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An Exploration of the Calls Received by the Kentucky Council on Problem Gambling Help Hotline

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DEDICATION

To everyone who said, “So, how’s your thesis coming along?”

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ABSTRACT

Studies that focus on crisis hotlines are abundant, however very few deal with the subject of gambling. The literature reviewed examines gambling as an addiction and the general existence of hotlines. This study examines the use of the hotline provided by the Kentucky Council on Problem Gambling (KYCPG) in a dichotomous breakdown of gender. There are some significant differences between males and females, particularly regarding criminal behavior in the effort to recoup gambling losses or to continue gambling. An additional breakdown of seasonal and regional call logs further analyzes the use of the KYCPG hotline.

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CHAPTER 1 – INTRODUCTION

"A roll of the dice" or "I'm feeling lucky!" are popular expressions when referencing gambling activity. Seldom does a modicum or mountain of luck strike the hands of a gambler – Hollywood and its film producers, however, would have its patrons believe otherwise. People seem to follow the glamours presented by the fantasy of winning the "big" jackpot rather than the less exhilarating related statistics of chance. Cultures abounding the globe have embraced betting behavior for thousands of years. Gambling has been an accepted part of many human cultures since approximately $3000_{B.C.}$ (Sumitra and Miller, 2005), whether the table bet was a bearskin, horse, vehicle ownership papers, or a mortgage. Generations of people have continuously placed bets for sport, but most likely they did not have an official moniker for their fellows whose activities lead to nothing more than inability to function without a betting ticket in their hand. Plastic and metal development in the forms of gambling machines and paraphernalia created passages for individuals to traverse otherwise unknown territory divesting themselves of responsibility and association for an occasion of merriment. This study will focus on the phenomenon of pathological/problem gambling, the process of enduring an addiction, and the relationship between problem gamblers and criminal activity.

Moviegoers of all ages have enjoyed cinematic expressions with gambling themes. "The Hustler," "Bugsy," "Casino," and "Oceans 11" are well known films capable of whisking away ordinary folk into dream dimensions allowing unbounded expenditures and unimaginable drama and destiny. In 1989 Imagine Entertainment released a summer family movie entitled "Parenthood," and focused a sub-plot on the

upset experienced by a family living with a problem gambler. The comical cast portrayed the Buckmans, a quintessential dysfunctional family: everyone had a problem that necessitated a solution. Larry Buckman (played by Tom Huce) was the gambler in the family. Larry attempted to pay for his debts and cover his losses, but when Larry takes custody of his son, Cool (played by Alex Burrall), the child is pawned off on Larry's father and mother.

An essential scene that perfectly depicts the dissociation pathological gamblers experience is the discussion between Larry and his dad, Frank (played by Jason Robards). Frank tells his son his debts will be paid and Larry can work with him until the debt is repaid. Relief is visually evident in Larry, not because he is getting a second chance at life, but because he does not have to claim personal responsibility for his gambling behavior. After seemingly accepting the offer to work with his father, Larry informs Frank of an investment opportunity in South America, and suggests that he fly down to examine the operation and get them started. Frank acquiesces to Larry's request, and ostensibly knows that he will never see his youngest son again.

Infrequently stories are told of families and persons whom are bound to endure the consequences of pathological gambling. The DSM-IV enumerates criteria (listed below) that are indicative of pathological gambling behavior.

A. Persistent and recurrent maladaptive gambling behaviour as indicated by five (or more) of the following:

> 1. is preoccupied with gambling (e.g. preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)
> 2. needs to gamble with increasing amounts of money in order to achieve the desired excitement
> 3. has repeated unsuccessful efforts to control, cut back, or stop gambling
> 4. is restless or irritable when attempting to cut down or stop gambling

5. gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g. feelings of helplessness, guilt, anxiety, depression)
6. after losing money gambling, often returns another day to get even ("chasing" one's losses)
7. lies to family members, therapist, or others to conceal the extent of involvement with gambling
8. has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling
9. has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
10. relies on others to provide money to relieve a desperate financial situation caused by gambling

(DSM-IV, 2011). Cognizance and recognition of the ideology behind a newly found medical malady does not create an instantaneous following of believers, but does provide an on-ramp for general acceptance of the phenomenon as an addiction or compulsive behavior. Pathological gambling is not currently recognized by the DSM as an addiction, but rather is classified as an impulse control disorder; however, the next edition will address pathological gambling as an addiction (American Psychiatric Association, 2010). Gambling is not a substance addiction that requires a subject to ingest harmful chemical concoctions and consistently present symptomatically. A pathological gambler imposing financially on his/her friends and/or family may be written off as another ploy to avoid responsibility and work. Herman and Herscovitch (1999) show that similarities between alcoholism and gambling addiction include withdrawal symptoms, tolerance, self-help groups, loss of control, preoccupation, and negative impact on major life areas. Herman and Herscovitch (1999) also note differences of gambling from alcohol addiction. Gambling is not self-limiting (the gambler does not pass out), gambling behavior is not attributable to intoxication (gambling addiction is less understood because of this), unpredictable outcomes are possible (the gambler might win), fantasies of success occur (gambling is thought to solve problems in ways alcohol and/or drugs

don't), gambling is easier to hide, greater financial problems arise, the intensity of family anger is different, and there is less public awareness and acceptance.

Official medical recognition of an impulse control disorder will not assuage the many questions obstructing the path of recognition. Is problem gambling real? What methods exist to diagnose individuals quite in the wake of an incontrollable impulse? The bigger question is what exactly triggers a person to succumb to the desire to gamble away the electric bill or mortgage. Behavior that the majority of society is able to control somehow becomes a way of life and survival for a small, but consistent, percentage of the world population (Shaffer, Hall, and Vander Bilt (1997); see also Legislative Research Commission (2003); National Opinion Research Center (1999); South Australian Centre for Economic Studies (2003); Delfabbro, P., and Thrupp, L. (2003); Fisher, S., (2000); Griffiths, M.D., and Wood, R.T., (2000); Jacobs, D. F. (2000); Moore, S.M., and Ohtsuka, K. (1997); Poulin, C. (2000); Stinchfield, R. (2000); Wiebe, J.M.D., Cox, B.J., and Mehmel, B.G., (2000); Winters, K.C., Stinchfield, R., and Fulkerson, J. (1993); and Wood, R.T.A. and Griffiths, M.D., Derevensky, J., and Gupta, R. (2002). If help is provided will many rush to take advantage of the provided services to ameliorate the negative impacts?

Crisis hotlines of any nature exist to provide assistance to individuals suffering the effects of extraordinary circumstances. Suicide, depression, substance abuse, accidental poisoning, terminal illness, rape, violence, and problem gambling are but a few of well known crisis situations that have inspired the genesis of help lines catering to all ages. Callers are encouraged to speak with one of the trained counselors answering the phone line with the explicit hope that at least one of their

techniques may save and/or change the lives of anyone ringing for a compassionate ear. The demographics of hotline calling population contain both legitimate and phony calls. Persons accepting calls on behalf of a crisis hotline are trained to "weed out" the prank callers. Additionally, the demographics include persons calling on behalf of a family member, friend, or coworker. Information regarding how to speak with and/or encounter individuals symptomatic of the respective crisis line is disseminated, but the data obtained from the non-symptomatic caller obviously is not accurate to the probable degree of a symptomatic caller.

Crisis hotline counselors attempt to provide the best information available to each individual. Unfortunately, lack of true firsthand knowledge of events surrounding each unique case increases the probability for large error margins. Understanding the effects of a crisis hotline is crucial to its operation and success, and some are more effective than others. Cognizance of the help area, current data, creative advertisement, and well trained counselors are but a few of the necessary components for an efficacious crisis hotline. Advertisements for hotlines must be placed in conspicuous locations to reach as many persons possible. For instance, in an unnamed casino, the signs for a state gambling crisis hotline were dark, and blended into the environment, which certainly fails to pique the interest of passersby. One sign even served as a passage divider for the flow of traffic. The crowd was observed as taking notice of the partition but not of the information provided by the object. Bright, flashing neon lights are most probably not the desired solution, but the question arose as to what exactly would attract a person to call a crisis hotline.

Further, what characteristics may be gleaned from studying gambling hotlines, and what, if anything, may be done to improve upon existing knowledge and research?

Currently there is precious little research considering the efficaciousness of gambling hotlines (Wilson, 2001; see also Alcoholism & Drug Abuse Weekly, 1994; Cuadrado, 1999; Unwin, Davis, & De Leeuw, 2000; Gengler, 2007; and Hunt, 2009). The study discussed herein focuses on data provided by the Kentucky Council on Problem Gambling (KYCPG), and will discern the differences between males and females in gambling behavior, problems suffered due to gambling activity, criminal activity, and recommended treatment.

This study will focus on data obtained from the Crisis Hotline provided by the KYCPG for problem gamblers. This study is necessary to help address the lack of research regarding hotlines for problem gamblers, and secondly to identify any relation between problem gambling and criminal behavior. The following chapters shall discuss previous literature describing the phenomenon of problem gambling, methodology utilized in this study, reports from regressive statistical analyses, and an in-depth discussion presenting the demographic nature and use of the hotline, and the difference between males and females regarding the rate of problem gambling in the state of Kentucky to include the significance of frequency, triggers of calls in to the KYCPG hotline, preferred venues of gambling, and the relativity of criminal activity to gambling behavior.

CHAPTER 2 - LITERATURE REVIEW

As with most complex subjects an understanding of the phenomenon in question helps when considering new research and ideas regarding the subject matter. The following sub-sections offer a collection of myriad studies discussing the history and definition of pathological gambling, use of hotlines both previously and presently, and an extensive examination providing medical findings of the workings of a gambling addict's mind including arousal and stimuli, neuropathology of stress and chemical reactions, and methods of and attraction to gambling. Due to faulty diagnoses of pathological gambling this chapter will discuss methods of accepted diagnoses, phase progression of gambling addiction, comorbidity of problem gambling, symptoms as related to physical substance addictions, impulses and their role in addiction, and neuropsychological risk and response linked to gambling addictions. Additionally, the review will consider research on the cost of gaming programs relating to criminal activity, impact on casino neighborhoods, and current hotline research.

Problem Gambling Defined

Some people recognize problem gambling only as a label that emerged from the social construct of a problem while others will view it as a medicalization of deviance (Conrad, Schneider, and Miller, 1981). The purpose of this research is not to address whether or not problem gambling is or is not a true medical malady, but rather to examine the phenomenon of the behavior as it relates to the use of gambling hotlines.

Assuming that no biases are held against the gambling industry, the majority concludes that the industry should experience no hindrance in operational tasks from government agencies. Conversely the medical agenda argues vehemently that problem/pathological gambling is indeed an addiction that requires medical treatment and protection for the individual (Casey, 2003). Pathological gambling was formally recognized by the American Psychiatric Association (APA) in 1980 and published in the DSM-III (Stinchfield, Govoni, and Frisch, 2005). According to the APA (1994, page B-5), pathological gambling is defined as the "persistent and recurrent maladaptive gambling behavior (Criterion A) that disrupts personal, family, or vocational pursuits." Pursuant to previous and following categorizations for impulse disorders (not elsewhere) classified, pathological gambling may only be assessed as such if the episode is not better accounted for as a defined Manic Episode (APA, 1994). Coman, Evans, and Burrows (2005, page 129) expand the provision of the APA and include that the subject must experience "personal and social difficulties and economic losses."

Persons who gamble in a social manner (normal gamblers) are not unaffected by the emotional rollercoaster of winning and losing, but their impulses are better checked by a more exhaustive array of strategies to control nervous highs and lows (Ricketts and Macaskill, 2004). Illustrations of the level of gambling are scaled from social to problem or at-risk, culminating in pathological. Social gamblers set limits to their gambling activity, while problem or at-risk gamblers allow their risky behavior to negatively affect (un)selected areas of their lives. Finally pathological gamblers

frequently make no attempt to permanently ameliorate damaging effects on their personal, family, or occupational endeavors (Fong, 2005).

Gambling behavior is not limited to adults. In fact, pathologic gamblers typically begin in their youth (before age 18) (Unwin, Davis, and De Leeuw, 2000), and games of chance tend to hold extreme popularity among youths. Adolescents experience similar arousal as adults when gambling (Fong, 2005). Stress relief, excitement, social acceptance, competition among peers, and even "staying in the game" are common, but not exhaustive, reasons individuals engage in betting activity (Griffiths, Park, Wood, and Parke, 2006). Seventy-six percent of gamblers are likely to experience heavy depression, recurrent in 28% of pathologic gamblers (Unwin et al., 2000). Relief of depression and/or anxiety has been considered as a self-prescribed therapeutic method (Schmitz, 2005), but there is not an in-depth link between mood state and gambling behaviors (Gee, Coventry, and Birkenhead, 2005).

Non-gamblers reportedly do not expect to win money, but unanticipated profits are welcomed. Problem gamblers seize an opportunity to exercise prowess and gaming skills, but do not identify winning money as the primary goal (Ricketts and Macaskill, 2004). Furthermore, arousal is achieved through increasing the bet (Schmitz, 2005). The degree of arousal experienced by problem gamblers is several degrees higher than non-gamblers, so much so that problem gamblers may continue to experience increased arousal even after play (Moodie and Finnigan, 2005). Almost winning serves to stimulate problem gamblers as the "near miss" encourages individuals to continue playing (Parke and Griffiths, 2004), possibly because self-perception after a "near miss" may project a sharpening of gambling skill.

Gambling euphoria is not present in all situations. Play for points in a controlled environment is consistently less stimulating than casino gambling (Krueger, Schedlowski, and Meyer, 2005). Comfortable methods of gambling activity may be engaged through mediums such as the Internet and i-TV. "Home gamblers" may explore the Internet and i-TV as methods of play because the competition is against other individuals rather than fixed odds, and the win potential and financial value is perceptively increased exponentially (Griffiths et al., 2006).

Physical location of gambling behavior will not alter the addictive gambling phases if the activity is not controlled or goes unchecked for an extended period of time. Initially, play is enjoyable: dormant skills are discovered, and bad luck occurs infrequently. Eventually, the losing phase envelops the individual in chasing losses, which may continue for years and cause work and family problems to surface (Custer and Milt, 1985; see also Lesieur, 1977). Desperation and panic allow the metamorphosis of gambling from an infrequent pastime to an obsession, and individuals may attempt to run away or turn to crime. Dramatic solutions such as prison and suicide may be considered (Gowen, 1996). According to Gengler (2007, page 34), "problem gamblers suffer one of the highest suicide rates of any kind of addict."

Problem gamblers may endure withdrawal and other physical symptoms consistent with substance addictions (Patterson, Holland, and Middleton, 2006). Interruptions in family and vocational functioning are likely to occur, as well as stressful financial predicaments (APA, 1994). Denial of problematic behavior will assuredly increase the existing crisis and likely lead to the return of latent or pre-

existing addictions and/or moods such as substance abuse and risk of suicide (Chéné, 2005). Internet gambling ostensibly may provoke the strongest levels of dissociation/immersion (Griffiths et al., 2006). Youth are also symptomatic of potential problem gambling behavior in that they "are more likely to have higher rates of delinquency, aggressive behavior, crime, and antisocial behaviors" (Fong, 2005, page 125). Patterned behavior established during adolescent years will conceivably repeat during adult years unless proper treatment is received in a timely manner.

Whether problem gambling is experienced as a youthful addiction that carries over into adulthood, or develops later in life, the severity of a gambling addiction is incumbent upon many variables. Men and women who are willing to admit their gambling problem, have committed an offense related to gambling, and are willing to abdicate to treatment and regularly attend therapy sessions are more than likely severe problem gamblers (Lahn, 2005). Women may become addicted as quickly as six months, while men experience a complete phase cycle of addiction over the course of a few years (Gengler, 2007). Currently there is no systematic process in place to educate, screen and treat pathological gamblers (Unwin et al., 2000). The South Oaks Gambling Screen (SOGS) has become one of the most popular (and accepted) methods to diagnose a problem gambler (see South Australian Centre for Economic Studies, 2003, for a discussion of various diagnostic instruments for pathological gambling). Interviewers may be (non)professional, or the individual incurring unpleasant side effects of their gambling behavior may administer the questionnaire (Lesieur and Blume, 1987).

The APA established a listing of ten criteria for pathological gambling; affirming five or more will likely result in a positive diagnosis for pathological gambling (See Appendix A) (APA, 1994).

Adolescents often receive a two-question screening known as the Lie-Bet Questionnaire (Fong, 2005, page 131):

1. "Have you ever lied to anyone important about how often you gamble?
2. Have you ever had to increase your bet to get the same excitement from gambling?"

An additional screening method is provided by the Gamblers Anonymous group. Affirmative responses to 7 or more yield a positive diagnosis of problem gambling (See Appendix B) (http://www.gamblersanonymous.org/20questions.html). The South Oaks Gambling Screen (SOGS) (Lesieur and Blume, 1987) as discussed above is also a useful tool for diagnosing problem gamblers (See Appendix C).

Progression into pathological gambling occurs more quickly for adolescents than adults, and failure to receive proper treatment seemingly perpetuates adolescent rates of pathological gambling (Fong, 2005). Accessibility to the Internet alternatively warrants diagnoses of Internet addiction, yet for gamblers utilizing this medium, the Internet is merely the means by which gambling activity occurs (Griffiths et al., 2006). Highs achieved through gambling behavior are similar to the physiochemical high attained through substances (Moodie and Finnigan, 2005), and withdrawals occur similarly as with substance addictions (Martin and Petry, 2005).

Beyond the highs and withdrawals, a structural necessity in the addiction cycle is the "near miss" (Park and Griffiths, 2004). Devaluing money in the form of

tokens, chips, and electronic cash creates altered cognitions of actual expenditures, thereby increasing the bets placed by gamblers and the frequency of play (Griffiths et al., 2006). Additional credit teasing prompts individuals to gamble more extensively with the promise of greater rewards that are too infrequently delivered (Parke and Griffiths, 2004).

Emotions are imbalanced when substance use or behavior spirals uncontrollably into primal nature of survival, and self-perceived expectations of more wins than losses account for differences in gambling behavior (Ricketts and Macaskill, 2004). Neurological functioning also contributes to addictive behavior in gamblers. The brain employs circuits for specific purposes: reward is controlled by nucleus accumbens and the ventral pallidum; motivation and drive function through the orbitofrontal cortex and subcallosal cortex; memory and learning are serviced by the amygdalae and hippocampus; and the prefrontal cortex and anterior cingulated gyms establish control (See Table 1).

Table 1 – Brain Circuit and Function

Brain Circuit	Function
Amygdalae	Memory and learning
Anterior cingulated gyms	Control
Hippocampus	Memory and learning
Nucleus Accumbens	Reward
Orbitofrontal cortex	Motivation and drive
Prefrontal cortex	Control
Subcallosal cortex	Motivation and drive
Ventral Pallidum	Reward

Damage occurring in the motivation and drive circuits (Patterson et al., 2006) has been identified in pathological gamblers, as well as frontal cortex functioning impairment in males (Sumitra and Miller, 2005).

Learning and memory patterns are mirrored in substance and behavioral addictions, where sensitization to the substance or behavior is altered through neuroadaptive response (Martin and Petry, 2005). Memory is controlled primarily through the amygdalae, frontal cortex and hippocampus. Brain mechanisms appearing in substance addicts are similarly concurrent in pathological gamblers (Taminga and Nestler, 2006). Pleasure memories incite cravings and withdrawal negatively reinforces the behavior or substance use (Schmitz, 2005), thus strengthening the operant conditioning (Parke and Griffiths, 2004) for addiction survival, and divorcing one's priorities from responsibilities to employ cravings (Martin and Petry, 2005).

Problem/pathological gamblers often experience additional mental and emotional maladies. Individuals diagnosed as pathological gamblers are more susceptible to and frequently experience multiple behavioral and mood disorders (APA, 1994; see also Sumitra and Miller, 2005). The incidence of pathologic gambling is increasing, and so, too, is the importance for family physicians to recognize and treat this condition, while simultaneously diagnosing (if necessary) the presence of depression and alcohol abuse (Unwin et al., 2000). Adolescents are exposed to increased risk for comorbidity of substance use and behavioral and mood disorders once diagnosed as a pathological gambler (Fong, 2005). Compulsive Sexual Behavior (CSB) also has been discovered as a comorbid impulse condition in pathological gamblers as well as compulsive shopping (Grant and Steinberg, 2005; see also Sumitra and Miller, 2005). Pathological gambling is comparative to substance abuse (Martin and Petry, 2005; see also Schmitz, 2005) in that both the

addictive gambling behavior and substance-related disorders' "pathophysiology of tolerance and dependence are based on the neurochemically-driven, homeostatic processes of the reward pathways" (Schmitz, 2005, page 156).

Impulsivity is found to be more severe in problem gamblers compared to non-problem gamblers (Patterson et al., 2006). Pathologic gamblers share narcissistic personality characteristics and impulse control problems (Unwin et al., 2000). Impulse pleasures derived from pathological gambling and other compulsive behaviors grade the degree of severity of addiction of a gambling addict (Patterson et al., 2006; see also Schmitz, 2005). Quite expectedly, the majority of adolescents markedly have difficulty controlling impulse disorders (Fong, 2005).

Gambling behavior is primarily controlled by pleasure (Gee et al., 2005; see also Grant and Steinberg, 2005 and Krueger et al., 2005). Emotional loneliness may coexist with high Internet usage levels (Ng and Wiemer-Hastings, 2005) supporting the later generation of female gamblers seeking escape (Gowen and Speyerer, 1995). The excitement spurred by risky behavior is evidenced by increased heart rate and narrowing of attention and view during gambling (Krueger et al., 2005). High levels of arousal and/or anxiety may still be present upon the departure of the gambler even after a loss probably caused by dissociation during the activity (Gee et al., 2005), thus resulting in poor performance of cognitive tasks (Patterson et al., 2006). Additionally, fluctuating levels of cortisol release affect highly impulsive people during gambling behavior in that heart rate is considerably faster than non-gamblers (probably due to problem/pathological gambling) (Krueger et al., 2005). Cessation of compulsive and/or addictive gambling behavior will likely result in emotional distress

for the individual and he/she may be unable to control their behavior (Ricketts and Macaskill, 2004).

Video Lottery Terminals increase the risk of pathological gambling for many people as its use is unlimited (Chéné, 2005). Risky or sensation-seeking behavior, high rates of impulsivity, and socializing in a group of peers that frequently engage in risky behavior greatly increase the risk for pathological gambling in adolescence. Additionally, youngsters with fragile self-esteem, insensitivity to punishment, and/or hypersensitivity to reward also are more likely to gamble pathologically (Fong, 2005).

Legislation and Costs of Gambling

Despite the harmful effects of betting and gaming the economic industry continues to consider the unexpected revenue positively. Many states are utilizing the extra funding to sponsor programs affecting welfare and health reforms (Setness, 2005). Interestingly, by 2010 only two states within the U.S. did not endorse a lottery or other form of legalized betting: Utah and Hawaii (see Stitt, Nichols, and Giacopassi, 2003). As of February 2011, 7 states do not have state lotteries: Alabama, Alaska, Hawaii, Mississippi, Nevada, Utah, and Wyoming. In a report produced by the federal government of the United States, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands also have lotteries (United States Federal Government, 2011). Yet the United States will not alter taxing procedures to increase the quality of life for its citizens that struggle financially (Mooney, 2005), which perpetuates an easy turn to gambling to win fast money.

Entertainment serves as a powerful and lucrative industry with which to become involved, but even the average $7 billion annual revenue is out-grossed by gambling revenue: a whopping $47.6 billion (Khantzian, 2005). Revamped legislation allows the state to cash in on the mountainous profits, but pathological gambling is consistently costly to individuals and society as a whole. An indirect price tag of $5 billion for approximately 5% of the United States population is affixed for treatment, imprisonment, and various other costly fares (Patterson et al., 2006). Even more costly are the personal, social, and occupational relationships damaged or severed due to pathological gambling (Fong, 2005; see also Sumitra and Miller, 2005) and mental health issues, especially among adolescents (Fong, 2005).

Laws concerning the profits and taxation of gambling revenue are passing with greater frequency, as well as increasing circulation. Legislation surrounding the gambling phenomenon in the UK has slowly become more readily accessible and visible (Casey, 2003). New York has recently passed legislation allowing the Human Technologies Corporation to inform and counsel small groups of the inmate population in medium security prisons if they "were either on remand, community service orders, periodic detention, or probation and parole" (Lahn, 2005, page 346). During his term as the U.S. Attorney General, Robert F. Kennedy targeted bookies as he promoted and sponsored the Wire Act, essentially keeping tabs on the operational schematics of illegal betting of "mobsters" (McNeal, 2005).

Targeted or not, society will find a way to exercise its recreations. Behaviors deemed illegal by separate, but agreeing, levels of government have been previously ignored in the face of desire for a substance or behavior. Beyond simple rebellion,

criminally defined activity and the state have shared a symbiotic relationship throughout time (Chambliss, 2004). Indeed, organized crime such as gambling, narcotics and pornography managed by "mobsters" continues to thrive because of public demand. Market and economic conditions often have a firm hand in molding criminal behavior (Albanese, 2000). Across the United States border in Canada, loan sharks Kar Kit Ng, Shui Ming Wu, and Qi Ming Chen plead guilty to charges of loan sharking, and received fines of $61,000, $15,000, and $16,000 respectively, though their profits were easily in the hundreds of thousands of dollars as they charged their borrowers 10% for a three-day loan. Ng, Wu, and Chen each received probation sentences and were banned from Canadian casinos for two years, but jail time was never issued (Stock, 2001).

The population of adult pathological gamblers is determined to be 1-3 percent (APA, 1994; see also Gowen and Speyerer, 1995 and Schmitz, 2005). Lahn (2005) reports the population as 1.1% and Thomas (2005) at 1.6%. Patterson et al. (2006) posit that another 15 million Americans (approximately 5%) are problem gamblers. Sister countries to the United States, Australia and England, reported pathological gambling populations of 2.1% and 0.8% respectively (Lahn, 2005). Interestingly the highest percentage rate is recorded among American youths at 4 - 8% (Fong, 2005). Though exact numbers are difficult to accurately report, offender populations house higher frequencies of pathological gamblers than society in general (Gowen and Speyerer, 1995).

Behaving Criminally

Criminal activity is a solution for problems associated with gambling for some. Theft, fraud, embezzlement, bad checks, loan and credit card fraud, and public disorder are all likely within the scope of behavior thought necessary to continue gambling or recover past losses (Gowen, 1996; see also Gowen and Speyerer, 1995 and Stitt, Nichols, and Giacopassi, 2003). Unwin, Davis, and De Leeuw (2000, page 742) report that "legalized gambling, organized crime and violence have historically shared a long relationship." Higher rates of crime are concurrent with larger populations (Piscitelli and Albanese, 2000; see also Wilson, 2001) but populations with casinos report larger increases of population itself rather than crime (Piscitelli and Albanese, 2000). Consistently scholars report that casinos do not increase crime (Piscitelli and Albanese, 2000; see also Thomas, 2005 and Wilson, 2001; for an exception see Grinols and Mustard. 2001. University of Illinois, University of Georgia, 1-35). Drug and anabolic steroid use, violence, and weapon carriage on school premises were especially common among youth problem gamblers (Unwin et al., 2000).

Spokeswoman Nancy Langille for the Ontario Coalition Against Gambling Expansion (OCAGE) expressed her beliefs that organized crime is "promoting pathological gambling addictions that are leading people who have no prior history… into a range of criminal activity, including fraud" (Stock, 2001, page 27). Studies that control for at risk population (Albanese, 1985; see also Curran and Scarpitti, 1991) versus those that do not (Thompson, Gazel, and Rickman, 1996) did not show a significant increase in crime (as cited by Stitt et al., 2003). One study conducted by

Grinols, Mustard, and Dilley (1999) (as cited and reported by Stitt et al., 2003) did not control for at risk population, and showed significant increases in all crimes save murder. Interestingly, Caucasians were more likely to engage in criminal activity related to gambling pursuits than Hispanics (Cuadrado, 1999). Hotspots of criminal activity near casinos lack a direct determinant of causality (Stitt et al., 2003) but Rising Sun Police Department in Dearborn County, Indiana reported that locals, not tourists, were committing crimes, but not against tourists (Wilson, 2001).

Crime rates increase similarly where casinos are introduced. Atlantic City experienced significant growth both in property values (61.5%) and crime rates according to Buck, Hakim, and Spiegel (1991) since 1978. Gambling establishments stand the greatest risk of aggressive assaults and violence compared to other businesses (Griffiths, Parke, and Parke, 2005), but casino businesses are likely to be criminally involved in larceny, liquor violations, and prostitution (Stitt et al., 2003). Individually, severe and moderate gamblers both admitted they felt their gambling lead to their offending. The United States reported a 60 percent gambling offense rate (Lahn, 2005). Seventy-seven to eighty-two percent gambling offense rate was in the UK, but the actual conviction rate for gambling-related offenses was only 4 percent in Canada (Lahn, 2005). Sumitra and Miller (2005, page 33) state that "one third of the annual cost of pathologic gambling disorder represents criminal justice expenses." Indeed compulsive gamblers are three times more likely to be incarcerated (Stitt et al., 2003), and inefficient or absent screening methods for correctional inmates unofficially homologates gambling within the institution (Lahn, 2005).

A less explored aspect of criminal offending by pathological gamblers is domestic violence. Police may occasionally be called to aid private security at casinos (Griffiths et al., 2005) but they are less likely to be called when the cosymptomatic relationship of poor impulse control (Lahn, 2005) bears shape in the form of physical assault against a spouse, child, or other familial bond. South Dakota's child abuse and domestic assaults rose 42 and 80 percent respectively once casinos were introduced. Intimate partner victimization increases 10.5 times when women partner with problem gamblers (Griffiths et al., 2005). As referenced by Drake and Pandey (1996, page 206), "White *et al.* (1992) examined professional football games, their findings showing that women in northern Virginia had significantly more emergency room admissions for injuries the day following a Washington Redskins victory." Hockey games did not show a significant increase in male-perpetrated abuse after a win or loss. After controlling for days of the week and months of the year, abuse levels were not significantly higher upon the conclusion of professional sporting events. Rates of (child) abuse were lower on weekends, possibly due to lack of school officials to report injuries; however, no significant relationships between professional sporting events and child abuse were found (Drake and Pandey, 1996).

Casino Impact

Installation of casinos near Atlantic City rendered greater economic dependency on the gambling establishments, and criminal activity decreased in frequency with increase of distance from the casino(s) (Buck et al., 1991). Occupational growth increased with casino placement (Thomas, 2005). Monies not

provided by the state derived from gambling operations powered the economy and helped fund extra projects (Thomas, 2005; see also Wilson, 2001). Gaming revenue in Indiana provided 6 percent of the general fund in 2005 (Thomas, 2005.) The Social Exchange Theory (SET) indicates that relationships with a human factor are analyzed by the person(s) involved, and further scrutinized for cost-benefit ratios (Chhabra, 2007).

A study conducted by Chhabra and Gursoy (2006) revealed that resident concerns of casino implants center on economic, sociocultural, and environmental implications. Casino presence was received well by South Korean residents, and Catholics were also likely to react favorably to casino gaming proponents. ANOVA tests showed that Caucasians were more likely to show greater reservations and concerns about casino/gaming issues than African-Americans. Not surprisingly, education was found to have a positive impact on gambling support, which is not to imply that African Americans are not smart individuals; however, the quantity of formally educated Caucasians grossly outnumbers that of African Americans (Bradshaw, 2002). "African Americans agreed more with the statement that they were glad that their area would have a casino while controlling for age, gender, and annual household income" (Chhabra and Gursoy, 2006, page 35). A notable difference between White and African Americans is that the latter group examines less closely the costs associated with establishing casinos and ostensibly believes the standard of living will increase with jobs created by casinos (lack of residential support for casinos stems from the belief that casino staff positions will not improve the standard of living for residents). Other differences between United States

Caucasians and African Americans include African Americans agreed more with the benefits and disagreed more with the costs than Caucasians. African Americans disagree more than Caucasians about social costs, but racial differences were not observed concerning economic benefits and costs and infrastructure benefits. Residents are likely to support casino growth if the benefits exceed the costs, and are generally unhappy with increasing casino gaming opportunities and increased tourist traffic (Chhabra and Gursoy, 2006).

Alternatively, individuals find success in gambling without disrupting otherwise quiet residential areas with tourist wiles. Internet mediums for gambling are not the primary addiction (Griffiths et al., 2006). A study by Ng and Wiemer-Hastings (2005) examined Massively Multiplayer Online Role-Playing Games (MMORPGs) and found that players did not engage in the recreational merrymaking to service an addiction or alleviate stress, and were not emotionally unbalanced if their pastime was not sustained. Diagnosis of an addiction requires the display of addictive behaviors, a characteristic lacked by heavy Internet users (Ng and Wiemer-Hastings, 2005). Talented computer hackers may be able to discover cheating codes for gambling sites, but again the gambling is the addiction and the Internet merely the tool through which the gambling activity is facilitated.

Treatment for Problem Gamblers

March and April are the high volume times of betting cessation or control attempts (Armour, 2007). Treatment for a gambling addiction offers the best rate of success if comorbid conditions are considered and simultaneously treated (Grant and Steinberg, 2005; see also Martin and Petry, 2005 and Sumitra and Miller, 2005).

Maladaptive or inefficient treatment centers will only serve to enable the gambler into relapse (Fong, 2005). According to the American Psychiatric Association (1994), a 12-step program similar to Alcoholics Anonymous is the most successful treatment for gambling addictions. The Alcoholics Anonymous treatment program is an amiable alternative where Gamblers Anonymous is unavailable (APA, 1994; see also Gowen and Speyerer, 1995 and Tamminga and Nestler, 2006).

Women are the most likely gender to seek and accept gambling addiction treatment even with the cognition that recovery will be gradual, not immediate (Sumitra and Miller, 2005). Counseling tactics such as monitoring free time away from work, finances, establishing contacts with family members, supervisors, casino security, (Gowen and Speyerer, 1995), as well as personality and maladaptive behavior techniques provide a positive recovery prognosis in aiding the individual to unlearn maladaptive behaviors (Coman, Evans, and Burrows, 2005). Tricyclic antidepressants, selective serotonin reuptake inhibitors, opioid antagonists, and mood stabilizers are listed as possible efficacious pharmacotherapy products, but have yet to be approved (Sumitra and Miller, 2005). Desensitization and stimulus response techniques also serve as useful methods in further supporting guidance of differentiating types of stimuli and improving the gambler's environmental and behavioral awareness (Coman et al., 2005).

Inmates of penal institutions generally do not receive specialized [problem gambling] treatments (Gowen, 1996), and probation officers often are not cognizant of their charge's pathological gambling condition when he/she is released from prison (Gowen and Speyerer, 2005). Full recovery is probable provided that individuals

remain active in medical, group, and individual therapy as necessary (APA, 1994) as relapse prevention is essential in maintaining healthy behavior and attitude towards gambling (Sumitra and Miller, 2005). Relapse, according to Holub, Hodgins, and Peden (2005), renders the greatest risk through positive and negative mood, social stresses or pressures, and the win or loss potential of money. Complete and permanent abstinence from gambling may not be wholly necessary for a successful recovery. The use of behavioral, cognitive, and cognitive-behavior therapy seem to be the most successful approaches for treatment. Utilizing pharmacotherapy products is more so for treatment of depression than a primary treatment for pathologic gambling (Unwin et al., 2000).

Hotlines

Many people seek the services of help hotlines before treatment of any sort is meted out. The focus of this study is on the Kentucky Council's hotline for problem gamblers; however, a look at the general process for origination and standard operational procedures of crisis hotlines provides a helpful insight to the individual project strategy. Multiple types of hotlines infiltrate public domain, the most common of which are poison control centers (PCCs). A study by Broadhead (1996a, page 304) posits "Most urban telephone directories list hotline numbers for alcoholism, drug abuse, personal debt, sexual abuse, rape, gambling, discrimination, runaways, battered women, parental stress, child abuse, AIDS, elder abuse, suicide, personal crisis and suicide." An interesting study in the McFarlane, California area discusses a hotline for migrant children from Mexico who are able to call a hotline to receive assistance with academic obstacles (Belton, 2000). Additionally, in Australia,

a hotline was established for families experiencing a financial crunch due to the drought of 2002-2003. Families were able to call in to receive financial assistance, as well as discuss emotional issues stemming from the drought such as depression, domestic violence, and even suicidal thoughts in themselves or others (Hall and Scheltens, 2005).

While many topics exist in the duration of hotlines, generally they can begin for one of several reasons: groups and organizations are particularly concerned with a specific phenomenon; existing programs do not offer the array of services as some constituents or supports believe necessary; and where professional expertise fails, hotlines serve to fill the informational gaps (Broadhead, 1996a). On 20 Jun 1987, an AIDS hotline opened in Italy to provide information regarding clinical aspects and prevention, and referred callers to clinical, diagnostic, and counseling centers (Benedetti et al. (1989).

Domestic violence hotlines have been established worldwide to provide women and children with an avenue of assistance. National hotlines were established in Sweden to maintain an SOS line for children (especially of divorced parents) (DeBernardi, 1995), in Belgrade, also as an SOS line in 1990 (Hughes, Mladjenovic, and Mrsevic, 1995), in Turkey (Diyarbakir) as a proponent to provide shelter and emergency counseling for abused women (Economist, 14 APR 07), and in Israel the Ayelet Program began in 1998 by a non-profit organization known as the Haifa Battered Women's Hotline, founded in 1990, which promotes awareness of violence against women in Israel while simultaneously offering extensive services in Hebrew,

Arabic, Russian, Amharic, and English, receiving an average of 5,000 calls annually, or 13-14 calls per day (Dorfman, 2004).

The promotion of violence awareness towards women and children has drastically increased over the last two decades with increased advertisement of available help. Unfortunately, increasing amounts of help have been utilized, but the positive aspect is that women are beginning to be more outspoken against domestic violence. Poison control hotlines, however, remain the most frequently employed. Poison Control Center hotlines are quite possibly the most frequently utilized "public service" via telephone. In 1986, a study showed that PCCs received an average of ten thousand calls per year, or 200 calls per day (Broadhead, 1986a). One of the many benefits of the emergency medical advice provided by these hotlines is the time and money saved by people who utilize these services (Broadhead, 1986b). Additionally, regional trauma and medical centers are not bombarded with accidental poisonings that generally are a quick fix involving a vomit inducing substance and letting Mother Nature run her course (Broadhead, 1986a).

According to one study, suicide prevention was the first widely used method of telephone counseling (appearances were first made in the 1960s) because it offered cheap and immediate access to crisis intervention (Watson, McDonald, and Pearce, 2006). One such hotline is called Helpline, where volunteers provide emergency service and crisis counseling for drug and suicide related calls (Fernandez, 1991). The Australia Lifeline hotline specializes in suicide crisis and received (from 1 APR – 29 JUN 2003) between 2,000 and 2,500 callers reporting symptoms of depression, seconded by just under 1,500 callers reporting symptoms of (undiagnosed)

schizophrenia (Watson, McDonald, and Pearce, 2006). In the days following the surprising death (and probable suicide) of musician Kurt Cobain the Seattle Crisis Clinic experienced an (insignificant) increase of calls for suicide prevention (Jobes, Berman, O'Carroll, Eastgard, and Knickmeyer, 1996).

Success of telephone counseling services has awarded emergency hotlines as an important niche of social service (Watson, et al., 2006). Women relying upon telephone counseling services may do so in attempt to escape authority figures, and volunteers within these services will treat respondents as equals and provide aid to female callers taking steps to regain control over their lives (Dorfman, 2004). Individuals suffering from various forms of addiction are likely to seek formal help where anonymity is guaranteed and the risk of their identities being disclosed is less plausible (Watson, et al., 2006).

Hotlines of any nature are set up in an initiative to serve clientele, and in so doing there are five (suggested) key components to maintain. First, the counselor should hear the caller as careful listening is a crucial part in any counseling medium. Secondly, the soft skill of putting emergencies on "hold" is sometimes necessary when only one volunteer is available to receive calls and another emergency line is ringing. Next, the process of visualizing the situation is critical as volunteers must work through intermediaries who are (most likely) less cognizant of precarious factors in crisis situations. Finally, directing non-experts in implementing emergency procedures is sometimes necessary. Counselors should be able to remain calm and thoughtful about the situation while decreasing stress and panic on the service end of the line (Broadhead, 1986a). Beyond the five key factors in running a hotline,

establishing rapport with the caller is essential. One study found that informal friendship ties have the strongest influence on respect relations on participatory organizations, intermediate in professional organizations, and little to no effect on hierarchical organizations (Fernandez, 1991).

The need to feel welcome is universal, and behaviors, habits, and addictions such as pathological gambling often leave individuals feeling discarded and tossed by the wayside (Mooney, 2003). Allowing oneself to become enveloped in an addiction accordingly brings them to the bottom of the barrel, and it is this time in the phase of addiction when people are ready for help. Spokeswoman Langille reported that the OCAGE organization helps to fund a problem-gambling hotline, but the volunteers are not formally trained in counseling addicts of any propensity (Stock, 2001).

Gambling Hotlines

A report from the National Council on Problem Gambling (NCPG) reported increases to the (national) hotline at a rate of 10% a year for a decade (Gengler, 2007). The Indiana "Deal With It Hotline" experienced growth in the Hammond Police Department district from 69 calls in 1996-1997 to 238 in 1997-1998. Rising Sun Police Department in Dearborn County, Indiana reported an income of 11 calls in 1996-1997, which was an increase from 0 in 1995-1996 (Wilson, 2001). Regarding male versus female use of telephone counseling services, in 1997 the New Jersey gambler's hotline reported female callers as 24%, an increase from 13% in 1990 (Unwin, Davis, and De Leeuw, 2000). An interesting study examining the difference between Caucasian and Hispanic respondents found that callers under the age of 21 were three times as likely to be Hispanic. Additionally, Hispanic females called more

frequently than Caucasian females; however, Hispanic male gambling and drinking tendencies are tolerated at higher rates than females, thus gaming behavior in Hispanic men is less likely to be labeled "problematic." Caucasian female callers reported more problems than Hispanic female callers. Hispanic callers were less likely to be calling about themselves than Caucasians, who were more than twice as likely to have reported a previous gambling problem. Women in both groups were more likely to participate in bingo and video poker than males, and the three most commonly reported problems for both groups were "problems with the family, inability to pay bills, and going into debt because of gambling" (Cuadrado, 1999, page 76).

Inappreciable amounts of research exist on the presence of gambling help hotlines and their usage. A study commissioned by the KYCPG discovered that Kentucky males are more likely than females to gamble, especially if they are White, in the age range of 25 – 54 years, and have been married or divorced. Additionally, the study found that approximately 8.2 percent of adult Kentuckians are at-risk, problem, or compulsive gamblers (Hunt, 2009). Further study in this area will help provide a vastly superior outreach system, a more exhaustive understanding of the problem gambling phenomenon, it will add to the general body of knowledge about gambling help hotlines, and assess the usage of the helpline provided by the Kentucky Council on Problem Gambling.

Reviewing previous empirical studies has shown that the psychological process of addiction is relative whether the addiction is substance or behavioral based. Gambling revenues are highly valuable to state governments using the profits

to funnel progress into various existing or new programs. Criminal behavior most commonly seen in problem gamblers lies in the realm of fraud (i.e. writing bad checks) and embezzlement. Hotlines are utilized regularly when visible to the public, and cover myriad situational emergencies. Statistics regarding problem gambling is minimal at best and requires much more extensive work to create a suitable body of knowledge regarding the topic.

CHAPTER 3 - METHODOLOGY

Many steps were involved in processing the data received from the Kentucky Council on Problem Gambling. Sorting and inputting data required approximately one year of work. The following sections discuss in detail the overall process of information acquisition and process of filtering and analyzing.

Access to Data

The Kentucky Council on Problem Gambling worked with a call center in Bowling Green, Kentucky to accept phone calls dialed into the KYCPG helpline during October 1999 through December 2004. The nature of data collection at the Bowling Green center was recommending treatment to people with gambling problems, not to define whether or not gambling behavior led to criminal activity to support an addiction. It is important to note that the Kentucky Council on Problem Gambling respects the rights of individuals, specifically their right to privacy. Individuals calling into the KYCPG helpline were advised by the counselors of their right to refuse the collection and distribution of any personal information given during the call. Some callers chose to enact their rights and refused to have their information collected for any purpose. Cases were collected in the discourse of providing service to the public, and an important part of the form utilized for data collection is identifying which treatment method is the most appropriate for each caller. The nature of calls may be true emergencies (i.e., caller is threatening suicide) at which point the counselors ask the caller to report immediately to a hospital for emergency care. When true emergency calls were received the majority of data collection was omitted in the interest of saving a life.

Variation in Forms for Data Collection

Two forms were utilized in the course of collecting data for this study. The new form (further referenced as Form 2) began being used in June 2001 in conjunction with the old form (further referenced as Form 1). In July 2001 Form 2 was used exclusively. The bulk of changes were for clarification. Where Form 1 lacked precise information about one item or another, Form 2 improved the listing for data and separated convoluted questions. (See Appendix D for Form 1 and Appendix E for Form 2.)

Date, Time, and Code remained the same from Form 1 to 2. Subject line "Opening Statement" was not carried over to Form 2. The separation of caller data from gambler data on Form 2 is much more clearly defined, as is the caller's relationship to the gambler if they are not the gambler. Form 1 asks if the caller is not the gambler to identify themselves as one of the following: spouse, parent, child, friend, live in, sibling, or other. Form 2 asks callers to identify themselves (if not the gambler) as one of the following: adult child, child – non adult, co-worker, employee, employer, parent, relative, sibling, spouse, or friend. Additionally, Form 2 added the section regarding how the caller became aware of the Helpline. Further, Form 2 asks the open-ended question of whether or not a particular event precipitated the call.

As mentioned above, Form 2 clearly defined the difference of data collection for callers who were and were not the gambler. Form 2 asks for location, age, and gender information from both the caller and the gambler if the two are separate, and Form 1 does not distinguish the difference. Marital status on Form 2 gives additional options of cohabitation, never married, and separated. Other categories added to

Form 2 include race or ethnic background, personal income, number of children under 18 years of age living with the gambler, history of treatment for a gambling problem, illegal acts caused by gambling, punitive responses caused by gambling, whether or not bankruptcy proceedings are engaged currently or have been in the past, age at which gambler began gambling, and problems caused by gambling. Form 1 addresses whether or not the gambler has children, but does not address whether or not any children under the age of 18 years live in the home with the gambler. Debt also is approached on Form 1, but does not divulge the issue of bankruptcy. Regarding family history of abuse, Form 1 asks if the gambler is of a family where gambling, alcohol, or drug addictions were experienced, and also asks whether the gambler was a victim of verbal, physical, or sexual abuse. Form 2 did not include inquiries regarding whether or not the gambler was a victim of abuse but does ask whether or not the gambler has a family history of gambling problems or alcoholism.

Form 2 clearly asks gamblers what sorts of problems they have experienced due to their gambling behavior. Problems listed on Form 2 include anxiety, depression, problems at school and/or work, suicide attempts, suicidal thoughts, family/spouse conflict, family violence, family neglect, credit card debt, borrowing from people, borrowing from bank etc., difficulty paying bills, and using equity or savings. Form 1 addresses the more serious of these maladies, specifically whether or not the gambler has financial problems, whether or not they have problems with depression or another addiction, and asks the gambler to acknowledge whether or not they have previously or are currently receiving psychiatric care in response to these problems. In exploring other possible areas of addiction, Form 2 concentrates a

section on whether or not the gambler had experienced problems with alcohol, tobacco, shopping, illegal drugs, food, work, prescription drugs, sex, or any other addiction. Finally, Form 2 noticeably defines actions recommended to the gambler more so than Form 1. Referral information on Form 1 includes Gamblers Anonymous, Gam-Anon, Gambling treatment, Mental Health services, Financial services, Legal services, Other addiction, and Other services. Recommended actions on Form 2 include Call helpline again, Crisis line, Gambling treatment center, Legal services, Send literatures, Chemical dependency treatment, GA/Gam-Anon, Hospital/emergency room, Mental health services, Other support group, and Other. Interestingly, Form 1 leaves space for an assessment area on the part of the telephone counselor as to what the caller's clinical situation was at the time of the call, what intervention they found necessary, and a place for the staff member's signature.

Creating the Data Set

The call data for the time period of October 1999 to December 2004 provided by the Kentucky Council on Problem Gambling was entered as a text file into a Statistical Package for the Social Sciences (SPSS® 14.0) (SPSS Inc., 2005) spreadsheet file. Contact information given by the caller for the purpose of receiving literature was recorded in the case file, but was not included in the data base. Variables were recorded in the file based on information provided by KYCPG, and complex response areas were simplified into multiple questions and assigned a "Yes" or "No" response based on the caller's answer. For example, one item in the questionnaire involved the many possibilities of gambling activity, thus each possible

item of response was itemized into a singular category where the yes/no diffusion would be appropriate.

Filtering the Data

A total of 8,281 calls were received between October 1999 and December 2004; however, these calls were not made by only gamblers. Calls that were received by any other person than the gambler were omitted under the premise that gamblers would have the best and most accurate information regarding (but not limited to) gambling behavior including preferred methods, previous and/or simultaneous addictions (if any), why they called, how they knew about the hotline, problems suffered due to gambling behavior, and specific information regarding financial hardships. Numerous calls were made to the KYCPG hotline asking for casino operating hours, or in jest. These calls were also dismissed from the working data set. In reviewing cases, the most reliable data was revealed in the gender dichotomy. Callers were given a choice whether or not they wanted demographic information revealed, and some individuals chose not to have any information reported. Calls where permission was not given to release demographic information were omitted also. After eliminating all calls not made by the gambler, in reference to operations, and where gender was not revealed, a total of N = 811 calls were used in this study.

Analytical Strategy

To begin, the data for location had been collected, and it felt wasteful not to use it. A map of Kentucky with outlines of all 120 counties was found at the Kentucky Tourism website (www.kentuckytourism.com/explore/cities_towns.aspx), which included a list of counties by region – Western, North Central, South Central,

and Eastern, and was utilized to create a regional breakdown for the state into four general areas to show from where the calls to the gambling hotline were generated. The map was then outlined according to county separation to create marked boxes to indicate the 4 regions of the state. Further the map was examined to locate hot spots, or areas with astounding amounts of caller representation. When reaching out for aid only 646 gamblers (79.7% of N = 811) revealed their location when they reached out for aid, 2.9% of which was from locations outside of Kentucky and mostly from surrounding states (Illinois, Indiana, Ohio, Tennessee, and Washington). A very small percentage (0.5%) disclosed their location but by human error the location was unable to be charted and analyzed for regional comprehension of the hotline's service areas. A final number of N = 624 was analyzed for the regional map.

Next, a look at the times of year calls were coming in was conducted to reveal which months received the heaviest call volumes. A complete year of data could not be recorded for the year 1999, and the months of October, November, and December 1999 are not included in the monthly and seasonal breakdown of the calls to the KYCPG hotline. The total number of calls included equals 798, a difference of 13 from all calls from gamblers only where gender was identified.

Months of the year were broken down into seasons. Spring is comprised of March, April, and May; Summer is comprised of June, July, and August; Fall is comprised of September, October, and November; and Winter is comprised of December, January, and February. Calls were totaled by year and season to identify which year and season received the heaviest call volume.

A dichotomous breakdown of gender was the best way to compare data and discover differences between groups of callers. Very few callers provided information about their age and/or race or ethnic background, and thus a comparison by age or racial/ethnic background was not feasible. Descriptive analyses were run on multiple variables in groups of males and females. Variables where descriptive analyses were run include Reason for Call, How the Caller Knew About the Helpline, Employed Full Time, Children Living with Gambler, Relationship Status, Preferred Method of Gambling, Family History of Gambling, Problems Suffered Due to Gambling, Debt, Financial Trouble, Bankruptcy, Other Existing Addictions, Prescribed Treatment from Phone Counselors, and Gambling Treatment History. Crucial to this study was an examination of criminal behavior as it relates to problem gambling. Descriptive analyses were also performed on the following variables: Committed Check Fraud, Committed Embezzlement, Committed Robbery, Committed Other Crimes, (on) Probation due to Gambling, Arrested due to Gambling, and finally (is in or has been to) Jail/Prison due to Gambling.

Binary Regression Analyses

Binary regressions were conducted using sex as the independent variable and Reason for Call, Other Existing Addictions, Problems Suffered due to Gambling Behavior, Criminal Activities, and Punitive Responses as dependent variables. The binary regression is a robust test, and provided a better overall view of the differences between men and women as the dichotomous variables.

Five responses make up the "Reason for Call" category: Gambling Related Event, Family Related Event, Money Related Event, Work Related Event, and

Counseling Related Event. Initially this category was lumped into one variable on the data collection form, and it was necessary to code Reason for Call into five separate categories into a "yes/no" response for ease of analysis. Responses coded with "0" represent that the gambler did not indicate their reason for the call in a specific category. Conversely, responses coded with a "1" indicate that the gambler expressed their reason for calling affirmatively regarding the category.

Callers were asked about whether or not they experienced problems due to their gambling. Each individual was questioned on their experience with the following problems: Alcohol or Drugs, Anxiety, Borrowing, Borrowing from Bank etc., Credit Card Debt, Depression, Difficulty Paying Bills, Family and Spouse Conflict, Family Neglect, Family Violence, Problems at School and/or Work, Suicidal Thoughts, Suicide Attempts, and Using Equity or Savings. As mentioned earlier the "Problems Suffered Due to Gambling" category was broken down into separate variables due to its complexity. Responses coded with "0" indicate the gambler did not identify a variable as a problem caused by gambling before, and responses coded as "1" indicate the gambler did identify the variable as a problem caused by their gambling behavior.

Other existing addictions in addition to a gambling problem were qualified as Alcohol, Food, Illegal Drugs, Prescription Drugs, Sex, Shopping, Tobacco, and Work. Again, each sub category was broken into singular variables where responses coded as "0" indicate the gambler did not identify other existing addictions simultaneous with problem gambling, and responses coded as "1" indicate the gambler did identify simultaneous addiction(s).

Each respondent was asked to report whether or not they had conducted any criminal activity to support their gambling problem. Callers were asked if they had committed fraud (check fraud, forgery, etc.), embezzled, committed robbery, or any other crimes. Responses coded as "0" indicate the gambler did not identify that he/she committed fraud, embezzlement, robbery, or any other crime to continue their gambling behavior, while responses coded as "1" indicate that the gambler did identify that he/she committed fraud, embezzlement, robbery, or other crime(s) to continue their gambling behavior.

Punitive Responses include whether or not the caller has been or is on probation due to gambling, has been or will be arrested due to gambling, and has been to or is in jail and/or prison due to gambling. Responses coded as "0" indicate the gambler did not identify receiving any punitive response due to their gambling behavior, and responses coded as "1" indicate the gambler did identify receiving punitive response due to his/her gambling behavior.

Bivariate regression analyses were run to establish the likelihood of one gender being more or less likely to call in due to engage in an activity as indicated by the dependent variables. The following activities were listed as dependent variables: calling in to the helpline due to a family related event, calling in to the helpline due to a work related event, calling in to the helpline due to a counseling related event, calling in to the helpline due to a gambling related event, calling in to the helpline due to a money related event, experiencing problems with Anxiety, experiencing problems with Borrowing, experiencing problems with Borrowing from Bank etc., experiencing problems with Credit Card Debt, experiencing problems with

Depression, experiencing problems with Difficulty Paying Bills, experiencing problems with Family and Spouse Conflict, experiencing problems with Family Neglect, experiencing problems with Family Violence, experiencing problems with Problems at School and/or Work, experiencing problems with Suicidal Thoughts, experiencing problems with Suicide Attempts, experiencing problems with Using Equity or Savings, simultaneous or previous addiction to Alcohol, simultaneous or previous addiction to Food, simultaneous or previous addiction to Illegal Drugs, simultaneous or previous addiction to Prescription Drugs, simultaneous or previous addiction to Sex, simultaneous or previous addiction to Shopping, simultaneous or previous addiction to Tobacco, simultaneous or previous addiction to Work, committing the criminal act of fraud, committing the criminal act of embezzlement, committing the criminal act of robbery, or committing the criminal act of any other crime, currently or previously receiving the punitive response of Arrest, currently or previously receiving the punitive response of Jail or Prison, and currently or previously receiving the punitive response of Probation. A binary regression was performed for each dependent variable, which was appropriate because the dependent variables were dichotomous in the generalized response of "yes" or "no", and allowed examination of potential difference between men and women. Coefficients produced by binary regression analyses allow one to see the difference of odds between males and females for each dependent variable.

CHAPTER 4 - RESULTS

The data provided by KYCPG yielded 8,281 cases, approximately 10% of which, (N = 811), was produced by callers who identified themselves as the gambler in question and provided demographic information. The majority were calls requesting casino information (N = 4486, 54%) or the reason was unknown (N = 1516, 18%). Some received calls were made by an individual connected to the alleged problem gambler by familial bonds or through an avenue such as work or school (N = 738, 9%). In other cases the caller was not identified in either category (N = 5832, 70%). In controlling for the number of calls that were not legitimately made by the gambler, in reference to casino information, or otherwise unknown, the total number of calls utilized for the purpose of the following analyses was approximately 10% of the total number received (N=811).

Contingent upon the total number of cases was the number of problems experienced by the caller from gambling, preferred type of gambling methods, actions recommended to the callers, and the events occurring inspiring a call to the KYCPG helpline. Age brackets, gender, and previous gambling history also were recorded. Analyses were run to determine specific breakdowns of gender dichotomies in all avenues: preferred gaming, previous gambling history, family history, substance use, as well as general demographic information. The age differential amongst all cases where the gambler was the caller (selected from data set filtered for gamblers only, and where callers identified their gender, total N = 811: male N = 477, female N = 334) shows that the majority of male callers were in the age range of 41-60 years of age (N = 164, 34.4%), while the second largest age group of male callers were 31-40

years of age (N = 157, 32.9%). Female callers were also in the majority between the ages of 41-60 years (N = 173, 51.8%), and the second largest group of female callers were 31-40 years old (N = 78, 23.3%).

Regional and Seasonal Breakdown of Hotline Calls

Kentucky is comprised of 120 counties that make up four regions – Western Kentucky, South Central Kentucky, North Central Kentucky, and Eastern Kentucky. The analysis of this data lead to the discovery that gamblers who called the KYCPG hotline for true distress represented 72.5% (87 counties) of Kentucky. Six hundred forty-six callers (60.4% of N = 1070) revealed their location when they reached out for aid, 2.9% of which was from locations outside of Kentucky and mostly from surrounding states (Illinois, Indiana, Ohio, Tennessee, and Washington). A very small percentage (0.5%) disclosed their location but by human error the location was unable to be charted and analyzed for regional comprehension of the hotline's service areas.

Hot spots of activity presented in Jefferson, Fayette, and McCracken counties containing the cities of Louisville, Lexington, and Paducah respectively. Louisville, Lexington, and Paducah were the hot beds for 25.2%, 6.7%, and 4.8% respectively of the hotline activity. A map from the Kentucky Tourism website (www.kentuckytourism.com) was utilized to create a regional breakdown for the state into four general areas to show from where the calls to the gambling hotline were generated. Kentucky was divided into the following regions: Western Kentucky, North Central Kentucky, South Central Kentucky, and Eastern Kentucky. Analysis showed that the North Central produced the greatest percentage of calls at 53%;

however, the North Central area contains two of the hot spots of activity. When the city of Louisville is removed and analyzed separately, North Central Kentucky still is responsible for the greatest output at 27.7%, and individually Louisville is responsible for 25.2%. (See Figure 1 and Table 21.)

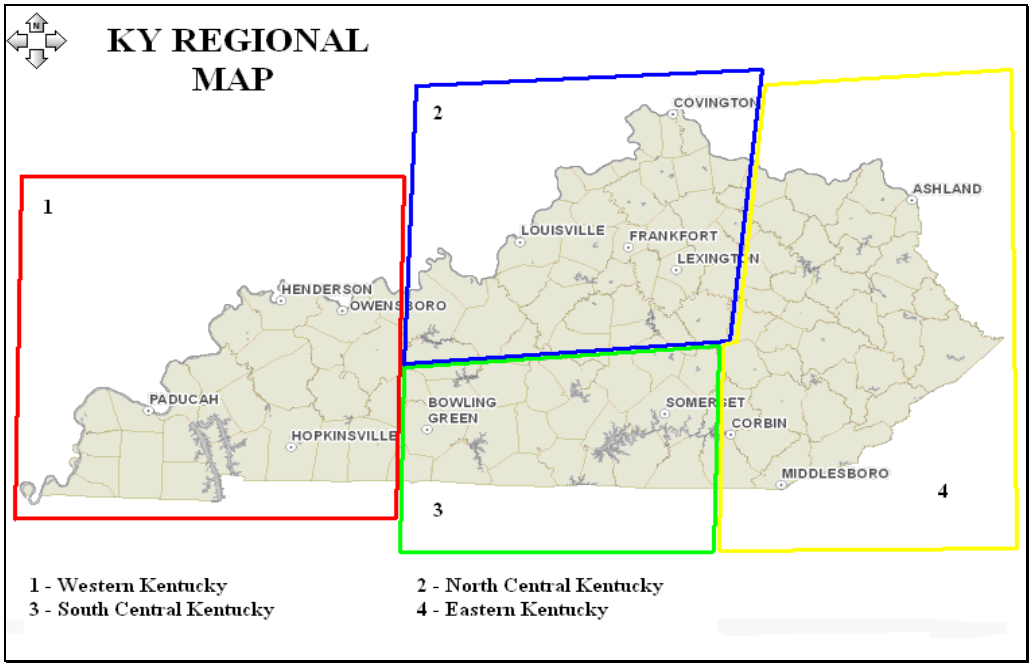

Figure 1: KY Regional Map (Source: Kentucky Tourism. (2011, 9 FEB). *Kentucky Towns and Cities*. Retrieved from http://www.kentuckytourism.com/explore/cities_towns.aspx. (Last updated in 2011.)

Table 2: Regional Breakdown

Regional Breakdown		
Region	Frequency	Percentage
North Central	342	53
South Central	79	12.2
Eastern	87	13.5
Western	116	18

The breakdown of calls per month with summary totals of calls for the five year period (2000 – 2004) follows on Table 3.

Table 3: Calls By Month

	# of calls	%
Jan-00	6	0.7
Feb-00	7	0.9
Mar-00	4	0.5
Apr-00	4	0.5
May-00	3	0.4
Jun-00	4	0.5
Jul-00	8	1.0
Aug-00	9	1.1
Sep-00	6	0.7
Oct-00	11	1.4
Nov-00	8	1.0
Dec-00	4	0.5
Jan-01	14	1.7
Feb-01	9	1.1
Mar-01	5	0.6
Apr-01	8	1.0
May-01	10	1.3
Jun-01	6	0.7
Jul-01	19	2.4
Aug-01	9	1.1
Sep-01	8	1.0
Oct-01	10	1.3
Nov-01	13	1.6
Dec-01	14	1.7
Jan-02	10	1.3
Feb-02	9	1.1
Mar-02	14	1.7
Apr-02	12	1.5
May-02	17	2.1
Jun-02	23	2.9

	# of calls	%
Jul-02	23	2.9
Aug-02	36	4.5
Sep-02	34	4.3
Oct-02	22	2.8
Nov-02	27	3.4
Dec-02	21	2.6
Jan-03	17	2.1
Feb-03	17	2.1
Mar-03	22	2.8
Apr-03	13	1.6
May-03	10	1.3
Jun-03	14	1.7
Jul-03	29	3.6
Aug-03	23	2.9
Sep-03	20	2.5
Oct-03	16	2.0
Nov-03	18	2.3
Dec-03	10	1.3
Jan-04	7	0.9
Feb-04	13	1.6
Mar-04	17	2.1
Apr-04	8	1.0
May-04	8	1.0
Jun-04	17	2.1
Jul-04	18	2.3
Aug-04	15	1.9
Sep-04	10	1.3
Oct-04	11	1.4
Nov-04	8	1.0
Dec-04	10	1.3

Table 4 displays the totals for the number of calls and percentages by year. Year 2002 received the highest amount of calls with 248, followed closely by 2003 with 209.

Table 4: Yearly Totals

YEARLY TOTALS		
	Total	%
2000	74	9.2
2001	125	15.7
2002	248	31.1
2003	209	26.2
2004	142	17.8

Months of the calendar year were broken down into four categories: Spring (March, April, May included), Summer (June, July August included), Autumn (September, October, November included), and Winter (December, January, and February included). The percentage column denotes the percentage of total calls (N = 798). An examination of the seasonal call-in report (excluding October through December 1999) revealed that the calls from gamblers were more frequent during the Summer season (see Table 5).

Table 5: Number of Calls Per Season – Gamblers Only

NUMBER OF CALLS PER SEASON – GAMBLERS ONLY											
	2000	**%**	**2001**	**%**	**2002**	**%**	**2003**	**%**	**2004**	**%**	**TOTAL**
SPRING	11	1.4	23	2.9	43	5.4	45	5.6	33	4.1	**155**
SUMMER	21	2.6	34	4.3	82	10.3	66	8.3	50	6.3	**253**
AUTUMN	25	3.1	31	3.9	83	10.4	54	6.8	29	3.6	**222**
WINTER	17	2.1	37	4.6	40	5.0	44	5.5	30	3.8	**168**
TOTAL	**74**	9.2	**125**	15.7	**248**	31.1	**209**	26.2	**142**	17.8	**798**

Demographics of KYCPG Hotline

Males were represented more than females with a total of 477 male callers who were the gambler. Females were represented by a total of 334 callers who were the gambler. The tables in this section are marked for frequency and percentage. Frequency is the number of gamblers who responded "Yes", and the percentage is the percentage of the filtered gender population (Males, N = 477; Females, N = 334).

Most male gamblers called in due to a family related event, seconded by a counseling related event (37.1 and 30.6 %, respectively). Family related events could have been situations where the gambler's family held an intervention, or the gambler had a fight with their spouse. A counseling related event could be situations where

the individual was court-ordered to attend therapy for a gambling addiction. Third, at 23.1% of male gamblers, money related events (selling belongings to get money, maxing out credit cards, etc.) inspired calls-in to the KYCPG hotline. (See Table 6.)

Table 6: Reason for Call - Males

Reason for Call – Males		
	Frequency	%
Counseling related event	146	30.6
Family related event	177	37.1
Gambling related event	41	8.6
Money related event	110	23.1
Work related event	3	0.6

Female gamblers called in also most frequently due to a family related event (intervention, fight with spouse, etc) at 37.4%, seconded by money related events at 28.7%. Counseling related events followed third at 28.4% by a very small margin to money related events. (See Table 7.)

Table 7: Reason for Call - Females

Reason for Call – Females		
	Frequency	%
Counseling related event	95	28.4
Family related event	125	37.4
Gambling related event	15	4.5
Money related event	96	28.7
Work related event	3	0.9

It is useful to learn which method reaches the most people so that marketing may be developed further to help as many people as possible. Males learned of the hotline most frequently via the gambling facility and/or point of purchase (29.6%). The second most effective method for males was a phonebook, billboard, or information line (8.6%). (See Table 8.)

Table 8: How the Caller Knew About the Helpline - Males

How the Caller Knew About the Helpline – Males		
	Frequency	%
Gambling facility / point of purchase	141	29.6
Phonebook, billboard, information line	41	8.6
Popular media - radio, T.V., etc.	18	3.8
Treatment / counseling center	9	1.9
Not reported	268	56.2

Females also learned of the KYCPG hotline most frequently via the gambling facility and/or point of purchase (32.3%), followed by the phonebook, billboard, or information line (8.7%). (See Table 9.)

Table 9: How the Caller Knew About the Helpline - Females

How the Caller Knew About the Helpline – Females		
	Frequency	%
Gambling facility / point of purchase	108	32.3
Phonebook, billboard, information line	29	8.7
Popular media - radio, T.V., etc.	16	4.8
Treatment / counseling center	2	0.6
Not reported	179	53.6

Less than half of male gamblers reported being employed full-time (43.4%) (see Table 10).

Table 10: Employed Full Time - Males

Employed Full Time – Males		
	Frequency	%
Other than full-time employment	270	56.6
At least full-time employment	207	43.4
	477	100.0

Female callers were employed full time at a rate of 44.3% (see Table 11).

Table 11: Employed Full Time - Females

Employed Full Time – Females		
	Frequency	%
Other than full-time employment	186	55.7
At least full-time employment	148	44.3
	334	100.0

Next, an examination of the gambler's home life was conducted to attempt to take an in-depth look at what may make a gambler more vulnerable to addiction. The numbers show that the majority of gamblers calling into the hotline do not have children under 18 living with them. Males reported children under the age of 18 years living with them at the time of their call at a rate of 14.3% (see Table 12).

Table 12: Children Living with Gambler - Males

Children Living with Gambler – Males		
	Frequency	%
No children under age 18 living with gambler	409	85.7
Children under age 18 live with gambler	68	14.3
	477	100.0

Females reported children under the age of 18 years living with them at the time of their call at a rate of 19.8% (see Table 13).

Table 13: Children Living with Gambler – Females

Children Living with Gambler – Females		
	Frequency	%
No children under age 18 living with gambler	268	80.2
Children under age 18 live with gambler	66	19.8
	334	100

Approximately one-third of male gamblers reported themselves as being in an intimate relationship at the time of their call (31.9%) (see Table 14).

Table 14: Relationship Status – Males

Relationship Status – Males		
	Frequency	**%**
No current intimate relationship	325	68.1
Currently in an intimate relationship	152	31.9
Total	477	100.0

Almost two-fifths of female gamblers reported themselves as being in an intimate relationship at the time of their call (39.2%) (see Table 15).

Table 15: Relationship Status – Females

Relationship Status – Females		
	Frequency	%
No current intimate relationship	203	60.8
Currently in an intimate relationship	131	39.2
	334	100.0

Preferred Methods of Gambling and Consequences

One of the major components of the phone counselor's job was collecting information about the gamblers' preferred methods of gaming and consequences incurred due to gambling activity. Data registering family history of gambling and/or treatment received for gambling were also gathered in an attempt to identify a pattern in families. Male gamblers identified their most preferred method of gambling as lottery games (32.9%), followed by scratch off games at 26.6%. Males identified their least preferred method as sweepstakes (0.6%) (see Table 16).

Table 16: Preferred Method of Gambling - Males

Preferred Method of Gambling – Males		
	Frequency	%
Atlantic City	35	7.3
Bingo	32	6.7
Cards	119	24.9
Daily Numbers	29	6.1
Dog Races	17	3.6
Horse Racing	95	19.9
Internet	12	2.5
Las Vegas	39	8.2
Lottery	157	32.9
Pools	6	1.3
River Boat / Casino	39	8.2
Scratch Off	127	26.6
Slots	89	18.7
Sports Betting	95	19.9
Stockmarket	16	3.3
Sweepstakes	3	0.6
Video Poker	36	7.5

Females identified their most preferred method of gambling as river boats and/or casinos at 46.7%, followed by lottery games at 40.1%. The least preferred method of gambling among females was sweepstakes (zero respondents), preceded by sweepstakes (0.6%). Males and females have obvious differences regarding preferred method of gambling, and the greatest of these is the difference in the level of participating percentage in the top gaming choice. Females participated in the top gaming choice at a rate of 46.7% while males participated in the top gaming choice at a rate of only 32.9%, a difference of 13.8% (see Table 17).

Table 17: Preferred Method of Gambling – Females

Preferred Method of Gambling – Females		
	Frequency	%
Atlantic City	31	9.3
Bingo	85	25.4
Cards	28	8.4
Daily Numbers	30	9.0
Dog Races	4	1.2
Horse Racing	14	4.2
Internet	8	2.4
Las Vegas	28	8.4
Lottery	134	40.1
Pools	2	0.6
River Boat / Casino	156	46.7
Scratch Off	91	27.2
Slots	89	26.6
Sports Betting	9	2.7
Stockmarket	17	5.1
Sweepstakes	0	0.0
Video Poker	7	2.1

Similar in importance to understanding the gambler's home life is recognition of the gambler's family history. It is widely understood that people with a family history of addiction are often more susceptible to becoming an addict themselves. Male gamblers more frequently did not have a family history of gambling as only 14% of male gamblers reported a family history of problem gambling (see Table 18).

Table 18: Family History of Gambling – Males

Family History of Gambling – Males		
	Frequency	%
No	410	86.0
Yes	67	14.0
	477	100.0

Females also more frequently did not have a family history of gambling as only 15.3% of female gamblers reported a family history of problem gambling (see Table 19).

Table 19: Family History of Gambling – Females

Family History of Gambling – Females		
	Frequency	%
No	283	84.7
Yes	51	15.3
	334	100

Recreational gambling can be a vacation from the everyday routine, and can be a stress reliever for people who are able to control their gambling activity. Male callers reported suffering from anxiety due to their gambling activity at a rate of 56.6%, followed by difficulty paying bills at 47%. The least reported problem occurring in males due to gambling activity was attempting suicide (0.4%) (see Table 20).

Table 20: Problems Suffered Due to Gambling Behavior – Males

Problems Suffered Due to Gambling Behavior – Males		
	Frequency	%
Alcohol or Drugs	117	24.5
Anxiety	270	56.6
Borrowing	133	27.9
Borrowing From Bank	108	22.6
Credit Card Debt	7	1.5
Depression	224	47.0
Difficulty Paying Bills	192	40.2
Family and Spouse Conflict	146	30.6
Family Neglect	70	14.7
Family Violence	42	8.8
Problems at School/Work	39	8.2
Suicidal Thoughts	4	0.8
Suicide Attempts	2	0.4
Using Equity or Savings	29	6.1

Females also cited anxiety as their most severe problem due to gambling behavior at 55.4%, followed very closely by depression (50.3%). The least reported problem suffered due to gambling behavior amongst females was credit card debt (0.6%) (see Table 21).

Table 21: Problems Suffered Due to Gambling Behavior – Females

Problems Suffered Due to Gambling Behavior – Females		
	Frequency	**%**
Alcohol or Drugs	64	19.2
Anxiety	185	55.4
Borrowing	104	31.1
Borrowing From Bank	91	27.2
Credit Card Debt	2	0.6
Depression	168	50.3
Difficulty Paying Bills	146	43.7
Family and Spouse Conflict	99	29.6
Family Neglect	42	12.6
Family Violence	30	9.0
Problems at School/Work	21	6.3
Suicidal Thoughts	5	1.5
Suicide Attempts	5	1.5
Using Equity or Savings	25	7.5

Money is the medium of gambling, not the addiction, and in sight of this knowledge, several questions on the interview form regarded the gambler's financial situation. Bankruptcy, financial trouble, debt, and income levels were recorded to examine the effects of how and if money influences gambling. Just over half of male callers responded that they were in debt as a result of their gambling activity (55.1%) (see Table 22).

Table 22: Debt – Males

Debt – Males		
	Frequency	%
No	96	20.1
Yes	263	55.1
Total	477	99.9

More than half of female gamblers also reported incurring debt due to their gambling activity (59.9%) (see Table 23).

Table 23: Debt – Females

Debt – Females		
	Frequency	%
No	63	40.1
Yes	200	59.9
Total	334	100.0

Financial trouble was recorded in addition to the question of whether or not debt had been incurred due to gambling activity. The actual definition of "financial trouble" was left open to the callers to discern whether or not they were experiencing financial trouble. Summary definitions may have included necessarily taking out a second mortgage, being called by creditors, and/or having to take out a loan to pay debts due to gambling behavior. The majority of males responded that they were not in fact experiencing financial troubles due to their gambling behavior (see Table 24).

Table 24: Financial Trouble – Males

Financial Trouble – Males		
	Frequency	%
No current financial trouble	468	98.1
Current financial trouble	9	1.2
Total	477	100.0

Females also more frequently responded that they were not experiencing financial troubles due to their gambling behavior (see Table 25).

Table 25: Financial Trouble – Females

Financial Trouble – Females		
	Frequency	%
No current financial trouble	333	99.7
Current financial trouble	1	0.3
Total	334	100.0

Concluding the inquiry about financial hardships experienced by the gambler because of their gambling was the question of whether or not the callers had filed

bankruptcy to help resolve debts due to gambling activity. Males who had filed bankruptcy were in the minority at 10.1% (see Table 26).

Table 26: Bankruptcy – Males

Bankruptcy – Males		
	Frequency	%
No	429	89.9
Yes	48	10.1
Total	477	100.0

Females who had filed bankruptcy in answer to gambling debts were also in the minority at 10.8% (see Table 27).

Table 27: Bankruptcy – Females

Bankruptcy – Females		
	Frequency	%
No	298	89.2
Yes	36	10.8
Total	334	100.0

Gamblers were asked during their interviews to identify whether or not they experienced substance (behavioral) misuse regarding alcohol, tobacco, shopping, narcotics, food, work, prescription drugs, and/or sex. Results showed that the majority of gamblers do not list secondary addictions to gambling, but the most commonly cited secondary addiction was alcohol. Males cited a simultaneous alcohol addiction (12.2%) followed by illegal drugs (2.5%) (see Table 28).

Table 28: Other Existing Addictions – Males

Other Existing Addictions – Males		
	Frequency	%
Alcohol	58	12.2
Food	4	0.8
Illegal drugs	12	2.5
Prescription Drugs	3	0.6
Sex	2	0.4
Shopping	2	0.4
Tobacco	7	1.5
Work	4	0.8

Females also most frequently reported simultaneous alcohol addiction (4.2%) followed by tobacco addiction (3.3%) (see Table 29).

Table 29: Other Existing Addictions – Females

Other Existing Addictions – Females		
	Frequency	**%**
Alcohol	14	4.2
Food	4	1.2
Illegal drugs	6	1.8
Prescription Drugs	3	0.9
Sex	0	0.0
Shopping	3	0.9
Tobacco	11	3.3
Work	3	0.9

The culmination of the phone interview with the gamblers lead the counselors into being able to recommend an avenue of treatment or at least a "next step" for the individual to consider in their path to recovery. Based on the responses from the individual, counselors had a total of ten different "treatments" they could recommend to the gambler, many of which received more than one recommendation. Males were most frequently advised to call again (57.4%) followed by GA or Gam-Anon meetings (54.3%) (see Table 30).

Table 30: Prescribed Treatment from Phone Counselors – Males

Prescribed Treatment from Phone Counselors – Males		
	Frequency	%
Call Again	274	57.4
Crisis Line	23	4.8
Gambling Treatment Center	14	2.9
Legal Services	5	1.0
Receive Literature	208	43.6
Other	0	0.0
Chemical Dependency Treatment	0	0.0
GA or Gam-Anon	259	54.3
Hospital/ER	2	0.4
Mental Health Treatment	33	6.9

Females were also most frequently advised to call the helpline again (60.8%), followed by attending GA or Gam-Anon meetings (59.3%) (see Table 31).

Table 31: Prescribed Treatment from Phone Counselors – Females

Prescribed Treatment from Phone Counselors – Females		
	Frequency	%
Call Again	203	60.8
Crisis Line	15	4.5
Gambling Treatment Center	5	1.5
Legal Services	6	1.8
Receive Literature	188	56.3
Other	0	0
Chemical Dependency Treatment	0	0
GA or Gam-Anon	198	59.3
Hospital/ER	2	0.6
Mental Health Treatment	27	8.1

Previous treatment for gambling addiction was also measured in each caller identifying him- or herself as a problem gambler. The majority of male gamblers responded that they had never previously received treatment for gambling addiction (see Table 32).

Table 32: GA Treatment Previously Received – Males

GA Treatment Previously Received – Males		
	Frequency	%
No	450	94.3
Yes	27	5.7

Females reported having previously received treatment for gambling addiction at a rate of 3.3% (see Table 33).

Table 33: GA Treatment Previously Received – Females

GA Treatment Previously Received – Females		
	Frequency	%
No	323	96.7
Yes	11	3.3

Criminal Activity and Punitive Responses

Several questions regarding criminal activity and punitive responses were asked of the callers in an attempt to glean information about whether gambling activity caused otherwise law-abiding individuals to commit crimes to support their addiction. The crime that was most frequently reported affirmatively was check fraud. Males reported committing check fraud at the rate of 13.6% (see Table 34).

Table 34: Committed Check Fraud – Males

Committed Check Fraud – Males		
	Frequency	%
No	412	86.4
Yes	65	13.6

Females reported check fraud crimes at the rate of 15% to support their gambling habit (see Table 35).

Table 35: Committed Check Fraud – Females

Committed Check Fraud – Females		
	Frequency	%
No	284	85.0
Yes	50	15.0

Males reported having committed embezzlement at a rate of 2.7% to support their gambling habit (see Table 36).

Table 36: Committed Embezzlement – Males

Committed Embezzlement – Males		
	Frequency	%
No	464	97.3
Yes	13	2.7

Females reported having committed embezzlement at a rate of 1.5% to support their gambling habit (see Table 37).

Table 37: Committed Embezzlement – Females

Committed Embezzlement – Females		
	Frequency	%
No	329	98.5
Yes	5	1.5

The majority of males did not commit robbery to support their gambling behavior (see Table 38).

Table 38: Committed Robbery – Males

Committed Robbery – Males		
	Frequency	%
No	468	98.1
Yes	9	1.9

Females also rarely committed robbery to support their gambling behavior (see Table 39).

Table 39: Committed Robbery – Females

Committed Robbery – Females		
	Frequency	%
No	332	99.4
Yes	2	0.6

Other crimes besides check fraud, embezzlement, and robbery were committed by males, but at a rate of less than 5% (see Table 40).

Table 40: Committed Other Crimes – Males

Committed Other Crimes – Males		
	Frequency	%
No	460	96.4
Yes	17	3.6

Females also committed other crimes in response to their gambling behavior, but at a rate of less than 1% (see Table 41).

Table 41: Committed Other Crimes – Females

Committed Other Crimes – Females		
	Frequency	%
No	331	99.1
Yes	3	0.9

Crimes carry a consequence, and sometimes it happens in the criminal justice system. Males reported being on probation at a rate of 1.5% due to criminal activity conducted as a means to facilitate gambling (see Table 42).

Table 42: On Probation due to Gambling – Males

On Probation due to Gambling – Males		
	Frequency	%
No	470	98.5
Yes	7	1.5

Females likewise reported being on probation at a rate of less than 1% due to criminal activity conducted as a means of facilitating their gambling addiction (see Table 43).

Table 43: On Probation due to Gambling – Females

On Probation due to Gambling – Females		
	Frequency	%
No	331	99.1
Yes	3	0.9

Males were arrested in response to criminal activity to further gambling activity more frequently than females. Males reported being arrested at a rate of 5.9% (see Table 44).

Table 44: Arrested due to Gambling – Males

Arrested due to Gambling – Males		
	Frequency	%
No	449	94.1
Yes	28	5.9

Females reported being arrested at a rate just over 1% in response to criminal activity to further gambling activity (see Table 45).

Table 45: Arrested due to Gambling – Females

Arrested due to Gambling – Females		
	Frequency	%
No	330	98.8
Yes	4	1.2

Some callers spent time in jail and/or prison as a result of their criminal activity conducted to continue gambling behavior. Male callers had spent time in jail and/or prison at a rate of 7.3% (see Table 46).

Table 46: Jail/Prison due to Gambling – Males

Jail/Prison due to Gambling – Males		
	Frequency	%
No	442	92.7
Yes	35	7.3

Females spent time in jail and/or prison at a rate of 1.2% as a result of their criminal activity conducted to continue their gambling behavior (see Table 47).

Table 47: Jail/Prison due to Gambling – Females

Jail/Prison due to Gambling – Females		
	Frequency	%
No	330	98.8
Yes	4	1.2

Binary Logistic Regression Analyses

Binary regression analyses were run on the variable categories Reason for Call, Other Existing Addictions, Problems Suffered Due to Gambling Behavior,

Criminal Activities, and Punitive Responses. Regarding the category Reason for Call, Counseling Related Event, Family Related Event, Money Related Event, and Work Related Event variables did not yield a significant finding. Gambling Related Event did, however, reveal a significant finding at the p=.05 level. The odds of calling in due to a Gambling Related Event are 7.9%, and men are 10.21 times more likely to call in due to a Gambling Related Event than women (see Table 48).

Binary regression analyses run on the variables in the Other Existing Addictions Category (Food, Illegal Drugs, Prescription Drugs, Sex, Shopping, Tobacco, and Work) also did not yield a significant finding, but the binary regression analysis regarding Alcohol in the Other Existing Addictions category did reveal a significant finding. The odds of having an alcohol addiction simultaneous to problem gambling behavior is 9.9%, and women are 16.97 times less likely to have a simultaneous addiction of alcohol than men (see Table 48).

The variable category Problems Suffered Due to Gambling Behavior also underwent binary regression analyses, though no significant results were discovered. Criminal activity binary regression analyses concerning Check Fraud, Embezzlement, and Robbery did not expose significant findings; however, the category of Other Crimes did produce significant results. The odds of committing other criminal acts to further gambling behavior is 2.6%, and men are 20.70 times more likely to commit other criminal acts not listed (compared to Check Fraud, Embezzlement, and Robbery) than women (see Table 48).

Punitive Response variables included Arrested, Jail or Prison, and Probation, the latter of which did not produce a significant result in a binary regression analysis.

The Arrested variable did produce a significant result, and it was found that the odds of being arrested due to gambling behavior are 4.1%. Women were found to be 24.13 times less likely to be arrested as a result of gambling behavior than men. Additionally, the variable Jail or Prison produced a significant result, exposing that the odds of going to jail or prison as a result of gambling activity are 5.4%, and men are 27.65 times more likely to go to jail and/or prison as a result of their gambling behavior (see Table 48).

Table 48: Binary Regression Results

Binary Regression Results				
	B	S.E.	Sig.	ExpB
Reason for Call - Gambling Related Event	-0.693	0.311	0.026	0.500
Other Existing Addictions - Alcohol	-1.152	0.307	0.026	0.316
Criminal Activity - Other Crimes	-1.405	0.630	0.026	0.245
Punitive Response - Arrested	-1.638	0.539	0.002	0.194
Punitive Response - Jail/Prison	-1.877	0.533	0.000	0.153

CHAPTER 5 - DISCUSSION

The nature of this study was first and foremost to analyze data provided by the KYCPG about the hotline from the latter part of 1999 (October through December) and years 2000 – 2004.

Regional and Seasonal Breakdown of Hotline Calls

Location data uncovered the origin of the calls, most of which came from the North Central region of Kentucky because this area contains a large percentage of the state population. The city of Louisville accounts for almost half of the calls generated from this region. Previously it was mentioned that the cities of Louisville, Lexington, and Paducah were hotbeds of activity from gamblers. All three of these geographical areas either contain gambling facilities (casino, horse track, bingo hall, etc.) and/or the individual seeking a gambling thrill can reach one in approximately thirty minutes of driving time.

A pattern emerged through the data collection period. Summer (especially July and August) scored the highest amount of call volume, followed by Autumn (particularly September). Summer is the quintessential vacation period in the year, and not just for young children and college students glad to have a break from school – adults are also ready for a break from reality. One possible explanation for the summertime boom is that people are more apt to try new things or return to recreations in which they do not indulge on a regular basis. Some of the calls could have been generated from people who found a casino or other gambling environment on vacation, enjoyed it more than they thought they ever could, and became frightened at the possibilities. Along this vein, a second consideration for causality

stems from more free time. Longer days stimulate people to do more, stay out later at night, and excite a bit of recklessness. Individuals discovering their time is greatly spent gambling may reflect on their behavior from the rest of the year and see a pattern.

Interestingly, years 2002 and 2003 experienced the greatest increase of call volume. In reflection of the current events for 2002 and 2003 war and economic disability stand out as notable events that affected the nation dramatically. Is it possible these crises pushed scores of people towards gambling facilities to relieve depression and anxiety, perhaps also to relieve the pinch from enormous company layoffs and the decommissioning of large profit-producing corporations found guilty of cooking the books and inflating profits?

Demographics of KYCPG Hotline

In examining the reason for calls into the hotline, it was discovered that both males and females called in most frequently due to a family related event, suggesting that a strong factor for help seeking lies within family bonds. Counseling related events were the second most frequently given response for males calling into the hotline. The term "counseling related event" seems quite ambiguous, but is probably best represented by the idea of a counselor advising the gambler to call in to the hotline when the urge to gamble hits them in an attempt to fight the craving and avoid destructive behavior. After family related events, females called in most frequently due to money related events, such as a call in to ask for money to keep playing, selling belongings to get more money for gambling purposes, and/or stealing from their family or employer to acquire more monies to support their gambling behavior.

Both male and female gamblers most prominently learned of the KYCPG hotline while in a gambling facility or at the point of purchase. Big losses can be devastating, and it seems likely that after a particularly calamitous loss individuals may be in a desperate state of mind to fix the problem quickly, and therein turn to whatever means of help is available immediately if not sooner. A bad day at the tables or slots (or insert choice gaming activity here) does not an addiction make; however, an inscrutable repetition of gaming behavior to recover the first loss is a red flag, and, in the best case scenario, individuals would be able to objectively examine their motives for continued gambling, promptly admit a problem, and therefore seek help to alleviate said problem.

Home life may be the key in whether a person can avoid a gambling addiction; on the other hand it may also be the key catalyst in what drives a person to addiction, gambling or otherwise. Less than half of men and women verified that they held full-time employment at the time of the call. Children under the age of 18 were reported to live with 14.3% of men and 19.8% of women, and men and women reported themselves in a committed relationship at the rates of 31.9 and 39.2 percent respectively.

Human beings are social creatures – we crave interaction with other people (though not necessarily a lot of other people), but what happens if someone who does not take care of themselves very well meets a strong mate? Do they become inspired to take better care of themselves and live a better life? Do people who have a pleasant home life strive to stay in better health so they will be around longer? Are people in strong relationships (whether romantically or with their family and friends)

less likely to have long-term effects from a gambling problem? Is it possible that gamblers who are engaged in a strong committed relationship are more successful in recovering from their gambling addiction?

Preferred Methods of Gambling and Consequences

Data showed that men turned to playing the lottery and scratch-off tickets, followed only by card playing while women felt most drawn to casino atmosphere gambling, but also exhibited interest in lottery and scratch-off games. Slot machines and bingo were also popular amongst more than 25% of female callers. The greatest difference between the preferred methods in males and females seems to be the social construct of gaming situations. Casinos and slot machines are generally in very public places, places where women can be seen and possibly admired, which makes sense when operating on the theory that women are social creatures more so than men. Too, if a woman feels unnoticed and unwanted at home, she may find the attention she is looking for in a casino or other public gambling situation. Males, on the other hand, preferred quieter, less conspicuous methods of gambling. This is not to suggest that all men prefer asocial gambling environments, rather a differently structured social environment.

Behavioral methodology is a critical element in understanding addiction and patterns of use/abuse. Family history of gambling was examined in both males and females to discover an almost identical percentage of men and women that disclosed a history of gambling of someone in their immediate family (including grandparents, aunts, and uncles). Certainly there is not enough evidence to suggest that all individuals in a family with a problem/pathological gambler will experience the same

addiction as their family member; however, as with all addictions and abuse patterns, it does suggest that the repetition of addictive/abusive behavior is more likely.

Regarding problems incurred due to gambling behavior, data provided evidence that both genders experienced anxiety most severely, seconded by depression.. The numbers show that anxiety was felt the most severely by the majority of gamblers. More than 40% of men and almost 44% of women said they had difficulty paying their bills because of their gambling behavior. Other areas where high percentages (more than 20%) of men and women reported problems stemming from money issues include borrowing from friends and family and also from banks. Approximately 30% of men and women divulged family and spouse conflict as an extenuating problem from their gaming activities and called in most consistently in light of a family related event. Conceivably members of a gambler's family and network of friends may have gathered to hold an intervention with the bettor to convince them to cease and desist in their destructive behavior. Additionally, the anxiety, depression, and conflict could be linked to arguments related to money issues.

Despite the moral reasoning of "money is not important to be happy in life" it is a necessary commodity, and the less you have the more important it becomes. Debt is a crippling phenomenon. Phone counselors asked the callers to disclose whether or not they had debt, and secondly asked if the callers would reveal how much debt they had if any. As indicated in Tables 22 and 23, more than half of men and women identified themselves as experiencing debt at the time of the call, and a smaller portion of these gamblers also borrowed money from family and/or friends.

An important query is how much of their debt is gambling related and how much is assumed from "normal" ventures such as mortgages, credit cards, vehicle purchases, and/or medical bills. Additionally, an accurate representation of the gambler's income would be critical in identifying debt-to-income ratio to determine the exact debt percentage as a result of gambling.

Beyond debt, the issue of financial trouble is examined without much success in that the term "financial trouble" is not defined by KYCPG in the form they use. Significant misunderstanding is probably responsible for the lack of response in this arena. Both males and females declined financial troubles in an astounding majority. Males reported at 1.2% with financial troubles, and females responded at 0.3%. Financial trouble is not expressly limited to only debt, or only bankruptcy as there are separate questioning sections regarding both of the latter subjects; however it could have been interpreted as being on the brink of bankruptcy, foreclosure, repossession, etc. The question of whether or not the gambler has experienced bankruptcy due to their gambling behavior is much clearer. Approximately 10% of both men and women reported that they have filed for or completed bankruptcy proceedings to alleviate themselves from gambling debt.

It is widely accepted that where one addiction exists another is closely following. Gamblers revealed a second prominent addiction occurring simultaneously in the way of alcoholism. Male callers experienced alcoholism in addition to problem gambling at a rate almost three times higher than females. Perhaps this secondary addiction developed as a means of coping with the stress and conflict at home. What percentage of the gamblers who did not identify themselves

in a relationship were previously in a committed relationship when their gambling addiction took over? Did the addiction become the relationship and cause the marriage (or similar long-term commitment) to fail? Or was it the turn to a second addiction such as alcohol or narcotics?

Phone counselors were trained in recognizing signs of immediate distress that could be harmful to the individual or other people near the individual and to counsel the gambler into appropriate actions such as going to the hospital to be treated for severe anxiety or depression that may lead to self-harming behavior or aggressively violent behavior towards other people. During the "options" part of the conversation it was highly recommended that when they felt the urge to gamble to gamblers should call the KYCPG hotline to thwart the "craving" and get stronger at resisting the urge to run to their gambling facility of choice. The second most disseminated advice was to find a GA or Gam-Anon meeting with the idea that it is important for the individual to understand they are not alone in their addiction and crises. As with most phenomena education is the key to culminating a proper defense strategy against the opposition, which is why encouraging callers to receive literature and educational materials was the third most promoted option, and often in addition to another component of the "Get Help Action Plan". Admittedly, there is considerable room for human error in that counselors could have (unwittingly) copied down incorrect information.

Getting help was not a new concept to some men and women who called in to the KYCPG hotline. Almost 6% of men and just over 3% of women divulged a record of gambling treatment. The responses indicate that these small percentages of

callers have been to treatment for gambling problems at least once (possibly more) in their life.

Criminal Activity and Punitive Responses

It is necessary to concede that addiction can grow to a level of strength enough to make an otherwise intelligent, responsible person behave callously towards their family and friends, and even lead them to believe that criminal activity is an acceptable means of correcting errors. Check fraud is the most prevalent in both men and women in regards to criminal activity, perhaps because it is the easiest and/or fastest to complete, and can be recovered the easiest if a friend/family member or bank is willing to give them a loan. In the event no one was willing to help them financially, a scant few males and females turned to embezzlement to recover their losses. Men were much more willing to commit robbery and other crimes if and when it became necessary (females historically do not commit as many violent crimes as males), but these few were far from a majority. Obviously some people do turn to crime to alleviate their gambling woes, but it is a very small percentage of the gambling population – from the 811 cases 8.5% of the gamblers committed criminal acts due to their gambling. From the original 8,281 cases the gamblers who committed criminal acts represent .5% of all callers reviewed for this study.

Furthering the understanding of criminal activity and its consequences in the gambling population that called into the KYCPG helpline is the examination of whether or not gamblers experienced punitive responses in answer to their gambling activity. Very few gamblers affirmed that they had indeed been arrested, served time in jail and/or prison, and/or were on probation either currently or at some point

previous to calling into the helpline. Perhaps if a system were set up for people to call in and report (anonymously or otherwise as they choose) their gambling history and whether or not they were subject to criminal prosecution followed by punishment of probation, jail, or prison a more thorough understanding of criminal activity and its consequences could be offered here. As that information was not available at the time of this study, only speculation can be postulated. Even so, the nature of the beast as defined by the data in this study does design a path of destruction of self in the phenomena of problem gambling. An individual begins gambling (probably socially), they become enchanted with the thrill of the win, obsessed with recovering the loss, and they soon find themselves in a dark place where help does not seem to be willing to extend a hand.

Binary Logistic Regression Analyses

Gender presented itself as a rather useful dichotomous independent variable for comparison against other variables in binary logistic regressions. Less the five significant results found, there were no appreciable (read, significant) differences between men and women and the odds that one gender was more or less likely to have a specific reason to call the helpline, experience a simultaneous addiction concurrent with gambling, incur problems due to gambling behavior, engage in criminal activity, or experience punitive responses due to their gambling behavior.

A significant result was found in the category of reason for call, residing in the variable "Gambling Related Event". The odds of men calling the helpline due to a gambling related event were significantly higher than females calling in for the same reason. Similarly, men also were significantly more likely to experience

problems with alcohol addiction simultaneous to problem gambling than were women. It is widely accepted that men internalize problems more so than women. Calling in due to a gambling related event could probably be considered "rock bottom" for men, or (less dramatically) a point of realization of problematic behavior. Alcoholism among men is less tricky to figure out in that internalizing problems often means internalizing alcohol to cope with anxiety, stress, and depression. No significant results turned up in the regression analyses run on the variables in the category regarding problems suffered due to gambling. While there were no significant differences between men and women, it is note worthy that each gender identified nearly identical experience with each variable within the category.

Check Fraud, Embezzlement, and Robbery also yielded no significant results in the binary logistic regression analysis. The significant finding came, surprisingly, in the category of Other Crimes. Men were found to be almost 21 times more likely to commit other criminal acts than women were perhaps because men traditionally turn more easily to violence and crime than women. In examining the frequencies of criminal activity, check fraud (forgery) was the most popular crime to commit to help support gambling activity, probably due to the ease of which it can be perpetrated. The results from the regression analysis tell us that while men are more likely to commit other crimes other than women, women are not absolutely unlikely to turn to other methods of criminal behavior.

Punitive Responses were an important measure in the difference between men and women regarding gambling activity. The highest difference between males and females lies in the category of punitive responses as men were 24 times more likely

than women to experience punitive responses. Again, these results do not suggest that women are exempt from receiving punitive responses as a result of criminal activity committed to further gambling pursuits, but they do suggest that it is much less likely to happen. Is the reason because juries are more sympathetic to women struggling financially? Or is it because the ladies lucked out and landed better attorneys?

CHAPTER 6 - SUMMARY

Problem/pathological gambling does (in a very small percentage of cases) lead to criminal activity, but not with any regularity, or rather enough to say it will happen. Men and women experience a gamut of emotions and stressors under ordinary circumstances, but throw in an addiction (or two) and the formulae for successful life become infinitely more complicated. The data provided evidence that while male and female problem gamblers endure consequences similarly, there are also significant differences, especially where punishment for criminal activity is concerned. An interesting follow-up would be to study gambling activity in prisons around the U.S. to examine how gambling is endured and what role it plays in the inmate community. As with most addictions, when resources are nearby the temptation to engage in harmful behavior is almost insatiable.

This study was limited in more expansive conclusions due in part to the lack of information collected from gamblers (unwilling participants especially), human error, and the limitations of the scope of the interview record sheet. Further research needs to be conducted in-depth with willing participants to discover what happens before, during, and after a gambling addiction settles in, and whether the debt reported is gambling related or from other events. Additionally, accurate contact information would allow follow-ups (again, with willing participants) of treatment to be conducted to glean how efficacious the methodology proves to be in the lives of patients and the progression of addiction at regular intervals. Mood states and gambling behaviors should also be studied congruously to delineate the patterns of thought in a pathological gambler.

Data provided by the Kentucky Council on Problem Gambling presented many insights into what happens when people lose control in gambling behavior, and indeed lose themselves to an addiction that spirals out of control so quickly. Further study should be made of casinos and other gambling facilities to examine gambling addiction treatment propagation. Additionally, further study of gambling hotlines is crucial to develop the best methods and means for aiding callers in their times of crisis. The American Psychiatric Association recognized gambling as a legitimate affliction in 1980 (APA, 1994), but many scholars and academics of numerous backgrounds still question whether or not gambling can truly be classified as an addiction in the strictest medical sense of the word.

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APPENDIX A:
TEN CRITERIA FOR PATHOLOGICAL GAMBLING

"Persistent and recurrent maladaptive gambling behavior as indicated by five (or more) of the following:

(1) is preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)

(2) needs to gamble with increasing amounts of money in order to achieve the desired excitement

(3) has repeated unsuccessful efforts to control, cut back, or stop gambling

(4) is restless or irritable when attempting to cut down or stop gambling

(5) gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression)

(6) after losing money gambling, often returns another day to get even ("chasing" one's losses)

(7) lies to family members, therapist, or others to conceal the extent of involvement with gambling

(8) has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling

(9) has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling

(10) relies on others to provide money to relieve a desperate financial situation caused by gambling,"

APPENDIX B:

"20 QUESTIONS"

GAMBLERS ANONYMOUS QUESTIONNAIRE

1. Did you ever lose time from work or school due to gambling?
2. Has gambling ever made your home life unhappy?
3. Did gambling affect your reputation?
4. Have you ever felt remorse after gambling?
5. Did you ever gamble to get money with which to pay debts or otherwise solve financial difficulties?
6. Did gambling cause a decrease in your ambition or efficiency?
7. After losing did you feel you must return as soon as possible and win back your losses?
8. After a win did you have a strong urge to return and win more?
9. Did you often gamble until your last dollar was gone?
10. Did you ever borrow to finance your gambling?
11. Have you ever sold anything to finance gambling?
12. Were you reluctant to use "gambling money" for normal expenditures?
13. Did gambling make you careless of the welfare of yourself or your family?
14. Did you ever gamble longer than you had planned?
15. Have you ever gambled to escape worry or trouble?
16. Have you ever committed, or considered committing, an illegal act to finance gambling?
17. Did gambling cause you to have difficulty in sleeping?
18. Do arguments, disappointments or frustrations create within you an urge to gamble?
19. Did you ever have an urge to celebrate any good fortune by a few hours of gambling?
20. Have you ever considered self destruction or suicide as a result of your gambling?

APPENDIX C:

SOUTH OAKS GAMBLING SCREEN

(SOGS)

1. Please indicate which of the following types of gambling you have done in your lifetime. For each type, mark one answer: "**Not at All**," "**Less than Once a Week**", or "**Once a Week or More**."

Please Check one answer for each statement:	NOT AT ALL	Less than once a week	Once a week or more
a. Played cards for money.			
b. Bet on horses, dogs, or other animals (at OTB, the track, or with a bookie).			
c. Bet on sports (parlay cards, with bookie, at Jai Alai.			
d. Played dice games, including craps, over and under or other dice games.			
e. Went to casinos (legal or otherwise).			
f. Played the numbers or bet on lotteries.			
g. Played bingo.			
h. Played the stock and/or commodities market.			
i. Played slot machines, poker machines, or other gambling machines.			
j. Bowled, shot pool, played golf, or some other game of skill for money.			
k. Played pull tabs or "paper" games other than lotteries.			
l. Some form of gambling not listed above (please specify):			

2. What is the largest amount of money you have ever gambled with on any one-day?
___Never Gambled ___More than $100.00 up to $1,000
___$ 1.00 or less ___More than $1,000 up to $10,000
___More than $1.00 up to $10.00 ___More than $10,000
___More than $10.00 up to 100.00

3. Check which of the following people in your life has (or had) a gambling problem.
__ Father __ Mother __ Brother/Sister __ My spouse/partner
__ My child(ren) __ Another relative
__ A Friend or someone important in my life

4. When you gamble, how often do you go back another day to win back money you have lost?
__ Never __ Most of the time __ Some of the time
__ Every time that I lose __(less than half of time I lose).

5. Have you ever claimed to be winning money gambling, but weren't really? In fact you lost?
__ Never __ Yes, less than half the time I lost __ Yes, most of the time

6. Do you feel you have ever had a problem with betting or money gambling?
__ No __ Yes __ Yes, in the past, but not now.

7. Did you ever gamble more than you intended to?
__ Yes __ No

8. Have people criticized your betting or told you that you had a problem, regardless of whether or not you thought it was true?
__ Yes __ No

9. Have you ever felt guilty about the way you gamble, or what happens when you gamble?
__ Yes __ No

10. Have you ever felt like you would like to stop betting money on gambling, but did not think that you could?
__ Yes __ No

11. Have you ever hidden betting slips, lottery tickets, gambling money, IOUs, or other signs of betting or gambling from your spouse, children or other important people in your life?
__ Yes __ No

12. Have you ever argued with people you live with over how you handle money?
__ Yes __ No

13. (If you answered "yes": to question 12) Have money arguments ever centered on your gambling?
__ Yes __ No

14. Have you ever borrowed from someone and not paid them back as a result of your gambling?
__ Yes __ No

15. Have you ever lost time from work (or school) due to betting money or gambling?
__ Yes __ No

16. If you borrowed money to gamble or to pay gambling debts, who or where did you borrow from (check "Yes" or "No" for each):

a. From household money __ Yes __ No

b. From your spouse/partner __ Yes __ No

c. From relatives or in-laws __ Yes __ No

d. From banks, loan companies, or credit unions __ Yes __ No

e. From credit cards __ Yes __ No

f. From loan sharks __ Yes __ No

g. You cashed in stocks, bonds or other securities __ Yes __ No

h. You sold personal or family property __ Yes __ No

i. You borrowed on your checking accounts (passed bad checks)
__ Yes __ No

j. You have (had) a credit line with a bookie __ Yes __ No

k. You have (had) a credit line with a casino __ Yes __ No

APPENDIX D:

KENTUCKY COUNCIL ON PROBLEM GAMBLING DATA COLLECTION FORM:

FORM 1

FORM 1

KENTUCKY COUNCIL ON COMPULSIVE GAMBLING
CALLER WORKSHEET

DATE: _____ TIME:_____ AM/PM **CODE:**_____

OPENING STATEMENT: _____
_____

CALLER INFORMATION

NAME_____AGE:_____

MALE_____ FEMALE _____ ETHNICITY (IF KNOWN) _____

ADDRESS_____
CITY_____ STATE_____
PHONE NUMBER_____

CALLING ABOUT: SELF____ SPOUSE____ PARENT____

CHILD____ FRIEND____ LIVE IN____ SIBLING_____ OTHER____

MARITAL STATUS:
MARRIED____DIVORCED____SINGLE____WIDOWED____

IF CHILDREN, AGES:_____

HOW LONG HAS GAMBLING BEEN A PROBLEM?_____

WHEN DID THE GAMBLING FIRST START?_____

CHECK ALL THAT APPLY:

Scratch Off___	Cards___	Sweepstakes___
Daily Numbers___	Video Poker___	Stock Market___
Lottery___	Horse Racing___	Slots___
River Boat Casino___	Sports Betting___	Pools___
Las Vegas___	Bingo___	Dog races___
Atlantic City___	Internet___	Other___

HOURS PER DAY SPENT GAMBLING_____

OTHER PROBLEMS OF THE GAMBLER

IS THE GAMBLER IN DEBT? YES___ NO___ DON'T KNOW____
AMOUNT_____

ALCOHOL___ RECEIVING SERVICES? YES___ NO___

DRUGS___ RECEIVING SERVICES? YES___ NO___

LEGAL___ INCARCERATED? YES___ NO___

FINANCIAL___

PSYCHIATRIC___

DEPRESSION___ RECEIVING SERVICES? YES___ NO___

OTHER ADDICTION___ RECEIVING SERVICES? YES___ NO___

OTHER_____ RECEIVING SERVICES? YES___ NO___

FAMILY HISTORY: GAMBLING___ ALCOHOL___ DRUGS___

ABUSE: VERBAL___ PHYSICAL___ SEXUAL___

REFERRAL INFORMATION

Gamblers Anonymous___ Location_____

Gam-Anon___ Location_____

Gambling Treatment___ Location/Source_____

Mental Health Services___ Acuity Level_____

Problem_____

Location_____

Financial services___ Location/Source_____

Legal services___ Location/Source_____

Other addiction___ Location/Source_____
Other Services___ Location/Source_____

CALLER'S CLINCIAL SITUATION

STAFF INTERVENTION

Staff Signature_____

APPENDIX E:

KENTUCKY COUNCIL ON PROBLEM GAMBLING DATA COLLECTION FORM:

FORM 2

FORM 2

KENTUCKY COUNCIL ON COMPULSIVE GAMBLING
CALLER WORKSHEET

1. Date: _____ Time:_____ AM/PM **CODE:**_____

2. Caller Location: City_____ State_____ Age___

3. Male_____ Female_____

4. Is the caller the gambler? Yes___ No___ DK-Refused___

If NO, specify the relationship of the caller to the gambler. Check one:

____ Adult Child ____ Parent
____ Child – non adult ____ Relative
____ Co-worker ____ Sibling
____ Employee ____ Spouse
____ Employer ____ Friend ____ Other / DK-Refused

5. How did you hear about the Helpline? Check one:

____ Phonebook ____ Other self-help group
____ Information line ____ Gambling facility/location
____ Billboard/poster/sticker ____ Lottery point of purchase
____ Newspaper/magazine ____ Internet
____ Radio ____
Other_____
____ Television ____ DK/Refused
____ Treatment professional ____ GA/Gam-Anon

6. Was there a particular event that precipitated this call?

_____

_____

The following information is pertaining TO THE GAMLBER:

7. Age_____ Male_____ Female_____
Phone_____

8. Name_____

9. Address_____

10. City_____ State_____

11. Marital Status:

____ Cohabitation ____ Married ____ Divorced
____ Never married ____ Separated ____ Widowed
____ DK/Refused

12. Race or ethnic background. Check one:

____ Caucasian ____ Native American
____ African-American ____ Other
____ Latino-Hispanic ____ DK-Refused

13. Personal Income

____ 0-14,999 ____ 45,000 – 59,999
____ 15,000 – 24,999 ____ 60,000 – 89,999
____ 25,000 – 34,999 ____ 90,000 – 124,999
____ 35,000 – 44,999 ____ 125,000 – 174,999
____ DK-Refused ____ 175,000 +

14. Is the gambler in debt? ___ Yes ___ No ___ DK-Refused _____Amount

15. How many children under age 18 are living with the gambler? _____

16. Has the gambler ever been in treatment for a gambling problem?

Professional Treatment ____ Yes ____ No ____ DK-Refused
GA/ 12-Step Program ____ Yes ____ No ____ DK-Refused

17. Gambler's employment status

____ Full-time ____ Part-time ____ Student ____ Retired
____ Disability ____ Other ____ DK-Refused

18. Illegal Acts caused by gambling

____ Embezzlement ____ Fraud (bad checks, forgery)
____ Robbery ____ Other _____

19. Legal actions caused by gambling

____ Arrest ____ Jail or Prison ____ Probation ____ DK-Refused

20. Has the gambler ever gone through Bankruptcy?

____ Never ____ Pending ____ Once ____Twice or more ____ DK

21. Check all that apply:

____ Scratch Off	____ Cards	____ Sweepstakes
____ Daily Numbers	____ Video Poker	____ StockMarket
____ Lottery	____ Horse Racing	____ Slots
____ River Boat	____ Sports Betting	____ Pools
____ Las Vegas	____ Bingo	____ Dog Races
____ Atlantic City	____ Internet	____ Other

22. Age at which gambler began gambling_____

23. Does gambler come from a family of origin where:

Gambling has been a problem ____ Yes ____ No ____ DK-Refused

Alcohol / other drug abuse has been a problem? ____ Yes ____ No ___ DK

24. Which of the following is caused by gambling?

____ Anxiety	____ Depression
____ Problems at school/work	____ DK
____ Suicide attempts	____ Suicidal thoughts
____ Family/Spouse conflict	____ Family violence
____ Family Neglect	____ Credit card debt
____ Borrowing from people	____ Borrowing from bank etc.
____ Difficulty paying bills	____ Using equity or savings

25. Has the gambler ever been in treatment for any of these issues?

____ Yes ____ No ____ DK-Refused

Specify_____

26. Has the gambler ever had a problem with any of the following:

____ Alcohol	____ Illegal Drugs	____ Prescription Drugs
____ Tobacco	____ Food	____ Sex
____ Shopping	____ Work	____ Other

27. Actions recommended to caller:

____ Call Helpline again	____ Chemical dependency treatment
____ Crisis Line	____ GA/Gam-Anon
____ Gambling treatment center	____ Hospital/Emergency Room
____ Legal services	____ Mental Health Services
____ Send literature	____ Other support group
____ Other	

VITA

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Education

2011 M.S. – Eastern Kentucky University, Criminal Justice
Thesis: An Exploration of the Calls Received by the Kentucky Council on Problem Gambling Help Hotline

2004 B.S. – Eastern Kentucky University, Criminal Justice
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Primary Areas of Interest

Problem Gambling, Human Rights, Criminal Justice Education and Training, and Criminological Theory.

Academic Positions

2005 – 2007 Eastern Kentucky University, Graduate Assistant

Conference Involvement

Carleigh has attended several ACJS conferences as a participant via the National Criminal Justice Honor Society Alpha Phi Sigma.