

EXECUTIVE SUMMARY

GAMBLING ATTITUDES AND BEHAVIORS: A 2013 SURVEY OF ADULT IOWANS

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BACKGROUND & METHODOLOGY

The 2013 Survey of Public Gambling Attitudes and Behaviors toward Gambling was conducted by the Center for Social and Behavioral Research (CSBR) at the University of Northern Iowa (UNI) and funded by the Iowa Gambling Treatment Program (IGTP) at the Iowa Department of Public Health (IDPH).

The 2013 Survey of Public Attitudes and Behaviors toward Gambling used a dual-frame (land and cell) random digit dial (DFRRD) telephone sampling methodology. A total of 1,826 interviews (564 landlines and 1,262 cellphones) were completed from September 2013 to December 2013. The Iowa Department of Public Health also funded the Iowa 2011 Gambling Attitudes and Experiences Survey which used an address-based sampling methodology (ABS) to invite participation by a random sample of residential Iowa adults. A total of 1,700 questionnaires/interviews were completed (470 online and 1,230 by telephone) from February 2011 to May 2011.

The primary purpose of these surveys was to collect data from adult Iowans and to assess:

- types and frequency of gambling activities,
- prevalence of problem gambling, and
- awareness and opinions of publicly-funded gambling treatment services.

Both 2011 and 2013 data have been weighted in order to obtain probability-based samples representative of all adult Iowans (age, gender, education, etc.).

KEY FINDINGS

- The 2013 prevalence rates of any gambling among adult Iowans were: 93.4% lifetime (*ever*), 77.8% during the past 12 months, and 46.4% during the past 30 days. The rates of gambling behavior in the past 12 months in 2013 were significantly higher than 2011 (77.8% vs. 68.9%). It is estimated that almost 1.8 million adult Iowans gambled during the past 12 months (see [Section 1](#)).
- Using the National Opinion Research Center's DSM-IV Screen for Gambling Problems, commonly referred to as the NODS, the prevalence of "probable pathological gambling" among adult Iowans was 0.9% for lifetime (*ever*) and 0.4% for the past 12 months. The rates of gambling pathology in the past 12 months in 2013 were not significantly higher than in 2011. It is estimated that more than 8,000 adult Iowans may be classified as pathological gamblers in the past 12 months (see [Section 2](#)).
- Using the Problem Gambling Severity Index (PGSI), the 2013 prevalence of "problem gambling" among adult Iowans was 1.9% for the past 12 months and 3.8% were at moderate risk for problem gambling. The rates of gambling problems using the PGSI in the past 12 months in

2013 were not significantly higher than in 2011. It is estimated that about 43,000 adult Iowans may be classified as problem gamblers using the PGSI in the past 12 months (see [Section 2](#)).

- Approximately 16% of adult Iowans were classified as “at-risk” gamblers in 2013 by having one or more symptoms of problem gambling as assessed with NODS or PGSI during the past 12 months. Thus, it is estimated that 369,000 adult Iowans may have one or more symptoms as assessed with NODS or PGSI in the past 12 months (see [Section 2](#) & also [Section 4](#) for definition of “at risk”.)
- 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 (see [Section 2](#)).
- More than half of adult Iowans (55.7%) said that the harms of gambling for society outweigh the benefits when asked about the impacts gambling has on society. About 1 in 3 adult Iowans (29.9%) said that the benefits are equal to the harm. Adult Iowans with more positive attitude toward gambling were more likely to be “at-risk” gamblers (see [Section 3](#)).
- Almost 9 in 10 adult Iowans (89.4%) said they are aware of the gambling helpline 1-800-BETS OFF. However, only 44.1% were aware that Iowa has publicly-funded gambling treatment services (see [Section 3](#)).
- The types of gambling activities adult Iowans *most often engaged in at least once* during the past 12 months in rank order were lottery tickets, raffle tickets, lotteries, scratch tickets/pull-tabs, slot machines, and card games with friends, family members or others (not at a casino) (see [Section 4](#)).
- Among those who said they gambled at least occasionally in the past 12 months, the most important reason was for fun or entertainment (80.6%) followed by for excitement (61.6%) (see [Section 4](#)).
- Among those who *seldom* or *never* gamble, the main reasons for not gambling were the *possibility of losing money* (83.5%) and *not being interested in gambling* (76.4%.) (see [Section 4](#)).
- [Multivariate analysis](#) revealed that substance use and mental health status are primary factors that increase the likelihood of being identified as an “at-risk” gambler. Whether or not respondents gambled in the past 12 months did not differ by most demographic characteristics, with the exceptions of higher household income, tobacco use, and alcohol intoxication after controlling for other covariates in the model (see [Section 8](#)).
- Awareness of state-funded problem gambling treatment differed by gender, race, and geographical location of the respondents after controlling for other covariates in the model. Females were less likely to know about state-funded treatment than males. Additionally, adult Iowans who self-identified as Whites were more likely to know about state-funded treatment than non-Whites. Similarly, people who lived on a farm or in a town of less than 5,000 were more likely to know about state-funded treatment than were those who lived in more urban areas (see [Section 8](#)).

HIGHLIGHTS OF FINDINGS

SECTION 1. PREVALENCE OF GAMBLING

GAMBLING

- 93.4% of adult Iowans have gambled sometime in their life ([page 20](#))
- 77.8% of adult Iowans have gambled during the past 12 months ([page 20](#))
- 46.4% of adult Iowans have gambled during the past 30 days ([page 20](#))
- Rates of gambling behavior in the past 12 months in 2013 were significantly higher than 2011 (77.8% vs. 68.9%) ([page 20](#))
 - It is estimated that almost 1.8 million adult Iowans gambled during the past 12 months ([page 21](#))
- 6.6% of adult Iowans never gambled ([page 20](#))

GAMBLING DISORDER

Using the National Opinion Research Center's DSM-IV Screen for Gambling Problems (NODS) adult Iowans were classified as:

- 0.9% lifetime probable pathological gambling ([page 26](#))
- 0.4% past 12 months probable pathological gambling ([page 28](#))

Using the Problem Gambling Severity Index (PGSI) adult Iowans were classified as:

- 1.9% problem gambling for the past 12 months ([page 30](#))
- 3.8% were at moderate risk for problem gambling ([page 30](#))
- 9.0% were at low risk for problem gambling ([page 30](#))

Aggregating the results from both measures (NODS and PGSI) adult Iowans were classified as:

- 16.0% at-risk gamblers for the past 12 months ([page 33](#))
- About one in seven Iowans were at-risk gamblers in the past 12 months ([page 33](#))
- 2.0% had most severe classification (NODS: Pathological & PGSI: Problem Gambling) ([page 33](#))

Self-reported gambling problems

- 3.4% of Iowans think they have/had a problem with gambling ([page 32](#))
- Similarly, among those who were classified in the most severe gambling problem category by NODS or PGSI (pathological or problem) in the past 12 months, about 25.3% reported that they think they have a gambling problem now ([page 33](#))

- Nearly one in three (29.8%) Iowans reported that they know a person with gambling problems. About one in six (17.7%) have been negatively affected by friend, coworker, family members or someone else caused by gambling ([page 37](#))
- However, respondents who met one or more symptoms in NODS or PGSI in the past 12 months were more likely to report that they knew someone with problems caused by gambling and that they were negatively affected by other people’s gambling ([page 38](#))
- Another question assessed the respondents’ family lives related to gambling problems when they were growing up. It is estimated that one in fifteen (6.7%) Iowans may have experienced someone in their family having a gambling problem when they were growing up ([page 38](#))

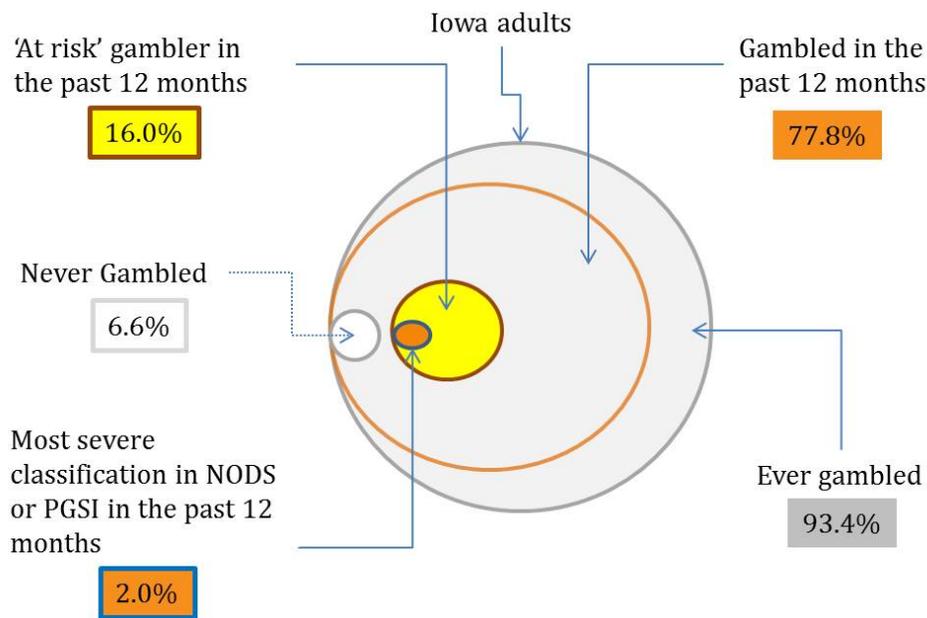


Figure H-1. Prevalence and gambling pathology in Iowa (the figure is not to scale)

SECTION 3. ATTITUDES ABOUT GAMBLING AND OPINION ABOUT GAMBLING PREVENTION & TREATMENT

ATTITUDE ABOUT GAMBLING

- Although 77.8% of adult Iowans gambled during the past 12 months, more than half of adult Iowans (55.7%) said that the harms of gambling for society outweigh the benefits when asked about the impacts gambling has on society ([page 41](#))
- About 1 in 3 adult Iowans (29.9%) said that the benefits are equal to the harm ([page 41](#))
- Adult Iowans with more positive attitude toward gambling were more likely to be “at-risk” gamblers ([page 42](#))

AWARENESS OF PREVENTION & TREATMENT

- Almost 9 in 10 adult Iowans (89.4%) said they are aware of the gambling helpline 1-800-BETS OFF ([page 44](#))
- However, only 44.1% were aware that Iowa has publicly-funded gambling treatment services ([page 44](#))
- Public funding to make gambling treatment available was important to 90.9% of Iowans (55.9% *very important*, 35.0% *somewhat important*) ([page 43](#))
- Similarly, 91.8% of adult Iowans said public funding to educate young people about the risks of gambling was important (64.6% *very important*, 27.3% *somewhat important*) ([page 43](#))
- The attitudes toward treatment-seeking were favorable in the state. The vast majority of Iowans (98.2%) said they admire the courage of people who seek help for a gambling problem ([page 47](#))

SECTION 4. GAMBLING BEHAVIOR

- The types of gambling activities adult Iowans *most often engaged in at least once* during the past 12 months in rank order were ([page 56](#)):
 - lottery tickets,
 - raffle tickets,
 - scratch tickets/pull-tabs,
 - slot machines, and
 - card games with friends, family members or others (not at a casino)
- More prevalent gambling activities such as lottery tickets and scratch ticket and pull tabs were not the “favorite” gambling activities among “at risk” gamblers ([page 66](#))
- Among those who said they gambled at least occasionally in the past 12 months, the most important reasons were ([page 67](#)):
 - For fun or entertainment (80.6%)
 - For excitement (61.6%)
- Among those who never or seldom gamble, the main reason for not gambling were ([page 68](#)):
 - The “possibility of losing money” (83.5%)
 - “Just not interested in gambling” (76.4%)
 - the “distances from betting opportunities” (13.2%) was the least important reason for not gambling for this group
- Almost one in ten adult Iowans (9.7%) who reported gambling said they wanted to decrease the amount of time or money they spent gambling or they wanted to quit gambling altogether ([page 69](#))
 - 3.0% wanted to decrease the amount of time spent gambling
 - 5.4% wanted to decrease the amount of money spent gambling, and
 - 5.1 % wanted to quit altogether
- Among those who experienced any problem gambling symptoms during the past 12 months ([page 69](#))
 - 21.1% said they wanted to decrease the amount of time or money they spent gambling or quit gambling altogether

SECTION 6. GAMBLING ATTITUDES, BEHAVIORS, PATHOLOGY BY DEMOGRAPHICS

- Iowans with a 4-year college degree or more are more likely to have ever gambled than those Iowans who completed high school or less ([page 78](#))
- Although the vast majority of Iowans have gambled in the past, the majority hold negative attitudes toward gambling ([page 89](#))
- Because non-White Iowans are more likely to be classified as problem gamblers (see Figure 6-7, page 85), and less likely to know about the availability of publicly funded programs in the state, they may be least likely to access treatment services ([page 91](#))

SECTION 8. MULTIVARIATE ANALYSIS

GAMBLED IN THE PAST 12 MONTHS

The logistic regression focused on those who gambled in the past 12 months (an estimated 77.8% of adult Iowans) ([page 106](#).)

The odds ratios for those whose household income was in a higher bracket were consistently higher than for those who said that their household income was less than \$25,000. The odds ratio could be interpreted as the “distance” from the reference group value of 1. The odds ratio for those with household income between \$25,000 and \$49,999, or \$50,000 and \$74,999 was 1.93 with a confidence interval [CI: 1.22, 3.05] and 1.92 [CI: 1.14, 3.22]. The odds ratio for those with an income of \$75,000 or more was 3.46 [CI: 2.02, 5.91].

- This suggests that those with the first two income brackets (\$25,000 and \$49,999, or \$50,000 and \$74,999) were about 2 times more likely to have gambled in the past 12 months compared to those who had a household income of less than \$25,000 (reference group).
- This suggests that those with an income of \$75,000 or more (the highest income bracket) were 3.5 times more likely to have gambled in the past 12 months than those with income less than \$25,000.

Similarly, the odds ratio for those who used tobacco in the past 30 days or were intoxicated (with alcohol) at least once in the past 30 days were 2.15 [CI: 1.39, 3.31] and 3.16 [CI: 1.81, 5.54] respectively. Thus, the finding suggests that

- Respondents who used tobacco were about 2 times more likely to have gambled in the past 12 months than those who did not. Also,
- It suggests that respondents who were intoxicated at least once in the past 30 days were about 3 times more likely to have gambled in the past 12 months than those who did not.

AWARE OF STATE FUNDED PROBLEM GAMBLING TREATMENT PROGRAMS

Awareness of state-funded problem gambling treatment programs initially had 3 response options: 1) Yes, I knew it was available in Iowa but not who provided it, 2) Yes, I knew the Iowa Department of Public Health provided gambling treatment, and 3) No, I was not aware of either of these facts ([page 110.](#))

Three demographic characteristics of the respondents were significant in the model: gender, race, and geographical location of the respondents. The race variable was defined as 1 = Whites (non-Hispanic) and 0 = All others (as a result of aggregating all non-White respondents.)

The odds ratio for females was 0.65 [CI: 0.49, 0.86]. Thus,

- females were 35% less likely than males to know of state-funded problem gambling treatment programs.

Similarly, the odds ratio for non-Whites was 0.44 [CI: 0.26, 0.76], which suggests that

- non-Whites were 56% less likely to know of state-funded problem gambling treatment programs compared to Whites.

Also, the odds ratio for those who lived in a large town of 5,000 to 25,000 was 0.64 [CI: 0.44, 0.91], for those who lived in a city of 25,000 to 50,000 was 0.56 [CI: 0.36, 0.89], and for those who lived in a city of 50,000 or more was 0.48 [CI: 0.33, 0.69]. Thus,

- respondents in bigger towns and cities were less likely to know of state-funded problem gambling treatment.

The odds ratio for respondents who had gambled in the past 12 months was 1.55 [CI: 1.11, 2.15]. Thus,

- those who gambled were 1.6 times (or 65%) more likely to know of state-funded problem gambling treatment programs.

Among the substance use variables, the odds ratio for those who were alcohol intoxicated at least once in the past 30 days was 0.65 [CI: 0.45, 0.94]. Thus,

- they were 35% less likely to know about the treatment compared to those who have not been intoxicated with alcohol.

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