

## Researchers assess rates and risks of gambling

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More than 80 percent of the U.S. population gambles at some time in their lives. It might be the lottery, bingo or poker. Most never need treatment for problem gambling, but others lose control and lose their houses or cars and damage family relationships as a result of compulsive gambling.

Little is known about why people gamble and how to predict who is likely to become a pathological gambler, but researchers at Washington University in St. Louis have developed a diagnostic tool for identifying pathological gambling disorder, and they're beginning to learn who is at risk and what causes the problems.

Investigators from the Department of Psychiatry in the School of Medicine and the George Warren Brown School of Social Work have developed a tool known as the Gambling Assessment Module (GAM)© that can help determine whether a person is a pathological gambler and what particular type of gambling triggers problems for that individual. The assumption is that different people have problems with different types of gambling and that researchers would do better not to lump football betting, slot machines, bingo and craps under a single umbrella just as they would not consider marijuana, cocaine and heroin simply as "drugs."

"We hope to be able to move beyond the question of whether a person is a pathological gambler or not and do what we do in substance abuse research," says Renee M. Cunningham-Williams Ph.D., visiting associate



professor at the George Warren Brown School of Social Work and principal investigator on several gambling studies. "If a person is dependent upon marijuana, for example, they might have a very different profile than one who is dependent upon cocaine. We're trying to move gambling research in that direction."

Substance abuse is a good model for gambling disorders, she says, because much of the language used to describe gambling disorders is identical to criteria used to diagnose substance abuse disorders.

The American Psychiatric Association lists 10 criteria linked to pathological gambling, like pre-occupation with betting, needing to gamble more often or make larger bets to obtain the same level of excitement, lying to conceal gambling involvement or chasing losses with more substantial bets.

"If a person meets at least five of those criteria, that individual is considered a pathological gambler. If it's four, officially that person isn't diagnosed with a psychiatric condition, but we consider that individual to be a problem gambler," says Cunningham-Williams.

Some problem gamblers can develop pathological gambling disorder later, she says. Much of her research involves using the GAM© to learn who is at risk to become a problem gambler and who might progress to pathological gambling. A recent study she published in the Journal of Psychiatric Research points to two activities that potentially could indicate a risk for crossing over: betting on stock, options or commodities markets and betting on bingo. However, more research is needed to tease out this "game of choice" issue further.

"This information might help health professionals and family members recognize the signs that someone is getting into trouble," Cunningham-Williams says. "Some of the calls to gambling helplines, like Missouri's



1-888-BETSOFF helpline, come from concerned loved ones, so if we could tell them to look for not only the classic signs of problem gambling like chasing gambling losses or lying about gambling behavior, but also for potential risk factors like risky, short-term investments in the stock, options or commodities markets, or extensive involvement in a large variety of different games, we might be able to get pathological gamblers treatment before they 'hit bottom' and lose everything."

Cunningham-Williams and colleagues have found that the number of problem gamblers is growing as the availability of legal gambling increases. It used to be that a person had to travel to Las Vegas or Atlantic City to place a bet. Now in Missouri, many can travel to a casino in less than 20 minutes.

"The introduction of legalized gambling has greatly increased the number of people who have problems," says C. Robert Cloninger, M.D., the Wallace Renard Professor and director of the Center for Psychobiology of Personality in the Department of Psychiatry. "In every city that has legalized gambling, there has been a corresponding increase in the number of problem gamblers."

In Missouri, more people are gambling — and losing money — than ever before. The average casino patron in the state lost a record \$60.02 per visit during the state's last fiscal year. The year before the average loss was \$56.37.

The Missouri Gaming Commission also reports the state's self-banning program for problem gamblers rose 15 percent last year. Some 8,900 people have legally banned themselves from entering Missouri casinos, with an average of 145 more adding their names to the list each month.

Although evidence indicates the total number of people who gamble has increased, as has the number of problem gamblers, the rates of problem



and pathological gambling appear to be stable. That is, the percentage of gamblers who meet at least five of the official, diagnostic criteria — still appears to be about 1.8 percent.

Using the GAM©, Cunningham-Williams will continue to monitor how prevalent gambling problems are in the population. In addition, she says researchers are attempting to identify genetic factors, environmental factors (such as the availability of legal, convenient gambling) and personality factors that may make a person vulnerable to pathological gambling.

Most advertisments for gambling, smoking and drinking, make the activities look like a way to have lots of fun and meet beautiful people, Cloninger points out. He says that can seduce people with personality traits that put them at risk.

"If someone is impulsive and not very mature, and you make alcohol easily available to them and encourage it as a way to relax and cope with stress, then they're very likely to develop alcohol problems," Cloninger says. "In the same way, if you promote casinos as a good way to have fun, get cheap meals and so on, then you minimize the potential dangers, and vulnerable people get seduced into behavior that turns out to be bad for them."

Evidence suggests people who gamble tend to also smoke and drink more than non-gamblers. Another key similarity between gambling disorders and substance abuse problems is that both require people to engage in particular behaviors.

"You can't be a problem gambler if you've never gambled," Cunningham-Williams says. "Just as you can't be an alcoholic if you've never taken a drink."



Problem gamblers frequenting legal casinos and bingo halls aren't the only ones that worry Cunningham-Williams. She predicts a bigger issue may be illegal gambling on the Internet. As televised poker grows in popularity, Internet poker games are becoming more common. It may become an especially big problem among high school and college students.

"Individuals who have pathological gambling disorder tend to start gambling at a younger age," Cunningham-Williams says. "I worry about the level of gambling that I hear about on college campuses, and I think we're doing a disservice to teens and to college students by not educating them about the dangers of gambling the same way that we talk about the dangers of drugs or alcohol."

As the kids who have maxed out their parents' credit cards playing Internet poker become adults, will they then spend time in casinos? Or will they outgrow the habit? No one knows, but Cunningham-Williams intends to learn as much as she can by continuing to follow the habits of gamblers and explore the effectiveness of a variety of treatment options for problem gamblers.

In fact, she is recruiting problem gamblers, ages 18-70, for a gambling medication study to test the safety and effectiveness of an investigational drug to treat severe gambling problems. She is recruiting problem gamblers who do not have any other significant illness or disease.

Source: WUSTL

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