



# Kansas Problem Gambling Treatment Enrollments FY15

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## Introduction

The State of Kansas is home to more than 1,700 lottery retail outlets, three state-owned casinos and five tribal casinos, with additional casino development under way. Gambling brings hundreds of millions of dollars in revenue to the State. However, research shows that a percentage of the population will develop gambling problems. To help address these problems, two percent of the revenue from casinos owned by the state lottery is designated for the Problem Gambling and Addictions Grant Fund, a portion of which is used to treat problem gamblers and concerned others. The Kansas Department for Aging and Disability Services (KDADS) is the agency responsible for administration of this fund.

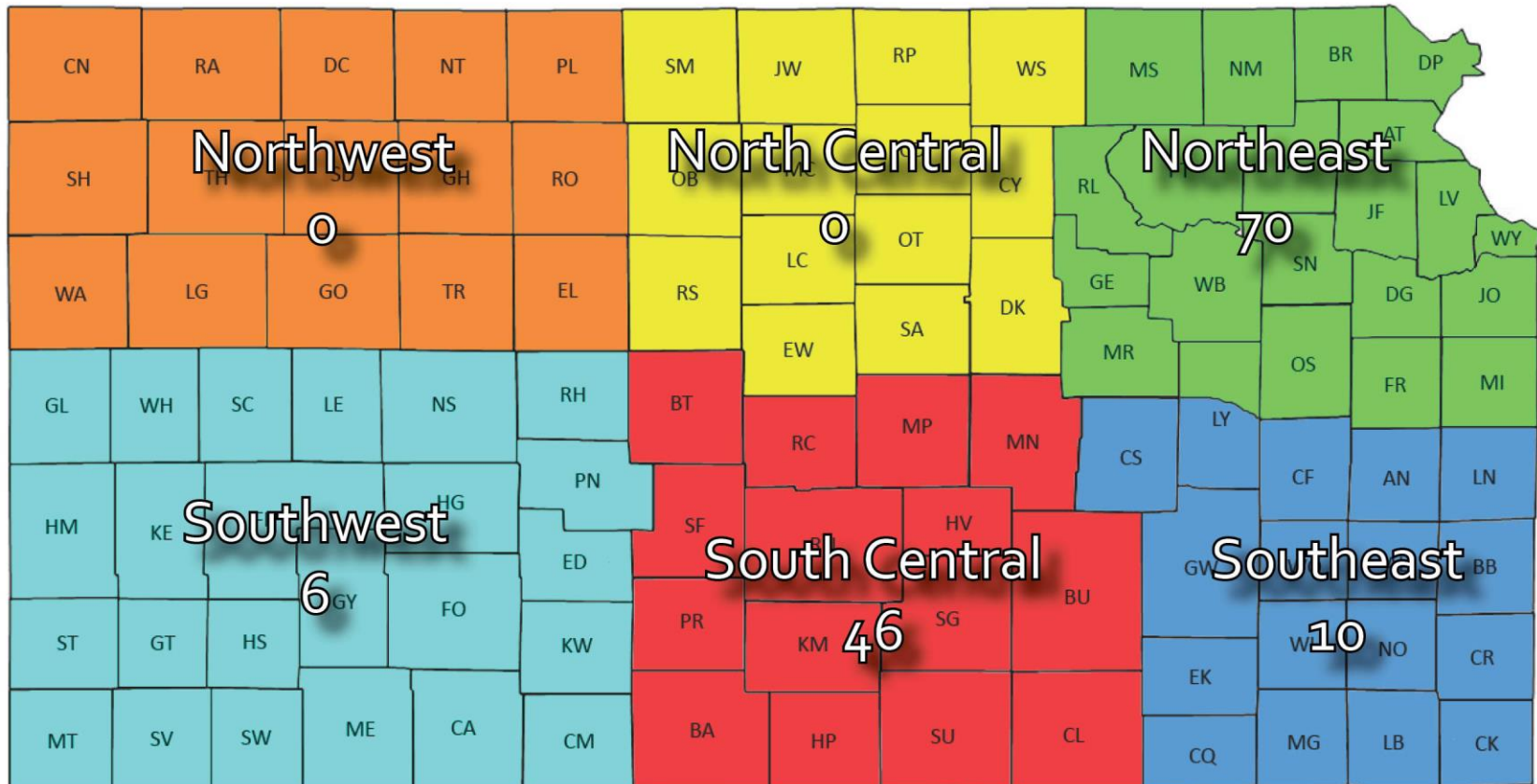
Studies of other states have demonstrated that it can take as long as five years after the introduction of casinos for the full extent of problem gambling to become evident. Therefore it is vitally important that the State take a comprehensive look at problem gambling in order to make informed decisions about prevention and treatment efforts. KDADS, in partnership with Greenbush, presents this report with the goal of providing detailed data about problem gambling treatment enrollments to drive effective decision making.

The State of Kansas has funded problem gambling treatment provided by a network of Kansas Certified Gambling Counselors (KCGC) since February 2011. Since that time, 531 individuals have enrolled in treatment. This report will examine the 132 individuals who enrolled in Fiscal Year 2015 (FY15), which spanned from July 1, 2014, to June 30, 2015. This data was culled from treatment intake and assessment forms.

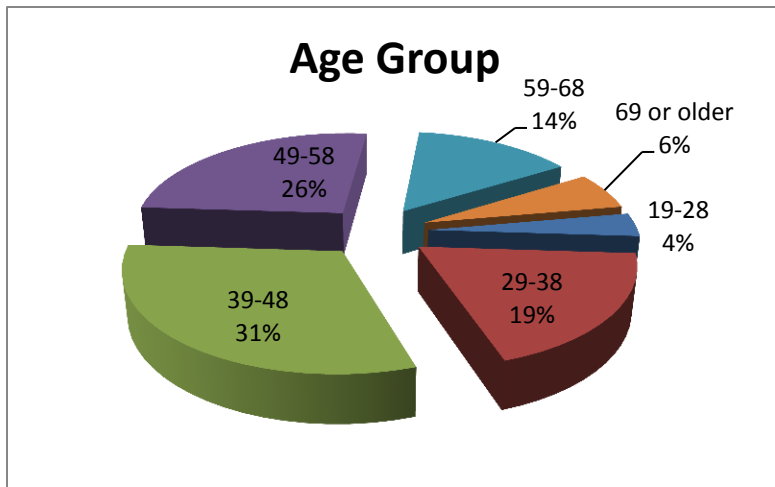
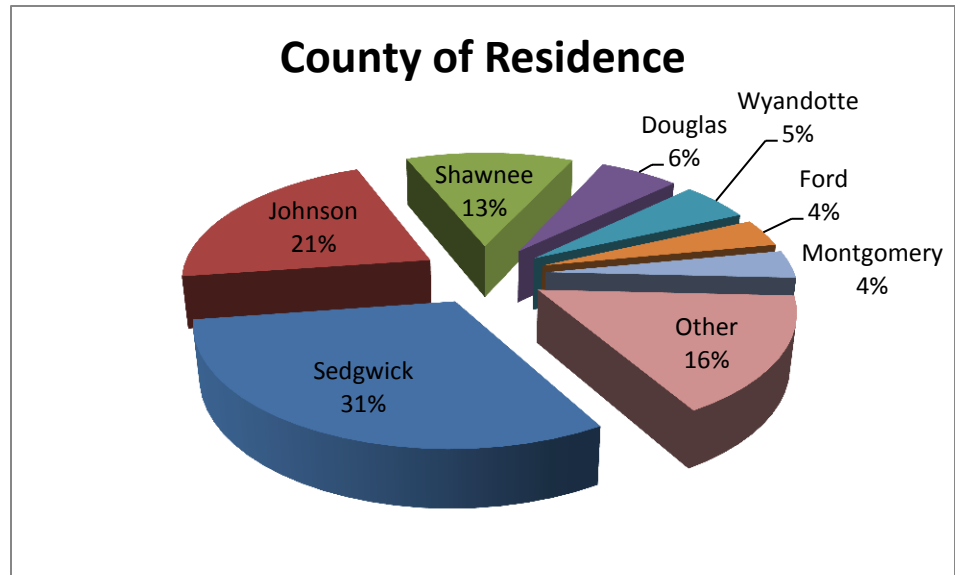
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## Demographics

# FY15 Problem Gambling Treatment Enrollments by Kansas Lottery Regions



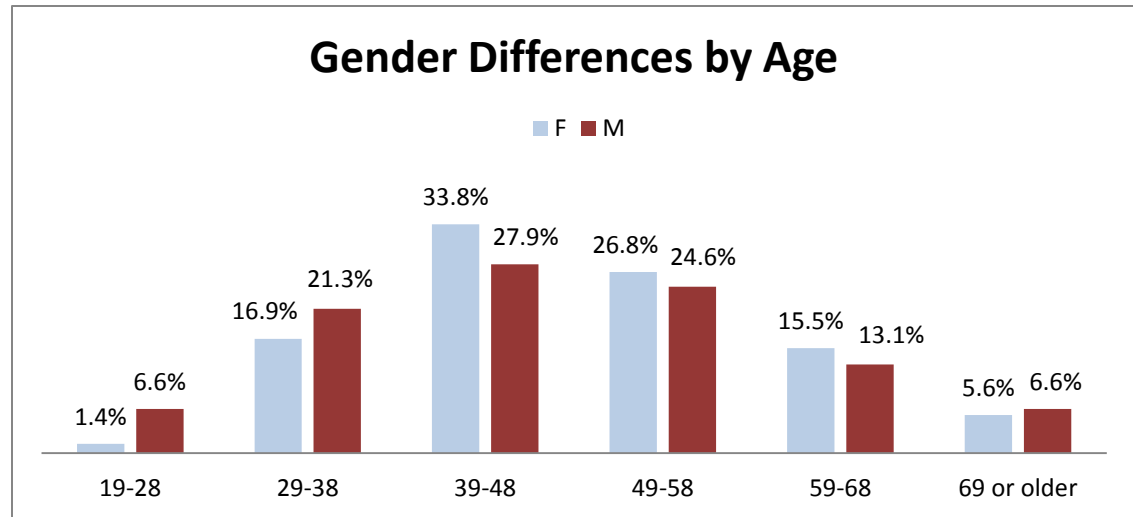
As shown by the pie chart at right, Sedgwick, Johnson, and Shawnee Counties were the individual counties home to the largest portion of those in problem gambling treatment, accounting for about 65% of the total number. Douglas, Wyandotte, Montgomery and Ford Counties also had high numbers. A disproportionate number of people from Montgomery County have sought treatment over the last several years, perhaps due to that county's proximity to casinos across the Oklahoma border.



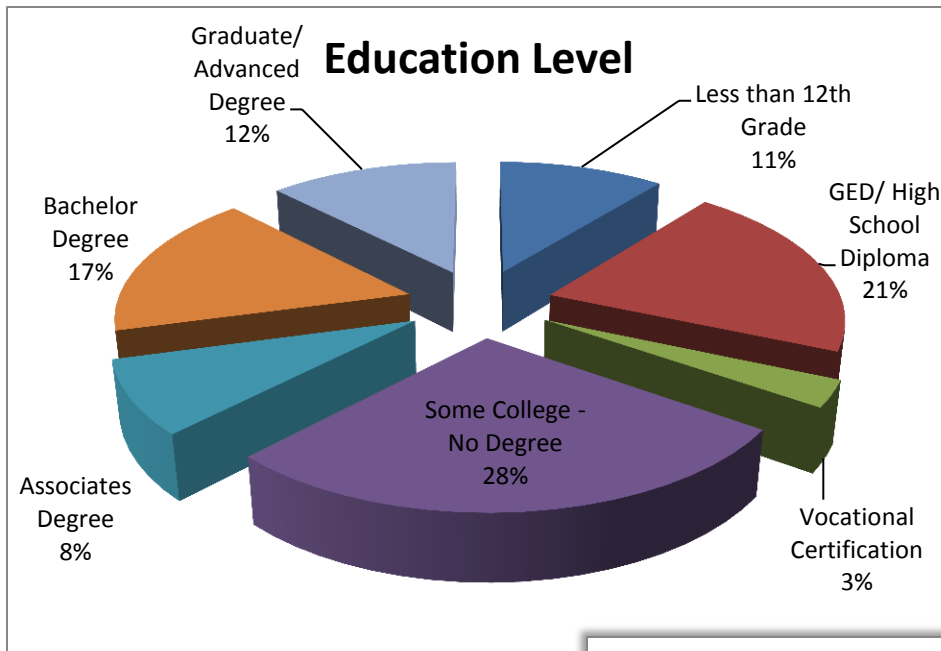
Just over half (53.8%) of Kansans seeking problem gambling treatment in 2015 were female. The mean and median ages were 47.9 and 48, respectively. For comparison purposes, those in treatment were assigned to 10-year age categories. Individuals in treatment were most likely to be in the 39 to 48 age range (31.1%), followed by the 49 to 58 range (25.8%). Generally speaking, younger people in

treatment (those between 19 and 38 years old) were more likely to be male, while those 39 or older were more likely to be female.

The majority of those seen for treatment were white (75.2%), followed by “Other” at 11.2%. The same percentage said they were Mexican, Cuban, or other Hispanic. The number of Asians continues to be disproportionately high; 2010 Census data show about two percent of the state’s residents are Asian, but Asians accounted for 4.8% of enrollments in 2015.

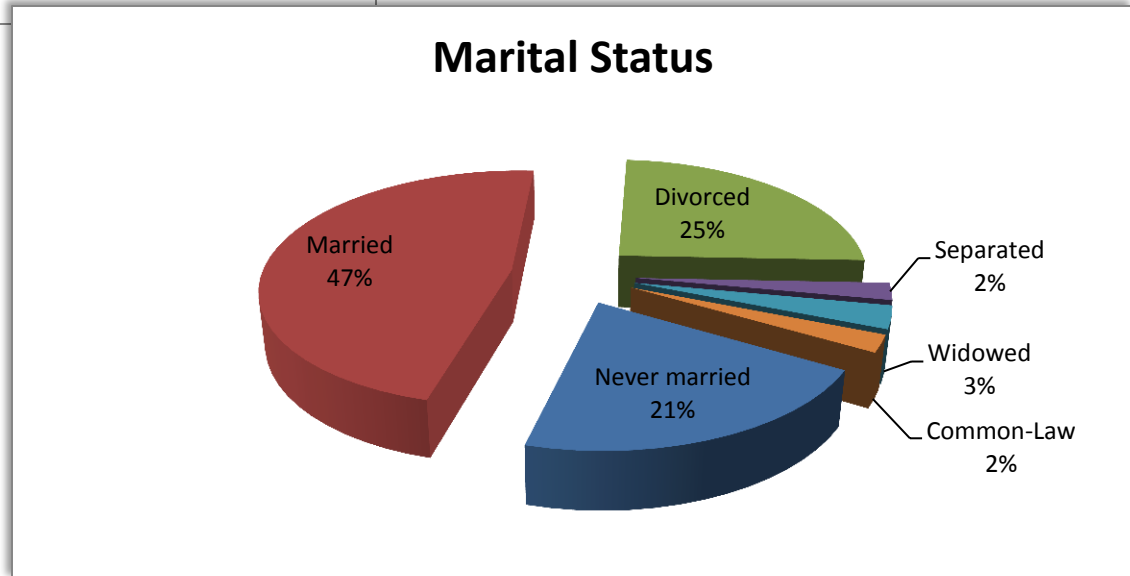


About half of those seen for treatment (50.4%) were employed full-time. About one third (34.4%) were either unemployed or not in the labor force (e.g., retired or disabled). Income was not recorded. The highest education level attained varied widely among those in treatment. The largest portion of those enrolled in FY15 (29.2%) had a bachelor’s degree or higher, followed by 27.7% who had some college credits but no degree, and then 20.8% who had a GED or high school diploma. Almost half of those seen for treatment (46.9%) said they were married at the time of admission, while the second-largest group (24.6%) said they were divorced. (See the charts on the next page.) Nearly a quarter of those entering treatment (23.8%) said they had been previously treated for problem gambling; 17.7% had been treated for substance abuse; and 37.7% had received other mental health treatment. About 43% had enrolled in the voluntary self-exclusion program prior to admission into treatment, a sharp increase from 27% in FY 2014.

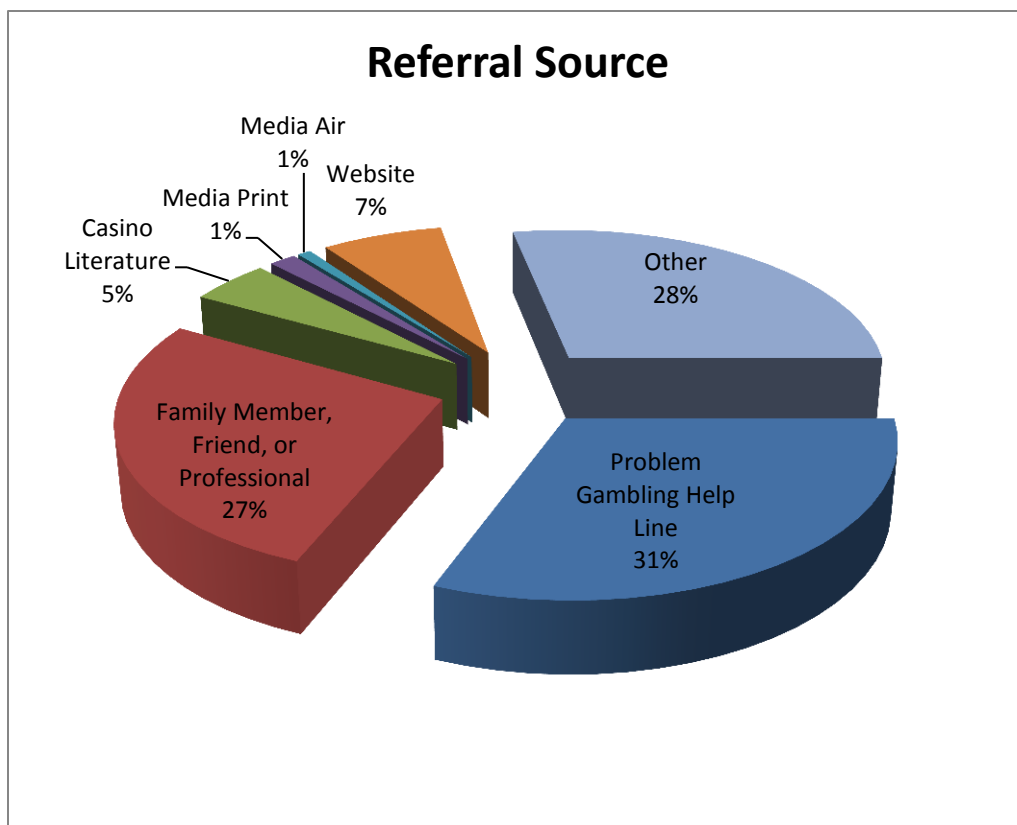


### Other Demographic Information:

- 24.2% of those entering treatment had mental health insurance coverage for gambling.
- 12.8% of those entering treatment were veterans.
- 93.8% lived at a private residence.
- The median age at which problems with gambling began was 38.



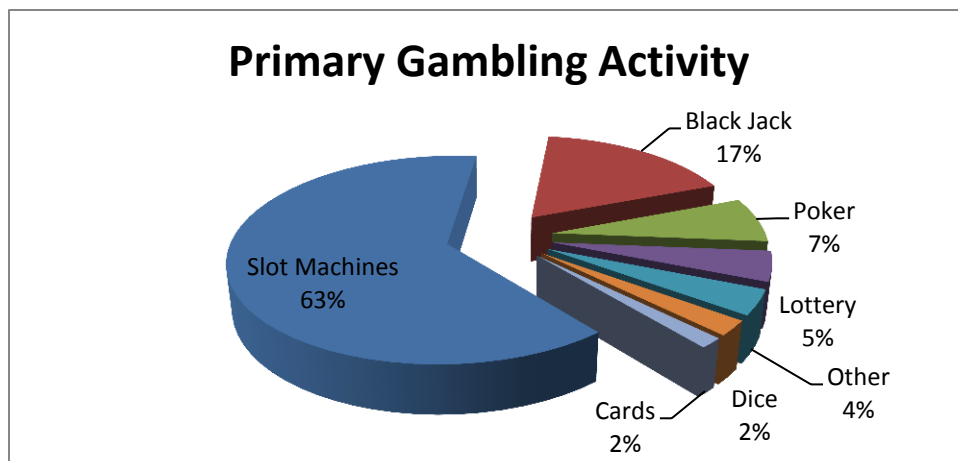
## Admissions and Referrals



Those admitted for problem gambling treatment were referred for treatment by a variety of sources, with the largest category being the Kansas Problem Gambling Help Line, which was cited as the source of referral for 31% of those in treatment. “Family Member, Friend or Professional” was listed as the referral source for the second-largest group (27%). Other options for referral source, including casino literature, websites, and media, were chosen by a relatively small portion of respondents (seven percent or less). It is important to note that while casino

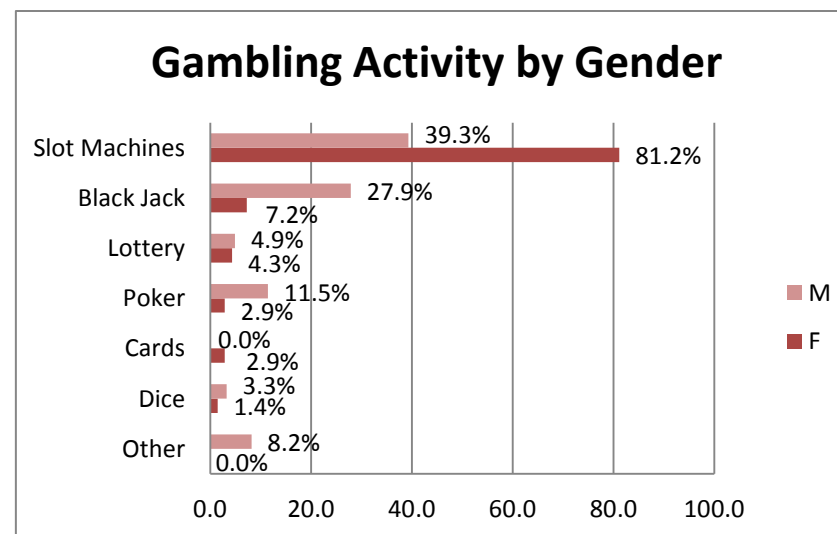
literature and the problem gambling website were cited as the referral source for a small portion of those in treatment, it is possible that these sources led them to call the Help Line. The majority of those assessed for treatment (82.5%) were recommended for Level I Outpatient Treatment. Five individuals (4.0%) were admitted to inpatient facilities for treatment.

## Primary Gambling Activity



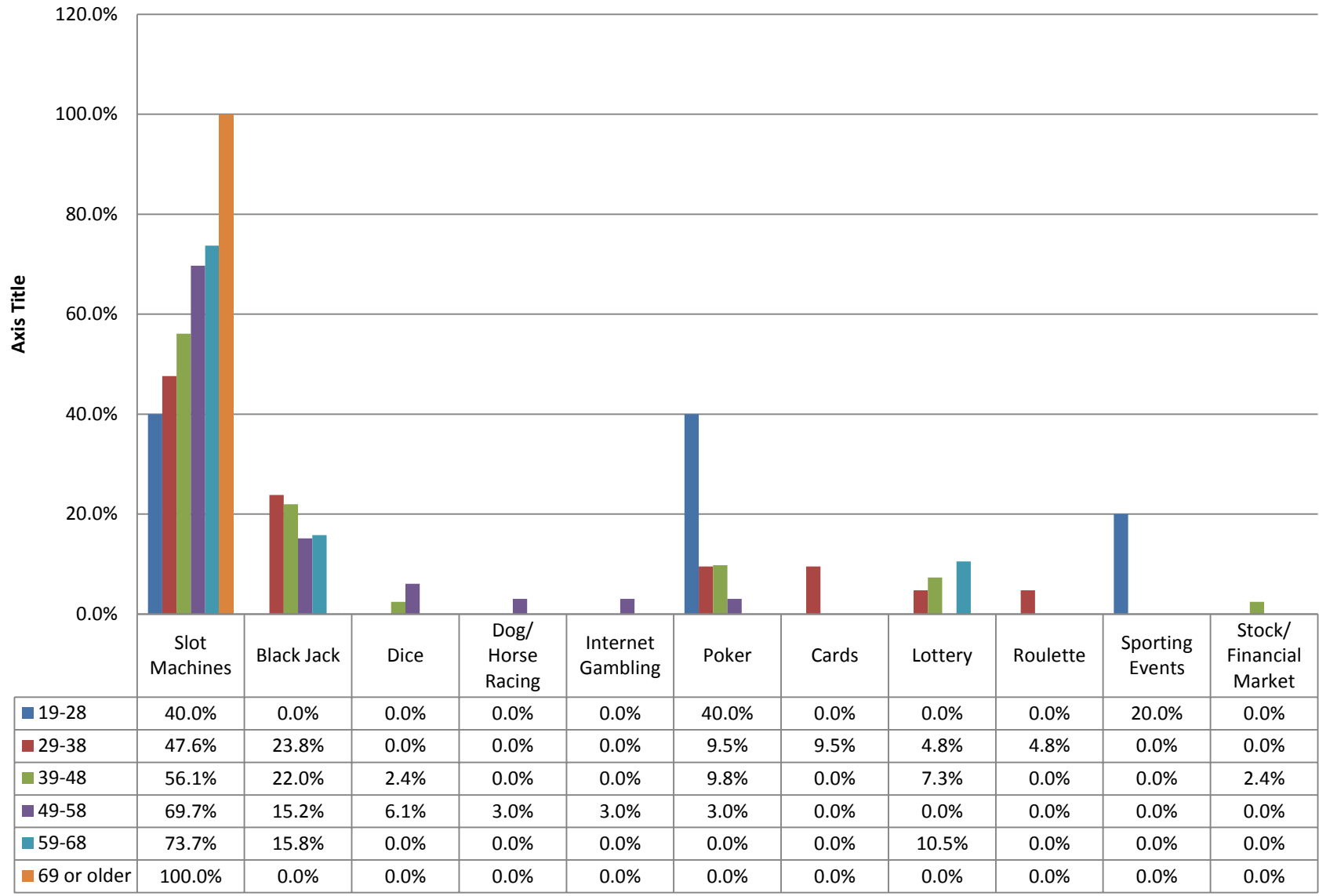
Playing slot machines was the highest-prevalence primary gambling activity by a wide margin, being selected by 63.0% of those enrolled in treatment. Black Jack was the next-most-prevalent activity (17.3%, up 7% from FY14), followed by poker at 7.1%. When examining by gender, 81.2% of women listed slot

machines as their primary gambling activity, followed by Black Jack at 7.2%. Men showed a wider range of primary gambling activities; slot machines were reported as the primary gambling activity by 39.3% of men entering treatment, while other men identified Black Jack (27.9%) or poker (11.5%) as their primary activity. Slot machines were the most popular choice across all age groups except 19 to 28. (See the chart on the following page.) Those in the 19 to 28 range were equally likely to list poker and slot machines as their primary gambling activity.

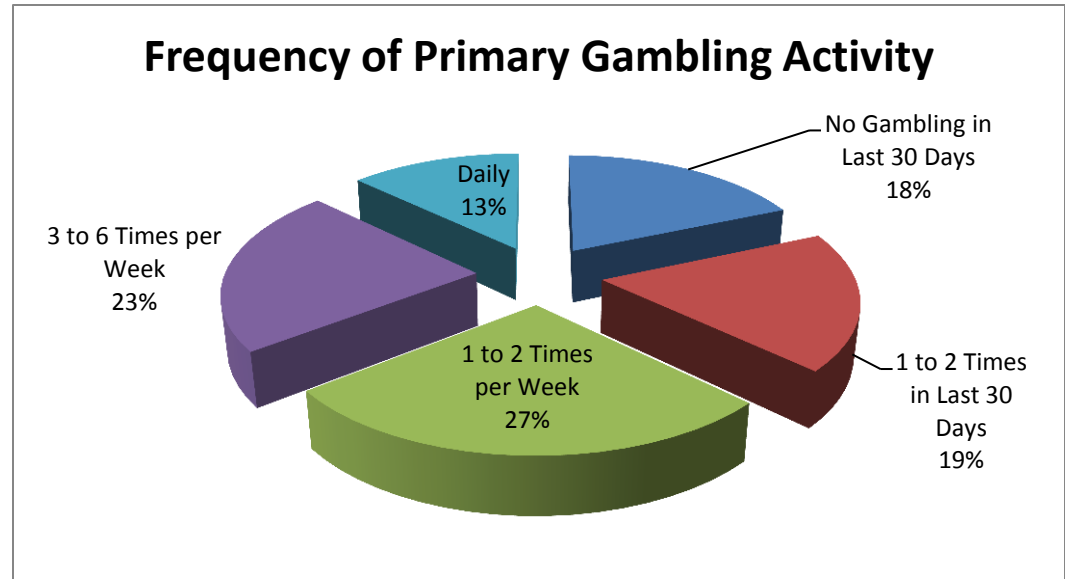




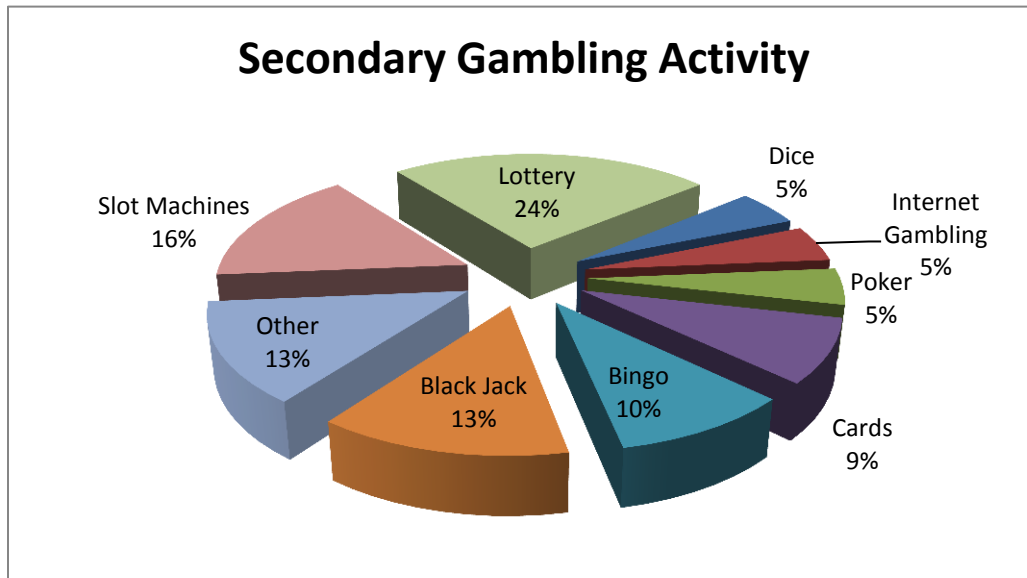
## Primary Gambling Activity by Age Group



For the primary gambling activity reported, the largest portion of those in treatment (27.2%) said they gambled one to two times per week. The second-largest portion (22.4%) said they gambled three to six times per week. Almost 13% said they gambled daily. In total, 62.4% of those entering treatment gambled at least weekly.

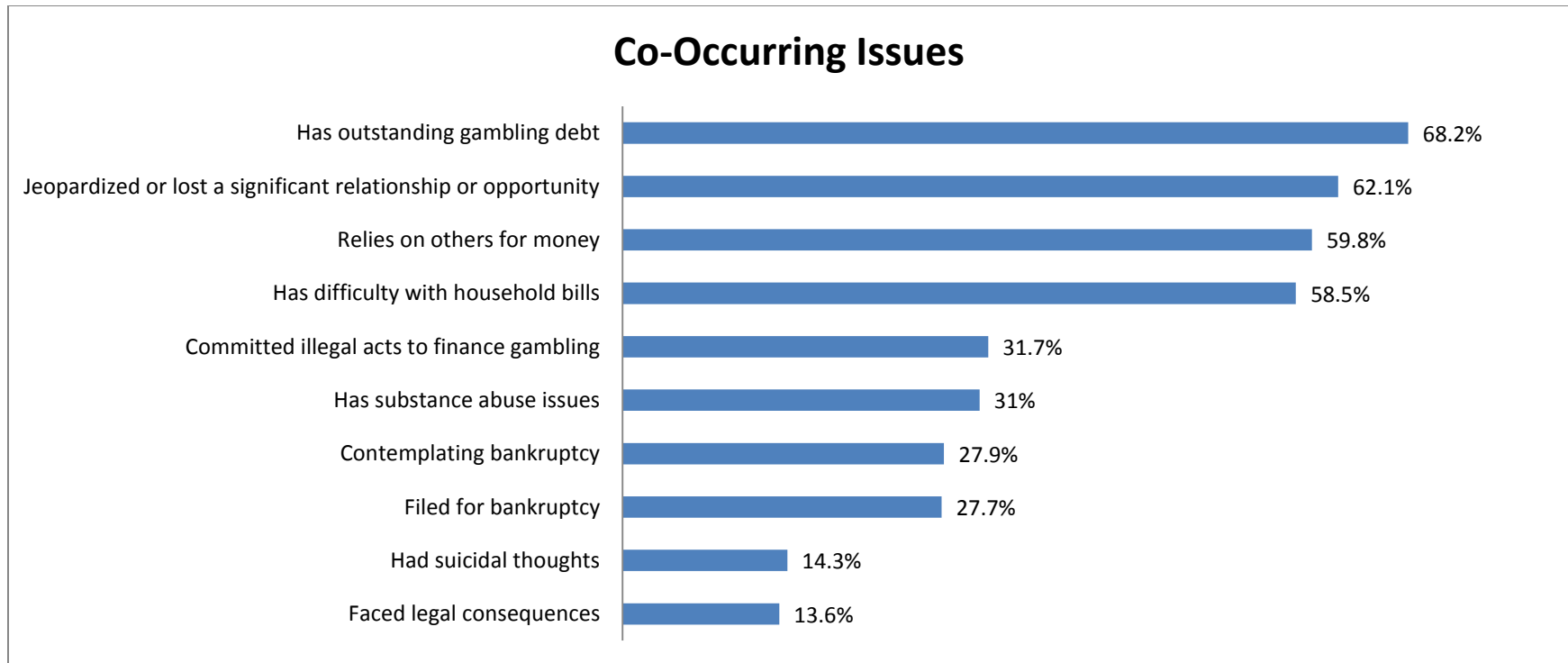


### Secondary Gambling Activity



Most people entering treatment in FY15 (62.1%) reported a favored secondary gambling activity. Nearly one-fourth of those seen for treatment (24.4%) said playing the lottery was their secondary gambling activity, followed by slot machines at 15.9%, then Black Jack at 13.4%.

## Family History and Co-Occurring Issues



A history of problem gambling within the family is often reported by those entering treatment. A significant portion of those entering treatment in FY15 (42.3%) said their family had a history of gambling problems. Meanwhile, more than half (50.8%) said their family had a history of other behavioral addictions. Almost one-third of those seen for treatment in FY15 (31.0%) said they also struggled with substance abuse issues. Of those who said they had substance abuse issues, the largest portion (45.7%) cited alcohol as their primary substance, while 22.9% listed marijuana (a large increase from FY14) and 17.1% listed methamphetamine.

About 10% of those seen for problem gambling treatment in FY15 also said they struggle with Internet addiction, and 7.1% said they struggle with sex addiction. Half said they also suffered from other mental health issues that could be broadly categorized as depression and/or anxiety. About 14% said they were currently suicidal or had thoughts about harming themselves. Of those, most (86.4%) had not had these thoughts progress to actions. Eight individuals entering treatment (6.1%) said they had perpetrated violence against another person in the last year. Of these, most said this violence was directed at their spouse or partner.

## Other Negative Consequences

Those entering treatment were asked a number of questions related to behaviors often exhibited by people suffering from disordered gambling. In order to finance their gambling, nearly one-third of those seen for treatment (31.7%) said they had committed illegal acts such as forgery, fraud, theft, or embezzlement in the past year. Almost 60% said they relied on others to provide money to relieve a desperate financial situation caused by gambling in the past year. Most (62.2%) said they were “often,” “always,” or “nearly always” experiencing trouble (relationship, financial, legal, job-related, medical, or emotional) because of their gambling habits.

Specific problems reported by those entering treatment included the following:

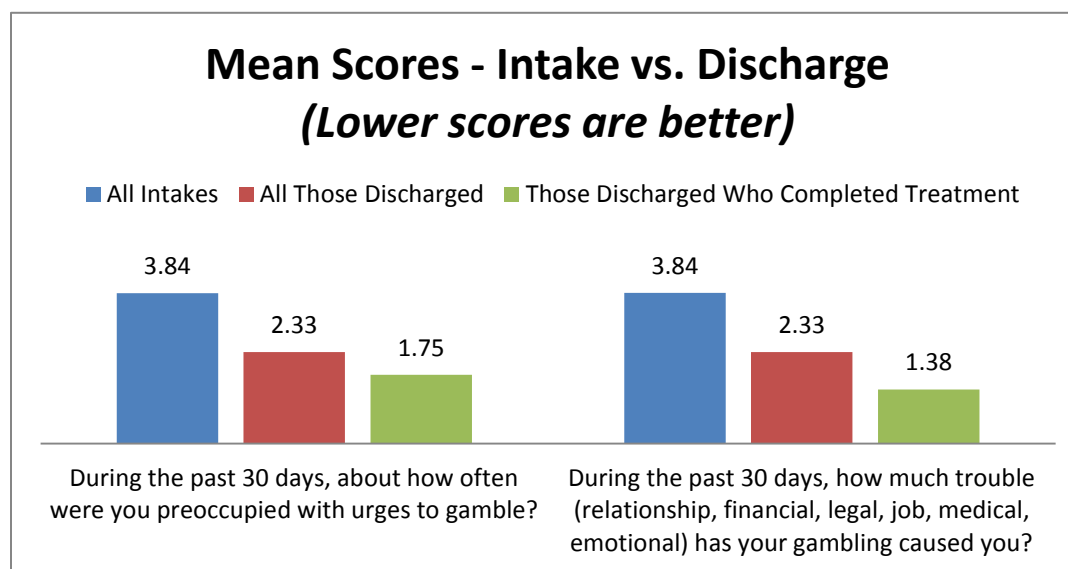
- 54.6% had borrowed money from family/friends
- 58.5% had trouble paying household bills
- 49.2% had accumulated credit card debt
- 49.6% had borrowed from other sources
- 28.5% had written bad checks
- 42.3% had taken out payday loans
- 24.8% had defaulted on loans
- 27.7% had filed for bankruptcy

Just over 68% of those who sought treatment for disordered gambling in FY15 said they had outstanding gambling debt. The mean (average) amount of reported debt was \$85,367.74, the median (middle) amount was \$12,000, and the mode (most frequently reported) amount was \$10,000. Amounts ranged from \$200 to \$3 million.

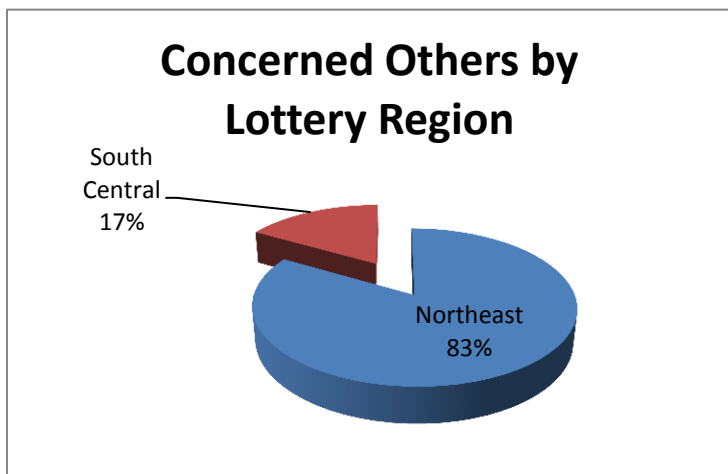
## Discharge Data

Twenty-eight (28) individuals were discharged from treatment in FY15. Of these, eight (29.6%) were discharged because they had completed treatment, while 22.2% chose to decline additional treatment, and 18.5% left against clinical advice. (The other 29.7% were dismissed for non-compliance with agency rules, transferred to another agency, were seen for assessment only,

moved away, or were an administrative discharge.) Those who completed treatment showed desirable outcomes: At discharge, none said they were “always” or “almost always” preoccupied with urges to gamble. Likewise, none said they were “always” or “almost always” in trouble because of their gambling. Furthermore, as shown in the chart above, those completing treatment had better outcomes than those discharged for other reasons.

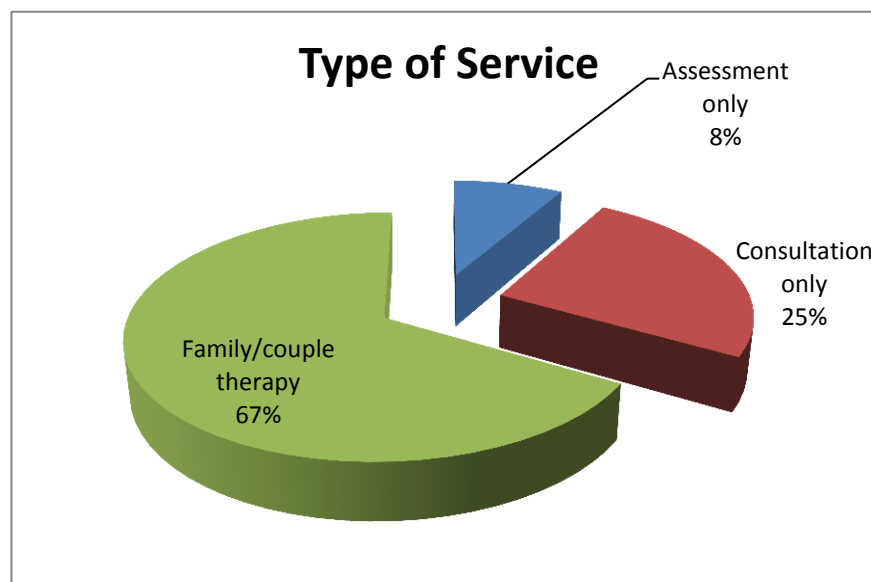


## Concerned Others



In addition to treating people with gambling addiction, the state also offers treatment at no out-of-pocket cost for those whose lives are affected by their loved ones' gambling problems. These individuals are termed "concerned others." Twelve (12) concerned others enrolled in treatment in FY15, down from 18 in FY14 and 37 in FY13. Most concerned others (83%) came from the northeast lottery region, and the remainder came from the south central region. The largest portion of concerned others (41.7%)

fell in the 49-58 age range, meaning the average age of concerned others was older than the average age of those seen for problem gambling treatment. All but one were female and most (83.3%) were married. Family/couple therapy was recommended for most (67%) of the concerned others, while 25% were seen for consultation only and 8% for assessment only.



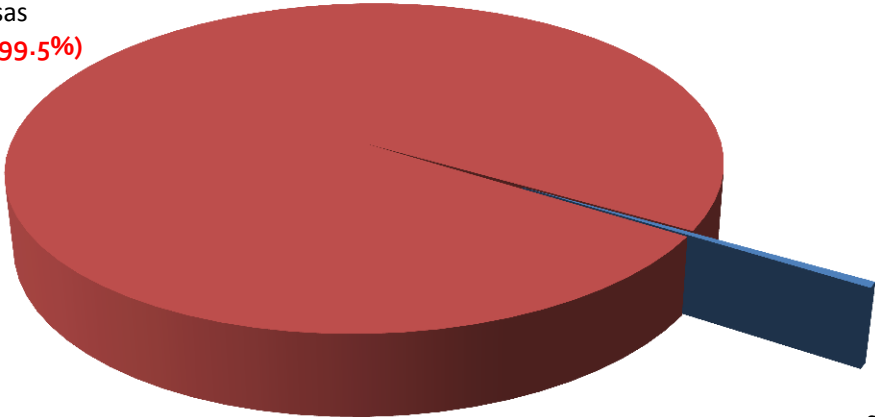
## Conclusion

The data in this report provides a summary of those individuals who entered treatment for disordered gambling, as well as concerned others who entered treatment. It is critical to understand how the individuals were referred to treatment, their gambling patterns, as well as demographic information such as gender, age, county of residence, employment status, education level, and marital status. The co-occurring issues summarized on pages 11-13 are also important to consider as these issues complicate treatment and make recovery more challenging.

While the number of people seen for treatment in FY15 was up nearly 18% over FY14, many similarities were noted in terms of demographics and behaviors. Those seen for treatment in FY15 were close in age and gender to those enrolled last year. The FY15 data continue to be concerning: statistics suggest there are many more Kansans who struggle with a gambling disorder but have not yet sought help. A 1997 meta-analysis conducted by Harvard Medical School found that 1.1% of adults in the general population will have suffered from a clinical-level gambling problem within the past year. There was no significant variation in this figure across different regions of the United States and Canada. The population of adults in Kansas, according to the 2010 United States Census, is 2,147,686. Application of 1.1% figure from the Harvard study to the Kansas population indicates that there are an estimated 24,484 people who have a gambling disorder. In fiscal year 2015, 132 (about 0.5%) of those in need sought no out-of-pocket cost treatment. More outreach and awareness efforts may be needed to encourage those who experience problem gambling to seek help, especially as gaming continues to expand throughout the state.

# Estimated Number of Kansans with a Gambling Disorder Compared to Those who Entered Treatment in FY15

Estimated number of  
persons with a gambling  
disorder in Kansas  
**24,366 individuals (99.5%)**



Those seen for problem  
gambling treatment in FY15  
**132 individuals (0.5%)**