ATTITUDES AND OPINIONS

GAMBLING ATTITUDES AND BEHAVIORS: A 2015 SURVEY OF ADULT IOWANS

Report 5 of 6

Prepared for
Iowa Department of Public Health
Iowa Gambling Treatment Program

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ATTITUDES AND OPINIONS ABOUT GAMBLING[1]

EXECUTIVE SUMMARY

GAMBLING ATTITUDES AND BEHAVIORS: A 2015 SURVEY OF ADULT IOWANS

Prepared for the Iowa Department of Public Health, Iowa Gambling Treatment Program
Prepared by the Center for Social and Behavioral Research, University of Northern Iowa

May 2016

BACKGROUND & METHODOLOGY

The 2015 Survey of Public Gambling Attitudes and Behaviors Toward Gambling was conducted by the Center for Social and Behavioral Research (CSBR) at the University of Northern Iowa (UNI) and funded by the Iowa Gambling Treatment Program (IGTP) at the Iowa Department of Public Health (IDPH).

The 2015 Survey of Public Attitudes and Behaviors toward Gambling used a dual-frame (land and cell) random digit dial (DF-RRD) telephone sampling methodology. A total of 1,825 interviews (549 landline and 1,276 cell phone) were completed from September 10th, 2015 to December 8th, 2015. Similar studies were conducted in 2011 and 2013.

The primary purpose of this study was to collect data from adult Iowans to assess:

- types and frequency of gambling activities,
- prevalence of problem gambling, and
- awareness and opinions of publicly-funded gambling treatment services.

The 2015 data have been weighted in order to obtain point estimates to allow generalization to the population of non-institutionalized adults in Iowan (weighting variables included age, ethnicity, race, education, place, and telephone status).

KEY FINDINGS

The majority of adult Iowans (54%) said that the harm outweighs the benefits gambling has for society. However, people who gambled were more likely to have a more favorable view of gambling in society than were those who did not gamble.

Public funding to provide problem gambling treatment was important to nine in ten Iowans (25% *very important, 36% important,* 29% *somewhat important*). Similarly, 94% of adult Iowans said it was important for public funding be available to educate youth about the risks of gambling. Likewise, 90% of adult Iowans said it was important for public funding be available to educate adults about the risks of gambling. Also, 90% of adult Iowans said it was important for public funding be available to educate adults on gambling responsibly.

Almost nine in ten adult Iowans (88%) indicated they were aware of the gambling helpline 1-800-BETS OFF. However, the 1-800-BETS OFF website was lesser known. About two in five adult Iowans (41%) indicated they have seen or heard of the website *www.1800BETSOFF.org* .

About nine in ten adult Iowans (89%) said they are either slightly (20%), moderately (42%) or extremely confident (28%) that they would recognize the signs of gambling problems. The five most common signs of gambling problems stated were: asking or borrowing money (37%), spending too much money gambling (34%), spending too much time gambling (34%), preoccupied with gambling (17%), and restless or irritable when not gambling (13%).

[1] This is the fifth report of a series (six in total) produced from the 2015 Survey of Public Gambling Attitudes and Behaviors toward Gambling.

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SECTION E. ATTITUDES ABOUT GAMBLING AND OPINIONS ABOUT GAMBLING PREVENTION & TREATMENT

In this section, knowledge and attitudes about gambling and problem gambling treatment programs available in the state are presented with special attention given to the characteristics of the respondents' social support networks. This information can be relevant to understanding adult Iowans' gambling and help–seeking behaviors.

The measures to assess gambling knowledge and attitudes were obtained from multiple sources. The attitudes toward gambling measures were obtained from the 2009 Canadian Internet Gambling Study (Wood & Williams, 2009). The knowledge and attitudes toward gambling treatment measures were obtained from Iowa Gambling Treatment Outcomes (IGTO), IGTP data collection system (I-SMART/Problem Gambling Domain), and adapted items from the perceived treatment barriers and stigma sections (Fischer & Farina,1995).

In this section, the result is presented for all respondents and subgroup analysis is presented when there are relevant differences between gamblers: 1) Non gamblers in the past 12 months, 2) Not-at-risk gamblers in the past 12 months, and 3) At-risk gamblers in the past 12 months. See Figure E-1 for a summary of the prevalence of each type of gambler in the population.

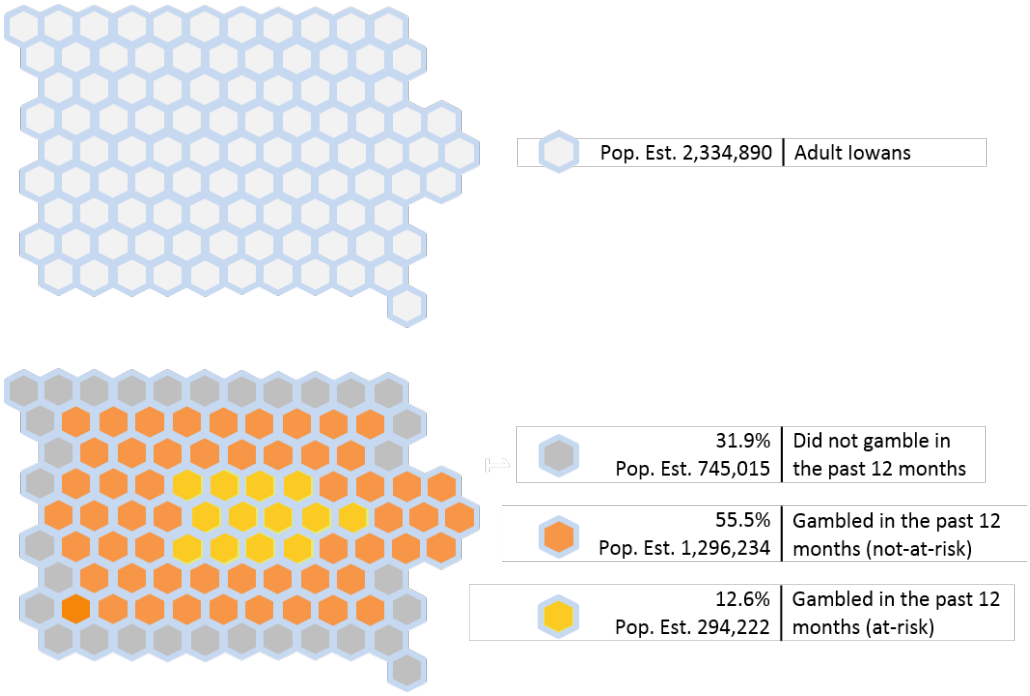

Figure E-1. Adult Iowans and gambling subgroups

Several behavioral theories (Montaño & Kasprzyk, 2008) suggest that knowledge and attitudes are associated with behaviors. In addition, studies have also found that knowledge and attitudes are only part of a more complex dynamic of behavioral decisions (Greene, 2009). Perceptions of risk, social norms, injunctive norms, and awareness of problems are only a few other factors that scientists measure to examine behavioral decisions. In gambling studies, these factors could be relevant to understanding people's decisions to gamble, to approve or disapprove of gambling-related laws, or to seek professional help. Yet, these relationships are not always easy to understand.

Overall, there were not significant differences between the 2011, 2013 and 2015 Iowa data for attitudes and knowledge related to gambling in the state.

ATTITUDES TOWARD GAMBLING

Respondents were asked about their perceptions regarding the benefits and harm that gambling may have for society (see Figure E-2). More than one-half (54%) stated that the harm outweighs the benefits.

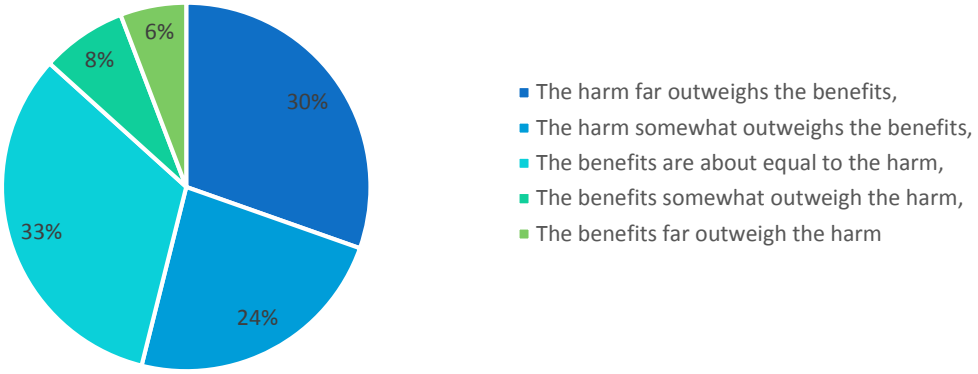

Figure E-2. Harm and benefits that gambling has for society

Opinions about these gambling-related statements varied by whether or not a person had gambled during the 12 months, and by whether or not they had experienced any symptoms of problem gambling during these time periods. People who had gambled in the past year had more favorable attitudes toward gambling than those who had not gambled in the past year. Similarly, people who are at risk (by exhibiting one or more problem gambling symptoms) had more favorable attitudes toward gambling than did those who had not gambled in the past 12 months (see Table E-1).

Table E-1. Harm and benefits that gambling has for society by gambling subgroups*

	All adult Iowans			
	Gambled in the past 12 months			Total %
	No	Yes		
	%	Not-at-risk %	At-risk %	
The harm (far or somewhat) outweighs the benefits	67	49	44	54
The benefits are equal to the harm	22	39	35	33
The benefits (far or somewhat) outweigh the harm	11	13	21	13

* $p < .05$

OPINIONS ABOUT PUBLIC FUNDING FOR GAMBLING TREATMENT

Respondents were asked their opinions about the importance of public funding for gambling-related prevention and treatment goals. Specifically, they were asked their opinions about public funding (a) to provide problem gambling treatment, (b) to educate youth about the risks of gambling, (c) to educate adults about the risks of gambling, and (d) to educate adults on gambling responsibly.

Public funding to provide problem gambling treatment was important to nine in ten Iowans (25% *very important, 36% important,* 29% *somewhat important*). Similarly, 94% of adult Iowans said public funding to educate youth about the risks of gambling was important. Likewise, 90% said it was important for public funding to educate adults about the risks of gambling. Public funding to educate adults on gambling responsibly was important to 90% of adult Iowans (see Figure E-3). These opinions did not vary by gambling subgroups.

Figure E-3. Opinions about public funding for gambling-related prevention and treatment goals

AWARENESS OF STATE GAMBLING PREVENTION AND TREATMENT

The state-funded helpline has been in operation since 1987. This was the most recognizable prevention effort in the state with almost nine in ten adult Iowans (88%) indicating they are aware of the gambling helpline 1-800-BETS OFF. The 2015 level of awareness was similar to 2011 and 2013. The source where they had last seen or heard about helpline was TV (50%), radio (17%), billboards (15%), and casinos (9%) (see Figure E-4).

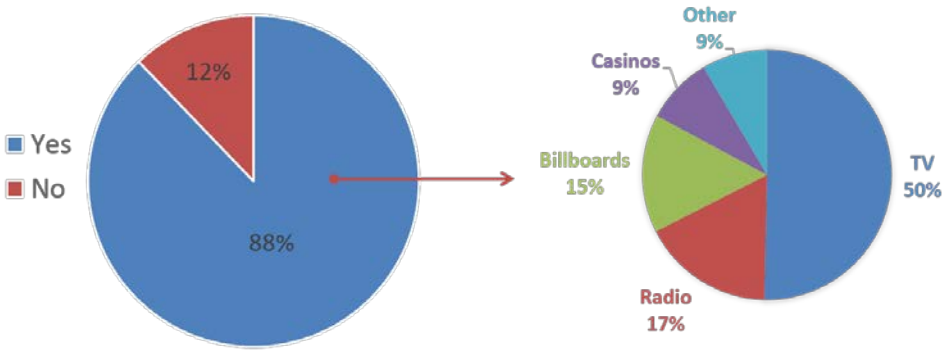

Figure E-4. Awareness of the telephone helpline 1-800-BETS OFF in the state

The 1-800-BETS OFF website was lesser known. About two in five adult Iowans (41%) indicated they have seen or heard of the website *www.1800BETSOFF.org* . The source where they had last seen or heard about the website had similar distribution to the helpline (see Figure E-5).

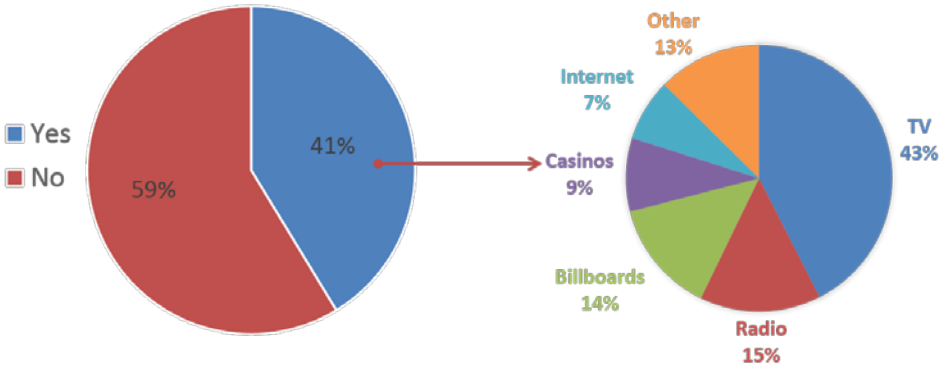

Figure E-5. Awareness of the website *www.1800BETSOFF.org* in the state

In general, the level of awareness of 1-800-BETS OFF and *www.1800BETSOFF.org* was significantly higher among those who gambled in the past 12 months. In addition, the source of information for the helpline and website differed by gambling subgroups. At-risk gamblers recalled casinos as the second most frequent source after TV. Table E-2 shows data regarding these findings.

Table E-2. Adult Iowans who have seen or heard of the 1-800-BETS OFF helpline and website by gambling subgroups

	All adult Iowans			
	Gambled in the past 12 months			Total %
	No	Yes		
Have seen or heard of the	%	Not-at-risk %	At-risk %	
Helpline 1-800-BETS OFF *	80	91	93	88
Where last seen or heard*				
TV	58	50	38	50
Radio	16	19	14	17
Billboard	18	15	11	15
Casino	2	8	25	9
Others	7	9	12	8
Website ***www.1800BETSOFF.org*** *	34	45	46	41
Where last seen or heard*				
TV	52	42	30	43
Radio	13	16	13	15
Billboard	13	14	15	14
Casino	1	8	28	9
Internet	7	8	6	8
Others	15	12	9	13

* $p < .05$

However, one in three adult Iowans (32%) was aware that publicly-funded gambling treatment services were available in Iowa. Specifically, 69%[2] were not aware, 19% said they knew publicly-funded treatment was available but did not know who provided it, and 13% said they knew IDPH provided publicly-funded gambling treatment services (see Figure E-6). There was not a significant difference in awareness of publicly funded gambling treatment by gambling subgroup.

[2] There has been a change in the response options in 2015.

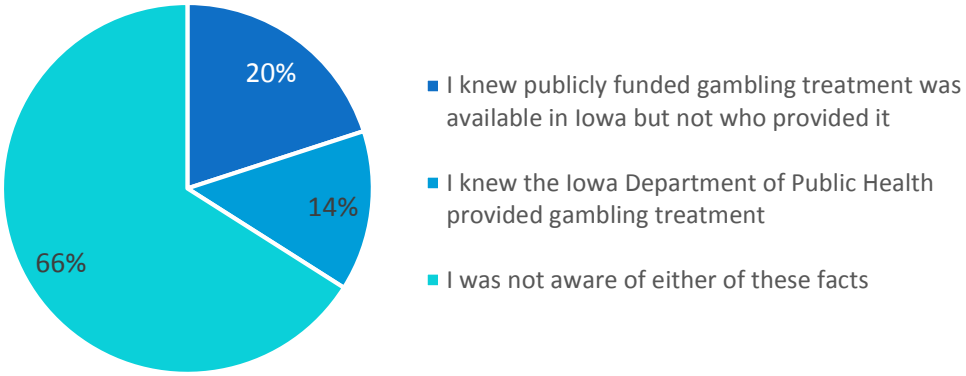

Figure E-6. Awareness of publicly funded gambling treatment

When examining the relationship between awareness of 1-800-BETS OFF and awareness of publicly funded gambling treatment, adult Iowans who have seen or heard of the gambling helpline were significantly more likely to know that there are publicly-funded gambling treatment services available in Iowa than those who were not aware of the gambling helpline (see Table E-3).

Table E-3. Awareness of 1-800BETSOFF by awareness of treatment

	Seen or heard of 1-800BETSOFF			**Seen or heard of www.1800BETSOFF.org**		
Aware of publicly funded gambling treatment*	Yes %	No %	Total %	Yes %	No %	Total %
Yes, I knew publicly funded gambling treatment was available in Iowa but not who provided it	20	8	19	26	14	19
Yes, I knew the Iowa Department of Public Health provided gambling treatment	14	6	13	20	7	13
No, I was not aware of either of these facts	66	86	69	54	79	69

* $p < .05$

ATTITUDES ABOUT TREATMENT SERVICES

Attitudes about gambling treatment did not vary significantly by gambling subgroups. The majority (68%) of Iowans said they think that treatment for problem gambling "works." About one in seven (12%) indicated that gambling treatment does *not* work; the remaining 17% were neutral (i.e., 14% said *neither agree nor disagree*) or undecided (i.e., 6% said *don't know*) regarding whether or not treatment works (see Figure E-7).

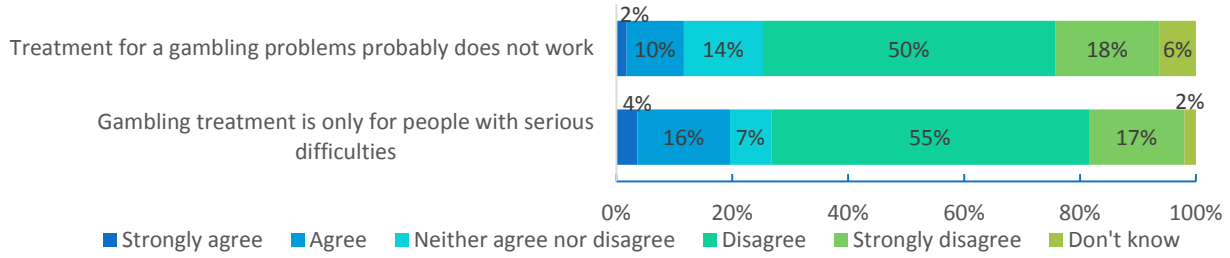

Figure E-7. Opinions about gambling treatment

About half (54%) said they knew of some treatment options in their community, and 32% said their community had *no* convenient treatment options. About one in five (17%) said that they can't afford treatment (see Figure E-8).

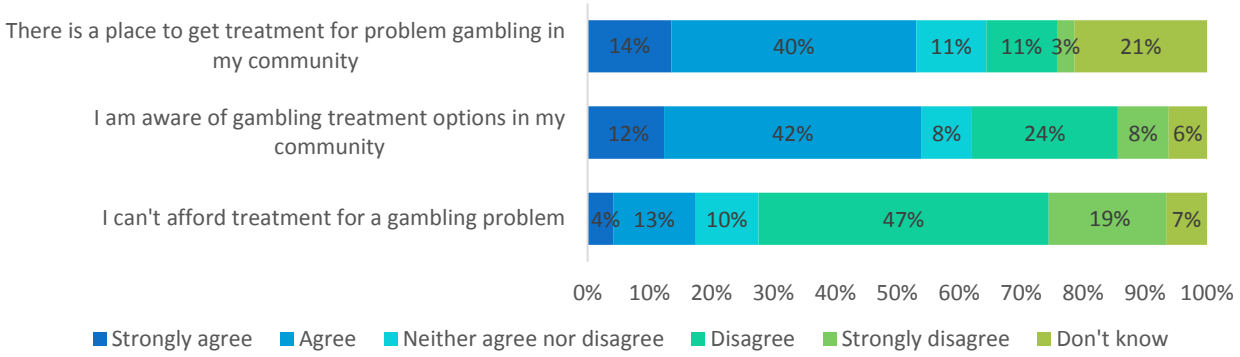

Figure E-8. Awareness of gambling treatment options

The attitudes toward treatment-seeking were favorable in the state. The vast majority of Iowans (94%) said they admire the courage of people who seek help for gambling problems (see Figure E-9).

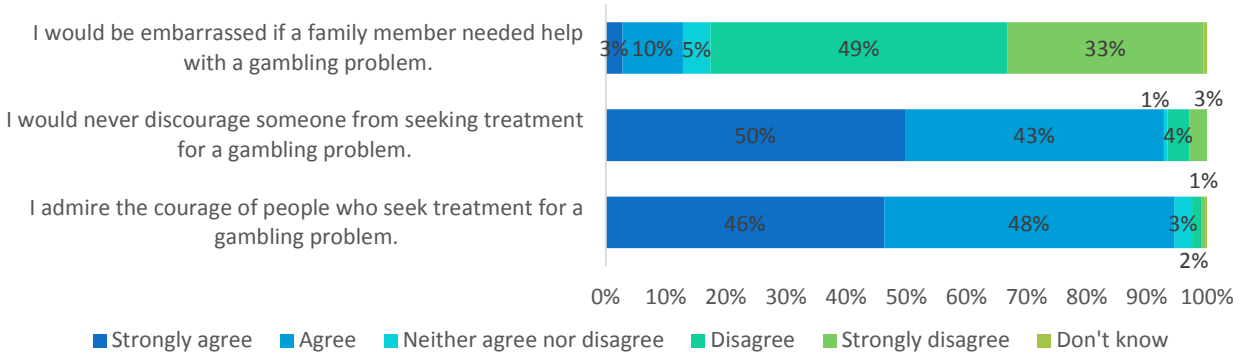

Figure E-9. Attitudes toward treatment-seeking

RECOGNIZING SIGNS OF GAMBLING PROBLEMS

Respondents were asked how confident they are that they would recognize the signs that a friend or family member has a gambling problem. About nine in ten adult Iowans (89%) said they are either slightly (20%), moderately (42%) or extremely confident (28%) that they would recognize the signs.

A follow-up question asked what would be the signs of possible gambling problems. On average, respondents listed two signs. The five most common signs were: asking or borrowing money (37%), spending too much money gambling (34%), spending too much time gambling (34%), preoccupied with gambling (17%), and restless or irritable when not gambling (13%) (see Figure E-10).

Figure E-10. Recognizing signs of problem gambling

At-risk gamblers (41%) where significantly more likely than non-gamblers (23%) and not-at-risk gamblers (27%) to state that they are extremely confident they can recognize signs of problem gambling (see Table E-4).

Table E-4. Harm and benefits that gambling has for society

	All adult Iowans			
	Gambled in the past 12 months			Total %
	No	Yes		
Recognize signs of gambling problems*	%	Not-at-risk %	At-risk %	
Not at all confident	17	8	8	11
Slightly confident	20	21	15	20
Moderately confident	40	44	36	42
Extremely confident	23	27	41	28

* $p < .05$

HELP SEEKING-SOCIAL SUPPORT SYSTEM

Respondents were asked to think about their social support networks (i.e., people one can talk with about important matters and can count on in times of difficulty). Informal social support networks do not include professionals such as counselors or doctors. The respondents were asked how many people they had in their social support networks. The number of people ranged from no one to more than 76 people. The traditional concept of social support systems or networks is changing with the recent and prolific rise in online social networks or communities. The extent to which these online relationships overlap with "offline" or "face-to-face, in-person" relationships varies considerably. Having online "friends" may help explain the responses of some individuals who purport to have very large social support networks. For the overall sample, the average number of people in social support networks was 15 people, and the median was 10 people. More specifically, the average size of social support groups was 15 for those who did not gamble, 16 for those who gambled and were not at risk, and 13 for those who were at-risk gamblers (see Table E-5).

Table E-5. Number of people in respondents' social support network

	Percent
None	2
1 to 5	24
6 to 10	33
11 to 15	14
16 to 20	11
21 to 75	13
76 or more	4

Respondents who gambled in the past 12 months were asked with how many of the people in their social support groups they gamble. Slightly less than half (44%) of respondents who gambled in the past 12 months had someone in their social network with whom they gambled (see Figure E-11).

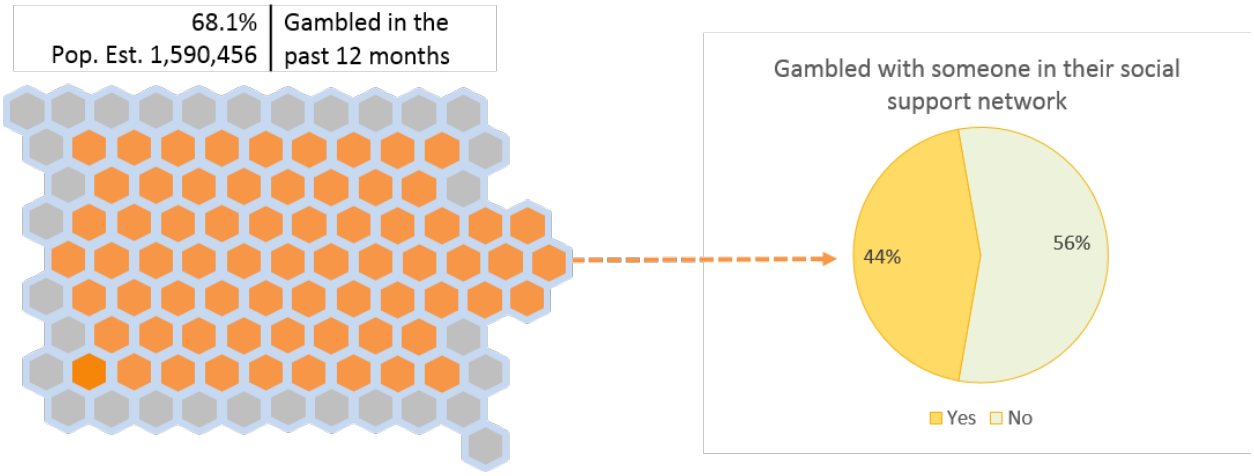

Figure E-11. Gambling with members of social support network

Among respondents who gambled in the past 12 months, the average number of people that respondents prefer to talk to about gambling was 8 and the median was 5 people. The number of people that respondents said they can talk to about gambling problems and the number of people in their social support network was divided to create a ratio. About four in ten Iowans (39%) reported they could talk to all members of their social support networks if gambling problems arise. However, about one in twenty gamblers (4%) did not have anybody to talk to if gambling problems arise (see Table E-6).

Table E-6. Proportion of social support networks that respondents can talk to if gambling problems arise among those who gambled in the past 12 months

	Percent
None	**4**
1% to 24%	19
25% to 49%	23
50% to 74%	13
75% to 99%	2
All	**39**

At-risk gamblers (13% of adult Iowans), who reported one or more symptoms of gambling problems were asked if they have talked to any members of their social support networks. About one in ten (13%) said that they have talked to someone about their gambling problems (see Figure E-12).

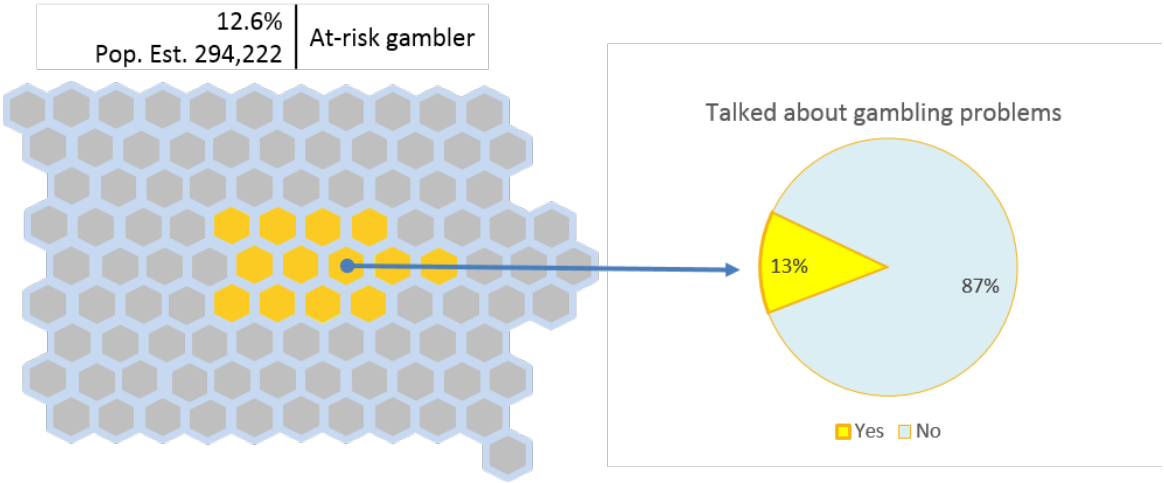

Figure E-12. Talked with members of social support networks about gambling problems