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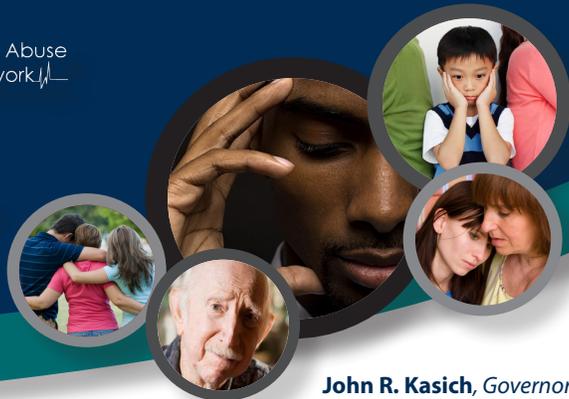
Department of Alcohol &  
Drug Addiction Services

OSAM

Ohio Substance Abuse  
Monitoring Network

# OSAM Network

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**John R. Kasich**, Governor  
**Orman Hall**, Director

## Co-occurrence of Problem and Pathological Gambling with Substance Use Disorder: A Targeted Response Initiative



Prepared by:

**Ohio Department of Alcohol and Drug Addiction Services**

Division of Planning, Outcomes & Research

**Sanford Starr**, MSW, LISW-S — Chief

**R. Thomas Sherba**, PhD, MPH, LPCC — OSAM Principal Investigator

**Rick Massatti**, MSW — Research Administrator, OSAM Coordinator

**Keely Clary**, BA — Graduate Student Researcher, Intern

**OSAM Regional Epidemiologists:**

**Joseph Cummins**, MA, PCC-S, LICDC — Akron-Canton Region

**Beth Gersper**, MPA — Athens Region

**Jan Scaglione**, BS, MT, Pharm D, DABAT — Cincinnati Region

**Angela Arnold**, MS — Cleveland Region

**Randi Love**, PhD — Columbus Region

**Tasha Perdue**, MSW — Dayton Region

**Celia Williamson**, PhD — Toledo Region

**Lisa Fedina**, MSW — Youngstown Region

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## Abstract

This Targeted Response Initiative (TRI) focused on gambling behaviors among active and recovering drug users. The Ohio Substance Abuse Monitoring (OSAM) Network collected qualitative and quantitative data from June 2011 through January 2012 via focus group interviews. Participants were 359 users recruited from alcohol and other drug treatment programs from each of OSAM's eight regions. Participants who reported gambling participation during the past six months (N=209) were asked to complete the South Oaks Gambling Screen (SOGS) to determine the prevalence of problem gambling. This study found prevalence rates of 15.4 percent for problem gambling and 11.1 percent for pathological gambling among the surveyed population of active and recovering drug users from throughout Ohio. The three most common types of gambling were lottery (83%), bingo (23.4%) and dice/craps/poker (non-casino) (20.6%). Gambling participants used a variety of substances during the past six months, including alcohol (69.4%), marijuana (59.8%), prescription opioids (51.2%), heroin (34.4%) and sedative-hypnotics (33.5%). Epidemiological data presented in this report have the potential to help shape and strengthen prevention and treatment measures targeted at problem and pathological gambling.

## Introduction

The OSAM Network conducts focus groups and individual qualitative interviews with treatment providers, active and recovering drug users, and law enforcement officials, among others, to produce epidemiological descriptions of local substance-abuse trends. Qualitative findings are supplemented with available statistical data such as coroner's reports and crime laboratory data. Mass media sources such as local newspapers are also monitored for information related to substance abuse trends. Once integrated, these valuable sources provide the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) with a real-time method of providing accurate epidemiologic descriptions that policymakers need to plan appropriate prevention and intervention strategies. In addition to its primary responsibility for the prevention and treatment of substance use disorders, ODADAS is also responsible for the prevention and treatment of problem and pathological gambling. Thus, OSAM amended its protocol at the beginning of the June 2011 through January 2012 reporting period to include collection of data related to problem and pathological gambling.

Rates of problem gambling among those who abuse substances are higher than the general population. Estimates for problem gambling in the general population range from 1-2.5 percent (Ferris, Stirpe & Ialomiteanu, 1996; Shaffer & Hall, 2001); whereas, rates among substance abusers are four to five times higher (Center for Substance Abuse Treatment, SAMHSA, 2005). Studies of persons in residential treatment facilities for substance abuse have found problem or pathological gambling to range from 10.5 to 14.9 percent (Toneatto & Brennan, 2002; Toneatto, Ferguson & Brennan, 2003). Research has indicated that alcohol is the most commonly abused substance among problem gamblers (Center for Substance Abuse Treatment, SAMHSA, 2005); however, among those diagnosed with substance use disorders, some studies indicate that pathological gamblers prefer marijuana and cocaine over alcohol (Toneatto & Brennan, 2002). Problem and non-problem gamblers are thought to have similar gambling preferences; Toneatto, Ferguson and Brennan found that both groups preferred lottery gambling and sports gambling. In states that have recently allowed gambling, Toneatto, Ferguson and Brennan also found that persons diagnosed with substance use disorders were increasingly more likely to engage in casino-style gambling after the casinos opened in the region. Casino gambling in Ohio will be available for the first time in spring 2012 with the opening of casinos in Cleveland and Toledo; additional casino openings are planned for Cincinnati and Columbus. The OSAM Network will continue to collect prevalence and trend data on problem and pathological gambling every six months, publishing its findings in Targeted Response Initiative (TRI) reports to be made available along with its biannual drug trend reports.

This TRI report is based upon quantitative and qualitative data collected throughout the June 2011 to January 2012 reporting period via focus group interviews. Participants were 359 active and recovering drug users recruited from alcohol and other drug treatment programs in each of OSAM's eight regions. OSAM research administrators in the Division of Planning, Outcomes and Research at ODADAS prepared this report. Data presented in this report were collected in conjunction with drug trend data. For detailed information on substance abuse trends during this reporting period, please refer to the drug trend report: *Ohio Substance Abuse Monitoring Network: Surveillance of Drug Abuse Trends in the State of Ohio: June 2011-January 2012*, available for download on the [ODADAS website](#).

## Methods

OSAM Network regional epidemiologists (REPIs) assigned to Akron-Canton, Athens, Cincinnati, Cleveland, Columbus, Dayton, Toledo and Youngstown conducted focus groups with active and recovering drug users. REPIs administered a

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

## Results

### **Gambling in Communities**

When asked to describe gambling in their communities, interpreted as family, neighborhoods, and circles of friends, participants' observations were fairly consistent throughout the regions. Nearly all participants reported lottery, or "scratch off" gambling in their communities. A participant commented on the number of people he witnessed buying lottery tickets while working at a gas station: *"There were a lot of people that came in there and gambled a lot. They would spend \$200 playing the scratch-off [lottery] tickets."* Other participants added: *"That's what I would say too, 'cause I used to work at a convenient store, and it's huge ... lottery is huge; I can't speak on everybody, but I do ... I see like people buying scratch-offs and playing the Mega Millions and things like that."* Participants reported that lottery is popular with all different demographic groups: younger, older, those with financial means and those of lower socio-economic status. A participant stated, *"It's a variety of everyone."*

In addition to lottery, other types of gambling were also noted as prevalent. Participants in Akron-Canton agreed that Internet cafés are *"popping up everywhere"* and becoming more popular. A participant reported, *"A lot of Internet gambling spots around here; for example, 'Spin 2 Win' ... there's like 12 [Internet cafés] within two miles of my house."* Another participant noted the ease of getting drugs at Internet cafés: *"We go there [Internet cafés] all the time tweaked out. And, it's so easy 'cause if you go there around three or four in the morning, and there's other people there too, you kind of assume they're tweaking too. You can get a lot of business [drugs]."* Participants in every region mentioned Internet cafés as a source of community gambling. A participant from the Athens region reported, *"We have this little like ... I don't know if it's illegal or not, they shut it down and then re-opened it ... but a little slot machine building. Everybody just kind of hangs out there. More people hang out there than anywhere else."* Another commonly mentioned type of gambling is dice. Participants in Cincinnati noted that dice could be played on the sidewalk, grass, dirt or anywhere: *"go to the hood, go downtown, go to an alley [and you'll find a dice game]."* There was consensus in that shooting dice is, *"big money,"* as well as agreement in that drug dealers gamble and could tell you where dice games can be found. Participants in Cleveland echoed the previous statements and reported, *"Shoot dice for money; Dice in Cleveland, mainly with the drug dealers."* Toledo participants mentioned dice and cards as ways of obtaining drugs. When gambling with drug dealers, a participant discussed the common stakes: *"Money. Then if I start taking too much of their money, [dealers] they'd start putting up their dope."*

Participants in Columbus commented on the increased amounts of card playing in their communities: *"Yea, there's a lot more poker ... 'cause I see a lot more little shops now that's legal that's poppin' up all over the city where you can go and legally play poker for money."* Participants in Dayton also discussed high availability of cards as a type of gambling: *"I know there's a couple Texas Hold 'em places, card places around the area that have gambling; Midnight 'til 6 a.m. ... all-night poker. Texas Hold 'em."* Participants in Cincinnati also commonly mentioned a high prevalence of bingo: *"There's bingo halls all over the place."* Only participants in Dayton and Youngstown reported popularity of casino gambling in their communities. Reportedly, it is common for people in the Dayton region to participate in riverboat gambling in Indiana, and for people in Youngstown to visit the Mountaineer Casino in neighboring West Virginia.

While participant descriptions of community gambling varied throughout the regions, shared themes emerged. The following themes were those most often reported. Generally, participants in Akron-Canton and Columbus regions described gambling in their communities as popular. Akron-Canton participants unanimously identified gambling as, “very popular” and commonplace in their community. In fact, the majority of participants felt gambling participation in the Akron-Canton region to be high, whether because people are “broke” and are trying to get money, or because there is “nothing else to do” in the area. A participant stated, “About 90 percent of the people who gamble are broke, tryin’ to come up [with money].” Other participants agreed with the previous statement but felt that the percentage of those who gamble for supplemental income to be closer to 50-75 percent of gamblers. Columbus participants, particularly young men, also described gambling as a popular activity, with one stating, “It [gambling] happens on the street. We would just smoke weed [marijuana], drink [alcohol] and shoot craps [play dice].” Participants in Athens and Cleveland regions noted gambling to be a common activity particularly among “older” adults. Athens participants reported: “Old church women going to play bingo, betting on sports; Older people, they play bingo at the church; A lot of old people do [lottery] scratch-offs.” Cleveland participants reported that betting games, such as bingo and cards, are favored by older adults; a participant reported, “I only know about bingo. My parents have a nursing home and they gamble there . . . it’s not really, really expensive [to play bingo].” In addition to gambling among seniors, reportedly, participants in Cleveland encountered gambling at the houses of friends and acquaintances, bars and at parties. Dice games are reportedly easily found, not requiring prior knowledge or planning. A participant described where to find dice and poker games, saying, “There are houses for gambling. We play poker every week, sometimes call a bookie.” Another participant said, “I see lottery, street dice, and card games. You don’t have to know anybody to get a game.” Participants in Dayton and Youngstown regions concluded that gambling in their communities is not a problem. In Dayton, the majority of participants did not have experience gambling, and few participants reported family or friends with gambling habits, but most did not feel that gambling is a larger issue in their community compared with other communities. A participant stated, “[I] don’t see it [gambling] more in this community than in others.” In Youngstown also, many participants agreed that gambling is not a problem in their community or town: “There is no gambling in my community . . . no casinos here to gamble; I think [gambling] it’s just mostly lottery tickets; I’ve taken bus trips to the casino a couple times, but that’s it. I know a lot of people that go to Mountaineer [casino in West Virginia] but that’s the extent [of gambling here].”

### **Participant Gambling Experience**

The majority of participants (60.1%) reported participation in at least one type of gambling during the past six months, with 44 percent indicating participation in two or more gambling types (see Figure 1). When gambling participation was examined among study participants based on OSAM region, gender, race, age, education and household income, no significant associations were found, suggesting that there were no significant demographic differences between those who participated and those who did not participate in gambling during the past six months. Table 1 illustrates the demographic characteristics of the 209 study participants who reported gambling. These participants reported participation in a variety of types of gambling (see Table 2).

### **Lottery**

Lottery participation is the most common type of gambling throughout the regions. Almost 83 percent of those who gambled played the lottery, and 43.1 percent of these participants reported lottery as the only type of gambling that they participated in during the past six months. In addition, 72 percent of gambling participants named lottery as their primary type of gambling (see Figure 2). Many participants recalled playing the lottery frequently. A participant stated, “I have a thing for scratch-off lottery tickets. I was doing that every day.” Another participant discussed losing a job due to his strong impulse for playing the lottery: “I was working at a gas station and lost my job for stealing the lottery tickets. I got a bit addicted.” When asked about how much money was spent on a daily basis playing the lottery, a participant claimed, “I would spend over \$100 easily . . . they have like one through 36 scratch-offs, and I’d look at each and be like I want one of each . . .” Other participants who played the lottery, reported that playing the lottery is not a problem habit, but rather an occasional act: “I play scratch-offs, not every day, but whenever I got extra money; Every once in a while I’ll do a \$1 scratch-off, but I don’t ever win them, so I don’t play them very much.” When lottery participation was examined among gambling participants based on OSAM region, gender, race, age, education and household income, significant associations were found for gender, race and age. A significantly higher proportion of female participants (88.9%) reported participation in lottery during the past six months than did male participants (78.2%); higher proportions of White and Hispanic or Latino participants (88.2% and 85.7%, respectively) reported participation in lottery than did Black or African-American participants (65.0%). In terms of age, a higher proportion of participants aged 26 years and older (91.9%) reported playing the lottery than did participants aged 18-25 years (77.5%).

**Bingo**

After lottery, participation in bingo was most commonly reported; 23.4 percent of gambling participants reported having played bingo during the past six months, with three percent naming the game as their primary gambling type. Many of those who discussed having played bingo during the past six months reported that they played on a regular basis. A participant stated, *"I play bingo. I spend no more than \$80 at bingo monthly."* Another participant discussed playing bingo as a "past time": *"Bingo's the past time in between rippin' off the tickets [playing the lottery] for bigger money."* A participant agreed with the previous statement and added, *"We played bingo in church to win groceries."* Other participants explained how bingo is played for fun and only occasionally, with one stating, *"I played bingo once, and I enjoyed it, but I don't play it regularly ... just every once in a while with a couple of my friends."* When bingo participation was examined among gambling participants based on OSAM region, gender, race, age, education and household income, significant associations were found for gender and race. A significantly higher proportion of female participants (32.2%) reported participation in bingo during the past six months than did male participants (16.8%). In terms of race, a higher proportion of Hispanic or Latino participants (57.1%) reported participation in bingo than did Black or African-American participants (27.5%) and White participants (22.4%).

**Dice/Craps/Poker**

Participation in dice/craps/poker (non-casino) was reported by 20.6 percent of those who gambled during the past six months, with 11 percent naming dice/craps/poker as their primary gambling type. These types of gambling were most often reported as informal, usually occurring among friends or acquaintances either on the street or in a house: *"I ain't no professional gambler, but I've been around a couple gambling houses. I would say ... informal [gambling] ... poker, dice, cards, spades, pool ... variety; I personally play a lot of dice and poker for money, but it's normally just with friends."* Other participants mentioned playing dice, craps and poker with drug dealers, for both money and drugs. A participant reported, *"I gamble with the dope boys [drug dealers]. Playing tunk [a matching card game], cards or shootin' dice."* Many participants were eager to share how much money they would spend on informal gambling activities. A participant reported, *"[I] used to play in poker games ... \$200-300 games, \$700-1,000 games. You know, so ... I've gambled a lot."* Another participant reported refraining from spending a lot on such games: *"Every once in a while I'll throw \$20 down on the poker table, but I usually leave right after that 'cause I lose promptly."* Despite the characteristics of such activities, a participant expressed disbelief that it was considered a type of gambling, *"I don't gamble, I shoot dice."* When dice/craps/poker participation was examined among gambling participants based on OSAM region, gender, race, age, education and household income, significant associations were found for OSAM region, gender, race and age. Significant differences in the proportion of gamblers who participated in dice/craps/poker during the past six months were found among OSAM regions: Akron-Canton (39.4%), Dayton (30.4%), Cleveland (27.6%), Cincinnati (22.2%), Youngstown (14.7%), Athens (13.0%), Columbus (8.0%) and Toledo (4.2%). A significantly higher proportion of male participants (27.7%) reported participation in dice/craps/poker during the past six months than did female participants (11.1%); a higher proportion of Black or African-American participants (37.5%) reported participation in dice/craps/poker than did White participants (15.8%) and Hispanic or Latino participants (14.3%). In terms of age, a higher proportion of participants aged 18-25 years (27.5%) reported dice/craps/poker participation than did participants aged 26 years and older (10.5%).

**Sports Betting/Office Sports Pools**

Participation in sports betting/office sports pools was reported by 17.2 percent of those who gambled during the past six months, with five percent naming sports betting/office sports pools as their primary type of gambling. Gambling on sports is reportedly done either informally with friends or with a bookie, and also varied by participant whether he would bet on his participation in a sport, or bet on organized games such as college and professional teams. A participant reported, *"I'm a golfer, so we [my friends and I] gamble when we golf."* Another participant stated, *"I mostly do sports betting ... like football games, and it can be either college or professional. That's my extent of it."* Others keep their betting to sports pools. A participant reported, *"I bet on sports ... sports pools at work and stuff."* When participation in sports betting/office sports pools was examined among gambling participants based on OSAM region, gender, race, age, education and household income, a significant association was found for gender only. A significantly higher proportion of male participants (26.1%) reported participation in sports betting/office sports pools during the past six months than did female participants (5.6%).

**Casino Gambling**

Participation in casino gambling was reported by 15.3 percent of those who gambled during the past six months, with six percent naming casino gambling as their primary type of gambling. Participant reports on casino gambling habits varied from frequently to occasionally. Several participants noted crossing state borders to gamble at casinos. A participant reported, *"I go to the casino once a week, play black jack and slot machines. I go to Indiana."* Another participant discussed going

to casinos in West Virginia for the past couple of years. When asked how frequently the trips were, the participant replied, *"I'm a platinum member, put it that way. You have to get 6,000 points in six months to be platinum, so I go a lot, at least once a week."* Others reported casino gambling as occasional or as a one-time event: *"I've been to Mountaineer [casino in West Virginia] one time. I got my income taxes, went up and spent the night; I went gambling one time in Wheeling, W. Va. ... won \$3,750. First time ever gambling on slot machines. Afterwards I said, 'We're done, getting out of here.'" When participation in casino gambling was examined among gambling participants based on OSAM region, gender, race, age, education and household income, no significant associations were found, suggesting that there were no significant demographic differences between those who participated and those who did not participate in casino gambling during the past six months.*

### **Internet Gambling**

Participation in Internet gambling was reported by 8.1 percent of those who gambled during the past six months, with no participant naming Internet gambling as a primary type of gambling. Few participants who discussed Internet gambling as prevalent in their regions also reported personal experience with Internet gambling. The two most commonly mentioned types of Internet gambling throughout the regions were Internet cafés and on-line poker. A participant reported only going to such places occasionally: *"I've been to the Internet café a few times. That's about it..."* Another participant noted losing a lot of money at Internet cafés, but stated winning a lot as well: *"I just started going up there [Internet café] about six months ago. I mean, I've lost a lot of money, but I've also won some money."* When asked if the Internet cafés ever give prizes away such as televisions, a participant replied, *"Yeah, they have like a raffle on Saturdays."* Few participants discussed using home computers to play poker online. When participation in Internet gambling was examined among gambling participants based on OSAM region, gender, race, age, education and household income, no significant associations were found, suggesting that there were no significant demographic differences between those who participated and those who did not participate in Internet gambling during the past six months.

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

Participants who gambled during the past six months also used a variety of alcohol and other drugs (AoD) (see Table 3). These participants most often used alcohol (69.4%) followed by marijuana (59.8%), prescription opioids (51.2%), heroin (34.4%) and sedative-hypnotics (33.5%); 96 percent reported using two or more drugs during the past six months (see Figure 3). While the majority of gambling participants (52.0%) reported using between two and four different drugs, a minority (6.0%) reported using 10 or more different drugs. When asked about the relationship between gambling and AoD use, a majority of gambling participants (55.6%) reported that they did not use alcohol and/or other drugs when gambling. However, sizeable proportions of gambling participants reported that they used more alcohol and/or other drugs when gambling (22.3%), and gambled more when using alcohol and/or other drugs (19.0%); smaller proportions reported that they used less alcohol and/or other drugs when gambling (4.5%) and gambled less when using alcohol and/or other drugs (9.5%). In addition, few gamblers reported gambling to buy alcohol and/or other drugs (8.4%), and fewer reported that they substituted gambling for AoD use (5.6%).

Participants throughout the regions, both gambling and non-gambling participants (N=359), felt that there is a relationship between gambling and AoD use; several relational themes similar to those outlined above emerged through analysis of this study's qualitative data. The most common theme is that AoD use contributes to increased gambling. Many participants throughout the OSAM Network echoed the sentiment of a participant who stated, *"Yeah, most definitely. They go hand in hand. People who gamble tend to use alcohol or drugs, and people who use drugs or alcohol tend to gamble."* Several participants talked about engaging in more risky gambling with AoD use (for example, betting more money than one usually would when not engaging in AoD use). A participant stated, *"I was more willing to put money on the line when I was using drugs."* Other participants talked about the feelings that drug use brought on when gambling. A participant commented, *"When you drink [alcohol] or you're on some kind of hallucinogenic substance, it makes you feel like you're invincible and you have a better chance to win ... which will keep you sitting there playing a slot machine or black jack."* Another participant said that drug use encouraged a fun and social atmosphere during gambling: *"When people gamble, they usually like to drink, or smoke, or whatever."* Participants also frequently discussed the co-occurrence of different addictions; such as alcohol and other drugs and gambling. A participant stated: *"I think it all has to do with whether you have an addictive personality or not. I think it has a direct link, like if you have an addictive personality, then you can very easily become addicted to anything."* Finally, a few participants reportedly used gambling as an alternative to doing drugs, transferring one addiction to another addiction. A participant explained, *"Yeah ... I can remember the first time I tried to get clean [sober] ... umm, I went and bought a lottery ticket and won, and I was addicted to it. I just sat there and played for like two hours and just kept buying more lottery tickets."* This notion

was echoed by another participant reflecting on the extra money she had while trying to get sober: *“And I thought, well, what can I do with all this money? And I was like, ‘ah, I can buy lottery tickets.’”*

A theme also emerged highlighting a particular relationship between alcohol use and gambling. Generally, participants discussing this topic said that alcohol is preferred over other drugs by those engaged in gambling because alcohol clouds one’s judgment less than most illicit substances. Participants also frequently talked about the availability of alcohol in gambling establishments. A participant explained, *“Yes, I do [believe in a relationship between alcohol use and gambling] because everybody who’s gambling, they’re usually drunk.”* Another participant explained the negative cycle between alcohol and gambling: *“Yes, definitely. I tend to spend more money [gambling] when I’m drinking ... The more I drink, the more I gamble, and it seems the more I gamble, the more I like to drink.”* Several participants discussed the negative consequences of combining gambling and alcohol use. A participant said, *“I’ve lost a lot of money on football. I mean I’d be drunk and call in a game when I normally wouldn’t sober.”* This same participant also discussed his impaired judgment when betting on sports while under the influence of alcohol: *“You don’t do anything the same when you’re under the influence [of alcohol] ... I mean, I would bet \$700 when I had \$600 in my pocket.”*

Participants also commonly described gambling to obtain money for drugs. Some participants mentioned using lottery tickets to win money for drugs. A participant reported, *“I bought scratch-offs to see if I can get more [money for drugs].”* Another participant explained what he thought drug users would do with gambling winnings: *“People gamble for money ... and if they were to get it, they’d probably use it to get high.”* Other participants played games such as craps with friends and acquaintances to win money for drugs: *“They’re playing [craps] to get money, then they turn around and go get drugs. That’s what they’re doing it for, ya know.”* A participant talked about how she used Internet gambling to win money for drugs: *“I would go out and binge [on drugs], and my last \$20 I would take it to the Internet café to try to get some more money [to buy more drugs].”* A minority of participants said that drugs are sometimes wagered in place of money when gambling; sometimes drug dealers gamble with users and substitute drugs for money. A participant explained, *“You don’t have \$10, you throw down a bag of weed, you know?”*

Some participants thought that no relationship exists between gambling and AoD use. Participants that expressed this viewpoint often said the two are incompatible because the addictions would be competing for the same resources. In fact, nearly all participants with this viewpoint felt that those addicted are either addicted to gambling or addicted to alcohol and/or other drugs because most people don’t have enough money to support both addictions. A participant explained, *“If you’re hooked to a drug, you’re gonna use your money to get that drug. You’re not gonna go try to gamble to get more money for that drug because you’re taking a chance to lose that money and then you have no drug ...”* Another participant stated, *“Most of the time drug addicts gonna spend his money on dope first before they gamble.”* Other participants agreed with the previous statement and said that the need to prevent withdrawal symptoms and/or seek an intense high would lead users to serve their AoD addiction over any desire to gamble. A participant reported, *“I don’t really know too many tweakers that gamble, they’re just trying to get high first ... all of the time.”* Participants also stated that gambling and AoD use may not necessarily be related because people could enjoy both things independently. A participant explained, *“I don’t think I drink more or anything [when gambling]. I think I just like to gamble regardless. Ya know, even if I wasn’t drinking, I’d be betting on a game on the weekend or something.”*

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

All participants who reported participation in at least one type of gambling during the past six months (N=209) were asked to complete the South Oaks Gambling Screen (SOGS) to determine the prevalence of problem and pathological gambling among the study population of persons enrolled in AoD treatment (N=359). Of the 166 gambling participants for whom a valid SOGS exists, 48.8 percent screened positive for either some problem gambling (28.3%) or probable pathological gambling (20.5%). Note 43 participants were excluded from analysis due to a missing or an incomplete SOGS. The prevalence of problem and pathological gambling in this study population, and thus the prevalence of co-occurring problem and pathological gambling with substance use disorder, is 15.4 percent for some problem gambling and 11.1 percent for probable pathological gambling; 73.5 percent of participants either did not participate in gambling or screened as having no problem with gambling on SOGS. Note that population prevalence calculations were based upon 305 of the study’s 359 participants: analyses excluded 11 participants who did not provide gambling data and the 43 participants with missing and incomplete SOGS. Data presented in this TRI report were collected throughout Ohio and reflect diverse areas of the state: rural, suburban and metropolitan communities.

When problem and pathological gambling was examined among study participants (N=305) based on OSAM region, gender, race, age, education and household income, significant associations were found for gender and household income.

A significantly higher proportion of male participants (35.2%) screened positive for problem or pathological gambling than did female participants (16.4%). In terms of income, higher proportions of participants who indicated household income responses of \$11,000 through \$25,999 (37.7%) and of \$26,000 and greater (28.7%) screened positive for problem or pathological gambling than did participants who indicated the lowest household income response of less than \$11,000 (16.4%). When problem and pathological gambling was examined in relation to AoD use among study participants (N=294), no significant associations were found, suggesting that there were no significant differences in AoD use during the past six months between those who screened positive for problem or pathological gambling and those who either did not participate in gambling or screened as having no problem with gambling. Note 11 of 305 participants did not provide AoD data and were thus excluded from these analyses.

When gambling participation by gambling type was examined based on negative and positive SOGS for the 166 participants for whom a valid SOGS exists, significant associations were found for casino gambling, dice/craps/poker (non-casino), sports betting/office sports pools and Internet gambling. Significantly higher proportions of those who reported participation in each of these gambling types screened positive for problem or pathological gambling than screened as having no problem with gambling; those who screened positive represented 75.9 percent of those who participated in casino gambling, 64.7 percent of those who participated in dice/craps/poker (non-casino), 75 percent of those who participated in sports betting/office sports pools and 75 percent of those who participated in Internet gambling.

Table 4 illustrates gambling participant responses to the seven survey questions designed to assess perceived need for gambling treatment, knowledge of gambling treatment and personal experience with gambling treatment. Only two participants, both SOGS positive for probable pathological gambling, reported ever trying to get help for gambling; only four participants, three SOGS positive for some problem gambling and one SOGS positive for probable pathological gambling, reported ever having participated in gambling treatment; only seven participants, two SOGS positive for some problem gambling and four SOGS positive for probable pathological gambling (one SOGS was incomplete or missing), reported currently needing help with gambling; 43 participants, representing 23.4 percent of SOGS positives for some problem gambling and 23.5 percent of SOGS positives for probable pathological gambling, reported ever having been asked about gambling while in treatment for AoD use; 26 participants, representing 12.8 percent of positive SOGS for some problem gambling and 17.6 percent of positive SOGS for probable pathological gambling, reported ever having gambling treatment services offered to them; 70 participants, representing 36.2 percent of positive SOGS for some problem gambling and 35.3 percent of positive SOGS for probable pathological gambling, reported being familiar with Gambler's Anonymous; and only two participants, both who had positive SOGS for probable pathological gambling, reported having ever attended a Gambler's Anonymous meeting.

### **Discussion**

This study found prevalence rates of 15.4 percent for problem gambling and 11.1 percent for pathological gambling among its population of active and recovering drug users from throughout Ohio. These rates are comparable to prevalence estimates found by other researchers of co-morbid gambling and substance use disorders. However, data limitations need to be noted. Study data were collected through convenience sampling of those currently enrolled in AoD treatment, and do not include data from those not currently enrolled in treatment; thus, findings may not generalize to the overall population of active and recovering drug users. Moreover, prevalence rates were based upon a primary screen for gambling disorder and not upon a complete diagnostic interview. Strengths of this study include the utilization of SOGS which has established reliability and validity, and its diverse study population. This study's findings generate many prevention and treatment considerations for Ohio's AoD prevention and treatment system as legalized gambling expands throughout Ohio.

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

Participants throughout the regions described widespread gambling in their communities; nearly all participants reported high prevalence of lottery or scratch-off gambling; participants in every region mentioned Internet cafés as a source of

community gambling; participants in several regions noted an increase in poker clubs where one can legally play cards for money. Other forms of legal gambling readily available throughout the regions include bingo and race track gambling and soon will include casino gambling. Currently, only participants in Dayton and Youngstown regions reported popularity of casino gambling in their communities; overall participation in casino gambling was slightly more than 15 percent of those who gambled during the past six months. However, this study also found that participants who screened positive for problem and pathological gambling were nearly 76 percent of those who participated in casino gambling during the past six months. Thus, it can be hypothesized that participation in casino gambling will increase among persons with substance use disorder in regions where casino gambling becomes available. Researchers, Toneatto, Ferguson and Brennan found that persons diagnosed with substance use disorders were increasingly more likely to engage in casino gambling after casinos opened in their region. Casino gambling in Ohio will be available for the first time in spring 2012 with the opening of casinos in Cleveland and Toledo, followed by casino openings in Cincinnati and Columbus. Treatment providers in these regions, in particular, should emphasize co-occurrence of gambling and substance use disorders while imparting appropriate relapse prevention skills to prevent client return to AoD use and participation in gambling. Throughout the regions, both gambling and non-gambling participants thought that there is a relationship between gambling and AoD use. Sizeable proportions of gambling participants reported that they used more alcohol and/or drugs when gambling and gambled more when using alcohol and/or other drugs; and a few participants reported gambling as an alternative to their drug use, replacing one addiction for another. Moreover, participants also frequently talked about the constant availability of alcohol in gambling establishments. Relapse prevention for both AoD use and gambling include avoiding triggers that may lead recovering persons to return to active participation in their addiction(s).

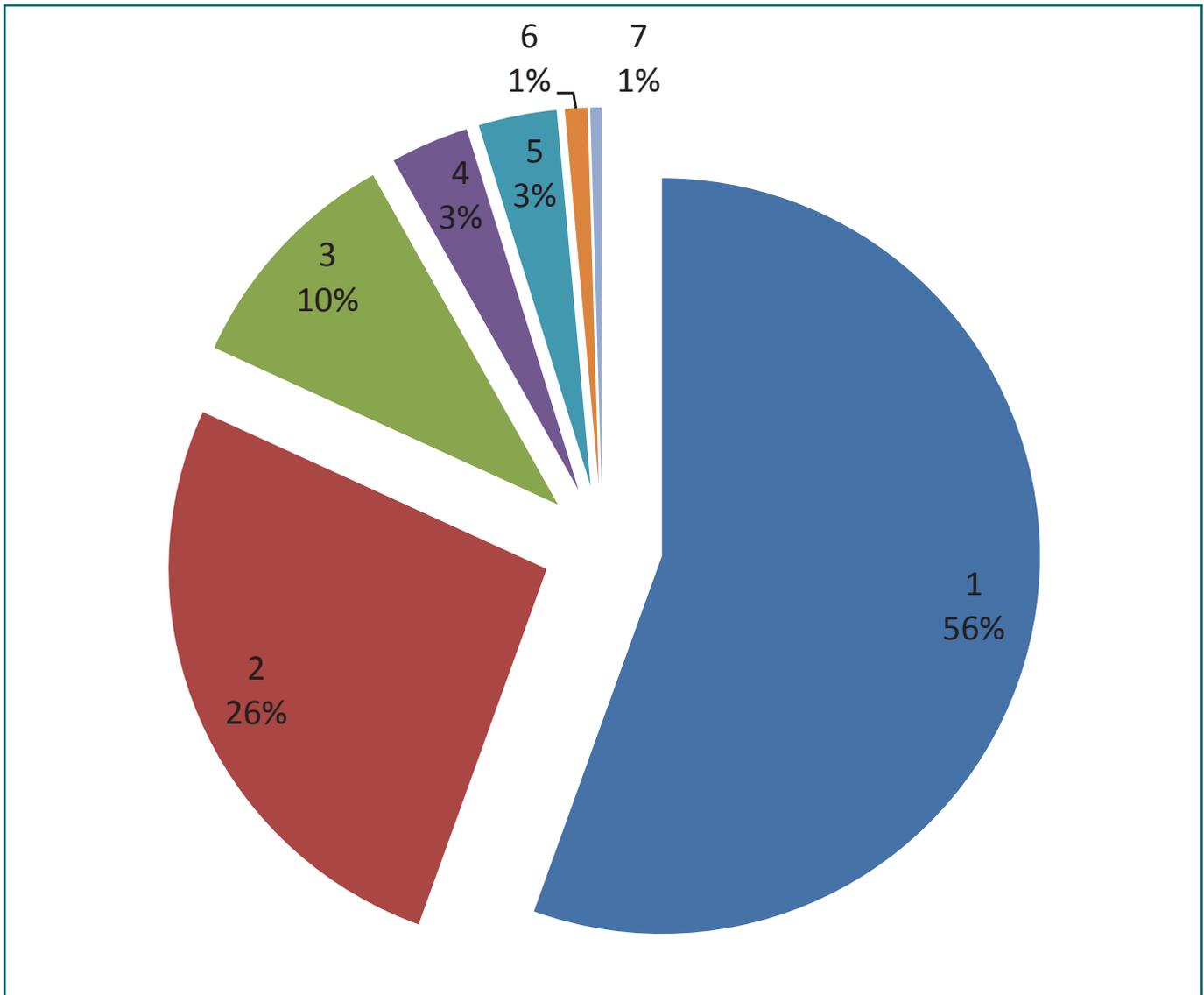
In addition to treatment providers offering gambling treatment services to persons with substance use disorders, community-based interventions should be delivered in partnership with operators of gambling establishments to disseminate information on how to access gambling treatment services and to increase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

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### Figures and Tables

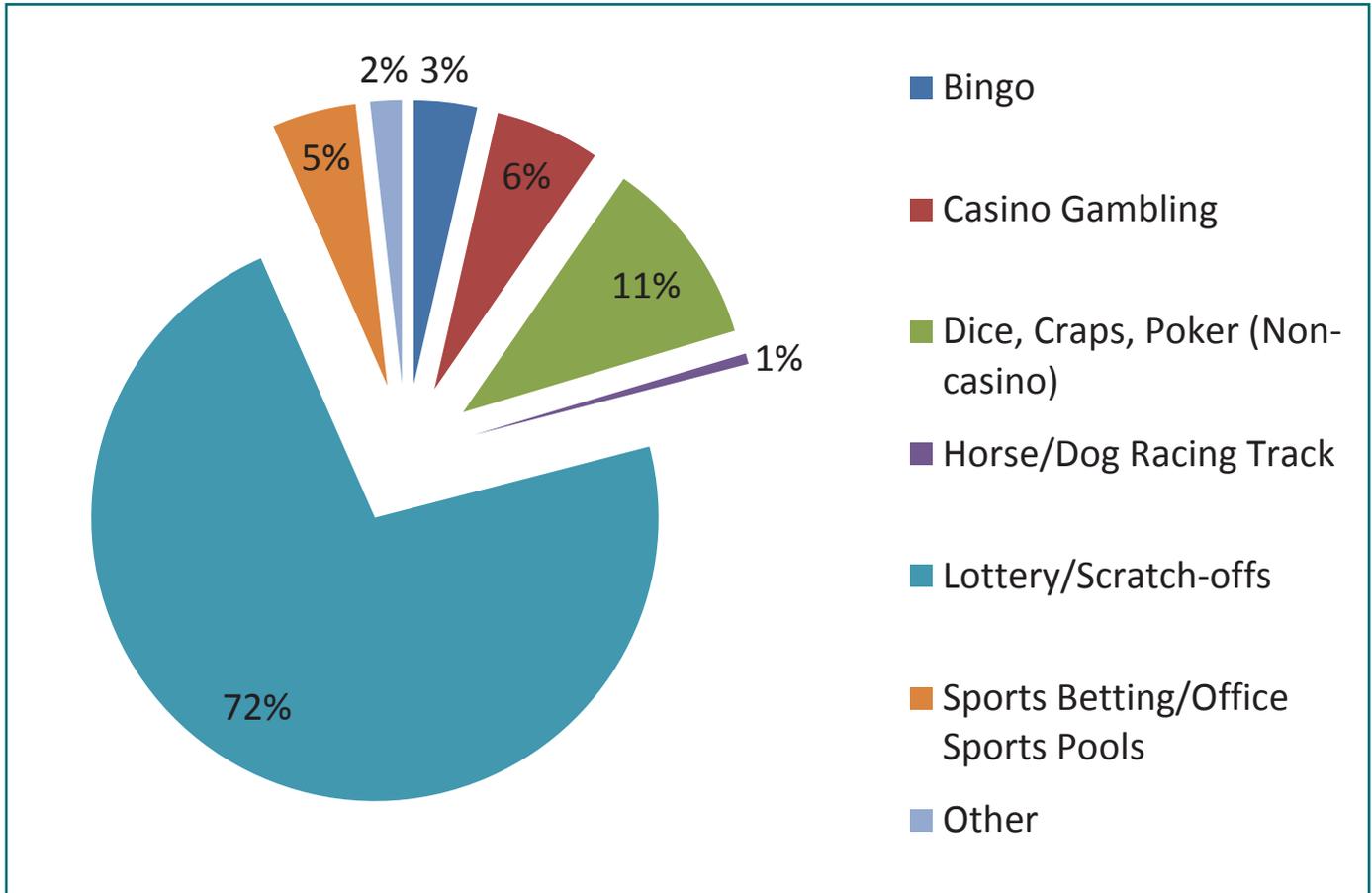
**Figure 1: Number of Gambling Types Participated in During the Past Six Months (N=209)**



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



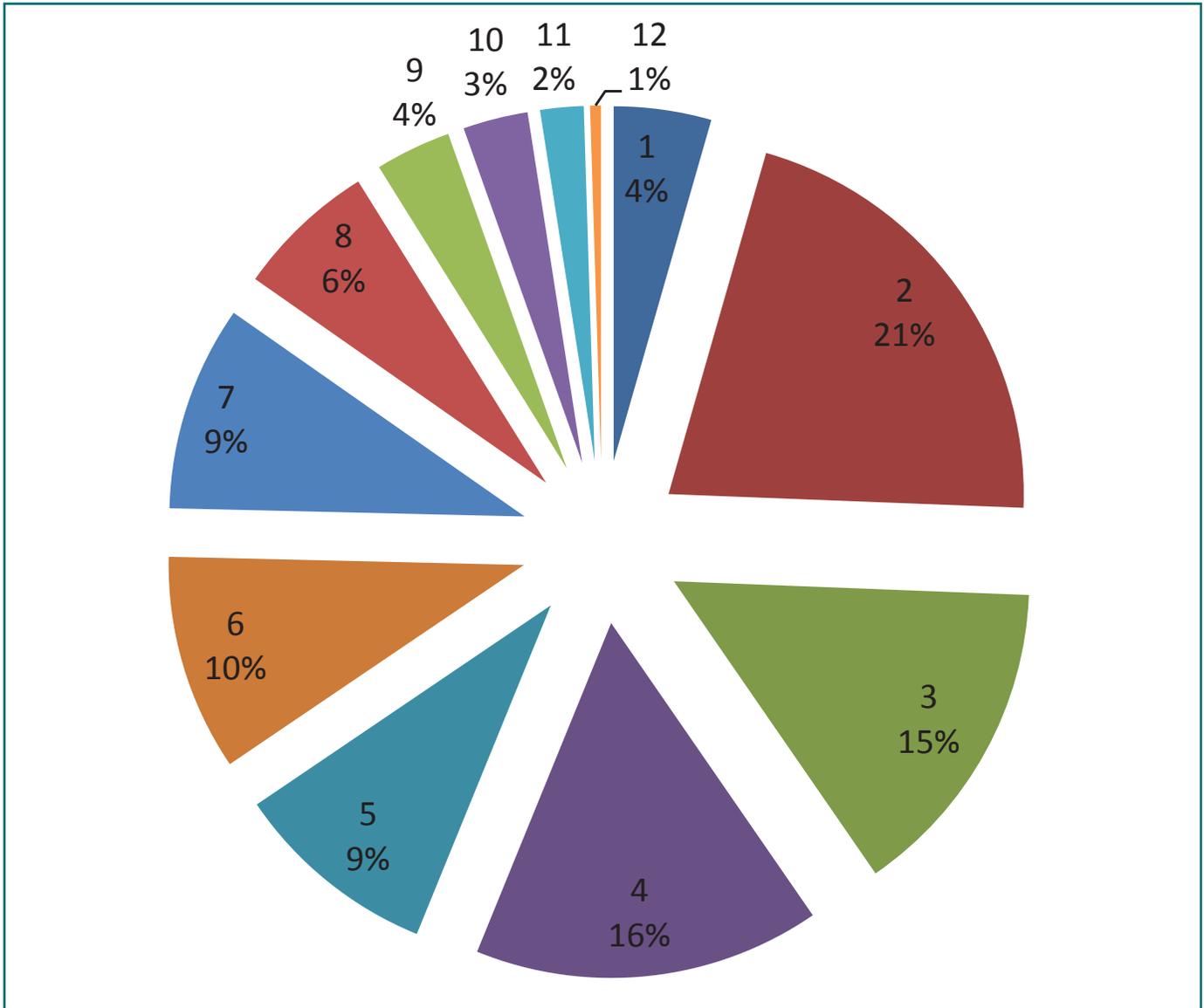
**Figure 2: Participant Primary Gambling Types<sup>1</sup> (N=167)**



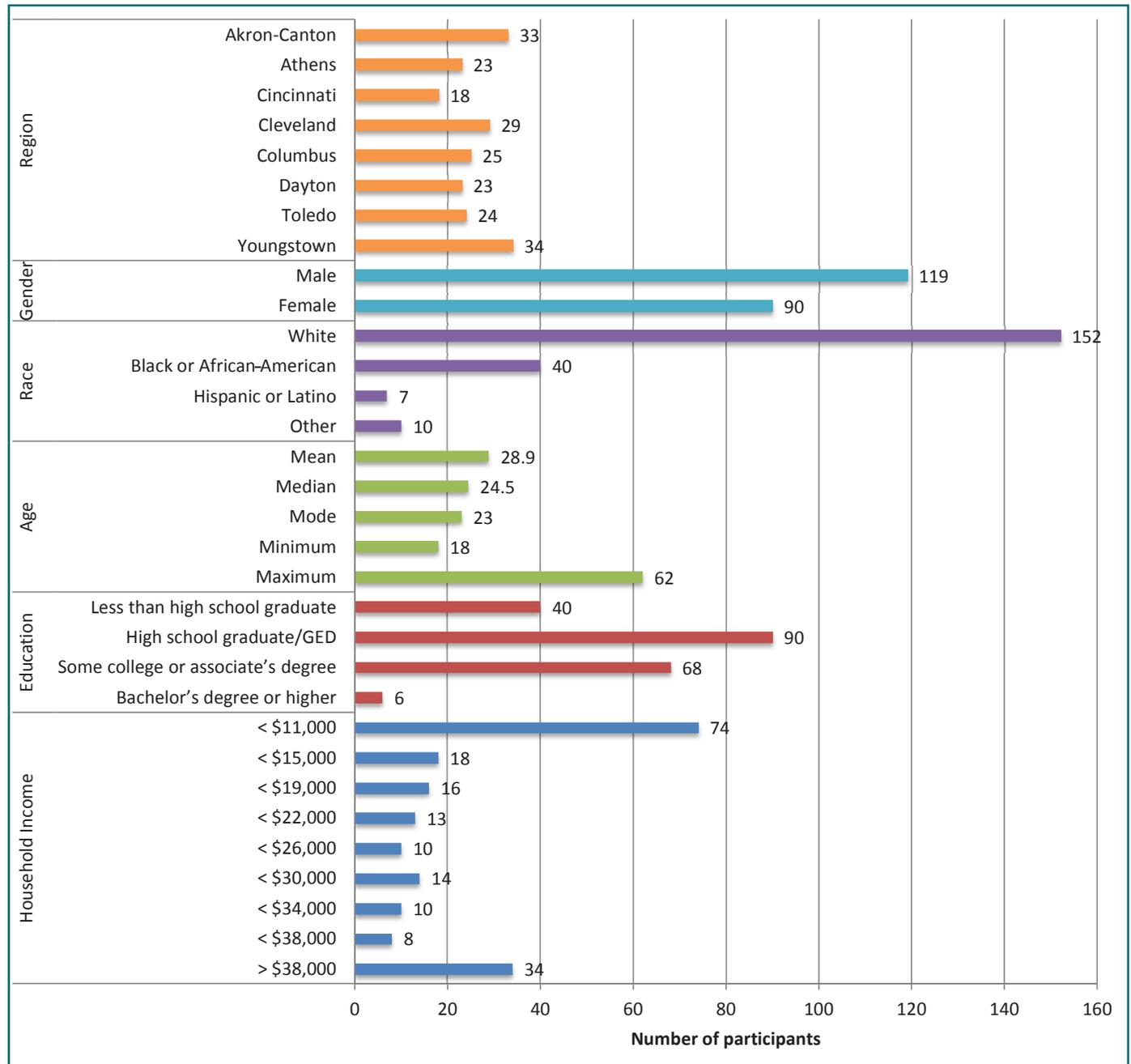
Not all gamblers reported a primary gambling type.<sup>1</sup>



**Figure 3: Number of Drugs Used During the Past Six Months Among Gambling Participants (N=209)**



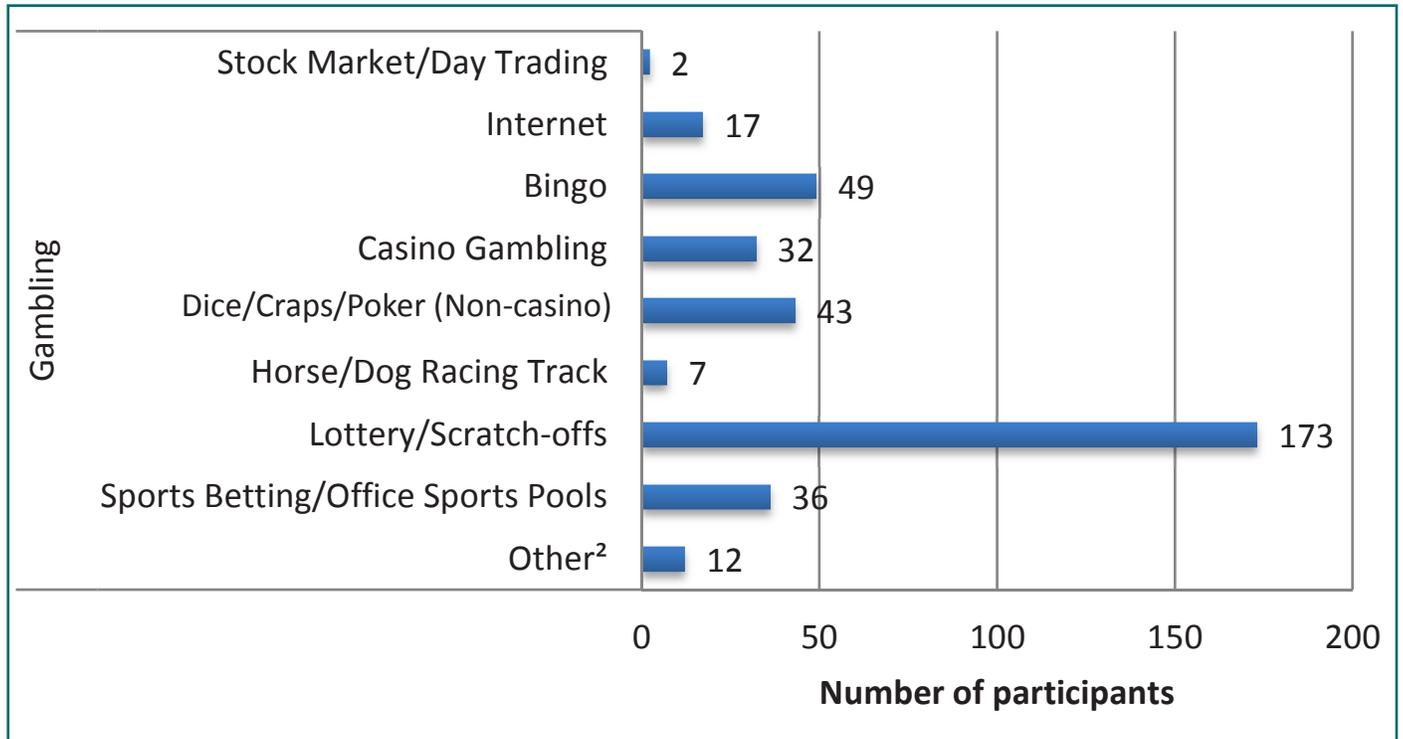
**Table 1: Characteristics of Participants Reporting Gambling During the Past Six Months<sup>1</sup> (N=209)**



Not all participants responded to every demographic survey question; thus, variable Ns may not equal 209.<sup>1</sup>



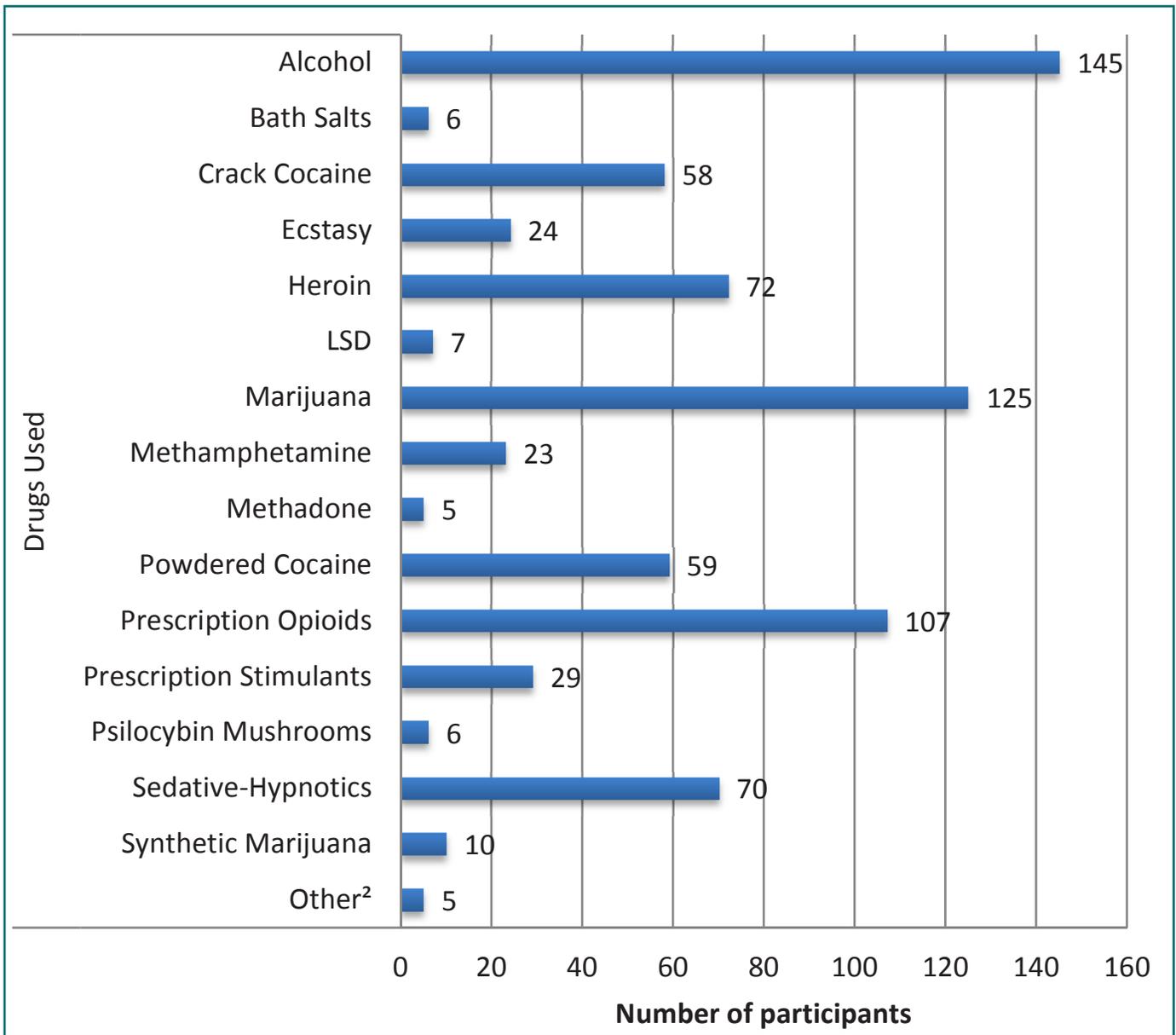
**Table 2: Gambling Participation During the Past Six Months<sup>1</sup> (N=209)**



Some respondents reported participation in multiple types of gambling.<sup>1</sup>  
 Examples of other gambling participation include billiards and 50/50.<sup>2</sup>



**Table 3: Drugs Used During the Past Six Months Among Gambling Participants<sup>1</sup> (N=209)**



Some respondents reported multiple drugs of use.<sup>1</sup>

Drugs used by only one respondent are not depicted here: DMT, ketamine, Lamictal®, Suboxone® and other drug (unspecified).<sup>2</sup>



**Table 4: Gambling Treatment Survey Responses<sup>1</sup> (N=209)**

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

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



For more information, contact OSAM staff at:

**Ohio Department of Alcohol and Drug Addiction Services**

Division of Planning, Outcomes & Research  
30 W. Spring St., 6th Floor  
Columbus, Ohio 43215

**R. Thomas Sherba**, PhD, MPH, LPCC  
OSAM Principal Investigator  
(614) 466-9020  
[Tom.Sherba@ada.ohio.gov](mailto:Tom.Sherba@ada.ohio.gov)

**Rick Massatti**, MSW  
Research Administrator, OSAM Coordinator  
(614) 752-8718  
[Rick.Massatti@ada.ohio.gov](mailto:Rick.Massatti@ada.ohio.gov)

<http://www.ada.ohio.gov/public/OsamHome.aspx>

