Prevalence Studies and the Development of Services for Problem Gamblers and Their Families

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Where funded by government, prevalence studies have typically led to the development of services for problem gamblers and their families. Such assessments of the need for services have been seen as the appropriate political response to growing expressions of concern about problem gambling that often follow moves to legislate for an increasing range of gambling products. This theme is apparent for Australia, Canada, New Zealand and the United States. In this paper, initiatives in these different jurisdictions are briefly summarized and tabulated.

In response to emerging social problems, the first step usually taken by governments is to determine the number of individuals who may be in need of assistance as a consequence of a specific government

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policy or activity. The next step is to develop a range of services for affected individuals and their families. Until quite recently, the legalization of gambling has proceeded in most jurisdictions with little consideration of the potentially negative impacts that gambling can have on individuals, families and communities. Increasingly, however, governments are taking a more rational approach in the development of services to address gambling-related problems in the general population.

In the wake of widespread gambling legalization in the 1970s and 1980s, some governments forged ahead and established treatment services for problem gamblers without assessing the need or demand for these services. The result was that funds were allocated for services that met few of the needs of problem gamblers and their families. As a consequence, these services were often under-utilized and politically vulnerable to competing demands for resources by other government agencies.

In the 1990s, prevalence surveys have become an essential component in the establishment and monitoring of gaming initiatives in Australia, Canada, New Zealand and the United States. Prevalence surveys allow governments to plan for the implementation of appropriate measures to educate the public as well as treatment professionals and gaming operators about problem gambling. This approach also ensures that the services for individuals with gambling-related difficulties that are funded, developed and maintained are both appropriate and adequate.

As this Special Issue makes clear, prevalence surveys have now been carried out in a large number of jurisdictions. Government funding to establish prevention, education and treatment services is increasing. In the future, we expect that governments considering the legalization of different types of gambling will routinely appropriate funds for baseline and replication prevalence surveys as well as for services for individuals who experience gambling-related problems. In the future, it will be important for governments to assess the effectiveness of these services in meeting the needs of problem gamblers and in minimizing the negative impacts of public policy decisions to legalize gambling.

AUSTRALIA

The driving force behind the developments that are occurring in all states and territories in Australia is the expansion of gambling markets to include casinos and gaming machines. Most state governments

are under significant pressure to maximize their tax revenues and in most states gambling now provides approximately 10% of such revenues. It was inevitable that once most commercial gambling products became available *somewhere* in Australia, then all of the states would legislate to permit the introduction of the complete range. For example, in the 1960s, gaming machines (known locally as "pokies") were only available in social clubs in New South Wales and the Australian Capital Territory. Once "pokies" became available in the casinos in Queensland and then Western Australia and the Northern Territory, other states were forced to follow suit. In 1992, legislation permitting gaming machines in Queensland in registered clubs and hotels ensured that other states and territories would feel the pressure to permit such machines outside casinos as well.

The great majority of Australians (80% or more) gamble at least once a year, 30% to 50% buy lottery tickets weekly and 10% gamble weekly or more often on the horses or dogs, or on gaming machines. In the context of a strong cultural acceptance of gambling, political arguments to prevent further development of the gambling market have not attracted much support. None-the-less, both government and the gambling industry have countered such arguments by allocating funds to assess the social and economic impact of the newly introduced forms of gambling and to provide services for problem gamblers and their families (see Table 1).

This has resulted in some apparent injustices with gaming machines and casinos footing the bill for these services while the long-established off-course betting agencies (the TAB) escaped any penalty despite evidence that regular horse and dog race bettors comprise almost half of the problem gamblers who use these services. These anomalies may be resolved as state governments realize the necessity of developing comprehensive gaming policies (Dickerson & McMillen, 1994).

In Queensland, the most comprehensive and sophisticated approach to problem gambling resulted in the allocation of recurrent funding to a service called BreakEven. BreakEven is a resource center model with counseling staff who not only provide direct client services but also develop educational and preventive strategies. Some of these strategies involve the club and hotel industry in efforts at responsible marketing. In addition, the Queensland Government funded a prospective, 3-year social and economic impact study of the introduction of gaming machines. The brief for this project included an evaluation of the BreakEven service.

Table 1
Services Provided in Australia and New Zealand

State/Territory	*Funding*	*Survey*	*I*	*P*	*T*	*Comments*
Australian Capital Territory (ACT)	$75,000 p.a (from 1993)	Yes (1988)	•	•	•	Currently 2 counselors work within the service, 'Lifeline' providing addictions and financial counseling, networking with other welfare agencies and some educational/preventive work.
Queensland (QLD)	$1 million approx p.a.	Yes	•	•	•	Recurrent funding as tax on gaming machines. Statewide counseling service called BreakEven: 3 year social and economic impact study being conducted by AIGR ($120,000 p.a. approx)
New South Wales (NSW)	2% of Sydney Casino gross	No				A Community Benefit Fund of 2% of the new Sydney casino gross annual take has been established with priority goals of funding services for problem gamblers and completing social and economic impact studies.
Northern Territory (NT)	–	–				Select Committee recommended funding for a service for problem gambling and socio-economic impact research, February, 1995.
South Australia (SA)	$500,000	No				The introduction of gaming machines to clubs and hotels during 1994 has resulted in government and industry putting funds toward the establishment of services for problem gamblers
Tasmania	$39,000	Yes				The Treasury has funded a survey of problem gambling completed by the Australian Institute for Gambling Research (AIGR)

Victoria	$3.1 million over 4 years	Yes	•	•	•	A statewide service for problem gamblers and their families to be established by the Department of Health & Community Services: to be called BreakEven service.
Western Australia (WA)	$37,300	Yes				No recurrent funding allocated but some government funding for specific treatment projects coordinated by the Excessive Gambling Association. Baseline survey of problem gambling completed for governent by AIGR in 1994 as a component in the development of a coordinated gambling and gaming policy.
NEW ZEALAND	$414,000	Yes	•		•	On the basis of prevalence study, funds allocated for information and treatment services, including a hotline and counseling.

KEY: I = Information/Education P = Prevention T = Treatment services

This approach has been adopted by Victoria and, if similar developments occur as foreshadowed by government press releases in New South Wales, then the three largest, most heavily populated states in Australia will have provided the backbone for a national network of resource centers for problem gamblers and their families. The use of the same title, BreakEven, would ensure that the development of national advertising on television and radio becomes a real possibility.

These recent developments in Australia follow over a decade of state enquiries into gambling, all of which noted the lack of reliable data to evaluate the level of gambling-related problems in the community. As illustrated in this Special Issue, the conduct of prevalence studies has been associated with the almost simultaneous introduction of services in Australia at a pace that could not have been predicted during the 1980s.

CANADA

In Canada, as in Australia, the expansion of legalized gambling has led to the development of services for problem gamblers in most of the provinces. As in Australia and the United States, gambling legalization proceeded apace in Canada in the 1980s. However, governmental responses to gambling-related problems appear more rational in Canada than in the United States. At least two provinces, British Columbia and Saskatchewan, have undertaken comprehensive reviews of their gaming policies in recent years. In contrast, only Washington State across the border has undertaken a similar comprehensive review.

There are 11 provinces in Canada and seven of these provinces have funded efforts to address the issue of problem gambling (see Table 2). In contrast to the United States, all seven of these provinces made some efforts at needs assessment before appropriating funds for services. Prevalence surveys using similar methods, which allows for comparisons across provinces, have been done in Alberta, British Columbia, Manitoba, New Brunswick, Quebec and Saskatchewan. Prevalence surveys using rather different methods have been completed in Nova Scotia and Ontario.

In general, appropriations for services for problem gamblers are substantially higher in the Canadian provinces than in United States jurisdictions and these appropriations are most often channelled to provincial health, mental health or addictions agencies. Although ser-

vice development in the Canadian provinces is still new, initial efforts have focused on establishing hotline and crisis counseling services and on training mental health and addictions professionals to recognize and treat gambling-related problems. Few stand-alone outpatient programs have been established in the Canadian provinces.

Prevention of Problem and Pathological Gambling in Canada

There has been limited exploration of preventive strategies among the Canadian provinces (Ladouceur, 1991). No prevention program for problem gambling existed until Gaboury and Ladouceur (1993) developed and implemented their prevention program for adolescents in Quebec. The program included information about gambling as well as strategies for coping with gambling behavior. It was postulated that students participating in the program would increase their knowledge of gambling and pathological gambling, decrease the amount of money they gambled and their frequency of gambling, and change their attitudes toward gambling.

Five schools were randomly selected in the Quebec City area for inclusion in the prevention program. Five junior and four senior classes were included in the experimental group and nine matched classes served as a control group. Subjects were evaluated at the beginning and end of treatment and at a 6-month follow-up. A final sample of 289 subjects completed the study at post-test and follow-up (134 experimental and 155 control subjects).

The program included three 75-minute sessions conducted over a 3-week period. Small group activities, video tapes and quizzes were used. The program included five units focused on different aspects of gambling, including the legal aspects of gambling, the economics of gambling, changes in gambling participation over time, pathological gambling and strategies for controlling gambling. A questionnaire administered at the beginning of the program established that 63% of the participants had gambled in the prior six months and that 21% gambled at least once a week. Male participants spent significantly more on gambling each month than female participants and nearly 7% of the participants were found to be pathological gamblers according to the DSM-III-R criteria.

Although the experimental group performed better than the control group at post-test, this difference was not significant at follow-up.

Table 2
Services Provided in Canada

Province	*Funding*	*Survey*	*I*	*P*	*T*	*Comments*
Alberta	$1 million	Yes	•	•	•	Alberta Gaming & Lotteries Commission funded two-phase prevalence survey in 1993. Recommendations for services, including prevention/education, treatment, training, research and evaluation, policy and dissemination, are being implemented. Funding is a multi-year commitment.
British Columbia	—	Yes				Prevalence survey completed in 1993, results not yet released.
Manitoba	$500,000	Yes	•	•	•	Prevalence survey conducted in 1993 but results not publicly released. Separate report in 1993 recommended full array of services to be administered by the Addictions Foundation of Manitoba. Funding set at $500,000 per year for five years.
New Brunswick	$170,000	Yes	•	•	•	Prevalence survey conducted in 1992. Separate report in 1993 recommended full array of services. In Fall of 1993, government announced implementation of first phase of effort. Addiction treatment service system given responsibility for implementation.

Nova Scotia	$600,000	Yes	•	•	•	VLTs removed from non-age-restricted locations. Permanent commission established to direct research on gaming and advise government on policy. Prevalence survey conducted in 1993 and drug dependency staff received specialized training.
Quebec	Unknown	Yes	•	•	•	Measures to prevent problem gambling at Montreal casino modelled after Dutch government-run casinos. Loto-Quebec provides funds for problem gambling research and treatment to the Department of Psychology, Laval University. Funding level unknown.
Saskatchewan	$500,000	Yes	•	•	•	Comprehensive strategy to address issue expected in 1994. Prevalence survey completed in 1993 under aegis of Minister's Advisory Committee on Social Impacts of Gaming.

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While the prevention program improved knowledge about gambling and coping skills, skills in coping were not maintained at follow-up. Without intensive practice and feedback, such skills may be subject to extinction. Furthermore, the program did not significantly affect gambling behavior or attitudes.

It is possible that improving knowledge about gambling could have significant long-term effects. Being sensitized both to the problem and to what steps to take, a young person may seek help sooner or may be able to refer family members or friends to an appropriate program. It is time that such programs be improved, tested and systematically applied not only in Canada, but in other countries where gambling is widely available.

NEW ZEALAND

As noted for Australia and the United States, rapid expansion of the gambling market in New Zealand has been associated with growing public awareness of the difficulties that may be associated with gambling (New Zealand Department of Internal Affairs, 1990). The political response has been to fund a major national prevalence study (Abbott & Volberg, 1991; Abbott & Volberg, 1992). The reports from this project were the focus of two seminars, convened and co-hosted by the Ministry of Internal Affairs and the Ministry of Health, to consider the implications of the findings.

One outcome of the research effort and the seminars was that grants totalling NZ$414,000 were made toward services for problem gamblers and their families in New Zealand. The Compulsive Gambling Society of New Zealand was one recipient of a major grant to enable a National Hotline and counseling service to be established. Although the recurrent funding of the latter component has been modified to give precedence to information and education activities, the first year of the Hotline provided convincing evidence of the need for all of these services in New Zealand (Abbott, Sullivan & McAvoy, 1994). (See Table 1.)

UNITED STATES

As in Australia, Canada and New Zealand, the driving force behind the development of services for problem gamblers in the United States is the expansion of legalized gambling in the 1980s. While gaming rev-

enues do not represent as substantial a proportion of government budgets in the United States as in Australia, competitive pressures to retain discretionary expenditures by their residents led many states to legalize state lotteries in the 1970s and 1980s. In the 1990s, states throughout the Midwest have legalized casino gambling in response to competitive pressures from Canadian provinces and from casino gambling on Native American lands.

Since 1981, when the first publicly-funded program for problem gamblers was established in Connecticut, an increasing number of states have responded to this issue in different ways. While a variety of approaches have been taken, there are some similarities across different United States jurisdictions. At present, there are 17 states that provide some financial support for education, prevention, treatment or research in the area of problem gambling. The amount of money involved tends to be small relative to gaming revenues or profits, ranging from $20,000 in Maryland to $2 million in Texas with most allocations around $100,000 (see Table 3).

Prevalence Studies

While 17 states provide public funds for efforts to prevent, treat and understand gambling-related problems, only seven of these states have conducted prevalence studies prior to establishing services. These states include Minnesota, New York, North Dakota, Ohio, South Dakota, Texas and Washington State. Prevalence surveys were completed in five additional states, including California, Iowa, Maryland, Massachusetts and New Jersey under funding from the National Institute of Mental Health (Volberg, 1994). In Montana, a prevalence survey was carried out in 1992 but treatment services have never been established.

Prevention and Treatment Services

Funding for prevention and treatment services for problem gamblers in United States jurisdictions is provided through a variety of mechanisms. In states where these services were established earliest, funds are provided on an annual basis through legislative appropriation. In some states (e.g., New York), these legislative appropriations are threatened on a yearly basis for reasons that have little to do with the demonstrated effectiveness of the programs or with the types or

Table 3
Services Provided in the United States

State	*Funding*	*Survey*	*I*	*P*	*T*	*Comments*
Connecticut	$150,000	Yes	•	•	•	Prevalence survey in 1991 as part of mandated study of impact of legalized gambling in state. Performance-based fee on dog races and jai alai games to pay for treatment services. Substantial additional funding provided by Mashantucket Pequots to operate hotline and fund treatment services.
Delaware	$100,000	No	•			Appropriation from general revenues funds Delaware Council on Compulsive Gambling through Division of Alcoholism & Drug Abuse. Council provides information and referral services as well as training for treatment professionals.
Florida	$100,000	No	•			Florida Lottery began funding statewide hot-line and public education efforts in 1993.
Georgia	$250,000	Pending (1995)	•		•	Department of Human Resources plans to conduct prevalence survey and establish hotline services as well as train treatment professionals. Funding from unclaimed lottery prizes capped at $250,000.
Illinois	$10,000	No				Racetracks required to contribute $10,000 annually to fund services from problem gambling. Services eliminated in 1989 when requirements to appropriate these funds were ignored.

Iowa	$250,000	NIMH	•		•	Funds seven outpatient treatment programs, provides training, research, and public education. Funding originally capped at 1/2 of 1% of lottery revenues and 3% of riverboat gambling revenues. Funding changed to direct appropriation. Programs administered by the Department of Human Services. Federally-funded prevalence survey conducted in 1989.
Louisiana	$150,000	Pending (1995)	•			Legislation passed in 1993 requires Department of Health to establish hotline for information and referral services. Funded by state lottery.
Maryland	$20,000	NIMH	•		•	Funds hotline for information and referral services.
Massachusetts	$250,000	NIMH	•	•	•	Unclaimed lottery prizes fund MA Council for Compulsive Gambling hotline, education & training services as well as research initiatives and treatment services. Funding has varied from $250,000 to $500,000. Federally-funded prevalence survey conducted in 1989.
Minnesota	$150,000	Yes	•	•	•	$300,000 granted biannually to Department of Human Services of which $200,000 comes from Lottery Division. Funds statewide hotline, resource library, public education programs, in-service training for professionals and research initiatives. Prevalence surveys of adults and adolescents completed in 1990 and 1992.

Continued

Table 3 *Continued*

State	*Funding*	*Survey*	*I*	*P*	*T*	*Comments*
Missouri	Unknown	No				Portion of riverboat revenues to go to organizations providing services.
Montana	None	Yes				Legislation in progress to allocate proportion of video lottery gaming revenues for public education and treatment. Prevalence survey and survey of treatment professionals conducted in 1992.
Nebraska	Unknown	No				Legislature has allocated 1% of lottery profits to provide information and referral as well as treatment services for problem gamblers. Governor appointed commission that will recommend agencies to receive funds.
New Jersey	$500,000	NIMH	•	•	•	Council on Compulsive Gambling of New Jersey receives funds from state to operate national hotline and referral service. Division of Alcoholism administers state-funded treatment program.
New York	$400,000	Yes	•		•	Treatment programs and National Council on Problem Gambling funded through the Office of Mental Health. Level of funding down from $750,000 in 1985. Prevalence survey conducted in 1986.
North Dakota	None	Yes				Prevalence survey, including sample of Native Americans, conducted in 1993. State government may allocate funds for prevention and treatment services in next legislative session.

Ohio	–	Yes	•			Prevalence survey completed in 1985. Problem gambling advocate, paid by lottery, answers calls from lottery offices.
Oregon	$2.75 million	No	•		•	3% of VLT revenues goes to community mental health agencies for treatment of problem gamblers.
South Dakota	$200,000	Yes	•		•	Funds appropriated from general revenue fund to provide education and treatment services at 6 programs. Department of Mental Health administers programs. Prevalence surveys conducted in 1991 and 1993.
Texas	$2 million	Yes	•	•	•	Texas Commission on Alcohol and Drug Abuse administers funds for prevention, treatment and research of problem gambling. Prevalence surveys of adults and adolescents completed in 1992. Texas Council on Problem Gambling provides hotline, referral and training services.
Washington State	Unknown	Yes	•			Prevalence surveys of adults and adolescents completed in 1993. Public awareness program recently implemented. Efforts funded by Lottery and Gambling Commissions as well as Native American compacts.
Wisconsin	None	No				Efforts to allocate funds have been made since 1990 but no services established as yet.

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Note: Based on survey of NASPL members

amount of legalized gambling available in the state. These legislative appropriations are channelled into treatment through government health, addiction or mental health agencies or through contracts with private agencies capable of providing services to problem gamblers and their families.

Another mechanism for funding services for problem gamblers emerged in the mid-1980s. In states such as Massachusetts and Iowa, appropriations for prevention, treatment and research on problem gambling were mandated in legislation establishing new types of gambling in the state (in Iowa, the state lottery and riverboats; in Massachusetts, unclaimed lottery prize monies). Initially, such appropriations were mandated as a proportion of gaming revenues or profits but, as demand for services lagged behind the availability of funds, such appropriations increasingly have been capped. States that fund or plan to fund services for problem gamblers in this way include Georgia, Louisiana, Missouri, Montana, Nebraska and Oregon as well as Iowa and Massachusetts.

In states where services for problem gamblers were first established, these services tend to be limited to programs that provide individual and group counselling. In these states, other services such as prevention, outreach and crisis counselling are now sometimes being established as additional funds become available from newly-legalized types of gambling. In Connecticut, for example, the state has funded a single outpatient treatment program since 1981. The Foxwoods Casino, owned and operated by the Mashantucket Pequot tribe in Southeastern Connecticut, recently provided funds to the Connecticut Council on Compulsive Gambling to establish a hotline in the state.

In states where services have recently or are now being established, services are most likely to consist of hotline or crisis counselling, training for addictions and mental health professionals who may already be seeing gambling-related problems among their clients, and education and information activities, including the development of brochures and public service messages for broadcast and print media. Outpatient treatment services have lagged behind these efforts in recent years because of the expense of establishing these services.

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