

# Disordered Gambling and Corrections Populations

Nicolas Foss, BSW, NCGC-II  
Supervising Counselor  
Alcohol and Drug Dependency Services  
Burlington, IA



[addsiowa.org](http://addsiowa.org)



# Background on ADDS

- Nearly 40 years serving the Southeast Iowa. Non-profit AOTD treatment/prevention facility in Southeast Iowa providing evaluations, psychoeducational interventions (level 0.5), extended and intensive outpatient (levels 1 and 2), residential (levels 3.1 and 3.5), as well as drug testing (e-screen), SAP evaluations, OWI classes, juvenile diversion, primary substance abuse prevention services (community education), and ATR (now moving to SBIRT), and more.
- Also provides free evaluations to problem gamblers and concerned others and outpatient counseling to individuals that need the service to 13 counties. Recovery Support Services is similar to ATR for gamblers in treatment.
- Services are on a sliding fee scale.

# Learning Objectives

1. Increase understanding about gambling disorder, and why it is important to screen for gambling problems in corrections populations.
2. Reduce stigma about disordered gamblers by dispelling myths about problem gambling to provide perspective on the clinical aspects of the disorder.
3. Elucidate how a brief-screening and referral framework has worked within an Iowa jail system in conjunction with a gambling treatment program.

*Disclaimer: This presentation will not prove to you that problem gamblers are the worst of criminals, or that gambling is implicated in higher crime rates. This is outside of the scope of this review.*

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**SOME POLLING  
QUESTIONS!!!**

# What types of gambling are legal in Iowa?

Bingo: 481—103.5(99B) The house has discretion regarding age restrictions for children to play...

Games of Skill

Lottery

Card Games

Office Pools

Dice

Casino Games

Raffles

Slot Machines



Greyhound Racing

Sports Betting

Horse Racing

Online Gambling

Stock Market

What percent of lowans gamble?

93.4% (lifetime)

77.8% (past year)

What percent of lowans have a  
gambling problem?

2%

Or 43,000 individuals

How many Iowans accessed Tx for  
gambling problems in FY 14?

602

Source: Iowa Department of Public Health, Iowa Gambling Treatment Program

# Types of Gamblers

- Casual Social Gambler
- Serious Social Gambler
- Problem Gambler



- Pathological Gambler
- Professional Gambler
- Antisocial Gambler



# Gender Differences



## Men

- Have rates twice that of women
- Onset earlier than in women
- Choose action games: sporting events, cards table games
- Have urges to gamble unrelated to emotional state
- Often co-occurring with substance use

## Women

- One-third of pathological gamblers
- Onset later than men and rapidly progresses
- Prefer games like bingo and slot machines (escape)
- Gambling often relates to emotional state
- Often co-occurring with mood/anxiety disorders



# What is Disordered Gambling?

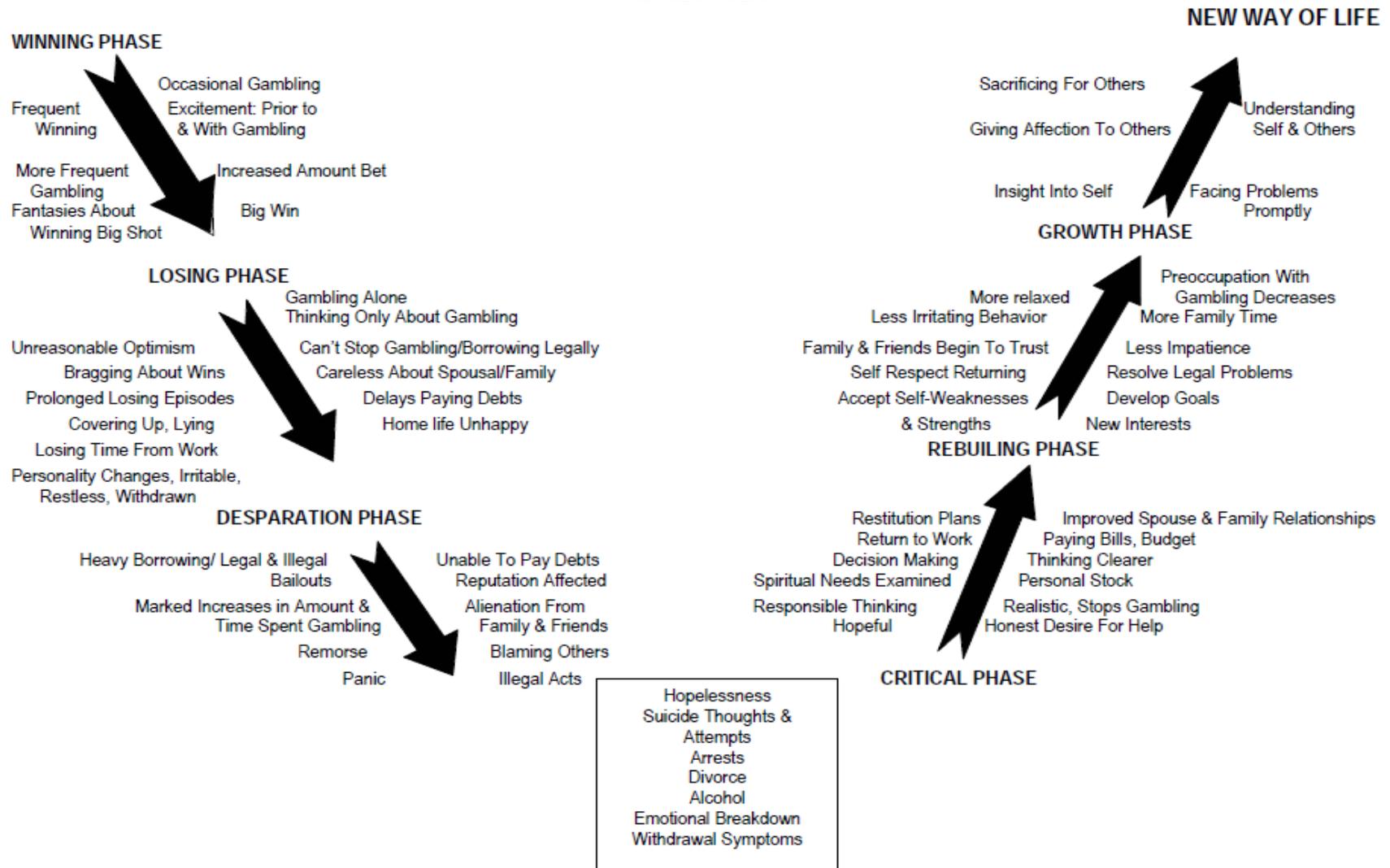
- Recognized as a primary, chronic, progressive disease of the reward and control pathways of the brain (ASAM, 2011, APA, 2013). DSM-5 classifies condition as “gambling disorder” rather than “pathological gambling” for political reasons.
- To be diagnosed with gambling disorder an individual must meet four or more of nine total symptoms including:
  - preoccupation,
  - tolerance,
  - repeated attempts at cutting back/quitting,
  - withdrawal,
  - gambling to relieve negative mood states,
  - lying,
  - “chasing” losses,
  - bailouts
  - putting relationships, career, job, or educational opportunities at risk

# Problem Gambling

- DSM-5 classifies people with “out of control” gambling problems as disordered gamblers (sounded too much like pathological liars in DSM-IV-TR?) if they met 4/9 criteria. However, there is a sizable population of “problem gamblers” that doesn’t meet the 4+ criteria.
- While only 1% of Iowans and approx. 1% of Americans suffer from the most severe gambling disorder, approx. 1.9%, or 43,000 Iowans report “subclinical” or “problem gambling” (meet 1-3 criteria; Lutz & Park, 2014)! Iowa programs only treated 602 gamblers last year.
- Problem gambling is still associated with emotional disturbances, family problems, financial troubles, preoccupation, difficulty quitting w/o help, etc. (Lutz & Park, 2014).

# V Chart of Problem Gambling

## A CHART OF COMPULSIVE GAMBLING AND RECOVERY



# Stigma

- Iowa has a relatively new, but highly progressive, gambling environment. This means that many people in the state know that gambling is available, are aware of the 1800BETSOFF hotline, but are not aware of what gambling addiction is (i.e. only 44% of Iowans know about treatment; Lutz & Park, 2014).
- Also, as gambling is the “hidden addiction,” community preparedness (laypeople, TX professionals, corrections, organizations) as a whole is quite low for addressing problem gambling (Suurvali, Cordingley, Hodgins, & Cunningham, 2009).
- Thus, Iowa communities, and U.S. communities in general, seem to have a negative attitude toward gambling problems that could be called “stigma.”
- Suurvali et al. (2009) found that stigma, along with low problem perceptions/low awareness of help options is implicated in less than 10% of PGs seeking help.

# Effects on the Family

- Approximately 1 in 5 adult Iowans (17.7%) said they have been negatively affected by the gambling behavior of a family member, friend, or someone else they know (Lutz & Park, 2014).
- Concerned others often need counseling, too, in order to enter into a program of recovery for themselves (hence existence of Gam-Anon).
- Stress is a certain occurrence for all of the family members of the gambler.
- Isolation between the gambler and their family generally occurs as their behavior changes.
- Neglect of dependents occurs as the gambler loses more and more control of their behavior.
- Distrust occurs between other family members as the extent of the problem and the extent of financial loss and the ramifications of this become known (National Council on Problem Gambling, 2007).

## Effects on the Family (cont.)

- Resentment/Anger also follows as the gambler loses control and the scope of the problem becomes known.
- Domestic violence may result in a family affected by a member with an addiction problem. The family of a problem gambler can be impacted just as easily as that of someone with an alcohol or drug addiction. The problem gambler may be the victim or perpetrator.
- Co-occurring disorders such as depression, substance abuse, and other compulsive behaviors often occur as a result of or along with the gambling problem.
- Children of problem gamblers have a higher probability of developing a gambling problem than those with parents who do not gamble. This follows the pattern as experienced by children of those affected by substance and domestic violence (NCPG, 2007).

# Co-occurring Factors

## Problem Gambling and Mental Health

### PGs with disorder

Alcohol	73.22%
Drug	38.10%
Bipolar	36.99%
Mania	22.80%
Specific phobia	23.54%
Generalized anxiety	11.15%
Any personality disorder	60.82%

From Petry et. al. (2005) Journal of Clinical Psychiatry



# Gambling and Crime in Iowa

- Casino counties in Iowa had much higher crime rates than the non-casino counties and the state as a whole. The six-year average ending in 2011 for the casino counties was 8,239.2 (offenses per 100,000 population), which was 34% higher than the rate for the non-casino counties and 42% higher than the statewide number.
- In terms of criminal activity inside Iowa casinos, Iowa's Division of Criminal Investigation conducted 209 felony investigations in FY 2013 and made 105 felony arrests. Nearly half of the arrests inside Iowa casinos involved forgeries and theft. The state Division of Criminal Investigation investigates all criminal activity in Iowa casinos.
- Casino counties had the highest rates of Category A Offenses such as domestic abuse, robbery, simple assault, burglary, breaking, and entering, larceny, motor vehicle theft, and embezzlement. Only DUIs were slightly less common in casino counties compared to those without (Strategic Economics Group, Spectrum Gaming Group, 2014).

# Gambling and Crime in Iowa

*How many of these individuals were referred for treatment for gambling problems? If these were drug offenses, would these individuals have been able to access treatment?*

# Gambling in Correctional Institutions

- Mostly used for a past-time, although it is often outlawed (i.e. county jails often do not allow, but may not enforce this rule; Beauregard & Brochu, 2013).
- The majority of inmates that gamble do not have a problem with it, much like the general population, but their prevalence rate is higher (more on this later).
- Is not necessarily a precursor to addictive gambling if the inmate starts gambling in prison, or if they gamble in prison at all (Beauregard & Brochu, 2013).
- There is a concern about increased likelihood of impulse control problems and gambling among corrections populations (Lloyd, Chadwick, & Serin, 2014).

# PG and Crime

- Research shows that nearly 50% of problem gamblers commit crimes (e.g. kiting cheques; Zorland, Moos, & Perkins, 2008).
- DSM-IV-TR criterion used to mention criminal activities to pay gambling debts, or otherwise obtain money to gamble with (DSM-5 explicitly omits this criterion). This is a small portion of the problem gambling population, and is more reminiscent of the desperation phase of gambling addiction (Zorland et al., 2008).
- A brief literature review by Zorland et al. (2008) shows that problem gamblers are more likely to engage in illegal activity than social gamblers.
- Lifetime costs of arrests and imprisonment combined per disordered gambler and problem gambler are \$2,950 and \$2,210, respectively.

# PG and Crime

- A report from the National Institute of Justice (NIJ) shows that:
- Those who meet APA's definition for pathological gambling accounted for slightly more than 1 in 10 arrestees surveyed in Las Vegas and about 1 in 25 in Des Moines. Together, 14.5 percent of arrestees in Las Vegas and 9.2 percent of those in Des Moines were either problem or pathological gamblers — three to five times the percentage in the general population (estimated 3%).
- 34.6% (Las Vegas) and 37.5% (Des Moines) of compulsive gamblers had been arrested for at least one felony count.
- Pathological gamblers no more likely than common gamblers to commit larceny, theft, embezzlement, fraud.

(McCorkle, 2004)

# More from the NIJ Report

- Pathological gamblers no more likely to be arrested on drug charges, including illegal drugs.
- Most likely to be arrested for probation/parole violations, liquor law violations, trespassing, and other public order offenses.
- Pathological gamblers were more likely than other gamblers to have sold drugs. The difference was greatest with gamblers who sold drugs to fund their gambling or pay gambling debts. One in five arrested gamblers stated they sold drugs to finance gambling.

(McCorkle, 2004)

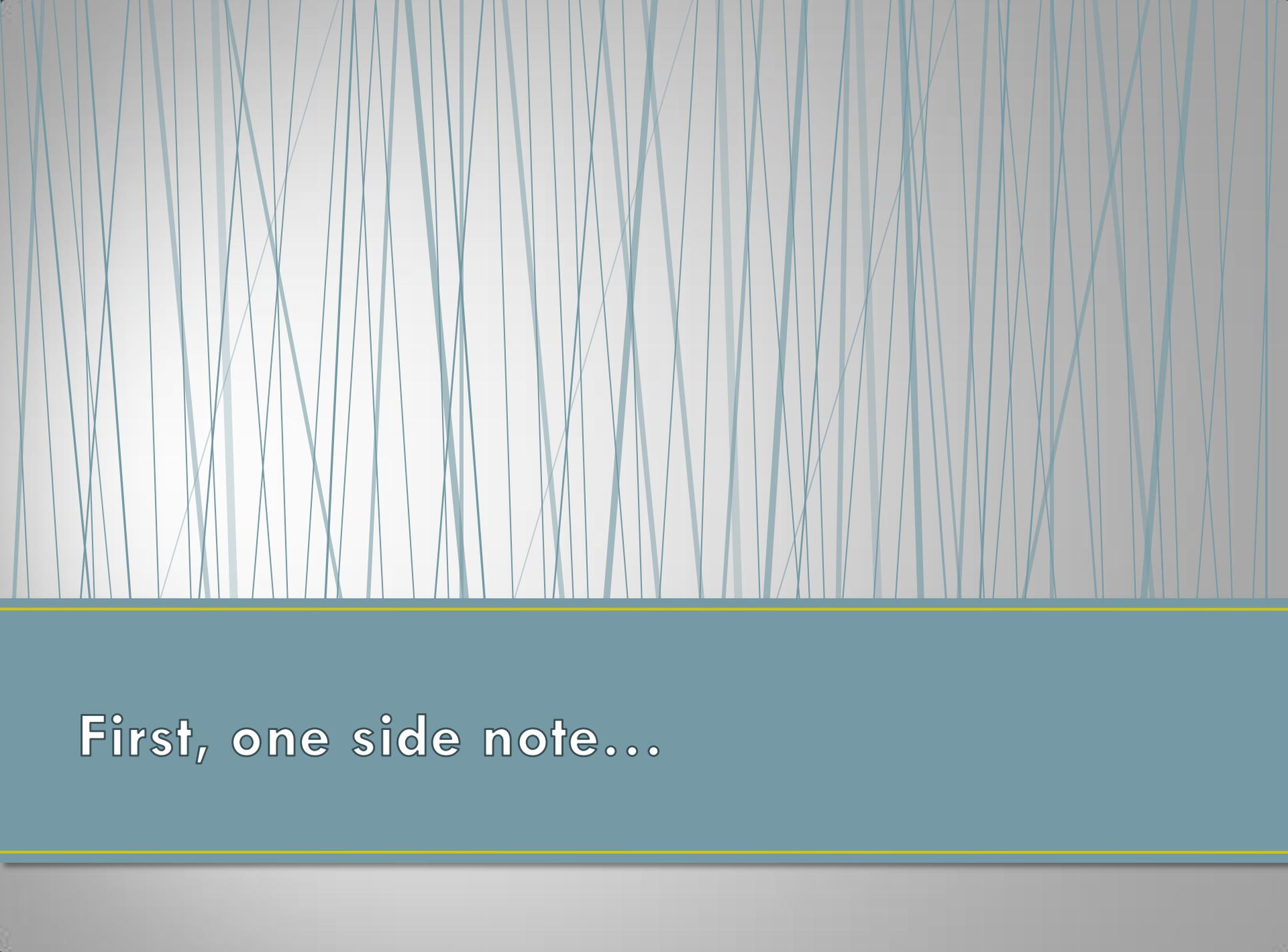
# Further Studies on PG and Crime

- Research shows that problem gamblers have the highest rates of problem gambling in the U.S. (Williams, 2009).
- In some meta-analyses of research findings, up to 30% of corrections samples have identified as having gambling problems (Williams, 2009).
- It is not clear that gambling problems precede criminal behavior or proceed from it, which indicates a need for more research.
- Also note that presence of criminality and PG makes SUD more likely and PG/SUD are more likely to be severe

# Implications

- In order to reduce recidivism, it would seem to follow from the literature that corrections populations should be more routinely screened in the corrections system for gambling disorder in order to refer them for treatment.
- If it is the case that gambling disorder and SUDs are so closely linked with criminal behavior, then it would only make sense that treating SUD and GD will make it more likely that a favorable outcome is reached with the individual thereby reducing their likelihood of recidivism.
- Brief screenings such as Brief Biosocial Gambling Screen (3 questions) have been proven to be effective in more readily identifying need for care and facilitating access to treatment.

**Action research project  
in a county jail:  
Problem gambling  
assessment**

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**First, one side note...**

# Network for Improvement of Addiction Treatment (NIATx)

- NIATx designed a model of process improvement specifically for behavioral health care settings to improve access to and retention in treatment.
- The NIATx model consists of Four Aims, Five Principles, Promising Practices, and the Learning Collaborative.
- **Four Aims** – Decrease no-shows, reduce wait times, increase admissions, increase client continuation through the 4<sup>th</sup> session.
- **Five Principles** - Understand and involve the customer, Fix key problems; help the CEO sleep, Pick a powerful Change Leader, Get ideas from outside the organization or field, Use rapid-cycle testing to establish effective changes

## Increasing access to care in the Des Moines Co. Jail

- NIATx project began in mid-August 2014, ended mid-September 2014
- Transition Coordinator, whose role is to connect community supports to offenders to facilitate service provision upon release, completed multiple assessments with all new offenders during this time period (n=43).
- Examined demographic variables, offense type, gambling behavior, and alcohol use/abuse.
- Utilized the Brief Biosocial Gambling Screen to examine past year gambling behavior (Kramer & Foss, 2014).

# Brief Biosocial Gambling Screen

## Brief Biosocial Gambling Screen

**(BBGS)** *A “yes” answer to any of the questions means the person is at risk for developing a gambling problem.*

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. During the past 12 months, have you become restless, irritable or anxious when trying to stop/cut down on gambling?   | YES                      | NO                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled?   | YES                      | NO                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. During the past 12 months did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends or welfare? | YES                      | NO                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |



NATIONAL CENTER FOR RESPONSIBLE GAMING

[www.ncrg.org](http://www.ncrg.org)

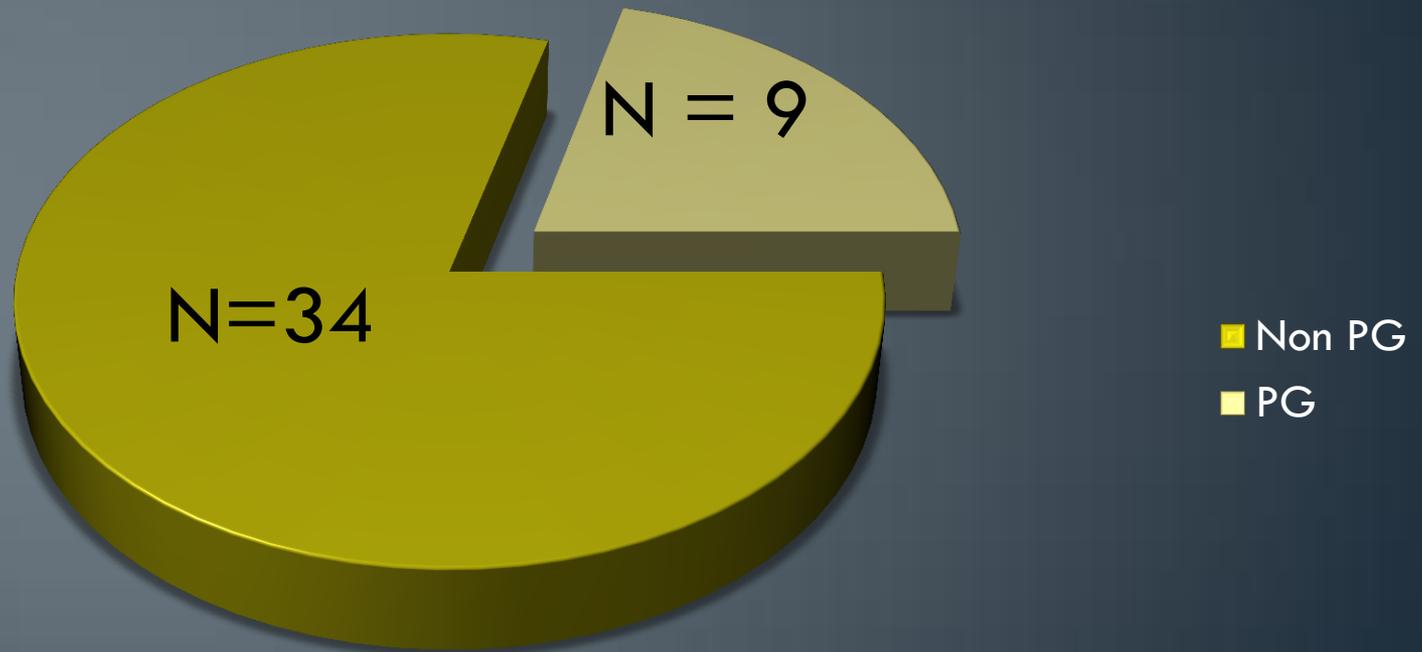
[www.divisiononaddiction.org](http://www.divisiononaddiction.org)

# Results

- Apprx. 21% of the sample (n=9) endorsed 1 or more item on the BBGS, indicating the need for a referral. 6/9 identified as having problem drinking behaviors (Petry et al., 2005).
- Of these, 6 were referred for a professional evaluation (2 were released outside the service area), and five of them were admitted (one refused treatment).
- This was an increase from 0 admissions in the past year in referrals from the jail to the gambling treatment program to 5 within a 2 month timespan.
- Addresses two of the greatest barriers to treatment utilization for problem gamblers (esp. corrections pop.) = low awareness of the problem, low awareness of help available (Suurvali et al., 2009).

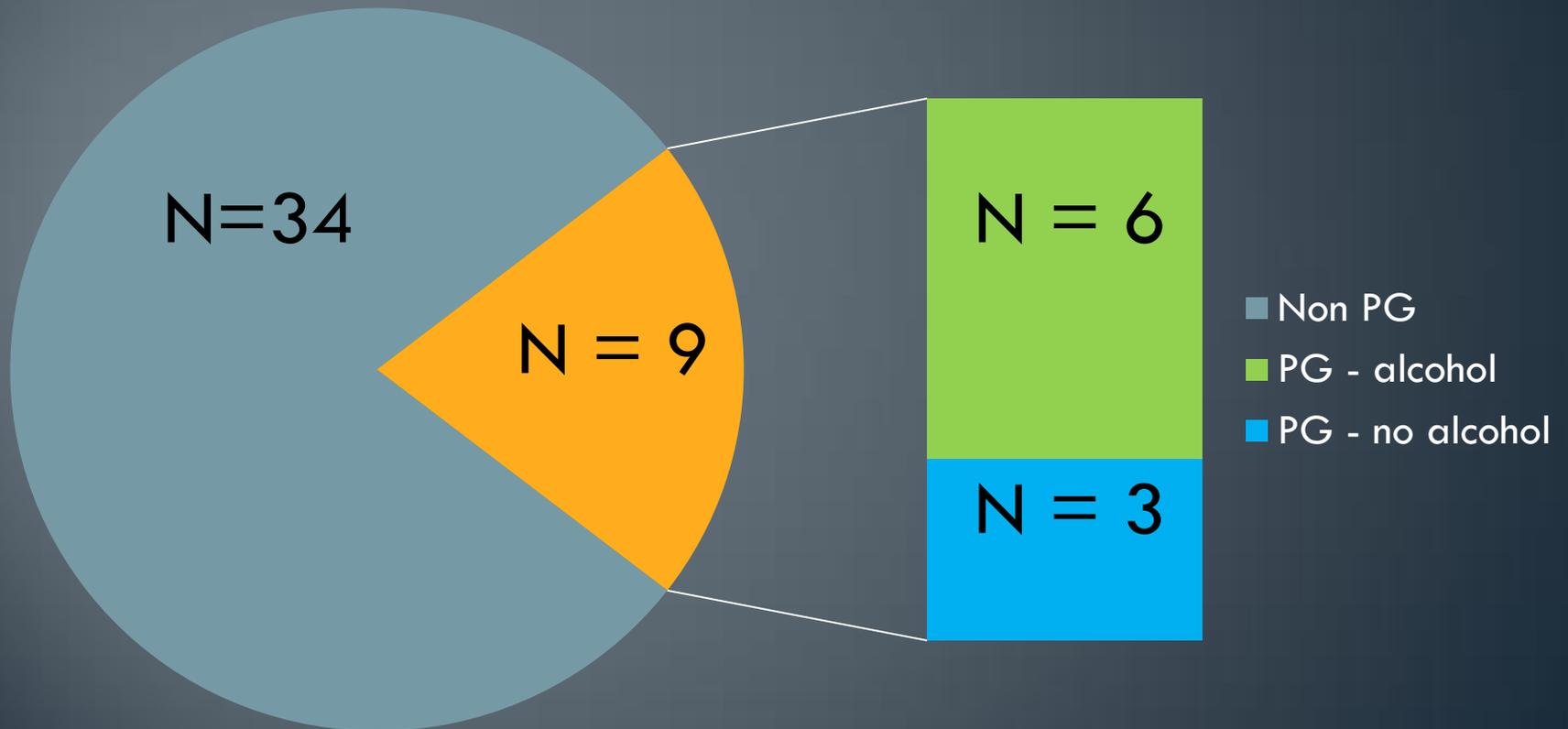
# Results

## Inmates



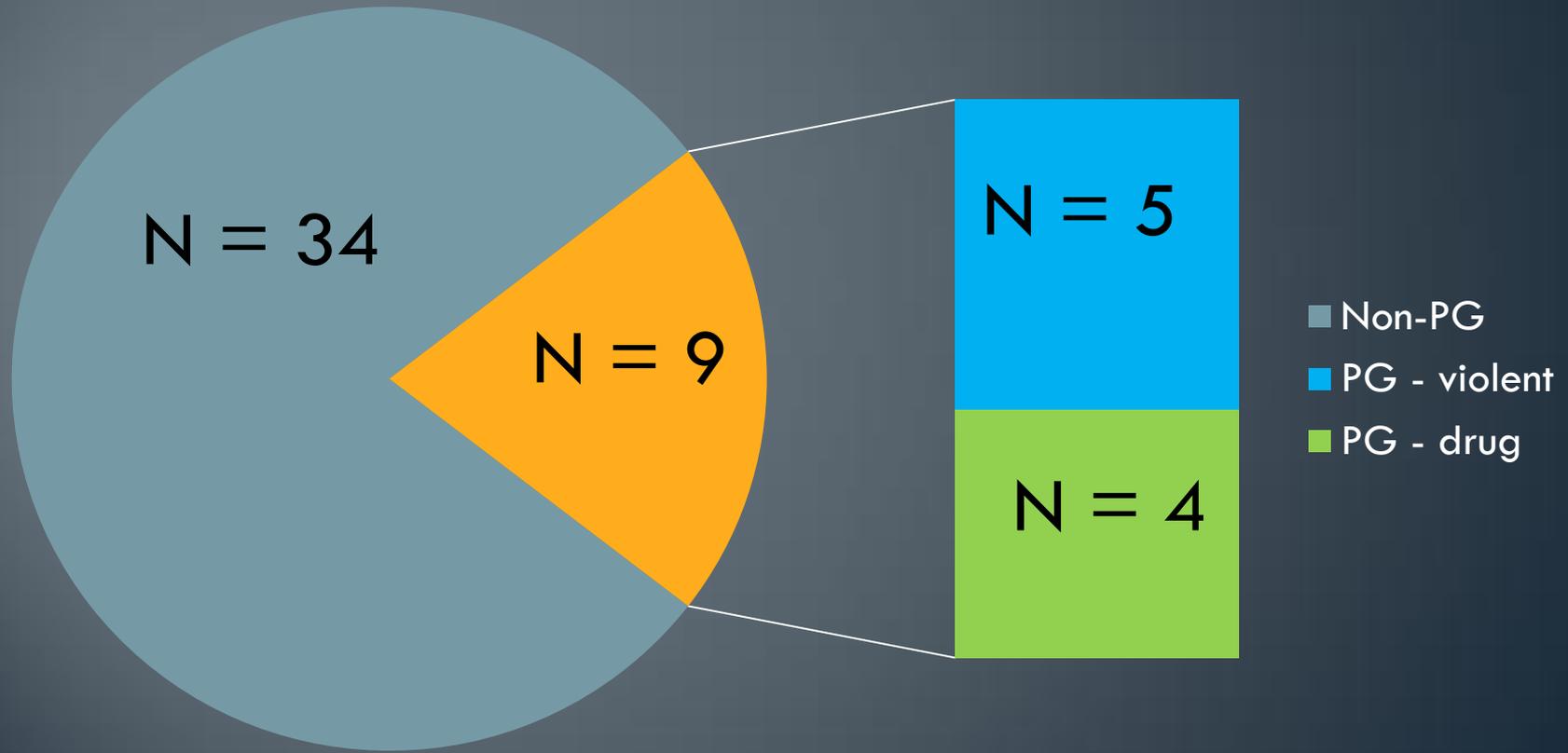
# Relationship - Alcohol and PG in the Sample

Inmates



# Relationship of PG and violent crime

Inmates



**Thanks for your time!**

Nicolas Foss, BSW, NCGC-II

[ndfoss@addsiowa.org](mailto:ndfoss@addsiowa.org)

319-759-6708

[www.addsiowa.org](http://www.addsiowa.org)

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