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## **Legal Gambling in Connecticut:**

### **Assessment of Current Status**

**and**

### **Options for the Future**

**(Volume One)**

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### 2.6.3 *Problem Gambling*

The vast majority of residents of the State of Connecticut engage in some form of legal gambling. Research conducted as part of this study indicates that 86% of Connecticut's adult population placed a legal bet within the past year.

Almost all people are able to gamble in moderation, without causing any harm to themselves or their families. There is, however, a small minority who experience problems related to their gambling -- financial, emotional, social, and in some cases, criminal problems. These problems may not stem solely from an irresistible "compulsion" to gamble (hence, the term "compulsive gambler" is not entirely accurate), but the essential element of all such problems is that the individual *loses control* of his or her gambling. It does not, as it does for most people, remain simply a form of leisure or entertainment that is well integrated into the rest of their lives.

Current research identifies two basic categories of such gamblers -- "problem gamblers," and "pathological gamblers," those for who the problem becomes especially severe. It is important to emphasize that these categories are not based upon the individual's *volume* of gambling activity. Extensive gambling is not necessarily problem gambling; again, the issue is one of *loss of control* and the severity of the problems caused by that loss of control over one's gambling behavior.

The prevalence of problem and pathological gambling in Connecticut was assessed in our survey of Connecticut adults by using the South Oaks Gambling Screen (SOGS). The SOGS is a twenty-item screen based on the diagnostic criteria for pathological gambling of the American Psychiatric Association. A score of three (3)

or four (4) classifies a respondent as a problem gambler. A score of five (5) or more classifies a respondent as a pathological gambler.

The South Oaks Gambling Screen is the best instrument presently available to assess the prevalence of problem and pathological gambling among the general population. In addition, using it in Connecticut makes it possible to compare the results from this State with recent data from other States gathered by the same means. The use of the SOGS does mean, however, that valid comparisons with *previous* survey results regarding problem gambling in Connecticut cannot be made. In particular, estimates of the prevalence of problem and pathological gambling generated by this screen are higher than the estimates generated by *different* instruments used in earlier years. **This does not mean that there has been an increase over time.** The results generated by different methodologies are simply not comparable.

Our research indicates that 3.6% of Connecticut adults are problem gamblers, and an additional 2.7% are probable pathological gamblers, for a combined total of 6.3%. This figure is somewhat higher than those for other Eastern States in which the SOGS has recently been applied (Maryland, 3.9%, New York, 4.2%, New Jersey, 4.2%, and Massachusetts, 4.4%).

A complete description of the SOGS methodology and results is presented in Appendix C.

The State of Connecticut has long been concerned with the impacts of gambling upon its citizens. One of the mandates of this study was thus to examine not only the current need for but also the availability of treatment services for problem gamblers in Connecticut. To this end, we interviewed representatives of Gamblers

Anonymous, the Connecticut Council on Compulsive Gambling, and the treatment staff and program administrators at the Greater Bridgeport Community Mental Health Center.

**(A) Current Treatment Services For Pathological Gamblers**

*Current Funding*

Connecticut was one of the first States to fund professional treatment services for problem and pathological gamblers. Soon after pathological gambling was officially recognized as a mental illness by the American Psychiatric Association in 1980, State legislators and mental health professionals began efforts to fund such treatment services.

Funding for treatment is currently generated by performance fees paid by Connecticut's greyhound track, jai alai frontons, and teletheaters. Each "live" pari-mutuel licensee pays \$135 per performance, and each teletheater \$25 per performance. No licensee, however, is required to contribute more than \$45,000 in any calendar year. The maximum level of funding through this mechanism is thus limited. In 1990, the licensees contributed \$167,350 for treatment services for pathological gamblers in Connecticut. This amounts to \$0.05 per person in Connecticut.

The licensees' fees are paid directly to the Division of Special Revenue. The Connecticut Department of Mental Health (DMH) submits its invoices to the Division, which then reimburses the DMH. At present, however, the Division only covers direct expenses such as salaries and contracts. The indirect costs of housing the treatment