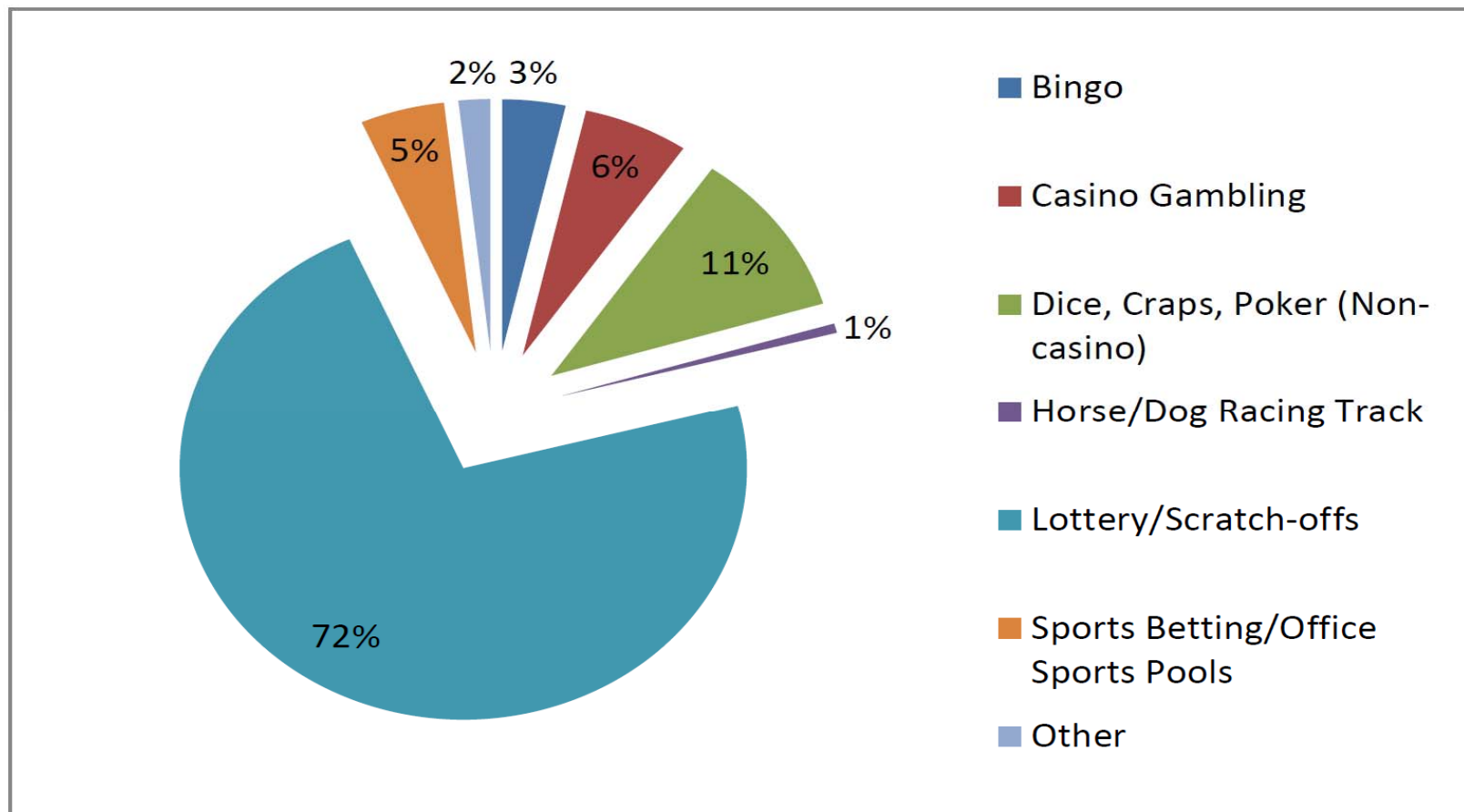
### Gambling Participation during the Past Six Months by OSAM Region<sup>1</sup> (N=359)

	Number of Participants	Gambling	No Gambling
<b>Akron-Canton</b>	45	73.3%	26.7%
<b>Athens</b>	40	57.5%	42.5%
<b>Cincinnati</b>	40	45.0%	55.0%
<b>Cleveland</b>	45	64.4%	35.6%
<b>Columbus</b>	46	54.3%	45.7%
<b>Dayton</b>	47	48.9%	51.1%
<b>Toledo</b>	36	66.7%	33.3%
<b>Youngstown</b>	49	69.4%	30.6%
<b>Total</b>	348 <sup>1</sup>	60.1%	39.9%

<sup>1</sup> 11 participants did not provide gambling data

## Co-occurrence of Problem and Pathological Gambling with SUD

### Participant Primary Gambling Types<sup>1</sup> (N=167)



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

## Co-occurrence of Problem and Pathological Gambling with SUD

### Relationship Between Gambling and AOD Use

- 22.3% of gamblers reported using more AOD when gambling
- 19.0% of gamblers reported gambling more when using AOD
- 8.4% of gamblers reported gambling to buy AOD
- 5.6% of gamblers reported substituting gambling for AOD use

## Co-occurrence of Problem and Pathological Gambling with SUD

### South Oaks Gambling Screen (SOGS) Results by OSAM Region<sup>1</sup> (N=209)

	Number of valid SOGS	No problem with gambling	Some problems with gambling	Probable pathological gambler
<b>Akron-Canton</b>	33	48.5%	27.3%	24.2%
<b>Athens</b>	17	70.6%	29.4%	0.0%
<b>Cincinnati</b>	14	42.9%	42.9%	14.3%
<b>Cleveland</b>	23	47.8%	26.1%	26.1%
<b>Columbus</b>	25	36.0%	32.0%	32.0%
<b>Dayton</b>	15	40.0%	26.7%	33.3%
<b>Toledo</b>	20	50.0%	25.0%	25.0%
<b>Youngstown</b>	19	78.9%	21.1%	0.0%
<b>Total</b>	166 <sup>1</sup>	51.2%	28.3%	20.5%

<sup>1</sup>43 participants had missing or incomplete SOGS



## Co-occurrence of Problem and Pathological Gambling with SUD

### Prevalence of Problem and Pathological Gambling

- 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 **15.4 percent** for some **problem gambling** and **11.1 percent** for **probable pathological gambling**; 73.5 percent of participants either did not participate in gambling or screened as having no problem with gambling on SOGS.
- Note that population prevalence calculations were based upon 305 of the study's 359 participants: analyses excluded 11 participants who did not provide gambling data and the 43 participants with missing and incomplete SOGS. Data presented in this Targeted Response Initiative report were collected throughout Ohio and reflect diverse areas of the state: rural, suburban and metropolitan communities.

## Co-occurrence of Problem and Pathological Gambling with SUD

### Gambling Treatment Survey Responses<sup>1</sup> (N=209)

	No	Yes
Have you ever tried to get help for your gambling?	99.0%	1.0%
Have you ever participated in gambling treatment?	98.0%	2.0%
Do you currently need help with a gambling problem?	96.5%	3.5%
Have you ever been asked about gambling while in treatment for alcohol/drug use?	78.5%	21.5%
Have gambling treatment services ever been offered to you?	87.1%	12.9%
Are you familiar with Gambler's Anonymous?	65.2%	34.8%
Have you ever attended a Gambler's Anonymous meeting?	99.0%	1.0%

<sup>1</sup>Question Ns were either 200 or 201 due to missing responses; percentages are valid percentages

# Contact

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