1 Gemini Research in Roaring Springs, Pennsylvania.
2 There you are, good morning. Doctor Howard Shaffer,
3 Director of the Center for Addiction Studies at
4 Harvard Medical School, where is Doctor Shaffer.
5 There you are, okay, good morning, and Doctor Henry
6 Lesieur from the Institute for Problem Gambling from
7 Rhode Island. Each researcher will speak for 25
8 minutes, and I ask that you allow time within that for
9 possible questions from the Commissioners if you
10 would. To assist you in keeping track of your time,
11 I've directed our timer over here to give you some
12 help and some guidelines in that capacity.
13 Doctor Shaffer, I understand you have a
14 plane to catch, is that, in fact, the case?
15 DOCTOR SHAFFER: I'm fine.
16 CHAIRMAN JAMES: Are you fine? Well,
17 please, this is very informal, please feel free to
18 leave if you need to.
19 With that, I'll turn it over to you.
20 DOCTOR VOLBERG: Thank you very much.
21 I have, I believe, copies of the testimony
22 that I'm going to present this morning have been

1 distributed to you. I will try not to just go through
2 this and read it, I know that's a very boring and
3 mind-numbing way to listen to things, but I think I am
4 a little more comfortable just reading. I'll try and
5 not just sound boring.
6 I'd like to start by saying thank you to
7 Madam Chair and the members of the Commission for your
8 invitation to participate in this expert panel. I'd
9 like to start also by saying what an honor it is to be
10 included in the company of researchers --
11 COMMISSIONER WILHELM: Excuse me, could I
12 just ask a question?
13 DOCTOR VOLBERG: Yes.
14 COMMISSIONER WILHELM: Could you just take
15 a moment and describe what Gemini Research is, just so
16 I have a little context here.
17 DOCTOR VOLBERG: Certainly.
18 Gemini Research is a company that I started
19 in 1992. It was a sole proprietorship until this year
20 when we incorporated. It's a very small organization,
21 myself and a research assistant, and one other full-
22 time staff person.

1 COMMISSIONER WILHELM: Okay, thank you.
2 DOCTOR VOLBERG: Since 1985, when I started
3 work for the New York State Office of Mental Health,
4 I've been involved in over 30 studies of gambling and
5 problem gambling among adults, adolescents and
6 indigenous peoples. These include studies throughout
7 the United States and Canada, as well as in Europe,
8 Australia and New Zealand.
9 I've worked on studies to assist state and
10 provincial governments to plan services for problem
11 gamblers, and I have worked with legislative bodies in
12 states and provinces, as well as internationally, in
13 their efforts to address the social impacts of legal
14 gambling.
15 Except for one early grant that I received
16 from NIMH, the National Institute for Mental Health,
17 these studies have all been funded under contract with
18 a variety of government organizations. Many of my
19 projects have been administered by state public health
20 or human service agencies that are also contracted to
21 provide services to problem gamblers and their
22 families.

1 Some of these projects have been
2 administered by gaming regulatory agencies, and a
3 growing number of my projects are overseen by state
4 councils on problem gambling that are receiving funds
5 from state governments to provide services to problem
6 gamblers.
7 In inviting me to present this morning, you
8 asked that I identify the three or four most important
9 aspects of my research. It took me quite a while to
10 come up with just three or four things. I'll try and
11 be brief with these. There is more detail in my
12 written statement.
13 The first question that many people ask
14 about problem gambling is how many problem gamblers
15 are there, and that is the first question that
16 prevalence research tries to answer. As in any
17 scientific field, particularly, one like this field,
18 gambling research, that's developing very rapidly,
19 there is a lot of debate about the best terms to use
20 to describe individuals who experience difficulties
21 with their gambling, and there are a number of terms
22 that are used.

1 In discussing the results of prevalence
2 research, I stick pretty strictly with the terms that
3 were adopted by Henry Lesieur and Sheila Bloom when
4 they developed the South Oaks Gambling Screen. In
5 prevalence research, the term problem gambler refers
6 to an individual who scores three or four points on
7 the South Oaks Gambling Screen, and the term probable
8 pathological gambler refers to individuals who score
9 five or more points on this screen.
10 In surveys conducted since 1990, a
11 distinction is also made between those who score as
12 lifetime problem and pathological gamblers and those
13 who score as current problem and probable pathological
14 gamblers.
15 In states where I have worked, and I'm
16 confining this to the U.S., we have identified
17 lifetime prevalence rates of probable pathological
18 gambling that range from 0.9 percent in South Dakota
19 in 1993 to 3.1 percent in Mississippi in 1996. We
20 have identified current or past year prevalence rates
21 of probable pathological gambling that range from 0.5
22 in South Dakota in '93 to 2.1 percent in Mississippi

1 in '96.

2 Doctor Shaffer's meta-analysis shows this,
3 I think, on a more definitive scale, but my experience
4 is that prevalence rates of problem and pathological
5 gambling have increased over time. I won't go into
6 all of the details, I think rather than read the
7 numbers you can look at those in the testimony.

8 In terms of debates about gambling
9 legalization, they can become very, very heated, both
10 in the Untied States and my experience has been
11 internationally as well. People are concerned with
12 the impacts that the introduction of any new type of
13 gambling are going to have on their communities.

14 One important finding that emerges from the
15 research that I've done is that problem gamblers in
16 the community are a heterogeneous group. About one
17 third of them tend to be women, about one quarter are
18 under the age of 30, and in most jurisdictions members
19 of minority groups, either African Americans,
20 Hispanics or American Indians, are over-represented
21 amongst problem gamblers proportional to the general
22 population.

1 However, when we look at individuals who
2 enter problem gambling treatment programs, we find
3 that until very recently the vast majority have been
4 middle aged, middle class Caucasian men. Individuals
5 in the community with gambling problems are
6 significantly more likely than those in treatment to
7 be female and non-Caucasian, as well as much younger.
8 Problem gamblers in the community are also
9 significantly less likely to have graduated from high
10 school than those entering treatment.
11 Several researchers, including Henry
12 Lesieur, have carried out work showing that gambling
13 difficulties among those in treatment for gambling
14 problems are often complicated by involvement with
15 drugs or alcohol, and my work has addressed this issue
16 among problem gamblers in the community.
17 In New Zealand, for example, we found that
18 60 percent of the individuals we identified as
19 pathological gamblers in the community were engaged in
20 hazardous or harmful alcohol use, according to
21 criteria established by the World Health Organization.
22 We also found that pathological gamblers in

1 the community in New Zealand had significantly higher
2 rates of depression than non-problem gamblers.
3 In Alberta, all of the individuals that we
4 identified as pathological gamblers in the community
5 were classified as dangerously heavy alcohol
6 consumers, and half of them had at some time use
7 illicit drugs on a regular basis.
8 I think I'll skip the discussion that I
9 have here on gambling and self-esteem. There is an
10 article that I published recently that addressed an
11 issue in the literature that dealt with the notion
12 that pathological gamblers have been found to have
13 very low self-esteem, whereas, a number of
14 sociologists have done studies of regular gamblers in
15 the community and have found that most of them have
16 very high self-esteem. There was a study that we did
17 in Georgia where we were able to work up some idea of
18 an explanation for why this might be so, but I think
19 in terms of the interest of time I will skip that
20 discussion.
21 In the mid-1980s, a very narrow set of
22 questions was being asked about the prevalence of

1 problem and pathological gambling. Policymakers and
2 program developers in different states simply wanted
3 to know how many problem gamblers there were and what
4 they looked like, in order to fund treatment programs
5 and design treatment services for individuals with
6 gambling problems.
7 At the end of the 1990s, the goals behind
8 the conduct of prevalence research have become far
9 more complex and audiences that attend to the results
10 of this research have also expanded dramatically.
11 As members of this Commission, one of your
12 responsibilities is to develop a strong factual base
13 for state and local policymakers to use as they make
14 decisions about legalizing new types of gambling,
15 regulating existing types of gambling, and
16 establishing services for individuals with gambling
17 problems, and I just want to briefly discuss the ways
18 that some other commissions and agencies charged with
19 similar responsibilities at the state level or
20 internationally have gone about this endeavor.
21 I'd like to start first by talking about a
22 project that I'm involved with in Montana. The

1 Montana Legislature is a part-time body that meets for
2 90 days every two years, and in 1997 they hadn't quite
3 caught up with you folks. They enacted a bill that
4 called for as thorough and unbiased a study as
5 possible of the economic importance of gambling in
6 Montana, the adverse effects of gambling on some
7 individuals and communities in Montana, and the total
8 benefits and costs of gambling in the state.
9 The goals established by the Montana
10 Gambling Study Commission are based on some questions
11 that concern most citizens, whether they are pro or
12 anti-gambling, questions like, who gambles, what
13 comprises the gambling industry, what is the economic
14 impact of gambling, how much tax revenue does gambling
15 generate, and how are these funds distributed, what
16 are the social impacts of gambling, who has a gambling
17 problem and why.
18 The process by which we became involved in
19 Montana was that we are a subcontractor, my
20 organization is a subcontractor, with the primary
21 organization being the Bureau of Business and Economic
22 Research at the University of Montana.

1 In addition to a literature review to place
2 Montana in regional, national and international
3 context, we will be conducting a household survey to
4 answer questions about who gambles in Montana, how
5 much they gamble, and how many people have gambling-
6 related difficulties. The household survey will
7 largely replicate an earlier prevalence survey that I
8 directed in Montana in 1992.
9 The literature review and household survey
10 represent two elements of a five-prong data collection
11 effort. The other three elements include a survey of
12 gambling firms in Montana, a survey of clients in
13 Montana gambling treatment programs, as well as
14 Gamblers Anonymous, and an analysis of the
15 relationships between gambling, crime rates and
16 gambling-related bankruptcies in the state.
17 The members of the Montana Gambling
18 Commission believe that we will be able to provide
19 them with the information they need through this
20 process, to inform the citizens of Montana about both
21 the positive and negative impacts of gambling in their
22 state.

1 COMMISSIONER BIBLE: What's the timetable
2 for that particular study?
3 DOCTOR VOLBERG: I'm sorry?
4 COMMISSIONER BIBLE: What's the timetable
5 for that study?
6 DOCTOR VOLBERG: We are designing the
7 questionnaire right now. The survey will be fielded
8 probably early next week. It's going through a pilot
9 test right now.
10 My recollection is that we do not have a
11 final report to submit until September. I believe
12 there's going to be public hearings in September and
13 October, and that was when they wanted to have our
14 report ready.
15 COMMISSIONER BIBLE: But, the research will
16 be available then, it sounds like, during the life of
17 this Commission.
18 DOCTOR VOLBERG: I believe -- oh, yes, oh,
19 yes.
20 I'd like to just very briefly -- again, I'm
21 not sure how I'm doing for time, but I want to leave
22 enough time for questions, I'd like to talk about some

1 efforts that have been undertaken in some other
2 countries that are similar to what it is that you
3 folks are trying to do here. I'm very proud of these
4 efforts. It's always very exciting to work
5 internationally and cross-culturally. The first
6 project that I'd like to talk about is a very large
7 study, one of the largest that's ever been done, I
8 believe, that's being conducted in Sweden right now.
9 The study which will cost approximately $500,000.00
10 U.S., was funded by the Swedish Ministry of Finance
11 and the Swedish Ministry of Health and Social Welfare.
12 I should just mention that my colleagues on this
13 project are Doctor Sven Roenberg, I think I said that
14 right, who is a clinical psychologist and retired Dean
15 of the School of Social Work at the University of
16 Stockholm, and Doctor Max Abbott, a Psychiatric
17 Epidemiologist and Past President of the World
18 Federation for Mental Health.
19 The first phase of this study is a
20 telephone survey of 10,000 Swedish residents between
21 the ages of 15 and 74. The data are being collected
22 by Statistics Sweden, which is their version of the

1 U.S. Bureau of the Census, and we expect very good
2 cooperation because of their involvement.
3 I won't go into details about the
4 information that we're collecting from them. The
5 intriguing aspect of doing research in Sweden is that
6 you don't have to ask anybody any demographic
7 questions because they do an annual census, and
8 there's a ton of information that's maintained in
9 separate registers. You can get information about
10 bankruptcies, about financial history, people's income
11 levels over their working lifetime, there's a lot of
12 information about health and criminal history that can
13 also be obtained without actually asking someone a
14 question over the telephone.
15 The Swedish survey involves a second phase
16 of face-to-face interviews with 500 individuals in the
17 community, and we have -- the strategy that we've
18 taken is that we are going to interview everybody in
19 the second phase that we identify as a problem or
20 pathological gambler, in addition to about 100
21 individuals who do not have problems in the community.
22 The questionnaire for the face-to-face

1 interviews is in development now, and it reflects our
2 interest in advancing knowledge of the roles played by
3 personality and social setting in the development of
4 gambling-related difficulties. The interviews for the
5 second phase of the Swedish study are all going to be
6 conducted by clinical psychologists, which will allow
7 us to exclude other mental disorders that might lead
8 people to gamble excessively, and there is a possible
9 third phase, we are awaiting a decision on funding
10 from the Swedish government, in which we will
11 administer a brief treatment intervention to half of
12 our problem gamblers and none to the other half, and
13 then follow them up for a year to see if there's been
14 any impact.
15 In New Zealand, Max Abbott and I received
16 word very late last month that our proposal to conduct
17 a replication of our 1991/92 two-phase study has been
18 funded, and this project will cost approximately
19 $400,000.00 U.S., to complete. The main purpose of
20 the project is to assess changes in the prevalence of
21 problem and pathological gambling since 1991, but the
22 project also seeks to establish a framework for future

1 study of the social and economic impacts of gambling
2 in New Zealand.
3 The first phase of the New Zealand
4 replication is going to involve 6,000 respondents,
5 with additional over-samples of Maori, Pacific Island
6 and Asian groups. The data are going to be collected
7 by Statistics New Zealand, which is, again, their
8 version of the Census Bureau, and the sample size for
9 the second phase of the New Zealand study is intended
10 to be 500.
11 The most interesting element of the New
12 Zealand study, I believe, is a longitudinal component.
13 We are going to follow up individuals who participated
14 in the second phase of our survey in 1992, and our
15 interest is to see whether these individuals have
16 changed their gambling involvement over that time,
17 whether there have been changes in their gambling-
18 related difficulties, and if there is evidence of
19 natural recovery among them. To my knowledge, this is
20 the first prospective longitudinal study of gambling-
21 related difficulties that has been done in a
22 community.

1 I hope I've been able to give you some idea
2 in these remarks of how gambling prevalence research
3 has changed since the mid-1980s. Like legal gambling,
4 which has expanded rapidly, the objectives of these
5 studies have expanded and the complexity of the
6 projects has increased exponentially. I've been
7 privileged to participate in many of these projects
8 and have enjoyed the challenges involved in meeting
9 the practical needs of government, while at the same
10 time trying to push the field in some new and
11 interesting directions.
12 I believe we are at a crossroads in the
13 development of the field of gambling research. If
14 funding for gambling research remains at the state
15 level, it will be impossible to carry out some of the
16 types of research that the country now needs. No
17 state government to date has been willing to fund a
18 project to fully develop a new instrument to identify
19 gambling-related difficulties. No state government to
20 date has been willing to fund longitudinal research to
21 examine the etiology of gambling-related difficulties
22 in the community. To date, only one state government,

1 Texas, has allocated the resources needed to identify
2 problem gambling prevalence rates with full
3 epidemiological precision, and only a few state
4 governments have funded surveys of adolescent gambling
5 in addition to adult surveys.
6 I think it's worth noting that in the past
7 year for every one dollar that state governments have
8 spent on problem gambling programs, at least $37.00
9 has been spent on development, advertising and
10 promotion of gambling products in the United States.
11 I believe the National Gambling Impact
12 Study Commission can provide leadership in the area of
13 gambling research, guided by those like myself, Howard
14 Shaffer and Henry Lesieur, whose voices are being
15 heard through you.
16 Thank you very much.
17 CHAIRMAN JAMES: Thank you very much,
18 Doctor Volberg.
19 Questions?
20 COMMISSIONER BIBLE: I have a general
21 question. You've obviously had an opportunity to take
22 a look at our research agenda.

1 DOCTOR VOLBERG: Yes, I have.
2 COMMISSIONER BIBLE: Are we on the right
3 track?
4 DOCTOR VOLBERG: I have not had an
5 opportunity to look at it in detail. I have seen that
6 there is a telephone survey that's going to be done.
7 I think that the notion of targeting samples is very
8 good, but, again, I haven't seen it in detail so I
9 probably can't comment.
10 CHAIRMAN JAMES: Any other questions for
11 Doctor Volberg?
12 COMMISSIONER BIBLE: One different
13 question, you do mention some surveying of adolescent
14 or youthful gamblers. How accurate, in your opinion,
15 are those surveys? It just seems to me if you ask
16 somebody who is under age if they participated in
17 adult behavior they are going to say yes.
18 DOCTOR VOLBERG: They tend to say yes?
19 COMMISSIONER BIBLE: I would think.
20 DOCTOR VOLBERG: We have done a number of
21 adolescent surveys, and there's many other surveys
22 that have been done by other researchers. All of them

1 show very consistently whether they are done in a high
2 school setting or whether we do them by telephone.
3 All of them showed that adolescents do a lot of
4 different kinds of gambling, not just the legal types
5 which are illegal for them because of the age issue,
6 but a lot of types of gambling that are illegal as
7 well.
8 CHAIRMAN JAMES: Commissioner Lanni.
9 COMMISSIONER LANNI: As a follow-up to
10 that, do you have any statistical research as to what
11 the percentage is of each of those forms of gaming of
12 adolescents, illegal and legal, and what forms of
13 illegal?
14 DOCTOR VOLBERG: I think Howard Shaffer
15 actually probably, having just completed the meta-
16 analysis, and having taken a look at all of the
17 adolescent studies that had been done through 1994, is
18 probably in a better position to answer that than I
19 am.
20 DOCTOR SHAFFER: I think we've provided you
21 with some materials. There's a table in this meta-
22 analysis that actually summarizes the experience that

1 young people have had with each type of gambling.
2 COMMISSIONER LANNI: No, I was actually
3 asking Doctor Volberg if she had had any experience in
4 her research or studies to have that definition, but
5 you've answered that by saying Doctor Shaffer, you
6 defer to him on that subject.
7 DOCTOR VOLBERG: I believe -- I deferred
8 because he has done a meta-analysis and has looked
9 across a lot of different jurisdictions. I've done
10 three or four adolescent studies, and we have found
11 that they have involvement in a lot of different types
12 of gambling. Gambling with family members seems to be
13 the way that many of them are introduced to gambling.
14 They are very likely to wager on card, dice, domino
15 games with their friends. It's an issue that becomes
16 -- in my opinion, it becomes particularly cogent for
17 young male adolescents when they hit about 15 or 16,
18 gambling becomes very much a part of their culture.
19 COMMISSIONER LANNI: Thank you.
20 COMMISSIONER DOBSON: Thank you, Doctor
21 Volberg.
22 Doctor Shaffer.