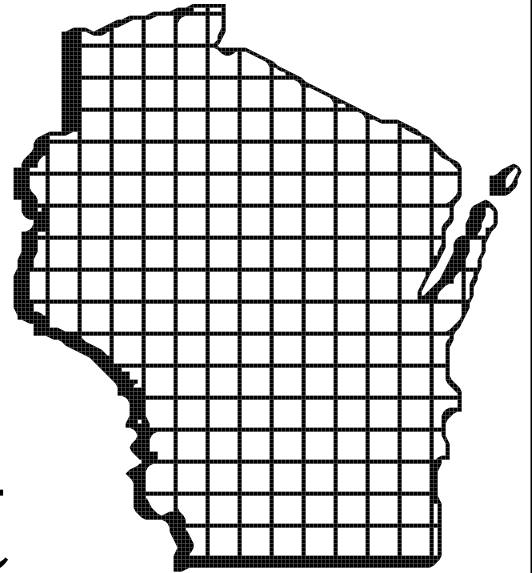


Wisconsin

Policy
Research
Institute
Report



July 1996

Volume 9, Number 6

**THE SOCIAL COSTS
OF GAMBLING IN
WISCONSIN**

REPORT FROM THE PRESIDENT:

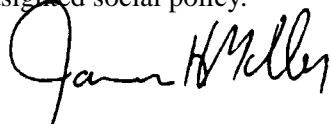
This is the second study we have done on gambling in Wisconsin. The first dealt with Native American casinos. This research deals with the social costs of gambling in Wisconsin.

We commissioned the same academics who authored our first study. William Thompson is a professor of public administration at the University of Nevada-Las Vegas (UNLV). He is considered by many to be the leading expert in the country on gambling issues. Ricardo Gazel is the associate director of the Center for Business and Economic Research at UNLV, and Dan Rickman is a professor of economics at Georgia Southern University and an expert in statistical modeling. This study also used survey-research data compiled by the Gordon S. Black Corporation of Rochester, N.Y.

The results will hopefully lead to a public discussion on the impact of gambling on families throughout Wisconsin. We estimate that there are approximately 32,400 gamblers with serious problems in our state. They impose a social cost of approximately \$370 million per year, and these numbers are a conservative estimate of the magnitude of the problem that faces the state of Wisconsin.

Our authors believe it is time to begin to deal with the effects of having government lotteries, Indian casinos, and private greyhound tracks that clearly impact on the lives of our citizens. They do not believe that gambling should necessarily be stopped, but rather that we admit that we have a problem and begin to deal with it.

Those who will preach the evils of gambling and demand that we end all these activities should answer this question. Whatever the social costs of gambling are, they are a small percentage compared to the social impact of alcohol. If gambling were to be ended, would we then move to prohibiting alcohol? The answer of course is "No," but the problem of gambling should be dealt with in the same way we deal with the problem of alcohol. We should at least be willing to provide help to problem gamblers the same way we provide programs for alcoholics. If not, many Wisconsin families will pay a heavy price for a shortsighted social policy.



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THE SOCIAL COSTS OF GAMBLING IN WISCONSIN

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EXECUTIVE SUMMARY

- A random survey of 1,000 Wisconsin adults revealed that 0.90% were serious problem gamblers. This represents 32,425 residents in the state.
- The survey results led to conclusions that 0.38% of Wisconsin adults were serious problem gamblers because of the presence of Native American casinos in the state. This represents 13,691 persons.
- A survey of 98 members of Gamblers Anonymous groups in Wisconsin was used to assess the costs attached to problem gambling. Fifty-five of these persons were considered to be primarily casino gamblers, as they indicated that casinos were a serious problem for them, and that they had devoted more than 90% of their gambling activity to casino play.
- The serious problem gamblers had experienced average gambling losses of nearly \$100,000 each during their career as gamblers. At the time they sought help, the serious problem gamblers had debts averaging \$38,644. More than one-fifth had turned to bankruptcy court to ward off their creditors.
- Twenty-one percent of the serious problem gamblers had lost or quit their jobs because of gambling. On average, these individuals remained out of work for more than one year. More than 60% lost time from work because of gambling. The average lost time for all of the gamblers was about eight hours per month.
- One-third of the serious problem gamblers stole money in order to gamble. During the gambling careers of all the gamblers, the average amount stolen was \$5,738.
- Eighty percent of the serious problem gamblers had “wished” to die, 70% had thought of suicide, 55% had planned how they would commit suicide, and 23% had actually tried to take their own lives.
- Social costs for many of the dysfunctional consequences of serious problem gambling were calculated. The average serious problem gambler imposed costs of \$9,469 upon Wisconsin society each year. The average casino problem gambler imposed social costs of \$10,113 each year.
- The total social-cost impact (a negative impact) of serious problem gambling for Wisconsin, due to the activity of the 32,425 serious problem gamblers, is \$307,023,246 per year. The social-cost impact of the 13,691 casino serious problem gamblers is \$138,453,113 per year.
- By design, the researchers projected numbers believed to be very conservative. The actual numbers may be much higher.
- There should be no expansion of legalized gambling in Wisconsin at this time or in the near future, though it would be advisable to renew compacts for operations of Native casinos at their present (or reduced) levels of activity.
- The public should be made aware of serious problem gambling.
- Gambling outlets should take steps to deny or limit access to potential or serious problem gamblers. At gambling outlets, easy, on-site access to money should be limited.
- Treatment programs for serious problem gamblers should be supported by both the state and gambling operators.

PREFACE

Gambling win or lose took my emotions. I don't want to feel miserable anymore.

— member of a Gamblers Anonymous group in Wisconsin

This is a study about social costs of gambling in Wisconsin. In April 1995, the Wisconsin Policy Research Institute released a report entitled *The Economic Impact of Native American Gaming in Wisconsin* (Thompson, Gazel, and Rickman, 1995). In that report, we analyzed data on flows of money into and out of the 17 casinos and assessed how those flows affected the economy of the state of Wisconsin as a whole and also how they affected the economies of the local areas surrounding the casino sites. We also estimated the social costs attached to the incidence of problem gambling that may have resulted because of the presence of casinos in the state.

We found that the state of Wisconsin experienced an annual economic gain of \$326.72 million from gambling activities and related expenditures of gamblers at or near the 17 casino sites. However, a moderate estimated annual social cost of \$13,000 per compulsive gambler, with a 0.7% gain in compulsive gamblers due to the presence of the casinos, reduced the state's economic gain from casinos to \$5.80 million. The local areas (within 30 miles) around the casinos experienced collective economic gains of \$404.41 million, which were reduced to \$272.84 million when medium social costs were calculated and subtracted.

The estimates of social costs utilized for the 1995 study were based upon the results of studies of gambling in other jurisdictions. In this report, we seek to refine those previous estimates by analyzing data on problem gambling in Wisconsin. We prepared questions utilized in a random survey of 1,000 Wisconsin residents in late 1995. We also prepared a survey that was administered to members of Gamblers Anonymous (GA) groups in the state. Ninety-eight responses were analyzed in order to estimate various societal costs of problem gambling. Additionally, we examined information given us by coordinators of the GA groups and by the Wisconsin Council on Problem Gambling (WCPG) regarding calls to an "800" help-line number.

In Section I, we consider the importance of the results we are seeking to find, while in Section II, we examine the nature of compulsive gambling and research directed at determining its cause. Section III looks at previous efforts to determine the extent of compulsive gambling in societies, while Section IV is devoted to determining how many compulsive gamblers there are in Wisconsin and how many of these problem cases may be due to the presence of casinos in the state. In Section V, we present our strategy for determining such costs for Wisconsin. The results are summarized in Section VI, and suggestions for state policies which might mitigate or even eliminate many of the social costs of gambling in Wisconsin are presented in the final section of the report.

I. THE IMPORTANCE OF THE STUDY RESULTS

Policymakers in the state of Wisconsin will be required to make decisions about the continuation of Native American casino gambling prior to the end of 1998. It is likely that they may also be asked to decide other questions pertaining to the expansion or limitation of other forms of gambling as well. Several gambling-policy issues concern taxation of gambling or other devices to gain and to utilize public revenues for gambling.

A knowledge of the direct and the indirect economic (or monetary) impacts of gambling on the state should be considered at all stages of the policymaking process. Yet the comprehensive picture of all the costs and benefits of gambling in the state has heretofore not been unveiled for public consideration. Part of the picture was shown in our first study — but only part of the picture. While full viewing has not been possible, many voices have sought to describe the picture in words for all the world to see. But are their words based upon the realities of Wisconsin?

Many prevalence studies have suggested that as many as 5% of the population is victimized by a pathological gambling disease. Others have claimed that one out of every 10 gamblers will become compulsive gamblers. Other studies reveal that compulsive gamblers incur very large debts. Sociologist Henry Lesieur, one of the leading students of the subject, indicated that the "mean gambling related debt" of a person in Gamblers

Anonymous treatment was between \$53,000 and \$92,000 (Lesieur, 1992). Dr. Valerie Lorenz, another leading scholar and treatment practitioner, put the amount at \$75,000 (cited in Ubell, 1991). Lesieur found that New Jersey gamblers accumulate more than \$514 million in gambling debt each year. The gambling debt for the entire country has been put in the billions-of-dollars range. Lorenz claims that compulsive gamblers cost the state of Maryland alone more than \$1.5 billion in “lost work productivity, stolen or embezzled moneys, or state taxes not paid.” (Lorenz 1995). John Kindt reported that the annual societal costs of a single compulsive gambler were between \$13,000 and \$52,000. (Kindt, 1994).

Studies show that a large majority of compulsive gamblers have committed crimes to finance their gambling addiction. A considerable portion of prisoners — as many as 30% — have been labeled compulsive gamblers (Lesieur, 1992). One very dubious statistic that has been bandied about suggests that 40% of the white-collar crime in America is committed for the purpose of acquiring funds to gamble (Fulcher, 1989). Lorenz reports that nationwide, \$80 billion are stolen directly or indirectly from employees with embezzlements or lost work time and work productivity by compulsive gamblers (Lorenz, 1995). Students of gambling have also found very high suicide rates for persons with gambling problems. Studies show that more than one-fifth of the compulsive gamblers may attempt suicide (Lesieur, 1989). The rates of attempted suicide are several times those in the general population.

The statistics and the claims in these studies may or may not have relevance for Wisconsin. The researchers preparing this report felt, however, that it would be most appropriate to examine Wisconsin-based data relative to problem, pathological, or compulsive gambling. However, to do so, the researchers found it necessary to generate much of those data with new surveys. We proceed with the notion in mind that policymaking on gambling in Wisconsin should be made, at least to a large extent, on the basis of data on Wisconsin gambling.

The results of not having good studies of gambling and its effects in Wisconsin will be that Wisconsin policymakers will turn to studies of gambling in other jurisdictions in order to find answers. Other studies may or may not provide the answers needed. While we hope our study brings Wisconsin policymakers closer to the needed answers, we do not suggest that this study can provide the final word on the subject. Always, we urge others to take up the task of refining the data and making additional and ongoing studies. We present the picture as we see it in 1996. We suspect that the picture is a moving one, offered perhaps in serial fashion. We hope that other researchers will help prepare the sequels. We will be happy to assist any and all who follow. We are confident that our findings are sound and that they will point the way for more fruitful inquiries.

II. WHAT IS COMPULSIVE GAMBLING?

There have probably been people who displayed compulsive-gambling behaviors from the dawn of the human race. The editors of *Esquire* magazine called gambling “the world’s second oldest diversion.” (Newman, 1962). The truth may be that the first “diversion” may have been created in order to pay a gambling debt. Anthropologists have found evidence of gambling and games in many prehistoric societies, and they have also found evidence of compulsive-gambling behaviors among primitive societies. However, while gambling may have been here “forever,” the search for descriptions and causes of compulsive-gambling behaviors has been a very recent concern of scholars. Only in the modern era have these matters received rigorous academic attention.

Today’s academic community does not expend great energy on the subject, but there is a community of scholars devoting their careers to finding answers (see generally Walker, 1992; Shaffer, et al., 1989). Thus far, they have not reached any consensus on their answers. Instead, we find several theoretical approaches to the subject. Four have received most of the attention: 1) physiological theories, 2) psychological theories, 3) sociological theories, and 4) behavioral theories.

Many believe that there is a chemical basis or physiological underpinning for addictions in general and gambling addictions in particular (Carlton and Goldstein, 1987; Roy, et al., 1988; Blaszczynski, et al., 1986). While there may be no evidence that gambling introduces chemicals into the body, as do other addictive-type activities (drug use, alcoholism), several scholars have found that the pathological gambler has certain chemicals in his or her neurological system that are not found in other peoples. One study also found that the pathological gamblers had

significantly lower levels of certain endorphins in their systems (Blaszczynski, et al., 1986). There is also a chemical component to the depressive states related to excessive gambling. Durand Jacobs finds that gamblers enter into dissociative states with trances and memory blackouts (Jacobs, 1989). These may result from different excitement levels in different peoples and may be related to preconditions that could be genetically based, although the literature does not establish this supposition.

Most psychological theories of compulsive gambling are dated. They are used by those analyzing the problems from a policy perspective only in a very limited way. Sigmund Freud's explanation for excessive gambling was consistent with his psychoanalytical theories. His major study on this field focused upon the life of Fyodor Dostoyevsky, a compulsive gambler. Freud (1928) suggested that the gambler's early-childhood conflicts led him to a behavior that resulted in self-punishment. More-modern students of gamblers — most notably Bergler (1958), Rosenthal (1986), and Maze (1987) — find the oedipal complex, conflicts arising from breast-feeding experiences, and other childhood traumas as the sources of adult gambling problems.

Sociologists see gambling as part of the process of role identification and role behavior, and social class orientation (Rosecrance, 1985, 1988; Devereux, 1949; Zola, 1963; Herman 1967, Scott, 1968; D'Angelo, 1983; Bloch, 1951). Men gamble more often than women because gambling can be associated with the male role of acquiring financial resources for the family, while the female remains at home and converts these resources into items to satisfy family needs. Many reference groups of male gamblers also attract other members of the gender to the games. Gamblers also become communities that provide a range of socially supportive opportunities for the player. Gambling communities can become alternative locations for playing out life roles for people who find it difficult to cope in other parts of (or the larger) society (Rosecrance, 1985, 1988).

People may also be drawn to gambling as games are played in places where "normal" business contacts can be made. Certainly, Las Vegas is not one of the nation's leading business-convention centers because businesses *want* their employees to gamble. However, the conventions put the employees in a gambling atmosphere. Sociological scholars may also find wide variations in gambling behaviors among age groups, religious groups, and national identity groups. Many of the sociological dimensions of the gambling problem are presented in the well-noted work *The Chase* by Henry Lesieur (1984).

Several students of gambling have found explanations for compulsive activity in the theories of behavioral conditioning made very popular by B. F. Skinner (Skinner, 1974; Dickerson, 1979, 1984). (The ideas go back to Greek Classical writers, and to early American theorists such as Jeremy Bentham.) People gravitate toward activities that bring pleasure, and they avoid activities that bring pain. The schedule of rewards that are associated with an activity may determine how much a person participates in the activity. Frequent gamblers have defined the anticipation of a gambling win as a very pleasurable experience. However, to get the pleasure, the person must actually be in a place where a gamble can be made, and he or she must be able to make the gamble. To be sure, there is pain — very serious pain — that accompanies gambling losses. However, the compulsive gamblers are able to project that pain off into a distant future, neglecting it, as they seek an opportunity for pleasure that is immediately available. While basically sociological-cognitive in its approach, Lesieur's (1984) categorization of the pathological gambler's career as a "Chase" makes use of this pleasure-pain principle, while recognizing other drives to gamble as well.

Theorists and scholars argue about which theory has the most merit, but most students of the subject see both merits and limits within each line of explanation. Some have developed approaches that incorporate aspects of all these theories as well as other ideas. The explanatory notions developed by Henry Lesieur (1983), Robert Custer (Custer and Milt, 1985), and Sharon Stein (1989) fall into this category. While disputes may rage on among the small community of scholars dealing with the problem of explaining compulsive gambling, the community has found a modicum of agreement around some basic concepts that help define or identify the compulsive gambler. The concepts have also led to creation of several survey instruments that can identify individuals as compulsive gamblers and also help in making estimates about the numbers of compulsive gamblers within various communities.

Four categories of descriptive syndromes that have a degree of consensus support have been identified by Richard Rosenthal (1989). *First*, the compulsive gambler is involved in a progression of behavior. The

phenomenon is dynamic — ongoing. The compulsive gambler bets more and more — more often and with more money — as time moves on (the idea of the “Chase” as described by Lesieur (1984)). *Second*, the compulsive gambler cannot accept losing. When he or she loses, the gambler takes it as a personal defeat that must be quickly rectified by winning bets which can make up for the losses. Losses generate feelings of guilt, and they are concealed from other people. *Third*, the compulsive gambler is preoccupied with gambling at all times. When not gambling, the gambler is reliving old gambling experiences and is craving future gambling opportunities. *Fourth*, the compulsive gambler exhibits a disregard for the consequences of gambling. He or she borrows when consciously knowing that repayment is unlikely, lies to those nearby, is drawn into criminal behaviors (check forgery, embezzlement), and neglects family obligations. Rosenthal also lists what he calls ancillary factors and predisposing factors that enable the compulsive gambler. However, the major enabling factor is not mentioned in his work, and that is the factor around which this study is oriented: the presence of a gambling activity — the availability (more or less immediately or conveniently present) of an opportunity to gamble.

III. HOW MANY? EFFORTS TO DETERMINE PREVALENCE RATES

Students of compulsive gambling have developed an array of devices for determining how many compulsive gamblers there are in a community — state, province, country. Several of these are contained in the appendix: The South Oaks Gambling Screen (SOGS), the Gamblers Anonymous Questionnaire, the DSM III, DSM IIIR, the DSM IV survey, and the Jacob’s dissociate behavioral survey. Those using the survey techniques as tools for determining the prevalence of compulsive gambling have scored the responses in different ways, yielding different rates for types of gamblers: problem gamblers, pathological gamblers, compulsive gamblers, potential or probable compulsive gamblers, and present-day and lifetime problem gamblers. The surveys have, for the most part, been administered with telephone interviews of the general population. Respondents are asked the list of questions (20 for SOGS, 10 or 11 for the DSM III or IV). If there are five positive SOGS answers or four DSM answers, the person is considered to be a pathological gambler (current or lifetime). If the person answers four or three questions positive, they are considered to be in the probable category. Other survey instruments have considered persons to have problems if they answer as few as two of 10 questions positive (Ubell, 1991).

While there is a range of prevalence rates discovered in surveys taken over the past 22 years, a University of Michigan study made in 1976 for the Commission on a National Policy on Gambling found that .77% of a national sample consisted of people considered to be pathological gamblers (Kallick, 1979). They found the rate in Nevada to be 2.5%. This was the earliest such survey, the survey with the lowest discovered rate — and, to date, the only national survey. Other survey studies of general populations of states or provinces found rates ranging from 1.4% pathological gamblers (present time) to over 8.0% lifetime pathological gamblers (having had attributes of pathology some time during lifetime). A study of Native Americans in North Dakota revealed a lifetime rate in excess of 14%. A summary of the studies appears as Appendix C on page 33.

IV. HOW MANY IN WISCONSIN?

A. The Research Strategy

We set about the task of determining a prevalence rate for compulsive-gambling behaviors in Wisconsin in the same manner as followed by most of the researchers before us. We determined to establish a rate through a telephone survey. However, certain realities both enhanced and constrained our opportunity to do so. We were given a chance to include a set of questions on the Wisconsin Policy Research Institute’s regular statewide poll of issues. Financial realities precluded the development of a separate survey completely devoted to that singular goal. Because our set of questions had to be tied to another survey, brevity was a major factor in choosing the questions. The extensive Gamblers Anonymous questionnaire and South Oaks Gambling Screen (included as Appendices G and H, respectively, both of which are on page 34) were considered too time consuming for telephone surveys addressing other non-gambling issues. On the other hand, the nature of some questions on shorter surveys also precluded their usage on a general citizen political survey. For instance, it was felt that Durand Jacobs’ brief survey, while very useful in other research arenas, could not be appropriately used here. Jacobs asks gamblers about experiences with trance-like (or dissociative) states, blackouts, out-of-body sensations, and a gambler’s assumption of other personal identities (Jacobs, 1989).

DSM IV GAMBLING-BEHAVIOR INDEX QUESTIONS

1. When not gambling, are you preoccupied with reliving past gambling experiences, handicapping or planning the next gambling venture, or thinking of ways to get money with which to gamble?
2. Have you found that you needed to gamble increasing amounts of money in order to achieve the excitement you desired?
3. Have you ever tried but were unable to control, cut down or stop gambling?
4. Have you ever felt restless or irritable when you cut down or stopped gambling?
5. Did you often gamble as a way of escaping from problems or to relieve feelings of helplessness, guilt, anxiety or depression?
6. After losing money gambling, have you gone back another day in order to get even (you "chased" your losses)?
7. Have you lied to family members or others to conceal the extent of your involvement with gambling?
8. Have you committed illegal acts, such as passing bad checks, forgery, fraud, theft or embezzlement in order to finance gambling? (*deleted from Wisconsin survey)
9. Have you jeopardized (or lost) a significant relationship, job, educational or career opportunity because of gambling? (*became question 8 in Wisconsin survey)
- 10a. Has any person ever provided you with money to relieve a desperate financial situation produced by gambling? (*combined with 10b as Wisconsin survey question 9)
- 10b. Have you ever gone to or used an institution (bank, etc.) to relieve a desperate financial situation produced by gambling?

* Designates changes we made for the Wisconsin survey

We determined that the best vehicle for our purposes was the Diagnostic Statistical Manual (DSM) IV gambling-behavior index. The index is built around 11 questions. It has gone through several stages of development, and it has been utilized and replicated in telephone surveys in many jurisdictions. The survey was initially developed by the American Psychiatric Association. The questions asked in the DSM IV are above.

In recognition of the need for brevity, we consolidated items 10a and 10b, asking simply if the respondent had sought funds from any person or source to relieve financial distress from gambling. In recognition of various sensitivities (of both the survey sponsor and potentially of the respondents as well), we dropped the question about illegal activities. Our deviation from the exact DSM IV survey index also led us to modify our interpretation of the results. When all 11 items are asked, a score of 5 "yes" answers is used to indicate that a person is a pathological gambler. Lesser scores of 3 or 4 are used to designate problem gamblers and potential pathological gamblers. A 10-item questionnaire based upon an earlier DSM survey used a score of 4 to designate a pathological gambler. We have used a score of 3 (out of a possible 9) to indicate a person that is a serious problem gambler. When we do so, we find that the prevalence rates for Wisconsin are similar to, but consistently lower than, those found in many studies in other jurisdictions, as we will discuss below. We also indicate that those answering at least one question positively demonstrate a trait of a problem gambler.

We have no strong concerns that our scoring (3 of 9 versus 4/5 of 10/11) will result in what are known as false-positives — that is, persons misdiagnosed as serious problem gamblers. The scoring used by investigators relying upon the SOGS inventory, which contains many similar items, suggests that our scoring methods are appropriate. Volberg (1991) reports that she designates a respondent to be a pathological gambler if he or she answers five of 20 items in a positive way and a problem gambler if he or she answers three or four items in a positive way. Some recent research suggests that the DSM IV survey results are much more conservative than those from the SOGS. For instance, a DSM IV score of 5 can be equated to a SOGS score of 7. If this is the case, our score of 3 of 9 should equate with a SOGS score of 5 of 20 (Lesieur, 1996). However, because our survey

instrument was not identical to ones used in other studies, we have avoided using the same designations others use for their subjects (compulsive, pathological, probable, etc.) and instead designate the positive respondent as a “serious problem gambler.”

We believe that our survey — like the other surveys using SOGS, the GA index, and the DSM III, and DSM IV questionnaires — probably underestimates the true number of compulsive gamblers. We believe that the method utilized for gathering information over the telephone incorporates a bias in favor of a lower prevalence rate; that is, we are confident that we have not “captured” all the compulsive gamblers with the survey — that there are some “false-negatives” among the respondents as we have scored the data.

Students of the subject have reported that underestimations are likely to occur for several reasons. *First*, compulsive gamblers are more likely than other persons to have financial problems and hence are less likely to pay all their bills. These individuals may not have telephone service, because they fail to pay their telephone bills. *Second*, if they have service, they may screen their calls, as they do not want to talk to creditors. If they screen calls, it is likely that they would choose not to talk to an anonymous source desiring to ask them questions. *Third*, compulsive gamblers are likely not to be home. Instead, they are likely to be making bets at their preferred place of gambling. *Fourth*, if they are home and not alone, they are likely to let another person in the home answer the telephone — again, in order to avoid contact with creditors. *Fifth*, if they are home and not alone, and do take the call, they will be reluctant to divulge information about problem gambling in front of other family members or friends. And *sixth*, if they feel free to talk, they are still likely to lie about their gambling problems (Walker, 1991, page 160).

We further believe that underrepresentations in our survey may arise from the fact that the survey was presented to the respondents as a survey of political opinions primarily. Most other prevalence studies have been identified solely as surveys of gambling behavior.

More than 1,000 telephone calls were made to a random sample of Wisconsin adults during the month of September 1995. The sample was selected by the Gordon S. Black polling organization, headquartered in Rochester, N.Y. In addition to the DSM IV questions about gambling behaviors, the respondents were asked whether they had participated in gambling over the previous 12 months, and if so, at what games. They were asked for demographic information about themselves, and they were also asked a series of questions about political and other issues in Wisconsin. Calls and “call-backs” were made until 1,000 complete (or near complete) interviews were conducted. The 1,000 respondents were a close match of the general, Wisconsin, adult population. (For details, see “Survey Methodology,” below.)

The sampling procedure of the survey most likely contributed to the underestimation of the incidence of compulsive gambling in Wisconsin. Among all respondents, 280 live in a county with a casino. It can be expected that the larger incidence must be among those who have access in a convenient way to gambling establishments. Since only a small number of interviews were conducted on counties with casinos, the prevalence rate could have

SURVEY METHODOLOGY

The survey was conducted from September 5, 1995, through September 12, 1995. The data in this report are based on a randomly selected sample of 1,000 Wisconsin residents aged 18 years or older. The sample was drawn from a list of telephone numbers generated by a computer. This method includes both unlisted numbers and new listings in proportion to their representation in the population at large. Nearly every number was called at least three times before the number was discarded. This process, and the sampling itself, is controlled by a Computer Aided Sampling (CAS) system, which monitors the entire process to ensure that “call-backs” are made at appropriate times and that numbers are sampled correctly. This methodology is the same process that the Gordon S. Black Corporation employs in its election surveys.

The demographic profile of the sample of residents surveyed was compared to current population estimates for the state. A survey of 1,000 randomly selected residents has a margin of error of plus or minus three percent for percentages based on the entire sample. For an underlying percentage of 50%, for example, this means that repeated samples would produce results between 47% and 53% 95 times out of 100.

been underestimated. Additionally, 175 and 40 respondents among the 280 living in counties with a casino are from Milwaukee and Green Bay, respectively. Milwaukee has a small casino that most likely does not represent, for the size of population and city area, a convenient gambling jurisdiction. Thus, when we exclude Milwaukee and Green Bay, only 65 (6.5%) of all respondents live in a county with a casino. Furthermore, many counties with casinos were not represented in the survey sample.

B. Survey Results — Demographics

See Table 1 below.

TABLE 1 **Survey Population Demographics**

	Survey Population	
	#*	%**
Gender		
Male	501	50.1
Female	499	49.9
Race		
White	913	91.9
Black	44	4.4
Asian	8	0.8
Hispanic	9	0.9
Other	19	1.9
Marital Status		
Married	640	64.2
Single	168	16.9
Divorced/Separated	107	10.7
Widowed	82	8.2
Age		
18 to 24 Years Old	71	7.1
25 to 34 Years Old	188	18.8
35 to 44 Years Old	252	25.2
45 to 54 Years Old	169	16.9
55 to 64 Years Old	142	14.2
65 and Older	178	17.8
Education		
Less than High School	75	7.5
High School Graduate	254	25.4
Some College	359	35.9
College Graduate	270	27.0
Other	42	4.2
Income		
More than \$40,000/Year	397	42.6
\$20,000 to \$40,000/Year	283	30.4
\$10,000 to \$20,000/Year	220	23.6
Less than \$10,000/Year	31	3.3

* Sum is not equal to 1,000 cases due to missing answers not reported here

** Percentage of valid cases, missing cases excluded

C. The Games They Play

The 1,000 telephone respondents reported a typical (consistent with other recent studies) level of gambling behavior. Within the previous 12 months, 651 (65.1%) had participated in some gambling activity; 349 (34.9%) had not.

Table 2 on the next page reports data on the numbers of gamblers in Wisconsin and the games they play. The lottery was played more than other games. Nearly 55% played at least one lottery game; 27.5% participated in social games such as private poker games or individual sports bets or sports pools. Casino games attracted 23.7% of the sample, while bingo found players among 10.1% of the sample, and horse and dog race betting 8.8%. There is a considerable overlap among the respondents, with most gamblers playing two or more of the categories of games.

The survey revealed that lottery players are a different kind of gambler. A large portion of lottery players do not play any other game: 214 of 545 (39.3%) do not wager on races, at bingo, casinos, or make social bets. Lottery play is inversely related to play at each of the other games. This inverse relationship is significant for casino and social games. This means if a person plays the lottery, he or she is much less likely to play these other games. A simple correlation analysis shows that playing the lottery is negatively related to other forms of gambling, although it is only statistically significant to casino and social gambling. Casino and horse-dog racing are correlated to each other as well as to social and bingo gambling. Bingo and social gambling are not correlated to each other. See Table 3, also on the next page.

On the other hand, the gamblers who play the other games typically play even more other games. Only one of 88 horse/dog race bettors did not play any other game. Only 11 (10.9%) of 101 bingo players did not play games other than bingo. Of the 237 casino players, all but 18 (7.6%) played other games, while only 43 of the 275 social gamblers (15.6%) were exclusively social-game players. Positive correlations exist among play at all the games except lottery. Horse and dog play is positively related

to bingo, casino, and social play, with all relationships at significant levels. Bingo play is significantly related to casino play, while casino play is also significantly related to social-game play.

The lottery may stand apart from other play for several reasons. The lottery games are most often passive games and also long-odds games. Other gambling involves sustained action over a period of time and offers short-odds prizes. However, the main reason for a difference probably lies with the fact that lottery games are conveniently located throughout the state. Lottery tickets are sold in all communities of the state. It is likely that a person has direct opportunity to buy a lottery ticket several times a week.

TABLE 2 **Number and Percentage of Respondents by Type of Game Played**

Type of Game	#	%
Lottery	545	54.5
Horse/Dog Race	88	8.8
Bingo	101	10.1
Casino	237	23.7
Social	278	27.5

TABLE 3 **Correlation Coefficients Among Different Types of Gambling**

	Horse/Dog Race	Bingo	Social	Casino
Lottery	-.0325	-.0408	-.1703**	-.0727*
Horse/Dog Race		.1284**	.1621**	.2518**
Bingo			.0544	.1078**
Social				.1221**

* Significant at the 0.1 level
 ** Significant at the 0.01 level

Moreover, lottery advertisements permeate the Wisconsin public media, and the lottery player can play alone. All the lottery player needs to do is to find a convenient — or convenience — store that sells tickets. Social games are also available in many communities of the state, though play requires the involvement of other people wishing to compete.

The data may suggest that the lottery is not an objectionable form of gambling because it leads to other forms of gambling. This is an accusation that is often made by lottery opponents. However, the data might be interpreted in another way. The high incidence of lottery players who do not play other games may simply be a reflection of the omnipresence of lotteries and the less-available presence of the other games. The data do reveal that a majority of lottery players play other games, and that all of the persons we place in the serious problem gambler category do participate in lottery play. Also, among exclusive lottery gamblers, there is a 1.5% prevalence rate of potential pathological gambling, a rate higher than the overall state rate and equal to the rate found for the 651 gamblers as a whole.

D. Prevalence Rates for Serious Problem Gamblers in Wisconsin

Of the total number surveyed, 129 (12.9%) responded with at least one “yes” answer. These people have traits of problem gamblers. The 129 represent 19.8% of the gamblers. Among casino gamblers, 30% responded yes to at least one question.

We classify as serious problem gamblers those answering positively to three or more questions. Among

TABLE 4 **Respondents Who Answered “Yes” to Gambling-Related Questions***

Question	# of “Yes”	% —————		
		of All Respondents	of Gamblers	of Casino Gamblers
Sample Size	1,000	1,000	651	237
1. Think about gambling when not gambling	60	6.0	9.3	13.1
2. Need to increase amount gambled	18	1.8	2.8	4.6
3. Tried, but unable to control, cut, or stop gambling	3	0.3	0.5	0.0
4. Felt restless or irritable when cut down or stop gambling	7	0.7	1.1	1.7
5. Gambled to escape problems, relieve guilt, anxiety, etc.	53	5.3	8.2	12.2
6. Chased losses	24	2.4	3.7	6.8
7. Lied about extent of involvement with gambling	8	0.8	1.2	1.3
8. Jeopardized or lost relationship, job, etc., due to gambling	3	0.3	0.5	0.0
9. Borrowed money to gamble or relieve gambling problems	2	0.2	0.3	0.8

* At least one gambler refused to answer each question; three others responded “don’t know” to several questions; these respondents are not counted in percent responses for gamblers, but they are counted in percent of all respondents

TABLE 5 **Number and Percentage of Positive Responses by Respondents' Gambling Characteristics**

# of "Yes"	# of Respondents	% of		
		All Respondents	Gamblers	Casino Gamblers
Sample Size	1,000	1,000	651	237
Zero "Yes"	871	87.1	80.2	70.0
One "Yes"	99	9.9	15.2	22.4
Two "Yes"	21	2.1	3.2	5.5
Three "Yes"	4	0.4	0.6	1.3
Four "Yes"	3	0.3	0.5	0.8
Five "Yes"	1	0.1	0.2	0.0
Six "Yes"	0	0.0	0.0	0.0
Seven "Yes"	0	0.0	0.0	0.0
Eight "Yes"	1	0.1	0.2	0.0
Nine "Yes"	0	0.0	0.0	0.0
Score Three or More	9	0.9	1.5	2.1
Average of "Yes" Scores	129	0.18	0.27	0.41

all respondents, nine (0.9%) answered "yes" to at least three questions which represented 1.5% of those who gambled in the past 12 months. Among casino players, five out of 235 (2.1%) answered positively at least three questions. Among gamblers who did not play in a casino in the last 12 months (414) and those who did not gamble at all (349), four (0.52%) answered "yes" to three questions or more.

There is a difference of 0.38% between the rate of serious problem gamblers for all respondents and the rate for all respondents minus the 237 casino players. Therefore, we conclude that the presence of casino-gambling activity accounts for 42.2% of the numbers of serious problem gamblers

in the state overall. In other words, the overall rate *without* including casino gambling would be 0.52%; including casino gambling, the rate is 0.90%.

E. The Number of Serious Problem Gamblers in Wisconsin Overall and as a Result of Casino Gambling

The state of Wisconsin has (1990 Census) 3,602,787 adults. These are persons over 18 years old — persons eligible to participate in at least some of the forms of legalized gambling in the state. We have established the likelihood that the prevalence rate of potential serious problem gamblers in the state is 0.9%. As explained, this is a conservative, low estimate. This rate suggests that there are 32,425 such persons in the state.

TABLE 6 **Number of Serious Problem Gamblers in Wisconsin**

Due to all forms of gambling	32,425
Due to casino gambling	13,691

We also have established that the presence of casinos may be responsible for 0.38% of the state's adults becoming serious problem gamblers. The presence of the casinos, therefore, can account for the presence of 13,691 of these troubled gamblers.

F. Casinos: More Serious than Meets the Eye

Collateral data may suggest that the portion of the serious gaming problem that may be assigned to casino gambling is greater than we have determined above. While we see casinos as "causing" 42% of the problem, the apparent need to address the problem with the creation of Gambler's Anonymous groups seems not to have arisen across the state until the advent of Native casinos in the state. For the groups that responded to our survey, nearby casinos are a recent phenomenon. Additionally, 11 (out of 15) coordinators of the groups who responded to the questionnaire saw casinos as the major source of problems for their participants. All 11 said casinos (or Indian casinos) represented the major problem area. Two also indicated that pull-tab devices were a major problem, and one mentioned sports betting. None indicated either the lottery or race (horse or dog) betting as a major problem for members. Some individual respondents did mention these types of gambling, but the overwhelming number also indicated that casinos were the locus of their problem gambling. The GA survey reported below will confirm the extent of problems encountered by casino gamblers, compared to other serious problem gamblers.

Additionally, the WCPG has recorded the areas of concern indicated by callers to their "800"-number

hotline. In the first three months of operation (January-March 1996), it received 129 calls from troubled gamblers. Of these callers, 96 identified the location of their gambling problem. Sixty-one (63.5%) said casino games; 18 (18.9%) said lotteries; 11 (11.5%) said sports and race betting; six (6.3%) said games played in taverns and bars.

In the remaining sections of this report, we address the costs of having an extra 13,691 serious problem gamblers residing in the state of Wisconsin.

V. THE COSTS OF PROBLEM GAMBLING IN WISCONSIN: THE DATA

A. Suggestions From Other Studies

Several voices have offered opinions about the societal costs of problem gambling. However, for the most part, we have only seen attempts either to list all the cost factors without analysis, and without totaling up the effects, or we have seen concluding numbers without any indication of how the numbers were determined. Ladouceur, Boisvert, Pepia, Loranger, and Sylvain look at personal debts, loss of productivity, illegal activity, and medical costs (Ladouceur, 1994). They indeed show that problem gamblers have these losses and cause these losses. But they do not attempt to offer a bottomline cost figure for the total societal effects of either one gambler or all the gamblers. Lesieur and Puig (1987) examine several illegal behaviors in general and insurance frauds in specific. They indicate a monumental cost for society from this fraudulent activity — one-third of insurance fraud is assigned to gamblers — but they do not break the figures down for individual gamblers, and they do not consider other costs. R. I. F. Brown (1987) presents data on many individual crimes, but he does so absent cost analysis. On the other hand, Kindt (1994) reports the social costs of individual compulsive gamblers without showing how the figures were calculated.

In 1981, Robert Politzer, James Morrow, and Sandra Leavey made an analysis of the annual costs to society of untreated pathological gamblers. The costs they identified included lost productivity, criminal-system costs, and “abused dollars” — such as bad debts and “bail-out money” (money borrowed from friends and relatives for gambling or paying gambling related debts). Their focus was upon the “bottomed-out” gambler who clearly was in the desperation stage of his or her pathology. Information was gathered from 92 persons receiving treatment at the Johns Hopkins Compulsive Gambling Counseling Center in Mt. Wilson, Md. A subsample of 28 of these 92 were subjected to deeper data-collection efforts. A goal of the study was to establish a cost-benefit analysis of the Center’s treatment program, presumably to show that treatment costs were justified. The researchers found that the average “bottomed-out” gambler imposed a cost of \$61,000 upon society during his or her last year of gambling. They discerned that a “more average” problem gambler would impose an annual cost of \$26,000 upon society. They also compared the costs of gambling problems with those created by alcoholics and drug abusers (Politzer, Morrow, and Leavey, 1981).

The 1981 effort was a commendable one. It called out for replications. However, to our knowledge no one has completed a study following the structural basis of their analysis from 1981 until this time. There were weaknesses in the analysis that need refining. Particularly problematic was the researchers’ treatment of productivity losses. They assumed, perhaps after the interviews with the inpatients, that work productivity for an on-the-job pathological gambler (whether “bottomed out” or average) is reduced 80% — that is, such a worker is producing at only a 20% level. They then took 80% of the worker’s compensation and designated it as a societal loss. That assumption alone adds thousands of dollars to the cost figures derived — actually, productivity represents the bulk of the losses for society.

To date, the only other concerted attempt to build a model of costs has been initiated by sociologist Henry Lesieur of Illinois State University. He has developed an instrument and administered it to 165 members of Gamblers Anonymous groups in Illinois. However, he has not yet fully analyzed the data he has collected. We contacted Professor Lesieur and secured his permission to use his questionnaire as a basis for creation of our own survey instrument (Lesieur, 1996; also, see Appendix I on page 35). Lesieur’s pending analysis of similar types of data from Illinois should permit us to compare costs we have discerned and thereby establish good reliability benchmarks for our methods.

Gerhard Meyer, Thomas Fabian, and Wolfgang Peter offered an initial study of the social costs of pathological gambling in a paper they presented to the First European Conference on Gambling Studies in 1995. The researchers administered a questionnaire to German gamblers in treatment (in-patient and out-patient) as well as GA members. They addressed two areas — work productivity and crime. While their analysis was sound, they did not seek to tie the information back to costs in terms of bottomline financial burdens for society (Meyer, Fabian, and Peter, 1995). In another report of ongoing research, Meyer presents refined data on the specific criminal activity of gamblers, again without definitive bottomline numbers (Meyer, 1996). These efforts seemingly are pointed toward meaningful conclusions. We must await completion of the research studies and publication of the reports, however, to have the full benefit of the projects. The findings will then have to be reexamined in the context of the different gambling climates in the United States and Germany.

B. Basic Research Strategy

We utilized a survey instrument based upon Lesieur's in order to elicit data from serious problem gamblers in Wisconsin. We gained the assistance of Carol Teski, executive director of WCPG. During April 1996, she contacted the coordinating leaders of 15 of 21 active Gamblers Anonymous groups in Wisconsin. With their cooperation, questionnaires were distributed to members of GA prior to their meetings, beginning the week of April 15. GA members were told that participation was voluntary. Many filled out the questionnaires immediately, others did so after the meetings were finished, while additional members filled them out at home and mailed them back to the coordinators. All 98 questionnaires used in the study were completed by May 5. The coordinators of 15 groups then mailed the completed questionnaires back to the WCPG offices in Green Bay, and the executive director sent the questionnaires to the researchers who inputted the data for initial computer analysis. The following GA groups participated in the survey: Appleton I, Appleton II, Cedarburg, Eau Claire, Green Bay, La Crosse, Madison, Manitowoc, Milwaukee, New Richmond, River Falls, St. Croix Falls, Spooner, Stevens Point, and Wausau.

The numbers of actual active Gamblers Anonymous members are very difficult to establish. Participants are coming and going all the time. Eleven of the coordinators of the 13 groups that participated in the survey suggested that their cumulative attending memberships were between 70 and 170. Evidently, many groups had more than minimum attendances indicated on the meeting days or nights when questionnaires were administered, as we received 98 questionnaires back. We would estimate that this return rate probably represents a very high percentage of those attending the meetings where the coordinator cooperated. The response rate was certainly well more than one-half of the members present. (A description of Gamblers Anonymous and a map of Wisconsin GA sites are in Appendix A on page 29).

C. Demographics of GA Respondents

Seventy-one (72.4%) of the respondents were males; 27 (27.6%) were female. Their ages ranged from 20 to 72, with the average age being 43.3 years, and the median age 43 years. Eighty-one (82.7%) of the respondents were between 30 and 59 years old.

Almost all (95) were white, while one indicated he was Hispanic and two said they were Native Americans. Thirty-nine of the white participants gave information on their family origins: 20 were descended from German nationals, six were Polish-Americans, five were Scandinavian, three French, two English, and six indicated a variety of other European nationalities. (Several gave mixed-heritage responses; the above indicate the first European nationality identified.)

Of the GA members interviewed, 44 (44.9%) were of the Roman Catholic faith, 40 (40.8%) were Protestants, one was Jewish, eight indicated other faiths, and five did not respond. The leading number of Protestants were Lutheran (21), followed by seven Methodists, three members of the United Church of Christ, two Congregationalists, one Baptist, and one member of the Assembly of God.

Fifty-one (52.0%) were married, while 30 (30.6%) were divorced or separated. Twenty-one of the 30 indicated that their family break-up was the direct result of problem gambling activity. Two of the respondents

were widowed, while 15 were single. All but 21 had children. The median number of children was two; the average, 2.2.

Very few (only three) of the respondents were in professional occupations. Thirty-three (33.7%) were in white-collar positions such as business manager, supervisor, sales representative, or self-employed. Twenty-five (25.5%) indicated that they were in “blue-collar” or clerical positions, while another 15 (15.5%) occupied a variety of technical positions. Seven were government employees, one was a farmer, and only three indicated they were unemployed or retired, but 10 did not respond.

The respondents’ education and household income were a reflection of their general middle-class occupational status. Only one had not completed the eighth grade, while three others had not completed high school. Twenty-six were high school graduates, 54 others had attended college without graduating, and 13 were graduates of college (four of them with advanced college degrees). Only one did not respond. The median respondent had some college education. The median household-income group (occupied by 37, or 37.8%, of the respondents) was between \$25,000 and \$49,999. Only 22 earned less than \$25,000, while 37 (37.8%) earned more than \$50,000.

While certainly males and whites were overrepresented in the numbers of respondents compared to the general population, it appears in almost all other respects that the GA members interviewed shared the general attributes of “Middle” America.

D. Gambling Histories

Table 7 below displays an array of data on the gambling histories of the respondents. Two actually said they began gambling at age seven, while nine others said they started at age 10 or younger. The oldest starting age was one person aged 65; only one other started at an age over 60. The average age for the start of gambling was 25 years; the median age was 20. The average respondent indicated that weekly (or more frequent) gambling activities began at age 32 years; the median age was 31. Borrowing for gambling started at an average age of 34 years; the mean was 33. The respondents indicated an average age of 35.5 (the median age was also 35.5) years for the point in time when they realized (upon reflection) that they had a gambling problem. The ages of onset of problem gambling ranged from seven to 70. Eight of the respondents had been in GA for one week or less, while 45 had been members for more than one year. One had been a member for 10 years. The average membership length for the respondents was 1.45 years (530 days); the median was 0.66 years (240 days). As the average age of respondents was 43 years, it can be suggested that the average respondent had a six-and-a-

TABLE 7 Gambling Histories

Activity	Range	Median	Mean
Age started gambling	7-65 yrs.	20 yrs.	25.14 yrs.
Age started gambling weekly	7-65 yrs.	31 yrs.	31.78 yrs.
Age first borrowed in order to gamble	7-65 yrs.	33 yrs.	33.67 yrs.
Age when problem gambling began	7-70 yrs.	35.5 yrs.	35.50 yrs.
Years in Gambling Anonymous	1 day-10 yrs.	1.45 yrs.	1.45 yrs.
Age now	20-72 yrs.	43 yrs.	43.35 yrs.
Length of problem gambling career		2.96 yrs.	6.65 yrs.
Number of slips	0-5	0	2.51
Time since last slip	0-8 yrs.	90 days	362 days

half-year career as a serious problem gambler. The median career would be three years. Unfortunately, it cannot be said that the 98 have ended their problem gambling. Forty (40.8%) of the 98 indicated that they had “slipped” — that is, gambled — since becoming a GA member. The average member had “slipped” two-and-a-half times; the most-recent “slip” for the average GA member occurred one year ago (362 days).

E. Some of the Games Problem Gamblers Play

We asked the GA members which gambling activities represented the source of their greatest problems. In an open-ended question, a very large majority (77) indicated that casino activity was the major source of their

TABLE 8 Problem Games for Some Problem Gamblers

Type of Game	Serious Problem		Some Problem		No Problem	
	#	%	#	%	#	%
Native American Casinos	80	81.6	9	9.2	9	9.2
Non-Casino Slots	32	32.7	20	20.4	46	46.9
Other Casinos	26	26.5	24	24.5	48	49.0
Lottery	20	20.4	31	31.6	47	48.0
Riverboat Casinos	17	17.3	6	6.1	75	76.5
Race Tracks	16	16.3	20	20.4	62	63.3

problems: 16 said “casinos,” while 36 said “slots,” and seven more said “poker machines;” 18 said “black jack.” In contrast, only five each identified race-track betting and sports betting as their major gambling activity. Four said the lottery was the major problem area, two said it was poker or cards (outside casino), and two said it was barroom slot machines. One indicated bingo, one other the stock market, and one did not respond.

Members were asked what percentage of their gambling losses occurred at each of several games. The average of their indicated percentages was 70% for casino games, 7% for sports betting, 6% for lottery games, 5% for race-track betting, 3% for bingo, and 9% for “other” (includes barroom machines and social games).

Table 8 above shows that the Indian casinos were a source of “serious problems” for 80 (81.6%) of the gamblers. The next most-identified area for “serious problems” was slot machines outside of casinos (32), other casinos (26), the lottery (20), riverboat casinos (17), and race tracks (16).

Across the board, it appears that the respondents are identifying the existence of casino gambling and games — particularly games at Native American casinos — as the major area of concern in their problem lives. Fifty-five of the GA members indicated that casinos were a major problem area and also indicated that over 90 % of their gaming activities was in the casinos. They are treated as the “casino gamblers” in the analysis.

F. Volume of Gambling-Related Activity and Source of Funds

The GA members reported a wide range in volumes of gambling activity. Their indicated “lifetime” losses from gambling ranged from \$100 to \$20,000,000. The one “high-end” loser had gambled on the stock market. His losses, his debts, and his indiscretions regarding funds are indicated in the ranges of figures presented. However, his activity (even if it has been accurately reported) would improperly skew the data. Therefore, we have left his activity out of reported mean amounts. The mean gambling loss over a “lifetime” was \$98,491 while the median loss was \$45,000 (average of \$11,940, median of \$6,000 per year). Losses during the last 12 months of the respondent’s gambling career ranged from \$100 to \$240,000 for “game” gamblers, and the \$20,000,000 for the stock-market gambler. The average loss for the last 12 months was \$25,126, while the median loss was \$12,000.

Eighty indicated that they had lifetime debts because of gambling. (The others did not respond.) These ranged from \$100 to \$1,000,000 for game players and \$10,000,000 for the stock gambler. Discounting his activity, the average amount owed for the others (only respondents) was \$61,000, while the median amount was \$25,000. They responded that “over the last twelve months” of their gambling they accumulated debts averaging \$15,367 — the median amount being \$5,250. At the time of joining GA, their debts averaged \$38,664 with the median debt being \$20,000. The 55 casino gamblers had debts averaging \$34,533. (The “800” number callers to WCPG indicated an average debt due to gambling of \$22,449.)

The GA members also indicated that they stole money in order to gamble. Thirty-two out of the 98 respondents (31.7%) admitted to stealing from their employer while 40 out of 82 respondents (49%) admitted to stealing money and other things from different sources. The value of stolen money and other things ranged from \$100 through the stock embezzler who stole \$8,000,000. Discounting his activity, the average amount stolen during

the serious gambling lifetime was \$5,738 (for those responding, including 42 who said they had not stolen any amount). The average amount stolen in the last 12 months of gambling was \$3,325. The casino gamblers had stolen an average of \$2,848.

Much of the money stolen or borrowed will probably never be recovered for the victims of the thefts or the persons making the loans. Twenty-two (23%) of the 96 respondents to this question indicated that they sought bankruptcy-court protection from their creditors.

The serious problem gambler will seek any source of funds in order to continue the action of play. Among the 98 respondents, household funds appear to be the first source tapped — 88 indicated this as a source of funds. Credit cards were a “good” source, as 82 of the GA members used cards for gambling funds. Seventy-five went to banks and credit unions, while 53 (more than 54% of the respondents) indicated that they passed bad checks in order to have money to gamble. Fifty-one borrowed from relatives or in-laws, 41 cashed in stock or bonds (worth, on average, \$9,632), and 39 sold personal or family property in order to have money to gamble. All the above-mentioned sources were utilized more often than was the gambler’s spouse. Only 38 indicated that their spouses were sources of funds — suggesting that most of the problem gamblers may be seeking to hide their problems from the persons closest to them. Thirteen gamblers had credit lines in casinos, and 13 had credit lines with bookies. Only four indicated that they turned to “loan sharks” for gambling funds.

G. Consequences of Gambling

*My cousin took his own life six months ago, because of gambling.
I think I am going down that road now. I need help.*

**— a GA member who indicates he/she
has attempted suicide already**

The problem gamblers have affected people in financial as well as non-financial ways. Reports on compulsive gamblers have suggested that one person’s gambling may have profound effects on as many as 10 to 20 other persons (Dunne, 1985; Lesieur and Puig, 1987). As mentioned above, family members are perhaps the most-profoundly affected persons. We found that 70% of the 30 separated or divorced GA members experienced their family break-ups as a result of gambling activity. These domestic failures carry lifetime consequences for the couple’s two (on average, 2.2) children. Real societal costs are attached to such family break-ups and also to the family turmoil caused by gambling. Those costs are nearly impossible for researchers to capture, but they are real. We are not able to put dollar values on such costs in Wisconsin, and therefore they will not appear in our calculations. Their existence necessarily renders the numbers we present to appear to be lower than they really are.

Of course, the domestic disruptions resulting from severe gambling problems impact the individual foremost. As many chase their impossible dreams toward the ends of an illusive rainbow, they find not a pot of gold but a mental state of complete despair. According to studies (Politzer, Marrow, and Leavey, 1981), compulsive gamblers are much more likely than other people to commit suicide. Nevada experiences the highest rate of suicide per 100,000 population in the U.S.; this rate is consistently twice as high as the rest of the nation. We have no direct evidence to present supporting those findings; however, our questionnaire certainly suggests their validity. All 98 responded to questions about ending their life: 79 (81%) reported that they had experienced feelings of being “so low” that they wished to die; 69 (70%) had thoughts about committing suicide; 54 (55%) had planned how they would commit suicide; 23 (24%) reported that they had actually attempted suicide. Although we do not estimate the social costs associated with suicides due to gambling, they exist and are most likely high. A lost life represents a loss of productive work (which depends on the age of the deceased), the investment society has made in terms of education, socialization, health, etc. Furthermore, there are costs associated with family members who may need psychological help and even financial help. There are costs associated with medical help for many of those who do not succeed in their attempts.

Twenty-one of the 98 (21%) respondents indicated that they had lost their jobs — or quit their jobs — due to their gambling activity. Eighteen of these responded that they were unemployed for an average of 12.6 months

each. (This represents an average unemployment time of 2.47 months for each of the 98 respondents.) Thirty-seven had received unemployment compensation, although only seven said they needed it because of gambling. Sixty-four missed work because of gambling. The average work loss for all 98 respondents was 8.5 hours a month. Discounting one individual who indicated missing work 100 hours a month, the mean is 7.4 hours a month; for casino gamblers, the mean is 7.7 hours a month.

A number of GA gamblers received public assistance as a direct result of their gambling activity. Thirteen had received food stamps and seven received Aid to Families with Dependent Children (AFDC) payments. One food-stamp recipient and one AFDC recipient indicated that the money received was used for gambling. Three of seven Social Security recipients gambled with that money as well.

Thirty-eight of the 98 (39%) of the gamblers had been arrested, but only 14 (11 of these were casino gamblers) indicated that the arrests were for gambling-related infractions. Eleven had been convicted for gambling related activities; three of these had multiple convictions. Eleven had been incarcerated because of gambling related crimes. Collectively, they served 82.1 months for the crimes; this is an average of .9 months for each of the 94 respondents (0.75 months for casino gamblers). Most of the crimes were property crimes: two forgeries, three thefts, two bad checks, one fraud, one child-support infraction, and three driving while intoxicated. Eight had been on probation because of gambling related crimes. Eleven had been sued due to their gambling debts.

Richard Vatz and Lee Weinberg (1995) report that the cost of formal treatment and rehabilitation for serious gambling problems averages between \$20,000 and \$28,000 and involves a program lasting from 20 to 30 days. Few of the GA members had undergone such treatment. Fifty-seven (58.2%) reported that they had been to a therapist for their gambling problems. It appears that the younger gamblers sought out this kind of help. The average age when they went to the therapist was 25.8 years; the median age was 34 years. Twenty-six of these individuals felt that the therapist was quite knowledgeable about gambling problems, 24 that he or she was "somewhat" knowledgeable, and only seven that the therapist had no knowledge about gambling problems. Fifteen reported having been hospitalized because of gambling problems. The costs of inpatient and outpatient care incurred by the 64 gamblers responding to this question ranged from \$0-\$50 (the lowest paid amount) to \$48,500. The average treatment cost was \$2,625 for all gamblers and \$1,378 for casino gamblers. Of those who had either inpatient or outpatient care, 39 reported having paid for the care "out of their own pockets," while 35 indicated they had insurance coverage for at least part of the cost. Overall, 65 (66%) said their current insurance covers therapy and other treatment programs.

The personal tragedies of compulsive gamblers are compounded by other problems in their lives; however, we found that 41 (42%) of the respondents experienced only a gambling addiction. Some other GA members claimed to have other serious addictions besides gambling. Thirty (31%) claimed to be alcoholics, 25 compulsive shoppers, 22 compulsive overeaters, and 14 drug addicts. On an open-ended question, six claimed they were sexual addicts, four indicated they were suffering from depression, and two said they were co-dependents. Seventy-three (75%) reported that they had friends who were serious problem gamblers. Twenty-three respondents went to therapists and care givers for alcohol problems and 46 for other problems, including depression (14) and marriage and family problems (12).

VI. COST ANALYSIS

How much does one serious problem gambler cost society? How much do the serious problem gamblers of Wisconsin cost Wisconsin society? What are the societal costs of having casinos in Wisconsin?

These are not easy questions to answer, but the answers are the object of this research project. To determine costs, we look to the evidence we have reviewed above. We consider employment costs, bad debts and civil-court costs, thefts and criminal-justice costs, the costs of therapy, and welfare costs. We look at the serious problem gamblers as a whole, and then we focus on costs of Native American casino gamblers. The latter calculations are derived by looking at the gambling behaviors of the 55 GA members who indicated that Native American casinos were a serious source of their problems and also that 90% or more of their gambling occurred within the Native American casinos.

TABLE A-1 Employment-Related Social Costs

Description	Among All Gamblers	Among Casino Gamblers
<i>Working Hours Lost Due to Gambling</i>		
Average hours lost per month	7.382	7.692
Average hours lost per year	88.584	92.304
Annual Cost (@ \$15.00 per hour)*	\$1,328.76	\$1,384.60
<i>Unemployment Compensation Due to Gambling</i>		
Average months receiving unemployment compensation	1.327	0.436
Average months receiving unemployment compensation per year	0.292	0.165
Annual Cost (@ \$732 per month)*	\$213.99	\$120.66
<i>Foregone Income Due to Unemployment</i>		
Average months unemployed	1.946	0.961
Average months unemployed per year	0.655	0.666
Annual Cost (@ \$2,000 per month)*	\$1,398.14	\$1,331.04
ANNUAL TOTAL EMPLOYMENT-RELATED COSTS PER GAMBLER	\$2,940.89	\$2,836.30

* See sources in text, Section VI

The calculations were annualized; that is, we sought to find the annual cost of problem gambling. In several cases this meant determining the career costs of serious problem gambling and dividing them by the approximate length of the serious problem gambler's career. The information is presented on Table A-1 above and Tables A-2 through A-5 on the next three pages.

1. **Employment costs.** Discounting extreme cases, the average respondent lost 7.5 hours a month from work due to gambling. We calculated the value of 88.6 hours a year at \$15 an hour to be \$1,328.76. The hourly wage is based on an average annual pay of \$23,610 reported in the Statistical Abstract of the United States, 1995 (hereinafter SAUS), page 432. The average casino gambler lost 7.69 hours of work a month, for an annual cost of \$1,384.60. The mean number of months on unemployment for the average gambler was 1.95, and for the casino gambler, .96. We figured costs on the basis of \$732 a month in unemployment compensation (SAUS, page 384); annualized, these costs became \$214 for the overall group, and \$121 for the casino gamblers.

2. **Productive work.** The marginal value of a serious problem gambler's lost labor (contribution to production) due to unemployment because of gambling represents a social cost. This cost is estimated at \$1,398 per serious gambler per year, based on the length of unemployment (annual average) times average pay in Wisconsin. For the casino problem gamblers, the cost is estimated at \$1,331. This particular cost for the *casino* serious problem gambler, as reported to us by our GA survey, is lower than that for the serious problem gambler on the whole — unlike most other social costs, which are usually higher for the problem gambler on the whole than for the casino problem gambler in particular.

3. **Bad debts.** We decided to use debt figures at the time of joining GA for our calculations. These figures were about 60% of the "lifetime" debts identified by the respondents. Of the \$38,664 debt for the group, 22.9% was subject to bankruptcy-court proceedings, with an average debt of \$8,909. We considered that society lost one-half of these debts — which, annualized, represented a social loss of \$1,487. The social loss for bankruptcy debts of casino gamblers was \$2,128. The estimated losses for society due to bad debts are very conservative ones for two main reasons. *First*, we accounted only for those who declared bankruptcy and *second*, we accounted only for half of their accumulated debt. It is clear that those problem gamblers who look for help (with or without bankruptcy) are very likely to have a low probability of repaying even part of their debts. When they look for help, the majority of them have already exhausted their savings and other financial assets as well as personal and family properties. Thus, it is likely that most of them would pay little of their total accumulated debts.

TABLE A-2 Costs Due to Bad Debts and Theft

Description	Among All Gamblers	Among Casino Gamblers
Bad Debt Lost		
Average debt when joining Gamblers Anonymous	\$38,664.00	\$34,533.00
Average bankruptcy debt (debt of those under bankruptcy divided by all gamblers)	\$8,909.00	\$9,000.00
Annual bankruptcy debt	\$2,974.00	\$4,256.00
<i>Annual Cost of Bad Debt (50% of annual bankruptcy debt)</i>	<i>\$1,487.00</i>	<i>\$2,128.00</i>
Theft		
Average dollar amount stolen	\$5,738.00	\$2,848.00
<i>Annual Cost of Theft (average dollar amount stolen)</i>	<i>\$1,733.00</i>	<i>\$1,674.00</i>
TOTAL ANNUAL COST OF BAD DEBT AND THEFT PER GAMBLER	\$3,220.00	\$3,802.00

TABLE A-3 Police and Judicial-Related Social Costs

Description	Among All Gamblers	Among Casino Gamblers
Bankruptcy Costs		
Number of cases	22	15
Average cost per gambler (@ \$3,750 per case)*	\$859.37	\$1,061.32
<i>Annual Cost per Gambler</i>	<i>\$333.75</i>	<i>\$514.75</i>
Cost of Civil Cases		
Number of cases	20	9
Average cost per gambler (@ \$3,750 per case)*	\$797.87	\$661.76
<i>Annual Cost per Gambler</i>	<i>\$513.63</i>	<i>\$534.85</i>
Cost of Criminal Cases		
Number of cases	14	9
Average cost per gambler (@ \$3,750 per case)*	\$558.51	\$661.76
<i>Annual Cost per Gambler</i>	<i>\$369.02</i>	<i>\$507.61</i>
Cost of Probation		
Number of cases (average of 2 years each case)	8	3
Average cost per gambler (@ \$2,800 per year)*	\$486.96	\$336.00
<i>Annual Cost per Gambler</i>	<i>\$185.99</i>	<i>\$191.96</i>
Cost of Imprisonment		
Average months in prison	0.892	0.745
Average cost per gambler (@ \$1,800 per year)*	\$1,606.30	\$1,341.18
<i>Annual Cost per Gambler</i>	<i>\$1,162.44</i>	<i>\$757.94</i>
Cost of Arrests		
Average number of arrests per gambler	0.226	0.118
Average cost of arrests per gambler (@ \$500 each arrest)*	\$112.90	\$58.82
<i>Annual Costs of Arrests per Gambler</i>	<i>\$47.51</i>	<i>\$44.40</i>
ANNUAL TOTAL POLICE AND JUDICIAL-RELATED COSTS PER GAMBLER	\$2,612.34	\$2,551.51

* See sources in text, Section VI

4. Civil-court procedures. We considered that each court case cost society \$3,750. This cost represents the cost of public counsel (many gamblers will not have funds and so have benefit of public counsel), judicial and other court-personnel salaries, and court facilities. In the absence of data on court costs, we assume that costs in Wisconsin would be half of those in the U.S. district courts. We estimate the average case cost for the U.S. (\$7,537), dividing the appropriation for the U.S. Courts of Appeals, District Courts, and other judicial services (\$2,596,095,000 in 1994, according to the U.S. Department of Justice Source Book, page 65) by the 344,440 cases in those courts in 1994 (SAUS, page 213).

Twenty-two bankruptcy cases result in annual social costs of \$334 for each gambler, considering the gamblers as a whole, and \$515 for the casino gamblers. With these bankruptcy figures — other than using gross estimates, as elsewhere — we totaled the amounts of debt actual bankrupt gamblers had at the time they entered treatment (GA), took one-half that number (assuming at least that much was denied to creditors in repayment plans), and spread those costs over the entire respondent population. Other civil cases cost \$514 for all the gamblers, and \$535 for the casino gamblers.

5. Criminal-justice system costs. Discounting extreme cases, we determined that all the gamblers stole an annualized amount equaling \$1,733, while casino gamblers stole \$1,674. We estimated a social cost of \$500 for each arrest. This is likely a conservative estimate based upon information from the U.S. Department of Justice Source Book (1994, pages 10 and 382), which indicated police-protection budgets in Wisconsin were approximately \$700 million and that there were 400,000 arrests in 1993. We assumed that arrest activity is about one-third of police work. This results in an annualized cost of \$48 for the whole group, and \$44 for the casino gamblers. Costs of trials come to \$369 for the whole group and \$508 for the casino gamblers (using the same \$3,750 as a trial cost). The probation cost was calculated to be \$5,600 over two years; 0.087 of the gamblers were placed on probation, for an annualized cost of \$185.89. The average probation cost for casino gamblers was \$192. The gamblers spent an average of .87 months in jail or prison. At a cost of \$1,800 a month, this is annualized to an overall social cost of \$1,162; for casino gamblers, \$758. The average societal cost for each gambler in prison or jail was estimated using an average cost of \$2,000 per month (Wisconsin average) for those in prisons and \$1,000 a month for those in jail.

We determined that the average cost of a gambler on probation was \$2,800 per year. We assumed, conservatively, 24 months on average for a serious gambler put on probation for fraud, embezzlement, or forgery. The cost of probation and parole was estimated from the state budgets for corrections minus the costs of the operation of prisons, jails, and juvenile corrections. We assigned two-thirds of the residual budget to probation and parole costs, and divided the costs by the number of persons in these programs. Federal probation times for the kinds of crime committed by the serious problem gamblers averaged three years. We used two years simply as a conservative measure of the time probation would take in Wisconsin.

6. Therapy. We considered the fact that most of the GA members indicated their therapy and inpatient costs were covered by insurance. We assigned one-half of the costs to the individual and one-half as social costs. The average gamblers spent \$2,626 for this help. Annualized over the gambler's career, this is \$722. One-half of this annualized amount represents a social cost of \$361. The casino gamblers caused social costs of \$437.

7. Welfare. Just more than seven percent of the gamblers received Aid to Families with Dependent Children payments from the government. While only a few said they went on AFDC as a result of gambling, we consider all the costs to be social costs of gambling — as gambling activity would preclude such recipients to get off the program, and it is likely that the AFDC funds enabled more gambling activity. The cost of AFDC was set at \$460 a month (SAUS, page 388). We determined the social cost figure to be \$233 for the entire group and \$352 for the casino gamblers. Food-stamp costs were set at \$2,000 a year for the analysis (SAUS, page 389). The social costs for the entire group were \$101 a year and \$134 for the casino gamblers.

8. Totals. The totals are presented in Table A-5 at the bottom of the next page. We conclude that the annualized social costs for one serious problem gambler in Wisconsin amount to \$9,469. As we determined that there were 32,425 such persons in the state, the total social costs of serious problem gambling in the state amount to \$307,023,246.

TABLE A-4 Health and Welfare-Related Social Costs

Description	Among All Gamblers	Among Casino Gamblers
Therapy Costs		
Average cost per gambler	\$2,625.62	\$1,373.08
Average annual cost per gambler	\$722.42	\$874.15
Annual Cost (50% covered by insurance)*	\$361.21	\$437.07
Food Stamps		
Percentage of gamblers who received food stamps	13.3%	7.3%
Annual Average Cost (@ \$2,000 per year per case)*	\$100.82	\$133.56
Aid to Families with Dependent Children		
Percent of gamblers who received AFDC	7.1%	7.3%
Average Annual Cost per Gambler (@ \$5,520 per year per case)*	\$233.46	\$352.27
ANNUAL TOTAL HEALTH AND WELFARE-RELATED COSTS PER GAMBLER	\$695.49	\$922.90

* See sources in text, Section VI

The analysis of the subset of 55 casino gamblers lead us to the conclusion that it costs society \$10,113 each year for serious problem gamblers whose essential venue for gambling is in the Native American casinos. As we determined that the addition of Native American casinos has generated 13,691 serious problem gamblers, the total social costs of these casino serious problem gamblers is \$138,453,113.

9. In Perspective. The numbers are conservative. While the latter number (\$138.45 million) is less than the positive monetary impact of casinos in the state we estimated in the 1995 study (only about 42% of the impact of \$326.72 million), the \$138.45 million represents a very large cost for Wisconsin society.

The numbers we calculated for individual social costs of serious problem gamblers (\$9,469 and \$10,113) represent figures between the low- and medium-estimate figures we used in our 1995 study. That lower figure was \$6,500 and the medium figure was \$13,000. Our findings suggest that the costs of compulsive gambling are major ones for society, but the costs are substantially lower than costs identified in previous studies. The figures are lower than the ones offered by Politzer, Morrow, and Leavey in their 1981 study — \$61,000 and \$26,000. They are also lower than the range of figures indicated in John Kindt's references — \$13,000 to \$52,000.

We may suggest that the figures are realistic — as they are based upon the specific evidence we have offered in our analysis, a type of evidence not closely analyzed in other studies. However, we also may offer that

TABLE A-5 Summary of Social Costs Related to Serious Gamblers

Description	Among All Gamblers	Among Casino Gamblers
Annual Total Employment-Related Social Costs per Gambler	\$2,940.89	\$2,836.30
Annual Total Bad Debt and Theft-Related Costs per Gambler	\$3,220.00	\$3,802.00
Annual Total Police and Judicial-Related Costs per Gambler	\$2,612.34	\$2,551.51
Annual Total Health and Welfare-Related Costs per Gambler	\$695.49	\$922.90
Annual Total Social-Related Costs per Gambler	\$9,468.72	\$10,112.71
Number of Serious Problem Gamblers in Wisconsin	32,425	13,691
Annual Total Social Costs for Entire State	\$307,023,246	\$138,453,113

the Wisconsin numbers could be lower than those that may be found in research studies in other venues because of the structure of the Wisconsin gambling industry. The most-significant part of the Wisconsin industry relative to problem gambling is the Native American casino. In Wisconsin, the casinos are located, for the most part, in rural areas that are not readily available to masses of urban residents on a convenient basis. In other states where casinos are purposely placed in cities (river cities, etc.) to maximize revenues, we could expect the social costs of gambling to rise.

We also offer that we have been purposely conservative in our analysis. We wish the information we present to be useful for policymakers, so we have carefully avoided adding numbers into the formula where we felt that we could not reasonably make good assumptions and good estimates of the costs. Nonetheless, we suspect that the areas not considered do represent social costs, and these may be revealed in more refined studies in the future. Some areas where costs must exist, but were not considered, include the lower productivity on the job, family disorganization, and bad debts by those who did not declare bankruptcy. We considered only lost hours of work and wages forgone during unemployment in our productivity formula. Politzer, Morrow, and Leavey considered the very-likely case that the serious problem gambler will be less productive when he or she shows up for work as well. Intense interviews with problem gamblers and employers might help future researchers discover a reasonable estimation of these costs. We think the 1981 study's estimation of 80% of wages is not close to reality, and we choose not to offer our own guess — as that is what it would be, a guess.

Seventy percent of the broken families (divorce and separation) discovered in the GA survey resulted from gambling problems. The two children (average 2.2) of troubled parents will suffer lifetimes of losses that will have financial costs for society. Other children will suffer too, and along with them, society will suffer. Children of problem gamblers are more likely than others to become problem gamblers. They are also more likely to develop other anti-social maladies. The GA members surveyed lost an average of \$98,491 (the median, \$45,000) during their entire gambling life, including the period when they developed a serious problem with gambling. This money represents the potential cost of a college education for both of a gambler's children. If because of their parent's gambling losses, their college funds have been depleted (and creditors would have priorities over children's college funds) and the children do strive "to be all then can be," society will suffer, and there is an economic cost in the suffering. Nonetheless, establishing such a cost would require either an intense study that goes beyond the scope of this study at this time or it would require assumptions not grounded in a strong factual basis.

Our analysis considers only the debts of gamblers who go into bankruptcy to be bad debts. We can get a handle on these costs. That we did not calculate bad debts of other gamblers does not mean they don't exist. Most likely, they do exist and they have a low probability of being paid. We just don't have a strong basis for making assumptions for an analysis. Additionally, we calculated costs of thefts by 31 GA members who indicated they stole to get money to gamble, but we did not calculate the costs to society resulting from the 53 who said they passed bad checks.

We should also add that we have addressed only social costs that are tied to serious problem gamblers. There are other social costs of gambling. Much crime that may be associated with gambling is unrelated to problem — not all thieves are problem gamblers, but gambling venues offer good opportunities for thievery. Also, there are public service and infrastructure costs when gambling establishments attract large numbers of people into small communities. Other studies will have to be made to capture the extent of these costs. Preliminary results of our ongoing study of Wisconsin gambling suggest a strong relationship between casino gambling and crime. Additionally, this study does not access direct government costs of gambling regulation, which also represent social costs.

VII. SOLUTIONS AND RECOMMENDATIONS

I am hopeful that the state is truly concerned about the seriousness of the problem. There are a lot of people who need help and can't find it or afford it. The incredible destruction I have personally witnessed in GA and my own life needs to be made public.

I wish GA could advertise. More people need to know there is help and need the help. More needs to be done to get problem gamblers to face facts and seek help — maybe more publicity — I hope this survey helps.

Stop casino gambling in Wisconsin.

*Taverns shouldn't have slot machines.
Drinking impairs judgment, causes losses.*

— GA members' responses to our questionnaire

Gambling has always been with us; it will always be with us. There can be no absolute solutions to the burdens of serious problem gambling. However, there can be solutions that help individuals, their associates, and society as a whole mitigate the costs of serious problem gambling.

There can be little doubt that the introduction of casino gambling into Wisconsin means that more Wisconsin residents have become serious problem gamblers. We indicate that, at a minimum, 13,691 persons are serious problem gamblers because of casinos. The cost estimates we have derived from our data are conservative ones. Nonetheless, we should urge policymakers and concerned decisionmakers, inside and outside of gambling establishments, to use these firmly established numbers as a foundation for taking action to deal with serious problem gambling in Wisconsin. The following recommendations are offered as a point of departure for future policy.

A. No Expansion of Gambling

We reemphasize the recommendation we made in the April 1995 study. There should be no expansion of legalized gambling in Wisconsin at this time or in the near future. Consideration of any expansion of gambling should be made only after a long period of deliberation, before which time gambling operations have assured the public that they have made positive progress in reducing the social costs of serious problem gambling.

B. Renewal of Native American Casino Compacts

While we believe gambling should not be expanded, we hold to our previous position that it would be advisable to renew compacts for operations of Native casinos at their present (or reduced) levels of activity. Even with social costs, the casinos represent positive economic impacts for the state. However, many social costs were not included in our study and this positive impact may decrease or even become negative when all costs are included in the analysis. Thus, the compact-renewal agreement must incorporate strategies to reduce problem gambling. The state should initiate steps to make the renewal negotiations well before the compacts expire in 1998, in order to achieve the best strategies to deal with serious problem gamblers.

Wisconsin is completely surrounded by other casino jurisdictions. A closing of Wisconsin casinos would certainly reduce the extent of serious problem gambling in the state. However, casinos in other states that are near the Wisconsin borders would still appeal to many of the state's problem gamblers. Moreover, some of the non-problem gamblers in Wisconsin might take much of their gambling patronage to these other states. This could cause some adverse economic impacts for Wisconsin, at least over the short-run future. However, if problem-gambling social costs and (or) its incidence rate are higher than the ones reported in this study, and hence result in negative monetary impacts for Wisconsin, a closing of the casinos would constitute what economists call the first-best policy. The state should, however, weigh the well-being of Native Americans when any such policy option is analyzed.

State policymakers have a new leverage for future negotiations if the negotiations begin before expiration dates occur. The U.S. Supreme Court has removed the possibilities of tribes going to federal courts to force state action; however, if there is a confrontation over the questions of the continued existence of the casinos, it is possible that the tribes can seek other avenues for forced resolution of the issue — e.g., the office of the secretary of interior, and Wisconsin courts for civil actions. The state has removed casino-gaming provisions of the state law, and thus could try to block the casinos. Instead of doing so, the state should recognize that with new potentialities, the state has a leverage in negotiating new compacts now (in 1996) or next year. Appropriate policy trade-offs might be easier to accomplish sooner than later.

The policies the state seeks in new compacts should be fully incorporated in policies for other gambling establishments in the state as well — specifically, for the lottery and race tracks.

C. Education and Awareness Programs

Problem gambling is a “silent disease” for many reasons. Those with the symptoms cannot be easily picked out in the general public. Even when they are involved in gambling activity, they may appear normal to most observers. They do not stagger; they do not slur their speech. (However, trained observers can often separate problem gamblers from other gamblers.) As a result, the problem gamblers themselves may not recognize the degree of their situation. As their problems progress, they may feel that they alone have the problems, that there is not a large number of others also suffering. An aloneness can keep people away from sources of help and may lead them more quickly into the latter stages of the disease where self destruction options may be considered.

The public should be made aware of serious problem gambling. They must learn about the symptoms, the extent of the disease, and that help is available. Education and awareness programs should be conducted through the public mass media, businesses, and the schools. Educational materials on problem gambling should be available at public agencies and courts, especially those dealing with welfare, substance abuse, property crimes, and bankruptcies. An educational effort should also be put into effect at gambling sites — the casinos, the tracks, and at lottery-sales outlets. All the educational programs should inform the public where help can be found. The “800” hotline operated by the Wisconsin Council on Problem Gambling should be widely promoted. The WCPG’s other programs should be expanded and incorporated into the state’s education and awareness efforts. (The National Council on Problem Gambling and its Wisconsin Affiliate, WCPG, are described in Appendix B on page 30.)

D. Controlled Access to Gambling Sites

Gambling problems follow when gambling outlets become conveniently accessible to more and more people. The casino locations are mostly in rural areas. The Milwaukee facility is not a convenient, walk-in site. Similarly, racetracks are somewhat off “the beaten path;” at least they are not within urban communities. Lottery locations, on the other hand, may be too accessible. However, whatever the location, programs of controlled access to gambling activities are advisable.

The state should consider raising the gambling age to 21 for all gambling activities. Strict adherence to age limits should be maintained (even if age limit is not 21). The state should show a willingness to impose effective penalties upon those allowing underage persons to gamble. Enforcement mechanisms should be put into casino compacts. Lottery outlets should be closed if those selling tickets sell them to underage customers.

Serious problem gamblers should be restricted in their gambling activity where possible. The state should institute training programs for all front-line merchants of gambling products. Store clerks selling lottery tickets, window personnel at tracks, casino dealers, slot attendants, and floor personnel should be trained in the observable behaviors of serious problem gamblers. They should also develop the ability to make active, problem gamblers aware of their own behavior and also aware of opportunities for help. In some cases, they should even intervene to stop the gambling behavior. They certainly should not encourage continued gambling by these persons.

Wisconsin casinos and tracks should adopt *voluntary* exclusion policies such as are being implemented in Illinois and Missouri casinos. These casinos allow a person to have his or her name placed on an excluded-persons

list. The person is thereafter (or for a period of time) barred from the casino. If he or she comes into the casino, a trespass action can be taken. The exclusion can be extended to all the casinos in the state — and, through agreements with surrounding states, to their casinos as well.

European casinos have procedures that allow close relatives of a person to have that person banned from casinos. If a relative is consuming another family member's resources, or is gambling money needed for family support, such a policy makes sense. Of course, implementation procedures would be difficult to establish, but attention should be given to the matter. Certainly, court orders or orders from probation or parole persons could effectuate a ban. The casinos themselves may see the wisdom in initiating the efforts to ban certain serious problem gamblers. A player suicide attributed to a casino will cause much more embarrassment to a casino than will an action to ban a player, temporarily, or even permanently. State law should absolve gambling establishments of any liabilities they otherwise may face (lawsuits over exclusion) by excluding a serious problem gambler.

Many problem gamblers have binge activity extending over long hours. If the casinos would have closing hours, even if for only two to four hours an evening, such binge behavior could be temporarily stopped, and a problem gambler could be brought back to reality.

E. Limiting Access to Gambling Money

Problem gamblers need money. Easy access to money for a serious problem gambler may be the equivalent of providing large quantities of alcohol to an alcoholic. More than four-fifths of the GA members we surveyed indicated that they used credit cards as a source of gambling funds. Three-fourths used their banks, while more than one-half passed bad checks to secure funds. The casinos and other gambling establishments should not encourage the flow of funds from these sources to serious problem gamblers. Credit-card machines should not be placed in casinos or at racetracks, or in locations convenient for players at the time of play. The use of automatic teller machines (ATMs) should be controlled.

There is a very positive advantage in having the machines, as a person wishing to gamble does not have to carry large sums of money from home to casinos. Robberies can thereby be avoided. However, the machines in the casinos and tracks should be programmed so that moneys can be taken only from accounts that have positive balances; the machines should not be used for "loans." Moreover, the machines should have reasonable limits on the amounts that can be taken out in a number of consecutive hours. The machines should allow a player to take out small sums as well. Machines can distribute as little as five dollars at a time. The machines should have the capacity to take deposits so that a winner can conveniently choose to keep his or her winnings without having to carry large sums of money out of the casino. Deposit capacity also allows a winner to put winnings beyond his or her control for the moment, thereby helping the player avoid the sometimes-irrational urge to throw the money back into play immediately. Potential muggers can easily observe persons winning money in a casino or at a track. Deposit mechanisms, and also casino-issued checks, can help avert this problem area.

Casino locations should not have check-cashing facilities. Certainly, government checks should not be cashed by casinos. Any personal checks should be pre-approved and drawn only from certified accounts for players who have been checked out and deemed to be responsible. Travelers' checks should be encouraged. There is no doubt that a casino implementing restrictions on check cashing will also have to increase internal and perimeter security to assure that private individuals are not extending unauthorized check-cashing or loan services for players.

The availability of alcohol may add to the seriousness of problem gambling. Casino policies should ban drinking on the gambling floor. Certainly, no drinks should be given away. Complete banning of alcohol from facilities should be considered as a matter of policy. A trade-off for endorsing a total ban on alcoholic beverage sales (or distribution) at casinos might be the rigorous enforcement of gaming laws in taverns and bars.

In this regard, the state should initiate an enforcement program to remove poker machines and other illegal gambling devices from bars and taverns. No such machines are used for non-gambling purposes, and the state laws should be clarified to assure that they cannot be used in places having liquor or beer licenses.

F. Expanded Treatment Programs

Treatment programs should be supported by the state and by gambling operators. Counseling therapists throughout the state should have training to deal with problem gambling. The National Council on Problem Gambling reports that there are less than one hundred outpatient and only one dozen inpatient treatment centers for problem gamblers in the entire country. By contrast, there are 13,000 programs for alcohol and drug abusers. Most mental-health professionals have not been exposed to information about gambling problems and lack training in dealing with gambling addicts (National Council, 1995). In Wisconsin, more than 15,000 persons receive treatment from state-supported drug-abuse centers. The State of Wisconsin appropriates more than one hundred million dollars for various drug- and alcohol-control programs, but the state devotes very few resources to gambling-abuse efforts. Of the 17 casinos, only four are in counties with trained therapists, and only five are in counties with Gamblers Anonymous groups.

Again, Appendix A provides a description of Gamblers Anonymous programs. While the programs are not uniformly successful, there is a degree of recognition that the best help available for the serious problem gambler is through GA along with individual counseling.

G. Additional Funding

A few states have directed public funding toward programs of education, warning, and treatment for problem gamblers. The first state-funded program was in Maryland. In 1978, a grant of \$100,000 was provided for counseling programs. The state support has since been withdrawn. Iowa devoted \$1.5 million and Texas gave \$2 million in support after introducing state lotteries. The Texas program has been discontinued. New York has appropriated as much as \$750,000 a year. One source indicated that Wisconsin's prison system devotes \$500,000 for counseling inmates on gambling problems, but no other state funds go to this problem area. More should (Dunne, 1985).

The state should require that gambling funds be directed toward programs to mitigate the negative effects of serious problem gambling in Wisconsin. Funding should come through lottery, track, and casino revenues. Mechanisms for casino funding should be included in new compacts with tribes.

There should be several objects of funding: general advertising about problem gambling; promotion of and support for the "800" hotline; education programs for public-service agencies, businesses, and schools; counselor training; the counseling programs themselves; and ongoing studies of the economic and social impacts of gambling, as well as the cost factors of problem gambling. The amounts of funding should be a matter of negotiations; however, the social costs identified in this report should be used as a guideline. The costs of problem gambling are at a minimum \$329 million overall and \$141 million because of casinos. The casinos and other gambling establishments in the state directly profit because of these costs. They receive a large amount of the bad-debt money in play; they also are the cause of the other social costs, even if they don't receive direct profits. They should return an amount at least equal to the social costs to society.

Funds provided by casinos for problem-gambling mitigation should be augmented by other offsets that together should approximate the \$141 million we have identified. Tracks and the state lottery should do the same. The offsets for casinos would represent a contribution of the tribes to the state in recognition of the costs that the casinos impose on the general public because of problem gambling. After payment of the offsets and problem-gambling program support, the tribe and the general public could then be assured that the revenues retained by the tribe are revenues that result from responsible gambling — gambling dollars that represent sales of socially acceptable entertainment that might go to other jurisdictions without the presence of the casinos.

Offsets could consist of funds for support of Native American programs now funded by the state. Some tribal funds could go for support of enrolled tribal members who receive various forms of state aid. Education programs for Native Americans now funded by state and local governments could receive offset funds. Also as a matter of self interest, the tribes could provide funds to state and local law-enforcement agencies for a major campaign against slot machines and other gambling devices in bars and taverns. A double advantage would thus be

realized. A highly addictive type of gambling would be limited, and a competitive form of gambling would also be limited. The elimination of alcoholic beverages in casinos could represent a trade-off, making an anti-bar machine program more acceptable to the public.

H. Other Ideas

The list of recommendations could go on and on. We have presented the ideas above on the basis of information we have gathered in this and our previous study of Wisconsin gambling. We have also examined and incorporated ideas that have been discussed elsewhere. The reader may wish to look at these sources: Dombrink and Thompson (1986), Eadington (1989), Lesieur (1992), National Council (1995), Harrah's (1995), Wynne, Smith and Volberg (1994), and Dunne (1985).

VIII. CLOSING COMMENT

On December 10, 1984, Thomas R. O'Brien, director of the New Jersey Division of Gaming Enforcement spoke to a meeting of the Sixth National Conference on Gambling and Risk Taking at Bally's Casino Hotel in Atlantic City. He commented:

It seems to some of us, such a long time ago, that New Jersey undertook to establish this new industry as a "unique tool of urban redevelopment," the success of which is based upon how successfully that industry marketed its only product. That product is not entertainment or recreation or leisure — it's really Adrenalinea biological substance capable of producing excitement—highs and generated usually by anticipation or expectation of a future event especially when the outcome of that event is in doubt.

I think most of us here today who have had experience with gambling will agree that no form of risk taking or risk acceptance generates the intensity or can produce the amount of Adrenaline in the shortest period of time than a roll of the dice, spin of the wheel or turning of a card, and interestingly enough, the level of excitement is not in proportion to the amount of money riding on the event but depends to a large extent upon the subjective psychological approach to the game by the player. (O'Brien, 1985)

The product of legalized gambling, according to a top regulator, was a chemical substance that while internally generated, still existed as a real substance in the body as a result of gambling, and the substance progresses to the brain and can thereby affect mental activity, i. e., produce excitement.

Let us ask if we would really legalize gambling or new forms of gambling if all policy makers accepted this view. If government officials accepted that gambling was in essence a mind altering drug — as Thomas O'Brien clearly suggested it was — would it be legalized? Consider that legislators would have a hard time making such a decision. After all, how many legislators are biochemists? How many are pharmacologists? How many are medical researchers? None — or at least very, very few. As collective bodies, Congress and state legislatures simply lack the required expertise to make good decisions in the area of legalizing new drugs. Rather than flying blind, or simply refusing to make any legalizations of new drugs, Congress has another procedure. Congress delegates decisionmaking authority to Food and Drug Administration (FDA). The FDA has expertise.

So now we can ask: if the FDA was given the mind-altering "gambling drug" to analyze, would it legalize it? The answer is not easy. But the process it would follow in making a decision is clear. First, they would authorize extensive tests — initially on animals, but then on selected human beings. What would the tests tell them? Look at numbers of 1,000 who answered "yes" to any of the serious problem gambling symptoms — 12.9% of all persons questioned, but 19.8% of the gamblers. Perhaps the gambling drug is completely safe for 80.2% of those taking it, but 19.8% show one or more side effects that suggest the use of the "drug" might be dangerous under the wrong conditions. Almost one percent of the population, and 1.4% of the users (gamblers), exhibit serious side effects. These side effects could potentially be life threatening, as this drug leads to widespread urges to commit suicide, and to perform socially unacceptable activities — to steal, write bad checks, cheat on insurance matters, miss work regularly. Nonetheless, the 80.2% believe that the drug helps them relax, allows them to get away from daily work or home problems, and gives them a measure of excitement lacking in other phases of their lives. They believe the drug improves their lives. Moreover, there could be economic advantages for promoting the commerce entailed in merchandising the drug.

So should such a drug be legalized? Perhaps. But if it were to be legalized, the FDA would demand certain controls over its use. First, the drug could not be taken by children. It would be sold only in select locations, and the dosages sold would be regulated. The buyers, moreover, would have to receive prior approval of an outside expert before they could make a purchase. And the experts would have to monitor the drug use and certify that the individual taking the drug is not having serious side effects. When the side effects become noticeable, the person would be weaned off the drug — or, in serious cases, taken off the drug completely.

The FDA has established elaborate controls for the dispensing of drugs. Wisconsin policymakers would be wise to follow FDA-type procedures as they establish controls over gambling in order to assure that serious problem gamblers do not succumb to the bad side effects of what might otherwise be a good drug for other people.

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ACKNOWLEDGEMENTS

The authors wish to express their appreciation to Carole Teski, executive director of the Wisconsin Council on Problem Gambling, and Dr. Henry Lesieur, professor of criminal justice at Illinois State University, for the valuable assistance they have provided during the course of this study.

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APPENDICES

APPENDIX A: GAMBLERS ANONYMOUS

"I would not waste my money going to a doctor, but going to a GA meeting is all the help I need where they may experience the same thing I have gone through."

Jim W. was drawn into gambling activity as a 10-year-old card player. As a teenager, he was an accomplished poker player. During his twenties, he became a serious horse-race bettor at Santa Anita. He then went into the service during World War II, gaining greater exposure to the world of gambling. But instead of winning, he now experiences serious losing streaks. These continued after the War's end and his return to the race track and to casino games in Reno. By the mid 1950s, his life was consumed by the constant "chase" after another big win. His business had failed and his marriage was troubled. Jim W. had earlier experienced success in an Alcoholics Anonymous (AA) group. That success gave him an inspiration when gambling had taken him to the lowest depths of his life. From 1954 through 1956, Jim W. tried to organize group meetings with other problem gamblers. He persisted through several failed efforts. Then, in 1957, he was invited to participate as a guest on a Los Angeles radio show. He asked listeners with problems to give him a call. Soon the nucleus for a GA program based upon the 12 steps of AA was in place. It was a small group. But the five persons who came together in Los Angeles on September 13, 1957, were the start of a worldwide movement.

The following year, a Gamblers Anonymous group began in San Francisco. GA headed East in 1960 —

GAMBLERS ANONYMOUS 12-STEP PROGRAM

1. We admitted we were powerless over gambling — that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to a normal way of thinking and living.
3. Make a decision to turn our will and our lives over to the care of this Power of our own understanding.
4. Made a searching and fearless moral and financial inventory of ourselves.
5. Admitted to ourselves and another human being the exact nature of our wrongs.
6. Were entirely ready to have these defects of character removed.
7. Humbly asked God (of our understanding) to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood him, praying only for knowledge of His will for us and the power to carry that out.
12. Having made an effort to practice these principles in all our affairs, we tried to carry this message to other compulsive gamblers.

(Reprinted in Walker, 1992, p.192.)

with new chapters in New York, Boston, Philadelphia, and Washington, D.C. By the end of 1960, there were 16 chapters; by the end of the decade, 130. The introduction of casino gambling in New Jersey witnessed an increase of chapters in the Garden State from 13 to 45. By the time casinos came to the Midwest in the form of riverboats and Native American facilities, there were 600 chapters; by 1992, there were more than 700 chapters. Chapters are now in almost every state. In 1973, GA went international with a chapter in Sydney, Australia.

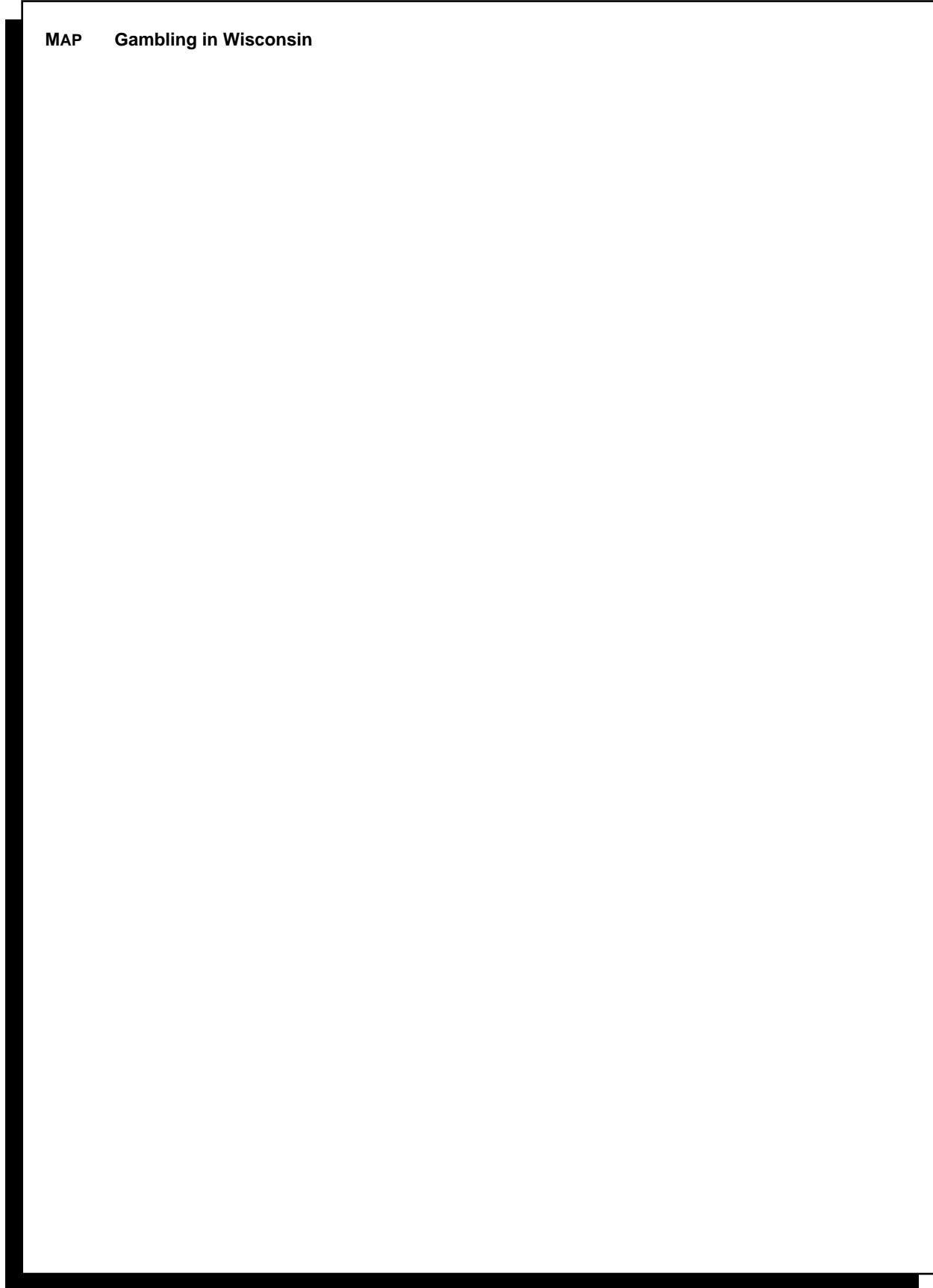
At the onset, it was agreed that there would be no dues, no affiliation with other groups, no political positions (even on the issue of legalizing gambling) taken, no acceptance of gifts from non-members, and no officers. The GA groups are loosely held together by a National Service Organization that provides literature, holds meetings, and gives advice on setting up groups. Individual chapters have members who serve as coordinators and make arrangements for meetings (Gamblers Anonymous, 1974, 1984).

Gamblers Anonymous came to Wisconsin in 1981 with the establishment of a group in Milwaukee. Ten years passed before another group was established, in Green Bay. In 1992, Madison followed by starting a group, and the next year, groups appeared in Appleton, Wausau, and Spooner. Since 1994, groups have been established in Cedarburg, Appleton (a second group), Stevens Point, St. Croix Falls, Washburn, Watertown, and Wauwautosa, and a La Crosse group has been reactivated. Groups also are active in Manitowoc, River Falls, Hayward, and Mauston. Green Bay now has a second group.

The Gamblers Anonymous Program requires complete abstention from gambling activities forever. The members help each other deal with urges to gamble much as AA members help each other resist the urge to imbibe. GA does not recognize the possibility that a problem gambler can modify behavior and become a normal gambler.

APPENDIX B: THE NATIONAL (AND WISCONSIN) COUNCIL ON PROBLEM GAMBLING

In 1972, the Board of Trustees of Gamblers Anonymous (the national service arm of the organization) moved to establish a council to do things they could not do. GA had a secrecy requirement that precluded public advertising efforts and open lobbying for support of programs for troubled gamblers. As a consequence, the idea of

MAP Gambling in Wisconsin

counseling help for gamblers was left out of federal legislation passed in 1970 (and funded to the tune of \$40 million) to help those with alcohol and drug abuse problems. The newly created National Council on Compulsive Gambling (it later changed its name to National Council on Problem Gambling) worked to win support for awareness, education, and counseling programs. Throughout the 1970s, the Council lobbied to have problem gambling recognized as a disease. In 1980, the American Psychological Association gave that recognition. Early efforts of the National Council also resulted in public funding of treatment and educational programs in several states. The Council has also been active in establishing affiliated groups in many states (Dunne, 1985).

The Wisconsin Council on Problem Gambling was founded in 1993 as a private, non-profit, educational organization. In January 1994, it gained recognition from the National Council on Problem Gambling as the official Wisconsin affiliate of that group. There are 25 state affiliated Councils. The National Council began operations in 1972. WCPG is headquartered in Green Bay with offices and an executive director. The Wisconsin Council will not take political positions on the questions regarding the legalization of gambling.

The council offers several services, the most prominent one being an “800”-number hotline. The line has been funded for a single year by a local foundation. It is always open and is the initial source of help for many problem gamblers; its continuation is very important. Additionally, the Wisconsin Council furnished a wide array of information, pamphlets, and posters designed to make people aware of the gambling problem. The Council’s proposed budget for 1995-96 was \$148,600.

APPENDIX C: PREVALENCE RATES ESTABLISHED WITH SURVEYS

M. Kallick, D. Suits, T. Dielman, and J. Hybels (University of Michigan), 1976. United States: .77% Pathological gamblers; Nevada: 2.5% Pathological Gamblers.

R. P. Cullerton, 1984. Ohio: 2.5% Pathological Gamblers (N = 801).

Cullerton, 1984. Delaware Valley, New Jersey: 3.4% Pathological Gamblers; 4.1% Problem Gamblers.

Rachel Volberg, 1986. New York: 4.2% Lifetime Pathological Gamblers (N = 1,000).

Henry Lesieur and R. Klein, 1987. New Jersey: 5.7% Lifetime Pathological Gamblers (N = 892 Adolescents).

R. Ladouceur and C. Mireault, 1988. Quebec: 3.6% Lifetime Pathological Gamblers (N = 1612 Adolescents).

Volberg and H. Steadman, 1988. 4.2% Lifetime Pathological Gamblers (N = 1,000).

Volberg and Steadman, 1988. New York: 3.9% Problem Gamblers; 1.4% Pathological (N = 1,000).

Volberg and Steadman, 1988. Maryland: 3.9% Lifetime Pathological Gamblers (N = 750).

Volberg and Steadman, 1989. Maryland: 4.1% Problem Gamblers; 1.4% Pathological (N = 1,000).

Volberg, 1989. Massachusetts: 4.4% Lifetime Pathological Gamblers (N = 750).

Volberg, 1989. Iowa: 1.7% Lifetime Pathological Gamblers (N = 750).

Durand Jacobs, 1990. California: 4.1% Lifetime Pathological Gamblers (N = 1,250).

J. Laundergan, et al., 1990. Minnesota: 2.4% Lifetime Pathological Gamblers (N = 1,251).

Ladouceur, 1990. Quebec: 2.6% Problem Gamblers; 1.2% Pathological Gamblers; 3.8% Lifetime Pathological Gamblers (N = 1,002).

R. Cayuela, 1990. Catyluna, Spain: 2.5% Problem Gamblers (N = 1,230).

M. Abbott and Volberg, 1991. New Zealand: 6.9% Lifetime Pathological Gamblers (N = 4,000).

Volberg, 1991. Connecticut: 6.3% Lifetime Pathological Gamblers (N = 1,000).

Baseline Market Researchers, 1992. New Brunswick: 6.0% Lifetime Pathological Gamblers (N = 800).

Volberg, 1992. Washington State: 5.1% Lifetime Pathological Gamblers (N = 1,502).

L. Wallisch, 1992. Texas: 4.8% Lifetime Pathological Gamblers (N = 6,308).

Volberg, 1992. Montana: 3.6% Lifetime Pathological Gamblers (N = 1,020).

Volberg, 1992. North Dakota: 3.5% Lifetime Pathological Gamblers (N = 1,517).

Volberg and R. Stuefen, 1992. South Dakota: 2.8% Lifetime Pathological Gamblers (N = 1,560).

Wallisch, 1992. Texas: 12.4% Lifetime Pathological Gamblers (N = 924 Adolescents).

Volberg, 1993. Washington State: 8.0% Lifetime Pathological Gamblers (N = 1,054 Adolescents).

Volberg, 1993. North Dakota: 14.5% Lifetime Pathological Gamblers (N = 400 Native Americans).

H. Wynn, G. Smith, and Volberg, 1994. Alberta: 4.0% Problem Gamblers; 1.4% Probable Pathological Gamblers; 5.9% Lifetime Problem; 2.7% Lifetime Probable Pathological Gamblers (N = 1,803).

Sources:

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APPENDIX D: DSM III CRITERIA FOR PATHOLOGICAL GAMBLING

- A. The individual is chronically and progressively unable to resist impulses to gamble.
- B. Gambling compromises, disrupts, or damages family, personal, and vocational pursuits, as indicated by at least three of the following:
 - 1. Arrest for forgery, fraud, embezzlement, or income tax evasion because of attempts to obtain money for gambling.
 - 2. Default on debts or other financial responsibilities.
 - 3. Disrupted family or spouse relationship because of gambling.
 - 4. Borrowing of money from illegal sources (loan sharks).
 - 5. Inability to account for loss of money or to produce evidence of winning money, if this is claimed.
 - 6. Loss of work because of absenteeism to pursue gambling activity.
 - 7. Necessity for another person to provide money to relieve a desperate financial situation.
- C. The gambling is not caused by Antisocial Personality Disorder.

Source: American Psychiatric Association, 1980. *Diagnostic and Statistical Manual of Mental Disorders*, 3ed. Washington, D.C.: APA, reprinted in Rosenthal, 1989, p. 102.

APPENDIX E: DSM IIIR CRITERIA FOR PATHOLOGICAL GAMBLING

Maladaptive gambling behavior as indicated by at least four of the following:

- 1. Frequent preoccupation with gambling or with obtaining money to gamble.
- 2. Frequent gambling of larger amounts of money or over longer period of time than intended.
- 3. A need to increase the size or frequency of bets to achieve the desired excitement.
- 4. Restlessness or irritability if unable to gamble.
- 5. Repeated loss of money by gambling and returning another day to win back losses.
- 6. Repeated efforts to reduce or stop gambling.
- 7. Frequent gambling when expected to meet social or occupational obligations.
- 8. Sacrifice of some important social, occupational, or recreational activity to gamble.
- 9. Continuation of gambling despite inability to pay mounting debts, or despite other significant social, occupational, or legal problems that the person knows to be exacerbated by gambling.

Source: American Psychiatric Association, 1987. *Diagnostic and Statistical Manual of Mental Disorders*, 3ed. Washington, D.C.: APA, reprinted in Rosenthal, 1989, p. 102.

APPENDIX F: DSM-IV CRITERIA FOR PATHOLOGICAL GAMBLING

Pathological gambling is diagnosed when four or more of the following characteristics are present:

1. Progression and preoccupation: reliving past gambling experiences, studying a system, planning the next gambling venture, or thinking of ways to get money.
2. Tolerance: need to gamble with more and more money to achieve the desired excitement.
3. Withdrawal: became restless or irritable when attempting to cut down or stop gambling.
4. Escape: gamble in order to escape from personal problems.
5. Chasing: after losing money gambling, often returned another day in order to get even.
6. Denial: denied losing money through gambling.
7. Illegal activity: committed an illegal act to obtain money for gambling.
8. Jeopardizing family or career: jeopardizing or loss of a significant relationship, marriage, education, job or career.
9. Bail out: needed another individual to provide money to relieve a desperate financial situation produced by gambling.

Source: Lesieur and Rosenthal, 1991, reprinted in Walker, 1992, p. 172.

APPENDIX G: THE 20 QUESTIONS OF GAMBLERS ANONYMOUS

A score of 7 or more indicates a serious gambling problem

1. Do you lose time from work because of gambling?
2. Is gambling making your home life unhappy?
3. Is gambling affecting your reputation?
4. Have you ever felt remorse after gambling?
5. Do you ever gamble to get money with which to pay debts or to otherwise solve financial difficulties?
6. Does gambling ever cause a decrease in your ambition or efficiency?
7. After losing, do you feel you must return as soon as possible to win back your losses?
8. After you win, do you have a strong urge to return to win more money?
9. Do you often gamble until your last dollar is gone?
10. Do you ever borrow to finance your gambling?
11. Have you ever sold any real or personal property to finance gambling?
12. Are you reluctant to use "gambling money" for normal expenditures?
13. Does gambling make you careless of the welfare of your family?
14. Do you ever gamble more than you planned?
15. Do you ever gamble to escape worry and trouble?
16. Have you ever committed or considered committing an illegal act to finance gambling?
17. Does gambling cause you difficulty in sleeping?
18. Do arguments, disappointments, or frustrations cause you to gamble?
19. Do you have an urge to celebrate any good fortune by a few hours of gambling?
20. Have you ever considered self-destruction as a result of your gambling?

Source: Reprinted in Walker, 1992, p. 169.

APPENDIX H: THE SOUTH OAKS GAMBLING SCREEN

1. Please indicate which of the following types of gambling you have done in (your lifetime) (the past twelve months) ... list follows
2. What is the largest amount of money you have ever gambled with on any one day?
3. Do (did) your parents have a gambling problem?
4. When you gamble, how often do you go back another day to win back the money you lost?
5. Have you ever claimed to be winning money gambling but weren't really? In fact, you lost?
6. Do you feel you have ever had a problem with gambling?
7. Did you ever gamble more than you intended to?

8. Have people criticized your gambling?
9. Have you ever felt guilty about the way you gamble or what happens when you gamble?
10. Have you ever felt like you would like to stop gambling but didn't think you could?
11. Have you ever hidden betting slips, lottery tickets, gambling money, or other signs of gambling from your spouse, children or other important people in your life?
12. Have you ever argued with people you live with over how you handle money?
13. (If you answered yes to question 12): Have money arguments ever centered on your gambling?
14. Have you ever borrowed from someone and not paid them back as a result of your gambling?
15. Have you ever lost time from work (or school) due to gambling?
16. If you borrowed money to gamble or to pay gambling debts, who or where did you borrow from? (Several choices listed)

Source: Lesieur and Blume, 1987, reprinted in Walker, 1992, p. 158.

APPENDIX I: JACOBS' DISSOCIATIVE STATES SURVEY

When Gambling Do You Occasionally (or more often) experience:

1. Trance like state
2. Taking on Identity of Another Person
3. Blackouts — times you cannot remember
4. Out of Body sensations

Source: Jacobs, 1989, p.53.

APPENDIX J: QUESTIONNAIRE FOR GAMBLERS ANONYMOUS MEMBERS

The purpose of this survey is to find out how much gambling costs for the problem gambler and for society. This project is being conducted by the Wisconsin Council on Problem Gambling for the Wisconsin Policy Research Institute of Milwaukee. The results may help public officials develop policies and help fund various help programs. Please be as honest and accurate and open as possible (try not to exaggerate or conceal). The survey results will be completely anonymous. Please do not put your name on the survey, or otherwise identify yourself. Place the finished survey in the collection envelope so that your identity cannot be determined. Your participation is voluntary; do not feel that you have to answer any question or all the questions. The information will only be used in a combined sense for the purpose of building better help programs for problem gamblers.

1. Please indicate which of the following types of gambling gave you a problem in your lifetime. For each type, mark one answer: "not at all," "some problem but not serious," or "definite problem."

	Not at all	Some problem, but not serious	Serious problem	
a.	0()	1()	2()	Indian casinos
b.	0()	1()	2()	Riverboats casinos
c.	0()	1()	2()	Other casinos
d.	0()	1()	2()	Race tracks
e.	0()	1()	2()	OTB
f.	0()	1()	2()	Betting with a bookie
g.	0()	1()	2()	State lottery
h.	0()	1()	2()	Bingo
i.	0()	1()	2()	Played the stock, options and/or commodities market
j.	0()	1()	2()	Played slot machines, poker machines or other gambling machines outside a casino

- k. 0() 1() 2() Bowled, shot pool, played golf or some
other game of skill for money
- l. 0() 1() 2() Some form of gambling not listed above
(please specify):_____

2 & 3. Please indicate which form of gambling you preferred. Indicate a second choice only if you engaged in this frequently.

2. First choice (please write it in _____)

3. Second choice (please write it in _____)

4. What percent of your gambling losses were caused by gambling at

Casinos	_____	Racetracks	_____	Lotteries	_____
Bingo	_____	Sports betting	_____	Other	_____

5. At about what age did you start gambling?

_____ years old _____ do not remember

6. At what age did you first gamble or bet on a weekly basis or more often?

_____ years old _____ do not remember

7. At what age did you have first experience problems with gambling? _____ years old

8. If you borrowed money to gamble or to pay gambling debts, who or where did you borrow from? (check "yes" or "no" for each)

	no	yes
a. from household money _____	()	()
b. from your spouse _____	()	()
c. from other relatives or in-laws _____	()	()
d. from banks, loan companies or credit unions _____	()	()
e. from credit cards _____	()	()
f. from loan sharks _____	()	()
g. you cashed in stocks, bonds or other securities _____	()	()
h. you sold personal or family property _____	()	()
i. you borrowed on your checking account (passed bad checks) _____	()	()
j. you have (had) a credit line with a bookie _____	()	()
k. you have (had) a credit line with a casino _____	()	()

9. How old were you when you first borrowed money to gamble? _____ years old.

10. How much money would you estimate you owed as a result of your gambling (do not include borrowing for cars and other legitimate purposes) when you came into GA (what showed up on your pressure relief form or your best estimate)?

0	()	nothing			
1	()	under \$1,000	5	()	\$25,000-49,999
2	()	\$1,000-4,999	6	()	\$50,000-99,999
3	()	\$5,000-9,999	7	()	\$100,000-249,999
4	()	\$10,000-24,999	8	()	\$250,000 or more

10a. Please put a more accurate amount here: _____

10b. How much was owed in the last twelve months of your gambling because of gambling?

11. Counting all the money you borrowed to gamble or pay gambling debts, how much would you estimate you have borrowed in your lifetime? This would include money you borrowed and paid back (do not include borrowing for cars, etc.).

0	()	nothing	5	()	\$25,000-49,999
1	()	under \$1,000	6	()	\$50,000-99,999
2	()	\$1,000-4,999	7	()	\$100,000-249,999
3	()	\$5,000-9,999	8	()	\$250,000 or more
4	()	\$10,000-24,999			

11a. Please put a more accurate amount here: _____

11b. How much was borrowed in the last twelve months of your gambling because of gambling?

12. If you cashed in stocks, bonds or other securities, or sold personal or family property to support gambling activity, what was the estimated value of these items?

00	()	nothing	06	()	\$50,000-99,999
01	()	under \$1,000	07	()	\$100,000-249,999
02	()	\$1,000-4,999	08	()	\$250,000-499,999
03	()	\$5,000-9,999	09	()	\$500,000-999,999
04	()	\$10,000-24,999	10	()	\$1,000,000 or more
05	()	\$25,000-49,999			

12a. Please put a more accurate amount here: _____

12b. How much in the last twelve months of gambling? _____

13. If you stole money or things and used it to gamble or pay gambling-related debts, what was the approximate value of what you stole?

0	()	nothing	5	()	\$25,000-49,999
1	()	under \$1,000	6	()	\$50,000-99,999
2	()	\$1,000-4,999	7	()	\$100,000-249,999
3	()	\$5,000-9,999	8	()	\$250,000 or more
4	()	\$10,000-24,999			

13a. Please put a more accurate amount here: _____

13b. In the last twelve months of your gambling? _____

14. If you could put a dollar amount, how much would you estimate you lost (losses minus winnings) in the last year you gambled (including money from all sources)?

- | | | | | | |
|---|-----|-----------------|---|-----|-------------------|
| 0 | () | nothing | | | |
| 1 | () | under \$1,000 | 5 | () | \$25,000-49,999 |
| 2 | () | \$1,000-4,999 | 6 | () | \$50,000-99,999 |
| 3 | () | \$5,000-9,999 | 7 | () | \$100,000-249,999 |
| 4 | () | \$10,000-24,999 | 8 | () | \$250,000 or more |

14a. Please put a more accurate amount here: _____

15. How much money do you estimate you lost in your lifetime as a result of gambling (losses minus winnings)? This would include money you earned, borrowed, stole, etc.

- | | | | | | |
|----|-----|-----------------|----|-----|-----------------------|
| 00 | () | nothing | 06 | () | \$50,000-99,999 |
| 01 | () | under \$1,000 | 07 | () | \$100,000-249,999 |
| 02 | () | \$1,000-4,999 | 08 | () | \$250,000-499,999 |
| 03 | () | \$5,000-9,999 | 09 | () | \$500,000-999,999 |
| 04 | () | \$10,000-24,999 | 10 | () | \$1,000,000-9,999,999 |
| 05 | () | \$25,000-49,999 | 11 | () | \$10,000,000 or more |

15a. Please put a more accurate number here: _____

16. Your age is: (please write it on the line) _____

17. Your sex is: 0 () male 1 () female

18. What is your religion?

- | | | |
|---|-----|--|
| 1 | () | Catholic |
| 2 | () | Protestant (specify denomination: _____) |
| 3 | () | Eastern Orthodox |
| 4 | () | Jewish |
| 5 | () | other (please specify): _____ |

19. What is your race and/or ethnicity?

- | | | |
|---|-----|---|
| 1 | () | Black (Afro-American) |
| 2 | () | White
(specify ethnicity, for example Irish-American, on this line: _____) |
| 3 | () | Asian-American (specify on this line: _____) |
| 4 | () | Hispanic-American |
| 5 | () | Native American/American Indian |
| 6 | () | other (specify on this line:) _____ |

20. What is your marital status?

- | | | | | | |
|---|-----|-----------|---|-----|--|
| 1 | () | single | 4 | () | divorced |
| 2 | () | married | 5 | () | widowed |
| 3 | () | separated | 6 | () | cohabiting (living with someone,
but not legally married) |

21. If you were ever separated or divorced, was gambling a factor?

- 0 () never separated or divorced
 1 () separated or divorced, but gambling not a factor
 2 () yes, separated due to gambling
 3 () yes, divorced due to gambling

22. How many children do you have? _____

23. What is your occupation? As nearly as possible write the type of job you do and describe what you do, not the name of the company you work for.

		1	(yes)	0	(no)
24.	Have you ever lost or quit a job due to gambling? If yes, how long did you stay unemployed	1	()	0	()
25.	Have you ever missed time from work due to gambling? If yes, on average, how many hours a month?	1	()	0	()
26.	Have you ever stolen anything from work in order to gamble or to pay gambling debts?	1	()	0	()
26a.	Have you ever received food stamps?	1	()	0	()
	Did you receive food stamps because of low income caused by gambling?	1	()	0	()
27.	Did you ever gamble with food-stamp money?	1	()	0	()
28.	Have you ever received Aid to Families Dependent Children (welfare)?	1	()	0	()
	Was this because of low income due to gambling?	1	()	0	()
29.	Did you ever gamble with welfare money?	1	()	0	()
30.	Have you ever received Social Security?	1	()	0	()
31.	Did you ever gamble with Social Security money?	1	()	0	()
32.	Have you ever received unemployment benefits?	1	()	0	()
	Was this the result of lost employment related to gambling?	1	()	0	()
33.	Did you ever gamble with unemployment money?	1	()	0	()
34.	How many years of education do you have?				
	1 () 8th grade or under	4	()	some college	
	2 () 9 to 11 grades	5	()	college grad, 4 yrs.	
	3 () high school grad or GED	6	()	post-graduate degree	

35. What is the approximate (current) income of your family (all income earners you live with combined)?

- | | | | | | |
|---|-----|--------------------|---|-----|-------------------|
| 1 | () | less than \$15,000 | 4 | () | \$50,000-74,999 |
| 2 | () | \$15,000-24,999 | 5 | () | \$75,000-99,999 |
| 3 | () | \$25,000-49,999 | 6 | () | \$100,000 or more |

The following questions relate to your experiences with the legal system. Gambling-related offenses involve any law breaking in order to support gambling activity.

- | | never
0() | once
1() | twice
2() | 3 or more
3() |
|--|-----------------------------|----------------------------|-----------------------------|---------------------------------|
| 36. From age 15 to the present, how many times have you been arrested by the police? | 0() | 1() | 2() | 3() |
| 37. How many of these arrests were related to your gambling? | 0() | 1() | 2() | 3() |
| 38. How many times have you been sued to collect gambling-related debts? | 0() | 1() | 2() | 3() |
| 39. How many times have you been tried in court on gambling-related offenses? | 0() | 1() | 2() | 3() |
| 40. How many times have you been convicted of gambling-related offenses? | 0() | 1() | 2() | 3() |
| | 1 | (yes) | 0 | (no) |
| 41. Have you ever filed bankruptcy? | 1 | () | 0 | () |
| 42. Have you ever been placed on probation? | 1 | () | 0 | () |
| 42a. If placed on probation, was this for a gambling-related offense?
What was the offense? | 1 | () | 0 | () |
| | _____ | | | |
| 43. Have you ever been incarcerated? | 1 | () | 0 | () |
| 43a. If incarcerated, was this for a gambling-related offense?
What was the offense? | 1 | () | 0 | () |
| | _____ | | | |
| 43b. How many months did you serve in jail or prison for a gambling-related offense? | _____ months | | | |

44. Do you believe that you are (or were) ...?

- | | | | | | | | |
|----|---|---|-----|-----|---|-----|----|
| a. | alcoholic (or have a drinking problem) | 1 | () | yes | 0 | () | no |
| b. | drug addict (or have a drug problem) | 1 | () | yes | 0 | () | no |
| c. | compulsive gambler (or have a gambling problem) | 1 | () | yes | 0 | () | no |
| d. | a compulsive overeater | 1 | () | yes | 0 | () | no |
| e. | anorexic or bulimic | 1 | () | yes | 0 | () | no |
| f. | a compulsive shopper or spender | 1 | () | yes | 0 | () | no |
| g. | have another problem | 1 | () | yes | 0 | () | no |

If yes, what is the problem? _____

1 **(yes)** **0** **(no)**

45. Have you ever felt so low you wanted to die?

1 () 0 ()

46. Have you ever felt so low you thought of committing suicide?

1 () 0 ()

47. Have you ever felt so low you planned how you would commit suicide?

1 () 0 ()

48. Have you ever attempted suicide?

1 () 0 ()

49. How long have you been in Gamblers Anonymous?

_____ years _____ months _____ days

50. How long has it been since you made your last bet?

_____ years _____ months _____ days

51. How many slips have you had since joining GA?

_____ slips

52. Have you ever been to a therapist or doctor for help with a gambling problem?

1 () yes 0 () no

52a. If yes, how old were you when you first went to a therapist or doctor for a gambling problem?

_____ years old

52b. How much did the therapist or doctor know about compulsive gambling?

- | | | |
|---|-----|---|
| 0 | () | nothing |
| 1 | () | something |
| 2 | () | the therapist or doctor was quite knowledgeable |

52c. Were you ever hospitalized for a gambling problem? 1 () yes 0 () no

52d. How much did your (outpatient and inpatient) therapy cost? _____

52e. How did you pay for this?

- 1 () out of pocket for all
 2 () insurance
 3 () combination of insurance and out of pocket
 4 () it is still not paid for

53. Have you ever been to a therapist or doctor for help with alcohol or other drugs? 1 () yes 0 () no

54. Have you ever been to a therapist or doctor for help with other problems? 1 () yes 0 () no

54a. If yes, what was the problem you went to the therapist or doctor for?

54b. If yes, did the therapist or doctor talk to you about your gambling? 1 () yes 0 () no

54c. How much did the therapist or doctor know about compulsive gambling?

- 0 () nothing
 1 () something
 2 () the therapist or doctor was quite knowledgeable

54d. How old were you when you first went to a therapist or doctor for other problems?

_____ years old

55. Do you feel you have other (alcohol, drug or mental health-related) problems you are currently having trouble with? 1 () yes 0 () no

56. Do you have insurance that would cover professional (counseling or psychological) help? 1 () yes 0 () no

57. If there were therapists or doctors who understood compulsive gambling and it was made affordable, would you go to them for help? 1 () yes 0 () no

58. If you feel you need a therapist or doctor, about how much money a week would you be able to afford to pay? _____

59. () I don't need treatment.

IF HAVE ANY COMMENTS ON THIS SURVEY, PLEASE INDICATE THEM HERE
