

The Council on Compulsive Gambling
of Pennsylvania, Inc.

DAY 3:
SPECIAL POPULATIONS

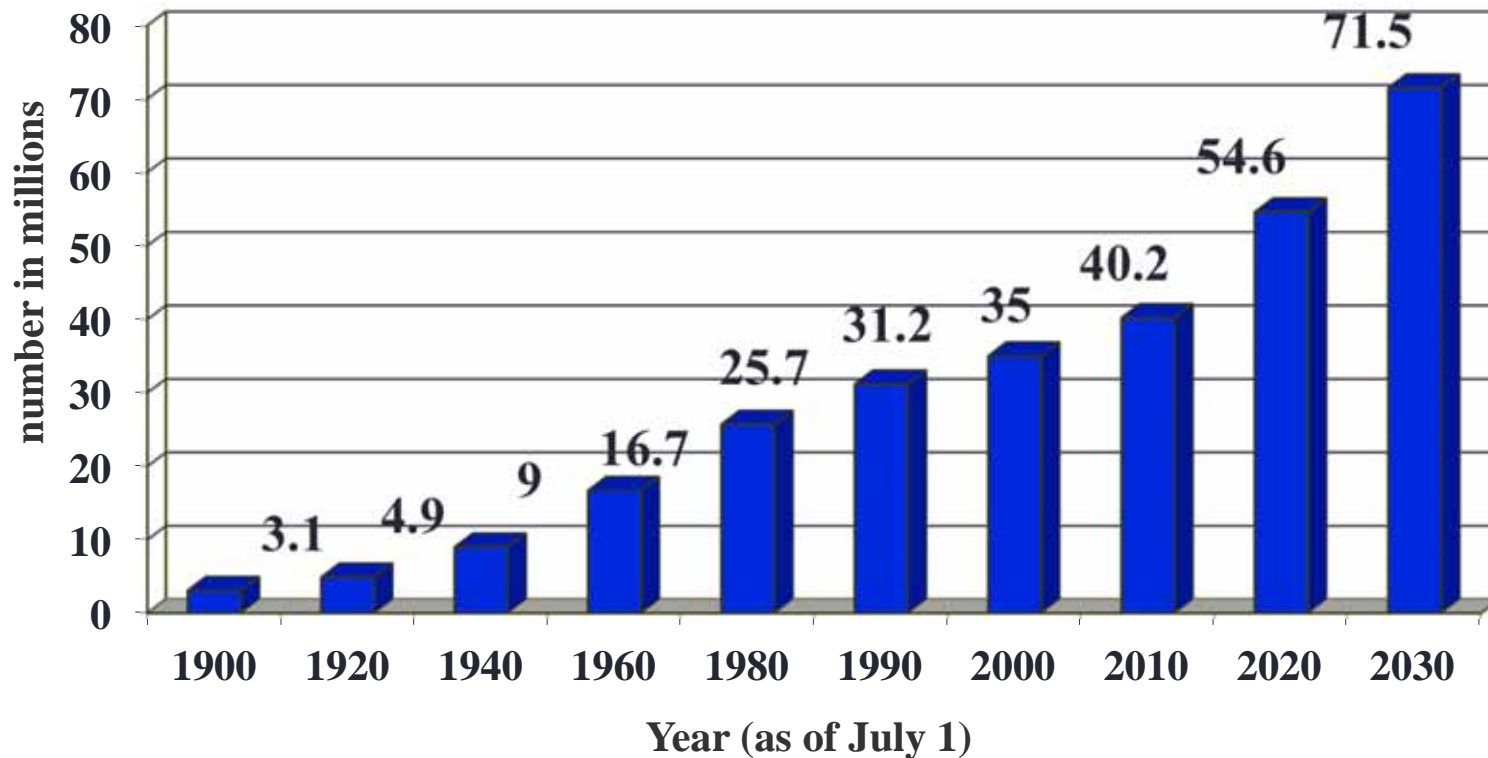
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Changing Demographics: More Elderly

Number of Persons 65+, 1900-2030

Source: A Profile of Older Americans: 2003, Administration on Aging, HHS

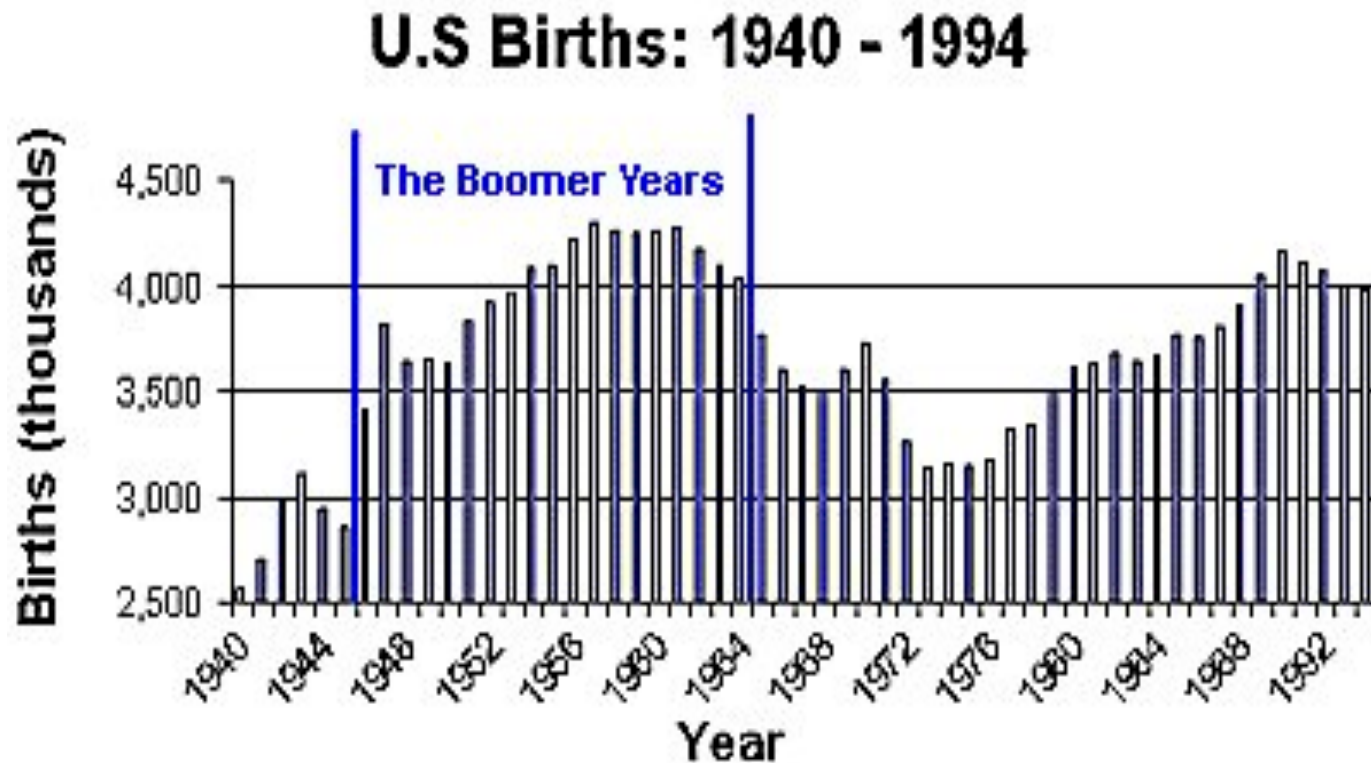


Older Adults

■ Aging demographics:

- 65+: 2012 US – 14.1%; PA – 16.4%
- Older women outnumber older men (24m vs. 19m)
- Older men more likely to be married (71% vs. 45%)
- Person reaching age 65 has average life expectancy of an additional 19 years.

What is a Baby Boomer?



- Those born between (and including) 1946 and 1964
- Currently represent 29% of the U.S. population

Older Adults Demographics

Many Older Adults (60+) do not refer themselves for services due to:

- stigma

- fear/shame

- despair

- failing memory

- lack of transportation

- lack of knowledge

- lack of family or resources

Many Older Adults remain at risk until a crisis arises which results in increased resources with decreased positive outcomes.

Emergency Room>Hospitalization>Nursing home

Older Adult Demographics

Normal Aging Process: Decrease in senses, poor circulation, decreased short term memory, decrease metabolism

Co occurring Illnesses: medical, psychiatric and substance abuse

Prevalence of MI: 1 in 4 older adults has a psych disorder, anxiety and/or depression

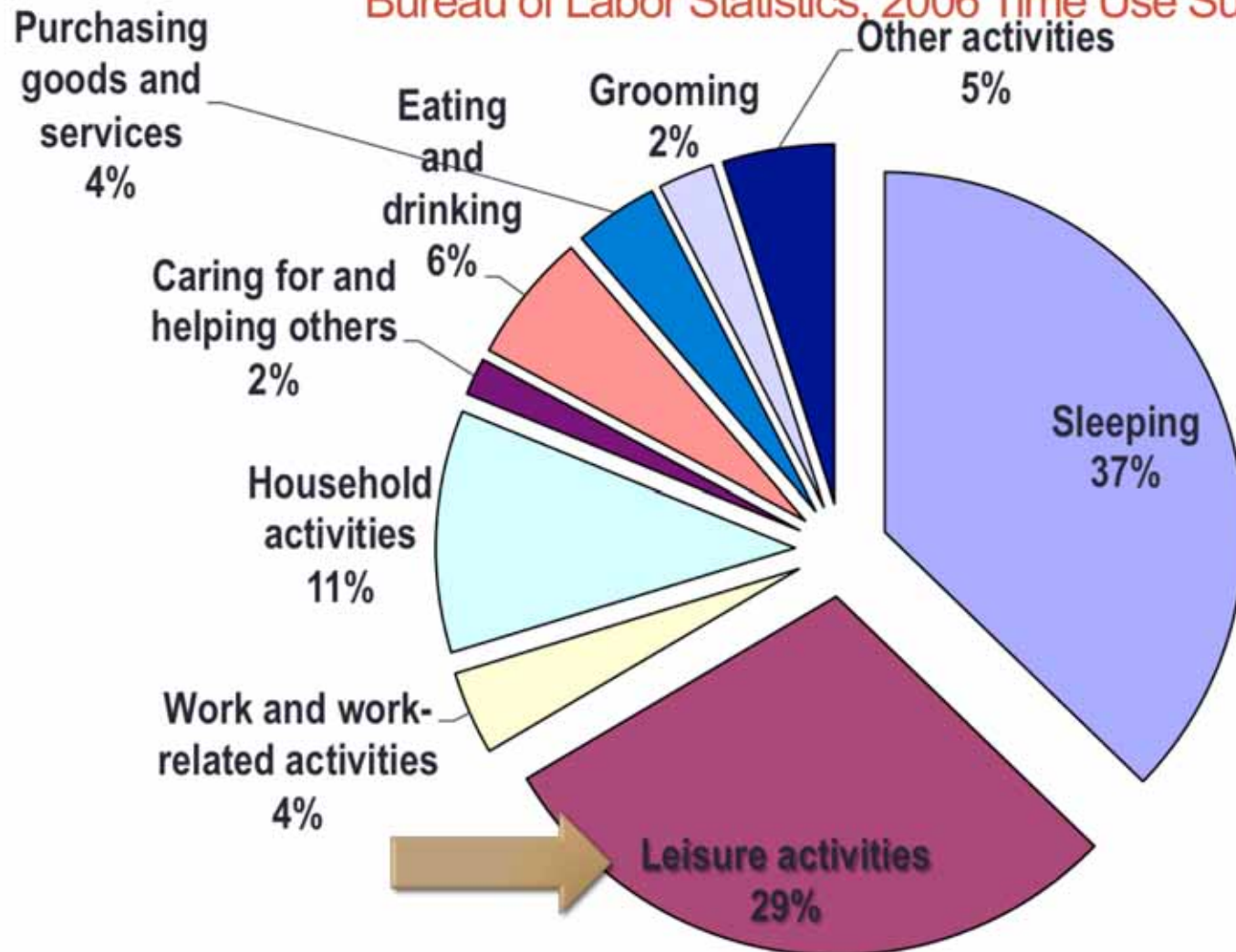
Prevalence of SA: 15% older adults have SA. Increasing with baby boomer generation

Living alone: Due to cultural changes more older adults living alone in USA than any other time in history

Suicide: Highest rate of completed suicides in any age group

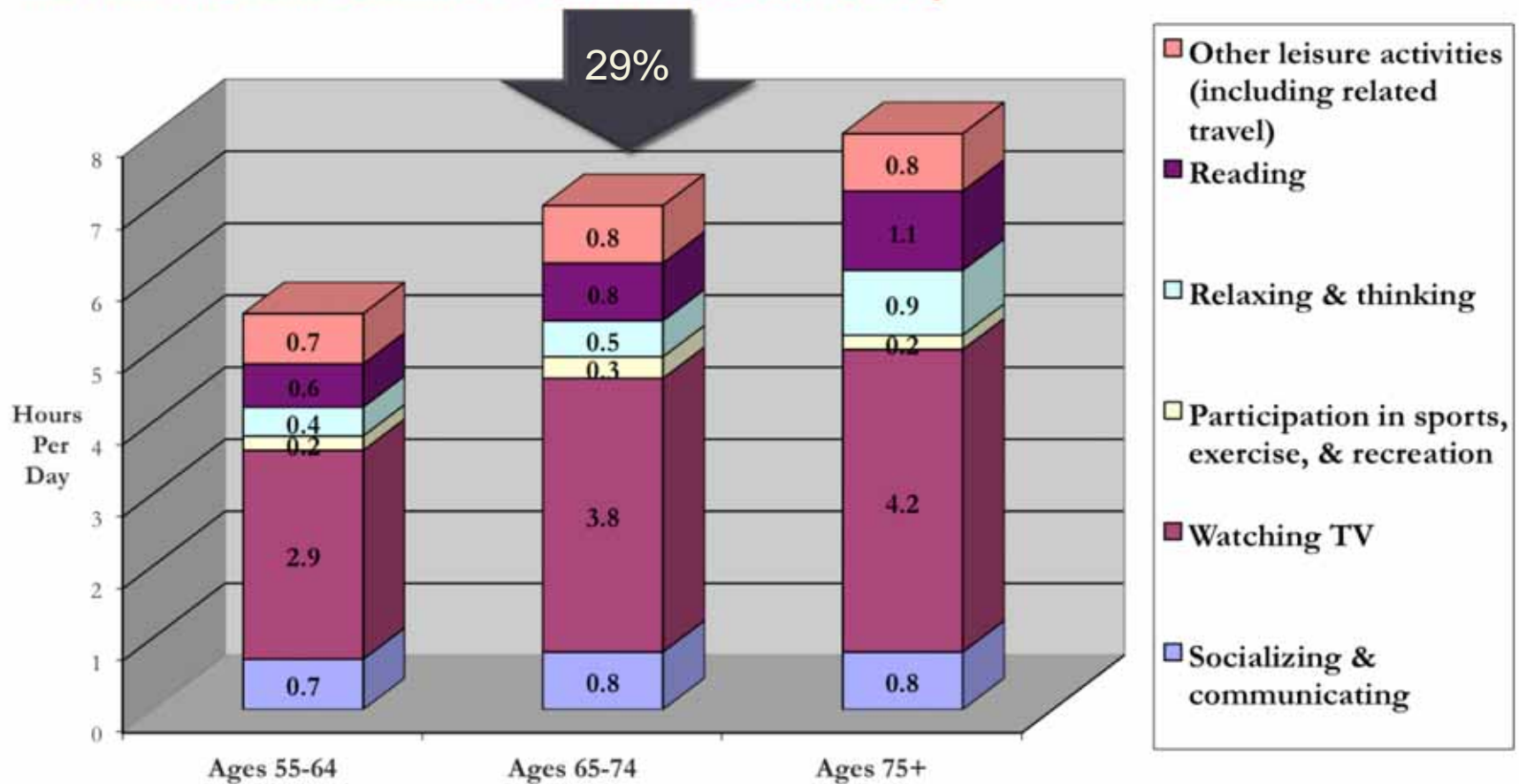
Average Daily Time Use by Adults Ages 65 to 74 Years

Bureau of Labor Statistics, 2006 Time Use Survey



Daily Leisure Activities for Older Adults

Bureau of Labor Statistics, 2006 Time Use Survey



Potential Benefits of Leisure Activities for Older Adults

Leisure activities promote:

- Continued socialization
- Physical health
- Management of chronic conditions
- Emotional health
- Cognitive health

Gambling as Leisure

- Provides an opportunity to socialize with others outside the home
- Potentially provides a way to use cognitive skills and maintain cognitive skills
- May promote some physical activity (depending upon amount of walking or other movement used to reach site)

Socialization of Gambling

- Gambling is a socially acceptable form of entertainment
- We live in an actively gambling society
 - Fundraisers
 - PA Lottery slogan -- “benefits older Pennsylvanians”
- Gaming venues are upscale, accommodating, and have something for everyone

Older Adults & Gambling

- Reasons Older Adults Gamble:
 - Disposable income
 - Opportunity & Availability
 - Boredom; Available time after retirement/kids move out/etc.
 - Loneliness and/or Depression
 - Loss of spouse/friends/family
 - Adjustment to new location
 - Limited Recreational Alternatives
 - Physical limitations, social limitations

Older Adults & Gambling

- Reasons Older Adults Gamble:
 - Relief of physical pain
 - To supplement income
 - Same reasons as younger gamblers
 - Social activity
 - Fun & entertainment

Philadelphia Area Study

(U. of Penn. And Penn State College of Med., 2005)

- 843 adults +65 at primary care clinics
- 70% gambled in past year
- 11% At risk problem gamblers (ARPG)
- ARPG more likely to be:
 - Minority
 - Binge drink
 - Meet criteria for PTSD

Older Adults, Gambling and Medical Issues

(Pilver & Potenza, 2014)

- National Epidemiological Study of Alcohol Use Disorder and Related Conditions (NESARC)
 - At Risk = Gambling 5 or more times in past year
 - At Risk adults over 55 had significantly higher risk for arteriosclerosis and other heart conditions

Signs of Older Adult PG

- **Loss of interest/participation in normal activities with family and friends**
- **Unaccounted blocks of time**
- **Missing assets or possessions**
- **Neglect of personal needs**
 - Food
 - Medical
 - Utilities

Signs of Older Adult PG

- **Secrecy/avoidance when questioned about time and money**
- **Decline in health**
- **Higher priority on gambling activities**
- **Sudden need for money/loans**
- **Changes in attitude and personality**

Older Adults and Tx Issues

- **Grief and Loss Issues:**
 - **Gambling losses accentuate other losses and sense of shame**
 - **Loss of important people**
 - **Loss of self-esteem & depression after loss of financial security**

Older Adults and Tx Issues

- **Grief and Loss Issues:**
 - **Loss of independence**
 - **Change in identity** (consider Continuity Theory)
 - **Loss of physical abilities**
 - **Decreased cognitive abilities**

What Will It Impact?

- **Difficulty recouping losses/savings**
- **Challenge with getting assistance in desperate situations with limited social supports**
- **Suicidal risks/mental health decline**
- **Deteriorating health**

Risk and Protective Factors

■ Risk

- No partner
- Lower education
- Disability
- Not employed
- Gambling for money or excitement rather than entertainment or socialization
- Alcohol or substance abuse/dependence

■ Protective

- Religious service attendance
- Greater social support network
- Greater variety of social activities
- Married
- Higher education
- Higher income

Treatment

- **Treat Co-Occurring psychiatric and medical conditions (e.g., Dementia)**
- **Reaffirm dignity and identity**
- **Use Empowerment/Motivational model**
- **Use retrospective approach**
- **Include support systems**
 - **Community social services**
 - **Family/friends/spiritual community**

Treatment

- Rushing to diagnostic label a negative
- **Assess *early vs. late onset* and ensure purpose/procedure is presented clearly**
- Show respect/understanding
- Consider client's related medical conditions/medication use as influences on assessment outcomes

Source: Hill (2008)

Treatment

- Integrating into GA/groups difficult
- Attend to hearing/visual deficits
- Use ancillary sources of info (e.g., involve family members in assessment process, esp. if family is caring for older client)
- Relinquishing money management/restitution: change of roles a challenge

(Hill, et. al., 2008)

Relationships Between Recreational Gambling/SA/MH

Substance Abuse

- Older adult recreational gamblers more likely to have:
 - Nicotine dependence (15-20%)
 - Alcohol use disorder (30-35%)

Relationships Between Recreational Gambling/SA/MH

Mental Health

Older adult recreational gamblers more likely to have:

- A mood disorder (e.g., depression, bi-polar; 12.7%)
- An anxiety disorder (e.g., phobia, social phobia, generalized anxiety, 15.0%)
- A personality disorder (e.g., antisocial, schizoid, obsessive-compulsive, 11.3%)

2015 PA Helpline

25% of Intake Calls
made by Adults 55+

GENDER & GAMBLING

Gender Differences

- Traditionally, women have been more likely to be escape gamblers, while men are more likely to be action gamblers
- Newer evidence is showing more men who seek help appear to be escape gamblers
- Historically, male gamblers made up the majority of treatment seekers
- Women tend to seek help sooner primarily because of overwhelming feelings of shame and guilt

Men vs Women Seeking Treatment

- More women now than ever before seeking and receiving treatment

(Ladd & Petry, 2002; Stinchfield & Winters, 2001)

- Women often seek treatment after a severe episode while men seek treatment after a more chronic period *(Ladd & Petry, 2002)*

Feminization of Problem Gambling

- Dr. Rachel Volberg (2003)
 - More women are gambling, developing gambling problems and seeking help for such problems
 - Australia, Canada and US observed growing numbers
 - Feminization is linked to gaming machines
 - Prevalence rates higher for men, but are identical in jurisdictions where gaming machines operate in venues frequented by women (restaurants, social clubs, hotels)

Women – Gender Specific

- More rapid progression in part to preference of 'continuous play' forms of gambling
- Female gambling is differently motivated:
 - Escape from personal pressures, boredom, a depression
 - Tend to employ inefficient "emotion-focused" coping strategies (avoidance strategy)
- Treatment is typically based on male models and it is recommended to have gender-specific treatment

(Boughton & Falenchuk 2007)

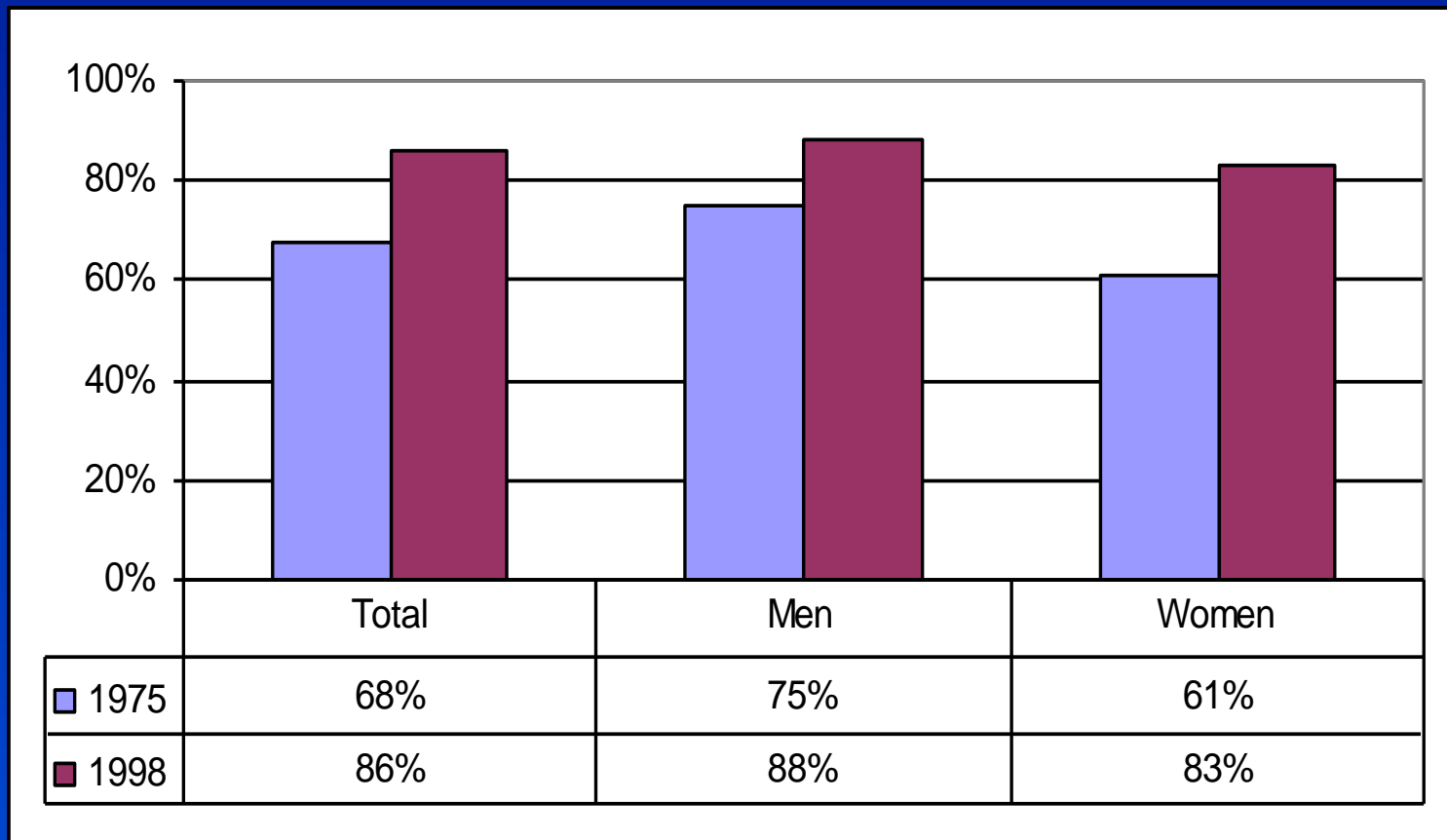
Women and Gambling

Original slides by:

Joanna Franklin MS NCGC II

Maryland Council on Problem Gambling

Lifetime Gambling Participation



Women and Gambling

- In 1998, 35% of problem and pathological gamblers in the US general population were women
 - Gerstein et al, 1999
- In states w/large numbers of EGDs, the proportion of problem gamblers who are women is higher
 - 1998 - Montana, 51% of problem/pathological gamblers were women
 - 1998 - Louisiana, 50% of problem/pathological gamblers were women
 - 2000 - Oregon, 45% of problem/pathological gamblers were women
- In Australia between 1991 and 1999, the proportion of problem gamblers in the general population who were women rose dramatically from 14% to 41%

Women and Gambling

- Women with Gambling problems are rarely the focus of research efforts.
- Considered 25% of gamblers only a few years ago, women now represent from 50-80% of those presenting for care.
- While not new, a comprehensive study from 2002 provides a broad scope of women
 - “Voices of Women Who Gamble in Ontario: A Survey of Women’s Gambling, Barriers to Treatment & Treatment Service Needs”
 - *Roberta Boughton of the Problem Gambling Service, CAMH Ontario, Canada.*

Research: Women and Gambling

Females and Barriers to Treatment

- 2002 - Largest female PG treatment study found that:
- 83.2% of Ontario adults gamble
- 3.8% have moderate or severe gambling problems or (340,000 adults).
- Ratio of male to female problem gamblers 4.6 to 3.1.
- Treatment Utilization: 1.9 to 1
- 365 women with gambling concerns but not in Tx.

Women and Gambling

- Self-selection process from Ads, flyers, media releases, and Bingo hall distribution.
- Response rate 85% n = 365
- Variety of backgrounds – marital status, education, SES status, etc.
- Age range: 19-76 yrs. Average 45 years
 - 20 youth,
 - 163 adults 26-45
 - 134 middle age 46-59
 - 48 older women >60

- Monthly Expenditures on Games

- Slots \$841
- Cards \$564
- Video poker \$310
- Bingo \$371

- *Slots highest spending overall*

- Reasons for gambling

- 40-60% mood management

- Cheer myself up 61%
- Deal with Boredom 52%
- Feel less depressed 44%
- Feel hope 51%
- Soothe myself 40%

- stress relief

- Relief from stress 52%
- Get a break from reality 49%
- Escape problems or worries 48%
- Break from responsibility/work 46%

- autonomy or freedom

- Be free to do what I want 56%
- Do what I want with my money 50%
- Treat myself 48%
- Have time for myself 46%

- High levels of abuse as children and adults:
 - > 60% emotional abuse
 - > 40% physical abuse
 - Sexual abuse more common as children 38% vs. 28%
 - Rates of childhood abuse in the general population:
 - Physical abuse: 41% vs. 21%
 - Sexual abuse: 38% vs. 13%
- High occurrences of other problem behaviors:

– Smoking	48%	Gen pop: 21%
– Alcohol	9%	7%
– Rx drugs	8%	1%
– Non Rx drugs	11%	2%
– Binge eating	27%	
– Shopping	24%	
– Starving self	22%	

- Barriers: Thoughts about Tx

- 57% I would have to give up all gambling & don't want to
- 46% Tx services are only for women w/serious problems
- 41% I don't know what to expect from treatment
- 73% I should be able to make changes on my own
- 66% I can make changes on my own
- 34% I fear being criticized or judged
- 32% Asking for help would be admitting I can't control it
- 30% I don't want to deal w/this issue so I avoid/deny it.

- Respondents were more interested in learning how to limit rather than stop gambling.

– Urges to gamble	71%
– Strategies to limit play	68%
– Triggers	67%
– Strategies to stop	64%
– False beliefs	50%
– Getting support	46%
– Mathematical odds	43%
– Social pressure	29%

What Therapeutic Models Work Best?

- Empowerment Models
- CBT – Enhance Empathy *(Karter, 2013)*
- Trauma Recovery (or referral if you are not skilled)
- Person-Centered Therapy *(Karter, 2013)*
- Culturally-Infused Techniques *(Adell, 2013; Haskins, 2011)*

CBT – Effectiveness With Women?

(Karter, 2013)

- Evidence-based model for treating gambling disorders *(Petry, 2005)*
- Focus is on:
 - A = Activating event
 - B = Beliefs (-)
 - C = Emotions (-)
 - D = Disputing Negative Beliefs
 - E = More effective beliefs

Limitations: Women report brief intervention does not allow enough attention to underlying causes of the problem; CBT may not “get at” processing reasons from past experiences contributing to negative beliefs/emotions.

Person-Centered (Karter, 2013)

- Can make their own choices
- Develop a stronger sense of self and work towards self-actualization
- Believes we have potential to be fully functioning human beings but growth is stunted due to unproductive relational experiences from birth
- Therapeutic relationship provides a sense of reparative space to understand how attitudes/feelings/behavior are negatively affected (Rogers, 2000)

Other Considerations?

- Male-dominated GA Rooms
- Women GA Rooms/Support Groups (the need to create)
- Financial management and traditional relationships

Treating Women Problem Gamblers

- Deficits in self-confidence and problem-solving skills are common among male and female problem gamblers
(Borsoi & Toneatto, 2003)
- Both male and female problem gamblers rely excessively on avoidant coping styles
(Thomas & Moore, 2003)
- Women do bring some gender-specific issues into treatment that must be addressed
 - Experiences of abuse
 - Care-giving demands
 - Emotional issues with autonomy and rebellion

Future Directions

- Women represent a rapidly expanding segment of the online gambling population
- Online gambling characterized by
 - Flexible hours
 - Local availability
 - Low price of participation
 - Clean, attractive location
 - Physical safety
 - Availability of childcare
- Similar characteristics may lead to growing numbers of women experiencing difficulties with this new, very private form of gambling

Women sensitive treatment

- Step 1 – powerlessness
 - Conflict with feminine movement / societal messages
- Hormones / change of life
 - Medical and psychological considerations
- Abuse issues
 - Successful referral / collaboration
- Harm Reduction
- Shame issues
- Videos – pamphlets
- Connecting women in recovery

Resources for Women

www.femalegamblers.info

Marilyn Lancelot

Communities of Color

Deborah Haskins, Ph.D., LCPC, NCGC-II

Cultural Considerations for Awareness/Prevention/ Treatment?

What multicultural
awareness, knowledge,
and skills will be key
for treatment?

Communities of Color in PA

- Think of a recent or past client. What were some issues that you were concerned about that at the time you wondered were possible key racial and/or cultural considerations?
- Did you feel competent to integrate racial and/or cultural values (e.g., Latino/a cultural values into the treatment plan or the community outreach)?

Problem Gambling and African Americans

- African Americans (n=662) compared to Whites (n=881), were more likely to be problem gamblers than recreational gamblers or non-gamblers

(Cunningham-Williams, R. M., et al., 1998)

- Problem gamblers were more likely to be male, African American, recruited from drug treatment, have ASPD, and be dependent on illicit drugs

(Cunningham-Williams, R.M., et al., 2004)

PG Strategies with African Americans

- Sensitivity to **structural** barriers: gambling viewed as best option?
- Intersections of race, ethnicity, & culture in their lives
- **Cultural** mistrust of mental health
- Strengths: community, extended family networks, religion and spirituality
- Ambivalence of self-help groups

Latino/as PG Strategies

- Assess **acculturation** level/priorities
- Address barriers and cultural context issues (e.g., inability to find employment due to citizenship, stress factors related to acculturation)
- Use individual, family, and cultural **strengths**
- Assist client in moving beyond poverty or marginalization (e.g., Cultural Community Family Therapy models focus)

Asian-descent PG Strategies (Fong, 2006)

- Work with the **family first**
- Minimize shame through education
- Involve respected elders
- Address co-occurring disorders
- “Medicalize” treatments
- Develop 12-step alternatives and recognize consumer use of alternative interventions (e.g., herbalist, acupuncturist, healers) *Gamst, et al 2008*

Key: Adapt treatment to be culturally responsive

Summary for PG and Diverse Populations

- Be aware of our cultural “self” and engagement with client/family cultural selves
- Integrate cultural contextual considerations during RX/ outreach
- Focus on awareness and prevention
- Be flexible
- Be sure to include their “voices” during service delivery
- Continue learning
- Consult for support

What Do We Know About Culturally Diverse Communities & Problem Gambling?

- Many don't seek clinical services *(Sue & Sue, 2003)*
- Because they don't, their experiences often undocumented *(Harvey, 1996; Gamst, et. al., 2008)*
- Practitioners need to expand role and provide outreach to these communities

Haskins, 2011; 2014

DSM-IV & Race

- Renee Cunningham-Williams
 - GAM (Gambling Assessment Module)
- C-GAM – provides separate PGD diagnoses for 11 different gambling activity categories
 - Card games, lottery, slot machines, stock market, games of skill (pool/golf/darts)
 - Queries the context of these gambling and betting activities (computer/internet, home, street corner)

- Results:

- C-GAM operationalizes the DSM-IV criteria and provides useful information regarding specific gambling categories
- C-GAM performs equally well for Caucasians and African Americans (reducing racial/ethnic disparities)

Results

Given that the
DSM-5 only removed
1 criteria (legal),
we can continue to assume
this research finding
still applies to
Gambling and Race

Military Problem Gambling

Why is Gambling Common in the Military?

- Confidence in personal skills
- Downtime and boredom
- High-risk environment
- 24/7 access to online gaming
- Stress and anxiety
- Geographical isolation
- Easy access to online gaming via laptops
- Available credit online

Minnesota Department of Human Services

What Can Happen?

- Letters of indebtedness
- Bounced checks
- Misuse of government credit cards
- Security risk
- Forgery
- Embezzlement
- Loss of rank
- Divorce
- Lost work time/productivity
- Forced retirements
- Bad conduct discharges
- Suicidal risks
- And more....

*Minnesota Department of
Human Services*

Implications for Military Personnel

- Impact on family relationships
- Gambling behaviors affect marital, social, occupational, financial and spiritual life
- Potential impact on military career
- Potential impact on individual readiness

Youth Gambling and Problem Gambling

From a review by:

Jeff Derevensky PhD and Rina Gupta PhD

McGill University, Montreal Canada

- Adolescence is a period of profound brain maturation
- Brain development and maturation not complete till age 24
- Adolescent brain may be particularly vulnerable to risky decision making

INSIDE THE ADOLESCENT BRAIN

The brain undergoes two major developmental spurts, one in the womb and the second from childhood through the teen years, when the organ matures by fits and starts in a sequence that moves from the back of the brain to the front.

Nerve Proliferation ...



By age 13, the brain has 175 billion neurons, the majority of which are located in the cerebral cortex. Over the next few years, more of these cells will be pruned.

Corpus Callosum

Though it is an ancient structure, the corpus callosum, the bundle of nerve fibers that connects the left and right hemispheres of the brain, is still growing. The nerve fibers are still being added and pruned, and the corpus callosum is still being refined.

Prefrontal Cortex

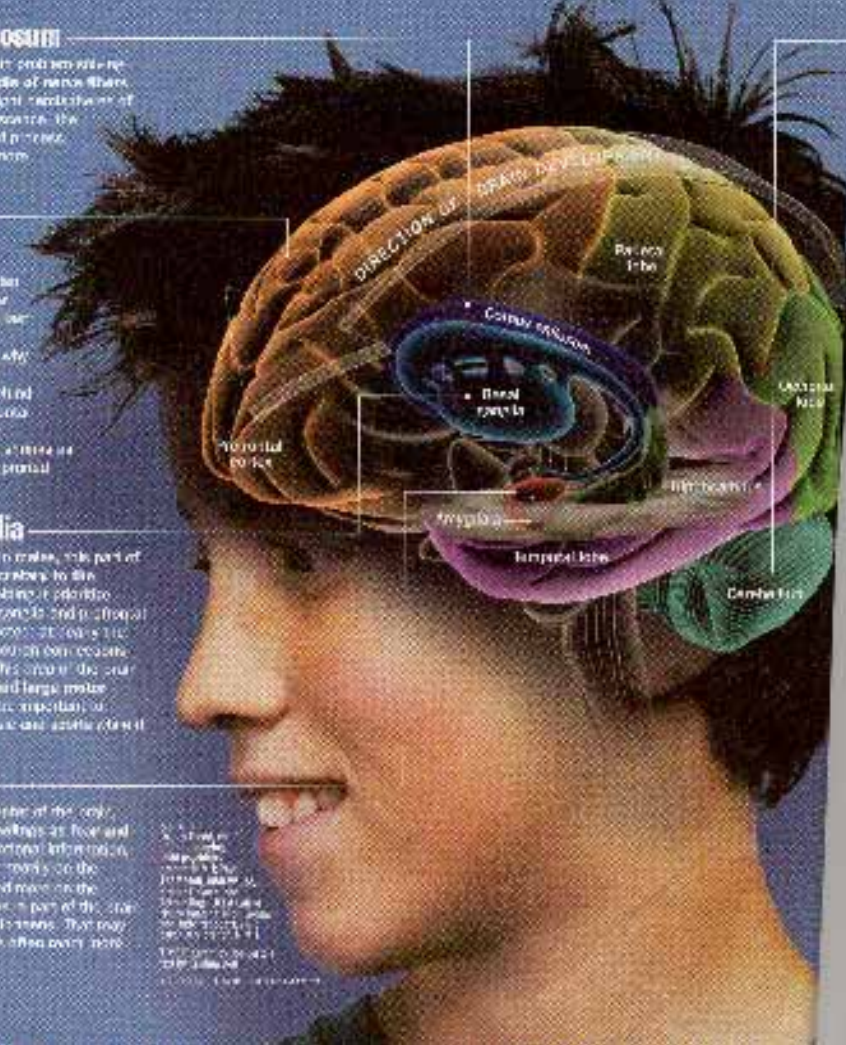
The CEO of the brain, the prefrontal cortex is the seat of higher thought. It is the last part of the brain to mature, which is why teenagers are often impulsive. The prefrontal cortex is still being refined during adolescence.

Basal Ganglia

Large in the brain, the basal ganglia is a part of the brain that is involved in the prefrontal cortex. It is involved in the prefrontal cortex, the basal ganglia, and the thalamus. The basal ganglia is still being refined during adolescence.

Amygdala

The amygdala is a part of the brain that is involved in the prefrontal cortex. It is involved in the prefrontal cortex, the basal ganglia, and the thalamus. The amygdala is still being refined during adolescence.



Adolescent Brain

- Earlier development of back of brain...
 - Preference for physical activity
 - Less than optimal planning and judgment
 - Minimal consideration of negative consequences
 - Preference for high excitement and low effort activities
 - Preference for novelty
 - Minimal consideration of negative consequences
 - More risky, impulsive behaviors
 - **Some evidence that being in a group accentuates risk taking**

Reasons students say they gamble

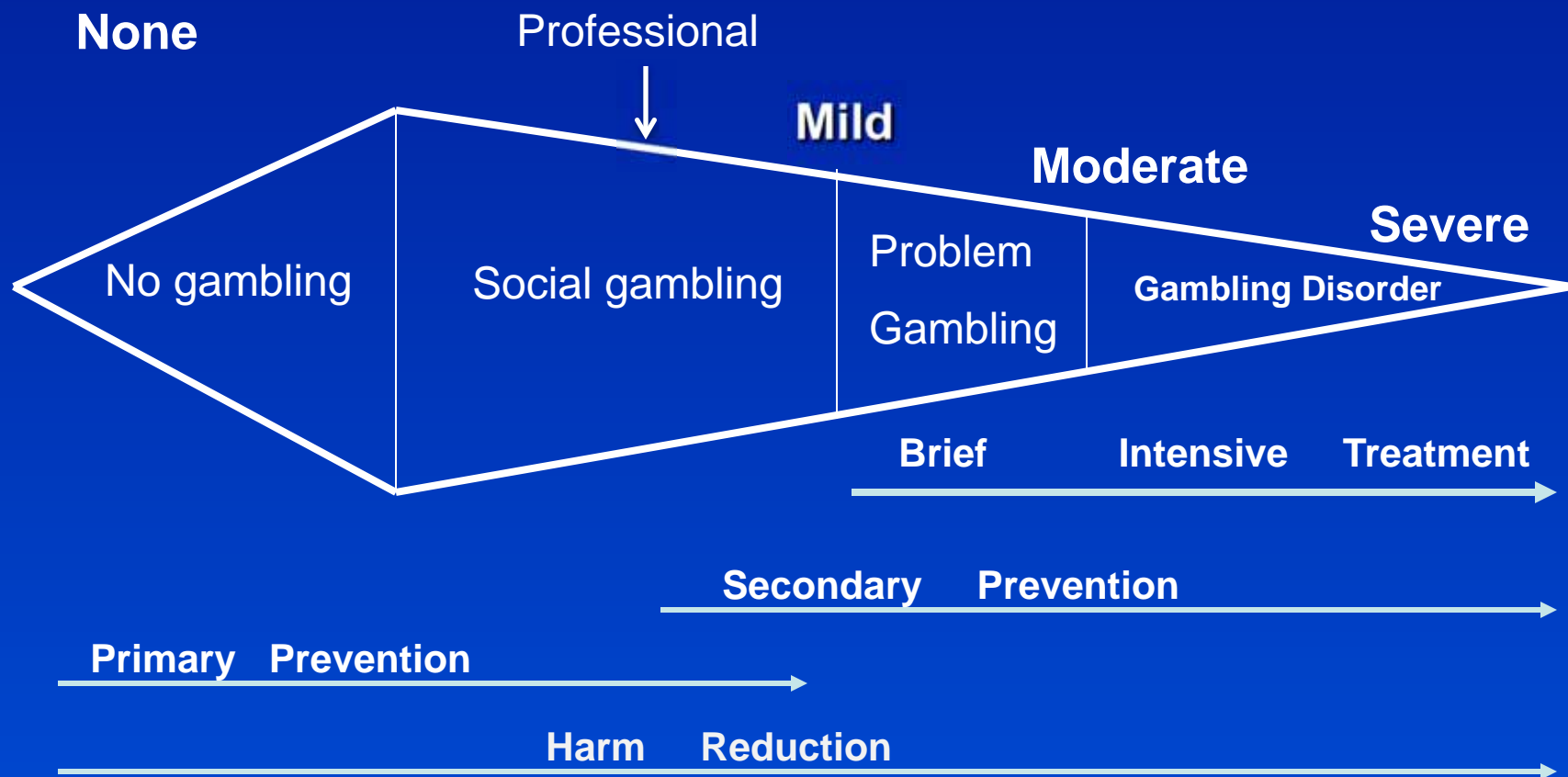
- Chance to win money
- Excitement of placing a bet
- Spend time with friends
- Distraction from everyday life
- Think it's an easy way to get rich quick
- To fit in or be accepted
- The rush of winning
- To feel important

Youth Gambling and Problem Gambling

- Prevalence rates in the U.S., Canada, Australia, New Zealand and the U. K. indicate about 80% of underage youth report gambling during the past year.
- 4-6% experience severe problems and 10-15% are at risk for the development of a severe gambling problem.
- Adolescent prevalence rates of problem gamblers are greater than those of adults.

Gambling and Problem Gambling

Gambling Problems



Public Health Interventions

Youth Problem Gambling

Health and Social Issues

- Adolescent problem gamblers report beginning gambling at early age – many by 10 years old
- Adolescents often move rapidly from social gambler to problem gambler and report early gambling in the home and with family.
- Gambling is more popular among males and more problem gamblers are males.

There are more adolescents
engaged in gambling
than other potentially addictive behaviors.

	<u>Past Year Use</u>			<u>Weekly Use %</u>		
	Gr 7	Gr 9	Gr 11	Gr 7	Gr 9	Gr 11
Alcohol	36.8	62.2	79.8	7.4	14.0	20.2
Drugs	3.5	13.4	26.5	2.7	2.1	9.0
Cigarettes	18.2	34.5	48.4	7.0	16.1	31.4
Gambling	79.1	78.9	83.4	30.4	37.4	37.1

Grade 7 (12-13 yrs.) Grade 9 (14-15) Grade 11 (16-17)

(Gupta & Derevensky, 1998a)

Youth Problem Gambling

Health and Social Issues

- Approx. 4.2% of 12-17 yr. olds have an alcohol abuse problem
- About 2.3% have an illicit drug abuse problem (NHS-DA 01)
- Both are lower than the 4-6% of youth with severe gambling problems (Gupta & Derevensky 98a)

Youth Problem Gambling

Health and Social Issues

- Problem & pathological gambling may result in:
 - increased delinquency and crime
 - disruption of familial relationships
 - higher rates of anxiety, depression
 - decreased academic performance, higher truancy, sleep disturbances, poor grades
 - higher rates of suicidal ideation/attempts

Youth Problem Gambling

Health and Social Issues

Adolescent gamblers:

- Often have lower self-esteem compared to other adolescents
- Prone to engaging in multiple co-occurring addictive behaviors (smoking, drinking, drug use/abuse)
- Have been found to have a greater need for sensation seeking and more likely to take risks and to be excited and aroused while gambling

Youth Problem Gambling

Health and Social Issues

Adolescent gamblers:

- When developing problems, commonly dissociate more frequently when gambling
- Often have poor general coping skills.
- Have difficulty conforming to social norms and experience difficulties with self-discipline.
- Often fail to understand the risks or odds associated with gambling.

Psychiatric Co-Morbidity

- Substance abuse
- Major depression
- ADHD
- Personality disorders
- Increased rates of suicidal ideation and attempts

Types of Gambling Popular Among Youth

- Popular gambling among “regular” young gamblers is dependent on:
 - Developmental level
 - Gambling opportunities
 - Accessibility
 - Legal restrictions
 - Cultural factors
- Males: cards, sports pools, sports, games of skill
- Females: cards, lottery tickets, bingo

Adolescents - Gender

- Like adults, males tend to gamble earlier, gamble on more games, gamble more often, spend more time and money, experience more gambling-related problems
- Males tend to cluster at the skill/knowledge games while females tend to cluster with games of chance

Gender Differences?

- Male problem gamblers more likely than females to report signs of psychological difficulties
- Males and females with severe gambling problems had similar prevalence rates of depression, substance use, and weekly gambling
- Similar treatment strategy for adolescent boys and girls
 - *Ellenbogen, Derevensky & Gupta (2007)*

Youth Problem Gambling: PAYS 2015

Pennsylvania Youth Survey: (PAYS 2015)

Asks students in grades 6, 8, 10 & 12 a series of questions to gather information about their knowledge, attitudes, experiences and behaviors towards alcohol, tobacco and other drug use – also included are potentially risky behaviors, including, but not limited to, **gambling**

2015 statistics:

- 960 schools throughout PA
- 216,916 surveys were represented

Youth Problem Gambling: PAYS 2015

Pennsylvania Youth Survey: (PAYS 2015)

Included are past 12 month prevalence measures for:

- gambling for “money or valuables” on:
 - Table Games (poker/cards/dice/dominoes)
 - Lottery (scratch-off/numbers)
 - Sporting Events/Sports Pools
 - Online/Internet
 - Personal Skill Games (pool/darts/video games)
 - Any other way...

A question about gambling for “money/anything of value” in lifetime and the past 30 days is also asked

Youth Problem Gambling: PAYS 2015

Pennsylvania Youth Survey: (PAYS 2015)

Regarding compulsive/dishonest gambling behavior, the Lie/Bet brief screen was added to the PAYS in 2013

- Have you ever felt the need to:
 - bet more and more money?
 - lie to people important to you (family/friends) about how much you gamble?

Youth Problem Gambling: PAYS 2015

Gambling in the Past Year

Table Games (poker/cards/dice/dominoes) – 12.5%

Lottery (scratch-off/numbers) – 21.8%

Sporting Events/Sports Pools – 14.1%

Online/Internet – 4.3%

Personal Skill Games (pool/darts/video games) – 18.5%

Any other way – 12.1%

Lifetime Participation – 36.8%

Past 30 Day Participation – 10.9%

Need to bet more & more – 4.5%

(up from 4.3% in 2013 PAYS)

Lied about gambling Habits – 2.51%

(up from 2.1% in 2013 PAYS)

2015 Percentages of Youth Problem Gambling Reported Issues Breakdown By Grade

Bet More & More

6 th	7 th	8 th	9 th h	10 th	11 th	12 th	Avg
2.8%	--	4.1%	--	4.9%	--	6.0%	4.5%
1.8%	--	2.4%	--	2.6%	--	3.2%	2.51%

Lie About Habit

What Does This Data Mean?

More Plausible Interpretations . .

Students who gamble are significantly more likely to participate in other risk behaviors

We know that high risk behaviors tend to cluster and gambling appears to fit within a risk behavior matrix

Implications

Gambling is one of many activities that carry risk and should be addressed as such in school and community prevention efforts

Gambling should be a signal to parents that they ought to be talking to teens about risky behaviors including gambling

Gambling As A Public Health Issue

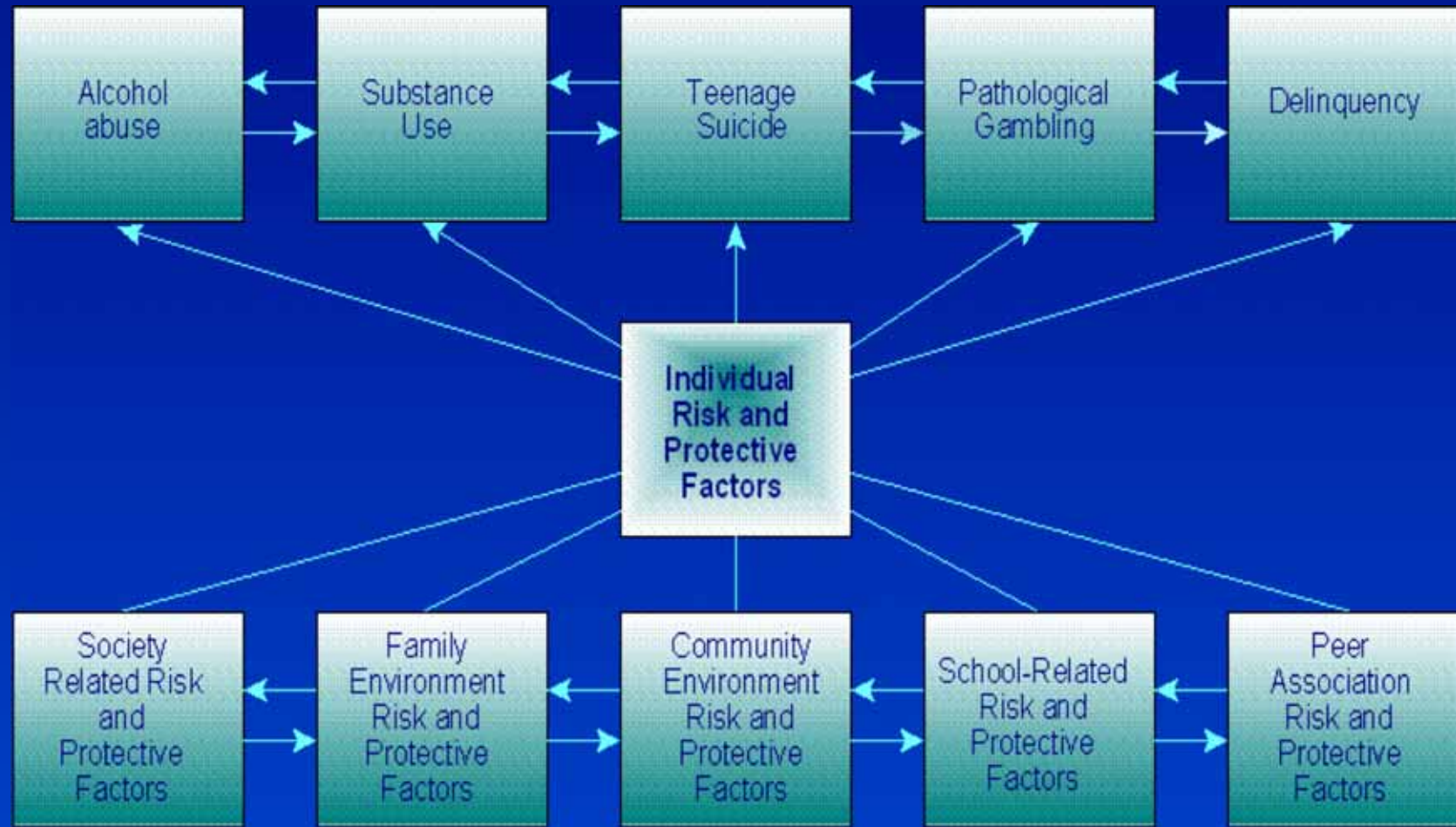
- Problem Gambling may be a “gateway” to substance abuse, depression, anxiety and other significant mental health disorders.
- In the US and Canada about 15.3 million 12-17 yr. olds have gambled for money.
- While 2.2 million are reported to be experiencing serious gambling related problems.

Risk factors for Adolescents

- Developmental Aspects
 - Social skills
 - Feelings of inadequacy
 - Trying on different personas
- Family dynamics and issues
 - Family stability
 - Parental approval
- Interpersonal and cultural factors

Gambling Prevention: Goals

- Prevention through risk-reduction
 - individual
 - family
 - peer and social contexts
 - community context
- Risk-reduction by enhancing protective factors
 - attributes of the individual
 - family support
 - environmental support
- Using schools as a basis for prevention through promotion of social/personal competence, thus enhancing resiliency
(Lussier, Derevensky & Gupta, in press)



Adapted from Understanding Substance Abuse Prevention: Toward 21st Century Primer on Effective Programs (P. Brounstein & J. Zweig, 1999). Center for Substance Abuse Prevention (CSAP) & Substance Abuse and Mental Health Services Administration (SAMHSA). Dickson, Derevensky, & Gupta (2002).

Prevention Initiatives

- Few programs exist today.
- They have been aimed primarily at elementary and high school students.
- These programs are generally lectures, printed curricula, videos and/or CD-ROMS.
- They vary from “scared straight tactics” to “show and tell” to early intervention with a few true primary prevention efforts.

Prevention Initiatives

- PGCB – 'What's Really At Stake?' campaign

Online Gambling

Prevalence of Online Gambling Addiction

- Prevalence estimates for serious problems range between 0.6%-2.3%
(Griffiths, 2011)

Quick Facts: Internet Gambling

- Global internet gambling revenue in 2001
–\$3.1 billion

- Global internet gambling revenue in 2005
–\$12 billion

Anneberg Public Policy Center (2005). 2005 National Anneberg Risk Survey of Youth; Christansen Capital Advisors, LLC

- Global internet gambling revenue in 2013
–\$35.5 billion
- Projected internet gambling revenue for 2018
–\$56 billion

Online Gambling

- You don't know me – anonymity
- You can't see me – invisibility
- It's just a game – real money does not change hands – it's all credits
- We're equals – authority really does not exist

*Harvard researcher
Christine Reilly on online
gambling: "The Internet is
quick and easy and offers
instant gratification. It
leaves you very little time to
think. You just act without
noting the drawbacks."*

Source: National Council on Problem Gambling

Online Gambling

- Gratification: Instant
- Anticipation: Removed, instant action, adrenaline rush
- Companion: Always there when needed
- Fantasy: Change persona
- Expression: In a private world, more satisfying than real life
- Ego: Boosts fragile/bruised ego
- Chasing: Several times a day

Gambling online enables an accelerated speed of play; for example, casino card games have an average rate of play of around 30 hands per hour, compared to online poker, which can average 60 to 80 hands per hour.

Source: Bellringer (2006)

Typical Profile

25 years old

Male

Low self-esteem

Social isolated

Shy or Very outgoing

Massive Multiplayer Online Role Playing Games (MMORPG)

Avg. 25 hrs per week

(6% play 20 hrs; 11% >40 hrs per week;

80% play > 8 hrs per session; 66% play >10 hours per session)

Adolescents tend to play more than adults

<20 years age 26 hrs per week; age 20-22 play 30hrs per week

Women constitute 44% of online players but prefer puzzles, cards, trivia games

Social Gambling

(not socially gambling)

Today's Youth & Social Media...

...pros & cons

- keeps people connected
- enhancement of self (good for the ego)
- represents an integral part of daily life; to be without it is socially isolating
- mixed feelings about games: waste time, all consuming (think about games even when not playing them)

Today's Youth & Social Media...

...pros & cons

- social games & videogames can be enjoyable, entertaining, fun
- enhances avoidance of problems
- helps relieve boredom
- fosters obsessive behavior – the need to check-in regularly

A whopping amount of social casino gamers

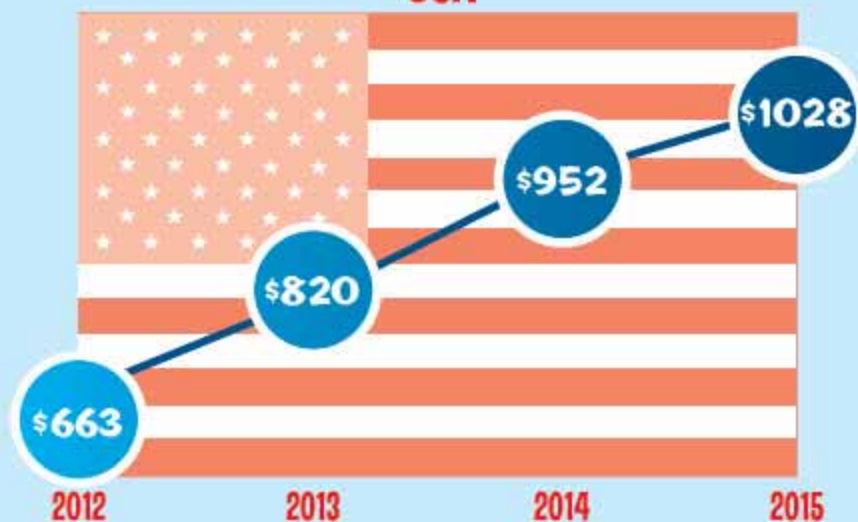
There are currently over 170 million social casino gamers, well over triple the number of online gamblers *(Morgan Stanley, 2012)*

Social Casino Games

53% of Facebook users play social media games (81 million people play at least one game daily).... many of which are social casino/gambling based games.

Social Casino Revenues (\$MM) - Key Markets

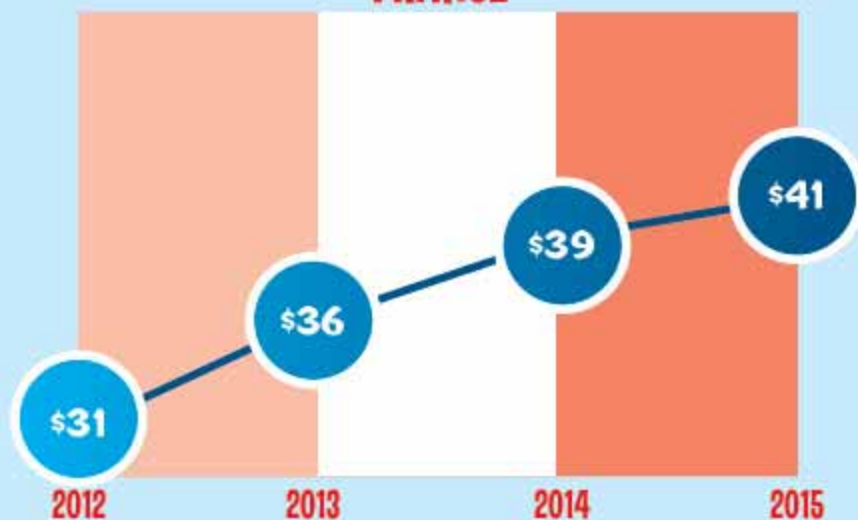
USA



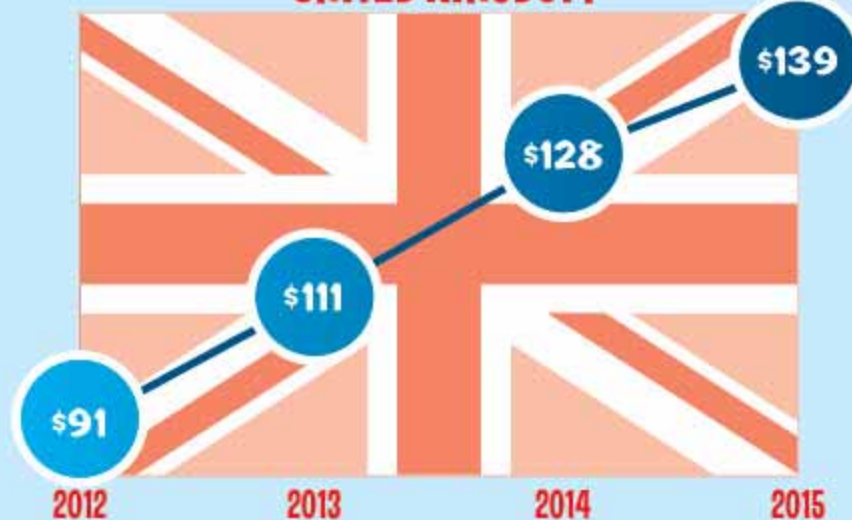
GERMANY



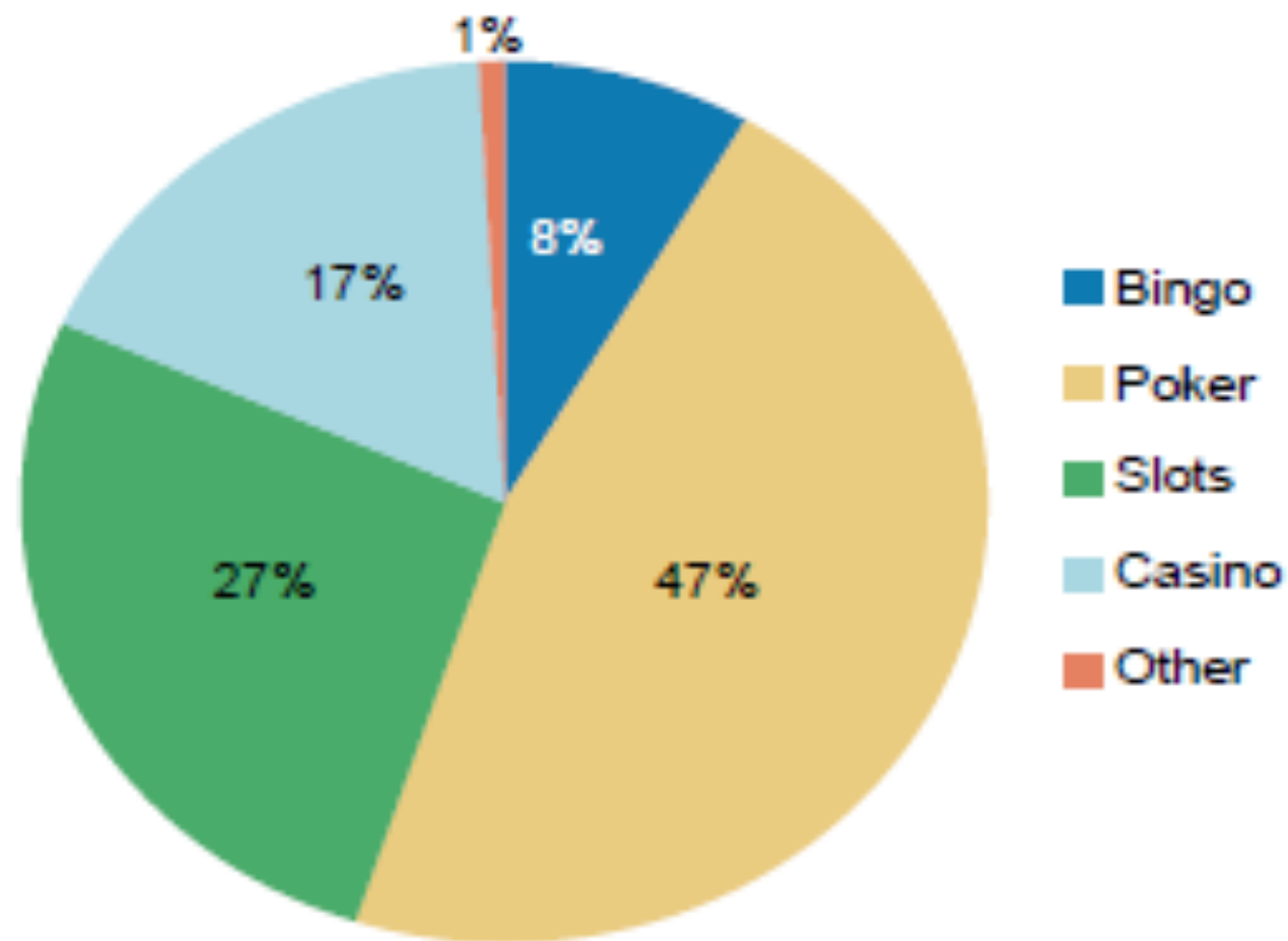
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UNITED KINGDOM

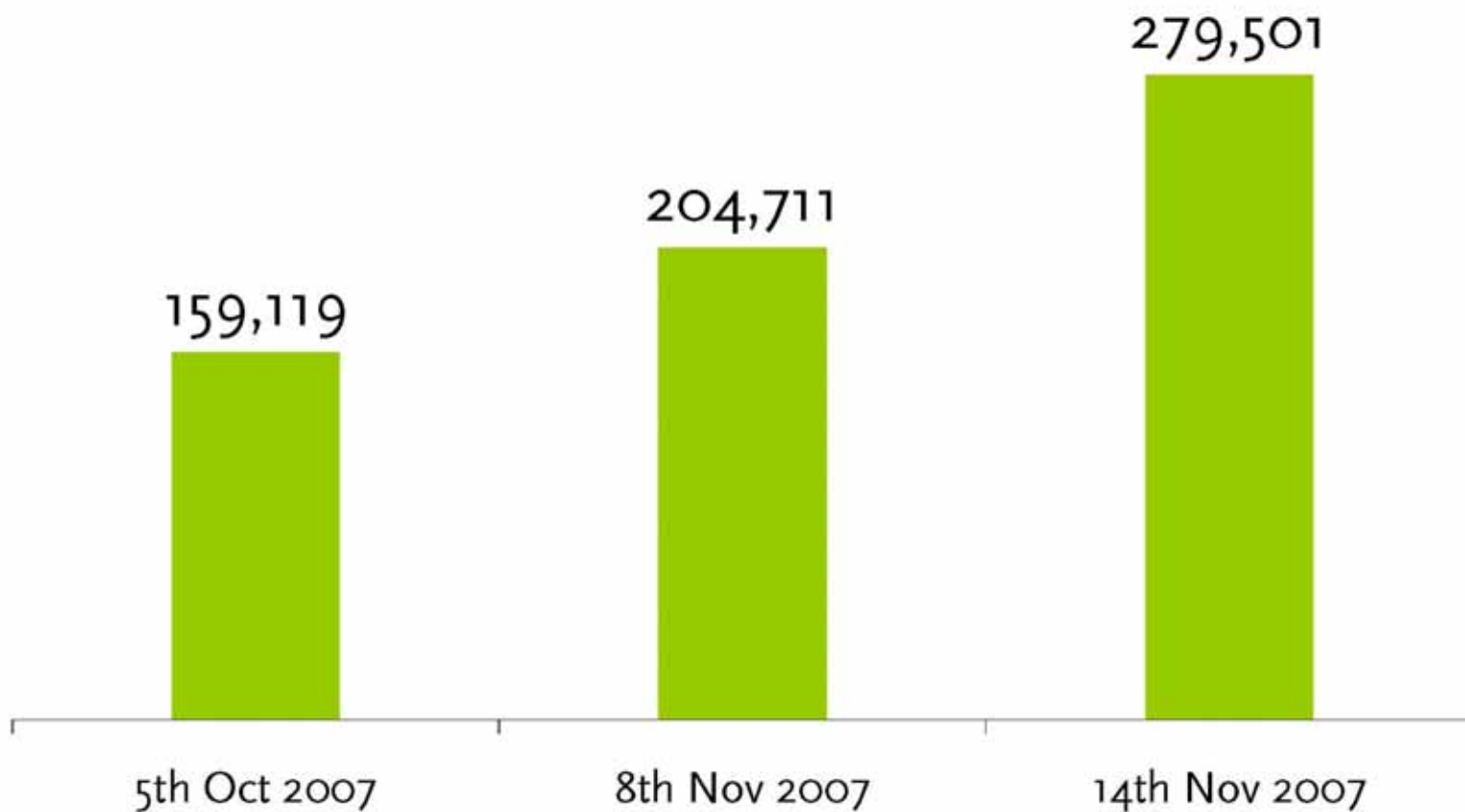


Poker dominates the social gambling industry today

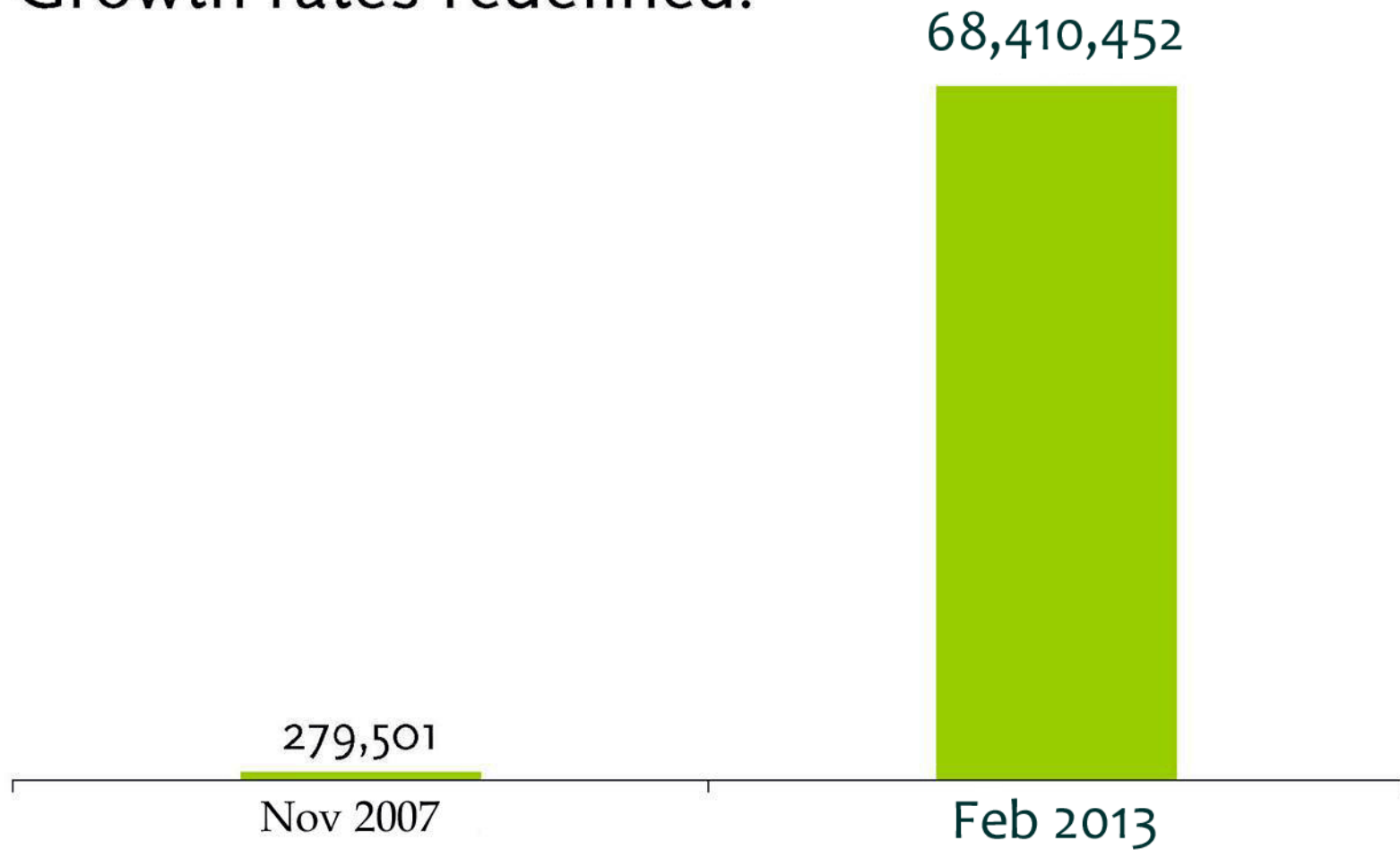


Source: SuperData Research, Morgan Stanley Research

Expansion of active Texas Hold'em Facebook application users in the fall of 2007.



Growth rates redefined.



Key concerns for youth

- Normalization & positive impressions of gambling
- Misrepresenting the odds of winning
- Encouraging transition to real money gambling
- Development of social, academic, familial & personal problems

Is there a link between
Social Gaming and
Online Gambling?

A qualitative research study amongst college students

(Gupta, Wohl & Derevensky, 2013)

"A general progression starts with these Facebook entertainment games, which are purely for fun, and some people take it to the next level where it's for fun and money. That's where we are now most of us, and then some people will take it eventually to the next level where the fun has disappeared and they are just doing it for the money." (male, age 18)

What are the commonalities between the social gaming and online gambling?

4 major commonalities were identified

1. Online gambling and social media sites provide excellent opportunities for *learning how to gamble* so that when they play with friends or at the casino they have the “skills” to be successful.

Social media sites, in particular, used to learn how to gamble without risking real money, and without social intimidation.

2. Play-for-fun & gambling sites were *easily accessible* (smart phones, tablets or computers).
3. They helped enhance how individuals feel about themselves.

i.e., successful, competitive, connected, learning, ego boost

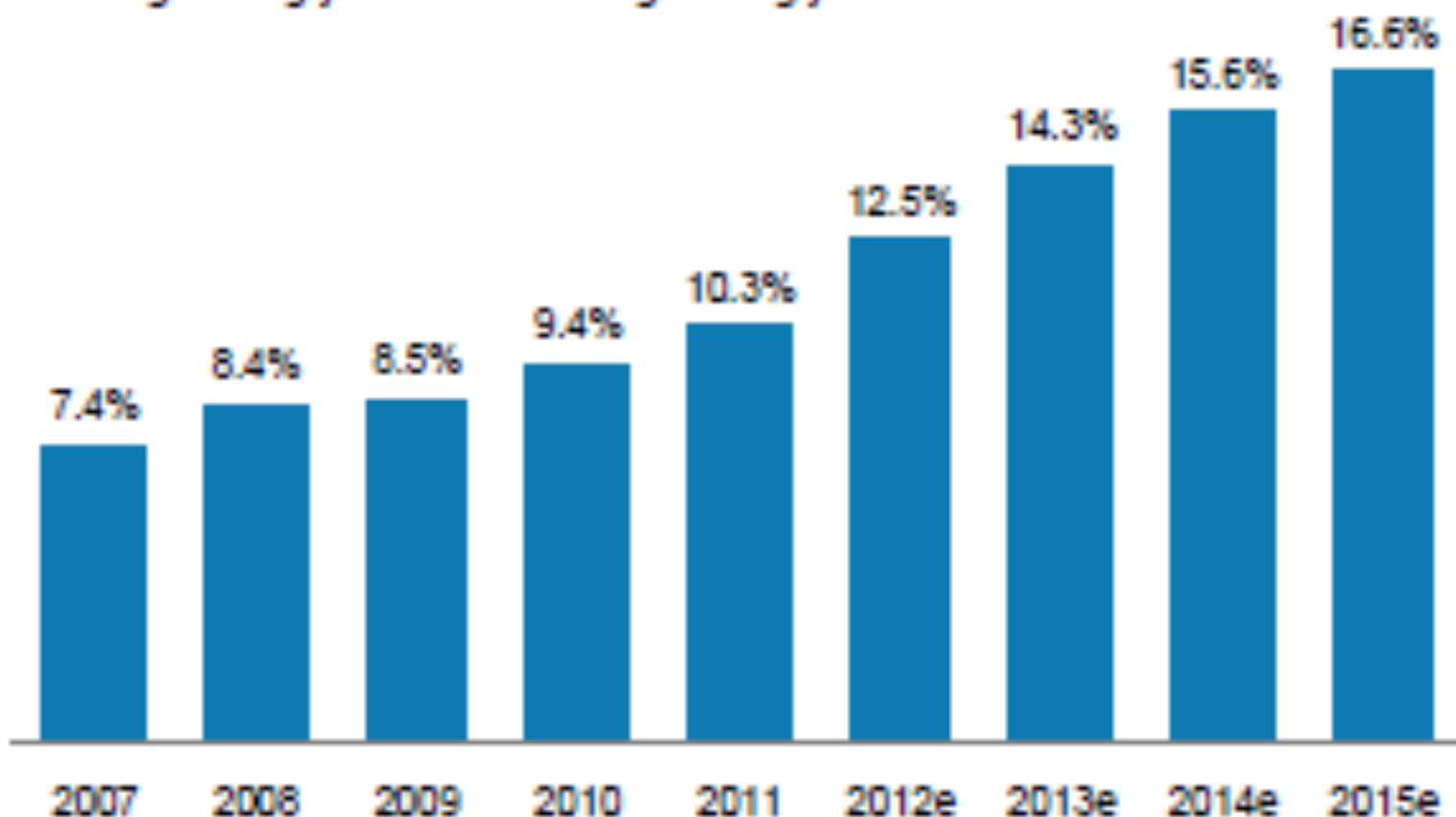
4. Loss of control: Social media users expressed concerns about the *addictive aspect* of *Facebook* almost as much as online gamblers expressed how easy it is to *lose control* when gambling online.

These activities were perceived as all-consuming.

- If you transfer from Facebook to online gambling, there is the likelihood that you still have the mentality that you are in a 'fake world' where you are used to playing with fake money...the fear is that you may forget that the money you are now spending is real.

Mobile gambling is rapidly taking share of the global gambling market

Mobile gambling yield as % of total gambling yield



e = H2 Gambling Capital estimates Source: H2 Gambling Capital, Morgan Stanley Research

- Some social casino games permitting play with virtual currency have been shown to:
 - have differential payout rates
 - represent breeding ground for future players
- Much social media gambling incorporates videogame technology
- Recent studies suggest young male adults are more likely to engage in both simulated gambling and actual Internet gambling

- There is concern “that with many gambling simulations the odds are often geared to benefit the players, which may provide a false impression of the ease of winning.”

(Australian Government Review of the Interactive Gambling Act, 2012)

- 2012 Morgan Stanley report on social gambling suggests that it offers the potential to “*teach young people to gamble*”
- Australian Government Review of the Interactive Gambling act (2012):
 - “The public policy argument for prohibiting access to such gaming simulations is that it potentially normalises gambling amongst children and may lead them to become problem gamblers in the future.”

U. K. Gambling Commission (2015)

Boundaries between social gaming and commercial gambling have become increasingly blurred and are of particular concern for young people as a result of:

- growth in use of social media for social gaming & gambling
- increasing convergence between products of traditional gambling and social gaming businesses
- significant investment by companies developing new products or ways of marketing existing products

Internet Gambling (legal?)

- *Currently only legal in NV, DE & NJ*
- PA state legislators have held a number of hearings to discuss & learn more about the benefits and risks of legalizing online gambling in this state...*and may be voting on this piece of legislation any day*

Gambling Behavior & College

College Gambling

- Those who play cards are also more likely than other gamblers to gamble on the Internet ¹
- Well-demonstrated relationship of problem gambling with other risky behaviors ^{1,3}
 - Excessive alcohol use & binge drinking
 - Regular tobacco use
 - Marijuana & other illicit drug use
 - Overeating/binge eating

Sources: 1. Engwall, Hunter & Steinberg (2004). "Gambling and Other Risk Behaviors on University Campuses." Journal of American College Health. 52 (6); 245-255. 2. Shaffer, Donato, Labrie, Kidman, & LaPlante. (2005). The epidemiology of college alcohol and gambling policies. Harm Reduction Journal. 2 (1). 3. LaBrie, R., Shaffer, H., LaPlante, D., and Wechslet, H. (2003). Correlates of college student gambling in United States. Journal of American College Health. 52 (2); 53-62.

NCAA Rules

NCAA ByLaw 10.3

- Prohibits student-athletes and staff members in athletics departments from participation in **sports wagering** activities on any intercollegiate, amateur, or professional athletics competition

Sports wagering includes placing, accepting or soliciting a wager of any type on any intercollegiate, amateur, or professional team or contest.

NCAA Rules

This includes pools or fantasy leagues where there is an opportunity to win a prize

No student-athlete or anyone working in an athletics department may participate in a pool

Even when the institution's team is not in the tournament . . .

Athletes vs. Non-Athletes

Athletes & non-athletes gamble at same rate - (81%)

- Nearly 70% of male student-athletes reported gambling in past year versus 47% among females.
 - Problem gambling among athletes appears higher; 6.2%
- 72% of student athletes have gambled at least once since entering college

Cross & Vollano, University of Michigan, 2006

Gambling on sports

- One in 20 male student athletes admitted providing inside information for gambling purposes, betting on a game in which they participated, or accepting money for performing poorly in a game ¹
- In one study, problem gambling screening indicated that 15% of college athletes had either problem or pathological gambling ³

Sources 1. Cross, Del Carmen Lorenzo, & Fuentes (1999). The Extent and Nature of Gambling Among College student Athletes. Ann Arbor, MI: University of Michigan Department of Athletics. 2. Rockey (2002). Southeastern Conference (SEC) study. 3. Kerber (2005). Problem and pathological gambling among college athletes. Annual of Clinical Psychiatry. 17 (4); 243-7.

Sports Betting

- Approx. 30% of U.S. college students will gamble on sports this year (NCPG)
- Only states where sports wagering is currently legal:
 - Nevada
 - Oregon

Treatment for Youth with Gambling Problems

- Current treatment paradigms for adolescent and young adults have in general been based upon a number of theoretical approaches and parallel those used for adults:
 - Psychoanalytic, psychodynamic
 - Behavioral
 - Cognitive
 - Cognitive-behavioral
 - Psychopharmacological
 - Biological/genetic
 - Addiction-based and self-help

Thank You!

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