Gambling and offending: An examination of the literature

Director
Jim Emshoff, Ph.D.

Researchers
Jennifer Zorland
Angela Mooss
Ayana Perkins

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For additional information, please contact:
Jennifer Zorland, PhD, CPH
jzorland1@gsu.edu

Correspondence can be addressed to:
GSU Gambling Project
Attn: Jennifer Zorland
Department of Psychology
Georgia State University
140 Decatur Street, 11th Floor
Atlanta, GA 30303
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Problem gambling has been shown to be associated with participation in criminal activities (McCorkle, 2002; Meyer & Stadler, 1999). Previous research has established that a large proportion of pathological gamblers commit crimes, which may lead to involvement in the criminal justice system. The majority of crimes committed by problem gamblers are for the purposes of getting money to gamble or paying off gambling debts. Furthermore, research findings indicate that as the severity of a gambling problem increases, participation in criminal activity also increases. In addition, the prevalence of problem gambling is higher among offenders than in the general population. The literature supports a need to direct gambling treatment and prevention programs towards offending populations, as they are at increased risk of having a problem with gambling. Additional research should be conducted to assess best practices to address problem gambling specific to this population. Furthermore, the elevated levels of criminal activity among problem gamblers points to utilizing the criminal justice system as an opportunity to screen for gambling problems. The detection of problem gambling among those arrested and incarcerated allows for treatment to be provided. In addition, it may be beneficial to increase awareness and/or provide selective prevention programs to everyone involved in the criminal justice system in an effort to reduce the prevalence and incidence of problem gambling within this at-risk population.

Problem gamblers and criminal activity

Rates of participation in criminal activities among problem gamblers

Research findings indicate that roughly 50.0% of problem gamblers commit crimes. Potenza, et al. (2001) assessed criminal activity in a sample of problem gamblers who called a gambling hotline. They concluded that 43.7% of the participants reported committing criminal acts specifically related to gambling. Blaszczynski, McConaghy, and Frankova (1989) conducted a similar study and obtained comparable results. Specifically, they determined that 54.1% of problem gamblers seeking help admitted to having committed gambling related offenses, the majority of which were non-violent property crimes. Furthermore, Schwer, Thompson, and Nakamuro (2003) found that 63.0% of Gamblers Anonymous members reported writing bad checks and 30.1% reported stealing from the workplace. These studies all utilized a sample of problem gamblers who were seeking help; therefore these results may not translate to those people with less severe gambling problems, or those who choose not to seek help. However, the implications of these findings are clear: problem gamblers are at high-risk for participating in criminal activities.

The motivation behind crimes committed by problem gamblers

The research indicates that approximately two-thirds of pathological gamblers commit crimes directly related to gambling. Lesieur (1984) found that compulsive gamblers are likely to utilize legal methods of obtaining money until they have exhausted such sources of funding. As problem gambling severity increases, legal options of obtaining money tend to decrease. Once legal options of obtaining funds no longer exist, many compulsive gamblers turn to criminal activities to finance their gambling. Lesieur’s findings have been supported by more recent research on this topic. Specifically, Brown, Killian, and Evans (2005) found a strong association between gambling frequency and criminal behavior, suggesting that some criminal activity may be related to financing gambling.
“80 to 90 percent of people in Gamblers Anonymous will tell you they did something illegal in order to get money to gamble. A lot of them do white collar crimes, fraud, credit card and employee theft.”

(Looney, 1998)

Research findings suggest that a large proportion of offending problem gamblers committed crimes for the purpose of obtaining money to gamble with, or to pay gambling debts. Blaszczynski, McConaghy, and Frankova (1989) assessed motivation for participating in criminal activities among problem gamblers seeking help. Two-thirds of pathological gamblers who committed crimes reportedly did so as a direct result of gambling. Of the respondents, 40.4% reported only committing crimes related to their gambling, 13.7% cited committing both gambling and non-gambling related offenses, while only 9.2% reported only committing offenses that were not related to gambling.

Other studies have yielded similar results. Specifically, participation in criminal acts related to gambling was reported by 62.0% of problem gamblers in treatment (Maryland Department of Health and Mental Hygiene, 1990). Furthermore, Schwer, Thompson, and Nakamuro (2003) found that 50.6% of Gamblers Anonymous members reported stealing to finance gambling and to pay gambling debts.

Pathological gamblers are more likely to commit crimes than non-pathological gamblers

The severity of problem gambling has been found to be associated with participation in criminal activity. For example, 68.8% of offenders who met criteria as severe problem gamblers reported stealing or obtaining money through illegal means to pay for gambling or gambling debts, compared to only 26.3% of moderate problem gamblers (Lahn, 2005). Additionally, a survey of gamblers found large differences in criminal behavior between those who met the criteria for “pathological gambler” [PaG] and those who did not meet the criteria. Over 35.0% of PaGs reported they “often” or “very often” committed criminal acts related to gambling, compared to 8.2% of non-PaGs. Furthermore, 89.3% of PAGs reported having ever committed a crime, compared to 51.8% of non-PaGs, and 59.3% of PaGs indicated they had committed a crime within the previous year, compared to 22.3% of non-PaGs (Meyer & Stadler, 1999). Other studies have cited an association between gambling problem severity and criminal activity. For example, the National Institute of Justice (2004) reported that, of those arrested, nearly twice as many pathological gamblers than low-risk gamblers stated they had committed a robbery within the previous year.

Furthermore, Ledgerwood, Weinstock, Morasco, and Petry (2007) found that gamblers in treatment who reported participating in criminal activities (over 27% of participants) had significantly more severe gambling problems than those who did not participate in illegal activity. A significantly higher level of gambling problem severity among offenders persisted throughout treatment, and at follow-up (although treatment did improve the problem in both groups). This study also found that participants who reported involvement in criminal acts had significantly larger amounts of gambling related debt than those who did not report engaging in criminal activity. This finding may, at least partially, explain why gambling problem severity and criminal behaviors are associated. Yet, it also suggests that large amounts of debt may indicate an offender has a gambling problem, and should be assessed more closely.

Summary

Previous research indicates that approximately half of all problem gamblers participate in criminal activities. The majority of these crimes are motivated by gambling: either to fund gambling activities or to pay off gambling debts. In addition, the more severe the gambling problem, the more likely criminal activity will ensue. This may partially be explained by large amounts of debt incurred by pathological gamblers. These findings highlight the importance of treating problem gambling, which may reduce the
incidence of crime. Furthermore, interventions targeted at pathological gamblers may lead to a large reduction in criminal activity fueled by problem gambling.

Costs of crimes related to disordered gambling among offenders

The cost that can be attributed to disordered gambling is equal to the amount that could be saved if such gambling was effectively treated and/or prevented. The social costs of this problem are high, indicating a need for greater resources to be dedicated to the examination of causes, and treatment of disordered gambling. For the purposes of this report, correctional costs and property costs related to criminal activity fueled by gambling are of particular interest.

Estimated national correctional costs attributed to problem gambling

Correctional costs refer to costs directly related to arrests and incarceration of problem gamblers. Schwer, Thompson, and Nakamuro (2003) estimated that each problem gambler costs the criminal justice system $2,431. This amount was averaged across all problem gamblers, whether or not they had been arrested or incarcerated. Similar results were found by the National Opinion Research Center [NORC] (1999). This study estimated lifetime correctional costs of pathological and problem gamblers. Of the pathological gamblers, 32.0% had been arrested, and each of these individuals was estimated as having a lifetime arrest cost of $10,000. The authors averaged lifetime correctional costs across all disordered gamblers and ascertained them to be $2,950 per pathological gambler and $2,210 per problem gambler. These expenditures are broken down by arrest and imprisonment costs in Table 1.

Table 1

Average Lifetime Correctional Costs of Pathological and Problem Gamblers

<table>
<thead>
<tr>
<th></th>
<th>Pathological Gamblers</th>
<th>Problem Gamblers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of arrests*</td>
<td>$1250</td>
<td>$960</td>
</tr>
<tr>
<td>Cost of imprisonment*</td>
<td>$1700</td>
<td>$1250</td>
</tr>
</tbody>
</table>

*Estimated lifetime cost per gambler, whether or not arrested/incarcerated

Georgia’s estimated correctional costs attributed to problem gambling

Emshoff, Anthony, Lippy, and Valentine (2007) assessed gambling prevalence in Georgia using the National Opinion Research Center DSM Screen for Gambling Problems [NODS]. The NODS is a more stringent measure of pathological gambling than the South Oaks Gambling Screen [SOGS], which is most often used to assess problem gambling. The authors estimated that 4.0% of the Georgia adult population could be considered lifetime problem or probable pathological gamblers (2.6% and 1.4%, respectively). Assuming an adult population of 6.9 million in Georgia, this equates to 75,900 problem gamblers and 27,600 probable pathological gamblers. Translating these figures into correctional costs based on NORC’s (1999) estimates, problem and pathological gamblers (over their lifetime) each cost the state of Georgia $167,739,000 and $81,420,000, respectively. Therefore, the estimated total lifetime correctional cost of problem and pathological gamblers in the current Georgia population is estimated to be $249,159,000.
Costs of property crimes

There is a dearth of research examining the cost of stolen property and acts of theft attributed to disordered gambling. However, Lesieur's (1998) testimony before the National Gambling Impact Study Commission included information regarding criminal activity assessed among almost 400 Gamblers Anonymous [GA] members. Similar to the findings of previously mentioned studies, Lesieur found that the majority of respondents (57.0%) reported having stolen to finance gambling. All together these participants reportedly stole $30 million (of money and/or property). This equates to an average amount stolen by each respondent (who admitted to stealing), of $135,000.

Summary

Research has demonstrated that there is a high rate of criminal activity among problem gamblers. The motivation for such activity tends to be related to gambling (to fund continued gambling, or to pay off debts incurred gambling). Additionally, the literature indicates that as gambling severity increases, criminal activity also increases. The costs associated with the criminal behaviors of problem gamblers are great, and include correctional, as well as costs related to property crimes. The strong association between problem gambling and crime, coupled with costs related to this crime suggests that it may be cost effective to dedicate resources to the treatment and prevention of problem gambling. Successful gambling interventions may reduce crime by addressing the underlying causal mechanism of such activity. The potential benefits of gambling programs include reducing the prevalence and incidence of problem gambling, and reducing crime and it’s associated costs, thus maximizing the impact of limited resources.

Prevalence of gambling among offenders

The estimated prevalence rates of disordered gambling (defined here as problem or pathological gambling) in the general population range from less than 3.0% to over 6.0%. The National Institute of Justice [NIJ] (2004) reported that the lifetime prevalence of problem and pathological gambling in the general population was 1.5% and 1.2%, respectively (equaling a rate of disordered gambling of less than 3.0%). Shaffer, Hall, and Vander Bilt (1999) estimated prevalence rates in the general population to be 4.9% for probable compulsive gamblers, and 1.3% for pathological gamblers, equaling a disordered gambling rate of 6.2%. Numerous studies conducted across genders and geographic locations have found a much higher prevalence of disordered gambling among offending populations than that estimated in the general population. Multiple studies have concluded that the rate of problem gambling among offenders may be greater than 30.0%.

Problem gambling prevalence among incarcerated offenders

Williams, Royston and Hagen (2005) asserted that offending populations have the highest prevalence of pathological or problem gamblers of any population. This conclusion was based on a meta-analysis of 27 articles (published between 1990 and 2004) examining the prevalence of gambling in forensic populations. The results revealed that one-third of criminal offenders are problem or pathological gamblers.

Anderson (1999) examined gambling issues among incarcerated felons in four correctional facilities using an expanded version of SOGS. Of the participants, 73% were assessed as having a probable gambling problem. Specifically, 38% were assessed as being probable pathological gamblers, and 35% had “some
problem” with gambling. Although causality cannot be inferred, the results of this study may support the hypothesis that gambling problem severity and criminal activity are associated, as the prevalence was found to be extremely high among felons.

Other studies have shown a similarly high prevalence of problem gambling among incarcerated offenders, ranging from nearly 50.0% to just over 25.0%. Templer, Kaiser, and Siscoe (1993) assessed 47.06% of inmates in a medium security prison as having some gambling problem, and of them 24.26% met the criteria for probable pathological gambling. In addition, Lesieur and Klein (1985) found that 30.0% of inmates met the criteria for pathological gambling (scored a 5 or more on the SOGS). Walters (1997) assessed inmates in a medium security prison and found that 25.6% had some problem with gambling. Specifically, the results revealed that 5.2% had a SOGS score over 4 (indicating probable pathological gambling), 7.4% had a score of 3 to 4 (indicating problem gambling), and 13.0% had a score of 1 or 2 (indicating some problem with gambling).

The association between incarceration and problem gambling is not exclusive to adult populations. Brown, Killian, and Evans (2005) found a high frequency of gambling among incarcerated youth: 54% reported gambling for money, 27% of whom reported gambling 5 or more times a month. Furthermore, they discovered a significant relationship between gambling and stealing, after controlling for the amount of time incarcerated, age, gender, and number of times arrested.

**The prevalence of problem gambling among arrestees**

McCorkle (2002) used the NODS to assess the prevalence of problem gambling among 2,307 arrestees. Within this sample, 14.5% met the criteria for probable pathological gambling. The prevalence among this sample was much higher than that found in the general population using the same instrument. NORC (1999) used the NODS to assess the prevalence of past year disordered gambling in the general population, and found much lower rates of pathological and problem gambling (0.6% and 0.7%, respectively).

**The prevalence of arrests and incarceration among problem gamblers**

Pathological and problem gamblers are arrested and incarcerated at a much greater rate than other types of gamblers. NORC (1999) conducted a survey for the National Gambling Impact Study Commission. This national survey of 2,417 adults, representing 100 different communities concluded that pathological and problem gamblers are arrested over three times more often than low-risk gamblers and over seven times more often than non-gamblers. Furthermore, pathological gamblers are imprisoned at nearly twice the rate of problem gamblers, and at nearly six times the rate of low-risk gamblers. The results from this study are depicted in Table 2.

<table>
<thead>
<tr>
<th>Arrest and imprisonment rates by type of gambler</th>
<th>Pathological Gamblers</th>
<th>Problem Gamblers</th>
<th>Low-risk Gamblers</th>
<th>Non-Gamblers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrest rates</td>
<td>32%</td>
<td>32%</td>
<td>10%</td>
<td>4.5%</td>
</tr>
<tr>
<td>If yes, # times</td>
<td>3.3</td>
<td>1.6</td>
<td>2.1</td>
<td>1.7</td>
</tr>
<tr>
<td>Imprisoned</td>
<td>23%</td>
<td>13%</td>
<td>4%</td>
<td>0.3%</td>
</tr>
</tbody>
</table>
Summary:

Research supports the hypothesis that the prevalence of disordered gambling is greater among offenders than what is found in the general population. Although the direction of causality cannot be established, there is a clear need to address problem gambling among offending populations, as they may be most in need of treatment. Reducing the prevalence of disordered gambling among this population may result in positive outcomes beyond those specific to the individual. In particular, social and economic costs related to crime and incarceration may be lessened if disordered gambling among offenders is reduced.

Characteristics of offending problem gamblers

Research indicates that a majority of criminal offenses committed by problem gamblers are non-violent, and are motivated by gambling. In addition, there are high rates of co-morbidity among problem gamblers, as many of them also suffer from drug addiction or mental illness. Additionally, a large proportion of offenders who have a gambling problem reported wanting to receive help, yet few of them actually obtained treatment. Furthermore, the vast majority of offenders who were assessed as being problem gamblers were unaware that they had a problem.

Types of crimes committed by offenders with gambling problems

Despite the high rates of crimes committed by problem gamblers, research has shown that these crimes tend to be non-violent in nature. Most crimes committed by problem gamblers were white-collar and non-violent, and were intended to obtain money for purposes related to gambling. These crimes most often include: fraud, forgery, embezzlement, larceny, selling drugs or stolen items, shoplifting, burglary, and petty theft or robbery (NORC, 1999). More recently, Schwer, Thompson, and Nakamuro (2003) found that 63.0% of Gamblers Anonymous members reported writing bad checks and 30.1% reported stealing from the workplace. It should be noted that crimes committed by problem gamblers are not exclusively non-violent. Problem gamblers, like other offenders, commit crimes against persons, such as assault (McCorkle, 2002). However, the research suggests that the majority of crimes committed by individuals with a gambling problem are non-violent and driven by a desire for money to gamble with or to pay off gambling debts.

High rates of comorbidity

Problem gambling often co-occurs with other addictive behaviors, such as substance abuse. Roughly 50% of problem gamblers suffer from a substance abuse disorder (Cunningham, et al., 1998; Lesieur, Blume, & Zoppa, 1985; Ramirez, et al., 1984). Anderson (1999) found that incarcerated felons who reported having an alcohol and/or drug abuse problem were more likely to have a gambling problem. More recently, McCorkle (2002) found that more than 80% of pathological gamblers were at risk for alcohol or drug abuse/dependency. Additionally, the results of this study indicated that pathological gamblers who also had a substance abuse problem were significantly more likely than individuals without a co-morbid condition (either problem gambling or substance abuse) to report having assaulted someone, stolen, or sold drugs within the past year.
Offenders and treatment for problem gambling

Despite a high prevalence of disordered gambling among forensic populations, few offenders receive gambling treatment. Walters (1997) found that only 5.4% of offenders with a SOGS score over 0 (indicating at least some problem with gambling) reported having ever been in treatment or having attended a self-help group for gambling. The study also revealed that the more severe the gambling problem, the less likely offenders are able to quit without help. Only 21% of probable pathological gamblers reported that they were able to stop gambling by without help, compared to 44% of problem gamblers.

Low rates of participation in gambling treatment among offending problem gamblers may be due to lack of availability of treatment programs in prisons (McCorkle, 2002) or outside of correctional settings, failure of offenders to seek out treatment, or a lack of awareness on the part of the individual that they have a gambling problem. Most likely, it is a combination of these factors. Research has shown that a majority of offenders who are aware they have a gambling problem want to get help, but fail to seek it out. Among incarcerated women who were aware that they had a gambling problem, 60% reported wanting help, yet only 25% of them sought assistance (Abbott & McKenna, 2000). Similar results were found among incarcerated males. Specifically, among male inmates who reported ever having a gambling problem, 74% expressed having wanted help, yet only 22% of them actively tried to get help. Of the participants who sought help for gambling, 24% did so while in prison (Abbott, McKenna, & Giles, 2000). This has implications for treatment, as it may point to the need to have gambling treatment programs within correctional settings.

Furthermore, many offenders who have a gambling problem may not realize it. Abbott and McKenna (2000) conducted a study using a sample of incarcerated women. Their assessment indicated that 34% of the participants were problem gamblers, yet only 21% of those participants reported being aware that they had a gambling problem. This finding supports the need for screening correctional populations for problem gambling, as individuals who fail to recognize that they having a gambling problem are not likely to seek treatment.

Although gambling in prisons and jails is not permitted by the CJS, research has shown that gambling often occurs within prison settings and is part of the prison culture. Inmate participation in gambling activities may lead to, or exacerbate gambling problems. A study of incarcerated individuals found that 26% of males, and 28% of females reported gambling while imprisoned. The majority of these participants reported a high frequency of gambling: weekly or more often (Abbott, & McKenna, 2000; Abbott, McKenna, & Giles, 2000). Inmates cite various reasons for gambling including: to cope with boredom, pass the time, and that “it contributes to prison order” (McCorkle, 2002). Despite gambling being part of prison life, few treatment options exist. If gambling problems among those incarcerated are left untreated, inmates may develop large gambling debts while imprisoned. This puts them at risk for injury if they are unable to pay these debts. In addition, upon release from prison, the gambling problem will persist, and no doubt lead to additional criminal activity.

Summary

Previous research generally characterizes problem gamblers as likely to commit non-violent crimes, which are fueled by their gambling problem. In addition, drug addiction often co-occurs with problem gambling. Most inmates who report having a gambling problem would like assistance in dealing with it, yet few receive help. This is problematic, as research has indicated that as the severity of a gambling problem increase, the likelihood of being able to recover without assistance decreases. Furthermore,
many of the offenders who were assessed as being problem gamblers were unaware that they had a problem. Finally, offenders may develop a gambling problem, or the severity of a gambling problem may increase while incarcerated.

These findings have implications for the treatment of problem gambling among offenders. Specifically, due to the non-violent nature of most crimes committed by problem gamblers treatment interventions outside of correctional settings might be cost effective, without compromising public safety. In addition, gambling treatment programs within correctional setting may be needed due to the large proportion of incarcerated problem gamblers who cited wanting help, yet failed to receive any. In addition, in-prison treatment programs may prevent inmates from developing, or becoming more severe problem gamblers during incarceration. Furthermore, the CJS may be instrumental in identifying offenders with a gambling problem, who may then be targeted for treatment. These implications are discussed further in the following section.

Treatment for disordered gambling in offending populations

Despite the high prevalence of gambling among offenders, few treatment programs target this population. Furthermore, members of the criminal justice system (CJS) rarely screen for disordered gambling. Entry into the CJS provides an opportunity to assess offenders for gambling problems, as well as to provide treatment (either in or outside of correctional settings) that these individuals may not obtain elsewhere. In addition, court ordered (coercive) treatment of offenders who commit crimes fueled by a gambling problem might reduce the prevalence of disordered gambling, as well as the incidence of crime and incarceration. Furthermore, coercive treatment through the CJS has been found to be effective in addressing other addictive behaviors among offending populations, such as substance abuse (Anglin & Hser, 1991).

The Gambling Problem Prevention Program

Many more programs have been established to treat substance abuse than problem gambling. Therefore, substance abuse programs may provide opportunities to address gambling. Specifically, gambling treatment components may be added to existing substance abuse programs, thus capitalizing on resources and settings already available. The development of programs that address both of these addictions may require fewer resources, and take less time to develop, as an infrastructure is already in place. Furthermore, Reynolds (1999) asserted that recovery from substance abuse, along with stress related to reentry (returning to one’s community after imprisonment) might increase the risk of developing a gambling problem among parolees. Anderson (1999) recommended including gambling treatment in reentry and other treatment programs. The Gambling Problem Prevention Program discussed below represents such a program, and has had considerable success in increasing awareness of problem gambling, and of gambling treatment resources that are available. The Gambling Problem Prevention Program was developed by integrating gambling components into substance abuse programs already in place in three Minnesota prisons (two male and one female). These programs range in duration from six weeks to one year.

The program provides information regarding: the history of gambling in the area; indicators of low-risk gambling to help participants develop plans regarding whether or not to gamble, and if they do, when and how much to gamble; signs and symptoms of problem gambling; and how to access resources available to assess gambling problems, and obtain treatment and support. An assessment of the program indicated that of the approximately 450 participants:
• 84% reported being “very satisfied” or “satisfied” with the gambling component of the program
• 86% reported understanding risks associated with gambling during substance abuse recovery
• 89% reported an ability to identify signs of problem gambling
• 92% were able to identify where they could go to get help for a gambling problem

Participants provided the following comments regarding the gambling component of the program:

"It was helpful hearing some of the problems gambling creates that I didn't know about."
"I got to understand about the seriousness and the problems that are behind gambling and what to do to get away from that addiction."
"Gambling can destroy your life just as chemicals do."
"Knowing what you're up against when getting involved with gambling and the problems."

Program developers and implementers asserted that the program had been easy to implement, well received by prison staff and inmates, and provided “important and helpful information to a captive audience that is at risk for a gambling problem”. These findings point to the importance of increasing awareness of gambling issues and resources among offending populations, as well as to the benefits of utilizing programs already in place to achieve this goal (Reynolds, 1999).

**Gambling courts: Alternatives to incarceration offenders with gambling problems**

Williams, Royston, and Hagen (2005) suggested that gambling courts be developed to address disordered gambling among offending populations. As discussed earlier, research suggests that there is a relationship between disordered gambling and crime, and that the majority of crimes committed by problem gamblers are non-violent and intended to obtain money specifically for the purpose of gambling or paying off gambling debts. Correctional costs of repeated arrests and imprisonment of this population exceed the costs of providing court supervised gambling treatment. The nations only gambling court has found that the cost of providing judicially supervised treatment is only one sixth of what it costs to keep an offender in jail (Gambling Court, 2007). Furthermore, effective treatment may reduce the prevalence of problem gambling, and as a result the number of crimes fueled by gambling may decrease. Simply imprisoning offenders who are problem gamblers does nothing to reduce the prevalence of disordered gambling or the incidence of gambling related crime after the offender is released.

“One key difference between the traditional system and gambling treatment court is that, with the treatment approach, we’re creating early intervention…While defendants may never be referred to the appropriate treatment services in the traditional system, the treatment court program immediately begins the rehabilitation.”

Senior Justice Mark Farrell, 2006

A gambling court is based on a drug court model, which utilizes therapeutic adjudication to address offenders who committed crimes motivated by an underlying addiction. These courts focus on rehabilitation and treatment as a way to reduce recidivism among offenders. The first and only drug court in the nation is located in Amherst, New York, and began in 2001 under the direction of Justice Mark Farrell. The goal of a gambling court is the rehabilitation and reduction of recidivism among offenders. Only individuals assessed as being problem gamblers and who are charged with non-violent offenses are
eligible to participate. Furthermore, to participate individuals must be charged with a misdemeanor, or a felony in which charges were reduced through a plea bargain.

While it is too early to have established the long-term efficacy of this program, of the 100 court participants, only one of them has been rearrested (this arrest was not the result of a gambling related crime) (M. Farrell, personal communication, November 12, 2007). Due to the initial success of the Amherst Drug Court, plans are in place to replicate this diversion program. For example, Oregon’s Department of Human Services, New Mexico’s statewide task force on gambling, California, and Illinois are all in the planning stages of developing gambling courts. In addition, policy makers in other locations are beginning to recognize the importance of gambling treatment among offenders. Specifically, in Louisiana gamblers facing non-violent charges can avoid trial if they get treatment; and in Arizona probation officers receive training to detect problem gamblers (Belson, 2007).

Summary

There are programs that have shown promise in addressing problem gambling among offending populations, both in-prison and outside of prison settings. The development of programs similar to those previously described within Georgia is feasible. Specifically, in-prison or community based substance abuse treatment programs could be modified to include a gambling component. Additionally, the metropolitan Atlanta area has many therapeutic courts already in place to treat addictions. A gambling treatment component could be added to one or more of these courts, and it’s impact evaluated to guide future interventions. However, what type of programs are needed in Georgia must be based on the 1) prevalence of problem gambling among Georgia’s offending population, and 2) characteristics of offenders who are problem gamblers in Georgia.

A needs assessment of problem gambling among offenders in Georgia

Georgia State University’s Pathological Gambling Research Team will conduct a study assessing problem gambling and problem gambling related behaviors among drug court clients throughout Georgia. The development of the survey that will be used (the Georgia State Offender Gambling Screen [GSOGS]) was informed by the research findings included in this literature review, items used by the authors cited in assessing crime and gambling in offending populations (some of which were modified), as well as through personal communications with Justice Mark Farrell (developer of the gambling court), who elucidated indicators of problem gambling not addressed in standard measures. The survey also includes all items from the SOGS to assess prevalence and severity of problem gambling among the sample utilizing a valid and reliable instrument. Additional demographic items were also added to this measure. Furthermore, items related to the nature of the offenses committed (property or crimes against persons, non-violent or violent) and the motivations for committing the offenses are included. Moreover, items related to credit card debt and declarations of bankruptcy were added, as they may indicate a gambling problem. In addition, the frequency of, and motivation for participation in gambling activities while incarcerated will be assessed. Finally, respondents will be asked about their desire for gambling treatment, and if they ever sought out or treatment while incarcerated, as well as when they were not incarcerated.

By conducting this study we hope to obtain information regarding 1) the extent of problem gambling among Georgia’s offending population, 2) the association between gambling and criminal acts, 3) characteristics of offenders with gambling problems, and 4) gambling behaviors while incarcerated. The results of this study may provide support for resource dedication toward further research into the
association between problem gambling and crime, as well as gambling prevention and intervention efforts targeted at offenders. Furthermore, the results may suggest that offenders in Georgia are at “high risk” for gambling problems, indicating that individuals involved with the CJS should be assessed for problem gambling. Finally, the information this study provides may inform the development new and innovative gambling interventions targeted at offending populations. For more information regarding this study contact Jennifer Zorland: jzorland1@gsu.edu
References


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