

Introduction

The Connecticut Council on Problem Gambling (CCPG) operates a Helpline which covers Connecticut, Massachusetts, and Rhode Island (1-800-346-6238). The Helpline is a 24-hour service for callers seeking help with a gambling problem for themselves or someone they care about. Callers seeking more general information about problem gambling are referred to the CCPG's office (1-888-789-7777).

This report summarizes findings from 704 calls received between January 1, 1996 and December 31, 1996 that were specific requests for help with a gambling problem. The 172 general information calls were not included in the statistics.

The CCPG's 26 item questionnaire was utilized to obtain the data for this report. Three trained recovering gamblers who responded to the requests for assistance for people with gambling problems filled out the questionnaire based upon the information provided by each caller.

Overall, the results for 1996 were similar to those of 1995. Comparative data are provided between years only where differences warrant comparison.

Major Findings*

- There were 704 calls for assistance with a gambling problem. This is a 20% increase in Helpline calls from 1995 to 1996.
- 72.5% of the problem gamblers resided in Connecticut.
13.5% resided in Rhode Island.
12% resided in Massachusetts.
2% resided elsewhere.
- 69% of the problem gamblers were males and 31% were females.
- The three primary sources of the CCPG's Helpline calls were from:

Foxwoods Resort Casino	44%
Phone book	35%
Other gambling Helplines	16%
- Approximately 2 out of 3 callers (68%) called about their own gambling problem and approximately 1 out of 4 callers (26%) were relatives of the problem gamblers.

*Description of results and discussion of findings provided by the CCPG. Tables are available upon request to the CCPG. Numerical information and tables prepared by The Community Consultation Center of New Haven, Connecticut.

- Females (71%) called about their own gambling problems slightly more than males (66%). This finding contrasts sharply with the 1995 data, where female callers far more frequently called about their own gambling problem (85%) than did males (60%).
- The median age range was 31-40.
- Problem gamblers in 1996 were older than in 1995. That is, in 1996 54% of problem gamblers were age 40 or younger, while in 1995 76% were age 40 or younger.
- Male problem gamblers tended to be younger than females: 62% of males were age 40 or younger and 37% of females were 40 or younger.
- Relatively few of the problem gamblers were in the younger and older age ranges: 2% of problem gamblers were 20 or younger and 8% were 61 or older.
- 89% of the problem gamblers were Caucasian and 64% were Catholic.
- Top four Connecticut counties and towns of residents of problem gamblers:

Counties

Hartford	25%
New London	21%
New Haven	20%
Fairfield	15%

Towns

Norwich	16%
Hartford	13%
New Britain	12%
Stamford	10%

- The problem gamblers were employed in a variety of occupations with the three categories of service work, laborer, and professional highest with 17% each.
- 34% of the problem gamblers were unemployed, employed part-time, retired, or had other income sources.
- 41% of the problem gamblers were at the lower end of the income scale (below \$26,000), 42% were in the mid-range (over \$26,000 and below \$46,000) and 17% were in the high range (\$46,000 and over).
- Females earned less than males: 57% of females earned less than \$26,000 as compared to 34% of males.
- The three types of gambling most frequently causing a problem were casino slot machines (40%), casino blackjack (29%), lottery (16%), and sports betting (15%).
- Females far more often than males reported a problem with slot machines (75% versus 25%).

Males far more often than females reported a problem with blackjack (34% versus 19%) and sports betting (21% versus 1%).

- For the 1996 gamblers, a problem developed within 5.5 years of the start of gambling as compared to 6 years for the 1995 gamblers.
- Females reported developing a gambling problem an average of 4.5 years after beginning gambling, and males 6 years after first gambling.
- Female gamblers had a problem fewer years (2 years) than males (4 years) before calling the Helpline.
- The following problems are reported to have resulted from problem gambling:

<u>Emotional:</u>	<u>Total</u>	<u>Males</u>	<u>Females</u>
Depression	80%	76%	88%
Thoughts of suicide	25%	23%	29%
 <u>Social:</u>			
Problems with family	84%	84%	85%
Loss of friends	54%	54%	53%
 <u>Financial:</u>			
Used savings	81%	80%	82%
Borrowed from credit cards	63%	58%	75%
Problems paying bills	68%	68%	66%
Borrowed from family	51%	51%	52%
Borrowed from bookies	12%	16%	1%
Bankruptcy (previous or pending)	12%	13%	11%
 <u>Work/School:</u>			
Problem with job or school	58%	63%	47%
 <u>Substance Abuse:</u>			
Abuse of alcohol/drugs	21%	24%	14%
 <u>Legal:</u>			
Committed illegal acts to obtain money to gamble	14%	14%	13%
Arrested or jailed for gambling-related crimes	10%	14%	3%

While males and females were similar in most problem areas, the following differences were of note:

Females reported higher depression and thoughts of suicide and greater borrowing from credit cards than males.

Males more than females reported more problems with job or school, more borrowing from bookies, more abuse of alcohol and drugs, and more arrests for gambling-related crimes despite similar levels of reported crimes between males and females.

- Problem gamblers currently owed an average of \$17,000 due to gambling.
- Problem gamblers had average lifetime losses of \$63,000 due to gambling.
- Males had substantially larger lifetime losses than females (\$76,000 versus \$42,000). The differences between the sexes in lifetime losses decreased in 1996 (\$34,000) as compared to 1995 (\$52,000).
- Most frequently reported other addictions:

Tobacco	53%
Alcohol	24%
Food	7%
Drugs	7%

Males slightly more frequently than females reported addictions to alcohol (27% versus 19%) and drugs (9% versus 3%), while females slightly more frequently reported addictions to smoking (58% versus 51%) and spending (9% versus 4%).

- 17% of the problem gamblers had previously attended Gamblers Anonymous.
- 74% of casino problem gamblers indicated that the casino problem originated at Foxwoods Resort Casino. Females (84%) more frequently than males (69%) began casino problem gambling at Foxwoods Resort Casino.
- The primary resources suggested to callers were as follows:

Gamblers Anonymous	97% of callers
State Gambling Treatment	69% of callers
Gam-Anon	14% of callers

Conclusions and Recommendations

Increasing Requests for Help

- Helpline calls related to someone with a gambling problem increased 20% from 588 calls in 1995 to 704 calls in 1996.

Problem Gambling and Type of Gambling

- Casino gambling (slot machines and blackjack) is the primary area in which problem gambling was reported. Given that the 800 number is far more prominently available at Foxwoods Resort Casino than at any other gambling site, it is expected that more of the problem gamblers who gamble at Foxwoods would call the Helpline. Therefore, no inference may be made from the results to the population of problem gamblers across Connecticut regarding which type of gambling has the greatest association with problem gambling.

Vulnerable Populations

Based on the findings, it appears appropriate to devote increased resources to the following groups:

- **Women**
The percent of identified problem gambling among women remained stable between 1995 and 1996 at 31% and overall negative consequences of problem gambling were similar between men and women in 1996. Nevertheless, special educational targeting of women is warranted based upon the very rapid increase of identified problem gambling among women over the last ten years and the fact that women reported in 1995 and 1996 developing a problem in a shorter period of time than men.
- **People with Low Income**
34% of the problem gamblers were underemployed and 41% had an annual income of less than \$26,000.
- **Families**
It is important to direct information about problem gambling to families and friends of problem gamblers as almost 1/3 of calls (31%) about a problem gambler were made by people close to the gambler.
- **People Who Have Other Addictions**
A relatively high percentage of problem gamblers were also reported to be addicted to alcohol, drugs, tobacco, and/or food. It is recommended that educational material targeting these groups describe their vulnerability to developing a gambling problem. Further, clinicians working in these areas of

addiction should screen for problem gambling in their clinical populations and address all forms of addiction in a comprehensive way.

Introduction of New Forms of Gambling and Problem Gambling

- Almost 75% of those with a casino gambling problem report that their problem began at Foxwoods Resort Casino. This fact may provide support for the idea that new forms of gambling introduce gambling to some who had not tried it before and those who are vulnerable develop a problem. Further, the proximity of the new gambling increases opportunities for some previous social gamblers to develop a problem if they are susceptible in this area.

Availability of the Helpline Number Will Increase Calls

- The opening of a second major casino, the Mohegan Sun Casino, in October, 1996, may result in increased Helpline calls as a pamphlet on problem gambling is provided and the CCPG Helpline number is displayed at each public telephone.
- Late in 1996, the Lottery Corporation and the Division of Special Revenue collaborated to place a sticker with the CCPG Helpline number on all 3300 lottery terminals in the State of Connecticut. Having the Helpline number at lottery outlets will increase awareness that the lottery is a form of gambling as well as entertainment and will likely increase calls from lottery problem gamblers.
- It is recommended the CCPG Helpline number and literature describing the signs and symptoms of problem gambling be prominently displayed at all pari-mutuel and charitable gaming sites in Connecticut.

Social Impact

- Helpline data emphasized the devastating impact of problem gambling:
 - Job and family problems
 - Loss of savings, excessive borrowing and bankruptcy
 - Substance abuse
 - Crime to obtain money to gamble
 - Depression and thoughts of suicide

While each of these consequences has substantial direct and indirect financial impact on society, the direct financial impact is examined further below.

- a) The lifetime losses in gambling for the Helpline callers was over \$44 million (\$63,000 average lifetime losses times 704 problem gamblers). The current debt was almost \$12 million (\$17,000 average debt times 704 problem gamblers). As large as these financial costs are for the Helpline callers, they are small in comparison to the cost of all problem gamblers in Connecticut.
- b) One out of 8 of the problem gamblers previously experienced or was currently experiencing bankruptcy. It is important to educate lending institutions,

consumer credit counseling services, and courts handling bankruptcies about problem gambling to better screen and assist problem gamblers.

Need for Increased Funding

In fiscal year 1995-1996, the State of Connecticut received \$420,787,754.00 in revenue from legalized gambling. In the same year, \$326,632.00 was devoted from state revenue for problem gambling prevention and treatment. The sum devoted to problem gambling prevention and treatment is extremely small in absolute amount. Further, State revenues are more than 1250 times greater than the sum allocated to address problem gambling! There is a clear contrast between the State's eagerness to earn money through legalized gambling and, at the same time, unwillingness to fully meet its financial responsibility to prevent problem gambling and treat problem gamblers and their families.

The Helpline statistics for the first six months of 1997 point to a growing problem as there were approximately the same number of calls for the first half of 1997 (698 calls) as there were for all of 1996 (704 calls).

Considering the very significant negative impact of problem gambling on individual, family, and community life, public and private funding resources devoted to preventing and treating problem gambling must be significantly increased.