

MINUTES OF THE SENATE FEDERAL AND STATE AFFAIRS COMMITTEE.

The meeting was called to order by Chairperson Senator Nancey Harrington at 10:30 a.m. on February 15, 2001 in Room 245-N of the Capitol.

All members were present.

Committee staff present: Dennis Hodgins, Legislative Research Department
Theresa Kiernan, Office of the Revisor
Nikki Kraus, Committee Secretary

Conferees appearing before the committee: Donna Doolin, Asst. Director of Substance Abuse Treatment and Recovery, SRS
Robert H. Poresky, PhD, College of Human Ecology, Kansas State University
Gary Winget, President, Kansans For Life At Its Best

Others attending: See Attached List

Chairman Harrington stated that yesterday on the Senate floor she had lost track of an amendment that Theresa Kiernan had given her, but that Theresa had been doing her job very well and that she would like to recognize all of her hard work as Revisor.

Chairman Harrington opened the meeting by recognizing Donna Doolin, Asst. Director of Substance Abuse Treatment and Recovery in the division of healthcare policy, SRS. Ms. Doolin presented testimony which addressed compulsive gambling and programs which are being established by SRS to help deal with it. (Attachment 1). Ms. Doolin presented a pamphlet concerning Compulsive Gambling Treatment Certification Training for social workers. (Attachment 2). Ms. Doolin also presented a memorandum concerning prevalence estimates for the state of Kansas of individuals which are identified as pathological gamblers. (Attachment 3).

In response to questions from Senator Barnett, Ms. Doolin stated that the availability of gambling is going to increase availability for people with gambling problems, and that the figures presented in the study were primarily national.

Chairman Harrington asked Ms. Doolin where the funding was coming from, and she stated that it was \$100,000 total, twenty thousand from bingo taxes and eighty thousand from state gaming revenues. Senator Barnett stated that he was interested in who was going to pay for the treatment of addicted individuals because \$100,000 was not going to pay for any treatment. Ms. Doolin stated that it was good to ask that question and that was why she was making this presentation in front of the Legislature. In response to further questions from Senator Barnett, Ms. Doolin stated that treatment for gambling addiction was hard to gauge in effectiveness because so few outcome studies had been done. She stated that screening for gambling addiction would be done in halfway houses and mental health facilities, but that this was indeed after the fact and more needed to be done in the way of prevention.

Senator Gooch stated that he would like to know from where the expert teachers have been obtained to do the training for gambling addiction counselors, and Ms. Doolin stated that Joanna Frankin, a nationally known figure as the mother of gambling addiction treatment, would be training, among others known nationally such as Rudy Gaza, specialist in elderly addiction, and Chris Anderson. In response to further questions from Senator Gooch, Ms. Doolin stated that the training would be paid for either by the individual seeking the training or an agency, but that all who receive the training must have previous training and certification. Senator Gooch then asked if there were any programs which follow up on helping gambling addicts after their initial treatment; Ms. Doolin stated that there was a gambling treatment program at St. Francis Hospital which was in conjunction with their substance abuse program, and GA, Gamblers Anonymous.

CONTINUATION SHEET

MINUTES OF THE SENATE FEDERAL AND STATE AFFAIRS COMMITTEE

February 15, 2001

Senator O'Connor asked if there was a study which compares addictions because she had seen information which indicated that people with one addiction often had another. Ms. Doolin stated that 30-40% of people with alcohol or drug problems also are at high risk for gambling problems.

Chairman Harrington recognized Robert H. Poresky, PhD, College of Human Ecology, Kansas State University, who presented a memorandum entitled, "Gambling Problems in Kansas, 1996 Statewide Survey and Regional Analysis". (Attachment 4).

Dr. Poresky went through the study with the committee and then answered questions from members. In response to questions from Senator Vratil, Dr. Poresky stated that the structure of the questions must ask individuals from whom they borrowed money, as opposed to if they borrowed money.

In response to a question from Senator Barnett, Dr. Poresky stated that to the extent that society says that it is okay or good to do something, the behavior increases, whereas when the parents and society do not do something, kids are less likely to do it. Senator Barnett asked if there were studies to show the effects of gambling in different regions, and Dr. Poresky stated that it would be expected that there would be a great deal of change since 1996 with the influx of gambling availability.

Chairman Harrington stated that she was interested in continuing care for addicted individuals and that it seemed like mental health parity ought to cover something like that under insurance. Ms. Doolin replied that such a form of payment would be great because without funding, most individuals would not be able to pay for treatment, nor facilities to provide it.

Chairman Harrington stated that she heard that in studies, people who put in one dollar and got one dollar back thought that they had won. Dr. Poresky stated that it was amazing to watch people playing slots because they could be losing, yet they continue without paying attention.

Senator Barnett asked Chairman Harrington if it would be possible for the entire committee to request a post audit, and he was advised to work with staff to create a request which would then be reviewed and approved by the committee.

Senator Barnett stated that he wanted to go on record as being supportive of Senator Mayan's amendment to **HB 2038—Extension of the Lottery until 2008**, although he was not supportive of gambling.

Senator Gooch stated that there was nothing new about addiction, but that he had always thought about gambling as the dice game Craps, and now it was betting on high school games. He stated that people who have a problem with gambling are now found at the college level.

Dr. Poresky stated that the earlier people start gambling, the bigger problems they have.

Chairman Harrington stated that 12-17 year olds are dreamers who feel that they might win by gambling and then never have to go to school or work. She stated that this way of thinking makes them particularly susceptible to the addiction.

Gary Winget, President, Kansans For Life At Its Best, presented testimony to the committee concerning gambling addiction. He stated that he was an expert on homelessness in the state of Kansas. He stated that about 40% of homeless people have an addictive personality and that it mostly regarded alcohol. He stated that he wanted people to be prevention minded in dealing with gambling addiction. He stated that he was surprised that no one had introduced the 50 mile rule which stated that if there is a casino within that distance of your home, you are far more likely to gamble.

Mr. Winget stated that he is a person from the faith community. He stated that the clergy is often in the front lines of having to deal with addicts, and that those in his community were inept as a whole because of a lack of proper training in how to counsel addicted individuals and their families.

Chairman Harrington stated that the state may want to look at a new joint subcommittee which would address

CONTINUATION SHEET
MINUTES OF THE SENATE FEDERAL AND STATE AFFAIRS COMMITTEE
February 15, 2001

the state working with faith-based organizations.

Mr. Winget stated that he would like the state to use his organization and other faith-based groups because they are everywhere and want to be an ally in dealing with these problems.

Chairman Harrington stated that ministers are asked to deal with the ramifications of gambling in their communities.

Chairman Harrington opened the hearing on:

SB 178—An act concerning reports of state agencies

Senator Teichman made a motion that SB 178 be passed favorably to the entire Senate and placed on the consent calendar. Senator Gooch seconded the motion. The motion passed.

Theresa Kiernan stated that regarding the post audit request made by Senator Barnett, the committee must make a written request. Senator Barnett stated that he was more interested in the social costs to the state, and that he believed that the request might bear a little more weight if it were made by the entire committee. Chairman Harrington stated that it was possible that a request made by the committee would be more likely to get something done.

The meeting was adjourned at 11:45 a.m. The next scheduled meeting will be at 10:30 a.m. on January 20, 2001.

**SENATE FEDERAL AND STATE AFFAIRS COMMITTEE
GUEST LIST**

DATE: February 15, 2001

NAME	REPRESENTING
Jim Schalamsky	KDDA
Keith Kocher	KS Lottery
Ed Van Patten	KS Lottery
Donna Keelin	SRS/SATR
Rita Poon	Kemper State Univ.
George Wenzel	Puffin Company
Janet Schalamsky	SRS
Craig Collins	KAAP
Karen Suddash	SRS
L.E. Hatter, Jr.	
Marsha Strick	CWA of KS

Kansas Department of Social and Rehabilitation Services
Janet Schalansky, Secretary



Docking State Office Building
915 SW Harrison, 6th Floor North
Topeka, Kansas 66612-1570

for additional information, contact:

Operations
Diane Duffy, Deputy Secretary

Office of Budget
J.G. Scott, Director

Office of Planning and Policy Coordination
Trudy Racine, Director

phone: 785.296.3271 *fax:* 785.296.4685

Senate Federal and State Affairs Committee

February 15, 2001

SRS's Problem Gambling Initiative

Health Care Policy

Donna Doolin, Assistant Director for Substance Abuse
Treatment and Recovery

785.296.3773

Senate Fed + State
2-15-01
Attachment 1-1

Kansas Department of Social and Rehabilitation Services
Janet Schalansky, Secretary

Senate Federal and State Affairs Committee
February 15, 2001

SRS's Problem Gambling Initiative

Chair Harrington and Members of the Committee, I am Donna Doolin, Assistant Director for Substance Abuse Treatment and Recovery (SATR) in the Division of Health Care Policy at SRS. I am pleased to be here today to provide you with an update on our activities in implementing a problem gambling initiative enacted by the 2000 Legislature.

The 2000 Legislature established the problem gambling grant fund as a part of 2000 H.B. 2133, the Bingo Act. Under the provisions of H.B. 2133, SRS is charged with administering a state grant program with the stated charge of providing assistance for the direct treatment of persons diagnosed as suffering from the impact of gambling on residents of Kansas.

The funding mechanism for the state problem gambling fund comes from annual transfers of \$20,000 from the state bingo regulation fund and \$80,000 from the state gaming revenues fund to the problem gambling grant fund.

We have taken a number of steps in establishing a problem gambling program in this state. These steps focus on four main areas: Hotline establishment, public awareness, counselor preparation, and treatment program development.

Hotline Establishment. Even before formal treatment programs are put into place, SRS plans to provide immediate intervention for problem gamblers through a hotline. SRS/SATR has contracted with the Mental Health Consortium to manage a hotline, which will provide immediate help for problem gamblers and their significant others. The help line # will be 1-866-NO BET 00 (1-886-662-3800). Training and education of help line staff at the Mental Health Consortium and the Regional Alcohol and Drug Assessment Centers (RADAC's) is currently underway.

Public Awareness. Early efforts are also being made to increase the level of public awareness regarding problem gambling, so that individuals, their families, and helping professionals can recognize the problem and know how to obtain help. SRS/SATR has also begun a dialogue with the Department on Aging to identify public awareness and educational opportunities regarding problem gambling in this population. Public awareness efforts will be dedicated to "putting a face" on problem gambling through collaboration with the Kansas Coalition on Problem Gambling, the Kansas Association of Addiction Professionals, and the Regional Prevention Centers. Ultimately, we hope to be able to move into a broader scope of increasing the level of

awareness for all mental health and addiction professionals to begin screening for pathological/problem gambling through the utilization of standardized screening tools.

Counselor Preparation. Since the treatment of problem gamblers is a new effort for SRS, the Department did not have ready access to an adequate number of trained professionals who could deliver these services. SRS/SATR has been working closely with the Kansas Coalition on Problem Gambling, which is recognized as the credentialing body for counselor certification for compulsive gambling, to provide counselor education and training. The Kansas Coalition, a section of the Kansas Association of Addiction Professionals, is affiliated with the National Council on Problem Gambling. These counselor training efforts are being subsidized by SRS/SATR; co-sponsored by the Kansas Coalition on Problem Gambling and Washburn University; and administered by the Kansas Association of Addiction Professionals.

Counselor certification training was implemented in November, 2000. This training involves four interconnected, two-day training sessions to provide eligible caregivers with 60 gambling-specific training hours. Currently, we are in the third training session. Trainers consist of professionals who are known nationally. A core group of approximately 20 professionals from mental health centers, substance abuse treatment programs, and private practitioners are attending the certification training.

Treatment Program Development. SRS/SATR is working closely with the Kansas Coalition on Problem Gambling, the Kansas Association of Addiction Professionals, and the Mental Health Consortium to bridge the field of substance abuse and mental health since this issue is interconnected to both fields.

Providing treatment for those individuals suffering from pathological gambling within the funding that is available requires careful thought about how best to target these limited resources. Although efforts are being made to identify other funding sources, current planning is moving ahead on ways to provide services within the available funding. The following two options have been identified:

1. Target three areas, Topeka, Northeast Kansas, and the Kansas City area to provide some assistance for treatment of the pathological gambler.
2. Since there is the recognition of a need to establish a counselor referral base that is targeted over the entire state so individuals can be referred to mental health centers that have licensed alcohol and drug programs or addiction treatment specialist who are identified, trained, and mentored by a certified compulsive gambling counselor in order to be in a position to provide treatment for

pathological gambling. Reimbursement could be linked to identified outcomes such as completion of specific clinical tools that would be used to measure treatment effectiveness, and to assist in the development of a clearer picture of the types of individuals being served and for program improvement.

Clearly, the program we are initially able to put into place will need to be regarded as a starting place for public services to problem gamblers in Kansas. To pave the way for future program improvements, SRS/SATR and the Kansas Coalition on Problem Gambling are working together to identify appropriate outcome measures for the program. In addition, we will be seeking ways to replicate the study of problem gambling that was completed in 1996 by K-State, to determine whether there's been a significant change in the number of individuals reporting to have this problem. An updated study would provide a valuable baseline for future use in evaluating program results.

That concludes my testimony, but I would be happy to address any questions you may have.

A new career dimension

Meeting the growing need to provide treatment for persons who have become addicted to gambling is developing into a new career dimension for many care givers.

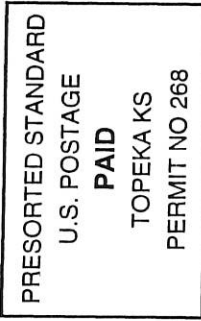
This 60-hour, four-session training series is open to all professionals. It provides detailed information about compulsive gambling and participants may earn up to 60 CEUs for attending the trainings.

The series provides the required 60 hours of training for applicants seeking the Certified Compulsive Gambling Counselor (CCGC) designation. The training also prepares applicants for the national examination which they must also pass to receive the designation. *NOTE: After July 1, 2003, applicants will have to provide 250 supervised hours in compulsive gambling counseling.*

Those currently eligible for the CCGC are:

- KAAP (KADACA) counselors at the CADC III level.
- Registered Alcohol and Other Drug Abuse Counselors (RAODAC) under the Behavioral Sciences Regulatory Board (BSRB).
- All clinicians licensed in Kansas to diagnose using the DSM IV.

These trainings are subsidized by Substance Abuse Treatment and Recovery, a unit within the Kansas Department of Social and Rehabilitation Services. The series is co-sponsored by Washburn University and The Kansas Coalition on Problem Gambling and administered by the Kansas Association of Addiction Professionals.



Kansas Association of Addiction Professionals.



P.O. Box 1732
Topeka, KS 66601

Compulsive Gambling



Senate Fed + State
2-15-01
Attachment 2-1

Treatment Certification Trainings

Four interconnected, two-day training sessions to provide eligible care givers with the 60 training hours needed to qualify for the Compulsive Gambling Certificate

Trainings will be conducted in the Student Union
Washburn University
1700 College
Topeka, Kansas

- Nov. 30 - Dec.1, 2000
- Jan. 11 - 12, 2001
- Feb. 15 - 16, 2001
- March 8 - 9, 2001

Snow days March 22 - 23



WASHBURN UNIVERSITY



Kansas Coalition on Problem Gambling

Senate Fed + State
2-15-01
Attachment 2-1

Compulsive Gambling

An urgent challenge

There was a reason Gamblers Anonymous was formed years ago. Like Alcoholics Anonymous and Narcotics Anonymous, GA came into being to help the compulsive addicted gambler find the road to recovery.

Indeed, the propensity that many seem to have that prompts progress through gambling as entertainment to gambling as an addictive disease parallels the pathways of alcoholism and drug addiction. Like alcoholism or drug addiction, and equally as insidious in its development, compulsive gambling can be just as devastating financially and physically for out-of-control gamblers and their families, all too often resulting in suicide.

With the rapid spread of casino gaming across the country, pathological or compulsive gambling is surfacing as a burgeoning problem. So much so that states are beginning to allocate funds for treatment. The Kansas Legislature in its 2000 session voted to approve some funding for this purpose and to work towards developing this field. The Substance Abuse Treatment and Recovery (SATR) unit of the Kansas Department of Social and Rehabilitation Services will administer the funds.

It is anticipated that future funding will pay treatment fees to qualified care providers who in addition to their licenses or A/D certifications must also hold the Compulsive Gambling Certificate to document proficiency in this area.

**FOR INFORMATION
CALL KAAP • 1-800-880-2352**

Series Learning Goals

- Understand the addiction process.
- Understand the diagnostic criteria, screening and assessment tools.
- Understand the implications of gambling in special populations, i.e., women, elderly, and adolescents.
- Understand the impact of compulsive gambling on individuals, families, and society.
- Increase knowledge base of treatment interventions and a continuum of care.
- A more complete awareness of the history of gambling together with the types of gambling.

Instructors

Keith E. Spare, a credentialed compulsive gambling counselor and holder of two master of science degrees (Divinity and Counseling) is program manager and senior counselor at Samuel Rogers Health Center, Inc., Kansas City, Missouri, will be the instructor at the first training session November 30 - December 1.

Trainers for the other sessions are all certified to provide instruction in compulsive gambling for the purpose of credentialing. They are Chris Anderson and Jim Whiteley, Nancy Lantz and Dennis P. McNeilly, Psy.D., and Joanna Fanklin and Rudy Garza.

**SIGN IN TIME FOR TRAININGS IS
8:00 A.M. TO 8:30 A.M.**

Registration Form

NAME _____
PROGRAM _____
ADDRESS _____
CITY/STATE/ZIP _____
DAYTIME TEL. NO. () _____

Fee is \$150 per person per training. Discount of \$25 per session to first 40 registrants. (All sessions \$600. Payment plan available. Call KAAP at 1-800-880-2352.) Please check the trainings you plan to attend:

Nov. 30 - Dec. 1

Jan. 11 - 12

Feb. 15 - 16

Mar. 8 - 9

All dates

PLEASE MAKE CHECKS PAYABLE TO KAAP AND SEND WITH THIS REGISTRATION FORM TO

KAAP
P.O. BOX 1732
TOPEKA, KS 66601

Amount Enclosed \$



VISA/MASTERCARD ACCEPTED



CARD NO. _____

EXP. DATE: Mo ____ Yr ____

SIGNATURE _____

You may also use your VISA/MasterCard to register by phone. Call 1-800-880-2352

Cancellation/Refund Policy
Full refund possible if cancellation made at least 7 days in advance
Partial refund if cancellation occurs later. No refund for no shows.

PREVALENCE ESTIMATES FOR THE STATE OF KANSAS

Prevalence Estimated per Population of Kansas: 2,654,052

Past-year Prevalence Rate Level 3- 1.14% (pathological gambler)

Past-year Prevalence Rate Level 2 - 2.80% (problem gambler)

Estimating the Prevalence of Disordered Gambling Behavior in the United States and Canada: A Meta-analysis 1997, Harvard Medical School Division on Addictions.

<u>Market Opportunity</u>	<u>Example 1</u>	<u>Example 2</u>
Adult Population (est. 70%)	1,857,836.4	1,857,836.4
Prevalence (est. 3.94%)	73,198	73,198
Patients Seeking Services (Nat. avg.)	3%	4%
Potential Patients	2,195	2,927

Senate Fed + State
2-15-01
Attachment 3-1

Gambling Problems in Kansas

1996 Statewide Survey and Regional Analysis

Preliminary Report

Second Draft

December 1998

prepared for
Alcohol and Drug Abuse Services
Social and Rehabilitation Services
State of Kansas

by:

Robert H. Poresky, Ph.D.
Associate Professor
and
Director
of the
Computer Assisted Telephone Interviewing Laboratory
School of Family Studies and Human Services
College of Human Ecology
Kansas State University
Manhattan, Kansas 66506-1403
(913) 532 - 1480

Senate Fed + State
2-15-01
Attachment 4-1

Executive Summary

The 1996 study of Gambling Problems in Kansas was conducted to provide the Commission on Alcohol and Drug Abuse Services of the Kansas Department of Social and Rehabilitation Services with reliable estimates of the current level of gambling-related problems of Kansans in 1996. This Computer Assisted Telephone Interview study of a representative sample of over 1,700 Kansas adults provided reliable estimates of the proportion of Kansas adults who have some gambling problems and who are probable pathological gamblers based on the "South Oaks Gambling Screen" (SOGS) as well as an estimate of the proportion of Kansas adults who meet the criteria for pathological gamblers in the Diagnostic and Statistical Manual of Mental Disorders - IV (DSM). The estimates are:

Measure:	Estimated Proportion	Estimated Number
South Oaks Gambling Screen		
Some Gambling Problem	22.74%	454,800
Probable Pathological Gamblers	1.58%	31,600
DSM-IV		
Pathological Gambler	0.19%	3,800

Approximately 5-10% of these may qualify for treatment services which could be supported by the Kansas Department of Social and Rehabilitation Services in a manner similar to substance abuse and mental health services for limited income individuals. This report includes a breakdown of these numbers by the twelve Kansas treatment regions. The proportion of "some gambling problems" ranged from a low of 15% in the Southwest region to a high of 32% in the Northeast region. This level of problems may be the focus of educational prevention efforts.

The SOGS "probable pathological gambler" rate varied from less than 1% in the Southeast and Flint Hills regions to a high of about 4% in the Wyandotte and South Central regions and many of these individuals may need treatment assistance to help cope with their gambling-related problems. The DSM rate for pathological gambling was too low to note regional variations, but individuals meeting this criteria would be generally eligible for treatment benefits under many health insurance plans.

About 86% of Kansas adults said they gambled sometime in their lives and 55% said they gambled in the past year. The types of gambling included lotteries and numbers including the Kansas Lottery; playing slot machine, poker machines or other gambling machines; casino gambling; playing cards for money; betting on horses or dogs; betting on sports; playing bingo for money; bowled, shot pool, played golf, or some other game of skill for money; played the stock, options and/or commodities market; played dice games (craps, etc.) for money; played pull tabs or "paper" games other than lotteries; and other forms of gambling. Statewide gambling on the Kansas Lottery was reported by 44% of the sample with a range from a low of 36% in the Southeast region to a high of 55% in the Northwest region. All forms of gambling were significantly correlated with the SOGS "some gambling problems" reports. The gambling forms with the stronger correlations were numbers and lotteries including the Kansas Lottery, cards, and slots. While these correlations may suggest a link between gambling and gambling problems, the forms of gambling are not necessarily the cause of the individual's financial and interpersonal problems.

Table of Contents

Summary

Introduction. 1

Methodology 1

 Sample 1

 Interviewing 2

 Instruments 2

 Analysis 2

Results 2

 Regional composition by county 3

 Gambling Problems in Kansas by Region 4

 Lifetime and Past Year Gambling Rates 5

 Gambling Problem Levels by Region with Rates and Numbers 6

 Types of Gambling Problems 7

 Forms of Gambling 9

 More Frequent Forms by Region 10

 Mid-frequency Forms by Region 11

 Lower Frequency Forms by Region 12

 Associations between Gambling Forms and Gambling Problems 13

 Protective Factors 14

 Associations with Substance Use 15

 Historical Changes 15

Conclusions 16

Introduction:

The 1996 study of Gambling Problems in Kansas was conducted to provide the Commission on Alcohol and Drug Abuse Services of the Kansas Department of Social and Rehabilitation Services with reliable estimates of the current level of gambling-related problems of Kansans in 1996. A Computer Assisted Telephone Interview methodology was chosen to provide reliable estimates of the proportion of Kansas adults who have some gambling problems and who are probable pathological gamblers.

Methodology

Sample:

The sample for this Computer Assisted Telephone Interview study was obtained by first generating a representative sample of possible Kansas telephone numbers and then calling each number to determine if the number was a residential number and then to interview a consenting Kansas adult over 18 years of age. The sample technique is known as Random Digit Dialing and it is used to obtain both a representative statewide sample and a representative regional sample. The major limitation of the sample is that only Kansas adult with access to a telephone will be sampled and the homeless will not be represented. Since Kansas has a very high household telephone rate and a low homeless rate, these limitations are considered to be minor and far outweighed by the cost effectiveness of the technique. The total number of attempted interviews was 7,883. Calls were made to all 105 Kansas counties in numbers proportionate to the number of households in the counties. It turned out that of the 7,883 numbers called, 1,916 were potential telephone numbers which were not in service; 33 gave busy signals which were unresolved even with repeated attempts; 57 had communication problems due to language difficulties or hearing problems; 330 asked to be called back but were not available at the callback; 772 were not residential households; 125 were answered only by answering machines; 13 were persistent wrong numbers; 1,205 not accounted for; 1,119 refused to participate at the screening item; and 2,313 were informed about the study and asked to consent to the interview. At the consent item 23 said no one over 18 was available for the interview, 3 requested more information, 428 declined to participate and 1,798 consented to the interview. Approximately 81% of those who were given the opportunity to consent to participate agreed to participate in the interviews.

Of those who consented to participate 37.7% were men and 62.3% were women. The sample was then weighted to achieve a 49% male / 51% female adult sample which would be more representative of the adult Kansas population.

Interviewing:

The calls were made in September and October of 1996 by trained interviewers who were supervised by Minakshi Tikoo, Ph.D. Dr. Tikoo also programmed the Sawtooth Software Ci-3 for the interviews. The programming presented the interview items to the interviewers and recorded the responses entered by the interviewers in computer disk data files. The interview results were compiled from the computer disks into one large file which was converted to a SPSS portable file for this analysis.

Instruments:

The interview was based on the "South Oaks Gambling Screen" (SOGS) as reported in the Addiction Research Foundation's Review of the Literature on Problem and Compulsive Gambling (1995) by Tania Stirpe and the clinical definition of a pathological gambler from the Diagnostic and Statistical Manual of Mental Disorders - IV (1994) (DSM-IV). Additional items included specific items about the Kansas Lottery, attitudes regarding family and community views of gambling, marital status, educational attainment, work status, medical insurance, welfare status, family income, sex, age, religious preference and attendance, substance use, and their relationship with a pet which along with attitudes and religiosity could be a protective factor. The respondents were also told they could contact their mental health or substance abuse center for assistance with gambling problems or they could call this project on our "800" number if they had any further questions.

Analysis:

The data files were compiled into a master data file which was converted to a portable file for analysis with the computer software program known as the Statistical Package for the Social Sciences for Windows (version 6). The data were analyzed and this reported was written by Robert H. Poresky, Ph.D.

Results

Gambling Problems:

The primary purpose was to generate an estimate of the rate and number of Kansans who have gambling problems which could become a concern for Kansas as well as to provide a profile of gambling in Kansas in 1996.

The three major measures of the severity of the gambling problems confronting Kansans are the SOGS "some gambling problems," SOGS "probable pathological gambling," and the adaptation of the DSM-IV "pathological gambling" diagnosis. The South Oaks Gambling Screen, which was developed at the South Oaks Hospital in Amityville, New

York, is considered to be a validated and reliable screening instruments. There are twenty-one items which contribute to the scoring. A score between 1 and 4 indicates "some gambling problems" and a score over 4 indicates "probable pathological gambling." The DSM-IV criteria for a diagnosis of pathological gambling require the presence of at least five of ten items regarding gambling-related behaviors and the absence of manic episode which would be diagnosed separately. In view of the limited response to the DSM-IV items, the DSM-IV pathological gambling results must be considered very cautiously.

The twelve ADAS/SRS regions referred to in this report and the counties within each are:

Region 1 - Shawnee county

Region 2 - East Central - Atchison, Brown, Doniphan, Douglas, Franklin, Jackson, and Jefferson counties.

Region 3 - Johnson - Johnson, Leavenworth, and Miami counties.

Region 4 - Wyandotte county.

Region 5 - Southeast - Allen, Anderson, Bourbon, Cherokee, Crawford, Labette, Linn, Montgomery, Neosho, Wilson, and Woodson counties.

Region 6 - Flint Hills - Butler, Chase, Chautauqua, Coffey, Cowley, Elk, Greenwood, Lyon, Marion, Morris, and Osage counties.

Region 7 - South Central - Harper, Harvey, Kingman, McPherson, Reno, Rice, and Sumner counties.

Region 8 - Wichita / Sedgwick county

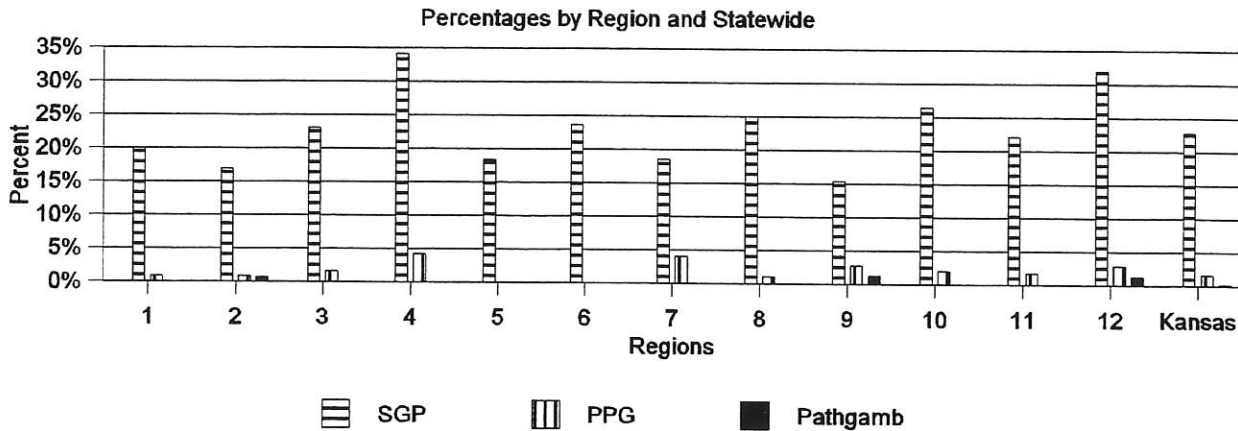
Region 9 - Southwest - Barber, Clark, Comanche, Edwards, Finney, Ford, Grant, Gray, Greeley, Hamilton, Haskell, Hodgeman, Kearney, Kiowa, Lane, Meade, Morton, Ness, Pratt, Scott, Seward, Stafford, Stanton, Steven, and Wichita counties.

Region 10 - Northwest - Barton, Cheyenne, Decatur, Ellis, Gove, Graham, Logan, Norton, Osborne, Pawnee, Phillips, Rawlins, Rooks, Rush, Russell, Sheridan, Sherman, Smith, Thomas, Trego, and Wallace counties.

Region 11 - North Central - Cloud, Dickenson, Ellsworth, Jewell, Lincoln, Mitchell, Ottawa, Republic, and Saline counties.

Region 12 - Northeast - Clay, Geary, Marshall, Nemaha, Pottawatomie, Riley, Wabaunsee, and Washington counties.

Gambling Problems in Kansas - 1996



Legend: SGP = Some Gambling Problems (SOGS)
 PPG = Probable Pathological Gambler (SOGS)
 Pathgamb = Pathological Gambling (DSM-IV)

The findings regarding the severity and distribution of these indicators of gambling problems by ADAS/SRS region are presented in the above chart and in the following table. While the percentages of these problem levels appear to differ between regions, the differences were not statistically significant, but when applied to regional populations differences in need are likely to emerge.

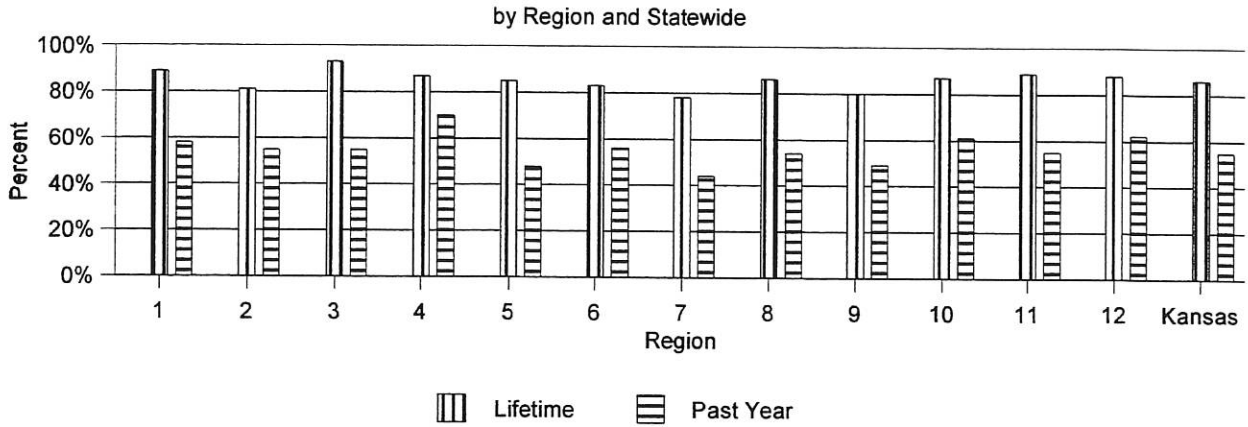
Gambling Problems in Kansas Statewide and by Region (percent of adult population)

Region	1	2	3	4	5	6	7	8	9	10	11	12	Kansas
	Shn	E.C.	John	Wyan	S.E.	F.H.	S.C.	Sedg	S.W.	N.W.	N.C.	N.E.	Kansas
SGP	20%	17%	23%	34%	18%	24%	18%	25%	15%	26%	22%	32%	22.74%
PPG	1%	1%	2%	4%	0%	0%	4%	1%	3%	2%	2%	3%	1.58%
Pathgamb	0%	1%	0%	0%	0%	0%	0%	0%	1%	0%	0%	1%	0.19%

Legend: SGP = Some Gambling Problems (SOGS)
 PPG = Probable Pathological Gambler (SOGS)
 Pathgamb = Pathological Gambling (DSM-IV)

Lifetime and Past Year Gambling Rates - 1996:

Lifetime and Past Year Gambling Rates



The respondents were asked if they ever gambled in their lifetime and if they gambled in the past year. The percentages of those who gambled sometime in their lifetime and those who gambled in the past year are presented in the chart above and table below for the ADAS/SRS twelve regions and Kansas as a whole.

Region	1	2	3	4	5	6	7	8	9	10	11	12	Kansas
	Shn	E.C.	John	Wyan	S.E.	F.H.	S.C.	Sedg	S.W.	N.W.	N.C.	N.E.	
Lifetime	89%	81%	93%	87%	85%	83%	78%	86%	80%	87%	89%	88%	86%
Past Year	58%	55%	55%	70%	48%	56%	44%	54%	49%	61%	55%	62%	55%

Projected Number of Kansas Adults in 1996 with "Some Gambling Problems" and who are "Probable Pathological Gamblers."

The number of Kansas adult who were directly affected by gambling in 1996 were estimated from the interview data. The estimates were obtained by applying the regional incidence of "some gambling problem" and "probable pathological gambling" from the South Oaks Gambling Screen items to the estimated populations within each region and adjusting for the percentage of adults in the total Kansas population (73%) and a 10% estimated growth since the 1990 Census. The state and regional population data was obtained from the Census Bureau via the Internet on December 26, 1996.

4-10

Region	1	2	3	4	5	6	7	8	9	10	11	12	Kansas
	Shn	E.C.	John	Wyan	S.E.	F.H.	S.C.	Sedg	S.W.	N.W.	N.C.	N.E.	Kansas
Rgn Pop	161	167	443	162	197	184	173	404	169	147	112	159	2,476
(in 1,000s)													
SGP	19.98%	16.88%	23.05%	34.14%	18.34%	23.60%	18.49%	25.03%	15.41%	26.39%	22.08%	31.93%	22.74%
Est. #	25,831	22,636	81,996	44,411	29,012	34,869	25,686	81,200	20,912	31,151	19,858	40,767	452,123
PPG	0.84%	0.80%	1.55%	4.19%	0.00%	0.00%	4.02%	0.99%	2.74%	2.00%	1.65%	2.84%	1.58%
Est. #	1,086	1,073	5,514	5,451	0	0	5,585	3,212	3,718	2,361	1,484	3,626	31,414

Types of Gambling Problems:

The types of gambling problems which are summed to generate the SOGS total for the operational definitions of “some gambling problems” and “probable pathological gambling” are listed below with their prevalence in this 1996 sample of Kansas adults for those who gambled.

#4. When you gamble, how often do you go back another day to win back money you lost?	Never	83%		
	Sometimes	15%		
	Most of the time	2%		
	Every time	1%		
#5. Have you ever claimed to be winning money gambling when you were, in fact, losing?	Never	96.3%		
	Half the time	3.4%		
	Most of the time	0.3%		
#6. Do you feel you have ever had a problem with betting money or gambling?	No	97%	Yes	3%
#7. Did you ever gamble more than you intend to?	No	75%	Yes	25%
#8. Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?	No	97.5%	Yes	2.5%
#9. Have you ever felt guilty about the way you gamble or what happens when you gamble?	No	89%	Yes	11%
#10. Have you ever felt like you would like to stop betting money or gambling but did not think you could?	No	98%	Yes	2%
#11. Have you ever hidden betting slips, lottery tickets, gambling money, IOUs, or other signs of betting or gambling from your partner, children, or other important people in your life?	No	99%	Yes	1%
#12. Have you ever argued with people you live with over how you handle money?	No	79.5%	Yes	20.5%
#13. Have money arguments centered on your gambling?	No	94%	Yes	6%

#14. Have you ever borrowed from someone and not paid them back as a result of your gambling?	No	99%	Yes	1%
#15. Have you ever lost time from work (or school) due to betting money or gambling?	No	99%	Yes	1%
#16. If you borrowed money to gamble or to pay gambling debts, did you borrow from . . .				
a. household money?	No		42%	
	Yes		1%	
	Never borrowed		57%	
b. your partner?	No	98%	Yes	2%
c. other relatives or in-laws?	No	99%	Yes	1%
d. banks, loan companies, or credit unions?	No	99%	Yes	1%
e. credit cards?	No	97%	Yes	3%
f. loan sharks?	No	99.6%	Yes	0.4%
g. you cashed in stocks, bonds, or other securities?	No	99%	Yes	1%
h. you sold personal or family property?	No	99.5%	Yes	0.5%
i. your checking account (passed bad checks)?	No	98.5%	Yes	1.5%

The reported gambling problems involved both self-control items and interpersonal items. While most of the problems were rare, gambling more than the person intended to was reported by 25% of those who gambled. Twenty percent also argued over the money they gambled and 11 percent said they felt guilty about their gambling. Only 3% said they felt they had a gambling problem, but almost 23% scored in the "some gambling problem" range which required a problem indicator in 1 to 4 of these items and 1.6% scored in the "probable pathological gambling" range with SOGS scores above 5.

Forms of Gambling:

The forms of gambling in Kansas are presented in both the relative frequency of lifetime participation in each form for the statewide data and in terms of the regional variation within each form of gambling. The next table and graph presents the lifetime statewide percentages by form of gambling.

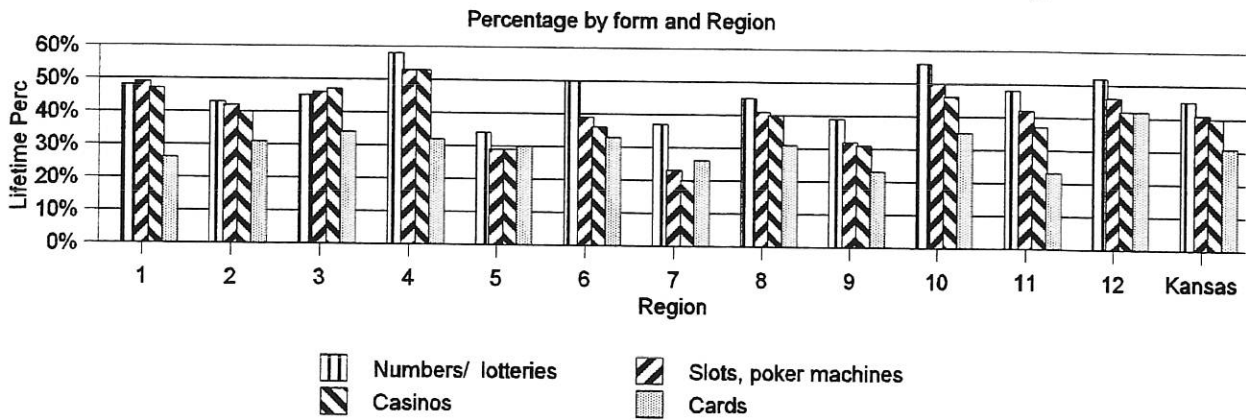
Form of Gambling	Lifetime Percentage
Numbers and/or Lotteries	45%
Kansas Lottery	44%
Slots, poker machines, etc.	41%
Casinos	40%
Cards for money	31%
Horse and dog betting	29%
Betting on sports	23%
Bingo for money	23%
Bowling, pool, golf for money	19%
Stock, options or commodities market	16%
Dice games (craps, etc.)	14%
Pull tabs or "paper" games (not lottery)	12%

Distribution of the Four More Frequent Forms of Gambling in Kansas in 1996.

The following table presents the regional percentages of lifetime participation in each of the four most frequently reported forms of gambling. The statewide percentages for these more frequent forms were greater than 30%.

Region	1	2	3	4	5	6	7	8	9	10	11	12	Kansas
	Shn	E.C.	John	Wyan	S.E.	F.H.	S.C.	Sedg	S.W.	N.W.	N.C.	N.E.	
Numbers/ lotteries	48%	43%	45%	58%	34%	50%	37%	45%	39%	56%	48%	52%	45%
Slots, poker machines	49%	42%	46%	53%	29%	39%	23%	41%	32%	50%	42%	46%	41%
Casinos	47%	40%	47%	53%	29%	36%	20%	40%	31%	46%	37%	42%	40%
Cards	26%	31%	34%	32%	30%	33%	26%	31%	23%	35%	23%	42%	31%

More Frequent forms of Kansas Gambling



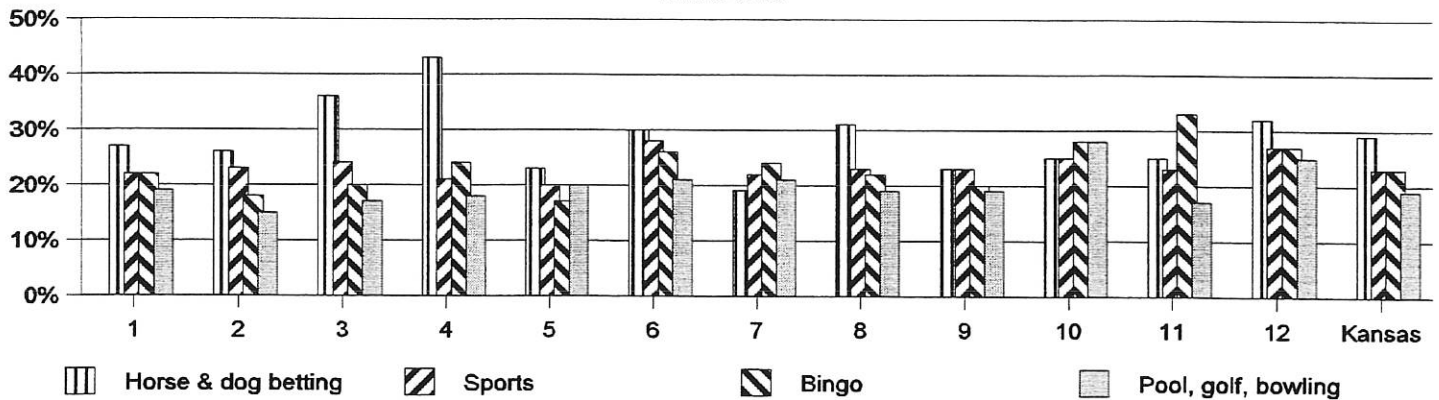
Distribution of the Mid-frequency Four Forms of Gambling in Kansas in 1996.

The following table presents the regional percentages of lifetime participation in each of the four forms of gambling with statewide reporting rates between 19% and 30%.

Region	1	2	3	4	5	6	7	8	9	10	11	12	Kansas
	Shn	E.C.	John	Wyan	S.E.	F.H.	S.C.	Sedg	S.W.	N.W.	N.C.	N.E.	
Horse & dog betting	27%	26%	36%	43%	23%	30%	19%	31%	23%	25%	25%	32%	29%
Sports	22%	23%	24%	21%	20%	28%	22%	23%	23%	25%	23%	27%	23%
Bingo	22%	18%	20%	24%	17%	26%	24%	22%	20%	28%	33%	27%	23%
Pool, golf, bowling	19%	15%	17%	18%	20%	21%	21%	19%	19%	28%	17%	25%	19%

Mid-frequency Forms of Gambling

19% to 30%



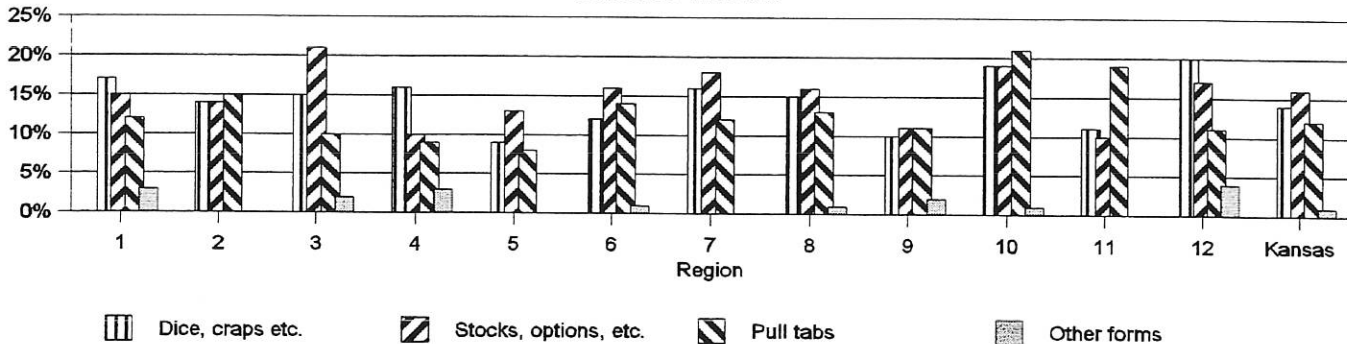
Distribution of the Lower Frequency Forms of Gambling in Kansas in 1996.

The following table and chart presents the regional percentages of lifetime participation in each of the four less frequently reported forms of gambling with statewide reporting rates less than 15%.

Region	1	2	3	4	5	6	7	8	9	10	11	12	Kansas
	Shn	E.C.	John	Wyan	S.E.	F.H.	S.C.	Sedg	S.W.	N.W.	N.C.	N.E.	
Dice, craps etc.	17%	14%	15%	16%	9%	12%	16%	15%	10%	19%	11%	20%	14%
Stocks, options, etc.	15%	14%	21%	10%	13%	16%	18%	16%	11%	19%	10%	17%	16%
Pull tabs	12%	15%	10%	9%	8%	14%	12%	13%	11%	21%	19%	11%	12%
Other forms	3%	0%	2%	3%	0%	1%	0%	1%	2%	1%	0%	4%	1%

Lower Frequency Forms of Gambling

Rates Less than 15%



Associations between gambling forms and gambling problems.

The following table shows that all forms of gambling were associated with the presence of some gambling problems and probable pathological gambling as measured by the SOGS. Some were also associated with the pathological gambling criteria from the DSM-IV. The table includes the magnitude of the correlation, and the probability that the magnitude of the correlation is enough that it is not a chance effect. Correlations with probability levels (p.) of less than .05 are generally considered statistically significant associations. Associations or correlations only indicate a tendency for scores on one element to be related to scores on another element. Significant correlations are not sufficient evidence to conclude that one element causes another element, since either or none may be the actual cause. All forms of gambling were significantly correlated with the "some gambling problems" and "probable pathological gambler" level of the South Oaks Gambling Screen and a few were associated with the "pathological gambler" criteria adapted from the DSM-IV for telephone interview use. These correlations show that problem gamblers participate in many forms of gambling or that many forms of gambling are used by problem gamblers. The widespread pattern of gambling forms suggests an educational - preventive need to help individuals control their gambling and avoid gambling to the extent which generates problems for them and their families, rather than an intervention targeted at a specific gambling form.

- - Correlation Coefficients - -

FORM:	LEVEL OF GAMBLING PROBLEM		
	SGP	PPG	PATHGAMB
CARDS	.4250***	.0868***	.0658*
HORSES	.3750***	.0866***	.0452
SPORTS	.3542***	.0945***	.0152
DICE	.3484***	.1234***	.0772**
CASINO	.3766***	.0707**	.0543*
NUMBERS	.4543***	.0736**	.0483
BINGO	.2994***	.0862***	.0415
STOCK, OPTIONS			
MARKET	.2586***	.0061	-.0192
SLOTS	.4145***	.1065***	.0528
POOL	.3845***	.0796**	.0903***
PULL TABS	.3061***	.0566*	.0152
KANSAS			
LOTTERY	.4456***	.1039***	.0497

 Note: * = p. <=.05, ** = p. <=.01, *** = p. <=.001.
 Sample size > 1,300.

Protective Factors

A few potential protective factors which emerged in substance abuse research were included in the interview. Significant associations were found between the presence of "some gambling problems" and attitudes favoring gambling at both the community and family level. Those who were older and those who attended religious services more often reported fewer gambling problems and women reported fewer problems than men. More family income was weakly linked with increased gambling problems. The respondent's relationship with a pet was not found to be a significant protective factor nor was medical insurance, being or not being on public assistance, or educational attainment.

Factors:	- - Correlation Coefficients - -		
	___Level of Gambling Problems___		
	SGP	PPG	PATHGAMB
Community attitudes favoring gambling	.0981***	-.0172	-.0208
Family Attitudes favoring gambling	.1670***	-.0298	-.0125
Educational attainment	-.0043	-.0267	-.0161
Medical insurance	.0091	-.0416	-.0172
Public Assistance	-.0290	-.0047	-.0090
Attend religious services	-.1404***	-.0211	-.0445
Pet relationship	.0370	.0430	.0344
Age	-.2184***	-.0902***	-.0234
Family Income	.0657*	-.0090	-.0206
Male/Female	-.1094***	-.0378	-.0238

 Note: * = p. <=.05, ** = p. <= .01, *** = p. <= .001.
 Sample size > 1,200.

Further analysis of these correlations using a t-test found that the gender effect was significant with about 19% of the women and 29% of the men having "some gambling problems." Rural respondents may have had lower rates of gambling problems (21%) than suburban respondents (28%). Other significant demographic factors were not found.

Associations with Substance Use.

Significant associations were found between lifetime tobacco, alcohol and marijuana use and the presence of "some gambling problems." A weak association was also found between lifetime stimulant use and "probable pathological gambling."

-- Correlation Coefficients --

	SGP	PPG	PATHGAMB
Tobacco Use			
Lifetime	.1016***	.0121	.0044
Alcohol use			
Lifetime	.1126***	.0292	.0115
Marijuana use			
Lifetime	.1445***	.0537	.0417
Cocaine use			
Lifetime	.0148	.0465	.0237
Stimulant use			
Lifetime	.0486	.0534*	.0234
Sedative use			
Lifetime	.0429	.0198	-.0066

Historical Changes.

This study reflects the gambling problems of Kansas adults in 1996. If comparative data is available for prior years then historical comparisons can be made, but without such data from the past regarding both legal and illegal gambling historical comparisons of gambling rates and the incidence of gambling problems is very difficult to verify. Without such data any allegations of changes in gambling rates and changes in the level of gambling problems over the years would be speculative other than to note the recent increase in opportunities for legal gambling in Kansas.

Conclusions

This 1996 study of gambling problems in Kansas found that a majority of Kansas adults gambled both in their lifetimes and in the past year. The South Oaks Gambling Screen measures of the prevalence of "some gambling problems" and "probable pathological gambling" show that a significant number of Kansas adults have gambling problems which adversely affect them and their families. The estimated statewide prevalence of adults with "some gambling problems" is 454,800 and those with "probable pathological gambling" number about 31,600. The adapted telephone interview criteria from the Diagnostic and Statistical Manual of Mental Disorders - IV for pathological gambling suggest 3,800 adult Kansans would qualify for mental health gambling-focused treatment. Those with "some gambling problems" should be helped to overcome their gambling problems through educational / preventive efforts to reduce the magnitude of their gambling problems. Kansans indicating "probable pathological gambling" would require more intensive, but short-term, assistance to overcome their gambling problems.