



# **PUBLIC OPINION ON PROBLEM GAMBLING**

**MYTHS & MISCONCEPTIONS**

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## I. INTRODUCTION

In 2015 the National Council on Problem Gambling (NCPG) adopted a strategic plan that called for a broader public awareness of problem gambling. In particular, the plan states that “we will work to overcome the stigma and misconceptions associated with problem gambling by identifying public misconceptions about problem gambling, developing messaging dispelling misconceptions, and developing communications material that highlights successful recovery.”<sup>1</sup>

In support of this goal, the NCPG here releases its first report on public opinion and beliefs on problem gambling. Beginning in June, 2008, the NCPG commissioned Ipsos, a global market research company, to conduct a series of surveys of U.S. adults (18 and older) about their beliefs and attitudes about problem gambling. The most recent survey was conducted in February, 2015.

The purpose of these surveys was to assess the general public’s knowledge about problem gambling, and to help identify the myths and misconceptions that affect people’s willingness to seek help for a gambling problem and their support for programs that aid those affected by problem gambling. The surveys were designed to answer the following questions:

- How common does the public believe gambling problems to be?
- To what degree is gambling addiction stigmatized?
- Who is affected by a gambling addiction?
- Do people understand the causes of problem gambling?
- Are people aware of programs to help those affected by problem gambling? and;
- Do they believe these programs are effective?
- Who has the responsibility to help?

The answers to these questions paint a picture of an American public that frequently misunderstands the nature of gambling addiction, seeing it as a symptom of moral weakness rather than a medical condition. In addition, addictions, including gambling addiction, are frequently stigmatized. The surveys also found considerable skepticism about the effectiveness of treatment and a misunderstanding of recovery. Finally, the public drastically overestimates the prevalence of problem gambling, suggesting that the concept of a gambling addiction is poorly understood and/or trivialized.

It is well-documented that many more people suffer from a gambling disorder than seek help in dealing with the problem. We believe that the misconceptions documented by these surveys are a major reason that those with a gambling disorder do not seek the help they often desperately need.

<sup>1</sup> National Council on Problem Gambling (2015). Strategic Plan 2015-2020. Washington, D.C.

<sup>2</sup> For more information about credibility intervals, please visit the Ipsos Public Affairs section [[http://www.ipsos-na.com/dl/pdf/research/public-affairs/IpsosPA\\_CredibilityIntervals.pdf](http://www.ipsos-na.com/dl/pdf/research/public-affairs/IpsosPA_CredibilityIntervals.pdf)].

## II. METHOD

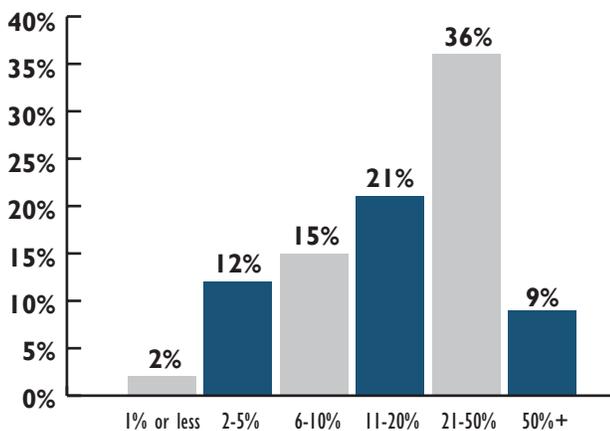
The 2008 survey was part of a larger telephone survey of 1000 U.S. adults. Respondents were selected through random digit dialing. Surveys in June 2009, September 2011, June 2012, May 2013, and February 2015 were conducted using Ipsos' Internet panel with sample sizes ranging from 1000 to 1100. The precision of online polls is measured using a credibility interval. In this case, the polls have a credibility interval of plus or minus 3.5 percentage points<sup>2</sup>. The data were weighted to the general population of the United States by region, gender, and age. All sample surveys and polls may be subject to other sources of error, including, but not limited to coverage error and measurement error. Where figures do not sum to 100, this is due to the effects of rounding. Internet surveys, while not strictly probability-based in the sense of telephone surveys, have proven to be reliable and an effective way to engage the increasing number of Americans who are not willing to participate in traditional telephone surveys or who cannot be contacted in this way.

## III. RESULTS

### How common are gambling disorders?

In 2015 respondents were asked to estimate the percentage of American adults with a “gambling addiction.” The results were surprisingly high. The median response was 20 percent, or one out of every five American adults. One out of four respondents thought the rate of addiction was 35 percent or more.

#### What percentage of U.S. adults have a gambling addiction?



(such as focus groups) also suggests that one factor is a lack of understanding of the nature of addiction—that addiction is often seen in terms of frequency of use of a behavior or substance rather than in terms of dependency or the negative consequences resulting from abuse. It may also reflect the trivialization of the term “addiction” in general public use. How often, for example, does one hear a snack food one enjoys described as “addictive?” But if the concept of addiction is trivialized, can the public be convinced to address a true addiction with its attendant negative consequences as a serious public health issue?

A 2012 summary of worldwide problem gambling prevalence estimated a U.S. rate of 2.2 percent.<sup>3</sup> This estimate, however, includes individuals who are experiencing serious negative consequences from their gambling but who do not meet the criteria for a gambling disorder as set out in the American Psychiatric Association's Diagnostic and Statistical Manual Version 5 (DSM 5). The rate of addiction is likely lower—older national studies place the rate between 0.4 percent and 1.9 percent.<sup>4</sup> However, in the survey less than 1 in 20 of our respondents estimated a rate of 2 percent or less.

The surveys shed little direct light on the reasons for this dramatic difference between perception and reality. It is worth noting, though, that those believing that a gambling addiction was an indication of a medical problem were more than 50 percent more likely to support a low rate of addiction (5 percent or less) than those believing it is an indication of a personal or moral weakness. Limited qualitative research

<sup>3</sup> Williams, R. J., R. A. Volberg, R. M. G. Stevens (2012). The Population Prevalence of Problem Gambling: methodological Influences, Standardized Rates, Jurisdictional Differences, and Worldwide Trends. Report prepared for the Ontario Problem Gambling Research Centre & the Ontario Ministry of Health and Long Term Care. May 8, 2012.

<sup>4</sup> See, for example, Welte, J. G. Barnes, W. Wieczorek, M.D. Tidwell, J. Parker (2001). Alcohol and gambling pathology among U.S. adults: prevalence, demographic patterns and comorbidity. *Journal of Studies on Alcohol*, 62(5), 706-712.

## Are gambling addictions stigmatized?

Respondents in 2015 were asked the degree to which they would feel ashamed or embarrassed if a family member had any of several conditions, including the use of a wheelchair and mental illness in addition to alcohol, gambling drug or sex addictions. They could answer anywhere on a 7 point scale ranging from not ashamed (1) to extremely ashamed (7).

Very little stigma was attached to the use of a wheelchair – only 8 percent of respondents provided a response of 5 or higher. In addition, mental illness, commonly thought to be highly stigmatized, was rated at 5 or higher by only 15 percent of respondents. Addictions, however, were much more highly stigmatized, though surprisingly similar amounts of shame were associated with each of the four addictions asked about. High degrees of shame (5 or higher) ranged from 38 percent for gambling addiction and 39 percent for alcohol addiction to 44 percent for sex addiction and 45 percent for drug addiction.

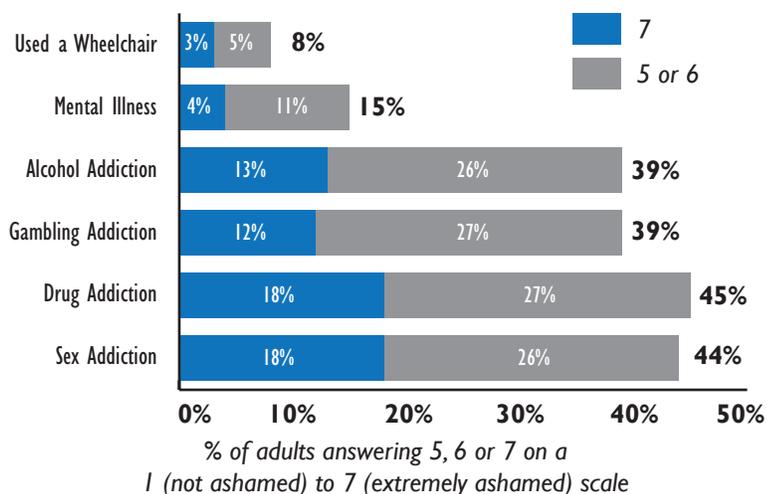
It should be pointed out that these responses were collected in the abstract from people who likely have not had to deal with a family member's addiction in reality. Under these circumstances it is possible that the degree of shame in someone actually confronted with a family member's addiction would be greater than these figures suggest. Nevertheless, it is apparent that considerable shame is associated with any type of addiction, and it is likely that stigmatization can lead to denial of the existence of an addiction and unwillingness to seek treatment.

## Who is affected by a gambling addiction?

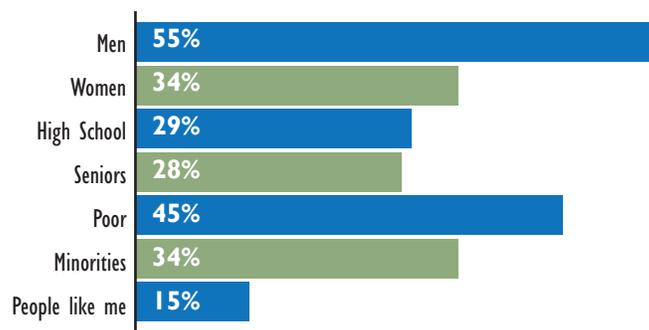
Gambling disorders are not confined to any particular class, age group, or ethnicity, but when asked in 2009, respondents often saw some subgroups as more likely than average to develop a gambling addiction. More than half believed that men were more likely to develop a gambling addiction than women. While this was likely true years ago, data from problem gambling helplines, treatment programs, and prevalence studies demonstrate that this is no longer true. The persistence of this belief, though, could deter women with an addiction from seeking treatment.<sup>5</sup> In addition, a sizeable minority (45 percent) believe that poor people are more likely than average to develop a gambling addiction. Smaller numbers believe that women (34 percent), high school students (29 percent), senior citizens (28 percent) and members of minority groups (34 percent) are more likely to develop a gambling addiction.

When asked which groups are less likely than average to develop a gambling addiction, one group stood out: “people like me.” Forty-three percent believed that “people like me” are less likely to develop an addiction while only 12 percent thought that “people like me” are more likely than average to develop this condition. The extent that people believe that it can't happen to people like themselves can be a significant barrier to seeking assistance or to considering preventative measures.

### Would you feel ashamed or embarrassed if a family member had...



### Are these people more likely to develop a gambling addiction?



<sup>5</sup> Lesieur, H.R., S. Blume. (1991). Women and compulsive gambling. In Van Den Bergh, N. (Ed.) Feminist perspectives on addictions (pp. 181-197). New York, NY: Springer Publishing Co.

## Does the public understand the causes of gambling disorders?

The public is far more likely to believe that gambling addiction is caused by personal or moral weakness than they are to accept a medical explanation.

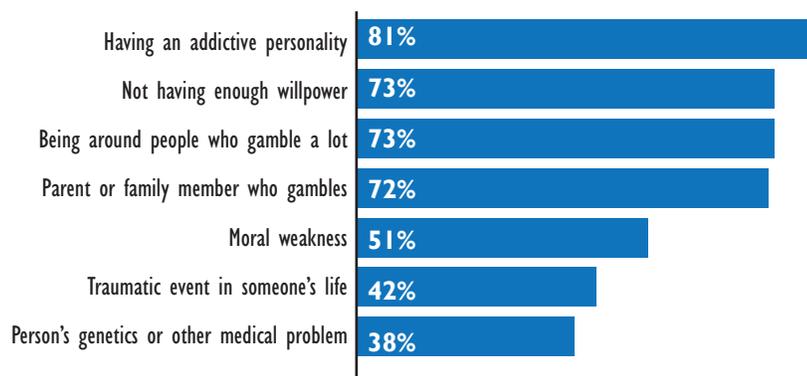
When asked in 2011 if addiction to gambling was primarily a personal or moral weakness or a medical problem, 47 percent answered “personal or moral weakness,” 6 percent answered “medical problem,” 32 percent answered “both” with the remaining 15 percent answering “something else.” Little change was seen when the question was repeated in 2015, with 49 percent citing a “personal or moral weakness,” 6 percent a “medical problem,” 31 percent saying “both” and 14 percent “something else.” In total, 37 percent were willing to at least partially accept a medical explanation, while 80 percent were at least partially willing to accept personal or moral weakness as a cause.

In 2013, survey participants were presented with seven potential causes of gambling addiction and asked how likely each of them were to actually cause the addiction. Four of these statements were endorsed by 70 percent or more of the public, including “having an addictive personality (81%),” “not having enough willpower (73%),” “being around people who gamble a lot (73%),” and “having a parent or family member who gambles (72%).” Half endorsed “moral weakness.” Lower numbers endorsed “a traumatic event in someone’s life” and “a person’s genetics or other medical problem.”

Only some of these factors are clearly viewed by the scientific community as predictors of addiction. There is no scientific evidence, for example, to support the view of addiction as a moral weakness, and while there is still debate over the existence of an “addictive personality,” the preponderance of more recent research does not support the concept.<sup>6</sup> While less frequently endorsed by the public, the frequency of traumatic events in the lives of people with addictions, however, has long been documented<sup>7</sup> and linkages between genetics, family history, and addictions, including gambling addiction, are increasingly accepted in the scientific community<sup>8</sup>.

The public is, however, quite willing to accept a gambling disorder as an addiction. In 2011, 72 percent of those surveyed agreed that “compulsive gambling is an addiction just like addiction to drugs or alcohol.”

## How likely is this to cause a gambling addiction?



<sup>6</sup> See, for example Kerr, J. S. (1996). Two myths of addiction: the addictive personality and the issue of free choice. *Human Psychopharmacology: Clinical and Experimental*, 11(S1), S9-S13. and Rozin, P., & Stoess, C. (1993). Is there a general tendency to become addicted?. *Addictive Behaviors*, 18(1), 81-87.

<sup>7</sup> See, for example, Jacobs, D. E. (1986). A general theory of addictions: A new theoretical model. *Journal of gambling behavior*, 2(1), 15-31.

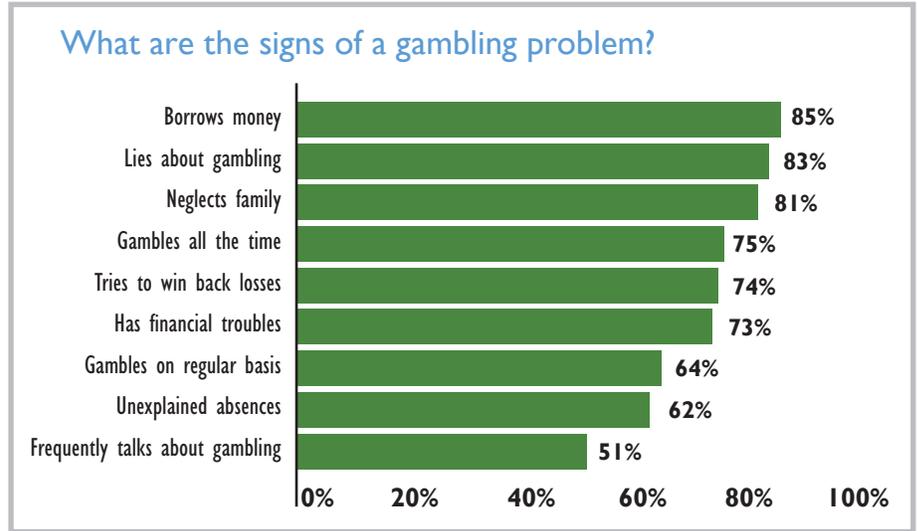
<sup>8</sup> Lobo, D. S., & Kennedy, J. L. (2009). Genetic aspects of pathological gambling: a complex disorder with shared genetic vulnerabilities. *Addiction*, 104(9), 1454-1465.

## Does the public recognize the signs of a gambling disorder?

The public appears to be well aware of potential signs of a gambling disorder. In 2015 respondents were asked to endorse nine different criteria as “signs that an individual is possibly addicted to gambling.” Five of the nine correspond to criteria established in the American Psychological Association’s Diagnostic and Statistical Manual, Version V (DSM 5)<sup>9</sup>, another three bear some relationship to the DSM 5 criteria, and one (“goes to a casino, racetrack, or other gambling establishment on a regular basis”) is not considered a reliable indicator of a gambling problem.

Endorsement of the nine items ranged from 85 percent to 51 percent, with only 3 percent of respondents choosing to endorse none of

the nine items. Borrowing money to gamble (85 percent) and lying about gambling (83 percent) were the most frequently cited, followed by neglecting one’s family to gamble (81 percent), “gambling all the time” (75 percent), trying to win back money lost while gambling (also known as chasing losses) at 74 percent, having financial troubles (73 percent), going to a gambling venue on a regular basis (64 percent), unexplained absences from work, school, or family events (62 percent), and frequently talking about gambling (51 percent).



<sup>9</sup> <http://www.ncpgambling.org/wp-content/uploads/2014/08/DSM-5-Diagnostic-Criteria-Gambling-Disorder.pdf>

## Does the public understand the solutions to a gambling problem?

In 2012, respondents were asked if controlling compulsive gambling is mostly a matter of willpower. Fifty-five percent agreed with this statement, with slightly less than one in four (23 percent) disagreeing. We do not know how likely those believing that control is a matter of willpower are to encourage someone with a problem to seek professional assistance

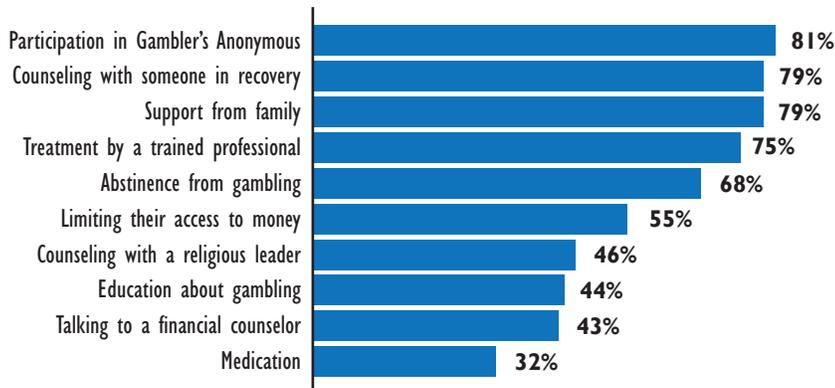
While the effectiveness of treatment for gambling disorders is well-documented,<sup>10</sup> the public remains unsure. When asked in 2012 if they agreed that “the majority of people who receive treatment for compulsive gambling achieve life-long recovery,” only 31 percent replied in the affirmative, with 29 percent disagreeing. The remaining 40 percent were neutral or uncertain.

But many of those expressing an opinion were not strongly committed. Agreement was measured on a seven point scale, with 1 corresponding to complete disagreement and 7 to complete agreement. Only 6 percent of the public responded with a “7,” with another 6 percent responding with a “1.” In all, almost two out of three (63 percent) answered 3, 4, or 5.

This was one of the few questions where significant demographic differences were seen. Young adults were far more likely to agree with the statement than older adults, and non-whites were much more likely to agree than whites (41 percent to 29 percent).

Uncertainty over the effectiveness of treatment may stem from misunderstanding of the meaning of recovery. In the same survey, respondents were asked “when you hear the word ‘recovery,’ as in ‘this person is in recovery from a gambling addiction,’ what does it mean to you?” While the Substance Abuse and Mental Health Administration defines recovery as “a process of change through which an individual achieves abstinence and improved health, wellness and quality of life”<sup>11</sup> the most common answer provided by those surveyed, with 54 percent of respondents agreeing, was “they are trying to stop gambling but can’t.” Only 19 percent thought it meant that the person no longer gambles, with another 23 percent believing that it meant someone who has their gambling under control.

### How successful is this as a solution to a gambling addiction?



Many of those who seek some type of treatment for a gambling disorder do so with the encouragement of a family member or friend, making awareness of services or belief in their efficacy important. In 2013, survey participants were asked to rate possible solutions to a gambling addiction as “very successful,” “somewhat successful,” “somewhat unsuccessful,” or “very unsuccessful.” The most commonly endorsed treatment was “participation in Gambler’s Anonymous,” rated as somewhat or very successful by 81 percent. “Counseling with someone in recovery,” or peer counseling, and support from family were endorsed by

<sup>10</sup> Pallesen, S., Mitsem, M., Kvale, G., Johnsen, B. H., & Molde, H. (2005). Outcome of psychological treatments of pathological gambling: a review and meta-analysis. *Addiction*, 100(10), 1412-1422.

<sup>11</sup> <https://www.ncadd.org/people-in-recovery/recovery-definition/definition-of-recovery>

79 percent. Three out of four cited “treatment by a trained professional,” followed by the 68 percent endorsing “abstinence from gambling.” Slightly more than half (55 percent) cited “limiting their access to money.” “Counseling with a religious leader” (46 percent), “education about gambling” (44 percent), talking to a financial counselor (43 percent) and “medication” (32 percent) were endorsed by fewer than half of survey participants.

The public is divided on whether recovery is possible without outside assistance. In the 2015 survey, one in three (34 percent) agreed that “it is possible for people who have gambling problems to fix it on their own, without getting any treatment,” while 41 percent disagreed and 24 percent neither agreed nor disagreed. Support for unaided recovery was greatest among young adults (39 percent) and lowest among those over 55 (29 percent). It is also significantly greater for those believing that problem gambling is a personal or moral weakness (38 percent) than those believing it is a medical problem (28 percent) or a combination of both (29 percent).

A slight majority agrees that abstinence is required for recovery, with 52 percent disagreeing with the statement “it is possible for people who have a gambling addiction to reduce their gambling to that of a social gambler without quitting altogether” compared to only 27 percent who agreed. Young adults, however, were more likely to endorse the concept of controlled gambling, with 37 percent of those between the ages of 18 and 34 expressing some level of support compared to 25 percent of those between 35 and 54 and 20 percent of those 55 or older. And, consistent with other questions, those believing problem gambling to be a personal or moral weakness were twice as likely to support controlled gambling (31 percent) than those seeing it as a medical problem (15 percent).

### Awareness of programs

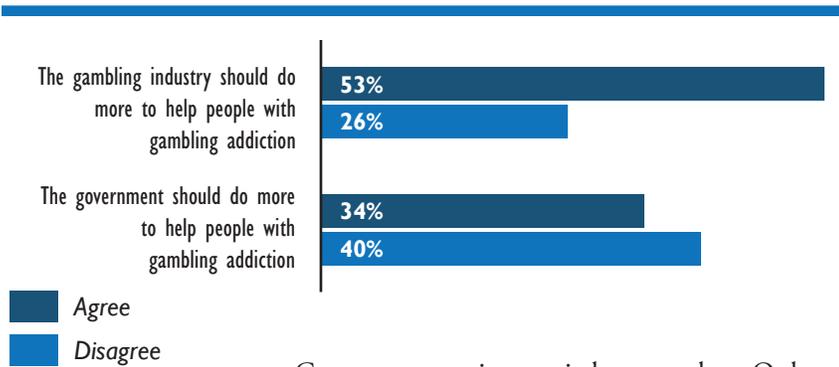
The public has low awareness of gambling treatment programs. In 2011, the survey found that slightly more than one-third of the respondents (37 percent) agreed that “if a friend or family member approached me with a gambling problem, I am confident I would know where to get them help.” Only 12 percent strongly agreed with the statement. Forty-three percent disagreed, with 20 percent unsure. And in 2015 only 38 percent agreed that “services to treat compulsive gambling are available in my community,” with 30 percent disagreeing and 32 percent unsure. It is important to point out, however, that those disagreeing may not be wrong and those agreeing may not be right, as there are many parts of the U.S. Treatment programs are not readily available in much of the country, and peer support programs such as Gambler’s Anonymous are far less common than similar programs for substance addictions.

A similar survey conducted in Minnesota<sup>12</sup> found that those reporting some gambling activity in the past year were far more aware of the availability of services than those who had not gambled (55 percent to 35 percent). Many of the efforts to raise awareness of treatment services are focused on the gambling venue through items like posters at casinos or racetracks, or printing problem gambling helpline numbers on lottery tickets. These data suggest that such efforts may well be effective.

<sup>12</sup> Minnesota State Lottery, 2009. “Gambling in Minnesota 2009”

### Who should help?

In the United States, most funding for problem gambling services comes from either the gambling industry or from the government, particularly state government. At the same time many of the programs to treat and prevent problem gambling are done under the auspices of state government. Yet public support for either of these sources of assistance is at best lukewarm.



Slightly more than half (53 percent) of 2015 respondents agreed that “the gambling industry should do more to help people with gambling addiction.” One in four (26 percent) disagreed, while 21 percent expressed either a neutral opinion or no opinion. Interestingly, those believing that problem gambling is personal or moral weakness were more inclined to oppose gambling industry involvement than those believing it to be a medical problem (29 percent to 17 percent).

Government assistance is less popular. Only one in three (34 percent) agree that “the government should do more to help people with gambling addiction” while 40 percent disagree. Again, government assistance is significantly more popular among those believing that gambling addiction is a medical problem (43 percent) than those who see it as a personal or moral weakness (31 percent).

### Demographic differences

In general, demographic differences in public beliefs and attitudes are not significant. Other than the few instances cited in the narrative where age is somewhat predictive, gender, household income, educational attainment, race, employment status, marital status, and region of the country had no bearing on attitudes towards problem gambling. It should be noted, however, that the sample was not able to provide information on specific ethnic groups, and that while beliefs may be similar, messaging designed to correct misconceptions may still need to be tailored to differing cultural norms.

## IV. SUMMARY

This series of surveys paints a picture of a public that in large part sees a gambling disorder as a result of weakness, which in turn leads to those having the disorder being highly stigmatized. The public also grossly exaggerates the prevalence of problem gambling, which likely demonstrates ignorance of the reality of addiction. In addition, there is little understanding of treatment and recovery, and a great deal of uncertainty over the effectiveness of treatment for gambling disorders along with considerable support for the idea that treatment isn't necessary for recovery. These data help to explain why the measured prevalence of gambling disorders is so much higher than number of people seeking treatment. Someone suffering from the disorder may be reluctant to seek help because of the shame and stigma associated with the disorder, while those with a friend or family member with a gambling problem are unlikely to encourage them to seek help if they are unsure that treatment works, or if they are unaware that help is available.

Greater efforts to educate the public about the realities of gambling disorders are badly needed. If gambling addiction is to be successfully treated and, ultimately, prevented, efforts to reduce the associated shame and stigma need to be undertaken at levels ranging from national to local to one-on-one conversations. The public needs to hear multiple stories of recovery, to learn about treatment, and to understand that those with a gambling disorder are, in fact, "people like me."

## ACKNOWLEDGMENTS

The National Council on Problem Gambling is grateful for the assistance of Ipsos, particularly Paul Lauzon, Senior Vice President, Scott Morasch, Vice President, and Rose Wong, Research Analyst.



The National Council on Problem Gambling has been the leader in the field of national advocacy for programs and services to assist problem gamblers and their communities since 1972.

## **VISION**

to improve health and wellness by reducing the personal, social and economic costs of problem gambling.

## **MISSION**

to lead state and national stakeholders in the development of comprehensive policies and programs related to problem gambling.

## **PURPOSE**

to advocate for programs and services to assist problem gamblers and their families.



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