

Commentary: Types, Lotteries, and Substance Abuse Among Problem Gamblers

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Of the problem gamblers in the study by Potenza *et al.*¹ (this issue), 171 (20.7%) were reported to have engaged in illegal activity and 655 (79.3%) denied having done any illegal activity. In addition, 95 (11.8%) admitted to a gambling-related arrest. These proportions are low when compared with groups of pathological gamblers in Gamblers Anonymous and in treatment.² Unfortunately, general population surveys are not strictly comparable with the Potenza *et al.* data. The survey done for the U.S. National Gambling Impact Study Commission³ found that 36 percent of problem gamblers and 32 percent of pathological gamblers stated they had been arrested, while 16 percent of problem and 21 percent of pathological gamblers said they had been incarcerated in their lifetime. However, that study failed to report gambling-related arrests and incarcerations so they are not strictly comparable with the helpline data. The Australian Productivity Commission³ reported that 10.5 percent of those with a South Oaks Gambling Screen (SOGS) score of 5 or more and 26.5 percent with a SOGS score of 10 or more admitted to gambling-related illegal activity in the past 12 months, while 4.1 percent with SOGS of 5 or more and 13.8 percent with SOGS of 10 or more had a gambling-related arrest in the past 12 months. One could expect larger figures over the course of their lifetimes, and so these data are not strictly comparable with the Potenza *et al.* helpline study either. In a sense, therefore, we cannot tell

whether helpline callers are similar to problem gamblers found in general population samples.

There are several possible explanations for the low rates found in comparisons with studies of Gamblers Anonymous and treatment populations. The first reason may be the population under investigation. As the authors acknowledge, people calling helplines may not have as serious a gambling problem as those tested in other studies. Evidence to support this hypothesis comes from data in Table 5 of the Potenza *et al.* article showing that only 24 of 807 (3%) of problem gamblers admitted they had attempted suicide. Comparable rates in studies of Gamblers Anonymous members and individuals in treatment range from 12 to 23 percent.^{4–6} Second, one of the DSM-IV criteria for pathological gambling states: “lies to family members, therapist, or others to conceal the extent of involvement with gambling”⁷ (p 618); and the individual may be lying on the phone to helpline workers. Third, since 28.9 percent of calls were from significant others rather than the gambler him- or herself, we should expect that they would be ignorant of illegal behavior by the problem gambler because the gamblers may be lying to them as well. Fourth, as the authors state, helpline callers were asked about illegal activities in a generic fashion instead of being asked about specific forms of gambling-related illegal activity such as employee theft, passing bad checks, and fraud. The generic approach, in all probability, lowered the number of gamblers admitting to illegal acts. Fifth, because the illegal activities had to be thought of as gambling-related, some illegal activity may have been omitted because the caller did not make the gambling-crime connection.

Despite the difference in overall rates between this

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helpline study and studies of Gamblers Anonymous members and people in treatment, this piece of research demonstrates amazing parallels with other research to date.

This article provides encouragement for investigations of types of pathological gamblers. Potenza and colleagues note that antisocial personality-disordered gamblers differ significantly from non-antisocial personality-disordered gamblers. Alternatively, as the authors recognize, the differences found between those who engage in illegal activity and those who did not, and between those who were arrested and those who were not, may be a product of progression into the disorder—the further one progresses, the greater the chance of illegal activity and consequent arrest. Both views have some degree of empirical support.² Their distinction between gamblers without illegal activity, gamblers with illegal activity but no gambling-related arrests, and those with gambling-related arrests has its parallel in theories and data on types of problem gamblers.

Based on investigation of the available literature on types of problem gamblers that is currently underway, I would project that pathological gamblers will cluster into two or possibly three types. In a three-type scenario, a normal problem gambler type⁸ emerges. This type has periodic gambling problems, arguments with significant others, and moderate financial difficulty, but only rarely engages in illegal activity of the less serious variety such as passing bad checks. They either just fail to meet or barely meet the diagnostic cutoff for pathological gambling. They only rarely come into contact with the criminal justice system. Whether they can later engage in controlled gambling is a matter of considerable controversy.

A second type falls into what researchers are classifying as the "recurringly depressed gambler,"⁹ escape seeker,¹⁰ or emotionally disturbed gambler.⁸ This type gambles to escape from emotionally disturbing experiences that range from chronic loneliness to severe trauma. They typically start gambling regularly at a later age; have a relatively telescoped career that escalates rapidly; tend to favor machines or "luck-based" games; experience dissociative-like states while gambling that include trances, out of body experiences, and memory blackouts; may develop substance (typically alcohol or sedative-hypnotic) abuse that is related to either the disturbing experiences or gambling problems; and are predominantly female. The escape seekers will experience

premorbid depression and/or dysthymia, anxiety disorders, and possibly cluster C personality disorders. Suicide attempts in this group are a result of a combination of double depression (premorbid plus gambling-produced depression). Any illegal activity they engage in will be related to their gambling problems. Offenses such as passing bad checks, forgery, fraud, embezzlement, non-payment of taxes, and theft predominate. Their arrests are typically a product of escalating career of problematic gambling. They have used up legitimate options to finance gambling and the only options left are illegal. Even though they get arrested, they typically receive probation or relatively brief periods of incarceration upon conviction. Treatment prospects are excellent for this group.

The third type of pathological gambler has been called the chronically understimulated gambler,⁹ action seeker,¹⁰ and biologically based impulsive type.⁸ In contrast to the second type, impulsive action seekers gamble primarily for the physiological experience of gambling—the thrill of the action. They typically start regular gambling at an early age, have a long gambling career that escalates gradually, experience gambling in binges as well as regularly, may dissociate while gambling but less frequently than escape gamblers, prefer a wide range of "skill-based" games but do not stick to just these forms, often develop a substance abuse problem that includes a wide range of legal and illegal drugs, and are predominantly male. They score high on measures of impulsivity. Impulsive action seekers will experience anxiety and depression as a result of gambling and/or substance abuse problems and cluster B personality disorders. Suicide attempts in this group are hypothesized to be a result of the overwhelming number of problems they generate for themselves as a result of their impulsivity. Illegal activity may have started in childhood with other features of conduct disorder. In this event, non-gambling-related crimes occur. Alternatively, illegal activities are related to drug-seeking behavior, and he or she may have an arrest record as a result of this behavior. Gambling-related crimes tend to start at an earlier age than among escape seekers. The types of crimes will depend on the person's socioeconomic status and can range from forgery and fraud to shoplifting, burglary, armed robbery, prostitution, and/or blackmail. The overwhelming number of gambling-related crimes tends to be nonviolent, even in this group.

Studies conducted among prisoners¹¹ or among substance abusers¹² will tend to find more of the

impulsive action seekers than escape seekers and probably no normal problem gambler types. Consequently, as would be expected, crime rates, arrest rates, and incarceration rates will be high. There should be fewer impulsive action seekers among individuals in treatment and Gamblers Anonymous, but the ratio of impulsive action seekers to escape seekers will depend on the availability of machine gambling in the locale. In outpatient facilities and Gamblers Anonymous, some "normal" problem gamblers will appear. The situation for helplines may be the reverse of the prison and substance abuse treatment studies. Normal problem gamblers and escape seekers may predominate and impulsive action seekers may be less frequent. In addition, some of the calls will represent "trial balloons" by individuals wondering whether they have a problem. Given the proposed shift in populations, the value of the study by Potenza *et al.* is that their findings are consistent with the earlier literature.

Interestingly, the most severe of the chronically understimulated, impulsive type gamblers were specifically excluded when the DSM-III criteria were established.¹³ Potenza and colleagues note that there is a relationship between problem gambling severity and increasing criminal justice consequences as well as antisocial personality disorder (ASPD). The connection between ASPD and problem gambling severity was partially responsible for removing the antisocial personality disorder exclusion from the DSM-III¹⁴ criteria for pathological gambling. As a result of research evidence indicating that antisocial personality disordered persons have greater gambling severity than non-antisocial personality-disordered persons,^{11, 15} the ASPD exclusion was removed from the American Psychiatric Association's diagnostic criteria for pathological gambling (PG). Beginning with DSM-III-R¹⁴ and continuing into DSM-IV, clinicians have been directed to diagnose both ASPD and PG when both are present. This has altered forensic evaluations of pathological gambling. A distinction is made between pathological gamblers with and without ASPD when experts testify in criminal sentencing hearings regarding diminished capacity.

Research on pathological gambling has numerous parallels with research into substance abuse. Many of the same controversies that have surfaced in the addictions field have been played out again with pathological gamblers.¹⁶⁻²⁰ In addition, the types of pathological gamblers noted above have parallels with types of alcoholics and cocaine addicts. Clon-

inger's type I/type II classification,²¹ Babor's type A/type B distinction,^{22, 23} and other variants on this theme²⁴ are comparable to the escape seeker, impulsive action seeker types noted above. One could suspect that a wide range of issues that have surfaced in the addictions field will surface again with pathological gambling. It is not surprising therefore that the courts have rejected the insanity defense for pathological gambling as they have the substance abuse model to follow.

Several other issues discussed by Potenza and colleagues are worthy of comment. They found a strong association between problematic lottery gambling and illegal activity. They note that problematic lottery gambling may be conducive to illegal behavior. The data they present on the relationship between lottery gambling and illegal behavior may deserve a slightly different interpretation. Previous researchers have noted a relationship between the number of forms of gambling and problem gambling severity.²⁵ Tables 4 and 6 in the article by Potenza *et al.* provide support for this theory. The number of types of problematic gambling is a significant predictor of arrest (Table 6 in Potenza *et al.*). When lottery gambling alone is reported in Table 4 (Potenza *et al.*), it appears that lottery gamblers are more likely to engage in illegal activity. However, when lottery gamblers are partialled between lottery and lottery in combination with other forms of gambling as done in Table 4, the relationship becomes qualified. Non-strategic only gamblers (this includes lottery players) are less likely to engage in illegal acts than those who engage in both strategic and non-strategic gambling. In addition, non-casino only gamblers (this includes lottery players) are less likely to engage in illegal acts than those who engage in both casino and non-casino gambling. It is possible, therefore, that rather than lottery gambling alone, impulsivity and the desire to be in action on many fronts at the same time may be the explanation behind the lottery and crime connection. Further clarification of this alternative hypothesis could be obtained by a comparison between lottery problem only gamblers and people who engage in problematic lottery gambling in combination with other forms of gambling. These comments should not be construed to imply that problematic lottery gambling is not serious, because it is. Some individuals develop devastating problems and end up engaging in illegal activities as a result.

The authors point to the gamblers' lower level of gambling treatment compared with substance abus-

ers' treatment for drug problems. Similar results have been found in other studies.²⁶ An examination of the funding of problem gambling provides a partial explanation for the disparity. In every state, government revenues from gambling reveal gross distortions. Even in Connecticut, where the study was conducted, the state spends a miniscule proportion of its gambling-generated revenues on problem gambling prevention, education, and treatment programs. Typically, when states do allocate dollars, more money is spent getting residents to play the lottery than on public awareness regarding problem gambling. In most states, no revenues are set aside for problem gambling at all. This happens despite data showing that problem gamblers provide a significant proportion of total gambling-generated revenues.⁴ In testimony before the National Gambling Impact Study Commission,²⁷ I reported on studies of 394 Gamblers Anonymous (GA) members.²⁸⁻³⁰ These GA members were asked about theft; 223 of the 394 admitted stealing to finance their gambling. In all, they stole \$30,065,812, an average of \$76,309. The average is skewed by extreme cases. Four stole over one million dollars each. One person stole \$8 million, and another stole \$7.5 million. That \$30 million, for just 223 of the 394 who reported stealing, is more than all of the states spent helping problem gamblers in the entire country in 1996. In fact, the "top 10" individuals out of the 394 stole more money than all of the states' expenditures in 1996. These 394 individuals represented only a small section of the Gamblers Anonymous members, and an even smaller proportion of the problem gamblers in the United States. Problem gambling is indeed a serious issue. The Potenza *et al.* study has made a valuable contribution to the understanding of this issue.

References

1. Potenza MN, Steinberg MA, McLaughlin SD, Wu R, Rounsaville BJ, O'Malley SS: Illegal behaviors in problem gambling: analysis of data from a gambling helpline. *J Am Acad Psychiatry Law* 28:389-403, 2000
2. Meyer G, Fabian T: Delinquency among pathological gamblers: A causal approach. *J Gambling Stud* 8:61-77, 1992
3. Gerstein D, Hoffman J, Larison C, *et al*: Gambling Impact and Behavior Study. Report to the National Gambling Impact Study Commission, 1999
4. Productivity Commission: Australia's Gambling Industries, Report No. 10. Canberra, Australia: AusInfo, 1999
5. Frank ML, Lester D, Wexler A: Suicidal behavior among members of Gamblers Anonymous. *J Gambling Stud* 7:249-54, 1991
6. Lesieur HR: Costs and treatment of pathological gambling. *Ann Am Acad Pol Soc Sci* 556:153-71, 1998

7. American Psychiatric Association: Diagnostic and Statistical Manual (ed 4). Washington, DC: Author, 1994
8. Blaszczynski A: Pathways to pathological gambling: identifying typologies. *eGambling: Electronic J Gambling Issues* 1, 2000 (<http://www.camh.net/egambling/features/index.html>)
9. McCormick RA: Pathological gambling: a parsimonious need state model. *J Gambling Behav* 3:257-63, 1987
10. Lesieur HR: Female pathological gamblers and crime, in *Gambling Behavior and Problem Gambling*. Edited by Eadington WR, Cornelius JA. Reno, NV: Institute for the Study of Gambling and Commercial Gaming, University of Nevada-Reno, 1993, pp 235-8
11. Lesieur HR: Gambling, pathological gambling and crime, in *Handbook on Pathological Gambling*. Edited by Galski T. Springfield, IL: Charles C Thomas Pub., 1987, pp 98-110
12. Spunt B, Lesieur HR, Liberty HJ, Hunt D: Pathological gamblers in methadone treatment: a comparison of men and women. *J Gambling Stud* 12:431-49, 1996
13. American Psychiatric Association: Diagnostic and Statistical Manual (ed 3). Washington, DC: Author, 1980
14. American Psychiatric Association: Diagnostic and Statistical Manual (ed 3 rev). Washington, DC: Author, 1987
15. Blaszczynski AP, McConaghy N, Frankova A: Crime, antisocial personality and pathological gambling. *J Gambling Behav* 5:137-52, 1989
16. Dickerson MG: The future of gambling research—learning from the lessons of alcoholism. *J Gambling Behav* 3:248-56, 1987
17. Levinson PK, Gerstein DR, Maloff DR: Commonalities in Substance Abuse and Habitual Behavior. Lexington, MA: Lexington Books, 1983
18. Miller WR: The Addictive Behaviors: Treatment of Alcoholism, Drug Abuse, Smoking and Obesity. Oxford: Pergamon Press, 1980
19. Orford J: Excessive Appetites: A Psychological View of Addictions. Chichester: John Wiley & Sons, 1985
20. Shaffer HJ: On the nature and meaning of addiction (National Forum). *Phi Kappa Phi J* 79:4, 9-14, 1999
21. Cloninger CR: Genetic and environmental factors in the development of alcoholism. *J Psychiatr Treat Eval* 5:487-96, 1983
22. Babor TF, Hofmann M, DelBoca FK, *et al*: Types of alcoholics: I. Evidence for an empirically-derived typology based on indicators of vulnerability and severity. *Arch Gen Psychiatry* 49:599-608, 1992
23. Ball SA, Carroll KM, Babor TF, Rounsaville BJ: Subtypes of cocaine abusers: support for a type A-type B distinction. *J Consult Clin Psychol* 63:115-24, 1995
24. Babor TF: The classification of alcoholics: typology theories from the 19th century to the present. *Alcohol Health Res World* 20(1): 6-14, 1996
25. Steel Z, Blaszczynski AP: Impulsivity, personality disorders and pathological gambling severity. *Addiction* 93:895-905, 1998
26. Feigelman W, Wallisch LS, Lesieur HR: Problem gamblers, problem substance abusers, and dual-problem individuals: an epidemiological study. *Am J Public Health* 88:467-70, 1998
27. Lesieur HR: Testimony for expert panel on pathological gambling. Testimony before the National Gambling Impact Study Commission, Atlantic City, NJ, Jan 22, 1998
28. Lesieur HR, Anderson C: Results of a survey of Gamblers Anonymous members in Illinois. Park Ridge, IL: Illinois Council on Problem and Compulsive Gambling (mimeo), 1995
29. Thompson WN, Gazel R, Rickman D: The Social Costs of Gambling in Wisconsin. Wisconsin Policy Research Institute Report No. 9, 1996, pp 1-44
30. WEFA Group: A Study Concerning the Effects of Legalized Gambling on the Citizens of the State of Connecticut. Prepared for the State of Connecticut Department of Revenue Services, Division of Special Revenue, June 1997