

OLDER ADULT GAMBLING IN OREGON

AN EPIDEMIOLOGICAL SURVEY

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Enhancing the Value of the Public Investment in Oregon's Gambling Treatment Programs

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EXECUTIVE SUMMARY

This study, conducted in the summer and fall of 2000, was the third in a series of four epidemiological studies commissioned by the Oregon Gambling Addiction Treatment Foundation (OGATF) since its founding in 1997. The goal of the first three studies was to establish empirical evidence of gambling behaviors among Oregonians and to estimate the rates of disordered gambling in the state. The objective in providing this empirical evidence was envisioned as creating impetus for statewide, data-based strategic planning to better ensure adequate allocation of resources for prevention, identification, referral, and treatment of disordered gamblers and their families. The fourth study, commissioned simultaneously with this study, was a replication of the original adult prevalence study.

The findings from this study were based on a large random sample of 1512 Oregonians age 62 years or older; the highlights included:

- Slightly over 58 percent of the sample reported past year gambling. Overall, males were more likely to report past year gambling than females. Past year gambling activity was reported less frequently as the age increased consistent with expectations. The most frequently identified past year favorite gambling venue was traditional lottery games (18.9 percent), followed closely by casino games other than video poker (17.5 percent), and slots (15.4 percent). Females were more likely to indicate these venues than males. Approximately 18.8 percent of those who gambled indicated they had no favorite game.
- Of those who gambled, 59.6 percent reported they did so for entertainment and fun, followed by 11.6 percent who indicated they gambled to socialize, 6.7 percent reporting they gambled to win money. Only six respondents reported gambling to distract themselves from problems.
- The estimated prevalence of past year disordered gambling was 1.2 percent (± 0.5 percent). This was somewhat lower than rates reported in other recent studies in Canada and Nevada. The estimated prevalence of problem gambling was 0.9 percent and that for probable pathological gambling was 0.3 percent.
- The estimation for disordered gambling among males was 1.9 percent. This was higher, although not significantly, than females with an estimated prevalence of 0.8 percent.
- Disordered gambling was most commonly seen in the 65 to 69 year old age group as well as more likely to be seen in urban as opposed to rural counties. Although minorities were slightly underrepresented in the sample, the estimated prevalence of disordered gambling in these populations was 3.4 percent.
- Utilizing the confidence interval of 0.5 percent, an estimated range of past year disordered gambling from 0.7 percent to 1.7 percent of the population was calculated. This represented a range of 3,584 to 8,704 older adults that may be classified as problem gamblers.

The estimated rate of probable pathological gamblers was 0.3 percent and could indicate up to 4096 individuals in this population would classify as pathological gamblers.

➤ Nearly 75 percent of the sample reported lifetime gambling. Males reported a significantly earlier age of first gambling experience (24.5 years) than females (37.1 years). Age of first gambling decreased as the age of the respondents decreased. The first gambling experience was reported as slots (28.4 percent), followed by other casino games (23.2 percent) and cards - not in a casino (18.2 percent). Females were more likely to endorse these preferences than males except for cards. The first gambling experience for most of the respondents was, in general, 30 to 50 years ago.

➤ The prevalence of lifetime disordered gambling was estimated at 3.4 percent. Caution should be used when attempting to compare this rate with past year prevalence estimates due to the likely distortion caused by the extended look-back window as discussed in the body of this report.

➤ Statewide gambling treatment programs should expect to see up to 123 clients from this age group per year. During fiscal year 1999-2000, the state sponsored treatment programs admitted 44 individuals over age 62. It appears that system capacity is available to absorb increasing numbers of older adults seeking traditional outpatient treatment.

➤ Current depression was estimated at 5.2 percent (± 0.4) of the population. Daily tobacco use was reported by 12.2 percent of the sample, daily alcohol use 10.3 percent, and daily use of prescription medications such as sedative, anti-depressant, or anti-anxiety was reported by approximately 10 percent of the sample.

➤ Slightly over 52 percent of the sample reported their overall health, when compared to others their age as very good to excellent. Less than one percent reported their health as extremely poor. Slightly over 45 percent indicated they were completely satisfied with the way they were spending their time. Only 5 percent indicated they were not very satisfied with their lives.

➤ As planned, 82.5 percent of the sample was retired, 6.3 percent employed full-time, and 5.6 employed part-time. Approximately two percent indicated that they could not make ends meet with their incomes while 38.8 percent indicated they always had money left over after paying their bills.

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INTRODUCTION

This study was the third in a series of four epidemiological studies commissioned by the Oregon Gambling Addiction Treatment Foundation (OGATF) since its founding in 1997. The goal of the first three studies was to establish empirical evidence of gambling activity as well as to estimate the rate of disordered gambling among Oregonians. The objective in providing this empirical evidence to the state was envisioned as creating impetus for statewide, data-based strategic planning to better ensure adequate allocation of resources for prevention, identification, referral, and treatment of disordered gamblers and their families. The fourth study, commissioned simultaneously with this study, was a replication of the original adult prevalence study.

The first study, in 1997, was commissioned to estimate the prevalence of disordered gambling among adult Oregonians. The second study, in 1998, was commissioned to estimate the prevalence of disordered gambling among Oregon youth between the ages of 13 and 17 years old. This current study, estimating the prevalence of older adult Oregonians (age 62 and over), completes the initial goal of the Foundation to create an empirical baseline of estimated rates of disordered gambling across a wide spectrum of ages.

BACKGROUND

Gambling Opportunities

Oregon, like most states, has dealt with illegal and gray gambling¹ since statehood was achieved. In the 1930's, the state passed legislation that allowed for pari-mutuel wagering and in 1984 initiated the Oregon Lottery. Allowed within the Lottery's initial purview were a variety of traditional lottery games such as regular sweepstakes drawings and scratch tickets. Over the next few years, the state expanded the games available to include Megabucks and Powerball²; several varieties of scratch tickets and breakopens (pull-tabs); and, the nation's first state-sponsored sports action lottery. Off-track wagering was authorized by the legislature in 1987. In September 1991, the first Keno machines were made available and following in 1991, the state approved expansion for the use of video lottery terminals (VLT)³ with several varieties of video poker as the only available games. In 1992, the first⁴ of eight Indian Gaming Centers (IGC) in the state was opened.

At the time this study was conducted, Oregonians had a variety of gambling opportunities from which to participate ranging from charitable bingo to full scale casinos. Along with the eight IGCs, were approximately 1840 bars and taverns with approximately 9000 VLTs throughout the state. There were several thousand lottery outlets at

¹ Illegal gambling that is unofficially allowed to continue, for a myriad of reasons, such as slot machines at private clubs, bars, and taverns.

² The Lottery has also introduced daily drawings as the games' popularity has risen and fallen.

³ It was estimated that approximately 10,000 illegal ("gray") slot machines were in use in the state. Part of the effort to legalize the VLTs was in conjunction with efforts to eliminate these gray machines. (Barnes, E., 1990)

⁴ This IGC was originally named "Cow Creek," then changed its name to Seven Feathers, and was located in a rural area of the state near Canyonville.

convenience and food stores where traditional lottery games could be played. Numerous public card rooms and bingo halls along with three pari-mutuel tracks for seasonal live racing and several off-track wagering facilities were also available. Extensive gambling opportunities were also available in each of the four states that are contiguous to Oregon (California, Idaho, Nevada, and Washington).

As in many states, revenues from gambling are big business for the Oregon. During the biennium of 1997-1999, the lottery generated revenues for the state of approximately \$617.6 million. Originally, the Lottery was established by a voter-approved initiative dedicated to support economic development in the state. Subsequently, voters passed a legislative referral that disbursed substantial Lottery revenues to education. Most recently an initiative was approved to distribute some Lottery revenue to the restoration of state parks and salmon populations. A directive assigning a small portion of the Lottery's proceeds to provide statewide treatment for disordered gambling was attached to the 1991 legislation that authorized VLTs.⁵ The Lottery actively supports the state's gambling treatment programs through the regular advertising regarding the effectiveness of treatment and how to access care. Additionally, the Lottery was very active in voluntarily supporting scientific research efforts regarding disordered gambling in the state. The Lottery is the only gambling venue that directly supports the state government financially.

⁵ This was originally set at 3 percent of VLT proceeds. Due to the unintended results of a legal challenge to the introduction of VLTs this funding had to be moved from the Lottery revenues to the general fund. In 1999, legislative action successfully reinstated treatment as 1 percent of the total lottery proceeds. The reader interested in the gambling treatment within the state is invited to see Moore, T., 2000.

Compacts between the State and the sovereign Indian Tribes have allowed the establishment of the eight IGCs. Under the 1988 Federal Indian Gaming Regulatory Act, IGCs were able to introduce any game otherwise legal, or regulated, in the state. With the combination of legal charitable gaming and the introduction of VLTs, the Tribes were able to offer all gaming customarily associated with “Las Vegas” style casinos.

Although the IGCs are not required to provide financial support to the state or local governments, they do have foundations that provide economic support to a variety of local causes. The largest of these is the Spirit Mountain Community Fund⁶ that has been very active within the several contiguous counties surrounding the center as well as providing substantial support for state-wide scientific efforts. Another example of providing state-wide support for important public service is the Chinook Winds Casino community fund.⁷

Lottery gambling, except for VLTs, is available to persons 18 years and older in the state. VLTs are required by law to be placed in bars and taverns where access to play is restricted to those 21 years and older. IGCs are required by the Compacts to restrict play to individuals 21 years and older for all gaming activity.

Another source of legalized gambling in the state is charitable gambling including bingo, raffles, and “casino nights.” By law, gambling in these latter venues is also restricted to those 18 years and older but this is not strictly adhered to. (Carlson, M., and Moore, T., 1998)

⁶ Sprit Mountain IGC is owned by the Confederated Tribes of the Grand Ronde.

⁷ Chinook Winds IGC is owned by the Siletz Tribe.

Seasonal pari-mutuel gaming is available in the state at horse and dog tracks although this form of gambling has experienced a marked decline in popularity over the past several years. Off-track gaming is also legally available in several locations in the state.

Gambling, as a mechanism to generate revenues to offset the state's operational budget is not fully embraced within the political community. There has been lively, and heated, debate with several attempts made within the Legislature to limit, or eliminate, state supported gambling. The most recent legislative effort underway at the time of this report was to significantly alter the Lottery's mission from one "to produce the maximum amount of net revenues" to benefit the public good to language that includes the mandate to "operate primarily to control gambling in a manner the minimizes the addictive impact of lottery products..."⁸

Treatment for Disordered Gambling

With the 1991 legislation that authorized the introduction of VLTs the need for treatment of disordered gambling was also recognized and funded. In 1992 and 1993 several pilot treatment programs were initiated throughout the state. In 1995, all the state-sponsored gambling treatment programs were consolidated. From July 1, 1995 through June 30, 2000, 3,631 disordered gamblers and 653 family members had accessed treatment

⁸ House Bill 2292

at one of the 25 active treatment programs. Oregon has been a leader nationally in the development and operation of the gambling treatment programs. (Moore, T., 2000)

Definitions of Disordered Gambling

Estimating prevalence is a complex task that rests on a myriad of operational and conceptual issues. One of the more confounding issues regarding the interpretation of the findings from an epidemiological survey of disordered gambling is the variety of definitions that have seen common use in the popular and scientific gambling literature. The following discussion is provided as background for the terminology used in this report.

For most individuals, gambling is a social activity enjoyed in moderation. *Social gambling* is defined by the American Psychiatric Association (APA) as “gambling which lasts for a limited amount of time with predetermined acceptable losses” (APA, 1994, p.617). However, for some, gambling becomes a compulsion, an activity that is carried out in the face of negative consequences. The APA then defines *pathological gambling* as a “persistent and recurrent maladaptive gambling behavior that disrupts personal, family, or vocational pursuits” (APA, 1994). This classification requires individuals to endorse a minimum of five of the ten criteria for which the essential features for a clinical diagnosis of pathological gambling include: a continuous or periodic loss of control over gambling; a progression in gambling frequency and amounts wagered; a preoccupation with gambling

and in obtaining monies with which to gamble; and a continuation of gambling involvement despite adverse consequences. This classification places pathological gambling as an *impulse control disorder* within the same phenotype that includes intermittent explosive disorder, kleptomania, pyromania, and trichotillomania.

Disordered gambling is also often referred to in the popular and scientific literature as an addiction. This, sometimes confusing, nomenclature has origins in many sources. Most recently, the APA's Diagnostic and Statistic Manual, Revision IV (DSM-IV) classification of pathological gambling contains three criteria that are also found in the classification for alcohol and drug abuse and dependence. These common criteria for dependence between substance and gambling include: preoccupation with the behavior, tolerance (requiring more to achieve the same results), and withdrawal (becoming restless or irritable when attempting to stop or control the behavior).

Even though the APA does not use the term "addiction" for any of the mental disorder classifications, including substance abuse or dependence, the alcohol and drug field has been awash with its use. Historically, the term *gambling addiction* most likely found its way into widespread use in the contemporary literature regarding gambling in the early 20th century. Sigmund Freud was probably one of the most widely referenced authors to associate the term addiction with gambling, believing that it was closely related to substance dependence (Freud, 1961) which he also labeled as an addiction.

Further confounding the classification has been the advent of several terms by epidemiologists attempting to measure the prevalence of gambling in the general population through the use of non-clinical screening instruments. Terms that have found

their way into the gambling prevalence literature included “at-risk gambling,” “problem gambling,” “probable pathological gambling,” “compulsive gambling,” and “disordered gambling” (National Research Council, 1999).

Today, there appears to have emerged a continuum of opinions among treatment and research professionals regarding the classification of pathological gambling. Those who tend to favor pathological gambling as similar to substance dependence also view *problem gambling* in the same frame as substance abuse. Conversely, when pathological gambling is viewed as an impulse control disorder, problem gambling then emerges with its own classification.⁹

Lesieur and Rosenthal (1991)¹⁰ used the term problem gambling to denote individuals who fell short of the diagnostic criteria for pathological gambling but were assumed to be in a preliminary stage of a progressive disorder. This definition presumes that disordered gambling, which, if left untreated, would eventually escalate to the point of pathological gambling. Many professionals, favoring the addiction model, have embraced this theory. Nonetheless, the National Research Council, in one of the most definitive studies to date regarding disordered gambling, found this unsubstantiated in research. “Although this increasing relationship is often asserted or implied in the literature, neither an increasing association nor a progressive gambling behavior continuum is supported by available research” (National Research Council, 1999. p. 19).

⁹ The APA does not define problem gambling as a disorder.

¹⁰ Researchers and clinicians.

Several studies of the prevalence of adolescent gambling further reinforce the idea that problem gambling is not necessarily a precursor to pathological gambling. Of interest in this discussion is the studies' authors' rationale for the inclusion of the classification of in-transition gambling. They found that the high prevalence rates of problem gambling among adolescents did not appear to progress to pathological gambling in the adult population. Therefore, their definition of problem gambling included the flexibility that the individual may be either moving toward problem gambling, or may be moving away from problem gambling. (Shaffer and Hall, 1996; Stinchfield and Winters, 1998; Westphal, Rush, Stevens, Horswell & Johnson, 1998; Carlson and Moore, 1998)

In an effort to overcome these definitional conflicts, Shaffer, Hall and Vander Bilt (1997, p. 21.) proposed a tri-level classification of disordered gambling. This system incorporated terminology that was inclusive of both the addiction and mental health models. They included non-gambling and non-problem (social) gambling¹¹ as the first level, gamblers with sub-clinical problems¹² as the second, and pathological gambling as the third level.

In order to achieve consistency with the 1997 Oregon adult gambling prevalence study, this effort employed the following terms:

Non-gambler: Persons responding to the survey that indicated no past year gambling activity.

Gambler: Persons responding to the survey that indicated they had gambled, but did so without negative consequences.

¹¹ Gambling that caused no problems.

¹² e.g., a score of 2 to 4 points on the DSM-IV screen.

Problem gambler: Persons responding to the survey that indicated they had gambled and their score on the standardized instrument¹³ indicated they had experienced problems associated with their gambling but the level of problems was yet sub-clinical (Lesieur and Rosenthal (1991)).

Probable pathological gambler: Persons responding to the survey who achieved scores commensurate with a classification of pathological gambling.¹⁴ Employment of this term is to “distinguish the results of prevalence surveys, where classification is based on responses to questions in a telephone interview from a clinical diagnosis” (Volberg, 1997. p. 3.)

The term, *disordered gambling*, for this study, then included individuals both classified as problem and probable pathological gamblers.

Cooccurring Disorders

The scientific knowledge related to the etiology of disordered gambling remains limited to the extent that there are problems associated with defining the nature and etiology of the malady (National Research Council, 1999, p. 3.). Nonetheless, the cooccurrence of other disorders with pathological gambling “may be one of the most important and influential indicators of the pathways into and out of pathological gambling” (National Research Council, 1999, p. 128.)

Two of the most commonly cooccurring¹⁵ disorders have been identified as depression and substance abuse. Therefore, in order to understand patterns in disordered

¹³ The instrument and the scoring are discussed in detail below. This classification includes individuals that attained a score of 3 or 4 points, of 20 possible points, on the South Oaks Gambling Scale.

¹⁴ South Oaks Gambling Scale score of 5 points or greater.

¹⁵ In some cases, other mental and substance use disorders may be comorbid. Comorbidity is outside the scope of this project and will be left to future research.

gambling, it is important to understand patterns in depression and substance abuse since all three appear to be interrelated. Research points to several reasons for the connection. First, problem gambling, substance abuse, and depression may share psychological, environmental, or perhaps even neurological causes (Black, 1998). Second, both gambling and chemical dependency appear to be forms of “self-medicating” for depression (or other psychiatric disorders such as anxiety) or as a coping mechanism for negative life events (Corless & Dickerson, 1989; Cunningham-Williams, Cottler, Compton, & Spitznagel, 1998; Lesieur, Blume & Zoppa., 1986). Finally, problem gambling and substance abuse also share common familial and environmental factors. Low socioeconomic status and being a racial minority are associated with elevated risk of substance abuse and also appear to be implicated in problem gambling (Lesieur et al., 1986; National Gambling Impact Study Commission, 1999; Moore, T., Jadlos, T., Carlson, T., 2000.). This connection may be especially salient for older Americans. The role changes that occur during the retirement process may increase the risk of depression or substance abuse, which may, in turn, increase the risk of problem gambling. In fact, substance abuse among older adults has been called an invisible epidemic affecting up to 17 percent of that population (U.S. Department of Health and Human Services, 1998).

Rates of lifetime substance use disorders among pathological gamblers in both community and treatment samples ranged from 25 to 63 percent (Crockford and el Guebaly, 1998). Heavy use of alcohol is highly associated with gambling problems and increased betting. (Crockford and el Guebaly, 1998; Smart and Ferris, 1996; Spunt, Lessieur, Hunt, and Cahill, 1995.) Although not conclusive, Moore estimated that between

15 to 35 percent of those seeking gambling treatment in Oregon had cooccurring substance abuse problems when their self-reported substance use scores were compared to scores obtained from the same questions from individuals entering treatment for substance abuse (Moore, 1998).

A landmark study (Epidemiologic Catchment Area [ECA] sponsored by the National Institute of Mental Health) found that problem gamblers were at least three times as likely to be classified for depression, schizophrenia, anti-social personality disorder, and alcoholism than nongamblers. (Cunningham-Williams, Cottler, Compton, and Spitznagel as cited in National Research Council, 1999.)¹⁶ This study also found that depression preceded gambling unlike findings from other clinical studies. These findings were consistent with earlier findings that as many as 40 percent of the clients entering gambling treatment in Oregon, if presenting at a psychiatric hospital, could have been admitted based on a comparison of their symptomology with that reported by individuals admitted for inpatient psychiatric care. (Moore, 1995a, 1995b.)

Previous Prevalence Research

Increasing attention and concern is emerging in the literature regarding the gambling behaviors of older adults.¹⁷ The Gambling Impact and Behavior Study found the

¹⁶ This study had 5 sites and only one of the sites conducted a gambling screen.

¹⁷ For this study, older adult has been established at 62 and over. Other studies have incorporated a variety of cut off points for this group, ranging from 55 and over to 65 and older. The rationale for this selection is discussed below.

past year gambling frequency of adults between the ages of 18 and 44 years old had decreased about 10 percent from the 1975 national study but the rate of gambling among the 65 and over age group had increased dramatically, nearly doubling¹⁸ between the years of 1975 and 1998 (National Gambling Impact Study Commission, 1999).

Bernhard and colleagues, reported an estimated past year prevalence rate of 2.0 percent for problem gambling and 1.8 percent for probable pathological gambling (Bernhard, B., Shapiro, P., Preston, F. 2000.).¹⁹ One Canadian study reported problem gamblers at 1.6 percent and probable pathological gamblers at 1.2 percent (Wiebe, J. 2000)²⁰ while a second study, in a different province, found 1.4 percent problem and 0.4 percent probable pathological (Howardresearch, 2000).²¹ Although evidence exists that the prevalence of disordered gambling might be higher in this population, the National Research Council was unable to “determine the degree to which [the] elderly ... have disproportionately high rates of pathological gambling” (National Research Council, 1999, p. 3.)

The 1997 Oregon adult gambling prevalence study found that 3.1 percent of the 1500 adults surveyed scored as lifetime problem gamblers and another 1.9 percent as lifetime probable pathological. Past year problem gamblers were estimated at 1.9 percent and 1.4 percent as current year probable pathological gamblers (Volberg, 1997). The 2000

¹⁸ The rate of gambling this age group in 1975 was 23 percent and in 1998 it had risen to 50 percent.

¹⁹ Bernhard and colleagues' study was of 449 individuals in Nevada age 55 and over.

²⁰ Wiebe's study was conducted in Manitoba and included 1000 adults over the age of 60.

²¹ This study in Alberta had 800 participants.

replication study found that gambling among adults had decreased as well as reporting a decrease in disordered gambling to 2.3 percent (Volberg, 2001) (Moore, in press).

In 1997, Shaffer and colleagues estimated the national prevalence range of adult lifetime Level 3 gambling²² from 1.35 to 1.85 percent and past year as 0.9 to 1.38 percent. They estimated lifetime Level 2²³ adult gambling from 2.94 to 4.76 percent and past year from 1.95 to 3.65 percent. For adolescents, their lifetime Level 2 gambling estimates ranged from 7.62 to 11.27 percent and Level 3 from 2.33 to 5.43 percent. Past year adolescent Level 2 gambling was estimated at 8.99 to 20.66 percent and past year Level 3 gambling estimated from 7.62 to 11.27 percent. (Shaffer, Hall, Vander Bilt, 1997.)

The National Gambling Impact Study placed national estimates for lifetime pathological gambling at 1.2 percent and 0.6 percent past year pathological gamblers. Lifetime problem gamblers were estimated at 1.5 percent and past year problem gamblers at 0.7 percent. These rates were low when compared to state specific studies that were reviewed by Shaffer, Hall, and Vander Bilt (1997).²⁴

Lifetime rates are of historical interest, but for policy purposes “past-year rates provide a better representation of the current state of gambling...{and}...represent the potential number of disordered gambling cases that are active during the {period}” (Shaffer, Hall, Vander Bilt, 1997, p. iii.) To be consistent with this rationale and the purpose of the study only the past year rates are used for analysis in this study.

²² Comparable to the classification of probable pathological gambler used in this study.

²³ Comparable to the classification of problem gambler used in this study.

²⁴ It must be noted that a variety of methodologies and instruments were used in all these studies. Therefore, the comparison of prevalence rates across studies should be done with caution.

Findings from several studies suggest that the prevalence of depression among older adults ranged from 8 to 20 percent (US Department of Health and Human Services, 1999, p. 342.). Substance abuse, primarily alcohol and prescription drugs, has been reported as one of the fastest growing health problems facing the nation (US Department of Health and Human Services, 1998). This report estimated that up to 17 percent of the population 60 years and older was affected by alcohol and prescription drug misuse. (US Department of Health and Human Services, 1998, p. 1).

PURPOSE OF THE STUDY

With these factors in mind, the purpose of the study was then split into two general areas. First, as part of the long-term planning of the Foundation, the study was intended to provide, as a baseline, an assessment of the gambling behaviors of older adults in Oregon including an estimate of the prevalence of problem and probable pathological gambling. This baseline information is envisioned to be utilized in assisting the state to plan for potential prevention, intervention, and treatment requirements as was the information generated from the 1997 Adult and 1998 Adolescent studies.

The second purpose of the study was to contribute information to the knowledge base related to the potential cooccurrence of depression, substance use, and general quality of life with disordered gambling among older persons.

STUDY DESIGN & IMPLEMENTATION

Evidence suggested that the current median age at retirement was 62.6 years for men and 62.8 years for women (Gendell & Siegel, 1996). Concern has been expressed in the literature regarding the potential additional risk of seniors gambling on fixed incomes with less flexibility to absorb gambling losses as well as increased risk of depression from life changes and loneliness (Shaffer, H. J., Hall, M. N., and Vander Bilt, J., 1997; McNeilly, D. and Burke, W., 1998; National Research Council, 1999; Nora, R., and Johnson E., 2000; Florida Council on Compulsive Gambling; Iowa Department of Human Services.). For these reasons, the Oregon sample was designed to include as many retirees as possible without having retirement as an exclusionary factor.

The telephone survey of 1512 residents of randomly selected households comprised of adults aged 62 and over in the state of Oregon was conducted by the Survey Research Laboratory at Portland State University on behalf of the Gambling Addiction Treatment Foundation. The study design called for a minimum of five callbacks to each telephone number in the sample, or until it was determined that the number was not working, did not belong to a residence, a respondent did not speak English, or refused to participate. To obtain the 1,512 completed interviews, a total of 11,500 telephone numbers targeted by age of householder (60 and over) were purchased. Of these, 153 were duplicates and were removed from the database.

Over the course of the study, a total of 34,578 calls were made to the 11,347 non-duplicated telephone numbers. Of these 11,347 numbers, 2,320 remained active at the

time the study was concluded (e.g., the maximum number of attempts to reach them had not been made²⁵), leaving 9,027 numbers. Of these, 1,476 were not valid numbers for the study (1,126 were nonworking, 259 were nonresidential, 90 did not speak English or had some other language/hearing problem, and one was not usable for some other reason), leaving a total of 7,551 potentially eligible households. Of these, 2,373 were persistently unavailable (i.e., the maximum number of attempts had been made without reaching anyone), leaving a total of 5,178 households with whom screening interviews were completed. Of these, 3,399 were determined to be ineligible due to age (no one aged 62 or older lived in the household) or age and gender;²⁶ 1,540 were eligible and completed the larger interview; and 263 refused to be interviewed, either hanging up immediately or once the questions had begun. For the purposes here, it should be assumed all “refusals” were age- or age and gender-eligible, but in fact, since potential respondents sometimes terminated the call before this could be determined, this is likely an overestimate.

There are a variety of ways to calculate completion or response rate (Council of American Survey Research Organizations, (1982). One definition is the number of completed interviews divided by the number of units in the sample known to be eligible (i.e., the number of completes plus the number of refusals from eligible units). For this

²⁵ “Active” numbers are those numbers that had not been called the maximum number of attempts to reach decided upon at the start of the study (5, in this case), or numbers that had callbacks scheduled for a date that was after the required number of interviews to be completed had been obtained, and interviewing for the study was ended. In this study, most of these “active” numbers (2,239) had callbacks scheduled; many numbers belonged to households who had refused once to complete the screening interview and had been rescheduled.

²⁶ Midway through the study, because males were not being interviewed in numbers proportionate to their numbers in the population of older Oregonians, the screening criteria were modified to ascertain not only the age of the respondent, but also whether or not a male aged 62 or over resided in the household. If so, the

study, considering only those determined to be eligible for the study on the basis of age (or age and gender), and assuming all “refusals” were age- or age and gender-eligible, an 85.2 percent response rate was achieved.²⁷

Quality Control Measures

Several quality control measures were employed in this study. These included: (1) the making of all calls from a supervised, centralized interviewing facility; (2) using a Computer-Assisted Telephone Interviewing (CATI) system; (3) conducting detailed training of interviewers and supervisors on the survey instrument used; (4) monitoring selected calls made by each interviewer; and (5) examining reports concerning interviewer productivity and making decisions to retain, retrain, or release interviewers.

The training of interviewers and supervisors was conducted by the Principal Investigator, the Director of the Survey Research Laboratory, and the Manager of the Lab.

Question-by-question training was provided, and interviewers made several practice calls to each other and supervisors before beginning to make calls formally. The investigator, manager, and supervisors provided additional one-on-one training of interviewers, as needed.

Use of a CATI system meant that questions were not inadvertently missed by interviewers due to complex skipping patterns in the survey instrument; this is because the

interviewer was instructed to interview him; if not, the interviewer was to interview the female. Later in the study, only interviews with older men were conducted; females were considered ineligible.

²⁷ A major portion of the discussion regarding the efforts of the Survey Research Laboratory as well as the quality control measures employed by the SRL were contributed by Dr. Margaret B. Neal, Director of the SRL, Portland State University.

system guided the interviewer through the interview and, depending on the respondent's answers to one or a series of questions, asking or skipping other questions, as appropriate. Also, because in a CATI system respondent's answers are entered into the database directly by the interviewer at the time the response is given, the need for second-level data entry and the additional error associated with having to record responses twice was eliminated (i.e., initially at the time of response and then later as responses are entered into a database). In addition, the CATI software prohibited entry of out-of-range or invalid values by the interviewer. In brief, use of CATI enhanced data quality and provided the ability to produce a clean data file almost immediately. This allowed for monitoring the sample on the basis of gender and modifying screening procedures as appropriate to obtain numbers of male and female respondents aged 62 and over in the sample proportionate to their numbers in the population of older Oregonians.

The CATI software also managed the sample, tracking how many times each number had been dialed and the outcome of each call. It also enabled rescheduling of calls for a time that was more convenient to the respondent. This improved interviewer efficiency, as the telephone number of the most appropriate prospective respondent was delivered automatically, taking into account scheduled callbacks, the number of contacts already made, and any other selection criteria stipulated. Immediate feedback on sample status and interviewer performance was available and reviewed, including number of calls made and number of completed interviews.

By having all calls made in a centralized and supervised facility, it was possible to visually monitor interviewers' presence and activities. In addition, supervisors and the Principal Investigator periodically monitored specific calls made by each interviewer to make sure questions were being asked as written and data were being entered appropriately. Specifically, the CATI system enabled the supervisor or the investigator, from the supervisor's desk, to tap into an interviewer's call, see the screen the interviewer was viewing, and see the response(s) the interviewer entered. This monitoring could occur at any time, without the interviewer's knowledge. At the conclusion of the call, any necessary feedback was then provided to the interviewer.

Interviewers were informed, in the training, of the CATI system's ability to do such monitoring and that periodic monitoring would be conducted.

INSTRUMENTATION

The core domains and items of the survey employed in this study were modeled closely to the instrument utilized in the 1997 Oregon adult prevalence study to ensure comparability. The instrument addressed six domains including gambling behavior, disordered gambling screen, depression screen, alcohol and drug use, quality of life, and general demographics. The entire battery of questions totaled 124. The interview ranged from ten to over 40 minutes depending on the amount of gambling activity being reported

and the response time of the participant.²⁸ The CATI version of the instrument is included in Appendix A. A great deal of concern was given to keeping the instrument as brief as possible to minimize response burden²⁹ in order to facilitate high completion rates especially with participants that might have age-related difficulties with a telephone survey.

Gambling behavior was accessed by asking all participants 30 questions. The questions focused on the general types of gambling participation, preferred gambling activity, preferred location, method of getting to that location, amount of time spent gambling, amount of money spend gambling, and who they usually gambled with.

The second section of the survey was a disordered gambling screen. There were few standardized instruments that had been utilized for the estimation of the prevalence of disordered gambling. Although a relatively new instrument had emerged in the last two years (NODS),³⁰ a decision was made to employ the South Oaks Gambling Scale (SOGS). The major factor supporting this decision was the necessity to ensure the findings from this study would be easily comparable with the findings from the 1997 adult study and the 2000 adult replication study that was conducted sequentially to this study. Both the 1997 study and the 2000 replication study utilized the SOGS to estimate the prevalence of

²⁸ Fortunately for this study, the SRL Director, Dr. Neal, is also the Director of Institute on Aging at PSU who helped ensure quality training for the surveyors in effectively interacting with respondents in this age group.

²⁹ Response burden refers to the length of time required to complete a survey, difficulty of completion, and overall survey acceptability. (MCHorney, C.A., 1996, p. 573)

³⁰ The NODS was developed by the National Opinion Research Center, University of Chicago with the aid of experienced gambling epidemiologists such as Volberg, for the National Commission on Gambling Impact. The NODS is an extension of the APA based DSM clinical assessment criteria. The NODS was used in the Foundation's 2000 replication study along with the SOGS to compare the instruments. (Moore, T., In Press)

disordered gambling.³¹ Secondary to this factor, was the usefulness in using SOGS generated prevalence estimates for comparisons of findings in Oregon with those from a variety of other recent studies in several states.

The SOGS was developed by Lesieur and Blume (1987) from criteria that initially appeared in the DSM - III (AMA, 1980). There has been much published regarding the reliability and validity of the SOGS. Proponents and opponents of the instrument can be widely split. The underlying problem in attempting to develop a widely accepted standard for measuring the prevalence of disordered gambling is the fact that the criteria upon which a clinical diagnoses can be made has been shifting since the disorder was first introduced into the APA's diagnostic classification system in 1980. (Shaffer, Hall, & Vander Bilt, 1997) Since that time, there have been two major changes to the APA criteria. Without a consistent "gold standard" upon which to base reliability and validity testing research must be satisfied with employing the instrument that has seen the widest testing in a variety of settings.³² Nonetheless, several studies have been conducted that indicate the SOGS is very effective in identifying disordered gambling in both clinical and population research settings. (Abbott & Volberg, 1996; Lesieur & Blume, 1987; Stinchfield, 1997; Volberg & Banks, 1990)

The SOGS contains 20 scored items that are asked in respect to lifetime gambling and past year gambling. Respondents indicating an endorsement to any of the lifetime

³¹ The 1997 study also tested the DSM-IV screen and found that the difference in estimated prevalence was only 0.1 percent between the instruments.

³²The reader is invited to read Shaffer, et al. 1997, pp. 67-70 for a complete discussion of the state of the instrumentation available for epidemiological studies.

items were asked follow-on questions to determine if the experience was present in the past year. Using this methodology, both lifetime and past year estimations of disordered gambling could be generated.³³ Items are scored one point each for a positive endorsement by the respondent. A score of 3 or 4 points on the instrument is consistent with problem gambling and a score of 5 or more is consistent with pathological gambling in a clinical setting.

The third domain included in the survey was for alcohol and drug use. Due to concerns, as addressed above, about maintaining the instrument as efficient as possible, only 13 questions were included. These questions were not part of a standardized screening instrument but had been tested for reliability and validity. (Carlson, M. and Moore, T., 1998). They included questions regarding use of tobacco products, alcohol, prescription drugs prescribed by their physician, prescription drugs not prescribed by their physician, marijuana, cocaine, and other substance use.

The fourth domain included in the instrument was a screen for depression. In keeping with the desired goal of constructing an efficient instrument, a review of the literature identified the Center for Epidemiological Studies - Depression (short form) (CES-D8) screen. This instrument is an 8-item screen that was derived from the original CES-D that was a 20-item screen.

³³ The literature suggests that lifetime prevalence as estimated by the SOGS can be overstated. This is due to the telescoping effect of potentially compressing several indicators, where each may have occurred years apart, into one score.

The CES-D was developed by the National Institute of Mental Health, Center for Epidemiologic Studies³⁴ and has been “extensively validated and is widely accepted in epidemiologic studies” (Radloff, L.S., 1997; Zonderman, A. Costa, P., McCrea, R. 1989). Most recently, the CES-D8 has been reported to possess “acceptable psychometric properties” in a large on-going cross-site project sponsored by the Health Research Services Administration (HRSA) (Huba, G., Melchior, L., Panter, T., 2000.).

The CES-D utilizes a 4-point scale that includes the response choices: rarely or none of the time (less than 1 day during the past week) (score 0 points), some or a little of the time (1-2 days of the past week) (score 1 point), occasionally or a moderate amount of the time (3-4 days) (score 2 points), and most or all of the time (5-7 days) (score 3 points). A score of seven points or greater from a maximum possible score of 24 is considered the threshold for indicating depression during the past week.

The fifth domain addressed by the instrument was quality of life. This domain did not employ a standardized scale. Instead, again in keeping with the goal of achieving an efficient instrument, incorporated five questions that have been widely utilized in other studies within this population.³⁵ These questions included a self rating of their overall health as they would compare themselves to others, the level of satisfaction they have with the ways they are spending their life “these days,” whether they help another adult that is “frail or disabled,” or require help themselves, and their ability to “get along” on their income.

³⁴ Original work is credited to Ben Z. Locke the then Chief of CES.

³⁵ In addition to the usefulness to this research effort, these questions were included as a cooperative effort with the Institute on Aging, PSU, in their ongoing research efforts of aging in Oregon.

The final set of question included general demographic questions including race or ethnicity, year of birth, employment status, income, religious preference, gender, education, marital status, and county of residence.

Item Nonresponse

As with nearly all surveys of this type, it is inevitable that some respondents either refuse to answer some questions or indicate that they do not know the answer to other questions. Although the level of non-response to critical items such as the SOGS and CES-D8 was not problematic, some questions, most notably those relating to income experienced a higher rate of nonresponse. In lieu of attempting imputing or weighting of data elements with missing responses, this report bases all calculations on actual responses.

FINDINGS

General

Of the 1537 completed interviews, 25 were not usable due to a conflict between the reported age and the year of birth given.³⁶ The average age of the sample overall was 73.4 years (n = 1494, sd = 7.2 years). Males, comprising 44.3 percent of the sample, had an

³⁶ During the initial screening, respondents were asked if they were 62 years old or older. Twenty-five of the sample indicated they were of such age but then, at the end of the survey gave a year of birth that would indicate they were not within the target sample. In order to alleviate any possible compromise of the research these responses were omitted from the analysis.

average age of 72.8 years (n = 661, sd = 6.9 years) and females (55.7 percent of the sample) had an average age of 73.9 years (n = 833, sd = 7.3 years). Females were significantly older than males.³⁷

In order to conduct a more meaningful analysis of the data and to identify potential cohort effects, the responses were stratified by both age group and gender. Ages were stratified into 5-year groupings except for the initial stratification of 62 to 64 year olds and the final stratification of those who were 80 years and older. *Table 1. Sample*

*Stratification*³⁸ is a presentation of the number of respondents in each cell of the

stratification. A statistical comparison of the gender mix by strata revealed no significant difference between the sample and population estimates.³⁹ Only a slight under sampling of the 62 to 64 and over 79 year-old groups was found.⁴⁰ Minorities were slightly

Age	Total In Stratum	Males	Females
62 - 64 years	164	78	86
65 - 69 years	355	167	188
70 - 74 years	355	166	189
75 - 79 years	296	120	176
Over 79 years	324	130	194

³⁷ t test p < .01

³⁸ Some respondents refused to give their date of birth so the numbers in this table will not equal the total. Similarly, row totals of gender, in some strata do not add due to missing gender data.

³⁹ US Census Bureau (1999) estimates were used.

⁴⁰ The 2 - 64 year-old group was approximately 4 percent under sampled and the over 79 year-old group was 2.1 percent under sampled. For this analysis no weighting of the findings was done for these age groups.

underrepresented in the sample, accounting for 5.4 percent of the sample, as has been the experience in the previous two gambling epidemiological studies (Carlson and Moore, 1998; Volberg, 1997).

The distribution of respondents by geographic location was representative of the distribution of the population of Oregon between the urban and rural counties. Participants from the mostly urban counties of Clackamas, Lane, Marion, Multnomah, and Washington represented 46.6 percent (n = 705) of the sample.

Gambling - General

During the past year, 58.2 percent of the sample reported some form of gambling.

For males, past year gambling was reported by 62.8 percent of the respondents and 54.9 percent of the females reported past year gambling. *Table 2. Past Year Gambling* is a presentation of the findings

Age	Total	Males	Females
All	880 (58.2)	416 (62.5)	460 (54.8)
62 - 64 years	115 (70.1)	58 (74.4)	57 (66.3)
65 - 69 years	230 (64.8)	119 (71.3)	111 (59.0)
70 - 74 years	220 (62.0)	103 (62.0)	117 (61.9)
75 - 79 years	174 (58.8)	70 (58.3)	104 (59.1)
Over 79 years	129 (39.8)	63 (48.5)	66 (34.0)

by gender and strata in percent. Males were more likely to have gambled in the past year than females, and as age increased, both males and females were less likely to have gambled during the past year.

Disordered Gambling

Overall the prevalence of lifetime disordered gambling was estimated at 3.4 percent (± 0.4) with 2.3 percent being classified as problem gamblers and 1.1 percent as probable pathological gamblers.⁴¹ *Table 3. Prevalence of Disordered Gambling* is a presentation of this information. Males were found to have a slightly higher rate of lifetime disordered gambling (4.2 percent: 2.7 percent problem and 1.5 percent probable pathological) than females (2.7 percent: 1.9 percent problem and 0.8 percent probable pathological) although this difference was not statistically significant.

The estimated rate of past year disordered gambling was 1.2 percent (± 0.5) with 0.9 percent

	Disordered Gambling Prevalence	Problem Gambling	Probable Pathological Gambling
Lifetime	3.4 % (± 0.4)	2.3 %	1.1 %
Past Year	1.2 % (± 0.5)	0.9 %	0.3 %

being classified as problem gamblers and 0.3 percent as probable pathological gamblers. Past year disordered gambling among males was estimated at 1.9 percent (1.4 percent problem and 0.5 probable pathological) while female past year disordered gambling was estimated at 0.8 percent (0.6 percent problem and 0.2 percent probable pathological). No statistical difference was found between the genders for past year disordered gambling. In

⁴¹ Again, lifetime disordered gambling rates as measured by the SOGS are likely elevated as discussed previously.

raw numbers, past year disordered gamblers accounted for 19 individuals from the sample of 1512.

Past year disordered gambling was most prevalent in the 65 to 69 year old stratum with a prevalence rate of 2.8 percent (2.0 percent problem and 0.8 percent probable pathological) followed by the 62 to 64 age group (1.8 percent) and finally by the 70 to 74 year old group (1.7 percent). None of the respondents over the age of 75 were classified as disordered gamblers. A summary of this information is presented in *Table 4. Prevalence of Past Year Disordered Gambling*. Nonetheless, due to the small sample size within each

stratum a great deal of caution should be exercised in drawing conclusions from this particular data element.

Similarly, the estimated prevalence of 3.4 percent⁴² of disordered gambling

among the non-White participants should be viewed with great caution due to the very small sample size (n = 82). Nonetheless, a recent study in Multnomah County concluded that the prevalence of disordered gambling among minority populations is under

Age	Disordered Gambling Prevalence	Problem Gambling	Probable Pathological
62 - 64 years	1.8 %	1.2 %	0.6 %
65 - 69 years	2.8 %	2.0 %	0.8 %
70 - 74 years	1.7 %	1.4 %	0.3 %
75 - 79 years	0.0	0.0	0.0
Over 79 years	0.0	0.0	0.0

⁴² This would compare to a prevalence rate of disordered gambling among Whites of 1.0 percent

represented in both the previous Oregon prevalence studies as well as in the Oregon gambling treatment population (Moore, T, Jadlos, T., Carlson, M. 2000; Moore, T. 2000).

The past year prevalence of disordered gambling from respondents in the urban counties of Clackamas, Lane, Marion, Multnomah, and Washington was estimated at 1.8 percent while that for the remainder of the state that is mostly very rural was estimated at 0.7 percent.

Gambling Activity

Respondents were asked if they had bet, or spent money, in the past year on a variety gambling opportunities. Of those responding, 17.9 percent indicated they had participated in charitable games, apart from bingo. This included 18.3 percent of males and 17.5 percent of females responding. *Table 5. Charitable Gambling* is a presentation of the distribution by age stratum and gender. Row percentages are provided in parentheses

Table 5. Charitable Gambling - Non-Bingo (Percent based on those who reported any gambling.)						
	All n (%)	62 - 64 Years	65 - 69 Years	70 - 74 Years	75 - 79 Years	> 79 Years
All	271 (30.8)	42 (36.5)	75 (32.6)	65 (29.5)	48 (27.6)	36 (27.9)
Males	122 (29.3)	18 (31.0)	34 (28.6)	29 (28.2)	19 (27.1)	22 (34.9)
Females	147 (32.0)	24 (42.1)	41 (37.0)	36 (30.8)	29 (27.9)	14 (21.2)

for the age strata (e.g., number of cases reporting the activity divided by the total number of cases in the age stratum).

Approximately 10.6 percent of those who gambled indicated they had participated in non-Indian bingo during the past year. Male non-Indian bingo players represented 8.4 percent of that group and female non-Indian bingo players represented 12.8 percent of their group. *Table 6. Non-Indian Bingo Gambling* is a presentation of the findings by gender and strata.

Table 6. Non-Indian Bingo Gambling (Percent based on those who reported any gambling.)						
	All n (%)	62 - 64 Years	65 - 69 Years	70 - 74 Years	75 - 79 Years	> 79 Years
All	94 (10.6)	7 (6.1)	28 (12.2)	20 (9.0)	24 (13.8)	14 (10.9)
Males	35 (8.4)	2 (3.4)	10 (8.4)	12 (11.7)	7 (10.0)	4 (6.3)
Females	59 (12.8)	5 (8.8)	18 (16.2)	8 (6.8)	17 (16.3)	10 (15.2)

Oregon Lottery traditional (non-VLT) gambling was reported by 56.3 percent of the participants who reported gambling. Of the males, 56.9 percent reported participating

Table 7. Traditional Lottery Gambling (Percent based on those who reported any gambling.)						
	All n (%)	62 - 64 Years	65 - 69 Years	70 - 74 Years	75 - 79 Years	> 79 Years
All	495 (56.3)	79 (68.7)	144 (62.6)	125 (56.8)	92 (52.9)	50 (38.8)
Males	237 (56.9)	40 (69.0)	75 (63.0)	62 (60.2)	36 (51.4)	23 (36.5)
Females	257 (55.9)	39 (68.4)	69 (62.2)	63 (53.8)	56 (53.8)	27 (40.9)

in these activities and of the females, 55.9 percent so reported. *Table 7. Traditional Lottery Gambling* is a presentation of the participation by age stratum and gender.

Of the traditional Lottery activities, Megabucks was the most popular (24.5 percent of those who reported any gambling), followed by scratch its (13.4 percent). *Table 8.*

Game	All n (%)	Males	Females
Megabucks	216 (24.5)	110 (26.4)	105 (22.8)
Scratch Its	118 (13.4)	35 (8.4)	83 (18.0)
Powerball	67 (7.6)	39 (9.4)	28 (6.1)
Keno	43 (4.8)	25 (6.0)	18 (3.9)
Daily Pick	4 (0.5)	2 (0.4)	2 (0.4)
Sports Action	3 (0.3)	1 (0.2)	2 (0.4)
Pulltab	2 (0.2)	1 (0.2)	1 (0.2)
Other	25 (2.8)	16 (3.8)	9 (2.0)

Specific Traditional Lottery Games is a presentation, by gender, of the reported activities of the respondents. (Respondents were asked to identify all traditional Lottery activities played, not just the most frequent or preferred.)

Approximately 18.9 percent of the respondents indicated they had played video poker, not at a casino or IGC, in the past year. Of the males who reported gambling, 22.8 percent reported playing video poker and 15.4 percent of the females so reported. *Table 9.*

	All n (%)	62 - 64 Years	65 - 69 Years	70 - 74 Years	75 - 79 Years	> 79 Years
All	166 (18.9)	22 (19.1)	48 (20.9)	39 (17.7)	27 (15.5)	25 (19.4)
Males	95 (22.8)	13 (22.4)	26 (21.8)	24 (23.3)	16 (22.9)	13 (20.6)
Females	71 (15.4)	9 (15.8)	15 (13.5)	15 (12.8)	11 (10.6)	12 (18.2)

Non-Casino Video Poker Gambling is a presentation of these findings by age and gender.

Most of the sample reporting non-casino video poker indicate that they had participated in a restaurant lounge (28.3 percent) followed by tavern or bar (21.1 percent), deli⁴³ (5.4 percent), and bowling alley (5.4 percent). A large distribution of those who gambled (39.8 percent) reported “other” with some indicating private clubs in their comments. Males were significantly more likely to report non-casino video poker in a tavern or bar than females.⁴⁴

Past year IGC or casino gambling was reported by 50.1 percent of those who reported gambling. Of the males, 49.3 percent reported IGC or casino gambling and 50.9 percent of the females so reported. *Table 10. IGC or Casino Gambling* is a presentation of the reported distribution by age and gender (the information includes casino gambling in and out of the state). IGC or casino gambling inside the state was most frequently reported

Table 10. IGC or Casino Gambling						
(Percent based on those who reported any gambling.)						
	All n (%)	62 - 64 Years	65 - 69 Years	70 - 74 Years	75 - 79 Years	> 79 Years
All	441 (50.1)	56 (48.7)	129 (56.1)	111 (50.0)	74 (42.5)	62 (48.1)
Males	205 (49.3)	26 (44.8)	68 (57.1)	49 (47.6)	30 (42.9)	30 (47.6)
Females	234 (50.9)	30 (52.6)	61 (55.0)	62 (53.0)	44 (42.3)	32 (48.5)

(70.3 percent) followed by gambling outside the state 15.6 percent. Gambling in casinos *both* in and out of Oregon was reported by 14.0 percent of the respondents. There were no statistically significant differences in casino preferences between males and females nor

⁴³There are several locations through out Oregon that are formatted on a “deli-restaurant” basis that also have a liquor license.

⁴⁴ chi ² p < .01

were there any significant differences in ages in the participation by age group. In general, the 65 to 69 year old age group tended to gamble more than the 62 to 64 year age group and then participation tends to diminish with age. For IGC or casino gambling there was a tendency for participation to remain somewhat stable over the age groups.

Table 11. Specific Casino Games			
(Percent based on those who reported any gambling.)			
Game	All n (%)	Males	Females
Slots/Line	260 (29.5)	103 (24.8)	156 (33.9)
Cards	54 (6.1)	33 (7.9)	21 (4.6)
Video Poker	48 (5.5)	24 (5.8)	24 (5.2)
Keno	16 (1.8)	10 (2.4)	6 (1.3)
Bingo	14 (1.6)	3 (0.7)	11 (2.4)
Dice	6 (0.7)	3 (0.7)	3 (0.7)
Roulette	4 (0.5)	4 (1.0)	0
Other	37 (4.2)	23 (5.5)	13 (2.8)

Table 11. Specific

Casino Games is a presentation of the respondents' identification of all games played at a casino in the past year. Slots and line games were the most popular (29.5 percent) casino game

reported by those who reported any gambling. An unexpected finding was the frequency with which females indicated they had played cards at a casino in the past year when compared to other activities. They reported playing cards (4.6 percent) nearly as frequently as they reported playing video poker machines (5.2 percent). Nonetheless, the relative popularity of card playing among females was borne out in the responses to card playing not in a casino or IGC. Nearly half (48.5 percent) of the 97 individuals that indicated they had played cards for money in the past year were female.

Table 12. Other Gambling Activities
(Percent based on those who reported any gambling.)

Activity	All n (%)	Males	Females
Cards	97 (11.0)	50 (12.0)	47 (10.2)
Stocks	69 (7.8)	50 (12.0)	19 (4.1)
Slots	65 (7.4)	31 (7.5)	34 (7.4)
Skill Games	62 (7.0)	44 (10.6)	18 (3.9)
Sports Events	56 (6.4)	39 (9.4)	17 (3.7)
Horses/Dogs	29 (3.3)	15 (3.6)	14 (3.0)
Dice	18 (2.0)	7 (1.7)	11 (2.4)
Phone/WWW	7 (0.8)	5 (1.2)	2 (0.4)
Other	33 (3.8)	15 (2.9)	18 (3.9)

Approximately 49.5 percent of those who reported past year gambling indicated they had gambled on other activities apart from Lottery or casino games in the past year. *Table 12.*

Other Gambling Activities

is a presentation of these findings. Cards (11.0 percent) were the most frequently indicated gambling activity outside the Lottery and casinos or IGC gambling followed by stocks and bonds (7.8 percent).⁴⁵ Of interest, was the finding that 14.9 percent of those indicating gambling apart from the Lottery and IGC or casinos identified slot machines as past year gambling activity.

Favored Games

Respondents were given the opportunity to identify their favored gambling activity. Traditional Lottery games were most frequently identified by 18.9 percent of the sample followed closely by IGC or casino gambling (excluding video poker) (17.5 percent). An unexpectedly large segment of the sample (15.4 percent) indicated that slot machines, not

⁴⁵ The reported rate of gambling on stocks and bonds is approximately that of the 1997 adult study and is not necessarily a cohort effect of older peoples' attitudes towards investing.

at a casino and not Lottery VLTs, were their favorite gambling activity.⁴⁶ *Table 13.*

Favored Gambling Activities Past Year Gamblers is a presentation of the prioritized list of favored gambling activities.

Table 13. Favored Gambling Activities Past Year Gamblers			
<i>(Percent based on those who reported a favorite activity.)</i>			
Activity	All n (%)	Males	Females
Traditional Lottery	136 (18.9)	63 (46.3)	73 (53.7)
Other Casino Games	126 (17.5)	59 (46.8)	67 (53.2)
Slots	111 (15.4)	35 (31.5)	76 (68.5)
Cards - not Casino	58 (8.1)	31 (53.4)	27 (46.6)
Casino Video Poker	28 (3.9)	14 (50.0)	14 (50.0)
Bingo - not Casino	23 (3.2)	5 (21.7)	18 (78.3)
Charity - not Bingo	15 (2.1)	5 (33.3)	10 (66.6)
Stocks - Bonds	14 (1.9)	11 (79.6)	3 (21.4)
Lottery Video Poker	14 (1.9)	9 (64.3)	5 (35.7)
Horses - Dogs	13 (1.8)	6 (46.2)	7 (53.8)
Dice - not Casino	11 (1.5)	6 (54.5)	7 (63.6)
Games of Skill	8 (1.1)	7 (87.5)	1 (12.5)
Sports Activities	7 (0.9)	5 (71.4)	2 (28.6)
Other	20 (2.8)	14 (70.0)	6 (30.0)
No Favorite/More than 1	135 (18.8)	67 (49.6)	68 (50.4)

Although the total number of past year disordered gamblers was only 19, the following, *Table 14. Gambling Preferences Among Disordered Gamblers* is presented for information purposes only. Because of the tiny numbers in each of the cells of the table, this information should not be used for policy decisions. Only raw numbers, no percentages, are displayed in this table.

⁴⁶ This finding was puzzling and requires further study. It may be an artifact of the larger number of gray machines reported to have been in existence prior to the legalization of the VLTs.

Table 14. Gambling Preferences Among Disordered Gamblers

Activity	All n	Males	Females
Traditional Lottery	3	1	2
Other Casino Games	5	3	2
Slots	3	2	1
Cards - not Casino	2	2	
Lottery Video Poker	1	1	
Other	2	2	
No Favorite/More than 1	3	1	2

Gambling Related Activities

In order to gain greater insight into the gambling patterns of Oregonians, participants were asked to indicate the distance they usually traveled to participate in their favorite gambling

Table 15. Distance Usually Traveled

(Percent based on number of responses to distance traveled.)

Distance (Miles)	All n (%)	Males	Females
0 - 15	386 (48.0)	117 (38.4)	209 (47.6)
16 - 30	61 (7.6)	22 (7.2)	39 (8.9)
31 - 45	35 (4.3)	16 (5.2)	18 (4.1)
46 - 60	68 (8.4)	27 (8.8)	41 (9.3)
> 60	255 (31.7)	123 (40.3)	132 (30.1)
Respondents	805	305	439

activity. Respondents were given mile ranges to facilitate efficiency of the survey. *Table 15. Distances Usually Traveled* is a presentation of the findings by miles and gender. The bimodal findings from this data element, where 48.0 percent traveled 0 to 15 miles and

31.7 percent reported traveling more than 60 miles, is of interest. This finding suggests that older adults either gambled rather close to their home or traveled at least 60 miles. To provide additional insight, this information is presented by age strata and gender for these two groups.

As can be seen in *Table 16. Distance Traveled: 0 to 15 Miles*, of the 94 participants responding to this question in the 62 to 64 year old group, 45 (47.9 percent) indicated they traveled from 0 to 15 miles to gamble. Of the males in this age group, 30 (61.2 percent) indicated a distance of 0 to 15 miles while 15 (33.3 percent) of the females in this age group indicated a travel distance of 0 to 15 miles. Significantly⁴⁷ more males in this age group were likely to gamble within 15 miles than females. There were no other statistically significant differences between males and females in any of the other age groups that reported traveling 15 or less miles to gamble. Except for the 62 to 64 year old

Table 16. Distance Traveled: 0 to 15 Miles						
(Percent based on representation within age stratum.)						
	0 - 15 Miles (n)	62 - 64 Years	65 - 69 Years	70 - 74 Years	75 - 79 Years	> 79 Years
All	383	45 (47.9)	95 (44.6)	101 (48.3)	86 (55.1)	56 (45.2)
Males	175	30 (61.2)	46 (43.4)	44 (47.8)	29 (48.3)	26 (47.3)
Females	208	15 (33.3)	49 (45.8)	57 (48.7)	57 (59.4)	30 (43.5)
Males in Age		49	106	92	60	55
Females in Age		45	107	117	96	69
Total in Age		94	213	209	156	124

⁴⁷ chi 2 p < .01

group, generally speaking, approximately 50 percent of the males and females, across the other age groups reported participating in their favorite gambling activity within 15 miles of their residence.

As can be seen in *Table 16a. Distance Traveled: More Than 60 Miles*, approximately one-third of those who gamble, across all age groups, reported traveling more than 60 miles to participate in their favorite gambling activity. There were no statistically significant difference between genders in any of the age groups.

Table 16a. Distance Traveled: More Than 60 Miles						
(Percent based on representation of gamblers within age strata.)						
	0 - 15 Miles (n)	62 - 64 Years	65 - 69 Years	70 - 74 Years	75 - 79 Years	> 79 Years
All	252	31 (33.0)	65 (30.5)	77 (36.8)	39 (25.0)	40 (32.3)
Males	122	14 (28.6)	34 (32.1)	38 (41.3)	20 (33.3)	16 (29.1)
Females	130	17 (37.8)	31 (29.0)	39 (33.3)	19 (19.8)	24 (34.8)
Males in Age		49	106	92	60	55
Females in Age		45	107	117	96	69
Total in Age		94	213	209	156	124

The most frequently cited mode of transportation to the favored gambling venue was automobile (80.4 percent) followed distantly by walking (6.8 percent). *Table 17.*

Mode of Transportation is a presentation of the information for all modes of travel queried.

Table 17. Mode of Transportation
(Percent based on gamblers responding to question.)

Mode	All n (%)	Males	Females
Auto	642 (80.4)	300 (82.9)	341 (78.2)
Walk	54 (6.8)	28 (7.7)	26 (6.0)
Airline	49 (6.1)	16 (4.4)	33 (7.6)
Tour Group/Bus	17 (2.1)	2 (0.6)	15 (3.4)
Public Transportation	8 (1.0)	2 (0.6)	6 (1.3)
Casino Bus	3 (0.4)	2 (0.6)	1 (0.2)
Other	26 (3.3)	12 (3.3)	14 (3.2)
Respondents	799	362	436

Approximately 37.7 percent of those that reported any gambling reported doing so with a spouse or partner. A quarter of the respondents, 25.1 percent, indicated they

Table 18. Gambled With
(Percent based on gamblers responding to question.)

Relationship	All n (%)	Males	Females
Spouse/Partner	296 (37.7)	166 (46.4)	129 (30.2)
Alone	197 (25.1)	94 (26.3)	103 (24.1)
Friends	166 (21.1)	63 (17.6)	103 (24.1)
Other Family	102 (13.0)	24 (6.7)	78 (18.3)
Co-workers	10 (1.3)	4 (1.1)	6 (1.4)
Other Individual - Group	15 (1.9)	7 (2.0)	8 (1.9)
Respondents	786	358	427

gambled alone, 21.1 percent indicated they gambled with friends, and 13.0 percent gambled with other family members. *Table 18. Gambled With* is a presentation of this data element by relationship and gender.

Because disordered gambling is frequently associated with isolation and the higher than expected endorsement of gambling alone, the distribution by age and gender is presented in *Table 19. Gambled Alone* for the purposes of documentation and discussion.

	All n (%)	62 - 64 Years	65 - 69 Years	70 - 74 Years	75 - 79 Years	> 79 Years
All	197	24 (25.0)	52 (24.4)	57 (28.1)	40 (26.5)	24 (20.7)
Males	94	16 (32.7)	29 (27.1)	25 (27.8)	12 (21.1)	12 (22.6)
Females	103	8 (17.0)	23 (21.7)	32 (28.3)	28 (29.8)	12 (19.0)
Males in Age		49	107	90	57	56
Females in Age		47	106	113	94	63
All		96	213	203	151	116

Most respondents who had gambled reported that they normally participated in their favorite gambling activity 2 hours or less (43.2 percent one hour or less and 27.2 percent between 2 and 4 hours). Slightly over 22 percent of those who reported gambling

Time (Hours)	All n (%)	Males	Females
1 or Less	334 (43.2)	154 (44.0)	180 (42.6)
1 - 2	210 (27.2)	90 (25.7)	120 (28.4)
3 - 5	171 (22.1)	74 (21.1)	97 (22.9)
6 - 12	32 (4.1)	16 (4.6)	16 (3.8)
> 12	26 (3.4)	16 (4.6)	10 (2.4)
Respondents	773	350	423

indicated they usually spent between 3 to 5 hours, 4.1 percent spent between 6 to 12 hours, and 3.4 percent indicated they usually spent more the 12 hours gambling. *Table 20. Time Spent Gambling* is a presentation of the amount of time spent gambling by gender.

Of the 19 individuals classified as past year disordered gamblers, 10 reported spending two hours or less, 5 reported spending between 3 and 5 hours gambling, and 4 reported spending 6 or more hours gambling. Males were more likely to report longer times normally spent gambling than females.

The number of days per month where gambling occurred was reported as 3.8 days (sd = 4.2 days). There was no significant difference between males and females. The average amount of money wagered during a typical month was reported as \$58.78 (sd = \$154.65).⁴⁸ Although females reported spending slightly more per month (\$62.80) than males (\$54.80) this difference was not statistically significant. Nonetheless, the amount reported as spent during a typical month by disordered gamblers (\$304.50) was statistically significant.⁴⁹

In response to the question regarding the largest amount of money ever bet (*Table 21. Largest Amount Ever Bet*), 13.6 percent indicated that is was a dollar or less, 18.6 percent indicated the amount was between one and nine dollars, 42.4 percent indicated between 10 and 99 dollars, and 22.1 percent indicated between 100 and 999 dollars. Approximately 3.1 percent indicated the amount was between 1,000 and 9,999 dollars

⁴⁸ Median = \$16; maximum = \$2500.

⁴⁹ t test $p < .01$. Due to the very small sample size of disordered gamblers, a statistical comparison between males and females typical monthly spending was not possible although females did report spending an average of \$498.33 per month compared to males spending at 188.20 per month.

while two individuals (0.2) percent indicated the largest amount they had ever bet was 10,000 dollars or more. Males were more likely to report betting over 100 dollars.

Table 21. Largest Amount Ever Bet
(Percent based on those responding to question.)

Amount	All n (%)	Males	Females
Less than \$1	111 (13.6)	42 (10.8)	67 (15.8)
\$ 1 - \$ 9	152 (18.6)	60 (15.4)	92 (21.6)
\$ 10 - \$ 99	346 (42.4)	157 (40.4)	189 (44.5)
\$ 100 - \$ 999	180 (22.1)	109 (28.0)	71 (16.7)
\$ 1,000 = \$ 9,999	25 (3.1)	19 (4.9)	6 (1.4)
> \$ 10,000	2 (0.2)	2 (0.5)	0.0
Respondents	816	389	425

Four of the 19 individuals classified as disordered gamblers reported their largest wager as between 10 and 99 dollars (males = 1, females = 3). The majority (n = 11) reported their largest bet as between 100 and 999 dollars (males = 9, females = 2) and three reported their largest bet as between 1,000 and 9,999 dollars (males = 2, females = 3).

Approximately 59.6 percent of those who gamble indicated that the reason they did so was for entertainment or fun. This reason was followed distantly by

Table 22. Reason For Gambling in Past Year
(Percent based on those responding to question.)

Reason	All n (%)	Males	Females
Entertainment - Fun	464 (59.6)	223 (61.1)	241 (58.5)
Socialize	90 (11.6)	35 (9.6)	55 (13.3)
Win Money	52 (6.7)	29 (7.9)	23 (5.6)
Excitement/Challenge	50 (6.4)	28 (7.7)	21 (5.1)
Curiosity	32 (4.1)	13 (3.6)	19 (4.6)
Support Worthy Cause	22 (2.8)	7 (1.9)	15 (3.6)
Hobby	17 (2.2)	10 (2.7)	7 (1.7)
Distract From Problems	6 (0.8)	0.0	6 (1.5)
Other	45 (5.8)	20 (5.5)	25 (6.1)
Respondents	778	365	412

socialization (11.6 percent), win money (6.7 percent), excitement (6.4 percent), and curiosity (4.1 percent). Only six individuals (0.8 percent), all females, indicated they gambled for distraction from problems. *Table 22. Reason For Gambling in Past Year* is a presentation of this information.

Fifteen of the 19 individuals classified as current year disordered gamblers indicated their reason for gambling was for entertainment or fun (males = 9, females = 6). Only one female indicated the reason for gambling was to distract her from her problems and one male indicated that he gambled for excitement.

Three of the individuals classified as disordered gamblers indicated that they had a parent who had a problem with gambling (males = 2, females = 1). Of the non-disordered gamblers, 63 indicated they had a parent who had a problem with gambling (males = 30, females = 33). All indicated the parent was the father.

Lifetime Gambling

Approximately 74.7 percent of the sample indicated they had gambled at some time during their lifetime. *Table 23. Age First Gambled* is a presentation of the average age by gender and age stratum that respondents reported their first gambling experience. It is noteworthy that the average age of first gambling experience tended to increase as age increased. Males reported a significantly younger age⁵⁰ of first gambling experience overall (24.5 years) than females (37.1 years). Overall, the 79 and older age group reported their first gambling experience at a significantly older age⁵¹ than the 62 - 64 year

⁵⁰ t test $p < .01$

⁵¹ t test $p < .05$

Table 23. Age First Gambled						
(Percent based on those who reported any lifetime gambling in stratum.)						
	All	62 - 64	65 - 69	70 - 74	75 - 79	> 79
	n (%)	Years	Years	Years	Years	Years
	<i>Mean (sd)</i>					
All	1130 (74.7)	140 (85.4)	282 (79.4)	282 (79.4)	222 (75.0)	196 (60.5)
	<i>31.2 (16.4)</i>	<i>29.3 (12.1)</i>	<i>28.7 (14.4)</i>	<i>31.3 (16.1)</i>	<i>32.5 (17.2)</i>	<i>34.4 (19.0)</i>
Males	535 (80.3)	71 (91.0)	137 (82.0)	139 (83.7)	96 (80.0)	90 (69.2)
	<i>24.5 (13.2)</i>	<i>24.8 (11.8)</i>	<i>22.7 (11.3)</i>	<i>23.5 (12.1)</i>	<i>25.3 (14.2)</i>	<i>27.7 (16.6)</i>
Females	594 (70.7)	69 (80.2)	145 (77.1)	143 (75.7)	126 (71.6)	106 (54.6)
	<i>37.1 (16.4)</i>	<i>34.0 (12.8)</i>	<i>34.3 (14.7)</i>	<i>38.9 (15.8)</i>	<i>37.9 (17.4)</i>	<i>40.1 (19.0)</i>

old group. This potential cohort effect is most likely due to a variety of factors including generational attitudes and increasing gambling opportunities over the past several decades.

Slot machines were reported most frequently as the first gambling experience (28.4 percent) followed by other casino games (23.2 percent), cards not at a casino (18.2 percent) and trailing by a wide margin were traditional lottery games (8.1 percent), animals such as horse and dog races (3.7 percent) and Bingo (2.7 percent). *Table 24. First Gambling Activity Lifetime Gamblers* is a presentation of the prioritized activities indicated by those who reported lifetime gambling. Females tended to report casino related gambling as their first gambling experience more frequently than males while males reported betting on cards, dice, and sporting activities more frequently as their first gambling activity. It must be noted that overall, first gambling activities for this sample were experienced long before there were any state-run lottery games or IGCs in Oregon.

Individuals classified as past year disordered gamblers reported a distribution of first gambling experiences very similar to that reported by the entire sample. Of the 19 so

classified in the sample, five reported slots (males = 2, females = 3), three reported other casino games (males = 2, females = 1), three males indicated cards not at a casino, two

Table 24. First Gambling Activity Lifetime Gamblers
(Percent based on those who reported first gambling activity.)

Activity	All n (%)	Males	Females
Slots	325 (28.4)	115 (21.7)	210 (34.2)
Other Casino Games	265 (23.2)	72 (13.6)	193 (31.4)
Cards - not Casino	208 (18.2)	171 (32.3)	37 (6.0)
Traditional Lottery	93 (8.1)	25 (4.7)	67 (10.9)
Horses - Dogs	42 (3.7)	19 (3.6)	23 (3.7)
Sports Activities	35 (3.1)	28 (5.3)	7 (0.9)
Bingo - not Casino	31 (2.7)	6 (1.1)	25 (4.1)
Dice - not Casino	29 (2.5)	24 (4.5)	5 (0.8)
Casino Video Poker	23 (2.0)	12 (2.3)	11 (1.8)
Charity - not Bingo	19 (1.7)	3 (0.6)	16 (2.6)
Stocks - Bonds	6 (0.5)	5 (0.9)	1 (0.1)
Lottery Video Poker	5 (0.4)	1 (0.2)	4 (0.7)
Games of Skill	4 (0.3)	4 (0.8)	0
Other	59 (5.2)	44 (8.3)	15 (1.8)
Respondents	1144	529	614

females indicated traditional lottery, one female indicated charitable gambling and one male indicated sports activity betting as the first gambling experience. Three males reported other gambling activities as their first experience.

Of those reporting lifetime gambling, 101 reported (65 males, 36 females) that at some point the amount of their bet had made them nervous. The average age of this experience was 33.5 years (n = 82, sd = 17.1 years). Males were more likely to report an earlier age of this experience (n = 33, mean = 36.5 years, sd = 16.5 years) than females (n

= 32, mean = 40.8 years, sd = 16.7 years).⁵² Six (31.6 percent) of the 19 individuals classified as past year disordered gamblers indicated that at some point the amount they had bet had made them nervous.

Lifetime Disordered Gambling

Table 25. Prevalence of Lifetime Disordered Gambling is a presentation of the estimated lifetime prevalence of disordered gambling by age and gender stratum. These rates are similar to the lifetime disordered gambling rate of 5.1 percent found in the 1997 adult study (Volberg, 1997). These rates are most likely overstated due to the telescoping nature of a long look-back period. The SOGS is unable to distinguish the relationship of the individual criteria used for scoring and the timing of the event in the life of the respondent. (e.g., A respondent may have experienced five of the criteria in his or her lifetime but each incident

was three years apart. In this situation, the respondent would have never been classified as a disordered gambler at any point in his or her life. Neither sub-clinical criteria [3 or 4 endorsed

Age	Disordered Gambling Prevalence	Problem Gambling	Probable Pathological
All	3.4 %	2.3 %	1.1 %
62 - 64 years	5.5 %	3.7 %	1.8 %
65 - 69 years	5.1 %	2.8 %	2.3 %
70 - 74 years	3.7 %	2.8 %	0.9%
75 - 79 years	1.0 %	0.0	1.0 %
Over 79 years	2.5 %	2.5 %	0.0

⁵² t test p < .01

items] for problem gambling nor clinical criteria [5 or more endorsed items] in the past year would have been achieved.)

Approximately 3.5 percent (n = 40) of the respondents indicated they had ever had a desire to stop gambling. Of these, 29 were males and 11 were females. Of those classified as past year disordered gamblers, two males and two females (21.1 percent) indicated they had had a desire to stop gambling.

Only 3 (0.3 percent) of the lifetime gamblers had indicated they had sought help to stop gambling while one female of the past year disordered gamblers indicated seeking help to stop gambling.

Substance Use

Tobacco

Nearly 14 percent of the total sample indicated using tobacco products. Of these, 12.2 percent indicated daily use, 0.7 percent weekly use, 0.5 percent monthly use, and 0.7

	All n (%)	62 - 64 Years	65 - 69 Years	70 - 74 Years	75 - 79 Years	> 79 Years
All	184 (12.2)	39 (23.8)	49 (13.8)	44 (12.4)	36 (12.2)	13 (4.0)
Males	91 (13.7)	20 (25.6)	25 (15.0)	22 (13.5)	15 (12.5)	8 (6.2)
Females	93 (11.1)	19 (22.1)	24 (12.8)	22 (11.6)	21 (11.9)	5 (2.6)

percent less than monthly use. As can be seen in *Table 26. Daily Tobacco Use* the reporting of daily tobacco use also declined with increasing age most likely due to mortality rates associated with tobacco use.

Six of the individuals classified as past year disorder gamblers reported tobacco use. Four males reported daily use, one female daily use, and one male reported monthly use.

Alcohol

Approximately 47.8 percent of the sample reported alcohol use. Of these, 10.3 percent reported daily use, 13.5 percent weekly use, 9.3 percent monthly use, and 14.8 percent reported less than monthly use.

Table 27. Daily Alcohol Use (Percent based on entire sample.)						
	All n (%)	62 - 64 Years	65 - 69 Years	70 - 74 Years	75 - 79 Years	> 79 Years
All	155 (10.3)	10 (6.1)	35 (9.9)	40 (11.3)	35 (11.8)	33 (10.2)
Males	98 (14.7)	8 (10.3)	24 (14.4)	25 (15.1)	19 (15.8)	21 (16.2)
Females	57 (6.8)	2 (2.3)	11 (5.9)	15 (7.9)	16 (9.1)	12 (6.2)

Daily alcohol use was relatively constant across the age strata as can be seen in *Table 27. Daily Alcohol Use*. Of those classified as past year disordered gamblers, three males reported daily alcohol use, three males and two females reported weekly use, and one male indicated monthly use.

Eight individuals (0.5 percent) from the entire sample indicated they had gotten into difficulties in the last 12 months because of alcohol. None of the disordered gamblers so reported. Interestingly, nonetheless, 73 (4.8 percent) (males = 59, females = 14) indicated, in the last 12 months, they had driven an automobile after drinking. Five

reported this as a daily occurrence. One male from the disordered gambling indicated he had driven a car after drinking on a monthly basis.

Marijuana

Eight individuals had indicated they had used marijuana during the past year. One male and one female indicated daily use, one male indicated weekly use, and three males with two females indicated less than monthly use. Respondents were not asked if this was for medicinal purposes.⁵³

Cocaine

One female in the sample indicated using cocaine less than monthly.

Prescription Drug Use

Of the sample, 193 (12.8 percent) indicated they had used sedatives, anti-depressant, or anti-anxiety medications prescribed by their physician during the past 12 months. Nearly 10 percent of the sample indicated daily use (7.4 percent males, 11.8 percent females) followed by 0.9 percent indicating weekly use, 0.7 percent monthly use, and 1.3 percent less than monthly use. Seventeen participants (1.1 percent) (10 males and 7 females) reported using sedative, anti-depressant, or anti-anxiety drugs not prescribed by their physician.

⁵³ Medicinal use of marijuana is permitted under some circumstances in Oregon.

Non-prescribed medication (other than sedatives, anti-depressants, or anti-anxiety) use was reported by 3.2 percent of the sample (22 males and 26 females).

Only one individual (female) in the sample indicated that she had been criticized by friends or relatives because of her drug use.

Depression

The estimated prevalence of current depression, as measured by the CES-D8, in the sample was 5.2 percent (± 0.4) was lower than expected based on the national literature cited above. Two males and one female that were classified as past year disordered gamblers were also classified as currently depressed by this screening instrument. This

	All n (%)	62 - 64 Years	65 - 69 Years	70 - 74 Years	75 - 79 Years	> 79 Years
All	79 (5.2)	7 (4.3)	14 (3.9)	17 (4.8)	22 (7.4)	19 (5.9)
Males	29 (4.4)	1 (1.3)	5 (3.0)	7 (4.2)	7 (5.8)	9 (6.9)
Females	50 (6.0)	6 (7.0)	9 (4.8)	10 (5.3)	15 (8.5)	10 (5.1)

information is presented in *Table 28. Estimated Prevalence of Depression*. Approximately 29.1 percent of this group also reported using medications prescribed by a physician.

Quality of Life

Less than one percent of the sample (.07 percent) indicated their overall health, when compared to other their age was extremely poor, 3.6 percent indicated their health was poor, 13.2 percent rated their health as fair, 29.5 percent rated their health as good, 31.5 percent as very good, and 20.7 percent rated their health as excellent. This finding closely paralleled that of the Canadian study in Ontario (Howardresearch, 2000). Of those individuals classified as

past year disordered gamblers, one male and one female indicated poor, four males and one female responded good, another four males and one female

Status	All n (%)	Males	Females
Extremely Poor	10 (0.7)	3 (0.5)	7 (0.8)
Poor	54 (3.6)	26 (3.9)	28 (3.3)
Fair	200 (13.2)	86 (12.9)	28 (3.3)
Good	446 (29.5)	200 (30.0)	245 (29.2)
Very Good	476 (31.5)	201 (30.2)	274 (32.7)
Excellent	313 (20.7)	144 (21.6)	169 (20.1)

responded very good, and four males and one female responded excellent. This information is presented in *Table 29. Overall Health*.

Of the total sample, 42.3 percent (n = 640), indicated that they helped someone who was frail or disabled. Males in this category represented 46.1 percent (n = 270) of the total male sample and females 45.6 percent (n = 369). Four males and two females of those classified as past year disordered gamblers reported helping someone else out with such things as shopping, home maintenance, transportation, financial management, checking on them by phone, or making arrangements for care.

Conversely, 23.9 percent (n = 362) of the total sample (19.4 percent for males and 27.8 percent for females) reported that someone helped them out. Of those classified as past year disordered gamblers, two males and three females reported that someone helped them out.

In response to the question regarding their satisfaction with the way they're spending their time, 45.6 percent of the overall sample indicated completely satisfied (46.1 percent of males and 45.6 percent of females), 47.9 percent pretty satisfied (47.4 percent of males and 48.5 percent of females), and 5.0 percent indicated they were not very satisfied (5.6 percent of males and 4.5 percent of females). Five of those classified as disordered gamblers that responded to the question indicated they were not very satisfied with the way they were spending their time.

Employment and Income

As planned, a large portion of the sample reported their employment status as retired (82.5 percent). Slightly over six percent indicated they were working full-time

Status	All n (%)	Males	Females
Retired	1234 (82.5)	557 (83.4)	677 (82.1)
Employed Full-time	95 (6.3)	55 (8.3)	40 (4.8)
Employed Part-time	84 (5.6)	30 (4.5)	54 (6.5)
Keeping House	46 (3.1)	2 (0.3)	44 (5.3)
Disabled	22 (1.5)	7 (1.1)	15 (1.8)
Unemployed	8 (0.5)	5 (0.8)	3 (0.4)
Looking for Work	4 (0.3)	2 (0.3)	2 (0.2)
Going to School	2 (0.1)	2 (0.3)	0
Respondents	1495	660	825

followed by part-time employment (5.6 percent), keeping house (3.1 percent), disabled (1.5 percent), unemployed (0.5 percent), looking for work (0.3 percent), and two individuals indicated they were going to school. As can be seen in *Table 30. Employment Status*, the differences between males and females were slight and not significant.

Approximately 22.1 percent of the respondents reported an estimated household income at or below \$15,000, another 19.9 percent reported the household income between \$15,001 and \$ 25,000. Participants were reticent to provide income information even at the end of the survey with nearly a 30 percent refusal rate for this particular question. This information can be found in *Table 31. Income*.

Status	All n (%)	Males	Females
To \$15,000	208 (22.1)	70 (15.1)	138 (29.0)
\$15,001 - \$25,000	187 (19.9)	82 (17.6)	105 (22.1)
\$25,001 - \$35,000	155 (16.5)	66 (14.2)	89 (18.7)
\$35,001 - \$50,000	169 (17.9)	101 (21.7)	68 (14.3)
\$50,001 - \$75,000	128 (13.6)	86 (18.5)	42 (8.8)
\$75,001 - \$100,000	42 (4.5)	27 (5.8)	15 (3.2)
\$100,001 - \$125,000	27 (2.9)	20 (4.3)	7 (1.5)
> \$125,000	26 (2.8)	13 (2.8)	12 (2.5)
Respondents	942	465	476

Slightly over two percent (n = 30) of the sample indicated they could not make ends meet with their income (males 1.7 percent, females 2.4 percent). Another 16.1 percent indicated they had just enough, no more income (males, 13.3 percent, females 18.4

percent). Reporting they had enough, with a little extra sometimes was 43.0 percent of the sample (males 43.6 percent, females 42.6 percent) and 38.8 percent indicated they always had money left over (males 41.4 percent, females 36.7 percent). A similar distribution was found for those classified as past year disordered gamblers. One male reported not making ends meet, three males and one female indicated they had just enough, six males and two females responded they had some extra money sometimes, and two males and two females indicated they always had money left over.

Education

Slightly over 60 percent of the sample reported having completed high school or some college. Approximately 26 percent indicated they had completed undergraduate school or had undertaken post graduate studies. Only 3.5 percent of the sample indicated they had completed elementary school and another 7.8 percent indicated that had attended

Status	All n (%)	Males	Females
Elementary or Less	52 (3.5)	29 (4.4)	23 (2.8)
Some High School	117 (7.8)	46 (7.0)	71 (8.5)
High School or GED	466 (31.2)	176 (26.7)	290 (34.8)
Some College or AA	461 (30.9)	172 (26.1)	289 (34.7)
Bachelor Degree	190 (12.7)	108 (16.4)	82 (9.8)
Graduate Study/Degree	207 (13.9)	128 (19.4)	79 (9.5)
Respondents	1493	659	834

high school but had not graduated. Males were more likely to have reported achieving a bachelors degree, or graduate studies, than females.⁵⁴ The data, as presented in *Table 32. Education*, indicates that females of the generations represented by the sample were much more likely to terminate their education with a high school or a high school diploma with some college.

Marital Status

A majority of the sample reported being married (61.4 percent). Females were more likely to have been widowed and divorced than

Status	All n (%)	Males	Females
Married, Co-habitation	918 (61.4)	494 (74.8)	424 (50.8)
Widowed	419 (28.0)	103 (15.6)	316 (37.9)
Divorced	111 (7.4)	41 (6.2)	70 (8.4)
Separated	8 (0.5)	3 (0.5)	5 (0.6)
Never Married	38 (2.5)	19 (2.8)	19 (2.3)
Respondents	1494	660	834

males⁵⁵ as can be seen in *Table 33. Marital Status*. Disordered gamblers exhibited a similar distribution among the marital status categories, nonetheless the very small size of the sample precluded statistical analysis.

⁵⁴ $\chi^2 p < .01$

⁵⁵ $\chi^2 p < .01$

Religion

Approximately 53 percent of the respondents indicated they were Protestant, 13.4 percent Catholic, 0.7 percent Jewish, 0.4 percent Buddhist, and 19.2 percent other. Nearly 13 percent of the sample indicated they had no religious preference.

Status	All n (%)	Males	Females
Protestant	788 (53.4)	334 (51.0)	454 (55.3)
Catholic	198 (13.4)	85 (13.0)	113 (13.8)
Jewish	11 (0.7)	6 (0.9)	5 (0.6)
Buddhist	6 (0.4)	1 (0.2)	5 (0.6)
Muslim	1 (0.0)	1 (0.2)	0
Other	284 (19.2)	113 (17.3)	171 (20.8)
None	188 (12.7)	115 (17.6)	73 (.9)
Respondents	1476	655	821

ANALYSIS AND CONCLUSIONS

The sample of 1512 completed interviews was large for a population estimated at 511,984 (males = 223,730; females = 288,254) adults aged 62 and over within the State of Oregon. Nonetheless, the sampling frame created biases for this study that should be addressed. First, only those that were living in a residence that had a telephone were included in the survey excluding those living in institutional settings. Second, only those individuals that were able to converse on the phone (mentally and physically) were

included. Third, only those whose language could be accommodated were included.

Finally, and obviously, only volunteers were included in the study.

The potential impact of the biases created by the sampling frame are speculative at best. Exclusion from the sampling frame of those that were ill, infirm, non-ambulatory, hospitalized, institutionalized, or otherwise not able to participate due to physical or mental conditions most likely caused an under-representation of the prevalence of depression found in the study. The impact on the estimated prevalence of disordered gambling may be argued to have had the opposite effect by selecting a higher frequency of mobile respondents who would be more likely to have the opportunity to participate in gambling activities.

Nearly 75 percent of the sample reported any lifetime gambling while 58.2 percent of the sample reported past year gambling. Males reported a significantly earlier age of first gambling experience (24.5 years) than females (37.1 years). Age of first gambling decreased as the age of the respondents decreased. This trend of earlier gambling was also seen in the 1998 adolescent study (Carlson, M. and Moore, T., 1998). Nonetheless, for this study, the first gambling experience for many of the respondents was, in general, 30 to 50 years ago.

The prevalence of lifetime disordered gambling was estimated at 3.4 percent. Caution should be used when attempting to compare this rate with past year prevalence estimates due to the likely distortion caused by the extended look-back window as discussed in the body of this report.

The first lifetime gambling experience was reported as slots (28.4 percent), followed by other casino games (23.2 percent) and cards - not in a casino (18.2 percent). Females were more likely to endorse these preferences than males except for cards.

Overall, males were more likely to report past year gambling than females. Gambling activity was reported less frequently as the age increased consistent with expectations. The most frequently identified past year favorite gambling venue was traditional lottery games (18.9 percent), followed closely by other casino games (17.5 percent), and slots (15.4 percent). Females were more likely to indicate these venues than males. Approximately 18.8 percent of those who gambled indicated they had no favorite game.

Of those who gambled, 59.6 percent reported they did so for entertainment and fun, followed by 11.6 percent who indicated they gambled to socialize, 6.7 percent reported they gambled to win money. Only six individuals reported gambling to distract themselves from problems.

The estimated prevalence of past year disordered gambling was 1.2 percent. This was somewhat lower than that reported in the two recent Canadian studies (Wiebe, J., 2000; Howardresearch, 2000), as well as lower than the reported 2.0 percent from the Nevada study (Bernhard, B., Shapiro, P., Preston, F., 2000). The estimated prevalence was also, as expected, lower than the prevalence of 3.1 percent reported in 1997 for the general adult population of Oregon (Volberg, R., 1997) as well as also being lower than the 2.3 percent prevalence of disordered reported in the Oregon adult replication study (Volberg, 2001).

The estimation for disordered gambling among males was 1.9 percent. This was higher, although not significantly, than females with an estimated prevalence of 0.8 percent. Disordered gambling was most commonly seen in the 65 to 69 year old age group as well as more likely to be seen in urban as opposed to rural counties.

Utilizing the confidence interval of 0.5 percent, an estimated range of past year disordered gambling from 0.7 percent to 1.7 percent of the population was calculated. This represented a range of 3,584 to 8,704 older adults that may be classified as disordered gamblers. The estimated rate of probable pathological gamblers was 0.3 percent and could indicate up to 4096⁵⁶ individuals in this population would classify as pathological gamblers.

The 1997 adult prevalence study estimated that 3.0 percent of probable pathological gamblers should be utilized for as a benchmark for planning treatment resources (Volber, 1997, p. 38). Applying this factor to the older adult population, statewide treatment programs should expect to see up to 123 clients from this age group per year. During fiscal year 1999-2000, the programs admitted 44 individuals over age 62. It appears that system capacity is available to absorb increasing numbers of older adults seeking traditional outpatient treatment (Moore, 2000).

⁵⁶ Due to the very small representation of cases so classified a one-tailed confidence interval was utilized for this projection.

RECOMMENDATIONS

➤ This study has provided the initial baseline estimate for disordered gambling among, what has been referred to as, a potentially vulnerable population prone to high rates of substance abuse and dependence as well other mental disorders. Research would suggest that high rates of cooccurrence of these illnesses with disordered gambling, coupled with continued exposure to gambling opportunities, might increase the prevalence somewhat over the next several years. Nonetheless, emerging research suggests that gambling participation and the prevalence of disordered gambling may be decreasing (Volberg, 2001). The first recommendation then is for a replication study to be implemented in four to six years to determine if changes in the prevalence rate of this population are changing.

➤ Although traditional outpatient treatment program capacity appears to be available within the state, additional research should be undertaken to study the appropriateness and effectiveness of this treatment for this population.

➤ In conjunction with recommendation 2 above, and in relation to limited mobility of this population, additional study should be focused on the potential efficacy of alternative treatment delivery mechanisms such as that which provides professional counseling via telephone in conjunction with cognitive-based learning resources. (Hodgins, D., Currie, S., el Guebaly, N., (in press).

➤ Existing and future prevention efforts should be reviewed to ensure proportional attention is devoted to prevention of disordered gambling in this population.

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APPENDIX A: CATI TELEPHONE INTERVIEW

Final Instrument PSU Gam2.doc

SHOWNUM1

IF: (AREA503 is OR [PHONENUM.3#971])

THE NUMBER TO DIAL IS |phonenum.3-|phonenum+3.3-|phonenum+6.4

Q 0.58: SHOWNUM2

IF: (AREA503 is not AND [PHONENUM.3#971])

THE NUMBER TO DIAL IS 1 - (|phonenum.3) |phonenum+3.3-|phonenum+6.4

Q 0.60: SHOWNAME

IF: ([CONTNAME^^NB])

THE PERSON TO ASK FOR IS: |Continue

STATUS

(1365.2)

REASONS TO CALL-BACK

01 No answer

02 Busy

03 Call-back

04 Number-change

05 Answering machine

06 Spanish interviewer wanted

REASONS NOT TO CALL-BACK

11 Refused

12 Non-working number

13 Non-residential number

14 Language problem

15 Pay phone problem

16 Mobile phone

Press <Enter> When someone is on the line

INTRO

Hello, my name is ... and I'm calling from the Portland State University Survey Research Laboratory. We're conducting a study of gambling practices of older adults in Oregon for the Oregon Gambling Treatment Foundation. I assure you we're not selling anything. Your phone number is one of 1500 numbers that have been randomly selected by a computer from all the telephone numbers in the state and I do not know your name.

Are you or anyone else in your household 62 years of age or older; that is, was anyone born in or before 1938?

0 No (SKIPTO TOOYOUNG)

1 Yes

7 Refused to answer the question (SKIPTO MAYI)

8 Don't Know

9 Refused to continue (SKIPTO REFUSAL)

INTRO2

IF: (INTRO is Yes)

In order to make sure that we have equal numbers of men and women in the study, we need to speak to a male aged 62 or over, if possible. May I please speak with the male who is 62 or older who has the next birthday?

If "Don't know" ask for oldest person in household.

- 0 Not here (SKIPTO CALLBCK)
- 1 Yes, speaking (SKIPTO INTROD)
- 2 Another person (SKIPTO INTRO3)
- 3 No male in household who is 62+
- 8 Don't know
- 9 Refused (SKIPTO REFUSAL)

NOMALE

IF: (INTRO2 is No male in household)

That's fine, we're interested in speaking with women aged 62 and over as well. Is there a woman who is 62 or older; that is, who was born in 1938 or before?

- 0 No (SKIPTO TOOYOUNG)
- 1 Yes, speaking (SKIPTO INTROD)
- 2 Yes, another person
- 9 Refused (SKIPTO REFUSED)

ANOTHER

May I speak to that person?

- 0 No (SKIPTO CALLBCK)
- 1 Yes (SKIPTO INTRO3)
- 8 Don't know (SKIPTO CALLBCK)
- 9 Refused (SKIPTO REFUSAL)

MAYI

IF: (INTRO is Don't Know)

May I speak to someone who would know the ages of the household members.

- 0 No (SKIPTO CALLBCK)
- 1 Yes (SKIPTO INTRO)
- 8 Don't know (SKIPTO CALLBCK)
- 9 Refused (SKIPTO REFUSAL)

INTRO3

IF: (INTRO2 is Another person OR ANOTHER is Yes)

Hello, my name is ... and I'm calling from the Portland State University Survey Research Laboratory. We're conducting a study of gambling practices of older adults in Oregon for the Oregon Gambling Treatment Foundation.

I assure you we're not selling anything. Your phone number is one of 1500 numbers that have been randomly selected by a computer from all the telephone numbers in the state and I do not know your name.

INTROD

The survey will take 20 - 25 minutes. In addition to questions about gambling, a few questions concern respondents' physical and mental health, use of medications, alcohol, and other drugs, caregiving responsibilities, and some general characteristics. Your responses will be strictly confidential and will only be used in combination with the answers from all the other people participating in this study. If there are questions that you would prefer not to answer, just say so, and we will skip to the next question. Do you have time now to complete the survey?

- 0 No
- 1 Yes (SKIPTO CATCH22)
- 8 Don't know
- 9 Refused (SKIPTO REFUSAL)

IFNO

Is there a time that would be better to call you back? If R is hesitant, remind him/her that the information will be used to help people in Oregon who have gambling problems.

- 0 No (SKIPTO THANKYOU)
- 1 Yes (SKIPTO CALLBCK)
- 8 Don't know (SKIPTO CALLBCK)
- 9 Refused (SKIPTO THANKYOU)

SECT01

People bet on many different things such as raffles, football games, and card games. I am going to ask you about some activities such as these that you may have participated in the past year.

CALL911

The phone number is (|phonenum.3) |phonenum+3.3-|phonenum+6.4

Get the supervisor and have her/him call 911 and explain what is happening to the dispatcher.

Q1

Have you bet or spent money on charitable games apart from bingo in the last year? For example, raffles, casino nights, or other small stakes games?

If R never gambled: We understand that not everyone gambles but your opinions are still very important to us.

- 0 No
- 1 Yes
- 8 Don't know
- 9 Refused

Q2

Have you bet or spent money on bingo in a non-Indian bingo hall in the past year?

- 0 No
- 1 Yes
- 8 Don't know
- 9 Refused

Q3

Have you bet or spent money on Oregon Lottery video poker during the past year?
If needed: Not in a Casino

- 0 No
- 1 Yes
- 8 Don't know
- 9 Refused

Q4

IF: (Q3 is Yes)

Where do you usually play Oregon Lottery video poker?

- 1 Tavern or bar
- 2 Restaurant or lounge
- 3 Deli
- 4 Bowling alley
- 5 Somewhere else

Q4OTH

IF: (Q4 is Somewhere else)

Where is the other place you usually play video poker?

Q5

Have you bet or spent money on traditional lottery games such as scratch-its, Megabucks, or Keno in the past year?

- 0 No
- 1 Yes
- 8 Don't know
- 9 Refused

Q6

IF: (Q5 is Yes)

When you play traditional lottery, which game do you prefer?

- 0^ None
- 1^ Daily four/pick four
- 2^ Keno
- 3^ Powerball
- 4^ Pulltabs or breakopens
- 5^ Scratch-its

- 6^ Sports action
- 7^ Megabucks
- 8^ Other
- ^^
- 88 Don't Know
- 99 Refused

Q6OTH
IF: (Q6 is Other)

Which other game do you prefer?

Q7
Have you bet or spent money at a casino or Indian gaming center in the past year?

- 0 No
- 1 Yes
- 8 Don't know
- 9 Refused

Q8
IF (Q7 is Yes)

When you go to a casino or Indian gaming center, do you usually go to one in Oregon or one outside of Oregon?

- 1 In Oregon
- 2 Outside of Oregon
- 3 Both
- 4 Other
- 5 Never been
- 8 Don't know
- 9 Refused

Q8OTH
IF: (Q8 is Other)

Where do you go to a casino or Indian gaming center?

Q9
IF: (Q7 is Yes AND Q8 is not Never been)

When you go to a casino or Indian gaming center, which game do you prefer?

- 1^ Bingo
- 2^ Card Games
- 3^ Dice games
- 4^ Keno
- 5^ Video poker
- 6^ Other slot/video machines (other than video poker)
- 7^ Roulette
- 8^ Other

- 88 Don't know
- 99 Refused

Q9OTH
IF: (Q9 is Other)

Which "other" game do you prefer?

Q10

Have you played card games for money not at a casino or Indian gaming center in the past year?

- 0 No
- 1 Yes
- 8 Don't know
- 9 Refused

Q11

Have you bet or spent money in the past year on horses, dogs or other animals at the track, at an off-track betting facility, or with a bookie?

- 0 No
- 1 Yes
- 8 Don't know
- 9 Refused

Q12

Have you bet or spent money on slot machines not at a casino or lottery retailer in the past year?

- 0 No
- 1 Yes
- 8 Don't know
- 9 Refused

Q13

Have you bowled, played pool, golf, or some other game of skill for money in the past year?

- 0 No
- 1 Yes
- 8 Don't know
- 9 Refused

Q14

Have you bet or spent money playing dice games not at a casino or Indian gaming center in the past year?

- (1627.1) 0 No
- 1 Yes
- 8 Don't know

Q15

Have you played or bet money on the stock or commodities market in the past year? Not the same as owning stocks or bonds

- 0 No
- 1 Yes
- 8 Don't know
- 9 Refused

Q16

Have you bet or spent money on sports events other than the Lottery's sports action game in the past year?

- 0 No
- 1 Yes
- 8 Don't know
- 9 Refused

Q17

Have you bet or spent money on telephone or computer wagering, including the Internet or the Worldwide Web, in the past year?

- 0 No
- 1 Yes
- 8 Don't know
- 9 Refused

Q18

Have you bet or spent money on any other type of gambling in the past year?

- 0 No
- 1 Yes
- 8 Don't know
- 9 Refused

Q19

Thinking about the sorts of activities we just discussed that involve an element of luck or chance, can you tell me which is your favorite?

If needed: Prompt by using the answers

- 00 Don't Gamble
- 01 Charitable games apart from bingo
- 02 Bingo at a Non-Indian bingo hall
- 03 Oregon Lottery video poker
- 04 Traditional Lottery Games (scratch-its, MegaBucks, or Keno)

- 05 Casino video poker
- 06 Other games at a casino or Indian gaming center (not video poker)
- 07 Cards not at a casino or Indian gaming center
- 08 Horses, dogs, other animals at the track or OTB or with a Bookie
- 09 Slot machines not at a casino or lottery retailer
- 10 Bowling, pool, golf or some other game of skill for money
- 11 Dice games not at a casino or Indian gaming center
- 12 Stock or commodities market
- 13 Sports events other than the Lottery's sports action game
- 14 Phone or computer wagering including the Internet
- 15 Some other type of gambling
- 16 No favorites/Like more than one equally well
- 88 Don't know
- 99 Refused

Q20

IF: (Q19 is not Don't Gamble)

When participating in your favorite type of gambling, can you tell me what distance you usually travel?

IF NEEDED Please make your best estimate

- 1 0-15 miles
- 2 16-30 miles
- 3 31-45 miles
- 4 46-60 miles
- 5 More the 60 miles
- 8 Don't know
- 9 Refused

page 10

Q 1.44: Q21

IF: (Q19 is not Don't Gamble)

How do you usually get to the places where you gamble?

- (1635.1) 1 Walk
- 2 Private car
- 3 Public Transportation (bus, train, or taxi)
- 4 Tour or Group bus
- 5 Casino bus
- 6 Airline
- 7 Other
- ^
- 8 Don't know
- 9 Refused

Q 1.46: Q21OTH

IF: (Q21 is Other)

(1636.60) How do you usually get to the places where you gamble?

Q 1.48: Q22

IF: (Q19 is not Don't Gamble)

When participating in your favorite type of gambling, do you usually do so ... ?

- (1696.1) 1 Alone
- 2 With your spouse or partner
- 3 With other family members
- 4 With friends
- 5 With co-workers
- 6 With some other individual or group
- ^
- 8 Don't know
- 9 Refused

Q 1.50: Q23

IF: (Q19 is not Don't Gamble or Don't know or Refused)

When participating in your favorite type of gambling, do you usually do so for ... ?

If R says "until I run out of money", prompt him/her to think about the last time that happened and about how long that took.

- (1697.1) 1 Less than one hour
- 2 1 - 2 hours
- 3 3 - 5 hours
- 4 6 - 12 hours
- 5 More than 12 hours
- ^
- 8 Don't know
- 9 Refused

page 11

Q 1.52: Q24

IF: (Q19 is not Don't Gamble)

(1698.2) How many days a month do you usually bet or spend money gambling?

Enter number of days, 00 if less than one day, or VR - Varies, when I feel like it, DK, or RF

Q 1.54: Q25

IF: (Q19 is not Don't Gamble)

(1700.6) Can you give me an idea of the amount that you spend on gambling in a typical month?

IF NEEDED. I am only looking for an approximate amount, rounded to the nearest dollar or so.

Enter whole dollar amount or 0 for less than a dollar, DK, RF

Q 1.56: Q26

For any of the types of gambling you have tried, what is the largest amount of money you have ever lost in one day gambling or wagering?

- (1706.1) 1 Less than \$1
- 2 \$1 - \$9
- 3 \$10 - \$99
- 4 \$100 - \$999
- 5 \$1000 - \$9,999
- 6 \$10,000 or more
- ^
- 8 Don't know
- 9 Refused

Q 1.58: Q26A

What is the main reason why you gamble?
Read answers if needed.

- (1707.2) 1^ I have never gambled
- 2^ In order to socialize
- 3^ For excitement or as a challenge
- 4^ As a hobby
- 5^ To win money
- 6^ To support worthy causes
- 7^ Out of curiosity
- 8^ For entertainment or fun
- 9^ To distract myself from everyday problems
- 10 Other reason
- ^^
- 88 Don't know
- 99 Refused

page 12

Q 1.60: Q26OTH

IF: (Q26A is Other reason)

(1709.60) What is the "other" reason you gamble?

Q 1.62: SOGS

The next set of questions is part of a standard measurement scale that has been used throughout the United States.

We realize that these questions may not apply to everyone, but we do need answers to all the questions. It will only take a few minutes.

There are no right or wrong answers to the questions that follow. We want to know what your experiences have been. Please try to be as accurate as possible in your answers and remember that this information is confidential.

Q 1.64: Q28

When you participate in the gambling activities we have discussed, how often do you go back another day to win back money you lost?

- (1769.1) 1 Never
2 Some of the time
3 Most of the time
4 Every time
^
8 Don't know
9 Refused

Q 1.66: Q29

IF: (Q28 is Some of the time or Most of the time or Every time AND (Q1 is Yes OR Q2 is Yes OR Q3 is Yes OR Q5 is Yes OR Q7 is Yes OR Q10 is Yes OR Q11 is Yes OR Q12 is Yes OR Q13 is Yes OR Q14 is Yes OR Q16 is Yes OR Q17 is Yes OR Q18 is Yes))

How often have you done this in the past year?

- (1770.1) 1 Never
2 Some of the time
3 Most of the time
4 Every time
^
8 Don't know
9 Refused

page 13

Q 1.70: Q30

Have you ever claimed to be winning money from these activities, when in fact, you lost?

- (1771.1) 1 Never
2 Some of the time
3 Most of the time
4 Every time
^
8 Don't know
9 Refused

Q 1.72: Q31

IF: (Q30 is Some of the time or Most of the time or Every time AND (Q1 is Yes OR Q2 is Yes OR Q3 is Yes OR Q5 is Yes OR Q7 is Yes OR Q10 is Yes OR Q11 is Yes OR Q12 is Yes OR Q13 is Yes OR Q14 is Yes OR Q16 is Yes OR Q17 is Yes OR Q18 is Yes))

How often have you done this in the past year?

- (1772.1) 1 Never
2 Some of the time

3 Most of the time
4 Every time
^
8 Don't know
9 Refused

Q 1.76: Q32

Do you ever spend more time or money gambling than you intended?

(1773.1) 0 No
1 Yes
^
8 Don't know
9 Refused

Q 1.78: Q33

IF: (Q32 is Yes AND (Q1 is Yes OR Q2 is Yes OR Q3 is Yes OR Q5 is Yes OR Q7 is Yes OR Q10 is Yes OR Q11 is Yes OR Q12 is Yes OR Q13 is Yes OR Q14 is Yes OR Q16 is Yes OR Q17 is Yes OR Q18 is Yes))

Have you done this in the past year?

(1774.1) 0 No
1 Yes
^
8 Don't know
9 Refused

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Q 1.82: Q34

Have people ever criticized your gambling?

(1775.1) 0 No
1 Yes
^
8 Don't know
9 Refused

Q 1.84: Q35

IF: (Q34 is Yes AND (Q1 is Yes OR Q2 is Yes OR Q3 is Yes OR Q5 is Yes OR Q7 is Yes OR Q10 is Yes OR Q11 is Yes OR Q12 is Yes OR Q13 is Yes OR Q14 is Yes OR Q16 is Yes OR Q17 is Yes OR Q18 is Yes))

Have people criticized your gambling in the past year?

(1776.1) 0 No
1 Yes
^

8 Don't know
9 Refused

Q 1.88: Q36

Have you ever felt guilty about the way you gamble or about what happens when you gamble?

(1777.1) 0 No
1 Yes
^
8 Don't know
9 Refused

Q 1.90: Q37

IF: (Q36 is Yes AND (Q1 is Yes OR Q2 is Yes OR Q3 is Yes OR Q5 is Yes OR Q7 is Yes OR Q10 is Yes OR Q11 is Yes OR Q12 is Yes OR Q13 is Yes OR Q14 is Yes OR Q16 is Yes OR Q17 is Yes OR Q18 is Yes))

Have you felt this way in the past year?

(1778.1) 0 No
1 Yes
^
8 Don't know
9 Refused

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Q 1.94: Q38

Have you ever felt that you would like to stop gambling, but didn't think that you could?

(1779.1) 0 No
1 Yes
^
8 Don't know
9 Refused

Q 1.96: Q39

IF: (Q38 is Yes AND (Q1 is Yes OR Q2 is Yes OR Q3 is Yes OR Q5 is Yes OR Q7 is Yes OR Q10 is Yes OR Q11 is Yes OR Q12 is Yes OR Q13 is Yes OR Q14 is Yes OR Q16 is Yes OR Q17 is Yes OR Q18 is Yes))

Have you felt this way in the past year?

(1780.1) 0 No
1 Yes
^
8 Don't know
9 Refused

Q 2.00: Q40

Have you ever hidden betting slips, lottery tickets, gambling money, or other signs of gambling from your spouse or partner, children, or other important people in your life?

(1781.1) 0 No
1 Yes
^
8 Don't know
9 Refused

Q 2.02: Q41

IF: (Q40 is Yes AND (Q1 is Yes OR Q2 is Yes OR Q3 is Yes OR Q5 is Yes OR Q7 is Yes OR Q10 is Yes OR Q11 is Yes OR Q12 is Yes OR Q13 is Yes OR Q14 is Yes OR Q16 is Yes OR Q17 is Yes OR Q18 is Yes))

Have you done this in the past year?

(1782.1) 0 No
1 Yes
^
8 Don't know
9 Refused

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Q 2.06: Q42

Have you ever argued with people you live with over how you handle money?

(1783.1) 0 No
1 Yes
^
8 Don't know
9 Refused

Q 2.08: Q43

IF: (Q42 is Yes)

Have these arguments ever centered on your gambling?

(1784.1) 0 No
1 Yes
^
8 Don't know
9 Refused

Q 2.10: Q44

IF: (Q42 is Yes)

Have you had any of these arguments in the past year?

(1785.1) 0 No
1 Yes

^
8 Don't know
9 Refused

Q 2.12: Q45

Have you ever missed time from work or school due to gambling? Pertains to lifetime.

(1786.1) 0 No
1 Yes
^
8 Don't know
9 Refused

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Q 2.14: Q46

IF: (Q45 is Yes AND (Q1 is Yes OR Q2 is Yes OR Q3 is Yes OR Q5 is Yes OR Q7 is Yes OR Q10 is Yes OR Q11 is Yes OR Q12 is Yes OR Q13 is Yes OR Q14 is Yes OR Q16 is Yes OR Q17 is Yes OR Q18 is Yes))

Have you done this in the past year?

(1787.1) 0 No
1 Yes
^
8 Don't know
9 Refused

Q 2.16: Q47

Have you ever borrowed money from someone and not paid them back as a result of your gambling?

(1788.1) 0 No
1 Yes
^
8 Don't know
9 Refused

Q 2.18: Q48

IF: (Q47 is Yes AND (Q1 is Yes OR Q2 is Yes OR Q3 is Yes OR Q5 is Yes OR Q7 is Yes OR Q10 is Yes OR Q11 is Yes OR Q12 is Yes OR Q13 is Yes OR Q14 is Yes OR Q16 is Yes OR Q17 is Yes OR Q18 is Yes))

Have you done this in the past year?

(1789.1) 0 No
1 Yes
^
8 Don't know
9 Refused

Q 2.20: Q49

Next, I'm going to read a list of ways in which people get money for gambling. Please tell me which of these, if any, you have ever used to get money for gambling or to pay gambling debts.

Q 2.22: Q50

Have you ever borrowed from household money to gamble or pay gambling debts?

(1790.1) 0 No
1 Yes
^
8 Don't know
9 Refused

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Q 2.24: Q51

IF: (Q50 is Yes)

Have you done this in the past year?

(1791.1) 0 No
1 Yes
^
8 Don't know
9 Refused

Q 2.26: Q52

Have you ever borrowed money from your spouse or partner to gamble or pay gambling debts?

(1792.1) 0 No
1 Yes
^
8 Don't know
9 Refused

Q 2.28: Q53

IF: (Q52 is Yes)

Have you done this in the past year?

(1793.1) 0 No
1 Yes
^
8 Don't know
9 Refused

Q 2.30: Q54

Have you ever borrowed from other relatives or in-laws to gamble or pay gambling debts?

(1794.1) 0 No
1 Yes

^
8 Don't know
9 Refused

Q 2.32: Q55
IF: (Q54 is Yes)

Have you done this in the past year?

(1795.1) 0 No
1 Yes
^
8 Don't know
9 Refused

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Q 2.34: Q56

Have you ever gotten loans from banks, loan companies, or credit unions to gamble or pay gambling debts?

(1796.1) 0 No
1 Yes
^
8 Don't know
9 Refused

Q 2.36: Q57
IF: (Q56 is Yes)

Have you done this in the past year?

(1797.1) 0 No
1 Yes
^
8 Don't know
9 Refused

Q 2.38: Q58

Have you ever made cash withdrawals on credit cards to get money to gamble or pay gambling debts?

Does not include instant cash cards (ATM Debit) from bank accounts.

(1798.1) 0 No
1 Yes
^
8 Don't know
9 Refused

Q 2.40: Q59
IF: (Q58 is Yes)

Have you done this in the past year?

(1799.1) 0 No
1 Yes
^
8 Don't know
9 Refused

Q 2.42: Q60

Have you ever gotten loans from loan sharks to gamble or pay gambling debts?

(1800.1) 0 No
1 Yes
^
8 Don't know
9 Refused

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Q 2.44: Q61

IF: (Q60 is Yes)

Have you done this in the past year?

(1801.1) 0 No
1 Yes
^
8 Don't know
9 Refused

Q 2.46: Q62

Have you ever cashed in stocks, bonds, or other securities to finance gambling?

(1802.1) 0 No
1 Yes
^
8 Don't know
9 Refused

Q 2.48: Q63

IF: (Q62 is Yes)

Have you done this in the past year?

(1803.1) 0 No
1 Yes
^
8 Don't know
9 Refused

Q 2.50: Q64

Have you ever sold personal or family property to gamble or pay gambling debts?

(1804.1) 0 No
1 Yes
^
8 Don't know
9 Refused

Q 2.52: Q65

IF: (Q64 is Yes)

Have you done this in the past year?

(1805.1) 0 No
1 Yes
^
8 Don't know
9 Refused

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Q 2.54: Q66

Have you ever borrowed from your checking account by writing checks that bounced to get money for gambling or to pay gambling debts?

(1806.1) 0 No
1 Yes
^
8 Don't know
9 Refused

Q 2.56: Q67

IF: (Q66 is Yes)

Have you done this in the past year?

(1807.1) 0 No
1 Yes
^
8 Don't know
9 Refused

Q 2.58: Q68

Do you feel that you have ever had a problem with betting money or gambling?

(1808.1) 0 No
1 Yes
^
8 Don't know
9 Refused

Q 2.60: Q69

IF: (Q68 is Yes)

Have you felt that way in the past year?

- (1809.1) 0 No
1 Yes
^
8 Don't know
9 Refused

Q 2.62: Q70

Do you feel that either of your parents ever had a problem with betting money or gambling?

- (1810.1) 0 No
1 Yes
^
8 Don't know
9 Refused

page 22

Q 2.64: Q71

IF: (Q70 is Yes)

Which parent was that?

Answer all that apply

- (1811.4) 1 Father
2 Mother
3 Stepfather
4 Stepmother
^
8 Don't know
9 Refused

Q 2.66: Q72

(1815.2) How old were you when you first gambled?
Enter age in years or RF or DK or 00 if never gambled

Q 2.68:

GOTO SU
IF: (Q72=00)

Q 2.70: Q73
IF: ([Q72\$]="00")

What type of gambling was that?

Do not read answers

- (1817.2) 01 Charitable games apart from bingo
- 02 Bingo in a Non-Indian bingo hall
- 03 Oregon Lottery video poker
- 04 Traditional Lottery Games (scratch-its, MegaBucks, or Keno)
- 05 Casino video poker
- 06 Other games at a casino or Indian gaming center (not video poker)
- 07 Cards not at a casino or Indian gaming center
- 08 Horses, dogs, other animals at the track or OTB or with a Bookie
- 09 Slot machines not at a casino or lottery retailer
- 10 Bowling, pool, golf or some other game of skill for money
- 11 Dice games not at a casino or Indian gaming center
- 12 Stock or commodities market
- 13 Sports events other than the Lottery's sports action game
- 14 Phone or computer wagering including the Internet
- 15 Some other type of gambling
- ^^
- 88 Don't know
- 99 Refused

Q 2.72:

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Q 2.74: Q73OTH

IF: (Q73 is Some other type of)

(1819.1) What was the other type of gambling?

Q 2.76: Q74

IF: ([Q72\$]="00")

Was there any time when the amount you were gambling made you nervous?

(1820.1) 0 No

1 Yes

^

8 Don't know

9 Refused

Q 2.78: Q75

IF: (Q74 is Yes)

(1821.2) How old were you when that happened?

Enter age in years or RF or DK

Q 2.80: Q76

IF: (Q74 is Yes)

What type of gambling were you doing when that happened?

Do not read answers

- (1823.2) 01 Charitable games apart from bingo
- 02 Bingo in a Non-Indian bingo hall
- 03 Oregon Lottery video poker
- 04 Traditional Lottery Games (scratch-its, MegaBucks, or Keno)
- 05 Casino video poker
- 06 Other games at a casino or Indian gaming center (not video poker)
- 07 Cards not at a casino or Indian gaming center
- 08 Horses, dogs, other animals at the track or OTB or with a Bookie
- 09 Slot machines not at a casino or lottery retailer
- 10 Bowling, pool, golf or some other game of skill for money
- 11 Dice games not at a casino or Indian gaming center
- 12 Stock or commodities market
- 13 Sports events other than the Lottery's sports action game
- 14 Phone or computer wagering including the Internet
- 15 Some other type of gambling
- ^^
- 88 Don't know
- 99 Refused

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Q 2.82: Q76OTH

IF: (Q76 is Some other type of)

(1825.1) What was the other type of gambling?

Q 2.84: Q77

IF: ([Q72\$]="00")

Have you ever desired to stop gambling?

- (1826.1) 0 No
- 1 Yes
- ^
- 8 Don't know
- 9 Refused

Q 2.86: Q78

IF: ([Q72\$]="00")

Have you ever sought help to stop gambling?

- (1827.1) 0 No
- 1 Yes
- ^
- 8 Don't know
- 9 Refused

Q 2.88: Q79

IF: (Q78 is Yes)

What type of help was that?

Read possible answers if needed. If more than one apply, use #13

- (1828.2) 01 Family member
- 02 Friend
- 03 Family Doctor
- 04 Gamblers Anonymous
- 05 Problem gambling treatment program in the state
- 06 Problem gambling treatment program outside the state
- 07 Veterans Administration
- 08 Employee Assistance Program
- 09 Psychiatrist or psychologist
- 10 Other counselor
- 11 Minister/rabbi/priest
- 12 Alcohol and drug treatment program
- 13 Other
- ^^
- 88 Don't know
- 99 Refused

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Q 2.90: Q79OTH
IF: (Q79 is Other)

(1830.60) What was that other type of help?

Q 2.92: SU

(Substance Use Section)

Following is a set of questions regarding the use of alcohol, drugs, and medications. Again, there are no right or wrong answers.

<Enter>

Q 2.94: Q80

In the last 12 months, how often have you done any of the following?

Used cigarettes, chewing tobacco, or snuff?

Read response list 0-4

- (1890.1) 0 Never
- 1 Daily
- 2 Weekly
- 3 Monthly
- 4 Less than monthly
- ^
- 8 Don't know
- 9 Refused

Q 2.96: MO12

In the last 12 months, how often have you done any of the following?
Q 2.98: Q81

Used alcohol?

Read response list 0-4

- (1891.1) 0 Never
1 Daily
2 Weekly
3 Monthly
4 Less than monthly
^
8 Don't know
9 Refused

page 26

Q 3.00: Q82
IF: (Q81 is Daily or Weekly or Monthly)

Gotten into difficulties with friends or family over your drinking?

Read response list 0-4

- (1892.1) 0 Never
1 Daily
2 Weekly
3 Monthly
4 Less than monthly
^
8 Don't know
9 Refused

Q 3.02: Q83
IF: (Q81 is Daily or Weekly or Monthly)

Gotten into trouble with the police because of your drinking?

- (1893.1) 0 Never
1 Daily
2 Weekly
3 Monthly
4 Less than monthly
^
8 Don't know
9 Refused

Q 3.04: Q84
IF: (Q81 is Daily or Weekly or Monthly)

Driven a car after drinking?

(1894.1) 0 Never
1 Daily
2 Weekly
3 Monthly
4 Less than monthly
^
8 Don't know
9 Refused

Q 3.06: Q85

Used marijuana?

(1895.1) 0 Never
1 Daily
2 Weekly
3 Monthly
4 Less than monthly
^
8 Don't know
9 Refused

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Q 3.08: Q86

Used cocaine?

(1896.1) 0 Never
1 Daily
2 Weekly
3 Monthly
4 Less than monthly
^
8 Don't know
9 Refused

Q 3.10: Q87

Used sedative, anti-depressant, or anti-anxiety medications prescribed by your physician?

(1897.1) 0 Never
1 Daily
2 Weekly
3 Monthly
4 Less than monthly
^
8 Don't know
9 Refused

Q 3.12: Q88

Used any sedatives, anti-depressants, or anti-anxiety medications not prescribed by your doctor?

- (1898.1) 0 Never
- 1 Daily
- 2 Weekly
- 3 Monthly
- 4 Less than monthly
- ^
- 8 Don't know
- 9 Refused

Q 3.14: Q89

Used any other type of drug not prescribed by your doctor?

- (1899.1) 0 Never
- 1 Daily
- 2 Weekly
- 3 Monthly
- 4 Less than monthly
- ^
- 8 Don't know
- 9 Refused

page 28

Q 3.16: Q90

IF: (Q85 is Daily OR Q86 is Daily OR Q87 is Daily OR Q88 is Daily OR Q89 is Daily)

Been criticized by friends or relatives because of your drug use?

- (1900.1) 0 Never
- 1 Daily
- 2 Weekly
- 3 Monthly
- 4 Less than monthly
- ^
- 8 Don't know
- 9 Refused

Q 3.18: Q91

IF: (Q85 is Daily OR Q86 is Daily OR Q87 is Daily OR Q88 is Daily OR Q89 is Daily)

Driven a car while you felt high?

- (1901.1) 0 Never
- 1 Daily
- 2 Weekly
- 3 Monthly
- 4 Less than monthly
- ^
- 8 Don't know
- 9 Refused

Q 3.20: Q92

IF: (Q85 is Daily OR Q86 is Daily OR Q87 is Daily OR Q88 is Daily OR Q89 is Daily)

Gotten into trouble with the police because of your drug use?

- (1902.1) 0 Never
1 Daily
2 Weekly
3 Monthly
4 Less than monthly
^
8 Don't know
9 Refused

Q 3.22:

Q 3.24: CESD0

Next, I am going to read a list of various ways you might feel. For each description that I read, please tell me how often you have felt this way during the past week.

Press <Enter> to go to next screen

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Q 3.26: Q93

The first statement is:

I felt that I could not shake off the blues even with help from my family or friends.

How often did you feel this way in the past week?

Read this list

- (1903.1) 1 Rarely or none of the time (less than 1 day)
2 Some or a little of the time (1-2 days)
3 Occasionally or a moderate amount of the time (3-4 days)
4 Most or all of the time (5-7 days)
^
8 Don't know
9 Refused

Q 3.28: Q94

I felt depressed.

Read this list

- (1904.1) 1 Rarely or none of the time (less than 1 day)
2 Some or a little of the time (1-2 days)
3 Occasionally or a moderate amount of the time (3-4 days)
4 Most or all of the time (5-7 days)
^

- 8 Don't know
- 9 Refused

Q 3.30: Q95

I thought my life had been a failure.

Read this list

- (1905.1) 1 Rarely or none of the time (less than 1 day)
- 2 Some or a little of the time (1-2 days)
- 3 Occasionally or a moderate amount of the time (3-4 days)
- 4 Most or all of the time (5-7 days)
- ^
- 8 Don't know
- 9 Refused

Q 3.32: Q96

I felt fearful.

Read this list

- (1906.1) 1 Rarely or none of the time (less than 1 day)
- 2 Some or a little of the time (1-2 days)
- 3 Occasionally or a moderate amount of the time (3-4 days)
- 4 Most or all of the time (5-7 days)
- ^
- 8 Don't know
- 9 Refused

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Q 3.34: Q97

My sleep was restless.

Read this list

- (1907.1) 1 Rarely or none of the time (less than 1 day)
- 2 Some or a little of the time (1-2 days)
- 3 Occasionally or a moderate amount of the time (3-4 days)
- 4 Most or all of the time (5-7 days)
- ^
- 8 Don't know
- 9 Refused

Q 3.36: Q98

I felt lonely.

Read this list

- (1908.1) 1 Rarely or none of the time (less than 1 day)

- 2 Some or a little of the time (1-2 days)
- 3 Occasionally or a moderate amount of the time (3-4 days)
- 4 Most or all of the time (5-7 days)
- ^
- 8 Don't know
- 9 Refused

Q 3.38: Q99

I had crying spells.

Read this list

- (1909.1) 1 Rarely or none of the time (less than 1 day)
- 2 Some or a little of the time (1-2 days)
- 3 Occasionally or a moderate amount of the time (3-4 days)
- 4 Most or all of the time (5-7 days)
- ^
- 8 Don't know
- 9 Refused

Q 3.40: Q100

I felt sad.

Read this list

- (1910.1) 1 Rarely or none of the time (less than 1 day)
- 2 Some or a little of the time (1-2 days)
- 3 Occasionally or a moderate amount of the time (3-4 days)
- 4 Most or all of the time (5-7 days)
- ^
- 8 Don't know
- 9 Refused

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Q 3.42: Q101

Compared with others your age, how would you rate your overall health; would you say it is

- (1911.1) 1 Extremely poor
- 2 Poor
- 3 Fair
- 4 Good
- 5 Very good
- 6 Excellent
- ^
- 8 Don't know
- 9 Refused

Q 3.44: Q102

In general, how satisfying do you find the ways you're spending your life these days?

- (1912.1) 1 Completely satisfying
- 2 Pretty satisfying
- 3 Not very satisfying
- ^
- 8 Don't know
- 9 Refused

Q 3.46: Q103

Do you currently help out any adult who is frail or disabled? By "help out," I mean things like help with shopping, home maintenance, transportation, financial management, checking on them by phone or making arrangements for care - things like that.

- (1913.1) 0 No
- 1 Yes
- ^
- 8 Don't know
- 9 Refused

Q 3.48: Q104

Does someone help you with things like shopping, home maintenance, transportation, financial management, checking on you by phone or making arrangements for care - things like that?

- (1914.1) 0 No
- 1 Yes
- ^
- 8 Don't know
- 9 Refused

Q 3.50: DEMO

(Demographics section:)

In order to help us analyze the information we are collecting, there are a few final questions we have.

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Q 3.52: Q105

- (1915.4) In what year were you born?
- Enter four digit year, DK or RF

Q 3.54: Q106

Record R/S gender. Don't guess. If you can't tell, ask:
 Are you male or female? If R says "Can't you tell?," Say
 "We have to ask this of everyone because sometimes the quality of
 the phone connection makes it difficult to tell."

- (1919.1) 1 Male
- 2 Female

- 8 Don't know
- 9 Refused

Q 3.56: Q107

What is your marital status?

- (1920.1) 1 Married, common-law, or co-habitation
- 2 Widowed
- 3 Divorced
- 4 Separated
- 5 Never Married
- ^
- 8 Don't know
- 9 Refused

Q 3.58: Q108

IF: (Q107 is Widowed or Divorced or Separated)

(1921.2) How long have you been \:q107:?

Enter number from 1-99, 0 if less than a year, RF, DK

Q 3.60: Q109

What is the last grade of school you completed?

- (1923.1) 1 Elementary or less
- 2 Some high school
- 3 High school or GED
- 4 Some college or Associate Degree
- 5 Bachelors degree
- 6 Graduate study and/or degree
- ^
- 8 Don't know
- 9 Refused

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Q 3.62: Q110

What is your employment status? Are you...?

- (1924.1) 1 Working full-time
- 2 Working part-time
- 3 Going to school
- 4 Keeping house
- 5 Disabled
- 6 Retired
- 7 Unemployed
- 8 Looking for work
- ^
- 9 Refused

Q 3.64: Q111

What is your ethnicity or race?

If necessary, read the choices.

- (1925.2) 1^ White (non-Hispanic)
2^ Black, African American (non-Hispanic)
3^ Native American
4^ Alaskan Native
5^ Asian/Pacific Islander
6^ Hispanic
7^ Southeast Asian
8^ Other
^^
88 Don't know
99 Refused

Q 3.66: Q111OTH

IF: (Q111 is Other)

(1927.40) What is the other race?

Q 3.68: Q112

Which of the following best describes your current religious preference?

- (1967.1) 0 None
1 Buddhist
2 Catholic
3 Jewish
4 Muslim
5 Protestant
6 Other
^
8 Don't know
9 Refused

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Q 3.70: Q112OTH

IF: (Q112 is Other)

(1968.1) What is the "other" religion?

Q 3.72: Q113

Which of the following statements best describes your ability to get along on your income?

- (1969.1) 1 Can't make ends meet
2 Have just enough, no more
3 Have enough, with a little extra sometimes
4 Always have money left over

- 8 Don't know
- 9 Refused

Q 3.75: Q114

Can you tell me approximately what was your total household income last year before taxes?

Use the categories only if the respondent has difficulty arriving at an annual figure

- (1994.2) 1^ Up to \$ 15,000
- 2^ \$15,001 - \$25,000
- 3^ \$25,001 - \$35,000
- 4^ \$35,001 - \$50,000
- 5^ \$50,001 - \$75,000
- 6^ \$75,001 - \$100,000
- 7^ \$100,001 - \$125,000
- 8^ Over \$125,000
- ^^
- 88 Don't know
- 99 Refused

Q 3.77: Q115

(1978.2) In what county do you live?

- | | | |
|--------------|---------------|---------------|
| 01 Baker | 13 Harney | 25 Morrow |
| 02 Benton | 14 Hood River | 26 Multnomah |
| 03 Clackamas | 15 Jackson | 27 Polk |
| 04 Clatsop | 16 Jefferson | 28 Sherman |
| 05 Columbia | 17 Josephine | 29 Tillamook |
| 06 Coos | 18 Klamath | 30 Umatilla |
| 07 Crook | 19 Lake | 31 Union |
| 08 Curry | 20 Lane | 32 Wallowa |
| 09 Deschutes | 21 Lincoln | 33 Wasco |
| 10 Douglas | 22 Linn | 34 Washington |
| 11 Gilliam | 23 Malheur | 35 Wheeler |
| 12 Grant | 24 Marion | 36 Yamhill |

88 Don't know

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Q 3.79: ZZ

Those are all the questions we have for you. Thank you for your time. Goodbye.

Q 3.81: I1

Interviewer impressions:

Did there appear to be anyone listening or aiding in the respondent's answers?

- (1980.1) 0 No

1 Yes
^
8 Don't know

Q 3.83: I2

Was it your impression that the respondent was being truthful?
(1981.1) 0 No
1 Yes
8 Don't know

Q 3.85: I3

Did the respondent seem to understand the questions?
(1982.1) 0 No
1 Yes
8 Don't know

Q 3.87: I4

Did you refer R to the 800 number (Gambling Hotline)?
(1983.1)
0 No
1 Yes

Q 3.89: I5

(1984.1) General Interviewer comments. For example, if you feel R was being untruthful, did they overstate or understate; any other comments about this interview situation or the respondent's attitude, etc.

Q 3.91:
GOTO PORKY

Q 3.93: TOOYOUNG

I am sorry, we are looking for households with at least one member age 62 or older. Thank you.

Q 3.99: CALLBCK

(1334.30) May I please have your name so we know for whom to ask when we call back?

If asking for a different person: May I please have the name of the person for whom to ask when we call back?

ENTER RESPONDENTS NAME OR 'RF' IF REFUSES

Q 4.07:

GOTO HANGUP

Q 4.09: NUMBCHNG

(36.10) Please enter in the new phone number in the format AAAPPPXXXX with no spaces or other punctuation.

Q 4.13:

Q 4.17: RESET1

RESET TO PHONENUM

Q 4.21:

Q 4.23:

This is soft refusal # \:REFUSED1, schedule a call back for two weeks from now.

Q 4.25:
GOTO REFUSED
IF: (REFUSED1=2)
Q 4.27: REFUS
CALC: (REFUSED1 + 1)
Q 4.33:
GOTO HANGUP
Q 4.39:
GOTO HANGUP
Q 4.45:
GOTO HANGUP
Q 4.51:
GOTO HANGUP
Q 4.57:
GOTO HANGUP
Q 4.63:
GOTO HANGUP
Q 4.69:
GOTO HANGUP
Q 4.75:
GOTO HANGUP
Q 4.81:
GOTO HANGUP
Q 4.87:
GOTO HANGUP
Q 4.93:
GOTO HANGUP
Q 4.99:
GOTO HANGUP
Q 5.05:
GOTO HANGUP
Q 5.07: THANKYOU

Thank you anyway for your time.