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GAMBLING AND PROBLEM GAMBLING IN NEVADA

Report to the Nevada Department of Human Resources

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EXECUTIVE SUMMARY

This report presents the findings of a state-wide survey of gambling participation and gambling-related problems in Nevada. The main purpose of this study was to provide estimates of the prevalence and distribution of problem gambling among Nevada citizens for the first time. The results of this study are intended to assist the State in determining potential public policy and/or State programs to implement to address problem gambling in Nevada.

Problem gambling is a broad term that refers to all of the patterns of gambling behavior that compromise, disrupt or damage personal, family or vocational pursuits. Pathological gambling lies at one end of a continuum of problematic gambling involvement. Pathological gambling is a treatable mental disorder characterized by loss of control over gambling, chasing of losses, lies and deception, family and job disruption, financial bailouts and illegal acts.

Methods

The present study was completed in three stages. These included (1) finalizing the questionnaire and sampling frame, (2) collecting the data, and (3) analyzing the data and interpreting the findings. Gemini Research, Ltd., the only organization internationally that specializes in conducting studies of gambling and problem gambling in the population, was responsible for managing the project, drafting the questionnaire and designing the sampling frame, analyzing the data and drafting this report. Data collection was carried out by the Cannon Center for Survey Research at the University of Nevada Las Vegas.

The sampling strategy for this study was designed to compensate for the relatively rare occurrence of problem gambling in the general population and is known as a "two-phase probability sample." The first phase involved identifying approximately 2,200 residential households with telephones in Nevada and selecting one eligible adult in each household to respond to a brief screening interview. The second phase involved selecting a stratified random group of 733 respondents from the first phase for a lengthier interview. The response rate for the survey was adequate and the sample is representative of the adult population of Nevada.

Gambling in Nevada

- The types of gambling that Nevada residents are most likely to have tried are gambling at a casino, playing lottery games (which are not legal in Nevada) and gambling on non-casino gaming machines. The types of gambling that Nevadans are most likely to engage in on a monthly basis are casino games and non-casino gaming machines. Nearly one-fifth (19%) of the adult Nevada population gambles once a week or more often and most of this gambling is at casinos.
- While past year casino gambling and non-casino machine gambling are much higher in Nevada than in the United States generally, the reverse is true for lottery play. With these exceptions, past year participation in most gambling activities is slightly lower in Nevada than in the United States generally.

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- Non-gamblers and infrequent gamblers in Nevada are most likely to be female, under the age of 35, Hispanic and keeping house. Non-gamblers and infrequent gamblers in Nevada are also most likely to have annual household incomes under \$35,000.
 - Monthly and weekly gamblers in Nevada are most likely to be male, over the age of 55 and White. Monthly and weekly gamblers in Nevada are also most likely to be retired, disabled or unemployed and to have annual household incomes over \$35,000.
 - Respondents from different ethnic groups in Nevada give different reasons for gambling. White and Hispanic respondents are most likely to say that entertainment is an important reason why they gamble while Black respondents are most likely to say they gamble in order to win money. There are also differences in reasons that non-gamblers give for not gambling. Hispanic non-gamblers are most likely to refrain for moral reasons while Black non-gamblers are most likely to refrain for financial reasons.

Problem Gambling in Nevada

- Two different screens were used to identify problem and pathological gamblers in North Dakota. The current South Oaks Gambling Screen (SOGS) was used to provide comparability with the large number of surveys based on this screen. The NORC DSM Screen for Gambling Problems (NODS) was used to provide a measure of problem gambling in Nevada based on the most recent psychiatric criteria for pathological gambling.
- Current prevalence rates of problem and probable pathological gambling from surveys completed in the last five years range from 2.1% in North Dakota in 2000 to 4.9% in Mississippi in 1996. The combined current prevalence rate of problem and probable pathological gambling in Nevada in 2000 is 6.4%.
- Based on current prevalence rates, we estimate that between 40,100 and 63,900 Nevada residents can be classified as current probable pathological gamblers. In addition, between 32,700 and 53,500 Nevada residents can be classified as current problem gamblers.
- Problem gambling prevalence rates in Nevada are highest among men, among adults aged 18 to 34, and among minorities. Problem gambling prevalence rates are also high among those employed in the gaming industry, among those with a high school education or less and among those with annual household incomes under \$35,000.
- The prevalence of problem gambling is higher among individuals who have lived in Nevada for 10 years or less compared with people who were born in Nevada or have lived in the state for more than a decade.
- Past year problem gambling prevalence rates in Nevada are highest among individuals who have gambled in the past year on non-casino gaming machines,

non-casino bingo and horse or dog races as well as among those who have gambled in the past year at commercial cardrooms.

Comparing Non-Problem and Problem Gamblers

- The problem gamblers in Nevada who are most likely to be in need of services are significantly more likely than non-problem gamblers to be male, under the age of 25, non-White, never married and employed in the gaming industry. Problem gamblers in Nevada are significantly less likely than non-problem gamblers to have lived in Nevada for more than a decade.
- Problem gamblers in Nevada are significantly more likely than non-problem gamblers to have gambled in the past year as well as on a regular basis at a casino and on non-casino gaming machines as well as privately, at a cardroom and on horse or dog races.
- Problem gamblers in Nevada are significantly more likely than non-problem gamblers to have been troubled in the past year by the gambling of someone they live with, to have been involved in arguments about their own gambling, and to have ever been arrested or incarcerated.
- Problem gamblers in Nevada are significantly more likely than non-problem gamblers to smoke daily, and to use marijuana on a monthly basis. In spite of similar rates of weekly alcohol consumption, problem gamblers in Nevada are significantly more likely than non-problem gamblers to report experiencing problems in the past year due to their use of alcohol and to ever have sought help for an emotional or substance abuse problem. Finally, problem gamblers in Nevada are significantly more likely than non-problem gamblers to have ever experienced episodes of mania or depression.
- Compared with individuals who have sought assistance from the Nevada Problem Gambling HelpLine, problem gamblers in the general population are younger, more ethnically diverse and less likely to be female.

Directions for the Future

The impacts of problem gambling can be high, for families and communities as well as for individuals. Pathological gamblers experience physical and psychological stress and exhibit substantial rates of depression, alcohol and drug dependence and suicidal ideation. The families of problem and pathological gamblers experience physical and psychological abuse as well as harassment and threats from bill collectors and creditors. Other significant impacts include costs to employers, creditors, insurance companies, social service agencies and the civil and criminal justice systems.

Given the prevalence of problem and pathological gambling in Nevada, policymakers and other concerned parties may wish to consider a range of ameliorative measures. These include extending health insurance coverage to cover problem gambling treatment, fostering responsible gambling policies and programs by the gambling industries and developing government-industry initiatives to address this issue, expanding training opportunities for treatment professionals, establishing a gambling counselor certification

program, increasing funding to the Nevada Department of Human Resources to support increased public education and prevention services as well as problem gambling treatment, and continued monitoring of gambling and problem gambling prevalence to assess the impacts of legal gambling on the residents of Nevada.

SUMMARY AND CONCLUSION

The purpose of this study was to provide estimates of the prevalence and distribution of problem gambling among Nevada citizens for the first time. The results of this study are intended to assist the State in determining potential public policy and/or State programs to implement to address problem gambling in Nevada.

Summary

The types of gambling that Nevada residents are most likely to have tried are gambling at a casino, playing lottery games (which are not legal in Nevada) and gambling on non-casino gaming machines. Non-gamblers and infrequent gamblers in Nevada are most likely to be female, under the age of 35, Hispanic, keeping house, and to have annual household incomes under \$35,000. Monthly and weekly gamblers in Nevada are most likely to be male, over the age of 55, White, retired, disabled or unemployed, and to have annual household incomes over \$35,000.

The combined prevalence of problem and probable pathological gambling in Nevada is 6.4%—higher than in every other jurisdiction where similar surveys have been carried out. Problem gambling prevalence rates are highest among men, younger adults, and minorities in Nevada. Problem gambling prevalence rates are also high among those employed in the gaming industry, among those with a high school education or less and among those with annual household incomes under \$35,000. Problem gambling prevalence rates are highest among individuals who have gambled in the past year at cardrooms, on horse or dog racing, on bingo and on non-casino gaming machines.

Further analysis shows that lifetime problem gamblers in Nevada (those most likely to be in need of services) are significantly more likely than non-problem gamblers to be male, under the age of 25 and non-White. Lifetime problem gamblers are also significantly more likely than non-problem gamblers to have lived in Nevada for a decade or less. Problem gamblers in Nevada are significantly more likely than non-problem gamblers to gamble monthly or more often at a casino and on non-casino gaming machines as well as privately and at a cardroom.

Problem gamblers in Nevada are significantly more likely than non-problem gamblers to have been troubled in the past year by the gambling of someone they live with, to have engaged in arguments about their own gambling, and to have ever been arrested and/or incarcerated. Problem gamblers in Nevada are significantly more likely than non-problem gamblers to smoke daily and to use marijuana on a monthly basis. In spite of similar rates of weekly alcohol consumption, problem gamblers in Nevada are significantly more likely than non-problem gamblers to report experiencing problems in the past year due to their use of alcohol and to have sought help for an emotional or substance abuse problem. Finally, problem gamblers in Nevada are significantly more likely than non-problem gamblers to have ever experienced an episode of mania or depression.

Directions for the Future

The impacts of gambling-related problems can be high, not only for individuals but also for families and communities. Pathological gamblers experience physical and psychological

stress and exhibit substantial rates of depression, alcohol and drug dependence and suicidal ideation. The families of pathological gamblers experience physical and psychological abuse as well as harassment and threats from bill collectors and creditors. Other significant impacts include costs to employers, creditors, insurance companies, social service agencies and the civil and criminal justice systems (Lesieur, 1998; Volberg, 2001a).

The impacts of gambling-related problems are not limited to those at the most severe end of the problem gambling continuum. Indeed, it is likely that problem and at-risk gamblers account for the largest proportion of the social costs of disordered gambling (Korn & Shaffer, 1999). It is also likely—if the addiction model applies—that problem and at-risk gamblers will be more responsive than pathological gamblers to prevention and intervention efforts.

How Many To Plan For?

One important purpose of a prevalence survey is to identify the number of individuals in a jurisdiction who may need treatment services for gambling-related difficulties at a given point in time. Experience in many jurisdictions suggests that not all of the individuals in need of treatment for a physical or psychological problem will seek out such treatment. From a policy perspective, the question is: How many individuals should we plan to provide for?

Recent research indicates that approximately 3% of individuals with severe alcohol-related difficulties actually seek treatment in any one year (Smith, 1993). Based on research in Australia as well as in Oregon, where services for problem gamblers are widely available, it appears that the proportion of current pathological gamblers who seek treatment in any one year is quite similar (Dickerson, 1997; Volberg, 1997). In calculating the number of problem and pathological gamblers who might seek treatment in Nevada, we focus on the group of individuals who score as current probable pathological gamblers (e.g. the 40,100 to 63,900 individuals represented by the confidence interval around the point estimate for current probable pathological gambling in Nevada). Based on this approach, we estimate that Nevada should plan to provide problem gambling treatment services to between 1,200 and 1,900 individuals per year.

Recommendations

Given the high prevalence rate of problem and probable pathological gambling in Nevada and the dearth of services in the state, there are several steps that state legislators and other concerned parties may wish to consider implementing in Nevada. In making such decisions, consideration could be given to developing the following services and activities:

- working with *insurance companies* to obtain coverage for treatment services for individuals with gambling-related difficulties;
- refinement of *public education and prevention services* targeted toward particular at-risk groups (e.g. youth, minorities) as well as venues where problem gamblers are most likely to be found. These include cardrooms, race tracks, racebooks and off track betting facilities as well as locations where non-casino gaming machines are available;

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- support of *industry policies and programs* to minimize gambling-related difficulties among patrons;
 - development of specific *government-industry initiatives* to address problem gambling issues in Nevada;
 - expanding *training opportunities* to educate more mental health, alcohol and substance abuse treatment professionals in how to screen for gambling problems and pathology as well as when and where to refer such individuals for appropriate treatment;
 - establishment of a state-level *gambling counselor certification program* to ensure that individuals seeking help for gambling-related difficulties receive appropriate and effective services;
 - an *increase* in funding to support education, prevention and treatment of problem gambling through the Department of Human Resources;
 - *evaluation* of existing services as well as those established in the future; and
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- continued *monitoring* of gambling and problem gambling prevalence to assess the impacts of legal gambling on the residents of Nevada.