COMPULSIVE GAMBLING:

GENERAL ISSUES, TREATMENTS, and POLICY CONSIDERATIONS

A Report Prepared for Alberta Lotteries and Gaming

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I. Introduction

This report was prompted by Alberta Lotteries and Gaming's interest in broadening its knowledge about compulsive gambling. Legal gambling is a $1 billion a year enterprise that provides entertainment, amusement, and intellectual challenge for hundreds of thousands of Albertans. While the vast majority of players gamble responsibly by making sure that they don't bet more than they can afford to lose, there is a need to recognize the social and personal problems created by the few who cannot resist the urge to gamble.

Generally speaking, there is little public awareness of compulsive gambling due to the subtle nature of the disorder. Since you can't smell lottery tickets on someone's breath or see poker chip stains on their fingers, the phenomenon tends to be concealed. Yet up to 3% of those who gamble may become afflicted by compulsive behavior. Inevitably, as gambling opportunities expand, so too will the incidence of compulsive gambling behavior. The powerful but largely undisclosed effects of compulsive gambling have yet to register with the public and tend not to be given full consideration wherever gaming opportunities are expanded.

While compulsive gambling is hidden to some extent because it does not involve the use of a substance, scholarly research has noted its similarity to other addictive behaviors. Compulsive gamblers, like alcoholics and drug addicts, have a preoccupation with gambling activities; they gamble longer than intended and with more money than intended. There is also the equivalent of "tolerance", as when gamblers say that after they have bet with hundreds or thousands, two dollar bets lose their significance. Compulsive gamblers also suffer withdrawal symptoms in recovery programs. While it is true that compulsive gambling is like other addictions, the main difference is that it does not by its nature directly attack the body. It is, however, equally capable of ruining lives and wreaking havoc with relationships.

This report has four main sections. The first section provides background information on compulsive gambling: what it is; its prevalence; the characteristics of compulsive gamblers and how they differ from social gamblers; the phases of compulsive gambling; and the destructive nature of compulsive gambling (family concerns, criminal activities, and gambling in the workplace).

The second segment deals with diagnosing compulsive gamblers and provides a description of various treatment options including emergency care, acute inpatient care, supervised residential care, outpatient services, and the role of agencies such as Gamblers Anonymous.

The third stage represents a summary of how gaming jurisdictions in Canada and the United States deal with compulsive gambling, specifically, what is provided in terms of education, treatment, and outreach initiatives to curb the effects of compulsive gambling.

An Alberta perspective is offered in the final stage. The foregoing background information is applied to the Alberta situation and closes with suggested approaches and courses of action to ameliorate potential problems which may result from compulsive gambling. Hopefully this information will be used as a starting point to stimulate dialogue on finding ways to determine the scale and reduce the incidence and impact of compulsive gambling in Alberta.

II. Methodology

It is important to note that the author of this report is not an expert on compulsive gambling. The author has, however, studied gambling issues for more than a decade primarily focusing on social policy concerns. This is mentioned because the information contained in sections iv and v represents a synthesis of materials on one of the negative consequences of gaming; the problem of compulsive gambling. The author has relied heavily on the works of American, British, and Australian compulsive gambling authorities whose output on the subject is truly impressive. Since this is an unpublished document intended for internal use, the author has chosen not to clutter the body of the report with citations in typical scholarly fashion. Instead, a listing of the key references for each component is presented in the appendices.

The various data bases consulted include:

Library Searches - Indices scanned for articles on compulsive gambling include Psychological Abstracts, Sociological Abstracts, and Dissertation Abstracts. All issues of the Journal of Gambling Studies from its inception (1985) up to the present were reviewed.

Books - The most frequently cited and most recently published books on gambling in general, and compulsive gambling in particular, were examined.

Conference Proceedings - Papers on compulsive gambling from the proceedings of the following conferences were reviewed:

1984 - 6th International Conference on Gambling and Risk Taking, Atlantic City, New Jersey.

1987 - 7th International Conference on Gambling and Risk Taking, Reno, Nevada.

1988 - The First National Symposium on Canadian Lotteries and Gambling, Vancouver, B.C.

1990 - 8th International Conference on Gambling and Risk Taking, London, England.

Agency and Industry Contacts - Discussions were conducted with members of the Edmonton and Calgary chapters of Gamblers Anonymous, representatives of the Edmonton City Police (morality squad) and the Alberta branch of the R.C.M.P. gambling detail and the Senior Research Officer in the Solicitor General of Canada's Police and Law Enforcement Directorate. In addition, interviews were conducted with representatives of the ABS, Palace, St. Albert, and Crystal Casinos (Winnipeg); the owner of the Century Games and Social Club; various Edmonton-based professional casino and count room advisors; and Western Canada Lottery Corporation personnel.

Compulsive Gambling Authorities - In compiling the data for stage three of this report, leading compulsive gambling research specialists, directors of compulsive gambling organizations, and government officials responsible for compulsive gambling programs were consulted. Their names are listed in Appendix II.

III. Summary Highlights

**The vast majority of people who gamble do so responsibly; they do it for entertainment or for social reasons and don't bet more than they can afford to lose.*

*Compulsive gambling is a chronic and progressive failure to resist impulses to gamble and gambling behavior that compromises, disrupts, or damages personal, family, or vocational pursuits.

*Compulsive gambling is a treatable disorder that affects approximately 2.5 to 3% of those who gamble.

*Compulsive gamblers do not suffer in isolation, since their addiction creates a ripple-effect that impinges on the lives of family members, friends, and employers. Besides fracturing relationships, compulsive gambling is also connected with criminal activities such as theft, embezzlement, loan sharking, tax evasion, and so forth. Moreover, compulsive gamblers tend to be more unproductive in their jobs and a drain on the social welfare system.

*Compulsive gamblers tend to go through four phases: the winning phase, the losing phase, the desperation phase, and the giving up phase.

*The majority of compulsive gamblers are addicted to legalized forms of gambling. It varies by social demographics, but the game preferences of compulsive gamblers are casino games, horse racing, lotteries, sports betting, bingo, and stocks and commodities. Video lottery terminals are not widespread yet, but they are thought to be one of the more addictive forms of gambling.

*As legal gambling expands, the incidence of juvenile gambling increases. The enforcement of gambling age limits tends to be ineffective, except in casinos where security personnel can usually spot underage gamblers.

*The judicial process is tending to view compulsive gambling as a disease. This means the gamblers are not held totally accountable for their actions and that gambling operators are viewed as having some responsibility to protect compulsive gamblers from themselves.

*There are no inpatient treatment centers for compulsive gamblers in Canada and very few health professionals who have the expertise to provide therapy to compulsive gamblers.

*The recovery rate for Gamblers Anonymous members in Alberta is extremely low (estimated at 5%). With professional treatment and support network involvement (e.g. Gamblers Anonymous), the recovery rate could be increased as much as ten-fold.

*At least ten American states have government-funded programs to counter the effects of compulsive gambling. The consensus of compulsive gambling experts is that the best programs are found in New Jersey, Minnesota, and Iowa and the treatment center with the best recovery rate is at the National Center for Pathological Gambling in Maryland.

*The recommended steps to follow when implementing a comprehensive compulsive gambling prevention and treatment program are considered to be: (1) research efforts, (2) educating and training professional groups most likely to be dealing with compulsive gamblers, (3) reaching out to the compulsive gambler, and (4) establishing treatment centers.

IV. Compulsive Gambling: A General Overview

A. What is Compulsive Gambling?

Three terms are used interchangeably in gambling literature; compulsive gambling, pathological gambling, and problem gambling. Compulsive gambling is the most commonly used term and the one employed by Gamblers Anonymous. Some gambling scholars believe that compulsive gambling is labelled incorrectly because the behavior differs from other compulsions in that most compulsive gamblers, at least in the initial stages, love to gamble. The American Psychiatric Association uses the term "pathological" gambling to describe a disorder of impulse control. "Problem gambling" is the term used most frequently in recent literature to describe any form of gambling behavior that negatively affects family, personal, or vocational pursuits. Problem gambling is a more all-encompassing term that includes, but is not restricted to, compulsive or pathological gambling. Reflecting this change in thinking is the recent renaming of the National Council on Compulsive Gambling to the National Council on Problem Gambling.

Pathological gambling is the most precise term and the only one of the three to be mentioned in the diagnostic manual used by psychiatrists. The most recent manual calls pathological gambling "a chronic and progressive disorder" which was characterized in a person by at least four of the following:

1. As gambling progressed, became more and more preoccupied with reliving past gambling experiences, studying a gambling system, planning the next gambling venture, or thinking of ways to get money.
2. Needed to gamble with more and more money in order to achieve the desired excitement.
3. Became restless or irritable when attempting to cut down or stop gambling.
4. Gambled as a way of escaping from problems or intolerable feeling states.

5. After losing money gambling, would often return another day in order to get even ("chasing" one's losses).

6. Lied to family, employer, or therapist to protect and conceal the extent of involvement with gambling.

7. Committed illegal acts such as forgery, fraud, theft, or embezzlement in order to finance gambling.

8. Jeopardized or lost a significant relationship, marriage, education, job, or career because of gambling.

9. Needed another individual to provide money to relieve a desperate financial situation produced by gambling (a "bailout").

The dimensions that each of the criteria refer to are (1) progression and preoccupation, (2) tolerance, (3) withdrawal and loss of control, (4) escape, (5) chasing, (6) lies/deception, (7) illegal acts, (8) family/job disruption, and (9) financial bailout.

Even though the terms "pathological" and "problem gambling" are frequently used in the literature, the term "compulsive gambling" is still the most prominent and is the term used throughout this report.

B. Characteristics of Compulsive Gamblers

The initial stimulus to gamble is either generated from an individual's personality or is the product of totally random circumstances. Gambling careers cannot be predicted at the outset with any certainty. It is not possible to say that a particular individual will, as an inevitable result of an initial encounter with gambling, become a compulsive gambler. Such predictions can, however, be made for populations in terms of statistical averages derived from actual gambling behaviors exhibited by similar populations with similar opportunities to gamble. In other words, it is possible to roughly predict the incidence of gambling behaviors. For example, two Canadian provinces (Alberta and Manitoba), each

with similar forms of legal gambling, will exhibit similar percentages of compulsive gambling behavior.

Whether or not a person gambles is dependent on a complex web of status, situational and contextual variables including age, gender, ethnicity, religion, education, marital status, rural or urban upbringing, and peer group influence. There is some disagreement among scholars as to the characteristics of compulsive gamblers. This is because there have been two streams of research: one studying compulsive gamblers in treatment or who were attending Gamblers Anonymous meetings, the second examining compulsive gambling in the population as a whole. What is known from combining these two sources can broadly be depicted as follows:

Some compulsive gamblers are as young as 16 and there are some in their 70's, but there are not many found at these extremes. The majority are between the ages of 20 and 50, with the average around 35 years of age.

Estimates of the proportion of male to female compulsive gamblers vary from 2 to 1 up to 5 to 1. Males are more likely to become addicted to activities that require skill and informed decision making such as poker, sports betting, horse betting, blackjack, and investment speculation. Females tend to gravitate to unskilled games such as bingo and slots or VLTs. A major difference between male and female compulsive gamblers is that the men have often had a big win early in their gambling careers. This big win makes them feel invincible and starts them fantasizing about winning consistently. Many women have never had a big win; they gamble to escape overwhelming problems in their home life, in their past, or in their relationships.

Most compulsive gamblers are married and still living with their spouses. Those not married are for the most part widowed or divorced. There are very few never-married individuals except in the 16-25 age range. The majority have a background of traditional family life and a history of consistent achievement in school and work. Very few have had a problem with the law prior to the onset of their compulsive gambling.

The educational and occupational status of compulsive gamblers runs the gamut from professionals with graduate degrees to unemployed individuals with less than a high school education. There does seem to be a disproportionate number of bankers, brokers, attorneys and accountants among the professional group. Compulsive gamblers come from all walks of life but the majority are concentrated in the lower middle, and middle class.

Nonwhites have higher rates of compulsive gambling behavior than whites, but nonwhites are less likely to seek treatment or attend Gamblers Anonymous meetings. Catholics and Jews show the greatest tolerance for gambling; Catholics preferring lotteries while Jews are more likely to be involved in sports and horse betting. Jews are over-represented in Gamblers Anonymous and compulsive gambling treatment centers.

C. Phases of Compulsive Gambling

According to Custer and Milt, authors of the seminal book When Luck Runs Out, compulsive gambling and its causes revolve around three basic emotional needs -- affection and approval, recognition, and self-confidence. When these needs are fulfilled, the person can be happy, effective, creative, and giving to others through love, concern, and emotional support. If these needs are not fulfilled, the person will struggle to overcome these handicaps. To do this people will devise strategies that may carry them to heights of achievement and fame, or sidetrack them into a life of fantasy and escape.

Resorting to fantasy and escape is normal when it occupies just a part of our lives, but it is abnormal when it takes the place of reality and renders the individual incapable of dealing with the routine tasks of life. This is the situation faced by compulsive gamblers.

Compulsive gambling specialists, Lesieur and Rosenthal, have described various stages or progressions of compulsive gambling.

1. *The winning phase* - many get involved with gambling because they are good at it and they get recognition for their early success. As an increasing proportion of their self-

esteem derives from their gambling ability, they invest more time in it and they begin to wager larger stakes. Often there is a "big win" (equal to or larger than one's annual salary). After the big win, the gambler starts to think, "It happened tonight, why can't it happen all the time?" The gambler starts to fantasize about winning, visualizing money as the solution to one's problems – and the easiest way to get money is through gambling. Sooner or later, the gambler starts to lose, perhaps because of the law of averages or because the individual becomes too cocky and gets careless. Bewildered and shaken by this losing cycle, the gambler tries to "chase" losses in an effort to get even.

2. ***The losing phase*** - before the gambler was betting to win; now the gambler is engaged in the frenetic pursuit of lost money. The gambler has lost the feeling of self-respect and invincibility and won't regain it until the lost money is recovered. The gambling is now driven by depression, anguish, and the overwhelming urge to quell these feelings. Symptoms of this stage include gambling alone, betting more heavily and more frequently, lying about gambling, delaying paying bills, spending more time away from the family, and borrowing from friends and family. Eventually there is a crunch: borrowing is impossible. Faced with imprisonment (for fraud, forgery, tax evasion etc.), physical harm from creditors, loss of job, or divorce, the gambler goes to the family and partially confesses. The result is often a "bailout." Family members or friends pay debts and extract a promise to cut down or stop gambling. This promise is not kept. Back on even terms and believing one can get away with anything, the gambler intensifies the betting and loses control altogether.

3. *The desperation phase* - the losing phase may have lasted 5, 10, even 15 years, a stretch of time in which there has been incredible borrowing, betting, juggling and repaying and in which the compulsive gambler has managed, somehow, to remain afloat. But with the

first substantial bailout, the process accelerates sharply along the downward path. The bailout usually represents a "crossing of the line"—the gambler now may do things one wouldn't previously have done; writing bad cheques and stealing from employers becomes likely as do other illegal activities not contemplated earlier. The illegal act is rationalized as a short-term loan; there is every intention of paying it back with winnings. The gambler believes he/she is one winning streak away from solving all problems. There is a lack of concern for others as attention is increasingly taken up with various scams for getting money. The gambler becomes irritable and quick-tempered (and sometimes abusive to family members). The gambler sleeps and eats poorly and life holds little pleasure. In the end, the compulsive gambler is gambling desperately. There are fears of the law, creditors, spouse, and others. Thoughts of suicide are common and many make suicide attempts.

4. *Giving up phase* - here compulsive gamblers realize that they cannot get even and never will catch up -- and they no longer care. In fact, they often know in advance that they will lose and play so sloppily that even if they have an advantageous situation, they still don't win. Playing is all that matters. They crave excitement and stimulation.

Elements inherent in a gambling situation that hasten the progression of compulsive gambling include (1) a big win, (2) chasing behavior, (3) a bailout and (4) "going on tilt." "Going on tilt" is gambling lingo for poor play or loss of control. It can be caused by a variety of factors including the use of alcohol or drugs, losing what seemed to be a sure thing because of unusual circumstances, being needled by other players, or playing too long.

Factors outside of the gambling situation that can lead a social gambler to start gambling compulsively include (1) the use of alcohol or drugs, (2) the death of a close relative or a divorce, (3) the birth of a child, (4) a physical illness or a threat to one's life, (5) a job or career disappointment, or

paradoxically, (6) success and (7) having difficulties with relationships.

D. Factors That Predispose an Individual to Becoming a Compulsive Gambler

Dr. Richard Rosenthal, a Los Angeles-based psychiatrist and founder of the California Council on Compulsive Gambling lists the seven most influential factors that make someone a compulsive gambler.

- A family history of alcoholism or compulsive gambling. This does not mean it is hereditary. It may indicate inconsistent parenting or neglect, a learned coping response, or an identification with the family member with an alcohol or gambling problem.
- Growing up in a family with an extremely critical, rejecting, or emotionally unavailable parent. Many compulsive gamblers grow up believing they can never be good enough or they can never do enough. They develop compensatory fantasies of a spectacular success, like a big win, which will show everybody just how good they are.
- An emphasis in the family on status where money is overvalued. Many compulsive gamblers equate money with self-worth or with power and control over people.
- Men in particular, who are brought up to be extremely competitive, are taught from an early age that winning is important. Initially it was essential for parental approval, later it became the basis for self-esteem.
- An early physical or developmental problem. Those who are compensating for a situation that caused great shame and humilation early in their lives are at risk. This could include a congenital abnormality, a speech defect, a bedwetting problem, short stature, or

delayed puberty.

- Hyperactivity. Gambling serves as a specific way to medicate oneself – it slows one down, calms one, and allows one to concentrate.
- Exposure to gambling early in life which in some way is particularly valued. Many compulsive gamblers identify with a parent or some important relative who gambled.

E. Differences Between Social Gamblers and Compulsive Gamblers

In a study by pioneering compulsive gambling practitioners, Custer et al., a group of known and admitted compulsive gamblers (83) was compared with a group of admitted social or recreational gamblers (62) on survey items dealing with personal characteristics, communication patterns, money management, and gambling patterns. The compulsive gambler was quite distinct from the social gambler in the following categories.

	Compulsive Gamblers	Social Gamblers
– Did your gambling cause serious problems for your spouse	75%	0%
– Have you defaulted on debts or other financial responsibilities	63%	4%
– Did you make a suicide attempt	20%	4%
– Did you pass bad cheques	68%	5%
– Lost job due to absenteeism in order to pursue gambling	23%	2%
– Borrowed money from illegal sources (loan sharks)	47%	8%
– Got a bailout (gambling debts paid by parents or friends)	70%	2%
– Bragged you were winning money gambling while you were actually losing	75%	5%
– Your big win was equal to 3 to 12 months salary	68%	0%
– Borrowing pattern at legal institutions was continuous and progressive in amounts and frequency	68%	0%

F. Gambling Preferences of Compulsive Gamblers

A question often asked gambling scholars is which form of gambling is the most "responsible" for creating the problem of compulsive gambling. There are only a few sources of data that can help to answer this question. General population surveys have yet to address this question. The other possibilities are data from Gamblers Anonymous, gambling treatment centers, and 800 - Gambler hotline information.

The most unbiased estimate comes from 800 - Gambler hotline calls. According to these data, 58 percent of compulsive gamblers prefer casinos, 30 percent prefer horse racing, 26 percent sports betting and 17 percent prefer lotteries. These figures add up to more than 100 percent because compulsive gamblers often have more than one preferred form of gambling. This information was collected in the New York and New Jersey areas where video lottery terminals are not readily accessible except in Atlantic City. VLTs are thought to be one of the most addictive forms of gambling, especially for women and juveniles.

Video gambling machines are relatively new, so there is very little formal research on their effects. Compulsive gambling experts do, however, suspect that video gambling machines may offer gambling in its purest form. Richard Rosenthal, commenting on video gambling machines, says

> There are fewer components and less room for the secondary rituals and fantasies associated with horse racing or poker. For the video machine players, there's an immediate stimulus-response. It is very addictive and the trend is toward developing faster and faster games. Can you imagine what will happen when kids brought up in video arcades discover the casinos? The newer machines pay off in credits rather than coins. You win time instead of money and in effect play in order to keep on playing.

While hotline data is still the best available, the most accurate way to assess the relative contribution of each form of gambling to compulsive gambling would be to find out how much time and money have

been spent at each activity by the compulsive gamblers involved. No study has done this to date.

G. Compulsive Gambling and the Family

The development of compulsive gambling has been compared to that of a cancer. Starting slowly and quietly, it gives no indication of its presence. The early signs pertain to personality and temperament and if detected at all, indicate no more than a generalized emotional problem -- nothing specific to gambling. As time goes by, telltale symptoms begin to appear that would, if recognized, signal a warning that a serious problem is developing. To the layperson, however, these may appear as minor abberations that are still not enough to cause undue alarm. The behavior is conventional enough to tolerate and rationalize. Thus unchecked, the disorder grows until it finally bursts out into the open. At this point, the problem ripples and impinges on those closely involved with the compulsive gambler -- spouse, children, relatives, friends, and co-workers.

Spousal Problems

While all of these individuals are affected, the most intense and destructive impact is felt by the immediate family, the gambler's spouse and children. Custer and Milt believe that the spouse of an addicted gambler goes through three predictable phases: (a) The Denial Phase, (b) The Stress Phase, and (c) The Exhaustion Phase.

The term "denial" is used in this instance to mean tuning out -- not perceiving or understanding what they are seeing or hearing. In the early stages, the compulsive gambler's behavior may be having a moderate impact on the family. The gambler is frequently not at home and there may be some suspicion and concern. Family members deny there is a problem and go on thinking things aren't all that bad. After a while, the negatives start to outweigh the positives. The spouse is confronted by an issue (unpaid bills; caught lying; moody, erratic behavior, etc.) -- Lesieur calls this the discovery cycle. This pattern occurs repeatedly: discovery, request for forgiveness, forgiveness, slow down or abstinence, and then relapse and concealment until rediscovery and then the cycle starts over. The marriage often stays

together because the gambler's spouse engages in self-deception, believing that the problem is under control.

The stress phase is usually triggered by a major crisis. The spouse can no longer deny that gambling is causing serious problems for the family. Sometimes the victimized spouse feels guilty, blaming herself for the problem. The last phase is the exhaustion phase. At this point the spouse's endurance breaks down. The gambler begs for forgiveness but can't keep the promise. Seeing no progress, the beleaguered spouse develops psychosomatic disorders such as headaches and insomnia which may lead to excess drinking or tranquillizer abuse. Without treatment, the spouse may be heading for divorce, drug and/or alcohol addiction, a nervous breakdown, or suicide.

It should be noted that in most cases it is the wife dealing with a compulsive gambling husband. There is definitely a double standard in how society views female gamblers as compared with male gamblers. Whereas excessive gambling for males may be mildly frowned on or even tolerated, for women the same behavior is seen as wicked and depraved. Knowing this, female compulsive gamblers do everything they can to hide their problem, not only from their husbands but from everyone else.

They view themselves the way they think others view them -- with loathing and contempt. The fact that many are ashamed to go for treatment is probably why there are so few women in Gamblers Anonymous. Even when in the Gamblers Anonymous setting, among other "sinners," they feel more sinful than the men -- not because the men make them feel that way but because they have learned from childhood on that there are things that men may do that women may not do. Consequently, they react with shame even in the presence of men who have committed the same act.

Husbands of female compulsive gamblers often adopt an unusually unsympathetic attitude. Generally speaking, they regard their wives with disgust, believing that they have betrayed the trust the husband and the children have put in them as wives and mothers. The wives of compulsive gamblers seem better able to view their spouses as "sick" and to find ways to forgive and rebuild. Wives often attend Gam-

Anon meetings and take an active role in their husbands' recovery. The husbands of female compulsive gamblers are much less likely to adopt a cooperative attitude. Generally they seek a divorce rather than attending Gam-Anon meetings or doing anything positive to help their wive's rehabilitation.

H. Children of Compulsive Gamblers

The children of compulsive gamblers are caught in a process which reflects extremes in behavior by their parents. At times the gambler dotes on them, then ignores them. The children respond by feeling lonely, hurt, angry, guilty, and neglected. In their teen years, they are likely to run away, use drugs, become depressed and experience psychosomatic illnesses. Several studies have also found that children of compulsive gamblers are more prone than children in nationally normed samples to be suicidal, victims of parental violence, and to have gambling problems themselves.

I. Juvenile Gambling

Most compulsive gamblers started gambling in early childhood, either in their home or in their neighborhood. The more children are exposed to gambling, the greater the likelihood that they will participate in gambling as adults. Two recent studies examined gambling among high school students, one in New Jersey the other in the Quebec City area, both used the same questionnaire. Comparative data is listed below.

Prevalence of High School Students Gambling

	New Jersey	Quebec
- Gambled at least once in their lifetime	91%	76%
- Gambled in the last year	86%	65%
- Gambled on something at least once a week	32%	24%

While the incidence of high school student gambling is substantial in both locations, the percentages in New Jersey are higher, ostensibly because legal gambling is more available and accessible in New

Jersey. There is also the fact that New Jersey casinos are aggressively advertised and promoted by the state and private industry. There was also a difference in the types of gambling opportunities preferred. In the Quebec sample, the most popular games were lotteries (60%), sports betting (45%), and card games (36%). In New Jersey the games of choice were card games (49%), casino gambling (46%), sports betting (46%), and lotteries (45%).

Most parents in both studies did not object to their children gambling; in fact the majority of students regularly gambled with other family members. In some cases, respondents reported that family members helped to finance their gambling activities.

The majority of adolescents surveyed did not encounter problems related to gambling. A minority (6.2%) did, however, report a disruption of either school or work due to gambling. Borrowing money to gamble or pay off gambling debts was admitted by 8.9% of the sample. The students obtained money to gamble mainly through their allowances or from after school jobs. Some said they used their lunch money and others resorted to illegal means (selling drugs, stealing, etc.) to finance their gambling.

The data from both studies showed that numerous students from both Quebec and New Jersey were potential compulsive gamblers. At the very least, they exhibited signs of compulsive gambling. Between 5 and 6 percent of the respondents in both samples said they wished to stop betting but were unable to do so.

The risk of becoming a compulsive gambler for a person in their late teens is a real concern. While no studies on this topic have been conducted in Alberta, cursory evidence indicates that the problem may be more acute here than in Quebec. Alberta has more legal gambling opportunities than Quebec, and Alberta has a higher per capita yearly gambling expenditure than Quebec. Sixteen-year-olds can legally play in Alberta bingos, and many high school students are perceived to be regular Sport Select bettors. This is a situation that merits the attention of educators, mental health experts, and legislators.

J. Compulsive Gambling and the Workplace

Compulsive gambling causes employers to suffer financial losses through crime, absenteeism, and squandering of company time. Detecting compulsive gamblers on the job can be difficult, because they are careful about covering their tracks and evading discovery and confrontation. As their urge to gamble increases, however, they become more desperate and leave more clues about their gambling activities. Listed below are common warning signs, exhibited by compulsive gamblers, that employers should be wary of:

- Excessive telephone use. Compulsive gamblers can call bookies, set up sports bets, and check race and game results without leaving the office. Computer networks may also be employed in betting.
- Money seeking. Compulsive gamblers may try to borrow money from the company, fellow employees, credit unions, and even business contacts to gamble or pay off gambling debts.
- Grandiosity. Compulsive gamblers often brag about gambling winnings to play the role of the big shot.
- Time abuse. Compulsive gamblers may take an inordinate number of long weekends, extended lunches, or late mornings to indulge in their betting habits.
- Decreasing performance. Although compulsive gamblers often are overachievers, even workaholics, the quality of their work suffers as their gambling habit becomes an obsession.
- Gambling paraphernalia. Racing forms, football pool cards, and Sport Select betting lists may all be signs that an individual has more than a casual interest in sports betting.
- Personality changes. Compulsive gamblers often suffer from mood swings. They may be irritable or uncharacteristically withdrawn during a losing streak.

K. Compulsive Gambling and Criminal Activity

Research studies indicate that about two-thirds of compulsive gamblers in treatment and those attending Gamblers Anonymous meetings have engaged in financially motivated crimes in order to gamble or to pay gambling debts. The most common criminal behaviors associated with compulsive gambling include cheque forgery, embezzlement, employee theft, larceny, armed robbery, bookmaking, fencing stolen goods, loan fraud, selling drugs, and tax evasion. Lesieur reports that compulsive gamblers are engaged in a "spiral of options" and involvement wherein legal avenues of funding are utilized until they are closed off. As the involvement in gambling intensifies, funding options diminish. Depending on personal value systems, opportunities, perceptions of risk, and the existence of threats (creditors, for example), the gamblers become involved in more and more serious illegal activity. For some, the money runs into the millions of dollars. The most celebrated case involved Canadian Brian Molony who, in the mid-80's embezzled over $11 million dollars from his employer (a Toronto branch of the Canadian Imperial Bank of Commerce) to support a wild gambling habit. Molony dissipated the money in less than two years, betting with Toronto bookies, at Toronto race tracks, and on binges in Atlantic City and Las Vegas casinos.

L. Compulsive Gambling and the Law

The legal profession is in a quandary as to how to deal with compulsive gambling. The solution to the problem depends on whether or not compulsive gambling is seen as a disease. Until recently, compulsive gambling simply did not exist -- at least not as a separate, definable problem that could be argued in a court of law. This view is changing as there is a growing acceptance that some individuals cannot control their gambling impulse and that the crimes they commit are a direct consequence of their gambling addiction. There is not unanimous agreement on this point -- in the law a disease is often whatever the medical profession calls a disease. In 1980, "pathological gambling" was added to the list of official mental diseases or disorders by the American Psychiatric Association. The mental health

practitioners explicitly state that their intention was only to create a diagnostic tool, but this has created conflict and confusion in legal circles. This is because diagnosis can work both ways: an attorney can argue that his client, diagnosed as a pathological gambler, is merely exhibiting the symptoms of a disease.

The judicial system is in dispute over compulsive gambling. Under the traditional view of gambling as a vice, gambling is seen as the motive for all of the gambler's misdeeds; under the new disease model, gambling is seen as the excuse.

The main objection to the disease model seems to be moral in nature. The disease model is seen as a ploy to absolve compulsive gamblers from taking responsibility for their acts. Those who support the disease model claim that criminal justice policies are more likely to result in rehabilitation. While the medical model does not hold the sick person responsible for contracting the illness, it does hold him responsible for doing everything possible to recover. For compulsive gamblers, this means professional treatment, Gamblers Anonymous membership, and trying to repay debts rather then declaring bankruptcy.

The two different viewpoints are irreconcilable; no compromise is possible. The divergence has dramatic consequences: some courts are ordering gamblers who embezzle to serve prison sentences of up to ten years, and other courts are ordering defendants in virtually identical cases to be put on probation and attend Gamblers Anonymous. In one American divorce case, the judge ordered the compulsive gambling husband to pay alimony to his ex-wife for destroying their marriage; the decision was reversed on appeal on the grounds that the compulsive gambler was suffering from a disease and therefore was more in need of financial support than his ex-wife.

The disease versus vice designation of compulsive gambling is still being hotly contested, but more and more the existence of an uncontrollable urge to gamble is becoming a standard defense strategy. There is also an indication that judges are sentencing compulsive gamblers with an emphasis on rehabilitation rather than punishment. This is seen in a growing number of cases where the defendants' request for a reduced jail sentence is accepted as long as they join Gamblers Anonymous. If the disease

model of compulsive gambling becomes widely recognized by the criminal justice system, it could open the floodgates to legal action against gambling operations such as casinos, race tracks, and lotteries on the grounds that they have a responsibility for the damages suffered by compulsive gamblers.

Both scenarios (the recognition of compulsive gambling as a disease and the acknowledgement of the gambling operator's responsibility to the patron) surfaced in the Brian Molony case. At Molony's trial, three American compulsive gambling experts (Dr. Robert Custer, Dr. Julian Taber, and Joanna Franklin) were used to educate the court about compulsive gambling. The gist of their message was that Molony, like other compulsive gamblers, was not after material benefit. He was seeking to alleviate psychological pain. The court recognized the validity of a "disease of impulse control" but still sentenced Molony to six years in the penitentiary. He ended up serving less than three years in medium and minimum security prisons.

The consequences of Molony's gambling spree were catastrophic for Caesars Palace operation in Atlantic City. The New Jersey Division of Gaming Enforcement suspended the casino's operation for twenty-four hours on Saturday, November 30, 1985. Caesars Palace, however, was ordered to pay employees their normal salaries, benefits, and gratuities. The closure, on Thanksgiving weekend, cost Caesars Palace an estimated $1 million in lost profit.

V. Description of Treatment Alternatives for Compulsive Gamblers

Compulsive gambling is not a new phenomenon; indeed literary giant Fydor Dostoevsky wrote about his own destructive gambling habit in The Gambler in 1866. Sigmund Freud analyzed Dostoevsky's passion for gambling in his classic essay, "Dostoevsky and Parricide." Freud's study of several obsessed gamblers led him to the startling conclusion that the gambler unconsciously wants to lose. Supposedly the neurotic gambler's real motivation is to punish himself for guilt feelings that derive from his earliest attitudes toward his parents. While Freud's ideas on compulsive gambling are not so much in vogue today, they were instrumental in generating debate over why people became compulsive gamblers. Academics have long speculated on the causes of compulsive gambling, but it has only been recently that medical practitioners have learned how to treat the disorder.

The first treatment program in North America was started in 1971 by Dr. Robert Custer, who was then Director of the Alcoholism Treatment Program at the Veterans Administration Hospital in Brecksville, Ohio. Custer got into providing therapy for compulsive gamblers by accident. A group of local Gamblers Anonymous members asked if he would consider starting an institutional program at his hospital for the treatment of compulsive gamblers, similar to the one he was running for alcoholics. Starting with the tentative premise that gamblers could be treated much like alcoholics, Custer operated on a trial-and-error basis and eventually created a successful treatment program that has been copied throughout the world.

Nowadays most treatment plans for compulsive gamblers utilize a combination of group and individual therapy, lectures, films, and self-help groups such as Gamblers Anonymous. The practitioners include psychiatrists, psychologists, certified alcoholism counsellors with added training for treating compulsive gamblers, and peer counsellors (recovering compulsive gamblers) who run workshops.

Family counselling as well as coordination with employee assistance programs often round out the holistic approach to compulsive gambling therapy.

A. Emergency Services

These are programs that deal directly and intensively with compulsive gamblers in crisis. The initial steps are to (1) stabilize the physical symptoms associated with compulsive gambling in the desperation phase (this may take up to 24 hours), (2) provide screening and make a preliminary diagnosis, (3) assess the relationship between gambling and other addictions (compulsive gamblers are 3 times as likely to have problems with drugs or alcohol then the general population), (4) referral to a wide range of agencies to provide longer term intervention for compulsive gambling and alcohol/drug abuse needs, and (5) admission to community inpatient units for psychiatric problems associated with compulsive gambling.

It is recommended that an emergency service for compulsive gamblers include the following staff:

- Medical personnel with certification/experience in the treatment of addictions.
- Certified compulsive gambling counsellors or other addiction counsellors and peer counsellors.

It would be an ideal situation if the emergency service could work in collaboration with a gambling hotline (1-800-GAMBLER is the number used in New Jersey). Some crises could be averted on the phone and callers could be made aware of the emergency service available.

B. Acute Care - Inpatient

If in the emergency service screening a patient is diagnosed as a critical compulsive gambler he should be referred to a treatment facility that offers comprehensive acute care. These settings usually require a 28-day, or at least a 21-day stay. They provide specialized staff who offer full medical, psychiatric, and alcohol/drug abuse services. The basic treatment goals for a compulsive gambler in these settings are:

1. To enable the patient to stop gambling.

2. To strengthen self-esteem and confidence so gambling is no longer needed as a way of avoiding life's real problems.
3. To help develop sources of gratification, pleasure, and self-fulfilment to replace the void left by the removal of gambling.
4. To accept the idea of making restitution and agreeing on a realistic plan to do this.
5. To arrange for follow-up outpatient treatment, as required, in the months and years after being discharged from the four-week program.

A critical aspect of the inpatient care after stopping the person's gambling is to deal with the individual's maladaptive personality and behavior; specifically the compulsive gambler's penchant for dishonesty, impatience, intolerance, manipulation, inability to plan and make decisions, avoidance of responsibility, insensitivity to the feelings and needs of others, and poor problem-solving ability. Gambling can be stopped temporarily, but unless the person changes his ways -- developing a more sensible and constructive approach to his problems --he will crash and go right back to gambling.

The most effective way to make these personality and behavioral changes in a short time is through group therapy. Group therapy permits open confrontation -- not only from the therapist but from the patients as well. Group members are encouraged to be "tough" with each other and themselves, not allowing anyone to dodge issues or avoid responsibility. This process forces the individual to see him as others see him, to face up to character flaws and try to correct them. Why change? Few people -- least of all compulsive gamblers -- can stand disapproval and rejection by the group. In order to win acceptance and approval, most will try to correct their ways.

Besides the individual and group therapy, compulsive gamblers participate in recreational activities as well as stress management and relaxation exercises. Cognitive - behavioral techniques are also employed. Autobiographies are written with the patients asked to list their character defects and maladaptive behavior patterns as well as their positive adaptive qualities. Patients are encouraged to

develop new strategies and priorities that will lead to recovery, serenity, and a gambling-free life.

To ease the transition back to normal life, patients meet with G.A. members who have financial expertise in what is called a "pressure relief" session. This meeting deals with coping with financial matters, money management tips, and debt settlement - obligations.

The recommended staffing for an acute care compulsive gambling service includes individuals who have training and experience in the addictions, the severe mental illnesses and the medical issues that occur with both, and should reflect cultural sensitivity for the geographic area served. The specific personnel required are a psychiatrist (experienced or certified in addictions), addiction counsellors, certified gambling counsellors, a nurse, a social worker, and a psychologist. Personnel from other disciplines such as a chaplain, dietician, recreation specialist, and vocation counsellor would also help in the patient's overall therapy. All staff in an acute care compulsive gambling facility should be required to participate in ongoing training in compulsive gambling service delivery.

C. Halfway Houses

It is common in the treatment of alcoholics and drug abusers to move from an inpatient facility to a supervised residence before they go back to their normal routines. The theory is that the patient can make a gradual adjustment to everyday life while still in a therapeutic, gambling and substance-free environment. In this setting, the patient can also test and refine newly acquired coping strategies. This approach is also recommended for compulsive gamblers, though very few of these programs are in existence.

D. Outpatient Care

This is a service which provides individual, group, family, or couples' counselling. Patients' abstinence from gambling is monitored, plans for handling pressing problems are developed, and alternative ways to use leisure time are encouraged. Spouses are also asked to go through an initial evaluation just as the gambler must do, and then the spouse is treated along with the gambler. It is

expected that the compulsive gambler will participate in all forms of treatment (individual, group, and family) on a weekly basis. Patients are also referred to Gamblers Anonymous if they are not already members.

The prototype outpatient care program for compulsive gamblers as established by Custer is as follows:

1. group therapy for the gambler, followed by
2. individual therapy for the gambler, at the same time as
3. individual therapy for the spouse, followed by
4. joint therapy for the wife and husband, plus
5. relaxation therapy and activity therapy, as needed, and
6. Gamblers Anonymous for the gambler; Gam-Anon for the wife.

Outpatient compulsive gambling services are most appropriate for:

- those who meet the American Psychological Association's pathological gambling disorder criteria.
- those whose psychiatric symptoms are stable enough that they will benefit from outpatient treatment.
- those who still have difficulty abstaining from gambling.
- those who have affected family members and significant others (they should all be getting treatment).

E. The Role of Gamblers Anonymous

Gamblers Anonymous is an international voluntary organization for compulsive gamblers. Its members are male and female compulsive gamblers who have gained control over their addiction or who are in the process of gaining control over it. The organization started in the U.S. in 1957 and has since spread throughout the world. Membership rules are not strict; the only qualification is a sincere desire

to beat an addiction to gambling. Some gamblers come out of curiosity and drop out after two or three sessions, while others have regularly attended the two meetings per week for over ten years.

Gamblers Anonymous is patterned after Alcoholics Anonymous in that it uses the "twelve steps" program. Gamblers Anonymous has more of a psychiatric focus in that emphasis is placed on the belief that serious character defects are at the root of the gambler's addiction. For instance, compulsive gamblers frequently demonstrate inability and unwillingness to accept reality and show emotional insecurity, immaturity, deceit, and self-indulgence. Part of the Gamblers Anonymous doctrine is that the only way to stop gambling and get rid of the addiction is to bring about a progressive character change in the person. Gamblers Anonymous meetings involve members reading the Gamblers Anonymous precepts to one another. Members responding to the twenty questions of Gamblers Anonymous by saying whether they answered yes or no to the question and, if yes, giving an example from their own experience and giving therapy. This involves members admitting that they are compulsive gamblers, telling the last time they gambled and reporting incidents of progress and slippage in their recovery programs. Gamblers Anonymous is an unusual organization in that it is not allied with any professional agency, it receives no professional guidance, it shuns publicity, and it is funded entirely by its own members.

Gamblers Anonymous benefits the compulsive gambler in four ways:

1. Identification - one compulsive gambler can relate to another. They have had similar experiences and have faced the same emotional trauma.
2. Acceptance - Gamblers Anonymous members welcome new members with non-judgmental approval.
3. Gamblers Anonymous meetings help relieve pressures members face as a result of marital, job, financial, and legal problems.
4. Gamblers Anonymous offers a 12-step plan for personal growth and change. It is believed that

members who follow these steps in their daily lives will eventually recover and lead gambling free lives.

Most compulsive gambling authorities agree that a strong Gamblers Anonymous program is essential to recovery, but few believe that attending Gamblers Anonymous only will lead to recuperation. Gamblers Anonymous is the least known of the twelve-step programs, and membership does not appear to be keeping pace with the rise in compulsive gambling associated with expanded legal gambling. Of particular concern is the low numbers of female and ethnic minority members. Women make up two to four percent of the Gamblers Anonymous membership in the United States, yet it is estimated that they make up about one-third of the compulsive gambling population. Alberta casinos attract a disproportionate share of Asian gamblers (forty to fifty percent in the inner city casinos) but few ever attend Gamblers Anonymous meetings.

Retaining members is a major problem for Gamblers Anonymous. The dropout rate is about 75 percent -- the Edmonton chapter estimates that their dropout rate is closer to 95 percent. This is undoubtedly because the gamblers are not getting professional therapy at the same time. Gamblers Anonymous is a key element in Custer's recommended treatment program, but it is only one of six prescribed therapies.

Studies on the high Gamblers Anonymous dropout rate cite the following major reasons for discontinuance.

- personality clashes
- people too dogmatic
- not enough sympathy shown
- afraid of being called to give therapy
- the distance to travel
- time wasting, talking about things that weren't relevant

The main sources of satisfaction with the Gamblers Anonymous experience among both regular attenders and dropouts were getting helpful advice, learning from their own and other people's mistakes, finding the Gamblers Anonymous handbook useful, giving therapy, phoning, visiting and spending time with other attendees, and being able to admire people in Gamblers Anonymous who seem to have their compulsive gambling under control.

The consensus seems to be that Gamblers Anonymous is a worthwhile organization that has a considerable impact on its members. It is most helpful in improving the lives of compulsive gamblers when it is combined with the types of professional therapy mentioned earlier in this section.

VI. State and Provincial Policies on Compulsive Gambling

The data for this section of the report was gathered through a telephone survey. To begin with, calls were made to both the Canadian and American Councils on Compulsive Gambling and to Dr. Henry Lesieur, the editor of the Journal of Gambling Studies. I explained that I wanted to find out about state and provincial policies that are aimed at reducing compulsive gambling. Individuals from each agency provided information on existing compulsive gambling policies and suggested persons to contact in the various states and provinces.

In most instances, individuals were contacted in jurisdictions that have compulsive gambling policies in place. In several cases, calls were made to authorities in areas where legislation calling for the implementation of compulsive gambling programs is being drafted. Altogether 27 individuals were interviewed, without exception they were extremely cooperative. The results of this survey are reported in the next section.

A. CANADIAN JURISDICTIONS

British Columbia

- No official policy on compulsive gambling.
- The B.C. Gaming Commission has recently acknowledged that compulsive gambling is a problem and has taken the following preliminary steps.
  - Talked with the national president of Gamblers Anonymous and surveyed Gamblers Anonymous members in Vancouver and the lower mainland to determine how the government can best help compulsive gamblers.
  - Have notified the other Commissions (lottery and horse racing) about their compulsive gambling concerns in the hope that a consolidated effort can be made

to implement public awareness and treatment initiatives.

- Have hired a consultant to see what treatment possibilities exist for compulsive gamblers in B.C. and the State of Washington.

Saskatchewan

- No official policy on compulsive gambling.
- In the last annual report of the Saskatchewan Gaming Commission, the Chairman mentioned compulsive gambling as an issue that would be addressed in the coming year.

Manitoba

- No official policy on compulsive gambling.
- The high profile Crystal Casino in Winnipeg and the fact that VLTs were recently legalized in Manitoba have drawn considerable media attention. Gaming officials say that compulsive gambling is an issue they are looking at. No details were provided.

Ontario

- No official policy on compulsive gambling.
- The Canadian Center for Compulsive Gambling in Willowdale, Ontario, did receive a service contract grant of $58,000 for a few years from the Ministry of Community and Social Services. Presently the Center is funded by corporate sponsors and private donations.
- The Center provides a 24-hour-a-day hot line, public awareness initiatives, 1 on 1 counselling with the gambler, the gambler's family, and the gambler's employer. They also liaise with Gamblers Anonymous (there are nine Gamblers Anonymous groups in the Toronto area) and do outreach programs in Ontario

jails.

- The Center believes that the Ontario Government has hurt compulsive gambling treatment efforts by not allowing severe cases to get therapy in the U.S. Previously this was allowed, but now the Ontario health plan will not pay for treatment outside the province.

Quebec

- No systematic approach to resolving compulsive gambling issues, but the province does fund research studies on various aspects of gambling. Over the past five years, $100,000 per year has been provided to study gambling. Approximately 30 percent of the total research funds have been spent on compulsive gambling related studies.
- Lotto Quebec officials noted that as gambling opportunities expand, the more pressure they get from the media to address the compulsive gambling problem.
- Laval psychology professor Dr. Robert Ladouceur has done extensive research for Lotto Quebec on the social cost of pathological gambling, juvenile gambling, and the prevalence of compulsive gambling. Dr. Ladouceur also runs an experimental treatment program for teenage and adult compulsive gamblers in Quebec City.

New Brunswick

- No official policy on compulsive gambling.
- Video lotteries were legalized to combat wide-open illegal video gambling. Gaming officials say that video lottery regulations were designed to attract recreational gamblers and discourage compulsive gamblers. These regulations include 1. low wagering limits ($2.50 on any game cycle) 2. low payouts

(maximum win is $500 on any game cycle) 3. no credit, and 4. no advertising or promotion of video lotteries.

B. AMERICAN JURISDICTIONS

California

- No official policy on compulsive gambling.
- Recently a bill aimed at reducing the impact and incidence of compulsive gambling was defeated by five votes. A two-thirds majority was required because it was an appropriations bill. The bill asked that one-eighth of one percent of the gross lottery revenues be set aside and allocated to a non-profit group that had expertise in all aspects of compulsive gambling. The basic premise of the bill was that in vigorously promoting the lottery, the state had a special responsibility to deal with the negative consequences that inadvertently harmed those unable to control their gambling impulse.
- Several studies have been conducted on adult and juvenile gambling, both before the lottery started and after. One key finding was that gambling behavior in juveniles had doubled in the follow-up study.
- California does have private outpatient clinics that treat compulsive gamblers. Two of these clinics are run by leading compulsive gambling authorities, Dr. Durand Jacobs and Dr. Richard Rosenthal.
- California has one half-way house for released prisoners that have a gambling problem.
- Though not government funded, the California Council on Compulsive Gambling has established an 800 gambling hotline, serves as a clearinghouse for

information, and trains therapists to work with compulsive gamblers.

Connecticut

- A compulsive gambling treatment program has existed since 1982. Initially there were 5.5 full time employees; now there is one full-time employee with clerical assistance.
- The program is funded by set fees assessed for each performance in dog racing, horse racing and jai alai. The funding level is approximately $200,000, and has remained constant since the program started.
- The compulsive gambling program falls under the Department of Mental Health. This is seen as a problem because compulsive gambling is given short shrift. Compulsive gamblers are not seen as needing treatment to the same extent as the homeless, severely mentally ill, etc. Mental health officials in the state are not considered to be well versed on compulsive gambling issues.
- Prevalence studies in Connecticut showed a 6.1 percent compulsive gambling rate -- the highest of any state surveyed.
- Legal gambling opportunities are expanding quickly in Connecticut. It is expected that in the next year approval will be given to open three casinos (one near the Massachusetts border, one near the Rhode Island border, and one near the New York border). This is in response to the Indian tribe gaming that is legal in the state. It is also expected that state run off track betting parlors will be privatized and allowed to be put in establishments that sell food and liquor. It is hoped that legislation can be tied to these expanded gambling ventures so that $500,000 to $1 million can be used to educate citizens about the hazards of compulsive gambling.

- Present compulsive gambling initiatives are limited to outpatient treatment, public awareness via brochures, videos, etc.

Delaware

- The Delaware Council on Compulsive Gambling has a contract for services with the State of Delaware that is paid through the Alcohol and Drug Abuse department, even though the funds come from the lottery advertising budget. This funding supports a one person operation and a secretary.
- The Council publishes a newsletter which is sent to over 2000 practitioners in the fields of mental health, occupational health, nursing, psychology, and social work. Other programs include certifying health professionals in identifying and treating compulsive gambling, speaking about compulsive gambling in prisons and other publicly funded treatment centers, and making brochures and posters on compulsive gambling available at legal gambling venues.
- The Council also performs an active lobbying role. Had a recent bill passed that would have allowed slot machines to be put at race tracks, the Council would have been granted $50,000 per year for compulsive gambling programs.

Florida

- The Florida government has supplied $100,000 out of general revenue for one year for the Florida Council on Compulsive Gambling to run a gambling hotline. The statewide hotline functions as a public awareness and referral service. The Council is hopeful that the data produced from the hotline calls will help persuade the government to implement a broader program to combat compulsive gambling problems.
- Presently there are no certified programs for treating compulsive gamblers in

Florida.

- The Council is lobbying to ensure that funds be made available for compulsive gambling programs if any new gambling opportunities are approved. Those most likely to be legalized include sports lotteries, off-track betting, card rooms, and casinos.

Iowa

- In 1986, the state agreed to put .005 percent of lottery proceeds toward a gambler's assistance fund. This amounted to about $750,000. Last year this was cut to $387,000.
- These monies have funded a prevalence study (which will be replicated in 1993), nine outpatient clinics (seven of which are combined with substance abuse counselling and two which are full-scale gambling treatment only), a 24 hour hotline whose number is on most of the lottery materials, and public awareness programs.
- The outpatient clinics operate on a grant arrangement from the gambler's assistance fund, but because of budget cutbacks patients must now pay a service fee. All of the outpatient clinics have certified addictions counsellors.
- Iowa legalized riverboat gambling, but is in the process of outlawing video gambling.

Maryland

- In 1978, Maryland recognized compulsive gambling as a problem. It gave John Hopkins University $100,000 per year for four years to run a treatment program for compulsive gamblers. The funding was subsequently cut to $60,000 and the program moved to a psychiatric hospital. In 1984, all funding was withdrawn

and put into the drug effort.

- In 1987, the state helped fund a gambler's hotline (this year's contribution is $22,000). Last year 15,000 calls were handled on the hotline.
- The National Center for Pathological Gambling operates the hotline and provides an extensive professional treatment program. The center is funded through patient fees, payments received for testifying as an expert witness at gambling trials, and fees to run certification programs for compulsive gambling counsellors.
- The compulsive gambling program focuses more on individual counselling than most treatment centers and uses an approach called "rational motive therapy." The center claims to have an unofficial success rate of 80 percent. It is unofficial because they say it takes up to five years or more to know for sure if a compulsive gambler has recovered. The signs they look for include:
  - abstinence from gambling
  - stable marriage
  - no legal problems
  - development of other leisure pursuits
  - have made, or are making, restitution.
- Currently the hotline number is on all lottery materials. They would like to see the number on all gambling materials and posted in all gambling establishments.
- The Center believes that the training of mental health professionals who can treat compulsive gamblers is a high priority and that it is a mistake to put gamblers into a drug or alcohol rehab center.

Massachusetts

- Compulsive gambling efforts initially received $500,000 from lottery revenues to run three programs: public awareness, research, and treatment. The funding has been reduced to $190,000 and the research element was dropped.
- The treatment program consists of one outpatient clinic at a Cambridge hospital. This clinic receives $40,000 per year out of the compulsive gambling allotment and generates the rest of its budget by charging patients for the service. A patient's health insurance will cover compulsive gambling treatment up to $1,000 per year. Severe cases of compulsive gambling are referred to out of state inpatient treatment centers.
- The public awareness arm of the program has a three person staff which runs a gambling hotline, provides inservice training for health professionals, gives lectures in schools and prisons, produces pamphlets, posters, public service announcements, and keeps legislators abreast of compulsive gambling issues. The Massachusetts Council on Compulsive Gambling also meets with gamblers in therapy to assist them with legal matters and getting their financial affairs in order.

Minnesota

- In 1987 the Minnesota Council on Compulsive Gambling helped to formulate a bill that asked for $3.2 million over two years to develop a comprehensive program on compulsive gambling. The proposed program included certifying counsellors, an 800 gambler's hotline, inpatient services, research initiatives and the development of educational materials. The bill was seen as a "white hat" issue where everyone won -- legislators, the media, and both pro and anti-

gambling groups were in favour. The bill waltzed through the legislature with one exception, the dollar amount. The key question was how many compulsive gamblers were there in Minnesota? To start the program, the government gave $600,000 for a prevalence study on compulsive gambling. Once the study was completed, the state legislators voted to provide $1.4 million for efforts to reduce compulsive gambling.

- A key part of the Minnesota bill to support compulsive gambling programs is that there must be prevalence studies on the adolescent population. Their belief is that money can be saved down the line if adolescents can be made aware of the consequences of compulsive gambling. As a result, outreach programs are directed at schools as well as prisons and church groups. Inservice programs are provided for mental health practitioners and professionals working in the judicial system.
- Other accomplishments of the Minnesota Council on Compulsive Gambling include:
  - Instituting an 800 gambler hotline.
  - Developing solid media relations – two press conferences per month are held to discuss issues related to compulsive gambling.
  - Helped start new Gamblers Anonymous groups. When the hotline was started, there were nine Gamblers Anonymous groups in Minnesota. There are now 38.
  - When the compulsive gambling program started there were two compulsive gambling counsellors who had met national council

certification standards. There are now over 40.

- The Council has produced numerous research papers, information booklets, manuals, and a major report on "Gambling in Minnesota." This program has also been featured in the national media as being a model for other states to emulate.

Montana

- The chief administrator of the Gambling Control Division for the the State of Montana summed up Montana's position on compulsive gambling by saying "there are motherhood statements written into the legislation, but as yet, nothing has been done to address the problem." The government official was referring to a passage in the law that states "the health, welfare and safety of Montana citizens is to be protected through the promotion of programs to assist those adversely affected by gambling." The Gambling Control Division is trying to make legislators aware of problem gambling and get them to live up to the letter of the laws that are already on the books.
- Two introductory steps are planned for this summer: (1) An assessment of the qualifications needed to be a certified compulsive gambling counsellor and a determination of what compulsive gambling treatment expertise there is available in Montana; and (2) a study to determine the prevalence rate of compulsive gambling in Montana.
- The Rimrock Compulsive Gambling Treatment Center in Billings offers a nationally recognized therapy program, but it is entirely privately funded.
- The government official made the statement that the introduction of VLTs seems to have

increased the number of compulsive gamblers in the state. This comment was based on discussions with owners of establishments that have the gaming machines, personal observations, and the recent dramatic increase in Gamblers Anonymous chapters in the state.

New Jersey

- The Council on Compulsive Gambling of New Jersey receives $185,000 from the state to pay a three person staff which; (1) operates a gamblers hotline (over 10,000 calls last year), (2) was instrumental in getting the hotline number put on lottery tickets and in gambling establishments (the message is -- if you or someone you know has a gambling problem call the gambler's 24 hour hotline 1-800 G.A.M.B.L.E.R., and (3) provides education and training programs for schools, service groups, and health practitioners throughout the state.
- There is an inpatient treatment facility for compulsive gamblers in New Jersey that may be the most reasonably priced in the U.S. The fee is $3,000 for a 28 day stay. Last year they were oversubscribed and had to turn away over 100 people.
- The council has been extremely effective in getting the state legislature to include compulsive gambling amendments on gambling bills. For example, if pending bills to have video poker and sports betting pass, .05% of the revenues from video poker and 1% from sports betting are to go to compulsive gambling treatment efforts.

New York

- The state has provided $776,000 to operate three outpatient treatment programs and a gambler's hotline. This figure was reduced by 20% this past year.

- Draft legislation calls for .05% of video gambling revenues and 20% of the unclaimed prize money from lotteries and pari-mutuel betting to be made available for compulsive gambling treatment programs.

South Dakota

- The government has recently allocated $200,000 from general revenue for inpatient care at state mental health centres and for public awareness and educational efforts.
- A recent prevalence study showed that 2.8 percent of South Dakota gamblers were in the compulsive category.
- There was discussion in the South Dakota legislature about the gambling industry (casino owners, gaming machine manufacturers, etc.) also having a responsibility to alleviate problems caused by compulsive gambling. This has not happened yet, but it is a possibility in the near future.

Texas

- Texans recently voted 65 percent in favor of establishing a state lottery. Part of the lottery bill was a stipulation that $2 million be given over each of the next 2 years to fund initiatives to reduce compulsive gambling. This money will be used jointly by the Texas Alcohol and Drug Abuse Commission and the Texas Council on Compulsive Gambling to fund a prevalence study, a hotline and referral service, and a treatment program that will be contracted out to certified professionals.
- This is another instance where a citizen's action group ("Texans Who Care") had an impact on the legislative process. Initially against the lottery, they were instrumental in lobbying to get funds set aside for compulsive gambling

programs.

- In addition to the $2 million dollar grant, compulsive gambling programs get .025 percent of the simulcast wagering revenue.
- A unique feature of the Texas set-up is the formation of a Lottery Advisory Commission. The commission has fifteen members (with an appropriate ethnic and gender balance) whose role is to ensure that the lottery is administered properly and that any negative consequences of the lottery be kept to a minimum.
- The Texas funding structure is unusual in that a large dollar allocation was made before any significant planning was done. Officials in charge of the program say that because they are just getting off the ground, it is highly unlikely that they will spend the $2 million in fiscal year '92.

Washington

- Washington is the 4th largest gambling state in the U.S., yet there is no official policy on compulsive gambling. There is a bill before the legislature that seeks funding to (a) upgrade training for addictions counsellors, (b) institute a gambler's hotline, (c) produce public service announcements, and (d) do a prevalence study. The bill asks that funding come directly from gambling opportunities and asks for the following:
  - One-fifth of one percent of lottery prize money.
  - A percentage of gross receipts from horse racing.
  - That all fines and penalties related to casino operations be included in a compulsive gambling fund.
- There are no inpatient or outpatient treatment centers for compulsive gamblers

in Washington. There are, however, three certified health professionals who are qualified to counsel compulsive gamblers.

C. General Commentary

An attempt was made to contact all North American jurisdictions that have instituted programs to alleviate compulsive gambling. In addition, several jurisdictions were surveyed that are considering compulsive gambling treatment and prevention proposals.

Those states that do seek to mitigate the effects of compulsive gambling operate on the premise that gambling can be an addictive process for a small minority of players. They believe that since the government authorizes and promotes this activity, they have a responsibility to ease the damages suffered by those who are unable to control their urge to gamble. Furthermore, the government has a duty to warn citizens about the potential dangers of gambling.

States in the northeastern region of the U.S. were the first to develop compulsive gambling strategies. This was because of the huge population base (there were more compulsive gamblers, which meant that the effects could be seen more readily) and the availability of many forms of legal and illegal gambling. For example, modern lotteries started in New Hampshire in 1964; off-track betting first appeared in New York in 1971; and the first U.S. casinos outside of Nevada were introduced in New Jersey in 1977. In addition, the numbers racket and sports betting with bookies were extremely popular illegal activities in the large urban centers.

Compulsive gambling councils in the northeast have done an excellent job of raising public awareness, creating treatment programs, and lobbying governments to tie the funding for compulsive gambling programs to new gambling proposals. Government monies for these programs have, however, stabilized or been cut back in the past few years. Administrators of the programs point out that the funding crisis is not so much a reflection of their program as it is a general economic malaise. Almost

all government programs in the northeastern states have been slashed in the past few years.

Conditions are somewhat different in middle America, where a few quality compulsive gambling programs are receiving sufficient backing. The support for compulsive gambling measures in these states is due to a combination of factors, namely: (1) Compulsive gambling programs boost the public image of the government. Any cynicism or suspicion about the government's motives for legalizing gambling can undermine public confidence in the system and, once lost, it is extremely difficult to recover. Governments' recognition of compulsive gambling, and taking the appropriate steps to deal with it is seen as humane and responsible behavior; (2) Citizen action groups and the media serve as watchdogs to neutralize the governments' penchant for expanding gambling. Minnesota and Iowa are two states in this region that offer comprehensive programs designed to counter the negative effects of compulsive gambling.

The west coast states (California and Washington) may have effective compulsive gambling prevention and treatment schemes if their draft legislation ever passes. Perhaps the biggest irony of all is that in gambling-crazed Nevada the state contributes nothing toward tempering the problems of compulsive gambling. This is despite the fact that compulsive gambling rates in Nevada are about three times the national average.

VII. Alberta in Review

A. Provincial Perspective: General Observations

Canadian juridictions have barely recognized that compulsive gambling exists, let alone taken steps to deal with the problem. In a study commissioned by the Canadian Foundation on Compulsive Gambling it was estimated that there are 80,000 compulsive gamblers in Canada. This is only a ball park figure but it does point out the urgent need for prevalence studies to be done in Canada so that reliable figures can be generated. In addition to the numbers of compulsive gamblers, we need to know: (1) Who they are, (2) Their age, gender and ethnicity, (3) What other related problems they may have; and (4) What the social and economic costs for society are.

Canada has lagged behind the United States in efforts to identify and treat compulsive gamblers. Because Alberta has long played a leadership role in regard to gambling issues in Canada, the province is in a unique position to be a trend-setter in terms of stimulating activity on compulsive gambling research and therapy. Alberta has been lauded by jurisdictions around the world for its strict gaming controls and its scandal-free charity gaming operations. Were Alberta to take the first step in creating programs to neutralize the effects of compulsive gambling, it would no doubt influence other provinces to adopt similar measures.

Why Alberta Needs Compulsive Gambling Initiatives

- Legal gaming opportunities in Alberta have proliferated in the past three years. Examples of this growth include: the introduction of video lottery terminals; simulcasting and teletheatre wagering in the horse racing industry; amended regulations allowing more casinos per week, higher betting limits, expanded hours of operation during summer fairs and new casino games; and the creation

of sports lottery schemes such as "Pro-Line" and "Over-Under."

- Legal gambling has advanced to where the average yearly amount spent on gambling by each Albertan is $340. This makes legal gambling a major growth industry and a unique cultural phenomenon that generates over $1 billion per year. Because it is a high profile activity and because it is still viewed by some as a controversial activity, it is critical that we have precise information on citizen's gambling attitudes and behaviors, particularly those that are damaged by the activity. The one study done in Canada to estimate the prevalence of compulsive gambling was done by Ladouceur in Quebec in 1991. He found that 2.6% of his Quebec sample were problem gamblers and 1.2% scored as pathological gamblers. Translating these percentages into numbers and using confidence intervals to account for sampling error, Ladouceur estimates that between 61,000 and 136,000 of Quebec's 3.8 million adults are problem gamblers and 20,000 to 71,000 suffer from pathological gambling. With the legal gambling opportunities in Quebec being very similar to what is offered in Alberta, it is likely that an Alberta study would show similar results.
- Due to the lack of certified health professionals with an expertise in compulsive gambling and the total absence of formal treatment facilities in Alberta, compulsive gamblers seeking help must rely solely on Gamblers Anonymous. This is a major problem because Gamblers Anonymous chapters in Calgary in Edmonton report a miniscule 5% recovery rate. If Gamblers Anonymous membership was combined with an appropriate treatment program the recovery rate could be increased ten-fold. Until there is at least one inpatient treatment center in Canada for compulsive gamblers, it would help greatly if Alberta

Health Care would pay for Alberta compulsive gamblers who must go to the United States for specialized therapy.

B. Priorities for Preventing and Treating Compulsive Gambling

Based on discussions with compulsive gambling authorities Dr. Henry Lesieur, Dr. Valerie Lorenz, Dr. Durand Jacobs, the executive directors of two of the most successful compulsive gambling programs in the U.S. (Betty George, Minnesota and Arnie Wexler, New Jersey), and members of the Gamblers Anonymous chapters in Edmonton and Calgary several proposed steps are suggested.

It is important to note that these steps are progressive, that is, step 1 should be done before step 2, step 2 before step 3 and so on. The reader should also be aware that the suggestions presented represent a wide range of possibilities. Taken altogether, these recommendations would constitute a model compulsive gambling prevention and intervention program. None of the existing programs, however, have been able to meet this standard of excellence. The author's intention here is to provide policy makers with a number of options to consider. These options are outlined below:

1. Research

   - Prevalence studies on the frequency of compulsive gambling in Alberta's adult population.
   - A study to determine the extent of teenage gambling in Alberta.
   - A study documenting the social and economic costs of compulsive gambling to Albertans.
   - A study to examine the rate of compulsive gambling among the prison population (it is reputed to be 10 times the rate of the general population).
   - Creation of a multi-discipline research team that would (1) coordinate

compulsive gambling research efforts in Alberta, (2) develop an ongoing research agenda, and (3) generate and evaluate research proposals for possible funding by private and government sources.

- A study to determine the frequency of Albertans travelling to Nevada to gamble and an estimate of the amount of money they spend.

2. Education and Training

- Send qualified professionals to one of the American agencies that offers a compulsive gambling certification program. Those who become certified could treat Alberta compulsive gamblers and also help certify other health practitioners in the province.

  Provide inservice educational programs on compulsive gambling to the following suggested groups.

  - mental health professionals
  - criminal justice personnel
  - employee assistance programs
  - alcohol and substance abuse counsellors
  - teachers and students (it is also recommended that a module on compulsive gambling be included in the health curriculum from Junior High on)

3. Reaching the Compulsive Gambler

The establishment of an 800 GAMBLER hotline is a critical element in any compulsive gambling program. There is no point, however, in having a hotline until there are qualified professionals who can treat the problem. That is why certification is so important. Once there are a few treatment specialists available, the hotline can be used as a referral service. Once a hotline is instituted, it is important that

it be easy to remember and widely available.

For public information warnings, visible information on the gambling hotline needs to be posted or printed on the following:

Posted at

- lottery ticket outlets
- casinos
- bingo halls
- racetracks
- all sporting events that are part of the Sport Select betting menu

Printed on

- lottery and sport select tickets
- race track tickets
- race track programs
- raffle tickets
- break open tickets
- all video gambling machines
- all materials advertising or describing any gambling game
- all newspapers, magazines, or other media presentations (on the same page or at the same time where odds on sporting events, winning lottery numbers, or race track information are posted).
- All advertising for gambling opportunities should be accompanied by a warning about the dangers of compulsive gambling (eg. lottery and Sport Select ads).
- Females, native Canadians, and Asians need to be targeted more

extensively because they tend not to seek help and, in the case of ethnic minorities, because the numbers who gamble are perceived to be disproportionately higher than other population sub-groups.

4. Treatment and Counselling

- Outpatient clinics in both Calgary and Edmonton be established.
- Compulsive gambling counselling be available at Alberta prisons and alcohol and substance abuse clinics on a regular basis.
- Employee assistance programs on compulsive gambling be available to casino and racetrack workers. This group needs to be alerted to the hazards of compulsive gambling as they are likely to have a much higher compulsive gambling rate than the general population.
- One inpatient treatment facility for severe cases of compulsive gambling be set up to serve the Western Canadian provinces and territories. This would obviously be an interprovincial cooperative effort much like the Western Canada Lottery Corporation is now.

C. Possible Funding Sources for Compulsive Gambling Programs

Dr. Henry Lesieur advocates that governments spend the same percentage of total gambling revenues on compulsive gambling remedies as there are compulsive gamblers in the population. Thus if a valid study showed that 2 percent of the gamblers were compulsive, then 2 percent of the gambling profits should be diverted to compulsive gambling programs. Besides a stipulated percentage of gambling profits, other funding possibilities could include:

- an ongoing financial commitment from gaming revenues to support a quality compulsive gambling program, much like what is done for the disabled with the Rick Hansen Center.

- Allocation of 50 percent of all unclaimed lottery and pari-mutuel tickets to compulsive gambling programs.
- Alberta Health Care paying for compulsive gambling treatment. It is assumed that any compulsive gambling program would be evaluated on a regular basis so that all costs could be justified.

VIII Conclusion

Alberta is in the midst of a gambling boom that generates over $1 billion in gross revenues per year. Experts estimate that over two-thirds of the public gambles and with the periodic expansion of legal gambling we can expect more Albertans to gamble in the future.

The majority of citizens find gambling a harmless amusement. In a survey designed to elicit explanations for gambling behavior, gambling authorities Smith and Preston asked respondents to give their own motives for gambling and to speculate on why others gambled. The most frequently given reasons were as follows:

- to engage in play, leisure and recreation,
- to relieve boredom and generate excitement,
- to win money,
- to have a new experience, and
- to challenge decision-making skills.

While the vast majority of players keep their gambling activities in perspective by not risking more than they can afford to lose, there are a small percentage of players who cannot control their urge to gamble. Those individuals who are driven by an overpowering impulse to gamble, find that more and more of their time, energy, material goods, and emotional resources are consumed until ultimately their gambling habit may destroy all that is meaningful in their lives.

It is important to note that compulsive gamblers don't suffer in isolation, since their addiction creates a ripple effect that impinges on the lives of family members, friends, and employers. Besides destroying relationships, compulsive gambling is often linked with criminal activities such as theft, embezzlement, tax evasion, and so forth. Moreover, compulsive gamblers tend to be more unproductive

in their jobs and a drain on the social welfare system. Gambling scholars have estimated that compulsive gambling generates social costs of about $56,000 per average addict, excluding trial and incarceration costs (Politzer, et. al.). There is also the point that compulsive gamblers contribute disproportionately to the revenue generated by legal gambling. Since by definition, compulsive gamblers chase their losses, they wager more money than the typical player. Lesieur reckons that even though only 2-3% of the population are compulsive gamblers, it is "not unreasonable to estimate that at least 10% (and possibly as much as 50%) of gambling revenues are produced by problem gamblers."

Social policy analysts who have studied legal gambling contend that because the government is an interested party in gaming—both because of its claim on gaming revenues and because it licenses and sanctions gaming activities—that the government has a special responsibility to protect the welfare of those citizens who become compulsive gamblers. Proposed remedies to counter the negative effects of compulsive gambling include: (1) research to identify the magnitude of the problem, (2) public awareness campaigns to alert citizens of the potential dangers of gambling, and (3) state-funded treatment for compulsive gamblers, their spouses and families.

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Appendix II Personal Contacts

Listed below are the individuals contacted who provided information on what various jurisdictions are doing to help reduce problems related to compulsive gambling.

Canada

British Columbia	-	Jose Villa-Arce, B.C. Gaming Commission.
Saskatchewan	-	Les Pregitzer, Saskatchewan Gaming Commission.
Manitoba	-	Marcia Hunt, Manitoba Lotteries.
Ontario	-	National Office of the Council on Compulsive Gambling.
Quebec	-	Jean Pierre Roy and Luc Provost, Quebec Lotto.
	-	Robert Ladouceur, Laval University.
New Brunswick	-	Brian Steeves, New Brunswick Lotteries Commission.

United States

New York	-	Henry Lesieur, Editor, Journal of Gambling Studies.
	-	Jean Falzon, Director, National Council for Compulsive Gambling.
Minnesota	-	Betty George, Minnesota Council on Compulsive Gambling.
Montana	-	Ellen Ingstead, Citizens Action Group "Don't Gamble With Our Future."
	-	Bob Robinson, Chief Administrator, Montana Gambling Control Division.
Massachusetts	-	Kathy Scanlan, Massachusetts Council on Compulsive Gambling.
Washington	-	Chuck Maurer, Washington Council on Compulsive Gambling.
Texas	-	John Hopkins, Texas Alcohol and Drug Abuse Department.
	-	Sue Cox, Citizens Action Group "Texans Who Care."

Iowa - Jim Overland, government official responsible for compulsive gambling programs.

California - Durand Jacobs, compulsive gambling authority.

Florida - Roy Kaplan, Florida Council on Compulsive Gambling.

Connecticut - Chris Armentano, Connecticut Council on Compulsive Gambling.

New Jersey - Arnie Wexler, New Jersey Council on Compulsive Gambing.

Maryland - Val Lorenz, Maryland Council on Compulsive Gambling.

South Dakota - Randall Stuefen, University of South Dakota.

Delaware - Lisa Pertzoff, Delaware Council on Compulsive Gambling.

No countries outside of North America were contacted; however, several articles dealing with European countries are included in the photocopied reference material.