

The prevalence of problem gambling among substance abusing offenders

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Abstract

Research suggests that problem gambling is associated with substance and alcohol abuse, criminal activity, and involvement in the criminal justice system. The present study assessed the lifetime prevalence of pathological and problem gambling among a population in which these risk factors are compounded, specifically adults mandated to participate in drug court. A sample of 602 participants completed the South Oaks Gambling Screen. Nearly 72% of the participants were male, and the majority identified as White (53%) or Black (37%). Results indicated that the prevalence and severity of problem gambling may be elevated within this population. Over 30% of respondents were assessed as probable pathological or problem gamblers (20.1% and 10.3%, respectively), and 22% as being at low risk. Results suggest that problem gambling is a salient issue among substance-abusing offenders. Resources should be dedicated to screening and developing evidence based best practices for the prevention and treatment of problem gambling.

Résumé

Les recherches indiquent que le jeu compulsif est associé à l'abus d'alcool et de drogues, à des activités criminelles et à l'implication des personnes dans le système pénal. La présente étude a évalué le taux de prévalence du jeu pathologique et compulsif au cours de la vie dans une population – des adultes qui doivent participer aux Tribunaux de traitement de la toxicomanie – où ces facteurs de risque se cumulent. Un échantillon de 602 personnes a rempli le questionnaire South Oaks Gambling Screen. Près de 72 % des participants étaient des hommes et la majorité se disait être blanc (53 %) ou noir (37 %). Les résultats indiquent que la prévalence et la gravité du jeu compulsif pouvaient être élevées au sein de cette population. Plus de 30 % des répondants ont été jugés comme étant probablement des joueurs pathologiques ou compulsifs (20,1 % et 10,3 %, respectivement), et 22 % comme

étant à faible risque. Ces résultats laissent penser que le jeu compulsif est un problème manifeste chez les délinquants toxicomanes. On devrait donc consacrer des ressources au dépistage et à la mise en place de pratiques exemplaires fondées sur les résultats pour prévenir et traiter les problèmes de jeu compulsif.

Introduction

Previous research has demonstrated that probable pathological (PPG) and problem gambling (PG) are associated with participation in crime (McCorkle, 2002; Meyer & Stadler, 1999), involvement in the criminal justice system (Gerstein et al., 1999), and substance and alcohol abuse (Petry, Stinson, & Grant, 2005). Specifically, an elevated prevalence of PG (roughly 25%) has been found among offenders (Turner, Preston, Saunders, McAvoy, & Jain, 2009; Williams, Royston & Hagen, 2005), and among substance abusers (Cunningham-Williams, Cottler, Compton, Spitznagel, & Ben-Abdallah, 2000; Petry, 2002) in comparison to what is found among the general population (0.4 to 4.2%) (Lorains, Cowlshaw, & Thomas, 2011). However, an assessment of the prevalence of PG within populations in which these risk factors are compounded has not yet taken place.

Adults mandated to participate in drug courts due to criminal activity fueled by substance abuse may be at greater risk of developing PG than are those adults possessing only one of these risk factors. This difference is because the risk associated with crime and substance use may be additive or interactive. This study assessed the prevalence of PG among adult drug court participants. *Drug court* is an umbrella term, one that includes those drug and DUI courts that offer a therapeutic alternative to incarceration for offenders clinically assessed as having a substance abuse disorder.

Method

Participants

The sample included 602 drug court participants from 18 courts. These participants represented 47% and 33% of the drug and DUI courts in the state, respectively. The majority of participants were male (71.4%) and age ranged from 18 to 63 ($M = 36$; $SD = 10.60$). The majority of respondents identified either as White (52.7%) or Black (36.9%).

Instrument

The South Oaks Gambling Screen (SOGS) (Lesieur & Blume, 1987) was used to assess lifetime prevalence and severity of problematic gambling. A score of 5 or

more indicated PPG, 4 or 3 indicated PG, and a score of 2 or 1 indicated low risk of PG. A similar scoring protocol was utilized by Turner et al. (2009).

Procedure

After obtaining IRB approval, researchers contacted representatives of all drug courts in Georgia to participate. Participants were recruited from participating courts with a flier. After obtaining informed consent, researchers administered paper-and-pencil questionnaires in private rooms of courthouses and treatment facilities. All participants received a ten dollar gift card as compensation.

Data Analysis

Missing data comprised less than 2.5% of the data and were assessed as missing at random (Tabachnick & Fidell, 2007). These data were imputed via expectation-maximization. Prevalence rates of categorical types of gamblers were determined by assessing frequencies.

Results

The results revealed that 30.4% of respondents could be classified as PPG or PG (20.1% and 10.3%, respectively). Additionally, 21.6% of respondents (n = 130) were assessed as being at low risk of PG, whereas 48% (n = 289) either did not gamble or had no problem with their gambling. Categorical PG classifications are presented in Table 1 for the sample as a whole, by gender, ethnicity and type of court.

Table 1
Prevalence of Gambler Type by Grouping Variables

Variable	Probable Pathological Gambler		Problem Gambler		Low-risk gambler		No problem or does not gamble	
	%	n	%	n	%	N	%	n
Total Sample	20.1	121	10.3	62	21.6	130	48.0	289
Male	23.5	101	11.9	51	22.8	98	41.9	180
Female	11.6	20	6.4	11	18.6	32	63.4	109
Black	29.7	66	12.2	27	21.2	47	36.9	82
White	12.0	38	9.1	29	22.4	71	56.5	179
Drug Court	22.2	117	10.5	55	22.4	118	44.9	236
DUI Court	5.3	4	9.2	7	15.8	12	69.7	53

Discussion

This study assessed the lifetime prevalence of PG among adult drug-court participants. The results suggest that the prevalence of PG within this population is elevated. Prevalence estimates of gambling disorders within the general population range from roughly 0.4% to 5.0% (Emshoff et al., 2007; Lorains et al., 2011; National Institute of Justice, 2004; Shaffer, Hall & Vander Bilt, 1999). In contrast to that range, the current study found among its participants a prevalence rate of PPG and PG of over 30.0% (20.1% and 10.3%, respectively). Furthermore, 21.6% of participants were identified as being at low risk of PG, compared to only 13.0% found among male inmates (Walters, 1997).

Additionally, what is generally found in regard to the distribution of PG categories is a decrease in prevalence as PG severity increases; the majority of problem gamblers are sub-clinical (Shaffer & Korn, 2002). However, within this population was found an excessively high rate of PPG, the most severe category of PG. The more severe the gambling problem, the more negative outcomes and social costs are associated with it (Grinols, 2004). The heightened severity of PG among drug court clients may be explained by the presence of two risk factors associated with elevated rates of PG: offending, and substance abuse (Meyer & Stadler, 1999; Petry et al., 2005). The risk associated with these factors may be additive. They may also interact with each other, resulting in the development of a severe gambling problem.

Regarding limitations: In this study the lifetime prevalence of PG was assessed. Current prevalence within this sample was, however, unknown. The SOGS was the sole measure utilized, and this measure may in fact yield a higher rate of PG in comparison to at least some other tools (Williams, Volberg & Stevens, 2012). The measure may also provide a positively skewed distribution of both PPG and PG (Turner et al., 2009). In addition, the self-report measure utilized leaves room for bias. Participants were recruited and volunteered: they may therefore be systematically different than those persons who declined to participate. Participants were only recruited from courts that agreed to participate. Thus, the sample may not be representative of all drug court clients.

Conclusions

Substance-abusing offenders are a unique and understudied population, and are at elevated risk of developing severe PG. These findings highlight the need to assess drug court clients for PG. Moreover, additional research must assess population-specific correlates of PG, which in turn may enhance screening, treatment, and prevention efforts. Finally, the findings point to the importance of dedicating resources to the development, evaluation, implementation and dissemination of evidence-based best practices for preventing and treating PG among this population.

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Dr. Jennifer Zorland received her Ph.D. in Community Psychology and a Graduate Certificate in Public Health from Georgia State University. Jennifer has extensive experience in program evaluation and is skilled at both quantitative and qualitative research methods. Her research interests include the development and evaluation of programs that serve as alternatives to incarceration for non-violent offenders, as well as the prevention, early detection, and treatment of substance abuse and other health compromising behaviors, such as problem gambling. Dr. Zorland serves as the Associate Evaluation Director of Georgia BASICS, funded by SAMHSA. Additionally, Jennifer is a principal founder of CERCA, which provides program evaluation consultation to community and non-profit organizations.

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